Benguet State University

Quality Manual

and

Procedures & Work Instructions Manual

(2016)

INSTRUCTION SERVICES

Republic of the Philippines
BENGUET STATE UNIVERSITY
La Trinidad, 2601 Benguet

RESOLUTION No. 2570, s. 2016

APPROVING OF THE QUALITY MANUAL AND PROCEDURES AND WORK INSTRUCTION MANUAL2016 OF THE BENGUET STATE UNIVERSITY.

WHEREAS, the Benguet State University which was a Farm School in 1916, was elevated to University Status in January 12,1986, through Presidential Decree 2010;

WHEREAS, the highest policy making body of the Benguet State University is the Board of Regents;

WHEREAS, based on Republic Act 8292, Board of Regents is constituted by the following: Chair: Commission on Higher Education Chairperson; Vice Chair- Benguet State University President; Members: Chair of the Senate Committee on Higher Education; Chair-Congressional Committee on Technical and Higher Education; Regional Director-National Economic Development Authority-Cordillera Administrative Region; Regional Director-Dept. of Science and Technology-Cordillera Administrative Region; Regional Director-Department of Agriculture-Cordillera Administrative Region; Two Prominent Citizens; President, BSU Alumni Association Federation; President-Faculty Club Federation; President Supreme Student Government Federation;

WHEREAS, based on RA 8292, the Board of Regents meets quarterly in a year and two special meetings are allotted if the need may arise;

WHEREAS, the Board of Regents had its 4th Quarter on December 22,2016 at 2:00 PM, at the CHED HEDC Bldg.,UP Diliman, Quezon City;

WHEREAS, one of its agenda items was on the approval of the Quality Manual and Procedures and Work Instruction Manual (2016);

WHEREAS, the contents of the Manual, includes the Introduction; Agency Profile; Quality Management System; Management Responsibility; Resource Management ;Overview of Quality Procedure; Benguet State University's Business Process and Scope of QMS Certification; Measurement, Analysis and Improvement; Service Realization;

WHEREAS, the contents of the Procedures and Work Instruction Manual include the Mandatory Procedures and the Standard Operating Procedures;

WHEREAS, the Board reviewed the document, and appreciated its soundness and completeness:

WHEREAS, after careful deliberation, the Board of Regents was in unison in approving the Quality Manual and Procedures and Work Instruction Manual (2016) of the Benguet State University;

NOW THEREFORE, UPON MOTION DULY SECONDED, THIS BOARD APPROVES THE QUALITY MANUAL AND PROCEDURES AND WORK INSTRUCTION MANUAL (2016);

SO PASSED this 22nd Day of December 22, 2016:

SIGNED:

Hon.PAULO BENIGNO AQUINO IV
Chair, Senate Committee on Education Culture and Arts
(Member)

Hon. ANN K.HOFER
Chair, Congressional Committee Technical on Education
(Member)

Hon. MILAGROS A. RIMANDO
Director,NEDA-CAR
(Member)

Hon.VICTOR B.MARIANO
Director, DOST-CAR
(Member)

Hon.LORENZO M.CARANGUIAN
Director, DA-CAR
(Member)

Hon. LOUISA P.PLADIO
Director, Faculty Club Federation
(Member)

Hon. RYAN C.GUINARAN
Private Sector Representative

Hon. DELMAR O. CARIÑO
Private Sector Representative

Hon.MARVIN S. CHAGYO
President, BSU Faculty Club
(Member)

Hon. MARK NEIL B.PAGEET
President, Supreme Student Council
(Member)

Hon. FELICIANO G. CALORA, Jr.
President, Benguet State University
Vice Chair, BSU Board of Regents

Hon. ALEX B. BRILLANTES, Jr.
Chair Designate
BSU Board of Regents

ATTESTED:

GRACE T. BENGWAYAN
Board Secretary V

ISO-ALIGNED DOCUMENTATION OF QUALITY MANAGEMENT SYSTEM (QMS) ON INSTRUCTION SERVICES

The University started its ISO initiatives after a team attended the "Training Workshop on ISO 9001:2008/GQMSS Requirements and Documentation conducted by the Development Academy of the Philippines (DAP) in September 2009. After a series of meetings, it was decided that the University will have its Instructional Services be certified. With the technical guidance from the DAP, the BSU ISO Team then proceeded with the documentation of the Quality Management System (QMS) and the conduct of various trainings and cascading sessions to prepare the Process Owners and other University personnel for the certification.

QMS Documentation

The Road Map below shows the different stages and documents prepared by the BSU-ISO Team for the BSU QMS on Instruction Services. These documents were presented to the University Administrative Council and approved by the council. The documents and the ADCO Actions are as follows:

1. Quality Manual

The Quality Manual is the highest level of QMS Documentation. It contains the (a) quality policy, (b) organizational structure, (c) resource management, and (d) specific policies for the process and quality control and improvement.

Document(s)	ADCO Action Number	Date
The University's Quality Policy: *Bringing Service with Utmost Quality and Dedication is Our Commitment*	ADCO Action No.1176, s.2010	August 10, 2010

2. The Mandatory Procedures

The Mandatory Procedures provide guidance on activities, process owners, timelines, and areas to be evaluated.

Document(s)	ADCO Action Number	Date
Mandatory Procedures Control of Documents Control of Records Control of Non- Conforming Services Corrective and Preventive Action Procedure Internal Quality Audit	ADCO Action No.1190, s.2010	September 29, 2010

FELICIANO G. CALORA, JR.
President
December 22, 2016

a. ***Control of Documents (BSU-QP-01)***

Creation of Documents
(Originator/Document Control Officer (DCO)
For every created document, the word "DRAFT" shall be stamped with watermark at the center of each page.

→

Review and Approval of Documents
(Process Owner/QMR/DQMR)
Document Review and Approval Request (DRAR) - *A quality form used by the process owner, originator and DCO to document the approval secured and the proper distribution of the approved document.*

→

Registration and Stamping of Documents
(DCO)

→

Distribution and Maintenance of Controlled Copies
(DCO/Copy Holders)

b. ***Control of Records (BSU-QP-02)***

Records are collected upon availability from their source, for appropriate filing by the Records Custodian or concerned process owner. To ensure easy retrieval, filing cabinets, shelves, boxes, folders, and envelopes are labeled according to the established filing system. Likewise, a Records Matrix is maintained indicating information, such as: Record Title, Retention Period and Record Custodian for both active and inactive records

c. ***Control of Nonconforming Services (BSU-QP-03)***

Identification of nonconforming product/ service
(Process Owner (PO))

→

Verification of nonconformities
(Focal Person/PO/ Responsible Office (RO)/DQMR)

→

Resolution of nonconformities
(PO/RO/QMR)

→

Implement Corrective Measures
(Focal Person/PO/RO)

→

Verification of Corrective Measures
(PO/RO/DQMR)

d. ***Corrective and Preventive Action (BSU-QP-04)***

Identification of Nonconformities
(Auditor/QMR/ Auditee)

→

Reporting of Nonconformities
(Auditor/QMR/Auditee/ Records in-Charge)

→

Corrective and/or Preventive Action Implementation
(Auditee/Section Heads)

→

Verification of Corrective and/or Preventive Actions
(Auditor/QMR/Client/ Auditee)

→

Corrective/ Preventive Action Records and Review
(Auditor/QMR/Records in-Charge)

e. ***Internal Quality Audit (BSU-QP-05)***

Planning the Audit
(QMR)

→

Preparing for the Audit
(Auditors)

→

Conducting the Audit
(Auditors)

→

Reporting of Audit Findings
(Auditors/QMR)

→

Verification of Actions Taken
(Auditor/QMR/ Auditee)

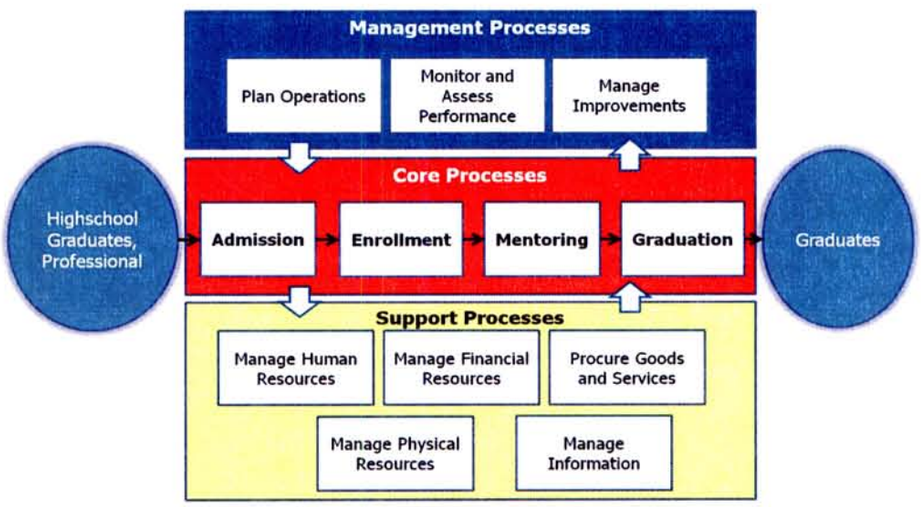
FELICIANO G. CALORA, JR.
President
December 22, 2016

3. The Standard Operating Procedures (SOPs)

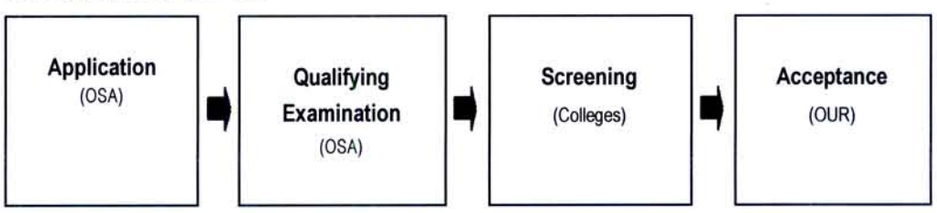
The SOPs include operational instructions that describe the detailed series of steps in performing routine activities.

Document(s)	ADCO Action Number	Date
Standard Operating Procedures Admission Enrolment Mentoring Graduation	ADCO Action No.2005, s.2010	October 28, 2010

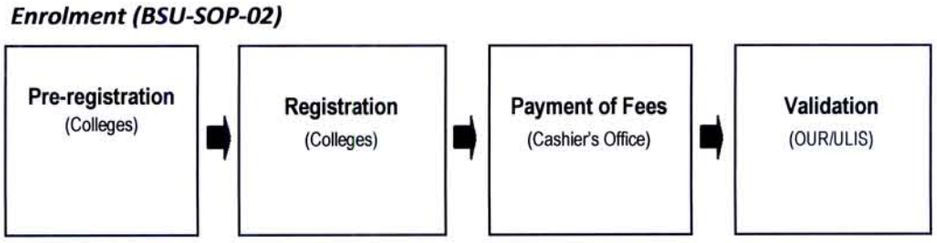
Business Process Scope



a. Admission (BSU-SOP-01)



b. Enrolment (BSU-SOP-02)



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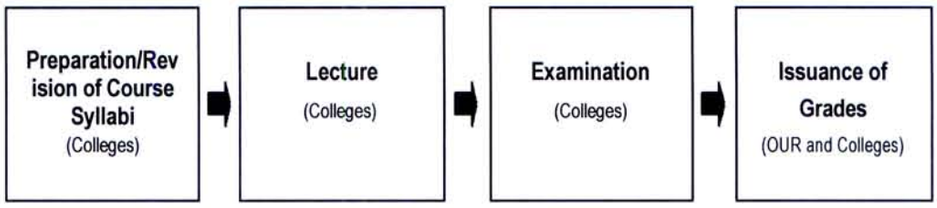
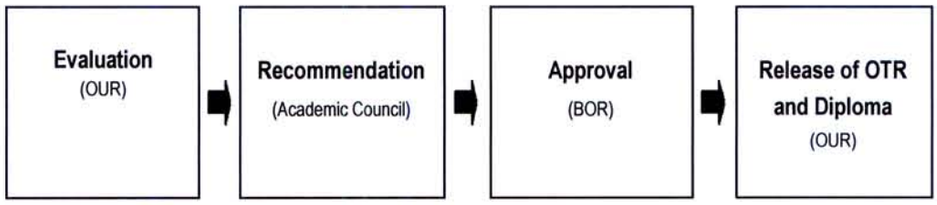
December 22, 2016

c. Mentoring(BSU-SOP-03)



d. Graduation (BSU-SOP-04)



FELICIANO G. CALORA, JR.
President
December 22, 2016

QUALITY MANUAL

INSTRUCTION SERVICES

1. INTRODUCTION

This Quality Manual defines and clarifies policies, systems, and procedures adopted to implement and continuously improve Benguet State University's Quality Management System (QMS).

This Quality Manual, together with associated documents mentioned hereto, aims to:

a. describe the basic elements of the QMS of Benguet State University and serve as reference in its implementation and continuous improvement;
b. inform all stakeholders so as to enable them to participate in the implementation of the QMS of the institution;
c. serve as reference for newly hired personnel.

2. AGENCY PROFILE

2.1 Background

As an institution of higher learning, Benguet State University has been created by law to carry out programs along instruction, research, extension and agribusiness through dynamic and responsible governance.

BSU is now a century old. It started as the La Trinidad Farm School with 30 Grade V pupils in 1916. It became a university in 1986 by virtue of the Presidential Decree 2010 signed by former President Ferdinand E. Marcos in 1986. From these humble beginnings, BSU now averages an enrollment of 10,000 students every semester.

At present, the University maintains a Graduate School, the Open University, 8 colleges and 3 institutes offering seven doctorate degrees, 32 masters programs, 19 undergraduate degrees, and a number of diploma/certificate special short courses. The research and extension programs are pursued to enhance the impact of these curricular offerings as well as to help improve the livelihood and health of the communities it services. The production sector serves as a lifeline that provides additional resources to carry our various operations of the University and a sound avenue as well to showcase that the technologies generated are economically feasible, socially acceptable and environment-friendly.

Its status as a CHED-SUC-Level-IV University has been mainly attributed to the majority of its programs, projects, and activities having attained Level III based on the standard of the Accrediting Agency Chartered Colleges and Universities of the Philippines (AACCUP).

At present, the university consists of three campuses. The Main campus is sprawled on 605.7855 hectare-land grant at the heart of La Trinidad, the capital town of Benguet Province about 255 kilometers north of Manila and 5 kilometers away from Baguio City. The Buguias Campus, formerly the Buguias-Loo Polytechnic College integrated to the University in 2001, is 81 km away from La Trinidad campus while Bokod Campus, formerly the Benguet School of Arts and Trades integrated in 2001, is 51 km. away.

The University is governed by a Board of Regents whose composition as the policy-making body is made up of CHED Chairperson/Representative as Chair, the University President as Vice-Chair, and the following as members: legislators both from upper and lower houses, Regional Directors of Government Line Agencies, prominent private citizens, federates faculty representative, federated supreme student government representative, and an alumni representative.

2.2 Vision and Mission

VISION: A premier university delivering world-class education that promotes sustainable development amidst climate change.

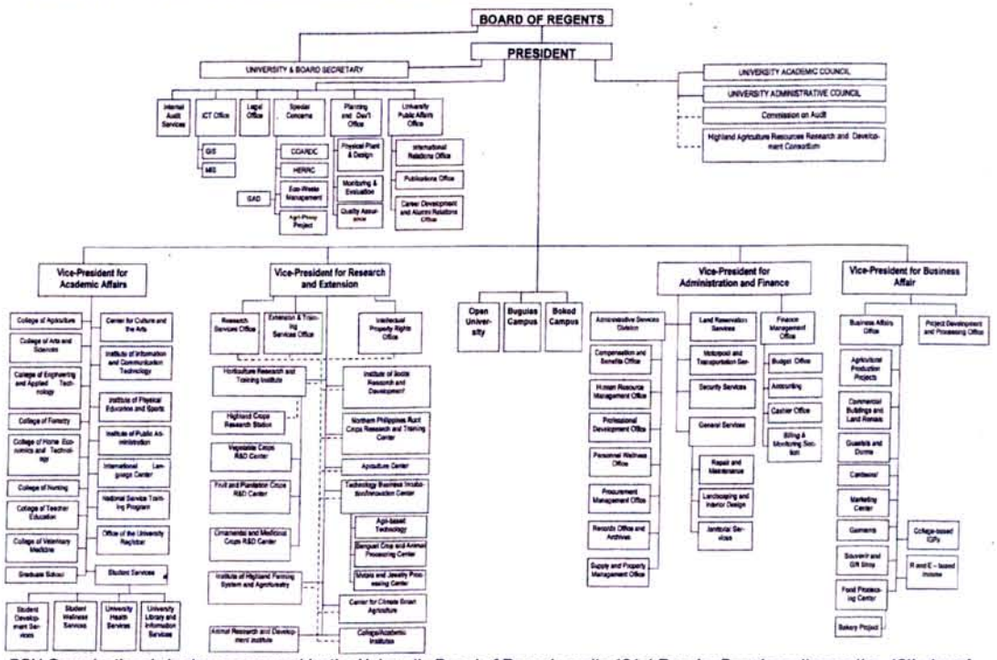
MISSION: To provide quality education to enhance food security, sustainable communities, industry innovation, climate resilience, gender equality, institutional development and partnership.

2.3 Core Values

Student-centered
Leadership
Integrity
Diversity
Efficiency
Service

2.4 Organizational Structure

BENGUET STATE UNIVERSITY ORGANIZATIONAL STRUCTURE



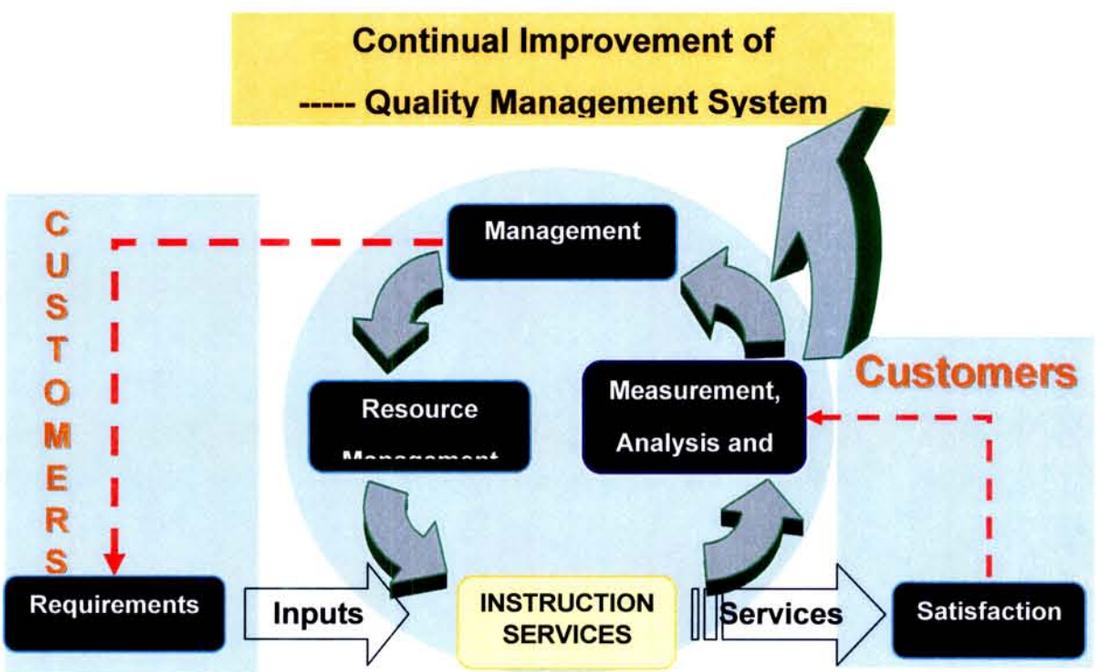
BSU Organizational chart was approved by the University Board of Regents on its 161st Regular Board meeting on the 12th day of March 2013 at Banaue Hotel, Ifugao with Board Resolution No. 2158, s. 2013.

3. QUALITY MANAGEMENT SYSTEM

3.1 Quality Management System Model

Benguet State University is a government owned and controlled institution which operates under its charter thru the Commission on Higher Education. The institution is adopting as process-based Quality Management System (QMS) model for the improvement of its products and services.

The model shows two (2) interacting processes. The first, the "internal process" covers the activities needed to communicate the importance of the meeting customer requirements and expectations. It likewise defines management responsibility, provides adequate resources to implement the QMS, shows the implementation of the project management system, and monitor, analyze and continuously improve it to meet or exceed customer expectations.



The second covers the "external processes". It includes the processes used in determining customer requirements; designing and implementing projects in line with customer and expectations; determining customer satisfaction, and

communicating with customers the institution's instruction services. Feedback from customers is used for the continuous improvement of both processes.

3.2 Scope and Application

This Manual applies to the Instruction Services of Benguet State University which cover **admission**, **enrolment**, **mentoring** and **graduation**. These are the processes implemented by the Office of the University Registrar, Office of Student Services, the different Colleges and Academic Institutes, Graduate School and Open University.

It contains the basic policies, objectives and guidelines set by the institution with regard to the different elements which can be implemented as a tool for meeting or exceeding customers' expectations.

It explains in detail, BSU's Quality Management System from the time of students' application for acceptance in BSU, up to graduation. It likewise ensures the availability of information on the procedures in the entire instruction services.

3.3 Exclusion

Conformity to specific requirements pertaining to the control of monitoring and measuring equipment as stated in Clause 7.3 of ISO 9001:2015 is excluded in the institution's QMS since this concern is not applicable to instruction services.

3.4 Documentation Structure

The University's Quality Management System is designed to assure consistency in meeting or exceeding customer's needs and expectations. This is through the actual performance of the documented processes, procedures, work instructions and support policies, systems and procedures.

The University's Quality Management System is described in the documents as identified in the figure:

Level 1: Quality Manual – This is the highest level of QMS documentation. It contains the quality policy, organizational structure, resource management, and specific policies on instruction for quality control and improvement.

Level 2: Mandatory Procedures – This is a Procedural Guide on the What, Who, When and Where of the Quality Management System. It provides guidance for the evaluation of activities and timelines. The mandatory procedures specify the responsibilities of process owners, timeframes and schedules.

Level 3: Standard Operational Procedures (SOP) - This includes an Operational Guide showing how the institution implements stated policies. This Manual includes operational instructions describing the series of steps in performing routinary activities.

Level 4: Quality Records – These include records providing evidence of conformity to the established procedures and operational instructions in conformity with the institution's QMS.

3.5 Quality Manual Amendment

Introduction of new procedures of services may necessitate amendments to the existing Quality Manual.

A re-issue of this Quality Manual shall be carried out only when there is a change in a. scope of certification; b. management and/or organizational structure; and c. instruction services.

Requests or suggestions shall be made in writing to the Quality Manual Management Representative (QMR) for his/her consideration to ensure that such changes are reflected in the manual.

3.6 Confidentiality and Distribution

The Quality Manual and its related documents are treated as confidential and shall not be brought outside Benguet State University's premises without prior authorization from the QMR.

Controlled copies of the Manual are issued to Document Custodians identified by the institution's Document Controller.

It is the responsibility of the Document Controller to keep a list of authorized holders of the Quality Manual, which may be issued or distributed either as "controlled" or "uncontrolled" copy. All uncontrolled documents shall be marked with "Uncontrolled" and shall not be updated. The uncontrolled copy of the Quality Manual may be distributed to customers or stakeholders when considered beneficial or when needed as a contract requirement. All external distributions shall be subjected to the approval of the QMR.

4. MANAGEMENT RESPONSIBILITY

4.1 Management Commitment

The Top Management recognizes the importance of understanding, meeting, or exceeding customer requirements. Being so, the following **Statement of Policy on Quality"** is established for the purpose.

***B**ringing **S**ervice with **U**tmost Quality and Dedication is our Commitment.*

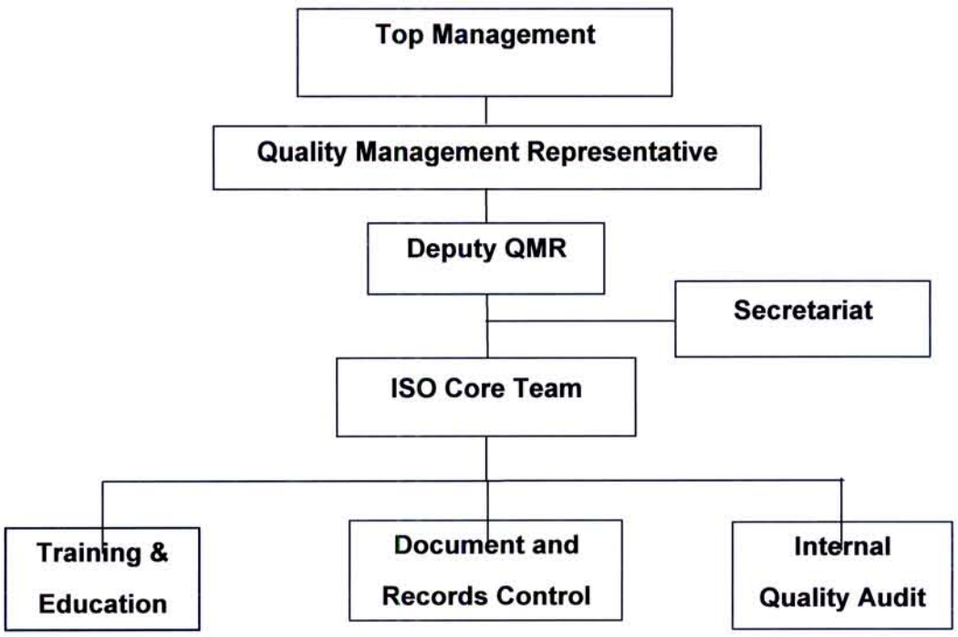
To uphold this, the following are the institution's goals in terms of instruction service:
a. to develop proactive programs to ensure relevant quality education
b. to develop proactive programs for quality service
c. to enhance responsive systems and procedures for transparent institutional development.

4.2 Quality Management System Planning

The institution's strategic and operational plans are the results of annual institutional planning. This serves as an avenue where the strategic thrusts of the University are defined, commitments are obtained, and resource requirements are determined. Objectives and targets are set at appropriated levels but specific quality objectives are defined during implementation.

Prior to the conduct of University planning activities, the various operating units conduct pre- planning activities to assess performance, gather information on stakeholder requirements and expectations and review and align future directions. The outputs of the planning process include, among others, strategies for operational improvement, pursuit of the institutions mandates, service innovation and enhancement of customer-focused services.

4.3 Quality Management Structure



4.4 Responsibility and Authority

The specific roles and responsibilities of each individual /unit in the Quality Management Structure are as follows:

a. **<u>Top Management/ Management Committee</u>**

- Establishes, reviews, and maintains the quality policy of the institution;
- Ensures that quality objectives and relevant functions are established at different levels within the University;
- Ensures allocation of available resources to support the implementation of the institution's QMS;
- Defines the responsibilities and authorities of each unit in the organization;
- Reviews the effectiveness of the institution's QMS and monitors the implementation and improvement of action plans;
- Ensures that communication mechanisms are effective and established.

b. Quality Management Representative (QMR)

- Ensures the effective implementation and maintenance of the established QMS;
- Reports to the top Management/Management Committee the performance of the quality management systems and areas for further improvement;
- Ensures the promotion of awareness in meeting or exceeding customer requirements within the relevant scope of the institution's QMS;
- Liaises with external parties on matters relating to the institution's QMS.

c. Deputy QMR

- Ensures the effective planning, implementation, maintenance, and continuous improvement of the established QMS for the sector;
- Assists the QMR in performing assigned duties and responsibilities;
- Assumes the responsibilities of the QMR in his/her absence.

d. Secretariat

- Ensures that all records, documents and all other relevant information are properly maintained, updated and archived;
- Coordinates all activities in the absence of the QMR and Deputy QMR;
- Serves as the head of the ISO/Sub-ISO core team secretariat

e. ISO Core Team

- Serves as the Technical Panel that directs all Iso-related activities;
- Meets regularly to discuss issues, concerns and actions to be taken to improve the QMS;
- Provides recommendations to the University President on ISO matters

f. Document and Records Control Team

- Documents, implements, establishes and maintains a procedure for the control of documents and records;
- Maintains the master copies and master list of the Quality Manual, Quality Procedures and Standard Operational Procedures, as well as the master list of externally generated documents are available for use;
- Prevents unintended use of obsolete documents as well as the unauthorized use of relevant documents;
- Ensures the enhancement of procedures for the control of records;
- Closely coordinates with Deans and Directors on records generated from Instruction services.

g. Internal Quality Audit Team

- Prepares the audit plan and coordinates, and implements the agency's Audit Program;
- Identifies the necessary resources needed to manage the agency's Audit Program;
- Provides inputs on audit findings during management review;
- Monitors and maintains records of implementation of corrective and preventive actions for non-conformances found during audits.

h. Training and Education Team

- Ensures that concerned employees are aware of their roles and responsibilities relative to the attainment of the agency's goals and objectives;
- Reviews the results of competence evaluation conducted for employees who are involved in instruction services;
- Facilitates the conduct of appropriate Human Resource interventions to enhance capabilities;
- Monitors and evaluates the effectiveness of actions taken by the HRMO;
- Ensures that records on education, trainings, skills, and experiences are maintained accordingly.

4.5 Management Review

Review of the established QMS is conducted twice a year or whenever deemed necessary by the Top Management/QMR. This is to ensure continuing suitability and effectiveness of the system in meeting or exceeding the requirements of customers.

The review may cover, but is not limited to the following agenda items:

- Matters arising from the previous management review meeting
- Results of internal and external quality audits
- Customer feedback amd satisfaction results
- Project performace and product/service conformity
- Status of corrective and preventive actions
- Changes that could affect the QMS
- Actions taken on recommendations for improvement

The agenda of the Management Review is prepared by the QMR and distributed to all concerned. Minutes are recorded and maintained by the the Document Control Officer. Results of the review are provided to the Top Management/QMR and/or Deans and Directors for proper reporting during Management Committee or Administrative Council meetings.

5. RESOURCE MANAGEMENT

5.1 Human Resource Management (HRM)

The agency believes that its human resources are its greatest assets. To ensure that personnel are equipped with the necessary knowledge and skills required to efficiently perform their functions, the University's HRM has established and maintained procedures. These are important in ensuring that personnel performing their functions are competent on the basis of education, training and/or experience. As such, the HRM maintains records when undertaking the following functions:

- Determining the capability building needs of personnel performing work affecting instruction service quality;
- Organizing seminars and training courses to meet identified needs;
- Evaluating the effectiveness of HR interventions;

- Orienting the personnel on their roles and responsibilities as they affect achievement of objectives;
- Facilitating the placement of qualified personnel to meet the capacity requirements of operations

It is the commitment of the institution to provide its personnel with the proper training for the constant improvement of their knowledge, skills, managerial acumen and attitude on activities related to the quality system. This is in recognition of the behavior and performance of every individual directly impacting on the quality of services provided. Training Need Assessment shall be conducted as needed.

The training of personnel includes both formal and informal modes: coaching, on-the-job-training, and cross-posting activities conducted by the Human Resource Development Office (HRDO). It also includes orientation and cascading sessions conducted by the ISO Core Team.

Recruitment is handled by the HRMO based on qualifications. Processing of employment is based on the recommendations of the Personnel Selection Board (PSB).

Appropriate records of academic qualifications and trainings are maintained for all personnel by the HRMO.

5.2 Infrastructure Management

It is the policy of Benguet State University to determine, provide and maintain the infrastructures needed to support its functions (instruction, research, extension, and production). Infrastructure includes (whenever applicable) workstations, training/conference facilities and equipment, meeting rooms, customer receiving areas, library, transportation service, computer and internet/intranet facilities, project management and other software, storage facilities for supplies, communications facilities, and areas for auxiliary services such as photocopying, parking, canteen services, etc.

5.3 Outsourcing

In order to reinforce the provision of instructional and other support services of the University, the following activities and/or services are being outsourced:

- Professional expert services and resource speakers
- Repair and maintenance of laboratory and office equipment

- Security services, and
- Others

5.4 Work Environment

It is the policy of Benguet State University to promote the well-being, satisfaction and motivation of its faculty and staff by providing them a work environment that:

- promotes teamwork through sharing of project learning, inter-center collaborations, technology sharing, etc.; and
- is conducive for working and learning by defining workstations, and formulating and observing quality workplace standards.

The end objective of this is to establish a quality work-life for the institution's personnel that would enable them to work more effectively and efficiently.

5.5 Procurement

It is the policy of Benguet State University to determine, provide and maintain the various equipment, office and instructional supplies needed to support its fucntions (instruction, research, extension, and production) by adhering to statutory and institutional requirements.

6. OVERVIEW OF QUALITY PROCEDURE

6.1 Document Control

Benguet State University has established and maintains a documented procedure for the creation/revision, approval, and issuance of the Quality Manual and Standard Operational Procedures (SOP) Manual. BSU-QP-01, Document Control procedure provides for an organized monitoring, distribution, maintenance, and updating of procedures and opertional instructions within the said manual.

All documents included in the QMS are first reviewed and then approved by authorized personnel prior to use. A master list, which indicates the current revision status of documents is maintained by the Document Controller and made available to all. This will prevent the use of incorrect, invalid, or obsolete documents. Only the latest issues of documents are available in locations where business process operations are performed. Obsolete document are identified, retrieved, and properly disposed of, retaining only the obsolete original copy document.

Any change in the QMS after its initial approval nd issue are subject to the document change procedure in BSU-QP-01 Control of Documents.

6.2 Records Control

The institution has established and continues to maintain documented procedures for identification, collection, indexing, access, filing, storage, maintenance and disposition of quality records. The procedures are incorporated in BSU-QP-02, Control of Records procedure.

All process owners maintain relevant quality records showing the achievement of the required quality and effective operation of the QMS.

The Quality Records are comprehensible and are stored in such a way that they are readily retrievable in storage facilities. A suitable environment is provided that would prevent damage, deterioration, or loss.

Retention periods of quality records are established, recorded and maintained in accordance with the Records Matrix.

6.3 Control of Nonconformity

The institution has established and maintains a documented procedure to ensure that a product and/or service that does not conform to specified requirements is prevented from delivery to the customer.

BSU-QP-03, control of Nonconformity procedure provides for the identification, evaluation, disposition and recording of nonconforming products and services and for notification to the concerned units.

The responsibility for review and disposition of nonconforming product and/or service is indicated in the Control of Nonconformity Matrix.

Nonconforming products and/or services are reviewed in accordance with documented procedures and may be improved.

If the product and/or service does not conform to the Terms of Reference or to the agreed output as set forth during the contracting process, the process owner should be able to make the necessary corrective measures.

6.4 Corrective and Preventive Action

The institution has established, implements, and maintains a documented procedure for corrective and preventive actions. This is in order to efficiently and adequately address non-conformities and eliminate the causes of actual or potential non-conformities in the QMS (IQA reports, third party audit report, etc.) and in its products and services.

BSU-QP-04, Corrective and Preventive Action procedure includes:

- effective handling of customer complaints;
- investigating the causes of non-conformities and recording the results of such investigations;
- determining the corrective actions needed to eliminate non-conformities;
- determining the steps needed to deal with any potential problem requiring preventive actions;
- formulating, applying, and implementing controls to ensure the effective implementation of corrective and preventive actions;
- recording changes in procedures resulting from corrective actions;
- using appropriate information such as audit results, quality records, service reports and customer complaints to detect, analyze and eliminate potential causes of non-conformities; and
- ensuring that relevant information on actions taken is submitted for management review.

6.5 Internal Quality Audit

The institution has established a documented procedure which it implements and maintains to verify whether quality activities and related results comply with planned arrangements. This procedure is also used to determine the effectiveness of the Quality System. This is done through BSU-QP-05, Internal Quality Audit procedure.

Internal Quality Audits are conducted on a regular basis as scheduled in the IQA plan. Internal Quality Auditors shall be identified and trained. They are independent of the specific activities on areas being audited.

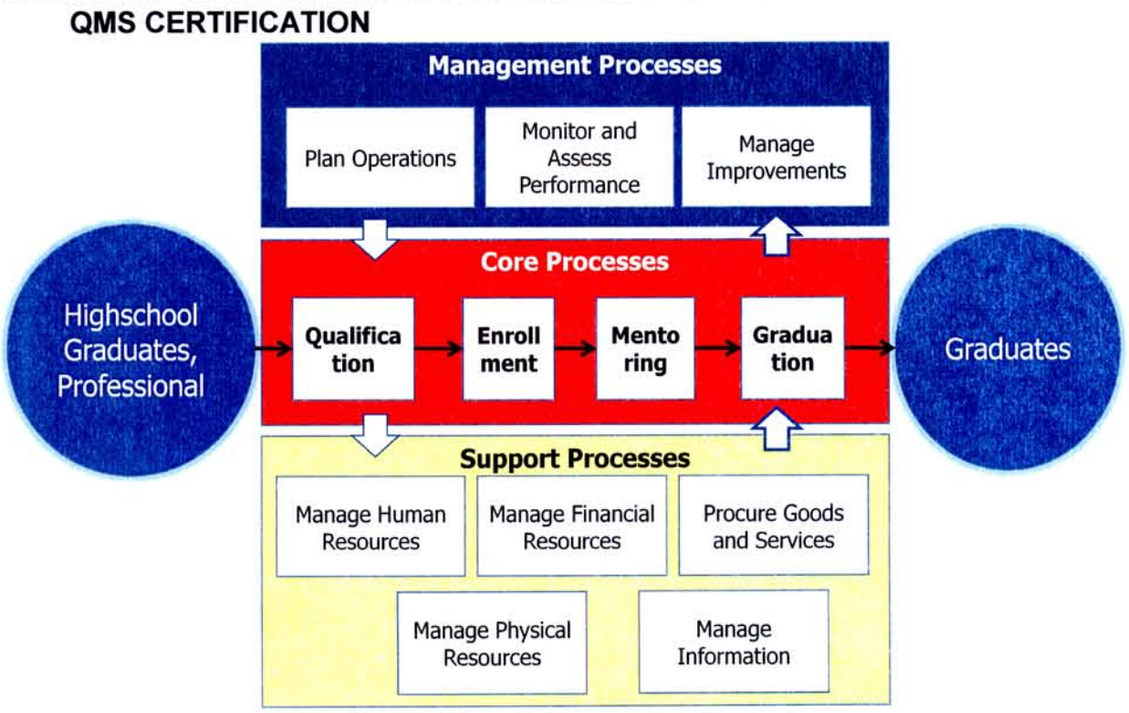
The results of the audits are recorded and reported. The report contains details of:

a. non-conformance and non-conformities found during the audit;
b. root-cause analysis; and
c. corrective and preventive actions including dates of completion and follow-up audit.

These findings are brought to the attention of the personnel having responsibility in the audited area. The process owner shall make timely corrective and preventive actions on the deficiencies found during the audit.

Follow-up audit activities are conducted for the purpose of verifying and recording the implementation and effectiveness of the corrective actions taken. IQA results are recorded and maintained by the IQA Team.

7. BENGUET STATE UNIVERSITY'S BUSINESS PROCESS AND SCOPE OF QMS CERTIFICATION



The institution's business process scope covers the different stages of the instruction services. Each stage consists of sub-activities undertaken to meet the requirements of the subsequent activities. The start and end of the stages may overlap depending on the nature of the process scope and the requirements of customers.

8. MEASUREMENTS, ANALYSIS AND IMPROVEMENT

8.1 Monitoring and Measurement

As a mechanism to measure the performance of the established Quality Management System, the institution monitors implementation of the system through periodic conduct of Internal Quality Audits (as defined under BSU-QP-05). Likewise, to monitor the product/service outcomes in terms of meeting client requirements and expectations at different stages of the project, periodic gathering of customer feedback and perception are conducted through any of the following approaches:

a. Focus Group Discussion. This activity is intended to identify current and future development and productivity concerns of key stakeholders as these are relevant in defining or aligning the agency's program thrust.

b. Customer Satisfaction Survey. Determination of customer satisfaction is designed to measure and monitor performance of the institution's products and services in terms of meeting customer requirements and expectations. Results of the survey are examined during management reviews where actions for improvement are identified for implementation.

c. Review of Customer Feedback. Gathering of customer feedback during instruction services implementation and evaluation is used to ensure satisfactory acceptance of project outputs by customers.

Likewise, in-house monitoring is done on a semi-annual basis to keep track of the University/s performance in terms of accomplishments, timeline, budget, etc.

8.2 Data Analysis and Improvement

Benguet State University uses applicable statistical techniques and tools to establish, control and verify process capabilities and characteristics. Data on customer satisfaction survey, conformity to product and process requirements and supplier performance are analyzed on a regular basis.

Graphs, diagrams, trend analysis and variance analysis are the most common tools used for data analysis depending on the information needs of management during review meetings.

Continuous improvement is a permanent objective of the University. As such, various inputs considered are quality policy, objectives, audit findings, analysis of performance data, corrective and preventive actions and performance review meetings.

9. SERVICE REALIZATION

9.1 Explanation of the Core Process

The core process on instruction services starts when a client applies for admission until he/she graduates from the institution. Specifically, this involves the following processes:

Admission: A prospective customer seeks admission to the University through application and taking a qualifying examination administered by the Office of Student Services. Results of the examination are sent to the respective academic units for screening. The academic unit submits the list of qualified applicants to the Office of the University Registrar (OUR) which in turn gives a Notice of Admission to the qualified applicant.

Enrollment: The customer proceeds to the academic unit where he/she is admitted for registration. From the College/Institute, he/she proceeds to the Cashier for payment of his/her school fees, then goes to the OUR for ID processing then to the University library for ID validation.

Mentoring: The enrolled student attends his/her classes for 18 weeks for the regular semester and 7 weeks during the summer term as reflected in his/her class schedule. At the start of classes, students are oriented on course requirements. The student has to satisfy all the requirements of the course. A

final grade is issued by the faculty in charge 1 week after the final examination.

Graduation: After all the requirements are satisfied by the graduating student, the OUR evaluates the student's academic records in consultation with the academic unit where he/she belongs. The candidate is recommended for graduation initially to the College/Institute, Academic Council, then endorsed for confirmation by the Board of Regents before graduation. Finally, the diploma and Official Transcript of Records are issued to the graduate.

MANDATORY PROCEDURES

INSTRUCTION SERVICES

1.0 Purpose

This document aims to standardize the process of management and control of quality documents in the organization and ensure that appropriate versions are identified and made available at point of use.

2.0 Scope

This procedure applies to all documents required by the Benguet State University's Quality Management System (QMS) as indicated in the Document Master list.

This procedure covers creation, identification, amendment, review, approval, coding, maintenance and distribution of documents.

3.0 Definition of Terms

Controlled Copy	Reproduced copy of the original document representing the latest issued document; indicated by blue "Controlled Copy" stamp.
Documents	As referred to in this procedure, are QMS quality procedures, standard operational instructions, the Quality Manual, and other procedures/standard/form indicated in the Document Master list.
Document Controller (DC)	Individual/s assigned to oversee the implementation of the Document Control procedure
Document Masterlist	A list of the documents being controlled by a Document Controller in terms of creation, approval, revision, coding, distribution, access, and use.
Document Review and Approval Request (DRAR)	A quality form used by the process owner, originator and DC to document the approval secured and the proper distribution of the approved document.
Obsolete Copy	Superseded document, indicated by red "Obsolete Copy" stamp.
Original/Master Copy	Original document bearing the control number stamped in green ink and maintained by the Document Controller.

Originator/Process Owner	Office which initiated the document creation/revision reflected under the "Prepared by" portion of the document.
Uncontrolled Copy	Reproduced copy of a controlled copy document strictly for reference use, indicated by blue "Uncontrolled Copy" stamp.

4.0 Responsibilities

Quality Management Representative (QMR)	Shall ensure that the established documented procedures are consistent with the requirements of ISO 9001 Standard and are effectively implemented. The QMR is also responsible for the review and approval of this procedure.
Deputy QMR	In the absence of the QMR, ensure that the established documented procedures are consistent with the requirements of ISO 9001 Standard and are effectively implemented. The DQMR is also responsible for the review and approval of this procedure
Document Controller (DC)	Shall ensure that the established documented procedures are properly identified/coded, available at all designated locations, current for use, legible and readily retrievable. The DC is also responsible for the preparation and implementation of this procedure.
Sector Heads	Shall ensure that data and information written on their respective records are true, correct, accurate and complete.

5.0 Procedure Flow

Responsibilities	Key Steps	Interfaces
Originator DC	Creation of documents	Guidelines for Essential Elements of Procedure See Details 6.1
Sector Heads QMR/DQMR	Review and Approval of Documents	Document Review and Approval Request (DRAR) See Details 6.2
DC	Registration and Stamping of Documents	Specimen of Official Document Stamps Document Master list See Details 6.3
DC Copyholders	Distribution and Maintenance of Controlled Copies	Document Reproduction Form (DRF) Distribution List See Details 6.4

6.0 Procedure Detail

6.1 Creation of Documents

The word "DRAFT" shall be stamped with watermark at the center of each page of the created document. Draft documents are not official and should not be used for work purposes. For economy and for environmental purposes, the draft may be printed on used paper.

6.1.1 Requirement for document Control

6.1.1.1. Fonts, Font Sizes, Paper and Margins to be used for the Quality Manuals, Procedures and Work Instructions

6.1.1.1.1 Section/Sub-Title: Arial 13
6.1.1.1.2 Body Text: Arial 12, Normal
6.1.1.1.3 Paper Size: A4
6.1.1.1.4 Margins: Top-2", all other sides, 1"
6.1.1.1.5 Form codes: Arial 11

6.1.1.2. Essential Elements of Procedure

6.1.1.2.1 Purpose
6.1.1.2.2 Scope
6.1.1.2.3 Definition of Terms
6.1.1.2.4 Responsibility
6.1.1.2.5 Procedure Flow
6.1.1.2.6 Procedure Details
6.1.1.2.7 References
6.1.1.2.8 Attachments

6.2 Review and Approval of Documents

The originator shall obtain a blank DRAR form from the DC and route the created document (hard and soft copy), together with the DRAR, to concerned approving committee to secure approval.

Once the draft document is reviewed and approved, this will be forwarded to the DC with the accomplished DRAR.

6.3 Registration and Stamping of Documents

6.3.1 Upon approval of the document, the DC confirms the revision of the document or assigns a new unique identification number according to the following classification:

a. Quality Manual - BSU-QM
b. Quality Procedure - BSU-QP-XX
   i.e.: BSU-QP-01
   BSU-QP-02
   BSU-QP-03
   BSU-QP-04
   BSU-QP-05

c. Standard Operational Procedure - BSU-SOP-XX

d. Form - BSU-SOP/QP-XX-Fnn

note: xx and nn are series numbers starting with 01

6.3.2 Project-related policies follow the existing numbering system.

6.3.3 The DC enters the details of the document in the Document Master list and keeps the master copy. The DC reproduces the master copy using the Document Reproduction Form. All copies of the document are stamped with "Controlled Copy"/"Uncontrolled Copy" in blue ink prior to distribution (See Table 1 for Specimen of Official Document Stamps)

TABLE 1: Specimen of Official Document Stamps

Specimen	Name	Description	Revision Status
MASTER COPY	Master Copy	Color: Green Stamp Area: Lower rightmost part of every page	00
CONTROLLED COPY	Controlled Copy	Color: Blue Stamp Area: Lower rightmost part of every page	00
OBSOLETE COPY	Obsolete Copy	Color: Red Stamp Area: Center part of every page	00
UNCONTROLLED COPY	Uncontrolled Copy	Color: Black Stamp Area: Upper rightmost part of every page	00

DRAFT	Draft Copy	Color: Gray (Watermark) Stamp Area: Center part of every page	00

6.4 Distribution and Maintenance of Controlled Documents

6.4.1 To distribute controlled documents, the DC provides controlled copies to the copyholders and makes sure that recipients sign on the columns for "Received by" on the distribution list of the new master document to acknowledge receipt of controlled document.

6.4.2 To retrieve obsolete documents, the DC obtain all previously issued copies of the document from the copyholders and makes sure that recipients countersign on the columns for "Retrieved" on the Distribution List of the superseded master document to ensure that obsolete controlled copies are retrieved.

6.4.3 Superseded master documents shall be stamped with "Obsolete Document" in red ink and shall be archived in accordance with prescribed period.

6.4.4 Old controlled copies shall be disposed of immediately in accordance with the prescribed modes of disposal. Obsolete master documents shall likewise be disposed of once the retention period lapses.

6.4.5 External body not on the distribution list may coordinate with the DC to secure copies of QMS documents. A Document Reproduction Form (DRF) shall be accomplished and filed with the DC. The concerned Section/Office Head must properly approve the DRF. For external distribution of documents, the approval of the QMR is required.

6.4.6 The DC shall record on a logbook the details of the requested document and ensure that the recipient acknowledges the receipt of the document. The said copies shall be considered as uncontrolled copies.

6.5 Control of Externally Generated Documents

6.5.1 Document Controller/s use the External Document Distribution List to register and monitor the receipt and distribution of externally generated documents.

6.5.2 Recording upon receipt and turnover of documents to concerned unit and/or individuals is done immediately. The responsibility for the maintenance and updating of the External Document Distribution List is entrusted to the Records Office. Externally generated documents received through e-mail are likewise recorded in the External Document Distribution List.

6.6 Electronic Copies of Documents

6.6.1 Electronic copies of documents are not used as reference for implementation since there is no assurance on the latest version of the document being used. Electronic files of Original Copies are edited, copied, and printed only by the Document Controller to protect documents from unauthorized copy and use.

6.6.2 The Document Controller authorizes uploading and downloading of documents onto and from the intranet. Access to controlled documents available in the intranet is regulated through the use of an access code and password provided by the University's network administrator. Access to controlled documents available in the intranet may be extended to other users.

7.0 References: (Not Applicable)

8.0 Attachments

Attachment 1 Document Review and Approval Request (DRAR)
Attachment 2 Document Masterlist
Attachment 3 Document Reproduction Form
Attachment 4 Distribution/Retrieval List
Attachment 5 External Document Distribution List

ATTACHMENT 1

BSU-QP-01-F01

	QUALITY FORM	DRAR No.
	DOCUMENT REVIEW AND APPROVAL REQUEST	

Document Title:			
Document Type:	☐Manual ☐Procedure ☐Work Instruction ☐Record ☐Standard ☐Drawing ☐Other (specify)_____		
Revision No:	00	Document Code:	
Copy Holders			
Requested By:		Date:	
Reason for Request:	☐New ☐Revision ☐Deletion ☐Other (specify)_____		
Details:			
Affected Document(s): (that may need revision)		Once superseded retain document until:	

Reviewed By:	Date:	Comments:

Approved By:	Date:	Comments
Support Process Process owner VP QMR President		

ATTACHMENT 2

BSU-QP-01-F02

DOCUMENT MASTER LIST

Document No.	Document Title	Rev. No.	Date Approved

Date Prepared:	Prepared by:	Noted by:

Result:

☐ Approved ☐ For Revision

Noted by:

Quality Management Representative

FELICIANO G. CALORA, JR.
President
December 22, 2016

MASTER COPY

ATTACHMENT 3

BSU-QP-01-F03

DOCUMENT REPRODUCTION FORM		
Date Requested:	**Requested by:**	**Document No., Title, Revision No.:**
Purpose for Additional/Uncontrolled Copy:		
Action Taken: **Noted by**: _____		
Date Released	**Issued by**	**Issued to**

ATTACHMENT 4

BSU-QP-01-F04

DISTRIBUTION/RETRIEVAL LIST

Document No., Title, Revision No.:

Copy No.	Office of Custodian	Date Issued	Issued by	Received by	Date Retrieved

ATTACHMENT 5

BSU-QP-01-F05

EXTERNAL DOCUMENT DISTRIBUTION LIST

Document Type	From	Reception		Distribution	
		Received by	Signature/ Date	Recipient/ Addressee	Signature/ Date

FELICIANO G. CALORA, JR.
President
December 22, 2016

MASTER COPY

1.0 Purpose

This document aims to provide a system of managing, controlling, disposing and maintaining records within the organization.

2.0 Scope

This procedure applies to all records related to QMS and the University's operation.

It covers the controls needed for the identification, numbering, labeling, protection, storage, retention and disposal of records.

This procedure also covers the handling of externally generated data as well as those data provided by the customer.

3.0 Definition of Terms

Records	Defined as books, papers, maps, photographs or other documentary materials, regardless of physical form or characteristics that have been created or received by any agency of the Philippine government in pursuance of its law or in connection with the transaction of public business and has been preserved or appropriated for preservation by Benguet State University or its legitimate successors as evidence of the organization, functions, policies, decisions, procedures, operations or other activities of the government because of the information value or data contained therein (Records Management Handbook).
External Communications	Refers to the correspondence transmitted to other agencies, entities, associations or organizations as well as individuals that are not BSU personnel. This includes: Letter, Endorsement and Reports.
Active Records	Records within the active retention period.
Inactive Records	Records within the inactive retention period.
Records Controller/ Custodian	Responsible for the proper collection, storage, protection, retention and disposal of records.

4.0 Responsibilities

Quality Management Representative (QMR)/Deputy Quality Management Representative (DQMR)	Shall be responsible for ensuring that the requirements for the control of records stated in this procedure are properly identified and implemented.
Record Controller/Custodian	Shall be responsible for the collection, storage, protection, and disposal of records for each office/division.
Sector Heads	Shall ensure that all documented procedures that originate from their area are thoroughly reviewed and approved and ensured for effective implementation.

5.0 Procedure Flow (not applicable)

6.0 Procedure Details

6.1 General

6.1.1 Records are legible, identifiable and easily retrievable.
6.1.2 Records can be in the form of any type of media such as hard copy or electronic file.
6.1.3 If necessary, records are reviewed and/or approved prior to issue.
6.1.4 Records indicate the person/s who authorizes its use.

6.2 Collection and Identification

6.2.1 Records are identifiable through any or combination of the following information, as appropriate:

a. Title of Record
b. Date(s)

c. Name of signatory (ies)
d. Document Code
e. Revision status
f. Reference Document
g. Control number

6.2.2 Records are collected upon availability from their source, for appropriate filing by the Records Custodian or concerned process owner. Only marking pens are used on records. Pencil markings are avoided and may be considered unofficial.

6.2.3 In case of erasure or correction, the corrected data bears the initials of the person who corrected it.

For example: ~~6312~~ 7564 JOI

6.3 Review and Approval of Records

6.3.1 Some records require the signature of authorized individuals. The reviewer ensures that said records are legible and contain sufficient information as basis for its endorsement or approval. Hence, some records without the signature of approving authorities may be treated "unofficial."

6.4 Storage and Protection

6.4.1 Records are kept in appropriate locations to minimize physical deterioration, damage, and loss. As such, records may be protected in accordance with the following:

a. Use of expanded folders, protective sheets, and/or ring binders;
b. Stored in shelves or steel cabinets to prevent from deterioration;
c. Regular back-up of e-files; and,
d. Access restriction, through password (this pertains only to soft copy and other security measures) to prevent from unauthorized use.

6.5 Retrieval and Retention

6.5.1 To ensure easy retrieval, filing cabinets, shelves, boxes, folders, and envelopes are labeled according to the established filing system. Likewise, a Records Matrix is maintained indicating information, such

as: Record Title, Retention Period and Record Custodian for both active and inactive records.

6.5.2 Records, borrowed by other offices or workgroups, are traced using logbooks or log sheets.

6.6 Maintenance and Disposal

6.6.1 Maintenance and disposal of records are done in accordance with the Records Matrix. Turnover of inactive records is scheduled every December and recorded in a specific logbook of the concerned individual or office.

6.6.2 For easier safekeeping, PERMANENT records may be converted to e-files, except for records that require original copy bearing authentic signatures.

7.0 References:

7.1 Republic Act No. 9470, "An Act to Strengthen the System of Management and Administration of Archival Records, Establishing For the Purpose the National Archives of the Philippines, and For Other Purposes"

7.2 Records Disposal Schedule of the National Archives of the Philippines

7.3 University Issuances Relative to the Management of Records

8.0 Attachment:

Attachment 1 Records Matrix

Attachment 1

Records Matrix

RECORDS SERIES TITLE AND DESCRIPTON	ACTIVE		INACTIVE		REMARKS
	Retention Period	Responsible Person	Retention Period	Responsible Person	

1.0 Purpose

This document defines the policies and guidelines to identify and control nonconforming products/services of Benguet State University operations and QMS scope.

2.0 Scope

This document applies to all products/services provided by Benguet State University for its clients, where nonconformities may arise during the University's operation or QMS scope.

3.0 Definition of Terms

Nonconformity (NC)	Deviation from a specified requirement that need immediate action.
Opportunity for Improvement (OFI)	A lapse in the system that causes minor errors or may cause potential problems in Benguet State University operations and therefore may need to be improved.
Request for Action form	This is used to initiate and record the identified NC/OFI and monitor the status and actions taken relative to the NC/OFI.
Disposition	Actions to be taken to correct nonconformities.
Control Measures	Actions to be taken to prevent occurrence of an identified Nonconformity

4.0 Responsibilities

IQA Lead Auditor	Identifies the nonconformity and initiates the control and disposition measures, in coordination with assigned Supervisor or authorized officer. He or she records the information/data related to nonconformity as per Corrective and Preventive Action Procedure.
Process Owner	Identifies nonconformities, establishes the control measures, defines responsibilities and authorities, and reviews and approves the necessary action to address the identified nonconformity.

Quality Management Representative	Shall ensure the proper implementation of this procedure.

5.0 Procedure Flow

Responsibilities	Key Steps	Interfaces
Process Owner	Identification of nonconforming product/service	• QMS Audit • Customer Feedback • Activities relative to the program
Focal/PO/RO QMR	Verification of nonconformities	Detailed Procedure 6.2
PO/RO/BSU Steering Committee/ DQMR	Resolution of nonconformities/ obtain approval	Detailed Procedure 6.3
Focal/PO/RO	Implement Corrective measures	
PO/RO/BSU Steering Committee/ DQMR	Verification of Corrective measures	Detailed Procedure 6.4

6.0 Procedure Details

6.1 Identification of Nonconforming products/services

Nonconforming product/services may be observed, but is not limited to the sources listed below:

- QMS Audit
- Customer Feedback

- Activities relative to the program

Upon identification, such nonconformities are recorded using the CPAR form. Refer to BSU-QP-04 Corrective and Preventive Action Procedure.

6.2 Verification of Nonconformity

All documented nonconformities are referred to the QMR, for verification and analysis of the nonconformity, using appropriate problem solving tools/techniques. The QMR depending on the nature of nonconformity, may initiate a meeting with concerned individuals to facilitate the verification and identification of root cause.

6.3 Resolution of nonconformity

After problem analysis, the necessary corrective/preventive action are formulated and recorded in the CPAR form. Whenever possible, the target date for completion of "Action to be Taken" are indicated in the CPAR, as basis for the subsequent follow-up and verification of action taken and result.

6.4 Verification of Corrective Measures

With reference to the submitted CPAR, the QMR, may conduct follow-ups on "action to be taken" and perform some verification to ensure that appropriate action have been taken to address the identified nonconformity. If the implemented resolution or control measure, to address the identified nonconformity, is found to be more effective and/or efficient, such approach may be adopted to update the established Control of Nonconformity Matrix. Revision of such Matrix follows the Document Control Procedure.

7.0 References

BSU-QP-01 Control of Documents
BSU-QP-04 Corrective and Preventive Action Procedure

8.0 Attachments

Attachment 1 Nonconforming Monitoring Form
Attachment 2 Nonconformity Matrix

ATTACHMENT 1

BSU-QP-05-F01

Nonconforming Monitoring Form

Date	Name of Auditor	Process/Area	Nonconformity	Source of Nonconformity	Course of Action	Closure	
						Yes	No

ATTACHMENT 2

BSU-QP-05-F02

Nonconformity Matrix

Nonconformity	Responsible Person	Action Taken

1.0 Purpose

This procedure provides a system of instruction to ensure all Benguet State University officials and staff have a shared understanding on the detailed activities to be undertaken in the implementation of corrective and preventive action at the central, regional and provincial/district level to prevent recurrence of non-conformities.

2.0 Scope

This procedure includes the implementation of the following corrective and preventive activities: identification/verification of non-conformities; preparation, approval and implementation of corrective and preventive action; and monitoring to review reports on corrective/preventive actions undertaken.

3.0 Definition of Terms

Auditee	Refers to the area/s, organization or person/s to be audited.
Auditor	Refers to the person qualified and authorized to conduct an audit. Shall be responsible for conducting follow-up activities to verify the completeness and the effectiveness of the actions taken. Refer to Table 1 for guidance on verifying corrective and preventive actions.
Correction	Steps that are taken to immediately correct the nonconformity
Corrective Action	Steps that are taken to remove the causes of an existing nonconformity or undesirable situation. The corrective action process is designed to prevent the recurrence of nonconformities or undesirable situations. It tries to make sure that existing nonconformities and situations don't happen again. It tries to prevent recurrence by eliminating causes. Corrective actions address actual problems. Because of this, the corrective action process can be thought of as a problem solving process.

CPAR – Corrective and Preventive Action Request	Refers to the form used to initiate and record corrective and preventive actions on identified nonconformities.
Nonconformity	Refers to the non-fulfillment of a requirement. Nonconformities can be actual or potential.
Preventive Action	Steps that are taken to remove the causes of potential nonconformities or potential situations that is undesirable. The preventive action process is designed to prevent the occurrence of nonconformities or situations that do not yet exist. It tries to prevent occurrence by eliminating causes. While corrective actions prevent recurrence, preventive actions prevent occurrence. Both types of actions are intended to prevent nonconformities. Preventive actions address potential problems, ones that haven't yet occurred. In general, the preventive action process can be thought of as a risk analysis process.

4.0 Responsibilities

Quality Management Representative (QMR)/Deputy Quality Management Representative (DQMR)	Shall ensure that the established documented procedures are consistent with the requirements of ISO 9001 Standard and are effectively implemented. The QMR/DQMR is also responsible for the review and approval of this procedure.
Process Owner	Shall be responsible for corrective and preventive actions and ensure that appropriate actions are carefully reviewed and approved and are taken without undue delay to eliminate nonconformities and their causes.

5.0 Procedure Flow

Responsibilities	Key Steps	Interfaces
Auditor QMR Auditee	Identification of Nonconformities	Corrective/Preventive Action Request Form See Details 6.1
Auditor QMR Auditee Records-in-charge	Reporting of Nonconformities	CPAR See Details 6.2
Auditee Section Heads	Corrective and/or Preventive Action Implementation	CPAR See Details 6.3
Auditor QMR Client Auditee	Verification of Corrective and/or Preventive Actions	Revision History Sheet (RHS) See Details 6.4
Auditor QMR Recods-in-Charge	Corrective/ Preventive Action Records and Review	See Details 6.5

6.0 Procedure Details

6.1 Identification of Nonconformities

Nonconformities are identified through, or during the conduct of, or as a result of the following:

- QMS Audit
- Internal audit

- Audit by regulatory bodies
- Client complaints
- Complaints to suppliers
- Others (problems encountered during product realization processes from product development to delivery, environmental and health and safety problems, 5S, etc.)

6.2 Reporting of Nonconformities

Identified nonconformities are documented using the Corrective and Preventive Action Request Form – CPAR.

Prior to issuance of CPAR Form to the section or office responsible for formulating corrective and preventive actions, the CPAR is assigned a serial number and entered into the CPAR Register by the records-in-charge.

Note: For nonconformities found during Internal Quality Audits, please refer to the Internal Audit Procedure for more details on reporting, carrying out, or conducting follow-up audits.

6.2.1 Guide on assigning serial numbers for CPAR:

CPAR@-yy-xxxx

Sequential number
Year
Origin:

Selected from among:
- *Q - QMS*
- *C - Customer*
- *S - Supplier*
- *R - Regulatory Bodies*
- *O - Others*

Example :
CPAR -10-0010

6.2.2 The Corrective and Preventive Action Request (CPAR) form shall contain information that will includes, but shall not be limited to:

- Details of nonconformance
- Root-cause analysis (if applicable)
- Proposed corrective or preventive action

- Individuals responsible for initiating and implementing corrective/preventive action
- Target completion date and follow-up date

Any office or section who receives a CPAR, should reply within **five** (5) working days and return the CPAR to the records-in-charge for follow-up purposes.

6.3 Corrective and/or Preventive Action Implementation

The office/division and/or the individual responsible for corrective and preventive action are required to identify the root-cause and implement corrective and preventive actions in a timely manner.

For corrective and preventive action to be effective, action should be concentrated on correcting the root-cause and not on the detected nonconformity.

Office heads must ensure that proposed corrective and preventive actions are properly reviewed and approved prior to their implementation.

6.4 Verification of Corrective and/or Preventive Actions

Once the target completion date is due, the Lead Auditor notifies the process owner to conduct verification on whether the proposed corrective/preventive action is already in place.

Details of the actions taken and the verification results are written on the verification of action portion of the CPAR.

In case of a rescheduled follow-up, the process owner must ensure that the new follow-up date is properly recorded on the CPAR.

To ensure that corrective/preventive actions are prevented from unnecessary delays, follow-ups shall be limited to only three times and the QMR shall carry out the third and final follow-up.

Closed CPARs are returned to the records-in-charge.

Table 1 – CPAR Responsible Matrix

Identified Through	Initiated by/through	Records-In-Charge	Assigned Serial Number	Verified by
Monitoring and Evaluation	Process Owner	Lead Auditor	CPARQ-yy-xxxx	Auditors
Internal Audit	Internal Auditors	Lead Auditor	CPARI-yy-xxxx	Auditors
Student Feedback	Student Evaluation	Lead Auditor	CPARR-yy-xxxx	Auditors

6.5 Corrective/Preventive Action Records and Review

Records of corrective and preventive actions are maintained by the records-in-charge of each office.

Status of corrective and preventive actions taken is included during management reviews.

7.0 References (Not Applicable)

8.0 Attachments

Attachment 1 Corrective/Preventive Action Request
Attachment 2 Registry of CPAR

ATTACHMENT 1

BSU-QP-04-F01 - 1 of 2

CORRECTIVE/PREVENTIVE ACTION REQUEST

Office/Institution: _____ Division/Unit: _____	Date: _____ CPAR No: _____
Process:	**Degree of Criticality**: ❒ Major ❒ Minor

Description of Findings/s (Non-Conformity):

Acknowledged by: _____
Auditee

Root Cause Analysis (Identify the causes of nonconformity)

Proposed Correction	Target Date	Responsible Person

FELICIANO G. CALORA, JR.
President
December 22, 2016

MASTER COPY

BSU-QP-04-F01 - 2 of 2

Proposed Correction/Corrective/Preventive Action:	**Target Date**	**Responsible Person**

Verification of Action:

Results of Action(s) Taken	Remarks

Verification Date: _____ Verified by: _____
Next Verification Date: _____ Acknowledged by: _____

Verification Date: _____ Verified by: _____
Next Verification Date: _____ Acknowledged by: _____

Corrective Action Review:

Non-conformity Closed?
❒ Yes **❒ No**

Date: Name and Signature of Lead Auditor:

Date: Name and Signature of the Head of Office/Institution:

FELICIANO G. CALORA, JR.
President
December 22, 2016

MASTER COPY

ATTACHMENT 2

BSU-QP-04-F02

REGISTRY OF CORRECTIVE/PREVENTIVE ACTION REQUEST

Date	CPAR No.	Office/ Institution	Process	Criticality		Non-conformities	Corrective/ Preventive Actions	Verification of Actions
				Major	Minor			