



# AUDIT REPORT

Client ID No/ 3775	Date of Audit: 03 December 2020	Total Pages: 6
Pre-Audit <input type="checkbox"/> Stage 1 Audit <input type="checkbox"/> Stage 2 Audit <input type="checkbox"/> Surveillance Audit <input checked="" type="checkbox"/> OFFSITE Re-Assessment Audit <input type="checkbox"/> Transition <input type="checkbox"/> Special / Extension <input type="checkbox"/> Unannounced <input type="checkbox"/>		
Organisation Name & Address:	Audit Location (if different) site visit	
<b>Philippine National Police- Crime Laboratory</b> Camp B Gen Rafael T Crame, Quezon City, Phils.		
Standard(s) to be covered by certification:  <input checked="" type="checkbox"/> ISO 9001 <input type="checkbox"/> ISO 14001 <input type="checkbox"/> OHSAS 18001 <input type="checkbox"/> ISO 45001 <input type="checkbox"/> ISO 27001 <input type="checkbox"/> ISO 22000 <input type="checkbox"/> ISO 50001 <input type="checkbox"/> ISO 55001 <input type="checkbox"/> HACCP <input type="checkbox"/> Others, Please Specify:		
Recommended Scope: (Attach extra page if necessary)  Provision of forensic investigation services.  Exclusion/s, if any (Identify the exclusion/s and justification): Clause 8.3 – The current Crime Laboratory’s core competencies do not employ Design and Development. The examinations being conducted are in accordance with the existing standards.		
Functional Areas or Processes Audited: (please enumerate): 1. Context of Organization/Actions to Address Risks and Opportunities + verification of JRA-02/S3 2. Operations Management 3. Organizational Knowledge/Competence/Awareness/Communication 4. Management Review 5. Legal Office 6. Chemistry 7. Internal Audit, Nonconformity and Corrective Action +Verification of EPA-01-S4 8. Customer Satisfaction & Feedback Handling		
Use of Certification Mark acceptable   Y <input type="checkbox"/> N <input type="checkbox"/> N.A.	If "No" Raise Action Request RP2	
Are there any changes since the last audit Y <input type="checkbox"/> N <input checked="" type="checkbox"/> If Yes please indicate change and give brief description: Company name <input type="checkbox"/> main/site address(s) <input type="checkbox"/> scope <input type="checkbox"/> number of employees <input type="checkbox"/> OHSMS reportable serious incident or breach of regulation <input type="checkbox"/>		

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<b>1. Audit Conclusions: -</b>								
<b>Lead Auditor recommendation</b>	<b>QMS</b>	<b>EMS</b>	<b>OH&amp;S</b>	<b>FSMS</b>	<b>ISMS</b>	<b>EnMS</b>	<b>AMS</b>	<b>HACCP</b>
Stage 2 can proceed								
Certification recommended								
Certification recommended, subject to implementation of action plan related to AR's raised (within 30 days).								
Certification not recommended			*					
Certification continuation	Yes		*					
Certification continuation, subject to implementation of action plan related to AR's raised (within 30 days). In case of Major NC on site follow-up within 60 days.								
Certification discontinuation/suspension/withdrawal			*					
Certification renewal			*					
Certification renewal subject to implementation of action plan related to AR's raised (within 1 month of certification expiry)			*					
* I confirm that the effectiveness of the organisations OH&SMS and that I have provided a summary of evidence of the capability of the OH&SMS to meet its compliance obligations								
<b>2.Executive Summary to Client: -</b>							<b>Action Requests raised</b>	
<p>In general, the organization was able to demonstrate a good level of compliance to the requirements of the Standard ISO 9001-2015. There was no non-conformity finding in this 5<sup>th</sup> surveillance audit.</p> <p>The previous nonconformities, JRA-02/S3 and EPA-01/S4, are recommended for close-out, as corrective actions were verified as effective.</p> <p>The organization is strongly encouraged to take actions on the opportunities for improvement (OFI) identified during the audit.</p>							<b># Major</b>	<b># Minor</b>
							0	0
							Initial date AR response due: N.A.	
This Report consists of this document (RP1) <input checked="" type="checkbox"/> , attachments (RP1-1) <input checked="" type="checkbox"/> and action requests (RP2) <input type="checkbox"/> as indicated								

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<p><b><u>OH&amp;S Management System audits only.</u></b></p> <p>In case of OHSMS have all activities, products and services within the organisations control or influence that can impact the organisations OHSMS performance been included in the management system?  <input type="checkbox"/>yes <input type="checkbox"/>no</p> <p>Is a Special Audit recommended following OHSMS reportable serious incident or breach of regulation ?  <input type="checkbox"/>yes <input type="checkbox"/>no          State justification:          N/A</p> <p>Has there been a closure of facilities/work areas since the last audit?  <input type="checkbox"/>yes <input type="checkbox"/>no          If Yes, confirm that new risks have been identified and handled in compliance with requirement. Provide evidence.</p> <p>Are there any areas of concern (i.e. for OHSMS a serious accident or incident or breach of OHS regulation necessitating the involvement of the competent authority) that could be classified as a nonconformity during stage 2 or would affect the transfer of certification? If yes, please specify:  <input type="checkbox"/>yes <input type="checkbox"/>no</p> <p>Are there any relevant regulatory requirements that have been identified as a non-conformance and needed to be communicated to the organisation?  <input type="checkbox"/>yes <input type="checkbox"/>no          Please provide details:</p>		
Lead Auditor  Name/ Signed LIZA G. ROSAL Date December 14, 2020	Company Representative  Name/ Signed Date	
Audit Team Members: Lead Auditor	Liza G. Rosal	
Auditor 1	Edgardo V. Eleria	
Auditor 2		
Auditor 3		
Auditor 4/Technical Expert		