

OFFICE OF THE DIRECTOR FOR QUALITY ASSURANCE

Visca, Baybay City, Leyte, PHILIPPINES Telefax: +63 53 563 7534; Local 1076

Email: qac@vsu.edu.ph Website: www.vsu.edu.ph

REQUEST FOR CORRECTIVE ACTION (RFCA)

Reference Control No: ODPP-NC-21-01

Nece:	ssary Actions: (To be accomplished by pr	ocess owner)		
Correction: Applicable only to NCs)		RFCA No.		
Review of existing OTP and OPCR.		Target Completion Date for Correction:		
		Risk Level for NCs: (1-10) 1-3 (Resolved at unit level) 4-6 (Resolved at dean/director level) 7-9 (Resolved at the VP level) 10 (Resolved at the President's level		
Roo	t Cause Analysis:	1		
faile Wh	y 1: The office had already submitted the d to secure the approved copy. y 2: The office overlook securing the hardy and unknowingly attaining the hardcopy	copy due to the fact t		
Ana	Analyzed by: Reviewed by:			
	MARIO LILIO VALENZONA Process Owner		LUZ O. MORENO Lead Auditor /Member	
	Process Owner	necessary Corrective	Lead Auditor /Member	
No	Process Owner		Lead Auditor /Member	
No	Process Owner Describe the I	necessary Corrective	Lead Auditor /Member Actions:	
	Process Owner Describe the I	necessary Corrective	Lead Auditor /Member Actions: Target Implementation Date	
1 2	Process Owner Describe the reservition Action Description Review and update the OTP and OPCR Revise based on the update attain from	necessary Corrective	Lead Auditor /Member Actions: Target Implementation Date December 2021, (Dec. 31)	
1 2 3 4	Process Owner Describe the output Action Description Review and update the OTP and OPCR Revise based on the update attain from the ads under PPO	necessary Corrective	Lead Auditor /Member Actions: Target Implementation Date December 2021, (Dec. 31)	
1 2 3 4 5	Process Owner Describe the output Action Description Review and update the OTP and OPCR Revise based on the update attain from the ads under PPO	necessary Corrective	Lead Auditor /Member Actions: Target Implementation Date December 2021, (Dec. 31)	
1 2 3 4 5 6	Process Owner Describe the output Action Description Review and update the OTP and OPCR Revise based on the update attain from the ads under PPO	necessary Corrective	Lead Auditor /Member Actions: Target Implementation Date December 2021, (Dec. 31)	
3 4 5 6	Process Owner Describe the output Action Description Review and update the OTP and OPCR Revise based on the update attain from the ads under PPO	necessary Corrective	Lead Auditor /Member Actions: Target Implementation Date December 2021, (Dec. 31)	
3 4 5 6 7 8	Process Owner Describe the output Action Description Review and update the OTP and OPCR Revise based on the update attain from the ads under PPO	necessary Corrective	Lead Auditor /Member Actions: Target Implementation Date December 2021, (Dec. 31)	
3 4 5 6 7 8	Process Owner Describe the I Action Description Review and update the OTP and OPCR Revise based on the update attain from heads under PPO Submitted the updated OTP and OPCR	m the reviews of all	Lead Auditor /Member Actions: Target Implementation Date December 2021, (Dec. 31) January 2022 (Jan.7) Target Completion Date:	
3 4 5 6 7 8	Process Owner Describe the I Action Description Review and update the OTP and OPCR Revise based on the update attain from heads under PPO Submitted the updated OTP and OPCR roved by:	m the reviews of all	Lead Auditor /Member Actions: Target Implementation Date December 2021, (Dec. 31) January 2022 (Jan.7)	

	REVIEW / MO	NITORING		
#	Remarks	Date	Reviewed/ Monitored by	Status



OFFICE OF THE DIRECTOR FOR QUALITY ASSURANCE

Visca, Baybay City, Leyte, PHILIPPINES Telefax: +63 53 563 7534; Local 1076

Email: qac@vsu.edu.ph Website: <u>www.vsu.edu.ph</u>

REQUEST FOR CORRECTIVE ACTION (RFCA)

Reference Control No: ODPP-NC-21-02

Veces	Necessary Actions: (To be accomplished by process owner)				
Correction: Applicable only to NCs)		RFCA No.			
		Target Completion Date for Correction: January 7, 2022			
	 Securing the approved copies of SWOT, OTP, and ROAM. 	Risk Level for NCs: (1-10) 1-3 (Resolved at unit level) 4-6 (Resolved at dean/director level) 7-9 (Resolved at the VP level) 10 (Resolved at the President's level			
Roo	t Cause Analysis:				
pers	y 1: There are copies of SWOT, ROAM, connel.		· ·		
	y 2: The office failed to secure the appronnee.	oved Swot, Oth, a	and ROAM from the VP for Admin and		
Why	Why 3: The office unknowingly neglected to have the approved copies until the IQA was conducted.				
Ana	lyzed by:	Reviewed by	:		
	MARIO LILIO VALENZONA Process Owner		LUZ O. MORENO Lead Auditor /Member		
	Process Owner	ecessary Corrective	Lead Auditor /Member		
No	Process Owner	ecessary Corrective	Lead Auditor /Member		
No .	Process Owner Describe the n	·	Lead Auditor /Member Actions:		
	Process Owner Describe the n Action Description	ROAM ated area/data filer	Lead Auditor /Member Actions: Target Implementation Date		
1	Process Owner Describe the n Action Description Secure the approved SWOT, OTP, and F Keep Document Records on the design to ensure traceability and easy retriev	ROAM ated area/data filer	Lead Auditor /Member Actions: Target Implementation Date December 2021, (Dec. 31)		
1 2 3 4	Process Owner Describe the n Action Description Secure the approved SWOT, OTP, and F Keep Document Records on the design to ensure traceability and easy retriev	ROAM ated area/data filer	Lead Auditor /Member Actions: Target Implementation Date December 2021, (Dec. 31)		
1 2 3 4 5	Process Owner Describe the n Action Description Secure the approved SWOT, OTP, and F Keep Document Records on the design to ensure traceability and easy retriev	ROAM ated area/data filer	Lead Auditor /Member Actions: Target Implementation Date December 2021, (Dec. 31)		
3 4 5 6	Process Owner Describe the n Action Description Secure the approved SWOT, OTP, and F Keep Document Records on the design to ensure traceability and easy retriev	ROAM ated area/data filer	Lead Auditor /Member Actions: Target Implementation Date December 2021, (Dec. 31)		
3 4 5 6	Process Owner Describe the n Action Description Secure the approved SWOT, OTP, and F Keep Document Records on the design to ensure traceability and easy retriev	ROAM ated area/data filer	Lead Auditor /Member Actions: Target Implementation Date December 2021, (Dec. 31)		
3 4 5 6 7 8	Process Owner Describe the n Action Description Secure the approved SWOT, OTP, and F Keep Document Records on the design to ensure traceability and easy retriev	ROAM ated area/data filer	Lead Auditor /Member Actions: Target Implementation Date December 2021, (Dec. 31)		
3 4 5 6 7 8	Describe the n Action Description Secure the approved SWOT, OTP, and F Keep Document Records on the design to ensure traceability and easy retriev evaluation.	ROAM nated area/data filer val for review and	Lead Auditor /Member Actions: Target Implementation Date December 2021, (Dec. 31) January 2022 onwards		

	REVIEW / MON	NITORING		
#	Remarks	Date	Reviewed/ Monitored by	Status



OFFICE OF THE DIRECTOR FOR QUALITY ASSURANCE

Visca, Baybay City, Leyte, PHILIPPINES Telefax: +63 53 563 7534; Local 1076

Email: qac@vsu.edu.ph Website: <u>www.vsu.edu.ph</u>

REQUEST FOR CORRECTIVE ACTION (RFCA)

Reference Control No: ODPP-NC-21-03

ieces	ssary Actions: (To be accomplished by pro	ocess owner)		
Correction: Applicable only to NCs)		RFCA No.		
		Target Completion Date for Correction: January 14, 2022		
	imize the existing thermometer until the lested items for arrives.	Risk Level for NCs: (1-10) 1-3 (Resolved at unit level) 4-6 (Resolved at dean/director level) 7-9 (Resolved at the VP level) 10 (Resolved at the President's level		
Roo	t Cause Analysis:			
theri Wh	y 1: The office doesn't own a thermometer mometer from University Laboratory and solution of the office failed to have its own equiponitor the laboratory equipment used for contact of the office of	ends it to DOST for opment for reference	calibration.	
Ana	lyzed by:	•		
		Reviewed by	•	
	MARIO LILIO VALENZONA Process Owner	,	LUZ O. MORENO Lead Auditor /Member	
	Process Owner	ecessary Corrective	LUZ O. MORENO Lead Auditor /Member	
No	Process Owner	,	LUZ O. MORENO Lead Auditor /Member	
No 1	Process Owner Describe the n	ecessary Corrective	LUZ O. MORENO Lead Auditor /Member Actions:	
	Process Owner Describe the n Action Description Request personnel to spearhead the in calibration or designate somebody if no a position for this unit. Request to have at least 2 thermocou	ecessary Corrective nstrumentation and available permanent	LUZ O. MORENO Lead Auditor /Member Actions: Target Implementation Date	
1	Process Owner Describe the n Action Description Request personnel to spearhead the incalibration or designate somebody if no a position for this unit. Request to have at least 2 thermocousend it to 3rd party service calibration.	ecessary Corrective nstrumentation and available permanent	LUZ O. MORENO Lead Auditor /Member Actions: Target Implementation Date January 2022 (Jan.7)	
1 2 3	Process Owner Describe the n Action Description Request personnel to spearhead the incalibration or designate somebody if no a position for this unit. Request to have at least 2 thermocousend it to 3 rd party service calibration. Request training/seminar for institution.	ecessary Corrective nstrumentation and available permanent ple equipment and	LUZ O. MORENO Lead Auditor /Member Actions: Target Implementation Date January 2022 (Jan.7) January 2022 (Jan. 14)	
1 2 3 4 5	Process Owner Describe the n Action Description Request personnel to spearhead the incalibration or designate somebody if no a position for this unit. Request to have at least 2 thermocousend it to 3 rd party service calibration. Request training/seminar for institution.	ecessary Corrective nstrumentation and available permanent ple equipment and	LUZ O. MORENO Lead Auditor /Member Actions: Target Implementation Date January 2022 (Jan.7) January 2022 (Jan. 14)	
1 2 3 4 5 6	Process Owner Describe the n Action Description Request personnel to spearhead the incalibration or designate somebody if no a position for this unit. Request to have at least 2 thermocousend it to 3 rd party service calibration. Request training/seminar for institution.	ecessary Corrective nstrumentation and available permanent ple equipment and	LUZ O. MORENO Lead Auditor /Member Actions: Target Implementation Date January 2022 (Jan.7) January 2022 (Jan. 14)	
1 2 3 4 5	Process Owner Describe the n Action Description Request personnel to spearhead the incalibration or designate somebody if no a position for this unit. Request to have at least 2 thermocousend it to 3 rd party service calibration. Request training/seminar for institution.	ecessary Corrective nstrumentation and available permanent ple equipment and	LUZ O. MORENO Lead Auditor /Member Actions: Target Implementation Date January 2022 (Jan.7) January 2022 (Jan. 14)	

MARIO LILIO P. VALENZONA

Office / Unit Head

January 7, 2022

	REVIEW / MO	NITORING		
#	Remarks	Date	Reviewed/ Monitored by	Status