

**Santa Maria**  
WATER DISTRICT

## For: \_\_\_\_\_

Date/Time: \_\_\_\_\_

Venue: \_\_\_\_\_

[illegible]



**Santa Maria**  
WATER DISTRICT

## ACKNOWLEDGEMENT

This is to acknowledge that I have read and fully understood \_\_\_\_\_ and I hereby affirm my commitment to perform relevant duties and responsibilities for the effective implementation of the District's QMS.

[illegible]



## RETENTION RECORDS TABLE

Division/Section

|  |
|--|
|  |
|--|

| Drawer No. | Document title | Retention Period | Manner of Disposal |
|------------|----------------|------------------|--------------------|
|            |                |                  |                    |
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|            |                |                  |                    |
|            |                |                  |                    |

Prepared by:

\_\_\_\_\_

Noted by:

\_\_\_\_\_

Approved by:

\_\_\_\_\_

**Santa Maria**  
WATER DISTRICT

(As of \_\_\_\_\_)

[illegible]

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**Santa Maria**  
WATER DISTRICT

[illegible]

## AUDIT CHECKLIST

| Type of Audit: | Date: | Area to be Audited: | Auditor: | Auditee: |
|----------------|-------|---------------------|----------|----------|
|                |       |                     |          |          |

|                 |   |
|-----------------|---|
| Auditor / Date: | Reviewed & Approved by Lead Auditor / Date: |
|                 |   |

[illegible]



## AUDIT PLAN & NOTIFICATION

|             |                          |                  |
|-------------|--------------------------|------------------|
| Audit Title | Date of Audit / Duration | Ref. Control No. |
|-------------|--------------------------|------------------|

**Purpose of Audit**

To determine whether company's Quality Management System is adequate and effectively implemented

| Scope of Audit | Audit Reference/s | Date/Time | Auditee | Auditor |
|----------------|-------------------|-----------|---------|---------|
|                |                   |           |         |         |
|                |                   |           |         |         |
|                |                   |           |         |         |
|                |                   |           |         |         |
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|                |                   |           |         |         |

|                                  |                                     |   |
|----------------------------------|-------------------------------------|---|
| Prepared by Lead Auditor / Date: | Reviewed by General Manager / Date: | Approved by the Chairman of the Board / Date: |
|----------------------------------|-------------------------------------|---|



## CONTROLLED COPY LIST

[illegible]





## CORRECTIVE ACTION REPORT

|                   |                |
|-------------------|----------------|
| Department:       | Date:          |
| Auditors:         | Audit No:      |
| Standards:        | Type of Audit: |
| Non-conformities: |                |

Team Leader/ Date

|  |
|--|
|  |
|--|

Division Head / Date

|  |
|--|
|  |
|--|

|   |             |
|---|-------------|
| a. Root Cause of the non-conformity   |             |
| <hr/> <hr/>   |             |
| b. Correction/ _____ ( Date of Completion)  |             |
| <hr/> <hr/>   |             |
| c. Corrective Action/ _____ (Date of Completion)  |             |
| <hr/> <hr/>   |             |
| d. Are there any similar non-conformity exist?  |             |
| <hr/> <hr/>   |             |
| Date:   | Division:   |
| Review of the Effectiveness of the Corrective Action ( 3 months after on the agreed corrective action date) |             |
| <hr/> <hr/> <hr/>   |             |
| Date:   | Department: |

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**Santa Maria**  
WATER DISTRICT

## LOG FOR INTERNAL/EXTERNAL COMMUNICATION

[illegible]



## MONITORING OF OBLIGATORY COMPLIANCE

[illegible]



PAGSUSURI NG TAGATANGKILIK

Sa aming mga mahal na tagapagtangkilik, kami po ay humihiling sa inyo na sagutan ang mga katanungan sa ibaba para sa ikaaayos ng serbisyo ng DWD. Lagyan lamang ng tsek (✓) ang inyong kasagutan kung saan ang pinakamataas ay isa (5) at ang pinakamababa ay lima (1). Umasa po kayo na lahat ng impormasyon na inyong ibibigay ay mananatili lamang sa kaalaman ng aming tanggapan.

Pangalan ng Tagatangkilik: \_\_\_\_\_  
Tirahan: \_\_\_\_\_  
Petsa: \_\_\_\_\_

|   | Puntos                   |                          |                          |                          |                          | Puna/Pahayag |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------|
|   | 1                        | 2                        | 3                        | 4                        | 5                        |              |
| 1. Ang kalidad ng tubig ay malinis.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              |
| 2. Ang serbisyo ng tubig sa aming lugar ay malakas.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              |
| 3. Ang mga metro ay maayos at dumaan sa tamang kalibrasyon.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              |
| 4. Ang halaga ng tubig ay nasa tamang halaga lamang   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              |
| 5. Ang aming reklamo at hinaing o kahilingan ay mabilis na natutugunan at ipinapaliwanag ng maayos. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              |
| 6. Responsable at mapagkakatiwalaan ang mga tagabasa ng metro at tubero sa aming lugar.             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              |
| 7. Magagalang at laging nakaagapay sa aming pangangailangan ang mga kawani ng DWD                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              |

Karagdagan at iba pang pagmumungkahi



PAGSUSURI NG TAGATANGKILIK

Sa aming mga mahal na tagapagtangkilik, kami po ay humihiling sa inyo na sagutan ang mga katanungan sa ibaba para sa ikaaayos ng serbisyo ng DWD. Lagyan lamang ng tsek (✓) ang inyong kasagutan kung saan ang pinakamataas ay isa (5) at ang pinakamababa ay lima (1). Umasa po kayo na lahat ng impormasyon na inyong ibibigay ay mananatili lamang sa kaalaman ng aming tanggapan.

Pangalan ng Tagatangkilik: \_\_\_\_\_  
Tirahan: \_\_\_\_\_  
Petsa: \_\_\_\_\_

|   | Puntos                   |                          |                          |                          |                          | Puna/Pahayag |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------|
|   | 1                        | 2                        | 3                        | 4                        | 5                        |              |
| 1. Ang kalidad ng tubig ay malinis.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              |
| 2. Ang serbisyo ng tubig sa aming lugar ay malakas.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              |
| 3. Ang mga metro ay maayos at dumaan sa tamang kalibrasyon.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              |
| 4. Ang halaga ng tubig ay nasa tamang halaga lamang   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              |
| 5. Ang aming reklamo at hinaing o kahilingan ay mabilis na natutugunan at ipinapaliwanag ng maayos. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              |
| 6. Responsable at mapagkakatiwalaan ang mga tagabasa ng metro at tubero sa aming lugar.             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              |
| 7. Magagalang at laging nakaagapay sa aming pangangailangan ang mga kawani ng DWD                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |              |

Karagdagan at iba pang pagmumungkahi





**Santa Maria**  
WATER DISTRICT

## Risk Register

Department  
Date of Update

| Process/Step | Description of Risk | Existing Control | Source            | Classification    | Probability of Occurrence  | Impact  | Risk Level                   | Risk Treatment Strategy                          | Strategy Plan / Mitigation Plan / Controls to Implement                              | Adjusted Probability of Occurrence   | Adjusted Impact   | Residual Risk                | Contingency Plan  |
|--------------|---------------------|------------------|-------------------|-------------------|--|---|------------------------------|--|--|--|---|------------------------------|---|
|              |                     |                  | Internal/External | Positive/Negative | Almost Certain (5)<br>Likely (3)<br>Possible (2)<br>Unlikely (1)<br>None (0) | Catastrophic (5)<br>Major (4)<br>Moderate (3)<br>Minor (2)<br>Insignificant (1) | Extreme, High, Moderate, Low | Avoid<br>Transfer<br>Share<br>Mitigate<br>Accept | What can be done to prevent the risk being realized? How can the impact be lessened? | Almost Certain (5)<br>Likely (3)<br>Possible (2)<br>Unlikely (1)<br>None (0) | Catastrophic (5)<br>Major (4)<br>Moderate (3)<br>Minor (2)<br>Insignificant (1) | Extreme, High, Moderate, Low | What could be done to minimize the impact if the risk is realized |
|              |                     |                  |                   |                   |  |   |                              |  |  |  |   |                              |   |
|              |                     |                  |                   |                   |  |   |                              |  |  |  |   |                              |   |
|              |                     |                  |                   |                   |  |   |                              |  |  |  |   |                              |   |
|              |                     |                  |                   |                   |  |   |                              |  |  |  |   |                              |   |

### Legend:

- L** Low Risk – considered acceptable. No further action are necessary
- M** Moderate Risk – relatively acceptable. Monitoring of control measures
- H** High Risk – unacceptable level of risk. Mitigation plan should be developed and implemented in short to medium term
- E** Extreme Risk – unacceptable level of risk. Mitigation plan must be immediately implemented or the risk eliminated



[illegible]

Approved By:



**Santa Maria**  
WATER DISTRICT

## SMWD QUALITY OBJECTIVES

Date Prepared:

Date of Update:

| Unit | What will be done<br>(Success Indicator) | What resources will be<br>required | Who will be the<br>responsible person | When it will be<br>completed | How the results<br>will be evaluated |
|------|--|------------------------------------|---------------------------------------|------------------------------|--------------------------------------|
|      |  |                                    |                                       |                              |                                      |
|      |  |                                    |                                       |                              |                                      |
|      |  |                                    |                                       |                              |                                      |
|      |  |                                    |                                       |                              |                                      |
|      |  |                                    |                                       |                              |                                      |
|      |  |                                    |                                       |                              |                                      |
|      |  |                                    |                                       |                              |                                      |

Prepared By:

Reviewed By:

Approved By:



## AUDIT REPORT

|             |                       |                  |
|-------------|-----------------------|------------------|
| Audit Title | Audit Date / Duration | Ref. Control No. |
|-------------|-----------------------|------------------|

|                  |
|------------------|
| Purpose of Audit |
|------------------|

|                     |
|---------------------|
| Summary of Findings |
|---------------------|

|             |
|-------------|
| Conclusion: |
|-------------|

|                                      |                                      |
|--------------------------------------|--------------------------------------|
| Prepared by QMR/Lead Auditor / Date: | Noted by the General Manager / Date: |
|--------------------------------------|--------------------------------------|





## SUPPLIER'S EVALUATION

|   |   |
|---|---|
| Supplier's Name _____<br><br>Address _____<br><br>Contact Person / Position _____ | Line of Business _____<br><br>Contact Numbers _____<br><br>Fax Number _____<br><br>E-mail Address _____ |
|---|---|

| CRITERIA            |  | EVALUATION               |                          |                          |                          |                          | REMARKS |
|---------------------|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------|
|                     |  | 5                        | 4                        | 3                        | 2                        | 1                        |         |
| 1                   | Staff and management's responsiveness, support and approach to customer complaints?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| 2                   | Competence, skill level and effectiveness of staff?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| 3                   | Adherence to our policies, procedures and standards for performance and reporting?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| 4                   | Quality of services provided?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| 5                   | Use of supplier initiated process to provide high quality services ( ISO Certification/quality assurance standards, database, modern machines, equipments) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| 6                   | Capability to respond promptly to changes in requirements/orders and urgent requisitions.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| 7                   | Pricing / Cost   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| 8                   | Accuracy and timeliness of invoices?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| 9                   | Cooperation and teamwork of personnel and/or management  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| 10                  | Consistency in meeting schedules and promised delivery dates?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| OVERALL PERFORMANCE |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |

Please provide assessment of the supplier in the following areas, using the 5-point evaluation system, 5 being the highest.

|                             |                |                         |
|-----------------------------|----------------|-------------------------|
| Evaluated by _____          | Position _____ | Date Accomplished _____ |
| Signature over Printed Name |                |                         |

|   |                                       |                                 |
|---|---------------------------------------|---------------------------------|
| Recommendation:<br><input type="checkbox"/> Further Assessment<br><input type="checkbox"/> Maintain in the accredited list<br><input type="checkbox"/> Delist | Remarks _____<br><br><br>             |                                 |
| Signature over Printed Name with Date   |                                       |                                 |
| Noted by Head of Finance _____  | Approved by the General Manager _____ | Acknowledged by Evaluator _____ |
|   |                                       |                                 |



**Santa Maria**  
WATER DISTRICT

### EMPLOYEE'S SATISFACTION SURVEY

| Criteria  | 1    | 2    | 3    | 4         | 5         | Remarks |
|---|------|------|------|-----------|-----------|---------|
|   | Poor | Fair | Good | Very Good | Excellent |         |
| 1 The General Manager encourages me to do my best and to come up with new and better ways of doing my job.                      |      |      |      |           |           |         |
| 2 The General Manager highly appreciates recommendations and suggestions from us.   |      |      |      |           |           |         |
| 3 My work gives me a feeling of personal accomplishment.  |      |      |      |           |           |         |
| 4 The Company provides the necessary resources needed for my job.   |      |      |      |           |           |         |
| 5 I am rewarded by the company for an excellent service.  |      |      |      |           |           |         |
| 6 My functions are clear and defined.   |      |      |      |           |           |         |
| 7 The Company does an excellent job of keeping employees informed about matters affecting us.                                   |      |      |      |           |           |         |
| 8 When the customer is dissatisfied, the General Manager gives me the opportunity to correct the problem to their satisfaction. |      |      |      |           |           |         |
| 9 My superior never degrades my morale.   |      |      |      |           |           |         |
| 10 My job makes good use of my skills and abilities.  |      |      |      |           |           |         |
| 11 All employees in the Company communicate sufficiently with one another.  |      |      |      |           |           |         |
| 12 The Company gives clear guidelines on job promotion.   |      |      |      |           |           |         |
| 13 Overall, I am satisfied with my job.   |      |      |      |           |           |         |
| <b>Total</b>  |      |      |      |           |           |         |

Evaluated by/Date:

Signature over Printed Name & Position

Received by:

Admin Division Head

|                  |  |
|------------------|--|
| Over all rating: |  |
| Mean             |  |
| Interpretation:  |  |

4.6—5.0 Excellent  
3.7—4.5 Very Good  
2.8—3.6 Good  
1.9—2.7 Fair  
1—1.8 Poor



## CONTEXT OF THE ORGANIZATION

[illegible]





## TRAINING EVALUATION FORM

Name of Employee: \_\_\_\_\_ Date of Training: \_\_\_\_\_  
 Department: \_\_\_\_\_  
 Immediate Head: \_\_\_\_\_  
 Name of Training: \_\_\_\_\_  
 Name of Trainer and Venue: \_\_\_\_\_

Review performance (write the score on the relevant box)

| CRITERIA   | Excellent<br>5 | Very Good<br>4 | Good<br>3 | Fair<br>2 | Poor<br>1 |
|--|----------------|----------------|-----------|-----------|-----------|
| 1. The learning objectives was obtain objectives for each topic were identified and Followed.  |                |                |           |           |           |
| 2. The content was discussed easily.   |                |                |           |           |           |
| 3. Teaching procedure was good.  |                |                |           |           |           |
| 4. The instructor/trainor was knowledgeable.   |                |                |           |           |           |
| 5. The training matirial used were relevant.   |                |                |           |           |           |
| 6. Time management materials was observed.   |                |                |           |           |           |
| 7. The instructor makes effective oral and written communication clear and easy to understand. |                |                |           |           |           |
| 8. The instructor listen effectively and responds clearly and directly.                        |                |                |           |           |           |
| 9. Discussion and participation during the training was encouraged.                            |                |                |           |           |           |
| 10. I will be able to apply the knowledge learned from this seminar.                           |                |                |           |           |           |
| <b>Total</b>   |                |                |           |           |           |

|                 |  |
|-----------------|--|
| Over all rating |  |
| Mean            |  |
| Interpretation  |  |

4.6-----5 Excellent  
 3.7-----4.5 Very Good  
 2.8-----3.6 Good  
 1.9-----2.7 Fair  
 1-----1.8 Poor

HPS-LPS  
 5-1=4  
 4/5=.8

Evaluated by:

\_\_\_\_\_  
 Signature Over Printed Name

Date: \_\_\_\_\_

**Santa Maria**  
WATER DISTRICT

## LIST OF ACCREDITED SUPPLIERS

[illegible]