



## NONCONFORMITY REPORT

|                                  |  |                     |                                    |                         |  |
|----------------------------------|--|---------------------|------------------------------------|-------------------------|--|
| <b>Control No. :</b>             | ISRDS-NC-22-01   | <b>Audit Date :</b> | September 19 –<br>October 05, 2022 | <b>Area/ Activity :</b> | DoPAC, GLMO, OHILE, ODS, CME, DOH, <b>ISRDS</b> , OHPPES, Dept. of Statistics, OHA, PhilRootcrops, OHBHM, OHPP, OSEHA, DBM, OHIA, NCRC-V, Dept. of Physics |
| <b>Auditor(s) :</b>              | SB Lina, MC Magdadar Jr., EE Ongy, MB Loreto Jr., SO Villagonzalo, DP Peque, JGF Jansalin, EG Loreto, MEM Umpad, RH Dohiling, VA Gilos, CB Limbo, LOMoreno |                     |                                    | <b>Auditee(s) :</b>     | Unit Heads and dDRCs   |
| <b>Nonconformance Category :</b> | <input type="checkbox"/> Major <input checked="" type="checkbox"/> Minor   |                     |                                    | <b>Audit Type:</b>      | <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. Old version of VPR Procedure Manuals PMs) is still on file. (DoPAC)
2. Supervisory Plan is available but not signed by the Dean (DoPAC)
3. In the Service Request Forms on file (e.g. GLM-22-571, GLM-22-292) the section for the customer satisfaction rating was not filled out (GLMO)
4. The Service Request Forms at ILE were not properly filed; many forms lack approval/signature; many forms lack control numbers (OHILE)
5. The form used for FM-ODS-36 of PM-ODS-17 is FM-VSU-05. FM-VSU-05 is not a registered form and is not reflected in PM-ODS-17 (ODS)
6. The filed PPMP has no countersign/signature of Budget Head. The PDS/PDF filed has no signature of the faculty/staff and also indication that it was submitted (Jan -Aug, 2022). The filed 2021 NAP bears no signature (CME)
7. A sample of filed official communication (Feb. 28, 2022) has no control number and Service Request Forms on file (7/7) were not completely filled out (CME)
8. Lacking Individual faculty workload (DBM (5 faculty with no IFW, DoE: only 3 are available, ISRDS: only 3 are available) (CME)
9. Some filed documents (IPCR, OPCR) are signed but not dated accordingly, NAP lack signatures, other documents have signatures but no dates. PM-VPA and PM-IMD are not complete. (DOH)
10. Attendance sheets during meetings of the unit and some of the VPA-FM-03 (arrangement of classes to be missed) have no assigned control number (ISRDS)
11. There were documents on file that did not have proper control, code & stamp, lacking control number, documents with non- traceable control number and no signatures. Obsolete documents (e.g. QPs, GLs and forms) were on file. (OHPPES)



12. The unit has no file copy of the employees' IPCR (OHPPES)
13. 2022 QRM not submitted by the office and the office sometimes practice using e-signature without control (Dept. Statistics)
14. Some documents presented have no control number. The in-charge must see to it that the documents printed are complete (OHA)
15. The documents during the conduct of admission test such as NDA, consent, and others were not properly compiled (OHA)
16. Old version of Training Evaluation Form was presented (PhilRootcrops)
17. Letter requests on file dated April 4, 2022 and May 20, 2022 sent by the auditee to the University President through Dr. Daniel Leslie S. Tan, the VP for Administration and Finance did not have control numbers. According to the dDRC, there are some documents that will not pass to her for control especially if the document is prepared by the head/auditee (OHBHM)
18. Non-submission of National Archive of the Philippines (NAP) form for 2021 and 2022 (OHPP)
19. There is no copy of the VSU Quality Manual and other ISO related documents (e.g. quality procedures) on file (OSEHA)
20. The controlled copy of GL-QAC-02 Document Stamping, GL-QAC-06 Standard Format for VSU Internal Documents, and GL-QAC-11 Assigned Copyholder Number has no affix copyholder number. (OHIA)
21. There is no appointment of the dDRC and alternate dDRC presented (NCRC-V)
22. No updated course syllabus. Updated CS is still on process. During class observation, there was no updated OBE CS for Mgt.101b- Principles of Accounting II. Course Syllabi (Mgmt. 111, Mgmt. 101a, Mgmt. 136, Mgmt. 101B, Entr 11) presented were not completely signed yet. During audit interview, approval was at the DIMRC level only. The CS and Evaluation are still for submission and processing for approval of College Dean and OIMD (DBM)
23. The enrollment process/ procedure was revised and implemented without undergoing the process of the document control procedure. PM-REG-12 was not registered and cascaded. (Registrar)
24. Distribution of e-copy of controlled documents (Manuals and Guidelines) (UDRC)
25. The Annual Calibration Plan for Laboratory Equipment/Instrument (FM-PPO-18) has no control number (Dept. Physics)

## ISO 9001: 2015 Clause and Requirement:

### Clauses 7.5.1; 7.5.2 ; 7.5.3.1 ; 7.5.3.2

#### 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.




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

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)

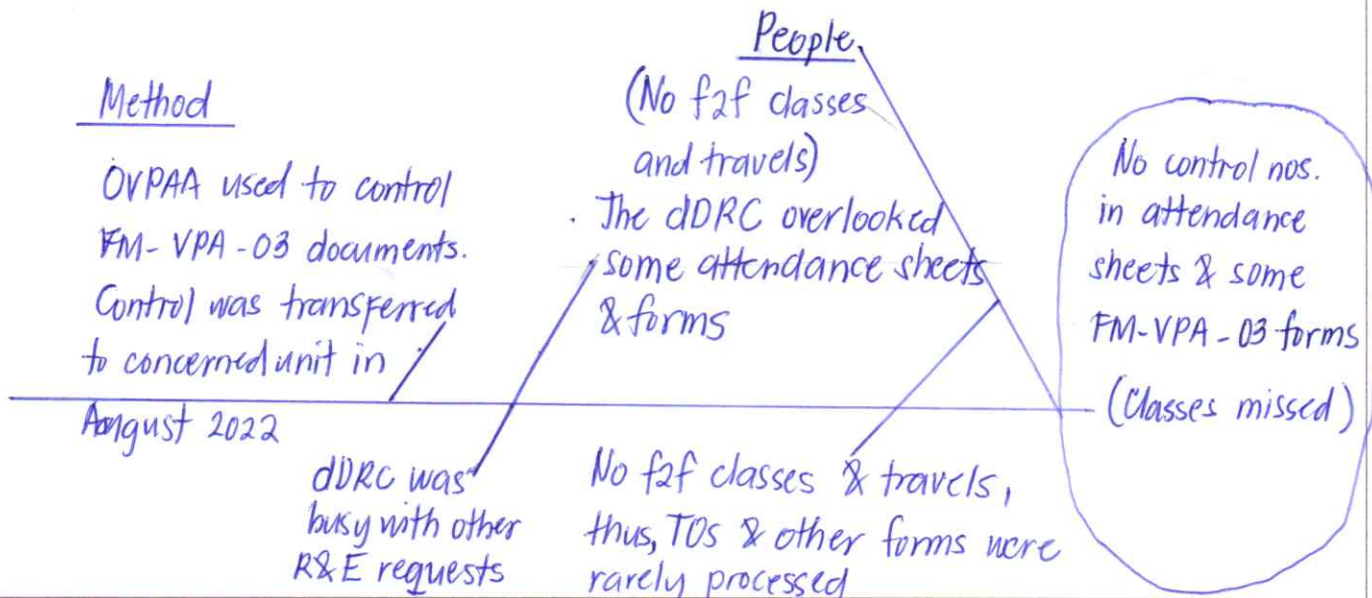
#### 7.5.3.2

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

|   |  |  |
|---|--|--|
| <b>Prepared by:</b><br><br><b>SUZETTE B. LINA</b><br>Internal Auditors | <b>Reviewed by:</b><br><br><b>LUZ O. MORENO</b><br>Lead Auditor | <b>Acknowledged by:</b><br><br><b>LILIAN B. NUÑEZ</b><br>Auditee Representative |
| Date: November 11, 2022   | Date: November 11, 2022  | Date: November 15, 2022  |

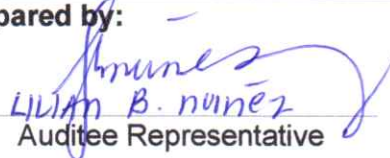
### ROOT CAUSE ANALYSIS

#### Root Cause Analysis:



### CORRECTION AND CORRECTIVE ACTION

| # | Action  | Target Date   | Responsible Person    |
|---|---|---------------|-----------------------|
|   | Practice meticulousness in document control.                    | Nov. 15, 2022 | dDRC & alternate dDRC |
|   | Double-check the assignment of control numbers to all documents | Nov. 15, 2022 | dDRC & alternate dDRC |

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|--|---|---|
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| Date: November 15, 2022  | Date:   | Date:   |







## NONCONFORMITY REPORT

|                                  |  |                     |   |                         |   |
|----------------------------------|--|---------------------|---|-------------------------|---|
| <b>Control No. :</b>             | ISRDS-NC-22-02   | <b>Audit Date :</b> | September 19 –<br>October 05,<br>2022   | <b>Area/ Activity :</b> | Dept. of Statistics,<br><b>ISRDS</b> , OHPPEs,<br>OHPP, Planning<br>Office, DOH,<br>Customer<br>Feedback, QMR |
| <b>Auditor(s) :</b>              | SBLina, SO Villagonzalo, RHDohiling,<br>LOMoreno, JGFJansalin, DPPeque,<br>MBLoreto, RCGuinocor, |                     | <b>Auditee(s) :</b> Unit Heads and dDRCs  |                         |   |
| <b>Nonconformance Category :</b> | <input type="checkbox"/> Major <input checked="" type="checkbox"/> Minor                         |                     | <b>Audit Type:</b> <input checked="" type="checkbox"/> Internal <input type="checkbox"/> External _____ |                         |   |

## NONCONFORMITY STATEMENT

### Description of Nonconformity:

The organization fails to evaluate the performance and the effectiveness of the quality management system and its continual improvement.

### Relevant Evidences:

1. The unit has no evidence showing evaluation and monitoring of virtual classroom (Graduate Classes) using PM-IMD-04 (ISRDS)
2. the NC (1) and OFIs (16) of the unit called out during the 3<sup>rd</sup> IQA are still open. No actions were taken. All action plans for both NC and OFIs were not monitored and implemented. (OHPPEs)
3. NC No. OPP-NC-21-01 during the 3<sup>rd</sup> IQA is still open. The unit failed to discuss or submit at the VP level on the ideal working structure for approval. Resolved it only at unit level. No proposal on expansion of the operations of VSU Printing Press. Out of 11 OFIs during the 3<sup>rd</sup> IQA, 6 OFIs are not yet closed and 5 OFIs are complied. The unit did not meet the target date/s of implementation of action plans. (OHPP)
4. Major NC (3<sup>rd</sup> IQA) is still open/not acted. Activities reflected in the corrective action plan (FM-QAC-35 No. Plan-CAP-21-01) are not monitored and implemented. Compliance to or implementation of action plans for the observations called during the 3<sup>rd</sup> IQA is only 29% (4/14). Ten (10) OFIs or 71% are still open, on-going and for verification. Most of these OFIs are borderline NCs. SSA OFI (FM-QAC-22 No. SSA-PLAN-OFI-22-01) not yet acted. (Planning Office)
5. The issued nonconformity (NC) during the 3<sup>rd</sup> IQA can't be closed yet since some PMs are not yet filed in the department. (DOH)
6. Class observation was not conducted during the midyear/summer 2021-2022. (Dept. of Statistics)
7. There is no monitoring of customer's complaints particularly on the many issues raised by the customers (students and alumni) related to enrollment and requests of documents (e.g. TOR) at the registrar's office. Results of customer feedback survey is not forwarded or immediately reported to concerned units and or Top Management for immediate and appropriate action. There are complaints (e.g. enrollment issues, medical examination, grade submission, requests of documents at OUR, delayed payment of salary of Jos and part time instructors, etc.) that needs real time verification and immediate action to address the problem. (Customer Feedback)



8. Customer satisfaction survey is done, however, frequency of collection as per procedure in PM-QAC-02 (Handling Interested Parties Feedback) is not followed ([Customer Feedback](#))
9. Quality Manual is not revised. There are already a number of changes in the organizational structure (QMS e.g. ODQA is already under OP and not OVPA, ICTMC is already named as UIIC, UHERS is now USHER), needs and expectations of interested parties have changed (e.g. changes brought about by covid-19 pandemic). As per QM-VSU-04 v01 (Context of the Organization), the quality manual shall be reviewed annually as part of the continual improvement process. The last revision is January 05, 2021. ISO 9001:2015 Clause 10.3 requires that the organization shall continually improve the suitability, adequacy and effectiveness of the quality management system. ([QMR](#))
10. The VSU Code needs revision (approved by board BOR Resolution No. 33, s. 2016, dated June 23, 2016- omnibus approval subject to revision). However, no revision was done and the provisions written in the VSU Code are no longer applicable/relevant as there are already a number of new provisions/policies over the years that were approved by the BOR and are not reflected in the document. Many provisions are no longer applicable/valid. The organization structure is already obsolete and needs revision as there are new offices created and names of offices have changed. Many changes and functions of different offices needs to be reviewed. (Clause 8.2 requires that the organization shall ensure that relevant documented information is amended, and that relevant persons are made aware of the changed requirements, when the requirements for products and services are changed. ([QMR](#)))

## **ISO 9001: 2015 Clause and Requirement:**

### **Clause 9.1 Monitoring, measurement, analysis and evaluation**

#### **Clause 9.1.1**

The organization shall determine:

- a) What needs to be monitored and measured;
- c) When the monitoring and measuring shall be performed
- d) When the results from monitoring and measurement shall be analyzed and evaluated

#### **Clause 9.1.2 .**

The organization shall monitor customer's perception of the degree to which their needs and expectations have been fulfilled. The organization shall determine the methods for obtaining, monitoring and reviewing this information

#### **Clause 9.1.3.**

The organization shall analyze and evaluate appropriate data and information arising from monitoring and measurement. The results of analysis shall be used to evaluate:

- a) Conformity of products and services; b) the degree of customer satisfaction; c) the performance and effectiveness of the quality management system; d) if planning has been implemented effectively



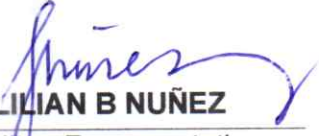
#### **Clause 10.2.1**

When a nonconformity occurs, including any arising from complains, the organization shall:

- a) react to the nonconformity and, as applicable:
  - 1) take action to control and correct it;
  - 2) Deal with the consequences;
- b) implement any action needed

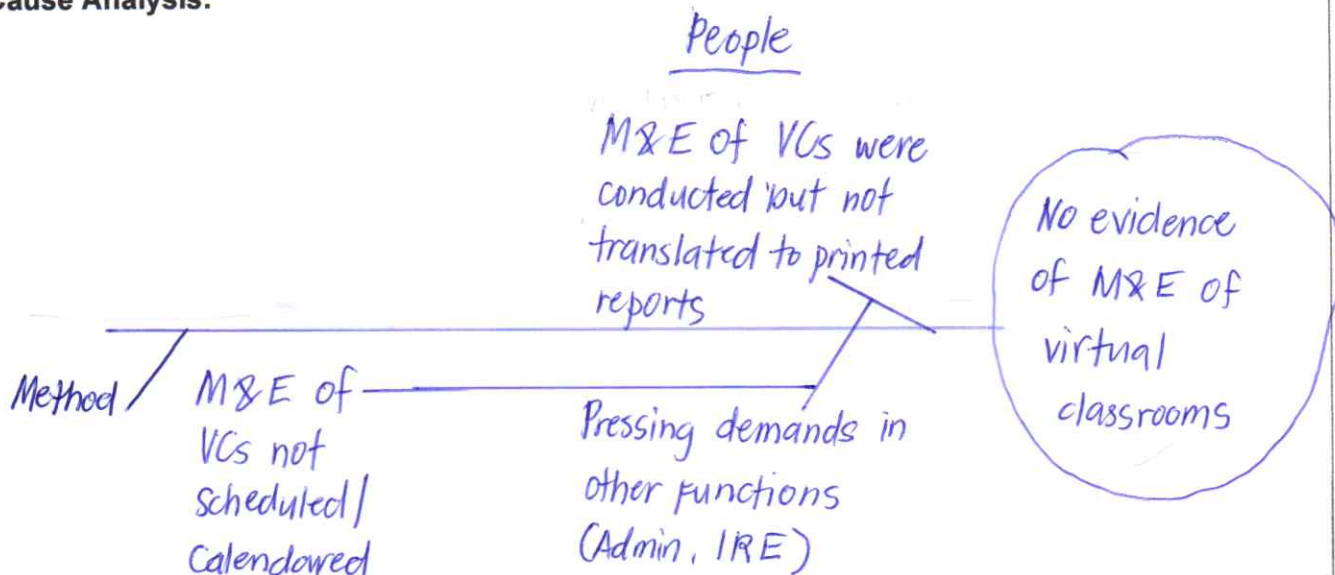
#### **Clause 10.3**

The organization shall continually improve the suitability, adequacy and effectiveness of the quality management system

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| <b>Prepared by:</b><br><br><b>SUZETTE B. LINA</b><br>Internal Auditor | <b>Reviewed by:</b><br><br><b>LUZ O. MORENO</b><br>Lead Auditor | <b>Acknowledged by:</b><br><br><b>LILIAN B. NUÑEZ</b><br>Auditee Representative |
| Date: November 11, 2022  | Date: November 11, 2022  | Date:  |

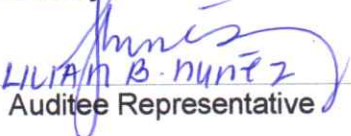
### ROOT CAUSE ANALYSIS

#### Root Cause Analysis:



### CORRECTION AND CORRECTIVE ACTION

| # | Action  | Target Date   | Responsible Person |
|---|---|---------------|--------------------|
|   | Calendar the monitoring & evaluation of VCs and allocate time for report preparation.                 | Nov. 30, 2022 | LB Nuñez           |
|   | Propose a simpler method of reporting VCs M&E, e.g. embed M&E forms in the VC with a "submit" button. | Feb. 28, 2023 | LB Nuñez           |

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| Date: Nov. 15, 2022  | Date:   | Date:   |



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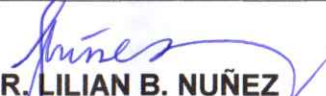
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v1 05-13-2020  
No. ISRDS-NC-22-02





**GENERAL OBSERVATIONS AND OPPORTUNITIES FOR IMPROVEMENT LIST**

| <b>Audit No. :</b> 04 |   | <b>Audit Date:</b> September 23, 2022  | <b>Audited Area/Department:</b> ISRDS |                     |        |
|-----------------------|---|--|---------------------------------------|---------------------|--------|
| Control No.           | General Observations and Opportunities for Improvement  | PLANNED ACTIONS  |                                       |                     | Status |
|                       |   | Action Items   | Target Date                           | Responsible         |        |
| ISRDS-OFI-22-01       | Ensure that signed Notice of Meeting (NOM) by the faculty and staff is made available. No signed NOM presented, only e-copy without signatures. | Print NOMs and route among the staff for signature.                                  | November 2022 monthly meeting         | Institute Secretary |        |
| ISRDS-OFI-22-02       | Consider filing an updated and notarized PDS.   | Submit updated PDS for 2022. Send compiled PDS to VSU Legal Office for notarization. | Jan. 31, 2023                         | All staff           |        |

|   |  |   |
|---|--|---|
| <b>Prepared by:</b>   | <b>Reviewed by:</b>  | <b>Acknowledged by:</b>   |
| <br><b>SUZETTE B. LINA</b><br>Internal Quality Auditor | <br><b>LUZ O. MORENO</b><br>IQA Lead Auditor | <br><b>DR. LILIAN B. NUÑEZ</b><br>Auditee/Director |
| Date: 10/28/22  | Date: 10/28/22   | Date: November 15, 2022   |