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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	2 nd Surveillance Audit

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Audit Leader : Lionell G. Aala

Audit Team : Rolando Remitar

Client's representative : Mr. Noel C. Binag, Executive Director
Ms. Nelia Granadillos, Deputy Executive Director

Audit Date : November 20, 2019

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 Bureau of Working Conditions.

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	Stand-ard(s)	Au-dited
01	Department of Labor and Employment - Occupational Safety and Health Center North Avenue corner Agham Road, Diliman, Quezon City, 1100 Philip-pines	108 (at the time of the au-dit)	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:

- New Deputy Executive Director

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
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1	Organization	<p>The following improvements are commendable</p> <ol style="list-style-type: none"> 1. PHYSICAL / FACILITIES <ul style="list-style-type: none"> - Installation of Storage Areas for IEC materials using container vans (situated at the back side of the Office Building) - Installation of 2 units inverter type air conditioning units at the Auditorium - Beautification of OSHC Garden - TPID – Installed desktops in each training room 2. Purchase of Equipment <ol style="list-style-type: none"> a. ISSP <ul style="list-style-type: none"> - OSHC is listed as number 3 among government agencies in Department of Information and Communications Technology with endorsed ISSP and number 2 among DOLE offices b. Safety Control Division – PPE Testing and Assessment For Eye and Face Protection Devices <ul style="list-style-type: none"> - Optical Test Apparatus - Refractive Power Test - Astigmatism Test - Resolving Power Test - Prismatic Power Test - High Mass Impact test Apparatus c. TPID - Replacement of projectors in training rooms. d. Health Control Division <ul style="list-style-type: none"> - Atomic Absorption Spectrometry - Flammable Cabinet - Pipette Shaker - Hematocrit centrifuge - Hematology Analyzer e. Environment Control Division <ul style="list-style-type: none"> - Vibration Level Meter VM54 Rion Brand - UV-VIS Spectrophotometer, Shimadzu Brand - 2 units Chemical Cabinets for Flammable chemicals - Multi RAE Gas Monitor 3. Hiring and Recruitment <ul style="list-style-type: none"> ▪ Program on Awards and Incentives for Service Excellence (PRAISE) – Approved by the Civil Service Commission on Decemebr 2018 and implemented in 2019. <ul style="list-style-type: none"> ○ Loyalty incentives given to 26 employees ○ QMS Incentive ○ An hour with employees celebrating their birthdays within the month over snacks with the Executive Director.
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		<ul style="list-style-type: none"> ▪ Provident Fund for Employees – Initiative of the (SaMa – OSHC) in cooperation with OSHC as Fund Coordinator. This was enrolled in the Modified Pag-ibig (MP2) Savings ▪ Created OSHC Hymn – underscores the vision, mission of the OSHC. It showcase the talent of employees: Sung during the Monday Flag Raising Activity <ul style="list-style-type: none"> ○ Composer – Dr. Daryl Bautista ▪ Core and Organizational Competencies – developed competency assessment tools to determine the proficiency level of employees meeting the required competencies based on the Competency catalogue. <p>Assessment Results: % of employees meeting the competency requirement as validated by GCG: 2017 – 85.26% 2018 – 95.70 %</p> <ul style="list-style-type: none"> ▪ Additional Personnel Hired: <ul style="list-style-type: none"> ○ 1 Industrial Hygienist III ○ Promotion of two personnel from salary grade 11 to 15 <p>Road Safety and Defensive Driving for drivers and other OSHC staff was conducted on September 12, 2019</p> <p>CPD Units c/o TPID</p>
2	Customer Satisfaction	The organizations able to achieved 3.959 or Very Satisfactory performance for the Year 2018 based on the Memorandum form DOLE signed by the Secretary dated June 21, 2019.
3	Organization	Unqualified Opinion for the Year 2017 and 2018 from COA representing an ascertations on the accuracy of financial records and reports and the fairness of the presentations during their assessment which boosts level of organization’s confidence in continuously providing services.
4		PRAISE Program initiated and accomplished this 2019 which boost morale of employees due to commendations and compensations received resulted to more productive services.

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	<p>The following may be included in the discussion of management system:</p> <ul style="list-style-type: none"> • analysis like trending, recurring and etc of different indicators or measurements of customer satisfaction and • evaluation on the effectiveness, adequacy and suitability of management system

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2	Human Resource	<p>May consider the ff:</p> <ul style="list-style-type: none"> - Additional objective relative to conduct / completion of training for employees - Link the actual training on the training or programs planned on an annual basis to determine further if all programs were acted upon.
3	Internal Audit	<p>May need to consider the ff:</p> <ul style="list-style-type: none"> - Consider to specifically define the Observation and Nonconformity (both for Major and Minor) in revising the Internal Audit Procedure (OSHC-QP-QED-IA-01). - Consider to have a formal documentation on assessing the effectiveness of internal audit process (e.g. weakness and strength of internal audit process) <p>May need to revisit the process of assigning audit areas for auditor assigned in auditing internal audit process which will prevent him/her in being partial. Likewise, auditing internal audit process may also apply in observing other auditors while doing audit aside from table top audit of records.</p>
4	Purchasing	<p>Ensure to review and revise the objective pertinent to request for purchased as the KPM set comparatively will not result on a fair rate based on actual practice (e.g. total no. of P.O's over total no. of purchase request; where as some request are merged into single P.O.)</p>
5	Billing	<p>Ensure actual performance of objectives is properly monitored. This will be checked next visit. Likewise, to ease the monitoring of no. Of days per transaction, may consider to include in the logbook the actual no. Of days the transaction is complete to easily compute the average transaction on a preferred regular basis.</p>
6	General Services	<p>Ensure quality objective(s) is/ are established. This will be checked next visit.</p>
7	Environmental Control	<p>Review the start in counting the number of days in compliance of the citizen charter. Currently, it starts from the time the WEM is conducted but should be counted on the date of request (e.g. Request dated Dec. 4, 2017 and the request was served last March 27, 2019 which is more than a year).</p> <p>Preventive maintenance of some equipment (e.g. Hood) may be consistently updated.</p>
8	Scope	<p>Review the scope of the management system on the exclusion of 8.3 since design and development is applicable in the design of training and in designing the system in applying the "ease in doing business" like streamlining of steps or processing.</p>
9	BOSH Training	<p>Align the training modules to cater to needs of the participants like grade school graduate or "no read and no write "</p> <p>Review the validity and reliability of the exams given to the participants (e.g. item analysis).</p> <p>May establish face validity of the exam by following Table of Specifications and allocate the percentages for different cognitive level.</p>

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10	PPE	<p>The following may be improved:</p> <ul style="list-style-type: none"> • preventive maintenance of some equipment • housekeeping of the laboratory area • proficiency testing of laboratory analyst/technicians <p>traceability of procedure for the verification/calibration of load cell</p>
11	Health Services	<p>May consider to include testing for arsenic in the laboratory services.</p> <p>Improve the risk register to include other relevant risks (e.g. needle prick and etc)</p>
12	Risk Management	<p>Ensure risk management are properly reviewed and applied takes into account the following:</p> <ul style="list-style-type: none"> - Clearly differentiate risks from issues - Separate the existing controls from next control plan for significant risks - Monitoring and evaluation process in determining effectiveness of actions. <p>This will be checked next visit.</p>

5 Dates

Due Date for the next audit

2020-12-16

Agreed date for the next audit

2020-11

December 2, 2019

Date



Lionell G. Aala

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>Internal Issues</p> <ul style="list-style-type: none"> • Organization's Culture • Organization's Trust in Leadership • Organizational structure, roles and responsibility • Availability of reliable, qualified and competent workforce • Job security and benefits administration • Policies, goals and the strategies • Assets • Financial capability • Transparency <p>External Issues</p> <ul style="list-style-type: none"> • Political Factors • Occupational Safety and Health Standard • Environmental Rules and Regulation • Labor Laws / DOLE Issuances • Tax Guidelines • Political Stability • Governance Commission of GOCC's provisions • Economic Factors • Economic Growth • Interest and Exchange rate • Inflation rate • Globalization • Economic stability • Un employment policies • Budget • Social Factors • Demographics • Employment growth • Attitude towards work • Job Market Trends • Organizational image • Lifestyle changes • Technological Factors • New development and technology on equipment • Life cycle of current technology • Role of the internet • Innovation

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	<ul style="list-style-type: none"> • Speed of technology transfer <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"> • Clients/Customers (Private and Public Sectors) • DOLE • Accredited WEM Service Providers • Service Providers/Suppliers • Regional OSH Networks • Employees • Regulatory Bodies (DOH, PNP, PDEA, GCG, BIR, etc.) • Other Government Agencies • Banks
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.</p> <p>Key quality objectives include:</p> <p>Strategic Planning</p> <ul style="list-style-type: none"> • SM1 – Developed and implemented the third-party survey instrument for customer satisfaction measurement. • SM3 – 90% Utilization of COB • SM4 – Increase Budget for Services • SM7 – Sustained number of research studies completed • SM9 – Upgrade PPE Laboratory in conformance to Philippine National Standards • SM10 – Sustain the number of Mandatory OSH Trainings • SM11 – Sustain the number of summits/conferences and participants • SM13 – Sustain number of Technical Services completed within 30 working days • SM15 – Compliance to RA 10173 Data Privacy Act of 2012 • SM16 – Assessment of competency of Staff based on competency/model framework <p>Functional Objectives</p> <ul style="list-style-type: none"> • WEM – Work Environment Measurement <ul style="list-style-type: none"> ○ To provide WEM Services to about 180 requesting companies per year ○ WEM reports are released within 20 working days process cycle time ○ Response to WEM request within 72 hours ○ To meet 90% satisfactory rating from client feedback • PPE Testing <ul style="list-style-type: none"> ○ Final test results reports are made available 30 working days from the receipt of the request letter and sample test specimens by the OSHC. ○ At least 51% of forms distributed to clients are retrieved. ○ At least satisfactory rating of client feedback.

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	<ul style="list-style-type: none"> • Health Services <ul style="list-style-type: none"> ○ Timeliness in providing health services ≤ 20 working days from the date of receipt of biological samples. ○ 90% process request for services ○ compliance to statutory and regulatory requirements ○ 100% of equipment related to testing are properly maintained. • Training Section – Training and Public Information Division <ul style="list-style-type: none"> ○ Conduct 20 In-house BOSH training for year 2019 ○ Acknowledgment and respond to the request (from walk in clients) following the 72 hours response time ○ To achieve at least 90% of participants trained in the In-House BOSH training course every year will rate the course “Very Satisfactory”. • Information Technology <ul style="list-style-type: none"> ○ To ensure protection of OSHC IT security management – 100% secured and protected and 100% connectivity • Distribution of IEC Materials <ul style="list-style-type: none"> ○ Ensure availability of IEC materials 80% of the time. • Finance and Admin Division / Human Resource Management Section <ul style="list-style-type: none"> ○ To ensure that all request are processed within the process cycle time of at least maximum of 3 working days from receipt of request ○ To efficiently provide support to the necessary requirements of OSHC for the effective delivery of functions and services ○ To establish a strict observance of the merit, fitness and equality principles in the selection of employees for appointment to positions in the career service in all levels thru 100% on-time submission of appointments within the required days of CSC. ○ 60% of vacancies filled; status of reports of vacancies and appointments every quarter ○ To provide copy / access to communications / records to requesting parties and ensure proper filing and storage – 100% of requests for copy / access served within 3 working days. ○ To ensure that communications are properly recorded and immediately released once acted at the office of the executive director – 3 working days process cycle time upon receipt of communication. • Safety Control Division <ul style="list-style-type: none"> ○ To test sample specimens and evaluate if the minimum performance requirements of the current standard are met within the process cycle time – Final test results report are made available 30 working days from the receipt of the request letter and sample test specimens by the OSHC. ○ To ensure that client feedback forms are given, duly accomplished and retrieved from clients served – atleast 51% of forms distributed to clients are retrieved. ○ To meet client satisfaction – at least satisfactory rating of client feedback. <p>These are measurable and are controlled, communicated and up-dated regularly.</p>

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Item	Audit result
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"> • Preparation of training modules • Selection of trainers • Distribution of IEC Materials • Conducting the BOSH Trainings • Conducting PPE Testing • Health Services • WEM including laboratory analysis <p>The following processes have been outsourced:</p> <ul style="list-style-type: none"> • Maintenance • Janitorial • Security • Canteen services • Photocopying and • Printing • Consultants <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 processes:</p> <ul style="list-style-type: none"> • Preparation of training modules • Selection of trainers • Distribution of IEC Materials • Conducting the BOSH Trainings • Conducting PPE Testing • Health Services • WEM including laboratory analysis <p>Examples of risks and opportunities of processes identified are:</p> <ul style="list-style-type: none"> • OSH Standards (due to delay in bidding) • Occupational Health Packages (due to amendments in related issuances) • Insufficient number of IEC Materials (16th NOSH Call for Papers/Invitation) • Vehicle (bus) for plant visit did not arrived / or arrived very late • Failure to conduct the planned BOSH Training courses for the year • No available OSHC resource speakers for particular topic. • Unresolved corrective / preventive action

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	<ul style="list-style-type: none"> • Failure to conduct the planned internal audit • Failure to discuss the internal audit findings in the management review • Creation of the RA 11058 / DO 198-18 on the New OSH Law • Potential accreditation as National Reference Laboratory of Health Services <p>Examples of measures taken to react on identified risks are:</p> <ul style="list-style-type: none"> • Monitor corrective / preventive action by follow-up audit • Implement contingency of 15% in the production of necessary IEC materials for certain events • Ensuring the full implementation of planned WFP. • Adjust schedule if it will not result to total deviation from the program design; if changes are unacceptable, invite other qualified resource speakers. • Implement the internal audit plan • Ensure to include the internal audit findings in the succeeding Management Review at least after one month after in internal audit • Review of BOSH Manual and methodologies on-going. Possible replacement of actual plant visit with video showing and risk assessment workshop. <p>Examples of risks and opportunities concerning the context of the organization are:</p> <ul style="list-style-type: none"> • Missing documents / inadvertently mixed up with other documents • Delayed dissemination / distribution of communications • Failure to provide appropriate training and skills development of staff in line with ISO QMS Standards • Creation of the RA 11058 / DO 198-18 on the New OSH Law • Potential accreditation as National Reference Laboratory of Health Services <p>Concerning risk based thinking the following tools are used:</p> <ul style="list-style-type: none"> • Risk Registry Form • Management Review Minutes of the Meeting
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"> • Planning and Scheduling • Conducting BOSH Training • Training • WEM Analysis

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	<p>Key regulatory, statutory and customer-related requirements include:</p> <ul style="list-style-type: none"> • RA 11058 • RA 11032 • PD No. 1445 – Commission of Audit (Government Auditing Code of the Philippines) • RA 9184 – Procurement Act of the Philippines • Civil Service Rules and Regulations • RA 9485 – Anti Red Tape • National Archive of the Philippines Law • DOLE requirement • DOH requirement
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 quarterly using Client Feedback Form (OSH-QF-FAD-HRM-15 rev. 02). The current customer satisfaction result is above satisfactory level.</p> <p>Quarterly Report of Customer Feedback Survey 4.72 overall rating July-September 2019 4.78 overall rating April – June 2019 4.80 overall rating January – March 2019 4.74 overall rating Oct – Dec 2018 Submitted to DOLE Head Office By Oct. 2019: Submission of customer survey report will be on a quarterly basis. For Oct. 2019: 4.77</p> <p>The organization is being assed using the following criterias:</p> <ul style="list-style-type: none"> - Quality of service - Response time to transaction - Service outcome - Service provides competence / skills courteousness, helpfulness and fair treatment. <p>Rating schemes are scored with the following:</p> <ul style="list-style-type: none"> - 5: Outstanding - 4: Very Satisfactory - 3: Satisfactory - 2: Unsatisfactory - 1: Poor <p>Customer Complaints:</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. However, there is an improvement cited relative to gathering customer satisfaction and complaints.</p>

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Internal audit and management review	<p>The organization measures quality management system implementation, maintenance and effectiveness by means of annually scheduled system audits. The organization reliably carries out these audits dated August 05, 06, 09, 15 and Oct. 02, 2019. The audit was performed by 13 out of 14 qualified internal auditors. The results are 0 non-conformity, 9 Opportunity for Improvement, 11 Good points were identified in these internal audit had been corrected by the time the audit documented in this report was performed. Previous nonconformities identified were already closed thru Corrective Preventive Action Report during 2018 audits.</p> <p>Management Review:</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 15, 2019, Oct. 07, 2019 and Nov. 15, 2019 was carried out in accordance with the requirements and was effective. Sample of discussions are:</p> <ul style="list-style-type: none"> - Status of actions from previous management review - Changes in internal and external issues - Information on the performance and effectiveness of the QMS - Status of adequacy of resources - Effectiveness of actions taken addressing risks and opportunities - Opportunities for improvement - Action taken addressing internal audit findings - Objectives and performance
Use of certificate and logo	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.

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	--	--	--	--	--	--						

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