

Client	Standard	Certification Number(s)	Audit Type
DEPARTMENT OF LABOR AND EMPLOYMENT – OCCUPATIONAL SAFETY AND HEALTH CENTER	ISO 9001:2015	01 100 1432635	RECERTIFICATION AUDIT

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Audit Leader : Jogina Mendiola
Audit Team : Jayzer Aquino, Ernesto Demoy, Rolando Remitar
Client’s representative : Noel C. Binag, CE, Executive Director
 Nelia G. Granadillos, Deputy Executive Director, QMR
Audit Date : 09 December 2020

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 Zero (0) major nonconformities and Zero (0) minor nonconformities:
<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:.ddmmyyy)
<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.

The auditor therefore recommends:

<input checked="" type="checkbox"/>	Award of the new certificates.
<input 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.

2 Scope

2.1 Description of the organization

The Occupational Safety and Health (OSHC) was established through Executive Order No.307, signed by the late, President Corazon C. Aquino, on November 04, 1987. Based on its mandate, the OSHC champions the cause of work safety and health in the Philippines.

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The OSHC management is headed by the Executive Director who oversees the planning, implementation, monitoring and evaluation of OSHC's operations. Programs are carried out through the following work centers: Office of the Executive Director (OED), Environment Control Division (ECD), Health Control Division (HCD), Safety Control Division (SCD), Training and Public Information Division (TPID), and the Finance Administrative Division.

The OSHC was established as the nationally recognized authority on safety and health research, training, information dissemination, and technical expertise. The OSHC pursues partnerships with the public and private sectors with the attainment of a healthy and safe working environment through responsive and sustainable OSH programs and policies. It also targets the effective delivery of quality services. The OSHC aims to increase productivity by fostering a better working environment, decrease in manpower and economic losses due to occupational accidents and diseases, and to improve the welfare of the workers and their families.

(Ref. <https://oshc.dole.gov.ph/about-us/>)

2.2 Scope of certification

Scope of certification:	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 which are not applicable:	None.
Reasons for non-applicability:	NA

The Organization operates on a single shift, Monday to Friday, 8:00-5:00pm.
DOLE-OSHC is implementing the three-day work onsite and two-day work offsite.

Full audit was done by using ICT (Information and Communication Technology). The used method was effective to achieve the audit objectives.

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	Audited
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01 100 1432635	Department of Labor and Employment – Occupational Safety and Health Center North Avenue cor. Agham Road, Diliman, Quezon City 1100 Philippines	107 Personnel (with 71 Outsourced)	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 Processes: <ul style="list-style-type: none"> a) Top Management b) Internal Quality Audit Process; Nonconformity and Corrective Action Process c) Control of Documented Information d) Risk and Opportunities Management e) Customer Satisfaction; Customer Feedback and Complaints Handling f) Safety Control Division g) Health Control Division h) Environment Control Division i) Training and Public Information Division j) Finance and Administrative Division 	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:

1) The inclusion of ISO 9001:2015 Clause 8.3 Design and Development in the implementation of the QMS – as reflected in the DOLE-OSHC Quality Management System Manual (OSHC-QM-OED-TM-01, Rev.03, September 09, 2020).

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.

A corresponding printing request is attached.

The audit plan was not changed during the audit.

4 Audit findings

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

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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
1/9	Milestones/ Achievements/ Accomplishments	<p>The following milestones/ achievements/ accomplishments are noteworthy:</p> <ul style="list-style-type: none"> - The 2019 Office Performance Commitment Review Rating of 4.874/Very Satisfactory - The shift from Face-to-Face Classroom Training to the Online Training Platform - The Transparency Seal Compliance - The COA Auditor's Opinion - Unmodified Auditor's Opinion for the 2019 Financial Reports - The Migration of OSHC Official Website - The Awards received: Freedom of Information Certificate by the Presidential Communications Operations Office; Certificate of Authority to Operate Work Environment Measurement (WEM) Laboratory - The purchased additional Industrial Hygiene Equipment: Balometer, IAQ Meter (2 Units) Thermo-anemometer, Shieve Shaker - Health Control Division: Refurbished two units of Fume Extraction Hoods, Installed two units of Local Exhaust Ventilation System; Purchased X-ray Machine; Interim Procedure of medical, Laboratory and Auxiliary Examinations to OSHC Employees; Set-up of Temporary Clinic for First Aid Treatment, Medical Consultation, ECG Examination and Blood Extraction; Isolation Tent - The Procedure and Guidelines on the OSHC Online Procurement Activities in compliance to GPPB Resolution no.09-2020 - Building Maintenance, Renovations, Repainting
2	Information Dissemination Unit	The design of IEC materials for Covid-19 related issuances were facilitated (design concept to public release) in the shortest time period. This is commendable.
3	BOSH Training	A dry run as a validation process of virtual BOSH Training is commendable and the glitches identified were addressed and even included in the Risk Registry.
4	General Services including Maintenance, Transportation and Security	The ongoing maintenance/renovation of all Training and Comfort Rooms and ongoing building repainting, that will be expected to be completed by January to restore the original integrity and ensure safety is noteworthy.
5	General Services	The new 29-seater bus that was approved and for awarding to the supplier as winning bidder and expected to be delivered within this month of December 2020.

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6	Purchasing	The additional manpower to augment the canvasser as replacement to the one on maternity leave plus one additional employee.
7	Data Control and Information Technology	The approval of IT strategic plan for the following additional equipment: 37 Desktop with UPS, 90 Laptop units, 5 Multimedia laptop, 20 units of 10 terabits external drives, 45 units of 4 terabits external hard drives, 4 units portable hi speed external DVD, 50 units power banks, 25 units computer tablets, 91 units head set with mic to be delivered within 90 calendar day expected by January 2021, to maximize employees' productivity, and compliance of the agency to ICT.
8	PPEs Testing & Assessment	Initiative of having program to enhance competence and organizational knowledge, i.e., November 18, 2020 –Proficiency / Coaching intervention is noteworthy
9	HR / Customer Satisfaction	Overall result of Customer Satisfaction – reference to the Project: "LINGKOD" A Customer Satisfaction Survey Study for ECC-OSH Center last Aug. 13, 2020 is commendable, i.e. 95% Overall CS Rating / 4.46 Mean.

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
1/13	Control of Documented Information	May review Control of Documents Procedure (OSHC-QP-OED-DCC-01, rev.02, November 03, 2020) on Section 6.10. Standard Document Format; and Section 6.20. Document Availability. Ensure review of Quality Policy is documented including the decision of the review.
2	Internal Quality Audit	Since, Clause 8.3 Design and Development is now included in the audit of QMS, ensure to document the audit of this Clause in all related IA Forms. This will be checked next visit.
3	Management Review	May consider the following: <ul style="list-style-type: none"> discussion of the required inputs of management review (e.g. customer complaints, performance of external providers, effectiveness of risks and opportunities, the performance of balance scorecard and etc) conclusion on the effectiveness, adequacy and suitability of management system
4	Conduct of Work Environment Measurement	The following may be ensured: <ul style="list-style-type: none"> calibration of equipment which were affected by quarantine actions for the backlogs in the conduct of WEM (around 200 plus)

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5	Health Services	<p>May revisit the needs and expectation of the clients/customer of the health services needed and align with the scope of management system (e.g. X-ray and etc)</p> <p>Ensure that equipment due for calibration and preventive maintenance were conducted (e.g. weighing balance and etc)</p> <p>Check the reference standards used in Chemical Analyzer by Marsman Drysdale</p> <p>Identification of risk may be specific to come up with specific treatment (e.g. infection in the submission of sample and etc)</p> <p>Actions taken on the identified opportunities may be documented</p>
6	BOSH Training	<p>The following may be improved:</p> <ul style="list-style-type: none"> Asynchronous learning if there is a failure of Synchronous or a combination of different learning modalities to continue the training process Checklist of different criteria during the review and verification stage
7	General Service	<p>Ensure to review the measurability set objectives defined in administrative/general services procedure, Document No. OSHC-QP-FAD-GS-01, Rev. 00</p>
8	Vehicle maintenance	<p>May consider periodic maintenance base on mileage as present practice is by number of months of usage.</p>
9	Purchasing	<p>Consider to define in numerical value for Supplier Evaluation Criteria, as present practice is only, Outstanding, Good and Satisfactory and Poor; since this cannot determine, if it is 60-70% as requirement in “barely/meet the requirement.”</p>
10	Risk & Opportunities	<p>Consider to revisit the system on how to address the noted opportunities, i.e. may consider to have a formal means to demonstrate the actions being taken and the effectiveness in addressing opportunities.</p> <p>Need to revisit the Impact analysis, in the event of having 2 or more areas, e.g. Risk consequence that had impact on “people” and at the same time impact on “service output”. Thus, the risk level needs to be clearly defined if it is a simple Likelihood x Consequence.</p> <p>Need to clearly define as to frequency of re-assessing the residual risks, i.e. quarterly, semi-annual or as the need arise relative to the control measure / risk treatment.</p>
11	PPE Testing and Assessment	<p>Ensure to devise appropriate methodology of evaluation of any intervention that relates to the competence of personnel, e.g. coaching and training given to the staff.</p>
12	Human Resource	<p>Need to revisit the provision of the ISO 9001 with regards to the “effectiveness of actions taken” in addressing the competence.</p> <p>The current means of assessment the competence of the personnel could be further enhanced and supplemented by the results of the evaluation of the specific training given to the employee, e.g. Risk Management, ICT Workshops.</p>

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13	FAD (Budget Utilization)	Consider to include other relevant risks such as related to the potential achievement of objectives concerning the Corporate Operating budget Utilization, i.e. as of Nov. 2020, utilization is about 40% only.
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5 Dates

Due Date for the next audit 2021 December 16

Agreed date for the next audit 2021 November

09 December 2020

Date


Jogina Mendiola/ Jayzer Aquino, Ernesto Demoy, Rolando Remitar

Audit Leader / Auditor(s)

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Annex ISO 9001:2015 (please delete if not an ISO 9001:2015 audit)

Item	Audit result
Context of the organization	<p>The organization has determined internal and external issues related to the following subject areas > SWOT / PESTLE (Note: subject areas can be legal requirements, co-operations, competition, community etc.)</p> <ul style="list-style-type: none"> • Reference OSHC-QP-QED-TM-02 Context of the Organization Procedure • External Issues (Political Factors, Economic Factors, Social Factors, Technological Factors) – Political Intervention; Inadequacy of Equipment and PPE; Support of LGU • Internal Issues – Cannot meet the demand for WEM request; Unfavorable Client Feedback; Delayed approval of budget <p>The organization has identified interested parties and the requirements of these parties. Examples for such parties are:</p> <ul style="list-style-type: none"> • Client (Government Agencies, NGOs, Companies, Trade Unions, OFWs) – Technical Assistance, Timely release of reports and dissemination of information • Governing Board – Transparency and legal compliance • Regulatory Authorities – Compliance with statutory and regulatory requirements
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>Quality Policy: The OSHC is committed to:</p> <ul style="list-style-type: none"> - Provide a high-quality service to protect the workers through preventive safety and health policies and programs. - Meet client requirements and expectations to improve client satisfaction. - Compliance to applicable standards and regulatory requirements. <p>Ensuring continuous improvement of the Quality Management System to fulfill the requirements of the standards of ISO 9001:2015.</p> <p>Key quality objectives include: (Functional Objectives)</p> <p>Work Environment Measurement</p> <ul style="list-style-type: none"> • To ensure that WEM reports of the companies served are released within the 20working days process cycle time • To acknowledge WEM requests within 72hours response time. • To provide laboratory reports of all the samples submitted for analysis • To meet client satisfaction with at least 90% satisfactory rating from client feedback rating <p>In-House BOSH Training</p> <ul style="list-style-type: none"> • To conduct BOSH Training Course to Clients • To ensure compliance to the Quality Objective • To ensure that clients' needs, queries, request for assistance are addressed

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	<p>Health Services</p> <ul style="list-style-type: none"> To ensure timeliness in the provision of health services ≤20 working days from date of receipt of biological samples or examination requests To ensure that equipment related to testing activities are properly maintained and monitored. To ensure compliance with statutory and regulatory requirements To maintain client satisfaction rating at not less than satisfactory <p>PPE Testing and Assessment</p> <ul style="list-style-type: none"> To test sample specimens and evaluate if the minimum performance requirement of the current standard are met within the 20 working days process cycle time To retrieve at least 51% of the forms distributed to clients and to meet at least satisfactory rating of client feedback <p>Information Dissemination – Distribution of IEC Materials</p> <ul style="list-style-type: none"> To provide relevant IEC materials and ensure availability to clients To design and develop IEC materials in response to events, situations and new OSH related issuances <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"> Work Environment Measurement – including Laboratory Analysis Health Services PPE Testing and Assessment In-House BOSH Training – Preparation of Training Modules; Selection of Trainers Information Dissemination – Distribution of IEC Materials <p>The following processes have been outsourced:</p> <ul style="list-style-type: none"> Utilities Consultants Security <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>

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	<p>Risk-based thinking has been applied for the following processes:</p> <ul style="list-style-type: none"> • Training and Public Information Division – Conduct of In-House BOSH Training (Updated November 18, 2020) • Health Control Division – Health Services (Updated October 2020) • Environment Control Division – Work Environment Measurement (Updated September 2020) • Finance and Administrative Division – Handling of Communication and Record Control Procedure • Finance and Administrative Division – General Services (Updated September 25, 2020) • Finance and Administrative Division – Procurement Procedure (Updated September 25, 2020) • Finance and Administrative Division – IT Disaster Recovery Plan Procedure and IT Security Policy Procedure (Updated September 2020) • Office of the Executive Director – Control of Documented Information Procedure (Updated March 30, 2020) <p>Examples of risks, control measures and opportunities of processes identified are:</p> <ul style="list-style-type: none"> • Receiving of Work Environment Measurement request • Risk: Complaint due to delay in servicing WEM request received • Control Measures: Establish prioritization scheme, Sending acknowledgement letter, Accreditation of WEM service provider • Conduct of WEM • Risk: Exposure of Staff to hazards • Control Measures: Conduct annual medical examination of staff <p>Examples of risks and opportunities concerning the context of the organization are:</p> <ul style="list-style-type: none"> • Failed bidding and no movement of proposals • Inadequacy of PPEs for Staff • Hacking of database <p>Concerning risk based thinking the following tools are used:</p> <ul style="list-style-type: none"> • Risk Registry (OSHC-QF-OED-IA-08) • Procedure on Addressing Risks and Opportunities (OSHC-QP-OED-IA-03) • Risk Management Plan (OSHC-QF-OED-IA-09, Rev.01, September 22, 2020)

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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>Offers are prepared and approved by the Executive Director. The person who prepared the offer reviews the contract to ensure its compliance with the offer and documents this compliance in an order confirmation. The same procedure applies to amendments.</p> <p>The following process requirements significantly affect product or service quality:</p> <ul style="list-style-type: none"> • WEM – Specification of equipment; Malfunction of equipment • PPE Testing and Assessment – Equipment specification for PPE Testing • Training – Planning, Scheduling, Availability of Training Supplies and Materials; Availability of Resource Speakers • Health Services – Process cycle time; Use of chemicals • General – Internet Connectivity; Power Supply <p>Key regulatory, statutory and customer-related requirements include:</p> <ul style="list-style-type: none"> • EO307 – Establishing the Occupational Safety and Health Center in the Employees’ Compensation Commission” attached agency of the Department of Labor and Employment • Implementing Rules and Regulations of EO307 • RA11058 – An Act Strengthening Compliance with Occupational Safety and Health Standards and Providing Penalties for Violations thereof • Implementing Rules and Regulations of RA11058 • RA9485 • CSC Rules and Regulations
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>A monthly collection of Client’s Feedback is facilitated by HRDS. Latest result for the month of November 2020, were as follows:</p> <ul style="list-style-type: none"> - PPE Testing – 4.70 - Health Services – 4.67 - OSH Training – 5.00 - WEM – 4.00 <p>A third-party survey was conducted by PSRC (for the 2019 Customer Satisfaction Survey). DOLE-OSHC received an overall net satisfaction rating of 95%, where ECC rated 87%. The information dissemination and timeframe of service did not meet the 90% rating. The Executive Director has instructed all Units to continuously improve their services, also, a proposal for an OSHC Customer</p>

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	Hotline was considered to respond to findings on customer complaints/feedback.																																																																																									
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. The nonconformities identified in these internal audits had been corrected by the time the audit documented in this report was performed.</p> <ul style="list-style-type: none"> • Internal Audit Procedure (OSHC-QP-OED-IA-01) • With 12 appointed IQAs and 2 Observers, being trained as IQAs • Audit was conducted September 21-24, 2020 with the following results: (52) Opportunities for Improvement, and (0) Nonconformity. • OFIs require the use of CPAR (with planned action) <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 for Y2020 was carried out in accordance with the requirements and was effective.</p> <ul style="list-style-type: none"> • DOLE-OSHC Management Review Agenda follows ISO 9001:2015 Clause 9.3.2, that is, a) the status of actions from previous management reviews; b) changes in external and internal issues that are relevant to the quality management system; c) information on the performance and effectiveness of the quality management system, including trends in: c.1) customer satisfaction and feedback from relevant interested parties; c.2) the extent to which quality objectives have been met; c.3) process performance and conformity of products and services; c.4) nonconformities and corrective actions; c.5) monitoring and measurement results; c.6) audit results; c.7) the performance of external providers; d) the adequacy of resources; e) the effectiveness of actions taken to address risks and opportunities; f) opportunities for improvement. • Check (✓) marks indicate which Management Review month, these were discussed. <table border="1" data-bbox="470 1534 1492 2038"> <thead> <tr> <th rowspan="2">ISO 9001: 2015 Clause 9.3.2</th> <th colspan="8">Y2020 Management Review</th> </tr> <tr> <th>Jan. 14</th> <th>Feb. 05</th> <th>May 15</th> <th>Jul. 13</th> <th>Aug. 20</th> <th>Sept. 08</th> <th>Oct. 05</th> <th>Nov. 05</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td></td> <td></td> <td></td> <td></td> <td>✓</td> <td>✓</td> <td></td> <td></td> </tr> <tr> <td>b.</td> <td>✓</td> <td></td> <td>✓</td> <td></td> <td>✓</td> <td>✓</td> <td></td> <td>✓</td> </tr> <tr> <td>c.1</td> <td></td> <td></td> <td></td> <td></td> <td>✓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>c.2</td> <td>✓</td> <td>✓</td> <td>✓</td> <td>✓</td> <td>✓</td> <td>✓</td> <td>✓</td> <td>✓</td> </tr> <tr> <td>c.3</td> <td>✓</td> <td>✓</td> <td>✓</td> <td>✓</td> <td>✓</td> <td>✓</td> <td>✓</td> <td>✓</td> </tr> <tr> <td>c.4</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>✓</td> </tr> <tr> <td>c.5</td> <td>✓</td> <td></td> <td></td> <td>✓</td> <td></td> <td>✓</td> <td></td> <td></td> </tr> <tr> <td>c.6</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>✓</td> </tr> </tbody> </table>	ISO 9001: 2015 Clause 9.3.2	Y2020 Management Review								Jan. 14	Feb. 05	May 15	Jul. 13	Aug. 20	Sept. 08	Oct. 05	Nov. 05	a.					✓	✓			b.	✓		✓		✓	✓		✓	c.1					✓				c.2	✓	✓	✓	✓	✓	✓	✓	✓	c.3	✓	✓	✓	✓	✓	✓	✓	✓	c.4								✓	c.5	✓			✓		✓			c.6								✓
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	c.7										
	d.	✓						✓	✓		
	e.										✓
	f.		✓	✓	✓			✓			
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	1	1	1	1	1
No. of nonconformity	-	-	-	-	-	-	-	-	-	-	-	-
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 = nonconformity (see nonconformity report)
 - 4 = not applicable