



NEWS AND INFORMATION BUREAU

QUALITY MANAGEMENT SYSTEM

AND

OPERATIONS MANUAL

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QUALITY MANAGEMENT SYSTEM AND OPERATIONS MANUAL		
Code: QM	Revision No. 3	Effective Date: January 15, 2017

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Quality Management System and Operations Manual of International Press Center (IPC)

I. INTRODUCTION

This quality management system and operations manual describes News and Information Bureau Quality Management System, and provides the internal and external stakeholders information on how the system is being implemented and maintained.

The Bureau Head is committed to attain quality as a way of life for all its employees. To fulfill this commitment, it adopted the ISO 9001 International Quality System Standards.

Scope of Operations

This manual covers policies, procedures and work instructions of International Press Center (IPC)'s quality management system.

IPC's specific functions:

- Establish and maintain press center operations for local and international events in the country.
- Establish liaison with the representatives of domestic and foreign press, and provide assistance relevant to the projects, policies, and activities of the Government and the Presidency; (*E.O. 297 s. 1987*):
- Establish and maintain a system of accreditation for local, FOCAP and visiting media. (*E.O. 297 s. 1987*):

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Content of Manual

The following are the descriptions of the nine (9) Sections of this manual:

Section I. Introduction

This is the preliminary section that contains the foreword, objectives, and users guide. This section tells what the manual is all about, including the system of amendment, revision and distribution.

Section II. Definition of terms and acronyms.

This section lists the terms and acronyms used in the operations manual.

Section III. General Information about the Bureau, and IPC.

This section specifies the functions of the News and Information Bureau, and IPC as mandated by Executive Order no. 297, 1987.

Section IV. Organizational Structure and Responsibilities of Relevant Roles.

This section shows the organizational chart, as well as the duties and responsibilities of IPC.

Section V. Operational Control and Supervision

This section shows the authority, supervisory and operational control, wherein details are shown in the position description form.

Section VI. Statement of QMS Scope

This section covers the scope of quality management system including the process, model/map.

Section VII. Justification of Exclusion

This section covers the main clause of ISO 9001 standards not applicable to NIB.

Section VIII. Description of the processes covered by the QMS

This section covers the core and support processes, including responsibilities and basic controls of the organization.

Section IX. Annexes

This section covers the following approved quality policy; Approved quality objectives of all offices, units, e.g. OPCR and DPCR, quality objectives and plans, balanced score cards and other documented performance targets demonstrating the current Administration's directive to improve front line or core processes' performance; List of internal and externally generated references/documents necessary for the effective planning and operations of the QMS, include the document title, document code, originator (source of document), effective

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date and revision number if applicable; Mechanisms for determining customer satisfaction and feedback (e.g. customer satisfaction survey form or procedure); Operating Procedures (describes the step-by-step procedures and work instructions in narrative form or with the use of activity flow charts, including the flow of forms); Control of documented information; Internal Audit for the QMS; Nonconformity and Corrective Action, Monitoring and Measurement of Client Satisfaction, Management Review, Approved list of identified relevant interested parties, including their issues and corresponding action plans to address the issues, and Approved list of identified risks and opportunities with corresponding action plans.

System of Amendment and Revision, Distribution

Quality Manual Amendment

The manual shall be reviewed annually. Amendments and changes may be done when necessary for the improvement of the Quality Manual with the following procedures:

1. The Steering Committee will be responsible for all revisions and additions being recorded.
2. Changes must be recommended by the members of Steering Committee and must be approved by the NIB Head before being entered into the manual.
3. All changes must be recorded on the Amendment List (see sample below) and appropriate pages in each manual changed.
 - a. Amendments to the manual must be issued with a new revision number and new effectivity date.
 - b. Amendments will be recorded on the Amendment List.

Amendment Record/List

Page No.	Context	Revision	Date
Section I page 1	Scope of Operations	Inclusion of IPC	Jan. 27, 2017
Section II page 1	Definition of Terms and acronyms	Inclusion of IPC, MPC, PPA, MCA, FOCAP; excluded the FAD	Jan. 27, 2017; Sept. 24, 2018
Section IV page 2	Organizational Structure	Inclusion of IPC org. Chart and duties and responsibilities; excluded the FAD	Jan. 27, 2017; Sept. 24, 2018
Section V page 1	Operational Control and Supervision	Inclusion of IPC control and supervision; excluded the FAD	Jan. 27, 2017; Sept. 24, 2018
Section VI page 2	Process Model Map of	Inclusion of IPC Service Process Model; excluded the FAD	Jan. 27, 2017; Sept. 24, 2018
Section VII page 1	Justification of exclusion	Justification for IPC	Jan. 27, 2017
Annex 2 page 1	Approved Quality Objectives	Inclusion of IPC Quality Objective	"ditto"
Annex 3 page 1	Internal and Externally Generated references	Addition of E.O. 297 s. 1987, MARD and FAD manual of operations as references	"ditto"
Annex 5 pages 1, 2, 3, 4, 5	Operating Procedures	Inclusion of operating procedures for IPC ID card application and forms	"ditto"
Table of Contents	Shifting from ISO 9001:2008 to 9001:2015	Additional Procedures in conformity with ISO 9001:2015	December 18, 2017 and Sept. 24, 2018
Section VIII	Processes covered by the QMS	Updated to conform with ISO 9001:2015	Sept. 24, 2018
Annex 5	Operations Procedures	Excluded the FAD	Sept. 24, 2018
Annex 1 page 1	Improved Quality Policy	Added continual improvement and satisfying the needs and expectations of stakeholders on quality policy statement.	Nov. 21, 2018
Annex 6=b page 5	Opportunities for Improvement and Observation	Definition of Opportunities for Improvement and Observation	Nov. 21, 2018

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Distribution

This quality system and operations manual, once approved by authorized signatories shall be posted in the transparency seal.

All QMS documents whether print or electronic copy shall be made available to all NIB personnel.

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II. DEFINITION OF TERMS AND ACRONYMS

1.	IPC	International Press Center
2.	MPC	Malacañang Press Corps
3.	PPA	Presidential Photographers Association
4.	MCA	Malacanang Cameramen Association
5.	FOCAP	Foreign Correspondents Association of the Philippines
6.	DBM	Department of Budget and Management
7.	DC	Division Chief
8.	DO	Director's Office

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III. GENERAL INFORMATION ABOUT THE NEWS AND INFORMATION BUREAU

OFFICIAL STATEMENT OF FUNCTIONS

as mandated by

Executive Order No. 297, s. 1987:

The News and Information Bureau shall be responsible for providing efficient, effective, productive, and economical services relating to the development and formulation of a domestic and foreign information program for the Government, in general, and the Presidency, in particular, including the development of strategies for the dissemination of information on specific government programs.

The News and Information Bureau shall be headed by a Director and assisted by an Assistant Director, both to be appointed by the President, upon the recommendation of the Secretary of the Presidential Communications Operations Office (PCOO).

Consisting the News and Information Bureau are: the Financial and Administrative Division (FAD), Presidential Press Staff (PPS), Media Accreditation and Relations Division (MARD), and the Philippines News Agency (PNA).

The News and Information Bureau shall have the following functions:

1. Formulate, develop, and implement a national information program for the Government and the Presidency, including the strategies in support of specific national development programs;
2. Formulate, develop, and implement an overseas information program, including strategies for the effective dissemination of information about the Philippines, the policies, activities, and programs of the Government and the Presidency;
3. Establish liaison with the representatives of domestic and foreign press, and provide assistance relevant to the projects, policies, and activities of the Government and the Presidency;
4. Establish and maintain a system of accreditation for local and foreign members of the media;
5. Make arrangements for Presidential press and broadcast coverage and conferences;

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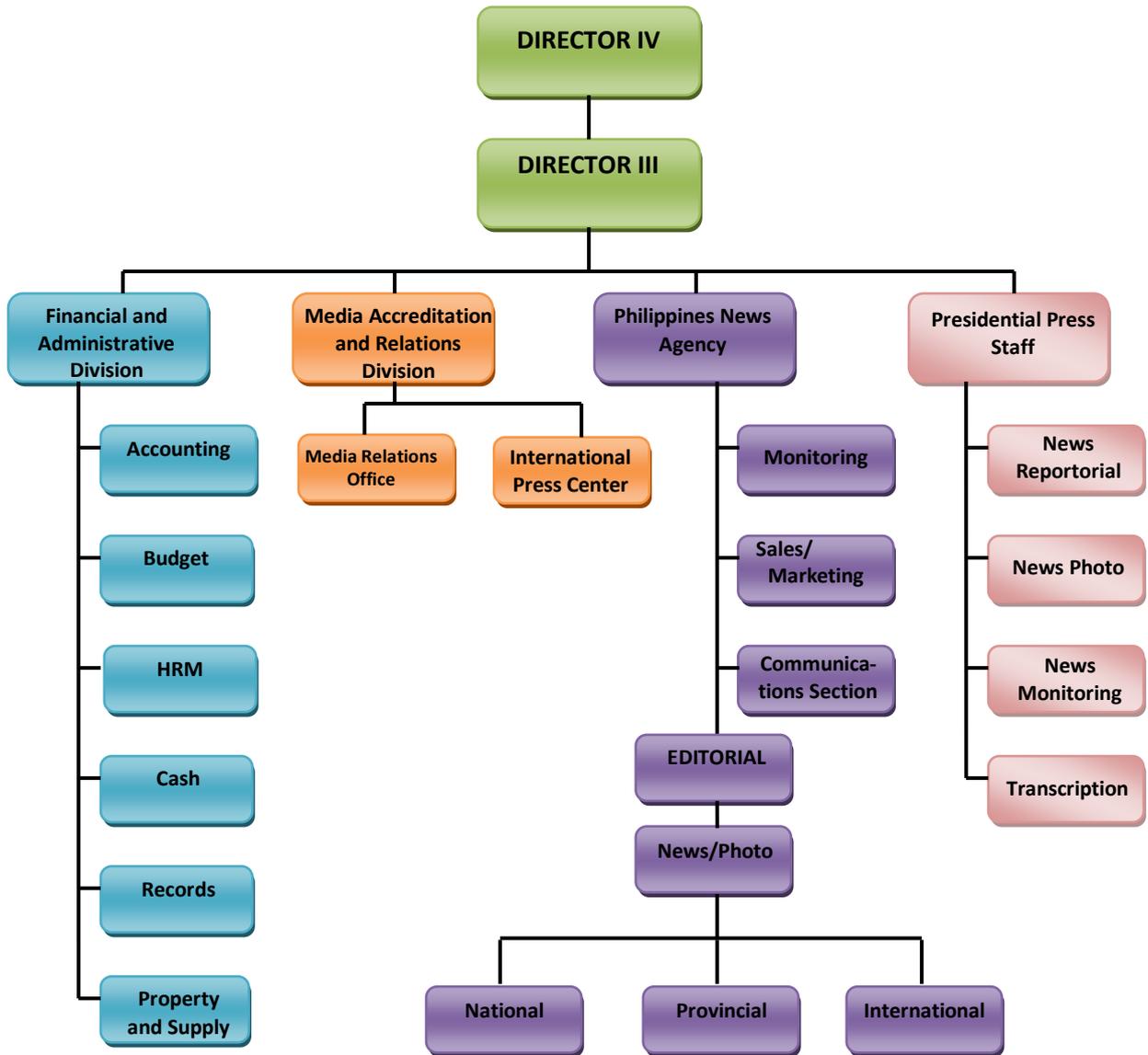
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6. Provide services relative to day-to-day and special information and communication requirements of the Government and the Presidency, including the programming and monitoring of significant projects and activities on media relations and other media-related matters;
7. Provide daily news services to both local and foreign publics on the policies, activities, and programs of the Government and the Presidency, and maintain a wire service operation, for the purpose of effecting coverage of events and developments in the Government and the Presidency;
8. Produce and distribute information materials, such as handbills, folders, pamphlets, posters and other publications on the directions, policies, programs, and activities of the Government and the Presidency; and
9. Perform such other functions as may be provided by law.

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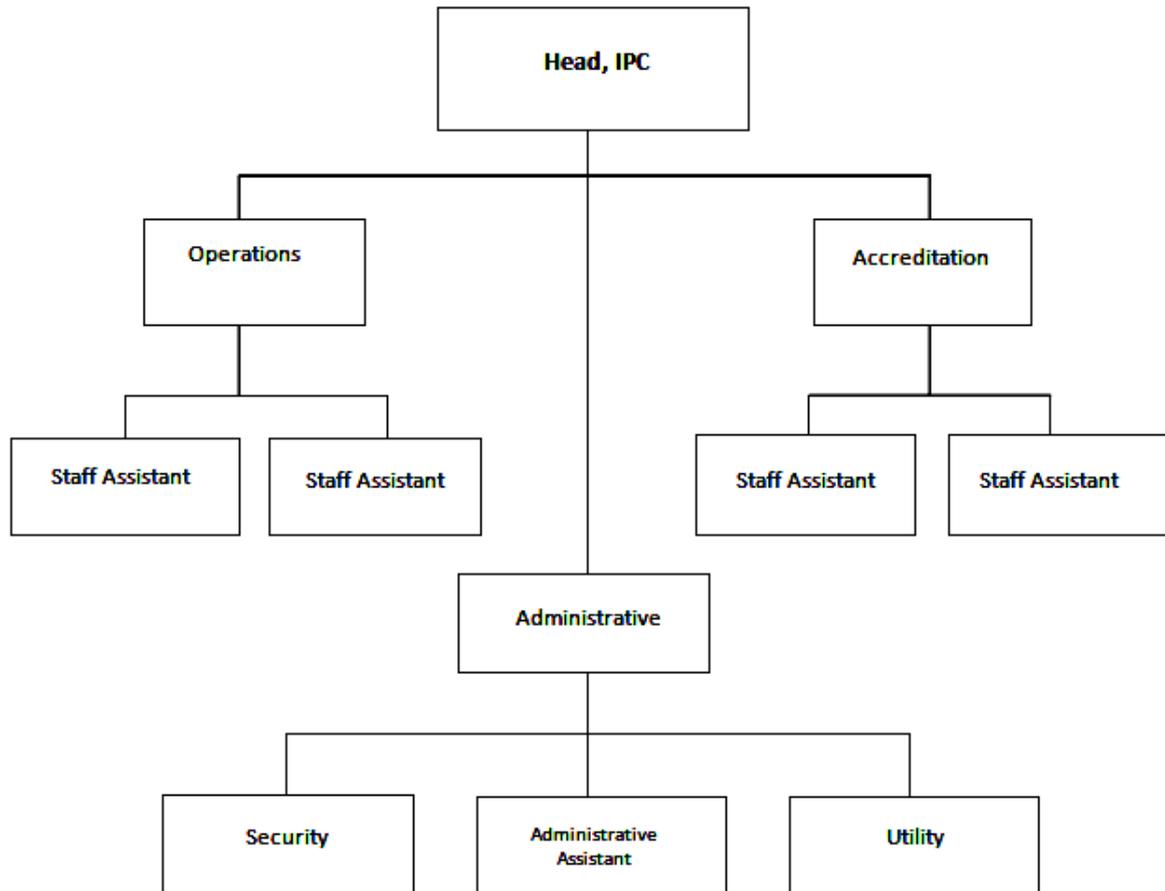
IV. NIB ORGANIZATIONAL STRUCTURE AND RESPONSIBILITIES OF THE INTERNATIONAL PRESS CENTER (IPC)

NIB ORGANIZATIONAL CHART



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International Press Center



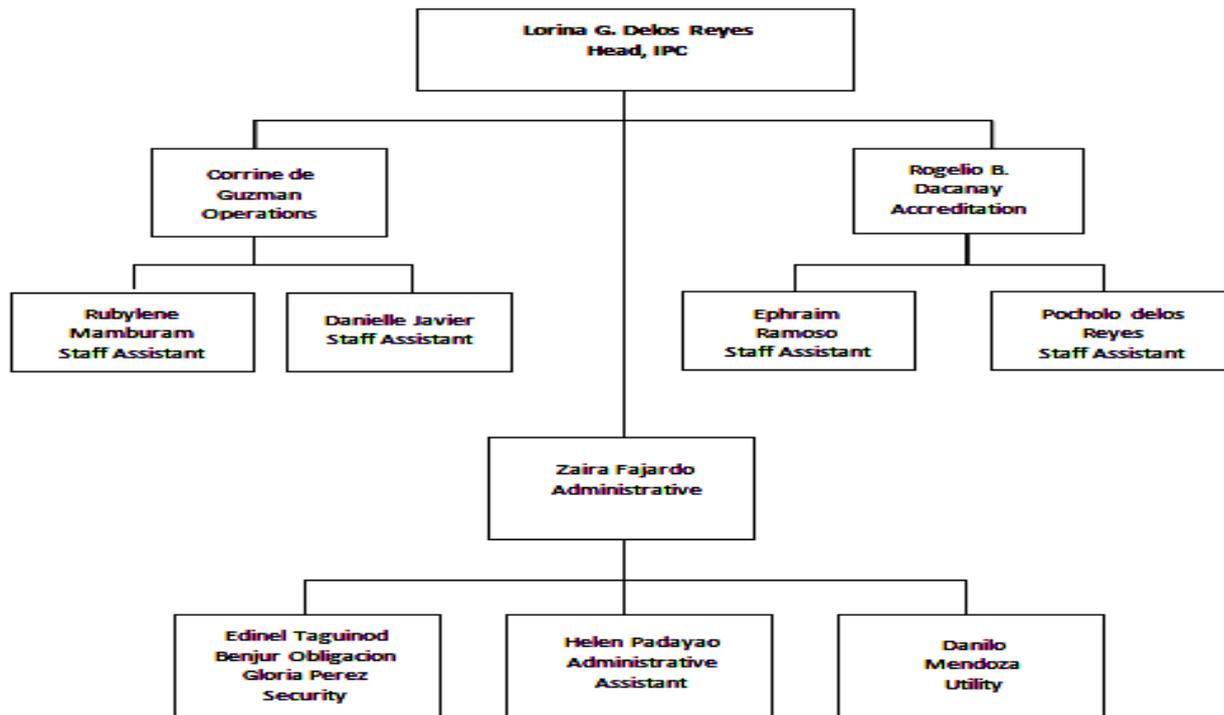
IPC Duties and Responsibilities

- Accredits Local (Malacañang beat), Foreign Media (Foreign Correspondents Association of the Philippines (FOCAP) and Visiting Journalists including documentary entities).
- Handles Press/Media Center operations for International and Local events such as conferences, meetings, conventions and other special events held in the Philippines.
- Assists in filming/documentary in the Philippines.
 - Endorses visa issuance to visiting journalists to the Philippines.
 - Assists in facilitating the clearance and release of news/filming equipment from Bureau of Customs.
 - Processing of the special work permit (swp) from the Bureau of Immigration.
- Assists FOCAP/visiting journalists with immigration (visa extension, exit clearance, visa waiver, swp).
- Assists in the handling of official/state visits of Head of States, Ministers and other visiting dignitaries to the Philippines.
- Assists visiting media in their request for interviews and other arrangements.
- Helps in securing access pass for media coverage at NAIA.

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V. OPERATIONAL CONTROL AND SUPERVISION

International Press Center



- Head, IPC:
 - Handles press center operations for domestic and international events.
 - Supervises the operations of the International Press Center.
 - Supervises the establishment of press center operations and press communications facilities/physical and technical requirements for domestic and foreign visits and international conferences.
 - Handles documentation assistance to all filming group in the Philippines.
 - Takes charge of media accreditation and press credential for visiting media (travelling with the President/head of state) to the Philippines.
 - Takes charge of issuance of press identification cards to accredited tri-media representatives, MPC and foreign correspondents and visiting journalists.
 - Does related work as may be assigned by immediate chief from time to time.

- IPC staff assists the Head, IPC on the following:
 - Press center operations for domestic and international events.
 - Operations of the International Press Center.
 - Establishment of press center operations and press communications facilities/physical and technical requirements for domestic and foreign visits and international conferences.
 - Documentation assistance to all filming group in the Philippines.
 - Media accreditation and press credential for visiting media (travelling with the President/head of state) to the Philippines.
 - Issuance of press identification cards to accredited tri-media representatives, MPC and foreign correspondents and visiting journalists.
 - Does related work as may be assigned by immediate chief from time to time.

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VI. STATEMENT OF QMS SCOPE (Including the Process Model/Map showing the processes covered by the QMS)

The News and Information Bureau (NIB) Quality Manual consists of policies, system and procedures that serves as a reference and guide for all NIB employees in order to familiarize themselves and appreciate the importance of NIB Quality Management System (QMS).

The manual is essential in the implementation of QMS that is aimed at achieving good quality principles and best practices.

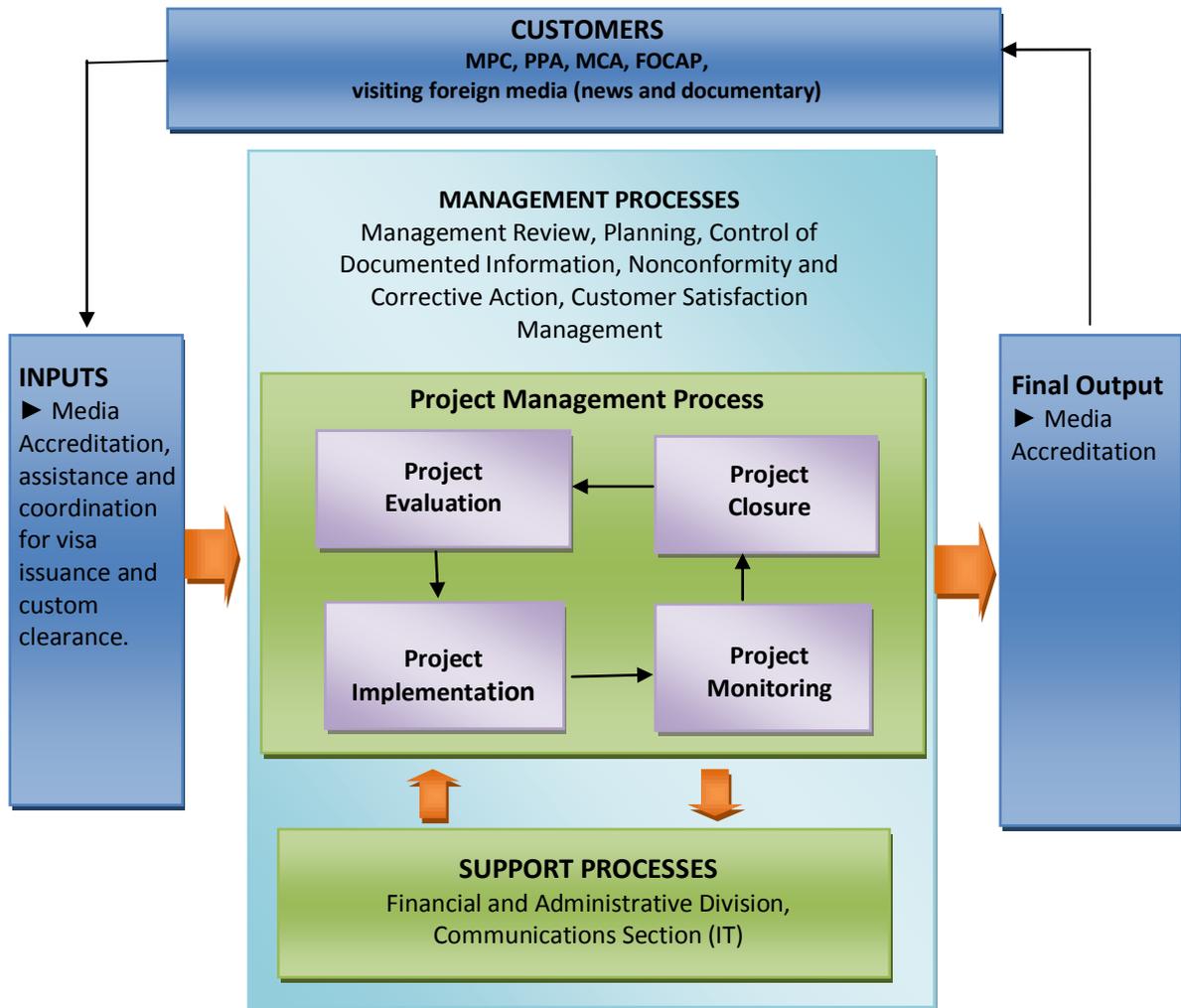
NIB Quality Management System Model



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Among the Divisions of NIB IS the International Press Center (IPC). Shown below is its process models

IPC Service Process Model



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VII. Justification of exclusion. If there is any.

Monitoring of measuring equipment.

NIB does not use any measuring equipment needing calibration thus this sub-clause is not applicable to IPC.

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VIII. Description of the processes covered by the QMS.

Quality Management System Planning

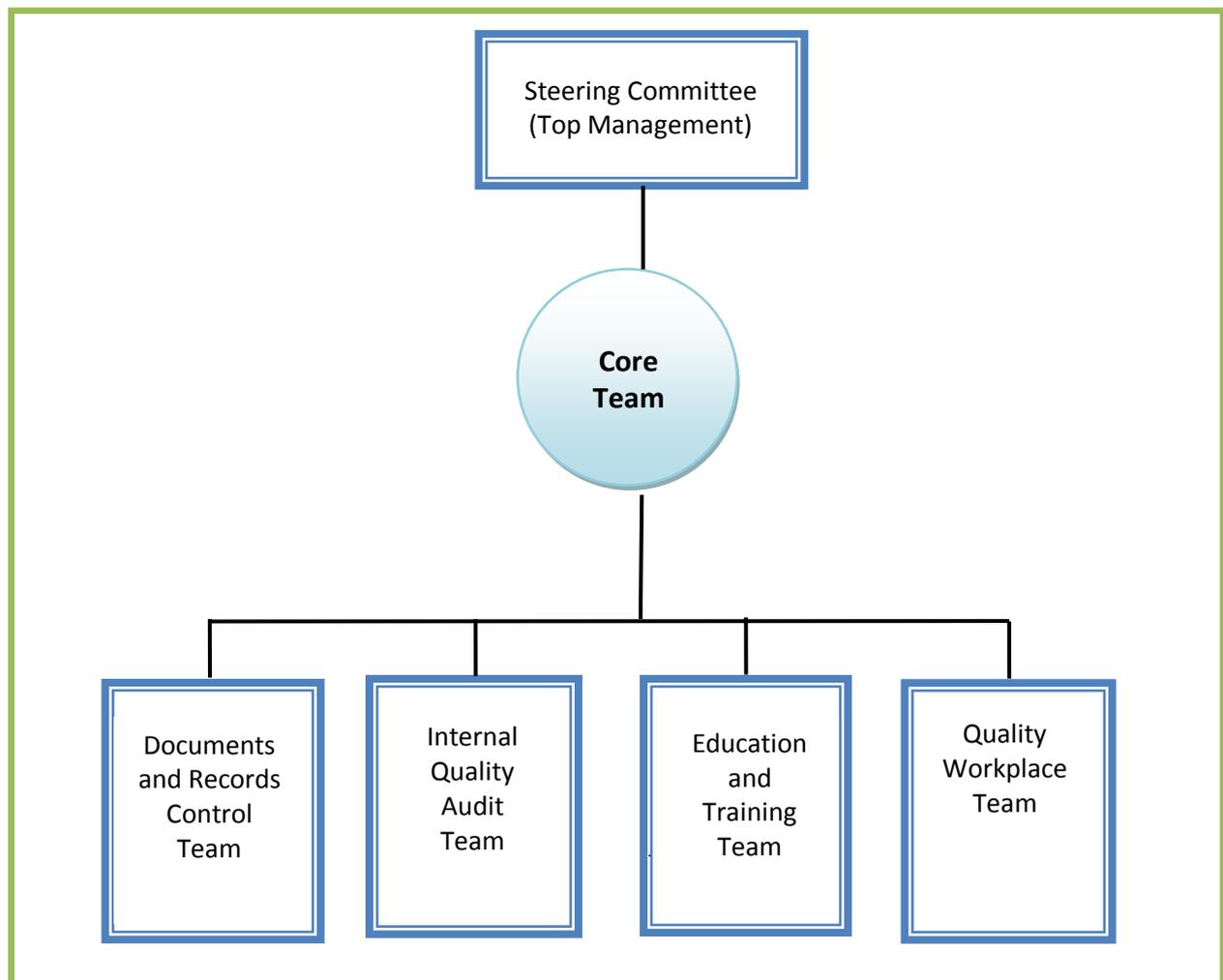
Quality system and processes are planned for continual improvement and to ensure that the system is appropriate for its intended purpose of delivering NIB services effectively and efficiently.

Top Management shall ensure that:

The quality management system planning is carried-out in order to meet the quality objectives of NIB;

The integrity of the quality management system is maintained when changes to the quality management system are planned and implemented.

Quality Management Structure



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Responsibility and Authority

Steering Committee (Top Management)

- Responsible for ascertaining that the quality objective is in line with NIB's mandate and core processes.
- Provides resources as support to the implementation of Quality Management System for NIB.
- Ensures that the QMS, Quality Policy and Quality Objectives are effective through regular assessment and evaluation.
- Formulates method, systems and procedures in improving the QMS.

CORE TEAM

The Core team that consists of Documents and Records Control, Internal Quality Audit Team, Education and Training Team, Quality Workplace Team and Secretariat is tasked to assist the management committee in sustaining the implementation of the NIB QMS.

Documents and Records Control

- Handles the maintenance and control of documents (in conformity with the requirements of the QMS) for effective operations.
- Ensures that records are readily identifiable and easily retrievable.
- Responsible for establishing and/or formulating the procedures for control of records necessary for easy identification and retrieval, storage and/or safekeeping, retention time and disposition of records.

Internal Quality Audit Team

- In charge of gathering information regarding:
 - processes and operating procedures
 - staff competence and training
 - equipment
 - work environment
 - quality control and validation of results
 - recording and reporting practices.
- Prepares the audit findings and presents the same to the Top Management (Executive Committee) during the Management Review.
- Identifies the failure in the system or procedures and administers the implementation of corrective actions for the nonconformities found during audit/s.

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Education and Training Team

- Develops and implements the training and education program to promote awareness and understanding of quality management principles, requirements, and applications.

Quality Workplace Team

- Plans and coordinates the implementation of the 5S Program.
- Develops 5s standards.
- Conducts 5S trainings in coordination with the Training and Education Team and Personnel Management (HR).
- Conducts 5S audits.

Management Review

It is essential that the management reviews the QMS twice a year in shaping the efficiency and effectiveness of the established system. These are done through evaluation of the accomplishment report submitted by each division of the bureau and surveys that are conducted quarterly to search out feedback and outcome of the overall performance and delivery of services of the bureau.

The result of review is a factor in formulating policies and programs that will improve the processes that satisfy the requirements of the QMS.

Resource Management

Human Resource Management

NIB believes that human resource plays the key role in the fulfillment of objectives of the bureau. Selection and hiring of employees are in conformity with the qualification standards, and rules and regulations of the Civil Service Commission.

To maintain the quality of work, the NIB management ensures:

- Strengthening of manpower by hiring the right employees who are committed to their career, have the right skills and educational requirements, and with great social skills.
- Appropriate trainings and education are provided to employees to develop opportunities for personal and career development.
- Assessment of employees' performance and competency through performance evaluation are carried out.
- Human Resource Management Section maintains the appropriate records of education, work experience, training profile, eligibility, and other credentials of the employees through the individual 201 files.

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Infrastructure Management

The office facilities include buildings, workstations, equipment, transportation service, IT equipment, storage facilities for supplies, and utilities. These are provided and maintained by NIB management in order to produce quality performance and delivery of quality services.

The Administrative Division, through its General Services Unit, handles and manages the maintenance of the building. The supply Section handles the supplies and equipment of NIB. On the other hand, the Communication Services (IT Section) handles the maintenance of the IT equipment needed in the daily operations of the Philippine News Agency and other divisions of NIB.

Work Environment

The NIB is committed to promote the well-being, motivation, and satisfaction of its officers and staff by establishing a quality work-life balance that would help the employees to become more effective and efficient. This can be done through the following:

- a. Providing a workplace that is conducive to a productive work environment

Working in a clean and healthy, safe, and comfortable office can have significant effects on the interactions between co-workers and supervisors.

- b. Hiring the right employees

NIB hires people that can work as a team and can contribute to a positive work environment.

Overview of Quality Procedures

Control of Documented Information

The documents are controlled in conformity with existing Quality Management System. NIB established a documented procedure for approval, re-approval, review, updating and revision, and distribution of documents as well as identification, collection, indexing, filing, storage, maintenance and disposition of quality records.

After the initial approval and issue of the QMS, changes thereafter are subjected to the to the document change in Documented Information Control procedure.

All units maintain quality records to be consistent with the effective operation of the quality system.

Quality records are legible, stored and retained, in such a way that they are readily retrievable, in storage facilities that provide a suitable environment to prevent damage, deterioration, or loss.

Retention periods of quality records are established, recorded and maintained.

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Nonconformity and Corrective Action

The NIB has established, implements, and maintains a documented procedure for nonconformity and corrective actions to efficiently and effectively solve the potential and existing non-conformities. The procedure also intends to eliminate the causes as well as anticipate and prevent the emergence of new problems and/or recurrence of identified nonconformities that may impede in accomplishing NIB's mandate.

Internal Quality Audit (IQA)

In connection with the implementation and or effectiveness of QMS, the internal Quality audit team of NIB verifies if the established quality policy and procedures are executed as scheduled and planned. The quality audit can only be performed by trained auditors who are independent from the area under audit. The findings/observations of the team are relayed to the division chiefs involved in order for them to respond accordingly. The team verifies if the findings/observations are addressed properly and shall report the results to the top management.

Product Realization

The NIB has established and implements a policy and procedure to ensure that purchased goods and services conform to the applicable statutory and regulatory requirements as stated under Republic Act 9184, otherwise known as the GPRA, Government Procurement Reform Act (Reference: Implementing Rules & Regulations of RA 9184.)

The purchasing information is provided through the prescribed Purchase Request (PR) form for the procurement of goods and services. The PR- form contains, as appropriate, the following information:

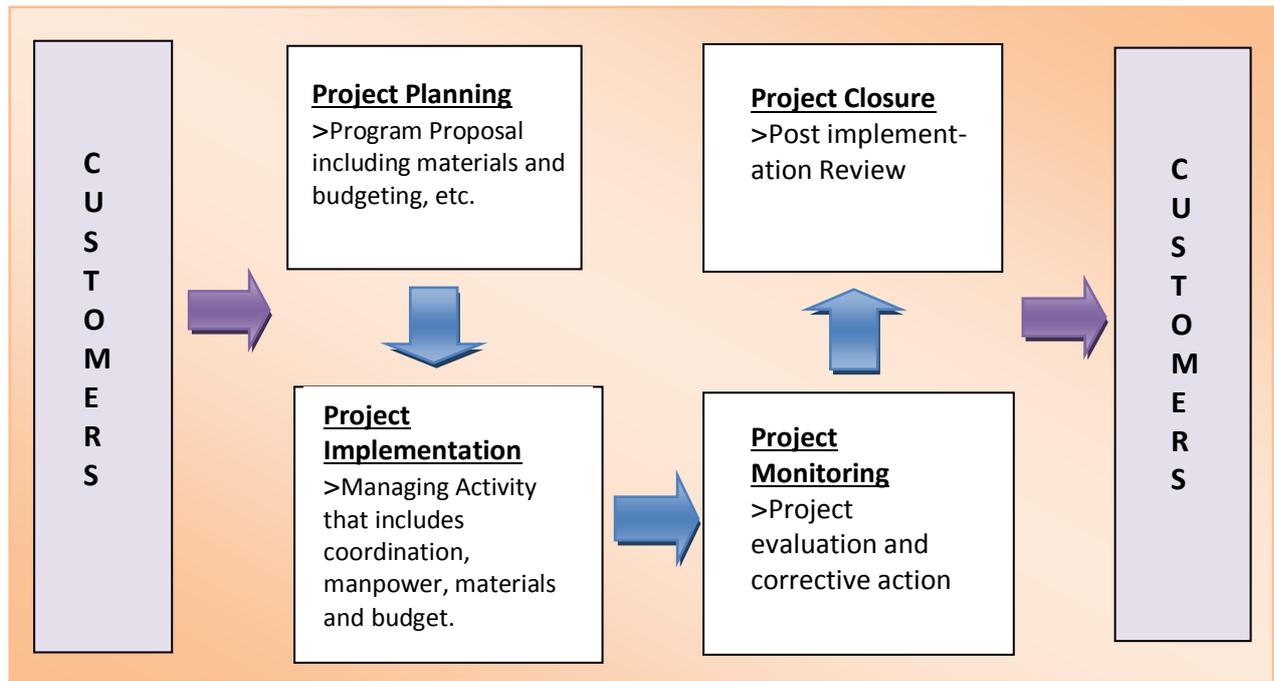
- a. Specification requirements for the approval of goods and services;
- b. Specification requirements for the qualifications of personnel; and
- c. Quality management systems requirements.

The NIB has established a procedure for inspection or verification of purchased product to ensure that it meets the specified purchase requirements.

The responsible personnel review the adequacy of specified purchasing requirements prior to the approval and processing or requests. Prior to the acceptance, purchasing personnel evaluates the purchased products against the specified requirements and when appropriate, secure acceptance by the end-user, or its authorized representative. The necessary evaluation, selection and re-evaluation of the performance of the supplier and the purchased goods and services are performed by responsible personnel.

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NIB Project Management System



Project planning. Includes the preparation of project's program, materials, etc., and budget allocation including breakdown of estimated expenses to be incurred for the proposed project.

Project implementation. This phase involves putting the project plan into action such as direction and managing each activity. It includes coordination and management of human resources including other resources such as materials and budgets to meet the objectives of the project plan.

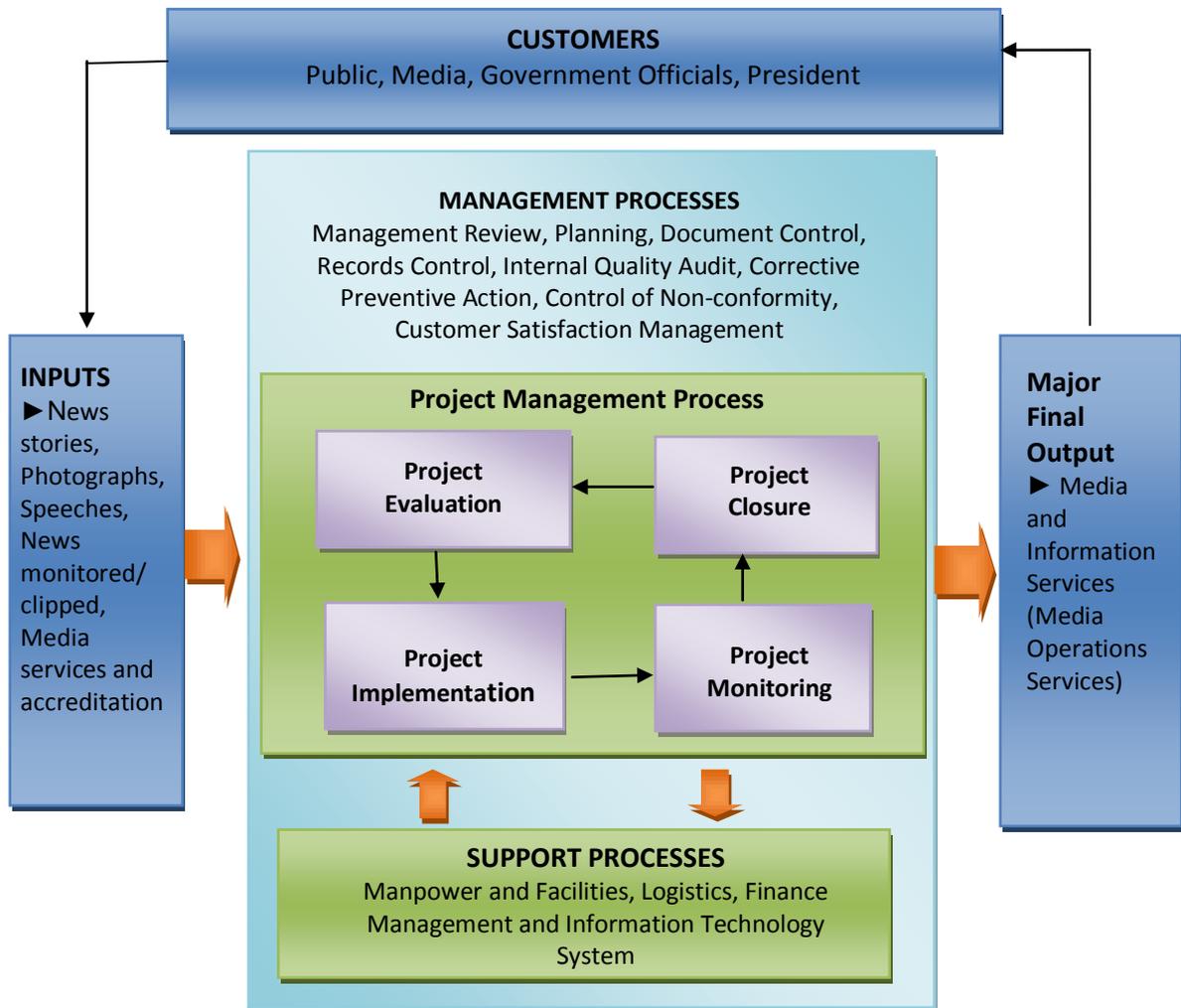
Project monitoring. Includes measuring ongoing project activities (status of the project). Monitoring is performed by evaluating the project variables (cost, effort, scope, etc.) against the project management plan and the project performance baseline and identification of the corrective actions to address issues and risks properly.

For monitoring, a logbook is used to record all the activities in a project. Gantt chart is used to determine the project schedule. It also illustrates the start and finished dates and work breakdown structure of the project.

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Project Closure. This is the finalization of all activities across of all the process groups to formally close the project or a project phase. Also included in this phase is the Post Implementation Review. Post implementation review is determining the things went well in the project and things went badly.

NIB Service Process Model



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IX. Description of the organizational context.

NIB PESTLE

POLITICAL FACTORS

1. Budget allocations
2. Change management
3. Corruption level
4. Policies, terms and change
5. Regulations and deregulations

ECONOMIC FACTOS

1. General taxation issues
2. Reorganization

SOCIAL FACTORS

1. Public client attitudes and opinions.
2. Media views

TECHNOLOGY FACTORS

1. Competing technology development.
2. Replacement of technology/solutions.
3. Information and communications.
4. Social media use.
5. Maturity of organization's services.
6. Digital technology growth.

LEGAL

1. COA disallowances
2. Occupational health and safety laws
3. Administrative cases

ENVIRONMENTAL

1. Weather affecting 24/7 operations of NIB
2. Workplace efficiency

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NIB SWOT

STRENGTH (S)

1. Mandate/Services
2. Manpower

WEAKNESSES

1. Inexperienced personnel.
2. No Division Heads/Chiefs.
3. Screening process of applicants for vacant positions.
4. "Dead woods".
5. COA disallowances.
6. Keeping pace with technology.

OPPORTUNITIES

1. PNA growth potential.
2. "News exchange" with foreign news agencies.

THREAT

1. Missed opportunities for operational growth.
2. Duplication of NIB operations by other agencies.
3. External supervision of NIB operations other than the NIB management.

IPC SWOT

STRENGTH (S)

1. Support of co-employees
2. Manpower Experience

WEAKNESSES

1. Under-staffed
2. Working schedule

OPPORTUNITIES

1. Meet different kinds of people, socialization
2. Travel/mobilization

THREAT

1. Media complaint
2. Risky and hazardous area
3. Fake representation from media

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X. Description of type and extent of control of external providers to ensure that externally provided processes products and services meet requirements.

- NIB ensures that suppliers and contractors are well managed to make sure that processes, products and services provided meet requirements. Evaluation and assessment on finance, resource and suitability of external providers shall be done for improvement in cost, quality and delivery.
- External providers are required to submit legal documents, technical documents, and financial documents in determining their eligibility as bidders as stated in the 2016 Revised IRR of Republic Act No. 9184.
- Post delivery activities include considerations on applicable statutory and regulatory requirements, potential unwanted consequences associated with the products and services, actions under warranty provisions, contractual obligations such as maintenance services, and recycling or final disposal.
- NIB Procurement Process/System is in conformity with the 2016 Revised IRR of Republic Act No. 9184.

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XI. Description of key stakeholders and their requirements and expectations.

DESCRIPTION OF KEY STAKEHOLDERS AND THEIR REQUIREMENTS AND EXPECTATIONS

Below illustrates the needs and requirements of the key stakeholders of NIB and IPC. They add direct value to the organization and are affected by the activities within the organization.

Interested parties/stakeholders include of NIB:

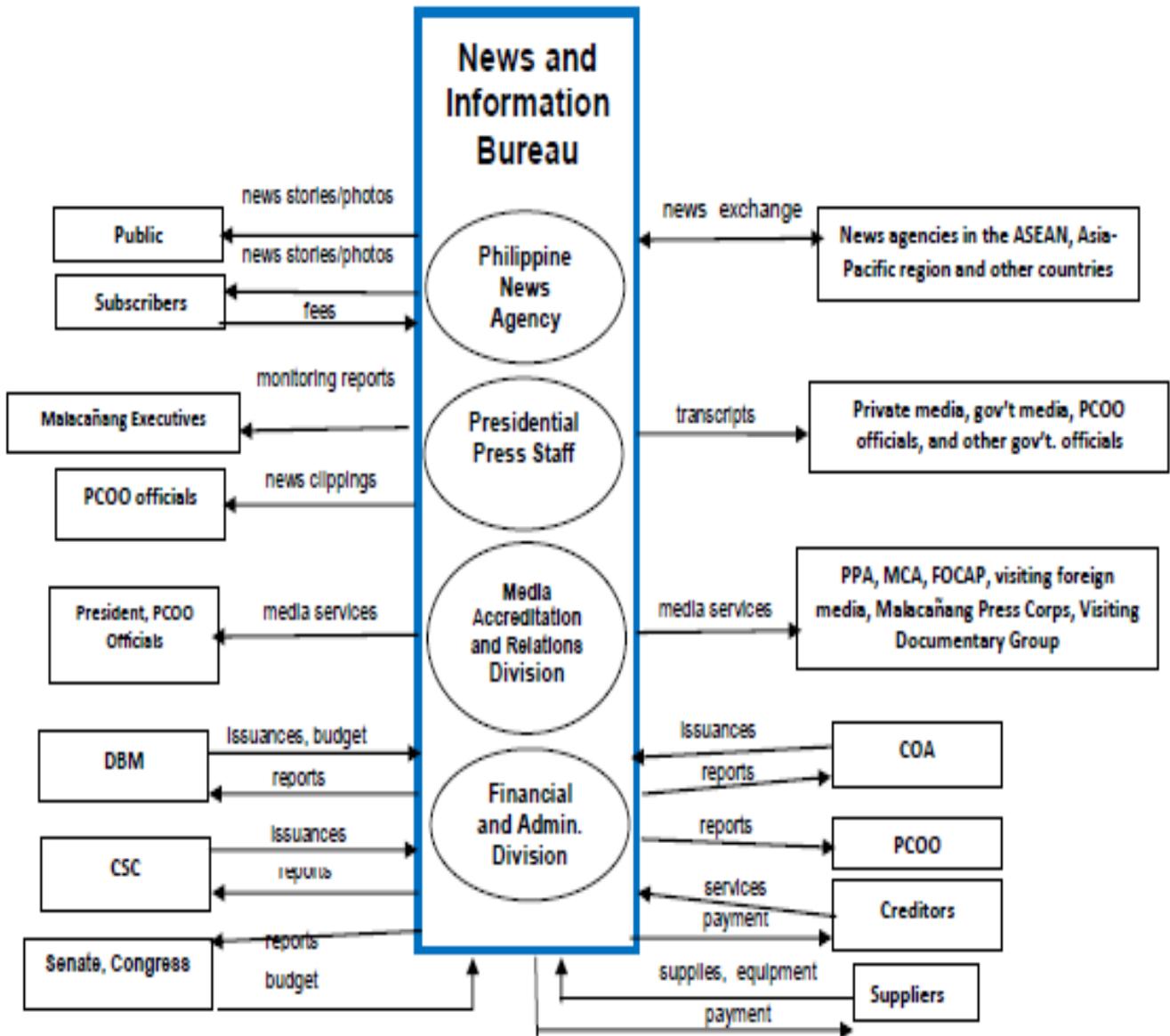
	INTERESTED PARTIES/STAKEHOLDERS	NEEDS/EXPECTATIONS OF INTERESTED PARTIES FROM NIB
1.	The President	Conducts, arrange, coordinates media coverage; timely and accurate PNA news.
2.	COA – Commission on Audit	Provide reports on time.
3.	Creditors	Prompt payment.
4.	CSC – Civil Service Commission	Compliance on reports and submission on time.
5.	DBM – Department of Budget and Management	Compliance on reports and submission on time.
6.	Malacañang Executives	Provides monitoring reports on time
7.	News agencies in the ASEAN, Asia-Pacific region and other countries.	News exchange.
8.	PCOO – Presidential Communications Operations Office	Provides timely report; efficient support services.
9.	PCOO Officials and other government officials	Provides transcripts, news clippings, media services on time.
10.	Private and government media	Provides transcripts on time.
11.	Public	Provides factual news stories.
12.	Senate and Congress	Compliance on reports and submission on time.
13.	Subscribers	Provides factual news stories.
14.	Suppliers/external providers	Prompt payment.

Interested parties/stakeholders include of IPC:

	INTERESTED PARTIES/STAKEHOLDERS	NEEDS/EXPECTATIONS OF INTERESTED PARTIES FROM NIB
1.	FOCAP – Foreign Correspondents Association of the Philippines	Provides efficient media services.
2.	Malacañang Press Corps	Provides efficient media services.
3.	MCA – Malacañang Cameramen Association	Provides efficient media services.
4.	PPA – Presidential Photographers Association	Provides efficient media services.
5.	PPA – Presidential Photographers Association	Provides efficient media services.
6.	Visiting Documentary Group	Provides efficient media services.
7.	Visiting foreign media	Provides efficient media services.

NEWS AND INFORMATION BUREAU

QUALITY MANAGEMENT SYSTEM AND OPERATIONS MANUAL				
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QUALITY MANAGEMENT SYSTEM AND OPERATIONS MANUAL			
Code: QM	Revision No. 0	Effective Date: January 15, 2017	Signatories 1

Prepared by:


JOYAL S. ESER
Planning Officer (Designate)

Recommended by:


MELINA O. CAJUIGAN
Acting Head,
Financial and Administrative Division (FAD)


RODEL F. MIANA
OIC, Presidential Press Staff (PPS)


LORINA G. DELOS REYES
Representative
Media Accreditation and Relations
Division (MARD)

On leave

LUIS A. MORENTE
Acting Executive News Editor
Philippine News Agency (PNA)

Approved by:


Dir. **VIRGINIA ARCILLA ACTAY**
Acting Head, NIB

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ANNEX 1

APPROVED QUALITY POLICY

Management Responsibility

Management Commitment:

Quality Policy

“We, at the News and Information Bureau, are committed to provide timely, reliable and responsive news and information, and efficient media relations services to the public about the government and the Presidency.

We further commit to continually improve the NIB management system and its processes to satisfy the expectations and needs of our local and foreign partners..”

Slogan

***“MABILIS AT WASTONG IMPORMASYON
PARA SA ATING MGA PILIPINO!!!”***

Mission Statement

It is NIB’s goal to provide quality accomplishments, and timely and dependable delivery of service. We aim to keep up with the latest technology to deliver the services faster and accurately.

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ANNEX 2

APPROVED QUALITY OBJECTIVES

NIB Quality Objectives:

“We aim to improve on-time delivery of news and information and media relations services from 90% to 100%”.

“We aim to achieve an excellent rating from stakeholder’s evaluation significantly for quality news and other articles/stories.”

Quality Management System Planning

Quality system and processes are planned for continual improvement and to ensure that the system is appropriate for its intended purpose of delivering NIB services effectively and efficiently.

Top Management shall ensure that:

- The quality management system planning is carried-out in order to meet the quality objectives of NIB;
- The integrity of the quality management system is maintained when changes to the quality management system are planned and implemented.

IPC QUALITY OBJECTIVE

“We aim to achieve an excellent rating in providing accreditation and assistance to visiting and Philippine based foreign media representatives, Malacañang Press Corps and documentary entities.”

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ANNEX 3

LIST OF INTERNAL AND EXTERNALLY GENERATED REFERENCES/DOCUMENTS NECESSARY FOR EFFECTIVE PLANNING AND OPERATIONS OF THE QMS.

Internal (IPC)

1. Quality Management System Manual and Operations Manual
2. Citizen's Charter
3. E.O. 297 s. 1987
4. MARD Operations Manual (*S. Pa-a, NIB-MARD*)

External

1. ISO 9001:2015
2. NAP General Circular No. 1 dated January 20, 2009
3. NAP General Circular No. 2 dated January 20, 2009

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ANNEX 4

MECHANISMS FOR DETERMINING CUSTOMER SATISFACTION AND FEEDBACK

MONITORING AND EVALUATION:

The NIB activities are monitored through evaluation of accomplishment reports submitted **QUARTERLY** by each division of NIB. The Planning Unit collates the accomplishment reports from each division into one central report. The members of the Executive Committee reviews and recommends the report to the Director of the agency.

Evaluation on the effectiveness of the program is carried out through external surveys of stakeholders. The Director of NIB conducts management committee meetings to assess, review and propose policies to further enhance operational capabilities of the Bureau. Regular meetings are held to check progress.

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ANNEX 5

OPERATING PROCEDURES FOR IPC ID CARD APPLICATION

Application for IPC Identification Card/ Step-by-step procedure	Fees	Forms and other documentary requirements	Processing Time <i>(under normal circumstances per transaction)</i>	Person/s-in-Charge
<p>Step 1: Secure IPC Accreditation Forms and complete accreditation requirements from the office or email intlpresscenter@gmail.com and ask for a copy.</p>	(None)	<p>For News Applicants (Malacañang Press Corps):</p> <p><i>(Upon approval by the Presidential Communications Office Secretary, a temporary ID – which is valid for six (6) months - shall be issued. Once the applicant is accepted by the Malacañang Press Corps (MPC) as a regular member, an MPC ID shall be issued. The Official list of MPC members shall be the basis for the annual renewal of MPC IDs)</i></p> <ol style="list-style-type: none"> 1. Letter of assignment addressed to the PCO Secretary from the agency he/she represents. 2. Samples of five (5) by-lined articles/photos (not older than 3 months). 3. Two (2) pcs. 2x2 ID pictures (with white background). 	10 minutes	Ms. Lorina G. Delos Reyes/ Mr. Rogelio B. Dacanay

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		<p><i>For Visiting/Documentary Group:</i></p> <ol style="list-style-type: none">1. Letter of Request addressed to the Head of News and Information Bureau.2. Two (2) pcs. 2x2 ID Pictures (white background).3. Photocopy of Passport (pages 1 and 2).4. Synopsis (For visiting/documentary group)5. List of crew/personnel coming to the Philippines.6. List of equipment (For visiting/documentary group).7. Letter of certification from concerned embassy in Manila8. Itinerary of the visiting/documentary group and their flight details.9. Special work permit issued by the Bureau of immigration and Deportation	1 to 2 weeks	
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Step 2: Submit forms with required documents to the accreditation officer for evaluation.	(None)		15 minutes	Ms. Lorina G. delos Reyes
Step 3: Approval of the IPC Identification Card application.	(None)		01 day (for applicants with complete documents)	IPC Head
Step 4: Processing of IPC ID	(None)		20 minutes	Mr. Rogelio B. Dacanay
Step 5: Releasing of IPC ID	(None)		05 minutes	Ms. Lorina G. Delos Reyes/ Mr. Rogelio B. Dacanay

PROCEDURE IN APPLYING FOR A JOURNALIST VISA

1. Applicant will have to go the nearest Philippine Embassy to apply for a Journalist Visa. They should provide/submit the requirement for the accreditation to the International Press Center (see attached).

Please address the letter to:

Ms. Virginia Arcilla-Agtay
Director
News and Information Bureau
Malacanang, Manila

Attention:

Lorina G. Delos Reyes
Head
International Press Center
News and Information Bureau

Contact No. + (632)3366095 Telefax
Email : intlpresscenter@gmail.com

2. Philippine Embassy will then forward the request to the Visa Division of the Department of Foreign Affairs.

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3. Visa Division of the Department of Foreign Affairs will send the First Endorsement Letter requesting for authority to issue necessary visa to the International Press Center.
4. IPC will then issue a Second Endorsement Letter to the Consular Affairs Division, interposing no objection to the issuance of necessary visa.
5. The Visa Division will then forward the authority to issue the necessary visa to the requesting Philippine Embassy.
6. In case that team will be bringing in equipment, a letter to the District Collector, Bureau of Customs will be issued.
7. Upon arrival in the country they have to go to the International Press Center (IPC) for the issuance of their IDs. If they have local coordinator, she/he can coordinate with IPC in advance on their behalf.

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For Local Media



PRESIDENTIAL COMMUNICATIONS OFFICE
INTERNATIONAL PRESS CENTER
2017 Press Accreditation Form

Attach two colored 1x1 ID photo w/ white background

RENEWAL 2016 IPC# _____
 MPC MCA PPA NEW APPLICANT

Date of application _____

Name				
	Family Name	First Name	Middle Name	Nickname
Media Agency				
Designation/Position in agency (indicate if freelance)				
NAME OF HEAD OF OFFICE:			PERSONAL DATA:	
OFFICE ADDRESS:			Citizenship:	
Tel. No.:	Fax No.:		Birth Date:	
Home Address/Tel. No.:			Birth Place:	
E-mail Address:		Mobile Phone No.		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Please check type of media organization you represent <input type="checkbox"/> Newspaper <input type="checkbox"/> Magazine <input type="checkbox"/> News Agency <input type="checkbox"/> Television <input type="checkbox"/> Radio <input type="checkbox"/> Photo Agency <input type="checkbox"/> Documentary <input type="checkbox"/> Others (Specify) _____			Status: <input type="checkbox"/> If Married, spouse name _____ <input type="checkbox"/> Single <input type="checkbox"/> Separated/Divorced	
			Height (ft/m) _____ Weight (lb/kg) _____	
Contact person in case you are out of town Name: _____ Tel. No. _____			<p style="text-align: center;">ACCREDITATION REQUIREMENTS</p> <ol style="list-style-type: none"> 1. Accreditation forms properly filled up. 2. Letter of endorsement from respective agencies 3. 2 pcs. 1"x1" colored pictures with white background <p style="text-align: center;">ADDITIONAL REQUIREMENTS FOR NEW APPLICANTS</p> <ol style="list-style-type: none"> 1. 5 bylined photos (published not later than 3 mos.) 2. 5 bylined articles (published not later than 3 mos.) 3. Five (5) consecutive issues of newspaper or magazine (for new publications not later than 3 mos.) <p style="font-size: x-small;">Note: ID's not claimed within two months after approval will no longer be released.</p>	
I hereby certify all above information are true and correct <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p style="text-align: center; font-size: small;">Signature of applicant</p>				

This part to be accomplished by accreditation officer

Received By: _____

Media Media Services
 2017 C.N. _____
 Date Issued _____
 Expiry date _____

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For Foreign Media

		PRESIDENTIAL COMMUNICATIONS OFFICE INTERNATIONAL PRESS CENTER 2017 Press Accreditation Form		Attach two colored 2x2 ID photo w/ white background	
		<input type="checkbox"/> RENEWAL 2018 IPC # _____ <input type="checkbox"/> FOREIGN MEDIA <input type="checkbox"/> FOCAP <input type="checkbox"/> VISITING JOURNALIST Date of application _____			
Name		Family Name	First Name	Middle Name	Nickname
Media Agency					
Designation/Position in agency (indicate if freelance)					
NAME OF HEAD OF OFFICE:			PERSONAL DATA:		
OFFICE ADDRESS:			Citizenship: _____ National ID # _____		
Tel. No.:		Fax No.:		Birth Date: _____	
Home/Hotel Address in the Philippines/Tel. No.:			Birth Place: _____		
E-mail Address:		Mobile Phone No.:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Please check type of media organization you represent <input type="checkbox"/> Newspaper <input type="checkbox"/> Magazine <input type="checkbox"/> News Agency <input type="checkbox"/> Television <input type="checkbox"/> Radio <input type="checkbox"/> Photo Agency <input type="checkbox"/> Documentary <input type="checkbox"/> Others (Specify) _____		Passport No.:		Status: <input type="checkbox"/> Married, spouse name _____	
		Issued at		<input type="checkbox"/> Single	
		Issued on		<input type="checkbox"/> Separated/Divorced	
		Expiry date		Height (ft/m) _____ Weight (lb/kg) _____	
		Visa No./Status		ACCREDITATION REQUIREMENTS 1. Accreditation forms properly filled up. 2. Letter of request from respective agencies 3. 2 pcs. 2"x2" colored pictures with white background 4. Copy of contract of employment (for local hire) 5. Photo copy of passport (pages 1& 2) 6. Letter / Endorsement from the embassy	
		Length of stay			
Expected places to visit in the Philippines		ADDITIONAL REQUIREMENTS FOR NEW APPLICANT AND FREELANCER 1. 5 bylined photos (published not later than 3 mos.) 2. Five (5) consecutive issues of newspaper or magazine (for news publications not later than 3 mos.)			
Contact person in case you are out of town Tel. No. _____					
In case of freelance journalist and correspondent who submit stories or photographs to more than one publication, please list Media entities you are a frequent contributor. <div style="border: 1px solid black; height: 40px; width: 100%;"></div>		<div style="border: 1px solid black; width: 100%; height: 40px;"></div> thumbmark			
I hereby certify all above information are true and correct _____ Signature of applicant					
This part to be accomplished by accreditation officer Date received _____		<input type="checkbox"/> Media <input type="checkbox"/> Media Services 2017C.N. _____ Date Issued _____ Expiry date _____			

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ANNEX 6-a.

CONTROL OF DOCUMENTED INFORMATION

1.0. Purpose

- 1.1. This Procedures and Work Instructions Manual (PAWIM) serves as a guideline of the employees of the News and Information Bureau (NIB).

This manual is established to illustrate that all pertinent **documented information** is managed under **controlled** conditions as well as reviewed and approved by authorized personnel prior to issue.

It describes the method in which documented information will be readily identified, properly retrieved, protected and stored, as well as proper retention and disposition, in conformity to the NIB QMS.

2.0. Scope

- 2.1. This procedure applies to all types of documented information used for references by NIB employees.

3.0. References

- 3.1. NIB documents
3.2. NAP General Circular No. 1 dated January 20, 2009
3.3. NAP General Circular No. 2 dated January 20, 2009

4.0. Abbreviations and Definitions

- 4.1. PAWIM – Procedures and Work Instructions Manual
- 4.2. QMS - Quality Management System
- 4.3. NAP - National Archives of the Philippines
- 4.4. Documented Information – as meaningful data that is required to be controlled and maintained by the organization and the medium on which it is contained. Examples are records, procedures, processes etc. It can be in any format and media and from any source such as paper, magnetic, electronic or optical computer disc, photograph, master sample etc.
Documented information needs to be maintained (documents) and retained (records).
- 4.5. Active documented information – records that are currently being maintained, used and controlled. These records are normally kept in desk/workstation drawers or nearby filing cabinets, shelves or racks for easy access and retrieval.

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- 4.6. Inactive records – records that are very rarely or no longer referred to, and which must be transferred to a cheaper place (e.g. the Agency’s Records Center). These records have already served their purpose but must be kept just the same for legal requirements or some compelling reasons. They are only destroyed the moment their retention periods have expired.
- 4.7. Obsolete records – records whose retention periods have expired and which are no longer needed.
- 4.8. File – a cabinet with records in it; a folder containing records; a collection of papers involving a specific name or topic; a class or records in a separate group or series of filing drawers.
- 4.9. Filing System – a plan for identifying, arranging and finding records. Filing systems may be alphabetical, numerical, chronological, or functional subject-alphabetic classification system. (FSACS)
- 4.10. Records masterlist – a list that identifies the records needed and maintained for the QMS.
- 4.11. Records Disposition Schedule – a listing of records series by organization showing, for each record series, the period of time it is to remain in the office area, in the storage (inactive) area, and its preservation or destruction.
- 4.12. Retention Period – refers to the specific period of time established and approved by the National Archives of the Philippines as the life span of records, after which they are deemed ready for permanent storage or destruction.
- 4.13. Period of time when records must be kept, usually stated in terms of number of months or years, but sometimes expressed as contingent upon the occurrence of an event such as employee termination, contract closure, project completion, etc.
- 4.14. Revision Date - is the date the document was revised.
- 4.15. Effective Date - is the date when the newly approved document becomes effective .
- 4.16. Externally generated documented information - are those important documents needed to operate the quality system, but they were created externally.
- 4.17. Internal Documented Information – a document generated by the Agency.
- 4.18. Uncontrolled copy – a document copy not subject to further document control after it is issued.
- 4.19. Document Masterlist – a list that identifies the documents required by the quality management system.

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5.0. Responsibilities

- 5.1. Records Officer / Document Controller - is typically responsible in overseeing and ensuring that all required documented information are controlled in conformity with the records management program. Ensures that the controls provided in this procedure are effectively implemented throughout the Agency. Maintains the Central Records Retention Schedule, Central Document Masterlist, listing all the controlled documents of the organization.
- 5.2. Division/Section Chief – reviews and approves internal documents needed by his Unit, process or function; approves the distribution of copies of external documents pertaining to his process or function, reviews and approves the records retention schedule for records pertaining to his process or function. (At the minimum, in accordance with RMAO)
- 5.3. Unit Document Controller – ensures that documents needed by the Unit are properly maintained and are readily available. Maintains the Unit document and record Masterlist, Unit's Record Retention Schedule, listing all the controlled documents held by the Unit. He/she is also responsible for using the proper and approved forms and templates. Maintains the inactive records turned over the Records Center; disposes obsolete records in the Records Center.
- 5.4. Document Originator - prepares draft of new or revised internal document; receives new or revised external document from source.
- 5.5. Unit Records Custodian – Classifies records needed by his function or process; recommends retention periods for these records. Maintains active files needed by his function or process; turns-over inactive records to the Records Center, as needed; disposes obsolete records in his area.
- 5.6. All concerned personnel are responsible for adhering to this procedure to assure that controlled documented information can be readily identified and are appropriately used; retrieved and distributed in accordance to this procedure; updated, protected and stored, disposed in accordance to the NIB QMS.

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6.0. PROCEDURE

6.1. Creating And Updating

The management shall ensure that when creating and updating documented information, the following requirements are met:

- Quality records are identified with a subject, date, and alphanumeric identification that properly describes a record. The most recent version of all documents shall be listed on the record/logbook maintained by the Records Section.
- The Records Section will assure that all documents are legible, dated (with revision dates), readily identifiable, kept orderly and retained for a specified period.

CREATING DOCUMENTS/E-FILE/ID

1. *Secure the details of applicants for the forms and identification cards.*
2. *Design/layout the identification cards and forms*
3. *Approval of the forms/IDs by the IPC head (with documentation)*

6.2. Document Revision

- The Records Section will control the development or modification of any NIB documents. The revision date is the date the document was revised. The effective date is the date when the newly approved document becomes effective. Revision Nos. begin with 0, which is the first documented version of this document under the NIB records management system and are updated subsequently as revisions are made.
- The Records Section shall replace existing hard copies of any controlled documents that have been revised.
- All controlled copies of controlled documents shall be copied to official document that is coded with control number. Any document other than the original signed document which is not marked with coded number is not a controlled copy.
- The Records Section shall ensure all documents made obsolete by revised or new documents will be stamped "Obsolete" or will be discarded. Hard copies of obsolete procedures will be maintained in the obsolete files.
- The Records Section will ensure that all new or revised documents that are referred to in procedures, if appropriate, will be listed in the logbook. The document control matrix will include at a minimum the name of the reference material and location.

REVISION OF DOCUMENTS/E-FILE/ID

1. *Get comments/suggestions of the IPC head for the revision of forms/identification cards*
2. *Redesign the forms/IDs*
3. *Approval of redesigned forms/IDs by the IPC head*
4. *Documentation of edit trail on a separate file. Changes that have been made are inputted in the Word file for every version.*

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6.3. Storage and Access

- Quality records are filed, kept and preserved at the Records Section and must be organized, classified and described to promote accessibility to individuals requiring information contained in the records.
- The records section must keep an electronic copy of the records in their computer for backups and/or soft copies requirements.

6.4. Retention and Disposition

- Records are stored in the Records Section until they can be destroyed or transferred to the national Archives of the Philippines.
- The retention period of records must be consistent with the period of time established and approved by the National Archives of the Philippines as the life span of records, after which they are deemed ready for permanent storage or destruction.
- The Records Section shall prepare an inventory and appraisal of its records holding in the prescribed form (NAP Form No. 1) as an initial step in developing the Records Disposition Schedule and for whatever purpose may deem necessary.
- The disposition of records shall be in conformity with the provisions as stated in the “Guidelines on the Disposal of Valueless Records in Government Agencies” of the National Archives of the Philippines General Circular No. 2 dated January 20, 2009.

The following schedule will serve as a guide in disposition of records and documents.

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NATIONAL ARCHIVES OF THE PHILIPPINES
Pambansang Silupang ng Pilipinas

GENERAL RECORDS DISPOSITION SCHEDULE
common to all Government Agencies
 Series 2009

ITEM NUMBER	RECORDS SERIES TITLE AND DESCRIPTION	AUTHORIZED RETENTION PERIOD
	<u>ADMINISTRATIVE and MANAGEMENT RECORDS</u>	
1	Acknowledgment Receipts	To be filed with appropriate records series
2	Brochures/Leaflets/Phamplets (About or by the agency)	1 year provided 1 copy is retained for reference
3	Calendars/Schedules of Activities or Events	1 year
4	Certificates of Appearance/Clearances	1 year
5	Certifications	1 year
6	Charts Functional Organizational	PERMANENT
7	Correspondences Non-routine Routine	To be filed with appropriate records series 2 years after acted upon
8	Delivery Receipts	2 years
9	Directories of Employees/Officials	2 years after superseded
10	Feasibility Studies	PERMANENT if implemented, otherwise dispose after 5 years from date of record
11	Gate Passes	6 months
12	Inquiries	2 years after acted upon
13	Issuances Issued by or for the head of agency documenting policies/functions/ programs of the agency Issued by or for the head of agency reflecting routine information or instruction	PERMANENT 2 years after superseded
14	Lists Associations Committees Cooperatives	1 year after updated

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ITEM NUMBER	RECORDS SERIES TITLE AND DESCRIPTION	AUTHORIZED RETENTION PERIOD
cont. 14	Lists Donors Mailing Transmittal Others	1 year after updated To be filed with appropriate records series
15	Logbooks Incoming/Outgoing Correspondences Visitors Ordinary VIP Others	2 years after date of last entry 2 years after date of last entry PERMANENT 2 years after date of last entry
16	Manuals	PERMANENT
17	Meetings/Proceedings Files Agenda Minutes Board/Executive Committee Staff Notices	1 year PERMANENT 1 year 1 year
18	Official Gazettes	PERMANENT
19	Permits	1 year after renewed/expired
20	Plans Action/Work Others	3 years after implemented PERMANENT if implemented, otherwise dispose 5 years from date of record
21	Press Releases (About or by the agency)	PERMANENT
22	Programs Work Others	3 years PERMANENT if implemented, otherwise dispose 5 years from date of record
23	Proposals	PERMANENT if implemented, otherwise dispose 5 years from date of record
24	Publications (Record Set)	PERMANENT
25	Reorganization Records	PERMANENT
26	Reports Annual/Special Others	PERMANENT 2 years after incorporated in the Annual Report

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ITEM NUMBER	RECORDS SERIES TITLE AND DESCRIPTION	AUTHORIZED RETENTION PERIOD
27	Requests	2 years after acted upon
28	Slips Locator Permission Routing	1 year
29	Speeches (Record Set)	PERMANENT
30	Standard Operating Procedures (SOP)	PERMANENT
31	Telegrams	1 year after acted upon
32	Trip Tickets	1 year
	<u>BUDGET RECORDS</u>	
33	Allotment Files Advices of Allotment (AA) Agency Budget Matrixes Allotment Release Orders General (GARO) Special (SARO) Obligation Request/Slips (ALOBS) Plan of Work and Requests for Allotment Registries of Allotment & Obligations (RAO) Capital Outlay (RAOCO) Financial Expenses (RAOFE) Maintenance & Other Operating Expenses (RAOMO) Personal Services (RAOPS) Requests for Obligation of Allotment (ROA) Statements of Allotment, Obligations & Balances (SAOB) Statements of Appropriations, Allotment & Advice (SAAA)	3 years 3 years 3 years 3 years 3 years 10 years 3 years 3 years 3 years
34	Annual Budgets	3 years
35	Budget Estimates Including Analysis Sheets and Estimates of Income	3 years
36	Budget Expenditures Programs Sources of Financing	5 years
37	Budget Issuances (Those used as authority for agency transactions)	10 years
38	Budget Sheet Analysis	3 years

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ITEM NUMBER	RECORDS SERIES TITLE AND DESCRIPTION	AUTHORIZED RETENTION PERIOD
39	Budgetary Ceilings	3 years
40	Cash Allocation Ceilings/Notices of Cash Allocation	3 years
41	Certifications of Funds Availability	1 year
42	General Appropriations Acts	3 years
43	Organizational Performance Indicator Framework (OPIF)	Permanent
44	Physical Reports of Operations	3 years
45	Special/Supplemental Budgets	3 years
46	Work and Financial Plans	3 years
	<u>FINANCIAL AND ACCOUNTING RECORDS</u>	
47	Abstracts Daily Collections Deposits and Trust Funds General Collections Sub-Vouchers	5 years 5 years 5 years 2 years
48	Advices Checks Issued & Cancelled Remittance	4 years 10 years
49	Annual Statements of Accounts Payable	PERMANENT
50	Auditor's Contract Cards	3 years
51	Authorities for Allowances	2 years after terminated
52	Authorizations Overtime Purchase of Equipment/Property Transfer of Fund Travel Others	1 year after expired
53	Bank Slips Deposits Remittances	10 years
54	Bills	10 years after settled

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ITEM NUMBER	RECORDS SERIES TITLE AND DESCRIPTION	AUTHORIZED RETENTION PERIOD
55	Bonding Files Action Applications/Requests Fidelity/Surety Bond Indemnity for Issue of Due Warrant	3 years 3 years 5 years after expired/terminated 3 years
56	Books of Final Entry General Ledgers Subsidiary Ledgers	PERMANENT
57	Books of Original Entry Cash Disbursement Journals Cash Journals Cash Receipts Journals Check Disbursement Journals General Journals Journals of Analysis of Obligation Journals of Bill Rendered Journals of Check Issued Journals of Collection and Deposit Journals of Disbursement by Disbursing Officer	PERMANENT
58	Cash Flow Charts	PERMANENT
59	Certificates Settlement and Balances Shortages	10 years provided post-audited, finally settled and not involved in any case 10 years after settled
60	Claims Insurance Health Benefits Hospital	10 years after settled
61	Checks and Check Stubs	10 years provided post-audited, finally settled and not involved in any case
62	Daily Cash Flow	3 years
63	Daily Statement of Collections	5 years
64	Expense Ledgers	PERMANENT
65	Financial Statements Balance Sheets Income Statements Statements of Cash Flows (Annual) Statements of Operation	PERMANENT

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ITEM NUMBER	RECORDS SERIES TITLE AND DESCRIPTION	AUTHORIZED RETENTION PERIOD
66	Indices of Payments Creditors Employees Sundry Payments by Checks/Warrants	5 years 15 years after retired/separated PERMANENT
67	Journal Entry Vouchers	12 years provided post-audited, finally settled and not involved in any case
68	Lists of Remittances Loans Premiums	PERMANENT
69	Logbooks of General Funds	3 years after date of last entry
70	Monthly Settlements of Monthly Subsidiary Ledger Balance	2 years
71	Notices Disallowances Suspensions	3 years after settled
72	Official Cash Books	PERMANENT
73	Official Cash Books for Bank Cash Book	PERMANENT
74	Official Receipts	10 years provided post-audited, finally settled and not involved in any case
75	Orders of Payment	10 years
76	Payrolls	10 years provided post-audited, finally settled and not involved in any case
77	Payroll Payment Slips/Pay Slips	10 years
78	Quarterly Statements of Charges to Accounts Payable	10 years
79	Registry Books of Checks Released	PERMANENT
80	Registers Checks/Warrants Checks/Warrants Control	PERMANENT
81	Reliefs from Accountability Decisions Requests	10 years provided a copy is filed with 201 files
82	Reports Accountabilities for Accountable Forms Cash Disbursements Cash Examinations	3 years after cash had been examined 10 years 3 years provided post-audited, finally settled and not involved in any case

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ITEM NUMBER	RECORDS SERIES TITLE AND DESCRIPTION	AUTHORIZED RETENTION PERIOD
cont. 82	Reports Collecting & Disbursing Officers Checks Issued & Cancelled Collections & Deposits Disbursements Daily Cash Reports Liquidations Monthly Income Overdrafts and Misuse of Trust Funds Petty Cash Replenishments	10 years provided post-audited, finally settled and not involved in any case 3 years 10 years 10 years 5 years after case had been settled or terminated 10 years provided post-audited, finally settled and not involved in any case
83	Schedules of Accounts Receivables	3 years
84	Statements Accounts Current Payable Receivable Common Funds Financial Conditions Profits and Losses Reconciliations	3 years 10 years PERMANENT 10 years 10 years PERMANENT 10 years
85	Summaries of Unliquidated Obligations and Accounts Payable	10 years
86	Sundry Payments	10 years
87	Treasury Checking Accounts of Agency (TCAA)	10 years
88	Treasury Drafts	10 years
89	Treasury Warrants	10 years provided post-audited, finally settled and not involved in any case
90	Trial Balances and Supporting Schedules Cumulative Results of Operations-Unappropriated Final Annual Trial Balances Accounting's Copy Auditor's Copy Regional Office Copy Monthly/Quarterly Trial Balances Preliminary Trial Balances Accounting's Copy Auditor's Copy Regional Office's Copy	PERMANENT 10 years after Annual Financial Report had been published PERMANENT 10 years after Annual Financial Report had been published 2 years after consolidated in the Annual Financial Report 10 years after Annual Financial Report had been published PERMANENT 10 years after Annual Financial Report had been published

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ITEM NUMBER	RECORDS SERIES TITLE AND DESCRIPTION	AUTHORIZED RETENTION PERIOD
91	Vouchers, including Bills, Invoices & Other Supporting Documents Disbursements Journals Petty Cash Reimbursement Expense Receipts Travelling Expenses	10 years provided post-audited, finally settled and not involved in any case for COA & Accounting Office/Department/Division/Section/Unit. All other copies dispose after 1 year.
92	Withholding Tax Certificates	4 years after superseded
	<u>HUMAN RESOURCE/PERSONNEL MANAGEMENT RECORDS</u>	
93	Annual Summary Reports for Replacement Program for Non-Eligibles	5 years
94	Applications Employment Leave of Absence and Supporting Documents Relief of Accountability Retirement/Resignation	1 year 1 year after recorded in the leave cards 5 years after separated/retired 1 year
95	Attendance Monitoring Sheets	1 year
96	Authorities/Requests to Create or Fill Vacant Positions	2 years after vacant positions had been filled up
97	Certifications Employment Residency Service Others	1 year
98	Comparative Data Matrix of Employees	2 years
99	Daily Time Records	1 year after data had been posted in leave cards and post-audited
100	Employee Interview Records	1 year
101	Handwriting Specimens/Signature	PERMANENT
102	Job Order Employment Contracts	5 years after terminated
103	Leave Credit Cards	15 years after separated/retired
104	Lists of Eligibles/Non-Eligibles	1 year after updated
105	Logbooks Arrival & Departure of Employees Attendance Clearances Issued	2 years after date of last entry 1 year provided leave and undertimes are posted in the leave card 2 years after date of last entry

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ITEM NUMBER	RECORDS SERIES TITLE AND DESCRIPTION	AUTHORIZED RETENTION PERIOD
106	Medical Certificates in Support of Absence on Account of Illness/Maternity	3 years after absences had been recorded in leave cards
107	Membership Files GSIS Pag-ibig PhilHealth	15 years after separated/retired
108	Merit Promotion Plans	1 year after superseded
109	Performance Files Appraisal Evaluation Rating Cards Target Worksheets	1 year 1 year 5 years 1 year
110	Permissions to Engage in Business/Private Practice/Teach	2 years after expired
111	Personal Data Sheets (Curriculum Vitae/Resume)	1 year after superseded
112	Personnel Folders (201 Files) Appointments Acceptance of Resignation Approval of Retirement Awards Benefit/Gratuity Certificates Eligibility Rural Service Training/Seminar Attended Change of Marital Status/Name Clearance (latest) Designations/Details Oaths of Office Personal Data Sheet (latest) Position Descriptions Reinstatements Service Records (updated) Statements of Duties and Responsibilities	15 years after separated/retired
113	Plantilla of Personnel	PERMANENT while other copies dispose after 3 years
114	Position Allocation Lists	3 years
115	Position Classifications and Pay Plans	5 years after superseded
116	Recommendations/Referrals	1 year after acted upon

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ITEM NUMBER	RECORDS SERIES TITLE AND DESCRIPTION	AUTHORIZED RETENTION PERIOD
117	Reports Examinations Personnel Actions	2 years PERMANENT
118	Requests Accumulated Leave Credits Approval on Promotions Bonding Officials/Employees Changes of Status Reinstatements Transfers	1 year after acted upon/cleared
119	Salary Standardization Records	5 years after superseded
120	Staffing Patterns	PERMANENT
121	Service Cards	PERMANENT
122	Statements of Assets and Liabilities	10 years
	<u>LEGAL RECORDS</u>	
123	Administrative Cases	7 years after finally settled except Decisions which are Permanent
124	Affidavits	1 year after purpose had been served
125	Articles of Incorporation/By-Laws	PERMANENT
126	Complaints/Protests	5 years after settled
127	Contracts	5 years after renewed/terminated and/or finally settled
128	Decisions	PERMANENT
129	Deeds Donation Sale	PERMANENT
130	Legal Opinions	PERMANENT
131	Memoranda of Agreement/Understanding	PERMANENT
132	Petitions	5 years after settled
133	Resolutions	PERMANENT
134	Special Powers of Attorney	1 year after purpose had been served

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ITEM NUMBER	RECORDS SERIES TITLE AND DESCRIPTION	AUTHORIZED RETENTION PERIOD
135	Subpoenas Ad Testificandum Duces Tecum	3 years or to be filed with appropriate case
	<u>PROCUREMENT AND SUPPLY RECORDS</u>	
136	Acknowledgment Receipts for Equipment (ARE)/ Memorandum Receipts of Equipment (MRE), Semi-Expendable and Non-Expendable Properties	1 year after equipment had been returned
137	Annual Procurements Plans Programs	3 years
138	Bids and Awards Committee Files Abstracts Invitations Minutes Pre/Post Qualifications Publications Resolutions	5 years after contract of winner had been terminated/settled, others dispose after 1 year
139	Bills of Lading	2 years after delivery had been accepted
140	Bin Cards/Stock Cards on Supplies	3 years after date of last entry
141	Canvass of Prices	10 years if attached to vouchers, otherwise, dispose after 2 years
142	Equipment Ledger Cards	2 years after equipment had been disposed
143	Inventory and Inspection Reports of Unserviceable Properties	1 year after property had been disposed
144	Inventories of Equipment/Supplies	1 year after updated
145	Inventory Tag Cards	1 year after updated
146	Invoices / Receipts Accountable Forms Properties/Transfer of Properties	3 years after issuance of clearance had been terminated/after property had been returned
147	Invoices of Delivery on Supply Open-End Order Contracts	5 years
148	Job Orders	1 year
149	Lists of Supplies Under Supply Open-End	5 years
150	Monthly Reports of Supplies and Materials Issued	1 year

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ITEM NUMBER	RECORDS SERIES TITLE AND DESCRIPTION	AUTHORIZED RETENTION PERIOD
151	Property Cards	PERMANENT
152	Purchase Orders	4 years
153	Purchase Requests	1 year
154	Queries on Prices of Articles, Additional Funds to Meet Quotations	1 year
155	Reports of Waste Materials	2 years
156	Requisition and Issue Slips/Requisition Issue Vouchers	1 year or file with appropriate records series
157	Shipping and Packing Lists on Items Purchased	1 year
158	Suppliers Identification Certificates with Procurement	2 years after renewed
159	Supplies Adjustment Sheets	1 year after post-audited
160	Supplies Availability Inquiries	1 year
161	Supplies Ledger Cards	5 years
162	Supplies Purchase Journals	5 years
	<u>TRAINING RECORDS</u>	
163	Calendars	1 year after superseded
164	Course Designs/Outlines/Syllabi	1 year after superseded
165	Masterlists Participants Seminars Conducted/Coordinated	PERMANENT
166	Resource Speaker Profiles	1 year after superseded
167	Schedules of Training/Seminar	1 year after superseded
168	Survey Evaluation Questionnaires	1 year after data had been evaluated
169	Training Handouts	1 year after superseded
170	Training Programs/Plans	3 years after superseded
171	Training Reports	2 years
172	Workshop Results	1 year

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6.5. Control of Externally-Generated Documents

- The Records Section is responsible for the receipt and distribution of externally-generated documents to all concerned NIB sections or divisions .
- The documents received including e-mail shall be registered in the externally-generated documented masterlist.
- The Records Officer is responsible for the maintenance and updating of the externally-generated documented masterlist.

6.6. Electronic Copies of Documents

- The Records Section will be responsible for moving obsolete electronic versions of a document to the obsolete file and placing new documents on the data storage once the document has been submitted as approved.

7.0 Guidelines

- a. The Steering Committee reviews and approves the document instead of the Unit Manager, and the procedure is facilitated by the Document Controller instead of the Unit Document Controller. The Steering Committee reviews and approves the copy distribution.
- b. Blank forms and report layouts are subject to this document control procedure as these are designed, developed, distributed for use and/or revised.
- c. Registration of Documents
 1. New QMS documents as well as revision to existing QMS documents shall be registered to ensure proper control.
 2. In terms of documentation, it shall be in conformity with the National Archives of the Philippines.
 3. Documents intended for compilation into manuals(e.g. Quality Manual, Procedures Manual) shall have a header following the standard manual page format.
 4. Where an internal document has been revised, the document originator shall indicate the nature of revision in the Document Update Notice.

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5. Old reference manual (e.g. documentation prior to implementation of the ISO 9001 QMS) retrieved from general circulation (pending final disposal) may be reused subject to registration as a controlled document. A Document Update Notice shall be prepared to obtain approval for reuse.
 6. External documents received electronically (e.g. via e-mail) shall be printed to facilitate registration (and subsequent review and distribution). Documents received by fax and printed initially on fax thermal paper must be photocopied (thermal paper printouts fade in time).
- d. Document Review and Approval
1. Review and approval shall ensure that the documents are appropriate to the needs of the Agency in general, and the intended use of the document in particular.
 2. Review and approval of old reference manual shall consider the need for revisions, to make them current in terms of content and format.
- e. Distribution of Documents
1. A master copy of each internal document shall be printed from softcopies, and retained by the Unit Document Controller (or Document Controller, for Quality Manual documents) until revised.
 2. The copy of the external document submitted by the Document Originator for registration shall be considered the master copy, and shall be retained by the Unit Document Controller (or Document Controller, for Quality Manual documents) until revised.
 3. Controlled copies of documents shall be photocopied from master copies, and stamped "Controlled Copy" in green ink, prior to distribution to document originators and copyholders. Copyholders shall sign on the Document Update Notice upon receipt of their respective copies.
 4. Requests for uncontrolled copies of documents must be made in writing (e.g. internal memo or letter) and addressed to concerned Unit Manager (for Quality Manual documents) for approval. The Unit Manager shall indicate his approval on the request document. Uncontrolled copies of internal documents shall be photocopied from master copies, and stamped "Uncontrolled Copy" in red ink, prior to release to the requisitioner. The requisitioner shall sign on the request document to indicate receipt.
- f. Updating of Document Control Records
1. The Unit Document Controller shall maintain a copy of his Unit's Document Masterlist. He shall submit a copy of his Unit's updated Document Masterlist to the Document Controller, who shall then update the Central Document Masterlist.

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2. Obsolete master copies of internal documents shall be stamped “Obsolete Copy” in red ink and attached to the Document Update Notice (see Records retention Schedule for retention period). Other obsolete controlled copies of documents (other than the obsolete master copy) shall be stamped “Obsolete Copy” in red ink, and shall be subsequently shredded.
- g. Internal forms needed by the Unit shall be designed, developed, distributed for use and/or revised subject to this procedure.
- h. Control of documented information shall generally comply with the RA 9470 RMAO.
- i. Control of documented information related to the 6 mandatory procedures shall follow the same procedure as records required by the different units, except that the Records Retention Schedule shall be approved by the Steering Committee.
- j. Records Classification
1. The values of records may be considered through the following perspective: first, from the Agency’s point of view, in terms of their immediate or future utility to the Agency for administrative, legal or fiscal, and second, from the archival point of view in terms of their permanent historical or research value.
 2. Records shall be classified in terms of value as:
 - I. Time Value- a record may be appraised as either temporary or permanent value.
 - II. Utility Value – a record may be further appraised on the basis of various categories of usefulness.
- Administrative Value – serves as administrative tools to accomplish the mission of the Agency.
 - Fiscal Value – serves as tools in discharging the financial obligations of the Agency.
 - Legal Value – states legal decisions and opinions, either of a permanent or temporary character.
 - Archival Value - historical or research significance or records or documents, such as the creation and development of an agency, its various policies and procedures.
3. Records belonging to a group or series shall have the same retention and disposition. Under the FSACS, the record group or series is defined by function subject.

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k. Maintenance of Active Records

1. Filing systems may be one of the following:

I. Alphabetical – records are arranged in dictionary order, by name (individual or organization), subject matter (descriptive feature) or location (geographic).

II. Numerical – records are identified by the numbers assigned to them. This is used for records such as invoices and issuances.

III. Chronological- records are arranged by time sequence or date (year, month, day)

IV. Functional Subject – Alphabetic Classification System (FSACS) – records are arranged by function (alphabetical) and their component subjects (alphabetical).

2. Files shall be labeled following the format: *(sample)*

Format	File Title 1	Date 1	
	File Title 2	Date 2	
Where	File Title 1	Records Series Title (FSACS function title)	
	File Title 2	Records Title (FSACS subject/name title)	
	Date 1	Coverage date	
	Date 2	Date of transfer to the Records Office	
	Date 3	Disposal date	
Sample	Employee	Programs	Jan 2017
	Employee	Satisfaction Survey Forms	Jan 2018
			Jan 2019

3. Files shall be arranged following the filing system specified in the Records Disposition Schedule.

4. File storage areas shall be identified and labeled, Filing Cabinets, shelves, racks and drawers may be numbered accordingly.

I. Maintenance of Inactive Records

1. At the end of active retention, files shall be placed in boxes and transferred to the Records Center. Files in a box must belong to only on Unit and must have similar dates of transfer to the Records Center and disposal dates. There should be a Turnover List and Disposal Authorization (TLDA, please define /consider red tagging) with the following information:

- I. Box Number (sequential)
- II. Date of transfer to the Records Office
- III. Disposal date

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2. File boxes are arranged on racks inside the Records Center. Each slot on the rack has a designated numbered address (rack number, row number, slot number), which is indicated in the Records Masterlist of the Records Center.

3. A logbook shall be maintained on records borrowed from/returned to the Records Center. The logbook shall indicate the following information:

- I. Borrowing Unit
- II. Name of Borrower
- III. Record Title
- IV. Date Borrowed
- V. Date Due
- VI. Signature of Borrower
- VII. Date Returned
- VIII. Signature of Records Officer
- m. Disposal of Records

1. Records shall be disposed when the records have reached their inactive retention period and are deemed obsolete or no longer needed.

2. Records disposal shall be covered by the Turnover List and Disposal Authorization (TLDA). In addition, a request shall be sent to National Archives of the Philippines (NAP) for an "Authority to Dispose of Records". Actual disposal shall be witnessed by the representatives of the NAP COA.

8.0. Records

8.1. All records/documents pertaining to this manual is in custody and preservation of Records Section and employees concerned.

Copies of PAWIM need to be readily accessible for reference for NIB employees and the work areas of those individuals actually performing the activity, either in hard copy or electronic format.

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11.2 Document Update Notice

NIB-QMS-FR 002
dd-mm yy Rev. 0

DOCUMENT UPDATE NOTICE (DUN)

DUN No.	
DUN Date	

Document Title			
Origin		Document Type	
<input type="checkbox"/> Internal <input type="checkbox"/> External	<input type="checkbox"/> Quality Manual <input type="checkbox"/> Policies <input type="checkbox"/> Guidelines	<input type="checkbox"/> Specifications <input type="checkbox"/> Procedures <input type="checkbox"/> Work Instructions <input type="checkbox"/> Forms	<input type="checkbox"/> Others (Specify)
Doc. Ref. code		Update Type	
		<input type="checkbox"/> New <input type="checkbox"/> Revision	Rev. No. _____ Eff. Date _____ <input type="checkbox"/> Deletion
Details			
Copy Distribution			
Copy Holder	Signature	Copy Holder	Signature
Prepared by:		Approved by:	
Signature over Printed Name/Date		Signature over printed Name/Date	

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11.3 Records Disposition Schedule

NIB-QMS-FR-003

dd mm yy Rev. 0

RECORDS RETENTION SCHEDULE

dd mm yy Rev. 1

Records Series Title	Filing	Records Retention		Disposition
		Active	Inactive	

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11.4 Records Master List

					NIB-QMS-FR-004 dd mm yy Rev. 0
Records Masterlist – HRD					
dd mm yy Rev. 0					
Records Series Title / Record Title	Retention Dates			Location	TLDA No.
	Coverage	Transfer	Disposal		
<u>Employee Programs</u>					

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11.5 Turnover List and Disposal Authorization

				NIB-QMS-FR-005 dd mm yy Rev. 0
TURNOVER LIST AND DISPOSAL AUTHORIZATION				
DEPARTMENT / UNIT	BOX NO.	DISPOSAL DATE	DISPOSAL METHOD	TLDA NO.
RECORD TITLE	CREATION / COV DATE	RECORD TITLE		CREATION / COV.DATE
Prepared by:			Approved by:	
Sign over Printed Name / Date			Sign Over Printed Name / Date	
RECORDS DESTRUCTION (This portion is to be accomplished before disposal of records.)				
INSTRUCTIONS				
<u>DISPOSAL AUTHORIZATION</u> This authorizes the destruction of all records listed above, except those that are crossed out.			<u>CERTIFICATE OF DISPOSAL</u> This certifies that the records listed above which have been approved for destruction, have already been destroyed	
APPROVED BY:			DESTRUCTION DONE BY:	
Sign Over Printed Name/Date			Sign Over Printed Name/Date	

Retention Period : Record Copy - Indefinite

Other Copies - Five (5) Years

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ANNEX 6-b.

INTERNAL QUALITY AUDIT FOR THE QMS

1.0. PURPOSE

- 1.1 The purpose of this procedure is to define NIB's process for undertaking internal audit to assess the effectiveness of the application of ISO 9001-2015.

2.0. SCOPE

- 2.1. The scope of the procedure is focused on assessing the effectiveness of NIB's quality management system. Where such processes are found to be deficient, the audit will lead to improvement of those processes.

By applying the principles of auditing, NIB ensures that all audits are conducted with due professional care, integrity and independence. All conclusions derived from the audit are based upon objective, traceable evidence.

3.0. REFERENCES

- 3.1. Quality Management Systems Manual
- 3.2. Previous Internal Quality Audit Report
- 3.3. Corrective Action Report
- 3.4. PNS ISO 19011:2018

4.0. ABBREVIATIONS AND DEFINITIONS

- 4.1. Internal Audit – *ISO* defines audits as “Systematic, independent and documented process for obtaining audit evidence and evaluating it objectively to determine the extent to which audit criteria are fulfilled.” Internal audits, sometimes called first-party audits, are conducted by, or on behalf of, the organization itself for management review and other internal purposes, and may form the basis for an organization's declaration of conformity.
- 4.2. Audit Programme – a set of one or more audits planned for a specific time frame and directed towards a specific purpose.
- 4.3. Audit Plan – description of the activities and arrangements for an audit.
- 4.4. Audit Scope – Extent and boundaries of an audit.
- 4.5. Audit Criteria – A set of policies, procedures or requirements

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- 4.6. Audit Evidence – records, statements of fact or other information which are relevant to the audit criteria and verifiable.
- 4.7. Audit Findings – Results of the evaluation of the collected audit evidence against audit criteria. Findings include conformities, non-conformities and observations/opportunities for improvement.
- 4.8. Audit Conclusion – Outcome of an audit provided by the audit team after consideration of the audit objectives and all audit findings.
- 4.9. Audit Client – Organization or person requesting an audit. This may be Top Management, the QMR, another government Agency, other interested stakeholder.
- 4.10. Auditee/s – responsible for the core processes of NIB to be audited.
- 4.11. Auditor – Person with the demonstrated personal attributes and competence to conduct an audit.
- 4.12. Audit Team – One or more auditors conducting an audit, supported if needed by technical experts.
- 4.13. Technical Expert – Person who provides specific knowledge or expertise to the audit team. A technical expert does not act as an auditor in the audit team.
- 4.14. Non-conformance – Non-fulfillment of a requirement or an observation that indicates a policy or practice is contrary to the requirements of the standard or documented procedures.
- 4.15. Opportunity for Improvement – An area of the QMS which currently fulfills the requirement but which may be further enhanced to prevent a possible non-conformity.
- 4.16. Observation – minor deviation from an otherwise well-implemented process.
- 4.17. Internal Auditor - any competent person(s) with responsibility of undertaking internal audits.

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5.0. Requirements

5.1. Internal Auditor Qualification

- Internal Auditor candidates are selected from permanent staff members.
- Internal Auditor candidates must successfully complete an auditor training course.
- Internal Auditor qualifications must be maintained in the employee training records.

6.0. RESPONSIBILITIES

6.1 . Audit Preparation

ISO 9000 procedures are audited a minimum of twice a year. The maximum interval between audits is six months (amend as applicable). Audit may be completed with a greater frequency if determined by the Internal Quality Audit (IQA) Team Leader.

IQA Team is required to:

- a. Establish and implement audit programme.
- b. Define the audit criteria, scope and method.
- c. Assign audit duties to the Internal Quality Auditors.
- d. Maintain records (IAR) of audits.

Steering Committee is required to:

- a. Provide authority to the audit programme.
- b. Communicate audit mandate.

Internal Quality Auditor is required to:

- a. Review relevant requirements of ISO 9001-2015.
- b. Conduct document review.
- c. Review and prepare audit checklist.
- d. Conduct Audit.

6.2. Audit Initiation

Internal Auditor is required to:

- a. Arrange audit appointment and conduct opening meeting.
- b. Conduct audit using audit method described by the Steering Committee.
- c. Sample and observe necessary process inputs/outputs to establish audit trail.
- d. Record objective evidence to verify compliance or non-conformance.
- e. Initiate non-conformance process where required, update log.
- f. Initiate corrective/preventive action processes where required, update log.
- g. Conduct follow-up audit to verify close out of non-conformances.

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- h. Follow-up audit to verify effectiveness of corrective/preventive actions.
- i. Conduct close out meeting.
- j. Report audit findings to the Steering Committee.

Responsibilities

Steering Committee	Reviews and approves the annual audit programme. As audit client, identifies priority areas of the quality management system which will be focus of the audit programme.
IQA Chairperson	Plans and manages audit programme/audits assigned to him; coordinates audit plans with the auditee. Conducts audits assigned to him/her.
IQA Team Member	Conducts audits assigned to him/her.
Auditee	Provides audit evidence to the IQA Team; responds to audit findings as needed.

6.3. Audit Completion

IQA Chairperson is required to:

- a. Review and approve audit report.
- b. Communicate audit report findings.
- c. Make recommendations for improvement.
- d. Update the audit programme and audit schedule.
- e. Obtain feedback on the audit process.
- f. Improve audit process.

Steering Committee is required to:

- a. Use audit evidence to drive improvement.
- b. Use audit evidence to promote best practice.

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7.0. PROCEDURE

- 7.1. The lead auditor shall prepare an annual internal audit plan.
- 7.2. Once the audit plan is approved by the management representatives, define the objectives of what are to be accomplished in the audit, criteria, and scope or boundaries of the audit.
- 7.3. Prepare the tool kits which include audit checklist, audit itinerary, and audit report forms.
- 7.4. Conduct an opening meeting discussion that shall include agreement of all parties to the audit itinerary. Introduce the procedures of audit including evaluation of nonconformities, relevant safety procedures and other conditions needed to be discussed.
- 7.5. Verify records kept, if such records are maintained or if there is completeness. Examination of records is evidenced based.
- 7.6. Identified nonconformance shall be finalized by the audit team and shall be written formally in the nonconformance report. Consolidated findings shall be summarized by the lead auditor. Subsequently, the lead auditor shall initiate the conduct of closing meeting with the auditee and/or ISO core team to discuss audit results. Resolve any errors or nonconformance and agree to possible action plans to address the issues if applicable.
- 7.7. Corrective action shall be decided and undertaken by the auditee within an agreed time frame. Auditor shall follow up within specified time.

Note: Opportunities for Improvement and Observations are areas that are not necessarily wrong or not meeting the requirements of the standard. Processes that needs improvement or practices that have been implemented poorly may be treated as Opportunities for Improvement (OFI). Minor deviation from an otherwise well-implemented process may be treated as Observation (OBS). These are minor oversight on the part of the auditee.

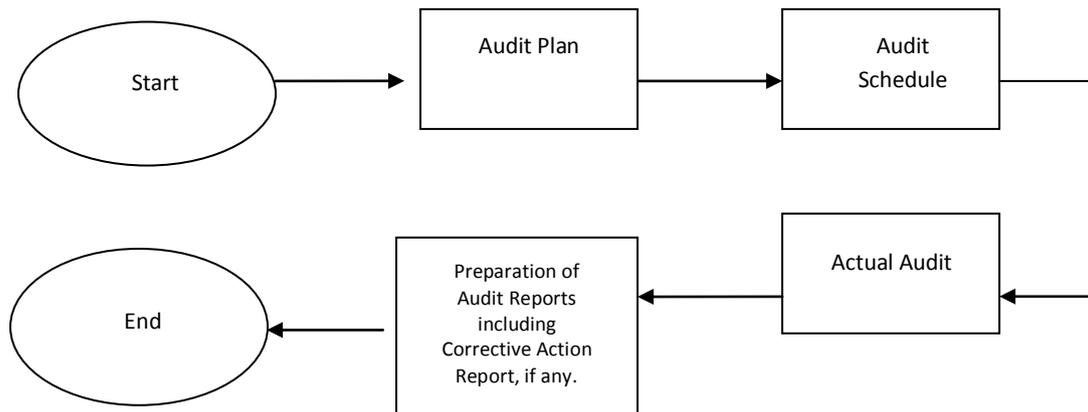
Audit Documentation and Records

All documentation and records generated by internal audit process will be managed in accordance with ISO 9001:2015.

All audit findings are documented on Internal Quality Audit Report (IQA).

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8.0. PROCESS FLOW



9.0 Guidelines

a. Planning the Audit Programme

1. Planning of the Audit Programme shall be done in conjunction with the Agency's annual planning cycle. It shall consider the results of previous audits, trends in process performance, the availability of auditors and auditees.
 - I. Newly-created or recently-modified processes or functions as well as those which have incurred non-conformities may need to be audited more frequently, until such a time as these processes or functions have stabilized or matured.
 - II. Processes or functions which have been showing declining performance may also need to be audited more frequently, until such a time as the performance trend has been reversed.
2. The ISO 9001:2015 standard serves as the primary audit criteria for QMS audits. The Agency also needs to comply with applicable laws, regulations, and orders, as well as its own documented policies, guidelines and procedures. Depending on the audit scope, these may also be considered as audit criteria.
3. The scope of the audit is determined by the IQA Chairperson in coordination with the Audit Client. The scope should include the processes or functions which need to be audited in order to meet the objectives of the audit.

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4. The choice of IQA Chairperson and Members depends on the scope of the audit and the criteria to be applied. Leaders and Members are selected from the auditor pool based on their audit competencies, and their availability of the audits (as scheduled)

b. Managing the Auditor Pool

1. Acceptance of candidate auditors into the auditor pool and selection of auditors for specific audit assignments shall consider the following audit competencies:

- I. The personal attributes of the (candidate) auditor, including the following:

- > Ethical – fair, truthful, sincere, honest and discreet
- > Open-minded – willing to consider alternative ideas or points of view
- > Diplomatic – tactful in dealing with people
- > Observant – actively aware of physical surroundings and activities
- > Perceptive- instinctively aware of and able to understand situations
- > Versatile – adjusts readily to different situations
- > Tenacious – persistent, focused on achieving objectives
- > Decisive – reaches timely conclusions based on logical reasoning and analysis
- > Self-reliant – acts and functions independently while interacting effectively with others

- II. Knowledge on auditing concepts and methodologies

III. Auditing skills – planning, preparation of checklists, gathering of audit evidence (e.g. conducting interviews, reviewing records), evaluating audit evidence against audit criteria, and preparing audit reports.

IV. Knowledge on ISO 9001 requirements and the quality management system of the organization, vis-a-vis audit requirements of the audit client.

2. Auditor performance shall be reviewed considering the following:

- I. Feedback from the IQA Chairperson, other auditors, and the auditee.
- II. The quality of audit checklists and audit reports.

3. The competencies and performance of auditors shall be periodically evaluated to identify training and development needs. The IQA Chairperson shall coordinate with Personnel Management (HR) to plan and implement a training and development program for auditors.

c. Preparing for the Audit

1. Audit plans shall be prepared for each audit scheduled in the Audit Programme. The audit plan must be prepared at least one (1) month before the scheduled date of the audit, to allow sufficient time for audit preparation and communication between the Team and the auditee(s).
2. The IQA Team shall determine the assigned audit area(s) of each auditor in the Team. Selection of assignments shall ensure that auditors do not audit their own work.
3. Audit plans should be submitted to the auditee(s) at least two (2) weeks before the start of the audit.
4. The audit team shall prepare checklists at least one (1) week prior to the audit, Preparation of checklists may involve a preliminary review of relevant QMS documents and records.

d. Conducting Audits

1. Audit activities shall include the following

- I. Opening meeting – to clarify audit scope, objectives and schedule of audit activities.
- II. Gathering of audit evidence – through interviews, review of documentation and records, and observations.

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III.Periodic audit team meetings – to discuss initial findings, identify additional audit requirements, and resolve any audit issues; to consolidate and prepare audit reports. Non-conformities found during audits shall be documented using the Request for Action (RFA)

IV.Closing Meeting – to present audit findings and conclusions, and to agree on the submission of corrective actions for any non-conformities. The IQA Chairperson signs the RFA on the space “Issued by”; the concerned auditee signs on the space “Acknowledged by”. Alternatively, the Steering Committee may collectively sign the RFAs for the auditees.

2.Auditees shall commit to and apply the necessary corrective actions to any nonconformity found during audit. Auditees must submit a corrective action plan within one (1) month after the closing meeting.

3.Follow-up audit shall be conducted within one (1) month after the completion date of corrective action. The auditees shall submit documentary evidence to show implementation of the corrective actions. The IQA Team shall review the documentary evidence, and if sufficient, may deem the non-conformity to be closed. Otherwise, a site inspection to verify actual implementation may be conducted, after which the non-conformity may be deemed to be closed.

e.Reviewing Audit Results and Status

1.Within one (1) month after the closing meeting, the Steering Committee shall review the status of the audit with the IQA Chairperson. The review shall determine if the audit was able to meet its objective, including the need for any follow-up audit(s).

2.At the Management Review immediately following the audit, the Audit Team shall discuss with the Management Team the results of the audit, as well as the status of corrective actions on non-conformities. The review of the status of corrective actions shall remain on the Management Review agenda until such time as the corrective actions have been implemented and the nonconformity has been closed. Auditees shall keep the Steering Committee and the IQA Chairperson periodically updated on the status of corrective actions, until the corrective actions have been implemented.

10.0. RECORDS

10.1. All records/documents pertaining to this manual is in custody and preservation of Records Section and employees concerned.

Copies of PAWIM need to be readily accessible for reference for NIB employees and the work areas of individuals actually performing the activity, either in hard copy or electronic format

11. REVISION HISTORY

Amendment Record/List

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12.2 Audit Plan

NIB-QMS-FR-007
 ddmmyy Rev. 0

AUDIT PLAN				
Criteria				
Scope				
Objectives				
Audit Team	Team Leader			
	Members			
Audit Activities				
Date	Time	Activity	Auditee	Auditors
Prepared by		Approved by		
Name and Signature/Date		Name and Signature/Date		

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12.4 Request for Action

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 ddmmy Rev 0

Request for Action

RFA No.

RFA Date

CATEGORY	<input type="checkbox"/> Product <input type="checkbox"/> Process <input type="checkbox"/> Client Complaint	<input type="checkbox"/> Internal Audit <input type="checkbox"/> External Audit <input type="checkbox"/> Client Audit	<input type="checkbox"/> Supplier Audit <input type="checkbox"/> Others (specify)
Concerned Area			
Description of the Problem		<input type="checkbox"/> Actual	<input type="checkbox"/> Potential
Issued by		Acknowledged by	
Name and Signature/Date		Name and Signature/Date	
Correction			
Root Cause			
Corrective/Preventive Action			
Action		Responsibility	Due Date
Prepared by		Approved by	
Name and Signature/Date		Name and Signature/Date	
Followup			Verified By
Date	Details		

Note; at the time of the audit, only the top portion of the RFA (up to "Issued by" and "Acknowledged by") is filled up. The record is then passed on to the Corrective Action procedure for further action.

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ANNEX 6-c.

NONCONFORMITY AND CORRECTIVE ACTION PROCEDURE

1.0. PURPOSE

- 1.1 The purpose of this procedure is to ensure that causes of detected nonconformities are eliminated in order to prevent recurrence.

2.0. SCOPE

- 2.1. This procedure applies to nonconformities found in the implementation of the quality management system.

3.0. REFERENCES

- 3.1. a. Control of Documented Information Procedure
b. Quality Manual
c. Control of Non-conforming Outputs Procedure
d. Internal Audit Procedure
e. QMR team and Core Team review

4.0. DEFINITIONS

- 4.1. Nonconformity – non-fulfillment a requirement of the QMS.

Note:

Corrective action are action taken to eliminate the cause of a nonconformity that has already happened. Whereas, preventive action are action taken to address the cause of a potential nonconformity. It is an anticipation of a potential problem that has not yet happened.

5.0. RESPONSIBILITIES

- 5.1. The Core Team is responsible for review of non-conformance to requirements and/or NIB QMS. The teams shall report to the Top Management the possible non-conformance and ensure that corrective actions are taken.
- 5.2. The Top Management is responsible for the approval of corrective actions and its implementation.
- 5.3. Division/Section Chief – Ensures that actions are taken without undue delay to prevent the recurrence of nonconformities.
- 5.4. Unit Staff – Conducts root cause analysis, develops, plans and implements corrective actions.
- 5.5. Steering Committee – Ensures the provision of resources for the implementation of corrective actions.
Reviews the status and effectiveness of corrective actions.

6.0.Guidelines

- a. The corrective action procedure shall be triggered by Request for Action from other processes/procedures in response to identified nonconformities from:
 1. internal quality audits
 2. customer/citizen complaints (from the complaint handling process)
 3. qualified nonconforming products/services (from Control of Nonconforming Product/Service)
 4. poor business performance results and unacceptable deviations from the organization's programs and plans (from management reviews)
- b. Review of Nonconformity
 1. The initial review of the Request for Action shall consider:
 - I. The extent and impact of the reported nonconformity.

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- II. The processes contributing to and affected by the reported nonconformity.
 - 2. The Unit Manager shall identify concerned personnel who need to be involved in corrective action. This may extend to personnel outside his own Unit; coordination with the other concerned Units should be established.
- c. Determining the Cause of Nonconformity
 - 1. Root cause analysis shall consider the different factors contributing to the nonconformity, including:
 - I. Manpower – personnel competencies and their ability to consistently perform their functions as required.
 - II. Machine – the availability of appropriate tools, equipment and facilities to enable effective operations.
 - III. Methods – the availability and consistent application of appropriate procedures, guidelines and standards.
 - IV. Materials – the availability of the needed materials and supplies to enable effective operations.
 - 2. Where several root causes are identified, they shall be prioritized relative to their contribution to the nonconformity.
- d. Evaluating the Need for Corrective Action
 - 1. Risk assessment shall determine the significance of the nonconformity, considering the following:
 - I. the likelihood of recurrence of the nonconformity
 - II. the severity impact of the nonconformity to the organization (and to customers and others) should it recur.
 - 2. Likelihood can be evaluated in terms of “low”, “medium”, “high”, e.g. the possibility of recurrence is “Low”. Severity can likewise be evaluated in terms “low”, “medium”, “high”, e.g. the impact to the agency is expected to be “Low”.
 - 3. The risk level can be determined by evaluating likelihood and severity together, using a basic Significance Table for assessing risk is shown below:

		Likelihood of Recurrence		
		Low	Medium	High
Severity of Impact	Low	1	2	4
	Medium	3	5	7
	High	6	8	9

- 4. Using the Significance Table, for example, a nonconformity with a likelihood of “High” will be rated “9”. Nonconformities with a rating of 4 and above are considered significant, and shall be subjected to corrective action. Corrections may suffice for nonconformities with a rating of 3 and below.
- e. Determining and Implementing Corrective Action
 - 1. Planning of corrective actions (solutions) shall involve the following
 - I. generation of alternative solutions
 - II. the selection of the best solution (from the alternatives)
 - III. the identification of activities, resources, responsibilities and timelines needed to implement the selected solution.
 - 2. Corrective actions (solutions) shall be approved by the Division/Section Chief. Corrective actions involving multiple units may require higher-level approval (e.g. from the Agency Head) before implementation.

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f. Reviewing the Status of Corrective Action

1. The implementation status and effectiveness of corrective actions shall be periodically reviewed and evaluated by the concerned Division/Section Chief; any related issues shall be promptly addressed.
2. Corrective actions shall be collectively reviewed by the Steering Committee (under management review). Depending on the nature of the solution and the associated nonconformity, monitoring and review shall continue for at least 6 months after implementation, after which the corrective action shall be deemed completed.

6.0. PROCEDURE

6.1. IDENTIFICATION/DETECTION OF NON-CONFORMITY:

- 6.1.1. NIB QMS non-conformities shall be detected/identified from
 - a. Internal or external audits,
 - b. Stakeholders' comments or complaints,
 - c. Report/complaints from NIB employees
 - d. Issues communicated by other units/sections/divisions,
 - e. and condition that does not conform to quality system or applicable statutory regulations.

6.2. IMPLEMENTATION OF CORRECTIVE ACTION

- 6.2.1. The Core Team shall review/verify and determine the cause(s) of NIB QMS non-conformance or regulatory noncompliance and prepare report for submission to the Management.
- 6.2.2. The Management performs corrective action; oversees and ensures it does not recur.
- 6.2.3. The Core Team reviews, evaluates and determines the effectiveness of corrective actions taken.

All corrective actions are documented on Request for Action, and Corrective Action Status Report.

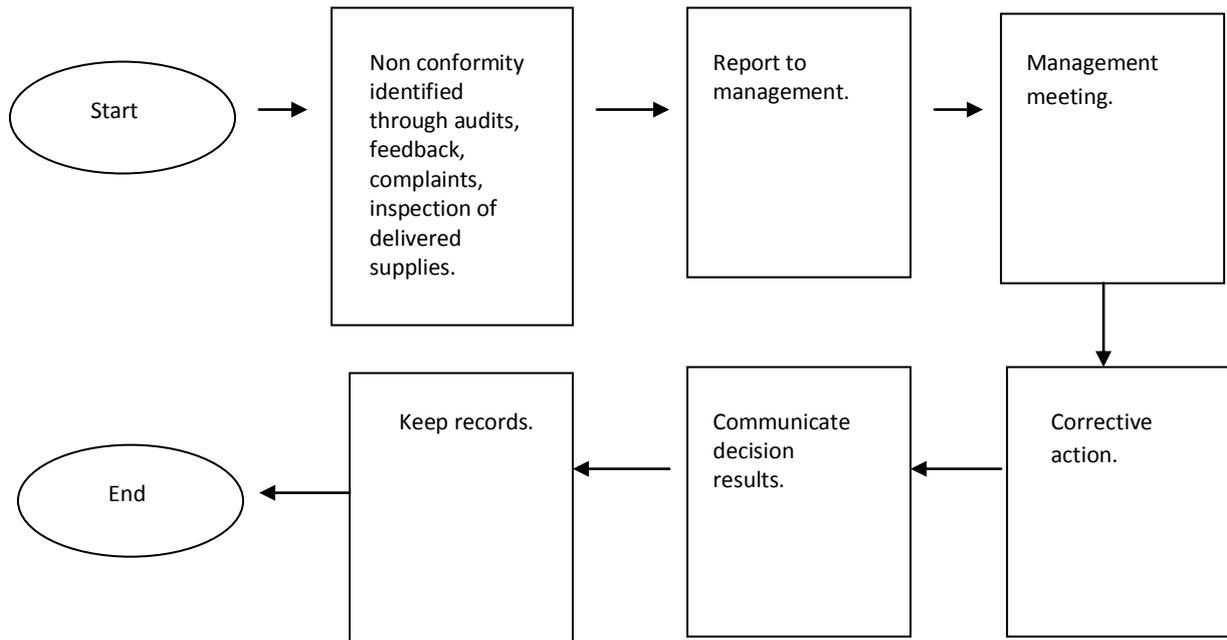
7.0. RECORDS

- 7.1. All records/documents pertaining to this manual is in custody and preservation of Records Section and employees concerned.

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8.0. PROCESS FLOW



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9.0. FORMS

9.1 Request for Action

NIB-QMS-FR-009

ddmmy Rev 0

RFA NO.

RFA DATE

CATEGORY	<input type="checkbox"/> Product <input type="checkbox"/> Process <input type="checkbox"/> Client <input type="checkbox"/> Complaint	<input type="checkbox"/> Internal Audit <input type="checkbox"/> External Audit <input type="checkbox"/> Client Audit	<input type="checkbox"/> Supplier Audit <input type="checkbox"/> Others (specify)	
CONCERNED AREA				
DESCRIPTION OF THE PROBLEM		<input type="checkbox"/> Actual	<input type="checkbox"/> Potential	
ISSUED BY		ACKNOWLEDGED BY		
NAME AND SIGNATURE/DATE		NAME AND SIGNATURE/DATE		
CORRECTION				
ROOT CAUSE				
CORRECTIVE/PREVENTIVE ACTION				
ACTION			Responsibility	Due Date
Prepared by		Approved by		
Name and Signature/Date		Name and Signature/Date		
FOLLOWUP				
Date	Details			Verified by

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ANNEX 6-d.

MONITORING AND MEASUREMENT OF CLIENT SATISFACTION

1.0. Purpose

The purpose of this procedure is to describe the methods used for monitoring and evaluating stakeholders/clients' perceptions of the degree to which their needs and expectations have been fulfilled.

2.0. Scope

This procedure applies to all stakeholders/clients of NIB.

3.0. Responsibilities

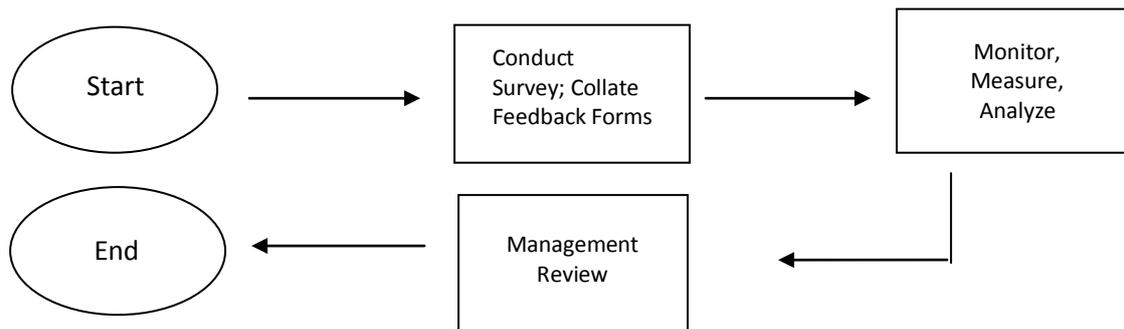
The Division Chiefs are responsible for areas to be measured, data collection and determining corrective action for complaints and expectations that were not fulfilled. Results will be assessed, evaluated and documented in the Management Review Meeting.

4.0. Definitions

Stakeholder/clients' perceptions – represent the feelings and attitudes for NIB services.

Monitoring process includes client surveys and or client feedback on delivered NIB services.

5.0. Process Flow



6.0 Procedure

- 6.1. Conduct survey on approximately 20 active stakeholders/interested parties quarterly per Division. Collate filled-out customer feedback forms, if any.
- 6.2. Survey results and feedback will be analyzed to measure customer satisfaction. Goals will be set for a desired percent of "excellent" responses (versus "average" or "poor").
- 6.3. If goals are not met, corrective actions will be initiated to improve the rating by stakeholders/interested parties.

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7.0 Reference Documents

- 7.1. Internal Audit
- 7.2. Control of Nonconforming Output
- 7.3. Nonconformity and Corrective Action
- 7.4. Management Review

8.0. Forms

Form 1.0.

Please indicate your perception of the following services of the News and Information Bureau (NIB).

Philippine News Agency (PNA)

Quarterly

	Poor	Fair	Good	Very Good	Excellent		Poor	Fair	Good	Very Good	Excellent
	1	2	3	4	5		1	2	3	4	5
Quality of news and other articles/photos.	<input type="checkbox"/>	Timeliness of posting of news stories/articles/photos	<input type="checkbox"/>								

Name (Optional) : _____

RATING		DESCRIPTION
NUMERICAL	ADJECTIVAL	
5	Outstanding	Performance exceeding the baseline by 30% and above.
4	Very Satisfactory	Performance exceeding the baseline by 15% to 29% of the planned targets.
3	Satisfactory	Performance of 100% to 114% of the baseline.
2	Unsatisfactory	Performance of 51% to 99% of the baseline.
1	Poor	Performance failing to meet the baseline by 50% or below.

*BASELINE = 100%

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Form 2.0.

Please indicate your perception of the following services of the News and Information Bureau (NIB).

Media Accreditation and Relations Division (MARD),

Quarterly

Media Relations Office	Poor	Fair	Good	Very Good	Excellent		Poor	Fair	Good	Very Good	Excellent
	1	2	3	4	5		1	2	3	4	5
Quality of coordination of media coverage activities.	<input type="checkbox"/>	Promptness of coordination with media and other concerned agencies.	<input type="checkbox"/>								

International Press Center	Poor	Fair	Good	Very Good	Excellent		Poor	Fair	Good	Very Good	Excellent
	1	2	3	4	5		1	2	3	4	5
Quality of assistance to visiting foreign journalists.	<input type="checkbox"/>	Promptness of delivery of assistance.	<input type="checkbox"/>								

Name (Optional) : _____

Please check if applicable :
 Government Official :
 MPC member :
 FOCAP member (Specify) :

RATING		DESCRIPTION
NUMERICAL	ADJECTIVAL	
5	Outstanding	Performance exceeding the baseline (100%) by 30% and above.
4	Very Satisfactory	Performance exceeding the baseline by 15% to 29% of the planned targets.
3	Satisfactory	Performance of 100% to 114% of the baseline.
2	Unsatisfactory	Performance of 51% to 99% of the baseline.
1	Poor	Performance failing to meet the baseline by 50% or below.

*BASELINE = 100%

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Form 3.0.

Feedback and Redress Mechanisms

Please provide us feedback on our services by accomplishing the following:

- Fill out the form available at the IPC office and place it in the drop box at the Public Assistance and Complaints Desk
- Or send your feedback through e-mail (nib_hrm@yahoo.com)

If you are not satisfied with our service, your written/verbal complaints shall immediately be attended to by the Officer of the Day at the International Press Center (IPC).

THANK YOU for helping us to continuously improve our services.

FEEDBACK FORM

Please let us know how we have served you. You may use this form for compliments, complaints, or suggestions. Simply check the corresponding box.

Compliment
Suggestion
(Pagur)

Complaint
(Reklamo)

(Mungkahi)

Person(s)/Unit/Office Concerned or Involved: _____

Facts or Details Surrounding the Incident:
(Please use additional sheet/s if necessary)

Recommendation(s)/Suggestion(s)/Desired Action from our Office
(Please use additional sheet/s if necessary)

Name (optional): _____ Office/Agency: _____

Address: _____

Contact Number(s) (if any): _____ E-mail Address (if any) _____

Signature: _____ Date: _____

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9.0. Records

All records/documents pertaining to this manual is in custody and preservation of Records Section and employees concerned.

Copies of PAWIM need to be readily accessible for reference for NIB employees and the work areas of those individuals actually performing the activity, either in hard copy or electronic format.

10.0. Revision History

Amendment Record/List

Page No.	Context	Revision	Date

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ANNEX 6-e.

MANAGEMENT REVIEW

2.0. Purpose

2.1. This Procedures and Work Instructions Manual (PAWIM) serves as a guideline of the employees of the News and Information Bureau (NIB).

This manual describes the conduct of management review of the Quality Management System (QMS) of this Bureau to ensure its continuing suitability, adequacy and effectiveness.

3.0. Scope

3.1. This procedure applies to all elements of NIB QMS as required under ISO 9001:2015.

4.0. References

- 4.1. Control of Non-conforming Output Procedure
- 4.2. Internal Audit Procedure
- 4.3. Non-conformity and Corrective Action Procedure
- 4.4. Previous minutes of the meeting

4.0. Abbreviations and Definitions

- 4.1. NIB QMS – News and Information Bureau Quality Management System
- 4.2. External provider – a third party or outsourced supplier that provides the organization with consulting, legal, real estate, communications, storage, processing.

5.0. Responsibilities

- 5.1 The Steering Committee is typically responsible in organizing, scheduling, overseeing and conducting Management Review at planned intervals as well as resolving issues and execute corrective actions, if any.
- 5.2. All concerned personnel are responsible for adhering to this procedure to assure the continuing suitability, adequacy and effectiveness of NIB QMS.

6.0. PROCEDURE

- 1. The review meetings shall be held twice a year. The scheduled meeting shall be informed well ahead of the actual meeting date.
- 2. The meeting shall be chaired by the Head of the Agency.

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3. The agenda shall focus on the following:
 - a. Risks and opportunities;
 - b. Possible changes that might affect the system;
 - c. External provider's and suppliers' performance;
 - d. Customer feedback, satisfaction and perception;
 - e. Audit results; and
 - f. Non-conformities and corrective actions.
 - g. Targets for performance improvement.

4. The Head of the Agency and the members of the Steering Committee shall conduct the review.

5. Other personnel appropriate and required for the specific review subject may be invited.

6. Record decisions and actions to be taken to improve the QMS, processes and/or products from suppliers.

7. All relevant observations, conclusions and recommendations shall be documented in the minutes of the meeting and shall be circulated to members.

Management Review inputs

- a. Results from audits and evaluation of compliance
- b. Effectiveness of the action taken for risks and opportunities
- c. Change (Internal and External) that could affect the NIB Quality Management System
- d. Process performance
- e. Customer feedbacks / complaints on NIB operations/services
- f. The extent to which objectives & targets have been met
- g. Status and adequacy of corrective & preventive actions
- h. Performance of external providers and suppliers
- i. Follow up actions from previous management reviews
- j. Recommendations for improvement
- k. The overall NIB QMS performance

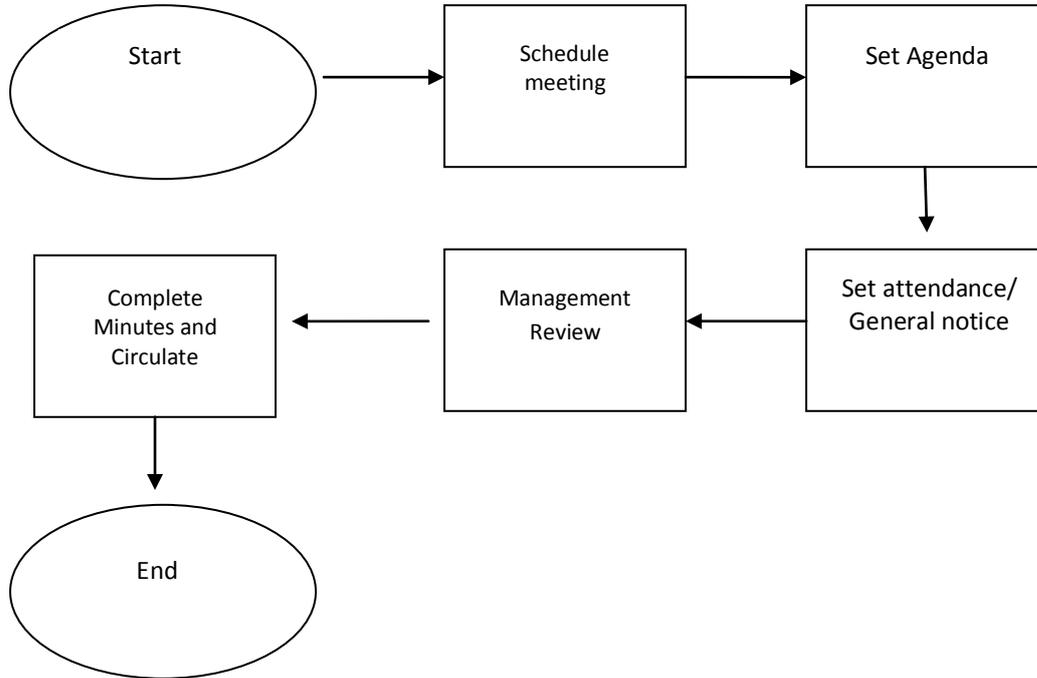
Management Review outputs

- a. Improvement of the effectiveness of the NIB QMS
- b. Improvement related to interested parties' requirements
- c. Resource needs to enable improvement of the NIB management system and its processes

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7.0. PROCESS FLOW



8.0. Records

8.1. All records/documents pertaining to this manual is in custody and preservation of Records Section and employees concerned.

Copies of PAWIM need to be readily accessible for reference for NIB employees and the work areas of individuals actually performing the activity, either in hard copy or electronic format.

9.0. Revision History

Amendment Record/List

Page No.	Context	Revision	Date

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ANNEX 7

**APPROVED LIST OF IDENTIFIED RELEVANT INTERESTED PARTIES,
 ISSUES AND ACTION PLAN**

	INTERESTED PARTIES/ STAKEHOLDERS	ISSUES	ACTION PLAN
	IPC		
1.	FOCAP – Foreign Correspondents Association of the Philippines	Failure of some members of the media to submit documents.	Strict imposition of rules.
2.	FOCAP (Foreign Correspondents Association of the Philippines)	Failure to comply accreditation requirements	Strict Imposition of rules
3.	MPC/PPA/MCA (Malacanang Press Corps/Presidential Photographers Association/Malacang Cameraman Association)	Incomplete documents forwarded	Constant reminder to PCOO officer in-charge
4.	VISITING JOURNALIST	Failure to send complete documents on time Urgency of the visit/coverage	Imposition of the rules and constant communication via e-mail

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ANNEX 8

**APPROVED LIST OF IDENTIFIED RISKS AND OPPORTUNITIES WITH
 CORRESPONDING ACTION PLANS**

	IDENTIFIED RISKS	OPPORTUNITIES	ACTION PLAN
1.	Aging workforce.	Promotion for qualified next-in-rank employees.	Develop a management succession plan.
2.	Lack of training for employees.	Improve organizational competency.	Develop a competency model to determine the training needs of employees
3.	Increasing budget expenditures.	Improve operational efficiency.	Minimize wastage and maximize utilization of available resources.
4.	Health risks of employees due to poor working environment.	Improve job satisfaction and job performance of employees.	Renovate PNA office and attic of NIB building to create more office space.
5.	Operational failure due to human error and system breakdown.	Improve productivity, attaining operational objectives and targets.	Develop standard operating procedures and make use of available advanced technology
6.	Operational stagnation.	Operational growth.	Hire competent employees; keep pace with technological advances; formulation/ innovation on media services infrastructure.
7.	Other PCO agencies are duplicating and/or directly supervising some of the functions of NIB.	Improve operational productivity.	Strengthen the operational capability of PPS (monitoring, transcription, and photo section) and MARO thru capability training and acquisition of new equipment