



**CARCAR WATER DISTRICT  
PROCEDURES MANUAL**

Document No.: **PM-DRC-01**

Eff. Date : **11-20-2017**

Revision No.: **01**

Pages : **1 of 2**

**INTERNAL DOCUMENT CONTROL**

**I. OBJECTIVE**

This document defines the procedure in accepting, updating and controlling of approved internal document/s for CWD's Quality management system.

**II. SCOPE**

This procedure applies to all internal documents related to the quality management system of **CARCAR WATER DISTRICT**

- *Master Document* - refers to the original registered document retained and accessed by the QMR and Document Controller only; used for reproducing copies to be distributed
- *Controlled Document* - refers to a copy of the document reproduced from the master document and distributed to the identified copyholders of the document
- *Uncontrolled Copy* - refers to a requested copy of the document reproduced from the master document and distributed to requesting recipients for the purpose of reference or attachment
- *Obsolete Document* - refers to a document that is already superseded with another version or a document that is already discontinued
- *Initiator* - refers to the Process Owner who generates or revise document
- *Document Registration Processing (DRP)* - a form used to officially request for the registration, revision, or discontinuance of a document
- *Document Requisition Log* - a form used to request for controlled documents
- *Internal Document Master List* - a form used to list and record all internal documents generated by the company
- *Document Review* - a form that lists all documents generated per department for review at the end of the year

**IV .REFERENCE DOCUMENT**

1. Document Approval Matrix GL-DRC-01
2. Document Control Guideline GL-DRC-02

**V . RECORDS GENERATED**

1. Internal Documents Master List FM-DRC-01
2. Document Registration Processing FM-DRC-02
3. Document Requisition Log FM-DRC-03
4. Document Review FM-DRC-04

Prepared by: DOCUMENT & RECORDS CONTROLLER  
Process Owner

Approved by: JOSEFA SN. MANUGAS  
QMR



**PROCEDURES MANUAL**

**INTERNAL DOCUMENT CONTROL**

**VI. PROCEDURE DETAILS AND FLOW**

No.	Process Flow	Description of Activities	Guidelines/Criteria/Policy	Responsible Person	Retained Information
1		1.1 Receive approved document/s from the initiator. 1.2 Review the document received as to the format & kind. 1.3 Assign identification number to the document/s. 1.4 Stamp the document/s with Master copy.	1.1 Received document/s shall be congruously checked its format and kind. Refer to GL-DRC-02 1.2 Assigning of identification number should be synchronized on the existing sequence.	DRC	Master Copy of the Produced document/s
2		2.1 Register the document/s to FM-DRC-01 (Document Master List) & FM-DRC-02 (Document Registration Processing) soft and hard copy. 2.2 Update FM-DRC-03 & FM-DRC-04	2.1 Congruously registering the documents to the master list should be observed. Refer to GL-DRC-02 2.2 Accuracy on updating should be observed accordingly.	DRC	FM-DRC-01; FM-DRC-02; FM-DRC-03; FM-DRC-04
3		3.1 Produce a copy of the registered document/s based on the distribution list. 3.2 Stamp the produced copies with Controlled copy. 3.3 Distribute the controlled copies to personnel/s as listed on the distribution list.	3. Production of controlled copy should be exact and precise based on the list. Refer to GL-DRC-02	DRC	N/A

Doc No. : **PM-RC-01**  
 Rev. No. : **01**

**PROPRIETARY NOTICE**  
 THIS DOCUMENT CONTAINS INFORMATION PROPRIETARY TO CARCAR WATER DISTRICT ANY DISCLOSURE OR USE IS EXPRESSLY PROHIBITED EXCEPT UPON WRITTEN PERMISSION BY CARCAR WATER DISTRICT.

Eff. Date : **11/20/17**  
 Pages : **2 of 2**



**EXTERNAL DOCUMENT CONTROL**

**I. OBJECTIVE**

This document defines the procedure in accepting, updating and controlling of received external document/s for CWD's Quality management system.

**II. SCOPE**

This procedure applies to all externally generated documents used in the implementation of **CARCAR WATER DISTRICT's** Quality Management System.

**III. DEFINITION OF TERMS**

- *Master Document* - refers to the original registered document retained and accessed by the Document Controller only; used for reproducing copies to be distributed.
- *Controlled Document* - refers to a copy of the document reproduced from the master copy and distributed to the identified copyholders of the document
- *Uncontrolled Copy* - refers to a requested copy of the document reproduced from the master copy and distributed to requesting recipients for the purpose of reference or attachment
- *Obsolete Document* - refers to a document that is already superseded with another version or a document that is already discontinued
- *Initiator* - refers to the Process Owner who generates or revise document
- *Document Registration Processing (DRP)* - a form used to officially request for the registration, revision, or discontinuance of a document
- *Document Requisition Log* - a form used to request for controlled documents
- *External Document Master List* - a form used to list and record all external documents generated by the company

**IV. REFERENCE DOCUMENT**

- |                               |           |
|-------------------------------|-----------|
| 1. Document Approval Matrix   | GL-DRC-01 |
| 2. Document Control Guideline | GL-DRC-02 |

**V. RECORDS GENERATED**

- |                                   |           |
|-----------------------------------|-----------|
| 1. External Documents Master List | FM-DRC-05 |
| 2. Document Requisition Log       | FM-DRC-03 |

Prepared by: DOCUMENT & RECORDS CONTROLLER  
Process Owner

Approved by: JOSEFA SN. MANUGAS  
QMR



**PROCEDURES MANUAL**

**EXTERNAL DOCUMENT CONTROL**

**VI. PROCEDURE DETAILS AND FLOW**

No.	Process Flow	Description of Activities	Guidelines/Criteria/Policy	Responsible Person	Retained Information
	Start				
1	Receiving	1.1 Receive external document from warehouse personnel. 1.2 Assign document number & stamp with "Master Copy".	1.1 Received document/s shall be congruously checked its format and kind. Refer to GL-DRC-02 1.2 Assigning of identification number should be synchronized on the existing sequence.	DRC	Master Copy
2	Registering & Updating	2.1 Register the document/s to FM-DRC-05 (External Document Master List) 2.2 Update FM-DRC-03 (Document Registration Log)	2.1 Congruously registering the documents to the master list should be observed. Refer to GL-DRC-02 2.2 Accuracy on updating should be observed accordingly.	DRC	FM-DRC-05, FM-DRC-03
3	Distributing	3.1 Produce a copy of the registered document/s based on the distribution list. 3.2 Stamp the produced copies with Controlled copy. 3.3 Distribute the controlled copies to personnel/s as listed on the distribution list.	3. Production of controlled copy should be exact and precise based on the list. Refer to GL-DRC-02	DRC	N/A
	End				



## PROCEDURES MANUAL

Document No. : **PM-DRC-03** Eff. Date : **08-20-16**

Revision No. : **00** Pages : **1 of 3**

## RECORDS CONTROL

### I. OBJECTIVE

The objective of this document is to ensure that quality records, both soft and hard copies, are maintained to demonstrate conformance to specified requirements. It defines the system for identification, storage, retrieval, protection, retention time, and disposal of records generated for the effective operation of the organization's Quality Management System. All quality records will be stored and maintained in such a way that they are readily retrievable in facilities that provide a suitable environment to minimize deterioration or damage and prevent loss.

### II. SCOPE

This procedure applies to all records which are generated by CARCAR WATER DISTRICT in its implementation of the Quality Management System.

### III. RESPONSIBILITY

*Documents Controller*

### IV. DEFINITION OF TERMS

- *Retention* - period of time that a record should be kept or "retained" both electronically and in paper format
- *Quality Records* - documents which furnish objective evidence of activities performed and / or results achieved in the implementation of the organization's quality management system
- *Archive Section* - storage for inactive documents and records which are being kept for a certain period of time prior to disposal
- *Quality Records Matrix* - a form that documents all the records generated in a department and their active and inactive retention period
- *Records Endorsement* - a form used to endorse to the Records Controller all records that have surpassed their active time frame
- *Records Retrieval Log* - a record used to log any retrievals of endorsed records

### V. REFERENCE DOCUMENTS

None

### VI. RECORDS GENERATED

- |                           |           |
|---------------------------|-----------|
| 1. Quality Records Matrix | FM-DRC-06 |
| 2. Records Endorsement    | FM-DRC-07 |
| 3. Records Retrieval Log  | FM-DRC-08 |

0

Prepared by: MARIBETH S. TANQUE  
Process Owner

Approved by: ENGR. EDWARD L. REMO  
General Manager



# PROCEDURES MANUAL

## RECORDS CONTROL

### VII. PROCEDURE DETAILS AND FLOW

No.	Process Flow	Description of Activity	Guidelines/Criteria/Policy	Responsible Person	Retained Information
01	Identify the records generated	Update Quality Records Matrix per department with all the identified records necessary for the effective implementation of the Quality Management System.		Record Owners	Quality Records Matrix
02	Store and maintain active records	Record owners shall store and maintain QMS records at point of use in their area. QMS active records shall be retained in the owner's custody according to its active period as defined in their respective Quality Records Matrix.	All QMS records shall be labeled, filed, and indexed properly for ease of retrieval and for proper referencing  QMS records should be kept in a place where it can be protected from physical deterioration and damage. It should be kept in a safe place to avoid loss and tampering.	Record Owners	
03	Collect, Store, and Maintain Inactive Records	Record owner shall also specify in the Records Endorsement form the 'Disposal Method' and 'Disposal Date' of the endorsed inactive records. This shall then be forwarded to the Quality Management Representative or President for authorization of the disposal of the expired records. Once approved, it will then be forwarded to the Records Controller	All QMS records shall be labeled, filed, and indexed properly for ease of retrieval and for proper referencing.	Record Owners Record Controller	Records Endorsement

Doc No. : **PM-DRC-03**

Rev. No. : **00**

**PROPRIETARY NOTICE**

THIS DOCUMENT CONTAINS INFORMATION PROPRIETARY CARCAR WATER DISTRICT. ANY DISCLOSURE OR USE IS EXPRESSLY PROHIBITED EXCEPT UPON WRITTEN PERMISSION BY CARCAR WATER DISTRICT.

Eff. Date : **08-20-16**

Pages : **2 of 3**



**PROCEDURES MANUAL**

**RECORDS CONTROL**

04	<div style="border: 1px solid black; padding: 5px; text-align: center;">Retrieve Records</div> <div style="text-align: center; margin: 5px 0;">↓</div>	<p>If there are any records needed to be retrieved by the Records Owner, the Record Retrieval Log shall be filled up.</p>		<p>Record Owners Record Controller</p>	<p>Retrieval Log</p>
05	<div style="border: 1px solid black; padding: 5px; text-align: center;">Dispose Records</div>	<p>Records Controller shall dispose the expired records according to the disposal method indicated in the <b>Records Endorsement</b> form and fill up the 'Remarks' portion of the form.</p>	<p>Periodically review the <b>Records Endorsement</b> form to determine expired records based on the retention periods</p>	<p>Record Owners Record Controller</p>	<p>Records Endorsement</p>

REFERENCE ONLY



## PROCEDURES MANUAL

Document No. : **PM-RAI-01** Eff. Date : **10-02-17**  
Revision No. : **01** Pages : **1 of 2**

### CONTROL OF NONCONFORMING SERVICE

#### I. OBJECTIVE

This procedure defines the system for identification, review and disposition of nonconforming parts of water production and customer services of CARCAR WATER DISTRICT.

#### II. SCOPE

This procedure shall apply to all non-conformities encountered during the implementation of the Quality Management System requirements of ISO 9001:2015.

#### III. RESPONSIBILITY AND RESOURCES

- **CWD Personnel** – to report non-conformances whenever they are encountered;
- **Team Leaders**– to ensure that non-conformances are logged, analyzed and followed by the timely implementation of corrective actions;
- **Division Manager** – to receive and analyze reported non-conformances, client complaints, regulatory violations, etc and to implement corrective actions as required;
- **QMR** – to approve action/s taken

#### IV. DEFINITION OF TERMS

- **Non-conformance** – any deviation from the requirements of the 9001:2015 standards, CWD procedures, guidelines, rules and regulations including deviations from applicable legal and other requirements
- **CAR** – Corrective Action Report

#### V. REFERENCE DOCUMENTS

1. Corrective Action Procedure PM-RAI-04
2. Non-conforming Logbook
3. Complaint Form
4. Incident Report

#### VI. RECORDS GENERATED

1. Corrective Action Report FM-RAI-10

Prepared by: JOSEFA SN. MANUGAS, CPA, MPA  
Management Representative

Approved by: ENGR. EDWARD L. REMO  
General Manager





## PROCEDURES MANUAL

### CONTROL OF NONCONFORMING SERVICE

#### VII. PROCEDURE DETAILS AND FLOW

No.	Process Flow	Description of Activity	Guidelines/Criteria/Policy	Responsible Person	Retained Information
01		Non-conformances may be encountered as a result of: 1.1 Inspection, test or verification activity; 1.2 Audit activity; 1.3 Routine observance of activities; 1.4 Internal/external customer complaint; 1.5 Non-conforming service or procedure must be recorded in the appropriate forms e.g. logbook, complaint form, incident report etc.	1. PNSDW 2. Citizens' Charter 3. Procedures Manual 4. QMS Manual	<ul style="list-style-type: none"> <li>• CWD Personnel</li> <li>• Div Mgrs</li> <li>• Team Leaders</li> </ul>	<ul style="list-style-type: none"> <li>• Nonconforming Logbook</li> <li>• Complaint Form</li> <li>• Incident Report</li> </ul>
02		Team Leader/Division Manager shall give disposition to the defects found on the non-conforming service or procedure and shall indicate action(s) to be taken.	PM-RAI-04	Team Leader/Division Manager	<ul style="list-style-type: none"> <li>• Nonconforming Logbook</li> </ul>
03		3.1 Team Leader shall monitor the actions taken for every non-conforming service/procedure. A summary shall be made indicating the nonconforming service and procedure.  3.2 Team Leader shall monitor and check the implementation of the disposition instructions until the unit conforms to the required specifications and shall monitor those actions taken for those nonconforming service/procedure with issuance of Corrective Action Report.		Team Leader/Division Manager	Corrective Action Report

Doc No. : **PM-RAI-01**

Rev. No. : **01**

**PROPRIETARY NOTICE**

THIS DOCUMENT CONTAINS INFORMATION PROPRIETARY TO CARCAR WATER DISTRICT. ANY DISCLOSURE OR USE IS EXPRESSLY PROHIBITED EXCEPT UPON WRITTEN PERMISSION BY CARCAR WATER DISTRICT.

Eff. Date : **10-2-17**

Pages : **2 of 2**



## PROCEDURES MANUAL

Document No. : **PM-RAI-02** Eff. Date : **08-20-16**

Revision No. : **00** Pages : **1 of 3**

### HANDLING OF INTERESTED PARTY FEEDBACK

#### I. OBJECTIVE

This procedure defines the system for handling and addressing customer feedbacks such as complaints, positive comments, claims, and customer satisfaction survey results.

#### II. SCOPE

This procedure covers information solicited as a measure of how effective the organization met the requirements of the customer and their satisfaction.

#### III. RESPONSIBILITY

Office Supervisor

#### IV. DEFINITION OF TERMS

- *Complaint* – unsolicited information from the customer relating to their dissatisfaction to the organization's product and customer servicing
- *Claim* – official information from the customer of product discrepancies against the specifications or requirements after it has already been delivered
- *Satisfaction Survey* – method used in soliciting information from the customer or other parties in order to enhance the quality management system towards continuously satisfying customer requirements

#### V. REFERENCE DOCUMENTS

1. Management Review PM-RAI-05

#### VI. RECORDS GENERATED

1. Customer Feedback Report FM-RAI-02
2. Customer Satisfaction Survey FM-RAI-03

Prepared by: LEOMARIE S. BARAN  
Process Owner

Approved by: ENGR. EDWARD L. RAMO  
General Manager



## PROCEDURES MANUAL

### HANDLING OF INTERESTED PARTY FEEDBACK

#### VII. PROCEDURE DETAILS AND FLOW

No.	Process Flow	Description of Activity	Guidelines/Criteria/Policy	Responsible Person	Retained Information
01	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">Receive Customer / IP Feedback</div>	Feedback from any interested party may be made in person, phone call, or in a formal writing as determined by the customer.	Customer Satisfaction Survey (for customers only) shall be done once after the project has been finished	Concerned Personnel	Interested Party Feedback; Customer Satisfaction Survey
02	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">Review and Assess Customer Feedback</div>	Assess the interested party feedback for its relevance and validity. Communicate with IP, if there are some clarifications to be made.		Concerned Department; Management Representative	
03	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">Formulate Actions</div>	For valid negative feedback, the responsible department shall formulate immediate action(s) to address the discrepancy or problem and generate corrective action to eliminate the root cause of the discrepancy or problem.		Department Head	IP Feedback Report

Doc No. : **PM-RAI-02**  
 Rev. No. : **00**

**PROPRIETARY NOTICE**  
 THIS DOCUMENT CONTAINS INFORMATION PROPRIETARY TO CARCAR WATER DISTRICT. ANY DISCLOSURE OR USE IS EXPRESSLY PROHIBITED EXCEPT UPON WRITTEN PERMISSION BY CARCAR WATER DISTRICT.

Eff. Date : **08-20-16**  
 Pages : **2 of 3**



**PROCEDURES MANUAL**

**HANDLING OF INTERESTED PARTY FEEDBACK**

04	<p>Implement, Monitor and Verify Approved Actions</p>	<p>Verification of the effectiveness shall be done monthly until actions are found to be working and effective</p>	<p>Monthly Verification</p>	<p>Management Representative</p>	
05	<p>Implement and Monitor Status of Action Plans</p>	<p>Implementation of the action plans shall be done by the respective departments. Monitoring of the implementation shall also be done to ensure proper implementation and completion.</p>		<p>Concerned Department</p>	
06	<p>Review, Analyze and Report Results</p>	<p>Review gather IP feedback / customer satisfaction survey results and categorize according to the nature of the feedback. Analyze results of the review to generate improvement actions.</p>		<p>Management Representative</p>	



## PROCEDURES MANUAL

Document No. : **PM-RAI-03** Eff. Date : **3-1-18**

Revision No. : **01** Pages : **1 of 3**

## INTERNAL QUALITY AUDIT

### I. OBJECTIVE

This procedure defines the system for planning, conducting, reporting and reviewing internal audit and its results in CARCAR WATER DISTRICT.

### II. SCOPE

This procedure applies to all aspects of CARCAR WATER DISTRICT's quality management system.

### III. RESPONSIBILITY

Internal Lead Auditor

### IV. DEFINITION OF TERMS

- *Audit* – is a systematic, independent and documented process for obtaining audit evidence and evaluating it objectively to determine the extent to which audit criteria are fulfilled.

### V. REFERENCE DOCUMENTS

1. Corrective Action procedure PM-RAI-04
2. Management Review procedure PM-RAI-05

### VI. RECORDS GENERATED

1. Annual Internal Audit Plan FM-RAI-04
2. Audit Itinerary FM-RAI-05
3. Audit Checklist FM-RAI-06
4. Nonconformance Report FM-RAI-07
5. General Observation and Recommendations List FM-RAI-08
6. Audit Report FM-RAI-09

Prepared by: SHEILLE MARIE A. ALICABA  
Internal Lead Auditor

Approved by: JOSEFA SN. MANUGAS, CPA, MPA  
QUALITY MANAGEMENT REPRESENTATIVE



**PROCEDURES MANUAL**  
**INTERNAL QUALITY AUDIT**

**VII. PROCEDURE DETAILS AND FLOW**

No.	Process Flow	Description of Activity	Guidelines/Criteria/Policy	Responsible Person	Retained Information
01	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">Plan the Audit</div>	The Internal Lead Auditor shall prepare the Annual Internal Audit Plan before the start of the fiscal year. The frequency of the audit for each area shall be based on its performance on previous audits as well as on the criticality of the operations being performed.	1. Conduct audit at least once a year 2. The Auditors shall have the minimum qualification: - At least secondary level - Familiar with the organization's operations - Undergone the IQA Training (ISO 19011 Standard Requirements)	Internal Lead Auditor	Annual Internal Audit Plan; Audit Itinerary
02	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">Prepare for the Audit</div>	The checklist generally contains requirements of the ISO 9001 standard, requirements of the documented quality system procedure and the findings from previous audits.		Internal Lead Auditor	Audit Checklists
03	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">Conduct the Audit</div>	Based on the audit plan and the audit checklist the auditor shall conduct the audit on the specific areas. Ensures that objective evidences for both conformances and nonconformances are clearly documented on the audit checklists, referencing people interviewed, and documents, materials, records and other related items reviewed.		Internal Lead Auditor; Auditors; Auditee	Audit Checklists



## PROCEDURES MANUAL

### INTERNAL QUALITY AUDIT

04	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;">Report Audit Results</div> <div style="text-align: center;">↓</div>	<p>Nonconformance Report shall be presented and given to the auditees/concerned groups during the closing meeting</p>	<p><b>Classifications of Findings</b></p> <p><b>Nonconformance-</b> The absence or the total breakdown of a system to meet the requirements of a clause of ISO 9001 or other reference documents.</p> <p><b>General Observation</b> Findings that could lead into a nonconformance if not addressed (potential nonconformance)</p>	Auditors	<p>Nonconformance Report; General Observation and Opportunities for Improvement List</p>
05	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;">Verify Audit findings and Action</div> <div style="text-align: center;">↓</div>	<p>Verification of implementation shall be conducted at an appropriate time as deemed necessary or as requested. Verification of effectiveness of the corrective action(s) shall be conducted in a timely manner after the implementation date.</p>		Auditors	<p>Nonconformance Report; Audit Report</p>
06	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;">Review Audit Process Performance</div> <div style="text-align: center;">↓</div> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">END</div>	<p>Internal Lead Auditor shall then conduct evaluation of the audit process at the end of all the audit schedule for the year and evaluate the performance of auditors for improvement plans the following year.</p>		Internal Lead Auditor	

Doc No. : **PM-RAI-03**  
 Rev. No. : **01**

**PROPRIETARY NOTICE**  
 THIS DOCUMENT CONTAINS INFORMATION PROPRIETARY TO CARCAR WATER DISTRICT. ANY DISCLOSURE OR USE IS EXPRESSLY PROHIBITED EXCEPT UPON WRITTEN PERMISSION BY CARCAR WATER DISTRICT.

Eff. Date : **3-1-18**  
 Pages : **3 of 3**



## PROCEDURES MANUAL

Document No. : **PM-RAI-04** Eff. Date : **12-16-19**Revision No. : **04** Pages : **1 of 4**

## CORRECTIVE ACTION

### I. OBJECTIVE

To ensure that actions are taken to address existing nonconformities to eliminate its root cause to prevent their recurrence or occurrence.

To ensure that a detailed process is utilized to identify and systematically resolve and address existing problems or nonconformities and to ensure that actions are taken for those identified areas that can be improved or needs improvement.

### II. SCOPE

This procedure applies to all processes, including suppliers providing products or services governed by the requirements specified by CARCAR WATER DISTRICT's quality management system. However, this procedure does not cover customer complaints and feedbacks.

### III. RESPONSIBILITY

The specific responsibilities are described in the table below for the preparation/revision, review, authorization, registration, distribution and disposal of documents.

Issues	Responsible to Request Action	Responsible to Implement Action	Responsible to Verify Action	Approval of Action
Internal Audit	Internal Auditors	Concerned Division	Internal Auditors	QMR
Non-compliance to Applicable Legal & Other Requirements	Department Manager for Admin	Admin Division		QMR
Two consecutive unmet Quality Objective Targets	Division Manager	Concerned process owner		QMR
Other Non-conformities of the QMS	Concerned CWD employee who detected the NC	Concerned Division		QMR

- The DRC shall be responsible to register all NCR issued and maintain NCR Control Register.
- The QMR and Division Managers shall be responsible to:
  - i) Report the status of all issued NCR to the General Manager and during Management Reviews
  - ii) Ensure the effectiveness of actions taken.

### IV. DEFINITION OF TERMS

- Correction - immediate action taken to rectify existing nonconformity or problem;
- Corrective Action - action taken to eliminate the root cause(s) to prevent the recurrence of the problem / nonconformity
- Non-conformity - non-fulfillment of requirement
- Non-conformance Report- designated form issued to concerned party to document corrective action report

### V. REFERENCE DOCUMENTS

1. Control of Non-conforming Services PM-RAI-01

### VI. RECORDS GENERATED

1. Non-conformance Report FM-RAI-07  
2. NCR Monitoring and Tracking FM-RAI-11

Prepared by: <b>SERGE JUDE B. BARGAYO</b> Internal Lead Auditor	Approved by: <b>JOSEFA SN. MANUGAS, CPA, MPA</b> Quality Management Representative
--	---





# PROCEDURES MANUAL

## CORRECTIVE ACTION

### VI. PROCEDURE DETAILS AND FLOW

No.	Process Flow	Description of Activity	Guidelines/Criteria/Policy	Responsible Person	Retained Information
01	<pre> graph TD     START([START]) --&gt; ISSUANCE[Issuance of NCR (FM RAI 07)]     ISSUANCE --&gt; A((A))           </pre>	-Concerned personnel shall identify existing problems / nonconformity that needs corrective action  -Prepare Non-conformance Report  -Submit to QMR for review	1. Non-achievement of QO(Quality Objectives) 2. Failure to implement quality management system	Concerned Personnel	Non-conformance Report
		review NCR		QMR Concerned Personnel	Non-conformance Report
		Request for Control number from DRC		Concerned Personnel	
		Assign Control Number and log to FM-RAI-11	Format for control number: -Internal audit – YYYY-IA(1)(2)-### -Interim – YYYY-(1)(2)- #####  *1&2 refers to the semester of the year	DRC	NCR Monitoring and Tracking (FM-RAI-11)
Issue NCR to the concerned division  Provide copy to the assigned internal auditor	NCR duly acknowledge by concerned division	Concerned Personnel And Concerned Division  Concerned Personnel and Internal Auditor	NCR		



## PROCEDURES MANUAL

### CORRECTIVE ACTION

02	<div style="text-align: center;">↓</div> <div style="border: 1px solid black; padding: 5px; margin: 5px auto; width: 80%;">Conduct Investigation and Analysis</div> <div style="text-align: center;">↓</div>	<p>Identify all possible causes, collect appropriate data and information. This may include a combination of testing results, review of records results, review of processes results, and/or any other data that may lead to the determination of the fundamental (root) cause of the existing problem / nonconformity.</p> <p>Analyze data and information gathered using analytical tools that can be applied to distinguish properly the contributing cause(s) and the fundamental (root) cause(s) for determination of appropriate actions to be taken.</p>			
03	<div style="border: 1px solid black; padding: 5px; margin: 5px auto; width: 80%;">Formulate Corrective Action</div> <div style="text-align: center;">↓</div>	<p>Identify all needed activities and tasks that must be accomplished to prevent or eliminate the identified existing nonconformity / problem. Ensure to identify all actions that will be needed to address everything related to the issue.</p>	<p>-Time limit to reply and submit CAR shall be within 15 working days from the date of receipt</p> <p>-Internal Auditor to participate in the root cause analysis and the formulation of corrective actions</p>	Concerned Division Internal Auditor	Non-conformance Report
04	<div style="border: 1px solid black; padding: 5px; margin: 5px auto; width: 80%;">Review and Approve Corrective Action</div> <div style="text-align: center;">↓</div>	<p>To check the appropriateness and adequacy of the actions to the identified existing nonconformity / problem. May also suggest or recommend changes and corrections whenever necessary.</p> <p>Distribute approved Corrective Action to the following:</p> <ul style="list-style-type: none"> <li>- Concerned Division</li> <li>- IQA</li> </ul>		QMR  Concerned Division IQA	Non-conformance Report



**PROCEDURES MANUAL**

**CORRECTIVE ACTION**

05	<pre> graph TD     A[Monitor, Evaluate, and Verify the Implementation] --&gt; B([END])           </pre>	<p>Verification and evaluation of the effectiveness of the implemented corrective action(s) shall be conducted after the verification of action implementation. Results of the verification shall be updated in the Non-conformance Report issued.</p>	<ol style="list-style-type: none"> <li>1. Closed NCRs shall be forwarded to DRC for filing.</li> <li>2. Failed NCRs shall be re-issued</li> </ol>	Internal Auditor/s	Non-conformance Report
----	---	--	---	--------------------	------------------------

REFERENCE ONLY



## PROCEDURES MANUAL

Document No. : **PM-RAI-05** Eff. Date : **08-20-16**

Revision No. : **00** Pages : **1 of 4**

## MANAGEMENT REVIEW

### I. OBJECTIVE

This procedure defines the system for reviewing the quality management system of CARCAR WATER DISTRICT to ensure its continuing suitability, adequacy and effectiveness.

### II. SCOPE

This procedure covers the entire CARCAR WATER DISTRICT's Quality Management System.

### III. RESPONSIBILITY

Chief Operating Officer

### IV. DEFINITION OF TERMS

- *Management Review* - a formal evaluation by top management of the status and adequacy of the quality system in relation to quality policy and objectives

### V. REFERENCE DOCUMENTS

1. Corrective Action PM-RAI-04

### VI. RECORDS GENERATED

1. Management Review Schedule FM-RAI-12
2. Minutes of the Meeting FM-RAI-13
3. Management Review Action Plan FM-RAI-14

Prepared by: JOSEFA SN. MANUGAS, CPA, MPA  
Management Representative

Approved by: ENGR. EDWARD L. REMO  
General Manager



**PROCEDURES MANUAL**  
**MANAGEMENT REVIEW**

**VII. PROCEDURE DETAILS AND FLOW**

No.	Process Flow	Description of Activity	Guidelines/Criteria/Policy	Responsible Person	Retained Information
01	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">Schedule Management Review</div>	<p>The MR shall schedule management review meeting Fill-up Management Review Schedule form for the schedule, attendees and agenda of the meeting.</p> <p>Route the Management Review Schedule to all required attendees to inform them with the schedule</p>	Twice a year at planned intervals	Management Representative	Management Review Schedule
02	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">Gather Information</div>	MR shall gather and summarize information of the results and performances of processes in their respective departments and/or agenda assigned to them.	2 weeks prior to the scheduled Management Review	Management Representative	
03	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">Conduct Management Review Meeting</div>	The Management Representative shall ensure to record all issues discussed, recommendations and corrective actions to be taken using the Minutes of the Meeting form. Top management shall also ensure timely decisions are made.	<ol style="list-style-type: none"> <li>1. The status of actions from previous management reviews;</li> <li>2. Changes in external and internal issues that are relevant to the quality management system;</li> <li>3. information on the performance and effectiveness of the quality management system, including trends in:</li> </ol>	Management Representative	Minutes of the Meeting

Doc No. : **PM-RAI-05**  
Rev. No. : **00**

**PROPRIETARY NOTICE**  
THIS DOCUMENT CONTAINS INFORMATION PROPRIETARY TO CARCAR WATER DISTRICT. ANY DISCLOSURE OR USE IS EXPRESSLY PROHIBITED EXCEPT UPON WRITTEN PERMISSION BY CARCAR WATER DISTRICT.

Eff. Date : **08-20-16**  
Pages : **2 of 4**



## PROCEDURES MANUAL

### MANAGEMENT REVIEW

			<p>3.1 Customer satisfaction and feedback from relevant interested parties;</p> <p>3.2 The extent to which quality objectives have been met;</p> <p>3.3 Process performance and conformity of products and services;</p> <p>3.4 Nonconformities and corrective actions;</p> <p>3.5 Monitoring and measurement results;</p> <p>3.6 Audit results;</p> <p>3.7 The performance of external providers</p> <p>4. The adequacy of resources;</p> <p>5. The effectiveness of actions taken to address risks and opportunities;</p> <p>6. Opportunities for improvement.</p>		
04	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">Prepare Action Plan</div> <div style="text-align: center; margin: 5px 0;">↓</div>	<p>Affected personnel shall prepare Management Review Action Plan related to process improvements, product improvements and resource needs to ensure continual improvement of the quality management system.</p>		Department Heads	Management Review Action Plan
05	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">Implement and Monitor Status of Action Plans</div>	<p>Implementation of the action plans shall be done by the respective departments. Monitoring of the implementation shall also be done to ensure proper implementation and completion.</p>		Management Representative	

Doc No. : **PM-RAI-05**  
 Rev. No. : **00**

**PROPRIETARY NOTICE**  
 THIS DOCUMENT CONTAINS INFORMATION PROPRIETARY TO CARCAR WATER DISTRICT. ANY DISCLOSURE OR USE IS EXPRESSLY PROHIBITED EXCEPT UPON WRITTEN PERMISSION BY CARCAR WATER DISTRICT.

Eff. Date : **08-20-16**  
 Pages : **3 of 4**



**PROCEDURES MANUAL**

**MANAGEMENT REVIEW**

06	Review Results	Results shall be followed-up and to be reviewed in the next management review meeting.		Management Representative	Minutes of the Meeting
----	----------------	--	--	---------------------------	------------------------

REFERENCE ONLY



## PROCEDURES MANUAL

Document No. : **PM-RAI-06** Eff. Date : **08-20-16**  
Revision No. : **00** Pages : **1 of 3**

## RISK ASSESSMENT

### I. OBJECTIVE

This procedure is used in the identification of risk that can affect the quality of product and the identification of controls associated with CARCAR WATER DISTRICT activities and services and to identify those that are significant so they can be assigned as high priority for mitigation.

### II. SCOPE

This procedure applies to all activities and services of CARCAR WATER DISTRICT.

### III. RESPONSIBILITY AND RESOURCES

Management Representative

### IV. DEFINITION OF TERMS

- 1.1 Risk – combination of the likelihood of occurrence of a hazardous event or exposure(s) and the severity of the injury or ill health that can be caused by the event of exposure.
- 1.2 Risk assessment – process of evaluating the risk arising from a hazard(s), taking into account the adequacy of any of existing controls, and deciding whether or not the risk(s) is acceptable.
- 1.3 Impacts and Risk Control - preventive action necessary to eliminate or control identified environmental aspects and hazards.
- 1.4 Severity - gravity of effect of identified environmental aspect and hazards
- 1.5 Occurrence – the frequency of generation, incident / accident, consumption, exposure, usage, amount, etc of its identified aspects and occupational hazard(s).
- 1.6 Detection - the act or process of detecting of the identified environmental aspects and hazard (s)

### V. REFERENCE DOCUMENTS

1. Risk Assessment Matrix GL-RAI-01

### VI. RECORDS GENERATED

1. Risk Assessment Matrix FM-RAI-15

Prepared by: JOSEFA SN. MANUGAS, CPA, MPA  
Management Representative

Approved by: ENGR. EDWARD L. REMO  
General Manager





# PROCEDURES MANUAL

## RISK ASSESSMENT

### VII. PROCEDURE DETAILS AND FLOW

No.	Process Flow	Description of Activity	Guidelines/Criteria/Policy	Responsible Person	Retained Information
01	Identify risk per Activity/ Process	Process owners shall identify risks and possibilities per activity/ process, impact of the risks and the existing controls the organizations		Process Owners	Risk Assessment Matrix
02	Analyze and Prioritize Risk	Process Owner shall evaluate quality risk that have or can have significant impacts. Get the priority number to identify what risks needs to be prioritized	Risk Assessment Guideline	Process Owners	Risk Assessment Matrix
03	Formulate and Approve Reaction Plan	Process Owner shall generate the necessary actions to address the risks and communicate the generated action(s) to all involve personnel for the implementation.  Ensure that the action(s), responsibility (ies) and expected completion date for the formulated action(s) are well-defined, understood and agreed by all involved personnel.		Process Owners	Risk Assessment Matrix

Doc No. : **PM-RAI-06**  
 Rev. No. : **00**

**PROPRIETARY NOTICE**  
 THIS DOCUMENT CONTAINS INFORMATION PROPRIETARY TO CARCAR WATER DISTRICT. ANY DISCLOSURE OR USE IS EXPRESSLY PROHIBITED EXCEPT UPON WRITTEN PERMISSION BY CARCAR WATER DISTRICT.

Eff. Date : **08-20-16**  
 Pages : **2 of 3**



**PROCEDURES MANUAL**

**RISK ASSESSMENT**

04	<div style="border: 1px solid black; padding: 5px; text-align: center;">Implement Reaction Plan</div>	<p>Implement approved actions according to agreed implementation date(s) and identify and update as necessary the affected processes and documents of the quality management system</p>		Process Owner	Risk Assessment Matrix
05	<div style="border: 1px solid black; padding: 5px; text-align: center;">Monitor, Evaluate and Verify the Implementation of Actions</div>	<p>Monitoring of the implementation of the action(s) shall be done by the department. Data results from the implementation of action shall be gathered and analyzed for further recommendations or improvement of actions taken.</p>		Process Owner	Risk Assessment Matrix
06	<div style="border: 1px solid black; padding: 5px; text-align: center;">Review Results</div>	<p>All risks shall be analyzed to determine trends and areas of significance</p>		Process Owner	Risk Assessment Matrix