TESDA-OP-IAS-02-F06-RO

Rev. No. 01 - 05/20/2022

**CONSOLIDATED REGIONAL SUMMARY OF COMPLIANCE AUDIT RESULTS –**

**ASSESSMENT AND CERTIFICATION**

**For the year: \_\_\_\_\_\_**

**As of \_\_\_\_\_\_\_\_\_\_\_\_\_**

Region:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Seq. No.** | **District / Province** | **Name of AC** | **Qualification** | **Accreditation** | **Date of Audit/ Closure** | **Status (Place a check mark on columns G or I as applicable)** |
| **Compliant** | **Closed[[1]](#footnote-2)** | **Non-compliant** | **Remarks** |
| **Date** | **Number** | **(I)** | **Findings on Areas Not Complied with**  | **Correction Action** | **Corrective Action** | **Date of Implementation (Correction and Corrective Actions)** | **Date Non-Conformities Closed****(Date of Compliance)** |
| **(A)** | **(B)** | **(C)** | **(D)** | **(E.1)** | **(E.2)** | **(F)** | **(G)** | **(H)** | **(J)** | **(K)** | **(L)** | **(M)** | **(N)** | **(O)** |
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| **Prepared by:** |  | **Approved by:** |
|   |  |   |
| RO Compliance Audit Focal |  | Regional Director |
| Date:  |  | Date:  |

**CONSOLIDATED REGIONAL SUMMARY OF COMPLIANCE AUDIT RESULTS –**

**ASSESSMENT AND CERTIFICATION**

*INSTRUCTIONS*

1. This Summary shall be accomplished and be submitted by the Regional Office to the Internal Audit Service (IAS) and RQMC every 3rd day of the month following the reference month.
2. This form shall be accomplished as follows:
	1. **For the year –** the applicable year where compliance audit was conducted
	2. **As of –** period covered of the report
	3. **Region –** name of the region
	4. Columns A to O shall reflect the following information:

|  |  |  |
| --- | --- | --- |
| Column A | Seq. No. | Sequence number |
| Column B | District / Province | District / Province where the Assessment Center (AC) is located |
| Column C | Name of AC | Name of AC audited |
| Column D | Qualification | Title of qualification audited |
| Column E.1 | Accreditation Date | Accreditation Date of the qualification audited |
| Column E.2 | Accreditation Number | Accreditation Number of the qualification audited |
| Column F | Date of Audit / Closure | Actual date of audit; date of AC closure; or the date when the AC’s Certificate of Accreditation was voluntarily surrendered to PO/DO |
| Column G | Compliant | Put a check "✓" mark to indicate status based on the duly accomplished Assessment and Certification Compliance Audit Report (TESDA-OP-IAS-02-F04) and/or Compliance Audit Action Catalogue (TESDA-OP-IAS-02-F05) as of reporting date |
| Column H | Closed | Indicate either: **1** – for Closed AC prior the conduct of audit; **2** – for Certificate of Accreditation voluntary surrendered to PO/DO prior the conduct of audit; or **3** – for Voluntary surrendered/Cancelled Certificate of Accreditation AFTER the conduct of audit due to unsettled nonconformities. |
| Column I | Non-Compliant | Put a check "✓" mark to indicate status based on the duly accomplished and submitted Consolidated Provincial/District Report on Audited and Closed Qualifications and Status of Compliance to Correction and Corrective Action(s) (TESDA-OP-IAS-02-F06-PO) from the District/Provincial Offices |
| Columns J to ML | J – Findings on Areas Not Complied with per Program Registration RequirementK – Correction ActionL – Corrective ActionM – Date of Implementation (Corrective Actions) | Detailed audit findings and responses of the AC Manager based on the duly accomplished and submitted Consolidated Provincial/District Report on Audited and Closed Qualifications and Status of Compliance to Correction and Corrective Action(s) (TESDA-OP-IAS-02-F06-PO) from the District/Provincial Offices |
| Column N | Date Non-Conformities Closed(Date of Compliance) | Actual date of AC’s compliance to all audit findings |
| Column O | Remarks | Other details/information on the status of the audited qualifications for which no specific column has been provided |

* 1. **Prepared by –** name and signature of the RO Compliance Audit Focal who prepares the report and the date it was signed.
	2. **Approved by –** name and signature of the Regional Director who approves the report and the date it was signed.
1. Entries to the report shall be based on the duly submitted Consolidated Provincial/District Report on Audited and Closed Qualifications and Status of Compliance to Correction and Corrective Action(s) (TESDA-OP-IAS-02-F06-PO) from the District/Provincial Offices and/or TESDA-OP-IAS-02-F05 submitted by the AC to the RO.
1. Indicate either: **1** – for Closed AC prior the conduct of audit; **2** – for Certificate of Accreditation voluntary surrendered to PO/DO prior the conduct of audit; or **3** – for Voluntary surrendered/Cancelled Certificate of Accreditation AFTER the conduct of audit due to unsettled nonconformities. [↑](#footnote-ref-2)