1.0 Objective

This document describes the procedure and resource requirements for the objective evaluation of the effectiveness of the established Quality Management System (QMS) of the Municipal Government of San Vicente. It defines the system for the planning, preparation, execution, follow-up, reporting, and evaluation of IQA activities in determining if the (QMS) conforms to the planned arrangements, such as, the requirements of ISO 9001 and the established QMS, and if the QMS is effectively implemented and maintained.

2.0 Scope

The procedure applies to the Municipal Government of San Vicente's QMS covering the administration and provision of public services to the constituents of San Vicente, Palawan.

3.0 Definition of Terms

Auditee	The Office or person being audited
Auditor	The person with demonstrated personal attributes and competence to conduct an audit.
Audit Team	Composed of more than one auditor who are assigned to conduct an audit in a particular office and prepare necessary report of findings; Led by an Audit Team Leader
Audit Plan	A documented plan prepared prior to the conduct of audit which details audit activities for the entire year, which includes the audit scope, audit criteria, audit objectives, processes and offices to be audited, schedule of the audit.
Audit Itinerary	A documented itinerary for the conduct of a set of one or more audits which details the specific time, date, location, and persons involved in the audit
Audit Checklist	A document which contains questions to ask and documents to look for, including the audit notes to guide the auditor during the audit

Audit Criteria	Set of policies, procedures, or requirements which are used as reference against which audit evidence is compared
Audit Evidence	Qualitative or quantitative record, statement of facts or other information, which is verifiable and relevant to the audit criteria
Audit Finding	Result of the evaluation of the collected audit evidence against audit criteria
Conformity	Fulfillment of a requirement
Nonconformity (NC)	A nonfulfillment of a requirement
Opportunity for Improvement (OFI)	A situation where the evidence presented indicates a requirement has been effectively implemented, but based on auditor's experience and knowledge, additional effectiveness or robustness might be possible with a modified approach.
Corrective Action (CA)	Action taken to eliminate the cause of a detected nonconformity or other undesirable situation to prevent its recurrence or occurrence elsewhere
Request for Action (RFA)	A tool/form used to record the audit findings and the corresponding root cause analysis and appropriate actions taken to address it
IQA Team	The IQA Team is a sub-team under the QMS Core Team that is tasked to oversee the implementation of QMS audit activities

4.0 Reference Documents

4.1 QMS Manual
4.2 Control of Nonconformity and Corrective Action Procedure
4.3 Internal Audit Plan
4.4 Internal Audit Itinerary
4.5 Internal Audit Checklist
4.6 Audit Findings Report

5.0 Procedure Details

Ref. No.	Key Activities		Responsible	Reference Document/ Record
5.1	Select and manage audit team	• Refer to the required skills and knowledge • Enhance the Auditors' competence	IQA Team Leader	Auditor Training Certificates List of Pool of Auditors
5.2	Plan for the IQA	• Prepare the Audit Program • Initiate the conduct of the unplanned audit • Disseminate the Audit Plan • Communicate the Audit Plan	IQA Team Leader IQA Team/Team	Audit Plan Audit itinerary List of Internal Quality Auditors
5.3	Prepare for the IQA	• Review the applicable documents • Develop Audit Checklist	Audit Team	Audit Checklist
5.4	Conduct the IQA	• Conduct opening meeting • Interview the auditees • Review documents and records • Record facts and evidence • Inform the auditee the audit findings and its	Audit Team	Audit Checklist

Ref. No.	Key Activities		Responsible	Reference Document/ Record
		classification • Raise to the QMS Leader the unresolved issues • Conduct closing meeting		
5.5	Reporting the IQA	• Document the findings • Assign control numbers and recording in RFA Registry • Issue the RFA • Conduct root-cause analysis • Determine and implement CAPA • Submit accomplished RFA	IQA Team Leader	RFA Audit Summary Report Control of Nonconforming Outputs Procedure Corrective Action Procedure RFA Logbook
5.6	Verifying Actions Taken	• Verify actions taken • Monitor the verification	Audit Team Department Heads	Corrective Action RFA RFA Logbook
5.7	Evaluating the conduct of IQA	• Evaluate the conduct of IQA through audit feedbacks, auditor evaluation, among others	Audit Team IQA Team Leader	

5.1 Selection and Management of Audit Team

5.1.1 Acceptance of candidate auditors into the auditor pool and selection of auditors for specific assignments consider the following audit competencies:

a. The personal attributes of the auditor include ethical, open-minded, diplomatic, observant, perceptive, versatile, tenacious, decisive and self-reliant;
b. Knowledge on auditing concepts and methodologies;
c. Auditing skills;
d. Knowledge on ISO 9001 requirements and the QMS of the organization vis-à-vis audit requirements; and
e. Attended trainings on ISO 19011:2018 auditing management systems, with focus on auditing QMS.

5.1.2 Auditor performance is reviewed considering the following:
a. feedback from the IQA team leader, other auditors and the auditee;
b. verification of audit checklists and audit reports; and
c. audit of the IQA process.

5.1.3 The competencies and performance of auditors are periodically evaluated to identify training and development needs. The IQA Team Leader coordinates with the Human Management Resources Office to plan and implement training and development program for auditors.

5.1.4 The pool of auditors is maintained by the IQA Team.

5.2 Selection and Management of Audit Team

5.2.1 The Audit Plan covering a 12-month period is prepared by the IQA Team before the start of a calendar year. Each QMS process is audited at least once a year.

5.2.3 Whenever necessary, unplanned IQA may be initiated by the IQA Team Leader based on, but not limited to the following:
a. unusual increase of quality-related problems;
b. introduction of new services;
c. major changes in QMS, personnel, and processes; and
d. as requested or instructed by oversight agencies and other interested parties

5.2.4 Copies of the Audit Plan are disseminated to all concerned Departments through a memorandum from the IQA Team Leader duly approved by the Municipal Mayor.

5.2.5 The Audit Itinerary is communicated through a memorandum from the IQA Team Leader to all concerned offices at least a week prior to the activity. The communication includes the following:

a. purpose
b. IQA scope
c. Offices to be audited and auditee
d. assigned Audit Team
e. date and time of the IQA

5.3 Preparation for the Audit

5.3.1 The Audit Team reviews applicable documents, such as the QMS Manual, Procedures, Guidelines, Office Orders, Memorandum Orders, Special Orders and applicable statutory and regulatory laws, relevant to the audit scope and process.

5.3.2 Audit Checklists are developed based on the audit scope, objectives, and document review.

5.4 Conducting the IQA

5.4.1 The Audit Team Leader starts with an opening meeting to reconfirm audit schedule, audit objective, and audit participants.

5.4.2 The Audit Team gathers data by interviewing personnel, reviewing documents, observing processes, and verifying records.

5.4.3 The Audit Team records facts as evidence of the audit and evaluates the same to determine the objective evidence of the audit findings.

5.4.4 The audit findings are classified as Conformity or NC. Commendations and opportunities for improvement may also noted.

5.4.5 If and when the auditee has unresolved issues with an audit finding, he/she may contest, such before or during the closing meeting. If not issues may not be resolved at this level, the issue may be raised to the QMS Team Leader.

5.5 Reporting the IQA

5.5.1 The IQA Team conducts calibration meeting to discuss, deliberate, and consolidate the audit findings.

5.5.2 Audit findings are documented on the Audit Findings Report. The IQA Team Leader consolidates, reviews, and approves the Audit Findings Report.

5.5.3 NCs raised are also documented on RFAs forms. Control Numbers are assigned to the RFA for monitoring purposes. These are recorded in the RFA logbook maintained by the IQA Team.

5.5.4 A Closing Meeting with the auditees is also facilitated to present, clarify, and resolve issues on the audit findings. Unresolved issues may be raised to appropriate channels.

5.5.5 The Audit Findings Report, together with the RFAs for NCs raised, are issued to the auditees within ten (10) working days after the closing meeting. The auditee acknowledges and signs the RFA, if applicable.

5.5.6 The auditee with their Department/Division Head determines and implements appropriate corrective action in accordance to Control of Nonconformity and Corrective Action Procedure. The auditee returns the accomplished RFA to the IQA Team within ten (10) working days upon receipt of the RFA.

5.6 Verifying Actions Taken

5.6.1 The Audit Team schedules a verification audit to verify the implementation of the actions taken specified in the accomplished RFA. The results of verification audit are monitored by the IQA Team Leader and reported to the Management Review.

5.7 Evaluating the Conduct of IQA

5.7.1 The IQA Team Leader ensures that the integrity of the internal audit. The QMS Internal Audit *process* shall be audited by any of the following:

a) Any member of the pool of auditors who are not part of the IQA Team;
b) QMS Team Leader; and
c) Other external parties.

5.7.2 Feedback from the auditees shall be conducted to evaluate the auditor and the internal audit process. Results of feedback shall be considered reviewing the performance of the internal audit process.

6.0 Review and Amendment

This procedure is periodically reviewed every three (3) years to ensure up-to-date information and relevance. It undergoes appropriate review, approval, storage, and retention process in accordance with the Control of Documented Information Procedure.

7.0 Approval

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