

# AUDIT REPORT

Client ID No/ 5350	Date of Audit: Dec. 17, 2020	Total Pages: 15
Pre-Audit <input type="checkbox"/> Stage 1 Audit <input type="checkbox"/> Stage 2 Audit <input type="checkbox"/> Surveillance (Remote) 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"/>		
<b>Organization Name &amp; Address:</b>  <b>PHILIPPINE PUBLIC SAFETY COLLEGE</b>  Lt.2, MWSS Compound, Katipunan Avenue, Old Balara, Quezon City, Metro Manila Philippines		<b>Audit Location (if different) of site visit, including dates of audit at the sites:</b>
<b>Standard(s) to be covered by certification:</b>  <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:		
<b>Recommended Scope:</b> (Attach extra page if necessary)		
<b>Development and Supervision of Education and Training</b>		
<b>Exclusion/s, if any:</b> (Identify the exclusion/s and justification)		
<b>Functional Areas or Processes Audited:</b> (please enumerate):		
<ol style="list-style-type: none"> <li>1. Review of the Context of the Organization and Action Planning for Risk and Opportunities + Verification of AGB/LGR-01/ST2 (Clauses 4 and 6)</li> <li>2. Curriculum Design and Development (Clauses 6.1;6.2;8.1 8.3;9.1)</li> <li>3. Faculty Management (Clauses 6.1;6.2;8.1 8.3;9.1)</li> <li>4. Customer satisfaction and Feedback Handling (Clause 9.1.2)</li> <li>5. Verification of Minor NC's : Team-01-ST2 ; Team-02-ST2 ; EPA/AGB-01-ST2 (Clause 6.2.1, 10.2.1, 7.5)</li> <li>6. Control of Externally Provided Process, Products, and Services +Verification of AGB-01-ST2 (Clauses 6.2, 8.4, 9.1)</li> <li>7. Organizational Knowledge, Competence, Awareness +Verification of LGR-01-ST2 (Clause 6.2, 7.1.6, 7.2, 7.3, 9.1)</li> <li>8. Internal Audit; Non-Conformity &amp; Corrective Action (Clause 9.2 &amp; 10.2)</li> <li>9. Management Review (Clause 9.3 )</li> </ol>		



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**Use of Certification Mark acceptable**    Y  N       **If "No" Raise Action Request RP2**

Are there any changes since the last audit Y  N  If Yes, please indicate change and give brief description:  
 Company name       main/site address(s)       scope       number of employees   
 OHSMS reportable serious incident or breach of regulation     Others  Please specify:

1.Audit Conclusions	QMS	EMS	OH&S	FSMS	ISMS	EnMS	AMS	HACCP
<b>Lead Auditor recommendation</b>								
Stage 2 can proceed								
Certification recommended								
Certification recommended, subject to implementation of action plan related to AR's raised (within 30 days)	*							
Certification not recommended								
Certification continuation								
Certification continuation, subject to implementation of action plan related to AR's raised (within 30 days). In case of Major NC on-site follow-up with 60 days.								
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)								

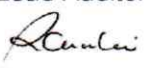
\* I confirm that the effectiveness of the organisation's OH&SMS and that I have provided a summary of evidence of the capability of the OH&SMS to meet its compliance obligations

<p><b>2. Executive Summary to the Client:</b></p> <p>Overall, the organization's quality management system based on ISO9001:2015 with the scope of "Development and Supervision of Education and Training" is conforming to the requirements of the standard. Documented information provides sufficient information, implementation and maintenance of the system.</p> <p>Quality objectives were established at relevant functions, level and processes audited along with the result of monitoring. Integration of the system through its processes were carried out on the controls established as reflected in the quality plans, procedures, guidelines, etc. A comprehensive representation on the identification of issues, interested parties' needs and expectations considered in the risks and opportunities assessment was presented as a result of the last review.</p> <p>Corrective actions from previous non-conformities were implemented, thus there were still action plans that were not completed. <u>As a result, additional corrective actions are required for the open non-conformities.</u></p> <p>Continuing suitability, alignment and effectiveness of the QMS is being verified by internal audit activities . Measurement of customer satisfaction is by customer feedback and complaints handling. Formulation of action plans including plans and programs are discussed during management review.</p>	<p>Action Requests raised</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"><b># Major</b> 0</td> <td style="width:50%;"><b># Minor</b> 1 – new 4 - open</td> </tr> </table> <p>Initial date AR response due: February 12, 2021</p>	<b># Major</b> 0	<b># Minor</b> 1 – new 4 - open
<b># Major</b> 0	<b># Minor</b> 1 – new 4 - open		

This Report consists of this document (RP1) , attachments (RP1-1)  and action requests (RP2)  as indicated  
 RP1-CIP-2020





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<p><b>OH&amp;S Management System audits only.</b>          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.</p>		
Lead Auditor  Rea M. Candelario Name/ Signed Date: December 17, 2020	Company Representative  Name/ Signed Date	
Audit Team Members: Lead Auditor	Rea M. Candelario	
Auditor 1	Janet N. Safranca	
Auditor 2		
Auditor 3		
Auditor 4/Technical Expert		
<p><b>3. Audit Summary</b>          What to report on within this section: Stage 1          (a) Comment on compliance of management system documentation (b) Level of preparedness (c) Identification of sites whether they are to appear on certificates or just support the main site and if they are considered key sites (attach list if possible)          All Audits.          (a) Confirm Audit Plan was covered or provide details if not. (b) Comment on the organization's current activities related to the scope (existing business, new business etc.). (c) Comment on level of compliance with the relevant standard(s), (d) Comment on <u>effectiveness of links</u> between standards, organization's policy, objectives and targets, legal requirements, responsibilities, personnel competence, operations, procedures, performance data and internal findings and conclusions as appropriate (e) Key positive comments</p>		