**TESDA-OP-CO-06-F44**

**Rev.No.00-03/08/17**

**ANNUAL COMPLIANCE AUDIT PLAN**

|  |  |  |  |  |  |  |  |
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| **REGION** | **PROVINCE** | **ASSESSMENT****CENTER** | **QUALIFICATION****TITLE** | **ACCREDITATION****NUMBER** | **ACCREDITATION****DATE** | **EXPIRATION DATE** | **SCHEDULE OF AUDIT** |
|  |  |  |  |  |  |  |  |
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This form will be accomplished through the CO-assigned Google Spreadsheet file

**TESDA-OP-CO-06-F45**

**Rev.No.00-03/08/17**

**COMPLIANCE AUDIT PLAN**

Objective: To determine whether the assessment centers and competency

assessors are continuously complying with TESDA’s policies and

guidelines on assessment and certification

|  |  |
| --- | --- |
| **Assessment Center**  |  |
| **Qualification**  |  |
| **Accreditation Number** |  |
| **Date of Accreditation** |  |
| **AC Manager**  |  |
| **Address**  |  |
| **Tel./Fax No.** |  | **Email address** |  | **Date of Audit** |  |
| **AREA(S) TO BE AUDITED** | **TIME** | **ASSIGNED AUDITOR**  | **AUDIT METHOD**  |
| 1. Administrative Documents
 |  |  |  |
| 1. Physical Structure
 |  |  |  |
| 1. Assessment Methodologies and Procedures
 |  |  |  |
| 1. Assessment Documentation And Reporting
 |  |  |  |
| 1. Accomplishments
 |  |  |  |
| Note: Accomplished Self-Assessment Checklist and/or other information submitted by Assessment Center during the Application for Accreditation shall be made available for reference of the audit team. |

**TESDA-OP-CO-06-F46**

**Rev.No.00-03/08/17**

**SCHEDULE OF ACTIVITIES**

|  |  |  |
| --- | --- | --- |
| **ACTIVITY** | **SUB-ACTIVITIES** | **DOCUMENTS NEEDED** |
| Opening Meeting | * Set the scene
* Explain objective
* Confirm Audit Scope
* Confirm Time
 | Audit Plan |
| Conduct Audit | Use Guide Questions | Assessment and Certification Audit Checklist |
| Closing Meeting | * Thank the Auditee
* Summarize strengths and weaknesses
* Indicate Corrective Actions, including schedule of implementation
* Have Compliance Audit Report form(s) signed
 | Assessment Compliance Audit Action Catalogue |

TESDA-OP-CO-06-F47

Rev.No.00-03/08/17

**ASSESSMENT AND CERTIFICATION CHECKLIST**

Note that the auditors require documentary evidence to verify that the Assessment Center and Competency Assessor comply with the provisions in the Procedures Manuals for Accreditation of Competency Assessment Center and Competency Assessor

|  |  |
| --- | --- |
| **ASSESSMENT CENTER**  |  |
| **ADDRESS** |  |
| **ASSESSMENT CENTER MANAGER** |  |
| **QUALIFICATION** |  |
| **ACCREDITATION NUMBER** |  |
| **NAME OF ASSESSOR** |  |
| **DATE OF COMPLIANCE AUDIT** |  |
| **TEL. /FAX NO.** |  | **E MAIL ADDRESS** |  |
| PROCESS | ACCREDITATION OF COMPETENCY ASSESSMENT CENTERS |
|  QUESTIONS | EVIDENCE/S | LOCATION OF EVIDENCE | COMPLIANT | REMARKS(Complete statement of Remarks/Observations/Findings) |
| 1. **ADMINISTRATIVE REQUIREMENTS**
 | Particulars | RO | PO | AC | YES | NO |  |
| 1. What are the requirements for accreditation?
 | List of Requirements(OP-CO-05-F01) |  | x | x |  |  |  |
| 1. Are the documents of the AC on file complete?
 | The following documents are available: |  |  |  |  |  |  |
| * Letter of Intent
 |  |  |  |  |  |  |
| * Copy of SEC Registration
 |  |  |  |  |  |  |
| * Business permit (current/updated)
 |  |  |  |  |  |  |
| * BIR registration
 |  |  |  |  |  |  |
| * Fire safety Certificate (Current/updated)
 |  |  |  |  |  |  |
| * Company profile
 |  |  |  |  |  |  |
| * Organizational structure
 |  |  |  |  |  |  |
| * Staff compliment and profile
 |  |  |  |  |  |  |
| * + Manager
 |  |  |  |  |  |  |
| * + Cashier
 |  |  |  |  |  |  |
| * + Computer Operator
 |  |  |  |  |  |  |
| * + Liaison Officer
 |  |  |  |  |  |  |
| * + Processing Officer
 |  |  |  |  |  |  |
| * Building lay-out/floor plan/shop lay-out
 |  |  |  |  |  |  |
| * Self-assessment checklist (OP-CO-05--F04)
 |  |  |  |  |  |  |
| * List of equipment, tools and materials
 |  |  |  |  |  |  |
| * Location map
 |  |  |  |  |  |  |
| * Lease of contract, when applicable
 |  |  |  |  |  |  |
| * Inspection Report Form (OP-CO-05-F02)
 |  |  |  |  |  |  |
| * Valid Certificate of

 Accreditation  |  |  |  |  |  |  |
| * Affidavit of Undertaking
 |  |  |  |  |  |  |
| 1. When did the AC apply for accreditation?
 | Letter of Intent (check date in the Letter and date received in the PO) |  | x | x |  |  |  |
| 1. Was the assessment center notified of their status of application?
 | Check Letter of Notification sent to the AC (OP-CO-05-F10) |  | x | x |  |  |  |
| 1. When was the AC inspected?
 | Inspection Report(Check date of inspection) |  | x | x |  |  |  |
| 1. What is the date of accreditation?
 | Check Certificate of Accreditation* Correct numbering and coding (according to OP-CO-05-F06)
 |  | x | x |  |  |  |
| 1. Does the AC issue OR? How much assessment fee is collected from the

 candidates? | Official Receipts (check ORs issued) |  |  |  |  |  |  |
| **PHYSICAL STRUCTURE** |
|  **B.1. Location**  |
| .1 Is the AC  accessible to  public transport?  | AC is accessible to public transport |  |  | x |  |  |  |
| .2 Is the AC easily  identifiable? Is  there a “signage”? | Check area where the signage is located  |  |  | x |  |  |  |
| .3 Is internet  connection  available? | Check the presence of internet facility |  |  | x |  |  |  |
| **B.2. Area** |  |  |  |  |  |  |  |
| .1 Is the size of the  assessment room/  laboratory in  accordance with the minimum  requirements in the  CATs? | The size of the assessment room must be in accordance with the requirements in the CATs |  |  | x |  |  |  |
| .2 Can the room accommodate at least 10 candidates? | Check the actual measurement of the room |  |  | x |  |  |  |
| **B.3. Lighting and ventilation** |
| .1 Is the assessment  room or laboratory  well lighted? | Well lighted assessment rooms (30-40 foot candle) |  |  | x |  |  |  |
| **B.4. Auxiliary room** |
| .1 Is storeroom  provided for the  materials/tools/  supplies? | Storeroom(s) available and well-kept |  |  | x |  |  |  |
| .2 Are separate  storage bins and  racks provided for  critical materials? | Bins and racks provided, when applicable |  |  | x |  |  |  |
| .3 Can the  assessment  room for  Demonstration  accommodate at  least 10 candidates? |  |  |  | x |  |  |  |
| .4 Is an orientation  room/ holding area  provided for candidates  |  |  |  |  |  |  |  |
| .5 Are chairs and  tables available,  where applicable? | Chairs & tables available, where necessary |  |  | x |  |  |  |
| .6 Are clean &  functional comfort  rooms available at  a convenient part  of the building  (separate for  male and female) | Clean & functional comfort rooms available (Male & Female) |  |  | x |  |  |  |
| **B.5. Assessment equipment, hand tools, supplies, materials**  |
| .1 Are equipment  available according  to the Competency  Assessment  Tools? | Assessment equipment, hand tools, supplies, materials are according to the list provided in the Competency Assessment Tools  |  |  | x |  |  |  |
| .2 Are the equipment  functional? |  |  | x |  |  |  |
| .3 Are hand tools  available? |  |  | x |  |  |  |
| .4 Are the hand tools  functional? |  |  | x |  |  |  |
| .5 Are the S/M  sufficient for the  given number of  candidates? |  |  | x |  |  |  |
| **B.6. Safety provisions** |
| .1 Is medicine cabinet  with first aid kit  available? | Medicine cabinet with first aid kit is available (refer to Evaluation Guide for the particulars) |  |  | x |  |  |  |
| .2 Is it located in a  strategic area? | Med cabinet is strategically located, i.e., Workshop area) |  |  | x |  |  |  |
| .3 Are open floor spaces (entrance  and exits) properly  marked and  maintained? | Open floor spaces (entrance and exits) properly marked and maintained |  |  | x |  |  |  |
| .4 Are work stations,  tool panels and  equipment laid out  according to  sequence of tasks  to allow maximum use of resources? | Work stations, tool panels and equipment are appropriately grouped/ arranged by station/ task (check floor plan/shop layout from the accreditation documents file available in the AC)  |  |  | x |  |  |  |
| .5 Are fire  extinguishers  available? How  many? Are these functional? | Functional fire extinguishers (A, B, C types) available |  |  | x |  |  |  |
| **PROCESS** | **COMPETENCY ASSESSMENT** |
|  QUESTIONS | EVIDENCE/S | LOCATION OF EVIDENCE | COMPLIANT |  |
| RO | PO | AC | YES | NO |  |
| Particulars |  |  |  |  |  |  |
| 1. When did the AC submit its schedule of assessment ?
 | Letter of request by AC submitted within 5 working days before schedule of assessment |  | x | x |  |  |  |
| 1. When did the PO inform the AC of the approved schedule?
 | Letter to AC on the approval of the schedule 2 working days before assessment |  | x | x |  |  |  |
| 1. How are assessors assigned?
 | Assessors are assigned on a rotation basis (OP-CO-07-6.2.5)Ask for Matrix of assignment of CAs |  | x |  |  |  |  |
| 1. How many candidates were assessed per schedule of assessment?
 | 10 candidates per batch |  | x | x |  |  |  |
| 1. **ASSESSMENT METHODOLOGIES AND PROCEDURES**

**(**Observe conduct of assessment by the competency assessor) |
| 1. Is a copy of the Letter of Appointment signed by the PD available? (Request for the copy of the Letter of Appointment)
 | Copy of Letter of Appointment (OP-CO-07-F24) |  | x | x |  |  |  |
| 1. Is the assessor wearing an ID?
 | ID of Assessor(OP-CO-06-F17) |  |  | x |  |  |  |
| 1. **The following STEPS are observed during the conduct of assessment**
 |
| STEP 1 - *Establish the assessment context and purpose of Assessment. (*The assessor shall ensure that the  assessment site complies with the relevant OSH requirements, i.e., well lighted, well ventilated & risk  areas are marked)  |
| .1 Did the assessor  check the  assessment area,  functionality  of equipment,  completeness of  tools, materials,  supplies prior to  assessment? |  |  |  | x |  |  |  |
| STEP 2 - *Plan and prepare the evidence gathering Process.* The assessor: (The assessor shall check the completeness of documents vs. number of candidates to be assessed) |
| .1 What version of Competency  Assessment Tool is  being used by the  assessor? | Version Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | x |  |  |  |
| .2 What parts of the assessment  package were  given to the  competency  assessor? | * Assessor’s Guide
* Rating Sheet
* Specific Instruction to Candidate
* CARS
 |  |  | x |  |  |  |
| STEP 3 - *Prepare the candidate* |
| .1 Are the candidates’ Application Forms  and SAG properly  filled-out? | Application Forms and SAG are properly filled-out by the candidates |  |  | x |  |  |  |
| .2 Do application  forms contain  Reference  No.? ULI? |  |  |  | x |  |  |  |
| .3 Did the assessor  check the  attendance  of the candidates? |  |  |  | x |  |  |  |
| .4 How did the  assessor establish  the identity of the candidates? |  |  |  | x |  |  |  |
| .5 Did the assessor  require the  candidates to sign  in the Attendance  Sheet? | Attendance Sheet (OP-CO-07-F23) is properly accomplished |  |  | x |  |  |  |
| .6 Did the Assessor  conduct orientation  before the conduct  of assessment?  What information  were given to the  candidates? | Contents of the orientation shall be :* Contexts & purpose of assessment
* Qualification/units of competency to be assessed
* Tasks to be performed/time limits
* How the evidence will be collected/ assessment procedures
* Allowable adjustment, when applicable
* DOs & DONTs
* Rights and appeal system
* Issuance of NC
* Re-assessment procedures
 |  |  | x |  |  |  |
| STEP 4 – *Collect the evidence and make the assessment decision*  |
| .1 Did the assessor  provide the  candidate the appropriate  supplies/ materials  to be used? | Candidates are provided with the complete set of S/M by the Assessor |  |  | x |  |  |  |
| .2 Did the assessor  provide the  candidate a copy of  the *Specific*  *Instruction to the*  *Candidate*?  | Every candidate is provided with a copy of the *Specific Instruction to the Candidate*. This shall be returned to the assessor after assessment |  |  | x |  |  |  |
| .3 How did the  Assessor ensure  that the candidate  understood the  contents of the  *Instruction?* | Candidates are allowed to ask questions |  |  | x |  |  |  |
| .4 Did the assessor  explain to the  candidate safety  procedures in the  operation of the  equipment prior to  assessment? |  |  |  | x |  |  |  |
| .5 Did the assessor  allow the  candidates  to perform all  tasks as provided  in the CATs? | Tasks must be in accordance with the provision in the CATs |  |  | x |  |  |  |
| .6 How did the  assessor collect  evidences in the  major tasks?  | Collection of evidences must be in accordance with the Evidence Plan |  |  | x |  |  |  |
| .7 How did the  Assessor use the  Rating Sheet to  record findings/  observations/  decisions? | Rating Sheet is used on a per candidate basis |  |  | x |  |  |  |
| STEP 5 – *Provide feedback on the assessment.* |
| .1 Did the assessor  provide the  candidate clear and constructive  feedback on the  assessment  result? How? | Feedback is one-on-one  |  |  | x |  |  |  |
| .2 Did the assessor  inform successful  candidate **how**,  **when**  and **where**  to claim the NC ? | Information that successful candidates shall claim their NC/COC at the TESDA PO upon presentation of CARS (3 working days after assessment) |  |  | x |  |  |  |
| .3 When did the  Candidate sign the  Rating Sheet? | Rating Sheet is signed by the candidate right after the one-on-one feedback |  |  | x |  |  |  |
| .4 Was the  Competency Assessment  Results Summary  (CARS) properly  filled out? | Check CARS (Form OP-CO-07-F28) |  |  | x |  |  |  |
| 1. **ASSESSMENT DOCUMENTATION AND REPORTING**
 |
| .1 Who prepares the  RWAC? | RWAC is prepared by the Processing Officer at the AC |  | x | x |  |  |  |
| .2 When did the assessor sign the  RWAC? How did  the assessor  ensure the  integrity of the data/  contents in the  RWAC? | RWAC is signed by the assessor after comparing results in the Rating Sheet, CARS and Attendance Sheet  |  | x | x |  |  |  |
| .3 What documents  are turned over by  the assessor to the  AC Manager? | * Application Form with SAG
* Rating Sheets
* Attendance Sheet
* CARS
 |  | x | x |  |  |  |
| .4 Is the TESDA Rep  present for the  entire duration of  the assessment? | TESDA Rep must be present for the entire duration of the assessment |  | x | x |  |  |  |
| .5 Is the TESDA Rep  covered by a Letter of Assignment  signed by the PD? | Letter of Assignment (OP-CO-07-F26) |  | x | x |  |  |  |
| .6 What documents  are retrieved by the  TESDA Rep? | * Assessor’s Guide
* Rating Sheets
* Attendance Sheet
* Specific Instruction to the Candidate
 |  | x | x |  |  |  |
| .7 Did the TESDA  Rep sign the  Attendance Sheet?  When? | Attendance Sheet is signed at the end of Assessment after verifying the result from Rating Sheet, CARS |  | x | x |  |  |  |
| .8 Did the TESDA  Rep administer the  Performance  Evaluation  Instrument  (TESDA- SOP-CO- 06-F19) to at least  2 candidates  and AC Manager? | TESDA Rep administered the Performance Evaluation Instrument (OP- CO- 06- F19) to at least 2  candidates and AC Manager? |  | x | x |  |  |  |
| .9 Is the name of  accredited  assessment center  entered in the  Registry of  Accredited  Competency  Assessment  Centers? | Name of AC must be found in the Registry (OP-CO-05-F07) | x | x | x |  |  |  |

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| --- |
| Prepared by: Auditors: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name & Signature Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name & Signature Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name & Signature Date  Lead Auditor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name & Signature Date  |

TESDA-OP-CO-06-F48

Rev.No.00-03/08/17

**Assessment Compliance Audit Action Catalogue**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Process****i.e. Accreditation of Assessment Center, Accreditation of Competency Assessor, Competency Assessment, etc.** | **OP****Provision** | Relevant Audit Results(to be accomplished by the Auditor) | **Degree of Criticality** | Result of root cause analysis(to be accomplished by the RO/PO in case of non-conformities and minor non-conformities) | Intended correction action(including responsibilities and deadlines of the client)(to be accomplished by the RO/PO) | Intended corrective action(including responsibilities and deadlines of the client)(to be accomplished by the RO/PO) | Acceptance of CA/Level of compliance EffectivenessStatus/Date(to be reviewed by the Auditor) |
|  |  |  | N | MiN | I |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
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| --- | --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Lead AuditorDate: \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_AuditeeDate: \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Provincial DirectorDate: \_\_\_\_\_\_\_\_\_\_\_ |