Audit report

1. Surveillance Audit
ISO 9001:2015

Office of the Government Corporate Counsel

3rd Floor MWSS Administration Building, Katipunan Road, Matandang Balara
1119 Quezon City
Philippines

Single site

Audit date:

From:	05 Nov 2020	to:	05 Nov 2020
REF No.:	50500984		

1. Certificate recommendation

Thank you for your cooperation during the recent audit of your organization. This report describes the audit results including strenghts, opportunities, and weaknesses. These results were presented to your management at the closing meeting of the audit. You should now use these results to further strengthen your management system. We look forward to continue our partnership towards sustainable business success.

ISO 9001:2015

Overall evaluation

☒ The management system is fully effective and fulfils the requirements of the applied standard(s). No nonconformities were identified.

The audit team recommends to DQS in reference to the applied standard:

☒ The maintenance of the existing certificate.

2. Audit results

2.1 Executive summary

The audit team confirms that the audited company has implemented and maintains a management system in accordance with the applied standard(s). Detailed audit results were presented, explained and, as necessary, discussed with the organization's management during the closing meeting. The following chart provides a graphic overview of the respective audit findings and evaluations, which are stated explicitly in chapter 3 of this audit report.

ISO 9001:2015
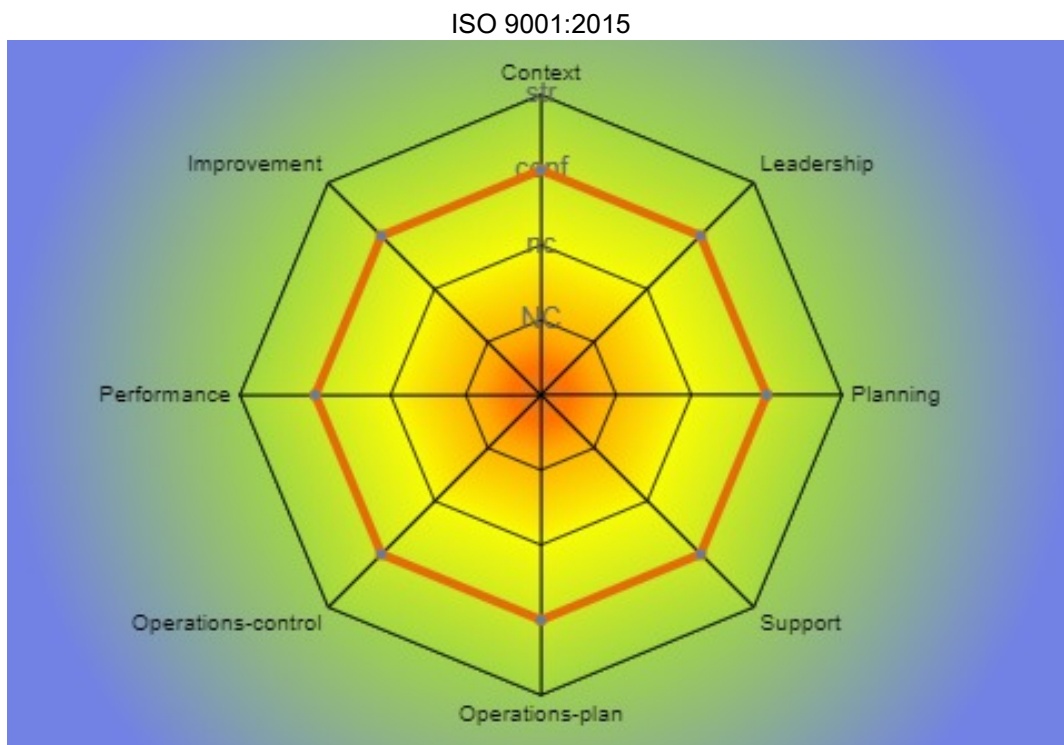
Rating in 4 levels

NC = major nonconformity was identified, conformity to standard requirement was not evident or potential risk for providing nonconforming product/service to customer

nc = minor nonconformity was identified, single or isolated deficiencies were identified without impact onto the system's effectiveness

conf = conforming, all requirements are fully met, (with or without potential for improvement)

str = conforming, all requirements are fully met and significant strength was identified, evident through excellent results

All audit findings are based on a sampling process, targeted towards reliable evidence for effective implementation and compliance of the management system. Where applicable findings and required corrective action plans were or will be agreed upon with the responsible managers or management representatives, steps have been or will be defined to resolve such non‑conformity. Further business aspects may exist, positive or negative, which have not been reviewed by the audit team. It is the organization´s responsibility to investigate and evaluate the potential impact and scope of findings, thus continuously ensuring full compliance to the applied standard(s).

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2.2 Strength(s) - Exceed(s) the requirements of the standard/specification

No.	Standard	Requirement	Process	Statement	Evaluation
1	ISO 9001:2015	5.1	Management Review, Internal and External Issues, Risk and Opportunity Register, Interested parties their needs and expectations	Its is commendable that the organization has implemented controls and changes related to the COVID-19 pandemic such as establishments of work from home provisions, implementation of online meetings, upgrading of its IT infrastructure, provisions of Wi- Fi plans and Zoom plans, etc.	Strength
2	ISO 9001:2015	8.1	Library	The organization has provided digital access to legal information in CD Asia Library for references of legal cases and results are available.	Strength
3	ISO 9001:2015	7.2	Competence, Training, Awareness, Organizational Knowledge	The organization has established subject matter experts which can conduct competence training within the organization.	Strength
4	ISO 9001:2015	7.2	Competence, Training, Awareness, Organizational Knowledge	Established a Learning and Development committee which provides guidance in the needed training needs of the organization and training programs.	Strength

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2.3 Opportunities for improvement and non-conformities

nc = minor nonconformity, NC = Major nonconformity, OFI = Opportunity for improvement

No.	Standard	Requirement	Process	Statement	Evaluation
1	ISO 9001:2015	6.2	KPM Monitoring, Performance Evaluation, Objectives, Improvement	The organization may consider aligning their quality objectives to SMART format objectives.	OFI
2	ISO 9001:2015	6.1	Management Review, Internal and External Issues, Risk and Opportunity Register, Interested parties their needs and expectations	The organization may consider reviewing the Risk and Opportunities register and continually update relevant to identified changes within the year. May also consider checking the alignment of the control and opportunities to the identified risk.	OFI
3	ISO 9001:2015	9.2	Internal Audits	The organization may consider in the IQA training and qualifications on Root Cause Analysis, familiarization with internal process, etc.	OFI
4	ISO 9001:2015	7.5	Control of Documented Information	The organization has a well- established Document control procedure, but may consider to including provisions or guidelines to online or cloud storage and access. The organization may also consider simplifying its Document Master list related to tracking of revision changes.	OFI
5	ISO 9001:2015	7.5	Library	The organization may consider provision of document IDs for registers or forms used in its Quality Management System. CIP: The Book Inventory maintained by the librarian has no document reference ID, but is being called out in Systems and Procedures Manual (INT-LIB-001).	OFI
6	ISO 9001:2015	9.1	KPM Monitoring, Performance Evaluation, Objectives, Improvement	The organization may consider conducting follow- up on customer feed backs on comments or evaluation given with satisfactory or needs improvement scores, to identify gaps and improvement opportunities.	OFI

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3. Evaluation of the management system

3.1 Context of the organization

ISO 9001:2015

	NC	nc	conf	str	not audited
The organization has determined external and internal issues relevant to its purpose and ability to achieve the intended outcome of its management system. (4.1)	☐	☐	☒	☐	☐
The organization has determined relevant needs and expectations of interested parties and determined which needs and expectations are compliance obligations. (4.2)	☐	☐	☒	☐	☐
The organization has determined its management system scope considering applicable issues, compliance obligations, boundaries, activities, and functions. (4.3)	☐	☐	☒	☐	☐
For every process all standard requirements have been applied effectively (inputs,outputs, criteria, indicators, resources, interaction, authority, risk). (4.4)	☐	☐	☒	☐	☐

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3.2 Leadership

ISO 9001:2015

	NC	nc	conf	str	not audited
Top management demonstrates leadership and commitment with respect to the management system and take accountability for its effectiveness. (5.1)	☐	☐	☐	☒	☐
The policy and objectives are established and understood; they are compatible with context and strategic direction of the organization. (5.1, 5.2)	☐	☐	☒	☐	☐
Top management ensures customer focus, including awareness for requirements, risks, opportunities and customer satisfaction. (5.1)	☐	☐	☒	☐	☐
Organizational roles, responsibilities and authorities are assigned, communicated, understood and supported by top management. (5.3)	☐	☐	☒	☐	☐

The audited company's current quality policy is dated 07 Oct 2020.

3.3 Planning

ISO 9001:2015

	NC	nc	conf	str	not audited
The organization has determined risks and opportunities considering interested parties and scope of the management system. (6.1)	☐	☐	☒	☐	☐
The organization has determined and planned suitable actions to assure intended outcomes, including compliance obligations to address risks and opportunities. (6.1)	☐	☐	☒	☐	☐
Objectives (measurable) have been established at all relevant functions, levels and processes (and are being pursued). (6.2)	☐	☐	☒	☐	☐
Action planning to achieve quality objectives is deployed effectively, including the need for change (who, when, what, how, resources, evaluation of results). (6.2, 6.3)	☐	☐	☒	☐	☐

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3.4 Support

ISO 9001:2015

	NC	nc	conf	str	not audited
Necessary resources (people, infrastructure, organizational knowledge, environment for the operation of processes) including monitoring and measuring resources are determined and provided for the establishment, implementation, maintenance and continual improvement of the management system. (7.1)	☐	☐	☒	☐	☐
Necessary competence and awareness of personnel operating under the organization's control is ensured. (7.2, 7.3)	☐	☐	☒	☐	☐
Effective internal and external communication is determined (who, how, what, when). (7.4)	☐	☐	☒	☐	☐
Documented information is determined, available, maintained and controlled, ensuring effectivenes of the management system and its processes. (7.5)	☐	☐	☒	☐	☐

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3.5 Operation

a) Planning operation

ISO 9001:2015

	NC	nc	conf	str	not audited
All operational processes needed to meet product and service requirements, including customer-specific requirements, are planned, implemented and controlled effectively. (8.1)	☐	☐	☒	☐	☐
Effective customer communication ensures that all relevant requirements related to product and service are determined, reviewed and confirmed. (8.2)	☐	☐	☒	☐	☐
The organization has established, implemented and maintains an effective design and development process, ensuring subsequent provision of compliant product and services. (8.3)	☐	☐	☐	☐	☒
Externally provided processes, products and services are effectively controlled, including selection and evaluation of external providers. (8.4)	☐	☐	☒	☐	☐

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b) Controlling operation

ISO 9001:2015

	NC	nc	conf	str	not audited
The organization has ensured controlled conditions for all production and service provision operations, including post-delivery activities. (8.5)	☐	☐	☒	☐	☐
Monitoring and measuring activities are suitable to support controlled conditions, including prevention of human error. (8.5)	☐	☐	☒	☐	☐
The organization ensures release of conforming product and service by planned arrangements effectively. (8.6)	☐	☐	☒	☐	☐
Nonconforming process output is identified and controlled to prevent unintended use or delivery. (8.7)	☐	☐	☒	☐	☐

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3.6 Performance evaluation

ISO 9001:2015

	NC	nc	conf	str	not audited
The organization has determined adequate measuring and monitoring provisions to evaluate performance and effectiveness of its management system, including customer satisfaction. (9.1)	☐	☐	☒	☐	☐
The organization has determined and implemented processes needed to evaluate fulfilment of its compliance obligations and maintains knowledge and understanding of its compliance status. (9.1)	☐	☐	☒	☐	☐
An internal audit program is planned and deployed effectively by competent personnel, ensuring compliance and suitability of the management system. (9.2)	☐	☐	☒	☐	☐
Top management performs management review to ensure continuing suitability, adequacy and effectiveness of its management system, including alignment with the strategic direction of the organisation. (9.3)	☐	☐	☒	☐	☐

The last management review was performed on 24 Aug 2020.

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3.7 Improvement

ISO 9001:2015

	NC	nc	conf	str	not audited
The organization determines and selects opportunities for improvement and implements necessary actions to achieve the intended outcomes of its management system. (10.1)	☐	☐	☒	☐	☐
Complaints and improvement proposals are registered and treated effectively. (10.2)	☐	☐	☒	☐	☐
Corrective action is implemented effectively and appropriately, eliminating causes for nonconformity with risk identification and evaluation of corrective action effectiveness. (10.2)	☐	☐	☒	☐	☐
When nonconformities have occurred the organization has reacted to control and provide correction. Defined corrective action from previous audit has been implemented effectively. (10.2)	☐	☐	☒	☐	☐
Considering the results from analysis, evaluation and management review, the organization continually improves suitability, adequacy and effectiveness of its management system. (10.3)	☐	☐	☒	☐	☐

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4. Further audit results

4.1 Sampling bases for employees

Management personnel	5	thereof interviewed	5	= 100%
Employees without management authority	40	thereof interviewed	20	= 50%
Total employees	45	thereof interviewed	25	= 56%

Since time of audit planning, total number of employees has not changed.

4.2 Audited shifts

Does the organization work in multiple shifts? ◯ Yes ⦿ No

Is any part of this audit based on remote auditing? ◯ Yes ⦿ No

4.3 List of relevant processes

Process:	Performance indicator(s):	Remarks	Audited
Management Review, Internal and External Issues, Risk and Opportunity Register, Interested parties their needs and expectations	Number of open and closed items based on the previous management review meeting, internal audit results, customer satisfaction, customer complaints and feedback, nonconformities and corrective actions, performance of external providers, effectiveness of actions taken to address risks and opportunities, opportunities for improvement	Targets are achieved and reported to Top Management for review and approval.	yes
KPM Monitoring, Performance Evaluation, Objectives, Improvement	Number of open and closed items based on the key performance results, process performance and conformity of products and services, quality objectives, opportunities for improvement	Targets are achieved and reported to Top Management for review and approval.	yes
Internal Audits	Number of findings noted during the internal audit, Classification of Findings (Major, Minor, OFI), Number of closed audit findings,	Targets are achieved and reported to Top Management for review and approval.	yes
Control of Documented Information	Number of Documented information processed	Targets are achieved and reported to Top Management for review and approval.	yes
Competence, Training, Awareness, Organizational Knowledge	Number of trainings conducted per year	Targets are achieved and reported to Top Management for review and approval.	yes
Personnel	Provide OGCC with competent human resource and ensure continual improvement by providing training and development program	Targets are achieved and reported to Top Management for review and approval.	yes

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Process:	Performance indicator(s):	Remarks	Audited
Cashier	Submit cash receipts record to COA on the 4th day of the following month	Targets are achieved and reported to Top Management for review and approval.	yes
Accounting	Submit Check Disbursement Record to COA on the 24th day of the following month.	Targets are achieved and reported to Top Management for review and approval.	yes
Purchasing/Procurement - Supply and Property	Ensure adequate availability of supplies, materials, equipment, furniture and fixtures in accordance to General Procurement Law. Ensure conduct of repair and maintenance of properties and equipment.	Targets are achieved and reported to Top Management for review and approval.	yes
Legal Services - Legal Opinion and Contract Review	Transmitted reviewed contracts and rendering legal opinion to the requesting party 20 working days after request.	Targets are achieved and reported to Top Management for review and approval.	yes
Records Management	Records and Archives Manual	Targets are achieved and reported to Top Management for review and approval.	yes
Library	Learning resources available is effectively being monitored	Targets are achieved and reported to Top Management for review and approval.	yes

4.4 Further locations of certificate scope

None

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5. Next steps

5.1 Process to resolve nonconformities / findings

No nonconformities were identified.

5.2 Next regular audit planning

Type of audit:	Surveillance Audit
Planned date for next audit: (non-binding estimate of audit days)	05 Oct 2021 - 09 Oct 2021 (week or month, if appropriate) For ISO 9001:2015: 1.5 audit day(s) in total, performed by 1 auditor(s). For applicable standards calculated as 100% value of IAF mandatory document for audit duration.
The estimated amount of time for verification of action plans for the next audit/year is:	N/A
Main emphasis will be on the following subjects:	Key performance indicators, management review, control of documented information, internal audit and all applicable requirements of ISO9001:2015.

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6. Audit and Certification Data

6.1 Certification data

Current scope of certification/registration	ISO 9001:2015: Provision of Contract Review and Rendering of Legal Opinion
Primary IAF / EA code	EAC36

6.2 Certificate, logos and their use

☒ The symbols and logos of DQS, the accreditation bodies and IQNet are being used appropriately

6.3 Changes, identified during the audit

Basic data changes identified during the audit (if applicable) are incorporated into the audit report and are automatically transmitted to DQS.

☒ The following changes (except basic data) were identified during the audit:

There are no identified changes.

Please remember to inform DQS immediately of any significant changes to your management system. We will analyse the changes and inform you about the possible impact to your certification.

6.4 Fulfillment of audit objectives and audit schedule

☒ Audit objectives and audit schedule were fulfilled without changes.

6.5 Audit data

Name of the organisation(client):	Office of the Government Corporate Counsel
Division	
Main address:	3rd Floor MWSS Administration Building, Katipunan Road, Matandang Balara, 1119 Quezon City, Philippines
Ref. No.:	50500984
Audit type:	1. Surveillance Audit
Surveillance frequency (mth):	12
Date of audit:	05 Nov 2020 to 05 Nov 2020
Total number of audit days:	1
Date of previous stage2 / initial audit:	to

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Exclusions, if applicable:

Total number of employees of ref.no. above: 45

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6.6 Contact data

Top management: Bel Derayunan
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Report last version date: 27 Nov 2020

Lead Auditor: Romeo Zamora

This report was provided to the management of the audited organization on 14 Nov 2020
☐ by personal handover ☒ electronically ☐ by other means (please specify)

Disclaimer

DQS maintains ownership of this report. The content of this report and all information received in relation to the audit and certification of the audited organization will be treated confidential and not disclosed to third parties. For exceptions e.g. disclosure to accreditation body refer to DQS Certification and Assessment Regulations.

This report is considered as final by the audit team, if you do not get any adverse information from DQS within 14 days after the last audit day. The recommendation of the audit team is subject to review and approval by DQS technical certification experts, who take binding certification decision. An appeal process is defined in DQS Certification and Assessment Regulations. Should DQS obtain any information indicating nonconformity of the certified management system, DQS will notify the certified organization timely and initiate investigation and evaluation of such information.

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