Form no: QMS 01 January 2017 Rev. 00



ATTENDANCE SHEET

For:	
Date/Time:	
Venue:	

Name	Position	Signature
7 4 1		

Form no: QMS 02 January 2017 Rev. 00



ACKNOWLEDGEMENT

This is	to a	acknowledge tl	hat	I have re	ad and fu	illy und	ersto	od		and	I hereby
affirm	my	commitment	to	perform	relevant	duties	and	responsibilities	for	the	effective
implen	nenta	ation of the Dist	tric	rs QMS.							

Name	Position	Type of Document (Controlled and Uncontrolled)	Date	Signature
	1 2			
)*

Form no: QMS 03 January 2017 Rev. 00



RETENTION RECORDS TABLE

Drawer No.	Document title	Retention Period	Manner of Disposal

Form No. QMS 04 January 2017 Rev. 00



(As of _____)

ntrol No.	Document Title	Source	Date Issued	Distribution
epared by:				
parea by				

Form no: QMS 05 January 2017 Rev. 00



REVISION HISTORY

Revision No.	Date	Item/Page	Reason for Revision	Approved by
-				



Santa Maria WATER DISTRICT AUDIT CHECKLIST

d & Approved by Lead Auditor / Date:	Type of Audit:	Date:	Area to be Audited:	Auditor.	Anditon
Reviewed & Approved by Lead Auditor / Date:				manoi.	vanine:
	Adit/D. 1				
LL of pour months of the control	Auditor/Date:		Reviewed & Approved P	V Lead Anditor / Date	
			The state of the s	of seast flation / pare.	

Reference	Complied	lied	Objective Evidence	Remarks
	Y	z		

Form no: QMS 07 January 2017 Rev. 00

Audit Title



AUDIT PLAN & NOTIFICATION

Date of Audit / Duration

Ref. Control No.

Approved by the Chairman of the Board / Date:

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

Reviewed by General Manager/Date:



		T		_	_	T	_	T	_	T	_	_	T	T	T	T	T
Received by:/Date																	
Issued To																	
Retrieved by / Date																	
Document Title																	
Type of Document/Procedure No.																	
Date																	
Revision No.																	

Form no: QMS 09 January 2017 Rev. 00



CORRECTIVE ACTION REPORT

Department:	Dat	te:
Auditors:	Aud	dit No:
Standards:	Тур	pe of Audit:
Non-conformities:		
		Division Head / Date
a. Root Cause of the non		
b. Correction/	(Date of Completion)	
c. Corrective Action/	(Date of Completion)	
d. Are there any similar i		
Date:	Division:	
Review of the Effectives action date)	ness of the Corrective Action	(3 months after on the agreed corrective
Date:	Department:	

Form no: QMS 10 January 2017 Rev. 00



REQUEST FOR NEW/CHANGE DOCUMENT

Division:	Date:
Type/Title of Document	Revision No.
Type of Change: New Implementation I	Removal Revision Other:
Reason for Document Change: (Please state and a	ttached reference/s used if any)
Paguastad by (Nama Division) / Data	Descived by / Deta
Requested by (Name, Division) / Date	Received by / Date
Approved by:	



LOG FOR INTERNAL/EXTERNAL COMMUNICATION

Who communicates				
With whom to communicate				
When to communicate				
On What to Communicate				
Date Received				



MONITORING OF OBLIGATORY COMPLIANCE

REMARKS							
ACCOMPLISHED BY?							
DATE SUBMITTED							
DEADLINE OF SUBMISSION							
SUBMITTED TO WHOM?							
DOCUMENT							

Form no: QMS 13 January 2017 Rev. 00



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 (\checkmark) 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.

7	alan ng Tagatangkilik: nan:				_		
	3:						
			P	unt	os		Puna/Pahayag
		1	2	3	4	5	
1.	Ang kalidad ng tubig ay malinis.						
2.	Ang serbisyo ng tubig sa aming lugar ay malakas.						
3.	Ang mga metro ay maayos at dumaan sa tamang kalibrasyon.						
4.	Ang halaga ng tubig ay nasa tamang halaga lamang						
5.	Ang aming reklamo at hinaing o kahilingan ay mabilis na natutugunan at ipinapaliwanag ng maayos.						
6.	Responsable at mapagkakatiwalaan ang mga tagabasa ng metro at tubero sa aming lugar.						
7.	Magagalang at laging nakaagapay sa aming pangangailangan ang mga kawani ng DWD						
ıra	gdagan at iba pang pagmumungkahi						
anu Rev.	Santa Mar PAGSUSURI NG TAG	ATA					
an an is	PAGSUSURI NG TAG ning mga mahal na tagapagtangkilik, kami po ay humihili sa ikaaayos ng serbisyo ng DWD. Lagyan lamang ng tsek (sa (5) at ang pinakamababa ay lima (1). Umasa po kay natili lamang sa kaalaman ng aming tanggapan.	ATA	iny	o n	a sa	agu	tan kung saan ang ninakam
an Rev.	PAGSUSURI NG TAG ning mga mahal na tagapagtangkilik, kami po ay humihili sa ikaaayos ng serbisyo ng DWD. Lagyan lamang ng tsek (va (5) at ang pinakamababa ay lima (1). Umasa po kay natili lamang sa kaalaman ng aming tanggapan. alan ng Tagatangkilik:	ATA	iny	o n	a sa	agu	tan kung saan ang ninakam
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anu Rev.	PAGSUSURI NG TAG ning mga mahal na tagapagtangkilik, kami po ay humihili sa ikaaayos ng serbisyo ng DWD. Lagyan lamang ng tsek (va (5) at ang pinakamababa ay lima (1). Umasa po kay natili lamang sa kaalaman ng aming tanggapan. alan ng Tagatangkilik:	ATA ing sa () an	iny	o n	a sa	agu	tan kung saan ang ninakam
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		_	_	_	_	_
Contingency Plan	What could be done to minimize the impact if the risk is resibled					
Residual Risk	Externe, Hgh, Moderate, Lov					
Adjusted Impact	Catastrophic (5) Major 4) Moderate (3) Minor (2) Insignificant (1)					
Adjusted Probability of Occurrence	Abnost Certals (1) Libers (1) Poundbe (2) Stallande (3) Asse (1)					
Strategy Plan / Mitigation Plan / Controls to Implement	What can be done to prevent the risk being realized? How can the impact be lessened?					
Risk Treatment Strategy	Avoid Transfer Stare Nitigate Accept					
Risk Level	Externe, High, Moderate, Low					
Impact	Cetastrophic (5) Najor 4) Prodecate (3) Minor (2) Insignificant (1)					
Probability of Occurrence	Albricat Cerrien (5) (Mary (4) Prombles (3) (ordicaty (2) Reser (3)					
Sassific	bstve/N egathe					
Source	internal External					
Existing Control Source Clausific Probability of atton						
Description of Risk						
Process/Step						

Legend:

Low Risk – considered acceptable. No further action are necessary

Moderate Risk – relatively acceptable. Monitoring of control measures

High Risk – unacceptable level of risk. Mitigation plan should be developed and implemented in short to medium term

Extreme Risk – unacceptable level of risk. Mitigation plan must be immediately implemented or the risk eliminated

Form no: QMS 15 January 2017 Rev. 00 Date Prepared: Date of Update:



PROCESS	Oursell Little			
	Opportunities	Action Plan	Target Date	Responsible Person
1				
1				
1				
1				
1				
1				

Reviewed By:

Approved By:

Prepared By:

Form no: QMS 16 October 2016 Rev. 00



Date Prepared: Date of Update:

Unit	What will be done (Success Indicator)	What resources will be required	Who will be the	When it will be	How the results
				nanald mon	will be evaluated

Approved By:

Prepared By:

Reviewed By:



AUDIT REPORT

Audit Title	Audit Date / Duration	Ref. Control No.
urpose of Audit		
mmary of Findings		
onclusion:		
AND HOST III		
repared by QMR/Lead Auditor / Date:	Noted by the General Manager / Date:	

Audit Report

Form no: QMS 18 January 2017 Rev. 00



SUPPLIER'S EVALUATION

S	upplier's Name						Line of Business
							Contact Numbers
A	ddress		_				
							Fax Number
_ C	ontact Person / Position	_		_	_	_	E-mail Address
	CRITERIA	5	EVA 4	LUA 3	T10	N 1	REMARKS
1	Staff and management's responsiveness, support and approach to customer complaints?						
2	Competence, skill level and effectiveness of staff?						
3	Adherence to our policies, procedures and standards for performance and reporting?						
4	Quality of services provided?						
5	Use of supplier initiated process to provide high quality services (ISO Certification/quality assurance standards, database, modern machines, equipments)						
6	Capability to respond promptly to changes in requirements/orders and urgent requisitions.						
7	Pricing / Cost						
8	Accuracy and timeliness of invoices?						
9	Cooperation and teamwork of personnel and/or management						
10	Consistency in meeting schedules and promised delivery dates?						
	OVERALL PERFORMANCE						
	se provide assessment of the supplier in the following areas, using aluated by Signature over Printed Name		ositio		nuati	on sy	Date Accomplished
Re	commendation:	********	Re	mark	s		
	Further Assesment Maintain in the accredited list Delist						
No	ted by Head of Finance Approved by the	Gene	ral M	anag	er _		Acknowledged by Evaluator



	Criteria	1	2	3	4	5	
		Poor	Fair	Good	Very Good	Excellent	Remarks
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.						
	My job makes good use of my skills and abilities.						
11	All employees in the Company communicate sufficiently with one another.						
	The Company gives clear guidelines on job promotion.						
13	Overall, I am satisfied with my job.						
	Total						

	Over all rating:	
Evaluated by/Date:	Mean	
	Interpretation:	
Signature over Printed Name & Position		
	4.65.0 Excellent	
	3.74.5 Very Good	d
Received by:	2.83.6 Good	
	1.92.7 Fair	
Admin Division Head	11.8 Poor	

Form no: QMS 20 Jsnusry 2017 Rev. 00



RISK/OPPORTUNITIES INTERNAL/EXTERNAL ISSUES **NEEDS AND EXPECTATION** INTERESTED PARTY

Form no: QMS 21 January 2017 Rev. 00



TRAINING EVALUATION FORM

Name of Employee:		_ Date of Tra	tining:		
Department:		_			
Immediate Head:		_			
Name of Training:					
Name of Trainer and Venue:					
Review performance (write the score on the relevant bo	NAME AND ADDRESS OF TAXABLE PARTY.				RECURSE
CRITERIA	Excellent 5	Very Good 4	Good 3	Fair 2	Poo 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.	 	1			
5. The training matirial used were relevant.		1			-
6. Time management materials was observed.	-				
7. The instructor makes effective oral and written		1			
communication clear and easy to understand.		1 1			
8. The instructor listen effectively and responds clearly and					
directly.		1			
9. Discussion and participation during the training was					
encouraged.					
10. I will be able to apply the knowledge learned from this					
seminar.					
Total					
		Over all rat	ing		
		Mean			
		Interpretat	ion		
.65 Excellent	HPS-LPS				
.74.5 Very Good	5-1=4				
.83.6 Good	4/5=.8				
92.7 Fair	1/30				
1.8 Poor					
ANG. S. MAL					
Violunted his					
Evaluated by:					
ignature Over Printed Name					

LIST OF ACCREDITED SUPPLIERS

Date Accredited				
Products/Services				
Contact Details				
Contact Person				
Address				
Supplier's Name				