



Management System Certification Audit Summary Report

Organization:	Tarlac State University (Extension Services Office)				
Address:	2 nd Floor, Research Extension and Development Building, TSU Lucinda Campus, Binauganan, Tarlac City, Philippines				
Standard(s):	ISO 9001:2008		Accreditation Body(s): UKAS & PAO		
Representative:	Redemptor G. Toledano, Director, UESO/QMR				
Site(s) audited:	the same as above		Date(s) of audit(s):	Dec. 5, 2014	
EAC Code:	37	NACE Code:	80.4	Technical Area code:	QM 37.3
Effective No. of Personnel:	6 to 5 due to transfer of personnel to University Planning Office		No. of Shifts:	1	
Lead auditor:	Evelyn V. Dofredo		Additional team member(s):	-	
Additional Attendees and Roles:	Stephanie Joy Paino (Observer)				
This report is confidential and distribution is limited to the audit team, audit attendees client representative and the SGS office.					

1. Audit objectives

The objectives of this audit were:

- to confirm that the management system conforms with all the requirements of the audit standard;
- to confirm that the organization has effectively implemented the planned management system;
- to confirm that the management system is capable of achieving the organization's policy objectives.

2. Scope of certification

Provision of technical assistance, consultancy and trainings for the implementation of community development program, industry development program and extension support service program.

Exclusion: clause 7.6

Has this scope been amended as a result of this audit?

☐ Yes ☒ No

This is a multi-site audit and an Appendix listing all relevant sites and/or remote locations has been established (attached) and agreed with the client

☐ Yes ☒ No

3. Current audit findings and conclusions

The audit team conducted a process-based audit focusing on significant aspects/risks/objectives required by the standard(s). The audit methods used were interviews, observation of activities and review of documentation and records.

The structure of the audit was in accordance with the audit plan and audit planning matrix included as annexes to this summary report.

The audit team concludes that the organization ☒ has ☐ has not established and maintained its

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management system in line with the requirements of the standard and demonstrated the ability of the system to systematically achieve agreed requirements for products or services within the scope and the organization's policy and objectives.

Number of nonconformities identified: 0 Major 0 Minor

Therefore the audit team recommends that, based on the results of this audit and the system's demonstrated state of development and maturity, management system certification be:

☐ Granted / ☒ Continued / ☐ Withheld / ☐ Suspended until satisfactory corrective action is completed.

4. Previous Audit Results

The results of the last audit of this system have been reviewed, in particular to assure appropriate correction and corrective action has been implemented to address any nonconformity identified. This review has concluded that:

- ☒ Any nonconformity identified during previous audits has been corrected and the corrective action continues to be effective. (Refer to Section 6 for details)
- ☐ The management system has not adequately addressed nonconformity identified during previous audit activities and the specific issue has been re-defined in the nonconformity section of this report.

5. Audit Findings

The audit team conducted a process-based audit focusing on significant aspects/risks/objectives. The audit methods used were interviews, observation of activities and review of documentation and records.

The management system documentation demonstrated conformity with the requirements of the audit standard and provided sufficient structure to support implementation and maintenance of the management system. ☒ Yes ☐ No

The organization has demonstrated effective implementation and maintenance / improvement of its management system and is capable of achieving its policy objectives. ☒ Yes ☐ No

The organization has demonstrated the establishment and tracking of appropriate key performance objectives and targets and monitored progress towards their achievement. ☒ Yes ☐ No

The internal audit program has been fully implemented and demonstrates effectiveness as a tool for maintaining and improving the management system. ☒ Yes ☐ No

The management review process demonstrated capability to ensure the continuing suitability, adequacy and effectiveness of the management system. ☒ Yes ☐ No

Throughout the audit process, the management system demonstrated overall conformance with the requirements of the audit standard. ☒ Yes ☐ No

Certification claims are accurate and in accordance with SGS guidance and the organization is effectively controlling the use of certification documents and marks. ☐ N/A ☒ Yes ☐ No

6. Significant Audit Trails Followed

The specific processes, activities and functions reviewed are detailed in the Audit Planning Matrix and the Audit Plan. In performing the audit, various audit trails and linkages were developed, including the following

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primary audit trails, followed throughout:

7. Nonconformities

No nonconformity raised for this audit period.

Client Proposed Action to Address Minor Non-Conformances Raised at this Audit:

- **No nonconformity raised for this audit period.**

Nonconformities detailed here shall be addressed through the organization's corrective action process, in accordance with the relevant corrective action requirements of the audit standard and shall include actions to analyse the cause of the nonconformity and prevent recurrence, and complete records maintained.

- ☐ Corrective actions to address identified major nonconformities shall be carried out immediately including a cause analysis, and SGS notified of the actions taken within 30 days. An SGS auditor will perform a follow up visit within 90 days to confirm the actions taken, evaluate their effectiveness, and determine whether certification can be granted or continued.
- ☐ Corrective actions to address identified major nonconformities shall be carried out immediately including a cause analysis, and records with supporting evidence sent to the SGS auditor for close-out within 90 days.
- ☐ Corrective Actions to address identified minor non conformities including a cause analysis, shall be documented on a action plan and sent by the client to the auditor within 90 days for review. If the actions are deemed to be satisfactory they will be followed up at the next scheduled visit.
- ☐ Corrective Actions to address identified minor non-conformities including a cause analysis, have been detailed on an action plan and the intended action reviewed by the Auditor, deemed to be satisfactory and will be followed up at the next scheduled visit.
- ☐ Appropriate cause analysis and immediate corrective and preventative action taken in response to each non-conformance as required.

Note:- Initial, Re-certification and Extension audits – recommendation for certification cannot be made unless check box 4 is completed. For re-certification audits the time scales indicated may need to be reduced in order to ensure re-certification prior to expiry of current certification.

Note: At the next scheduled audit visit, the SGS audit team will follow up on all identified nonconformities to confirm the effectiveness of the corrective actions taken.

8. General Observations & Opportunities for Improvement

Quality Policy

1. (5.3) Commitment on compliance with legal requirements was not clearly stated in the Quality Policy.

Industry Development Extension Program including Customer-related processes

2. (5.4.1) SMART Quality Objectives was not established for IDEP.
3. (4.2.4) Logbook of IDEP for request of technical consultancy service was not updated to specify the status of application.
4. (4.2.3) Technical Consultancy for Business Development (Building Safety Inspection) Terms & Conditions was not amended to remove issuance of certification of building safety inspection, which was not fulfilled as accepted by client.

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ESSP

5. (6.2.2) Memorandum of Agreement between TSU and TESDA for skill development and to assess the skill level of qualified participant and trainer signed on July 1, 2014 valid for two years is yet to be implemented in Jan 2015. This will be verified on the next visit.

Customer Complaints

6. (8.3) No customer complaints are received for this audit period. Clients are required to accomplish the Customer Communication Form (TSU-ESO-SF-01Rev02 effective Oct. 7, 2013), however, investigation or review to the complaints if valid or not was not specified.

Management Review

7. (5.6) Management Reviews were presented that includes the review inputs and output but did not clearly specify the OFI's resources (timeline and responsible persons, etc.).

9. Opening and Closing Meeting Attendance Record

Name	Position	Opening	Closing

10. Schedule of next Surveillance Visit will be on or before December 5, 2015.



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Representative:	Redemptor G. Toledano, Director, UESO/QMR				
Site(s) audited:	Same as above		Date(s) of audit(s):	December 04, 2013	
EAC Code:	35, 34, 37	NACE Code:	74.14 74.2 74.8 80.4	Technical Area code:	QM 34.2 QM35.7 QM 37.3
Effective No. of Personnel:	6		No. of Shifts:	1 shift	
Lead auditor:	Magdalena Balingit-Cablay		Additional team member(s):	Dominador A. Garrovillas Jr. (Code Holder)	
Additional Attendees and Roles:	Nil				
This report is confidential and distribution is limited to the audit team, audit attendees client representative and the SGS office.					

1. Audit objectives

The objectives of this audit were:

- to confirm that the management system conforms with all the requirements of the audit standard;
- to confirm that the organization has effectively implemented the planned management system;
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2. Scope of certification

Provision of technical assistance, consultancy and trainings for the implementation of community development program, industry development program and extension support services program

Permissible exclusion: Clause 7.6 Control of monitoring and measuring equipment

Has this scope been amended as a result of this audit?

☒ Yes ☐ No

This is a multi-site audit and an Appendix listing all relevant sites and/or remote locations has been established (attached) and agreed with the client

☐ Yes ☒ No

3. Current audit findings and conclusions

The audit team conducted a process-based audit focusing on significant aspects/risks/objectives required by the standard(s). The audit methods used were interviews, observation of activities and review of documentation and records.

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The structure of the audit was in accordance with the audit plan and audit planning matrix included as annexes to this summary report.

The audit team concludes that the organization ☒ has ☐ has not established and maintained its management system in line with the requirements of the standard and demonstrated the ability of the system to systematically achieve agreed requirements for products or services within the scope and the organization's policy and objectives.

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Therefore the audit team recommends that, based on the results of this audit and the system's demonstrated state of development and maturity, management system certification be:

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The results of the last audit of this system have been reviewed, in particular to assure appropriate correction and corrective action has been implemented to address any nonconformity identified. This review has concluded that:

- ☒ Any nonconformity identified during previous audits has been corrected and the corrective action continues to be effective. (Refer to Section 6 for details)
- ☐ The management system has not adequately addressed nonconformity identified during previous audit activities and the specific issue has been re-defined in the nonconformity section of this report.

5. Audit Findings

The audit team conducted a process-based audit focusing on significant aspects/risks/objectives. The audit methods used were interviews, observation of activities and review of documentation and records.

The management system documentation demonstrated conformity with the requirements of the audit standard and provided sufficient structure to support implementation and maintenance of the management system. ☒ Yes ☐ No

The organization has demonstrated effective implementation and maintenance / improvement of its management system and is capable of achieving its policy objectives. ☒ Yes ☐ No

The organization has demonstrated the establishment and tracking of appropriate key performance objectives and targets and monitored progress towards their achievement. ☒ Yes ☐ No

The internal audit program has been fully implemented and demonstrates effectiveness as a tool for maintaining and improving the management system. ☒ Yes ☐ No

The management review process demonstrated capability to ensure the continuing suitability, adequacy and effectiveness of the management system. ☒ Yes ☐ No

Throughout the audit process, the management system demonstrated overall conformance with the requirements of the audit standard. ☒ Yes ☐ No

Certification claims are accurate and in accordance with SGS guidance and the organization is effectively controlling the use of certification documents and marks. ☐ N/A ☒ Yes ☐ No

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6. Significant Audit Trails Followed

The specific processes, activities and functions reviewed are detailed in the Audit Planning Matrix and the Audit Plan. In performing the audit, various audit trails and linkages were developed, including the following primary audit trails, followed throughout:

- Relating to Previous Audit Results:

NonConformity	N° 1 of 2 (EVD)	<input type="checkbox"/> Major	<input checked="" type="checkbox"/> Minor
Department /	Document and Records	Standard	ISO 9001:2008 clauses 4.2.3 and
Function:	Control	Ref.:	4.2.4
Document Ref.:	n/a	Issue / Rev.	n/a
		Status:	

Details of Nonconformity: Control of documents and records was not effective as the following were not included in the corresponding Masterlist established by the school:

- Masterlist of Records (as of Dec 2012) did not include Special Orders for engaged Trainers, ex. SO No. 82 s. 2012 for Mr. John Nelson Y. Punla dated April 20, 2012 for Building Wiring Installation Training done on April 21-28, 2012 and Terms of Condition and Memorandum of Agreement between University and the Beneficiaries (4.2.4).
- Masterlist of registered reference documents as of Dec 2012 did not include the reference book on Self-Learning Course and other research journals (4.2.3).

Status: Closed

Evidence/s: Master list of records and compilation of forms updated to include records/ As of December 2013 Master list of registered reference includes Graduate Journals, 1997, 1998 and 2010.

Requirement

4.2.4 Control of records

Records established to provide evidence of conformity to requirements and of the effective operation of the quality management system shall be controlled. The organization shall establish a documented procedure to define the controls needed for the identification, storage, protection, retrieval, retention and disposition of records. Records shall remain legible, readily identifiable and retrievable.

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NonConformity N° 2 of 2(EVD)
Department / IQA
Function:
Document Ref.: As stated below

☐ Major ☒ Minor
Standard ISO 9001:2008 clause 8.2.2
Ref.:
Issue / Rev. As stated below
Status:

Details of Nonconformity: The internal audit process was not effective:

- Audit criteria such as the relevant clauses were not mentioned in the audit report.
- No classification of audit findings was mentioned in the Summary Results of IQA for March 2012 and October 2012.
- Criteria for raising findings, timeline of submission of corrective action, and for whom the report shall be submitted was not clearly mentioned in the procedure for Internal Quality Audit (TSU-UEO-SP-03Rev02 effective Feb. 14, 2012).

Status: Closed

Evidence/s: No findings raised during internal audit, however, verified revised procedure TSU-ESO-SP-03 Revision no. 04 to cover above.

Requirement

8.2.2 Internal audit

The organization shall conduct internal audits at planned intervals to determine whether the quality management system

a) conforms to the planned arrangements (see 7.1), to the requirements of this International Standard and to the quality management system requirements established by the organization, and

b) is effectively implemented and maintained.

An audit programme shall be planned, taking into consideration the status and importance of the processes and areas to be audited, as well as the results of previous audits. The audit criteria, scope, frequency and methods shall be defined. The selection of auditors and conduct of audits shall ensure objectivity and impartiality of the audit process. Auditors shall not audit their own work. A documented procedure shall be established to define the responsibilities and requirements for planning and conducting audits, establishing records and reporting results. Records of the audits and their results shall be maintained (see 4.2.4). The management responsible for the area being audited shall ensure that any necessary corrections and corrective actions are taken without undue delay to eliminate detected nonconformities and their causes.

- Relating to this Audit, including any significant changes (eg: to key personnel, client activities, management system, level of integration, etc.):

Top Management Presentation:

- Scope: 3 scope (Community Development Extension Program, Industry Development Extension, and Extension Support Services Program). Student Experience Extension program not included.
- Business process: Community Development Extension Program, Industry Development Extension, and Extension Support Services Program Accounting and Finance, Human Resource, Purchasing, Maintenance and IT are shared services, being handles by University.
- Customers: Farmers, Cooperative Research, SME, community other sector (indigenous, out of school youth, etc, other groups).
- Organizational chart: No changes from previous visit.
- Quality Policy: No changes from previous visit.
- Quality Objectives: 4 objectives
 - To address at least 70% of the identified and /or requested developmental needs of community stakeholders in partnership with existing local institution and sector and the involvement of the faculty experts of University.

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- To contribute in the development of industry sector through provision of technical consultancy, product promotion and equipment design and fabrication all qualified MSMEs towards enhancing their overall activity.
- To impart knowledge and develop skills to at least 900 individuals towards their empowerment.
- Customer Satisfaction: 94.75% against 89% per project, for training – training evaluation
- Continual Improvement: Change name to Extension Services, Increase TECI, and Creation of 2 sub programs (Sustainable Community Development and Community Outreach, Inclusion of Technical Assistance on Business development, Inclusion of professional Assistance.
- Use of logo: Communication, Business Material, Calling cards, Note Pads.
- Outsource process: Specialized activities such as special extension/Trainers/College Faculty Specialists covered by appropriate contracts, special orders and/or approved proposal.

Audit of Purchasing/ Liason Officer

- PPMP – Project Procurement Management Plan for 2013 – For Common Use Supplies and Equipment.
- Other Purchase (project based) – Letter of Request to apply for Purchase Requisition -- none was done.
- Requisition and Issue Slip # 10234713 – 2 Toner (MB491-OKI) – requested by the UESO clerk and was approved by the UESO Director; issued October 18, 2013 and received by the clerk, once received it is ok.
- All supplies were centralized – Supply Property Management Office – if there are problem with supplies; return to the office.
- Did not deal with supplier – SPMO was the only authorized office to deal with suppliers as mandated by government accounting and auditing procedure.
- All tangible supplies were provided as requested to SPMO.
- For services need, communicated by Liaison Officer to the concerned Department in the University as part of Shared Services
- As Liaison Officer; coordinate the communication; received, delivered, transmitted, filed of communication/ records.

Audit of Community Development Extension Program

- Extension Service Procedure. TSU-ESO-SP-11, rev 1 effective date October 7, 2013
- Scope : Sustainability and Outreach
- Sustainability – Sector based that outreach to the other sectors.
- Outreach – one time delivery, e.g., tree planting, book giving
- Sample:
 - Project Title: Reconditioning the Small Sugarcane Mill of the Lalapac Sugarcane Farmers Multi Purpose Cooperative
 - Activities- Machining and Installation of Chain and Sprocket, fabrication of clutch mechanism and repair and installation of the adjustment bolt
 - Extension- Research Project Proposal – June 13, 2012
 - Inputs coming from Farmers, Engineers, Experts – indicated in the Rationale; Outputs – convert the carabao driven mill to motor operated
 - Service Quality Work Plan was presented – showing the verification of the plan
 - ✓ Validation of the design solution for the above project not yet presented still being done on the first semester 2014 as part of Final testing – to be prompted next visit

Audit of Industry Development Extension Program

- Project: Smoke Fish Production – Beneficiary: LGU ANAO Kababaihan
- Extension Service Request Form under Industry Development Extension Program as applied by Ms. Rosa Quinto last March 14, 2013. Reviewed by Program Cluster Chairperson last March 19, 2013 and approved by UEO Director last March 19, 2013. Service requested was process improvement and quality control application, machine and equipment maintenance/ fabrication, and product label and logo.

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- Commitment Contract was also available.
- Technical Consultancy for Business Development Service Report-March 25, 2013 – considering Lea Milan as the Consultant – approved by UESO Director and confirmed by the beneficiary. With accompanying SO # 71 s2013 appointing Ms. Lea Milan as Technical Consultant dated March 19, 2013.
- Work Plan and Monitoring Log, Smoked Fish Production Technical Consultancy, TSU-UEO-SF-15, rev 3 effective date: January 3, 2013
- Validation of the Training Conducted for Smoked Fish Production will be prompted next visit.
- Impact Assessment Checklist – Project: SME's Productivity Enhancement Consultancy Services under the TSU Index program – Sampled was Gerties Bakeshop - Impact study was made last October 5, 2012. Though verification of the activities in the consultancy agreement was already been verified. The design for the GMP consultancy was adapted on the established laws.

Audit of Extension Support Services Program

- Scope: services in support to Comdep and Index; e.g., skills training and continuing education
- 31 projects were conducted as of December 4, 2013.
- Sampled Project: Information and Communications Technology – Module based on Trainer/Consultant –reference not indicated.
 - Contact was available signed last June 22, 2013 by the client.
 - Consultant was provided in the name of Engr. Alejandro D. Caranto – under SO # 142 s2013.
 - 25 participants attended the training – no validation yet
- Another Sampled Training: Training on Shielded Metal Arc Welding – April 6, 2013 - target date of completion; The module use came from TESDA material.
 - Engr. Larry Suboc handled the training under SO No. 65 s2013 – Experts Profile Form was presented
 - 42 participants attended the training
 - Commitment Contract was presented as sign by the client representative and UESO Director
 - Certificates for the conducted training – awarded last June 4, 2013 at Conference Hall, Red Building, TSU Lucinda Campus
- Extension Support Services Program, Training Tracer Study and Impact Assessment was currently being done for above mentioned program

Audit of Human Resources

- The process of recruitment is providing request letter to the HR at Main Office. Mr Ferdinand Suarez -- Clerk, is the new addition in the office. Actual Duties and Responsibilities of UEO Clerk was presented as per TSU-UEO-027-13 dated May 10, 2013. Induction Training was conducted to the new employee.
- Competency of One Cluster Chairman was checked – Mr. Emir Lenard Sicangco – Professional Civil Engineer – Board Passer, Master of Arts in Education Major in Mathematics, Training in Autocad -- Certificate of Completion, Certificate of Participation in How to Become an Effective QMR, Internal Quality Audit, ISO 9001:2008 Quality Awareness.
- Copy of the assessment in regards with performance were kept at the HR –Main Office.

Audit of Document and Records Control:

- Verified documented TSU-ESO-SP-01 Revision no. 03 effective October 05, 2013
- Procedure details covered New document, Revision of document and abolition of document: Request, Reviews, Approval, Distribution, Retrieval, Filing
- Sampled documents: Extension Service Procedure TSU-ESO-SP-11 rev 01 October 7, 2013, Control of Documents Procedure TSU-ESO-SP-01 revision 02 effective October 07 and internal quality audit TSU-ESO-SP-04 October 07.
- Checked Document Registration/Revision Form , Document Registration/Revision Form (TSU-ESO-DCSF-01 rev 01), Logbook page (TSU-ESO-DCSF-02) Distribution List Retrieval of copy document effective on August 07, however received on August 8 and 16 only.
- Verified Superseded document: last 2 superseded stamped with Obsolete
- External documents: Journal (from graduate schools, course outline, syllabus, board resolutions, legal, regulatory document) -- distribution to copyholders. Seen Control of External documents master

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list of Register Reference Documents updated December 2013.

- Control of Records Procedures TSU-ESO-SP-02 Revision 4 October 05, 2013. Process: Identify, review, retention storage, retrieval and disposal. Controlled by process owner.

Audit of Accounting and Finance:

- The process is being done at Main office. Activity being done at the audited site is limited to submission of disbursement voucher to accounting. Recent records of disbursement maintained.

Customer Related Processes:

- Verified under three (3) programs.

Management Review:

- Conducted semi annually or as need arises. Verified Minutes of First management Review Meeting for year 2013 (May 17, 2013). Inputs covered Results of external audit, Results of internal audit, Customer feedback ad complaints, Process performance and Service Conformity (attained from January 2013-onwards, Status of corrective and preventive actions, however referred status of NCs related to findings of SGS only, Follow up actions from previous management reviews, Changes that could affect the quality of management systems, New opportunities or recommendations for improvement – changing office name from University Office to University Extension Services office, Non conforming reports – there are no reports of non conforming services and Other matters
- Second Management Review (October 7, 2013) inputs: Results of September 27, 2013 Internal audit, Customer feedback, Process, performance and service conformity, Status of corrective, Follow up actions from previous management review, Opportunities or recommendations for improvement, Non conforming service.

Corrective and Preventive actions:

- Reviewed TSU-ESO-SP-04 Revision no. 02 Preventive action procedure, verified Program Reviews conducted by organization that can cause possible nonconformities.
- Verified TSU-ESO-SP-05 revision no. 02 Corrective action procedure (customer complaints, customer satisfaction, service non conformity reports, internal and external audit reports, management review output).
- Procedure includes identification of Correction, Corrective and Preventive action Form/Opportunity for Opportunity improvement (OFI) Form Control Number (TSU-UEO-SF-05 Rev 02). There were no other CAR raised aside from 0212Sa 1 of 2 and 2 of 2, which were raised by external auditors.
- CAR Forms framework: Area auditee, Non conformance, root cause, correction, corrective action, Verification of effectiveness.

Customer Complaints: There are no complaints noted. Refer to corrective action procedure.

Customer satisfaction survey:

- Checked Form: TSU-UEO-SF-04 Revision 03. Measurement covers Quality of service provided, timeliness in the delivery of service, accuracy and appropriateness of the service approach, accuracy and effectiveness of the tools, equipment and materials used by service providers, courtesy and approaches of the service providers, competency and capability of the service provider, completeness and clarity of the service report, contribution of the service provided to organization/business. Scored through numerical values: 0-11 extremely dissatisfied, 11-22 dissatisfied, 22-33 moderately dissatisfied, 33-44 slightly dissatisfied, 44-55 neither/nor satisfied, 55-66 slightly satisfied, 66-77 moderately satisfied, 77-88 satisfied, 88-100 extremely satisfied. Sampled project: Consultancy Building Safety Inspection, Smoke Fish Production, No Bake Pastry Making and Meat processing. Target Average is 89%.

Internal Audit:

- Reviewed documented procedure TSU-ESO-SP-03 Revision 04 Internal Quality Audit Procedure
- Scope of procedure: Preparing IQA program, Selecting of auditors, preparing the audit Itinerary, Reviewing audit itinerary, approving audit itinerary and issuing of memorandum, preparing audit checklist, conducting IQA, preparing and submitting audit summary report an recording NC refer to procedure of Corrective action procedure. Verified results of internal audit 01-2013 April 30, 2013 and Internal audit 02-2013 September 27, 2013. There were no findings raised.

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Infrastructure:

- Checked Summary Acknowledgement Receipt – Training Equipment, which is a list of all equipment use for training. Verified conditions of equipment stored in RED Building. Other equipment are store in main campus.
- Verified Equipment Request for (TSU-UEO-SF-11 Revision 01) inspection during issuance of equipment they intend to borrow, this also indicates that equipment is in good condition prior issuance to requestor.
- Conduct of inspection/maintenance of computers and building can be verified in Main office.

7. Nonconformities

NonConformity	N° 1 of 1 (MBC)	<input type="checkbox"/> Major	<input checked="" type="checkbox"/> Minor
Department / Function:	Management Review	Standard Ref.:	ISO 9001:2008 Clause 5.6
Document Ref.:	NA	Issue / Rev. Status:	NA
Details of Nonconformity:	<p>Review of the organization's management system dated May 17, 2013 and September 27, 2013 did not clearly evidence the following:</p> <ul style="list-style-type: none"> • Review on continuing suitability, adequacy and effectiveness of quality policy and Status of Preventive actions. <p>Requirement: 5.6 Management review Top management shall review the organization's quality management system, at planned intervals, to ensure its continuing suitability, adequacy and effectiveness. This review shall include assessing opportunities for improvement and the need for changes to the quality management system, including the quality policy and quality objectives. Records from management reviews shall be maintained (see 4.2.4). 5.6.2 Review input The input to management review shall include information on</p> <ol style="list-style-type: none"> results of audits, customer feedback, process performance and product conformity, status of preventive and corrective actions, follow-up actions from previous management reviews, changes that could affect the quality management system, and recommendations for improvement. 		

Client Proposed Action to Address Minor Non-Conformances Raised at this Audit:

- The organization is recommended to submit correction, root cause and corrective action within five calendar days.

Nonconformities detailed here shall be addressed through the organization's corrective action process, in accordance with the relevant corrective action requirements of the audit standard and shall include actions to analyse the cause of the nonconformity and prevent recurrence, and complete records maintained.

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- ☐ Corrective actions to address identified major nonconformities shall be carried out immediately including a cause analysis, and records with supporting evidence sent to the SGS auditor for close-out within 90 days.
- ☒ Corrective Actions to address identified minor non conformities including a cause analysis, shall be documented on a action plan and sent by the client to the auditor within 90 days for review. If the actions are deemed to be satisfactory they will be followed up at the next scheduled visit.
- ☒ Corrective Actions to address identified minor non-conformities including a cause analysis, have been detailed on an action plan and the intended action reviewed by the Auditor, deemed to be satisfactory and will be followed up at the next scheduled visit.
- ☐ Appropriate cause analysis and immediate corrective and preventative action taken in response to each non-conformance as required.

Note:- Initial, Re-certification and Extension audits – recommendation for certification cannot be made unless check box 4 is completed. For re-certification audits the time scales indicated may need to be reduced in order to ensure re-certification prior to expiry of current certification.

Note: At the next scheduled audit visit, the SGS audit team will follow up on all identified nonconformities to confirm the effectiveness of the corrective actions taken.

8. General Observations & Opportunities for Improvement

1. Validation of the training provided, like Smoked Fish Production and Training on Shielded Metal Arc Welding, will be promoted next visit. This also include, the currently on-going Training Tracers Study and Impact Assessment.

9. Opening and Closing Meeting Attendance Record

Name	Position	Opening	Closing
Lea B. Milan	Chairperson- Index Program	√	√
Glenard T. Madriaga	Chair, Special Projects	√	√
Redemptor G. Toledano	Director, UESO	√	√
Emir Lenard S.F. Sicangco	Staff, ESO	√	√
Ferdinand M. Suarez	Staff, ESO	√	√

10. Recommended date of next audit: on or before November 04, 2014.

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Management System Certification Audit Summary Report

Organization:	Tarlac State University (University Extension Office)				
Address:	1F Administration Building, Romulo Blvd., San Vicente, Tarlac City				
Standard(s):	ISO 9001:2008		Accreditation Body(s): UKAS		
Representative:	Redemptor G. Toledano, Director – UEO/QMR				
Site(s) audited:	the same as above		Date(s) of audit(s): 7 December 2012		
EAC Code:	38	NACE Code:	8299 (85.3)	Technical Area code:	
Effective No. of Personnel:	7		No. of Shifts:	1	
Lead auditor:	Evelyn V. Dofredo		Additional team member(s):	None	
This report is confidential and distribution is limited to the audit team, client representative and the SGS office.					

1. Audit objectives

The objectives of this audit were:

- to confirm that the management system conforms with all the requirements of the audit standard;
- to confirm that the organization has effectively implemented the planned management system;
- to confirm that the management system is capable of achieving the organization's policy objectives.

2. Scope of certification

Development activities for the implementation and provision of community development program, industry development program, and extension support services program.

Exclusion: 7.6

Has this scope been amended as a result of this audit?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
This is a multi-site audit and an Appendix listing all relevant sites and/or remote locations has been established (attached) and agreed with the client	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

3. Current audit findings and conclusions

The audit team conducted a process-based audit focusing on significant aspects/risks/objectives required by the standard(s). The audit methods used were interviews, observation of activities and review of documentation and records.

The structure of the audit was in accordance with the audit plan and audit planning matrix included as annexes to this summary report.

The audit team concludes that the organization ☒ has ☐ has not established and maintained its management system in line with the requirements of the standard and demonstrated the ability of the system to systematically achieve agreed requirements for products or services within the scope and the organization's policy and objectives.

Number of nonconformities identified: 0 Major 2 Minor

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Therefore the audit team recommends that, based on the results of this audit and the system's demonstrated state of development and maturity, management system certification be:

☐ Granted / ☒ Continued / ☐ Withheld / ☐ Suspended until satisfactory corrective action is completed.

4. Previous Audit Results

The results of the last audit of this system have been reviewed, in particular to assure appropriate correction and corrective action has been implemented to address any nonconformity identified. This review has concluded that:

- ☒ Any nonconformity identified during previous audits has been corrected and the corrective action continues to be effective. (Refer to Section 6 for details)
- ☐ The management system has not adequately addressed nonconformity identified during previous audit activities and the specific issue has been re-defined in the nonconformity section of this report.

5. Audit Findings

The audit team conducted a process-based audit focusing on significant aspects/risks/objectives. The audit methods used were interviews, observation of activities and review of documentation and records.

The management system documentation demonstrated conformity with the requirements of the audit standard and provided sufficient structure to support implementation and maintenance of the management system.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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The organization has demonstrated effective implementation and maintenance / improvement of its management system.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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The organization has demonstrated the establishment and tracking of appropriate key performance objectives and targets and monitored progress towards their achievement.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
--	---	-----------------------------

The internal audit program has been fully implemented and demonstrates effectiveness as a tool for maintaining and improving the management system.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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The management review process demonstrated capability to ensure the continuing suitability, adequacy and effectiveness of the management system.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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Throughout the audit process, the management system demonstrated overall conformance with the requirements of the audit standard.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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Certification claims are accurate and in accordance with SGS guidance	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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6. Significant Audit Trails Followed

The specific processes, activities and functions reviewed are detailed in the Audit Planning Matrix and the Audit Plan. In performing the audit, various audit trails and linkages were developed, including the following primary audit trails, followed throughout:

Top Management

- Business Process /Permissible Exclusion – remained the same
- Organizational Structure – reorganization implemented on July 16, 2012. VP moved as an Adviser.
- Quality Policy – remained the same reviewed in Jan 3, 2012

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- Quality Objectives -- simplified
- QMS Planning -- done in Jan 2012 together with the Management Review. Discussion focus on revision of Quality Objective to become more simple and effective
- Outsourced Process -- guest trainers and they are being managed through Special Orders approved by the University President and evaluated using the Trainor Evaluation
- Continual Improvement -- revision of objectives and procedures incorporating PDCA approach. Transferred to a new building one vehicle prioritized for Extension and Research Work. Become model unit for university extension of other schools since other universities are seeking assistance on ISO. Business economics side incorporated in the provided trainings. Providing technical assistance through trainings within 6 to 7 municipalities in the vicinity and now become 11 municipalities and two provinces including Tarlac and Pampanga.
- Customer Satisfaction -- exceeded the target of 77% per semester as of November 2012. Obtained rating of 89.19% (32 respondents) for the three programs.

- Relating to Previous Audit Results:

Verified closed out of the following NCs:

NC#1/2: status - : Evidence checked: Service Quality Workplan for all projects, e.g. Product Promotion and Label Design Service

NC#2/2: Status - Closed: Evidence checked: Evidenced checked: Service/Project Work Plan already provided the status of progress of the activities. Validation conducted based on the Terminal Report dated April 10, 2012. Efficiency parameters such as feeding content, speed transmission, production output, and extraction time monitored.

- Relating to this Audit

Documents and Records Control / Use of Logo -- Emir Sicangco, Chairman for ESSP

- Trained creation and revision of procedures incurred. Revision for the objectives and affected procedures due to simplification of objectives. Accomplished Document Registration/Revision Form for newly created Extension Service procedure (TSU-UED-SP-11Rev0 effective Jan 3, 2012) to improve the three program procedure and consolidate into one following PDCA. Masterlist of Registered Documents as of Feb 14, 2012 has not recorded the status of Community development Modeling program Extension Service procedure TSU-UED-CDSP-01Rev0 effective Sept. 9, 2009. Trained also Work Instruction for the conduct of training (TSU-UED-ESWI-01) from Rev01 to Rev02. DRR was verified as in place. The Extension Service Office was just maintaining the master copy, no distribution was made. DRR has not clearly presented which part of the procedure has to be revised to aid quick review and approval.
- Records of Special Orders of Trainers verified not included in the Masterlist of Records as of December 2012 ex. SO No. 82 s. 2012 for Mr. John Nelson Y. Punla dated April 20, 2012 for Building Wiring Installation Training done on April 21-28, 2012. Terms of Condition and MOA not also included. Property Acknowledgement Receipt No. 201572 for 1 unit TV received on 11/18/2008 presented. Inventory list for received property to reflect the status not considered.
- Masterlist of registered reference documents as of Dec 2012 presented. However, Self-Learning Course and other research journals were not included. Observation raised in Surveillance #1 already addressed. The signature of person, holder of the reference book already included in the masterlist. Records as required by National Archive of the Philippines shall turnover using NAP Form 1 (2008) all generated quality records to Records Office.
- Use of Logo posting on doors and appeared at the bottom of certificates issued to training participants, letter head, and brochure.

Support Services: Liaison Officer/Purchasing, Accounting & Finance -- Auditee: Maricar Banting, Cluster Chairperson ComDev, Liaison Officer.

- Scope: facilitates submission of various requests of office supplies, office devices, computer supplies, copying machine consumables, and other supplies and materials, and project requirements. As to Accounting and Finance, no money released to the Extension Service Office except they will reimburse whatever travel expenses and per diem to Budget Office. Also, Travel Order is being submitted for allocation of funds if entitled. Service/ Project Workplan for the facilitation of requirement under support services presented but target and measurement if achieved the expectation was not established.

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- Outgoing Communication and other Documents Logbook sighted. Approved Project Procurement Management Plan for supplies and materials for 2012 submitted to VP Admin Office on 10/17/11 as verified based on the logbook. Requisition and Issue Slip No. 10258412 issued and received on 10/16/12. Evidence of checking the received supplies demonstrated.

Internal Quality Audit/Customer-Related Processes – Auditee: Auditee: Lea B. Milan

- Frequency: twice a year conducted in March and October 2012.
- Selection of Internal Auditors: within the extension office, three selected with trainings on IQA.
- Internal Quality Audit procedure (TSU-UEO-SP-03Rev01 effective 15 Dec. 2010)
- Audit programme, Audit Plan and checklist for March 15 and October 26, 2012.
- Summary Results of IQA for March 2012 and October 2012 presented but clauses of the ISO standard was never mentioned and classification of findings was not presented. Criteria for raising findings was not define in the procedure for Internal Quality Audit (TSU-UEO-SP-03Rev02 effective Feb. 14, 2012. Timely submission of corrective action was not defined and to whom the report will be submitted was not specified in the procedure.
- Customer-related processes: two channels of requests: letter of request and filling out of extension service request form. Receiving of customer request is per program and is being logged and monitored by the assigned Cluster Chairperson. The trails are integrated per program as presented in the below audits.

Industry Development Extension Program – Auditee: Auditee: Lea B. Milan, Cluster Chairperson Index Program

- Scope: provision of short and long term recommendations through consultancy that will contribute to the productivity enhancement of Small and Medium Enterprises. A new service under IDEP noted, e.g. Product Promotion and Label Design Service (business economics) subject for clarification.
- Procedure being followed;
- Quality Objectives: provide consultancy services to qualified MSME's towards enhancing their overall productivity and to develop label designs and/or promotional materials for products of qualified MSMEs under Special order No. 55 s. 2012 given to Mr. dennis Y. Virtudazo. This is due to the request of LGU-Gerona dated 3/2/2012. Service Quality Workplan sighted. Agreed date of completion was not specified and application # was not indicated. Monitoring of acted and completed request based on Project's Matrix verified. Criteria for qualifying MSMEs: no. of employees =2-100, capitalization=Php1000-100,000.00, location-transportation and security is assured, and willingness of the clientand conformance to service terms and condition.

Extension Support Services Program – Auditee: : Emir Lenard Sitangco, Cluster Chairperson, ESSP

- Scope: Train individuals (farmers, students, teachers, unemployed, and OSY); conduct technical assistance (per request of clients which do not fall under community dev't and industry dev't extension program);
- Quality Objectives covering Jan 2012 to Dec 2012: 800 trained individuals. As of October 2012, 783 trained on skills and 1,225 for continuing education as of November 2012. Already exceeded the target. Accomplished enrollment form and soft copies of certificate verified, ex. commercial cooking, building wiring installation, laundry soap and detergents making, perfume making, etc.
- Verified implementations of actions for NC#1/2. Service Quality Plan in place and University Extension Office Services brochure presented the different skills training offering. Service report and Semi-annual Report of Accomplished Trainings and Technical Assistance presented for each training course. Validation of conducted trainings on three classes of Commercial Cooking, one class of Shielded Metal Arc Welding, and one class of Automotive electrical Wiring, and one class of Food Processing, etc. scheduled on November 2012 were moved to January 2013 per request of Project Coordinator. Hence this NC#1/2 was closed.

Management Process: Handling Customer Complaints/Control of Non-Conformity/Correction, Corrective Action & Preventive Action/Management Review – Auditee: Redemptor G. Toledano, Director

- With SO # 196 s. 2009 dated October 22, 2009
- Management Review is being conducted twice a yearl. Minutes of Management Review done on Jan 3 and Nov 7, 2011 presented. review inputs and output as well as recommendations as required by the standard followed. Based on Obs#3, Process Performance and Service Conformity already

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discussed as an input for the review.

- No customer complaints received as of audit date. Customer feedback were summarized and measured per program. Customer Satisfaction – exceeded the target of 77% per semester as of November 2012. Obtained rating of 89.19% (32 respondents) for the three programs.
- Control of NonConforming Product (TSU-UEO-SP-06Rev01 effective Sept 9, 2009) verified and no changes incurred.
- No Corrective Preventive Action issued as of audit date. Two NCs raised during the Surveillance Visit 2 by SGS were all closed. Actions implemented as per timeline.

7. Nonconformities

NonConformity	N° 1 of 2 (EVD)	<input type="checkbox"/> Major	<input checked="" type="checkbox"/> Minor
Department / Function:	Document and Records Control	Standard Ref.:	ISO 9001:2008 clauses 4.2.3 and 4.2.4
Document Ref.:	n/a	Issue / Rev. Status:	n/a
Details of Nonconformity:	<p>Control of documents and records was not effective as the following were not included in the corresponding Masterlist established by the school:</p> <ul style="list-style-type: none"> • Masterlist of Records (as of Dec 2012) did not include Special Orders for engaged Trainers, ex. SO No. 82 s. 2012 for Mr. John Nelson Y. Punla dated April 20, 2012 for Building Wiring Installation Training done on April 21-23, 2012 and Terms of Condition and Memorandum of Agreement between University and the Beneficiaries (4.2.4). • Masterlist of registered reference documents as of Dec 2012 did not include the reference book on Self-Learning Course and other research journals (4.2.3). <p>Requirement 4.2.4 Control of records <i>Records established to provide evidence of conformity to requirements and of the effective operation of the quality management system shall be controlled. The organization shall establish a documented procedure to define the controls needed for the identification, storage, protection, retrieval, retention and disposition of records. Records shall remain legible, readily identifiable and retrievable.</i></p>		

NonConformity	N° 2 of 2(EVD)	<input type="checkbox"/> Major	<input checked="" type="checkbox"/> Minor
Department / Function:	IQA	Standard Ref.:	ISO 9001:2008 clause 8.2.2
Document Ref.:	As stated below	Issue / Rev. Status:	As stated below
Details of Nonconformity:	<p>The internal audit process was not effective:</p> <ul style="list-style-type: none"> • Audit criteria such as the relevant clauses were not mentioned in the audit audit report. • No classification of audit findings was mentioned in the Summary Results of IQA for March 2012 and October 2012. • Criteria for raising findings, timeline of submission of corrective action, and for whom the report shall be submitted was not clearly mentioned in the procedure for Internal Quality Audit (TSU-UEO-SP-03Rev02 effective Feb. 14, 2012). <p>Requirement 8.2.2 Internal audit <i>The organization shall conduct internal audits at planned intervals to determine whether the quality management system</i> <i>a) conforms to the planned arrangements (see 7.1), to the requirements of this International Standard and to the quality management system requirements established</i></p>		

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by the organization, and

b) is effectively implemented and maintained.

An audit programme shall be planned, taking into consideration the status and importance of the processes and areas to be audited, as well as the results of previous audits. The **audit criteria**, scope, frequency and methods shall be defined. The selection of auditors and conduct of audits shall ensure objectivity and impartiality of the audit process. Auditors shall not audit their own work. A documented procedure shall be established to define the responsibilities and requirements for planning and conducting audits, establishing records and reporting results. Records of the audits and their results shall be maintained (see 4.2.4). The management responsible for the area being audited shall ensure that any **necessary corrections and corrective actions are taken without undue delay to eliminate detected nonconformities and their causes.**

Client Proposed Action to Address Minor Non-Conformances Raised at this Audit:

- Awaiting submission of proposed corrective actions for the raised nonconformities within five working calendar days.

Nonconformities detailed here shall be addressed through the organization's corrective action process, in accordance with the relevant corrective action requirements of the audit standard, including actions to analyse the cause of the nonconformity and prevent recurrence, and complete records maintained.

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> | Corrective actions to address identified major nonconformities shall be carried out immediately and SGS notified of the actions taken within 30 days. An SGS auditor will perform a follow up visit within 90 days to confirm the actions taken, evaluate their effectiveness, and determine whether certification can be granted or continued. |
| <input type="checkbox"/> | Corrective actions to address identified major nonconformities shall be carried out immediately and records with supporting evidence sent to the SGS auditor for close-out within 90 days. |
| <input checked="" type="checkbox"/> | Corrective Actions to address identified minor non conformities shall be documented on a action plan and sent by the client to the auditor within 90 days for review. If the actions are deemed to be satisfactory they will be followed up at the next scheduled visit. |
| <input type="checkbox"/> | Corrective Actions to address identified minor non-conformities have been detailed on an action plan and the intended action reviewed by the Auditor, deemed to be satisfactory and will be followed up at the next scheduled visit. |
| <input type="checkbox"/> | Appropriate immediate action taken in response to each non-conformance as required. |

Note:- Initial, Re-certification and Extension audits -- recommendation for certification cannot be made unless check box 4 is completed. For re-certification audits the time scales indicated may need to be reduced in order to ensure re-certification prior to expiry of current certification.

Note: At the next scheduled audit visit, the SGS audit team will follow up on *all* identified nonconformities to confirm the effectiveness of the corrective actions taken.

8. General Observations & Opportunities for Improvement

All Programs

- (8.2.3) Agreed date of completion was not specified and application # was not indicated in the Extension Service Request Form.

Liaison Officer (Support Service)

- (5.4.1) Service/ Project Workplan for the facilitation of requirement under support services in place but target and measurement if achieved the expectation was not established.

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9. Opening and Closing Meeting Attendance Record

Name	Position	Opening	Closing

10. Next audit due date: on or before 28 September 2013

Job n°:	300351	Report date:	7 December 2012	Visit Type:	Surveillance	Visit n°:	3
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Management System Certification Audit Summary Report

Organization:	Tarlac State University (University Extension Office)		
Address:	1F Administration Building, Romulo Blvd., San Vicente, Tarlac City		
Standard(s):	ISO 9001:2008	Accreditation Body(s): UKAS	
Representative:	Redemptor G. Toledano, Director-UEO/QMR		
Site(s) audited:	1	Date(s) of audit(s):	29 November 2011
EAC Code:	38	NACE Code:	8299 (85.3)
No. of Employees:	7	No. of Shifts:	1
Lead auditor:	Evelyn V. Dofredo	Additional team member(s):	None
This report is confidential and distribution is limited to the audit team, client representative and the SGS office.			

1. Audit objectives

The objectives of this audit were:

- to confirm that the management system conforms with all the requirements of the audit standard;
- to confirm that the organization has effectively implemented the planned management system;
- to confirm that the management system is capable of achieving the organization's policy objectives.

2. Scope of certification

Development activities for the implementation and provision of community development program, industry development program, and extension support services program.

Exclusion: 7.6

Has this scope been amended as a result of this audit?

☐ Yes

☒ No

This is a multi-site audit and an Appendix listing all relevant sites and/or remote locations has been established (attached) and agreed with the client

☐ Yes

☒ No

3. Current audit findings and conclusions

The audit team conducted a process-based audit focusing on significant aspects/risks/objectives required by the standard(s). The audit methods used were interviews, observation of activities and review of documentation and records.

The structure of the audit was in accordance with the audit plan and audit planning matrix included as annexes to this summary report.

The audit team concludes that the organization ☒ has ☐ has not established and maintained its management system in line with the requirements of the standard and demonstrated the ability of the system to systematically achieve agreed requirements for products or services within the scope and the organization's policy and objectives.

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Number of nonconformities identified:	0	Major	2	Minor
Therefore the audit team recommends that, based on the results of this audit and the system's demonstrated state of development and maturity, management system certification be:				
<input type="checkbox"/> Granted / <input checked="" type="checkbox"/> Continued / <input type="checkbox"/> Withheld / <input type="checkbox"/> Suspended until satisfactory corrective action is completed.				

4. Previous Audit Results

The results of the last audit of this system have been reviewed, in particular to assure appropriate correction and corrective action has been implemented to address any nonconformity identified. This review has concluded that:	
<input checked="" type="checkbox"/>	Any nonconformity identified during previous audits has been corrected and the corrective action continues to be effective. (Refer to Section 6 for details)
<input type="checkbox"/>	The management system has not adequately addressed nonconformity identified during previous audit activities and the specific issue has been re-defined in the nonconformity section of this report.

5. Audit Findings

The audit team conducted a process-based audit focusing on significant aspects/risks/objectives. The audit methods used were interviews, observation of activities and review of documentation and records.

The management system documentation demonstrated conformity with the requirements of the audit standard and provided sufficient structure to support implementation and maintenance of the management system.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
The organization has demonstrated effective implementation and maintenance / improvement of its management system.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
The organization has demonstrated the establishment and tracking of appropriate key performance objectives and targets and monitored progress towards their achievement.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
The internal audit program has been fully implemented and demonstrates effectiveness as a tool for maintaining and improving the management system.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
The management review process demonstrated capability to ensure the continuing suitability, adequacy and effectiveness of the management system.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Throughout the audit process, the management system demonstrated overall conformance with the requirements of the audit standard.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Certification claims are accurate and in accordance with SGS guidance	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No

6. Significant Audit Trails Followed

The specific processes, activities and functions reviewed are detailed in the Audit Planning Matrix and the Audit Plan. In performing the audit, various audit trails and linkages were developed, including the following primary audit trails, followed throughout:

To follow

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7. Nonconformities

NonConformity	N° 1 of 1	<input type="checkbox"/> Major	<input checked="" type="checkbox"/> Minor
Department / Function:	ESSP, CDEP, IDEP	Standard Ref.:	ISO 9001:2008 clauses 7.1
Document Ref.:	as stated below	Issue / Rev. Status:	N/A
Details of Nonconformity:	<p>The process of planning product realization was not effective as lapses sighted on the following:</p> <ol style="list-style-type: none"> 1. Likely trainings that will be offered for the whole year were not identified to be implemented by the Extension Support Services Program. Current practice is based on request of clients, e.g. farmers, SMEs, LGUs, NGOs, OSY, and professionals. This will ensure attainment of 800 (min.) individuals to be trained; 2. Terminal Report as required by procedure on Extension Support Services Program (TSU-UEO-ESSP-01Rev01 effective 11 February 2010) not done; and 3. Timeline to complete validation of rendered training services, i.e. basic computer literacy – batch 4 under ESSP so as to introduce continual improvement was not determined. 4. Planning not done for all the programs to incorporate all the needed inputs or design considerations to the projects. <p>Reference 7.1 Planning of product realization <i>The organization shall plan and develop the processes needed for product realization. Planning of product realization shall be consistent with the requirements of the other processes of the quality management system (see 4.1). In planning product realization, the organization shall determine the following, as appropriate:</i> <i>a) quality objectives and requirements for the product;</i> <i>b) the need to establish processes and documents, and to provide resources specific to the product;</i> <i>c) required verification, validation, monitoring, measurement, inspection and test activities specific to the product and the criteria for product acceptance;</i> <i>d) records needed to provide evidence that the realization processes and resulting product meet requirements</i></p>		

NonConformity	N° 2 of 2	<input type="checkbox"/> Major	<input checked="" type="checkbox"/> Minor
Department / Function:	CDEP	Standard Ref.:	ISO 9001:2008 clause 7.3.5 and 7.3.6
Document Ref.:	N/A	Issue / Rev. Status:	N/A
Details of Nonconformity:	<p>The verification and validation process were not effective as evidenced by the following:</p> <ol style="list-style-type: none"> 1. Remarks as to the status or progress of the activities were not provided in the column under Service/Project Work Plan, two remarks were seen on separate sheets; and 2. Criteria for evaluation as to validation of its intended usage of the project, e.g. conversion to mechanized sugarcane extractor for productivity improvement is not clearly defined in the Service/Project Work Plan. Quality standard for the three products, e.g. muscovado black, vinegar, and muscovado powder and income that farmers can generate from these products were not clearly specified; 		

Reference

7.3.5 Design and development verification

Verification shall be performed in accordance with planned arrangements (see 7.3.1) to ensure that the design and development outputs have met the design and development input requirements. Records of the results of the verification and any necessary actions shall be maintained (see 4.2.4).

7.3.6 Design and development validation

Design and development validation shall be performed in accordance with planned arrangements (see 7.3.1) to ensure that the resulting product is capable of meeting the requirements for the specified application or intended use, where known. Wherever practicable, validation shall be completed prior to the delivery or implementation of the product. Records of the results of validation and any necessary actions shall be maintained (see 4.2.4).

Nonconformities detailed here shall be addressed through the organization's corrective action process, in accordance with the relevant corrective action requirements of the audit standard, including actions to analyse the cause of the nonconformity and prevent recurrence, and complete records maintained.

- | | |
|---|--|
| <input type="checkbox"/> | Corrective actions to address identified major nonconformities shall be carried out immediately and SGS notified of the actions taken within 30 days. An SGS auditor will perform a follow up visit within 90 days to confirm the actions taken, evaluate their effectiveness, and determine whether certification can be granted or continued. |
| <input type="checkbox"/> | Corrective actions to address identified major nonconformities shall be carried out immediately and records with supporting evidence sent to the SGS auditor for close-out within 90 days. |
| <input checked="" type="checkbox"/> | Corrective Actions to address identified minor non conformities shall be documented on a action plan and sent by the client to the auditor within 90 days for review. If the actions are deemed to be satisfactory they will be followed up at the next scheduled visit. |
| <input type="checkbox"/> | Corrective Actions to address identified minor non-conformities have been detailed on an action plan and the intended action reviewed by the Auditor, deemed to be satisfactory and will be followed up at the next scheduled visit. |
| <input type="checkbox"/> Appropriate immediate action taken in response to each non-conformance as required | |

Note:- Initial, Re-certification and Extension audits – recommendation for certification cannot be made unless check box 4 is completed. For re-certification audits the time scales indicated may need to be reduced in order to ensure re-certification prior to expiry of current certification.

Note: At the next scheduled audit visit, the SGS audit team will follow up on *all* identified nonconformities to confirm the effectiveness of the corrective actions taken.

8. General Observations & Opportunities for Improvement

Extension Support Services Program

- (7.1) Checked Terms and Condition issued to DepEd on basic computer literacy course (batch 4) conducted on August 27, Sept 3, 10, 17, 24 2011 has not indicated the date of signing.

Community Development Extension Program

- (7.3.6) Validation of projects for the no-bake and for the conversion of sugarcane extractor from carabao-driven into mechanical-driven is yet to be done in January and May ~~2011~~, respectively. To be verified on next visit. 2012

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**Management Review**

3. (5.6) Process Performance and Service Conformity not clearly discussed as an input for the review during the Management Review conducted on October 25, 2011.

Control of Records

4. (4.2.4) Location and signature of person issued with the external documents not specified in the masterlist of registered reference documents. Disposal of records not identified.

9. Next audit due date: **on or before 29 November 2012**

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Management System Certification Stage 1 Audit Report

Organization:	Tarlac State University		
Address:	1F Administration Building, Romulo Blvd, San Vicente, Tarlac City		
Standard(s):	ISO 9001:2008	Accreditation Body(s): PAB and UKAS	
Representative:	Ms. Lea Beltran (Cluster Chairperson, Industry Development Extension Program)		
Site(s) audited:	Site 1	Date(s) of audit(s):	August 24, 2010
EAC Code:	37	NACE Code:	8022, 8030, 8033 (80.3)
No. of Employees:	7 (University Extension Office)	No. of Shifts:	One (1)
Lead auditor:	Harvi M. Abangan (Sole Auditor)	Additional team member(s):	NA

1. Audit objectives

The objectives of this audit were:

- to confirm that the management system has been planned to conform with all requirements of the audit standard, including a review of management system documentation;
- to confirm that the management system is designed to achieve the organization's policy objectives;
- to evaluate the capability of the management system to identify and manage compliance with regulatory and contractual requirements;
- obtain pertinent information to provide for stage 2 audit effectiveness and planning. This will include an evaluation of the client's location and site specific conditions, a collection of information related to the processes and operations within the scope of the management system and identification of key performance or significant aspects and objectives.
- evaluate the state of readiness of the management system for the stage 2 audit, including an evaluation of internal audit and management review planning and performance and a determination of the overall level of implementation of the management system;
- review the audit resources planned for the stage 2 audit and agree with the client on the details of the stage 2 audit; and
- to provide feedback to the organization to facilitate continual improvement.

2. Audit scope

Provision of Community Development Program, Industry Development Program, and Extension Support Services Program.

Permitted Exclusion: 7.6 (Control of Monitoring and Measuring Equipment)

For multi-site audits an Appendix listing all relevant sites and/or remote locations has been established (attached) and agreed with the client

☒ N/A ☐ Yes ☐ No

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3. Critical audit findings

The following findings, if not appropriately addressed, could result in major nonconformities being identified at the Stage 2 audit.

1. Management Review (5.6)

- At the time of the audit, there were no objective evidences of conducting Management Review at intervals specified by the Organization as per 5.6 of TSU-UEO-QM-01, Rev 0. Need to ensure that management review is conducted covering the review of inputs and outputs (partial or full) requirements of the standard.

2. Internal Quality Audit (8.2.2)

- There is a partial implementation of the established Internal Quality Audit Procedure (TSU-UEO-SP-03, Rev 0). However the following lapses were observed:
 - i. Audit Summary Report (TSU-UEO-IQSF-04) – no evidence of implementation
 - ii. CPAR/ OFI (TSU-UEO-SF-05) – no evidence of implementation to provide objective evidence of the system of correcting the identified non-conformances
 - iii. Need to ensure that full implementation of the procedure is demonstrated during stage 2.

3. Documents Control and Records Control procedures (4.2.3, 4.2.4)

- External documents on Legal and Institutional Framework like RA No. 8292, RA No. 6764, Executive Order No. 605, and the copy of ISO 9001:2008 standard showed no evidence of control.
- Document Registration/ Revision Form (TSU-UEO-DCSF-01) – lapses were observed on the dates of withdrawal of obsolete documents.
- DCC Logbook (TSU-UEO-DCSF-02) – control number is not aligned with the records master-list.
- The controls needed for the electronic documents and back-up system is not specified in the Documents Control procedure;
- Master list of Records (TSU-UEO-DCSF-05, Rev 0) – clarify if the controls are for the documented forms? or records?
- Need to clarify in the documented procedure the controls needed to ensure legibility of documents.
- Need to ensure controls needed for copies Legal and Institutional Framework: RA No. 8292, RA No. 6764, Executive Order No. 605, ISO 9001:2008 standard.
- The Procedure on Records Control (TSU-UEO-SP-02, Rev 0) does not clearly provide control measures to ensure legibility, identification, and retrieval of records.

4. Corrective Action (8.5.2)

- Effective implementation of the established Corrective Action Procedure (TSU-UEO-SP-05, Rev 0) was not demonstrated at the time of stage 1.
- Consider raising Corrective Actions to findings raised in events of external audits. Define this in the procedure.

5. Preventive Action (8.5.3)

- Preventive Action Procedure (TSU-UEO-SP-04, Rev 0) - There is a need to provide objective evidences of the effective implementation of the established Preventive Action Procedure prior to the commencement of the stage 2 audit.

6. Control of Non-conforming Services (8.3)

- It is not clear in the established Control of Non-conforming Services Procedure (TSU-UEO-SP-06, Rev 0) the controls needed relative to: authorisation of its use, release or acceptance under concession by relevant authority and, where applicable, by the customer.
- Also, clarify in the procedure the controls needed relative to: Taking action appropriate to the effects, or potential effects, of the nonconformity when nonconforming product is detected after delivery or use

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has started.

- Need to provide objective evidence of implementation prior to stage 2 (e.g. delays, project departures, etc)

7. Design and Development (7.3)

- The organisation was verified to be undertaking design and development of Subject Trainings consistent with the Course Curriculum designed for the intended Program. However, the organization has not demonstrated the implementation of Design and Development requirements with respect to the following:
 - i. design and development planning,
 - ii. design and development inputs
 - iii. design and development outputs
 - iv. design and development review
 - v. design and development verification
 - vi. design and development validation, and
 - vii. control of design and development changes
- Need to ensure that records to comply with the above requirements of the standard are available prior to stage 2 audit.

4. Non critical audit findings

The following findings, if not appropriately addressed, could lead to weaknesses being identified at the Stage 2 audit.

8. Control of Outsourced Processes (4.1)

- The organization identifies Outsourcing of Special Research, should the need arise. Need to define the controls needed in the Quality Manual (TSU-UEO-QM-01, Rev 0)

9. Validation of Processes for Production and Service Provision (7.5.2)

- The organization identifies Provision of training and consultancy services as special processes of which the resulting output cannot be verified by subsequent monitoring or measurement and, as a consequence, deficiencies become apparent only after the product is in use or the service has been delivered. However, conformance to the following requirements of the standard were not clearly demonstrated:
 - i. The need for "Validation" that shall demonstrate the ability of these processes to achieve planned results, including, as applicable:
 - a) defined criteria for review and approval of the processes,
 - b) approval of equipment and qualification of personnel,
 - c) use of specific methods and procedures,
 - d) requirements for records (see 4.2.4), and
 - e) revalidation

*Chapter 9
Training
Consultancy*

10. Quality Objectives (5.4.1)

- The organization has established an annual objectives (TSU-UEO-QM-01, Rev 0 as of September 9, 2009) to support the Quality policy. This needs to be time-bounded;
- Also, there is a need to further clarify how the following objectives/parameters are measured:
 - i. To enhance the "development" at least two (2) depressed communities in partnership with the existing local institutions and sectors and by involving faculty

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- experts from the university. Clarify how much development is needed.
- ii. To enhance the overall "productivity" of at least three (3) firms by approximately 10-15%; Selection of industries (coming from DOST and DTI – within the region), (Ref: TSU-UEO-IDSF-04, Rev 0) – Clarify the time frame in this objective.
 - iii. To Increase the marketability of at least three (3) local products by improving their label designs and/or through the development of other promotional materials. Clarify the time frame in this objective. Measurement of the impact on marketability will be verified during the stage 2.
 - iv. To transfer knowledge and skills to at least 300 trainees through the conduct of training and technical/ vocational short courses; Verify Design and Development. Trade test. Post Activity Evaluation is conducted. Ensure that measurement of this objective is available during stage 2. Might want to consider setting objective on the target level of competency that the training program is aiming.
 - v. To enhance the competence of at least 500 professionals through the conduct of continuing education on various fields of specialization. Consider having an objective that deal with "Competency enhancement" of attendees.
 - vi. "Customer Satisfaction Survey, TSU-UEO-SF-04, Rev 1". Clarify the target level of Customer Satisfaction rating in the objective.

11. Permissible Exclusion (7.5.5/ 1.2 Application for the purpose of Stage 1 only)

- The Organization currently identified 7.5.5 (Preservation of Product) as an exclusion. Further investigation revealed that this is not an "exclusion" since the resulting product, and constituents thereof, would also include training certificates, Project plans, etc. Controls needed to ensure preservation of these products shall be defined in the Quality System Manual.

12. Table of Organization/ Competence (6.2.2)

- Clarify the existence and reporting functions of the Documents Control Officer in the TSU-UEO-QM-01, Rev 0.
- Ensure that relevant competency for key positions like the Management Representative, IQA Team, and the Documents Control Officer are determined and records of communication available.
- Evidence of measuring training effectiveness will be verified during stage 2.

13. Purchasing (7.4)

- Controls relative to purchasing activities (e.g. Verification of purchased products, Suppliers (service provider) selection, identification and accreditation) shall be available during stage 2.

14. Scope of the Quality Management System (Including Control of Outsourced Processes)

- Need to clarify this in the Quality System Manual (TSU-UE)-QM-01) the scope, e.g. Provision of Community Development Program, Industry Development Program, and Extension Support Services Program.

5. Audit Conclusions

The Stage 1 audit was successful in meeting the stated objectives:

☐ Yes ☒ No

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The stage 1 audit was limited in time and scope to the stated objectives and it is possible that additional weaknesses will be identified during future audit activities. With consideration to the findings identified in section 3 and 4 of this report, the overall conclusions of the audit are as follow:

The management system has been planned to conform with all the requirements of the audit standard: ☐ Yes ☒ No

The management system is designed to achieve the organization's policy objectives: ☒ Yes ☐ No

Based on the information provided, the system is designed to identify and manage compliance with statutory, regulatory and contractual requirements: ☒ Yes ☐ No

The internal audit and management review planning assure appropriate coverage prior to the Stage 2 Audit: ☐ Yes ☒ No

Any scope exclusions are appropriate and justified: ☐ N/A ☒ Yes ☐ No

NOTE: Refer as well to stage 1 finding on exclusion.

The Stage 2 audit should proceed as presently planned: ☒ Yes ☐ No

Comments or details of necessary changes to the stage 2 audit plan:

The QMR is advised the following as guidelines in preparation for the Certification Audit:

- Nonconformities detailed above shall be addressed through the organization's corrective action process, in accordance with the relevant corrective action requirements of the audit standard, including actions to analyse the cause of the nonconformity and prevent recurrence, and complete records maintained. Corrective actions to all findings in this audit must be submitted for review and acceptance by the auditor who conducted the Stage 1 audit (kindly e-mail to harvi.abangan@sgs.com)
- All Stage 1 audit findings raised will be formally closed-out during the Certification Audit (Stage 2).

Important Guidelines to client (as per GSP 03, Issue 12):

- The interval between Stage 1 and Stage 2 audits shall be determined taking into account the needs of the client, including the amount of work necessary to address the findings on the Stage 1 audit and any additional preparation necessary on the part of SGS.
- In any case where the Stage 2 audit is scheduled to immediately follow the Stage 1 audit, the Stage 1 audit process must be completed, including a confirmation of the decision to proceed, prior to starting the Stage 2 audit.
- In general, the interval between a Stage 1 audit and a Stage 2 audit should never exceed six months. Where more time has elapsed, the auditor shall determine the continuing validity of the Stage 1 findings with consideration to organizational and system changes as well as the potential need for another Stage 1 audit.

6. Next audit due date: not later than February 23, 2011.

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Management System Certification Audit Summary Report

Organization:	Tarlac State University		
Address:	1F Administration Building, Romulo Blvd, San Vicente, Tarlac City		
Standard(s):	ISO 9001:2008	Accreditation Body(s): PAB and UKAS	
Representative:	Ms. Lea Beltran (Cluster Chairperson, Industry Development Extension Program)		
Site(s) audited:	Site 1	Date(s) of audit(s):	December 08, 2010
EAC Code:	38	NACE Code:	8299 (85.3)
No. of Employees:	5 (University Extension Office)	No.of Shifts:	One (1)
Lead auditor:	Jean A. Jimenez	Additional team member(s):	Rubylene L. Osila Harvi M. Abangan (Team Lead AUS)

1. Audit objectives

The objectives of this audit were:

- to confirm that the management system conforms with all the requirements of the audit standard;
- to confirm that the organization has effectively implemented the planned management system;
- to confirm that the management system is capable of achieving the organization's policy objectives.

2. Scope of certification

Development activities for the implementation and provision of community development program, industry development program, and extension support services program

Exclusion: 7.6

(Note: Exclusion to 7.5.2 is yet to be confirmed after the completion of the consultancy project, where the resulting outputs expected will still be validated if met, based on the implementation of the recommendations by the consultants – Impact Assessment)

Has this scope been amended as a result of this audit?

☒ Yes ☐ No

This is a multi-site audit and an Appendix listing all relevant sites and/or remote locations has been established (attached) and agreed with the client

☐ Yes ☒ No

3. Current audit findings and conclusions

The audit team conducted a process-based audit focusing on significant aspects/risks/objectives required by the standard(s). The audit methods used were interviews, observation of activities and review of documentation and records.

The structure of the audit was in accordance with the audit plan and audit planning matrix included as annexes to this summary report.

The audit team concludes that the organization ☒ has ☐ has not established and maintained its management system in line with the requirements of the standard and demonstrated the ability of the system to systematically achieve agreed requirements for products or services within the scope and the organization's policy and objectives.

Number of nonconformities identified: 0 Major 3 Minor

Therefore the audit team recommends that, based on the results of this audit and the system's demonstrated state of development and maturity, management system certification be:

☒ Granted / ☐ Continued / ☐ Withheld / ☐ Suspended until satisfactory corrective action is completed.

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4. Previous Audit Results

The results of the last audit of this system have been reviewed, in particular to assure appropriate correction and corrective action has been implemented to address any nonconformity identified. This review has concluded that:

- ☐ Any nonconformity identified during previous audits has been corrected and the corrective action continues to be effective. – NA only the desk study findings below:

Critical Audit Findings

1. Management Review (5.6)

- At the time of the audit, there were no objective evidences of conducting Management Review at intervals specified by the Organization as per 5.6 of TSU-UEO-QM-01, Rev 0. Need to ensure that management review is conducted covering the review of inputs and outputs (partial or full) requirements of the standard. – **TSU-UEO-QM-01 Rev 00 9/9/9 on a semi-annual basis, and first conduct of such was on 8/12/10 recorded in a logbook, and on 8/26/10, where the minutes of the meeting was already formalized. – CLOSED. (Complete inputs and outputs are to be checked under the Management Review Trail)**

2. Internal Quality Audit (8.2.2)

- There is a partial implementation of the established Internal Quality Audit Procedure (TSU-UEO-SP-03, Rev 0). However the following lapses were observed:
 - i. Audit Summary Report (TSU-UEO-IQSF-04) – no evidence of implementation – **Internal Audit carried out in June 2010 was summarized in an Internal Quality Audit Summary Report TSU-UEO-ISQF-04 Rev 00.**
 - ii. CPAR/ OFI (TSU-UEO-SF-05) – no evidence of implementation to provide objective evidence of the system of correcting the identified non-conformances – **Non-conformities from the above, were reflected in a Correction / Corrective and Preventive Action Form / OFI TSU-UEO-SF-05 Rev 00**
 - iii. Need to ensure that full implementation of the procedure is demonstrated during stage 2. – **Schedule of the audit showed all areas were covered.**

Above issues are CLOSED

3. Documents Control and Records Control procedures (4.2.3, 4.2.4)

- External documents on Legal and Institutional Framework like RA No. 8292, RA No. 6764, Executive Order No. 605, and the copy of ISO 9001:2008 standard showed no evidence of control. – **Masterlist of Registered Reference Documents as of Sept 1, 2010 - CLOSED**
- Document Registration/ Revision Form (TSU-UEO-DCSF-01) – lapses were observed on the dates of withdrawal of obsolete documents. – **None sampled on lapses related to dates. – CLOSED.**
- DCC Logbook (TSU-UEO-DCSF-02) – control number is not aligned with the records master-list. – **Corrected – CLOSED.**
- The controls needed for the electronic documents and back-up system is not specified in the Documents Control procedure; **SP-01 procedure on control of documents converted in PDF format, saved in the computer and back-up CD – CLOSED.**
- Master list of Records (TSU-UEO-DCSF-05, Rev 0) – clarify if the controls are for the documented forms? or records? – **Forms also reflected under numbering system, as well as the records masterlist – CLOSED.**
- Need to clarify in the documented procedure the controls needed to ensure legibility of documents. – **New procedure on Allowable corrections procedure - CLOSED.**
- Need to ensure controls needed for copies Legal and Institutional Framework: RA No. 8292, RA No. 6764, Executive Order No. 605, ISO 9001:2008 standard. – **CLOSED included in the masterlist**
- The Procedure on Records Control (TSU-UEO-SP-02, Rev 0) does not clearly provide control measures to ensure legibility, identification, and retrieval of records. – **Included**

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in the procedure Rev 01 – CLOSED.

4. Corrective Action (8.5.2)

- Effective implementation of the established Corrective Action Procedure (TSU-UEO-SP-05, Rev 0) was not demonstrated at the time of stage 1. No records were available to evidence implementation. – **Verified in the closure of internal audit finding, item 2 above. - CLOSED**
- Ensure that Corrective Action process is implemented to findings raised in events of external audits. Define this in the procedure. - **Preventive Action Procedure TSU-UEO-SP-04 Rev 01 (8/30/10) and Corrective Action Procedure TSU-UEO-SP-05 Rev 1 (8/30/10) already include the external audit findings. - CLOSED**

5. Preventive Action (8.5.3)

- Preventive Action Procedure (TSU-UEO-SP-04, Rev 0) - There is a need to provide objective evidences of the effective implementation of the established Preventive Action Procedure prior to the commencement of the stage 2 audit. – **Potential problems have been included in the Management Review Minutes for all services provided. (For further verification in the Management Review Trail). CLOSED.**

6. Control of Non-conforming Services (8.3)

- It is not clear in the established Control of Non-conforming Services Procedure (TSU-UEO-SP-06, Rev 0) the controls needed relative to: authorisation of its use, release or acceptance under concession by relevant authority and, where applicable, by the customer. – **Control of Non-conforming Services Procedure (TSU-UEO-SP-06, Rev 01 dated 8/30/10) communication with the customer any reasons for delay or replacement / substitution of resource persons.**
- Also, clarify in the procedure the controls needed relative to: Taking action appropriate to the effects, or potential effects, of the nonconformity when nonconforming product is detected after delivery or use has started. – **reflected in the procedure indicated above. – CLOSED.**
- Need to provide objective evidence of implementation prior to stage 2 (e.g. delays, project departures, etc) – **No incident to require implementation of the same. – CLOSED.**

7. Design and Development (7.3) – Refer to the details of the Philnor Aqua Project

- The organisation was verified to be undertaking design and development of Subject Trainings consistent with the course designed for the intended training program. However, the organization has not demonstrated the implementation of Design and Development requirements with respect to the following:
 - i. design and development planning,
 - ii. design and development inputs
 - iii. design and development outputs
 - iv. design and development review
 - v. design and development verification
 - vi. design and development validation, and
 - vii. control of design and development changes

Need to ensure that records to comply with the above requirements of the standard are available prior to stage 2 audit. – **Actual requirements and associated records were checked and thus, were CLOSED**

8. Control of Outsourced Processes (4.1)

- The organization identifies Outsourcing of Special Research, should the need arise. Need to define the controls needed in the Quality Manual (TSU-UEO-QM-01, Rev 0) – **Reviewed the Pool of experts (not dated) (Ma. Teresa Agustin / Mr. Ronnie Lopez – feasibility study for Philnor) and the service supplier evaluation (TSU-UEO-SF-16 Rev 00) of both, rated 4 and above. - CLOSED**

9. Validation of Processes for Production and Service Provision (7.5.2)

- The organization identifies Provision of training and consultancy services as special

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processes of which the resulting output cannot be verified by subsequent monitoring or measurement and, as a consequence, deficiencies become apparent only after the product is in use or the service has been delivered. However, conformance to the following requirements of the standard were not clearly demonstrated:

- i. The need for "Validation" that shall demonstrate the ability of these processes to achieve planned results, including, as applicable:
 - a) defined criteria for review and approval of the processes,
 - b) approval of equipment and qualification of personnel,
 - c) use of specific methods and procedures,
 - d) requirements for records (see 4.2.4), and
 - e) revalidation

See note under section 2, under the scope, where the above are yet for confirmation, after completion of the consultancy project. – OPEN, for closure on the next visit.

10. Quality Objectives (5.4.1) – Revised TSU-UEO-QM-01 Rev 01 9/1/10 Quality Objectives, and evidences are those seen below for the closure:

- The organization has established an annual objectives (TSU-UEO-QM-01, Rev 0 as of September 9, 2009) to support the Quality policy. This needs to be time-bounded;
- Also, there is a need to further clarify how the following objectives/parameters are measured:
 - i. To enhance the "development" at least two (2) depressed communities in partnership with the existing local institutions and sectors and by involving faculty experts from the university. Clarify how much development is needed. – **revised instead of enhance, to initiate development instead. (Quality Manual Rev 01 9/1/10)- CLOSED.**
 - ii. To enhance the overall "productivity" of at least three (3) firms by approximately 10-15%; Selection of industries (coming from DOST and DTI – within the region), (Ref: TSU-UEO-IDSF-04, Rev 0) – **Clarify the time frame in this objective. – not included anymore, but worded instead at the extension of Consultancy Services.**
 - iii. To Increase the marketability of at least three (3) local products by improving their label designs and/or through the development of other promotional materials. Clarify the time frame in this objective. Measurement of the impact on marketability will be verified during the stage 2. – **not included in the objectives, but reworded as develop label designs. CLOSED.**
 - iv. To transfer knowledge and skills to at least 300 trainees through the conduct of training and technical/ vocational short courses; Verify Design and Development. Trade test. Post Activity Evaluation is conducted. Ensure that measurement of this objective is available during stage 2. Might want to consider setting objective on the target level of competency that the training program is aiming. – **training of at least 300 individuals for technical / vocational courses. (Per levelling instruction and the Joint Circular No 1 series of 2003 5/29/03.**
 - v. To enhance the competence of at least 500 professionals through the conduct of continuing education on various fields of specialization. Consider having an objective that deal with "Competency enhancement" of attendees. – **Refer to training programs under Joint Circular number # 1.**
 - vi. "Customer Satisfaction Survey, TSU-UEO-SF-04, Rev 1". Clarify the target level of Customer Satisfaction rating in the objective. – **Satisfactory rating was established as the target. – CLOSED.**

11. Permissible Exclusion (7.5.5/ 1.2 Application for the purpose of Stage 1 only) – raised as new observation however, due to the incomplete implementation of the sampled project to confirm applicability or otherwise of 7.5.2)

- The Organization currently identified 7.5.5 (Preservation of Product) as an exclusion. Further investigation revealed that this is not an "exclusion" since the resulting product, and constituents thereof, would also include training certificates, Project plans, etc. Controls needed to ensure preservation of these products shall be defined in the

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Quality System Manual. -- *Under section 3.2 of the manual revision 1- 7.6; CLOSED.*

12. Table of Organization/ Competence (6.2.2) -- covered under training audit trail. - CLOSED

- Clarify the existence and reporting functions of the Documents Control Officer in the TSU-UEO-QM-01, Rev 0.
- Ensure that relevant competency for key positions like the Management Representative, IQA Team, and the Documents Control Officer are determined and records of communication available.
- Evidence of measuring training effectiveness will be verified during stage 2.

CLOSED

13. Purchasing (7.4) -

- Controls relative to purchasing activities (e.g. Verification of purchased products, Suppliers (service provider) selection, identification and accreditation) shall be available during stage 2. -- *also defined under the Manual page 13 TSU-UEO-QM-01 Rev 02 per SO, or proposals and or evaluation by the proponent upon rendition and or accomplishment of the services. -- CLOSED.*

14. Scope of the Quality Management System (Including Control of Outsourced Processes)

- Need to clarify this in the Quality System Manual (TSU-UE)-QM-01) the scope, e.g. Provision of Community Development Program, Industry Development Program, and Extension Support Services Program. -- *defined also in the manual under Rev 01 section 3 to align with the intended scope of registration. (Refere however to section 2 that identifies the proposed scope of registration. CLOSED*

- ☐ The management system has not adequately addressed nonconformity identified during previous audit activities and the specific issue has been re-defined in the nonconformity section of this report. -- NA

5. Audit Findings

The audit team conducted a process-based audit focusing on significant aspects/risks/objectives. The audit methods used were interviews, observation of activities and review of documentation and records.

The management system documentation demonstrated conformity with the requirements of the audit standard and provided sufficient structure to support implementation and maintenance of the management system. ☒ Yes ☐ No

The organization has demonstrated effective implementation and maintenance / improvement of its management system. ☒ Yes ☐ No

The organization has demonstrated the establishment and tracking of appropriate key performance objectives and targets and monitored progress towards their achievement. ☒ Yes ☐ No

The internal audit program has been fully implemented and demonstrates effectiveness as a tool for maintaining and improving the management system. ☒ Yes ☐ No

The management review process demonstrated capability to ensure the continuing suitability, adequacy and effectiveness of the management system. ☒ Yes ☐ No

Throughout the audit process, the management system demonstrated overall conformance with the requirements of the audit standard. ☒ Yes ☐ No

Certification claims are accurate and in accordance with SGS guidance ☒ N/A ☐ Yes ☐ No

6. Significant Audit Trails Followed

The specific processes, activities and functions reviewed are detailed in the Audit Planning Matrix and the Audit Plan. In performing the audit, various audit trails and linkages were developed, including the following primary audit trails, followed throughout:

Top Management Presentation: Dr. Glenard T. Madriaga (VP-RED), VP - Academic Affairs), Dr. Priscilla C. Viuya (President), Redemptor G. Toledano (Director)

Top Management Audit:

- Opening by Dr. Glenard T. Madriaga (VP for Research, Extension and Development (RED)),

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- message from Dr. Priscilla C. Viuya (President, TSU)
- Scope – Nace 38; 8299 (Schools and other Services) – ComDev, InDex, ESS Program, IPP program
- Business Process – Extension (Bringing services of the University Outside the Campus to Facilitate Development Outside The University, Talking to the stakeholders/ Planning Session. Increasing Opportunity of Self Employment through Skills development. With links to the local NGOs. Expected output is to be sustained by partners in the community. Improvement of Productivity of the community. An established Business process (QMS Inputs, Internal controls and Process, and outputs, are defined). Identified Customers are Farmers, Cooperatives, LGUs, Research/ SME's (Small and Medium Enterprise), Community, and other Sector; IPP (Institution Public/ Private Objective) Programs: Community Development (ComDev) Program, InDex Program, ESS program, SEE Program;
- Quality Policy (TSU-UEO-QM-01, Rev 0) Supporting the University-wide Vision and Mission (TSU-UEO-QM-01, Rev 0). Approved by Ms. Priscilla C. Viuya, Ph. D. This is Supported by annual measurable objectives on (TSU-UEO-QM-01, Rev 1). Monitoring and measurement of the established objectives is on a per program Chairperson basis which is reviewed by the top management at planned intervals;
- Permissible exclusions including justifications for exclusions – 7.6 (Control of monitoring and Measuring equipment);
- Organizational structure – no changes from stage 1
- Customer satisfaction – realized through conducts of audits, management review at planned intervals, customer satisfaction survey, corrective and preventive action processes, and applicable logistical support programs from TSU.
- Continual improvement – analysis of data

Community Development Extension Program

- Auditee(s) – Ms. Maricar N. Banting (Chairperson, ComDev Program)
- Functions primarily in the identification of program beneficiary and/or clients, Stakeholders meeting; Preparing of CDP; Preparing of MOA and Deliberating; Signing of MOA; Implementation of the Project; Periodic Monitoring and Evaluation (corrections and corrective actions); Preparation and submission of terminal reports; Project and Service Assessment; Exit Conference; Issuance of Certificates and records management.
- Also verified applicable objectives (KPI), Design and development, Validation of special processes, Planning, Monitoring and verification, Customer Satisfaction, Control of service provision and verification closure of Stage 1 non-conformance Nos. 7 and 9
- Applicable Objectives
 - To initiate the development at least two (2) depressed communities in partnership with the existing local institutions and sectors and by involving faculty experts from the university (June 2010 to May 2011). There is need to ensure that objective evidences of planning, monitoring, verification and attainment of this objective are available. Progress reports of the 2010 extension plan, whichever is approved by the president, will be verified in the next visit.
 - To obtain at least a satisfactory rating on the services rendered as per customer evaluation;
- Documents and Records Verified: Community Development (ComDev) Modeling Program Service Procedure (TSU-UEO-CDSP-01, Rev 0); Criteria for the Selection of Depressed Community; Also verified the Service Project Work Plan for the project title: a) "Improved Muscovado Kiln" with the beneficiary LSFMPCI; Client Profile – basis for qualification; Project/ Service Monitoring Form (TSU-UEO-SF-03) – specifying the desired Objectives/ targets; activities and strategies, Date of completion with monitoring of the actual completion date and remarks. Also checked the Service Project Work Plan (TSU-UEO-SF-15, Rev 0); Customer Satisfaction Survey Form (TSU-UEO-SF-04) – presented but portion on "Completeness and clarity of the service providers" will be verified in the next visit; Terminal Report – this will be verified in the next visit; MOA – dated February 2010 for Lalapac Sugarcane Farmers Multi Purpose Cooperative Incorporated (LSFMPCI); Presented the 2010 Extension plan projects for Community Development Extension Program. There is a need to define the time frame required for the accomplishment of the plan, e.g. 7 years (as defined by the extension office)

Industry Development Extension Program

- Auditee(s) – Ms. Leah Beltran (Chairperson, InDex Program)

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- Project: Firm level Report for Philnor Aqua, Inc. o Smoked Tilapia Processing dated April 2010. Verified the system of identifying the program beneficiary, visiting the program recipients and/or clients, applications; Approval and issuance of special projects; conducting the service required; Monitoring; Preparation of the Service Report; Consolidation and submission of the service reports; assessment of the service provided; Issuance of certificates, and records management.
- Verified the system of monitoring and measurement of applicable objectives (KPI), Design and development, Validation of special processes, Planning, Monitoring and verification, Customer Satisfaction, Control of service provision), and verification closure of Stage 1 NC 7, 9
- Documents and Records Verified for the above project:
 - o Industry Development Extension (InDex) Service Procedure (TSU-UEO-IDSP-01, Rev 1)
 - o Project/ Service Monitoring Form (TSU-UEO-SF-03) for Philnor
 - o InDex Program Service Application (TSU-UEO-IDSF-01/ TSU-UEO-IDSF-02)
 - o Customer Satisfaction Survey (TSU-UEO-SF-04)
 - o Project Request form (TSU-UEO-IDSF-03)
 - o Service Reports (TSU-UEO-IDSF-04/ TSU-UEO-IDSF-05)
 - o Firm Level Report
 - o MOA

Extension Support Services Program

- Auditee(s) – Mr. Emir Lenard S. Sicangco (Cluster Chairperson of ESSP)
- Responsible in organizing for training request from outside organizations; provision of technical control for consultancy services; Presented the Special order No. 05, s.2009 (as of January 22, 2009) defining the authorities and responsibilities of the Cluster chairperson and the functions under the Extension Support Services Program;
- Also verified applicable objectives (KPI), Design and development, Validation of special processes, Planning, Monitoring and verification, Customer Satisfaction, Control of service provision) / verification closure of Stage 1 NC 7,
- Verified the system of monitoring and measurement of applicable objectives (from June 2010 to May 2011):
 - o To train at least 300 individuals through the conduct of technical/ vocational short courses;
 - o To conduct continuing education to at least 500 professionals on various fields of specialization;
 - o To obtain at least a satisfactory rating on the services rendered as per customer evaluation;
 - o This objective is drawn by the extension office to support the mandate on "SUC Levelling Instrument and guidelines for the Implementation Thereof" from the Department of Budget Management and Commission of Higher Education (Joint Circular Number 1, s. 2003) dated May 29, 2003;
- Documents and Records Verified
 - o Presented the List of Trainings/ Seminars Conducted From September 2009 to December 2010. Trainings sampled within the coverage of the effective dates of the established KPI/ objectives are as follows:
 - May 31 to June 4, 2010 on Computer Literacy Program (Training evaluation at a rating of 4.90)
 - June 18, 2010 on Cooperative Pre-membership Seminar (Training evaluation at a rating of 4.18)
 - August 1 to September 19, 2010 on Ref and Aircon Mechanic (Training evaluation at a rating of 5.0);
 - August 21 to September 18, 2010 on Computer Literacy (Training evaluation at a rating of 4.75);
- Also verified the Extension Support Services Program Procedure (TSU-UEO-ESSP-01, Rev 1) as of February 11, 2010; Training Request Form (TSU-UEO-ESSF-01); Customer Satisfaction Survey (TSU-UEO-SF-04); Enrolment form (TSU-UEO-ESSF-03); Registration Sheet (TSU-UEO-ESSF-04); Attendance Sheet (TSU-UEO-ESSF-05); Evaluation Forms (TSU-UEO-ESSF-07; TSU-UEO-ESSF-08) – End of course evaluation tally sheets (TSU-UEO-ESSF-09a); Tally Sheets for End-of-the Course Evaluation (TSU-UEO-ESSF-09); Skills Training and Continuing Education Service Report (TSU-UEO-ESSF-10); Seminar Evaluation (TSU-UEO-ESSF-12); Request for Extension Service Providers (TSU-UEO-SF-02); Service/ Project Monitoring Form (TSU-UEO-SF-03) – for long term projects (>6 days); Service Supplier Evaluation Form (TSU-UEO-SF-16) – for technical consultants

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– this will be verified in the next visit.

Design and Development and Customer related processes: (Industry Development Extension Program – Lea Beltran)

Reviewed was the application of the client until implementation of the consultancy program, following the Industry Development Extension (InDEX) Service Procedure TSR-UEO-IDSP-01 Rev 01, and SME's Productivity Enhancement Consultancy Service (SPECS) TSU-UEO-IDWI-01 Rev 00, and Control of Research Output TSU-UEO-GL-02 Rev 00, but is yet for verification and validation of the outputs and the changes, based on the Impact Assessment, come end December 2010. – Records, procedures and data presented were the following:

- Sampled project - Philnor Aqua.: Productivity / Enhancement Consultancy
- Service Application Form TSU-UEO-IDSF-01 Rev 00
- Service / Project Work Plan TSU-UEO-SF-15 Rev 00
- Client Information Sheet (During the site visit and interview)
- Firm Level Report April 2010
- SO (Special orders) of consultants and the service evaluation of the same, relative to expertise, and responsibilities
- Pool of experts
- Inputs were the client's profile, actual data provided
- Outputs were as identified above.
- Verification of the recommendations in the firm level report – Terms and conditions, feasibility study results, engineering lay-out plan, as well as the validation of these are yet for checking on end December 2010
- Additional forms provided – LTO for BFAD Application, BFAD Checklist, sample of monitoring forms for the request on the machinery maintenance; feasibility study, factory layout, as well as the recommendations of the consultants and the
- Service / Project Monitoring Form TSU-UEO-SF-03 Rev 00
- Service Report Form (SME's Productivity Enhancement Consultancy Service Report – SPECS – TSU-UEO-IDSF-04 Rev 00)
- Impact Assessment TSU-UEO-IDSF-06 (yet to be accomplished 6 months after the full implementation of the recommendations stated in the Firm Level Report.

Document and Data Control: (including closure of the document review findings, and of audit trails in relation to the findings): Emir Sicangco

Reviewed were the procedures on control of documents TSU-UEO-SP-01 Rev 01 on control of records TSU-UEO-SP-02 Rev 01 dated 9/1/10 and sampled documents and records were:

- CHED MEMO 04 (External Reference)
- Document numbering system TSU-UEO-DCWI-01 Rev 00
- Master copies are stamped blue, and controlled copies in green; last 2 revisions to be kept on file, but is stamped as obsolete. There are still no documents beyond revision 2.
- Masterlist of Documents as of September 1, 2010 (TSU-UEO-DCSF-04 Rev 00)
- Masterlist of Records and Compilation of Forms as of Nov 10, 2010 (TSU-UEO-DCSF-05 Rev 00)
- Revisions are coursed through DRRs, and approvals are by the VP RED; Document / Registration / Revision Form TSU-UEO-DCSF-01 Rev 00, sampled were for the manual, however, revisions in the manual are reflected in the Amendments Log TSU-UEO-DCSF-03 Rev 00;
- DRR for Allowable document corrections TSU-UEO-DCGL-01 Rev 00 (and masterlist matched), and the document control procedure at revision 1.
- DRR also included the abolishment of the Customer Complaints Form TSU-SH-06 Rev 00, and was integrated with the customer communication form in SF-01.
- As to disposal of records, there are none yet, since shortest retention time is 3 years, except for Equipment Request form that is 1 year (only for returned equipment, and this form was not used yet, and other forms is also 5 years.
- Distribution of documents is coursed through DCC Logbook TSU-UEO-DCSF-02 where the distribution list is noted in the DRR form.

Purchasing/Liaison Officer:

The scope of responsibilities is provision of purchasing information to the Procurement Office (centralized university-wide, not covered by the scope of certification) based on project requirements as indicated in the developed work plan, and purchase requirements of the extension office itself.

Purchase requests (PRs) for the existing projects covered by the scope were verified. Specific records

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sampled were for the Community Development Program with project title "Improved Mascuvado Kiln" (Barangay Lalapac, Victoria, Tarlac): PR # 2010-01-0043 dd 01.26.2010; Supply Availability Inquiry (SAI) # 0044-10, Procurement Office Logbook code C# 2010-01-0049; items requested are 70 pieces of cement bags, 1500 pieces of concrete hollow blocks 4, 2000 pieces of bricks (4"x2"x8").

Relevant quality objective is the achievement of "satisfactory" rating in the customer satisfaction survey where the rating for the above sampled project is "extremely satisfied" (customer satisfaction survey dated 07.09.2010).

Accounting and Finance:

Accounting and Finance is also centralized university-wide and does not form part of the scope of certification. It only comes in when there are required payments to outsourced personnel related to the projects. Sampled disbursement voucher # 10080945 dated 08.19.2010 as payment of honorarium for the training on computer literacy on July 10-Aug. 7, 2010 as part of the extension services provided by the Unit.

Human Resources (Hiring, Personnel Development, Competence, Training and Awareness):

HR is also centralized university-wide and does not form part of the scope of certification. However, it is responsible for the hiring, personnel development and ensuring that all Extension Office personnel are competent on the basis of education, training & experience. Semi-annual performance evaluation is performed every end of June and December to determine level of performance of the unit's personnel. Sampled the qualification, training files and latest performance evaluation of the 4 employees making up the Extension Office: (a) Lea Beltran (Index Program Chairperson); (b) Maricar Banting (Community Development Chairperson); (c) Emir Lenard Sicangco (Extension Support Services Chairperson); (d) Redemptor Toledano (Director of the Extension Office).

QMR – Management Review, Corrections, Corrective & Preventive Actions (Customer Satisfaction, Customer Complaints, Timeliness of Corrective Actions):

System for management review as defined in section 5.6 of the Quality System Manual (TSU-UEO-QM-01 Rev. 00 dd 09.09.2009) was verified for effective implementation. Minutes of the 06.12.2010 and 08.26.2010 management review meetings were checked to determine if these reviews included assessing opportunities for improvement and the need for changes to the quality management system, including the quality policy and quality objectives, as well as the following review inputs: results of audits, customer feedback, process performance and product conformity, status of preventive and corrective actions, follow-up actions from previous management reviews, changes that could affect the quality management system and recommendations for improvement.

System for corrective action (TSU-UEO-SP-05 Rev. 01 dd 08.30.2010) and preventive action (TSU-UEO-SP-04 Rev. 01 dd 08.30.2010) were also verified for effective implementation. Sampled CPARs for correction and corrective action and CPARs/OFI for preventive action were those dated 06.29.2010 on lack of data tally sheet (8.2, 8.4), closed 07.2010; no evidence of implementation of corrective & preventive action (8.5), closed 07.07.2010, and potential unattainability of objective #2, closed 07.15.2010.

Internal Audit: (Lea Beltran)

Internal Quality Audit Procedure (TSU-UEO-SP-03 Rev. 00 dd 09.09.2009) was verified for effective implementation. Specific samples taken were as follow: IQA Program where all areas are planned twice a year (June & Dec.) although more important areas like projects are allocated more time. Consideration on the results of previous audit when preparing the audit program cannot be established yet as this is the first IQA so far conducted, thus, this will be checked next visit; IQA Itinerary where all areas were allocated with schedules; and audit checklists and CPARs/OFIs for the June 24 & 29, 2010 audit of the following areas: Community Development Extension Program Chairperson (audited by Emir Sicangco of Extension Support Service on 06.29.2010, CPAR/OFI dd 06.29.2010 on lack of work plan); Industry Development Extension Program Chairperson (audited by Maricar Banting of Community Development on 06.29.2010, CPAR/OFI dd 06.29.2010 on lack of implementation of control of non-conforming services procedure); Extension Support Services Program Chairperson (audited by Lea Beltran of Index on 06.29.2010, CPAR/OFI on no updated reports on training evaluation); Document Control (audited by Lea Beltran on 06.24.2010, CPAR/OFI on storage & protection of records not clearly defined in the procedure) and IQA (audited by Maricar Banting, no findings).

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7. Nonconformities

Non-Conformity N° 1 of 3 (RLO) ☐ Major ☒ Minor
 Department / Management Review
 Function:
 Document Ref.: 5.6 of TSU-UEO-QM-01
 Standard Ref.: ISO 9001:2008 clause 5.6
 Issue / Rev. Rev. 00 dd 09.09.2009
 Status:

Details of Nonconformity: There is no evidence that the following required review inputs were discussed in the 06.12.2010 and 08.26.2010 management review meetings: results of latest IQA, customer feedback/customer satisfaction survey results, process performance & product conformity (performance against set quality objectives & targets) and follow up actions from previous management review.

This is against 5.6 of ISO 9001:2008.

NonConformity N° 2 of 3 (HMA) ☐ Major ☒ Minor
 Department / Extension Support Services
 Function: Program
 Document Ref.: Expert's Profile Form
 Standard Ref.: ISO 9001:2008 Clause 7.4.1
 Issue / Rev. TSU-UEO-SF-10
 Status:

Details of Nonconformity: There were lapses observed in the organization's system of controlling "purchased services" as there were no records to evidence implementation of the controls relative to selection and qualification of trainer (Experts Profile Form, TSU-UEO-SF-10), prior to the organization's commitment to deliver services for the following sampled trainings:

- August 1 to September 19, 2010 on Ref and Aircon Mechanic; Trainer: Egr. Rosaoro Tungol
- August 21 to September 18, 2010 on Computer Literacy; Trainer: Egr. Antonino Granita

These are against the requirements of the standard reference defined above.

NonConformity N° 3 of 3 (HMA) ☐ Major ☒ Minor
 Department / Extension Support Services
 Function: Program
 Document Ref.: Extension Support Services Program Procedure
 Standard Ref.: ISO 9001:2008 Clause 7.5.1
 Issue / Rev. TSU-UEO-ESSP-01, Rev 1
 Status:

Details of Nonconformity: Lapses in the organization's implementation of the established Extension Support Services Program Procedure (TSU-UEO-ESSP-01, Rev 1), to ensure that training service provisions are conducted under controlled conditions, were noted as follows:

- No evidence of implementation of the established "Skills Training and Continuing Education Service Report (TSU-UEO-ESSF-10)" which should have should been after the training to check the observation of the trainer for:
 - August 1 to September 19, 2010 on Ref and Aircon Mechanic (Training evaluation at a rating of 5.0)
 - August 21 to September 18, 2010 on Computer Literacy (Training evaluation at a rating of 4.75); and
- No evidence of implementation of the Service/ Project Monitoring Form (TSU-UEO-SF-03) – for long term projects (e.g. >6 days) for the Computer Literacy Training specified above.

These are against the requirements of the standard reference defined above.

Nonconformities detailed here shall be addressed through the organization's corrective action process, in accordance with the relevant corrective action requirements of the audit standard, including actions to analyse the cause of the nonconformity and prevent recurrence, and complete records maintained.

- ☐ Corrective actions to address identified major nonconformities shall be carried out immediately and SGS notified of the actions taken within 30 days. An SGS auditor will perform a **follow up visit** within 90 days to confirm the actions taken, evaluate their effectiveness, and determine whether certification can be granted or continued.
- ☐ Corrective actions to address identified major nonconformities shall be carried out immediately and **records with supporting evidence sent to the SGS auditor** for close-out within 90 days.
- ☒ Corrective Actions to address identified minor non conformities shall be documented on a action plan and sent by the client to the auditor within 90 days for review. If the actions are deemed to be satisfactory they will be followed up at the next scheduled visit
- ☐ Corrective Actions to address identified minor non-conformities have been detailed on an action plan and the intended action reviewed by the Auditor, deemed to be satisfactory and will be followed up at the next scheduled visit.

Note:- Initial, Re-certification and Extension audits – recommendation for certification cannot be made unless check box 4 is completed. For re-certification audits the time scales indicated may need to be reduced in order to ensure re-certification prior to expiry of current certification.

Note: At the next scheduled audit visit, the SGS audit team will follow up on all identified nonconformities to confirm the effectiveness of the corrective actions taken.

8. General Observations & Opportunities for Improvement

JAJ

1. **Scope / Exclusions on 7.5.2 (1.0):** See note under section 2, under the scope, where the above are yet for confirmation, after completion of the consultancy project. (Also refer to DS Finding under non-critical item # 9) - to be verified on the next visit.
2. **Inputs / Outputs (7.3):** Although work plans presented have defined objectives, and strategies have been identified, and would somehow relate to the inputs and outputs, there is a need to clearly specify these in the workplan.

(HMA)

Community Development Extension Program

3. (QMS 8.2.1) Customer Satisfaction Survey Form (TSU-UEO-SF-04) – portion on the organization's performance on "Completeness and clarity of the service providers" will be verified in the next visit.

Extension Support Services Program

4. (QMS 8.2.3, 8.5.2) There is an established Quality objective on "training at least 300 individuals through the conduct of technical/ vocational short courses" taking into consideration the mandate of the Department of Budget Management and Commission of Higher Education (Joint Circular Number 1, s. 2003) on "SUC Levelling Instrument and guidelines for the Implementation Thereof" from the dated May 29, 2003. A total of 57 individuals were trained from May to September 2010 which is still below the 300 target of the organization (as pr KPI for June 2010 to May 2011). There is a need to ensure that appropriate corrections and corrective actions are in place at planned intervals to ensure that targets are met at the end of the established target date on May 2011.
5. (QMS 7.5.1) Implementation of the Service Supplier Evaluation Form (TSU-UEO-SF-16) for technical consultants will be verified in the next visit.
6. (QMS 4.2.3, 7.5.3) End of course evaluation tally sheets (TSU-UEO-ESSF-09a) – there is a need to ensure consistency in reflecting the required information relative to the title of the training course, training dates, and the trainer to establish traceability of support records and verify the veracity of information relative to a particular training/ project.

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7. **Management Review (5.6):** To ensure that all required review inputs will be discussed and captured in the minutes of meeting, there's a need to restructure the minutes on a per input format.
 8. **IQA Team (8.2.2):**
 - a) Consideration on the results of previous audit when preparing the audit program cannot be established yet as this is the first IQA so far conducted. This will be checked next visit.
 - b) The audit of the IQA process, was audited by the auditor who also audited Industry Development Extension Program. Thus, the audit process was not that fully impartial and objective.
 - c) Although objective evidences are well recorded in the audit checklists, pencil entries were noted.
 - d) There is the confusion between corrections and corrective actions. There is a need to be well versed on these, specially in filling out the CPAR form.
 9. **(CAPA (8.5):** Consider assigning control numbers to CPARs for easier traceability and referencing, especially that there are a number of CPARs raised on the same date.
9. Next audit due date: on or before December 8, 2010

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Certificate PH10/0620

SGS

The management system of

TARLAC STATE UNIVERSITY (Extension Services Office)

2nd Floor, Research Extension and Development Building, TSU Lucinda
Campus, Binauganan, Tarlac City, Philippines

has been assessed and certified as meeting the requirements of

ISO 9001:2008

For the following activities

**Provision of technical assistance, consultancy and trainings for the
implementation of community development program, industry
development program and extension support services program**

Further clarifications regarding the scope of this certificate and the applicability of
ISO 9001:2008 requirements may be obtained by consulting the organisation

This certificate is valid from 29 December 2013 until 28 December 2016
and remains valid subject to satisfactory surveillance audits.
Recertification audit due before 8 December 2016
Issue 2. Certified since 29 December 2010

Authorised by

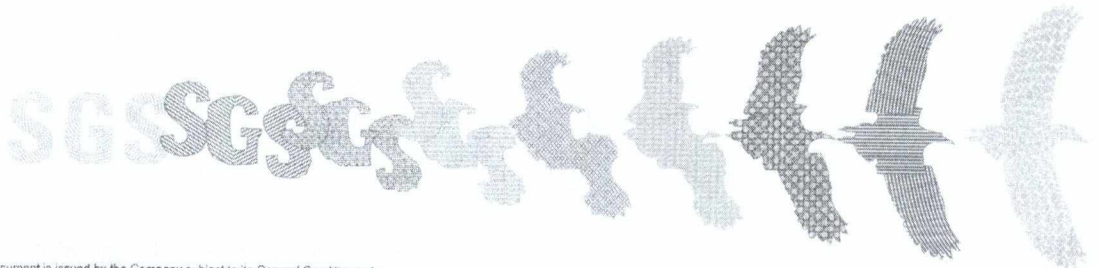
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The management system of

TARLAC STATE UNIVERSITY (Extension Services Office)

2nd Floor, Research Extension and Development Building,
TSU Lucinda Campus, Binauganan, Tarlac City, Philippines

as been assessed and certified as meeting the requirements of

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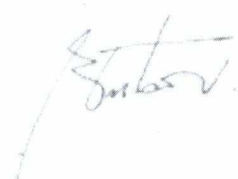
For the following activities

**Provision of technical assistance, consultancy and trainings for the
implementation of community development program, industry
development program and extension support services program**

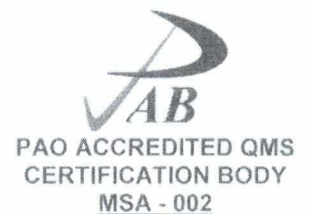
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Issue 2. Certified since December 2010

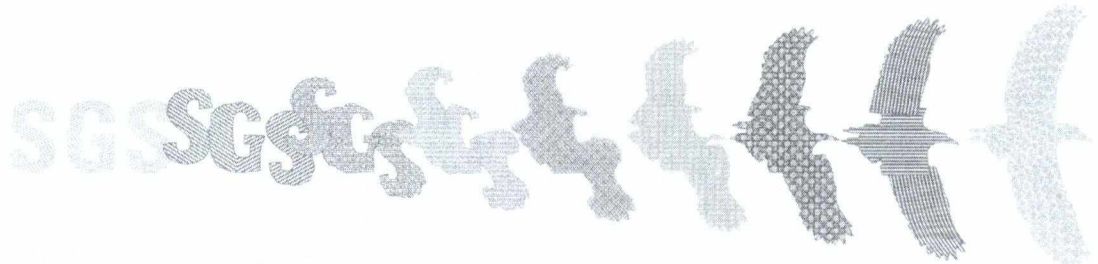
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