TESDA-OP-IAS-01-F05-A

Rev. 03 - 07/05/2022

**COMPLIANCE AUDIT ACTION CATALOGUE**

For Technical Vocational Institutions (TVIs)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name of Institution | : |  |  | District/Provincial Office | : |  |
| Address | : |  |  | Date Audit Conducted | : |  |

|  |  |
| --- | --- |
| **To be accomplished by Auditee TVI** | **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 TVI, if not applicable, indicate “N/A”. If said correction is approved, indicate in **“Yes”**.Otherwise, indicate its **“comments or recommendation and the date of re-submission”.**
2. Column **(j)** - This column shall refer to the proposed corrective action as submitted by TVI. If said corrective action is accepted, indicate in **“Yes”**.Otherwise, indicate its **“comments or recommendation and the date of re-submission”**.
3. Column **(k)** - This column shall refer to the TVI’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 TVI’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:** |
|   |  |   |
| **TVI Head/Administrator/Company Head/Representative** |  | **District/Provincial Director** |
| Date:  |  | Date:  |