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1. OBJECTIVE

This procedure aims to guide the auditors in conducting the audit and serve as reference to auditees and management. The audit intends to establish whether the Quality Management System (QMS) set by the Department of Justice - Parole and Probation Administration (DOJ-PPA) conforms with the requirements set forth by ISO 9001:2015 QMS standard. Furthermore, it seeks to guarantee that current organizational practices are in line with the Quality Management policies, processes and procedures through the use of a systematic, independent and documented process to obtain audit evidence and evaluate it objectively and determine the extent to which audit criteria are fulfilled.

2. SCOPE

This Internal Audit of the QMS procedure applies to the DOJ-PPA's Core Process of Investigation, Supervision, Rehabilitation, Management and Support Processes of the covered QMS Scope (sites and applicability).

3. DEFINITION OF TERMS

Audit - Systematic, independent and documented process for obtaining evidence and evaluating it objectively to determine the extent to which criteria are fulfilled.

Auditee – An individual/unit/division/regional office/field office/organization that is being audited.

Audit Client – An organization or person that requests an audit.

Auditor – A person who conducts audit objectively, impartially, independently and competently.

Audit Team - Composed of one or more auditors conducting an audit, with an appointed audit team leader and when necessary, aided by technical experts and observers.

Technical Expert - A person or group of persons who has/have specific expertise or knowledge about the organization, process or activity being audited, but cannot act as an auditor.

Audit Program – A set of policies and procedures that specifies how the audit is implemented.

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Audit Plan – It is a document that specifies details of the audit, which includes date, time, auditors, auditees, and criteria of the audit.

Audit Scope – Refers to boundaries and limitations of the audit, which may include the physical locations, organizational units, activities and processes, as well as the time period covered.

Audit Evidence – Data gathered during the conduct of the audit to establish conformity to the requirements, such as records and interview information.

Audit Findings – Results from the process that evaluate audit evidence after comparing it against the audit criteria. It shows that audit criteria are being met or not. It also identifies best practices or improvement opportunities.

Audit Conclusion – Summary of the results of the audit submitted after completion of an audit program and after audit findings and audit objectives have been considered.

Nonconformity – Non-fulfillment of a requirement. It is a failure to comply with the requirements.


Opportunity for Improvement – A significant observation to enhance process/activity prevent possible nonconformance.



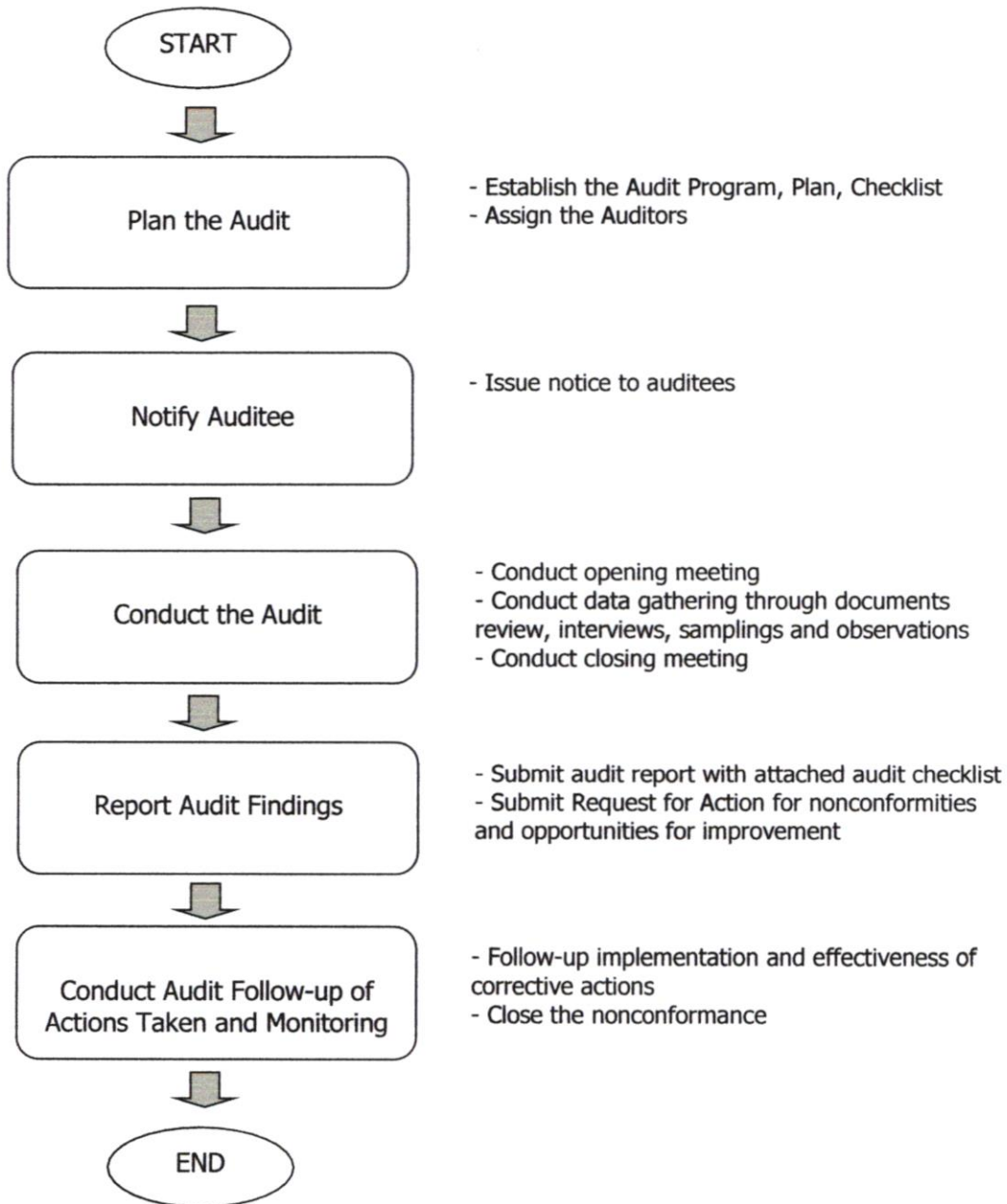
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4. FOCAL PERSONS AND THEIR RESPONSIBILITIES

FOCAL PERSONS	RESPONSIBILITIES
QMS Leader	<p>Reviews and approves the audit program and helps identify priority areas of the quality management system which will be the focus of the audit program.</p> <p>Reviews audit results and status of follow-up audits.</p> <p>Monitors the status of corrective actions.</p>
IQA Team Leader	<p>Plans, manages and coordinates the audit program with the auditee/audit client and the QMS Leader. Conducts audits assigned to him/her.</p> <p>Reviews audit results and status of follow-up audits.</p> <p>Monitors the status of corrective actions.</p>
IQA Assistant Team Leader	<p>Assists the IQA Team Leader in carrying-out his/her functions.</p>
IQA Team	<p>Gathers audit evidence and evaluates them as against the audit criteria; conducts follow-up audits, if necessary.</p> <p>Reviews audit results and status of follow-up audits.</p>
Auditor	<p>Conducts audits, as assigned.</p>
Auditee	<p>Provides audit evidence to the auditor; responds to audit findings as needed; and implements corrective action.</p>

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5. PROCESS FLOW



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6. GUIDELINES

6.1 Plan the Audit

6.1.1 An annual audit program shall be done in conjunction with DOJ-PPA's Annual Work and Financial Planning.

6.1.2 The IQA Team Leader IQA Team Leader shall take into consideration the following aspects in preparing the annual audit program as follows:

- Objective of the audit program
- Schedule of the audits and availability of IQA Team members
- Audit procedures
- Resources to be used
- Miscellaneous items (Confidential Information, Security and Auditee availability, Previous audits)
- Status of follow ups
- Implementation of corrective actions for non-conformities.

6.1.3 Results of previous audits and corrective action shall also be considered and planned alongside the current audit program to determine if previously identified nonconformities are addressed accordingly.

6.1.4 The ISO 9001:2015 standard shall serve as the primary audit criteria for the QMS audit to be conducted. DOJ-PPA shall also need to comply with applicable laws, rules, regulation and orders, as well as its own manuals, guidelines and procedures.

6.2 Preparation of the Audit Plan

6.2.1 The IQA team leader should prepare the Audit Plan every December of the current year. The audit plan shall contain the following:

- Audit Objective
- Audit Scope
- Audit Criteria and Reference documents
- Engagement Timeline
- Work Assignments
- Allocated Resources

6.2.2 The scope of audit as determined by the IQA Team Leader shall be coordinated to concerned Auditee and appropriate steps should be made to disseminate such information. The scope should include the

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process or functions which need to be audited in order to meet the objectives of the audit.

6.2.3 The audit schedule shall be coordinated by the IQA Team Leader through a notice to ensure confirmation prior to finalizing the audit plan. The notice of audit schedule for the succeeding year shall be issued every 1st week of November of the current year.

6.2.4 The IQA team leader shall assign specific team members responsibility for auditing specific processes, activities, functions and locations. Selection of assignment should account for independence and competence of the team members and ensure that work assignments are clearly communicated

6.2.5 The IQA Team Leader shall be responsible in assigning the appropriate audit members who will conduct the verification based on the approved audit scope and corresponding criteria. An audit team member should possess the desired qualifications and take into account their competence in order for him/her to render objective audit findings. The IQA Team Leader shall also determine if there is a need to appoint any technical expert for a determined audit scope.

6.2.6 The selection of IQA Team Leader and auditors including Technical Experts shall consider the following competencies:

- At least two (2) years of service in the agency
- At least 2nd level personnel
- Has obtained a Certificate of Completion in Auditing QMS
- Personal Attributes – exhibits objectivity, impartiality, independence, and competence
- Knowledge on auditing concepts and methodologies
- Auditing Skills – planning, preparation of checklist, gathering of audit evidence against audit criteria, preparing audit reports
- Knowledge on IOA 9001 requirements and the quality management system of Parole and Probation Administration vis-à-vis audit requirements of the audit client

6.2.7 IQA Team Leaders and Members shall be reviewed with consideration of the following:

6.2.7.1 Feedback from the Team Leader for member performances, including those from other audit members and auditee.

6.2.7.2 Quality of Audit Reports for the Team Leader.

6.2.8 Auditor competencies, skills and knowledge shall be periodically monitored through a database and appropriate training and

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development needs should be identified. The IQA Team Leader shall coordinate with the Training Section of the DOJ-PPA to address their needs and implement suitable training programs.

6.3 Audit Checklist Preparation

6.3.1 When an audit is initiated, the responsibility for conducting the audit remains with the IQA Team Leader until it is completed. The initial contact with the auditees shall be made to accomplish the following:

- Establish communications
- Provide relevant information on the audit scope, audit team members, technical experts, if any
- Requests access to information for documents review.

6.3.2 Preparation of audit work documentation shall be made and submitted to the IQA Team Leader fifteen (15) working days before the scheduled audit. The Audit Team members should collect and review information relevant to their audit assignments and prepare documents such as:

- Audit Checklist
- Audit Sampling plans
- Forms of recording information

6.4 Notify the Auditee

6.4.1 The IQA Team Leader requests for approval of Audit Program and Audit Plan, as well as, the issuance of memorandum order on the conduct of the audit. The request includes the Audit Program and Audit Plan for dissemination to all concerned offices.

6.5 Conduct of Audit Activities

6.5.1 Opening meeting – should be held together with the auditee, including those directly responsible to the processes or function which is part of the audit scope. The audit team leader shall chair the meeting and will discuss the following:

- Introduction of the Audit Team
- Confirmation of the Audit Objectives, Scope and Criteria
- Presentation of the Audit Plan
- Communication between the Audience and the Audit Team
- Reporting of Audit Findings and how to deal with them
- Audit Report and Closing Meeting/Exit Conference

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6.5.2 Gathering of audit evidence and review of auditee's relevant documentation shall be made in order to determine their conformity with the established criteria. This activity can be done through interviews of concerned auditee representative assigned to specific processes within the audit scope, review of documentation and records and observation of procedures.

6.5.3 The audit team members should confer periodically to exchange information, assess audit progress, and reassign work between the audit team members as needed. Moreover, audit team meetings are held to discuss initial findings, identify additional audit requirements, and resolve any audit issues; to consolidate and prepare the audit reports. Nonconformities found during audits shall be documented using the Request for Action (RFA) form.

6.5.4 Prior to the closing meeting and after generation of individual of audit findings, the audit team members shall confer and prepare the audit conclusion. Review of audit findings and audit evidence are made to align them with the audit objectives set out during the opening meeting and if such was attained and identified weakness can be addressed.

6.5.5 The audit team leader shall preside over the conduct of the closing meeting together with the IQA Team and Auditee. The closing meeting shall be the venue to present the audit findings and conclusions, discuss nonconformities and agreement as to the corrective action to be taken and schedule of its implementation.

6.6 Deviation from the Audit Plan


6.6.1 Any change or deviation in the Audit Plan concerning the schedule, audit team members, or other matters pertaining to the audit shall be reported to the IQA Team Leader for action.

6.6.2 The IQA Team Leader shall approved the change or disapprove the same providing the reasons therefor.

6.7 Reporting Audit Findings

6.7.1 The IQA Team leader shall sign the RFA and the concerned auditee shall acknowledge it. The auditee shall commit to and apply the necessary corrective action to all nonconformities within thirty (30) working days by submitting a corrective action plan after the closing meeting.

6.7.2 The audit team leader shall prepare the audit report based on the audit findings and conclusions including corrective action plans

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indicated by the auditee. It should provide for a complete, accurate, concise, and clear record of audit.

6.8 Conduct Audit Follow-up of Actions Taken and Monitoring


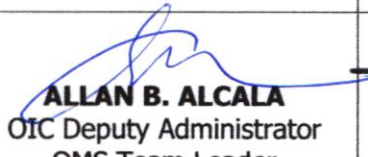

6.8.1 Follow-up audit shall be conducted within 1 (one) month after the implementation date of corrective action. The auditees shall submit documentary evidence to show implementation of corrective actions. The IQA Team shall review the documentary evidence, and if sufficient, may deem the nonconformity to be closed. Otherwise a site inspection to verify actual implementation may be conducted after the nonconformity may be deemed closed.

6.8.2 Within 1 (one) month after the closing meeting, the QMS Leader shall review the status of the audit with the IQA Team. The review shall determine if the audit was able to meet the objective, including the need for any follow-up audit(s).

6.8.3 At the Management Review immediately following the audit, the QMS Leader shall discuss with the Management Team the results of the audit, as well as the status of corrective actions on nonconformities. The review of the status of corrective actions shall remain on the Management Review agenda until such time as the corrective actions have been implemented and the nonconformity has been closed. Auditees shall keep the QMS Leader and the IQA Team Leader periodically updated on the status of corrective actions, until the corrective action have been implemented.

7. ATTACHMENTS

- 7.1 Internal Quality Audit Program
- 7.2 Internal Quality Audit Plan
- 7.3 Internal Quality Audit Report

Prepared by:	Reviewed by:	Approved by:
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