TESDA-OP-IAS-02-F10-C

Rev. No. 00 - 10/21/2020

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| **PERFORMANCE EVALUATION INSTRUMENT**  **FOR MEMBER AUDITORS** |
| Name of auditor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Assignment: Member Auditor  Audit period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Audited process(es): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |  |  |  | | --- | --- | --- | | **Evaluation Criteria** | **Rating**  **(Encircle Rating)**  *(1 = Lowest Rating*  *5 = Highest Rating)* | **Comments** | | 1. **Planning Stage** |  |  | | * Compliance Audit Forms and Checklists are prepared and complete | 1 2 3 4 5 |  | | 1. **Conduct of Audit** |  |  | | * The auditor had knowledge of the process, procedures, system | 1 2 3 4 5 |  | | * Practices the necessary traits as an auditor | 1 2 3 4 5 |  | | * Audit conducted as scheduled | 1 2 3 4 5 |  | | * Statement of findings are accurate and verifiable | 1 2 3 4 5 |  | | * Timely preparation and submission of Audit Report to PO/DO concerned | 1 2 3 4 5 |  | | Average Rating |  |  |   Other Comments:      Evaluated by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature over Printed Name Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Member Auditor/Team Member) |

**PERFORMANCE EVALUATION INSTRUMENT**

**FOR LEAD AUDITORS and MEMBER AUDITORS**

*INSTRUCTIONS*

1. This Performance Evaluation Instrument shall be accomplished by the following personnel every after end of every audit assignment:

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| **Auditor** | **Evaluator** | **Form No.** |
| 1. LEAD | 1. Regional Compliance Audit Focal Person   (of the Auditor- and Auditee-Region) | TESDA-OP-IAS-02-F09-A |
| 1. All member auditors in a team | TESDA-OP-IAS-02-F09-B |
| 2. MEMBER | 1. Regional Compliance Audit Focal Person | TESDA-OP-IAS-02-F10-A |
| 1. Lead Auditor | TESDA-OP-IAS-02-F10-B |
| 1. Fellow member auditors in a team | TESDA-OP-IAS-02-F10-C |

The number of evaluation instruments to be accomplished will depend on the actual audit conducted by the auditor being evaluated. It shall be 50% but not less than three (3) of their actual audits conducted.

1. This form shall be accomplished as follows:
   1. **Name of Auditor –** name of the concerned auditor being evaluated
   2. **Audit period** **–** (mm/dd-dd/yyyy) the inclusive dates of the actual conduct of audit during which the performance of the auditor is being evaluated
   3. **Audited process(es) –** area/process among the Assessment and Certification requirements where the auditor being evaluated was assigned to audit
   4. Below columns shall reflect the following information:

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| --- | --- |
| Evaluation Criteria | Performance criteria where the compliance auditor is being evaluated |
| Rating | The score assigned by the evaluator based on the performance of the compliance auditor is being evaluated. Rating scale is from 1 to 5, 1 being the lowest and 5 being the highest. |
| Comments | This section should be used to: support performance rating/score, indicate problem areas and provide guidance to auditors on how to improve performance. Comments MUST be provided for average ratings below 3.5 and are highly recommended for all other ratings. |

* 1. **Average Rating –** computed by dividing the sum of ratings assigned per criteria (the “Rating” column) over the total number of criteria (8 for Lead Auditors and 6 for Member Auditors)
  2. **Other Comments –** additional observations noted for which does not fall to any evaluation criteria that has been provided
  3. **Evaluated by –** name and signature of the Regional Compliance Audit Focal Person /Lead Auditor/Member Auditor who accomplishes the form and the date it was signed