TESDA-OP-CO-02-F05

REV. No. 00-03/08/17

|  |
| --- |
| **TVI/COMPANY COMPLIANCE AUDIT REPORT** |
| **OBJECTIVES OF AUDIT** | **To determine the continuous compliance of the TVI/Company on the program registration requirements and guidelines** |
| **REGION** |  |
| **DISTRICT/PROVINCE** |  |
| **NAME OF TVI/Company** |  |
| **ADDRESS** |  |
| **PROGRAM** |  |
| **DATE REGISTERED** |  |
| **NO** | **LIST OF EQUIPMENT/ TOOLS AND FACILITIES** | **NO. OF REQUIRED EQUIPMENT** | **ACTUAL CONDITION** | **REMARKS** |
| **good** | **defective** | **lacking** |
| **EQUIPMENT** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **NO** | **LIST OF EQUIPMENT/ TOOLS AND FACILITIES** | **NO. OF REQUIRED EQUIPMENT** | **ACTUAL CONDITION** | **REMARKS** |
| **good** | **defective** | **lacking** |
| **EQUIPMENT** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **TOOLS** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

\*use additional sheet/s if necessary

|  |  |  |  |
| --- | --- | --- | --- |
|  | **LIST OF FACILITIES** | **REQUIRED FACILITIES** | **REMARKS** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | **Total Workshop Area** |  |  |

\*use additional sheet/s if necessary

|  |
| --- |
| **General Findings** |
| **Area/Process** | **Audit Finding details**  |
| Corporate and Administrative Documents |  |
| Curricular Requirements |  |
| Faculty and Personnel |  |
| Program Guidelines |  |
| Support Services |  |
| Mandatory Assessment and Submission of MIS 03-02 |  |
| Program Performance Measures |  |

\*use additional sheet/s if necessary

**Conformed: Prepared by:**

Signature over Printed Name (Auditee) Lead Auditor

Title/Designation Auditor

Date:

 Auditor

 Auditor

 Date: