



DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT
SYSTEM PROCEDURE

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13 QUALITY MANAGEMENT SYSTEM (QMS) ASSESSMENT

Scope:

A. Programming, Planning, Conduct of QMS Assessment, and Preparation and Submission of QMS Assessment Report

The QMS Assessment procedure starts from the preparation QMS Assessment Program up to the submission of QMS Assessment Report to DILG Top Management.

B. Acceptance of Corrective Action Report/s and Opportunities for Improvement Report/s and Monitoring and Verification of Action Plans

The process starts from the receipt of CARs' and OFIRs' Action Plan up to the verification and approval of effective CA Plan/Action Plan implementation.

Description of Service:

The QMS Assessment procedure is established in order to define the process of QMS Assessment to determine *DILG's* compliance to its established QMS standards, department policies and applicable legal requirements.

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No.	Process/Steps	Activity Details	Person-In-Charge/ Position/ Unit/ Division	References/ Interfaces
A. Programming, Planning, Conduct of QMS Assessment, and Preparation and Submission of QMS Assessment Report				
1	Prepare review and	Prepare the QMS Assessment Program for the current year and approval.	QMS Assessment Committee, Overall Deputy QMR, QMR	• QMS Assessment Program

DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT
**COMPETENCY ASSESSMENT TOOL
FOR QMS ASSESSORS**

SUMMARY OF ASSESSMENT TOOLS AND RATING DISTRIBUTION

L	ASSESSEE	ASSESSOR
e	All QMS Assessors	Self
	All QMS Assessors	Self
(M)	All QMS Assessors	Auditee (At Least 1)

DUPLICATED WITHOUT AUTHORIZATION



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No.	Process/Steps	Activity Details	Person-In-Charge/ Position/ Unit/ Division	References/ Interfaces
		3. The planned interval of the conduct of QMS Assessment is every twelve (12) months. 4. Prepare risk and opportunity assessment for QMS Assessment consistent with ISO 19011:2018 risk-based auditing to determine and manage risk and opportunities to the audit program objectives. • Convene all the QMS Assessor/s to discuss the approved QMS Assessment Program and to prepare the QMS Assessment Plan.	QMS Assessment Head and Team Leaders QMS Assessment Head	
2	Prepare, review and approve QMS Assessment Plan	• Prepare and review the QMS Assessment Plan in accordance with QMS Assessment Program indicating the recommended QMS Assessment Team Leader/s and Team Members, Auditees, assessment timelines and assessment scope with Memo Transmittal to communicate the QMS Assessment Plan to all concerned Offices. • Approve the QMS Assessment Plan and sign the Memo transmittal. • Upon dissemination of QMS Assessment Plan to all concerned, instruct all the QMS Assessor/s to prepare the QMS Assessment Checklist.	QMS Assessment Team Leader/s, QMS Assessment Head Overall DILG-CO Deputy QMR QMS Assessment Head	• QMS Assessment Program • QMS Assessment Plan • Memo Transmittal
3	Prepare the QMS Assessment Checklist	• Lead the preparation of the QMS Assessment Checklist and assign tasks to the QMS Assessment Team Member/s. • Prepare the QMS Assessment Checklist for the assigned QMS areas/processes and review the relevant documented information.	QMS Assessment Team Leader/s QMS Assessors (Team Members)	• QMS Assessment Checklists

[illegible]



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No.	Process/Steps	Activity Details	Person-In-Charge/ Position/ Unit/ Division	References/ Interfaces
		<p>the suitability and adequacy of CA Plan/Action Plan and issue CAR/OFIR/Memo as appropriate based on the result of evaluation.</p> <ul style="list-style-type: none"> Conduct Preliminary Calibration of Findings to consolidate the result of the QMS Assessment and finalize the QMS Assessment Checklist. 		<ul style="list-style-type: none"> QMS Assessment Checklists
5	Conduct closing meeting	<ul style="list-style-type: none"> Conduct an Office-level Closing Meeting to address concerns/reservations/appeals and acceptance of findings prior to the overall closing meeting. Conduct Organizational Level Closing Meeting to be led by the QMS Assessment Head to discuss the QMS Assessment findings to the Auditees of the concerned Office, including the nonconformities, if any. Administer the QMS Assessment Feedback Survey Form and record the results in the QMS Assessment Feedback Data Sheet and QMS Assessment Feedback Analysis. 	<p>Assigned Team Leaders/Assessors</p> <p>QMS Assessment Committee</p>	<ul style="list-style-type: none"> PowerPoint presentation PowerPoint presentation QMS Assessment Feedback Survey Form QMS Assessment Feedback Data Sheet QMS Assessment Feedback Analysis Report
6	Issue CAR/OFIR	<ul style="list-style-type: none"> Formalize the findings presented during the Closing Meeting by formulating the Nonconformity (NC) statement through Corrective Action Report (CAR) and Opportunity for Improvement (OFI) statement through Opportunity for Improvement Report (OFIR) for review of the QMS 	QMS Assessment Committee	<ul style="list-style-type: none"> QMS Assessment Checklist CAR OFIR



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No.	Process/Steps	Activity Details	Person-In-Charge/ Position/ Unit/ Division	References/ Interfaces
		<p>Assessment Team Leaders and approval of the QMS Assessment Head.</p> <ul style="list-style-type: none"> Issue CAR/OFIR to concerned Process Owner, 15 working days after the conduct of Closing Meeting. Upon receipt of the accomplished Part B and C of CAR and Part B of OFIR from the concerned Office/Process Owner, forward them to the QMSA Assessment Head for acceptance of the committed action plans. Log the committed CA/Action Plans in the CAR and OFIR Monitoring Matrix. <p><i>This document is UNCONTROLLED when DOWNLOADED and/or PRINTED. Always refer to the Documented Information Management System for the Controlled Copy</i></p>		<ul style="list-style-type: none"> CAR Monitoring Matrix OFIR Monitoring Matrix
7	Prepare, approve, and distribute the QMS Assessment Report and retain records	<ul style="list-style-type: none"> Convene to prepare and finalize the QMS Assessment Report and submit to the Overall Deputy QMR for review and to the QMR for approval <i>30 days from the date of the organizational level closing meeting.</i> Distribute the QMS Assessment Report to all concerned Offices. Retain Records in accordance with Control of Retained Documented Information procedure and the Master List of Retained Documented Information 	<p>QMS Assessment Committee, Overall Deputy QMR, QMR</p> <p>Designated Custodian Records</p>	<ul style="list-style-type: none"> QMS Assessment Report Control of Retained Documented Information Procedure Master List of Retained Documented Information



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No.	Process/Steps	Activity Details	Person-In-Charge/ Position/ Unit/ Division	References/ Interfaces
B. Acceptance of CARs and OFIRs and Monitoring and Verification of Action Plan				
1	Evaluate and accept CA Plan/ Action Plan	<p>Upon receipt of the submitted CA Plan/Action Plan from the process owner:</p> <ul style="list-style-type: none"> Evaluate the proposed CA Plan/Action Plan in the CAR/OFIR. If found appropriate and adequate to address the nonconformity, forward to QMS Assessment Head for acceptance; else, return CAR/OFIR to Process Owner for revision with timeframe. Once accepted by the QMS Assessment Head, provide copy of the accepted CAR/OFIR to Auditees and log to CAR/OFIR Monitoring Matrix. 	QMS Assessment Committee	<ul style="list-style-type: none"> CAR OFIR CAR Monitoring Matrix OFIR Monitoring Matrix
2	Monitor and verify the CA Plan/Action Plan and retain records	<p>Monitor the implementation of the CA Plan/Action Plan, Six (6) months after the conduct of the annual QMS assessment, by directing all the concerned Process Owners through a Memorandum to accomplish the "Status of Implementation", "Date Implemented", and "Mode of Verification / Evidence of Implementation" portions of the CAR/OFIR Monitoring Matrix and require them to include supporting documents and records.</p> <p>Upon receipt of the accomplished CAR/OFIR Monitoring Matrix from the concerned Process Owners, verify the submitted MOVs, and update the CAR and OFIR Monitoring Matrices accordingly.</p> <ul style="list-style-type: none"> For CAR: Verification of Correction/Immediate Actions and Corrective Action Plans implementation and CA Plan Effectiveness. 	Assigned QMS Assessors	<ul style="list-style-type: none"> Memorandum CAR Monitoring Matrix OFIR Monitoring Matrix



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No.	Process/Steps	Activity Details	Person-In-Charge/ Position/ Unit/ Division	References/ Interfaces
		<ul style="list-style-type: none">• For OFIR: Verification of Action Plan implementation. <p>Note: On-site (and/or virtual) verification may be carried out based on need as mutually agreed by the QMS Assessor and Auditee/Concerned Process Owner.</p> <ul style="list-style-type: none">• Communicate the result of the verification activity• Retain Records in accordance with Control of Retained Documented Information procedure and the Master List of Retained Documented Information.	Designated Custodian Records	<ul style="list-style-type: none">• Control of Retained Documented Information Procedure• Master List Retained Documented Information

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Definition of Terms:

- **QMS Assessment** – refer to Internal Quality Audit of the Quality Management System. Its objective is to assess the effectiveness of the Quality Management System and the DILG's overall performance.
- **QMS Assessors** – DILG Personnel trained and appointed to conduct an internal audit of the Quality Management System of the DILG.
- **QMS Assessment Committee** - refer to Personnel from Central and Regional Offices designated to perform the QMS Assessment with the following compositions:
 - QMS Assessment Head
 - QMS Assessment Team Leaders
 - QMS Assessment Team Members
- **Auditees** – Processes/QMS assessment areas being audited.

Prepared By:	Reviewed By:	Approved By:
(sgd.) ATTY. SALVACION Z. BACCAY, CESO V	(sgd.) ASEC. ESTER A. ALDANA, CESO II	(sgd.) ATTY. LORD A. VILLANUEVA
QMS Assessment Head	Overall Deputy Quality Management Representative	Quality Management Representative



DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT
**QMS ASSESSMENT
PROGRAM**

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(YYYY) QMS ASSESSMENT PROGRAM	
I. OBJECTIVE/S:	
II. SCOPE:	
III. REFERENCE STANDARD:	

IV. ASSESSMENT SCHEDULE/AREAS TO BE AUDITED:

- QMS and its Processes*
- Audit of the QMS Assessment: (1 week after the issuance/submission of the QMS Assessment reports)*

V. SELECTION CRITERIA FOR QMS ASSESSORS:

Education:

Training:

Skills Requirements:

Experience:

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VI. QMS ASSESSORS:

VII. QMS ASSESSMENT APPROACH AND METHODOLOGY:

VIII. VERIFICATION OF CORRECTIVE ACTION (CA) PLAN/ACTION PLAN

Verification of CA Plan/Action Plan Implementation/Effectiveness:

IX. QMS ASSESSMENT RECORDS:

Prepared By	Reviewed By	Approved By
QMS Assessment Head	Overall Deputy Quality Management Representative	Quality Management Representative

Prepared By:	Reviewed By:	Approved By:
(sgd.) SALVACION Z. BACCAY, CESO V	(sgd.) ASEC. ESTER A. ALDANA, CESO II	(sgd.) USEC. EPIMACO V. DENISING III
QMS Assessment Head	Overall Deputy Quality Management Representative	Quality Management Representative



DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT
**QMS ASSESSMENT
PLAN**

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I. SCOPE:	
II. OBJECTIVES:	
III. QMS ASSESSMENT SCHEDULE:	
IV. REFERENCE:	

V. QMS ASSESSMENT PROCESS/ACTIVITY, ASSESSOR, AUDITEE AND ISO CLAUSES/LEGAL REQUIREMENTS:

Composition of QMS Assessment Teams:

QMS Assessment Schedules:

TIME	AREA/FUNCTION	QMS ASSESSOR	AUDITEE	ISO Clauses/ Legal Requirements
<i>Date (Day __)</i>				
<i>Date (Day __)</i>				
<i>Date (Day nth)</i>				

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Prepared By	Reviewed By	Approved By
QMS Assessment Team Leader/s	QMS Assessment Head	Overall Deputy Quality Management Representative

Prepared By	Reviewed By	Approved By
(sgd.) PD SALVACION Z. BACCAY, CESO IV	(sgd.) ASEC. ESTER A. ALDANA, CESO II	(sgd.) USEC. EPIMACO V. DENSING III
QMS Assessment Head	Overall Deputy Quality Management Representative	Quality Management Representative



DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT
**QMS ASSESSMENT
CHECKLIST**

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Office:	QMS Assessor(s):
Process Name:	Date of Assessment:

ISO 9001:2015 Clause	QMS Assessment Particulars (Assessment Questions / Assessment Points) What to look for?	Evidence of Compliance		Remarks (Findings*)
		Documents (e.g. Procedures, etc.)	Implementation/QMS Assessment Notes (Records / Evidences)	

***Legend:** ✓ - Conformity X - Nonconformity (NC) ☺ - Opportunities for Improvement (OFI)

Conformity - Fulfillment of a requirement - legal/ client/ISO 9001:2015 Standard/organizational requirements (e.g. timely provision of services in accordance with the EODB law/organization's requirement, complete determination of risks and opportunities, etc.)

Nonconformity - Non-fulfillment of a requirement - legal/ client/ISO 9001:2015 Standard/organizational requirements (e.g. non-conduct of internal audit of the Quality Management System, failure to follow a procedure, unmet targets, etc.)

Opportunities for Improvement - is a conforming situation potential for initiating improvement (e.g. digitization, adoption of new/improved practices, other desirable possibilities that would address the organization/clients' needs)

Prepared By	Reviewed By
QMS Assessor(s)	QMS Assessment Team Leader

Prepared By:	Reviewed By:	Approved By:
(sgd.) SALVACION Z. BACCAY, CESO V	(sgd.) ASEC. ESTER A. ALDANA, CESO II	(sgd.) USEC. EPIMACO V. DENSIING III
QMS Assessment Head	Overall Deputy Quality Management Representative	Quality Management Representative

**QMS ASSESSMENT
REPORT**

Date of QMS Assessment:
I. INTRODUCTION
II. QMS ASSESSMENT OBJECTIVES
III. ASSESSMENT TEAM COMPOSITION
IV. EXECUTIVE ASSESSMENT SUMMARY CONFORMITIES/STRENGTH: NONCONFORMITIES: OPPORTUNITIES FOR IMPROVEMENTS (OFIs):
V. OVERALL CONCLUSION
VI. RECOMMENDATIONS
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VII. COMMENDATION
ANNEXES <ul style="list-style-type: none"> - CORRECTIVE ACTION REPORT (CAR) - OPPORTUNITIES FOR IMPROVEMENT REPORT (OFIR) - (OTHERS, PLEASE SPECIFY)

Prepared By	Reviewed By	Approved By
QMS Assessment Head	Overall Deputy Quality Management Representative	Quality Management Representative

Prepared By	Reviewed By	Approved By
(sgd.) PD SALVACION Z. BACCAY, CESO IV	(sgd.) ASEC. ESTER A. ALDANA, CESO II	(sgd.) USEC. EPIMACO V. DENSIING III
QMS Assessment Head	Overall Deputy Quality Management Representative	Quality Management Representative



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1. If OFIR is **SYSTEMIC, (a)** the concerned Office/s shall accomplish **OFIR - Part B: Action Plan** and submit it to the Central QMS Secretariat for consideration in the formulation of *Organizational-Level Action Plan*, **15 days upon receipt**; and **(b)** the Central QMS Secretariat shall facilitate the formulation of the *Organizational-Level Action Plan* and submit it to the QMS Assessment Committee **30 days upon receipt of accomplished OFIR - Part B: Action Plan from the concerned Office/s**; or

2. If OFIR is **NON-SYSTEMIC**, concerned Office shall accomplish **OFIR - Part B (Action Plan)** and submit it to the QMS Assessment Committee through the Office of the Overall Deputy QMR, **30 days upon receipt**.

ISSUED BY:	REVIEWED/APPROVED BY:	ACCEPTED BY:
Signature over Printed Name/Designation of Assigned QMS Assessor/Team Leader/Asst. QMSA Head / Date	Signature over Printed Name/Designation of QMS Assessment Head / Date	Signature over Printed Name/Designation of Concerned Head of Office/DQMR/QMR / Date

**OPPORTUNITIES FOR
IMPROVEMENT REPORT (OFIR)**

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OFIR NO:	DATE OF ISSUANCE:
OFFICE:	PROCESS/AREA:

PART B: ACTION PLAN

ACTIVITY	RESPONSIBLE	TIMELINE	
		START	END
1			
2			
3			
nth			

Notes:

(1) The QMS Assessment Committee will **verify the implementation of the Action Plan implementation** using the OFIR Monitoring Matrix, **six (6) months after the conduct of the annual QMS assessment and on the next QMS assessment** if action plans are not yet implemented during the 1st verification.

(2) All concerned office(s) shall ensure that the **"Status of Implementation", "Date Implemented", and "Mode of Verification/Evidence of Implementation"** portions (Columns K, L, and M) of the OFIR Monitoring Matrix are accomplished with complete supporting documents and records.

PREPARED BY:	APPROVED BY:	ACCEPTED BY:
Signature over Printed Name/Designation Signature over Printed Name of Process Owner or Assigned Personnel / Date	Signature over Printed Name/Designation Signature over Printed Name of Division Chief/ Head of Office/Immediate Supervisor/Designated Approving Authority / Date	Signature over Printed Name/Designation Signature over Printed Name of QMS Assessment Head / Date

Prepared By:	Reviewed By:	Approved By:
(sgd.) ATTY. SALVACION Z. BACCAY, CESO V QMS Assessment Head	(sgd.) ASEC. ESTER A. ALDANA, CESO II Overall Deputy Quality Management Representative	(sgd.) ATTY. LORD A. VILLANUEVA Quality Management Representative



DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT

**QMS ASSESSMENT
ATTENDANCE SHEET**

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ASSESSMENT ENGAGEMENT:	
OFFICE:	

NO.	NAME	POSITION/ QMS DESIGNATION	SIGNATURE	
			<u>OPENING MEETING</u> (DATE)	<u>CLOSING MEETING</u> (DATE)
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Prepared By	Reviewed By	Approved By
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QMS Assessment Head	Overall Deputy Quality Management Representative	Quality Management Representative



DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT

**CORRECTIVE ACTION REPORT (CAR)
MONITORING MATRIX**

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As of: _____

CAR CONTROL NO.	DATE ISSUED	ISSUED TO (Office/ Assessment Area)	DESCRIPTION OF NONCONFORMITY	DATE		CORRECTIVE ACTION PLAN	RESPONSIBLE OFFICE/ PERSONNEL	TIMELINE		STATUS MONITORING AND VERIFICATION						CA PLAN EFFECTIVENESS														
				CA Plan Received	CA Plan Accepted			Start	End	(To be accomplished by the concerned Office/Process Owner)			(To be accomplished by the assigned QMS Assessor/s)			(To be accomplished by the assigned QMS Assessor/s)														
										Status of Implement ation	Date Implemented	Mode of Verification / Evidence of Implementation	Monitored / Verified By	Date Verified	Remarks	1	2	3	Verified By	Date Verified	Remarks (C-Closed, O- Open)									
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V									
1						1																								
						2																								
						nth																								
2						1																								
						2																								
						nth																								
3						1																								
						2																								
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Prepared By
Team Leader/s (Verification Portion)/ CO QMS Focal Person/Regional QMS Secretariat/Concerned Process Owner/s (Status of Implementation Portion)

Reviewed by
Assistant QMS Assessment Head (Verification Portion)/ Division Chief/Regional QMS/Other Authorized Signatory (Status of Implementation Portion)

Noted by
QMS Assessment Head (Verification Portion)/ Bureau/Service DQMR/Regional Director/Other Authorized Signatory (Status of Implementation Portion)

Prepared By
(sgd.) ATTY. SALVACION Z. BACCAY, CESO V QMS Assessment Head

Reviewed By
(sgd.) ASEC. ESTER A. ALDANA, CESO II Overall DILG Deputy Quality Management Representative

Approved By
(sgd.) ATTY. LORD A. VILLANUEVA DILG Quality Management Representative



DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT

OPPORTUNITIES FOR IMPROVEMENT REPORT (OFIR) MONITORING MATRIX

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As of: _____

OFIR CONTROL NO.	DATE ISSUED	ISSUED TO (Office/ Assessment Area)	STATEMENT OF RAISING THE BAR OF QUALITY	DATE		ACTION PLAN	RESPONSIBLE OFFICE/ PERSONNEL	TIMELINE		STATUS MONITORING AND VERIFICATION					
				Action Plan Received	Action Plan Accepted			(To be accomplished by the concerned Office/Process Owner)			(To be accomplished by the assigned QMS Assessor/s)				
								Status of Implemen tation	Date Implemented	Mode of Verification / Evidence of Implementation	Verified By	Date Verified	REMARKS		
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
1						1									
						2									
						nth									
2						1									
						2									
						nth									
3						1									
						2									
						nth									
4						1									
						2									
						nth									
5						1									
						2									
						nth									

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Prepared By
Team Leader/s (Verification Portion)/ CO QMS Focal Person/Regional QMS Secretariat/Concerned Process Owner/s (Status of Implementation Portion)

Reviewed by
Assistant QMS Assessment Head (Verification Portion)/ Division Chief/Regional QMS/Other Authorized Signatory (Status of Implementation Portion)

Noted by
QMS Assessment Head (Verification Portion)/ Bureau/Service DQMR/Regional Director/Other Authorized Signatory (Status of Implementation Portion)

Prepared By
(sgd.) ATTY. SALVACION Z. BACCAY, CESO V QMS Assessment Head

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(sgd.) ASEC. ESTER A. ALDANA, CESO II Overall DILG Deputy Quality Management Representative

Approved By
(sgd.) ATTY. LORD V. VILLANUEVA DILG Quality Management Representative



DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT
QMS ASSESSMENT FEEDBACK
SURVEY FORM

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Name of Office/Operating Unit:	SURVEY MODE: <input type="radio"/> In Person <input type="radio"/> Electronics
Process/Area:	
Name of Assigned Assessor/s:	

Dear Auditee,

Kindly fill-up this survey form and let us know your experience while the QMS Assessor/s conducted the **QMS Assessment**. We collect your personal data in this form for statistical and evaluation purposes. Your information will be stored in our database or secured records locker for physical forms for two years before being permanently erased from our records. If you wish to report any unlawful processing of data from this survey, please contact the DILG Data Protection Officer at dpo.dilg@gmail.com.

Instruction: For the following items. put a check mark (☑) on the column that best describes your satisfaction level.






SERVICE QUALITY DIMENSION (SQD) QUESTIONS	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	N/A Not applicable
SQD0 (Overall Satisfaction). I am satisfied with the assessment conducted by the QMS Assessor/s.						
SQD1 (Responsiveness). The assigned QMS Assessor/s is/are attentive and responsive to the auditees' comments/ justifications/ clarifications/reactions during assessment.						
SQD2 (Reliability). The assigned QMS Assessor/s display/s professionalism in the conduct of QMS Assessment (interview and data gathering).						
SQD3 (Access and Facilities). The assigned QMS Assessor/s provides easy access to assessment documents/requirements during the QMS Assessment execution (e.g. links for MOV submission, Attendance Template/Link, etc.).						
SQD4 (Communication). The QMS Assessment Committee/Assigned QMS Assessor/s properly communicated the assessment objectives, scope, schedule, requirements, report and other communication requirements to the auditee/s.						
SQD5 (Cost). The Assigned Assessor/s did not collect payment for the QMS assessment activity.						
SQD6 (Integrity). The Assigned QMS Assessor/s adheres to high standards of behavior (e.g. honesty and reliability in reporting of findings)						



DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT
**QMS ASSESSMENT FEEDBACK
SURVEY FORM**

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SERVICE QUALITY DIMENSION (SQD) QUESTIONS	 Strongly Agree	 Agree	 Neither Agree nor Disagree	 Disagree	 Strongly Disagree	N/A Not applicable
SQD7 (Assurance). The Assigned QMS Assessor/s assessed the assigned Process/es or area/s within the requirements of the Clients, organization, ISO 9001:2015 Standards and other statutory and regulatory requirements						
SQD8 (Outcome). The Assigned QMS Assessor/s Provided reliable and quality assessment findings supported with evidence and relevant assessment recommendations that add value and improvement to the office.						

Suggestions on how we can further improve our assessment process:

**Name
(optional):** _____

**Contact
number:** _____

Email address: _____

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THANK YOU!

Prepared By:	Reviewed By:	Approved By:
(sgd.) ATTY. SALVACION Z. BACCAY, CESO V	(sgd.) ASEC. ESTER A. ALDANA, CESO II	(sgd.) ATTY. LORD A. VILLANUEVA
QMS Assessment Head	Overall Deputy Quality Management Representative	Quality Management Representative



DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT

QMS Assessment Feedback Data Sheet

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Office: QMS Assessment Committee

Procedure Title/Service Provided: QMS Assessment

Covered Period: _____

NO.	NAME OF ASSIGNED ASSESSOR	ASSIGNED PROCESS/ AREA	DATE QA/FS FORM RECEIVED	SERVICE QUALITY DIMENSION (SQD) QUESTIONS									FREE RESPONSE	CLIENT INFORMATION		
				Overall Satisfaction (SQD0)	Responsiveness (SQD1)	Reliability (SQD2)	Access & Facilities (SQD3)	Communication (SQD4)	Costs (SQD5)	Integrity (SQD6)	Assurance (SQD7)	Outcome (SQD8)		Name	Email Address	Contact Number
1																
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Assistant QMS Assessment Head

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QMS Assessment Head

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Overall Deputy Quality Management Representative

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DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT
QMS ASSESSMENT FEEDBACK ANALYSIS REPORT

Document Code		
FM-SP-DILG-13-12		
Rev. No.	Eff. Date	Page
00	11.15.23	1 of 1

QMSAFAR Reference No. : _____
Date of QMS Assessment : _____
Assessment Duration : _____

PART I. CLIENT DEMOGRAPHIC
Number of Responses Received

Item No.	Office	Per service Quality Dimension	Number of Responses					Total Count of Desired Response	Suggestion for Improvement/ Consideration	QMSA Committee Action Plan/Comments			
			Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree			Action Plan/Comments	Assigned Assessors/Team	Timeline	Status
1	Office	Overall Satisfaction											
		Responsiveness											
		Reliability											
		Access & Facilities											
		Communication											
		Cost											
		Integrity											
		Assurance											
		Outcome											
		Number of Respondents with Desired Response for all SQDs (1-8):											
2	Office	Overall Satisfaction											
		Responsiveness											
		Reliability											
		Access & Facilities											
		Communication											
		Cost											
		Integrity											
		Assurance											
		Outcome											
		Number of Respondents with Desired Response for all SQDs (1-8):											
Total													

2 Desired response = a rating of "Agree" or "Strongly Agree"

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DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT
**COMPETENCY ASSESSMENT TOOL
FOR QMS ASSESSORS**

SUMMARY OF ASSESSMENT TOOLS AND RATING DISTRIBUTION

TOOL	ASSESSEE	ASSESSOR
1. Knowledge	All QMS Assessors	Self
2. Skills	All QMS Assessors	Self
3. Attributes (1)	All QMS Assessors	Auditee(At Least 1)
4. Attributes (2)	All QMS Assessors	QMS Assessment Team Leader
5. Leadership	QMS Assessment Team Leader	All QMS Assessment Team Members and QMS Assessment Head

Assessors Rating Distribution

A. Self-Rating - 25%

◆ Knowledge - 50%

◆ Skills - 50%

Score: Total KSA x Weight (25%)

B. Customer Satisfaction Survey (Attributes 1) - 50%

Score: CSS Rating x 50%

C. Team Leader (Attributes 2) - 25 %

Score: Team Leader Rating x 25%

Team Leaders Rating Distribution

A. Self-Rating - 25%

◆ Knowledge - 50%

◆ Skills - 50%

Score: Total KSA x Weight (25%)

B. Customer Satisfaction Survey (Attributes 1) - 25%

Score: CSS Rating x 25%

C. Team Member Rating - 25%

Score: Average Team Member Rating x 25%

D. QMS Assessment Head Rating - 25 %

Score: QMS Assessment Head Rating x 25%



DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT
**COMPETENCY ASSESSMENT TOOL
FOR QMS ASSESSORS**

**SELF-COMPETENCY ASSESSMENT
(A. KNOWLEDGE)**

Control No: _____

Ratee: _____

Designation: _____

For each item, rate how much you think YOU exhibit the indicated knowledge using the following scale:

- [1] Basic – has common knowledge of basic understanding of techniques and concepts relevant to the competency
- [2] Intermediate – has gained limited experience; can understand and discuss concepts, principles and issues
- [3] Advance – capable of coaching others in the applications of the competency and is recognized as a person to ask when difficulties arise regarding the competency
- [4] Expert – has demonstrated consistent excellence in applying the competency; can provide guidance troubleshoot and answer to this area of expertise and the field where the competency is required

KNOWLEDGE COMPETENCIES	Level of Competency Needed	Actual Rating	Competency Gap	Remarks
a. Audit Principles, Processes, and Methods	4			
b. Management System Standards Terminology relating to quality, management, organization, process and product, characteristics, conformity, documentation, audit and measurement processes;	4			
Customer focus, customer-related processes, monitoring and measuring of customer satisfaction, complaints handling, code of conduct, dispute resolution;	4			
Process approach, process analysis, capability and control techniques, risk treatment methods and system approach to management (rationale of quality management systems, quality management systems and other management system focuses, quality management system documentation), types and value, projects, quality plans, configuration management;	4			
Continual improvement, innovation and learning;	4			
Objective basis to decision making, risk assessment technique (risk identification, analysis and evaluation), evaluation of quality management (audit review and self-assessment), measurement and monitoring techniques, requirements for measurement processes, root cause analysis, statistical techniques;	4			
c. Organization and its context Leadership – role of top management, managing for the sustained success of an organization – the quality management approach, realizing financial and economic	4			



DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT
**COMPETENCY ASSESSMENT TOOL
FOR QMS ASSESSORS**

KNOWLEDGE COMPETENCIES	Level of Compet ency Needed	Actual Rating	Compete ncy Gap	Remark s
benefits through management of quality, and quality management systems				
Engagement of people, competence, training and awareness;	4			
<i>d. Statutory and Regulatory Requirements</i> Mutually beneficial supplier relationships, quality management system requirements and requirements for products, particular requirements for quality management system	4			
<i>e. Auditing Methods (Remote/Onsite/Hybrid; Application of Process Approach and Risk Based approach.</i>	4			

Name of Assessor : _____

Signature : _____

Date

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DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT
**COMPETENCY ASSESSMENT TOOL
FOR QMS ASSESSORS**

**SELF-COMPETENCY ASSESSMENT
(B. SKILLS)**

Control No: _____

Ratee: _____

No. of IQA Conducted: _____

Designation: _____

For each item, rate how much you think above-named auditor exhibit the indicated behavior using the following scale:

- [1] Basic – can do the work with supervision and requires training
- [2] Intermediate – can do the work without supervision but with others
- [3] Advance – can do the work under diverse environment and multiple tasks
- [4] Expert – can do the work easily and can coach others

SKILLS COMPETENCIES	Level of Competency Needed	Actual Rating	Competency Gap	Remarks
a. Audit Planning				
Prepares the audit program considering the audit scope, criteria, methodology, strategy, audit schedules, and budgetary requirements	3			
Determines the audit risk initially identified as barriers to effective performance of audit	3			
Reviews the appropriateness of identified internal controls to be audited	3			
Reviews and validates the accuracy or appropriateness of audit questionnaire/ checklist/ work paper	3			
b. Audit Execution				
Reviews the system and operating procedure relevant to the assigned audit areas	3			
Communicates the results to the auditees	3			
Review relevant documents/ information during the conduct of the audit	3			
Analyzes data/ information of audit findings/ observations	3			
Conducts interview to gather/ validate information	3			
Verifies the implementation status of previous audit recommendations	3			
Validates samples as objective evidence to support the audit findings	3			
Formulates/ Reviews initial audit findings/ Observations and conclusions	3			



DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT
**COMPETENCY ASSESSMENT TOOL
FOR QMS ASSESSORS**

SKILLS COMPETENCIES	Level of Competency Needed	Actual Rating	Competency Gap	Remarks
Reviews presentation of audit findings/ observations prior to closing meetings	3			
Explains audit findings during closing meetings, where necessary	3			
<i>c. Audit Reporting</i> Prepares audit report (audit findings, conclusions and recommendations)	3			

Name of Assessor : _____

Signature : _____

Date : _____

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DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT
**COMPETENCY ASSESSMENT TOOL
FOR QMS ASSESSORS**

COMPETENCY ASSESSMENT
(C.1 ATTRIBUTES)

Control No: _____

Ratee: _____

Designation: _____

For each item, rate how much you think above-named auditor exhibit the indicated behavior using the following scale:

- [1] Never – does not display behavior
- [2] Rarely – display behavior inconsistently, needs reinforcement to display behavior
- [3] Often – displays behavior consistently, needs minor reinforcement to display
- [4] Always – displays behavior all the time, no need for reinforcement

1. To be accomplished by AUDITEE (At least 1)

ATTRIBUTES	Level of Competency Needed	Actual Rating	Competency Gap	Remarks
Open- Minded	3			
Diplomatic	3			
Versatile	3			
Tenacious	3			
Decisive	3			
Able to act with fortitude	3			
Culturally Sensitive	3			
Collaborative	3			

Name of Assessor : _____

Signature : _____

Date : _____



DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT
**COMPETENCY ASSESSMENT TOOL
FOR QMS ASSESSORS**

**COMPETENCY ASSESSMENT
(C.2 ATTRIBUTES)**

Control No: _____

Ratee: _____

Designation: _____

For each item, rate how much you think above-named auditor exhibit the indicated behavior using the following scale:

- [1] Never – does not display behavior
- [2] Rarely – display behavior inconsistently, needs reinforcement to display behavior
- [3] Often – displays behavior consistently, needs minor reinforcement to display
- [4] Always – displays behavior all the time, no need for reinforcement

II. To be accomplished by QMS ASSESSMENT TEAM LEADER

ATTRIBUTES	Level of Competency Needed	Actual Rating	Competency Gap	Remarks
Ethical	3			
Observant	3			
Perceptive	3			
Self-reliant	3			
Open to Improvement	4			

Name of Assessor : _____

Signature : _____

Date : _____



DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT
**COMPETENCY ASSESSMENT TOOL
FOR QMS ASSESSORS**

**COMPETENCY ASSESMENT
(D. LEADERSHIP)**

Control No: _____

Ratee: _____

Designation: _____

For each item, rate how much you think your Team Leader exhibit the indicated behavior using the following scale:

- [1] Never – does not display behavior
- [2] Rarely – display behavior inconsistently, needs reinforcement to display behavior
- [3] Often – displays behavior consistently, needs minor reinforcement to display
- [4] Always – displays behavior all the time, no need for reinforcement

*To be accomplished by **QMS ASSESSMENT TEAM MEMBERS AND QMS ASSESSMENT HEAD***

LEADERSHIP COMPETENCIES	Level of Competency Needed	Actual Rating	Competency Gap	Remarks
Planning work and managing teams	4			
Develop others	4			
Problem solving and decision making	4			

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Signature : _____

Date : _____

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DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT

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Name of Bureau/Service/Office/Procedure: DILG OFFICES

DOCUMENT CODE	DOCUMENT TITLE	REVISION					
		00	01	02	03	04	05
SYSTEM PROCEDURE							
SP-DILG-13	QMS Assessment	06.15.21	07.01.22	11.15.23	07.01.24		
FM-SP-DILG-13-01	QMS Assessment Program	06.15.21	07.01.22				
FM-SP-DILG-13-02	QMS Assessment Plan	06.15.21					
FM-SP-DILG-13-03	QMS Assessment Checklist	06.15.21	07.01.22				
FM-SP-DILG-13-04	QMS Assessment Report	06.15.21					
FM-SP-DILG-13-05	Opportunities For Improvement Report (OFIR)	06.15.21	01.23.23	11.15.23			
FM-SP-DILG-13-06	QMS Assessment Attendance Sheet	06.15.21					
FM-SP-DILG-13-07	CAR-Monitoring-Matrix	06.15.21	11.15.23				
FM-SP-DILG-13-08	OFIR-Monitoring-Matrix	06.15.21	11.15.23				
FM-SP-DILG-13-09	QMS Assessment Initial Assessment Report (DELETED)	07.01.22					
FM-SP-DILG-13-10	QMS Assessment Feedback Survey Form	11.15.23					
FM-SP-DILG-13-11	QMS Assessment Feedback Data Sheet	11.15.23					
FM-SP-DILG-13-12	QMS Assessment Feedback Analysis Report	11.15.23					

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