

Master Data of Organisation			
Name of Organisation	Poro Point Management Corporation		
Name of corporate group (in case of multi site organization only)	NA		
Street	Gov. Joaquin L. Ortega Avenue, Poro Point Freeport Zone, City of San Fernando		
Postcode / Town / Country	22500 La Union, Philippines		
Contact	Ms. Maria Victoria Soriano		
E-Mail	vicky.soriano@yahoo.com		
Phone	(072) 242 0684		
System documentation: (Revision / Issue)	PPMC-QM Rev 10 Dec. 3, 2020		
Shift operation	One-shift operation		
Language	English / Filipino		
Peculiarities	None		
Multi Site Organisation			
Selection of sites to be audited by sampling procedure	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> n.a.
An adequate listing of all sites in the scope(s) including all valid and relevant information in each case is part of the audit file	<input type="checkbox"/> Yes	<input type="checkbox"/> n.a.	
Audit profile			
Contract ID (ZE):	NA		
Standards under contract / Audit type	9001:2015 2 nd Surveillance <input type="checkbox"/> Transition audit	---	--- <input type="checkbox"/> Transition audit
Surveillance mode	Yearly surveillance		
Audit team leader	Niel Patrick Ordiales (NO), 90012669		
E-Mail Audit team leader	nordiales@tuv-nord.com		
Audit team	NA		
Technical expert	NA		
Trainee	NA		
Observer	NA		

Audited Standards	
9001:2015	2nd Surveillance
Certificate ID (TP): PHP QMS 22 93 0077	Valid until: 28.12.2024
Scope: Administration of Poro Point Freeport Zone including Frontline services, core and support processes	
Industry / Sector (EA, TB, ...) 36.0	
Non-applicability of chapters: 8.3	
No. of considered persons: 57	No. of sites (incl. HQ): 1
Lead auditor: Niel Patrick Ordiales	Audit ID (ZA): SE930403

Definition of unit for duration and time		
Applied unit	Days	One audit day covers 8 audit hours
Audit Details		
Sites	Gov. Joaquin L. Ortega Avenue, Poro Point Freeport Zone, City of San Fernando La Union 2500 Philippines	
Audit date	07.12.2023	
Audit duration	1.00 person Days on site	

Application of methods and tools in remote auditing			
Conducted as a remote audit	<input type="checkbox"/> No	<input type="checkbox"/> Partly	<input type="checkbox"/> Total
Technologies used for the remote audit	<input type="checkbox"/> MS Teams	<input type="checkbox"/> Cisco WebEx	<input type="checkbox"/> Zoom
	<input type="checkbox"/> Other on request of client: In this case, client takes over the responsibility for any required activity in information security.		

Distribution/Confidentiality/Rights of ownership/Limitations/Responsibilities

This report is sent to the certification body or bodies, the members of the audit team and the audit representative of the organisation. All documents (such as this report) regarding the certification procedure are treated confidentially by the audit team and the certification body. This audit report remains the property of the certification body.

An audit is a procedure based on the principle of random sampling and cannot cover each detail of the management system. Therefore nonconformities or weaknesses may still exist which were not expressly mentioned by the auditors in the final meeting or in the audit report.

The responsibility for continuous effective operation of the management system always rests solely with the audited and certified organisation.

Salvo clause:

The audit report will be left to the organisation at the end of the audit - subject to approval by the certification body. The independent veto process may cause modifications or additions. In these cases a modified revision will be sent to the audited organisation.

Annex/Enclosures

Annex/
corresponding audit documentation

- Questionnaire(s) / Checklist(s)
 Additional annexes, number

Conclusion

Taking into account the size and structure of the organisation, the objectives, the scope of the management system, the processes and the outcome, the organisation has demonstrated, that it operates its management system in order to ensure fulfilment of its own requirements, the requirements of its customers and the relevant legal requirements as well as the applicable requirements of the management system standards.

This includes in particular:the objective evidences already mentioned,

- the policies and objectives and their implementation in the organisation,
- the processes existing in the management system and their interactions,
- the resource management,
- the measuring and analysis (incl. sample of indicators),
- the continual improvement process as well as
- the recording system (p.r.n. including standard specific objective evidences).

The implementation and the effectiveness of the management system and the processes for providing services/product realisation or to realize the objectives were assessed by the audit team by means of on-site inspection and examination of documents on a random sample basis.

Nonconformities are recorded in corresponding reports, other findings (as e.g. opportunities for improvement) are described in the section for "Detailed Results".

Audit findings		
Notes for the findings		
The evaluation of the audit findings basically follows the scheme shown below:		
Stage	Classification	Meaning
NC A	Major Nonconformity (Nonconformity A "major")	Nonconformities could be classified as major in the following circumstances: <ul style="list-style-type: none"> • if there is a significant doubt that effective process control is in place, or that products or services will meet specified requirements, • a number of minor nonconformities associated with the same requirement or issue could demonstrate a systemic failure and thus constitute a major nonconformity.
NC B	Minor Nonconformity (Nonconformity B "minor")	Nonconformities could be classified as minor, if these do not affect the capability of the management system to achieve the intended results.
OFI	Opportunity for improvement	Items which would allow optimisation of the management system in relation to the requirements of the relevant standard. It is recommended that the company implements these items.
GP	Positive aspects / Good Practice	Positive aspects of the management system worthy of special mention (see also point 4.3 if applicable).
CM	Comments	Special situation and information to be traced in next audit.

If applicable: Guidance for management of nonconformities

The organization shall perform a root cause analysis for any nonconformity and define adequate corrective actions. Root cause analysis, corrective actions including action plan for implementation and - if applicable- objective evidences for performed corrections or containment actions shall be submitted electronically to nominated lead auditor in charge on time to agreed deadline (latest six weeks after last day of the audit). The lead auditor will review these documents and shall inform organisation about the result.

The auditee organisation shall implement the corrective actions as defined in the approved action plan and review the effectiveness of implemented actions.

In the case of major nonconformities (NC A) the lead auditor shall verify the complete and effective implementation of action plan until agreed date (latest three months after last day of the audit). On decision of the auditor depending on type and extent of identified nonconformity, this can be done in a follow up audit on site or in a desktop-review of submitted documentation (objective evidence).

For minor nonconformities (NC B) it can be agreed to perform the verification of effective implementation of action plan in the next regular audit.

If any nonconformity applies for more than one audited standard, it shall be counted for every applicable standard; therefore the total number of nonconformity reports can be less than the number of nonconformities.

Summary for nonconformities

Any identified nonconformity is recorded in an individual NC report.

Standard	Raised in this audit		To be verified from previous audit
	Number NC A	Number NC B	Number NC
9001:2015	0	0	0
Total	0	0	0

Total number of nonconformity-reports raised in this audit: 0

At least one of the nonconformities is graded as „generic“ and is counted in more than one corresponding audited standard.

During this audit the implementation of corrective actions and effectiveness of nonconformities of previous audit was verified. The records are attached to this audit file.

No	OFI (Opportunity for Improvement)	Area / Process	Standard: clause
1.	Scope of the QMS is identified in the Manual. For improvement, consider to review exclusion for clause 7.5.2 as documented in the manual.	QMS Scope	4.3
2.	Legal counsel activities are conducted accordingly. For improvement in traceability, consider to consistently document going in and out of the office (e.g. review of Lease Contract, etc.)	Office of Legal Counsel	8.2.1
3.	Operational activities are conducted and monitored as planned. For improvement, consider to:	Operations	8.5.1

	<p>Infrastructure Management – formalize validation of Work Accomplishment computation and retain evidence of acknowledgement of process owner for repair conducted</p> <p>Regulatory Services, Environmental Management & Health Services – to register the utilized checklist with DCC and include other checkpoints in the said checklist (e.g. regulatory compliance, waste disposal, etc.)</p>		
4.	<p>Internal audit is conducted as planned. For improvement in assessment, consider to:</p> <ol style="list-style-type: none"> 1. Define in the documented Internal Quality Audit Procedure (PPMC QP-05) qualification for an internal auditor 2. Reflect in the audit checklist clauses identified in the audit schedule 3. Indicate inclusion of clauses 8.5.1 – 8.5.6, 8.6, 8.7 in the audit schedule 	Internal Audit	9.2.1
5.	<p>For improvement in documentation, consider to document in the NC Procedure (PPMC-QP-03) the timeline in conducting effectiveness verification of identified action plan.</p>	NC Handling	10.2.1

No	GP (Good Practice)	Area / Process	Standard: clause
1.	<p>Support of the management in the implementation of QMS is commendable, this can be traced through:</p> <ol style="list-style-type: none"> 1. Active participation during the audit 2. Completion of the Fire station extension project 3. Acquisition of new locator: Deacon Zayn (Esmerlada Dungo) 	Management	5.1
2.	<p>The knowledge and awareness of audited personnel in QMS and in their respective activities is commendable.</p>	General areas	7.2

No	CM (Comment)	Area / Process	Standard: clause
1.	<p>Updated status of the records disposition will be verified next audit.</p>	DCC	7.5.3.2
2.	<p>Updated status of the conduct of Crash Plane Surprise Drill and its evaluation for Y2023 will be verified next audit.</p>	Airport Management	8.5.5

Closure and recommendations				
Closure result	9001:2015			
Fulfilled	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Open nonconformities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not fulfilled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recommendations of audit team	9001:2015			
Grant*/ Extension*/ Renewing*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance*	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suspension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Withdrawal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***) Grant / Extension / Renewing / Maintenance in the case of open nonconformities assumes that the nonconformities will be cleared as agreed**
Explanation of the terms:
 Renewing: New issue of the certificate for the re-certification.
 Restoring: End of the temporary invalidity of certificate after the suspension or after delayed re-certification.

Comments for next audit
<p>If applicable, the final evidence of effectiveness and implementation of corrections and corrective actions for the nonconformities from this audit will be verified in the next audit.</p> <p>The comments and opportunities for improvement will be taken up again.</p> <p>The next audit is preliminarily scheduled for: on or before 07.12.2024</p>

Responsible for content	
Name: Niel Patrick Ordiales	Date: 07.12.2023
Signature audit team leader	

