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Precisely Right.

**CN 01 100 2103003TRP**

**Audit Report as per**

**ISO 9001:2015**

**For**

**Philippine National Police- Anti-Cybercrime  
Group- Digital Forensic Unit**

PNP ACG HQ Camp BGen Rafael T Crame, Quezon  
City 1111 Philippines

Client	Standard(s)	Certification Number(s)	Audit Type
Philippine National Police- Anti- Cybercrime Group - Digital Forensic Unit	ISO 9001:2015	01 100 2103003TRP	Surveillance Audit – BA1

**Audit Leader** : Mary Grace Balobalo

**Audit Team** : NA

**Client's representative** : PBGEN. ROBERT T. RODRIGUEZ – Director, PNP ACG

**Audit Date** : September 23, 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 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 zero major nonconformity and zero minor nonconformity.
<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: ddmmyyyy)
<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 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.

## 2 Scope

### 2.1 Description of the organization

Digital Forensic Unit (DFU) is a unit part of PNP Anti-Cybercrime Group (PNP ACG) which focus on the conduct of digital forensic examinations on computers, IT devices and other similar equipment in aid of investigation. DFU also analyze, preserve and interpret computer-based evidence such as images, videos, email, documents, spreadsheets, databases, operating system files and other information stores in electronic devices or gather necessary information for presentation in courts when requested, directed or required.

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## 5 Dates

**Due Date for the next audit**

March 29, 2022

**Agreed date for the next audit**

March 2022

September 24, 2021

Date



Mary Grace Balobalo

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> <ul style="list-style-type: none"> <li>• Budget</li> <li>• Manpower – number of personnel, transfer/ movement of personnel</li> <li>• COVID 19</li> <li>• Technology</li> <li>• Legal</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 Investigating Offices / Units</li> <li>• Government Investigating Agencies</li> <li>• Employee (Uniform and Non Uniform)</li> <li>• Trial Courts</li> <li>• Office of the Prosecutor</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. The quality objectives are measurable and are controlled, communicated and updated regularly.</p> <p>Key quality objectives include:</p> <ul style="list-style-type: none"> <li>• ≥ 4 customer satisfaction rating</li> <li>• 100% of laboratory cases received are completed</li> <li>• 100% of digital evidences received are examined within the standard turn-around time</li> <li>• Zero customer complaints</li> </ul>
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>• Receiving and handling of digital units</li> <li>• Digital forensic examination, analysis and reporting</li> <li>• Evidence preparation and presentation</li> <li>• Evidence safekeeping</li> <li>• Manpower competency acquisition</li> <li>• Maintenance of Digital Inspection Devices and Software</li> </ul> <p>There have been no processes outsourced.</p>

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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>• Digital Forensic Processes</li> <li>• Recruitment Process</li> <li>• Competency enhancement processes</li> </ul> <p>Examples of <b>risks and opportunities</b> of processes identified are:</p> <ul style="list-style-type: none"> <li>• Delay in the completion of digital forensic process ( beyond the standard service time) due to lack in digital forensic examiners, tools and equipment and transfer/ movement of trained examiners to other PNP units</li> <li>• Failure to extract and analyze data from latest digital devices</li> </ul> <p>Examples of <b>measures</b> taken to react on identified risks are:</p> <ul style="list-style-type: none"> <li>• ACG Circular Guidelines No. 2021-01: Procedure in the Processing of Personnel Placement, Transfer, Awards and Reassignment for ACG Uniformed Personnel; Recruitment of personnel</li> <li>• Grants of digital forensic tools and equipment from Foreign Counterparts. Budget allocation for forensic tools and equipment</li> </ul> <p>Examples of risks and opportunities concerning the <b>context</b> of the organization are same with above cited risks and opportunities.</p> <ul style="list-style-type: none"> <li>• Failure to avail specialized courses certification tools and equipment due to insufficient allocation of budget for PNP ACG.</li> <li>• Trained and certified forensic examiners leave PNP due to high industry demand for certified forensic professionals offering higher compensation</li> <li>• COVID 19 infection</li> <li>• Upgrading and restructuring of PNP ACG ( opportunity)</li> <li>• Plan to adopt ISO 27037:2012 – Guidelines for identification, collection and acquisition and preservation of digital evidences ( opportunity)</li> <li>• Development of ACG Digital Forensic Examiners Guide</li> </ul> <p>Concerning risk based thinking the following <b>tools</b> are used:</p> <ul style="list-style-type: none"> <li>• Risk Register – Version 5.0(09212021)</li> <li>• SWOT Analysis- Version 5.0(09212021)</li> <li>• Opportunity Register- Version 5.0(09212021)</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 mandate of PNP ACG- DFU.</p> <p>Digital Forensic Unit is under Anti Cyber-Crime Group of PNP which is mandated to analyze and prepare measure in combatting cybercrimes in the country. It receives</p>

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	<p>requests for forensic investigation and analysis. The forensic examiners perform the digital forensic examination and prepare report. The Digital Forensic Report is approved by the Chief of DFU. The release of the Request for Digital Forensic Examination to requesting party is approved by the PNP ACG Command Group.</p> <p>The following process requirements significantly affect product or service quality:</p> <ul style="list-style-type: none"> <li>• Competencies of Digital Forensic Examiners</li> <li>• Availability of digital forensic devices/ tools and software</li> <li>• Maintenance and calibration of digital forensic devices</li> <li>• Quality checking of Digital Forensic Report</li> <li>• Handling and control of digital forensic evidences.</li> </ul> <p>Key regulatory, statutory and customer-related requirements include:</p> <ul style="list-style-type: none"> <li>• R.A. No. 10175 – Cybercrime Prevention Act of 2012</li> <li>• Implementing Rules and Regulation of R.A. No. 10175</li> <li>• Police Operational procedure Revised 2013</li> <li>• NAPLCOM Memorandum Circular 2013-2020 - Approving the Activation of the PNP Anti- Cybercrime Group as a National Support Unit</li> <li>• The Revised Rules on Criminal Procedures</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 organization conducts customer satisfaction survey with the following criteria to be rated 1 to 5(highest) by the respondents</p> <ul style="list-style-type: none"> <li>- Timely Response to your forensic request,</li> <li>- Explanation of Digital forensic examination process</li> <li>- Potential capabilities/ limitations,</li> <li>- On going progress updates and communication from lab staff,</li> <li>- Value of digital examination results quality of final investigation report issued,</li> <li>- Understandability of the investigation report,</li> <li>- Overall satisfaction with service for this case</li> </ul> <p>The quarterly results are:</p> <table border="1"> <thead> <tr> <th rowspan="2">Quarter</th> <th colspan="3">Rating</th> </tr> <tr> <th>3</th> <th>4</th> <th>5</th> </tr> </thead> <tbody> <tr> <td>January to March 2021 Q1</td> <td>23%</td> <td>35%</td> <td>42%</td> </tr> <tr> <td>April to June 2021 Q2</td> <td>-</td> <td>6%</td> <td>94%</td> </tr> <tr> <td>July to September 2021Q3</td> <td>-</td> <td>4%</td> <td>96%</td> </tr> </tbody> </table> <p>No complaints were noted.</p>	Quarter	Rating			3	4	5	January to March 2021 Q1	23%	35%	42%	April to June 2021 Q2	-	6%	94%	July to September 2021Q3	-	4%	96%
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Internal audit and management review	<p>The organization measures the implementation, maintenance and effectiveness of the management system by means of semi-annually scheduled system audits. The organization reliably carries out these audits.</p> <p>Latest internal audit was conducted September 13-14, 2021.</p> <p>Internal Audit findings include 13 opportunities for improvement and 4 nonconformities. CCARs were issued September 20, 2021 for all nonconformities. Planned actions are still for submission by process owners as of the time of audit.</p>																			

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	<p>Top management reviews the organization's management system at regular intervals and in line with the requirements to ensure its continuous suitability, adequacy and effectiveness. The management review was carried out in accordance with the requirements and was effective</p> <p>Date of last management review: September 17, 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	1	1	1	1	1	1	1
No. of nonconformity	0	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