TESDA-OP-IAS-02-F05

Rev. No. 02 - 05/20/2022

**COMPLIANCE AUDIT ACTION CATALOGUE**

For Assessment Center (AC)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Assessment Center | : |  |  | District/Provincial Office | : |  |
| Address | : |  |  | Date Audit Conducted | : |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **To be accomplished by Auditee AC** | | | | | | | | **To be accomplished by Provincial Office/District Office** | | | | |
| Qualification  **(a)** | Area/ Process  **(b)** | Findings/  Description  **(c)** | Identified Root Cause  **(d)** | Proposed Correction Action  **(e)** | Target Implementation Date of Proposed Correction Action  **(f)** | Proposed Corrective Action  **(g)** | Target Implementation Date of Proposed Corrective Action  **(h)** | Comments on the Proposed Correction Action  **(i)** | Comments on the Proposed Corrective Action  **(j)** | Date Correction Action implemented  **(k)** | Date Corrective Action implemented  **(l)** | Nonconformity (ies) closed  **“Indicate**  **Yes or No”**  **(m)** |
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**Other Observation/s:**

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| --- |
| *(These are audit observations that cannot be considered as non-conformities)* |
|  |

**Instructions:**

1. Column **(i)** – This column shall refer to the proposed correction action as submitted by AC, if not applicable, indicate “N/A”. If said correction is approved, indicate in **“Yes”**.Otherwise, indicate **“comments or recommendation and the date of re-submission”.**
2. Column **(j)** - This column shall refer to the proposed corrective action as submitted by AC. If said corrective action is accepted, indicate in **“Yes”**.Otherwise, indicate **“comments or recommendation and the date of re-submission”**.
3. Column **(k)** - This column shall refer to the AC’s actual date of implementation of the PO/DO accepted correction action(s) based on the submitted compliance documents/pieces of evidence.
4. Column **(l)** - This column shall refer to the AC’s actual date of implementation of the PO/DO accepted corrective action(s) based on the submitted compliance documents/pieces of evidence.

|  |  |  |
| --- | --- | --- |
| **Prepared by:** |  | **Approved by:** |
|  |  |  |
| **AC Manager** |  | **District/Provincial Director** |
| Date: |  | Date: |