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MEMORANDUM

FOR : **All Undersecretaries**
All Assistant Secretaries
All Service Directors
All Staff Bureau Directors
All Regional Executive Directors
All Division Chiefs
All PENROs/PENROs

FROM : **The Undersecretary**
Legal and Administration
Overall Quality Management Representative

SUBJECT : **DENR RESPONSE ON THE NONCONFORMITIES ISSUED BY SOCOTEC CERTIFICATION PHILIPPINES INC. (SCPI) DURING THE 1ST SURVEILLANCE AUDIT ON THE IMPLEMENTATION OF DENR'S ISO 9001:2015 QUALITY MANAGEMENT SYSTEM**

DATE : **JUN 19 2023**

This refers to the Surveillance Audit conducted on the implementation of DENR Quality Management System by SOCOTEC Certification Philippines Inc. (SCPI) from April 17-May 3, 2023. The QMS Team and concerned offices formulated and finalized the root-cause analysis and corrective action plans to prevent recurrence of the Nonconformities issued. The answers were submitted and accepted by the SCPI lead auditor.

DENR ISO 9001:2015 Quality Management System is now in process for continued certification.


Corrective action plans per minor nonconformities as well as internal controls per observations raised will be verified in the next surveillance audit, CY 2024.

Attached are the answers to the Nonconformities issued for your guidance.

For information.


ATTY. ERNESTO D. ADOBO JR., *CESO I*

DENR REPOSE ON THE NON CONFORMITIES ISSUED BY SOCOTEC CERTIFICATION PHILIPPINES INC. (1ST SURVEILLANCE AUDIT 2023)

| Category | Details | Standard | Clause | Root Cause Analysis | Action Plan | Deadline For Submission |
|----------|---|---------------|--------|--|---|--|
| NCm01 | <p>7.5.2 Creating and updating When creating and updating documented information, the organization shall ensure appropriate: Identification and description (e.g. title, date, author, or reference number); Format (e.g. language, software version, graphics) and media (e.g. paper, electronic); Review and approval for suitability and adequacy</p> <p>7.5.3.2 For the control of documented information, the organization shall address the following activities, as applicable: distribution, access, retrieval and use; c) Control of changes (e.g. version control);</p> | ISO 9001:2015 | 7.5.2 | | <p style="text-align: center;"></p> <p>RECORDS MANAGEMENT DIVISION/ DOCUMENT CONTROL TEAM</p> <p>a. Document Control Team to update the Control of Documents Procedure</p> <p>b. Re-orient process owners and document controllers on the Procedure of Control of Documents</p> | <p>May 19, 2023</p> <p>October 2023</p> |
| | <p>1. However, the following lapses were seen on PENRO Surigao del Sur – Conservation and Development Division:</p> <p>- During verification whether the CRMF endorsement has been realized referring to the presented Work and Financial Plan 2022, it was found out that the presented document is not suitable to be used as reference as this is not the finalized/updated/approved document. The document has no indication of its status (whether updated, approved or drafted) resulting to wrong presentation of document during the audit.</p> | | | <p>1. Why was the presented document has no indication of its status (whether updated, approved or drafted)?</p> <p>a) During the audit, the planning officer presented a draft copy of WFP instead of the approved.</p> <p>2. Why did the planning officer presented a draft copy of Work and Financial Plan?</p> <p>a. The approved WFP is on file and available at the PENRO, however, due to some misunderstanding the draft WFP was the one presented during the audit. The approved WFP is available and is being used as a guide in the implementation of CRMF.</p> | <p>a. Planning officer will be briefed on the proper procedure and requirement of the Standard on Clause 7.5.2 and 7.5.3.2.</p> <p>a. Approved Work and Financial Plan will be presented in the next Internal Audit and proper filing of said documents shall be observed in accordance with Operational Planning Guidelines</p> | <p>May 30, 2023</p> <p>Next scheduled IQA/continuing observance of Operational Planning Guidelines</p> |

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| | <p>- CRMF Procedure (R13-SDS.TSD.PR.024) no information on the actual document regarding date issued.</p> <p>- PO Resolution has missing information such as date of approval.</p> | | | <p>CRMF Procedure 1. Why was there no date issued indicated in the CRMF Procedure? a. The CRMF procedure has no indication of the date it was issued because the date was inadvertently overlooked when it was signed and approved.</p> <p>PO Resolution 1. Why was there no date of approval on the PO resolution? a. The document was not checked when it was received because it came with several other documents as to requirements of the CRMF.</p> | <p>CRMF Procedure</p> <p>a. CRMF Procedure will be reviewed thoroughly and an updated version shall be issued with proper approval and date of issuance</p> <p>PO Resolution</p> <p>a. A control shall be established to check on the completeness of requirements including approval of PO resolution submitted to DENR.</p> <p>b. ROAAP shall be updated to include additional control on acceptance of PO resolution</p> | <p>May 30, 2023</p> <p>May 30, 2023</p> <p>May 30, 2023</p> |
| | <p>2. In addition, despite scope extension being conducted last 2022 Recertification Audit, the scope and exclusion presented per Quality Manual still do not indicate the aforementioned update.</p> | | | <p>1. Why was the scope expansion not included in the Manual? a. The expanded scope was already approved by the Management on September 8, 2021, however, it was not included in the old manual issued on January 14, 2019.</p> <p>b. The Quality Manual is in the process of updating/revision.</p> | <p>a. The scope of DENR QMS Manual shall be updated to include expanded scope</p> <p>b. The QMS Manual will be presented in the next audit</p> | <p>July 30, 2023</p> <p>Next scheduled IQA</p> |
| | <p>3. The documented procedures presented by the divisions (PPD, PAMD, PMD and PMED) under FASPS were both old and new documents. (E.g.: Doc ID: CO-PPDF.PR.001 (New) Doc. Code: CO.QMS.001 Control No. P.CO-FASPS-PPD.2018.001 (Old))</p> | | | <p>1. Why both old and new documents were presented? a. Lack of due diligence in the proper procedural disposition of old copies of documents.</p> | <p>FASPS</p> <p>a. Through an internal memorandum, FASPS Director to instruct the respective document control officer of PPD, PMD, PAMD and PMED to surrender old copies of Procedure Documents to the Master Document Controller not later than May 19, 2023.</p> | <p>May 19, 2023</p> |

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| | | | | | <ul style="list-style-type: none"> b. Ensure consistent review of Documented Procedures for accuracy and updating. c. Continuous updating of e-library including documented procedures. | |
| | <p>4. 1/10 sampled performance measure/target): Actual untenured lands is 0.2 hectares but documented is 0.56 (Law Enforcement). [PENRO – Agusan del Norte]</p> | | | <p>1. Why was it that .56 hectares targeted to be placed under appropriate Management arrangement/tenure not accomplished?</p> <ul style="list-style-type: none"> a. This target was based on the plan/intent of the proponent to develop untenured forestland for tourism purposes. However, the proponent was not able to comply with the requirements needed by the DENR as well as by other government agencies. b. The office failed to officially inform the Regional Office of the reduction of the area applied for tenurial instrument (FlagT) by the proponent. | <ul style="list-style-type: none"> a. Revisit areas that are open access/untenured to be subjected for tenurial instruments under the area of responsibility (AOR) of PENRO Agusan del Norte and conduct levelling-off with the proponent/s as to the checklist of requirements in obtaining a tenurial instrument in open access/untenured lands to be placed under appropriate management arrangements in order for them to fully understand the intricacies on the matter, as well as to avoid reduction of proposed/applied area. b. Officially submit the request for the revision/changes of original target particularly those demand driven with attached justification. c. Review and update all related documented information | <p>May 30, 2023/ continuing implementation</p> |
| | <p>5. No documentation of the actual maintenance activities being done on the equipment being utilized by the Monitoring and Enforcement Section was presented during the time of the audit. [CENRO – Camiling]</p> | | | <p>1. Why no documented information for maintenance activities of equipment being used by the Monitoring and Enforcement Section?</p> <ul style="list-style-type: none"> a. Actual documented information on the maintenance activities done on equipment being used by MES are kept at the concerned offices of the CENRO responsible for equipment maintenance. | <ul style="list-style-type: none"> a. The Monitoring and Enforcement Section shall keep records of repair and maintenance activities of all its equipment | <p>June 30, 2023</p> |

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| | | | | | <ul style="list-style-type: none"> b. Maintenance schedule shall be prepared/devised for all equipment being used by MES c. Documented information shall be maintained and updated in coordination with the responsible property officer | |
| NCm02 | <p>10.2.1 When a nonconformity occurs, including any arising from complaints, the organization shall:</p> <ul style="list-style-type: none"> b) evaluate the need for action to eliminate the cause(s) of the nonconformity, in order that it does not recur or occur elsewhere, by: 3) determining if similar nonconformities exist, or could potentially occur; d) review the effectiveness of any corrective action taken; e) update risks and opportunities determined during planning, if necessary; <p>However, the implemented corrective action in accordance to the identification of risks and opportunities per ROAAP were evidently not seen on other areas not included in the previously raised nonconformity. This was seen on Regulation and Permitting Section, CENRO – General Santos. Although actual internal and external issues being encountered by the section was identified in their presented ROOAP, its actual risks were not identified.</p> | ISO 9001:2015 | 10.2 | <ul style="list-style-type: none"> 1. Why were the risks not identified related to the issues presented in the ROAAP? <ul style="list-style-type: none"> a. During the analysis, the risks were not apparent/detectable considering that targets for the said activity were accomplished; b. Personnel of CENRO General Santos exhaust effort for the clients to comply with the requirements of the process/transaction | <ul style="list-style-type: none"> a. Review and re-evaluate the ROAAP and incorporate the issues and related risks b. Conduct refresher/reorientation on ROOAP and other Non-Conformities c. IQA auditors to evaluate effectiveness of the Actions taken in the ROAAP a. Reorientation on the preparation and updating of ROAAP b. Update the ROAAP when risks are detected/encountered with the appropriate controls that were used to address the issues on the transaction | <p>May 15, 2023</p> <p>Next scheduled IQA</p> <p>May 15, 2023</p> |

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| NCm03 | <p>6.1.2 The organization shall plan b) how to: 1) integrate and implement the actions into its quality management system processes (see 4.4); 2) evaluate the effectiveness of these actions.</p> <p>However, appropriate evaluation of effectiveness of the established actions in relation to identified risks and opportunities were not demonstrated in the following case-in-points:</p> <p>1. No indicated date of analysis and evaluation date in the ROAAP presented for Issuance of Certificates of Private Tree Plantation Registration process [CENRO – General Santos]</p> | ISO 9001:2015 | 6.1.2 | <p>1. Why was the date of analysis and evaluation not indicated in the ROAAP for issuance of Certificates of Private Tree Plantation Registration (CPTPR)?</p> <p>a. The ROAAP presented during the audit was the most recent ROAAP. However, the process owner overlooked the dates due to voluminous documents</p> | <p>a. Ensure that all ROAAPs are evaluated for effectiveness by the process owners and updated, as necessary, indicating the last date of review and date of the last evaluation during the internal audit.</p> <p>b. Refresher/Reorient all units/process owners on ROAAPs and Document Control</p> | <p>Next scheduled IQA</p> <p>May 15, 2023</p> |
| | <p>2. Although additional controls have already been implemented per presented ROAAP of Planning and Management Division of Regional Office XII, there was no presented update and reevaluation for its effectiveness.</p> | | | <p>1. Why was there no updated and reevaluation of effectiveness when additional controls were implemented?</p> <p>a. The Planning and Management Division (PMD) presented ROAAP which was recently evaluated by the Internal Quality Auditor (IQA). However, what was presented during the audit was the updated ROAAP without the evaluation which should have been indicated in the</p> | <p>a. Review all PMD ROAAPs and ensure that controls are evaluated for effectiveness as well as continuously update it to indicate result of evaluation.</p> <p>b. New controls must be introduced during the discussion on the results of evaluation.</p> | <p>Next scheduled IQA</p> <p>Next scheduled IQA</p> |

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| | <p>3. ROAAP of CRMF and FYWP (R13-SDS-TSD.ROAAP.024) has no information pertaining to date issued/date of effectivity [Conservation and Development Division, PENRO – Surigao del Sur].</p> <p>Note: case in points were not elevated as a major nonconformity since all areas mentioned were able to provide risks and opportunities as well as their corresponding action plans, which was the raised issue per previous major nonconformity</p> | | | <p>column for evaluation of effectiveness of the controls.</p> <p>1. Why were the ROAAPs of Community Resource Management Framework (CRMF) and Five Year Work Plan (FYWP) lack the information pertaining to issued date of effectivity.</p> <p>a. All the presented ROAAPs were prepared by the process owners and correspondingly approved. The date of approval/issuance were inadvertently overlooked.</p> | <p>a. Updating of CRMF ROAAP indicating the date of issuance and approval</p> <p>b. Conduct of re-orientation on control of records and analysis and action planning (ROAAP).</p> | May 30, 2023 |
| NCm04 | <p>8.5.1 Control of production and service provision The organization shall implement production and service provision under controlled conditions. Controlled conditions shall include, as applicable:</p> <p>c) the implementation of monitoring and measurement activities at appropriate stages to verify that criteria for control of processes or outputs, and acceptance criteria for products and services, have been met;</p> <p>However, evident monitoring of required turn-around times on the service deliverables were not demonstrated in the following lapses:</p> <p>1. 2 out of 3 sampled transactions for Issuance of Certificate of Registration as Lumber Dealer is not compliant with the required TAT. Note that this issue was also already identified in ROAAP and action plan is already in place to be implemented by the organization. (8.5) [License, Patents and Deeds Division, PENRO – Tarlac]</p> | | | <p>1. Why is the TAT not complied in the issuance of Certificate of Registration as Lumber Dealer?</p> <p>a. Turnaround time (TAT) at the PENRO level for the processing of Certificate of Registration as Lumber Dealer is inadequate (1 day, 2 hours and 20 minutes) based on the latest Regional Citizen's Charter (Region 3)</p> <p>2. Why is the TAT not sufficient for the process?</p> | <p>a. Region 3 CART will revisit/review existing Regional Citizen's Charter to determine a more realistic and doable TAT consistent with RA11032 requirement</p> | June 30, 2023 |

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| | | | | b. Aside from the multifunction being performed by the Action Officer, intervening activities/instruction highly affected the processing of the issuance of Certificate of Registration as Lumber Dealer | b. Devise a scheme for monitoring of processing of transactions and prioritize TAT limits. | June 30, 2023 |
| | 2. October 6, 2022 Tree Cutting Permit No. CENRO GSC-21-2022 - required TAT were not met, no observed monitoring, verification and analysis as to why the TAT was not met. [CENRO-GenSan] | | | 1. Why was TAT not monitored and met? a. Field personnel in-charge missed the schedule due to misinterpretation of turn-around time excluding weekends, thus permit was released few days late | a. Ensure participation of field personnel in the upcoming lecture on RA 11032 particularly on compliance b. Face to face coaching with process owner regarding working days vs calendar days to ensure interpretation of turn-around time c. Ensure strict compliance for monitoring of ongoing transactions | June 30, 2023 May 15, 2023 June 30, 2023 |
| | 3. All samples for permit processing is not compliant to the required TAT established. [Regulation and Permitting Section, CENRO- Guiguinto] | | | 1. Why were all samples for permit processing not compliant with the TAT? a. PATENT Delay in the processing of patent may due to the following factors which were not considered in establishing the TAT in the CC: Bulk process applications received within the day; <ul style="list-style-type: none"> • Careful screening of the carpeta; • Review and encoding of technical description on the V-37 and judicial form; and • Encoding, uploading and updating on Land Administration Management System (LAMS). <p>Also, all samples presented (3) Agricultural and (1) Residential Free Patent Applications exceeded the TAT based on Citizen's Charter (CENRO level only) due to extreme</p> | a. Request the Central Office to review process steps in CENR Office specifically in the highly technical stages such as review of technical description and encoding of Judicial form. b. Prepare a google sheet for applications for Residential and Agricultural Free Patent received by Records Unit to monitor the number of days of each application to immediately identify if there is some pending application/s. c. Land inspectors, judicial typist, examiners and geodetic engineer shall be required to render at least two (2) days in the office every week to process patent applications. | May 30, 2023 |

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| | | | | <p>case were corrections or revisions on the details of the patentee needs to be done.</p> <p>Samples met the Turn Around Time (TAT) of 120 days as per RA 10023 "Issuance of Free Patents to Residential Lands" and DAO 2010-12 (IRR) for Residential Free Patents; RA 11573 "The Public Land Act" and DA° 2021-38 (IRR) for Agricultural Free Patents.</p> <p>b. CWR Applications Samples presented for the process of CWR applications were processed within the TAT per CC.</p> | | |