



# NQA MANAGEMENT SYSTEMS SURVEILLANCE PROCESS AUDIT REPORT

## LBP Resources and Development Corporation

**VISIT NUMBER:**

6

**DATE OF OPENING  
MEETING:**

29/12/2022

**THIS REPORT HAS  
BEEN PREPARED BY:**

**REGIONAL ASSESSOR:**

Rhoda Vi B. Demesa

**CONTACT NUMBER:**

+632-88863795

**EMAIL:**

info@nqa-ph.com

**APPLICABLE STANDARD(S):**

ISO 9001:2015 Quality Management System





# AUDIT REPORT PART A - EXECUTIVE SUMMARY

## Client Information

<b>Primary Contact:</b>	Olive Princess S. Ramal-OIC PMS (Property Management and Maintenance Services)		
<b>Address:</b>	24th Floor, LBP Plaza, 1598 M.H. del Pilar Street cor Dr. J. Quintos Street, Brgy. 699 Zone 076, Malate, Manila, 1004 Philippines		
<b>Contact Tel:</b>	405-7402; 405-7403		
<b>Contact Email:</b>	landbankrealty.pu@gmail.com		
<b>Billing Contact:</b>	Olive Princess S. Ramal-OIC PMS (Property Management and Maintenance Services)		
<b>Billing Tel:</b>	405-7402; 405-7403		
<b>Billing Email:</b>	landbankrealty.pu@gmail.com		
<b>Audit Conducted at:</b>	Head Office (multi-site certification) <input checked="" type="checkbox"/>	Participating / Temporary Site (multi-site certification) <input type="checkbox"/>	Single Site Certification <input checked="" type="checkbox"/>
<b>Audit Conducted as:</b>	Fully On-Site <input checked="" type="checkbox"/>	Split On-Site / Remote <input type="checkbox"/>	Fully Remote <input type="checkbox"/>
<b>System integration (integrated audits only):</b>	N/A		
<b>Additional information on integration (if required):</b>	N/A		
<b>Certificate expiry date(s):</b>	28 June 2022		
<b>Required changes to EAC or NQA Codes applied:</b>	No changes required		

	At this location	Across all locations (Multisite)
Total employees	50	N/A
Repetitive or parallel workers		
Energy engaged employees		
Energy consumption		
Energy uses		
Energy sources		

*Energy data only applicable for ISO 50001 audits. Further guidance available in ASR 47:2.1*

**The date of the next audit is:** 29/12/2023 to 29/12/2023



# AUDIT REPORT PART A - EXECUTIVE SUMMARY

## Audit Information

**Audit duration (in days):** 2.0md

**Scope of certification:** Construction of Buildings, General Engineering Works, Manpower Deployment and Administrative Support for Property Management  
Scope is appropriate.

### Confirmation that audit objectives have been fulfilled: All objectives met.

*If no, which objectives have not been met. Note that customers with installation/service activities within their scope must receive a minimum of one on-site visit once per cycle. Failure to achieve this may result in this activity being removed from the client's scope of certification.*

NQA Audit Team		Client	Position	Attendance
<b>Lead Assessor</b>	Rhoda Vi Demesa (LA)	M. Olive Princess S. Ramam	Assistant Manager (Property Management and Maintenance Services)	Opening and Closing
<b>Member 1</b>	Khen O. David	Louis Anthony Mabeza	Acting Internal Auditor	Opening and Closing
<b>Member 2</b>	N/A	Ariane May Tanguan	Personnel Head	Opening and Closing
		Joebert B. Barce	Assistant Manager-CMD	Opening and Closing
		Jan Carlo L. Libiran	Assistant manager AGSD	Opening and Closing
		Vargas Jeffrey	COD-Payroll	Opening and Closing
		Neri T. Beley	COD-ROPM	Opening and Closing
		Jennelyn Algordo	Board Secretary	Opening and Closing

*\* Mandatory attendance at OHSAS18001 / ISO45001 Audits. If these mandatory positions are not present at closing meeting, record and justify reasons in the Executive Summary.*

## Details of Changes

Type of action or change required	Action Required	Notes
Client Name Change:	<input type="checkbox"/>	
Change of Address:	<input type="checkbox"/>	
Scope Change:	<input type="checkbox"/>	
Contact Change:	<input type="checkbox"/>	
Number of Employees Change:	<input type="checkbox"/>	
Major NCs Raised:	<input type="checkbox"/>	
Special Visit Recommended:	<input type="checkbox"/>	
Other:	<input checked="" type="checkbox"/>	Retirement of previous Auditees

## Executive Summary

**LBP Resources and Development Corporation (LBRDC)** formerly LANDBANK Realty Development Corporation is a wholly-owned subsidiary of the Land Bank of the Philippines. LBRDC was incorporated in May 1975 as Lumang Bayan Realty Development Corporation with Registration No. 61385 issued by the Securities and Exchange Commission. It was initially created as an investment diversification vehicle for landowners whose properties have been covered by the agrarian reform program on carrying on a general estate business.

In general, LBRDC is mandated to be a LANDBANK partner in the attainment of its Corporate goals, especially in the development of infrastructure and similar activities, relative to the realization of its Countryside Development Program and other related projects. One of its missions is to provide LANDBANK, its subsidiaries, its clients and its employees timely and quality construction services at the most reasonable cost.

For the past forty (40) years of existence it has acquired extensive experience in the provision of project management services in the design, construction management and implementation thru direct administration of LANDBANK's infrastructure requirements.

**LBP Resources and Development Corporation** have established their management documentation system since Aug. 3, 2018 and no change since last visit and verified effectively implemented and maintained. The scope of the management system was clearly defined in the quality manual. The justification for exclusion of design and development (8.3) was described in the manual. Required documented information were established. Quality Policy & Objectives were also included in the documentation. These were reviewed to comply with the requirements of standard. Management commitment to communicate the policy and the objectives within the organization was determined. Process interaction with other processes was documented. Legal requirement related to business permits and licenses were available. All the established document information was approved and properly distributed for implementation. The risk and opportunities are appropriate to the organization and actions are taken to address risk. Quality Objectives are proper and it set based on the quality policy and to the strategic direction of the organization. It is monitored regularly and achieved each quality objectives. The latest internal audit and management review was effectively conducted.

**Confirmed Scope: Construction of Buildings, General Engineering Works, Manpower Deployment and Administrative Support for Property Management**

**Applicability of industry and scheme code: Construction/Manpower/Business - EAC28 (QMS41); EAC35 (QMS65, QMS68)**

### Good Points

1. The Top Management's commitment in continuously implementing the QMS is commendable.
2. The refresher training on Understanding the ISO 9001:2015 Standard-QMS last July 08, 2022 is noteworthy.
3. The provision of 4-day training on Internal Quality Audit for ISO 9001:2015 on July 11-14, 2022 is commendable.
4. The attainment of quality objectives is commendable.
5. The review and update of the Risk Management Manual is a good practice.
6. The provision of Construction Safety signages at the construction site is a good practice.
7. The provision and observance of wearing of PPEs for the Construction Personnel is noteworthy.
8. The availability of the Fire Extinguishers at the Construction site/project is a good practice.
9. The conduct of toolbox meeting for night and day shift is commendable.
10. The identified Opportunities for Improvement as future plans were commendable as follows:
  - Transfer from SSS to GSIS which, aside from providing better benefit for the employees, is also seen to enhance the competitiveness of LBRDC in terms of recruitment and employee retention of LBRDC.
  - Creation of Pool of stand-by relievers to further enhance LBRDC's manpower services
  - Procurement of Cost Estimation System to further enhance the efficiency and effectiveness of the proposal preparation for construction services.



# AUDIT REPORT PART A - EXECUTIVE SUMMARY

## Non-conformity (NC): Three (3)

- 1) The previous findings from the audit year 2021 have not been effectively corrected.

### Evidence:

1. The procedure for Internal Quality Audit is not corrected to include the requirements of ISO 19011:2018 Guidelines for Auditing Management Systems, the Nonconformity and Corrective Action process(es), the Corrective Action Request Form, and the risks and opportunities of the audit as per ISO 19011:2018.
2. The Internal Audit Plan (IQA-003, Rev.00, ED: Nov. 20, 2019) are not corrected to reflect the factors/changes affecting the audit planning.
3. The Internal Quality Audit Report is not corrected to reflect the requirements of ISO 19011:2018 like audit conclusion, and preparation of Internal Auditors Evaluation;
4. The Corrective Action Request Form (SF-IA-004, Rev.00, ED: Nov. 20, 2018) is not corrected to include the CAR control number; Date of Internal Audit; Name of Auditor(s); Name of Auditee(s)/Department/Division;

- 2) The control of documented information was verified ineffective.

### Case in Point:

- The procedure presented has no signature of the approver and cannot recognize if it is the official one like the Internal Quality Audit Procedure (IQA-001 Rev.00 dated Nov. 20, 2018); Control of Nonconformity and Corrective Action Procedure (PM-NCP, rev00, 11.20.2019); Document Control Procedure (PM-DCP, rev.00, 9.17.2019); etc.
- The records presented from HR/Training/Purchasing and Maintenance have no control number
- The Master List of the Procedure Manual is in-complete, the Internal Quality Audit is not listed and the Control of Non-conformity and Corrective Action
- The distribution/retention and disposition of documented information are not evident
- The Master List of Records (QR-CMD, rev.00, 11.20.2018) is not updated, the covered year content is 2018.
- Example(s):
  - DBP Dolores Branch Interior Construction 2018
  - LBP Tarlac Branch Bldg. Construction 2018

- 3) The control on determining, provision and maintenance of the infrastructure necessary for the operation of its processes and to achieve conformity of products and services were ineffective.

### Evidence:

1. No established Annual Plan for the Maintenance of the 8 listed vehicles;
2. No established Maintenance Checklist
3. No regular Maintenance History Records but Vehicle Repair Logs
4. No Calibration/Validation Plan or documented information to further detail the control for the monitoring and measuring resources (internally and externally provided).

The audit proved that the implementation and maintenance of the quality management system was in accordance to the requirements of the standard, ISO 9001:2015 and verified effective, therefore continued certification is recommended.

<b>Major NCs</b>	<b>0</b>	<b>Minor NCs</b>	<b>3</b>	<b>OFIs</b>	<b>11</b>	<b>AoCs</b>	<b>0</b>
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Is there any conflict of interest which exists between the Auditor(s) and the client, and are there any situations known to them that present themselves, or NQA, with a potential conflict of interest in respect to the audit undertaken.	No.
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## Audit Conclusion

- This visit was Satisfactory: Continuation or granting of certification is recommended, however Non-Conformances have been identified. You must take action as detailed below
- Minor Non-Conformances have been identified
- Any findings are as detailed on the following page(s).

## Audit Follow-up Actions

The following post-audit action(s) shall be taken by the client: CAPs to be completed and sent by the client to caps@nqa-ph.com within 3 months.

**Please note that certification will not be granted, reissued or revised until all outstanding Non-Conformance responses have been submitted, and in the case of Major Non-Conformances, the evidence of corrective action has been provided to, and accepted by, NQA.**

**For further information, useful guidance and further support for responding to audit findings, please visit <https://www.nqa.com/en-gb/clients/non-conformities>**

## Management system performance, such as trends in audit findings that require further investigation at the next recertification audit.

Mandatory completion at the Head Office Audit of Surveillance Year 2

The management system performance was verified effective. The noted opportunities for improvement noted in this report require verification at next surveillance audit.

## Audit Findings

Ref. No.	Clause No.	Details of any finding(s) raised.	Type (Major NC, Minor NC, OFI or AoC)
1	Q: 7.5.1	<ol style="list-style-type: none"> <li>1) Consider implementing the control of documented information on all documents &amp; records. The SWOT Analysis has no document code, revision number and effective date.</li> <li>2) Also indicate the date of update or the effective date of the documented information. SWOT presented has no date created/updated.</li> </ol>	OFI
2	Q: 6.1.1, 6.1.2	<ol style="list-style-type: none"> <li>1) Consider establishing a document to reflect the planning to address the opportunities other than the identification of risks.</li> <li>2) Ensure revisiting all departmental Risk Register records to reflect the risks brought by the changes to the organization e.g. resigned employees, newly appointed QMS team, unreviewed QMS documents, etc.</li> <li>3) Ensure demonstrating the integration of risks and opportunities action plans effectiveness in the documented QMS Manual, Procedures, Forms, etc.</li> </ol>	OFI
3	Q: 9.3.3	Ensure separating the Management Review Outputs from the management review inputs. Also, the QMS Manual/procedure and Management Review Minutes of meeting form have not reflected the required outputs of the management review.	OFI
4	Q: 9.1.2	Ensure to provide the results of Customer Satisfaction Survey for the year 2021 and 2022.	OFI

5	Q: 4.4.1	<p>1) Ensure the review, evaluation and update of all QMS processes documented information and implement any changes needed to ensure that these processes achieve their intended results. E.g. QMS Manual Rev. 00, Effective Date: Nov. 20, 2018, already reached 3 years and there were changes that should have been already reflected e.g. improvements made after the internal and external audit findings and/or proactive review and improvement.</p> <p>2) Ensure to reflect the results of review as required by the clause 7.5.3 'c' review and approval for suitability and adequacy. e.g. there have been changes in the previous signatories that have already been retired since 2021 and new process owners/performers were already appointed, resigned and/or replaced.</p>	OFI
6	Q: 10.1	<p>1) Ensure the timely action for the Previous NQA Audit Findings. The actions taken should be no longer than 1 month if it only pertains to the improvement of a documented information.</p> <p>E.g. The action taken related to # 2 of Minor NC last year 2021 has been addressed only this December 2022 as presented via Memorandum dated December 21 2022, Board Resolution No. 22-12-06 Changes to the QMS-approved. Re: Adoption of a policy, and documentation of the same, to identify the internal and external issues of the organization.</p> <p>2) Ensure improving the frequency of review and update of SWOT Analysis as implied to only be maintained on an 'Annual Basis', as this was clearly required under clause 6.1.1 letters a to d', or as deemed necessary.</p>	OFI



7	Q: 8.5.1	<p><b><u>Construction: Makati AC</u></b></p> <ol style="list-style-type: none"> <li>1. Ensure that the CSHP is always available at all project site at points of use until project completion.</li> <li>2. Ensure to only appoint a Safety Officer after completion of COSH Training as per Rule 1030 of the Phil. OHS Standards.</li> <li>3. Ensure the timely training of all First Aiders deployed for all projects. The First Aider (at the same time appointed safety officer) has expired First Aid Training (valid only for 2 years).</li> <li>4. Ensure that the first aid kit has complete contents. E.g. No Betadine, Gauze Pad, Gauze tape, Cottons were scattered/contaminated, Burn Ointment box has no content, etc.</li> <li>5. Ensure that First Aid Kit has Monitoring of Contents Checklist</li> <li>6. Ensure providing Emergency Medicines other than first aid kit.</li> <li>7. Ensure providing a First Aider’s Report Form and available at all project site.</li> <li>8. Ensure providing Safety Officer’s Incident/Accident Investigation Report Form and available at all project site.</li> <li>9. Ensure the inclusion of Health and Safety topics every toolbox meeting. E.g. Job hazards related to the scope of work, reminding the workers on wearing of appropriate PPEs, etc.</li> <li>10. Ensure labelling of the provided Construction Logbooks for every project site. E.g. Project Name and Toolbox Meeting logbook, etc.</li> </ol> <p><b><u>Manpower Deployment:</u></b> Ensure to reflect the date on the letter received e.g. ‘__ January 2022’ and ‘Conforme’ portion of the Notice to Proceed received. E.g. from Bureau of the Treasury and also on the Notice of Award.</p>	OFI
8	Q: 8.4.3	It is necessary to improve the performance evaluation and appraisal criteria for suppliers of services and goods to determine if they are qualified to retain as accredited suppliers.	OFI
9	Q: 8.4.2	It is necessary to discuss in the procurement procedure how to ensure that the delivered items from the supplier are properly inspected before acceptance.	OFI
10	Q: 7.2	Need to improve the competency assessment by including the ratee's training and action items or an improvement plan if the ratee did not meet the required competency level.	OFI



## AUDIT REPORT PART B – AUDIT REPORT

11	Q: 4.3	Consider revisiting and improving the Quality Manual related to the declaration and justification of exclusion to clause 7.1.5 Monitoring and Measuring resources as this does not absolve the organization by stating in the quality manual as not being applicable, but may affect the organization's ability or responsibility to ensure conformity of its products and services and the enhancement of customer satisfaction relevant to its scope.	OFI
1	Q: 9.2.2	<p>The previous findings from the audit year 2021 have not been effectively corrected.</p> <ol style="list-style-type: none"><li>5. The procedure for Internal Quality Audit is not corrected to include the requirements of ISO 19011:2018 Guidelines for Auditing Management Systems, the Nonconformity and Corrective Action process(es), the Corrective Action Request Form, and the risks and opportunities of the audit as per ISO 19011:2018.</li><li>6. The Internal Audit Plan (IQA-003, Rev.00, ED: Nov. 20, 2019) are not corrected to reflect the factors/changes affecting the audit planning.</li><li>7. The Internal Quality Audit Report is not corrected to reflect the requirements of ISO 19011:2018 like audit conclusion, and preparation of Internal Auditors Evaluation;</li><li>8. The Corrective Action Request Form (SF-IA-004, Rev.00, ED: Nov. 20, 2018) is not corrected to include the CAR control number; Date of Internal Audit; Name of Auditor(s); Name of Auditee(s)/Department/Division;</li></ol>	Minor NC



# AUDIT REPORT PART B – AUDIT REPORT

2	7.5.1	<p>The control of documented information was verified ineffective.</p> <p>Case in Point:</p> <ul style="list-style-type: none"> <li>The procedure presented has no signature of the approver and cannot recognized if it is the official one like the Internal Quality Audit Procedure (IQA-001 Rev.00 dated Nov. 20, 2018); Control of Nonconformity and Corrective Action Procedure (PM-NCP, rev00, 11.20.2019); Document Control Procedure (PM-DCP, rev.00, 9.17.2019); etc.</li> <li>The records presented from HR/Training/Purchasing and Maintenance has no control number</li> <li>The Master list of the Procedure Manual are in-complete, the Internal Quality Audit not listed and the Control of Non-conformity and Corrective Action</li> <li>The distribution/retention and disposition of documented information is not evident</li> <li>The Master List of Records (QR-CMD, rev.00, 11.20.2018) are not updated, the covered year content is 2018. Example:             <ul style="list-style-type: none"> <li>- DBP Dolores Branch Interior Construction 2018</li> <li>- LBP Tarlac Branch Bldg. Construction 2018</li> </ul> </li> </ul>	Minor NC
3	Q: 7.1.3, 7.1.5	<p>The control on determining, provision and maintenance of the infrastructure necessary for the operation of its processes and to achieve conformity of products and services was not effective.</p> <p>Evidence:</p> <ol style="list-style-type: none"> <li>1. No established Annual Plan for the Maintenance of the 8 listed vehicles;</li> <li>2. No established Maintenance Checklist</li> <li>3. No established Maintenance History Records but Vehicle Repair Logs</li> <li>4. No Calibration/Validation Plan or documented information to further detail the control for the monitoring and measuring resources (internally and/or externally provided)</li> </ol>	Minor NC
		<b>End of Findings</b>	
<b>Note: Responses to findings must be sent using the Corrective Action Plan form, as applicable, to <a href="mailto:caps@nqa-ph.com">caps@nqa-ph.com</a> within the timeframes stated on Page 4.</b>			

## Closure of Findings from Previous Audit:

Report No. 20211228-01 Dated 28/12/2021

Ref No.	Detail of finding and client action:			Outcome (Closed or Escalated)
	Clause	Summarise Action(s) Taken to Prevent Recurrence	Category	
1	9.3	<p>Need to improve the management review to include the future plans of the organization or opportunities for improvement.</p> <p><b>Actions Taken:</b> Included but within the inputs.</p>	OFI	Closed
2	8.5.1	<p>Need to properly document the tool-box meeting.</p> <p><b>Actions Taken:</b> Conducted Tool Box Meetings as reflected in the Construction Logbook verified at the project LBP-Makati AC II</p>	OFI	Closed
3	8.4.3	<p>Need to ensure to conduct performance evaluation of suppliers both goods and services.</p> <p><b>Actions Taken:</b></p>	OFI	Closed
4	9.2.2	<p>1. Consider the inclusion of the following in the Procedure for Internal Quality Audit:</p> <ul style="list-style-type: none"> <li>- The requirements of ISO 19011:2018 Guidelines for Auditing Management Systems</li> <li>- The Nonconformity and Corrective Action process(es)</li> <li>- The Corrective Action Request Form</li> <li>- The risks and opportunities of the audit as per ISO 19011:2018</li> </ul> <p><b>Actions Taken:</b> Not corrected/improved.</p> <p>2. Consider improving the Internal Audit Plan (IQA-003, Rev.00, ED: Nov. 20, 2019) to reflect the factors/changes affecting the audit planning.</p> <p>3. Consider improving the Internal Quality Audit Report to include the following:</p> <ul style="list-style-type: none"> <li>- reflect the ISO Standard Clauses applicable for the Good Points</li> <li>- Reflect the requirements of ISO 19011:2018 for the Audit Report</li> </ul> <p><b>Actions Taken:</b> Not corrected/improved.</p> <p>1. Consider ensuring to register the Internal Quality Audit Report form to maintain and retain as documented information.</p> <p><b>Actions Taken:</b> Not corrected/improved.</p> <p>4. Consider improving the Corrective Action Request Form</p>	OFI	Escalated



# AUDIT REPORT PART B – AUDIT REPORT

		<p>(SF-IA-004, Rev.00, ED: Nov. 20, 2018) to include the following:</p> <ul style="list-style-type: none"> <li>- CAR control number</li> <li>- Date of Internal Audit</li> <li>- Name of Auditor(s)</li> <li>- Name of Auditee(s)/Department/Division</li> </ul> <p><b>Actions Taken:</b> Not corrected/improved.</p> <p>5. Ensure to reflect in the Internal Audit Checklist (SF-IA-003, Rev. 00, ED: Nov. 20, 2018) records the details and objective evidences of: Compliant, Minor NC, Major NC, OFI</p> <p><b>Actions Taken:</b> Not corrected/improved.</p> <p>6. Consider improving the Internal Audit Checklist format to include the following:</p> <ul style="list-style-type: none"> <li>- Auditor(s) name</li> <li>- Auditee(s) name</li> <li>- Department/Division</li> <li>- Date of Audit</li> </ul> <p><b>Actions Taken:</b> Not corrected/improved.</p> <p>widen the portions for Evidences and Auditor’s Notes that have been gathered to support the internal audit findings raised.</p> <p><b>Actions Taken:</b> Not corrected/improved.</p>		
5	7.5.3	<p>1) Consider establishing a Form as label to boxes for control of records under retention period and register as official form.</p> <p><b>Actions Taken:</b> Not corrected/improved.</p> <p>2) Ensure that the provision in the Document Control Procedure Activity letter (a) has been implemented as “Shall be reviewed at least every three years or as deemed necessary” e.g., Effective dates were Nov. 20, 2018, in its 3<sup>rd</sup> year last November 20, 2021</p> <p><b>Actions Taken:</b> Not corrected/improved.</p> <p>3) Ensure to assign a Reference Code to the Document Control Procedure, Rev. 00 Effective Date: September 17, 2019</p> <p><b>Actions Taken:</b></p>	OFI	Escalated



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		<p>Not corrected/improved.</p> <p>4) Ensure improving the manner of approval of the Procedure to reflect the format requirement of “Date Signed” by the one whom “Prepared”, “Reviewed and Recommended”, and “Approved” the QMS Procedure. e.g., sampled were HR Procedures  <a href="#">Actions Taken:</a>            Not corrected/improved.</p> <p>5) Ensure to reflect the effective date of procedure on the allocated portion under the Revision Number row which was blank, aside from the Revision History’s “Date Effective” e.g., last Nov. 20, 2018  <a href="#">Actions Taken:</a>            Not corrected/improved.</p>		
6	7.2	<p>1) Ensure to include QMS related trainings on the Training Program as refresher trainings for the newly hired and existing employees.            e.g.</p> <ul style="list-style-type: none"> <li>• ISO 9001:2015 Standard Requirements Refresher</li> <li>• ISO 19011:2018 Guidelines for Auditing Management Systems</li> <li>• Documents and Records Control Training</li> </ul> <p><a href="#">Actions Taken:</a>            Not corrected/improved.</p> <p>2) Ensure reflecting on the “Remarks” portion of the Training Program those trainings that have been and have not been conducted as planned.  <a href="#">Actions Taken:</a>            Not corrected/improved.</p> <p>3) Consider indicating the trainings as a result of Competency Assessment Form (FD-RF-) and government required training on the Training Program.            e.g., Government Procurement Reform Act (RA 9184) and its revised IRR and Updates held last October 13-15, 2021)  <a href="#">Actions Taken:</a>            Not corrected/improved.</p> <p>4) Ensure to register the following (HR) Forms that do not have document coding, revision number and effective date such as but not limited to the following:</p> <ul style="list-style-type: none"> <li>- Training Program</li> <li>- Training Calendar</li> <li>- Evaluation Sheet for External Training Program</li> </ul>	OFI	Escalated



# AUDIT REPORT PART B – AUDIT REPORT

		<p><b>Actions Taken:</b> Not corrected/improved.</p> <p>5) Ensure the timely availability of training records especially at the time of audit e.g. Evaluation Sheet for External Training Program for the training attended last September 15, 2021 Essentials of Business Writing in the Corporate World.</p> <p><b>Actions Taken:</b> Not corrected/improved.</p>		
1	4.1	<p>The identification of the internal and external issues of the organization was not effective.</p> <p>Evidence:</p> <ol style="list-style-type: none"><li>1. The SWOT analysis verified provided but the date was May 25, 2019.</li><li>2. No documented process or policy on identification and review of the context of the organization verified.</li></ol> <p><b>Actions Taken:</b> SWOT Analysis has been established with Strengths, Weaknesses, Opportunities, Threats</p>	Minor NC	Closed



## Opening and Closing Meetings

Opening and closing meetings were performed in accordance with Form 335. The objective of the audit was to confirm that the management system had been established and implemented in accordance with the requirements of the audit standards.

Confirmed no changes to system scope.

No unusual operations scheduled during this audit.

No changes to company operations since previous audit.

No major customer complaints or issues with delivering contractual requirements have occurred since previous audit.

Discussed site visit requirements, required a minimum of once per audit cycle, to address activities within scope.

Discussed approach to audit and availability of personnel. Confirmed system scope, discussed and clarified business operations occurring on and off site and within the system scope.

Discussed and justified any inapplicable clauses.

No changes of significance to management structure since previous audit.

Reviewed previous report. No unusual activities scheduled. No issues arising with adhering to Audit Plan as prepared.

Findings closed out as per previous page(s).

**Confirmed Client's Name: LBP Resources and Development Corporation**

**Confirmed Office Address: 24th Floor, LBP Plaza, 1598 M.H. del Pilar Street cor Dr. J. Quintos Street, Brgy. 699 Zone 076, Malate, Manila, 1004 Philippines**

**Confirmed Scope: Construction of Buildings, General Engineering Works, Manpower Deployment and Administrative Support for Property Management**

**Confirmed Employee Count: 50 employees, 30 Job Order/Project-based**

**Confirmed no shift work, 8:00am – 6:00pm daily operations**

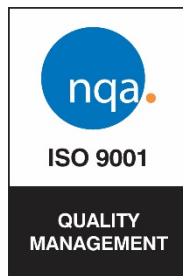
**Confirmed no change in the organization since the last visit.**



<b>Use of Registration Marks and Logos</b>	
Use of Registration Mark (if used) is in accordance with the Rules of Registration	Yes
The NQA and UKAS logo use as verified used in the stationery documents and it was verified effectively used, no violation of logo use verified.	

**Example of the current NQA logos:**

ISO 9001 (UKAS Accredited)



ISO 9001 (UKAS Accredited) with 'UKAS Tick and Crown'



More information can be found at: <https://www.nqa.com/en-gb/clients/logo-library>

If there are inaccuracies, errors or queries regarding this report or audit findings, please contact NQA Head Office on 0800 052 2424 within five working days of the closing meeting.

**End of Audit**

# ONGOING SUPPORT SERVICES



## Training promotions and complimentary e-learning

As an NQA client, enjoy discounted training courses and complimentary access to our portfolio of e-learning courses.



APPROVED TRAINING PARTNER



## Support through free webinars

Join one of our many free webinars discussing standards, improvement and industry topics. Use our webinars to help you improve your knowledge and understanding and engage with our subject matter experts.



## PR and marketing support

Help to promote your press releases, blogs and case studies along with complimentary vehicle stickers for vans and HGV's. Use the NQA Certified logo to promote your certification.



## InTouch and legal updates

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## Trusted partners

Our Associate Partner Programme is designed to put you in touch with third party independent consultants and software providers that can support you through every step of your certification journey.



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