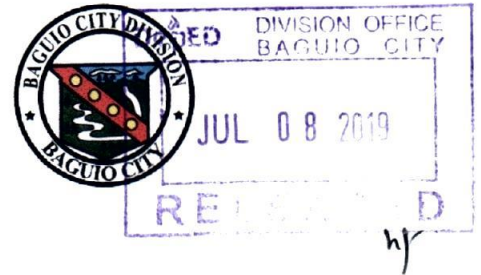




Republic of the Philippines
Department of Education
Cordillera Administrative Region
DIVISION OF BAGUIO CITY
#82 Military Cut-off Road, Baguio



OFFICE MEMORANDUM

Minutes of ISO Meeting held on July 3, 2019

To : All SDO Proper Personnel



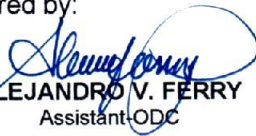

1. All SDO Personnel are informed of the minutes of the meeting held on July 3, 2019, at the Division Training Hall with the following details:

Subject: ISO Meeting
Date: July 3, 2019
Time: 8:30 AM -3:47 PM
Venue: Division Training Hall
Agenda:

- Review Stage 1 Audit Findings
- Craft Division Service Process Model

2. Enclosure No. 1 to this memorandum is the minutes of the meeting.
3. Additional members of the IQA:
 - Marina Tabangcura
 - Engelbert Cacho
4. Immediate and wide dissemination of this memorandum is advised.



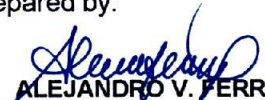

FEDERICO P. MARTIN, EdD, CEEd, CESO V
Schools Division Superintendent

	Management Review		Document Code: SDO-GQF-009
	Minutes of the Meeting		Revision: 00
			Effectivity date: 06-11-2018
			Name of Office: MRC
Prepared by:  ALEJANDRO V. FERRY Assistant ODC	Recommended for approval:  SORAYA T. FACULO, PhD OIC-Asst. Schools Division Superintendents Quality Management Representative	Approved by: FEDERICO P. MARTIN, EdD, CEEd, CESO V Schools Division Superintendent	





DATE: **JULY 3, 2019**
 TIME: **8:30 AM -3:47 PM**
 Attendance: **(See Enclosure 1)**
 Agenda:

1. Review Stage 1 Audit findings
2. Craft Service Process Model

Management Inputs	Agreement/ Next Step Action	Person Responsible	Dead-line	Status
a) Status of actions from previous management reviews				
Procure a licensed ISO 9001:2015 Manual	Procure a licensed copy	ODC	Not set	procured
b) Changes in external and internal issues that are relevant to the quality management system				
Formulation of new MRC and IQA	NEW MRC: <ul style="list-style-type: none"> • QMR to be composed of : <ul style="list-style-type: none"> • CID Chief Juliet Sannad • SGOD Chief Arthur Tiongan • QMR Deputy Nieves Ebanio • ODC Reynalyn Padsuyan • CIG..... Sharon Christianie Castillo • Risk Management.... Jerry Ymson • IQA Brendalee Awingan NEW IQA: Lead IQA: Brendalee Awingan <ul style="list-style-type: none"> • Elaine Cabuag • Lilibeth Degsi • Jovelyn Balantin • Francisco Copsiyan • Loida Mangangey • Belen Tomin • Jennifer Polido • Juliet Piok – Auditor of IQA • Annette Doyaoen – Auditor of IQA 	Top Management	During the meeting	completed
c) Customer satisfaction and feedback				
Customer Satisfaction Surveys available	Continue survey box project by making a PR	Educational Facilities	Within this month	pending

	Management Review		Document Code: SDO-GQF-009
	Minutes of the Meeting		Revision: 00
			Effectivity date: 06-11-2018
		Name of Office: MRC	
Prepared by:  ALEJANDRO V. FERRY Assistant-ODC	Recommended for approval:  SORAYA T. FACULO, PhD OIC-Asst. Schools Division Superintendents Quality Management Representative	Approved by: FEDERICO P. MARTIN, EdD, CEaD, CESO V Schools Division Superintendent	

Management Inputs	Agreement/ Next Step Action	Person Responsible	Dead-line	Status
<p>F. The confidence and mastery of answering and presentation of objective evidence during the audit of management review is highly commendable</p> <p>AUDIT POINTS THAT NEED IMPROVEMENT</p> <p>A. Review, revisit and improve the documented Context of the Organization to address the minimum requirement provided in 4.4.1-the need to establish, implement, maintain a document information that illustrates the model of the processes within and between the organization including its sequence and interactions.</p> <p>B. The masterlist of applicable legal requirements will be checked during stage 2 audit.</p>	<p>.A. On Audit finding no. 1 clause 4.4: Assign one from CID, SGOD, OSDS to identify major processes to create the Service Process Model.</p> <p>.C. On Audit finding no. 2 clause 4.1 & 4.2: Masterlist of legal bases be crafted. Assigned individuals are to submit the legal bases for their respective division's processes, documents, activities, etc.</p> <p>On Audit finding no. 2 clause 4.1 & 4.2:-to craft an Interested Party Analysis (IPA)</p> <p>Clause 4.3: Include time duration in the QMS Scope</p>	<p>To be headed by: Reynalyn Padsuyan To be Illustrated by: Alejandro Ferry</p> <p>OSDS: Annette Doyaoen CID: Francisco Copsiyan SGOD: Samuel Bab-anga</p> <p>Soraya T. Faculo</p> <p>Melinda Clemente</p>	<p>Prior to Stage 2 Audit</p> <p>Prior to Stage 2 Audit</p> <p>Prior to Stage 2 Audit</p> <p>Prior to Stage 2 Audit</p>	

	Management Review		Document Code: SDO-GQF-009
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Management Inputs	Agreement/ Next Step Action	Person Responsible	Dead-line	Status
C. At the time of the audit, criteria on how to assess and evaluate the identified Risks and Opportunities were not yet established.	.C. On Audit finding no. 3 clause 6.1: Documents to be prepared and ready on audit: Statistical tools by the SWOT analysis, DEDP, etc. that identify internal and external issues. -Prepare the plan of action including the rate of identified risks	ODC	Prior to Stage 2 Audit	
D. Installed fire extinguishers physically observed not monitored and check whether it is still functional	.D. On Audit finding no. 4 clause 7.1.3, 7.1.4: Craft facilities and equipment monitoring tool	DRRM Coordinator Educational Facilities	Prior to Stage 2 Audit	
E. Need to improve the safety signages, warnings and cautions.	.E. On Audit finding no. 5 clause 7.1.3, 7.1.4: -Improve warnings/cautions signages within the office	Educational Facilities DRRM Coordinator	Prior to Stage 2 Audit	
F. Need to ensure the availability of data and information pertaining to the adequacy of resources as necessary for the operation of its processes and to achieve conformity of the quality services. Monitoring and actual conditions whether it is still functional and if it is still within the shelf life.	.F. Craft facilities and equipment monitoring tool	Educational Facilities and DRRM Coordinator	Prior to Stage 2 Audit	
G. Need to establish a system in place for Preventive Maintenance specific to facilities and equipment other than the ICT.	.G. -Craft a Preventive Maintenance Plan specific to Facilites and Equipment aside from the ICT	Educational Facilities	Prior to Stage 2 Audit	
H. Need to review and improve the effective planning of provision of training and development specific to SDO personnel all through the post training evaluation, post training re-entry plan and evaluation of training	.H. -Advisory on Re-entry Plan completion prior to the external audit	HRD	Prior to Stage 2 Audit	



Management Review

Minutes of the Meeting



Document Code: SDO-GQF-009

Revision: 00

Effectivity date: 06-11-2018

Name of Office:
MRC

Prepared by:

Alejandro V. Ferrer
ALEJANDRO V. FERRY
Assistant-ODC



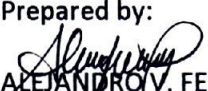
Recommended for approval:

Soraya T. Faculo
SORAYA T. FACULO, PhD
OIC-Asst. Schools Division Superintendents
Quality Management Representative

Approved by:

FEDERICO P. MARTIN, EdD, CEEd, CESO V
Schools Division Superintendent

Management Inputs	Agreement/ Next Step Action	Person Responsible	Dead-line	Status
effectiveness				
I. May consider standardizing the customer satisfaction survey box	.I. On Audit finding no. 9 clause 9.1.2: -Suggestion box standardization to be continued. Craft PR for the project	Educational Facilities	Prior to Stage 2 Audit	
J. May articulate in the Minutes, the availability and monitoring of resources, particularly— infrastructure and Work Environment	.J. On Audit finding no. 10 clause 9.3 (7.1.3, 7.1.4): -7.1.3 Prepare an inventory of infra and maintenance plan -7.1.4 Prepare wellness plan and issue memo on all activities conducted	Admin-Supply SGOD-SHNU	Prior to Stage 2 Audit	
K. Ensure that all the required inputs of management review are covered in the minutes. Missing items such as changes of issues, monitoring and measurement. Process performance, adequacy of management system and etc.	.K. On Audit finding no. 11 clause 9.3, 9.3.2: -Prepare management Reviews -Prepare internal audit plan, checklist, monitoring tool and results	SDS, ASDS, Chiefs Brendalee Awingan	Prior to IQA Audit	
L. No suitable records to prove that the conduct of Internal Quality Audit is adequately established and maintained	 For Findings 11 (L) and 12(M) The Lead IQA to identify data/systems to be audited 	Lead IQA Brendalee Awingan	Prior to IQA audit	
M. No records to prove that Nonconformity and Corrective Action Report were documented and recorded	 			
g) Effectiveness of actions taken to address risks and opportunities				
To hasten and make retrieval and preparation of documents for Audit sessions	Craft Table of Objective Evidence	ODC		crafted
h) Opportunities for improvement				
-Incomplete attendance during ISO meetings and interfacing	All key persons in ISO must always be present during ISO meetings. In case of inevitable circumstances, there must be a deputy to represent the office.	All	Immediately	noted




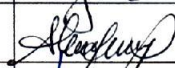




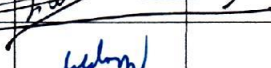



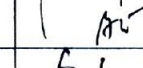







	<h2>Quality Form</h2>		Document Code: Revision: Effectivity Date: August 20, 2018
	<h2>Attendance Sheet</h2>		Name of Office: SDO-Baguio City
Prepared by:  ALEJANDRO V. FERRY ODC-Assistant	Recommended for Approval: SORAYA T. FACULO, PhD Officer-in-Charge Asst. Schools Division Superintendent	Approved by: FEDERICO P. MARTIN, EdD, CEEd, CESO V Schools Division Superintendent	




Activity Name : ISO INTERFACE / MEETING

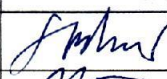

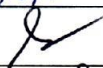



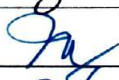
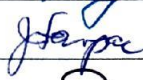






Venue : DIVISION OFFICE TRAINING HALL

Date : July 3, 2019

Time : 8:30 -

No.	Name	Office/Unit	Signature	Male	Female
1	Brendalee C. Awingan	CID - PRSDP - IQA			✓
2	Sharon R. Castillo	SGOD - SMME - C16			✓
3	Joseph C. Colding	SGOD - SMME			✓
4	Alejandro V. Ferrer	SGOD - PR		✓	
5	Reynaldo T. Padangan	SGOD - PR			✓
6	LOIDA C. MANGANGBY	FRS - LRMDR			✓
7	Soraya T. Faculo	OTASDS QMR			✓
8	ARTHUR TINE	SGOD - ch1			✓
9	FEDERICO P. MARTIN	OSDS - SDS			✓
10	Annette L. Doyasen	OSDS - LS			✓
11	SOFIA BERNARDEZ	OSDS			✓
12	JEAN L. ORPILO	OSDS - Record			✓
13	REVEN B. TOMIN	OSDS - Budget			✓
14	NORMA D. ORLANDO	AV			✓
15	PAUL B. LOMAS-E	SGOD			✓
16	FLAINE B. CABUAL	VEPS JOCMOB			✓
17	Clemente, Melinda	Teacher on Detail			✓
18	NORA D. DALAPKAT	FRS			✓
19	MARINA D. TABANGCURA	CID			✓
20	LETICIA A. HIDALGO	CID			✓

	Quality Form		Document Code: Revision: Effectivity Date: August 20, 2018
	Attendance Sheet		Name of Office: SDO-Baguio City
Prepared by:  ALEJANDRO Y. FERRER ODC-Assistant	Recommended for Approval: SORAYA T. FACULO, PhD Officer-in-Charge Asst. Schools Division Superintendent	Approved by: FEDERICO P. MARTIN, EdD, CEED, CESO V Schools Division Superintendent	

No.	Name	Office/Unit	Signature	Male	Female
21	WMAVES B. UMAC-E	CID-PSDS			✓
22	Leonard A. Alawatin	CID-PSDS		✓	
23	MARILYN S. API-IT	CID-EPS			✓
24	Ami Victoria Trigon	CID-EPS UIC			✓
25	Lolita X. Manzano	CID-EPS			✓
26	SIMEON S. YANG YANG	CID-PSDS		✓	
27	Rufina Suandina	CID-PSDS			✓
28	JACQUELINE G. LAMPAD	CID-EPS			✓
29	Djarzelle Bacay	CID-AAVI			✓
30	Juliet Sannad	CID-Chief			✓
31	Fernando B. Espozo	CIP1 EPS		✓	
32	THOMY SANTOS	SEOD-CCMOB		✓	
33	Cynthia S. Cadawan	S6OD-SAN			✓
34	AIKRAH D. NARON	S6OD-			✓
35	Soraya Faulw				
36					
37					
38					
39					
40					

W3 (GEEV Certification Solutionz)

Initial Report

Company Name : Department of Education (DepEd)
 Address : Schools Division Office - Baguio City

Scope : Provision of Management, Administration and Supervision of Basic Education Services in Schools within the Schools Division of Baguio City along Curriculum Management, Implementation and Supervision; Schools Governance and Operations; and Administrative Services.

Representative : Federico P. Martin, EdD, CEEd, CESO V (Schools Division Superintendent)

Lead Auditor/ Auditor : Grace Daria (GD)

Standard(s) : ISO 9001:2015

Audit Type : Stage 1 - Certification Audit

Audit Date : 2019 June 18 ~ 19

Audit findings

All information gained during the audit will be treated with strict confidentiality by the auditors and the certification body. In view of the sampling approach applied to the audit, weaknesses and nonconformities may still exist which have not been identified during the audit.

Positive Indicators

No.	Unit/Department Site	Positive findings
1	Top Management (Office of the SDS and the ASDS)	The evident display of Commitment of the Top Management for continual improvement is highly commendable
2	Top Management (Office of the SDS and the ASDS)	The manner (answering with specific data and information) of the Top Management during interview is highly commendable)
3	Top Management (Office of the SDS and the ASDS)	The collaboration displayed by the Office of the SDS and the Office of the ASDS is a manifestation of effective teamwork and good leadership
3	Quality Policy	The consistent and uniformity of the issued Quality across all levels of the organization including the electronic display at the lobby is beyond good practice
4	All	The Teamwork of the auditees observed during the audit is a display effective involvement of people and process ownership.
5	Management Review	The confidence and mastery of answering and presentation of objective evidence during the audit of management review is highly commendable

The following recommendations and opportunities for improvement provided by the auditors are intended to contribute to the continuous improvement of the management system. They also serve to eliminate any weaknesses still existing in the organization, ensure management system effectiveness and prevent nonconformities.

W3 (GEEV Certification Solutionz)

No.	Clause	Unit/ Department/ Site/ Process	Findings	Rating*)
1	4.4	QMS	Review, revisit and improve the documented Context of the Organization to address the minimum requirement provided in 4.4.1 – the need to establish, implement, maintain a documented information that illustrates the model of the processes within and between the organization including its sequence and interactions.	2
2	4.1 & 4.2	QMS	The Masterlist of Applicable Legal Requirements will be check during Stage 2 audit	1
3	6.1	QMS and All Processes	At the time of the audit, criteria how to assess and evaluate the identified Risks and Opportunities were not yet establish.	2
4	7.1.3 7.1.4	Infrastructure & Work Environment and Safety	Installed Fire Extinguishers were physically observed not monitored and check whether it is still functional.	1
5	7.1.3 7.1.4	Infrastructure & Work Environment and Safety	Need to improve the safety signages, warnings and cautions	1
6	7.1.3 7.1.4	Infrastructure and Environment for the Operation of Processes	Need to ensure the availability of data and information pertaining to the adequacy of resources as necessary for the operation of its processes and to achieve conformity of the quality services. Monitoring and actual conditions whether it is still functional and if it is still within the shelf life	2
7	7.1.3 & 7.1.4	Infrastructure & Work Environment and Safety	Need to establish a system in place for Preventive Maintenance specific to facilities and equipments other than the ICT	2
8	7.2	Competence	Need to review and improve the effective planning of provision of training and development specific to SDO personnel all through the post training evaluation, post training re-entry plan and evaluation of training effectiveness	2
9	9.1.2	Customer Satisfaction	May consider standardizing the customer satisfaction survey box	1

W3 (GEEV Certification Solutionz)

10	9.3 (7.1.3 7.1.4)	Management Review; Infrastructure; Environment for the Operation of Processes	May articulate in the Minutes, the availability and monitoring of resources, particularly – Infrastructure and Work Environment	1
11	9.3 (9.3.2)	Management Review (Management review inputs)	Ensure that all the required inputs of management review are covered in the minutes. Missing items such as changes of issues, monitoring and measurement, process performance, adequacy of resources, effectiveness, suitability and adequacy of management system and etc.	1
12	9.2	Internal Quality Audit	No suitable records to prove that the conduct of Internal Quality Audit is adequately established and maintained	2
13	10.2.2	Nonconformity and Corrective Action	No records to prove that Nonconformity and Corrective Action Reports were documented and recorded	2

- *) Rating:**
- 1 = Opportunities for improvement
 - 2 = Probably rated as nonconformity in stage 2
 - 3 = Not ready for certification (proof of elimination of weaknesses must be submitted before completion of the stage 1 audit)

In view of the fact that audits are always based on sampling, weaknesses may still exist which were not revealed and identified during the audit.

The auditor and the certification body will treat all information gained during the audit with strict confidentiality.

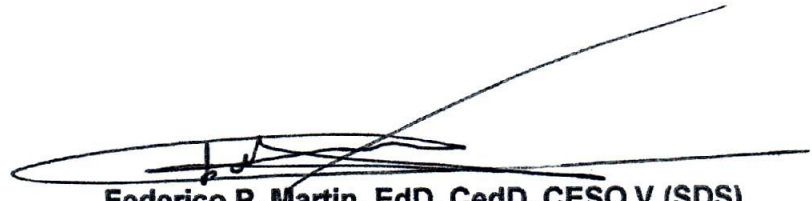
2019 June 19

Grace P. Daria

Date

Audit Leader / Auditor(s)

2019 June 19



Federico P. Martin, EdD, CedD, CESO V (SDS)

Date

DepEd SDO – Baguio City Representative

Minutes on ISO Meeting

July 3, 2019
8:30-3:47
Presiding Officer:
Federico P. Martin

Prepared by:
Alejandro Y. Ferry

1

New MRC

- QMR to be composed of :
 - CID Chief Juliet Sannad
 - SGOD Chief Arthur Tiong
- QMR Deputy Nieves Ebanio
- ODC Reynalyn Padsosan
- SIG..... Sharon Christianie Castillo
- Risk Management.... Jerry Ymson
- IQA Brendalee Awingan

2

NEW IQA TEAM

- **Lead IQA:** Brendalee Awingan
 - Elaine Cabuag
 - Lilibeth Degsi
 - Jovelyn Balantin
 - Francisco Copsiyan
 - Loida Mangangey
 - Belen Tomin
 - Jennifer Polido
 - **Juliet Piok – Auditor of IQA**
 - **Annette Doyaoen – Auditor of IQA**

3

INPUTS	Person Responsible	Deadline
All key persons in ISO must always be present during ISO meetings. In case of inevitable circumstances, there must be a deputy to represent the office.	New MRC	
Review the Service Process model of Makati and countercheck it with DepEd orders on the consistency of duties per Division	-----	
On Audit finding no. 1 clause 4.4: Assign one from CID, SGOD, OSDS to identify major processes to create the Service Process Model.	To be headed by: Reynalyn Padsosan To be Illustrated by: Alejandro Ferry	
On Audit finding no. 2 clause 4.1 & 4.2: Masterlist of legal bases be crafted. Assigned individuals are to submit the legal bases for their respective division's processes, documents, activities, etc.	OSDS: Annette Doyaoen CID: Francisco Copsiyan SGOD: Samuel Bab-anga	

4

INPUTS	Person Responsible	Deadline
On Audit finding no. 2 clause 4.1 & 4.2: -to craft an Interested Party Analysis (IPA)	Soraya Faculo	
Clause 4.3: Include time duration in the QMS Scope	Melinda Clemente	
On Audit finding no. 3 clause 6.1: Documents to be prepared and ready on audit: Statistical tools by the SWOT analysis, DEDP, etc. that identify internal and external issues. -Prepare the plan of action including the rate of identified risks	ODC	
On Audit finding no. 4 clause 7.1.3, 7.1.4: Craft facilities and equipment monitoring tool	DRRM Coordinator Educational Facilities	

5

INPUTS	Person Responsible	Deadline
On Audit finding no. 5 clause 7.1.3, 7.1.4: -Improve warnings/cautions signages within the office	Educational Facilities DRRM Coordinator	
On Audit finding no. 7 clause 7.1.3, 7.1.4: -Craft a Preventive Maintenance Plan specific to Facilities and Equipment aside from the ICT	Educational Facilities	
On Audit finding no. 8 clause 7.2: -Advisory on Re-entry Plan completion prior to the external audit	Jovelyn Balantin	

6

INPUTS	Person Responsible	Deadline
On Audit finding no. 9 clause 9.1.2: -Suggestion box standardization to be continued. Craft PR for the project	Educational Facilities	
On Audit finding no. 10 clause 9.3 (7.1.3, 7.1.4): -7.1.3 Prepare an inventory of infra and maintenance plan -7.1.4 Prepare wellness plan and issue memo on all activities conducted	Admin-Supply SGOD-SHNU	
On Audit finding no. 11 clause 9.3, 9.3.2: -Prepare management Reviews -Prepare internal audit plan, checklist, monitoring tool and results	SDS, ASDS, Chiefs Brendalee Awingan	

7

INPUTS	Person Responsible	Deadline
MRC to schedule through memo a meeting to followup everything talked about in this meeting	New MRC	
Identify data/systems to be audited	New IQA	
The Table of Objective Evidences will be crafted to ensure easy preparation and retrieval of documents.	ODC	

TABLE OF OBJECTIVE EVIDENCES		
REQUIREMENT	OBJECTIVE EVIDENCE/S (MOV's)	CODE
1. Scope		
2. Normative References		
3....		

THE ISO MANUAL WE UTILIZE IS LICENSED TO DEPED BAGUIO. THE COPIES PROVIDED ARE ONLY FOR IDENTIFIED ISO ROLES AND ARE CONTROLLED. NO UNOFFICIAL DUPLICATION OF THE MANUAL IS ALLOWED.

8




ISO 9001:2015 (Document Review)

INITIAL REPORT

W3 (GEEV CERTIFICATION SOLUTIONZ)
JUNE 18-19, 2019

1



AUDIT FINDINGS


All information gained during the audit will be treated with strict confidentiality by the auditors and the certification body. In view of the sampling approach applied to the audit, weaknesses and non-conformities may still exist which have not been identified during the audit.

2

POSITIVE INDICATORS

No.	UNIT/DEPARTMENT SITE	POSITIVE FINDINGS
1	Top management (Office of the SDS and the ASDS)	The evident display of commitment of the top management for continual improvement is highly commendable.
2	Top management (Office of the SDS and the ASDS)	The manner (answering with specific data and information) of the Top Management during interview is highly commendable.
3	Top Management (Office of the SDS and ASDS)	The collaboration displayed by the Office of the SDS and the Office of the ASDS is a manifestation of effective teamwork and good leadership.
4	Quality Policy	The consistent and uniformity of the issued Quality across all levels of the organization including the electronic display at the lobby is beyond good practice.
5	All	The teamwork of the auditees observed during the audit is a display effective involvement of people and process ownership.
6	Management Review	The confidence and mastery of answering and presentation of objective evidence during the audit of management review is highly commendable

3



RECOMMENDATIONS AND OPPORTUNITIES FOR IMPROVEMENT

The following recommendations and opportunities for improvement provided by the auditors are intended to contribute to the continuous improvement of the management system. They also serve to eliminate weaknesses still existing in the organization, ensure management system effectiveness and prevent non-conformities.

4

CLAUSE	UNIT/DEPARTMENT/SITE/PROCESSES	FINDINGS	ACTION/S TO BE TAKEN
1 4.4	QMS	Review, revisit and improve the documented Context of the Organization to address the minimum requirement provided in 4.4.1-the need to establish, implement, maintain a document information that illustrates the model of the processes within and between the organization including its sequence and interactions.	

5

CLAUSE	FINDINGS	ACTION/S TO BE TAKEN
2 4.1 & 4.2	The masterlist of applicable legal requirements will be checked during stage 2 audit.	<p><u>What to prepare:</u></p> <p>4.1 Organizational structure, Compendium, Legal Basis (submit all the DO memoranda and DO orders. Overall-Atty. Annette, OSDS-Ma'am Nieves, SGOD-Sir Sam, CID-Sir Copsiyan)</p> <p>4.2 Craft interested party analysis (c/o Ma'am Soraya)</p> <p>4.3 include the time duration in the scope (c/o Ma'am Melinda)</p>
3 6.1	At the time of the audit, criteria on how to assess and evaluate the identified Risks and Opportunities were not yet established.	<p>-Identify and present the internal and external issues: SWOT analysis,</p> <p>-prepare the plan of action, including the rate of the identified risk</p>

6


CLAUSE	FINDINGS	ACTION/S TO BE TAKEN
4 7.1.3 and 7.1.4	Installed fire extinguishers physically observed not monitored and check whether it is still functional	c/o Educational Facilities Unit & DRRM -Craft a monitoring tool -Include other facilities during the monitoring
5 7.1.3 and 7.1.4	Need to improve the safety signages, warnings and cautions.	c/o Educational Facilities & DRRM

7

CLAUSE	UNIT/DEPARTMENT/SITE/PROCESS	FINDINGS	ACTION/S TO BE TAKEN
6 7.1.3 and 7.1.4	Infrastructure and Work Environment and Safety	Need to ensure the availability of data and information pertaining to the adequacy of resources as necessary for the operation of its processes and to achieve conformity of the quality services. Monitoring and actual conditions whether it is still functional and if it is still within the shelf life.	


8

CLAUSE	UNIT/DEPARTMENT/SITE/PROCESS	FINDINGS	ACTION/S TO BE TAKEN
7 7.1.3 and 7.1.4	Infrastructure and Work Environment and Safety	Need to establish a system in place for Preventive Maintenance specific to facilities and equipment other than the ICT.	c/o Educational Facilities -Craft preventive maintenance plan
8 7.2	Competence	Need to review and improve the effective planning of provision of training and development specific to SDO personnel all through the post training evaluation, post training re-entry plan and evaluation of training effectiveness	Action taken: Memo on Re-Entry Plan was released, prior to the conduct of the external audit Outcome: Very minimal response from the Division personnel Solution: Release an advisory to reiterate the accomplishment of the Re-Entry Plan




9

CLAUSE	UNIT/DEPARTMENT/SITE/PROCESS	FINDINGS	ACTION/S TO BE TAKEN
9 9.1.2	Customer Satisfaction	May consider standardizing the customer satisfaction survey box	-Prepare PR (c/o Educational Facilities Unit)
10 9.3 (7.1.3 7.1.4)	Management Review; Infrastructure; Environment for the Operation of the Process	May articulate in the Minutes, the availability and monitoring of resources, particularly— infrastructure and Work Environment	7.1.3 Prepare an inventory of infra and maintenance plan (c/o Admin Services-Supply) 7.1.4 Prepare wellness plan and memo (c/o Health and Nutrition Unit)



10

CLAUSE	UNIT/DEPARTMENT/SITE/PROCESS	FINDINGS	ACTION/S TO BE TAKEN
11 9.3 (9.3 .2)	Management Review (Management Review Inputs)	Ensure that all the required inputs of management review are covered in the minutes. Missing items such as changes of issues, monitoring and measurement. Process performance, adequacy of management system and etc.	-prepare management reviews (c/o SDS, ASDS, and Chiefs) -Prepare internal audit plan, checklist, monitoring tool, and results
12 9.2	Internal Quality Audit	No suitable records to prove that the conduct of Internal Quality Audit is adequately established and maintained	c/o Ma'am Brenda
13 10.2.2	Nonconformity and corrective Action	No records to prove that Nonconformity and Corrective Action Report were documented and recorded	



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Table of Objective Evidences

REQUIREMENT	OBJECTIVE EVIDENCE/S (MOV's)	CODE
1. Scope		
2. Normative References		
3.		
4.		
5.		
6.		

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