TESDA-OP-IAS-02-F05A

Rev. No. 00 - 05/20/2022

**COMPLIANCE AUDIT ACTION CATALOGUE**

for Nonconformities of District Office / Provincial Office

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| District/Provincial Office | : |  |  |  |  |  |
| Assessment Center | : |  |  | Date Audit Conducted | : |  |

|  |  |
| --- | --- |
| **To be accomplished by the District Office / Provincial Office** | **To be accomplished by the Regional 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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**Instructions:**

1. *Column* ***(i)*** *– This column shall refer to the proposed correction action as submitted by DO/PO, if not applicable, indicate “N/A”. If said correction is approved, indicate in* ***“Yes”****.**Otherwise, indicate* ***“comments or recommendation and the date of re-submission”.***
2. *Column* ***(j)*** *- This column shall refer to the proposed corrective action as submitted by DO/PO. If said corrective action is accepted, indicate in* ***“Yes”****.**Otherwise, indicate* ***“comments or recommendation and the date of re-submission”****.*
3. *Column* ***(k)*** *- This column shall refer to the DO/PO’s actual date of implementation of the RO accepted correction action(s) based on the submitted compliance documents/pieces of evidence.*
4. *Column* ***(l)*** *- This column shall refer to the DO/PO’s actual date of implementation of the RO accepted corrective action(s) based on the submitted compliance documents/pieces of evidence.*

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| --- | --- | --- |
| **Prepared by:** | **Concurred by:** | **Approved by:** |
|   |   |   |
| **DO/PO Compliance Audit Focal** | **District/Provincial Director** | **Regional Director** |
| Date:  | Date:  | Date:  |