TESDA-OP-IAS-02-F02

Rev.No.02 - 05/20/2022

**ASSESSMENT CENTER COMPLIANCE AUDIT PLAN**

Objective: To determine whether the assessment centers and competency assessors continuously comply with TESDA’s policies and guidelines on Assessment and Certification.

|  |  |
| --- | --- |
| **Assessment Center**  |  |
| **Address** |  |
| **Qualification(s) to be Audited** | ***Qualification(s)*** | ***Accreditation Number*** | ***Date of Accreditation*** |
|  |  |  |
| **AC Manager**  |  |
| **Tel./Fax No.** |  | **Email address** |  | **Date of Audit** |  |
| **AREAS TO BE AUDITED** | **TIME** | **ASSIGNED AUDITOR REGION** | **AUDIT METHOD**  |
| 1. Administrative Requirements
 |  |  |  |
| 1. Physical Structure
 |  |  |  |
| 1. Assessment Methodologies and Procedures
 |  |  |  |
| 1. Assessment Documentation and Reporting
 |  |  |  |
| *Note: Accomplished Self-Assessment Checklist and/or other information submitted by Assessment Center during the Application for Accreditation shall be made available for reference of the audit team by the District/Provincial Office concerned.* |

**Prepared by: Approved by:**

**RO Compliance Audit Focal Regional Director**

**Date: Date:**

**Conformed (on the original date of audit):**

 **AC Manager/Authorized Representative**

 **Date:**

Note: In case there is a request for audit rescheduling, the AC Manager/Authorized Representative shall indicate below the preferred date of audit and reason(s) for rescheduling subject to the approval of the Regional Director.

|  |  |  |
| --- | --- | --- |
| Preferred Date of Audit: |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Signature over Printed name of the AC Manager/Authorized Representative)Date: \_\_\_\_\_\_\_\_\_ |
| Reason(s) for audit rescheduling: |  |

**Recommending Approval: Approved by:**

 Provincial/District Director Regional Director

 Date: Date:

**ASSESSMENT CENTER COMPLIANCE AUDIT PLAN**

*INSTRUCTIONS*

1. This form shall be accomplished by the RO Compliance Audit Focal.
2. This form shall be accomplished as follows:
	1. **Assessment Center –** Name of Assessment Center (AC) to be audited
	2. **Address –** Address of AC to be audited
	3. **Qualification(s) to be Audited –** Title of qualification(s) to be audited together with its corresponding *Accreditation Number* and *Date of Accreditation*
	4. **AC Manager –** Name of AC Manager
	5. **Tel./Fax No. , Email address –** Contact details of AC to be audited
	6. **Date of Audit –** Date of scheduled compliance audit
	7. **TIME ; ASSIGNED AUDITOR REGION ; AUDIT METHOD –** Indicate information regarding the time, auditing-region and the audit method to be used during the conduct of compliance audit
	8. **Prepared by –** name and signature of the RO Compliance Audit Focal who prepares the plan and the date it was signed.
	9. **Approved by –** name and signature of the Regional Director who approves the plan and the date it was signed.
	10. **Conforme** – name and signature of the AC Manager/Authorized Representative who conforms to the details on the audit plan and the date it was signed.
3. Entries to this form will be made based on the duly approved Annual Compliance Audit Plan for Accredited Assessment Centers (TESDA-OP-IAS-02-F01) subject to changes on the final date of audit.