



SYSTEM PROCEDURE

PROCEDURE TITLE	REGIONAL INTERNAL QUALITY AUDITING
SCOPE	This procedures starts with the audit program preparation, communication of audit plan to concerned auditees, conduct of audit proper, preparation of audit report and ends with the review of audit program.
PURPOSE/S	To define the process of regional internal quality auditing to determine Regional compliance to its established QMS standards, department's policies and the applicable legal requirements.

PROCESS DESCRIPTION		
INPUT	PROCESS	OUTPUT
Central Office and Regional Office Regional QMS Scope	INTERNAL QUALITY AUDITING	IQA Reports QMR CO QMR RO

<p>DESCRIPTIVE STATEMENT:</p> <p>The Regional Internal Quality Audit (RIQA) Leader prepares the Annual Regional Audit Program, have it reviewed by the Regional Quality Management Representative (QMR), and submits it to the Central Office IQA Head for review, comments, and recommendation, before the approval of the Regional Director. Once approved, the Regional Internal Quality Audit (RIQA) Leader prepares the Regional Audit Plan, seeks approval from the Regional QMR and Central Office IQA Head, and communicates to all concerned Auditees. All assigned Auditors prepare the audit checklist, conduct the audit, generate the findings and issue CAR and OFIR (if any), and prepare the IQA report. The verification of implementation of CA Plans/ Action Plans are then monitored in accordance with the Nonconformity and Corrective Action Procedure. The process ends with the review of the Audit Program by the IQ Audit Head and Deputy QMR to be approved by the QMR.</p>
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Step No.	Responsible Personnel	PROCESS/ACTIVITY	Details	References
1	The Regional Internal Quality Audit (RIQA) Leader	Prepare the Annual Regional Audit Program	<ul style="list-style-type: none"> Prepare the Annual Regional Audit Program for the current year and submit to Regional QMR for review <p>Notes:</p> <ol style="list-style-type: none"> Audit Program is prepared during the Regional OPB Preparation Include the verification of Corrective Action effectiveness of the open CARs in the Annual Regional Internal Quality Audit Program. 	<ul style="list-style-type: none"> Annual Regional Audit Program

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Step No.	Responsible Personnel	PROCESS/ACTIVITY	Details	References
			3. The planned interval of the conduct of internal quality audit is every six (6) months.	
2	Regional QMR	Review the Annual Regional Internal Audit Program	<ul style="list-style-type: none"> Review the Annual Regional Internal Audit Program for suitability and adequacy. Make necessary comments/instructions if any, for appropriate action of the Regional Internal Quality Audit (RIQA) Leader; else, approve the audit program. 	<ul style="list-style-type: none"> Annual Regional Internal Audit Program
3	REGIONAL INTERNAL QUALITY AUDIT (RIQA) LEADER	Submit the Annual Regional Internal Audit Program	<ul style="list-style-type: none"> Submit the Annual Regional Internal Audit Program to the Central Office IQA Head. Forward to Records Section for releasing to Central Office in accordance with the Records Management Procedure. 	<ul style="list-style-type: none"> Annual Regional Internal Audit Program Records Management Procedure
4	Central Office IQA Head	Review the Annual Regional Internal Audit Program	<ul style="list-style-type: none"> Review the Annual Regional Internal Audit Program for suitability and adequacy. Make necessary comments/instructions if any, for appropriate action of the Regional QMR. Recommend the Annual Regional Internal Audit Program for approval of the Regional Director. 	<ul style="list-style-type: none"> Annual Regional Internal Audit Program
5	Regional Director	Approve the Annual Regional Internal Audit Program	<ul style="list-style-type: none"> Sign the Annual Regional Internal Audit Program. 	<ul style="list-style-type: none"> Annual Regional Internal Audit Program
6	Regional Internal Quality Audit (RIQA) Leader	Prepare the Regional Audit Plan	<ul style="list-style-type: none"> Prepare the Regional Audit Plan covering the audit period based on the Annual Regional Internal Quality Audit Program indicating the auditees, audit timelines and audit scope in coordination with the Central Office IQA Audit 	<ul style="list-style-type: none"> Annual Regional Internal Audit Program Regional Audit Plan

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Step No.	Responsible Personnel	PROCESS/ACTIVITY	Details	References
			<p>Team Leader for confirmation of availability of schedule.</p> <p>Note: On the second audit onwards, include follow-up/verification of effectiveness of Corrective Action (CA) Plan of open Corrective Action Report/s (CAR/s), if any.</p>	
7	Regional QMR	Review and approve the Regional Audit Plan.	<ul style="list-style-type: none"> Review the Regional Audit Plan for suitability and adequacy. Make necessary comments/instructions if any, for appropriate action of the Regional Internal Quality Audit (RIQA) Leader. Approve the Regional Audit Plan and forward to Records Section for releasing to Central Office in accordance with the Records Management Procedure. 	<ul style="list-style-type: none"> Regional Audit Plan
8	Central Office IQA Head	Review and approve the Regional Audit Plan.	<ul style="list-style-type: none"> Review the Regional Audit Plan for suitability and adequacy. Make necessary comments/instructions if any, for appropriate action of the Regional Internal Quality Audit (RIQA) Leader. Approve the Regional Audit Plan Forward to Records Section for releasing to Regional Office in accordance with the Records Management Procedure. 	<ul style="list-style-type: none"> Regional Audit Plan
9	Regional Internal Quality Audit (RIQA) Leader	Communicate IQ Audit Plan to all concerned	<ul style="list-style-type: none"> Prepare the Memorandum communicating the audit schedule, scope and assigned auditors based on the approved IQ Audit Plan to concerned auditees, for review of the Regional QMR and signature of the Regional Director. 	<ul style="list-style-type: none"> Memorandum Regional IQ Audit Plan

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10	Internal Quality Auditor	Prepare Regional IQ Audit Checklists	<ul style="list-style-type: none"> Prepare the checklists relevant to the assigned audit area based on the Regional IQA Plan. Ensure all applicable clauses to the area of audit are considered in the checklist. 	<ul style="list-style-type: none"> Regional IQ Audit Checklists
11	Audit Team Leader (CO IQ Auditor)	Review and approve the Regional IQ Audit Checklist	<ul style="list-style-type: none"> Review the Regional IQ Audit Checklist for adequacy and suitability of the audit points. Make necessary comments/instructions if any, for appropriate action of the Internal Quality Auditor. Approve the Regional IQ Audit Checklist. 	<ul style="list-style-type: none"> Regional IQ Audit Checklists
12	IQA Team	Conduct Opening Meeting	<ul style="list-style-type: none"> Conduct the opening meeting to the auditees of the concerned office to discuss the following: <ul style="list-style-type: none"> (a) Objectives, scope and coverage of the Audit; (b) Agreement of the Audit schedule; and (c) Reporting of Audit findings. 	<ul style="list-style-type: none"> Attendance sheet IQ Audit Plan
13	IQA Team	Conduct Audit	<ul style="list-style-type: none"> Conduct audit in accordance with the Regional IQ Audit Plan and Regional IQ Audit Checklists. Confirm the implementation of the specified processes. Accomplish the Regional IQ Audit Checklist to be approved by the RIQA Team Leader. Record conformities, non-conformities, opportunities for improvements and items for follow-up. If audit includes verification, verify effectiveness of Corrective Action. If found fully 	<ul style="list-style-type: none"> Regional IQ Audit Checklists Regional IQ Audit plan

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			<p>implemented and root cause did not recur, recommend close out of the Corrective Action Report (CAR) by signing the "Verified" field by the IQ Auditor and the "Approved" field by the RIQA Team Leader; else, continue verification until full implementation and verified effectiveness of the CA.</p> <ul style="list-style-type: none"> • Furnish a copy of the close out CAR to the Internal Audit Service. • For Field Audits, conduct Provincial/HUC Level Closing Meeting. Present the findings (conformity/nonconformity/opportunity for improvement) verbally based from the audit notes in the Audit Checklist. 	
14	Audit Team	Conduct Audit Team Meeting	<ul style="list-style-type: none"> • Conduct an audit meeting atleast an hour before the closing meeting chaired by the Audit Team Leader to discuss the following: <ul style="list-style-type: none"> • To review the recorded nonconformities with supporting audit evidence, opportunities for improvements and other audit observations, against the audit objectives; • To agree on the audit conclusions; • To prepare the audit findings presentation for the closing meeting; • To discuss the flow of the closing meeting 	<ul style="list-style-type: none"> • Audit Checklist • Audit Plan • Regional Initial Audit Report

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15	IQ Audit Team, IQ Audit Head	Conduct Regional closing meeting	<ul style="list-style-type: none"> • Present audit findings and conclusions to the auditees of the concerned office. 	<ul style="list-style-type: none"> • Regional Initial Audit Report
16	IQ Auditor, Audit Team Leader (CO IQ Auditor)	Formalize the Audit Findings and Issue CAR/OFIR	<ul style="list-style-type: none"> • IQ Auditor: Formalize the audit findings. State the nonconformity in the Corrective Action Report and the opportunity for improvement for raising the bar of quality in the OFIR. • Audit Team Leader (CO IQ Auditor): Review the nonconformity statement as to clarity, reliability and accuracy and/or the Opportunity for Improvement statement as to appropriateness and sign. Else, make necessary comments and instructions for appropriate action of the IQA Auditor. • IQ Auditor: Secure acceptance by the concerned Division/Field Office Head/QMR. • IQ Auditor: Release CAR/OFIR to concerned Process Owner and log accordingly. <p>NOTE: Concerned Process Owners shall submit Corrective Action/s/Action Plan/s within 10 working days upon receipt of CAR/OFIR in accordance with the Nonconformity and Corrective Planning Procedure</p> <p>Upon receipt of the submitted Action Plan from the process owner:</p> <ul style="list-style-type: none"> • Regional IQ Auditor: Evaluate the proposed CA Plan/Action Plan in the CAR/OFIR. If found 	<ul style="list-style-type: none"> • Regional IQ Audit Checklist • CAR • OFIR • CAR Monitoring Matrix • OFIR Monitoring Matrix

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			<p>appropriate, forward to RIQA Team Leader for acceptance; else, return CAR/OFIR to Process Owner for revision with timeframe for the auditee to re-submit CA Plans/Action Plans.</p> <ul style="list-style-type: none"> • Provide copy of the accepted CAR/OFIR to Central Office IAS and to the concerned Process Owner. 	
17	IQ Audit Team, Regional QMR	Prepare the Regional Internal Quality Audit Report	<ul style="list-style-type: none"> • IQ Audit Team: Prepare the Regional Internal Quality Audit Report and Memo-transmittal to Regional Director and Central Office, thru Deputy QMR and attach the issued CARs, OFIRs, and CAR/OFIR Monitoring Matrix to form the Regional IQ Audit Report. • Regional QMR: Review the Audit Report. If found acceptable, approve the Audit Report and sign the Memo-transmittal and submit to Regional Director; else, return to IQ Audit Team for appropriate action. • Distribute the IQ Audit Report with Memo-transmittal and log accordingly. • Furnish copy of the Regional IQA Report to Central Office IQA Head and QMR. 	<ul style="list-style-type: none"> • Regional Internal Quality Audit Report • Memo-transmittal
Verification of implementation of CA Plans/ Action Plans				
18	Regional IQ Auditor	Verify implementation of Corrective Action (CA) plans/action plans	<ul style="list-style-type: none"> • Verify the implementation of the proposed CA Plan/Action Plan in the CAR/OFIR, refer to Corrective Action Process. 	<ul style="list-style-type: none"> • CA Plans • CAR • OFIR • CAR Monitoring Matrix

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Step No.	Responsible Personnel	PROCESS/ACTIVITY	Details	References
			<ul style="list-style-type: none"> Record result of verification in the CAR and update the CAR monitoring Matrix. 	<ul style="list-style-type: none"> OFIR Monitoring Matrix Memorandum
19	Regional IQ Auditor	Review IQ Audit Program and Revise as necessary	<ul style="list-style-type: none"> Based on the results of the audit, review the IQ audit program and revise as necessary duly approved by the QMR. 	<ul style="list-style-type: none"> IQ Audit Program CAR Monitoring Matrix
20	Process Records Custodian	Retain Records	<ul style="list-style-type: none"> Retain records in accordance with Control of Retained Documented Procedure and the Masterlist of Records. 	<ul style="list-style-type: none"> Control of Retained Documented Procedure Masterlist of Records

Prepared By:	Reviewed By:	Approved By:
(sgd.) ZENaida Z. RICARDO Regional Internal Quality Audit Leader	(sgd.) ATTY. ODILON L. PASARABA, CESO V Regional Quality Management Representative	(sgd.) JONATHAN PAUL M. LEUSEN, JR., CESO IV Regional Director

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DILG REGIONAL OFFICE 02

ANNUAL REGIONAL INTERNAL QUALITY AUDIT PROGRAM

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(YYYY) REGIONAL INTERNAL QUALITY AUDIT PROGRAM	
I. OBJECTIVE/S:	
II. SCOPE:	
III. REFERENCE STANDARD:	

IV. AUDIT SCHEDULE:

Procedure Title	Process Owner (Office/Division)	J	F	M	A	M	J	J	A	S	O	N	D	Relevant ISO 9001:2015 Clauses/ Legal Requirements

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V. SELECTION CRITERIA FOR INTERNAL AUDITORS:

Training: Has attended the following trainings:

- Skills:** Communication Skills both oral and written

Analytical Skills

Computer Skills on MS Office (Word, Excel, Powerpoint)

Experience: at least 1year work experience in DLG

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VI. AUDITORS:

VII. AUDIT METHODOLOGY:

VIII. VERIFICATION OF CORRECTIVE ACTION (CA) PLAN/ACTION PLAN

Verification of CA Plan/Action Plan Implementation:

Verification of CA Plan Effectiveness:

IX. INTERNAL AUDIT RECORDS:

Prepared By	Reviewed By	Recommended for Approval	Approved By
(sgd.) ZENAIDA Z. RICARDO Regional IQA Leader	(sgd.) ATTY. ODILON L. PASARABA, CESO V Regional Quality Management Representative	SARA JANE M. CEREZO Central Office IQA Head	(sgd.) JONATHAN PAUL M. LEUSEN, JR., CESO IV Regional Director

Prepared By:	Reviewed By:	Approved By:
(sgd.) ZENAIDA Z. RICARDO Regional Internal Quality Audit Leader	(sgd.) ATTY. ODILON L. PASARABA, CESO V Regional Quality Management Representative	(sgd.) JONATHAN PAUL M. LEUSEN, JR., CESO IV Regional Director

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**REGIONAL INTERNAL QUALITY
AUDIT PLAN**

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I. SCOPE:	
II. OBJECTIVES:	
III. AUDIT SCHEDULE:	
IV. REFERENCE STANDARD:	

**V. AUDIT PROCESS/ACTIVITY, AUDITOR, AUDITEE AND ISO CLAUSES/LEGAL
REQUIREMENTS:****Composition of Audit Teams:**

Team Leader:

Team Members:

Audit Schedules:

Date /Time	Activity/Procedure/Area	AUDITOR	AUDITEE	ISO Clauses/ Legal Requirements
Day 1				
Day 2				
Day 3				
Day 4				
Day 5				

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**REGIONAL INTERNAL QUALITY
AUDIT PLAN**

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Date /Time	Activity/Procedure/Area	AUDITOR	AUDITEE	ISO Clauses/ Legal Requirements

DATE	ACTIVITY	AUDIT TEAM	PARTICIPANTS
Day 6			
End of Audit			
	Internal Quality Audit Report Writing		

Prepared by:		Reviewed/Approved by:
(sgd.) ZENAIDA Z. RICARDO Regional IQA Head	(sgd.) ATTY. ODILON L. PASARABA, CESO V Regional Quality Management Representative	SARA JANE M. CEREZO Central Office IQA Head

Prepared By:	Reviewed By:	Approved By:
(sgd.) ZENAIDA Z. RICARDO Regional Internal Quality Audit Leader	(sgd.) ATTY. ODILON L. PASARABA, CESO V Regional Quality Management Representative	(sgd.) JONATHAN PAUL M. LEUSEN, JR., CESO IV Regional Director

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REGIONAL INTERNAL QUALITY AUDIT CHECKLIST

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Office:		Auditor:		
Process Name:		Date of Audit:		
ISO 9001:2015 Clause	Audit Particulars	Evidence of Compliance		AUDIT NOTES/REMARKS
		Documentation	Implementation	

Prepared By	Approved By
	(sgd.) ZENAIDA Z. RICARDO
IQ Auditor	IQ Audit Team Leader

Prepared By:	Reviewed By:	Approved By:
(sgd.) ZENAIDA Z. RICARDO Regional Internal Quality Audit Leader	(sgd.) ATTY. ODILON L. PASARABA, CESO V Regional Quality Management Representative	(sgd.) JONATHAN PAUL M. LEUSEN, JR., CESO IV Regional Director

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REGIONAL INITIAL AUDIT REPORT

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Office:	Date of Audit:
Audit Summary	
CONFORMITIES: <i>(Describe briefly the general positive impressions about the processes audited)</i> • •	
NONCONFORMITIES: <i>(Describe briefly the observed lapses/deviation or nonconformity, if any)</i> • •	
OPPORTUNITIES FOR IMPROVEMENT: • •	
VERIFICATION AND STATUS OF PREVIOUS NONCONFORMITIES OR OFIR: • •	
Note: Please refer to the CARs or OFIRs for the specific finding	

AUDIT TEAM	SIGNATURE
Audit Team Leader:	
Audit Team Member/s:	

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Prepared By:	Reviewed By:	Approved By:
(sgd.) ZENAIDA Z. RICARDO Regional Internal Quality Audit Leader	(sgd.) ATTY. ODILON L. PASARABA, CESO V Regional Quality Management Representative	(sgd.) JONATHAN PAUL M. LEUSEN, JR., CESO IV Regional Director



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**REGIONAL INTERNAL QUALITY
AUDIT REPORT**

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Regional Office: 02	Date of Audit: January 15-18, 2018
EXECUTIVE SUMMARY	
KEY FINDINGS	
CONFORMITIES: <i>(Describe briefly the general positive impressions about the processes audited)</i> •	
NONCONFORMITIES: <i>(Describe briefly the observed lapses/deviation or nonconformity, if any)</i> •	
OPPORTUNITIES FOR IMPROVEMENT: •	
VERIFICATION AND STATUS OF PREVIOUS NONCONFORMITIES OR OFIR: •	
Note: Please refer to the CARs or OFIRs for the specific finding	
ANNEXES: <ul style="list-style-type: none">- CORRECTIVE ACTION REPORT (CAR)- OPPORTUNITIE FOR IMPROVEMENT REPORT (OFIR)- CAR/OFIR MONITORING MATRIX	

AUDIT TEAM	SIGNATURE
Audit Team Leader:	
Audit Team Member/s:	

Approved by:

(Regional Quality Management Representative)

Prepared By:	Reviewed By:	Approved By:
(sgd.) ZENALDA V. RICARDO Regional Internal Quality Audit Leader	(sgd.) ATTY. ODILON L. PASARABA, CESO V Regional Quality Management Representative	(sgd.) JONATHAN PAUL M. LEUSEN, JR., CESO IV Regional Director

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**OPPORTUNITIES FOR
IMPROVEMENT REPORT**

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OFIR NO: (YYYY-XX)	DATE OF ISSUANCE:
OFFICE/DIVISION/SECTION:	PROCEDURE TITLE:
	QP CODE:

A. STATEMENT OF RAISING THE BAR OF QUALITY:

ISSUED BY:

REVIEWED BY:

ACCEPTED BY:

Signature over Printed Name of
IQ Auditor

Signature over Printed Name of
RIQA Team Leader

Signature over Printed Name of
concerned Division/Field Office
Head/QMR

B. ACTION PLAN:

ACTIVITY

**RESPONSIBLE
PERSON**

**TIMELINE
START END**

Prepared by:

Noted by:

Accepted by:

/
Signature over Printed Name of
concerned Division/Field Office
Head/QMR / Date

/
Signature over Printed Name of
Regional QMR / Date

/
Signature over Printed Name of
RIQA Team Leader / Date

C. VERIFICATION OF ACTION PLAN IMPLEMENTATION: *(at least 1 month after full implementation).*

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ACTIVITY	STATUS AND REMARKS / Verified by / Date

Verified by:

Signature over Printed Name of Internal Quality Auditor /Date

Approved by:

Signature over Printed Name of RIQA Team Leader / Date

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