



NONCONFORMITY REPORT

Control No.: NCRC-NC-21-02	Audit Date: August 27-October 18, 2021	Area/Activity: ODPP, OHIA, DoPAC, DAS, ILE, GDO, DOH, GLMO, CASL, Procurement, Office of the Director for Extension, IGP/RGAS, NCRC-V , OSEHA
Auditor(s): MC Magdadar Jr., SB Lina, JGF Jansalin, EG Cagasan, EE Ongy, RB Armezin, DP Peque	Auditee(s): Unit Heads and dDRCs	
Nonconformance Category: <input type="checkbox"/> Major <input checked="" type="checkbox"/> Minor	Audit Type: <input checked="" type="checkbox"/> Internal <input type="checkbox"/> External	

NONCONFORMITY STATEMENT

Description of Nonconformity:

The organization fails to ensure that documented information required by the QMS is available, updated and controlled

Relevant Evidences:

1. No copies of the 2021 ROAM, SWOT and OTP available on file (ODPP)
2. The PDS/PDF records on file are for year 2018 and no records for 2021 (ODPP)
3. There was no copy of the approved IPCR with accomplishments from January to June 2021 on file (OHIA)
4. The unit has no copy of certificate of ISO awareness seminar and no copies of NOM, attendance and MOM discussing ISO matters on file (OHIA)
5. The unit has no copy of SWOT, OTPs and NEIP for 2021 on file and no copy of IPCR with accomplishments for January to June 2021 (DoPAC)
6. Absence of PM-VPS-01 v2 on file (DAS)
7. ILE uses both FM-GSD-15 and FM-GSD-09 forms for activities under PM-GS-02. However, FM-GSD-15 is not yet indicated in the procedure. The forms of PPO still bears the code "GSD" (ILE)
8. Files of the relevant documented information of the university are not yet put in place in the office. There are no controlled copies of relevant documented procedures and guidelines on file (GDO)
9. The unit fails to ensure completeness of current/updated Procedures Manual on file (PM-QAC-06 to 08, PM-VPA-04, PM-VPA-05, PM-IMD-03, PM-VPA-03, PM-ODI-05, PM-IMD-03) (DOH)
10. PMs relevant to the unit are not kept by the unit head (GLMO)
11. Absence of PM-VPS-01 and PM-VPS-02 (University Library)
12. The deputy dDRC has no files of any PMs (CASL)
13. The new Lab Head does not have files of her PDF, PDS and CV in the lab (CASL)
14. The QPs and forms under PPO still uses the code "GSD", that is a code now being used by another office. There are still forms that were not completely filled out and not assigned with control numbers (ODPP)

15. The TUVR Test Mark reflected in OP Memo No. 45, series of 2021 issued on January 22, 2021 with document code FM-OOP-01, No. 21-45 was printed in black and white. As per general guidelines for Test Mark use by TUV Rheinland Philippines, Inc., the University is only allowed to use any of the four (4) variations indicated in the TUVR guidelines. Thus, an internal guideline on the Formatting of VSU Letterheads and Forms (GL-INF-01) was registered and implemented to comply with the TUVR provision on the use of the TUVR test mark. It is indicated in Item 4.4.1 of GL-INF-01 that only a colored version of the TUVR test mark without a barcode shall be used. (Procurement)
16. The document code of the form reflected in the procedure is not consistent with the document code of the actual form used. The code used in PM-REI-5 is FM-REI-16, the code used in the actual form is FM-RDE-16 (generated record). (Office of the Director for Extension)
17. Uncontrolled copies of the PMs and GLs were distributed to the process owners. As per GL-QAC-03 (GL on Document Stamping), hard copies should be distributed. Uncontrolled copies were sent to the process owners and co-process owners through email. (DRC)
18. E-copies of PMs and GLs were distributed to both process owners and co-process owners. As per PM-QAC-06, Item 5.20, the document for distribution is of hard copy. No e-copy was indicated in the procedure. (DRC)
19. The office does not have a compilation of some necessary documents in compliance to ISO standard (IGP/RGAS)
20. There is no copy of PM-VPR-02 (Quality Procedure on Risk Assessment) presented (NCRC-V)
21. The office has no copy of the QMS, PQS and other ISO related documents (OSEHA)

ISO 9001: 2015 Clause and Requirement:

Clauses 7.5.1; 7.5.2 a, c; 7.5.3.1 a, b; 7.5.3.2a

7.5.1

The organization's quality management system shall include: a) documented information required by this International Standard; b) documented information determined by the organization as being necessary for the effectiveness of the quality management system

7.5.2. a,c



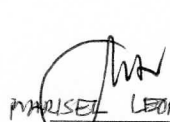
When creating and updating documented information, the organization shall ensure appropriate: a) identification and description (e.g. title, date, author, or reference number), c) review and approval for suitability

7.5.3.1 a, b

Documented information required by the quality management system and by this International Standard shall be controlled to ensure a) it is available for use, where and when it is needed; b) it is adequately protected (e.g. from loss of confidentiality, improper use, or loss of integrity)

7.5.3.2 a

For the control of documented information, the organization shall address the following activities as applicable: a) distribution, access, retrieval, and use

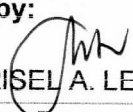
Prepared by:	Reviewed by:	Acknowledged by:
MC MAGDADARO Jr. SB LINA JGF JANSALIN EG CAGASAN EE ONGY RB ARMECIN DP PEQUE  Internal Auditors Date: November 22, 2021	 LUZ O. MORENO Lead Auditor Date: November 22, 2021	 MARISOL LEONARDO / A. ABATADAN Auditee Representative Date: 11/23/21

Root Cause Analysis:

NCRC-V dDRC was not able to follow when was the procedural manual on Risk Assessment was cascaded

CORRECTION AND CORRECTIVE ACTION

#	Action	Target Date	Responsible Person
	<p>During the audit (September 27, 2021) the dDRC of NCRC-V called OVPREI and requested a copy of ROAM, SWOT, and OTP for 2021. He also requested a copy of the <u>procedural manual for Risk Assessment (PM-VPR-02)</u>. Then OVPREI advised NCRC-V to secure an e-copy of the said documents at OVPREI QMS folder which the dDRC did.</p>	September 27, 2021	Director dDRC
	<p>Maintain an updated copy of the procedural manual on Risk Assessment. This will be used as guide for the preparation of NCRC-V OPCR Targets for 2022</p>	December, 2021	dDRC

Prepared by:  MARISEL A. LEORNA Auditee Representative	Reviewed by: DENNIS P. PEQUE Internal Auditor	Approved by: LUZ O. MORENO Lead Auditor
Date:	Date	Date:

ACTION VERIFICATION / FOLLOW-UP

Vision: A globally competitive university for science, technology, and environmental conservation.
Mission: Development of a highly competitive human resource, cutting-edge scientific knowledge and innovative technologies for sustainable communities and environment.

ACTION VERIFICATION / FOLLOW-UP			
#	Verification Remarks	Date	Verified by

Final Status:

☐ Closed
☐ Failed (for re-issuance)

Remarks:

Approved by:

Date:

No. NGRC-NC-21-02