REPUBLIC OF THE PHILIPPINES
PROVINCE OF DAVAO DE ORO

QUALITY MANAGEMENT SYSTEM

INTERNAL QUALITY AUDIT PROCEDURE			
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1.0 PURPOSE

1.1 An Internal Quality Audit shall be conducted at planned interval of six months to provide information on whether the PLGU-DdO-QMS:

1.1.1 conforms to its own organizational requirements;
1.1.2 conforms to the requirements of ISO 9001:2015; and,
1.1.3 is effectively implemented and maintained.

1.2 The Internal Quality Audit Team shall:

1.2.1 plan, establish, implement and maintain an audit programme and plan including the frequency, methods, responsibilities, planning requirements and reporting, which shall take into consideration the importance of the processes concerned, changes affecting the organization, and the results of previous audits;
1.2.2 define the audit criteria and scope of each audit;
1.2.3 select auditors and conduct audits to ensure objectivity and the impartiality of the audit process;
1.2.4 ensure that the results of the audits are reported to relevant management;
1.2.5 take appropriate correction and corrective actions without undue delay; and,
1.2.6 retain documented information as evidence of the implementation of the audit programme and the audit results.

2.0 SCOPE

This procedure shall apply to the PLGU-DdO-Quality Management System process on Internal Quality Audit.

3.0 DEFINITION OF TERMS

3.1 **Audit** - a systematic, independent, and documented process for obtaining objective evidence and evaluating it objectively to determine the extent to which the audit criteria are fulfilled.

3.2 **Auditee** - The Office or person being audited.

3.3 **Auditor** - The person with demonstrated personal attributes and competence to conduct an audit.

3.4 **Audit Programme**– set of one or more audits planned for a specific timeframe, directed towards a specific purpose.

3.5 **Audit Itinerary** – a planned audit route or journey for a specific time.

3.6 **Audit Team** - Composed of more than one auditor who are assigned to conduct an audit in a particular office and prepare necessary report of findings; led by an Audit Team Leader.

3.7 **Audit Plan** - A documented plan prepared prior to the conduct of the audit which details activities such as where to go, what to do, when to do, and whom to see.

3.8 **Audit Checklist** - A set of variables which serves as a guide to an auditor.

3.9 **Audit Criteria** - Set of policies, procedures, or requirements which are used as reference against which audit evidence is compared.

3.10 **Audit Evidence** - Qualitative or quantitative record, statement of facts or other information, which is verifiable and relevant to the audit criteria.

3.11 **Audit Finding** - Result of the evaluation of the collected audit evidence against audit criteria

3.12 **Conformity** - Fulfillment of a requirement

3.13 **Nonconformity (NC)** - A non-fulfillment of a requirement

3.14 **Opportunity for Improvement (OFI)** - A situation or process that may lead to potential nonconformity.

3.15 **Corrective Action (CA)** - Action taken to eliminate the cause of a detected nonconformity or other undesirable situation to prevent its recurrence.

3.16 **Request for Action (RFA)** - A tool/form used to record the audit findings and the corresponding root cause analysis and appropriate actions taken to address it.

3.17 **IQA Team** - The IQA Team formed to oversee the IQA implementation.

4.0 RESPONSIBILITIES

4.1 **Auditors -** carry out the audit, conduct follow-up activities, and verify the completeness and effectiveness of the actions taken; and, prepare the

necessary tools to be used for the audit.

4.2 **Auditees** - ensure that corrections and corrective actions are carried out without undue delay; and, ensure that all RFAs issued to his/her Office are properly responded, and that documented information is retained.

4.3 **IQA Team Leader** - prepares and endorses the audit programme to the QMR for approval; leads/manages the implementation of audit; and reports audit findings to the QMR.

5.0 PROCEDURE DETAILS

5.1 Planning the Audit

5.1.1 The Audit Programme for a specific year shall be prepared by the IQA Team. So in effect, the Audit Programme and Itinerary should be prepared by the IQA Team Head noted by the QMR and approved by the Governor (Executive) and Vice Governor (Legislative).

5.1.2 The audit plan and itinerary shall be sent to the auditee within a week prior to the conduct of the audit.

5.1.3 An unscheduled IQA may be initiated by the QMR based on any of (but not limited to) the following:

5.1.2.1 Unusual increase in quality-related problems;

5.1.2.2 Introduction of new services;

5.1.2.3 Major changes on the quality system, personnel and processes; and,

5.1.2.4 As per client's request.

5.1.4 The auditors should not be assigned to an area they belong to and/or responsible for, organizationally. The Audit Plan shall guarantee that an auditee will not be audited by someone who emanates from the same Department.

5.1.5 The auditors are likewise discouraged to audit the areas where they have had involvement in any manner for at least one (1) year prior to the audit.

5.2 Preparation for the Audit

5.2.1 The Audit Team reviews applicable documents such as the QMS Manual, Procedures, Guidelines, Office Orders, Memorandum Orders, Special Orders and applicable statutory and regulatory laws.

5.2.2 Audit Checklists are developed based on the audit criteria, scope, objectives, and document review.

5.3 **Conducting the Audit**

5.3.1 An opening meeting shall start the audit where the audit plan is reconfirmed with the auditee/s. The auditor should also discuss the objective, scope, and criteria of the audit.

5.3.2 The audit proper shall include the following activities:

5.3.2.1 Establishment of facts by interviewing the personnel, examining the documents, observing the processes and verifying records;

5.3.2.2 Recording of facts as evidence of the audit;

5.3.2.3 Evaluation of facts to determine objective evidence of nonconformity;

5.3.2.4 Classification of audit findings as to Conformity, Non-Conformity or Opportunity For Improvement;

5.3.2.5 Recapitulation of the audit findings with the auditee; and,

5.3.2.6 A closing meeting shall be conducted to report the audit findings to the audited office.

5.4 **Reporting the Audit Findings**

5.4.1 Audit findings are documented on the Request for Action (RFA) form and Audit Findings Report.

5.4.2 Control Numbers are assigned to the RFA for monitoring purposes. These are recorded in the RFA registry maintained by the IQA Team.

5.4.3 The RFA with the Audit Findings Report are issued to the auditee within ten (10) working days after the closing meeting. The auditee acknowledges and signs the RFA.

5.4.4 The auditee with the Department Head determines and implements appropriate corrective action in accordance to Control of Nonconformity and Corrective Action Procedure. The auditee returns the accomplished RFA to the IQA Team.

5.5 **Monitoring on the submission of RFA**

5.5.1 The Auditee has fifteen (15) working days, upon receipt, to

accomplish and submit the RFA to the IQA Team.

5.5.2 At the end of the month, should there be outstanding RFAs (un-submitted within 15 working days) a follow-up letter shall be issued to the concerned office for its immediate submission. The Follow-up letter shall be signed by the IQA Team Leader and the QMR.

5.5.3 Failure to accomplish and submit the RFA to the IQA Team, despite a Follow-up Letter, shall be reported to the QMR for appropriate action.

5.6 **Verification of Actions**

5.6.1 The auditors verify the implementation of the actions taken specified in the accomplished RFA. The results of such verification are monitored as per Control of Nonconformity and Corrective Action Procedure.

5.6.2 The Department Head ensures that root-cause analysis is conducted and monitored in accordance with Control of Nonconformity and Corrective Action Procedure. The Department Head also ensures effectiveness of actions taken.

5.7 **Auditor 's Competence**

5.7.1 The PLGU-DdO shall compose a pool of trained IQA Auditors originating from different Departments. They should possess these minimum qualifications:

5.7.1.1 Must have completed at least sixteen (16) hours of a formal IQA training;

5.7.1.2 Must have observed, for at least once, an actual audit; and,

5.7.1.3 Must attend, at least once a year, a refresher course offered in-house initiated by the QMR.

5.7.2 The PLGU-DdO-QMS shall conduct at least one (1) IQA training per year. This training would also serve as a refresher course to the existing members of the IQA Team.

6.0 REFERENCES

6.1 ISO 9001:2015 9.2 Internal Audit
6.2 Audit Checklist
6.3 Audit Program
6.4 Audit Plan

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