QAS International

MANAGEMENT SYSTEMS
AUDIT REPORT FOR ISO 9001:2015

CLIENT ID: PH1379

Company Name (That will be shown on the client certificate)	APO PRODUCTION UNIT, INC.		
Company Address (That will be shown on the client certificate)	Address 1 : PIA Building Brgy. Vasra, Visayas Avenue Quezon City, Philippines Address 2 : Lima Technology Malvar, Batangas, Philippines		
Number of Employees	401 (QC and Batangas employees)		
Contact Person	Lady-Ann L. Lorzano		
Phone-Mobile-Fax	(02) 8-282-5309 / (02) 8-927-6793		
Email	ladyannlorzano@gmail.com		
Scope of Certification (That will be shown on the client certificate)	APO Production Unit, Inc. located in Quezon City with remote site in Lima Technology Malvar, Batangas, Philippines provides design & development, manufacturing, printing, testing, storage and distribution of regular (Quezon City operation) and security (Lima Technology) printing products. All Clauses of ISO 9001:2015 Standard are applicable in the operation of the organization.		
Lead Auditor	Myra C. Cabales	**Date(s) of audit**	December 13 & 14, 2021
Certification Audit	☐	**Current Audit Year**	☒

The objectives of this audit were:
To confirm that the management system conforms with all the requirements of the audit standard;
To confirm that the organization has effectively implemented its planned arrangements;
To confirm that the management system is capable of achieving the organization's policy objectives

OPENING MEETING MANDATORY AGENDA

Please list name of the management representative & attendees

Name	Job Title
MYRA CABALES	LEAD ASSESSOR - QAS INTL
MICHAEL J. DALUMPINES / D. GUILMAR VIDANES	CHAIRMAN-PRESIDENT / EVP - GENERAL MANAGER-MR
LADY-ANN L. LORZANO / CESAR T. HERRERA JR.	EA-PMSC DIV MANAGER/ CORP PLAN MANAGER
LYNDON M. DINGLASAN / PERCIVAL J. DE CASTRO	LIMA - PLANT MANAGER / PRODUCTION-PPC MANAGER
REX FRANCINE M. FERRER / MICHAEL V. LICUP	ADMIN MANAGER / ADMIN MANAGER - LIMA
ALL DEPARTMENT HEADS / OFFICERS / REPRESENTATIVES	-

Summary of Activities		Tick when completed
1	**Introduction**	☒
2	**Confidentiality agreement review**	☒
3	**Determine formal communication links between the Lead Auditor and client.**	☒
4	**Confirm or amend the client's certification scope.**	☒
5	**Request a controlled copy of client documented management system.**	☒
6	**Explain how the assessment programme will be conducted.**	☒
7	**Explain the classification on non-conformities (Major and Minor).**	☒
8	**Request a representative(s) of the client to act as a guide to accompany Lead Auditor and explain the duties of the guide.**	☒
9	**Determine and agree what office facilities are available and normal working hours.**	☒
10	**Review any applicable health and safety requirements, work committee and trade union restrictions, etc.**	☒
11	**Invite questions from the client's representatives**	☒
Other		☐
		☐

Comments

Lead Auditor
Myra C. Cabales

ISO 9001:2015 Audit Planning Matrix

This is a generic audit schedule. The identified processes must be changed to align with the applicable process defined by the client.

Time	Clause	Activity/Description	Process/Activity/Area				Comp Rep
			MGT/ QM	ADMIN	SCM/ BAC	PRODN /SM/QC	
09:00		Opening Meeting	☒	☒	☒	☒	
12.13	4.1	Understanding the Organisation	☒	☐	☐	☐	
	4.2	Understanding Interested Parties	☒	☐	☐	☐	
	4.3	Scope of the QMS	☒	☒	☒	☒	
	4.4	QM Processes	☒	☒	☒	☒	
	5.1	Leadership & Commitment	☒	☒	☒	☒	
	5.1.2	Customer Focus	☒	☒	☒	☒	
	5.2	Quality Policy	☒	☒	☒	☒	
	5.3	Roles, Responsibilities & Authorities	☒	☒	☒	☒	
	6.1	Actions to Address Risk & Opportunity	☒	☐	☐	☐	
	6.2	Quality Objectives	☒	☒	☒	☒	
	6.3	Planning of Changes	☒	☒	☒	☒	
	7.1.1	Resources - General	☒	☒	☒	☒	
	7.1.2	People	☒	☒	☐	☐	
	7.1.3	Infrastructure	☒	☒	☒	☒	
	7.1.4	Environment for the Operation of Processes	☒	☒	☒	☒	
	7.1.5	Monitoring & Measuring Resources	☒	☐	☒	☒	
	7.1.6	Organisational Knowledge	☒	☒	☐	☐	
	7.2	Competence	☒	☒	☒	☒	
	7.3	Awareness	☒	☒	☒	☒	
	7.4	Communication	☒	☒	☒	☒	
	7.5	Documented Information	☒	☒	☒	☒	
	8.1	Operational Planning & Control	☐	☐	☒	☒	
	8.2.1	Customer Communication	☒	☒	☒	☒	
	8.2.2	Determining Requirements Related to P & S	☒	☒	☒	☒	
	8.2.3	Review of Requirements Related to P & S	☒	☒	☒	☒	

Time	Clause	Activity/Description	Process/Activity/Area				Comp Rep
			MGT/ QM	ADMIN	SCM/ BAC	PRODN /SM/QC	
	8.2.4	Changes to Requirements Related to P & S	☒	☐	☒	☒	
	8.3	Design & Development	☐	☐	☒	☒	
	8.4.1	Control of Externally Provided P, P & S	☒	☐	☒	☐	
	8.4.2	Type & Extent of Control	☒	☐	☒	☐	
	8.4.3	Information for External Providers	☐	☐	☒	☐	
	8.5.1	Control of Production & Service Provision	☐	☐	☒	☒	
	8.5.2	Identification & Traceability	☐	☐	☒	☒	
	8.5.3	Property Belonging to Customers & External Providers	☐	☐	☒	☒	
	8.5.4	Preservation	☐	☐	☒	☒	
	8.5.5	Post-Delivery Activities	☒	☐	☒	☒	
	8.5.6	Control of Changes	☐	☐	☒	☒	
	8.6	Release of Products Services	☐	☐	☒	☒	
	8.7	Control of Non-Conforming Outputs	☒	☒	☒	☒	
	9.1.1	Monitoring & Measurement, Analysis & Evaluation - General	☒	☒	☒	☒	
	9.1.2	Customer Satisfaction	☒	☒	☒	☒	
	9.1.3	Analysis & Evaluation	☒	☒	☒	☒	
	9.2	Internal Audit	☒	☐	☐	☐	
	9.3	Management Review	☒	☐	☐	☐	
	10.1	Improvement - General	☒	☒	☒	☒	
	10.2	Non-Conformity & Corrective Action	☒	☒	☒	☒	
	10.3	Continual Improvement	☒	☒	☒	☒	
			☐	☐	☐	☐	
			☐	☐	☐	☐	
			☐	☐	☐	☐	
12.14			☐	☐	☐	☐	
16:30		**Closing Meeting** *Audit Results: Corrective Action, Observations/Opportunities for Improvement*					

Audit Notes

Clause Title(s)										
4.0 Context of the Organization; 4.1 - 4.4										
Participants										
MJ Dalumpines; DG Vidanes; CT Herrera Jr; LAL Lorzano; LM Dinglasan										
Functional Area										
Management / Management Representative / PMSC Division										
Procedures										
QMS Manual Q01-Q04 / Q04-4 ver 01 08/19/2019; Scope of QMS M01 ver 01 08/19/2019; Internal Control Procedures										
Samples/Records Reviewed										
Risk Assessment Register, PESTLE Analysis Matrix, Needs and Expectation of Interested Parties Matrix, COVID-19 protocols										
Results	**OFI**	X	**OBS**	X	**Minor NC**		**Major NC**		**See NCR No.**	
The organization presented the actual identified risk and opportunities in conformance to the requirements of ISO 9001:2015 Standard. The needs and expectations of interested parties records were also verified. Series of changes on the risk and opportunities were presented. There were updates on the risk due to COVID-19 transmissions which really impacted the operation of APO. One of the opportunities is the additional division added in the organization which is the PMSC. Scope of the Quality Management System is clearly defined in the presented Quality Manual and in the documented information as per M01 (Scope of QMS). PassPort product processes located in Lima Tech Malvar, Batangas which is under Joint Venture (JV) of APO is not included in the scope of Certification. No changes on the existing scope of certification.										
Observations										
Impact of the PMSC Division to the whole operation of APO will be verified in the next Surveillance Audit in y2022.										
Opportunities for Improvement										
May consider replacement of officers in the determined issues and concerns both in QC and Lima operation. Also to consider assessing the need to include the issues and concerns about the activity/function of the PMSC Division in terms of the audit and the existing Internal Audit Department.										
Clause Title(s)										
5.0 Leadership; 5.1 Leadership & Commitment										
Participants										
MJ Dalumpines; DG Vidanes; CT Herrera Jr; LAL Lorzano; LM Dinglasan										
Functional Area										
Management Team / Management Representative										
Procedures										
QMS Manual Q01-Q04 / Q04-4 ver 01 08/19/2019; Internal Control Procedures per Department per process										
Samples/Records Reviewed										
MR minutes, Quality Policy, Risk Assessment Register, Organizational Chart, Quality Objectives, Job Description, Plan & Program 2019										
Results	**OFI**	X	**OBS**	X	**Minor NC**		**Major NC**		**See NCR No.**	
Leadership is very evident in the response of the Top Management to assure conformance to the requirements of ISO 9001:2015 standard. The President even in her very busy schedule was able to attend/cooperate the whole day certification audit including the rest of the Top Management (BOD, COO, CFO), Management Representative and the rest of the Supervisors/Head of each Department. They have positive outlook on the course of the audit. The Top Management still has short-and-long term improvement plans as per presented documented information including the re-organization, additional division and creation of new positions to make sure of their conformance to the requirements of ISO 9001:2015. Quality Policy & Quality Objectives were properly disseminated to all employees of APUI. Additional Division / position was reflected in the updated Organizational Chart which was released last March 2021.										
Observations										
It was observed there were additional quality policy added in the presented documented information. The Top Management together with the PMSC Division Manager may collaborate to this requirement.										
Opportunities for Improvement										
You may consider concentrating in one quality policy and supported by per division/department quality objectives.										

Audit Notes

Clause Title(s)

6.0 Planning; 6.1 Actions to address risks and opportunities; 6.2 Quality Objectives and planning to achieve them; 6.3 Planning of Changes

Participants

MJ Dalumpines; DG Vidanes; CT Herrera Jr; LAL Lorzano; LM Dinglasan; KZ Cepres; EA Pilapil

Functional Area

Management Team/ Management Representative

Procedures

QMS Manual Q01-Q04 / Q04-4 ver 01 08/19/2019; Risk Assessment Procedure M03 ver 01 08/19/2019; Planning to Achieve Quality Objectives M04 ver 01 08/19/2019; Internal Control Procedures per Department per process

Samples/Records Reviewed

Quality Objectives, Risk Assessment Register, SWOT/PESTLE Analysis, Needs and Expectation of Interested Parties Matrix

Results	OFI	X	OBS		Minor NC		Major NC		See NCR No.	

The Top Management determined the risk and opportunities of the organization using the PESTLE Analysis, SWOT Analysis and the needs & expectation of interested parties. Level of risks were reviewed last December 2021. COVID-19 pandemic restrictions were also included and provided all the possible control measures to ensure minimizing the risk. A separate documented information was provided for COVID-19 virus related concerns which includes all the actions to be taken and currently implementing in APO. Action plan to minimize or lower the risk has been provided. Updates on the status will be reassessed in the next surveillance audit.

Quality Objectives on different perspective for the year 2022 were discussed and presented during the y2021 Management Review. Quality objectives outcome per department/division in the year 2021 is being reported to the top management. Some were achieved some were not. Set QOs were presented and found measurable and consistent to the set Quality Policy of the Division/Department. Set quality objectives were made linking to the result of APUI business performance and to the growing client's demand. It was communicated to the organization.

Observations

NA

Opportunities for Improvement

To consider concentrating in one Quality Policy when establishing the quality objectives per department.

Clause Title(s)

7.1 Resources; 7.2 Competence; 7.3 Awareness; 7.4 Communication; 7.5 Documented Information

Participants

MJ Dalumpines; DG Vidanes; CT Herrera Jr; LAL Lorzano; RFM Ferrer; LM Dinglasan; MV Licup; EA Pilapil; KZ Cepres; MA Alinea

Functional Area

Management / Admin / Accounting / R & D / Production / PMSC

Procedures

QMS Manual Q01-Q04 / Q04-4 ver 01 08/19/2019; Monitoring and Measuring Resources M05 ver 01 08/19/2019; Internal Control Procedures per Department per process

Samples/Records Reviewed

Organizational Chart, Job Description, Personnel Requisition Form, Training Memo, Plan 2019, Training Certificates, Equipment list, Calibration Plan 2021, Calibration records/Certificates, Employee Masterlist, Internal and External Communication Matrix, Daily Monitoring Measuring Equipment, Equipment Service Reports, Preventive Maintenance records

Results	OFI		OBS	X	Minor NC		Major NC		See NCR No.	

Based on the reviewed documented information, the organization has complete documentation. Job Descriptions were revised accordingly and aligned to the current structure of the company. The organization already started reviewing the competencies of their employees. This was put on hold since new HR Manager was introduced. One of the continuous improvement plan of the company is the improvement of the competency of their employees likewise minimizing the expenses of the company. Trainings provided both technical and non-technical related were temporarily put on hold based on the released memo of HRD. All the necessary measuring resources used in the operation were calibrated accordingly based on the reviewed documented information. All major equipment maintenance were done by the external provider. All the necessary documented information including policies and procedures as specified in the ISO 9001 Standard were established and made available in support to the defined scope of APUI. Some supporting detail procedures per division/department are still on-going. The organization established an internal and external communication matrix to make sure of proper protocol within and outside the company.

Observations

Updates on the maintenance and calibration were conducted based on the provided documented information.

Opportunities for Improvement

NA

Audit Notes

Clause Title(s)

8.0 Operation; 8.1 Operational planning and control; 8.2 Requirements for Products and Services; 8.4 Control of externally provided processes, products and services; 8.5 Production and Service provision; 8.6 Release of products and services

Participants

MJ Dalumpines; DG Vidanes; CT Herrera Jr; LAL Lorzano; RFM Ferrer; MV Licup; FS Tarun; MD Escobar; LEM Gamban; MP Santos; E Jose; MB Balatero; AV Velasco; PJ De Castro

Functional Area

Management / Admin / Production / Warehouse / Purchasing / QC / Supply Chain / BAC / Accounting / Planning /PMSC

Procedures

QMS Manual Q01-Q04 / Q04-4 ver 01 08/19/2019; Production & Service Provision (M09) ver 01 08/19/2019; Internal Control Procedures per Department per process

Samples/Records Reviewed

Minutes of the meetings, BAC (Bids and Awards) records/documents, Purchase Requisition, Purchase Order, Inspection / Audit Reports, External Provider List including Lessors, Supply Chain Division records, Warehouse Receiving Checklist, Delivery Receipt, Customer documented information, MSDS/SDS, Proposal, Production records, Pre-Press records, QC records

Results	OFI	X	OBS	X	Minor NC		Major NC		See NCR No.	

It is evident compliance of the organization in the implementation of its procedure where completed process evidences were presented to reflect conformance to the existing management system. Documents were verified from client PO to Planning, Warehouse, Pre-Press, Press, Bindery, Quality Control to intended process as required in the process up to Final Inspection to delivery for QC & Lima Op.

External providers were initially assessed and approved by BAC based on the collected submitted documentation of bidders. Approved external providers were properly evaluated its performance by the Purchasing Dept. and all end users. Complete records were verified from purchasing to warehouse to end user and provide correct traceability of materials based on the records provided.

Observations

Skeletal/WFH still observed for sometimes due to COVID-19 virus transmission as impacted the operation of APO. There were some changes on the operational controls where Tax Stamp production machine operation is now handled by the JV.

Opportunities for Improvement

To consider reviewing the processes and controls especially if this activity /function is being handled by its JV or any external provider.

Clause Title(s)

9.0 Performance Evaluation

Participants

MJ Dalumpines; DG Vidanes; CT Herrera Jr; LAL Lorzano; RFM Ferrer; MV Licup; FS Tarun; MD Escobar; LEM Gamban; MP Santos; E Jose; MB Balatero; AV Velasco; PJ De Castro

Functional Area

Management / Admin / Production / Warehouse / Purchasing / QC / Supply Chain / BAC / Accounting / Planning / Audit / PMSC

Procedures

QMS Manual Q01-Q04 / Q04-4 ver 01 08/19/2019; Monitoring and Measurement Result M11 ver 01 08/19/2019; Internal Audit M12 ver 01 08/19/2019; Management Review M13 ver 01 08/19/2019; Internal Control Procedures per Department per process

Samples/Records Reviewed

Customer Satisfaction surveys, Internal Audit Plan and reports, Management Review minutes of the meeting, 201 files, Risk Assessment Register, QC reports, Employee Performance Evaluation, Quarterly Performance Evaluation Form, License Permits, Operation records.

Results	OFI		OBS		Minor NC		Major NC		See NCR No.	

Management Review was conducted last December 3, 2021 as attended and headed by the Chairman / President himself Mr. Michael Dalumpines, the new General Manager (GM), new Plant Manager - Lima and all APO Division Managers and Department Heads from all locations. Agenda was verified in accordance to the requirements of ISO 9001:2015 standard. Majority of the actions are to be taken beginning January 2022 onwards. Updates also on the performance per division/department were pointed out during the meeting. The organization also conducted regular meeting relevant to the operations of APUI both in QC and in Lima and also meeting with the Board of Trustees. Internal Audit was strategically scheduled beginning the 4th Quarter of year 2020. Internal Audit conducted is in accordance to ISO 9001:20015 standards and aligned to COA (Commission on Audit) requirements. It was reviewed by the General Manager and approved by the Chairman/President. There were some noted non-conformities that were given appropriate action but some are still for verification of effectiveness. A new Division is now created but internal audit is currently functioned by the Internal Audit Dept. The management together with all the department heads performed evaluation of performance employees, its customer and suppliers.

Observations

NA

Opportunities for Improvement

NA

Audit Notes

Clause Title(s)										
10.0 Improvement; 8.7 Control of Non-Conforming Outputs										
Participants										
MJ Dalumpines; DG Vidanes; CT Herrera Jr; LAL Lorzano; RFM Ferrer; MV Licup; FS Tarun; MD Escobar; LEM Gamban; MP Santos; E Jose; MB Balatero; AV Velasco; PJ De Castro										
Functional Area										
Management / Admin / Production / Warehouse / Purchasing / QC / Supply Chain / BAC / Accounting / Planning / PMSC										
Procedures										
QMS Manual Q01-Q04 / Q04-4 ver 01 08/19/2019; Non-conformance and Corrective Action M10 ver 01 08/19/2019; Monitoring and Measurement Result M11 ver 01 08/19/2019; Internal Control Procedures per Department per process										
Samples/Records Reviewed										
Customer Feedback records, Non-conforming Reports, Risk Assessment Register, PESTLE Analysis Matrix, Needs and Expectation of Interested Parties, Production records, QC records, Improvement Plans, List of Clients										
Results	**OFI**		**OBS**		**Minor NC**		**Major NC**		**See NCR No.**	
There was no customer complaint and previous customer complaints observed during the Certification Audit were all closed. Part of the continual improvements of the organization were the movements of officers as part of the strategic plan to a more improve ISO implementations. Another is the alignment of salary grade of APO Lima to QC Main. Additional procedures including in the management system to support the existing documented information of APUI. Other list of continuous improvement plans of APO were also provided and well explained. APUI undergone series of external audits from Commission of Audits. Continuous monitoring, measurement, recording and improvement of non-conforming outputs were done.										
Observations										
NA										
Opportunities for Improvement										
NA										

Clause Title(s)										
NOT APPLICABLE										
Participants										
Functional Area										
Procedures										
Samples/Records Reviewed										
Results	**OFI**		**OBS**		**Minor NC**		**Major NC**		**See NCR No.**	
Observations										
Opportunities for Improvement										

AUDIT REPORT SUMMARY

Management System Documentation
(a statement is required by the audit team to describe the current status of the organisation's management system documentation)

APO Production Unit, Inc. located in Quezon City with remote site in Lima Technology Malvar, Batangas, Philippines provides design & development, manufacturing, printing, testing, storage and distribution of regular (Quezon City operation) and security (Lima Technology) printing products. All Clauses of ISO 9001:2015 Standard are applicable in the operation of the organization.

Effective Implementation & Maintenance
(a statement is required by the audit team to describe how the organisation ensures effective implementation and maintenance of its MS)

All interviewed heads, officers and personnel are supportive to the goal of the Top Management especially on the new improved systems of the company. Close communication is being implemented by the company to ensure that everything are monitored accordingly and given appropriate correctice action as deem necessary.

Improvement
(a statement is required by the audit team to describe how the organisation's management system has improved since the last audit)

The organization determined the risk and opportunities within the organization. The Top Management still has short-and-long term improvement plans as per presented documented information including the re-organization, additional division and creation of new positions to make sure of their conformance to the requirements of ISO 9001:2015.

Key Performance Objectives
(a statement is required by the audit team to describe the current status of the organisation's key performance objectives)

Quality Objectives on different perspective for the year 2022 were discussed and presented during the y2021 Management Review. Quality objectives outcome per department/division in the year 2021 is being reported to the top management. Some were achieved some were not. Set QOs were presented and found measurable and consistent to the set Quality Policy of the Division/Department.

Internal Audit Programme
(a statement is required by the audit team to describe the current status of the organisation's internal audit programme)

Internal Audit was strategically scheduled beginning the 4th Quarter of year 2020. Internal Audit conducted is in accordance to ISO 9001:20015 standards and aligned to Commission on Audit requirements. It was reviewed by the General Manager and approved by the Chairman/President. There were some noted non-conformities that were given appropriate action but some are still for verification of effectiveness. A new Division is now created but internal audit is currently functioned by the Internal Audit Dept. The management together with all the department heads performed evaluation of performance employees, its customer and suppliers.

Management Review
(a statement is required by the audit team to describe the current status of the organisation's management review programme)

Management Review was conducted last December 3, 2021 as attended and headed by the Chairman / President himself Mr. Michael Dalumpines, the new General Manager (GM), new Plant Manager - Lima and all APO Division Managers and Department Heads from all locations. Agenda was verified in accordance to the requirements of ISO 9001:2015 standard. Majority of the actions are to be taken beginning January 2022 onwards. Updates on the performance per division/department were pointed out during the meeting.

Corrective Action
(a statement is required by the audit team to describe the current status of the organisation's corrective and preventive action programme)

Series of monitoring, measurements, reporting, evaluation and documentation were implemented particularly by the Top Mgt.

Additional Comments

ISO 9001:2015 Surveillance Audit conducted to APO was performed remotely due to COVID-19 pandemic restrictions via Zoom Meeting for both QC and Lima Tech Malvar Batangas. All relevant documented information were provided in advance to the Auditor.

EXECUTIVE SUMMARY

Client ID	PH1379	Company Name	APO PRODUCTION UNIT, INC.	Standard	9001:2015

1.0 Previous Audit Results Any non-conformities and/or observations identified during previous audits have been corrected and the corrective action continues to be effective	☒ N/A	☐ Yes	☐ No
1.1 The management system has not adequately addressed nonconformity identified during previous audit activities and the specific issue has been redefined in the nonconformity section of this report.	☐ Yes	☒ No	

2.0 Executive Summary – Audit Findings and Conclusions

The Lead Auditor conducted a process-based audit. The methods used were interviews, observation of activities and review of documentation and records. The structure of the audit was in accordance with the attached audit plan.

2.1 The Lead Auditor concludes that the organisation has established and maintained its management system in line with the requirements of the standard and demonstrated the ability of the system to systematically achieve agreed requirements within the scope and the organisations' policy and objectives.	☒ Yes	☐ No
2.2 Number of Non-Conformities identified	Major: 0	Minor: 0

2.3 Therefore the Lead Auditor recommends that, based on the results of this audit and the systems' demonstrated states of development and maturity, management system be:-

Certification Audit		*Surveillance Audit*		
Granted	Granted *"Subject to satisfactory corrective action completion"	Continued	Continued *"Subject to satisfactory corrective action completion"	Suspended
☐	☐	☒	☐	☐

"State reason in your report"

3.0 Corrective actions to address identified **major** non-conformities shall be carried out immediately and QAS Lead Auditor notified of the action within 30 days.	☐
3.1 QAS Lead Auditor shall perform a follow up visit **within 90 days** to confirm the actions taken, evaluated their effectiveness, and determine whether certification can be recommended or continued.	☐
3.2 Corrective actions to address identified **minor** non-conformities shall be carried out immediately and QAS Lead Auditor notified of the action within 30 days.	☐
3.3 The Client shall complete non-conformity report using the QAS "Non-Conformity Report" and forward it to The QAS Lead Auditor	☐

4.0 The organisation representative's signature indicates their agreement and understanding of the contents of this report including any non-conformances and/or observations recorded by the Lead Auditor.

"QAS Lead Auditor will give/send his client and QAS International a full copy of this report not later than 5 working days from the date of audit"

5.0 Signature (Auditor):		Signature (Client/Company):	
Name: Myra C. Cabales	Date: Dec. 14, 2021	Name: Lady Ann L. Lorzano APO Production Unit, Inc.	Date: Dec. 14, 2021

6.0 Certification decision To be completed by QAS Compliance Team only	Technical Review carried out by: Print Name: Signature: Review	Issue Certificate: ☐ Yes ☐ No

Technical Reviewer's Comments:

CLOSING MEETING MANDATORY AGENDA

Please list name of the Management Representative & Attendees

Name	Job Title
MYRA CABALES	LEAD ASSESSOR - QAS INTL
MICHAEL J. DALUMPINES / D. GUILMAR D. VIDANES	CHAIRMAN-PRESIDENT / GENERAL MANAGER-MR
LADY-ANN L. LORZANO / CESAR T. HERRERA JR.	EA-PMSC DIV MANAGER/ CORP PLAN MANAGERR
LYNDON M. DINGLASAN / REX FRANCINE M. FERRER	LIMA - PLANT MANAGER / ADMIN MANAGER
ALL DEPARTMENT HEADS / OFFICERS / REPRESENTATIVES	-

Summary of Activities		Tick When Completed
1	**Introduction**	☒
2	**Re-confirm Confidentiality**	☒
3	**Confirm the client's certification scope**	☒
4	**Present an overall summary and conclusion and inform the client's representatives that the assessment was conducted on a limited sampling and therefore non-compliances may exist which have not been identified.**	☒
5	**Inform the client about your recommendation for or against certification or its continuance. Inform the client that the Certification Officer will make the final decision regarding certification after evaluating the evidence in the Audit Report and taking the Lead Auditor's recommendation into consideration. (Certification & Surveillance Audits)**	☒
6	**If applicable, inform the client that they should draw up a corrective and preventive action plan addressing all non-conformances. Explain that objective evidence of completion must be sub mitted to QAS before a certification review can take place.** **In the case of a surveillance visit, inform the clients of how the completion of corrective actions will be verified (e.g. the client should submit objective evidence to QAS Lead Auditor prior to issuing certificate, ensure this is documented in the Audit Report)**	☐
7	**Explain the continual surveillance assessment and what is necessary to retain certification**	☒

PAYMENT DETAILS		AMOUNT	CHEQUE NUMBER
CHEQUE ☐	Bank Transfer ☐	- NA -	- NA -