



**OFFICE MEMORANDUM**

No. 016, S. 2019

**Subject: ISO- Request for Action (RFE), Corrective Action Plan & Corrective Action Report (CAR) Templates**

**TO : Top Management/Quality Management Committee  
Chiefs  
Administrative Officer V  
Unit Heads  
Process Owners per Functional Division  
Lead Persons: IQA, CI, ODC Customer Assistance, Records,  
Risk Management  
All Other Concerned**

**DATE : October 2, 2019**

1. Relative to the ISO 9001:2015 Certification and the Certification Audit Stage 2 Report, all process owners of the three functional division should craft their corrective actions plan and report.
2. The IQA team will use the corrective action request template to be issued to the identified section/units based on the finding of the internal and external auditor (stage 2 report).
3. The identified section/units will prepare corrective action plan using the attached template.
4. The deadline for the submission of the corrective action plan and report will be on or before October 3, 2019.
5. Immediate and wide dissemination of this Memorandum to all concerned is required.

**MARIE CAROLYN B. VERANO, CESO VI**  
**Schools Division Superintendent**



# GENERAL QUALITY FORM



Document Code: SDO-BAGUIO-IQA-008  
Revision: 00  
Effectivity date: 08-20-2018

## REQUEST FOR ACTION (RFE)

Name of Office:  
**SDO BAGUIO CITY**

<b>Source:</b>	<b>Title of Procedure</b>	<b>CAR No:</b>
<input type="checkbox"/> Internal Audit		
<input type="checkbox"/> Legal Non-compliance		
<input type="checkbox"/> Non-conforming service		
<input type="checkbox"/> Client's complain		
<input type="checkbox"/> Others		
	<b>Date:</b>	

Requesting Division	Reason for Re-issue <input type="checkbox"/> No R/ Section / Unit: eply <input type="checkbox"/> Re-corrective Action
Responsible Division / Section / Unit:	Time-limit for reply: (three (3) days from the date of receipt of the CAR)

**Problem description / Description of non-compliance:**

Request Date:	Prepared by:	Approved by:
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**Investigate the case of the non-conformity:**

<b>Correction / Immediate Action:</b>	<b>Completion Date:</b>

<b>Corrective Action:</b>	<b>Completion Date:</b>

Responsible Division / Section / Unit:	Signature
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**Follow-up result of the correction and corrective action:** (within two (2) weeks from the date of receipt of CAR)

Request Date:	Prepared by:	Approved by:
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**Verification of effectiveness of the action taken:** (two (2) months after the implementation)

Verified by:	Date of Verification:	Approved by:
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Received by: (For filing)	Date Received:
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# GENERAL QUALITY FORM

## CORRECTION ACTION PLAN



Document Code: SDO-BAGUIO-IQA-009

Revision: 00

Effectivity date: 08-20-2018

Name of Office:

SDO BAGUIO CITY

Division / Section / Unit: \_\_\_\_\_

Date: \_\_\_\_\_

Problem Description (Lapses during the event of the audit)	Causes of non-conformity/ Root Cause Analysis	Action to be Taken / Corrective Action (appropriate to the effect to the non-conformities encountered)	Measurement / Means of Verification	Expected Output / Expected Result	Person/s Responsible	Timeline

Name: \_\_\_\_\_

Signature: \_\_\_\_\_



# GENERAL QUALITY FORM

## CORRECTION ACTION REPORT



Document Code: SDO-BAGUIO-IQA-010

Revision: 00

Effectivity date: 08-20-2018

Name of Office:

SDO BAGUIO CITY

Division / Section / Unit: \_\_\_\_\_

Date: \_\_\_\_\_

Problem Description (Lapses during the event of the audit)	Causes of non-conformity/ Root cause Analysis	Action Taken / Corrective Action (appropriate to the effect to the non-conformities encountered)	Measurement / Means of Verification	Output / Result	Person/s Responsible	Duration

Name: \_\_\_\_\_

Signature: \_\_\_\_\_