



AUDIT REPORT

Client ID No/ 5279	Date of Audit: September 13, 2018	Total Pages:
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Pre-Audit Stage 1 Audit Stage 2 Audit Surveillance Audit Re-Assessment Audit Transition
 Special / Extension Follow-Up Unannounced

Organization Name & Address: MINDORO STATE COLLEGE OF AGRICULTURE AND TECHNOLOGY Alcate, Victoria, Mindoro Oriental	Audit Location (if different) of site visit, including dates of audit at the sites
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Standard(s) to be covered by certification:

ISO 9001 ISO 14001 OHSAS 18001 ISO 45001 ISO 27001 ISO 22000 ISO 50001
 ISO 55001 HACCP Others, please specify:

Recommended Scope: (Attach extra page if necessary)
Provision of secondary, tertiary, and graduate education.

Exclusion/s, if any (Identify the exclusion/s and justification)
No exclusion was specified in the quality manual

- Functional Areas or Processes Audited: (please enumerate):**
- 1) Context of the organization; internal and external issues; needs and expectations of interested parties and actions to address risks and opportunities;
 - 2) Graduate programs
 - 3) Competence awareness
 - 4) Customer satisfaction and feedback handling
 - 5) Leadership & commitment
 - 6) Management review, Use of CIP Mark, Verification of EOD-02-ST2

Use of Certification Mark acceptable Y N If "No" Raise Action Request RP2

Are there any changes since the last audit Y N If Yes, please indicate change and give brief description:
 Company name main/site address(s) scope number of employees
 OHSMS reportable serious incident or breach of regulation

1. Audit Conclusions

Lead Auditor recommendation	QMS	EMS	OH&S	FSMS	ISMS	EnMS	AMS	HACCP
Certification recommended, subject to implementation of action plan related to AR's raised (within 30 days)	X							
Certification not recommended								
Certification continuation								
Certification discontinuation/suspension/withdrawal								
Certification renewal								
Certification renewal subject to implementation of action plan related to AR's raised (within 1 month of certification expiry)								

* I confirm that the effectiveness of the organisation's OH&SMS and that I have provided a summary of evidence of the capability of the OH&SMS to meet its compliance obligations

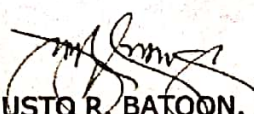


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2.Executive Summary to Client: An acceptable level of compliance to the requirements of the ISO 9001:2015 version was verified based on the documentary evidences provided, however, there are weak areas in which lapses to a specific requirement had been identified and need to be address by a corrective action report particularly in the context of the organization and competence, purchasing, documented information and internal audit process. Previous non-conformities EOD-01 EOD-02-ST2, TEAM-01-ST2 item c, f, g & h were verified as being effectively implemented and was now closed, while AGB-01-ST2 was closed but another NC was raised- SMG-02-S1+TA and TEAM-01-ST2 item b remains open.		Action Requests raised <table border="1"> <tr> <th># Major</th> <th># Minor</th> </tr> <tr> <td>0</td> <td>6</td> </tr> </table>	# Major	# Minor	0	6
# Major	# Minor					
0	6					
		Initial date AR response due: October 27, 2018				

This Report consists of this document (RP1) , attachments (RP1-1) and action requests (RP2) as indicated

OH&S Management System audits only.

- In case of OHSMS, have all activities, products and services within the organisation's control or influence that can impact the organisation's OHSMS performance been included in the management system? yes no
- Is a Special Audit recommended following an OHSMS reportable serious incident or breach of regulation? yes no; State justification:
- Has there been a closure of facilities/work areas since the last audit? yes no
If Yes, confirm that new risks have been identified and handled in compliance with requirement. Provide evidence.
- Are there any areas of concern (i.e. for OHSMS a serious accident or incident or breach of OHS regulation necessitating the involvement of the competent authority) that could be classified as a nonconformity during stage 2 or would affect the transfer of certification? yes no If yes, please specify:
- Are there any relevant regulatory requirements that have been identified as a non-conformance and needed to be communicated to the organisation? yes no Please provide details.

Lead Auditor  Name/ Signed: JUSTO R. BATOON, JR. Date: September 21, 2018	Company Representative Name/ Signed: CHRISTIAN ANTHONY AGUTAYA Date
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Audit Team Members: Lead Auditor	JUSTO R. BATOON, JR.
Auditor 1	ROSE SHIELA M. GATCHALIAN
Auditor 2	---
Auditor 3	---
Auditor 4/Technical Advisor	---

RP1-CIP