| | The JUDICIARY<br>**Quality Management System**<br>INTERNAL QUALITY AUDIT | Doc Ref No.: | |
|---|---|---|---|
| | | Effective Date: | |
| | | Revision No.: | 0 |
| | | Page No.: | 1 of 14 |

## 1.0 Purpose

This document describes the procedure and resource requirements for the objective evaluation of the effectiveness of the established quality management system of the Judiciary. It defines the system for the planning, preparation, execution, follow-up, and reporting of PQR activities in determining if the Quality Management System (QMS) conforms to the planned arrangements, to the requirements of ISO 9001, and to the established QMS; and if the QMS is effectively implemented and maintained.

## 2.0 Scope

The procedure applies to the Judiciary that includes the processing of initiatory pleadings.

## 3.0 References

Corrective and Preventive Action Procedure

## 4.0 Definition of Terms

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| Auditee | The Office or person being audited |
| Auditor | The person with demonstrated personal attributes and competence to conduct an audit. |
| Audit Team | Composed of more than one auditor who are assigned to conduct an audit in a particular office and prepare necessary report of findings; Led by an Audit Team Leader |
| Audit Plan | A documented plan prepared prior to the conduct of audit which details activities such as where to go, what to do, |

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| | when to do, and whom to see |
| Audit Itinerary | Set of one or more audits planned for a specific timeframe, directed towards a specific purpose |
| Audit Checklist | A set of variables which serves as a guide to an auditor |
| Audit Criteria | Set of policies, procedures, or requirements which are used as reference against which audit evidence is compared |
| Audit Evidence | Qualitative or quantitative record, statement of facts or other information, which is verifiable and relevant to the audit criteria |
| Audit Finding | Result of the evaluation of the collected audit evidence against audit criteria |
| Conformity | Fulfillment of a requirement |
| Nonconformity (NC) | A non-fulfillment of a requirement |
| Opportunity for Improvement (OFI) | A situation or process that may lead to potential nonconformity |
| Corrective Action (CA) | Action taken to eliminate the cause of a detected nonconformity or other undesirable situation to prevent its recurrence |
| Request for Action (RFA) | A tool/form used to record the audit findings and the corresponding root cause analysis and appropriate actions |

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| | taken to address it |
| PQR Team | The Process Quality Review (PQR) Team formed to oversee the PQR implementation |

## 5.0 Procedure

| Ref. No. | Key Activities | | Responsible | Reference Document/ Record |
|---|---|---|---|---|
| 5.1 | Select and manage audit team | • Refer to the required skills and knowledge<br>• Enhance the Auditors' competence | QMR | Auditor Training Certificates<br>Pool of Auditors |
| 5.2 | Plan for the PQR | • Prepare the Audit Plan<br>• Initiate the conduct of the unplanned audit<br>• Disseminate the Audit Plan<br>• Communicate the Audit Itinerary | QMR<br>PQR Team | Audit Plan<br>Audit itinerary<br>List of Internal Quality Auditors |
| 5.3 | Prepare for the PQR | • Review the applicable documents<br>• Develop Audit Checklist | PQR Team | Audit Checklist |
| 5.4 | Conduct the PQR | • Conduct opening meeting<br>• Interview the auditees | PQR Team | Audit Checklist |

| Ref. No. | Key Activities | | Responsible | Reference Document/ Record |
|---|---|---|---|---|
| | | • Review documents and records<br>• Record facts and evidence<br>• Inform the auditee of the audit findings and its classification<br>• Raise to the QMR the unresolved issues<br>• Conduct closing meeting | | |
| 5.5 | Reporting the PQR | • Document the findings<br>• Assign control numbers and recording in RFA Registry<br>• Issue the RFA<br>• Conduct root-cause analysis<br>• Determine and implement CAPA<br>• Submit accomplished RFA | QMR | RFA<br>Audit Summary Report<br>Control of Nonconforming Outputs Procedure<br>Corrective Action Procedure<br>RFA Logbook |
| 5.6 | Verifying Actions Taken | • Verify actions taken<br>• Monitor the verification | Audit Team<br>Office/ Division Head | Corrective Action<br>RFA<br>RFA Logbook |

## 5.1 Selection and Management of Audit Team

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

a. The personal attributes of the auditor include ethical, open-minded, diplomatic, observant, perceptive, versatile, tenacious, decisive, self-reliant, culturally sensitive and collaborative.

b. Knowledge on auditing concepts and methodologies

c. Auditing skills

d. Knowledge on ISO 9001 requirements and the QMS of the organization vis-à-vis audit requirements of the auditee

5.1.2 Auditor performance is reviewed considering the following:

a. Feedback from the PQR team leader, other auditors and the auditee

b. The quality of audit checklists and audit reports

5.1.3 The competencies and performance of auditors are periodically evaluated to identify training and development needs. The PQR Team coordinates with the Judiciary-Wide Committee on Performance-Based Bonus to plan and implement training and development program for auditors.

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

## 5.2 Planning for the PQR

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

5.2.3 Whenever necessary, unplanned PQR may be initiated by the QMR based on, but not limited to the following:

a. unusual increase of quality-related problems

b. introduction of new services

c. major changes in QMS, personnel, and processes

d. as per client's request

5.2.4 Copies of the Audit Plan are disseminated to all concerned Offices/Divisions through a memorandum from the QMR.

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

a. purpose

b. PQR scope

c. Offices to be audited and auditee

d. assigned Audit Team

e. date and time of the PQR

### 5.3 Preparing for the PQR

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

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

### 5.4 Conducting the PQR

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

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

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

5.4.3 The audit findings are classified as Conformity, NC or OFI. Commendations and strengths of the system are also noted.

5.4.4 If and when the auditee has unresolved issues with an audit finding, he/she may contest such before or during the closing meeting.

5.4.5 If not resolved at this level, the issue may be raised to the QMR.

5.4.5 A closing meeting is conducted wherein audit findings are presented to the audited office.

### 5.5 Reporting the PQR

5.5.1 Audit findings are documented on the Request for Action (RFA) form and Audit Summary Report.

5.5.2 Control Numbers are assigned to the RFA for monitoring purposes. These are recorded in the RFA logbook maintained by the PQR Team.

5.5.3 The RFA with the Audit Summary Report are issued to the auditee within ten (10) working days after the closing meeting. The auditee acknowledges and signs the RFA.

5.5.5 The auditee with the office/division head determines and implements appropriate corrective action in accordance to Control of Corrective and Preventive Action procedures. The auditee returns the accomplished RFA to the PQR Team.

### 5.6 Verifying Actions Taken

5.6.1 The auditors verify the implementation of the actions taken specified in the accomplished RFA. The results of such verification are monitored as per Corrective and Preventive Action procedure.

5.6.3 The office/division head ensures that root cause analysis is conducted and monitored in accordance with the Corrective Action Procedure. The office/division head also ensures effectiveness of actions taken.

## 6.0 Attachments

6.1 Audit Plan

6.2 Audit Itinerary

6.3 Audit Checklist

6.4 Audit Summary Report

Prepared by:

**NAME**

Head, Internal Audit Service

Reviewed by:

**NAME**

QMS Leader

Approved by:

**NAME**

Position

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| | **AUDIT PLAN**<br>(Year_____) |

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| **Scope** | |
| **Objectives** | |

**AUDIT SCHEDULE**

| Office | Process | Audit Team | Audit Month | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
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# AUDIT PLAN

(Year_____)

| Office | Process | Audit Team | Audit Month | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
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| Prepared by: | Approved by: |
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| _____ | _____ |
| PQR Committee Head | QMR |

# AUDIT ITINERARY

(Year_____)

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| **Criteria** | | |
| **Scope** | | |
| **Objectives** | | |
| **Audit Team** | **Team Leader** | |
| | **Members** | |

**Audit Activities**

| Date | Time | Activity | Auditee | Auditors |
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| Prepared by:<br><br>_____<br>Audit Team Leader | Approved by:<br><br>_____<br>QMR |

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| | **AUDIT CHECKLIST** |

| **Source Document(s):** | |
|---|---|
| **Process:** | **Office/s:** |

| Clause / Para. No. | Items/ Questions | C/NC/OFI | Findings / Remarks |
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| | **AUDIT SUMMARY REPORT** |

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| **Office:** | Audit Scope: |
| **Date:** | |
| **Purpose:** | |

| No. | Criteria<br>(what should be happening)<br>Define the requirements that must be satisfied. (i.e. customer, regulatory, process, ISO 9001 requirements) | Evidence<br>(what is actually happening)<br>Describe your observations on the extent of conformance with the specified requirements. | Class<br>C or NC |
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Commendable Findings (Note down exemplary practices, activities, methodologies, etc. which demonstrate significant innovations that go beyond the requirements/expectations.)

Opportunities For Improvement (Note down observed situations where the results achieved are perhaps not optimal, less than well-organized or over complicated that, based on the auditor's judgment and experience, necessitate improvement.)

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| Prepared by:<br><br>_____<br>Audit Team Leader | Acknowledged by:<br><br>_____<br>Auditee |