CERTIFICATION INTERNATIONAL

AUDIT REPORT

Client ID No/ 5356	Date of Audit: 26 April 2021	Total Pages:

Pre-Audit ☐ Stage 1 Audit ☐ Stage 2 Audit ☐ Surveillance Audit ☒ Re-Assessment Audit ☐ Transition ☐
Special / Extension ☐ Follow-Up ☐ Unannounced ☐

Organization Name & Address:	Audit Location (if different) of site visit, including dates of audit at the sites. (Remote Audit)
Philippine National Police Academy	Camp Gen Mariano N. Castaneda, Silang, Cavite, Philippines

Standard(s) to be covered by certification:

☒ ISO 9001 ☐ ISO 14001 ☐ OHSAS 18001 ☐ IS0 45001 ☐ ISO 27001 ☐ ISO 22000 ☐ ISO 50001
☐ ISO 55001 ☐ HACCP ☐ Others, please specify:

Recommended Scope : (Attach extra page if necessary)

Provision of education and training services

Exclusion/s, if any (Identify the exclusion/s and justification)

None

Justification :

N/A

Functional Areas or Processes Audited: (please enumerate):

1. Review of the context of the organization; status of action plans to address risks and opportunities.
2. Competence & Awareness
3. Management Review
4. Customer Satisfaction & Feedback Handling
5. Internal Audit/ Nonconformity/ Corrective Action
6. Purchasing
7. Academic & Cadet Affairs Division
8. Administrative & General Support Division
9. Plans, Research & Extension Services
10. Documented Information
11. Verification of previous NC's : TEAM-01-ST2, JRB-01-S1

Use of Certification Mark acceptable **Y**☒ **N**☐	If "No" Raise Action Request RP2

Are there any changes since the last audit **Y**☐ **N**☒ If Yes, please indicate change and give brief description:
Company name ☐ main/site address(s) ☐ scope ☐ number of employees ☐
OHSMS reportable serious incident or breach of regulation ☐

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1.**Audit Conclusions**

Lead Auditor recommendation	QMS	EMS	OH&S	FSMS	ISMS	EnMS	AMS	HACCP
Certification recommended, subject to implementation of action plan related to AR's raised (within 30 days)								
Certification not recommended								
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	X							
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 organisation's OH&SMS and that I have provided a summary of evidence of the capability of the OH&SMS to meet its compliance obligations

2.Executive Summary to Client:

Conformity of the organization to the requirements of ISO 9001:2015 was found adequate. Quality objectives were seen established in the different process areas/ departments and were monitored, measured and generally attained.

Corrective actions are implemented for NC's raised from internal audits or unmet targets that were recorded and corresponding corrections and corrective actions put in place.

Process owners were knowledgeable with the procedures in their areas and knew their roles and how they contribute to the success of the Quality Management System.

Verification of Previous NC's :

1. TEAM-01/ ST2 : NC is now closed.
2. JRB-01-S1 : NC is now closed.

Action Requests raised

# Major	# Minor
0	2

Initial date AR response due:

7 June 2021

This Report consists of this document (RP1) ☒, attachments (RP1-1) ☒ and action requests (RP2) ☒ as indicated

OH&S Management System audits only.

In case of OHSMS, have all activities, products and services within the organisation's control or influence that can impact the organisation's OHSMS performance been included in the management system? ☐ yes ☐ no

Is a Special Audit recommended following an OHSMS reportable serious incident or breach of regulation? ☐yes ☐no
State justification:

Has there been a closure of facilities/work areas since the last audit? ☐ yes ☐ no
If Yes, confirm that new risks have been identified and handled in compliance with requirement. Provide evidence.

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? ☐ yes ☐ no If yes, please specify:

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Are there any relevant regulatory requirements that have been identified as a non-conformance and needed to be communicated to the organisation? ☐ yes ☐ no Please provide details.		
Lead Auditor Name/ Signed : RENATO MADRID, JR. Date : 3 May 2021		Company Representative Name/ Signed Date

Audit Team Members: Lead Auditor	Renato G. Madrid Jr.
Auditor 1	Fernando P. Garrido III
Auditor 2	
Auditor 3	
Auditor 4/Technical Advisor	

3. Audit Summary

What to report on within this section:

Stage 1

(a) Comment on compliance of management system documentation (b) Level of preparedness (c) Identification of sites whether they are to appear on certificates or just support the main site and if they are considered key sites (attach list if possible)

All Audits.

(a) Confirm Audit Plan was covered or provide details if not. (b) Comment on the organization's current activities related to the scope (existing business, new business etc.). (c) Comment on level of compliance with the relevant standard(s), (d) Comment on effectiveness of links between standards, organization's policy, objectives and targets, legal requirements, responsibilities, personnel competence, operations, procedures, performance data and internal findings and conclusions as appropriate (e) Key positive comments

The audit was able to cover all areas indicated in the Audit Plan. The organization's present activites were seen to correlate with the scope of services stated. Compliance to relevant requirements of the standard was confirmed with few if any lapses.

The organization complied with requirements of the ISO 9001:2015 standard with regards to the Quality Policy, quality objectives as well as legal requisites. Operations function under controlled conditions. Procedures are documented/ followed and audited to ensure consistent implementation of plans and established processes.

Key processes are monitored and performance data are analyzed to find areas for improvement. Nonconformities are acted upon with corrections/ corrective actions and verified for effectiveness before closure.

Key good points : 1) Quality Objectives are closely monitored monthly and actions taken for unmet goals; 2) QMS monitoring & measurement is carried out well through IQA, Management Reviews and review of quality objectives 3) Leadership is highly committed to customer satisfaction and operating an effective QMS.

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4. Management system status and performance/Meeting requirements

What to report on within this section:

Stage 1.

a) Comment on level of development or maturity of the management system in supporting the organization's strategic goals and whether key processes, aspects and objectives have been identified with relevant supporting plans. Briefly list the key documents and records seen.

b) Comment on whether sector specific or customer specific legislation has been identified and briefly list the key documents and records seen

All other Audits.

a) Report on performance monitoring, examples of objectives seen, results and achievements of targets, improvement and resource audit trails followed along with evidence.

b) Report on whether the management system is effective in (a) meeting any specific organizations' or clients' requirements, (b) legal compliance (consider laws, regulations, national standards etc. where applicable and (c) establishing operational control. Detail the audit trails followed, along with evidence

c) Unresolved issues, if any (these can include disagreement between auditor/audit team and auditee on audit findings. Consider also actions required for potential non-conformities reported in previous audits and other issues that can significantly impact the management system and the organization).

d) Results of the verification of corrective actions regarding previously reported non-conformities, if applicable.

The organization's QMS was seen to be effective in meeting customer requirements. Latest customer survey show an average rating of the organization at '96.66%' against a target of '75%'.

Operational control was seen established in the close monitoring of quality objectives in key departments - Purchasing, Academic & Cadet Affairs Division, Administrative & General Support Division, Plans, Research & Extension Services, etc . Quality objectives were mostly attained in all areas audited.

Improvement was evident as seen in corrective actions taken for addressing unmet targets and NC's raised in audits or as a result of customer complaints.

Procedures documenting key processes serve to control and ensure consistency in implementation of methods. Monitoring and measurement thru Internal Audits, Management Reviews, product/ process monitoring ensure plans are implemented properly.

5. Internal auditing, management leadership and management review, risk and customer requirements

What to report on within this section:

Stage 1. Report on whether internal audits and management review are being planned and performed. Briefly list the key documents and records seen (Note: If internal audits and management reviews have not yet been conducted at the time of Stage 1, at least these are already adequately planned for effective performance)

All other audits. Report on the status and effectiveness of internal auditing, and actions to address risk and opportunities and additionally, customer complaints and management review. Detail the audit trails followed along with evidence, including dates of records seen.

An Audit Program is established specifying 2 audits per year. Latest internal audit was conducted last April 14, 2021. Audit Plan and Audit Reports seen confirm the conduct of the audit with improvements evidenced by the actions taken to address the 7 OFI's found in the audit.

Actions taken to address risks were seen in the Risk Management Plan which outlines the strategy and actions to be taken.to handle risks.

Management reviews are conducted once a year, usually in April, with the latest conducted last April 16, 2021. The MR minutes seen covered the agenda required by ISO Clause 9.3.2/ 9.3.3.

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Note:

(1) Audit is based on a limited sample and other nonconformities may exist.
(2) This report and its contents should be treated as confidential except with the prior agreement of the Company
(3) Signing this report indicates acknowledgement of receipt of any related action requests.
(4) For Stage 2 and Re-certification Audits all action requests must be closed and implemented prior to certification.
Additional sites should be listed on continuation pages if necessary.

CERTIFICATION INTERNATIONAL

AUDIT REPORT

Continuation Page

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Item #	POTENTIAL NON-CONFORMITIES (STAGE 1 AUDITS ONLY) /OPPORTUNITIES FOR IMPROVEMENT NB: FOR STAGE 1 AUDITS POTENTIAL NON-CONFORMITIES MAY RESULT IN THE STAGE 2 AUDIT BEING DELAYED OR THESE BECOMING DOCUMENTED NON-CONFORMANCES DURING THE STAGE 2 AUDIT

Name of Organization: Philippine National Police Academy
Dates/ s of Audit : 26 April 2021
Auditor : Renato G. Madrid Jr.
Audit Standard/s: ISO 9001:2015
Audit Scope : Provision of education and training services
Audit Type : S2
Areas/Functions/Processes Audited:

1. Context of the Organization; Actions to Address Risks & Opportunities (Clause 4.1, 4.2 & 6.1)
2. Purchasing (Clause 6.2, 8.4 & 9.1)
3. Academic & Cadet Affairs Division (Clause 6.2, 8 & 9.1)
4. Tactics Group – Non-academic Training (Clause 6.2, 8 & 9.1)
5. Documented Information (Clause 7.5)
6. Management Review (Clause 9.3)

Audit Findings (per area/function/process):

A. Context of the Organization/ Actions to Address Risks & Opportunities

1. Conformities:
    - The organization has determined internal and external issues using PESTLE analysis. Issues were classified as positive and negative to facilitate determination of risks and opportunities. Examples of issues : 1) Legal – Strengthened PNPA structure; Displacement of PNPA personnel;2) Technology – Fast pace technology system; Additional cost.
    - Interested parties were also identified as well as their needs and expectations. It was noted these included relevant entities such as Congress, the President, Suppliers, Community, etc.
    - Risks and opportunities were identified from issues and the requirements of interested parties. A Risk Management Plan was shown which indicates the risk and opportunities. Risks were rated based on impact and likelihood. Existing controls were also considered although not rated or factored into the risk rating. Action plans were formulated based on the risk rating and

      status updated at set intervals. A sample risk was examined and it was seen that the actions were implemented and checked for effectiveness.

2. Opportunity/ies for Improvement (if any):
    - Consider scoring also existing controls and multiply with the scores of impact and likelihood to determine a more comprehensive risk or opportunity rating. Existing controls may be sufficient that no further action is needed to address the risk.
    - It was noted however that only risks were addressed with action plans. Although opportunities were identified, no actions were made to address them (see NC)
    - Consider also preparing a separate Opportunity Register to rate opportunities and outline action plans on them.

3. Nonconformity/ies(if any):
    - (RGM-01/S2) No actions were planned to address opportunities. This is against Clause 6.1.2.

4. Potential Nonconformity/ies (if any) Stage 1 only

B. Purchasing

1. Conformities:
    - Quality objectives are established and monitored at Purchasing. It was noted however that most of these targets relate more for the Logistics Management Division and only partially covers the key functions of Purchasing. Nonetheless, the procedure of Purchasing contains a target relating to full compliance to RA 9184 which is adequate.
    - Purchasing process control was evident with the use of a procedure : Procurement Procedure & Issuance of Supplies. Trasaction records for the purchase of combat shoes and face masks in Feb 2021 confirmed implementation of the procedure.
    - Supplier accreditation is performed by Philgeps and PNPA buys from these vendors.
    - Supplier performance evaluation was seen to be performed by PNPA. Evaluation criteria includes timely delivery, quality of goods/ services, resolution of problem and professionalism. This is done after completion of each delivery or service. Scoring is in 4 levels : 1- Did not meet, 2- Seldom meet, 3- Meet and 4- Exceed. Records of 3 vendor evaluations in April 2021 were seen to confirm implementation.
    - Monitoring of supplier performance was evident with regular assessment of vendors after completion of delivery.

2. Opportunity/ies for Improvement (if any):
    - Consider establishing quality objectives relating directly to the Purchasing function. Examples include : 1) At least 95% of orders delivered on time, 2) Zero returns of deliveries due to quality defect, 3) 2% savings from price negotiations based on total annual vendor transactions, 4) Zero complaints for endusers of purchased supplies/ services.
    - This will ensure that key performance measures of Purchasing are tracked and corrected if necessary.

3. Nonconformity/ies(if any):
    - None

4. Potential Nonconformity/ies (if any) Stage 1 only

C. Academic & Cadet Affairs Division

1. Conformities:
    - Quality objectives are set and monitored semestrally at Academic & Cadet Affairs Division. These targets include :
        i. Administer classroom instruction to 8 sections of each class
        ii. 75% of cadets pass academic instruction.
    - Actual performance for the period July to Dec 2020 shows the targets were hit. This was seen in the unt's objective monitoring report.
    - Faculty evaluation which is a critical monitoring activity was seen to be done and covered by procedure – Faculty Monitoring & Evaluation – AGF-20-01 :
        i. Pre-training Evaluation – consisting of teaching demonstration and evaluation by existing faculty in the areas of experience, communication skill, interactive skill, etc. Records of pre-training evaluations for 2 faculty were seen to confirm implementation of this assessment.
        ii. On-going Evaluation – assessment performed by students/ trainees on the instructor's performance. Similar criteria as in pre-training evaluation is used. Records of evaluation for 2 instructors in the 2nd term of the Y2020 – 2021 were seen to confirm this is being done.
        iii. Post Training Evaluation – done by students/ trainees and the Faculty Development Section to assess the overall performance of instructors. Evaluation records for Class 2021 covering 11 instructors was seen with an average score of at least 4 (Very Satisfied).
    - Overall program evaluation for customer (trainee) satisfaction was also seen to be done with assessment criteria such as coverage of topics, adequacy of equipment and faculty, satisfaction of learning expectations, etc.
    - Students are likewise rated after training to gauge their level of competency. The areas measured inlude task performance, written work and major examinations. Summary of grading for 33 cadets was seen for the subject- Science, Technology & Society for the 2nd Term of 2020 – 2021.
    - Monitoring was demonstrated for key factors – faculty performance and student learning.

2. Opportunity/ies for Improvement (if any):
    - None

3. Nonconformity/ies(if any):
    - None

4. Potential Nonconformity/ies (if any) Stage 1 only

D. Tactics Group – Non-academic Training

1. Conformities:
    - Quality objectives are established and monitored semestrally at the Tactics Group. The goals are similar to the Academic & Cadet Affairs Division with additional targets such as :
        i. Process 95% of individual grades of all cadets based on standards within the prescribed period.
        ii. New cadet orientation course rated "Satisfactory" or higher
        iii. –ditto- but Specialized Training Programs
    - Objectives and Plans Monitoring form indicates all targets were met for the period July to Dec 2020.
    - Process control was seen with the use of a procedure : 45 day Cadet Orienation Program – QSP-45DC-OPP-11A07. This method covers orientations (drills & ceremonies, command execution, etc.) and programs of instruction (firearms, marksmanship, defense tactics, leadership, etc.)
    - Monitoring of faculty for control of performance is done is follows :
        i. Pre-training Assessment – the instructor's qualifications are reviewed for suitability by PNP.
        ii. On-going Training Assessment – the instructor is observed while conducting class sessions and evaluated for suitability. Records of 1 instructor on marksmanship (Dec 2020) was seen to confirm this evaluation is done.
        iii. Post Faculty Evaluation – uses the same criteria as in academic evaluation – technical skill, communication skill, interactive skill, etc. Records for the instructor evaluation for the topic – Nationalism & Patriotism conducted in FY 2020-2021 was seen.
        iv. A Faculty Performance Assessment & Evaluation Report is also prepared every semester covering all faculty to summarize the results of various evaluations. A record on this report for the 1st Semester of AY 2020-2021 was seen to confirm this is being done.
    - Instructors who do not meet performance standards are suspended for 1 year.

2. Opportunity/ies for Improvement (if any):
    - None

3. Nonconformity/ies(if any):
    - None

4. Potential Nonconformity/ies (if any) Stage 1 only

E. Documented Information

1. Conformities:
    - Mandatory documented information as required by the ISO standard (7.5.1) was seen as follows :

i. Quality objectives, quality policy, QMS scope, Management Review minutes, Customer Satisfaction Measurement docs, IQA documents, etc.

- Required information for documented information (7.5.2) was also seen in procedures :
  i. Document title, date, document code, author, reviewer, approver, revision number, etc.
- Control of documented internal documents was evident with the following in-place and covered by procedure : Control of Maintained Internal Documented Information
  i. Appropriate document stamp is placed on "Controlled", "Master" and "Obsolete" documents.
  ii. A Document Masterlist is maintained to track all QMS documents.
  iii. All QMS Master copies are held by the Document Custodian.
  iv. Distribution of QMS documents is controlled with a record Distribution List which states the document's recipient name, receiving signature, date issued, date received, rev no., etc.
  v. An Obsolete Document List is maintained to track outdated documents.
  vi. Revision of documents procedure is defined.

2. Opportunity/ies for Improvement (if any):
   - It was noted that no controls for external documents have been established although the organization has shown an on-going program to identify, track and control these external documents.
   - Obsolete QMS documents have no set retention period and method of disposition (see NC).
   - No controls are set for e-copies of documents. Consider to include controls such as : "Electronic copies of QMS documents must not be circulated without authorization. It must not be printed, copied, downloaded, attached to e-mail/ forwarded and distributed without permission of the QMR/ DC/ Process Owner Manager.

3. Nonconformity/ies(if any):
   - (RGM-02/S2) It was seen that obsolete QMS documents have no set retention period and method of disposition. This is against Clause 7.5.3.2.

4. Potential Nonconformity/ies (if any) Stage 1 only

F. Management Review (MR)

1. Conformities:
   - MR is conducted by the organization once a year usually in April.
   - The MR is attended by the Director/ QMR, Deputy Director, Chief of Staff, Dean of Academics, Commandant of Cadets, DCC, IQA members, etc.
   - Minutes of Meeting for the April 16, 2021 MR was seen and meets the agenda requirements of Clause 9.3.2 and 9.3.3.

- Details of agreed MR Action Items/ Plans were seen with a controlled MR Output document – QF-MRM-PPSC-004.

2. Opportunity/ies for Improvement (if any):
   - Consider to increase MR frequency to 2-3 times a year. This will ensure better control of the QMS. 1 year interval between MR's is too long. Action items can be forgotten or overlooked and situations may have significantly changed after a year.

3. Nonconformity/ies(if any):
   - None

4. Potential Nonconformity/ies (if any) Stage 1 only

G. Verification of Previous NC

1. TEAM-01-ST2
   - NC is now closed. One action item in this previous NC related to opportunities was not done so a new NC was raised.

----------END OF RP1-1 RGM----------

CERTIFICATION INTERNATIONAL

AUDIT REPORT
Continuation Page

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Item #	POTENTIAL NON-CONFORMITIES (STAGE 1 AUDITS ONLY) /OBSERVATIONS/OPPORTUNITIES FOR IMPROVEMENT NB: FOR STAGE 1 AUDITS POTENTIAL NON-CONFORMITIES MAY RESULT IN THE STAGE 2 AUDIT BEING DELAYED OR THESE BECOMING DOCUMENTED NON-CONFORMANCES DURING THE STAGE 2 AUDIT

Name of Organization: **PHILIPPINE NATIONAL POLICE ACADEMY**
Camp General Mariano N. Castañeda, Silang, Cavite, Philippines

Audit Standard/s: ISO 9001:2015
Type of Audit: 2nd Surveillance (Offsite)
Audit Scope: Provision of education and training services

Auditor: Fernando P. Garrido III

Areas/ Functions Audited/ Processes Audited:

- Administrative and General Support Division (Clauses 6.2, 8 and 9.1)
- Competence, Awareness (Clauses 6.2, 7.2, 7.3, 9.1)
- Plans, Research and Extension Services (Clauses 6.2, 8 and 9.1)
- Customer Satisfaction and Feedback Handling (Clause 9.1.2)
- Internal Audit, Nonconformity and Corrective Action (Clause 9.2, 10.2)

Audit Findings:

- Area Audited: Administrative and General Support Division (Clauses 6.2, 8 and 9.1)

Summary of Conformities:

- Documented information presented and verified during the audit. Activities of the auditee were carried out as prescribed in the documented information.
- PNPA-QP-2018-01-F01 rev.0 " Maintenance Service Procedure"
- QSP-MSPF-19A-01 REV.01 "Maintenance Section Process Flow"

- Process flow as described in the documented information :
  - End user request
  - Conduct inspection and identify works to be done
  - After inspection, determine the needed materials
  - Determine if materials available at MS, otherwise memo to request
  - MS to do immediately requested once materials were made available
  - Accept/ inspect the repair/work accordance to the scope of work.

- Records presented and verified at the time of the audit
  - After Inspection And Maintenance Report (QF-AIMR-E19A02)
  - Memorandum request for funding to the Director of PNPA
  - Memorandum request for Refund address to PNPA director
  - Memorandum request for procurement during pandemic

- Quality objectives determined:
  - 100% of the equipment and facilities of PNPA are properly maintained and secured.
  - 100% of the reports submitted to PNPHQ within the mandated time required

Opportunity for Improvement:

Although the auditee was able to present necessary documents however it took some time due to documents were not properly organized. It would be helpful to fully organized document to ensure it will be readily available and easily retrievable

Observation:

Although the documents were presented as required however there were documents were already obsolete. It strongly suggest to segregate current/ controlled from the obsolete documents.

- **Area Audited**: Competence, Awareness (Clauses 6.2, 7.2, 7.3, 9.1)

Summary of Conformities:

- Documented information presented and verified during the audit :
- QSP-PMD-2020-005 "Post Training Evaluation Procedure"
- PNPA-QP-2018-01 F01 rev.0 "Performance assessment and Pre-Planning Activity"

- Records presented and verified during the audit :
- Training Development Plan CY 2021
- Result on Conducted Post Training/Seminar Evaluation fo Q4 2020 (Very Satisfactorily)

- Quality objectives determined
- 50% of personnel given Learning and Development intervention

Potential Non-conformity

- Accomplishement of 20% Planned training as per training Calendar for CY 2020 of versus target of 50% trainings not conducted was replaced with Non-Uniform personnel training – Instructor's Development Course (IDC). It is strongly suggested that for any non-fulfilment of target must be issued with Corrective Action report.

Commented [AG1]:

Verification of +Verification of JRB-01-S1 – CLOSED

- Presented and verified: documented informationQSP-PMD-2020-005 "Post Training Evaluation Procedure"
- Record of was presented and verified for Post Training evaluation conducted – sampled record presented post Training of attendees of Instructors Development Course Training conducted Nov.2020
- Post Training evaluation activity included in the department Quality objectives

Area Audited: Plans, Research and Extension Services (Clauses 6.2, 8 and 9.1)

Summary of Conformities:

- Documented information presented and verified during the audit :
  - PNPA-QP-2018-01 F01 rev.0 "Performance assessment and Pre-Planning Activity"
- New Name of division: Plans, Programs, and Strategy Management Division (PPSMD)
- 4 major activities:
  - Reception
  - Incorporation
  - Recognition
  - graduation

- Pre-Planning Output as per After Activity Report (AAR) conducted dated 10 Dec.2020 and was also discussed during Management Review meeting last 16 April 2021
  - OPCR and DPCR
  - Calendar of Activities and budget requirements
  - Operations Plans and Budget
- Quality objectives determined:
  - Prepares and submit Annual Operations Plans and Budget

Area Audited: Customer Satisfaction and Feedback Handling (Clause 9.1.2)

Summary of Conformities:

- Documented information presented and verified during the audit :
  - PNPA-QP-2018-01 F01 rev.0 "Assessment and Evaluation Procedure"
- 2 types of survey as per scope of documented information:
  - Customer Satisfaction survey
  - Activities evaluation
- Customer satisfaction feedback (CSF) conducted once a year
- Criteria of survey:
  - Training Management
  - Curriculum
  - Training Infrastructure
  - Performance of Faculty
- Target: 75%; Actual: 96.66% (CY 2020)
- Records presented and verified:
  - Memorandum to Director of PNPA dated 12 April 2021 re: result of annual CSF
  - Report attachment to memorandum with conclusion and recommendations

Opportunity for Improvement:

Although the auditee presented copy of accomplished CSF form, however it was found to be lengthy. It would be helpful to review and streamline the contents survey form.

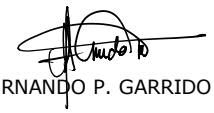
- **Area Audited**: Internal Audit, Nonconformity and Corrective Action (Clause 9.2, 10.2)

Summary of Conformities:

- IQA is conducted 2x/year as per PNP Memorandum dated 24 October 2020
- Latest audit IQA was conducted last 14 April 2021
  - Result: zero NC, 7 OFI
- Records presented and verified:
  - Letter of Order # 20-180, dated: 11 Dec.2020, re: Designation of IQA auditors
  - Audit plan for 14 April 2021 IQA via GOTO meeting
  - Memorandum dated 26 April 2021: for sked of external audit (CIP)
  - Rreesults were collated and monitor Request for Action (RFA)

Training certificates of auditors: training of Trainers on ISO 9001:2015; date: 25-29 May 2020

RP1-CIP

	Observation: No noticeable observation  FERNANDO P. GARRIDO III CIP Auditor ----------END OF REPORT----------

ACTION REQUEST REPORT

Notes:

1. The Lead Auditor should use the [TAB] Key in the right-hand column to add extra rows as necessary to document all Findings requiring action.
2. Major Non-conformities will require an initial response within 30 calendar days and a follow-up audit within 60 calendar days.
3. Minor Non-conformities will require a response within 30 calendar days.
4. The Lead Auditor needs to advise the client of the need to respond to the findings below using the **Action Request Response Form RP2-1.**
5. All actions on findings will be reviewed during the next audit.

Organization : Philippine National Police Academy		**Client Number: 5356**		**Total Pages:**
Lead Auditor: Renato G. Madrid Jr./ Fernando P. Garrido III		**Date: 4 May 2021**		
a. AR Ref no. **b. Standard/ Clause No. and Proced ref:**	**Description of finding**	**Minor (Enter "Yes")**	**Major (Enter "Yes")**	**Follow-up Audit required (Enter "Yes")**
a. RGM-01/S2 b. ISO 9001:2015 Clause 6.1.2	a. No actions were planned to address opportunities. This is against Clause 6.1.2.	Yes		

a. AR Ref no. b. Standard/ Clause No. and Proced ref.	Description of finding	Minor (Enter "Yes")	Major (Enter "Yes")	Follow-up Audit required (Enter "Yes")
a. RGM-02/S2 b. ISO 9001:2015 Clause 7.5.3.2	a. It was seen that obsolete QMS documents have no set retention period and method of disposition. This is against Clause 7.5.3.2.	Yes		