



QUALITY OBJECTIVES, TARGETS & PROGRAMMES

OTP No.:	Year:	Amendment No.:	Dept. / Process:
Objective(s):			
Indicator(s):		Target(s):	

PROGRAMME:

Activities	Responsible	Time Frame		References / Remarks
		Planned	Actual	

UNCONTROLLED COPY

RESULTS MONITORING:

PI #	Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec

Prepared by: _____	Reviewed and Approved by: _____
Name and Signature	General Manager
Date:	Date:



CARCAR WATER DISTRICT

IP FEEDBACK REPORT

IP Control No. :	Date:
Reported by :	Project Location:

DETAILS

Item	Feedback	Remarks

ACTION PLANS

Item	Action(s)	Responsible	Target Date

UNCONTROLLED COPY

Prepared by: _____	Approved by: _____
Date : _____	Date : _____

Action(s): <input type="checkbox"/> Issue CAR <input type="checkbox"/> Notify IP	Additional Comments:
--	----------------------



CARCAR WATER DISTRICT

CUSTOMER SATISFACTION SURVEY

Name:	Project Location:
Project Owner:	Project Duration:

Please rate the following aspects of our work: **5 – Excellent** | **4 – Good** | **3 – Adequate** | **2 – Poor** | **1 – Very Poor**

#	Criteria	RATING					Remarks
		5	4	3	2	1	
1.	Quality workmanship						
2.	Quality of materials and maintenance of equipment and facilities						
3.	Repair of defects and deficiencies noticed during inspections						
4.	Degree of completion at hand-over inspection						
5.	Cleanliness and order						
6.	Approachable and Polite Staff						
7.	Overall service quality						

Comments:

If you have any suggestions regarding how we could improve the services we provided to you, please enter them below:

<div data-bbox="966 1451 1328 1640" data-label="Text"><p>UNCONTROLLED COPY</p></div>

Done by: _____	Received and Noted by: _____
Customer Representative / Date	General Manager / Date



CARCAR WATER DISTRICT

ANNUAL INTERNAL AUDIT PLAN

Year :

Prepared by:

Approved by:

#	PROCESS / AREA	ELEMENTS TO BE AUDITED (ISO CLAUSES)	SCHEDULE												REMARKS	
				JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV		DEC
			PLAN													
			ACTUAL													
			PLAN													
			ACTUAL													
			PLAN													
			ACTUAL													
			PLAN													
			ACTUAL													
			PLAN													
			ACTUAL													
			PLAN													
			ACTUAL													
			PLAN													
			ACTUAL													
			PLAN													
			ACTUAL													
			PLAN													
			ACTUAL													
			PLAN													
			ACTUAL													
			PLAN													
			ACTUAL													

UNCONTROLLED COPY



CARCAR WATER DISTRICT

AUDIT ITINERARY

Audit No. : _____

Type of Audit : Regular Special

Page ___ of ___

Audit Scope :

Audit Objective:

Audit Criteria :

Audit Team:

Lead Auditor: _____

Team Members: _____

SCHEDULE

DATE	TIME	DEPARTMENT/SECTION	ISO ELEMENTS / PROCEDURES	AUDITOR	AUDITEE REPRESENTATIVE

UNCONTROLLED COPY

Prepared by:

Internal Lead Auditor

Date:

Reviewed and Approved by:

General Manager

Date:



CARCAR WATER DISTRICT

AUDIT CHECKLIST

Audit No. : _____ **Audit Criteria:** _____ **Audited Area / Department:** _____

Audit Date : _____ **Auditor(s):** _____ **Auditee(s):** _____

REQUIREMENTS / CHECK ITEMS	Y/N	REMARKS (objective evidences / references)
----------------------------	-----	--

--	--	--

UNCONTROLLED COPY



NONCONFORMANCE REPORT

Control No. :	Audit Date :	Department/Area :
----------------------	---------------------	--------------------------

Auditor(s) :	Auditee(s) :
---------------------	---------------------

Nonconformance Category : <input type="checkbox"/> Major <input type="checkbox"/> Minor	Audit Type: <input type="checkbox"/> Internal <input type="checkbox"/> External _____
--	--

NONCONFORMANCE STATEMENT

Statement of Fact:

Attribution and Explanation:

Prepared by: _____ Auditor Date:	Reviewed by: _____ Management Representative Date:	Acknowledged by: _____ Auditee Representative Date:
--	--	---

ROOT CAUSE ANALYSIS

Root Cause Analysis:

CORRECTION AND CORRECTIVE ACTION

#	Action	Target Date	Responsible Person
	<div style="border: 2px solid red; padding: 10px; color: red; font-weight: bold;">UNCONTROLLED COPY</div>		

Prepared by: _____ Auditee Representative Date:	Reviewed by: _____ Auditor Date:	Approved by: _____ Manager Date:
---	--	--

ACTION VERIFICATION / FOLLOW-UP

#	Verification Remarks	Date	Verified by	Status

Final Status: <input type="checkbox"/> Close <input type="checkbox"/> Open <input type="checkbox"/> Fail	Remarks:	Approved by:	Date:
--	-----------------	---------------------	--------------



CARCAR WATER DISTRICT

GENERAL OBSERVATIONS AND RECOMMENDATIONS LIST

Audit No. :

Audit Date:

Audited Area / Department:

Control No.	General Observations and Opportunities for Improvement	PLANNED ACTIONS			Status
		Action Items	Target Date	Responsible	

UNCONTROLLED COPY



CARCAR WATER DISTRICT

AUDIT REPORT

YEAR:

#	NCR / GOOI CONTROL NO.	SUBJECT	ISSUED TO	ISS. DATE	TARGET DATE (PLANNED ACTION)	ACTUAL DATE (ACTION IMPLEMENTED)	CLOSURE DATE	STATUS

UNCONTROLLED COPY



CORRECTIVE ACTION REPORT

CPAR Control No. :

Date:	Issued to:	Issued by:
-------	------------	------------

NONCONFORMANCE / PROBLEM DESCRIPTION / OPPORTUNITY FOR IMPROVEMENT

Prepared by: _____ Name and Signature Date:	Reviewed by: _____ Name and Signature Date:	Acknowledge by: _____ Name and Signature Date:
---	---	--

CORRECTION

INVESTIGATION AND ROOT CAUSE ANALYSIS

CORRECTIVE ACTION

#	Action	Target Date	Responsible Person
	<div style="border: 2px solid red; padding: 10px; display: inline-block;">UNCONTROLLED COPY</div>		

Prepared by: _____ Name and Signature Date:	Reviewed by: _____ Name and Signature Date:	Approved by: _____ Name and Signature Date:
---	---	---

VERIFICATION / FOLLOW-UP

#	Verification Remarks	Date	Verified by	Status

CLOSURE

Final Status: <input type="checkbox"/> Closed <input type="checkbox"/> Failed (for re-issuance)	Approved by: _____	Date: _____
--	---------------------------	--------------------



CARCAR WATER DISTRICT

CAR MONITORING AND TRACKING

YEAR:

#	CPAR CONTROL NO.	SUBJECT	ISSUED TO	ISS. DATE	TARGET DATE (PLANNED ACTION)	ACTUAL DATE (ACTION IMPLEMENTED)	CLOSURE DATE	STATUS
<div style="border: 2px solid red; padding: 10px; display: inline-block;">UNCONTROLLED COPY</div>								



CARCAR WATER DISTRICT

MANAGEMENT REVIEW SCHEDULE

SCHEDULE

Date:

Time:

Venue:

ATTENDEES

#	Name	Department	Signature	#	Name	Department	Signature

AGENDA

#	TOPIC	PRESENTER	ALLOTTED TIME

UNCONTROLLED COPY



CARCAR WATER DISTRICT

MINUTES OF THE MEETING

Meeting Agenda : _____ Venue : _____

Meeting Date : _____ Time Started : _____ Time Ended : _____

ATTENDEES

#	Name	Department	Signature	#	Name	Department	Signature

AGENDA

#	TOPIC DISCUSSED	ACTION ITEMS	RESPONSIBLE PERSON

UNCONTROLLED COPY



CARCAR WATER DISTRICT

MANAGEMENT REVIEW ACTION PLAN

Department: _____	Year: _____	Prepared by: _____	Reviewed by: _____	Approved by: _____
Objective: _____		Date: _____	Date: _____	Date: _____

#	ACTIVITIES	RESPONSIBLE PERSON	TARGET DATE	REMARKS	STATUS
<div style="border: 2px solid red; padding: 10px; display: inline-block;">UNCONTROLLED COPY</div>					



CARCAR WATER DISTRICT

RISK ASSESSMENT MATRIX

DEPARTMENT :

#	ACTIVITIES	RISKS	IMPACT	EXISTING CONTROL	RISK ASSESSMENT SCORE			RISK PRIORITY NUMBER	REACTION PLANS	STATUS
					SEV	OCC	DET			

UNCONTROLLED COPY



CARCAR WATER DISTRICT

RISK / OPPORTUNITIES ASSESSMENT MATRIX

DEPARTMENT :

#	ACTIVITIES	RISKS/OPPORTUNITIES	IMPACT	EXISTING CONTROL	RISK ASSESSMENT SCORE			RISK PRIORITY NUMBER	REACTION PLANS	STATUS
					SEV	OCC	DET			

UNCONTROLLED COPY