

QUALITY MANUAL

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Execution Date	Rev. No.	Revision Type	Change Description	Page Affected	Originator
May 2, 2019	Ø	New	Newly established in accordance with ISO 9001:2015 requirements.	-	ISO Facilitator
October 25,2019	Ø-A	Partial Revision	Revise the scope of the QMS to <i>Provision & Implementation of Statistical Research & Training.</i>	5 & 11	ISO Facilitator
October 31, 2019	Ø-B	Partial Revision	Revise the scope of the QMS to <i>Management, Development, and Implementation of Statistical Researches and Training Programs.</i>	5 & 11	ISO Facilitator

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Registration Mark:

DATE: October 30, 2019


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1.0 INTRODUCTION

The PSRTI was created by virtue of *Republic Act No. 10625 or the Philippine Statistical Act of 2013*. It is the government agency chiefly mandated to conduct high quality, objective and responsive statistical research and training for the improvement of the quality of statistical information generated by the country's statistical system. In undertaking its research function, PSRTI collaborates with the academe, data producers, and data users. Its non-degree training programs are designed to upgrade the quality of the statistics human resource base in the country. Finally, PSRTI is the repository of all statistical researches and studies generated by the Philippine Statistical Authority (PSA) and is tasked to back up files of data archives and other statistical databases of the Philippine Statistical System (PSS).

1.1 Agency Profile and Mandate

1.1.1 Agency Profile

The PSRTI is headed by an Executive Director, who shall be nominated by the PSA Board and appointed by the President of the Republic of the Philippines. The PSRTI Executive Director shall possess a Master's degree in Statistics.


The PSRTI has a governing board that formulates policies for its management and operations. The PSA Board Chairperson shall be the Chairperson of the PSRTI Governing Board, with the following as members: Dean of the University of the Philippines' School of Statistics, Executive Director of the Philippine Social Science Council (PSSC), a representative of the NEDA and the Executive Director of the PSRTI, as ex officio members. The PSA Board Chairperson may appoint two (2) representatives from the private sector to the PSRTI Governing Board from among a list of nominees submitted by the Board.

1.1.2 Mandate

The PSRTI is Committed to its Mandate to:

- develop a comprehensive and integrated research and training program on the theories, concepts, and methodologies for the promotion of the statistical system;
- undertake research on statistical concepts, definitions and methods;
- promote collaborative research efforts among members of the academic community, data producers, and users,
- provide scholarship, financial, and other forms of assistance to build statistical manpower, and enhance training and statistical research and development; serve as repository of all statistical researches and studies to be generated by the Philippine Statistics Authority, as well as back-up or duplicate files of data archives and other statistical databases of the system; and
- invest its funds in such undertaking as it may deem wise or necessary to carry out its objectives with due consideration to existing guidelines on investing government funds.

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1.2 Vision, Mission, and Core Values

1.2.1 Vision and Mission


“We envision PSRTI as a leading statistical research and training institute, taking a significant role in the development of a Philippine Statistical System that is characterized by independence, objectivity, and integrity. Therefore, it is our mission to upgrade the quality of statistics generated by the Philippine Statistical System through the conduct of high quality, timely, and responsive research and training.”

1.2.2 Core Values

The agency is focused on instilling a work-life balance that makes all staff:

- Professional - by the way we conduct ourselves in the workplace and home, where there is consideration and respect for others, where we make conscious efforts of meeting commitments, demonstrate loyalty, and exceed expectations.
- Service-oriented - by our ability and desire to anticipate, recognize and meet others' needs, sometimes even before those needs are articulated, and providing satisfaction and making ourselves available to others.
- Responsive - by reacting effectively to the needs of the organization and its valued clients and stakeholders through responsive involvement to people and events.
- Team-based - by seeking to understand how one can best support colleagues/PSRTI fellow employees and make choices that put team before individual performance.
- With Integrity - by doing what we say, being transparent and honest with the key clients/ stakeholders we serve, including colleagues and team members.

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1.3 Approval Page

This Quality Manual demonstrates the present Quality Management System of Philippine Statistical Research and Training Institute (PSRTI). It streamlines the processes and monitoring controls to ensure that the services are based on the agency's mandates, applicable legal laws and aligned to the requirements of ISO 9001:2015. This is to ensure delivery of high quality, timely and responsive business process on the ***Management, Development, and Implementation of Statistical Researches and Training Programs*** for Philippine Statistical System (PSS) and the general public.


This Quality Manual also includes the description of the organizational structure, responsibilities and procedures of the PSRTI with the ultimate objective to satisfy our clients and other interested parties.

Approved by:


JOSEFINA C. VENEGAS-ALMEDA, Ph. D
 Executive Director III

October 31, 2019


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1.4 Definition of Terms

- 1.4.1 **Quality** – degree to which a set of inherent characteristics fulfills requirements.
- 1.4.2 **Customer Satisfaction** – customer's perception of the degree to which the customer's requirements have been fulfilled.
- 1.4.3 **Continual Improvement** – is an ongoing effort to improve products, services, or processes. These efforts can seek "incremental" improvement over time or "breakthrough" improvement all at once.
- 1.4.4 **Effectiveness** – Extent to which planned activities are realized and planned results achieved.
- 1.4.5 **Infrastructure** – system facilities, equipment and services needed for the operation of an organization.
- 1.4.6 **Corrective Action** – action to eliminate causes of a detected nonconformity or other undesirable situation in order to prevent its recurrence.
- 1.4.7 **Objective Evidence** – data supporting the existence of something.
- 1.4.8 **Internal Audit** – systematic, independent and documented process for obtaining audit evidence and evaluating it objectively to determine the extent to which audit criteria are fulfilled.
- 1.4.9 **Non-conformance** – non-fulfilment of a specific requirement, either of the standard or agency policy, procedure and other planned arrangements.
- 1.4.10 **Quality Policy** – statement by the agency of its intentions and principles in relation to its overall intentions and direction with regard to quality concerns, as formally expressed by the Top Management through the ISO Facilitator.
- 1.4.11 **Quality Objective** – overall goal, arising from the QMS Policy, that the agency sets itself to achieve, and which is quantified where practicable.
- 1.4.12 **Risk** – effect of uncertainty on objectives. It is often expressed in terms of a combination of the consequences of an event including changes in circumstances and the associated likelihood of its occurrence.
- 1.4.13 **Interested Parties** – person or organization that can affect, be affected by, or perceive it to be affected by a decision or activity.
- 1.4.14 **Context of the Organization** - "business environment", "combination of internal and external factors and conditions that can have an effect on an organization's approach to its products, services and investments and interested Parties.
- 1.4.15 **Backing up/ duplication** - the process of making exact copies of data physically and/or digitally for the purpose of making said copies available in a timely manner should the original copy, for whatever reason, becomes unavailable.

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- 1.4.16 Concepts, definitions, theories, and methodologies for the promotion of the statistical system** - the body of abstract constructs, specifications, principles, methods, and procedures that are developed on a continuing basis to increase knowledge of, proficiency in, and extent of application of statistics within the context of providing technical support to primary data collection, processing of data derived there from, and evidence-based policy making.
- 1.4.17 Data archives** - a facility comprising of data in their final form and intended to be used over a long or indefinite period of time with supporting systems of data acquisition and verification, indexing and database management, material cataloguing and retrieval, and protection of physical and digital copies.
- 1.4.18 Data producers** - individuals or organizations in the public and private sectors that generate data in primary or secondary/processed form either as outputs of research or similar academic exercises, or in the course of regular administrative functions.
- 1.4.19 Data users** - individuals or organizations in the public and private sectors that have demand for and utilize data in primary or secondary/processed form in the course of their academic or professional undertakings, particularly in basic and applied research, instruction, extension, training, and policy formulation.
- 1.4.20 Direction** - an administrative function that involves causing an organization's human, physical, financial, and other resources to function individually and collectively towards the implementation of policies and plans and the achievement of corresponding goals. Relative to supervision, direction is a macro and generalized function.
- 1.4.21 Direct supervision** - involves providing specific instructions and guidance to a subordinate for most or all of the latter's tasks and assignments. Direct supervision applies to work of technical nature where each procedure is expected to yield a distinct result. Frequently included in the conduct of direct supervision is monitoring of partial results and compliance with instructions, and evaluation of final results.
- 1.4.22 Document** - a piece of written information that is still in the process of being worked on, edited, or finalized. Because a document is not yet final, an organization's document control should have clear prescriptions on how a document may be altered, who are responsible for its content, editing, and approval, and who among personnel and external entities may have access to it.
- 1.4.23 General supervision** - involves providing overall administrative or technical guidance and instructions to a subordinate for the latter's tasks and assignments. General supervision is given for work that is continuing and/or recurring (University of Alaska, 2016), and is expected to yield standard results. Monitoring and evaluation are focused on compliance with prescribed procedures and protocols, proper use of forms, and meeting of deadlines.
- 1.4.24 Non-degree training program** - a set of systematic learning activities conducted to improve the level of knowledge and skill of an individual in a particular aspect of a discipline. The goal is upgraded proficiency towards direct and immediate application of learnings in a specific work setting rather than the attainment of comprehensive knowledge or the acquisition of an academic degree.

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- 1.4.25 Philippine Development Plan (PDP)** - a NEDA-led inter-agency-collaborated document that serves as the principal guide for policy formulation and program implementation during an administration's term. Every PDP adopts distinct themes and goals, and is organized by socioeconomic sectors, namely, macroeconomic policy, industry and services, agriculture and fisheries, infrastructure, financial sector, governance, social development, peace and security, and environment and natural resources.
- 1.4.26 Philippine Statistical Development Program (PDSP)** - a PSA-led inter-agency-produced plan that consists of all statistical activities to be undertaken by PSS in response to the requirements of development planning and policy formulation (RA 10625 Section 24). It is the local counterpart of the international National Strategies for the Development of Statistics (PSA, 2015). Like the PDP, the time frame of PSDP is approximately aligned with the term of the incumbent administration.
- 1.4.27 Philippine Statistical System** - the totality of statistical organizations on all administrative levels, the personnel therein, and the national statistical program. The System includes a policy making body, a coordinating body with primary data collection capability, a statistical research and training institute, and all executive departments, bureaus, offices, agencies, and instrumentalities of the of the national and local governments and all government-owned and -controlled corporations and their subsidiaries that are engaged in statistical activities either as their primary functions or as part of their administrative or regulatory functions. The System is decentralized with coordination achieved through postings of trained personnel and closer linkage between statistical programming and budgeting. (RA 10625, Section 4)
- 1.4.28 Procedure** - the specific activities within a process.
- 1.4.29 Process** - a series of procedures applied to the resources of an organization by its functional units to achieve organizational goals and objectives. A process can be likened to the economic concept of a production function where inputs are fed into a process to achieve desired outputs.
- 1.4.30 Record** - a completed piece of written information. Records are usually considered official and finalized following government, academic, and/or industry prescriptions. An organization's record control should have clear prescriptions on how a record is to be disseminated, identified, put in a repository, and if necessary, disposed.
- 1.4.31 Repository of statistical research** - a physical location designed to systematically store statistical research outputs in the intermediate and/or final versions, and in physical and digital forms. A repository of statistical research shall serve the following purposes: physical protection and preservation, easy and systematic retrieval, providing assistance in the determination of intellectual property rights, and authentication of copies of research outputs. The repository is supported by a database or indexing feature, and ideally includes an off-site backup facility.
- 1.4.32 Statistical database** - a collection of statistics organized along specific themes, uses, time periods, and other criteria, so designed for easy access, maintenance, and updating. A statistical database that is in final form and is not expected to further processed or updated can form part of data archives.
- 1.4.33 Supervision and control** - "shall include authority to act directly whenever a specific function is entrusted by law or regulation to a subordinate; direct the performance of

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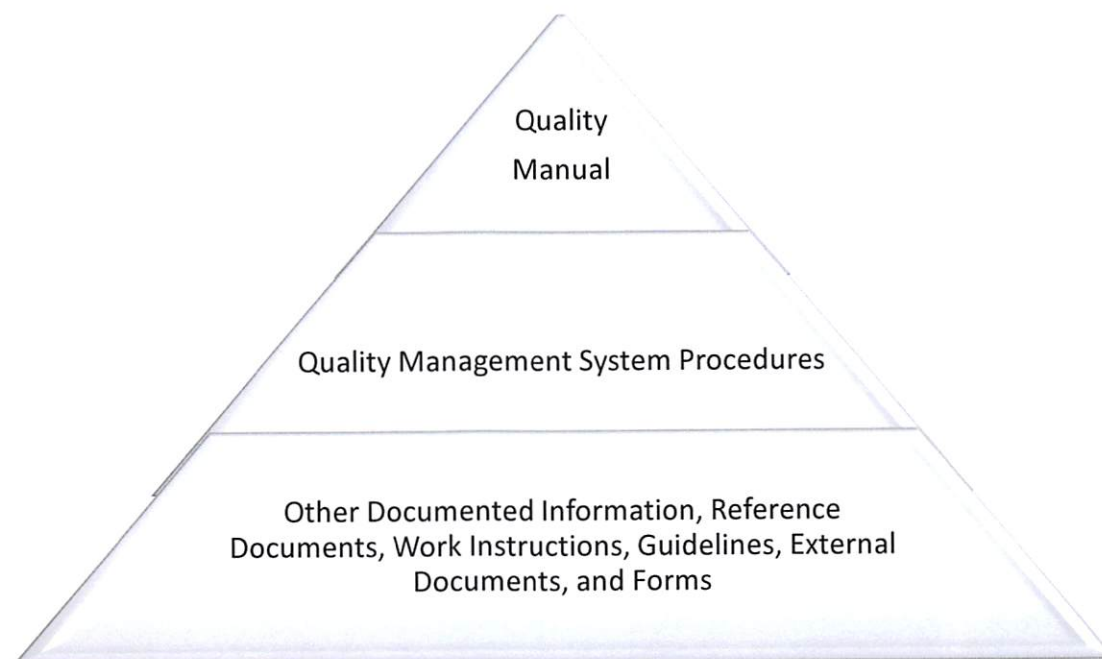
duty; restrain the commission of acts; review, approve, reverse, or modify acts and decisions of subordinate officials or units; determine priorities in the execution of plans and programs; and prescribe standards, guidelines, plans, and programs. Unless a different meaning is explicitly provided in the specific law governing the relationship of particular agencies, the word 'control' shall encompass 'supervision and control'..." (Administrative Code of 1987)

1.4.34 PSRTI – refers to Philippine Statistical Research and Training Institute

2.0 QUALITY MANAGEMENT SYSTEM (QMS) DOCUMENTATION


2.1 Documentation Structure


The documentation structure of the Quality Management System is shown in the diagram below.



Level 1 – The Quality Manual describes the general QMS of the organization to meet and address the requirements of ISO 9001:2015 standard and all applicable laws. It provides an overview of the whole Quality Management System of PSRTI.

Level 2 – Quality Management System Procedures describe the operations that are carried out and maintained under specified conditions including details of the documented information that are part of the Quality Management System and dependent on the complexity of the departments'/offices services, process, training and competence of the personnel involved in the implementation of all documented information that are part of the Quality Management System.

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Level 3 – Other documented information such as Work Instructions, Guidelines, other reference documents, external documented information including forms and records are aligned to this level. It also includes the Risk Assessment and Interested Parties Needs and Expectations.

3.0 CONTEXT OF THE ORGANIZATION

3.1 Understanding the Organization and its Context

- 3.1.1** The organizational context for PSRTI Quality Management System is the framework within which the agency pursues its mandate and realizes its commitments to its stakeholders, while ensuring optimal use of agency's resources, meaningful involvement of personnel, and quality of outputs of our services.
- 3.1.2** The determination of this organizational context necessitates situating PSRTI within PSS, analyzing the agency's stakeholder and identifying the internal and external variables that may affect the establishment and maintenance of the PSRTI QMS.
- 3.1.3** Officers of the Governing Board, The Advisory Council, The Executive Director, ISO Facilitator and Division Chief used the SWOT Analysis in determining the Internal and External issues that might arise in achieving the strategic directions of the agency.
- 3.1.4** The Executive Director together with the ISO Facilitator, review & approve the output of the SWOT analysis for both the internal and external issues that might affect in achieving the strategic directions of the agency.
- 3.1.5** The diagram below depicts the SWOT analysis done by the organization and on how the Strengths, Weaknesses, Opportunities and Threats interact with each other to establish a strategic option.

<div>Internal Context</div> <div>External Context</div>		STRENGTH	WEAKNESSES
		Issues related to value, culture, knowledge, and performance of the organisation.	
<div>OPPORTUNITIES</div> <div>THREATS</div>	<div>Issues arising from legal, technological, competitive, market, cultural, social and economic environments whether international, national, regional or local</div>	STRATEGIC OPTION (S-O)	STRATEGIC OPTION (W-O)
		STRATEGIC OPTION (S-T)	STRATEGIC OPTION (W-T)

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3.1.6 Action has been formulated in such a way that the identified Strengths, Weaknesses, Opportunities and Threats will be considered as basis on establishing the strategic options of the agency.

References:

ISO 9001:2015 Clause 4.1 Understanding the Organization and its Context
Risk and Opportunities Procedure (QP-ISO-005)

3.2 Review on Actions of the Internal and External Issues

4.2.1 The Agency Staffs using the SWOT Analysis will determine the actions for the identified internal and external issues.

4.2.2 Actions will be determined in such a way that the identified Strength, Weaknesses, Opportunities and Threats shall be controlled. Risk Registry Assessment is one of the tools used to establish a comprehensive process risk assessment including its corresponding risk treatment. The ISO Facilitator shall review the result of the SWOT then forward to the Executive Director for final approval.

4.2.3 The risk registry and SWOT analysis will be reviewed every occurrence of problems, changes of the applicable laws, directions of the management, changes of the process and the procedures. The result of the revision shall be discussed during the twice a year Management Reviews.

3.3 Needs and expectation of the Interested Parties

3.3.1 The needs and expectations of the interested parties shall be identified by all offices as part of establishment of the Context of the Organization. The needs and expectations of interested parties will be part of the area of concerns or one of the business drivers in establishing the risk assessment.


References:

ISO 9001:2015 Clause 4.2 Understanding the Needs and Expectations of Interested Parties
Risk and Opportunities Procedure (QP-ISO-005)

3.4 Scope of the Quality Management System and Exclusion

3.4.1 The Quality Management System described in this document applies to the business process of PSRTI's on the **Management, Development, and Implementation of Statistical Researches and Training Programs**. Inputs that are considered in planning and developing the Quality Management System includes the requirements of the clients as well as the needs and expectations of interested parties, mandates of the agency and all the applicable legal requirements. Processes related to the PSRTI services, support processes, criteria for the service performance, applicable laws and corresponding methods for monitoring, measurement, analysis and evaluation of PSRTI

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services including the process for corrective action, risk assessment and continual improvement.

3.4.2 This Quality Manual is being prepared to demonstrate our commitment in maintaining a high-level of Quality Service within an environment that is focused on the clients' satisfaction and continual improvement. It describes procedures that support our strategic directions and mandates to adopt a process approach across all areas of the PSRTI's Quality Management System. It also ensures compliance with international standard and Philippines laws in addressing customer requirements and enhancing customer satisfaction through the following:

- Develop a comprehensive and integrated research and training program on the theories, concepts, and methodologies for the promotion of the statistical system,
- Undertake research on statistical concepts, definitions, and methods,
- Promote collaborative research efforts among members of the academic community, data producers, and users,
- Conduct non-degree training programs to upgrade the quality of statistics personnel and expand the statistics human resource base in support of the needs of the PSS,
- Provide scholarships, financial, and other forms of assistance to build statistical manpower and enhance training and statistical research and development,
- Serve as repository of all statistical researches and studies to be generated by the PSA as well as backup/duplicate files of data archives and other statistical databases of the PSS, and
- Invest its funds in such undertaking as it may deem wise or necessary to carry out its objectives with due consideration to existing guidelines on investing government funds.

Exclusion:

This clause of the standard is not included in the QMS.


8.3 Design and Development of Products and Services is an exclusion of our Quality Management System because all our services are based on our mandates and applicable Philippine laws and programs of national government agencies. The contents of the training and research are also based on the existing documentaries and principles of research and statistics.

4.0 LEADERSHIP

4.1 Leadership and Management Commitment

4.1.1 The Management headed by the Executive Director shows its commitment to have an efficient and effective Quality Management System through the following:

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4.1.1.1 Establishing and promoting awareness and understanding of the Quality Policy to all levels of organization as well as relevant interested parties.

4.1.1.2 Relevant Quality Objectives and plans are set, maintained and achieved.

4.1.1.3 Engaging, directing and supporting persons on how they can contribute to the effectiveness of the QMS by:

- 1) Assessing the performance of the QMS through management reviews and internal audit and subsequently identifying areas for improvement.
- 2) Providing the necessary resources to support the organization's Quality Objectives.

4.1.1.4 The integrity of the Quality Management System is maintained, any changes to the QMS will be handled in accordance with Control of Documented Information.

References:

ISO 9001:2015 Clause 5.1 Leadership and Commitment

4.2 Quality Policy

4.2.1 The PSRTI Quality Policy is centered on achievement and sustainability of quality in the processes, outputs, and outcomes of research and training, and is manifested in the following parameters:

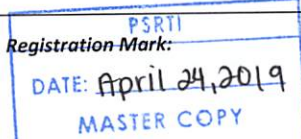
4.2.1.1 Soundness of Research Methodologies. Sound research methodologies are backed by firm theoretical frameworks, recommended in literature, up to date, and fit for the research objectives that they are designed to meet.


4.2.1.2 Effectiveness of training modalities. Effective training modalities are competency-based, up to date, and suited to the needs and requirements of trainees and the client agencies.

4.2.1.3 Extent of integration of knowledge management to the research and training processes. Integrative knowledge management facilitates the efficient utilization and wide dissemination of research outputs. It also advocates for the proper use of statistics generated by the core processes.

4.2.2 PSRTI is committed to the development of a PSS that is characterized by independence, objectivity, and integrity through the upgrading of research and training on statistical concepts, definitions, theories, and methodologies. Moreover, the ethics of the statistical profession shall guide all research and training activities.

4.2.3 Collaboration with the academe, data producers, and data users improves the quality of research and training, and maximizes the usefulness of research results and training outcomes to all sectors of society.

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4.2.4 Continuing upgrading of all resources, most notably human resources, is critical to the competitive position of the agency in the national and international statistical communities.

In ensuring **Quality, Effectiveness, and Efficiency in its Processes**, PSRTI is guided by the following principles:

- The conduct of all operations is geared towards fulfilling commitments to the agency's stakeholders. Therefore, stakeholder needs should shape all standards of quality, effectiveness, and efficiency.
- Management is the link between the mandate and goals of the agency, plan implementation, and personnel performance. It is incumbent on management to cascade protocols, plans, and targets to personnel. The latter's sense of ownership of and involvement in the planning, implementation, and evaluation functions ensure their solid commitment. Moreover, management shall observe the principles of democratic governance, notably, representation, accountability, transparency.
- All processes in government are financed by taxes. The conduct of processes should observe the optimal use of resources and the attainment of the best possible outcomes at the lowest cost. Resource blockades and wastage, stakeholder dissatisfaction, and similar undesirable outcomes should be avoided.
- While attention should be given to the quality, effectiveness, and efficiency of individual processes, the interaction of these processes and the collective outcome should receive equal attention.

The Quality Policy is being reviewed every management review or every time the directions of the management has changes. Re-orientation shall be done for the update of the directions.

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QUALITY POLICY

PSRTI commits to its mandated functions in the Philippine Statistical System which focuses on the upgrading of researches and training courses on statistical concepts, definitions, theories, and methodologies characterized by independence, objectivity, and integrity.

The PSRTI Quality Policy is anchored on the achievement and sustainability of high-quality research and training services rendered in a Professional, Service-Oriented, Responsive, Team-Based, and with Integrity. It is manifested in the following parameters:

- Strategic planning, monitoring and evaluation of programs, projects and activities of the Institute
- Provide Quality Research Outputs
- Offering and Implementation of Quality Training Courses
- Systematic knowledge management and administrative support to research and training services
- Regular review of the Quality Management System to ensure effectiveness and to promote Continual Improvement

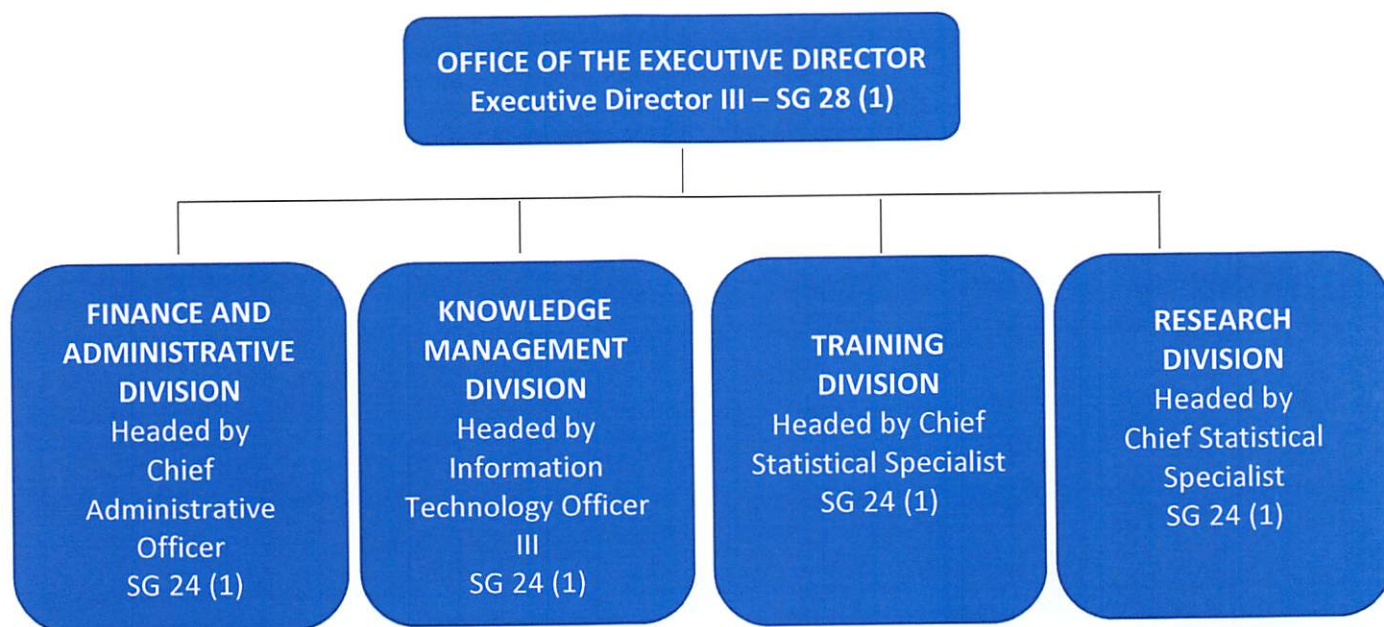
The Quality Policy is available to all interested parties.

Committed to comply with the mandate of the National Government

Reference:


ISO 9001:2015 Clause 5.2 Policy


4.3 Responsibility, Authority and Communication



4.3.1 The PSRTI Employees show its commitment to have an efficient and effective Quality Management System through the following:

4.3.1.1 Establishing and promoting awareness and understanding of the Quality

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Policy to all level of organization.

- 4.3.1.2 Relevant quality objectives and programs are set, maintained and achieved.
- 4.3.1.3 Communicating the agency goals and values on Quality Management System.
- 4.3.1.4 Assessing the performance of the QMS through management reviews and identifying areas that need improvements.
- 4.3.1.5 Providing the necessary resources to fulfil the department's plan and objectives.
- 4.3.1.6 The planning of the QMS is carried out to meet the requirements specified in the ISO 9001:2015.
- 4.3.1.7 The integrity of the Quality Management System is maintained & when changes to the QMS are planned and implemented this shall be managed in accordance with the Control of Documented Information.

4.3.2 Quality issues are recognized and where appropriate, are controlled and managed.

References:

ISO 9001:2015 Clause 5.1 Leadership and Commitment
Control of Documented Information Procedure (QP-DCC-001)


4.3.3 Organizational Roles, Responsibilities and Authorities


The roles and responsibilities for the key staff for the effective implementation of the Quality Management System can be summarized as follows:

4.3.3.1.1 The **Executive Director** shall be responsible:

- Directs, manages and supervises the general administration of the PSRTI.
- For realizing the vision and attaining the mission of the agency. It is responsible for developing the short, medium, and long-term plans of the agency, including fund sourcing strategies. It is where all the instructions for the implementation of policies emanate, and where the agency's operation is directed and controlled.
- For providing adequate resources, set priorities and establish the organization in fulfilling the requirements for the implementation and deployment of the Quality Management System.
- For appointing the ISO Facilitator

4.3.3.1.2 The **ISO Facilitator** shall be responsible in

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- Ensuring the Quality Management System requirements are established implemented and maintained in accordance with ISO 9001:2015 standards.
- Reporting the performance of the Quality Management System to the Executive Director for review to ensure its effectiveness and suitability.
- Ensuring that Internal Audit and Management Review are being conducted on a regular basis.
- Ensuring non-conformances are resolved with the appropriate corrective action to correct any system deficiencies promptly.
- Liaises with third party certification body.

4.3.3.1.3 Research Division

- Focuses on the development of statistical concepts and methods for the improvement of the Philippine Statistical System which will help in the policy and program formulation of government agencies. Research undertakings have two classifications: in house and commissioned research.
- Provides grant programs that gives assistance to students who are writing their thesis or dissertation. This program promotes the conduct of quality research to upgrade the quality of the country's statistical manpower.

4.3.3.1.4 Training Division


- Shall conduct non-degree training programs to upgrade the quality of statistical personnel and expand the statistics manpower base in support of the needs of the statistical system. This shall be done through the offering of two types of training courses: Regular Training and Customized Training, following their respective course procedures. To ensure that PSRTI continues to offer training materials that are up-to-date and responsive to the needs of the Philippine Statistical System, training modules shall be continuously updated through the [module development and revision procedure.

4.3.3.1.5 Finance and Administrative Division

Provides the following Support Services to Operations:

- **Human Resource Management** is a process of developing and maintaining gender-responsive on four core Human Resource processes, namely: 1) Human Resource Merit Promotion and Selection; 2) Learning and Development; 3) Rewards and Recognition, and 4) Performance Management.
 - Under item Learning and Development, Capacity Building is defined as a process of providing needs-based human resource programs for capacity development of PSRTI Officials and employees through trainings and scholarship grants both local and international, in support of gender-responsive Human Resource Development plan of the

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agency. These learning interventions are designed to enable the employees to perform their duties and responsibilities effectively and efficiently.

- **Financial Management Services** include financial support and services to PSRTI employees, government regulatory agencies and stakeholders focusing on: 1) fund management including monitoring of fund utilization; 2) processing of payments and disbursements; 3) generation and submission of financial reports; 4) cash management and treasury services, and 5) recommendation and dissemination of financial policies.
- **Procurement, and Supply and Property Management** process includes purchase of supplies, materials and property, as well as their custody, maintenance, inventory, issuance, recording, insurance, and disposal.
- **Security and Janitorial Management** includes administrative supervision over security and janitorial agency personnel to ensure that security and maintenance procedures are implemented. It also includes safety of the working environment, cleanliness of the surroundings and disaster management control.
- **Gender-responsiveness** requirements of the law, rules and regulations on senior citizens, differently-abled persons and other marginalized sectors are also considered.

4.3.3.1.6 Knowledge Management Division

- Serves as technical support for the provision of IT- and communication-related services to PSRTI staff and clients and spearheads innovation and plans as per Information Systems Strategic Plan (ISSP).
- Serve as repository of all statistical researches and studies to be generated by the Philippine Statistics Authority as well as back-up/duplicates files of data archives and other statistical databases of the Philippine Statistical System.

4.3.3.1.7 Division Chief shall be responsible in:

- Establishing and implementing the set Quality Management System.
- Promoting the defined Quality Policy at all level of organizations.
- Ensuring that Quality Management System is understood and implemented within the respective areas and personnel are adequately trained.
- Establishing the documentation and implement applicable procedures, working direction in support of the Quality Management System.

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4.3.3.1.8 Lead Auditor

- In charge for planning and scheduling of the Internal audit activity.
- Ensuring all internal audit evidences and reports are accomplished and available.
- Ensuring all internal audit programs and activities are effectively carried out without undue delay.
- Monitoring the issuance and closure of Corrective actions request came from the internal audit activity

4.3.3.1.9 Internal Auditors

Internal Auditors shall be:

- In charge of auditing the effective implementation of the QMS and provide the management of the data on the performance of the QMS.

4.3.3.1.10 Document Controller shall be:

In charge of ensuring proper control and management of all documented information of the PSRTI Facilitates to process the proposed review of procedures by the Department heads at least once a year to ensure its effectiveness.

References:


ISO 9001:2015 Clause 5.3 Organizational Roles, Responsibilities and Authorities
Recruitment Selection and Placement Procedure (QP-FAD-007)
ISO 9001:2015 Clause 5.3 Organizational Roles, Responsibilities and Authorities
Recruitment, Selection, And Placement Procedure (QP-FAD-007)

5.0 PLANNING OF THE QUALITY MANAGEMENT SYSTEM

5.1 Action to Address Risk and Opportunities

- 5.1.1** In determining the actions required for the Risks and Opportunities identified during the analysis of the context of the organization and the needs and expectations of the interested parties, the organization established a procedure in managing this process.
- 5.1.2** All identified risks are analysed by the Executive Director, ISO Facilitator and Division Chief using the Risk Assessment Registry. After identifying all potential risk, these risks will be evaluated to determine the significant risk. All significant risk requires control and these are the risk treatment that should be done to control the risk in case it will happen or risk identified that are already existing should be used in improving the existing controls of the services or processes.
- 5.1.3** Opportunities are identified also from the areas of concern or critical processes of the PSRTI Concerned Units will establish action plan to all identified opportunities.
- 5.1.4** Monitoring of status of all actions taken/risk treatment for all identified risks as well as status of the opportunities for improvement shall be based on the Risk Assessment

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Registry and Opportunities Action Plan respectively, which will be reviewed at least twice a year during the scheduled Management Review.

References:

ISO 9001:2015 Clause 6.1 Actions to Address Risks and Opportunities
Risk and Opportunities Procedure (QP-ISO-005)

5.2 Quality Objectives and Planning to Achieve them

- 5.2.1** The institution shall conduct planning session which serves as basis in establishing the quality objectives based on the approved program. Information and data are considered from the following services.
- 5.2.2** Training Services
- 5.2.3** Research and Development Services
- 5.2.4** The defined Quality Objectives shall be measurable and consistent with the Quality Policy of the PSRTI. Quality Objectives are formulated every last quarter of the year.

References:

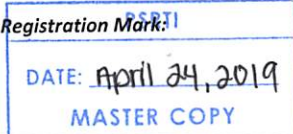
ISO 9001:2015 Clause 6.2 Quality Objectives and Planning to achieve them


5.3 Planning of Changes

- 5.3.1** The Executive Director & ISO Facilitator shall ensure that the integrity of the Quality Management System is maintained when planned changes are implemented.
- 5.3.2** The purpose of changes and its potential consequences (risks) shall be determined. Additional risks may be encountered due to the changes or possible that existing risks may be eliminated.
- 5.3.3** Resources shall be provided to ensure that changes will be implemented as planned.
- 5.3.4** PSRTI process of any changes shall be managed in accordance with Control of Documented Information Procedure. The concerned Division shall document the changes and review affected procedures so it will be managed properly.

References:

ISO 9001:2015 Clause 6.3 Planning of Changes
Control of Documented Information Procedure (QP-DCC-001)

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6.0 SUPPORT

6.1 Management of Resources

6.1.1 Management of Resources

The Executive Director shall determine and provide resources needed in the implementation, maintenance and improvement of the Quality Management System and in the fulfilment of the quality objectives. These resources shall include: human resources, work environment and infrastructure like office building, workspace, associated facilities, and transportation and communication facilities. Needed resources are determined during management reviews either during regular and scheduled management review.

Reference:

ISO 9001:2015 Clause 7.1 Resources
 Recruitment Selection and Placement Procedure (QP-FAD-007)
 Budget Preparation, Monitoring, and Control Procedure (QP-FAD-002)
 Cash Control Procedure (QP-FAD-003)
 Supply and Property Control Procedure (QP-FAD-004)
 Security Control Procedure (QP-FAD-012)
 Information and Technology Infrastructure Maintenance Procedure (QP-KMD- 003)
 Information Technology Borrowing and Returning Control Procedure (QP-KMD-004)

6.2 Competence, Training and Awareness

- 6.2.1** The management is aware of the importance and the vital role of each personnel in the organization. The management invests on personnel development by providing series of training needed for the assigned activity and achieves the maximum potential to do such activity. The management also ensures that all personnel are aware of the relevance and importance of these activities in the accomplishment of the Quality Objectives.
- 6.2.2** The Human Resources Officer shall prepare the appointments in accordance with the Civil Service Commission of a newly hired or promoted employee in coordination with the head of units/division. The Admin Division Chief shall prepare statement of duties and responsibilities of the position on the basis of the functions and objectives of the office.
- 6.2.3** The Admin Division Chief shall conduct performance appraisal of the employees through the cooperation of the offices. The concerned office shall consolidate the performance evaluation report. The report shall then be submitted to Executive Director for analysis and shall serve as one of the inputs of the Annual Training Plan.
- 6.2.4** The Executive Director shall be responsible for the final review and approval of Annual Training Plan.
- 6.2.5** The Human Resources shall conduct Training Needs Analysis to all Units/Divisions every year as one of the inputs of the Annual Training Plan. Trainer shall evaluate the effectiveness of the training either by written report after training or verbal question

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and answer. But for the case of question and answer the trainer shall establish the questions and record the result to the concerned individual trainee.

- 6.2.6 Likewise, all employees shall be responsible for identifying their personnel's training needs and submit to the Admin Supervisor for review and consolidation.
- 6.2.7 Human Resources Head shall be responsible for the development of Annual Training Plan based on the result of the TNA. They also ensure the overall coordination to guarantee systematic and on-time implementation of the training program.
- 6.2.8 Trainer can evaluate the effectiveness of the training either:
 - 6.2.8.1 Written examination after the training
 - 6.2.8.2 Verbal question and answer. But for the case of question and answer the trainer shall establish the questions and record the result to the concerned individual trainee.
 - 6.2.8.3 Special performance appraisal focuses on the training's attended.
- 6.2.9 Training result shall be recorded in the individual training history.

Reference:

ISO 9001:2015 Clause 7.1.2 People
 ISO 9001:2015 Clause 7.2 Competence
 ISO 9001:2015 Clause 7.3 Awareness
 ISO 9001:2015 Clause 7.1.6 Organizational Knowledge
 Recruitment, Selection, and Placement Procedure (QP-FAD-007)
 Learning and Development Procedure (QP-FAD-008)
 Performance Management Procedure (QP-FAD-009)

6.3 Communication

- 6.3.1 Communication process covering both internal and external communication was established to ensure that necessary information reaches the concerned party.
- 6.3.2 All communication procedure for internal and external communication are properly implemented by all employees, with the proper documentation.
- 6.3.3 Internal Communication:
- 6.3.4 Admin Assistant shall receive internal communication/s from various divisions with attached Routing Slip/s.
- 6.3.5 The normal communication methods shall be by means of meeting, newsletter, memo, e-mail, division briefing and awareness training.
- 6.3.6 The person who initiates the flow of information shall ensure that the communicated information is documented. Minutes of the meeting shall be accomplished if meetings were held.

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6.3.7 External Communication:

6.3.7.1 Admin Assistant shall handle communications with external parties

6.3.7.2 To enhance its communication with customers, the Executive Director has directed the Office of the Executive Director Head where direct external customer's inquiries and complaints shall be received and manage depending on the nature of communication / concern.

6.3.7.3 All customer complaints shall be managed in accordance with the Corrective Action Procedure.

Reference:

ISO 9001:2015 Clause 7.4 Communication

Communication Control Procedure (QP-OED-001)

6.4 Control of Documented Information

6.4.1 Control of Documented Information Procedure is established to describe the requirement for controlling internal and external documents, as well as establishing a system for document preparation, review, approval, registration, distribution, retrieval, disposal, numbering and traceability relating to ISO 9001:2015 requirements.

6.4.2 Documents are approved for adequacy prior to issue.

6.4.2.1 Documents are reviewed, and where necessary, updated and re-approved.

6.4.2.2 The nature of revision in the document is clearly identified.

6.4.2.3 Current versions of relevant documents are available at point of use.

6.4.2.4 Documents remain legible and readily identifiable.

6.4.2.5 Obsolete documents, which are retained for any purposes, are prevented from unintended use through proper marking.

6.4.2.6 Division Chief shall be responsible for the identification of new procedure or procedures for amendment.


6.4.2.7 The ISO Facilitator shall be responsible for reviewing the document approved by the Division Chief if it conforms with the ISO 9001:2015 requirements.

6.4.2.8 Documents, before issuance to the user and concerned section are reviewed and approved by proper authorities in accordance with the Control of Documented Information Procedure.

6.4.3 All documents shall be registered to the DCC and shall be reproduced according to the number of copy holders listed in the Distribution List.

6.4.4 The DCC shall preserve and maintain the master copies and ensure that there will be no unauthorized release of documents. Obsolete controlled copies shall be discarded

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immediately. Only the obsolete master copy shall be kept by DCC for two (2) years or until another new or revised procedures shall be registered to DCC. Only DCC can discard the obsolete master copies once the preservation period expires. But the Executive Director and the ISO Facilitator can still extend the preservation period depending on the need of the agency. No obsolete master copy shall be disposed even if the preservation period expires without the approval of the ISO Facilitator and the Executive Director.

- 6.4.5 The DCC shall preserve separately the obsolete master copies of documents.
- 6.4.6 Legibility of the documented information shall be maintained by using permanent ink.
- 6.4.7 The document audit shall be performed by the ISO Facilitator aside from the scheduled internal audit to check the document control of all Divisions.
- 6.4.8 Documented information for identifying, filing, storing, maintaining and disposing of records is established and maintained. Records are handled, retained and stored in a manner that prevents damage and deterioration.
- 6.4.9 All Divisions concerned shall be responsible for registering the list of their QMS records using the list of record form. Responsible to determine the maintenance & preservation period of record and this will be recorded in the list of records.
- 6.4.10 The DCC shall be responsible for maintaining the Master Record Control Register from the List of Records submitted by the Division.
- 6.4.11 The DCC shall be responsible for preserving of all records after their maintenance period.
- 6.4.12 The ISO Facilitator shall be responsible for the approval of records submitted by the concerned section for registration in DCC.
- 6.4.13 Records shall be preserved for a specified period of time in such a way that they are readily retrievable for future reference. The integrity and legibility of the data input shall be protected by not using pencil in the data recording. Erasures shall be done by crossing out the entry then the responsible person shall affix his/her signature. Liquid eraser shall not be used to ensure traceability of the origin of the erasures.
- 6.4.14 The proper disposal shall be done by shredding or recycling. Records/documents that contain technical or confidential data are not allowed to be recycled.
- 6.4.15 All documents pertaining to the disposal of record shall be maintained and safeguarded from unintended reproduction and use.

Reference:

ISO 9001:2015 Clause 7.5 Documented Information
Control of Documented Information Procedure (QP-DCC-001)

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6.5 Organizational Knowledge

6.5.1 PSRTI, also determines the knowledge necessary for the operation of its processes and to achieve conformity of products and services. This may include knowledge and information obtained from:

6.5.1.1 Internal sources, such as lessons learned, feedback from subject matter experts, and/or intellectual property; this shall be maintained in accordance with Control of Documented Information Procedure.

6.5.1.2 External sources such as standards, academia, conferences, and/or information gathered from customers or stakeholders.

6.5.1.3 This knowledge shall be maintained, and made available to the extent necessary.

6.5.1.4 When addressing changing needs and trends, PSRTI shall consider its current knowledge and determine how to acquire or access the necessary additional knowledge.

Reference:

ISO 9001:2015 Clause 7.1.6 Organizational Knowledge

Control of Documented Information Procedure (QP-DCC-001)

7.0 IMPLEMENTATION AND OPERATION OF QUALITY MANAGEMENT SYSTEM

7.1 Operational Planning Control

7.1.1 Planning of Product and Service Realization


7.1.1.1 Planning for service realization covers both the planning and execution of the business process of the PSRTI.


7.1.1.2 Division's procedures are documented for each process to ensure proper execution of the services of the Division. Services and controls of the set processes are determined to ensure consistent quality services throughout the execution of the services.

7.1.1.3 Review of the overall performance of the QMS is conducted during the scheduled internal audit to ensure consistency with the documented procedures and Management Review includes the identification of potential non-conformities and its prevention, opportunities for improvement for quality policy and compliance obligation.

7.1.1.4 Executive Director & Planning Officer shall prepare initial Work Program for the coming year.

7.1.1.5 The Budget Officer shall be responsible in monitoring the budget utilization and the preparation of the budgetary reports.

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7.1.1.6 The Accountant shall be responsible in reviewing and certifying the reports.

7.1.1.7 The Executive Director shall be responsible in approving all the reports.

7.1.1.8 The concerned Division shall be responsible in monitoring the utilization of their respective budget allocation and the preparation of the necessary forms and reports

References:

ISO 9001:2015 Clause 8.1 Operational Planning and Control

Planning Control Procedure (QP-OED-002)

Budget preparation, Monitoring and Control Procedure (QP-FAD-002)

7.2 Control of Externally Provided Processes, Products and Services

7.2.1 Procurement procedure provides the guidelines on the requisition and purchase of all goods and services needed by the PSRTI.

7.2.2 Requesting Office shall prepare Requisition Issue Slip Form/Purchase Request Form and submit to Admin Supervisor who shall endorse the PR to Executive Director for verification.

7.2.3 Executive Director shall approve the PR and endorse to Finance and Admin Chief for Purchase Order processing.

7.2.4 Supply and Property Head shall prepare the PO and endorse to the Executive Director for approval.

7.2.4.1 Shall monitor all purchase orders against delivery using the Purchase Order Monitoring.

7.2.4.2 Shall be responsible for checking the quantity and description as shown in the invoice delivery receipt if these conform to the PO.

7.2.4.3 The Bidding and Award Committee shall be responsible for the accreditation, evaluation, approval and disqualification of suppliers.

7.2.4.3.1 Shall be responsible for the supplier accreditation.

7.2.4.3.2 Accreditation of supplier shall be done in accordance with the Procurement Law.

7.2.4.4 Supply and Property Head shall be responsible for the registration and disqualification of a potential and existing supplier and also be responsible for maintaining and updating the "Approved External Provider's List".

7.2.4.5 All existing external providers shall be considered accredited for the specific Purchase Order that they served however, monitoring of performance shall be implemented.

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7.2.4.6 The performance of supplier shall be monitored and graded as to quality of product/service, delivery, terms and conditions, and supplier's mutual relationship.

7.2.4.7 Supply and Property Head shall compute for the weighted points for each criterion as well as the total points garnered by each supplier and recommend for the retention or disqualification of external provider and payment of the services rendered or items delivered.

7.2.4.8 The Purchaser shall inform the supplier on their performance rating on a quarterly basis.

References:

ISO 9001:2015, Clause 8.4 – Control of Externally provides processes, products and services

Supply and Property Control Procedure (QP-FAD-004)

Bidding Control Procedure (QP-FAD-004)

7.3 Product and Service Realization

7.3.1 In order to ensure that applicable requirements of the agency services are met, all departmental procedures from receiving of requirements/request to delivery of service shall be identified, and these processes shall be carried out under controlled conditions in accordance with the standard operating procedures and the established quality procedures of PSRTI

7.3.2 Concerned office shall ensure that services are delivered with quality and in consonance with established procedures.

References:

ISO 9001:2015, Clause 8.5.1 – Control of Production & Service Provision

Research Control Procedure (QP-RD-001)

Faculty Student Conference Procedure (QP-RD-003)

Thesis and Dissertation Grant Program Control Procedure (QP-RD-002)


7.4 Control of Nonconforming Services

7.4.1 A procedure is established to detect and manage non-conformances on the implementation of the Quality Management System.

7.4.2 Nonconforming services shall be handled in one or more of the following ways:

- 1) By taking action to eliminate the detected nonconforming service
- 2) By taking action to preclude its original intended use or application
- 3) By taking action appropriate to the effects, or potential effects, of the nonconformity after the service has been delivered.
- 4) Review of the risk assessment shall be done once nonconforming service is encountered.

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References:

ISO 9001:2015, Clause 8.7 – Control of Nonconforming Output
Control of Nonconforming Services Procedure (QP-ISO-003)

8.0 PERFORMANCE EVALUATION

8.1 Customer Satisfaction

- 8.1.1 The Office of the Executive Director shall be responsible for receiving and acknowledging the receipt of customer complaints and shall coordinate the investigation to all concerned division for appropriate action.
- 8.1.2 The result of customer satisfaction measurement shall be forwarded to the Executive Director for analysis and information dissemination to all concerned office.
- 8.1.3 Customer satisfaction result shall be summarized monthly.
- 8.1.4 Concerned Division shall take action on the result of evaluation, provide continual improvement and execute target performance.
- 8.1.5 The Management shall review the result based on the performance target and use it as a tool for planning.
- 8.1.6 Correction and corrective actions are established to determine the root cause of a problem or concern and provide action required to eliminate the cause of the nonconformity in accordance with the Corrective Action Procedure.

References:

ISO 9001:2015, Clause 8.2.1 – Customer Satisfaction
Customer Complaints Control Procedure (QP-OED-004)
Customer Satisfaction Control Procedure (QP-OED-003)
Risk and Opportunities Procedure (QP-ISO-005)

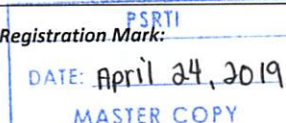
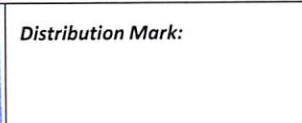
8.2 Monitoring and Measurement of Processes & Services

8.2.1 General

- 8.2.1.1 Office of the Executive Director shall monitor and measure the performance indicators of their processes to ensure conformance with the Quality Management System requirements. When targets are not met, correction and corrective action shall be taken, as appropriate.
- 8.2.1.2 The PSRTI, shall employ a monitoring system to measure and verify that the service requirements are met and are carried out during all stages of service realization process.

8.2.2 Analysis and Evaluation

- 8.2.2.1 The analysis and collection of data shall focus on the areas of customer satisfaction, service performance trends, external providers' performance, effectiveness of actions to address risks and opportunities, internal audit results, result of the management review and non-conformance found

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during the execution of the service and the totality of the QMS implementation to ensure its integrity. The results of the analysis can be utilized for the improvement of the QMS, service Quality based on the scope of the QMS and measurement of the Quality Objectives.


Reference:

ISO 9001:2015 Clause 9.1.3 Analysis and Evaluation
Management Review Control Procedure (QP-ISO-001)
Customer Complaints Control Procedure (QP-OED-004)
Customer Satisfaction Control Procedure (QP-OED-003)
Regular Training Course Control procedure (QP-TD-001)
Customized Training Course Control Procedure (QP-TD-002)
Research Control Procedure (QP-RD-001)
Faculty Student Conference Procedure (QP-RD-003)
Thesis and Dissertation Grant Program Control Procedure (QP-RD-002)

8.3 Internal Audit

- 8.3.1 PSRTI implements, maintains and continually improves the documented procedures for the performance of internal audit. The internal audit shall be conducted at least twice a year or as need arises.
- 8.3.2 The ISO Facilitator shall select and facilitate the training of lead auditor and auditors. This is to qualify them, and maintain the records during the qualification process.
- 8.3.3 The Internal Auditor shall be a person who passed the Internal Audit training course conducted by the qualified trainer and shall be a person who worked in PSRTI for at least six (6) months.
- 8.3.4 The ISO Facilitator shall prepare the Annual Audit Plan and have it approved by the Executive Director. The Annual Audit Plan includes matters such as training, nonconformance's, result of the previous audit, corrective action, criticality of the services, customer complaints or the degree of importance depending on the QMS and process performance monitoring during the implementation and review on the effectiveness of the QMS.
- 8.3.5 The Lead Auditor shall select the auditors on the basis of the approved annual audit plan & prepares the detailed audit plan to include the audit date, scope and the division / units to be audited.
- 8.3.6 The ISO Facilitator shall notify the audited department/offices based on the detailed audit plan at least seven (7) days prior to the scheduled internal audit.
- 8.3.7 The Internal Auditor shall send the CAR on the audited dept./offices for the corrective action after the approval of the ISO Facilitator in accordance with the Corrective Action Procedure.
- 8.3.8 The nonconformity seen during the audit or any deviated on all stages of the organization including legal issue shall be managed without undue delay but following the prescribed period

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- a) Time limit to reply shall be within three (3) days from the time that the CAR was issued.
- b) The auditor shall conduct the verification of closure on the basis of the objective evidence within two (2) weeks from the time the CAR was issued & record the result and evidences in the CAR

8.3.9 The lead auditor and the ISO Facilitator shall verify the effectiveness of the action taken at least two months of implementation of the corrective action.

- a. In case the NC produce another issue or it has the tendency to recur, the ISO Facilitator shall issue another CAR but this shall be escalated to the Executive Director III for the approval.
- b. Also, in case the ISO Facilitator has NC the Lead Auditor shall approve the CAR to maintain independency of the process.
- c. Risk assessment shall also be reviewed to maintain the integrity of the QMS.

8.3.10 The whole process of handling the issued Corrective Action Request (CAR) shall be managed in accordance with Corrective Action Procedure.

8.3.11 All internal auditors shall be re-qualified every year to ensure their competency and performance shall be evaluated in accordance with ISO 19011:2018.

8.3.12 The Internal Auditors shall not audit their own Division/Unit during the scheduled internal audit. Also, the auditor for the IQA process shall not audit any area to maintain the independency of the internal audit.

8.3.13 The records related to this procedure shall be maintained and controlled according to Control of Documented Information Procedure.

References:

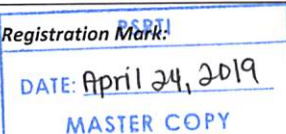
ISO 9001:2015, Clause 9.2 – Internal Audit
Internal Audit Procedure (QP-ISO-002)
Corrective Action Procedure (QP-ISO-004)
Risks and Opportunities Procedure (QP-ISO-005)


8.4 Management Review

8.4.1 Management review exists to monitor the consistency, effectiveness and compliance to the international standard and other applicable standards. The review shall tackle necessary changes to the Quality Management System, including the quality policy and objectives for the continuous effectiveness of the applied system.

8.4.2 Each office shall present the status of their Quality Objectives. They must submit the monitoring of their quality objective at least five (5) days before the actual meeting so the ISO Facilitator can consolidate and present to the Executive Director for further instruction and inputs.

8.4.3 The management review shall be planned and carried out taking into consideration:

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- (1) The status of actions from previous management reviews;
- (2) Changes in external and internal issues that are relevant to the Quality Management System;
- (3) Information on the performance and effectiveness of the quality management system, including trends in:
 - a) Customer Satisfaction and feedback from relevant interested parties;
 - b) The extent to which quality objectives have been met;
 - c) Process performance and conformity of products and services;
 - d) Nonconformities and corrective actions;
 - e) Monitoring and measurement results;
 - f) Audit results;
 - g) Performance of External Providers
- (4) The adequacy of resources
- (5) The effectiveness of action taken to address risk and opportunities
- (6) Opportunities for improvement.

8.4.4 The outputs of the management review shall include decisions and actions related to:

- a) Opportunities for improvement
- b) Any need for changes to the Quality Management System
- c) Resources needed.

The organization shall retain documented information as evidence of the results of management reviews.

8.4.5 The ISO Facilitator shall notify the committee members to hold the committee meeting at least a week before the actual meeting. Members shall prepare needed documents and materials before holding the regular committee meetings. The Management Team shall hold a regular management review meeting at least twice a year or as need arises as determined by Executive Director.


8.4.6 Irregular/Special management review meeting(s) can be held if the Executive Director needs the committee, or if the ISO Facilitator or any member of the committee suggests special matters to the Executive Director. In this case, meeting can only be held if Executive Director approves it.

8.4.7 The ISO Facilitator shall prepare the "Minutes of Meeting" and/or "Management Review Report" with information and attachments resulting from discussions made during the management review.

References:

ISO 9001:2015, Clause 8.4 – Analysis of Data
 ISO 9001:2015, Clause 9-3 – Management Review
 Management Review Procedure (QP-ISO-001)
 Corrective Action Procedure (QP-ISO-004)
 Risks and Opportunities Procedure (QP-ISO-005)

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9.0 IMPROVEMENT OF QUALITY MANAGEMENT SYSTEM


9.1 Nonconformity and Corrective Action

- 9.1.1** Corrective Action Procedure is established to describe the management of any noncompliance and problems encountered. Proper investigation and determination of the causes of the problems or nonconformities occurring to all quality stages of the QMS such as in dealing with external providers, monitoring, measurement of services, customer complaints, low customer satisfaction rating, internal and external audits, non-meeting of the Quality Objectives, legal noncompliance and any system improvement processes of the PSRTI. This procedure also involves the process of taking the follow-up activities to prevent and eliminate recurrence of the nonconformance or problems encountered.
- 9.1.2** The concerned Admin Chief that received the CAR shall analyze and record the cause of nonconformity, proposed correction, corrective action/s and the date for completion of corrective action/s. After the analysis of the causes of nonconformity the CAR shall be returned back to the requesting unit/auditor for verification of the implementation of the corrective action given.
- 9.1.3** The requesting Admin Officer shall send the CAR to ISO Facilitator for approval and DCC to record in the CAR Control Register in accordance with Corrective Action Procedure.
- 9.1.4** The CAR No. shall be assigned by the DCC and also the original copy of the CAR shall be sent to the concerned department/office after recording it in the CAR Control Register. Upon closing the CAR, the original copy shall be sent to the Lead Auditor/DCC for filing.
- 9.1.5** The ISO Facilitator and DCC shall be responsible for tallying the results of the registered, distributed CAR and reflect them in the management review.
- 9.1.6** Person who issued the CAR shall verify the implementation of the action taken and recommend the closure of the findings within two (2) weeks upon receipt of the CAR. The specific records verified shall be recorded in the verification area of the CAR and it is the responsibility of the auditor who issued the CAR to do the closing of the CAR.
- 9.1.7** The ISO Facilitator & the lead auditor shall verify the effectiveness of implemented corrective action two (2) months after the implementation of the action taken by the concerned department/office and shall report the status to the Executive Director.
- 9.1.8** Result of the internal audit shall be discussed during the management review.

References:

ISO 9001:2015 clause 10.1 General
ISO 9001:2015 Clause 10.2 Nonconformity and Corrective Action
Control of Nonconforming Services Procedure (QP-ISO-003)
Corrective Action Procedure (QP-ISO-004)
Risk and Opportunities Procedure (QP-ISO-005)

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9.2 Continual Improvement

- 9.2.1** The management provides evidence and present opportunities for the improvements of the organization's performance, activities and services. The ISO Facilitator shall appoint focal person to facilitate the establishment of the processes and procedures for continual improvement; entrusts the process of setting objectives for the project and/or activities.
- 9.2.2** The Management supports for the Continuous Process Improvement programs will be demonstrated by integrating it to existing processes. Breakthrough opportunities, which will benefit both the organization and its employees are evident on our documented information.
- 9.2.3** Analysis of data like in our Corrective Action Request (CAR) & Quality objectives shall be sources of the organization's continual improvement.

References:

ISO 9001:2015, Clause 10.2 – Nonconformity and Corrective Action
ISO 9001:2015, Clause 10.3 – Continual Improvement
Control of Nonconforming Services Procedure (QP-ISO-003)
Corrective Action Procedure (QP-ISO-004)
Risk and Opportunities Procedure (QP-ISO-005)

10.0 ATTACHMENTS

- 10.1** Organizational Structure
10.2 Business Process
10.3 Quality Policy

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