Audit Report

Organisation National Food Authority – Central Luzon Regional Office (NFA – CLRO)
Audits (ZA): SE930398

TÜV NORD Certification

Master Data of Organisation		
Name of Organisation	National Food Authority – Central Luzon Regional Office (NFA – CLRO)	
Name of corporate group (in case of group certification)	NA	
Street	Maharlika Highway	
Postcode / Town / Country	Cabanatuan City – 3100, Nueva Ecija, Philippines	
Contact	Ms. Me-ann C. Villaflor	
E-Mail	region3@nfa.gov.ph	
Phone/Fax	(044) 958-0142	(044) 958-0142
Language	English/ Filipino	
Description	Planning, Supervision, and Monitoring of Operational, Administrative and Financial Processes pertaining to Acquisition, Maintenance, and Disposition of Buffer Stocks of NFA Region III Branch Offices	
	☐ more description regarding scope in annex	
Industry / Scope (EA, TA, ...)	36.0	

Audit profile		
Standards under contract / Audit type ☐ Change to ISO 45001:2018	ISO 9001 : 2015 1st Surveillance	
System documentation: Revision / Issue	NFA-CLRO-QMS-PM-01 QUALITY MANAGEMENT SYSTEM (QMS) POLICY MANUAL REV. 0 EFF. 09/01/2021	
Surveillance mode	Yearly surveillance	
Audit team leader / responsible	Niel Patrick Ordiales (NO), 90012669	
Audit team	Evelyn C. Gentile (EG), 90009219 Elizabeth Villezar (EV), 90007361	
Technical expert	NA	
Trainee	NA	
Multisite-organisation	All sites are listed in: ☐ Audit Reference Data Sheet ☐ separate Listing ☐ Audit program/ATEA ☐ Multisite-certification (Sample)	
Shift operation	no shift operation	

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Audited Standards			
ISO 9001 : 2015		1st Surveillance Audit	
Non-applicability of chapters: 8.3			
Audit team leader: Niel Patrick Ordiales		Audit number(ZA): SE930398	
Certificate number:	PHP QMS 21 93 0072	Valid until:	28.12.2024

Audit-Details	
Sites	Main Site: National Food Authority - Central Luzon Regional Office (NFA-CLRO) – Maharlika Highway, Cabanatuan City - 3100, Nueva Ecija, Philippines Site1: NFA Nueva Ecija Branch Office (NFA-NEBO) – Maharlika Highway, Cabanatuan City - 3100, Nueva Ecija Site 2: NFA Tarlac Branch Office (NFA-TBO) – McArthur Highway, Barangay Aguso, Tarlac City Site 3: Warehouse 3 – NFA-TBO, McArthur Highway, Brgy Aguso - 2300, Tarlac City
Audit date	27.12.2022
Audit duration	3.50 person days on-site

Details for Stage 1 - Audit		
Stage 1 - Audit	Not necessary	
Duration Stage 1 - Audit	ISO 9001 : 2015	0.00 person-day (s) 0.00 total
Date Stage 1 - Audit	NA	

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Distribution/Confidentiality/Rights of ownership/Limitations/Responsibilities

This report is sent to the certification body or bodies, the members of the audit team and the audit representative of the organisation. All documents (such as this report) regarding the certification procedure are treated confidentially by the audit team and the certification body. This audit report remains the property of the certification body.

An audit is a procedure based on the principle of random sampling and cannot cover each detail of the management system. Therefore nonconformities of weaknesses may still exist which were not expressly mentioned by the auditors in the final meeting or in the audit report.

The responsibility for continuous effective operation of the management system always rests solely with the audited and certified organisation.

Salvo clause:
The audit report will be left to the organisation at the end of the audit - subject to approval by the certification body. The independent release process may cause modifications or additions. In these cases a modified revision will be sent to the audited organisation.

Annex/Enclosures

Annex/ corresponding audit documentation	☒ Questionaire(s) / Checklist(s) ☐ Additional annexes, number

Notes for the detailed results		
The evaluation of the audit results basically follows the scheme shown below:		
Stage	**Classification**	**Meaning**
NC A	Major Nonconformity (Nonconformity A)	Nonconformities could be classified as major in the following circumstances: • if there is a significant doubt that effective process control is in place, or that products or services will meet specified requirements; • a number of minor nonconformities associated with the same requirement or issue could demonstrate a systemic failure and thus constitute a major nonconformity.
NC B	Minor Nonconformity (Nonconformity B)	Nonconformities could be classified as minor, if these do not affect the capability of the management system to achieve the intended results.
PI	Potential for improvement	Items which would allow optimisation of the management system in relation to the requirements of the relevant standard. It is recommended that the company implements these items.
GP	Positive aspects/ Good Practice	Positive aspects of the management system worthy of special mention (see also point 4.3 if applicable).
CM	Comments	Special situation and information to be traced in next audit.

Follow-up action(*):
NC A: Action plan with follow-up Audit or action plan and submission of documents.
NC B: Action plan and if necessary submission of documents.

Detailed results

No.	Major Noncorformity (Nonconformity A)	Area / Process	Standard:clause	Set date
	None			

No.	Minor Noncorformity (Nonconformity B)	Area / Process	Standard:clause	Set date
	None			

No.	PI	Area / Process	Standard:clause
1.	Risks and opportunities are assessed and documented during time of audit. For improvement in assessment may consider to inclued the following: - Disposition of nonseerviceable items - FIFO implementation	Site 1: Risks and Opportunities	6.1.1
2.	For improvement in traceability, consider to include test weights information (e.g. serial number, calibration due, etc.) in the Truck Scale and Platrform verification report Calibration of measuring equipment used in laboratory analysis may be considered for reliability purposes though no issues were encountered relative to the results of laboratory analysis as of audit (e.g. two weighing scales sn: D465530282 with 2,200g capacity; sn: D516203304 with 3,000g capacity, test weight sn: 10017741 with 2,000g capacity which was calibrated on 03 April 2022).	Site 1: Facility Management, Calibration Site 2: QA/ QC	7.1.5.1
3.	Laboratory evaluation is conducted as planned. For improvement in the evalution, may consider to review acceptable limit identifed for Casiguran Palay e.g. Date Sample Submitted: Dec 9, 2022 Date Sample Analyzed: Dec 12, 2022 Variety: PD3M, Age: 3.5 a. Milling Recovery b. Combined Discolored and Damaged Kernels May consider improving the specific composition of staining solution used during laboratory analysis such as type of ethyl alcohol used (%). Additionally, expiry of potassium hydroxide may be determined for monitoring purposes.	Site 1: QA Site 2: QA/ QC	8.6

No.	PI	Area / Process	Standard:clause
4.	Progress report are generated on a weekly basis. For improvement in monitoring, consider to include Planned Accomplishment %, Actual Accomplishment %, and variation(+/-). Administration of Pest Control Measures Report is presented during time of audit. For improvement in information retention, consider to include: a. Dilution composition, total volume (Protective Spraying) b. Consider to identify in the monthly plan chemicals to be used in the spraying activity To improve in traceability of sensory panelist, may consider to retain names of the panelist in the Sensory Evaluation Report	Site 1: Facility Management Pest Control Main Site: QA	9.1.1
5.	Internal Audit process is conducted as planned. May consider including other applicable clauses in the QMS Internal Audit Matrix for the Top Management audit for effective execution of the audit. e.g. Awareness: 7.1.2 – 7.1.5, 7.5, 9.2, 10.2, 10.3	Site 1: Internal Audit	9.2.1
6.	Monitoring of Audit Findings form is utilized for the tracking of all audit findings. May improve the formulation of audit finding statement to correspond with the audit classification for consistency of documentation. e.g. OBS - with negative connotation, (e.g., no record, not available), for consideration / improvement, open/pending items)	Site 1: Internal Audit	10.2

No.	GP	Area / Process	Standard:clause
1.	Support of the top management in the implementation of QMS is commendable, this can be traced thru: a. Provision of upgrade for IT equipment (e.g. Computer units, Windows upgrade, etc.) b. Provision of additional 3 mechanical driers (2 in WH2 and 1 unit in WH Muñoz) c. Generation of additional income (Php 2.7M from sacks, Php3.6M from unserviceable items) It is noteworthy mentioning the additional resources for the efficient operations of the Branch Office as follows: - Acquisition of truck scale in April 2022	Site 1: Management Site 2: Facility Management	5.1

No.	GP	Area / Process	Standard:clause
	- Acquisition of additional diesel-fueled dryer (Shin Heung) in October 2022		
2.	The awareness of the auditees in their respective process implementation is noteworthy.	General areas	7.3
3.	The process implementation and records control of the following areas are commendable.	Buffer Stock Management/ Warehouse Operations/GSA-P Main Site: Facilities Management	8.5.1

No.	CM	Area / Process	Standard:clause
1.	Status of LCD panel of Truck Scale with SN: MK-D101U will be checked next audit (not functional at the time of audit).	Site 2: Facility Management	7.1.5.1
2.	Updated status of the Sensory Evaluation Report for Lab No.: 22-III-0315 (Q3, CY2022) will be checked next audit.	Main Site: QA	7.5.3.2

Management of non-conformities

☒ Nonconformities were not found - the procedure can continue.

☐ Nonconformities were found.

Follow-up action:

NC A: Action plan with follow-up Audit or action plan and the submission of documents

☐ **Action plan and follow-up audit**
A scheduled plan of actions with the serial number of the findings, root cause analysis, corrections (to eliminate the non-conformity) and corrective actions (to eliminate the cause of the non-conformity) have to be submitted to the auditors for reviewing (Deadline: Within 6 weeks after the last audit day). Based upon the action plan the on-site review and evaluation of the introduction, implementation and effectiveness of implemented guided corrections and corrective actions take place (Deadline: Within 3 months after the last audit day).

or

☐ **Action plan and the submission of documents**
A scheduled plan of actions with the serial number of the findings, root cause analysis, corrections (to eliminate the non-conformity) and corrective actions (to eliminate the cause of the non-conformity) have to be submitted to the auditors for reviewing (Deadline: Within 6 weeks after the last audit day).Based upon the action plan the evaluation of the effectiveness and the implementation of corrections and corrective actions take place (Deadline: Within 3 months after the last audit day).

NC B: Action plan and if necessary the submission of documents

☐ **Action plan**
A scheduled plan of actions with the serial number of the findings, root cause analysis, corrections (to eliminate the non-conformity) and corrective actions (to eliminate the cause of the non-conformity) have to be submitted to the auditors for reviewing (Deadline: Within 6 weeks after the last audit day).

☐ **Submission of documents** (if necessary)
Based upon the action plan the on-site review and evaluation of the introduction, implementation and effectiveness of implemented guided corrections and corrective actions take place (Deadline: Within 3 months after the last audit day).

Note: The audit team leader directs the non-conformities as needed to the responsible auditor for processing.

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Results

Results	ISO 9001:2015			
Fulfilled	☒	☐	☐	☐
Open nonconformities	☐	☐	☐	☐
Not fulfilled	☐	☐	☐	☐
Follow up actions				
None	☒	☐	☐	☐
Action plan	☐	☐	☐	☐
Document review	☐	☐	☐	☐
Follow up audit	☐	☐	☐	☐
Next audit	☐	☐	☐	☐
Recommendations				
Grant/Extension*/Renewing*	☐	☐	☐	☐
Maintenance*	☒	☐	☐	☐
Suspension	☐	☐	☐	☐
Restoring	☐	☐	☐	☐
Refusing	☐	☐	☐	☐
Withdrawal	☐	☐	☐	☐
	☐	☐	☐	☐

***) Grant / Extension / Renewing / Maintenance in the case of open nonconformities assumes that the nonconformities will be cleared as agreed.**

Explanation of the terms:

Renewing: New issue of the certificate for the re-certification.

Restoring: End of the temporary invalidity of certificate after the suspension or after delayed re-certification.

Comments for next audit

In the next audit, the final evidence of effectiveness, corrections and corrective actions will be assessed for the possible nonconformities from this audit.

The comments and potentials for improvement will be taken up again.

For the next audit it is preliminarily agreed: 27.12.2023

Signatures

Date: 27.12.2022 Name: Niel Patrick Ordiales	Signature Audit team leader
Date: 27.12.2022 Name: Ms. Me-ann C. Villaflor	Signature Representative of organisation