

PMGEN WALTER CASTILLEJOS, DIRECTOR FOR PLANS  
**Philippine National Police – Organizational  
Development Division of Directorate for Plans**  
Room 308 PNP NHQ Building Camp Crame, Quezon City

December 13, 2021

Subject: **2<sup>nd</sup> Follow-up Audit**

Dear PMGEN WALTER CASTILLEJOS,

Greetings!

Enclosed is our report on the ISO 9001:2015 2<sup>nd</sup> Follow-up Audit conducted last October 6, 2021 for your company.

Thank you.

Best regards,

  
**Mica De Mesa**  
TÜV Rheinland Philippines Inc.  
Technical Support  
Systems Department

**TÜV Rheinland Philippines, Inc.**

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**TÜVRheinland®**  
**Precisely Right.**

**CERTIFICATE**

**01 100 1900210TRP**

**Audit Report as per**

**ISO 9001:2015**

**For**

**Philippine National Police – Organizational  
Development Division of Directorate for Plans**

Room 308 PNP NHQ Building Camp Crame, Quezon City

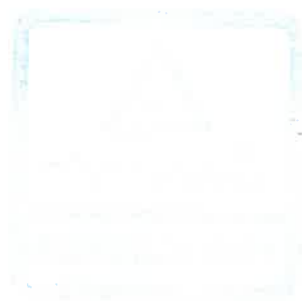


*AD*

Client	Standard(s)	Certification Number(s)	Audit Type
PNP – Organizational Development Division of Directorate for Plans	ISO 9001:2015	01 100 1900210TRP	2 <sup>nd</sup> Surveillance Audit – Remote Audit

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# Audit Report

Client	Standard(s)	Certification Number(s)	Audit Type
PNP – Organizational Development Division of Directorate for Plans	ISO 9001:2015	01 100 1900210TRP	2 <sup>nd</sup> Surveillance Audit – Remote Audit

**Audit Leader** : Lionell G. Aala  
**Audit Team** : Abigail Salomon  
**Client's representative** : PMGEN WALTER CASTILLEJOS, DIRECTOR FOR PLANS  
**Audit Date** : OCTOBER 6, 2021

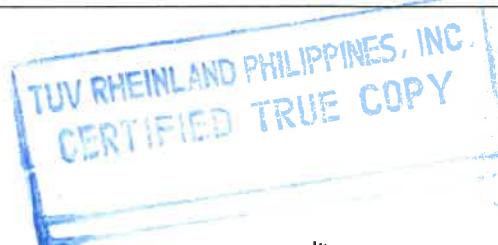
## 1 Audit result

Management system effectiveness was verified on site by means of random sampling by an appropriately selected audit team. This applies in particular to the compliance of workflows with standard requirements and the descriptions in management system documentation. The audit objectives as mentioned in the audit plan, the special features of the organization's business activities, the applicable statutory and regulatory requirements and the requirements set forth in other generally applicable documents were also taken into account. This was done by means of a sampling approach, by conducting interviews and reviewing the appropriate documentation. Audit findings and recommendations regarding opportunities for improvement have been set forth in Sections 4 of this report.

<input type="checkbox"/>	The last audit revealed nonconformities which have been demonstrably corrected. The corrections and corrective actions taken in this respect have been verified.								
<input type="checkbox"/>	A stage 1 audit was performed and the organization found ready for certification. Identified weaknesses, if any, have been eliminated and the respective corrective action verified.								
<input checked="" type="checkbox"/>	The current audit revealed the following nonconformities: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Standard(s):</th> <th style="text-align: center;">No. of major nonconformity</th> <th style="text-align: center;">No. of minor nonconformity</th> </tr> </thead> <tbody> <tr> <td>ISO 9001</td> <td style="text-align: center;">Zero (0)</td> <td style="text-align: center;">Zero (0)</td> </tr> </tbody> </table>			Standard(s):	No. of major nonconformity	No. of minor nonconformity	ISO 9001	Zero (0)	Zero (0)
Standard(s):	No. of major nonconformity	No. of minor nonconformity							
ISO 9001	Zero (0)	Zero (0)							
<input type="checkbox"/>	The major nonconformities (No. x) with individual standard elements require a re-audit to verify the effectiveness of the corrections and corrective actions (probable date: dd.mm.yyyy)								
<input checked="" type="checkbox"/>	The organization has established and maintains an effective system to ensure compliance with its policy and objectives. The audit team confirms in line with the audit targets that the organization's management system complies with, adequately maintains and implements the requirements of the standard(s).								

The auditor/audit team therefore recommends:

<input type="checkbox"/>	Award of the new certificates.
<input checked="" type="checkbox"/>	Maintenance of the existing certification.
<input type="checkbox"/>	Inclusion of the changes (see Section 3) in the scope of application of existing certifications
<input type="checkbox"/>	Maintenance or issue of the certificates only after successful completion of a re-audit.



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## 2 Scope

### 2.1 Description of the organization

Organization's Background: The Organization Development Division - ODD is one of the divisions of the Directorate for Plans- DPL with the Chief of OD as head who is directly reporting to the Director of the DPL. The DPL is one of the Directoral Staff Units of the Philippine National Police.

The ODD conducts organizational development of PNP Offices and Units in order to develop a more responsive organizational structure to better respond to the demands and challenges of policing. The conduct of organizational development of PNP Units is designed by initiating unit restructuring and strengthening to make the PNP organization more capable, responsive and competent addressing the changing peace and security conditions of the country. abolitions of units that are found to be ineffective, and creation /activation of new units to address specific concerns or crimes that affect the general peace and security condition nationwide

Services: Organizational Development of PNP Offices / Units

Clients: All PNP Offices and Units

Key processes: Review and assessment of proposals for activation, deactivation, restructuring and strengthening of units; preparation of Complete Staff Work, consultative meetings and coordination with concerned PNP units, Monitoring of OD proposals of OCPNP and NAPOLCOM, Dissemination of approved OD for implementation proposals, monitoring and evaluation

Outsourced products and services: ACU maintenance, ITC Support, office supplies and computer hardware and software

Key suppliers/ providers: Directorate for ITCM, Directorate for Logistics

### 2.2 Scope of certification

Scope of certification: (per standard):	Organizational Development of Philippine National Police Offices and Units.
ISO 9001 standard requirements which are not applicable:	7.5.1.2 Measurement traceability
Reasons for non-applicability:	7.5.1.2 – The organization does not use any measuring equipment that require calibration or verification to ensure valid results

The management representative has appropriate authority over the sites included in the multi-site organization.

100% remote audit was done by using ICT (Information and Communication Technology). The used method was effective to achieve the audit objectives.

The organization operates only 1 shift: 8AM-5PM.

Full audit was done by using ICT (Information and Communication Technology). The used method was effective to achieve the audit objectives.

The following sites and their scopes are included in the scope of certification:

Site No.	Sites included in cert. Name/address of site	No. of emp.	Standard and Scope	Audited
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01	<b>Philippine National Police – Organizational Development Division of Directorate for Plans</b> Room 308 PNP NHQ Building Camp Crame, Quezon City, Philippines	29	Organizational Development of Philippine National Police Offices and Units	ISO 9001: 2015
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### 3 Changes in the management system / Contract review

No major changes have been made to the management system and the management system documentation since the last audit. The order details which form the basis of the audit (including number of employees, scope and sites) reflect the actual situation in the organization except the following personnel, which is a normal activity among PNP as personnel sometime are being shuffled and transfer to other PNP units or offices.

- PMGEN WALTER CASTILLEJOS – THE DIRECTOR FOR PLANS
- PBGEN ROMMEL FRANCISCO MARBIL
- PLTCOL ALLAN DE LEON – AdmO / QMR, QMT

The description of the scope in the certificate appropriately reflects the scope of the management system.

The audit plan was changed during the audit as request of organization due to availability of auditee.

### 4 Audit findings

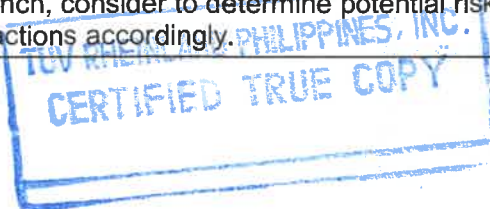
The audit findings related to the audited standards are listed in the annexes to this report (see. Annex ISO 9001:2015).

All information gained during the audit will be treated with strict confidentiality by the auditor(s) 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.

No.	Unit/Department Site	Positive findings
1	Documented Information	The available of documented information as evidence based across all audited processes is noteworthy.
2	Customer Satisfaction	Maintain the overall customer satisfaction result of 'extremely satisfied' for Q1&Q2 2021.

The following recommendations and opportunities for improvement provided by the auditor(s) are intended to contribute to the continuous improvement of the management system.

No.	Unit/Department Site	Recommendations and opportunities for improvement
1	Risks	While the new system for automation of organizational structure & staffing pattern process is yet to launch, consider to determine potential risks in this new process and take actions accordingly.



*JAD*

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2	Internal Audit	<p>Ensure the following:</p> <ul style="list-style-type: none"> <li>- audit the Internal Audit process</li> <li>- provide copy of audit findings to all relevant audited processes, e.g. commendable &amp; opportunities for improvement</li> </ul> <p>Results of audit are to be noted in the Audit Checklists, ensure these checklists are completely accomplished to verify further whether the applicable standard clauses are considered during the audit.</p>
3	Organizational Development Division	Aside from customer insights on current unit / office structure, May need to determine other method in determining effectiveness of structuring / restructuring program (e.g. implementation and meeting target of newly structured units / division within the units).

## 5 Dates

**Due Date for the next audit**

2022 Dec. 11

**Agreed date for the next audit**

2022 Nov. 11

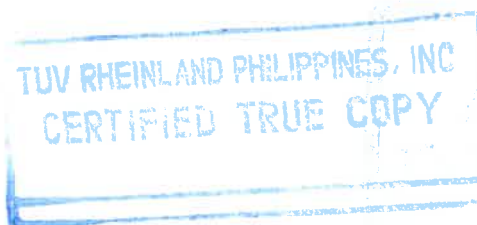
Oct. 6, 2021

Date



Mr. Lionell G. Aala / Ms. Abigail Salomon

Audit Leader / Auditor(s)



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## Annex ISO 9001:2015

Item	Audit result
Context of the organization	<p>The organization has determined internal and external issues related to the following subject areas (Note: subject areas can be legal requirements, co-operations, competition, community etc.)</p> <p>External Issues</p> <ul style="list-style-type: none"> <li>• Shortage of personnel to attain the prescribed Police to Population Ratio of 1:5 and to fill the positions of police stations</li> <li>• Uncontrollable fund support for capability enhancement of territorial PNP offices/units which includes additional personnel complement.</li> <li>• Need for additional support for the strengthening of PNP Offices/Units to proactively deter emerging crimes.</li> <li>• Timeliness of decision on approval of changes as recommended to NAPOLCOM.</li> </ul> <p>Internal Issues</p> <ul style="list-style-type: none"> <li>• Inadequate funds to monitor the compliance of offices/units to the approved organizational structure and staffing pattern</li> <li>• Delay in the processing of recruits to fill the vacancies in PNP units (estimated 30k personnel shortage for the current year)</li> <li>• Lack of manpower competence to assess and study accordingly the necessary recommendation to PNP units structure</li> </ul> <p>The organization has identified interested parties and the requirements of these parties. Examples for such parties are:</p> <ul style="list-style-type: none"> <li>• PNP offices/Unit- Develop responsive organizational development policies for the activation/restructuring/strengthening and upgrading of the PNP offices/units.</li> <li>• NAPOLCOM – complete and accurate information on the staffing pattern recommended and timely issuance of documents</li> </ul>
Policy / objectives	<p>Top Management has declared its quality policy binding and implemented. The quality policy is appropriate and provides a framework for the respective quality objectives. It commits all employees to pursue continuous quality system improvement. There's no changes in the quality policy.</p> <p>Key quality objective include:</p> <ul style="list-style-type: none"> <li>• Develop responsive organizational structures of PNP offices/units Measure: Number of PNP Offices/Units Audited/Reviewed Target: 1,600 Offices units per year</li> </ul> <p>• These are measurable and are controlled, communicated and up-dated regularly.</p>
Process control including outsourced processes	<p>The processes available in the organization have been identified and documented. Process workflows and interactions have been described and appropriately controlled. The processes are evaluated at regular intervals by means of key performance indicators.</p> <p>Key processes within the scope of product realization include:</p> <ul style="list-style-type: none"> <li>• Organizational Planning</li> <li>• Force Development</li> <li>• Monitoring and Evaluation</li> </ul>

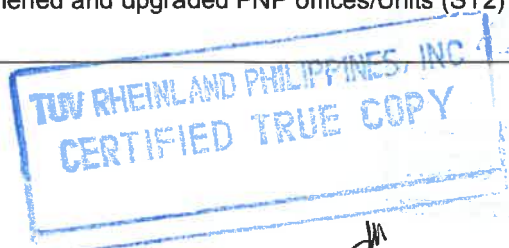




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Item	Audit result
	<ul style="list-style-type: none"> <li>• Competence of manpower</li> <li>• Availability and completion of support documentations</li> </ul> <p>The following processes have been outsourced:</p> <ul style="list-style-type: none"> <li>• Logistic Support Service (LSS) –PNP</li> <li>• Repair and Maintenance of Vehicle (LSS)</li> <li>• Repair and Maintenance of Airconditioning Unit, Electricals and Plumbing (HSS)</li> <li>• Maintenance of Computer Hardware, Software, Internet and Network Infrastructure (ITMS)</li> <li>• These processes are appropriately reviewed and controlled.</li> </ul>
Risk-based thinking	<p>The requirements for risk-based thinking are being realized in the organization as follows:</p> <p>Risk-based thinking has been applied for the following <b>processes</b>:</p> <ul style="list-style-type: none"> <li>• Organizational Planning</li> <li>• Force Development</li> <li>• Monitoring and Evaluation</li> </ul> <p>Examples of <b>risks and opportunities</b> of processes identified are:</p> <ul style="list-style-type: none"> <li>• Effect of COVID 19 in the operations</li> <li>• Problems with personnel communication</li> <li>• Complaints and dissatisfaction from PNP units and Top Management due to wrong/poor results of recommendation.</li> <li>• Failure to achieve targets (i.e. Reduced Crime Rate, Improved Crime Solution Efficiency)</li> <li>• Career development of personnel will be hampered/will affect the provisions of RA8551 for rationalized Promotion System of PNP personnel</li> <li>• Evaluation scheme to determine effectiveness of changes in the recommended staffing pattern or new organization structure</li> </ul> <p>Examples of <b>measures</b> taken to react on identified risks are:</p> <ul style="list-style-type: none"> <li>• Teleconferencing to avoid close contact to other personnel and to observe social distancing</li> <li>• Paperless communication and viber dissemination of instructions</li> <li>• Implementation of No Touch Policy</li> <li>• Utilization of IT tools for virtual meeting / conference to continuously provided</li> <li>• Utilization of e-mails and vibers for communication purposes</li> <li>• Activate the PNP Recruitment and Selection Service</li> <li>• Rationalized distribution of personnel (WT1)</li> <li>• Request for budgetary requirement to support additional positions to be created/restructured/strengthened and upgraded PNP offices/Units (ST2)</li> </ul>



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Item	Audit result
	<p>Examples of risks and opportunities concerning the <b>context</b> of the organization are:</p> <ul style="list-style-type: none"> <li>• Poor performance</li> <li>• Restructuring and Strengthening of the Directorate for Plans</li> <li>• Lack of metrics to determine effectiveness of changes in structure upon implementation</li> <li>• Prolong issuance of changes in staffing pattern due to external factors involving in decision of changes and approval.</li> </ul> <p>Concerning risk based thinking the following <b>tools</b> are used:</p> <ul style="list-style-type: none"> <li>• SWOT Analysis</li> <li>• Risk Register</li> <li>• Management Review Minutes</li> </ul>
Customer-related and other requirements	<p>The organization analyses and evaluates customer requirements and/or enquiries and any documented, assumed, statutory and regulatory requirements within the scope of a production and feasibility study performed in a team.</p> <p>Offers are prepared and approved by The Director of Plans. The person who prepared the offer reviews the contract to ensure its compliance with the offer and documents this compliance in an order confirmation. The same procedure applies to amendments.</p> <p>The following process requirements significantly affect product or service quality:</p> <ul style="list-style-type: none"> <li>• Competency of personnel handling OD Project</li> <li>• Timeliness of releasing direction</li> <li>• Compliance to DBM and other existing laws</li> <li>• Issuance of sound proposal</li> <li>• Approval from Chief PNP and NAPOLCOM</li> </ul> <p>Key regulatory, statutory and customer-related requirements include:</p> <ul style="list-style-type: none"> <li>• Republic Act 6975 –An act establishing the PNP under a reorganized DILG</li> <li>• Republic Act 8551- An act providing for the Reform and Reorganization of the PNP</li> <li>• PNP Program Thrusts</li> <li>• Executive Order No. 605 series of 2007</li> <li>• Napolcom Resolution No. 92-36</li> <li>• Napolcom Resolution No. 96-058</li> <li>• Memorandum Circular No. DPL 97-01</li> <li>• CSC Resolution No. 97-0404</li> <li>• DBM Manual on Position Classification and Compensation</li> <li>• Index of Occupational Services, Position Titles and Salary Grades</li> <li>• DBM Resolution No. 1, Series of 2006</li> </ul>
Customer satisfaction and complaints	<p>The organization maintains documented and effective procedures governing the handling of information, data analyses, improvement actions and responses to customer feedback. The Client Satisfaction Survey is conducted in a quarterly basis. The Survey questionnaire is composed of the following:</p> <ul style="list-style-type: none"> <li>- How satisfied are you with the quality of service</li> <li>- Rate of quality of service in terms of promptness, courtesy, expertise</li> </ul>

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Item	Audit result
	<p>- Work area (clear of unsightly items, clean, organized and orderly).</p> <p>Rating scale :</p> <p>5 – Extremely Satisfied 4 – Very Satisfied 3 - Neutral 2 – Slightly Satisfied 1 - Not All Satisfied</p> <p>The overall rating achieved for the latest survey (1<sup>st</sup> qtr – 4.71 (27 respondents) – 2<sup>nd</sup> qtr - 16 respondents gathering 4.83) is Extremely Satisfied against 3.41 target, which is also consistent with all the criteria on each of the questionnaire. Though there is a room for improvement cited in this audit.</p> <p>Customer Complaint There's no complaints received for the year from 2019 to 2021 (1<sup>st</sup> half).</p>
Internal audit and management review	<p>Internal Audit The organization measures Quality Management System implementation, maintenance and effectiveness by means of annually scheduled system audits. The organization reliably carries out these audits according to Internal Quality Audit – Annex C of Quality Management System Manual conducted at least once a year. The nonconformities identified in these internal audits had been corrected by the time the audit documented in this report was performed.</p> <p>The latest audit was conducted last Sept. 13, 2021 with the following results: Nonconformity – 1, Opportunities for Improvement – 4, Commendable – 8. The nonconformity was closed during the time of the audit.</p> <p>Top Management Top management reviews the organization's quality management system at regular intervals and in line with the requirements to ensure its continuous suitability, adequacy and effectiveness. The management review of Sept. 10, 2021 was carried out in accordance with the requirements and was effective. Latest review was Sept. 10, 2021.</p>
Use of certificate and logo	The organization uses the logo and the certificate (e.g. on business cards, company brochures, websites etc.) in compliance with the requirements.

Chapter of standard	4.1	4.2	4.3	4.4	5.1	5.2	5.3	6.1	6.2	6.3		
Rating *	1	1	1	1	1	1	1	1	1	1		
No. of nonconformity	0	0	0	0	0	0	0	0	0	0		
Chapter of standard	7.1	7.2	7.3	7.4	7.5	8.1	8.2	8.3	8.4	8.5	8.6	8.7
Rating)*	1	1	1	1	1 7.5.1.2 4	1	1	1	1	1	1	1

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No. of nonconformity	0	0	0	0	0	0	0	0	0	0	0
Chapter of standard	9.1	9.2	9.3	10.1	10.2	10.3					
Rating)*	1	1	1	1	1	1					
No. of nonconformity	0	0	0	0	0	0					

- \* Rating:
- 1 = conforming
  - 2 = not audited in this audit
  - 3 = nonconformity (see nonconformity report)
  - 4 = not applicable

