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**01 100 1432635**

**Audit Report as per**

**ISO 9001:2015**

**for**

**Department of Labor and Employment - Occupa-  
tional Safety and Health Center**

North Avenue corner Agham Road, Diliman Quezon  
City, 1100 Philippines

Client	Standard(s)	Certification Number(s)	Audit Type
Department of Labor and Employment - Occupational Safety and Health Center	ISO 9001:2015	01 100 1432635	Surveillance Audit 1

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**Audit Leader** : John Francis L. Faustorilla Jr

**Audit Team** : Ernesto Demoy

**Client's representative** : Mr. Noel C. Binag, Executive Director  
Mr. Jose Maria S. Batino, Deputy Executive Director

**Audit Date** : December 12, 2018 – December 12, 2018

## 1 Audit result

Management system effectiveness was verified on site by means of random sampling by an appropriately selected audit team. This applies in particular to the compliance of workflows with standard requirements and the descriptions in management system documentation. The special features of the organization's business activities, the applicable statutory and regulatory requirements and the requirements set forth in other generally applicable documents were also taken into account. This was done by means of a sampling approach, by conducting interviews and reviewing the appropriate documentation. Audit findings and recommendations regarding opportunities for improvement have been set forth in Sections 4 of this report.

<input type="checkbox"/>	The last audit revealed nonconformities which have been demonstrably corrected. The corrections and corrective actions taken in this respect have been verified.
<input type="checkbox"/>	A stage 1 audit was performed and the organization found ready for certification. Identified weaknesses, if any, have been eliminated and the respective corrective action verified.
<input checked="" type="checkbox"/>	The current audit revealed the following nonconformities: Standard(s):                      No. of nonconformity ISO 9001                              Zero (0)
<input type="checkbox"/>	The major nonconformities (No. x) with individual standard elements require a re-audit to verify the effectiveness of the corrections and corrective actions (probable date:.ddmmyyyy)
<input checked="" type="checkbox"/>	The organization has established and maintains an effective system to ensure compliance with its policy and objectives. The audit team confirms in line with the audit targets that the organization's management system complies with, adequately maintains and implements the requirements of the standard(s).

The auditors therefore recommend:

<input type="checkbox"/>	Award of the new certificates.
<input checked="" type="checkbox"/>	Maintenance of the existing certification.
<input type="checkbox"/>	Inclusion of the changes (see Section 3) in the scope of application of existing certifications
<input type="checkbox"/>	Maintenance or issue of the certificates only after successful completion of a re-audit.

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## 2 Scope

### 2.1 Description of the organization

The OSHC was established as the nationally recognized authority on safety and health research, training, information and technical expertise. It undertakes on continuing studies and researches on occupational safety and health, plan, develop and implement training programs in the field of occupational safety and health and related interest. It serves as a clearing house of information and innovative methods, techniques and approached in dealing with occupational safety and health problems and institute a mechanism of information dissemination to the general public. They monitor the working environment by the use of industrial hygiene, field and laboratory equipment and conduct medical examination of workers exposed to hazardous substance for the ready detection of occupational diseases. The OSHC pursues in partnership with the public and private sectors the attainment of a healthy and safe working environment through responsive and sustainable occupational safety and health (OSH) programs and policies. It also targets the effective delivery of quality services. The OSHC aims to increase productivity through better working environment, decrease in manpower and economic loss caused by occupational accidents and diseases, and to improve welfare of workers and their families. The OSHC has the following Major Final Outputs (MFOs) as its deliverables: 1) Research and Development Services and 2) Capacity Building Advisory Services.

The OSHC has its main office in North Ave. corner Agham Road, Diliman Quezon City and to carry out its mandate, has created three satellite offices in Regions VII, X and Caraga.

### 2.2 Scope of certification

Scope of certification: (per standard):	Provision of Occupational Safety and Health Services including in-house BOSH Training, conduct of Work Environment Measurement, PPE Testing, Information Dissemination, Health Services excluding X-Ray and Spirometry
ISO 9001 standard requirements to be excluded from the scope:	8.3 Design and Development
Reasons for exclusions:	8.3 is excluded since the organization does not undertake design and development in their services. All the processes are mandated by BWC.

The organization operates from 8am to 5pm, Monday to Friday.

The following sites and their scopes are included in the scope of certification:

Site No. (CN ext.)	Sites included in cert. Name/address of site	No. of emp.	Scope and processes	Standard(s)	Audited
01	<b>Department of Labor and Employment - Occupational Safety and Health Center</b> North Avenue corner Agham Road, Diliman, Quezon City, 1100 Philippines	107 (at the time of the audit)	Provision of Occupational Safety and Health Services including in-house BOSH Training, conduct of Work Environment Measurement, PPE Testing, Information Dissemination, Health Services excluding X-Ray and Spirometry	ISO 9001:2015	<input checked="" type="checkbox"/>

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### 3 Changes in the management system / Contract review

The following changes have been implemented in the management system and the management system documentation since the last audit. Major changes are:

- Physical / facilities: installation of elevator
- Purchase of equipment
  - Health Control Division: Atomic Absorption Spectrophotometer, Ventilation Hoods, AED
  - Environment Control Division – IH equipment such as heat stress monitor, anemometer, octave band analyzer and sampling pumps and laboratory requirement such as water purification system, pH meter, analytical balance and acid resistance cabinets
  - Training and Public Information Division – Camera
  - Data Control – enhancement of ISSP
- ECD WEM Laboratory: Applied at Philippine Regulation Commission for Certificate of Authority to Operate
- OHSC was granted by PRC as CPD Provider
- No: of Hired Personnel in 2018 with 12 permanent positions and 3 promotions

The implementation of these changes in the existing management system and the management system documentation was verified within the framework of the audit.

The description of the scope in the certificate appropriately reflects the scope of the management system.

The audit plan was not changed during the audit.

### 4 Audit findings

The audit findings related to the audited standards are listed in the Annexes to this report (see. Annex ISO 9001:2015).

All information gained during the audit will be treated with strict confidentiality by the auditors and the certification body. In view of the sampling approach applied to the audit, weaknesses and nonconformities may still exist which have not been identified during the audit.

No.	Unit/Department Site	Positive findings
1	Facilities	The following improvements were noted: <ul style="list-style-type: none"> <li>• Physical / facilities: installation of elevator</li> <li>• Purchase of equipment                             <ul style="list-style-type: none"> <li>- Health Control Division: Atomic Absorption Spectrophotometer, Ventilation Hoods, AED</li> <li>- Environment Control Division – IH equipment such as heat stress monitor, anemometer, octave band analyzer and sampling pumps and laboratory requirement such as water purification system, pH meter, analytical balance and acid resistance cabinets</li> <li>- Training and Public Information Division – Camera</li> <li>- Data Control – enhancement of ISSP</li> </ul> </li> </ul>

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2	Management	<p>The following statutory and regulatory compliances and value addition are noteworthy:</p> <ul style="list-style-type: none"> <li>• ECD WEM Laboratory: Applied at Philippine Regulation Commission for Certificate of Authority to Operate</li> <li>• OHSC was granted by PRC as CPD Provider</li> <li>• Safety Control Division:                             <ul style="list-style-type: none"> <li>For Eye and Face Protection Devices                                     <ol style="list-style-type: none"> <li>1. Optical Test Apparatus                                             <ol style="list-style-type: none"> <li>a. refractive Power Test</li> <li>b. Astigmatism Test</li> <li>c. Resolving Power Test</li> <li>d. Prismatic Power Test</li> </ol> </li> <li>3. High Mass Impact test Apparatus</li> <li>4. For Electrical Resistance Test of Safety Shoes, Safety Helmet and Electrical Rubber Gloves                                             <ul style="list-style-type: none"> <li>- 100 KV Withstand Voltage Tester</li> </ul> </li> </ol> </li> </ul> </li> </ul>
3	Management	The conduct of the NOSH Congress held at PICC from November 21-22, 2018 with about 1800 participants is noteworthy.
4	HR	Received <b>Certificate of Recognition</b> – Occupational safety and health center <b>for obtaining maturity label 2 in recruitment</b> , selection placement as a result of their determination and invaluable effort to promote people excellent in their agency for efficient and effective public service delivery on 8 March 2017, at the Novotel, Quezon City
5	Billing	Unmodified opinion in 2017 annual COA audit report
6	General Services & Security	The 16 <sup>th</sup> occupational Safety and health Congress in PICC 2 provided with two augmentation security to ensure safety of participants.

The following recommendations and opportunities for improvement provided by the auditors are intended to contribute to the continuous improvement of the management system.

No.	Unit/Department Site	Recommendations and opportunities for improvement
1	Management	Review inclusion of new statutory and regulatory requirements to issues affecting the organization (e.g. Philippine Qualifications Framework, etc.).
2	Management Review	Ensure inclusion of management review inputs on changes affecting the internal and external issues and evaluation of effectiveness of actions towards risks and opportunities. These items will be checked during the next audit.
3	Risks and Opportunities	Ensure determination of risks and opportunities arising from the implementation of DO198-18 Series of 2018 Implementing Rules and Regulations of Republic Act No. 11058 Entitled “An Act Strengthening Compliance with Occupational Safety and Health Standards and Providing Penalties for Violations Thereof”.
4	Internal Audit	Consider to review the for corrective action form about preventive action wording.
5	Control of documented information	Consider reviewing the completeness of identified external documents like data privacy act. Ensure that external document determine by the organization necessary for planning and operation are updated.

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6	Purchasing	Consider to review the service provider evaluation as one sampled has rating of poor after sales service but recommended to have to do business with the organization.
7	General Services including Maintenance and Transportation Security	Ensure safety training of the driver and improve the preventive maintenance monitoring of the vehicle

## 5 Dates

Due Date for the next audit 2019-12-16

Agreed date for the next audit 2019-11

December 13, 2018

Date

  
John Francis L. Faustorilla

Audit Leader / Auditor(s)

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## Annex ISO 9001:2015

Item	Audit result
Context of the organization	<p>The organization has determined internal and external issues related to the following subject areas (Note: subject areas can be legal requirements, co-operations, competition, community etc.)</p> <p><b>Internal Issues</b></p> <ul style="list-style-type: none"> <li>• Organization's Culture</li> <li>• Organizational structure, roles and responsibility</li> <li>• Availability of reliable, qualified and competent workforce</li> <li>• Job security and benefits administration</li> <li>• Policies, goals and the strategies</li> <li>• Assets</li> <li>• Financial capability</li> <li>• Transparency</li> </ul> <p><b>External Issues</b></p> <ul style="list-style-type: none"> <li>• Political Factors</li> <li>• Occupational Safety and Health Standard</li> <li>• Environmental Rules and Regulation</li> <li>• Labor Laws / DOLE Issuances</li> <li>• Tax Guidelines</li> <li>• Political Stability</li> <li>• Governance Commission of GOCC's provisions</li> <li>• Economic Factors</li> <li>• Economic Growth</li> <li>• Interest and Exchange rate</li> <li>• Inflation rate</li> <li>• Globalization</li> <li>• Economic stability</li> <li>• Un employment policies</li> <li>• Budget</li> <li>• Social Factors</li> <li>• Demographics</li> <li>• Employment growth</li> <li>• Attitude towards work</li> <li>• Job Market Trends</li> <li>• Organizational image</li> <li>• Lifestyle changes</li> <li>• Technological Factors</li> <li>• New development and technology on equipment</li> <li>• Life cycle of current technology</li> <li>• Role of the internet</li> <li>• Innovation</li> <li>• Speed of technology transfer</li> </ul>



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	<p>The organization has identified interested parties and the requirements of these parties. Examples for such determined interested parties are:</p> <ul style="list-style-type: none"> <li>• Clients/Customers (Private and Public Sectors)</li> <li>• DOLE</li> <li>• Accredited WEM Service Providers</li> <li>• Service Providers/Suppliers</li> <li>• Regional OSH Networks</li> <li>• Employees</li> <li>• Regulatory Bodies (DOH, PNP, PDEA, GCG, BIR, etc.)</li> <li>• Other Government Agencies</li> <li>• Banks</li> </ul>
Policy / objectives	<p>Top Management has declared its quality policy binding and implemented. The quality policy is appropriate and provides a framework for the respective quality objectives. It commits all employees to pursue continuous quality system improvement. Key quality objectives include:</p> <p><b>Strategic Planning</b></p> <ul style="list-style-type: none"> <li>• <b>SM1</b> – Developed and implemented the third-party survey instrument for customer satisfaction measurement.</li> <li>• <b>SM3</b> – 90% Utilization of COB</li> <li>• <b>SM4</b> – Increase Budget for Services</li> <li>• <b>SM7</b> – Sustained number of research studies completed</li> <li>• <b>SM9</b> – Upgrade PPE Laboratory in conformance to Philippine National Standards</li> <li>• <b>SM10</b> – Sustain the number of Mandatory OSH Trainings</li> <li>• <b>SM11</b> – Sustain the number of summits/conferences and participants</li> <li>• <b>SM13</b> – Sustain number of Technical Services completed within 30 working days</li> <li>• <b>SM15</b> – Compliance to RA 10173 Data Privacy Act of 2012</li> <li>• <b>SM16</b> – Assessment of competency of Staff based on competency/model framework</li> </ul> <p><b>Functional Objectives</b></p> <ul style="list-style-type: none"> <li>• WEM – Work Environment Measurement <ul style="list-style-type: none"> <li>○ To provide WEM Services to about 200 requesting companies per year</li> <li>○ WEM reports are released within 30 working days process cycle time</li> <li>○ Response to WEM request within 72 hours</li> <li>○ To meet 90% satisfactory rating from client feedback</li> </ul> </li> <li>• PPE Testing <ul style="list-style-type: none"> <li>○ PPE Testing and assessment will be processed within the required process cycle time</li> <li>○ To meet 90% satisfactory rating from client feedback</li> </ul> </li> <li>• Health Services <ul style="list-style-type: none"> <li>○ Timeliness in providing health services ≤ 30 working days from the date of receipt of biological samples.</li> </ul> </li> </ul>

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	<ul style="list-style-type: none"> <li>○ 90% process request for services</li> <li>○ compliance to statutory and regulatory requirements</li> <li>○ 100% of equipment related to testing are properly maintained.</li> <li>● In house BOSH Training                             <ul style="list-style-type: none"> <li>○ Conduct 20 batches of In-house BOSH training course to clients per year</li> <li>○ Response to request from walk in client within 72 hours</li> <li>○ To achieve at least 90% of participants trained a rating of “Very Satisfactory”</li> </ul> </li> <li>● Distribution of IEC Materials                             <ul style="list-style-type: none"> <li>○ Ensure availability of IEC materials 80% of the time.</li> </ul> </li> </ul> <p>These are measurable and are controlled, communicated and up-dated regularly.</p>
Process control including outsourced processes	<p>The processes available in the organization have been identified and documented. Process workflows and interactions have been described and appropriately controlled. The processes are evaluated at regular intervals by means of key performance indicators.</p> <p>Key processes within the scope of product realization include:</p> <ul style="list-style-type: none"> <li>● Preparation of training modules</li> <li>● Selection of trainers</li> <li>● Distribution of IEC Materials</li> <li>● Conducting the BOSH Trainings</li> <li>● Conducting PPE Testing</li> <li>● Health Services</li> <li>● WEM including laboratory analysis</li> </ul> <p>The following processes have been outsourced:</p> <ul style="list-style-type: none"> <li>● Maintenance</li> <li>● Janitorial</li> <li>● Security</li> <li>● Canteen services</li> <li>● Photocopying and</li> <li>● Printing</li> </ul> <p>These processes are appropriately reviewed and controlled.</p>
Risk-based thinking	<p>The requirements for risk-based thinking are being realized in the organization as follows:</p> <p>Risk-based thinking has been applied for the following <b>processes</b>:</p> <ul style="list-style-type: none"> <li>● Preparation of training modules</li> <li>● Selection of trainers</li> <li>● Distribution of IEC Materials</li> <li>● Conducting the BOSH Trainings</li> <li>● Conducting PPE Testing</li> <li>● Health Services</li> </ul>

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	<ul style="list-style-type: none"> <li>WEM including laboratory analysis</li> </ul> <p>Examples of <b>risks and opportunities</b> of processes identified are:</p> <ul style="list-style-type: none"> <li>Unresolved corrective / preventive action</li> <li>Failure to conduct the planned internal audit</li> <li>Failure to discuss the internal audit findings in the management review</li> <li>Creation of the RA 11058 / DO 198-18 on the New OSH Law</li> <li>Potential accreditation as National Reference Laboratory of Health Services</li> </ul> <p>Examples of <b>measures</b> taken to react on identified risks are:</p> <ul style="list-style-type: none"> <li>Monitor corrective / preventive action by follow-up audit</li> <li>Implement the internal audit plan</li> <li>Ensure to include the internal audit findings in the succeeding Management Review at least after one month after in internal audit</li> </ul> <p>Examples of risks and opportunities concerning the <b>context</b> of the organization are:</p> <ul style="list-style-type: none"> <li>Missing documents / inadvertently mixed up with other documents</li> <li>Delayed dissemination / distribution of communications</li> <li>Failure to provide appropriate training and skills development of staff in line with ISO QMS Standards</li> <li>Creation of the RA 11058 / DO 198-18 on the New OSH Law</li> <li>Potential accreditation as National Reference Laboratory of Health Services</li> </ul> <p>Concerning risk based thinking the following <b>tools</b> are used:</p> <ul style="list-style-type: none"> <li>Risk Registry Form</li> </ul>
Customer-related and other requirements	<p>The organization analyses and evaluates customer requirements and/or enquiries and any documented, assumed, statutory and regulatory requirements within the scope of a production and feasibility study performed in a team.</p> <p>OSHC ensures that it understands the process requirements of clients or other stakeholders before initiating actions to deliver its services. Specific client requirements are determined through the use of the following: Letter of Request, Reports, and directives from other government agencies.</p> <p>The following process requirements significantly affect product or service quality:</p> <ul style="list-style-type: none"> <li>Planning and Scheduling</li> <li>Conducting BOSH Training</li> <li>Training</li> <li>WEM Analysis</li> </ul> <p>Key regulatory, statutory and customer-related requirements include:</p> <ul style="list-style-type: none"> <li>PD No. 1445 – Commission of Audit (Government Auditing Code of the Philippines)</li> <li>RA 9184 – Procurement Act of the Philippines</li> </ul>

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	<ul style="list-style-type: none"> <li>• Civil Service Rules and Regulations</li> <li>• RA 9485 – Anti Red Tape</li> <li>• National Archive of the Philippines Law</li> <li>• DOLE requirement</li> <li>• DOH requirement</li> </ul>
Customer satisfaction and complaints	<p>The organization maintains documented and effective procedures governing the handling of information, data analyses, improvement actions and responses to customer feedback.</p> <p>Customer survey is conducted annually. The current customer satisfaction result is above satisfactory level.</p> <p><b>Quarterly Report of Customer Feedback Survey</b>                      4.73 overall rating July-September 2018                      4.85 overall rating April – June 2018                      4.67 overall rating January – March 2018</p> <p>A procedure was established in handling customer complaint. The organization did not receive any customer complaint at the time of the audit. No customer complaints have been identified at the time of the audit.</p>
Internal audit and management review	<p>The organization measures MS implementation, maintenance and effectiveness by means of annually scheduled system audits. The organization reliably carries out these audits July 2, 5, 9 and 23 and August 3, and 6, 2018. The five (5) (1) nonconformities, 15 32 OFI's and 3 Good points were identified in these internal audit had been corrected by the time the audit documented in this report was performed. Open NCs are still awaiting budgetary allocation to complete corrective actions and closure.</p> <p>Top management reviews the organization's quality management system at regular intervals and in line with the requirements to ensure its continuous suitability, adequacy and effectiveness. The management review of March 5, 2018 and August 28, 2018 was carried out in accordance with the requirements and was effective.</p>
Use of certificate and logo	<p>The logo and the certificate are used in compliance with the requirements. This has been checked by sampling. The sampling included business cards, company brochures or websites or others.</p>

Chapter of standard	4.1	4.2	4.3	4.4	5.1	5.2	5.3	6.1	6.2	6.3		
Rating *	1	1	1	1	1	1	1	1	1	1		
No. of nonconformity	--	--	--	--	--	--	--	--	--	--		
Chapter of standard	7.1	7.2	7.3	7.4	7.5	8.1	8.2	8.3	8.4	8.5	8.6	8.7
Rating *	1	1	1	1	1	1	1	4	1	1	1	1
No. of nonconformity	--	--	--	--	--	--	--	n/a	--	--	--	--
Chapter of standard	9.1	9.2	9.3	10.1	10.2	10.3						
Rating *	1	1	1	1	1	1						
No. of nonconformity	--	--	--	--	--	--						

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- \* **Rating:**
- 1 = conforming
  - 2 = not audited in this audit
  - 3 = failed/nonconformity (see nonconformity report)
  - 4 = not applicable