



Audit report

ISO 9001:2015

2. Surveillance Audit

Provision of Contract Review and Rendering of Legal Opinion

Office of the Government Corporate Counsel

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

Single site

Audit date:

From: 2024/11/08 to: 2024/11/08

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 strengths, opportunities, and weaknesses. These results, the system evaluation and its recommendation for certification 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.

No.	Process	Standard	Requirement	Verified during audit	Conform	Evaluations			
						str	OFI	nc	NC
	Internal Audit and Corrective Action	ISO 9001:2015	4.4; 6.1; 7.2; 7.3; 9.1	✓	Yes	0	1	0	0
	Control of Documented information	ISO 9001:2015	4.4; 6.1; 7.5; 9.1	✓	Yes	0	0	0	0
	Library	ISO 9001:2015	4.4; 6.1; 7.1; 7.2; 7.3; 8.1; 8.2; 8.5; 8.6; 8.7	✓	Yes	1	1	0	0
10	Legal Services - Legal Opinion and Contract Review	ISO 9001:2015	4.1; 5.1; 5.2; 5.3; 6.1; 7.1; 7.2; 7.3; 7.4; 7.5; 8.1; 9.1; 10.3	✓	Yes	0	1	0	0
1	Management Review, Internal and External Issues, Risk and Opportunity Register, Interested parties their needs and expectations, KPM Monitoring, Performance Evaluation, Objectives, Improvement	ISO 9001:2015	4.1; 4.2; 4.3; 4.4; 5.1; 5.2; 5.3; 6.1; 6.2; 6.3; 7.1; 7.2; 7.3; 7.4; 7.5; 8.1; 8.4; 9.1; 9.2; 9.3; 10.1; 10.2	✓	Yes	1	1	0	0

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

OFI | conforming, all requirements are fully met, (with or without potential for improvement)

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

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).

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

No.	Standard	Requirement	Process	Statement	Evaluation
1	ISO 9001:2015	7.1;8.1;8.5	Library	Excellent Library environment condition and the initiated digital system implemented.	Strength
2	ISO 9001:2015	9.1	Management Review, Internal and External Issues, Risk and Opportunity Register, Interested parties their needs and expectations, KPM Monitoring, Performance Evaluation, Objectives, Improvement	Excellent achievement in the following; <ul style="list-style-type: none"> • R2R objective of 20 working days process =103% • Customer Satisfaction Excellent rating of 4.69 	Strength

2.3 Opportunities for improvement and non-conformities

Nonconformities identified during the audit must be demonstrably and effectively closed within the established period (see chapter 5). Identified potential for improvement should be evaluated by the organization and, if necessary, used for continuous improvement.

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

No.	Standard	Requirement	Process	Statement / Objective evidence	Evaluation
1	ISO 9001:2015	8.1	Library	Statement : The process is determined and conforming to requirement, however you may wish to consider improvement from the current controls to an efficient manner to the following; <ul style="list-style-type: none"> • Monitoring of books inventory accuracy • Book location integrated in the systems monitoring • Visualize control on books location inside the library 	OFI
2	ISO 9001:2015	10.3	Legal Services - Legal Opinion and Contract Review	Statement : Though the process is conforming to requirement, there is an opportunity in considering analysis of output results of R2R processing time, that would lead to further improvement in planning the regular review of Team organization.	OFI
3	ISO 9001:2015	9.1	Internal Audit and Corrective Action	Statement : The process is conforming to requirement, however you may wish to consider analyze the result of the findings based on iso clause requirement, to come up with further improvement initiatives in a holistic approach	OFI
4	ISO 9001:2015	6.1	Management Review, Internal and External Issues, Risk and Opportunity Register, Interested parties their needs and expectations, KPM Monitoring, Performance Evaluation, Objectives, Improvement	Statement : The process is determined and conforming however, you may wish to consider improve the current planning process on risk and opportunity register to assess all identified relevant issues identified thru your SWOT analysis conducted, including the impact of the climate change to your organization and of stakeholders	OFI

3. Audit results in detail

Evaluation of management system and its processes/subjects

3.1 General

The audit team confirms that the audited company has implemented and maintains a management system in accordance with the applied standard(s). The pre-conditions of the audit have been verified as valid during the assessment. Detailed audit results were presented, explained and discussed with the organization during the closing meeting.

The organization has taken the following aspects of climate change into account:

There are various mandates coming from national government to build programs or initiate programs related to climate change, the organization has come up with this activities onwards;

- Healthy Workplace Summit -DOH/CSC (Tree Planting)
- Create a Climate Change Committee is on-going
- Climate Change Committee mandate of the government
- Green procurement – requirements for all contracts reviewed by the office

3.2 Evaluation of the processes defined by the organization

In the following chapter you will find the evaluation of the processes and/or subjects audited during the audit with comments on the achievement of objectives, reference to the standard requirements, key figures for process evaluation and references to audit findings and the verified documents and evidences that have been viewed:

Process No.		Process / Process group	Library
Applicable standard requirements		ISO 9001:2015	4.4; 6.1; 7.1; 7.2; 7.3; 8.1; 8.2; 8.5; 8.6; 8.7
Audited owner/responsible		Isidora Tababa – Library Staff	
Reference documents (procedures, process, descriptions, etc.)		Systems and Procedures Manual Library Section – INT-LIB-001 Rev 2	
Relevant legal or other requirements (if applicable), permits approvals, etc.		none	
Performance			
Key performance indicators (KPIs)	Process objectives	Objectives achieved?	Trend
Rendering on timeliness to serve request within 2 days	90%	yes	positive

Audit details (Audited activities, projects, verified objective evidences etc.)

Auditee:
Atty. Joey Dolores Pontehos – Org. Knowledge
Horice – Internal Audit
Isidora Tababa – Library Staff (3 Years)- currently studying Library Management
Mark Alexi medina Arabe

Documents Reviewed:
Systems and Procedures Manual Library Section – INT-LIB-001 Rev 2

- Borrowing
- References
- Research
- Inter Loan-(House of representative and Senate)

Digitalization process –

- OGCC Law Library and Knowledge Resource Center
- Online services -str

Report on the Inventory of Books in the Library as of Dec 31 2023

- 5320 Books (2023)
- 122 Books = 5443 (2024)

Consider to improve monitoring of books inventory in an easy manner, digital approach of performance monitoring, location and easily retrievable.

Excellent Library environment and digitalization process
Knowledge Management Committee – created this May 2024

Risk Register:
As of December 2023 – Digital risk -internet downtime / Back up (Internet)
IPCR:
90% Rendering on timeliness to serve request within 2 days = 100%

Audit results(for details refer to chapter 2)

Standard	Statement about conformity and effectiveness	Strengths	Opportunities for improvement	Minor nonconformities	Major nonconformities
ISO 9001:2015	Conform	1	1	0	0

Process No.		Process / Process group	Internal Audit and Corrective Action group		
Applicable standard requirements		ISO 9001:2015	4.4; 6.1; 7.2; 7.3; 9.1		
Audited owner/responsible	Atty. Pinky Salumbides – Lead Auditor				
Reference documents (procedures, process, descriptions, etc.)	Internal Quality Audit QP-IQA-01 Rev 1 June 1 2022 Corrective Action Procedure QP-CPA-01 Rev 1				
Relevant legal or other requirements (if applicable), permits approvals, etc.	none				
Performance					
Key performance indicators (KPIs)	Process objectives	Objectives achieved?	Trend		
Conducted internal audit at planned interval	100%	yes	positive		
Audit details (Audited activities, projects, verified objective evidences etc.)					
<p>Auditee: Atty. Pinky Salumbides – Lead Auditor 10 Internal Auditors (Lawyers) 7 Internal Auditors (non-lawyers)</p> <p>Documents Reviewed: Internal Quality Audit QP-IQA-01 Rev 1 June 1 2022 <ul style="list-style-type: none"> • Conduct twice a year (April and Sept 2024) • Internal Quality Audit Program for 2024 September 2024 – Annual Internal Audit Plan Internal Audit Checklist – Sept 18-20 2024 Legal R2R <ul style="list-style-type: none"> • R2r process • Top Management • Internal Audit Internal Audit Training -Conference on the Review of OGCC Quality Audit Plan / Program and Capacity Building Training on ISO 9001:2015 July 17-19 2024 <ul style="list-style-type: none"> • Frances Anne Margaret S. Madamba • Jameela S. Sadain - Albano March 19 2024 – Awareness Seminar on Internal Audit Entitled “ISO 9001:2015 for Beginners” GCA Armie Bravo GCA Horace E. Cimafranca Summary of Findings September Audit OFI- 3 STR= 9 Minor Nc = 1</p> <p>CORRECTIVE ACTION: Corrective and Action Report – CAR-MPU-2401 – Sept. 2024 Commitment – After 1 month. CAR- April 19 2024 CAR-MPU-2401 Corrective Action Procedure QP-CPA-01 Rev 1 Risk Register – addressed KPI: 100% Compliance to Internal Audit twice a year – Okay</p>					
Audit results(for details refer to chapter 2)					
Standard	Statement about conformity and effectiveness	Strengths	Opportunities for improvement	Minor nonconformities	Major nonconformities
ISO 9001:2015	Conform	0	1	0	0

Process No.		Process / Process group	Control of Documented information		
Applicable standard requirements		ISO 9001:2015	4.4; 6.1; 7.5; 9.1		
Audited owner/responsible	Rhoda Daet – DC				
Reference documents (procedures, process, descriptions, etc.)	Document Management Procedure -QP-DMP-01 Rev 1 Disposal and Storage of Documents – INT-REC-003 Rev 0 Oct 28 2021				
Relevant legal or other requirements (if applicable), permits approvals, etc.	none				
Performance					
Key performance indicators (KPIs)	Process objectives	Objectives achieved?	Trend		
Zero non-conformity findings in IQA related to control of documents/forms	Zero	yes	positive		
Audit details (Audited activities, projects, verified objective evidences etc.)					
<p>Auditee: Rhoda Daet – DC</p> <p>Documents Reviewed: Document Management Procedure -QP-DMP-01 Rev 1</p> <ul style="list-style-type: none"> • DMIS – System (R2R) • Document Masterlist as of June 4 2024 • Internal Documents – consider to define Office Orders to the procedure o Motorpool o Records Section (R2R) – Rev 3 • General Review of Documents – Notice of Meeting (August 20 2024) – for Aug 22 2024 • Notice of Meeting (April 6 2024) – Notice of Meeting – Review of Internal Documents and Existing Forms • Disposal and Storage of Documents – INT-REC-003 Rev 0 Oct 28 2021 • Consider to define Office Order documents onto the documented procedure <p>Risk Register –</p> <p>Planning of Change – consider to plan or create a Management change considerations, proposal</p> <p>KPI: Zero non-conformity findings in IQA related to control of documents/forms= Achieved</p>					
Audit results(for details refer to chapter 2)					
Standard	Statement about conformity and effectiveness	Strengths	Opportunities for improvement	Minor nonconformities	Major nonconformities
ISO 9001:2015	Conform	0	0	0	0

Process No.	10	Process / Process group	Legal Services - Legal Opinion and Contract Review		
Applicable standard requirements	ISO 9001:2015	4.1; 5.1; 5.2; 5.3; 6.1; 7.1; 7.2; 7.3; 7.4; 7.5; 8.1; 9.1; 10.3			
Audited owner/responsible	Rhoda Daet – Legal Services Admin				
Reference documents (procedures, process, descriptions, etc.)	Receipt to Release (R2R) – INT-REC-002 Rev 3				
Relevant legal or other requirements (if applicable), permits approvals, etc.	Customer, Department of Justice				
Performance					
Key performance indicators (KPIs)	Process objectives	Objectives achieved?	Trend		
Assigned Case handled w/ no incidence of mishandling or negligence	80%	yes	positive		
Audit details (Audited activities, projects, verified objective evidences etc.)					
<p>Auditee: Rhoda Daet – Legal Services Admin</p> <p>Documents Reviewed: Receipt to Release (R2R) – INT-REC-002 Rev 3</p> <ul style="list-style-type: none"> • General Logbook 2024 • Contract Review Tracking Form – R2R Due Date : Aug 13 2024 • Contract#643 • Client: PPA – Received July 16, 2024 • Released – Aug 7 2024 <p>Contract#627 – PCA</p> <ul style="list-style-type: none"> • In: July 16 2024 • Due Date : Aug 14 2024 • Release Aug 2 2024 <p>OPINION TRACKING FORM</p> <ul style="list-style-type: none"> • Opinion #128 Series 24 • IN: Jul 5 2024 • Due Date: Aug 2 2024 • Release: July 23 2024 <p>Team Leader – AGCC performs the planning (Housing and Retirement Sector)</p> <ul style="list-style-type: none"> • 4 Lawyers <ul style="list-style-type: none"> o GCA – Parahiman o GCA – De leon o GCA – Albano • 2024 Team 8 Monitoring – imand analyze approve <p>Office Order No. 190 – May 30 – Reorganization of Team – result of analysis and improvement on planning and distribution of work load for Lawyers</p> <p>KPI:</p> <ul style="list-style-type: none"> • 80% Assigned Case handled w/ no incidence of mishandling or negligence = 100% Achieved <p>Consider analysis for Improvements</p>					
Audit results(for details refer to chapter 2)					
Standard	Statement about conformity and effectiveness	Strengths	Opportunities for improvement	Minor nonconformities	Major nonconformities
ISO 9001:2015	Conform	0	1	0	0

Audit report

Office of the Government Corporate Counsel



Process No.	1	Process / Process group	Management Review, Internal and External Issues, Risk and Opportunity Register, Interested parties their needs and expectations, KPM Monitoring, Performance Evaluation, Objectives, Improvement		
Applicable standard requirements	ISO 9001:2015	4.1; 4.2; 4.3; 4.4; 5.1; 5.2; 5.3; 6.1; 6.2; 6.3; 7.1; 7.2; 7.3; 7.4; 7.5; 8.1; 8.4; 9.1; 9.2; 9.3; 10.1; 10.2			
Audited owner/responsible	Judge. Aniceto A. Calubaquib Jr. – AGCC / QMR Judge. Jun Santos - Deputy QMR				
Reference documents (procedures, process, descriptions, etc.)	Risk Register Oct 16 2024 Management Review Minutes of Meeting: May 24, 2024 and Oct 21 2024 OGCC-QM Rev 03 Effectivity 18 Oct 2022 Quality Manual Section 2.5				
Relevant legal or other requirements (if applicable), permits approvals, etc.	Republic Act (RA) 2327				
Performance					
Key performance indicators (KPIs)	Process objectives	Objectives achieved?	Trend		
Customer Satisfaction	4.0	yes	positive		
Audit details (Audited activities, projects, verified objective evidences etc.)					
<p>Auditee: Judge. Aniceto A. Calubaquib Jr. – AGCC / QMR Judge. Jun Santos - Deputy QMR Atty. Pinky Salumbides -Lead Auditor IQA Deputy- Atty. Jonathan</p> <p>Documents Reviewed: Major Changes/Improvements:</p> <ul style="list-style-type: none"> • Vision Mission Statement – revised (Oct. 21, 2024) • Same Scope • As is QP • Exclusion on the design / calibration • PREVIOUS: • Findings OF INTERNAL AUDIT address- guidelines in maintenance procedure (new process) okay • New Government Council – Table of Org – as is • Retention of Current R2R Process (QMS Performance -MATRIX “20 Working Days” Process • Contract Review Tracking Form and Opinion Tracking Form. • Improvement in the accomplishment report • Litigation =69% • IT Section • R2R ACHIEVEMENT = 103% <p>Risk and Opportunity :</p> <ul style="list-style-type: none"> • New Rules – from supreme court (e-file)- assess • Risk Register Oct 16 2024 • Customer Satisfaction <p>CLIMATE CHANGE:</p> <ul style="list-style-type: none"> • Healthy Workplace Summit -DOH/CSC (Tree Planting) • Create a Climate Change Committee is on-going • Climate Change Committee mandate of the government • Green procurement – requirements for all contracts reviewed by the office <p>Management Review Minutes of Meeting: May 24, 2024 and Oct 21 2024</p> <ul style="list-style-type: none"> • 80% Assigned Case handled w/ no incidence of mishandling or negligence = 100% Achieved • 2024 Client Customer Satisfaction -4.69 Excellent • Client Satisfaction Survey Sept. 30 2024 -Clark Development Corporation 					
Audit results(for details refer to chapter 2)					
Standard	Statement about conformity and effectiveness	Strengths	Opportunities for improvement	Minor nonconformities	Major nonconformities
ISO 9001:2015	Conform	1	1	0	0

3.3 Evaluation and information on standard-specific requirements

ISO 9001:2015	Evaluation and information on rule-specific requirements	
4.3	The scope of the certified management system is determined by the organization in:	Quality Manual OGCC-QM page of 8 of 23 : Section 1.2 Scope and Application
5.1,5.2	The quality policy was documented by the organization in:	Quality Manual OGCC-QM page of 10 of 23 : Section 2.1 Management Commitment
6.2	The following quality objectives were validated / audited	Customer Satisfaction Target of 3.0 (Satisfactory); Actual is 4.69 (Excellent) 80% Assigned Case handled w/ no incidence of mishandling or negligence = 100% Achieved
7.1	The following monitoring and measurement resources and measurement tools to verify the effectiveness of the traceability assurance process were audited:	Exclusion from the scope, the organization does not use measuring tools for their process
7.2,7.3	The following documented information is available as evidence of competence and for appropriate actions/methods to acquire competence (list of audited positions/employees and their methods):	Capacity Building Training on ISO 9001:2015 July 17-19 2024 <ul style="list-style-type: none"> • Frances Anne Margaret S. Madamba • Jameela S. Sadain - Albano
8.3	The following design project(s) and their evidences for effectiveness are audited:	Exclusion from the scope
8.4	The following (outsourced) external provided processes, products and/or services were audited:	1) Bondpaper – DBM (PS) 2) Purity Paper 3) DMIS – ISI Icomteq (System/Consultant)
9.2	The following documented information has been validated/audited as audit evidence of the effectiveness of the internal audit program:	Summary of Findings September 18-20 2024 Internal Audit Report OFI- 3 STR= 9 Minor Nc = 1
9.3	The date of the last management review and the main actions and decisions resulting from it were:	Management Review Meeting conducted twice a year : May 24, 2024 and Oct 21 2024 - Progress report on the implementation of the action plan from the result of their internal audit
10.1	The following improvements were implemented in the past 12 months by the organization:	Improvement in the accomplishment report <ul style="list-style-type: none"> • Litigation =69% • R2R Achievement = 103% • Creation of the IT Section
10.2	The major nonconformities (identified by the organization) and their subsequent corrective actions can be described as follows:	nc: Delayed documentation requirements to newly created processes. CA: Effectively implements planning of change considerations.
10.2	The following systemic corrective actions due to non-conformities identified by the previous DQS audit were taken:	There is no non-conformity raised from previous DQS audit
10.2	The following evidence of effective closure of non-conformances identified by the previous DQS audit was provided:	There is no non-conformity raised from previous DQS audit

4. Further audit results

4.1 Audited shifts

Does the organization work in multiple shifts? Yes No

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

5. Next steps

5.1 Process to resolve nonconformities / findings

No nonconformities were identified.

5.2 Next regular audit planning

Type of audit:	Recertification Audit
Planned date for next audit:	2025/10/28 - 2025/10/28 The exact audit duration will be calculated and determined individually by your customer service person approx. 90 days before the next audit due date.
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:	Management Review Internal Audit Process Controls
Remarks:	

6. Audit and Certification Data

6.1 Certification data

ISO 9001:2015	
Current scope of certification/registration	
Current scope in English language	Provision of Contract Review and Rendering of Legal Opinion

Customer's business sectors

EAC 36

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.

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:	2. Surveillance Audit
Date of audit:	2024/11/08 - 2024/11/08
Total number of audit days:	1
Exclusions, if applicable:	
Total number of employees of ref.no. above:	45

6.6 Contact data

Management Representative:	Rhoda Daet
Telephone:	
E-Mail:	records@ogcc.gov.ph

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Report last version date:	2024/11/19
Lead Auditor:	Jenny Barachina

This report was provided to the management of the audited organization on 2024/11/09

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.

Distribution:

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