

PBGen Sidney Sultan Hernia – Director  
**Philippine National Police – PRBS CAL Section**  
PRBS Bldg., Camp BGen Rafael T Crame, Quezon City,  
Philippines

December 13, 2021

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

Dear PBGen Sidney Sultan Hernia,

Greetings!

Enclosed is our report on the ISO 9001:2015 2<sup>nd</sup> Follow-up Audit conducted last October 5, 2021 for your company.

Thank you.

Best regards,

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

**TÜV Rheinland Philippines, Inc.**

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**2<sup>nd</sup> Follow-up Audit Report as per**

**ISO 9001:2015**

**For**

**Philippine National Police – PRBS CAL Section**

PRBS Bldg., Camp BGen Rafael T Crame, Quezon City,  
Philippines



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# Audit Report



Client	Standard(s)	Certification Number(s)	Audit Type
Philippine National Police –PRBS CAL Section	ISO 9001: 2015	01 100 1900205TRP	2 <sup>nd</sup> Surveillance Audit (100% Remote)

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Philippine National Police –PRBS CAL Section	ISO 9001: 2015	01 100 1900205TRP	2 <sup>nd</sup> Surveillance Audit (100% Remote)

**Audit Leader** : Jayzer Aquino

**Audit Team** : Hilario Capili

**Client's representative** : PBGen Sidney Sultan Hernia – Director  
PCol Nino David Licos Rabaya – Deputy Director  
PCapt Jennifer Mangelen- QMR

**Audit Date** : 2021 October 5

## 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 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"/>	<p>The current audit revealed the following nonconformities:</p> <table border="1"> <thead> <tr> <th>Standard(s):</th> <th>No. of major nonconformity</th> <th>No. of minor nonconformity</th> </tr> </thead> <tbody> <tr> <td>ISO 9001:2015</td> <td>Zero (0)</td> <td>Zero (0)</td> </tr> </tbody> </table>	Standard(s):	No. of major nonconformity	No. of minor nonconformity	ISO 9001:2015	Zero (0)	Zero (0)
Standard(s):	No. of major nonconformity	No. of minor nonconformity					
ISO 9001:2015	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

The PNP Retirement and Benefits Administration Service (PRBS) as one of the lead office that provide frontline service are mandated to follow the Republic Act No. 9485, otherwise known as “The Anti-Red Tape Act of 2007” or ARTA in brevity, aims to improve efficiency and transparency in the delivery of government service to the public by reducing bureaucratic red tape, and to simply frontline service procedures through the agency’s Citizen Charter (CC).

PNP Retirement and Benefits Administration Service (PRBS) was formerly the Benefit and Pension Administration Division (BPAD), one of the Divisions of the DPRM. It was activated as a National Administrative Support Unit pursuant to NHQ PNP General Orders No. DPL 09-12 and was formally approved under NAPOLCOM Resolution No. 2010-202 on August 5, 2010 in accordance to the provision of Section 35 of republic act No. 6975.

The PRBS, being a NASU under the functional grouping of the Directorate for Personnel and Records Management (DPRM) shall serve as a “ one-stopshop” for the concerns of retired PNP personnel and their beneficiaries. Its core mandate is to administer the retirement , separation, and death benefits of the PNP Personnel as well as implementation of plans and programs that would uplift the morale and welfare of the PNP pensioners.

The Service is headed by a Police Chief Superintendent (Police Brigadier General) and assisted by a Deputy Director with a rank of Police Senior Superintendent (Police Colonel) who serves as a Chief of Staff. It is composed of four (4) functional Divisions namely; (a) Retirement Claims and Fund Management Division (RCFMD); (b) Pension and Gratuity Division (PGD) ; (c) Legal Investigation and Prosecution Division (LIPD); and (d) Exit Program and Special Project Division (EPSPD). Each Division is headed by Police Commissioned Officer with a rank of Police Superintendent (Police Lieutenant Colonel), except the RCFMD which is headed by non-Uniformed Personnel with Salary Grade 24.

The PRBS has sixteen (16) retirement field units of PNP Regional Retirement and Benefits Administration Units (PRBUs) headed by a Non-Uniformed Personnel with a Salary Grade 15 to 18n located at the different Police Regional Offices (PROs).

### 2.2 Scope of certification

Scope of certification: (per standard):	Provision of Commutation of Accumulated Leave Services for Philippine National Police Uniformed and Non-Uniformed Personnel
ISO 9001 standard requirements which are not applicable:	Clause 7.1.5.2 Measurement traceability.
Reasons for non-applicability:	The organization does not use any measuring equipment requiring validity of measurement results or calibration.



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The office operates only in one shift from 8:00 AM to 5:00 PM from Monday to Friday  
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
01	Philippine National Police – PRBS CAL Section PRBS Bldg., Camp BGen Rafael T Crame, Quezon City, Philippines	31	Provision of Commutation of Accumulated Leave Services for Philippine National Police Uniformed and Non-Uniformed Personnel	ISO 9001:2015

### 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.

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

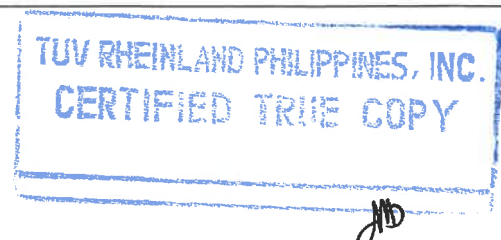
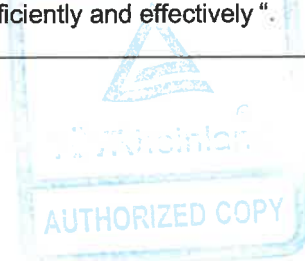
The audit plan was not changed during the audit.

### 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	Top Management	Management's commitment to ensure and improving the efficiency of processes to satisfy customers is noteworthy, e.g. <ul style="list-style-type: none"> <li>- frequent monitoring of number of retirees that are being attended to;</li> <li>- infrastructure: POAS (PNP – Online Accounting System) – already in place and PRISM (Police Retiree Information System Management) – integrated system on its testing stage, others</li> </ul>
2	Quality Policy (Improvement)	Significant improvement in the Quality Policy is in place to ensure to meet the needs of the relevant stakeholders, i.e. about "Empowering the Liaison Officers and/or Survivor Officers to discharge their duties and functions efficiently and effectively".



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3	Communication / Training / Awareness	Conduct of Pre-Retirement Seminar and Survivor Seminars are commendable.
4	Records Control	The initiative to continually improve the process is highly commendable where the use of the Excel Worksheet resulted to the efficiency enhancement making it possible to retrieve and submit 18,000 records to NAPOLCOM in a span of one month (against a 3-month target).
5	Commutation of Accumulated Leave Process	The inclusion of the pre-retirement lecture certification as a mandatory requirement prior submission of needed documented information resulting to the significant reduction of errors on the part of the retiree is noteworthy.

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	Management	In line with the additional items in the Quality Policy – need to ensure to support it with appropriate Quality Objectives / Key Performance Indicators  Management Review: Ensure to capture all relevant discussion in the minutes of management review, including narratives on the SWOT analysis, effectiveness of actions related to risks and opportunities and Management review outputs about the suitability, adequacy of effectiveness of QMS.
2	Awareness	Need to improve the awareness on the internal standard documentation/framework – as reference to the requirements of the context of the quality objectives / key performance indicators.
3	Internal Audit – QMS	Consider to improve the following: <ul style="list-style-type: none"> <li>- Audit itinerary to include focus items / clause/s</li> <li>- Audit Checklist to improve specific areas – where the audit notes were raised.</li> <li>- Consider to have a trending analysis for the past 3-years, e.g. OFIs and other relevant behavior of the QMS</li> </ul>
4	HR / Training / Special Programs	Consider to explore other appropriate objectives related to training, e.g. actual vs. planned trainings.  Consider to come with similar training evaluation related to the conduct of Survivor seminars and others.



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5	Document Control	With the current set-up, there is a need to prioritize the turnover of the full control on documented information to assure continuous support on the quality management system. Likewise, may need to include this in the Risk Register so that the impact to the organization can be assessed and evaluated for the needed mitigating action.
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## 5 Dates

Due Date for the next audit

2022 November 29

Agreed date for the next audit

2022 October (or -3/ 0 months from due date)

2021 Dec. 9

Date

Jayzer Aquino

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, such as based on PESTLE – Political, Economic, Social, Technological, Legal, Values, Culture, Knowledge and performance. Based on the SWOT analysis, the following were identified (update as of Sept.24, 2021):</p> <ul style="list-style-type: none"> <li>• Strengths:                             <ul style="list-style-type: none"> <li>- Supportive Leaders</li> <li>- Trained, knowledgeable and dedicated CAL processor</li> <li>- Implementation of rewards and punishment system</li> <li>- Established service process system</li> <li>- Availability of Information Communication Technology (ICT)</li> <li>- Activity-based budgeting</li> </ul> </li> <li>• Weakness:                             <ul style="list-style-type: none"> <li>- Implementation of Adjusted Work Scheme due to Covid-19 pandemic</li> <li>- Intermittent turn-over of personnel</li> <li>- Limited computer equipment and working table</li> <li>- Insufficient uniformed personnel for supervisory level</li> <li>- Untrained personnel in the help desk receiving CAL folders</li> <li>- Processed double claims</li> <li>- Overloading of work / task of personnel</li> </ul> </li> <li>• Opportunities:                             <ul style="list-style-type: none"> <li>- Strong partnership with other PNP Units</li> <li>- Continuous provision of recruitment quota for Patrolman/woman</li> <li>- Improved PNP's Administrative Efficiency thru ICT: PNP HRIS Project</li> <li>- Pre-Retirement Program</li> <li>- Established PNP TV and Radio Programs and Social Media Platforms</li> <li>- Support of the stakeholders</li> </ul> </li> <li>• Threats:                             <ul style="list-style-type: none"> <li>- Covid-19 Pandemic</li> <li>- IATF Classification of Community Quarantine Levels</li> <li>- "Padrino" system for the reassignment of Uniformed personnel</li> <li>- Possible interference of fixers</li> <li>- Submission of double CAL claim folders of claimant</li> </ul> </li> </ul> <p>The organization has identified interested parties and the requirements of these parties. Examples for such parties are:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Stakeholder:</td> <td style="width: 50%;">Requirements:</td> </tr> <tr> <td>NAPOLCOM</td> <td>Complete and authentic documents</td> </tr> <tr> <td>OMBUDSMAN</td> <td>Retirement Orders and service records</td> </tr> <tr> <td>Civil Commission</td> <td>Service IPER/IPCR/SALN of PNP Personnel</td> </tr> <tr> <td>Landbank</td> <td>Letter of Introduction, Update of claims</td> </tr> <tr> <td>DBM</td> <td>Approval and releases</td> </tr> </table>	Stakeholder:	Requirements:	NAPOLCOM	Complete and authentic documents	OMBUDSMAN	Retirement Orders and service records	Civil Commission	Service IPER/IPCR/SALN of PNP Personnel	Landbank	Letter of Introduction, Update of claims	DBM	Approval and releases
Stakeholder:	Requirements:												
NAPOLCOM	Complete and authentic documents												
OMBUDSMAN	Retirement Orders and service records												
Civil Commission	Service IPER/IPCR/SALN of PNP Personnel												
Landbank	Letter of Introduction, Update of claims												
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Item	Audit result
	<p>COA Documents and Pertinent data of Pensioners</p> <p>Retirees Accurate computation and timely processing of CAL claims</p> <p>PRBS Personnel Salary, benefits, awards and incentives</p>
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.</p> <p>Key quality objectives include:</p> <ul style="list-style-type: none"> <li>• Provide timely and efficient processing of retirement and separation benefits of claimants -90%</li> <li>• At least satisfactory result in Customer Satisfaction Survey</li> <li>• Zero customer complaints</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>• Submission of Requirements</li> <li>• Review of submitted documents</li> <li>• Computation of Accumulative Leave</li> <li>• Approval of CAL</li> <li>• Releasing of approved CAL</li> </ul> <p>The following processes have been outsourced:</p> <ul style="list-style-type: none"> <li>• Preventive Maintenance of building facilities, e.g. Aircon units</li> </ul> <p>These processes are appropriately reviewed and controlled.</p>
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 processes:</p> <p>Core Processes:</p> <ul style="list-style-type: none"> <li>• Acceptance of Application including required documents</li> <li>• Computation of Accumulative Leave</li> <li>• Releasing of Approved CAL</li> </ul> <p>Support Processes:</p> <ul style="list-style-type: none"> <li>• Human Resource and Training</li> <li>• Control of Documents</li> </ul>

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Item	Audit result
	<ul style="list-style-type: none"> <li>• Procurement</li> <li>• IT processes</li> </ul> <p>Examples of risks and opportunities of processes identified are:</p> <ul style="list-style-type: none"> <li>• Inaccurate CAL computation and inappropriateness of data entered/ encoded</li> <li>• Inaccurate computation and inappropriateness of data/record submitted</li> <li>• Insufficient IT training of personnel</li> <li>• Outdated Software</li> <li>• Conflict on existing laws and policies</li> </ul> <p>Examples of measures taken to react on identified risks are:</p> <ul style="list-style-type: none"> <li>• Recruitment of Patrolman/Patrolwoman: Multitasking</li> <li>• Continuous enhancement of personnel pertaining to IT knowledge</li> <li>• Prioritization process for the procurement/upgrading of computer system (hardware and software)</li> <li>• Observance of existing policies/procedures. Adapt applicable policy or procedures. Amendment of existing policies as deemed necessary.</li> </ul> <p>Examples of risks and opportunities concerning the context of the organization are:</p> <ul style="list-style-type: none"> <li>• Outdated Software</li> <li>• Unstable Internet connectivity</li> <li>• Creation and Activation of recruitment and Selection Deliberation Board (O)</li> <li>• Schedule Agility, PPE, PMDE, CBI &amp; Drug Test</li> </ul> <p>Concerning risk based thinking the following tools are used:</p> <ul style="list-style-type: none"> <li>• PESTLE</li> <li>• Risk Register</li> <li>• Opportunity Register</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 Chief of PRBS. 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>• Checking of requirements</li> <li>• Computation of Accumulated Leave</li> <li>• Approval of CAL</li> </ul>



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	<ul style="list-style-type: none"> <li>Preventive Maintenance of equipment and facilities</li> <li>Management of Information System</li> <li>Hiring of competent personnel</li> </ul> <p>Key regulatory, statutory and customer-related requirements include:</p> <ul style="list-style-type: none"> <li>NAPOLCOM Memorandum, Guidelines and Circulars</li> <li>PNP General Orders No. DPL 09-12</li> <li>Republic Act. No. 6975, otherwise known as the Department of the Interior and Local Government Act of 1990.</li> <li>RA 10173 -Data Privacy Act</li> <li>Republic Act 9485 –Anti Red Take Law</li> <li>RA 9470 National Archive of the Philippines</li> <li>RA 9184 – Procurement Law of the Philippines</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.</p> <p>There's no change in the mechanism of gathering feedback from customers, i.e. Customer Satisfaction Survey was given to the clients, gathered and summarized on a quarterly basis. Below are the results of Customer Satisfaction Survey for Q1, Q2 and Q3 of Y2021:</p> <p>1<sup>st</sup> Quarter – 863 (95.89%) Satisfied; 37 (4.1%) not satisfied                  2<sup>nd</sup> Quarter – 795 (88.33%) Satisfied; 105 (11.67%) not satisfied                  3<sup>rd</sup> Quarter – 818 (90.88%) Satisfied; 82 (9.12%) not satisfied</p> <p>There were no major issues / complaints received.</p>
Internal audit and management review	<p>The organization measures MS implementation, maintenance and effectiveness by means of annually scheduled system audits. The organization reliably carries out the September 20, 2021 Internal Quality Audit with qualified 2- QMS internal auditors. There were 6 OFIs and no nonconformities identified. Actions were taken to address the OFIs.</p> <p>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 September 28, 2021 was carried out in accordance with the requirements and was effective. Among the items discussed are the issues, previous audit findings, updated on QMS documentation, risks and opportunities and others.</p>
Use of certificate and logo	<p>The logo and the certificate are used in compliance with the requirements. This has been checked by sampling. The sampling included business cards, company brochures or websites or others.</p>

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		



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No. of nonconformity	-	-	-	-	-	-	-	-	-	-	-	-
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 *	4 (for Cl. 7.1.5.2)	1	1	1	1	1	1	1	1	1	1	1
No. of nonconformity	-	-	-	-	-	-	-	-	-	-	-	-
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	-	-	-	-	-	-						

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



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