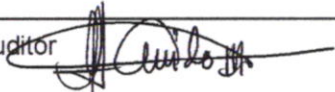
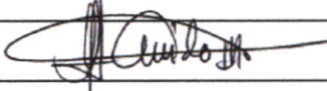
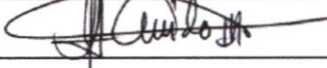


AUDIT REPORT

Client ID No/ CIP/5355	Date of Audit: 24 May 2021	Total Pages:
Pre-Audit <input type="checkbox"/> Stage 1 Audit <input type="checkbox"/> Stage 2 Audit <input type="checkbox"/> Surveillance Audit <input checked="" type="checkbox"/> Re-Assessment Audit <input type="checkbox"/> Transition <input type="checkbox"/> Special / Extension <input type="checkbox"/> Follow-Up <input type="checkbox"/> Unannounced <input type="checkbox"/>		
Organization Name & Address: PHILIPPINE NATIONAL POLICE TRAINING INSTITUTE – REGIONAL TRAINING CENTER 7 Camp Jesse M. Robredo, Sitio Laray, Barangay Jugan, Consolacion, Cebu, Philippines		
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 education and training services <u>Exclusion/s, if any (Identify the exclusion/s and justification)</u> 		
Functional Areas or Processes Audited: (please enumerate): <ul style="list-style-type: none"> • Context of the Organization; Actions to Address Risks and Opportunities • +Verification of MPC-01-S1 (Clauses 4.1, 4.2, 6.1) • Applied Training (Clauses 6.2, 8.1, 8.5, 9.1) +Verification of AGB-03-ST2 • Competence, Awareness (Clauses 6.2, 7.2, 7.3, 9.1) • Customer Satisfaction and Feedback Handling (Clause 9.1.2) • Internal Audit, Nonconformity and Corrective Action (Clause 9.2, 10.2) +Verification of MPC-03-S1 • Management Review (Clause 9.3) +Verification of MPC-02-S1 		
Use of Certification Mark acceptable Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	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"/>		



Client ID No/ CIP/5355	Date of Audit: 24 May 2021	Total Pages:						
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	✓							
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)								
2. Executive Summary to Client:							Action Requests raised	
<p>The organization was able to generally demonstrate compliance to the requirements of the ISO 9001: 2015 standard; including customer and organizational requirements.</p> <p>Documented information as objective evidence for compliance along with their records of monitoring and measurement of their internal objectives were maintained and made readily available.</p> <p>However, 1 minor non-conformity, was raised during the 2nd Surveillance off-site audit that needs to be address :</p> <ul style="list-style-type: none"> FPG01 S2 Clause 7.2– Competence <p>The organization was able to close their previous non-conformity:</p> <ul style="list-style-type: none"> MPC – 01 - S1 AGB03 - ST3 MPC-03-S1 MPC-02-S1 <p>There were also some observations, opportunities for improvement, potential non-conformities raised at the time of the 2nd Surveillance (Off-Site) audit.</p> <p>The organization is strongly encouraged to take actions on the observations identified during the audit.</p> <p>Scope of QMS remains the same.</p>							# Major	# Minor
							n/a	1
							Initial date AR response due: 27 June 2021	

Client ID No/ CIP/5355	Date of Audit: 24 May 2021	Total Pages:
This Report consists of this document (RP1) <input type="checkbox"/> , attachments (RP1-1) <input type="checkbox"/> and action requests (RP2) <input type="checkbox"/> as indicated		
<u>OH&S Management System audits only.</u>		
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? <input type="checkbox"/> yes <input type="checkbox"/> no		
Is a Special Audit recommended following an OHSMS reportable serious incident or breach of regulation? <input type="checkbox"/> yes <input type="checkbox"/> no State justification:		
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.		
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? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, please specify:		
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.		
Lead Auditor  FERNANDO P. GARRIDO III Name/ Signed Date 28 May 2021	Company Representative Name/ Signed Date 	
Audit Team Members: Lead Auditor	FERNANDO P. GARRIDO III 	
Auditor 1		
Auditor 2		
Auditor 3		
Auditor 4/Technical Advisor		