	Department of Public Works and Highways Quality Management System Internal Quality Audit (IQA)	Issue Date:	
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1.0 Purpose

To define a system for planning, implementation and analysis of the Internal Quality Audit (IQA) and follow-up audit activities, reporting results and monitoring the actions taken, and to ensure that the Quality Management System (QMS) is effectively implemented and maintained.

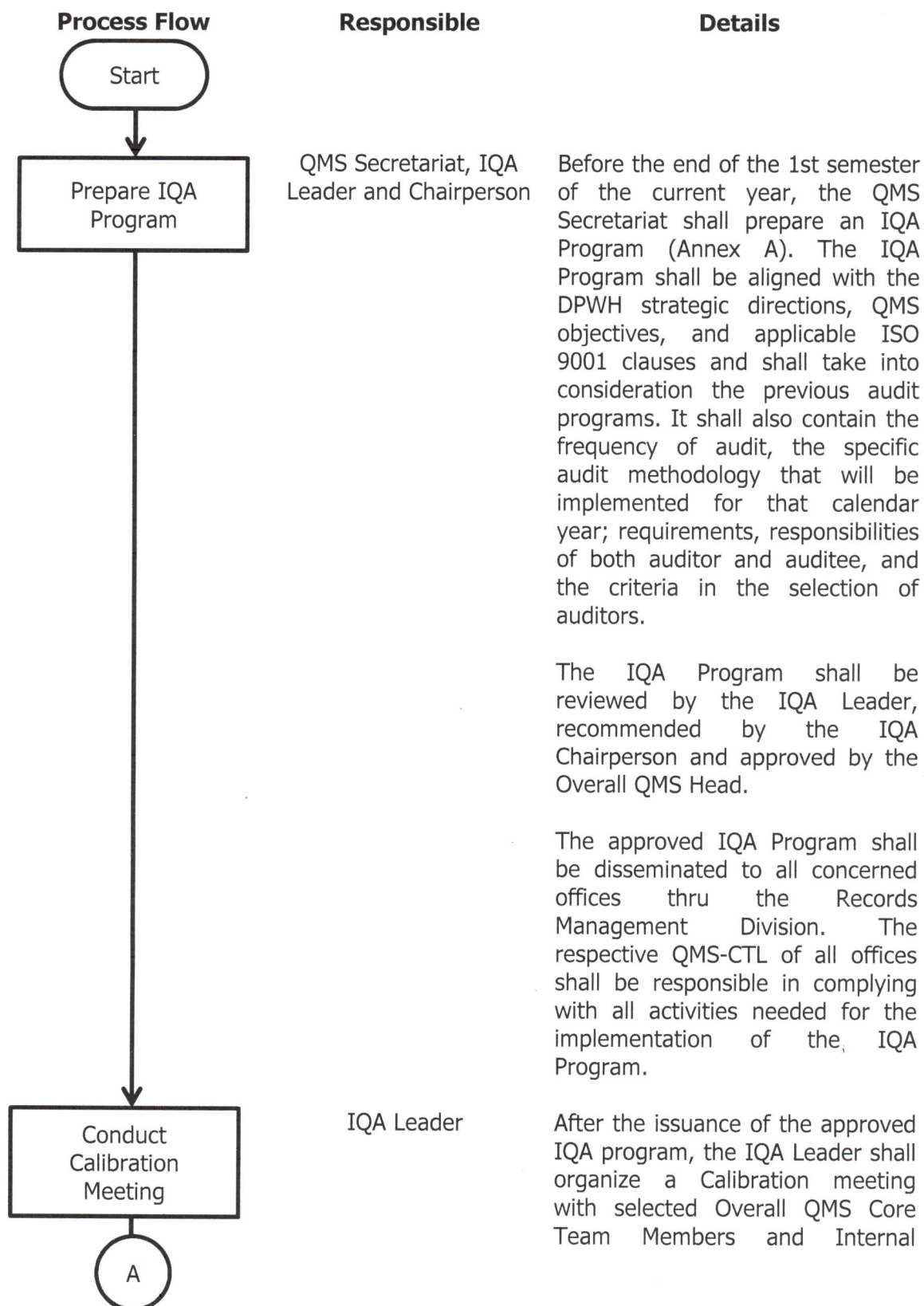
2.0 Definition of Terms

Audit	Refers to the systematic, independent and documented process of obtaining evidence and evaluation to objectively determine the extent to which requirements are fulfilled.
Auditee	Refers to an office or unit, duly represented by its personnel who are responsible for providing the required documented information that performs a process being audited.
Auditor	Refers to the person who has the competency to conduct the audit as required by ISO 9001:2015 standards.
Conformity (C)	Refers to the fulfillment of a requirement in accordance with the prevailing laws, rules and regulations, DPWH policies and procedures, ISO 9001:2015 standards, and documented processes.
Correction	Refers to an action or measure taken immediately or in the near term to deal with the Non-Conformity.
Corrective Action	Refers to an action to be taken to eliminate the root cause of the Non-Conformity and prevent its recurrence. This includes the steps to be taken for the action to be implemented and requires carrying out a root cause analysis prior to the formulation of the action.
Nonconformity (NC)	Refers to findings that are non-compliant to established QMS standards (i.e., ISO 9001:2015 clauses, Department policies and/or Laws) or failure to perform the standard process as evident from the failure to present the documented evidence during the audit period.
Opportunity for Improvement (OFI)	Refers to a recommendation or suggestion made by the auditor that can help improve compliance to prevailing laws, rules and regulations, DPWH policies and procedures, ISO 9001:2015 standards, and processes.
Quality Management System Core Team Leader (QMS-CTL)	Refers to the designated representative of the auditee who shall coordinate the requirements needed by the auditor and facilitate the implementation of the IQA in the audit site.



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3.0 General Procedure





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Quality Management System

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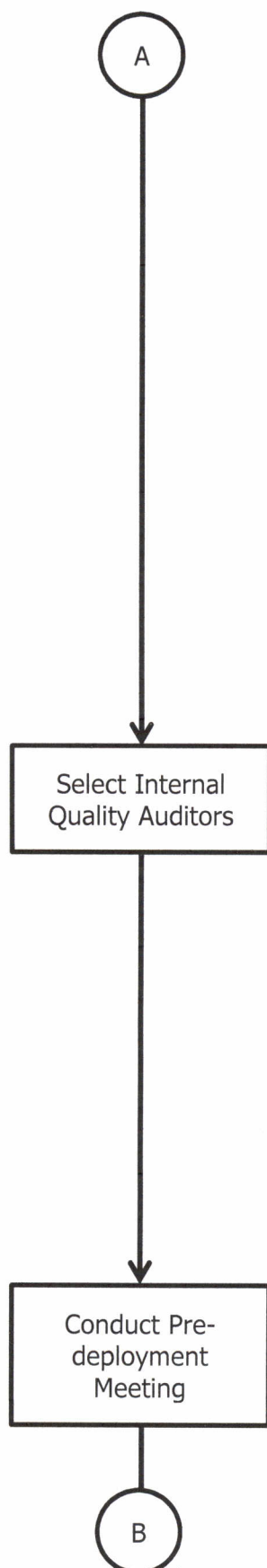
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QMS Secretariat, IQA
Leader and Chairperson

QMS Secretariat, IQA
Leader and Chairperson

Quality Auditors. The purpose of the meeting are the following:

1. To evaluate the consistency of findings from the previous IQA versus the findings of the 3rd Party Audit.
2. To evaluate the performance of the IQA auditors based from the consolidated feedback forms from the last conducted IQA, and identify provisions for training of new IQA auditors, if necessary. This will also update the Internal Quality Auditor Registry (Annex B) as maintained by the Overall QMS secretariat for monitoring purposes.
3. To update, if necessary, the IQA checklists to be used (Annex C).

As an intermediate activity, the selection of auditors shall be conducted using the updated Internal Quality Auditor Registry. Auditors shall be selected in accordance to the following minimum requirement:

1. Must have completed the IQA training (i.e., ISO 19011:2018 Management System Audit or any similar training);

Other requirements, as may be deemed appropriate, shall be stated in the IQA program.

The result of the Calibration Meeting shall be disseminated and cascaded to the selected auditors that will conduct the IQA. Aside from the discussion on the Audit Methodology stated in the IQA Program and instructions from the IQA Leader and Chairperson, the



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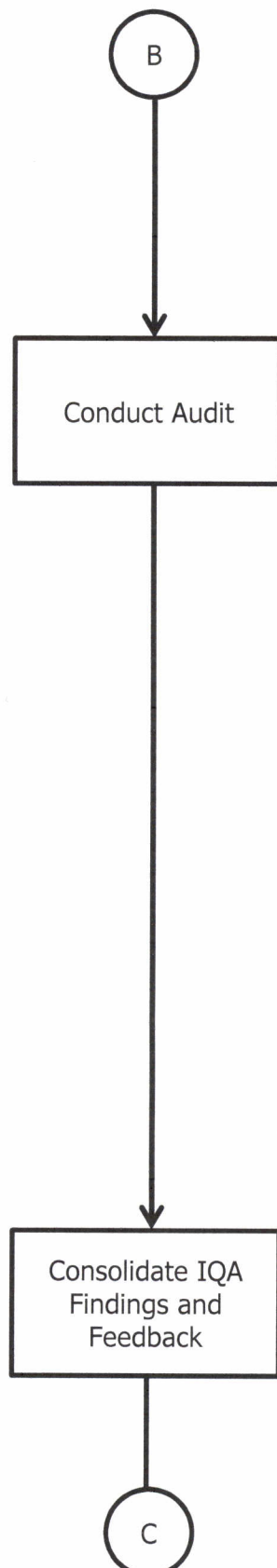
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Internal Quality Auditors

schedule of the IQA shall be finalized in the pre-deployment meeting. After the meeting, the IQA Leader shall prepare the IQA Plan (Annex D) containing the specific schedule and assigned auditor/s per audit site. The IQA Plan shall be reviewed by the IQA Chairperson and approved by the overall QMS Head.


Once the IQA Plan is issued, the auditors shall notify the audit sites assigned to them thru the IQA Itinerary (Annex E), approved by the IQA Leader.

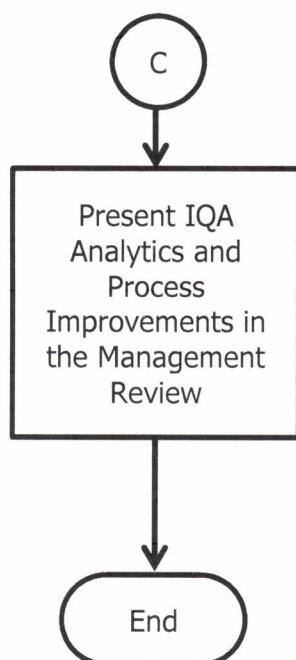
The QMS-CTL of every audit site shall be responsible in coordinating with the auditor/s and other requirements as stated in the IQA Program. The IQA Feedback Form (Annex F) shall be accomplished by the QMS Core Team Leaders of each audit site.

The involved auditors shall implement the audit methodology as stated in the IQA program. They shall prepare and submit the IQA Summary Report (Annex G) and other required forms. The issuance and/or validation of Corrective Action Request (CAR) forms, if applicable, shall be in compliance to the Corrective Action Procedure.

QMS Secretariat

Once auditors submit the required documents and the auditees, via the QMS-CTL, have submitted the accomplished IQA Feedback Forms, the QMS Secretariat shall generate the database that will be submitted to the IQA Leader, Chairperson and the Process Owners in the Central Office for their reference.

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IQA Leader and Chairperson

Prior to the scheduled Management Review Meeting, an analytics of the completed IQA shall be generated and presented to the Overall QMS Head as part of the agenda.

Further, process improvements and ways forward shall also be proposed for the approval of the Overall QMS Head.

4.0 References


ISO 9001:2015 Standards

5.0 Forms

The following QMS Forms shall be reviewed and updated by the QMS Secretariat as necessary.

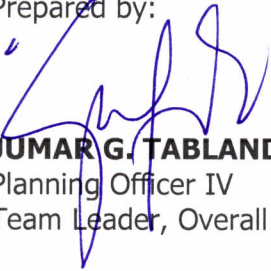
- (Annex A) – IQA Program
- (Annex B) – IQA Registry
- (Annex C) – IQA Checklists
- (Annex D) – IQA Plan
- (Annex E) – IQA Itinerary
- (Annex F) – IQA Feedback Form
- (Annex G) – IQA Summary Report

All IQA related documents as stated are deemed confidential communication and shall be turned over to the QMS Secretariat at the end of the audit period. These include the reports that will be generated by the Secretariat themselves. All IQA Auditors shall maintain confidentiality of the information acquired in the conduct of their respective audits and should not use or disclose any or such information without proper and specific authority.

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6.0 Approval

Prepared by:


JUMAR G. TABLANDO
Planning Officer IV
Team Leader, Overall QMS Secretariat

Reviewed by:


REYNALDO P. FAUSTINO
Director III
Chairperson, Internal Quality Audit

Approved by:


ADOR G. CANLAS, CESO III
Assistant Secretary for Mindanao Operations
Head, Overall QMS

1.3 JGT/AGC

(Use Official DPW-Central Office Letterhead)

INTERNAL QUALITY AUDIT PROGRAM FOR CY _____

I. Objective

1. To determine conformance to the DPWH requirements for its quality management system and the ISO 9001:2015 standards;
2. To provide information whether the quality management system is effectively implemented and maintained;
3. To verify legal compliance, adherence to quality policy and achievement of objectives and targets; and
4. To determine areas for improvement on all processes.

II. Scope and frequency of audit

All the processes described in the DPWH QMS Manual *<insert reference Department Order>* being performed by the offices of the Top Management, Bureaus, Services, Regional Offices, District Engineering Offices and Unified Project Management Offices, shall be audited at least once for CY _____.

III. Audit Schedule

The final schedule shall be specified in the IQA Plan to be issued by a separate memorandum.

IV. Audit Criteria

1. *<insert reference Department Order for the current version of the QMS Manual>*
2. *<insert reference Department Order for the current version of the QMS References>*
3. *<insert reference Department Order for the current version of the Standard Procedures Manual>*
4. Clauses under ISO 9001:2015
5. National Policies, Department Issuances and Other Pertinent Rules and Regulations

V. Audit Methodology

<insert narrative description/schematic diagram of the audit methodology to be applied for the current year. From the issuance of the IQA Program to the issuance of IQA Summary Report>

VI. Selection and Evaluation of Auditors

<insert criteria of the selection and evaluation of auditors for the current year>

The list of qualified auditors will be issued by a separate memorandum to be approved by the overall QMS Head. In order to advocate independence as an audit principle, and ensure impartiality and objectivity of the audit process, no auditor shall be assigned to audit his/her oversight office and any offices under his/her purview to avoid any conflict of interest.

VII. Reporting

<insert narrative description/schematic diagram for the reporting process>

VIII. Verification of Previous Nonconformities (NC)/Follow-Up Actions

<insert narrative description/schematic diagram for the verification of previous nonconformities and/or follow-up actions>

Prepared by:

Reviewed by:

Internal Quality Audit Leader
(insert reference Special Order)

Internal Quality Audit Chairperson
(insert reference Special Order)

Approved by:

Overall QMS Head
(insert reference Special Order)

<insert office code: initials of the initiator>

(Use Official DPWH Letterhead)

INTERNAL QUALITY AUDITOR REGISTRY UPDATED FOR CY _____

[illegible]¹Technical/Non-Technical

² <Year-XXX> As reflected in the file copy of training certificate

³Cummulative count from 2017 up to previous CY

⁴Active/Inactive

Updated by:

Head, QMS Secretariat
(insert reference Special Order)

<insert office code: initials of the initiator>



(Use Official DPW-Central Office Letterhead)

INTERNAL QUALITY AUDIT PLAN

CY _____

Audit Scope:

Public administration covering planning, design, construction and maintenance of infrastructure, national highways, flood control and water resources development system, and other public works in accordance with national development objectives.

Audit Objectives:

Please refer to the IQA Program (Memorandum dated)

Audit Criteria:

Please refer to the IQA Program (Memorandum dated)

Reminder:

[illegible]

B. Implementing Offices

Process/es: Leadership, Planning, Operations, Performance Evaluation, Procurement Management, Human Resource Management, Financial Management, Physical Resource Management, Information Management, Legal Services (if applicable) and Documentation Management

Site	Area	Auditor/s	Audit Schedule
REGIONAL OFFICE NUMBER/CODE			

Prepared by:

Reviewed by:

 Internal Quality Audit Leader

(insert reference Special Order)

 Internal Quality Audit Chairperson

(insert reference Special Order)

Approved by:

 Overall QMS Head

(insert reference Special Order)

<insert office code: initials of the initiator>

(Use Official DPWH Letterhead)

<Year> IQA Itinerary**Audit Site No.:** _____**Name of Office:** _____**Date Covered:** _____**Process Scope:***<insert process/es as stated in IQA Plan>***Audit Criteria:***<insert criteria as stated in IQA Program>*


	Date/Time	Activity	Area/Division/Unit	Lead Auditor
Day 1				
Day 2				
Day 3				

Schedule may be adjusted but must not exceed the allotted time

Prepared by:

Approved by:

Lead Auditor_____
IQA Leader*(insert reference Special Order)*

	<p>Department of Public Works and Highways</p> <p>Quality Management System</p> <p>I.Q.A. FEEDBACK FORM</p>	Issue Date:	
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As an auditee, your opinion on the performance of the audit and the auditor/audit team is sought. This will assist the DPWH Overall Core Team in pursuing continuous improvement and identifying areas where improvements in our performance and service delivery are needed. To this end, please complete this Feedback Survey by selecting the rating that best describes your opinion on each of the criteria. It would be appreciated if you would provide more detailed examples/comments against those criteria where performance is poor or very poor.


Should you require further clarification in relation to the issues raised within the survey please do not hesitate to contact the IQA Chairperson. Thank you for your time.

Name of Office:	
Name of Auditor(s):	

Please Rate the Following	Excellent	Good	Adequate	Poor	Very Poor
1. Quality of communication prior to the audit					
2. Quality and Quantity of information at the opening meeting					
3. Preparation by the audit team for the audit					
4. Knowledge of the standard by the auditor/audit team					
5. Conduct of the audit process as indicated in the approved audit program					
6. Knowledge of specific Department policies by the auditor/audit team					
7. Understanding of the findings raised by the auditor/audit team during the closing meeting					
8. Time management of the auditor/audit team					
9. The overall audit provided value to your area					

Please feel free to comment on any of the above questions

What suggestions do you have to improve quality of future audit?

	<p>Department of Public Works and Highways Quality Management System</p> <p>I.Q.A. FEEDBACK FORM</p>	Issue Date:	
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Name of Evaluator (Optional):	
Position and Office :	
Signature (Optional):	
Date:	

Thank you for your cooperation and time.

Please return completed form to:

IQA Chairperson

*c/o QMS Overall Secretariat
Corporate Planning and Management Division
4th Floor, DPWH Head Office
Port Area, Manila*

<p>Received by/date:</p> <hr/>



Republic of the Philippines
DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS

<Year> Internal Quality Audit (IQA) Summary Report

Office:	<Name of Audit Site>	Date Audited:	<Date of Audit>
Auditors:	<Name of IQA Auditor/s>	Auditees:	<Name of Head of Audit Site> ALL Chiefs of Sections/Divisions
Notes/Remarks:			
<i><Briefly discuss the conduct of the IQA in the audit site. Include if there were details in the itinerary that were changed during the audit.></i>			
Conformities		Total No.	<Total Conformities>
<i><Enumerate all units/sections/divisions and the conformities identified based from the checklists used></i>			
Opportunity for Improvement (OFI)		Total No.	<Total OFIs>
<i><Enumerate all units/sections/divisions and the OFIs identified based from the checklists used></i>			
Nonconformities		Total No.	<Total Nonconformities>
<i><Enumerate the units/sections/divisions with the identified NC based from the checklists used and specify which ISO 9001:2015 clause or policy it has violated. Specify the details of the NC for clarity></i>			
Deadline of Submission of Accomplished CAR Form/s (refer to the approved IQA Program):			

Prepared by:

(Name and Signature of Lead Auditor/Audit Team Leader)

(Name and Signature of Audit Team Member/s, if applicable)

Reviewed by:

(Name and Signature of IQA Leader)

Approved by:

(Name and Signature of IQA Chairperson)