



Control No. :  
Date :

## CORRECTIVE ACTION FORM

### TYPE OF NONCONFORMANCE (Please check one)

- Product/Service     Performance     Safety Incident  
 Process/System     Legal     Security Incident  
 Other (please specify)

### DESCRIPTION OF NON-CONFORMANCE:

#### Talisay City Jail Male Dormitory

##### (Major) 4.1 Understanding the Organizational and its Context

- The organization shall determine external and internal issues that are relevant to its purposes and its strategic direction and that affect its ability to achieve the intended results of its QMA
- The organization shall monitor and review information about these external and internal issues
- Issues can include positive and negative factors or conditions for consideration

However, the above requirements cannot be established due to the following:

- There is no available SWOT Analysis for JU and all sections presented.

##### (Major) 4.2 Understanding the Needs and Expectations of Interested Parties

The organization is required to determine who is relevant (to the QMS) interested parties and their requirements that are relevant to the QMS.

The monitor shall monitor and review information about these interested parties and their relevant requirements

However, the above requirements cannot be established due to the following:

- No Stakeholder Analysis and Risk Register presented

##### (Minor) 5.2.2 Communicating Quality Policy

The quality policy shall:

- a) Be available and be maintained as a documented information
- b) Be communicated, understood and applied within the organization
- c) Be available to relevant interested parties as appropriate

However, the above requirements cannot be established due to the following:

- Most of the interviewed personnel were not familiar with the revised quality policy, objectives and scope.
- AAR on policy dissemination was combined with the AAR of PI & E

##### (Major) 7.1.2 People

“... determine and provide the persons necessary for the effective implementation of its QMS” and “for the operation and control of its processes”

However, the above requirements cannot be established due to the following:

- Most personnel in the admin are newly designated
- Jail nurses have no attached PRC licenses in their 201 files
- No evidence presented for the WD personnel competencies
- Some interviewed personnel are not confident in answering the questions and are inconsistent with their answers.
- Administrative-related compliance, which is to be accomplished by all personnel, was carried out solely by the administrative personnel.
- Work distribution of personnel is not observed.

**(Major) 7.1.2 Awareness**

“... determine and provide the persons necessary for the effective implementation of its QMS” and “for the operation and control of its processes”

However, the above requirement cannot be established due to the following:

- Immediate supervisors did not provide comments/recommendations in the SPMS
- Some of the actual accomplishment of personnel in the PMAR does not conform to the guidelines in making the said document
- No hard copy presented for PMAR

**(Major) 7.5 Documented Information**

- a) Identification and description (e.g. title, date, author reference number)
- b) Format (e.g. language, software version, graphics) and media (e.g. paper, electronic);
- c) Review and approval for suitability and adequacy

However, the above requirements cannot be established due to the following:

- Inconsistency of details in the routing slip and main documents
- Monthly reports signed by Warden but no signature of the Section Chiefs
- Reports does not coincide with the logbook presented in the distribution of rehab supplies and livelihood specifically in the tailoring
- No notice of meeting for the conducted committee meeting
- No manual for HRAO
- Master list of PDL enrolled is lacking
- No documents presented for KKDK
- No master list of PDL participants for skills training
- Master list of qualified PDL to avail conjugal visitation is not approved
- No approved list of PDL phone list
- No office order for food service committee
- MSEC office order is not updated
- Signatory of the MSEC resolution is not the members of the committee
- Lacking hard copies for all reports in all sections
- No filing of health card and sanitary permit
- No list of PDL kitchen aide
- No master list of PDL involved in livelihood program

- No proper filing of incoming and outgoing documents in all sections
- No hard copies of SPMS
- Success indicator is not responsive to the Major Final Output (MFO)
- No proper SPMS policy
- All personnel have no knowledge on the SPMS cycle
- Comments in the SPMS is the same for all personnel
- No coaching and mentoring journal in all sections
- No signature in the routing slip
- No 201 file in Health section
- Posted process flow in the health section is not updated
- Logbooks are not updated
- Inmate's health record is not properly labeled, not places in white jacket and data is incomplete
- No hard copy of medicine request form and rehab supplies request form
- Routing slip is not practice (health section)

**(Major)8.1 Operational Planning and control**

- a) Implementing control of the processes in accordance with the criteria
- b) Determining, maintaining, and retaining documented information to the extent necessary to have confidence that the processes have been carried out as planned and to demonstrate the conformity of products and services to their requirements

However, the above requirements cannot be established due to the following:

- No established livelihood program
- No implementation of help desk and aftercare program
- No meeting conducted in all committees under Security and Control

**(Minor) 8.2 Requirements for products and services**

Section 8.2.3.2... shall retain documented information as applicable

- a) On the results of the review
- b) On any new requirements for products and services

However, the above requirements cannot be established due to the following:

- Unimplemented client feedback form for other stakeholders and clients
- Only available PDL feedback form with no entry

**(Minor)9.1 Monitoring, Measurement, Analysis and Evaluation**

**9.1.1 General...shall determine**

- a) what needs to be monitored and measured;
- b) the methods for monitoring, measurement, analysis and evaluation;
- c) when monitoring and measuring shall be performed;
- d) when the results from monitoring and measurement shall be analyzed and evaluated.

Shall retain appropriate documented information as evidence of the results

However, the above requirements cannot be established due to the following:

- No evaluation forms for conducted community related activities and health information activities

Prepared by/ Date:

Acknowledged by/ Date:

**CORRECTION:**

Non-Conformites	Action Taken
<b>(Major) 4.1 Understanding the Organization and its Context</b>	
1. There is no available SWOT Analysis for JU and all sections presented.	1. Printed copies of the SWOT Analysis for every Section is on file in this Jail Unit
<b>(Major) 4.2 Understanding the Needs and Expectations of Interested Parties</b>	
1. No Stakeholder Analysis and Risk Register presented	1. Printed copies of the Stakeholder Analysis and Risk Register for every Section are on file in this Jail Unit.
<b>(Minor) 5.2.2 Communicating Quality Policy</b>	
1. Most of the interviewed personnel were not familiar with the revised quality policy, objectives and scope. 2. AAR on policy dissemination was combined with the AAR of PI & E	1. Properly reiterated to all the personnel during the conduct of PI&E. 2. AAR of policy dissemination and PI & E are now separately submitted and filed in this Jail Unit.
<b>(Major) 7.1.2 People</b>	
1. Most personnel in the admin are newly designated 2. Jail nurses have no attached PRC licenses in their 201 files 3. No evidence presented for the WD personnel competencies 4. Some interviewed personnel are not confident in answering the questions and are inconsistent with their answers. 5. Administrative-related compliance, which is to be accomplished by all personnel, was carried out solely by the administrative personnel. 6. Work distribution of personnel is not observed.	1. Regular coaching and mentoring to the newly designated admin personnel were conducted as per reports submitted to the higher office. 2. All three (3) personnel nurses submitted their PRC Licenses while one (1) of them is in the process of renewing his PRC License. 3. Updated the 201 Files of WDU personnel with their corresponding training and seminar certificates. 4. Coaching and mentoring is now regularly conducted by the Section Chief to refresh the personnel of the mandates of the bureau and it was also reiterated during PI & E. 5. Google forms and links was created for fast and efficient submission of compliances. 6. Restructuring the designation per section to align with the work designation of personnel.

<b>(Major) 7.1.2 Awareness</b>	
<ol style="list-style-type: none"> <li>1. Immediate supervisors did not provide comments/recommendations in the SPMS</li> <li>2. Some of the actual accomplishment of personnel in the PMAR does not conform to the guidelines in making the said document</li> <li>3. No hard copy presented for PMAR</li> </ol>	<ol style="list-style-type: none"> <li>1. The Assistant Warden together with the PMO already conducted coaching and mentoring in proper filling out the SPMS.</li> <li>2. Actual accomplishment of PMAR in the accomplishment of thereof was properly disseminated by the Section Chief during the Coaching and mentoring session.</li> <li>3. Printed copies of PMAR already on file for immediate reference.</li> </ol>
<b>(Major) 7.5 Documented Information</b>	
<ol style="list-style-type: none"> <li>1. Inconsistency of details in the routing slip and main documents</li> <li>2. Monthly reports signed by Warden but no signature of the Section Chiefs</li> <li>3. Reports does not coincide with the logbook presented in the distribution of rehab supplies and livelihood specifically in the tailoring</li> <li>4. No notice of meeting for the conducted committee meeting</li> <li>5. No manual for HRAO</li> <li>6. Master list of PDL enrolled is lacking</li> <li>7. No documents presented for KKDK</li> <li>8. No master list of PDL participants for skills training</li> <li>9. Master list of qualified PDL to avail conjugal visitation is not approved</li> <li>10. No approved list of PDL phone list</li> <li>11. No office order for food service committee</li> <li>12. MSEC office order is not updated</li> <li>13. Signatory of the MSEC resolution is not the members of the committee</li> <li>14. Lacking hard copies for all reports in all sections</li> <li>15. No filing of health card and sanitary permit</li> <li>16. No list of PDL kitchen aide.</li> <li>17. No master list of PDL involved in livelihood program</li> </ol>	<ol style="list-style-type: none"> <li>1. Rectified the details in the Inconsistency/flow of routing slip and main documents..</li> <li>2. Corrected the Monthly report template to include the signature of the Section Chiefs</li> <li>3. Corrected the entry of livelihood logbooks and still updating</li> <li>4. Implemented Notice of Meeting for every meeting conducted.</li> <li>5. Already requested HRAO Manual to the BJMP Regional Office-RWDD.</li> <li>6. Already completed the master list of PDL enrolled in ALS</li> <li>7. KKDK incharge already informed during PI&amp;E.</li> <li>8. Master list of all PDL participants for skills training is now on file with the WDU Office.</li> <li>9. Master List of PDL qualified for conjugal visitation is now on file with the WDU Office.</li> <li>10. Master list of PDL phone list already on file with the WDU Office.</li> <li>11. Office Order for Food service Committee already issued and on file with WDU Office.</li> <li>12. MSEC Committee Office Order already updated.</li> <li>13. MSEC committee member/s signatories already aligned with the MSEC Resolution.</li> <li>14. In the process of printing hard copies of all reports.</li> <li>15. In the process of securing the health card and sanitary permit.</li> </ol>

<p>18. No proper filing of incoming and outgoing documents in all sections</p> <p>19. No hard copies of SPMS</p> <p>20. Success indicator is not responsive to the Major Final Output (MFO)</p> <p>21. No proper SPMS policy</p> <p>22. All personnel have no knowledge on the SPMS cycle</p> <p>23. Comments in the SPMS is the same for all personnel</p> <p>24. No coaching and mentoring journal in all sections</p> <p>25. No signature in the routing slip</p> <p>26. No 201 file in Health section</p> <p>27. Posted process flow in the health section is not updated</p> <p>28. Logbooks are not updated</p> <p>29. Inmate's health record is not properly labelled, not places in white jacket and data is incomplete</p> <p>30. No hard copy of medicine request form and rehab supplies request form</p> <p>31. Routing slip is not practice (health section)</p>	<p>16. Master List of PDL Kitchen Aide already on file with WDU Office.</p> <p>17. Master List of PDL involved in livelihood programs already on file at WDU Office.</p> <p>18. Created separate filing for incoming and outgoing documents</p> <p>19. Produced hard copy of SPMS.</p> <p>20. Success indicator is based on the MFO given by RPMT.</p> <p>21. SPMS policy is now properly disseminated by the Section Chief during Coaching and Mentoring.</p> <p>22. SPMS processes properly disseminated to the personnel.</p> <p>23. Comments in the SPMS are based on the section where the personnel are designated.</p> <p>24. Coaching and Mentoring for all sections is regularly conducted by the Section Chiefs as per AAR submitted to the higher office.</p> <p>25. Routing slip has been reviewed and properly routed with corresponding signature.</p> <p>26. 201 File for the Health Section personnel is now on file with their office.</p> <p>27. Updated process flow is now posted at the Health Section.</p> <p>28. In the process of supplying the necessary records of the logbooks.</p> <p>29. In the process of supplying the necessary data of the PDL Inmate's Health Record.</p> <p>30. Health Section is now in the process of obtaining the necessary medicine requests form and rehab supplies form.</p> <p>31. Health Section is now utilizing the Routing Slip Form.</p>
<p><b>(Major) 8.1 Operational Planning and Control</b></p>	
<p>1. No established livelihood program</p> <p>2. No implementation of help desk and aftercare program</p> <p>3. No meeting conducted in all committees under Security and Control</p>	<p>1. Livelihood programs exist in this Jail Unit but it is not supported with feasibility study and this Jail Unit is in the process of securing the same.</p> <p>2. Help Desk and After care program is properly implemented at the WDU office.</p> <p>3. The Chief Security and Control Section properly conducted meetings as per AAR submitted to the higher office.</p>

<b>(Minor) 8.2 Requirements for products and services</b>	
<p>1. Unimplemented client feedback form for other stakeholders and clients</p> <p>2. Only available PDL feedback form with no entry</p>	<p>1. The client feedback form was already implemented, consolidated and filed in this Jail Unit.</p> <p>2. The answered PDL feedback form was already consolidated and filed in this Jail Unit while the PDL feedback form with “no entry” is visible to the public and ready to use for the feedback of PDL.</p>
<b>(Minor)9.1 Monitoring, Measurement, Analysis and Evaluation</b>	
<p>1. No evaluation forms for conducted community related activities and health information activities</p> <p>Prepared by/ Date:</p>	<p>1. Evaluation form for community related activities is now utilized effective February 12, 2024.</p> <p>2. Health Information activities are already on file with the Health Section of this Jail Unit.</p>
<b>RESULT OF INVESTIGATION/ROOT CAUSE:</b>	
<i>(Attach additional sheet if needed)</i>	
<p>Risk Assessment (Level):</p> <p>Prepared by/ Date:</p>	
<b>CORRECTIVE ACTION:</b>	

*(Attach additional sheet if needed)*

**IMPLEMENTATION PLAN:**

ACTIVITY	OUTPUT	RESOURCES	RESPONSIBILITY
TARGET DATE			

Prepared by/ Date: \_\_\_\_\_ Approved by/ Date: \_\_\_\_\_

**CLOSING OUT:**

*(Attach additional sheet if needed)*

Checked by/ Date: \_\_\_\_\_



Control No. :  
Date :

### PREVENTIVE ACTION REQUEST

#### TYPE OF POTENTIAL NON-CONFORMANCE (Please check one)

- Product/Service     Performance     Safety Incident  
 Process/System     Legal     Security Incident  
 Other (please specify)

#### DESCRIPTION OF POTENTIAL NON-CONFORMANCE:

Prepared by/ Date:

Acknowledged by/ Date:

#### RESULT OF INVESTIGATION/ROOT CAUSE:

*(Attach additional sheet if needed):*

Risk Assessment (Level):

Prepared by/ Date:

#### PREVENTIVE ACTION:

*(Attach additional sheet if needed)*

#### IMPLEMENTATION PLAN:

ACTIVITY	OUTPUT	RESOURCES	RESPONSIBILITY
TARGET DATE			

Prepared by/ Date: \_\_\_\_\_ Approved \_\_\_\_\_ by/ \_\_\_\_\_ Date: \_\_\_\_\_

**CLOSING OUT:**

*(Attach additional sheet if needed)*

Checked by/ Date: \_\_\_\_\_