

# NQA MANAGEMENT SYSTEMS SURVEILLANCE PROCESS AUDIT REPORT

# LBP LEASING AND FINANCE CORPORATION

**VISIT NUMBER:** 

3

DATE OF OPENING MEETING:

18/12/2020

THIS REPORT HAS BEEN PREPARED BY:

REGIONAL ASSESSOR:

Rhoda Vi Demesa

**CONTACT NUMBER:** 

+632-88863795

**EMAIL:** 

info@nqa-ph.com

### **APPLICABLE STANDARD(S):**

ISO 9001:2015





Client Information							
Primary Contact:	Mr. Noel D. Calvez						
Address: 15 <sup>th</sup> Floor Syciplaw Center, 1 Philippines				105 Paseo de Roxas S	Street,	Makati City, 1	226,
Contact Tel: 02-88182200							
Contact Email: ndcalvez@lbpleasing.com;			rlgonzales@lbpleasir	ng.com	1		
Billing Contact:	Mr. No	el D. Calve	2Z				
Billing Tel:	02-881	82200					
Billing Email:	ndcalve	z@lbplea	asing.con	n; <u>rlgonzales@lbpleas</u>	sing.co	<u>m</u>	
Audit Conducted at:	Head C			Participating / Temporary Site (multi-site certification)		Single Site Certification	×
Audit Conducted as:	Fully O	n-Site		Split On-Site / Remote		Fully Remote	×
System integration (integrated audits only):				N/A			
Additional information on integration (if required):				N/A			
Certificate expiry date(s):			N/				
Required changes to EAC or NQA Codes applied:			No changes required				
		ı					
			At this	location	A	cross all loc Multisit)	
Total employees			4	48 N/A			
Repetitive or parallel workers							
F							
Energy engaged employees							
Energy consumption							

Energy data only applicable for ISO 50001 audits. Further guidance available in ASR 47:2.1

The date of the next audit is:

Energy uses
Energy sources

17/12/2021 to 17/12/2021

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Audit Information					
Audit duration (in days):	2.0md				
Scope of certification:	Provision of Leasing and Financial Services				
	Scope is appropriate.				

### Confirmation that audit objectives have been fulfilled: All objectives met.

If no, which objectives have not been met. Note that customers with installation/service activities within their scope must receive a minimum of one on-site visit once per cycle. Failure to achieve this may result in this activity being removed from the client's scope of certification.

NQA Audit Te	eam	Client	Position	Attendance
Lead Assessor  Rhoda Vi B.  Demesa		Edward John T. Reyes	OIC President & CEO	Opening and Closing
Member 1	Khen O. David	Fidelito Magno	Head-AMG	Opening and Closing
Member 2		Peter Paul I. Rigor	Team Head - AMG	Opening and Closing
		Ian Ramo	Mgt. Service Specialist	Opening and Closing
		Luz Narciso	Compliance Officer	Opening and Closing
		Jimlyn Almene	Account Officer	Opening and Closing
		Noel D. Calvez	Head Admin Unit	Opening and Closing
		Raizza L. Gonzales	Head- CSG	Opening and Closing
		Riza M. Hernandez	Head-ASG	Opening and Closing

<sup>\*</sup> Mandatory attendance at OHSAS18001 / ISO45001 Audits. If these mandatory positions are not present at closing meeting, record and justify reasons in the Executive Summary.

Details of Changes				
Type of action or change required	Action Required	Notes		
Client Name Change:				
Change of Address:				
Scope Change:				
Contact Change:				
Number of Employees Change:				
Major NCs Raised:				
Special Visit Recommended:				
Other:				

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### **Executive Summary**

This audit was undertaken fully remotely. The ICT used in carrying out the Assessment was as follows:

- Google Meet was used for video conferencing and screen sharing facilities throughout. Telephone and email systems, and Viber App for instant messaging of notifications were also used
- Assessment objectives were fully achieved via these means
- ICT systems used were fully effective in achieving the Assessment objectives

#### **SUCCESSFUL AUDIT:**

The organisation's context is well defined, leadership has been effectively demonstrated and commitment levels are evident.

This is reflected in the levels of compliance with requirements and operational control evident at the organisation during the audit process.

The availability of documented information to demonstrate that the system is well implemented and well understood throughout the organisation is acceptable.

This audit has involved a review of system administration activities, a review and sample of site activities at as well as review of job-related records.

It was not fully evident that the key policy commitments are being adhered to.

Grateful thanks are passed to LLFC for their time, assistance and hospitality during this audit.

It should be noted that this audit report is based on a sample basis a fully comprehensive audit has not been undertaken. Good Points:

- 1) The Top Management Commitment in consistently implementing the Quality Management System is commendable.
- 2) The detailed management review minutes of meeting was noteworthy.
- 3) The detailed action plans and status of actions implementation for Audit Observations is a good practice;
- 4) The LBP-LFC's customers satisfaction survey result (2020) is commendable.
- 5) The inclusion of audit results to the 'Process Risks is a good practice
- 6) The integration and implementation of risks and opportunities action plans to QMS Procedures are good practices.
- 7) The provision of Training to enhanced the awareness and competence of QMS Personnel is noteworthy. E.g.
- Internal Auditors Training, Root Cause Analysis Training, ISO Awareness-Training
- 8) The consistency of meeting the number of days to accomplished the credit investigation of within 3 days up to 5 days is commendable.
- 9) The orderliness of the shared quality management system documented information and the IT Support Help Desk is noteworthy.
- 10) The improvement for Customer Messaging System is commendable.
- 11. The improvement made for the Internal Audit Activities and work documents are good practices as follows:
  - Detailed Audit Checklist, Audit Results, Audit Report, Summary of OFI, Request For Action records, RFA Summary and monitoring and follow-up of RFAs;
- 12) The completeness and legibility of most records of Account Servicing Group/Account Administrative Unit are good practices.

	Major NCs	0	Minor NCs	0	OFIs	6	AoCs	0
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Is there any conflict of interest which exists between the Auditor(s) and the client, and are there any situations known to them that present themselves, or NQA, with a potential conflict of interest in respect to the audit undertaken?

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### **Audit Conclusion**

- This visit was Satisfactory: Continuation or granting of certification is recommended
- Opportunities for Improvement have been identified
- Any findings are as detailed on the following page(s).

### **Audit Follow-up Actions**

The following post-audit action(s) shall be taken by the client: OFIs to be considered and action taken when appropriate.

Please note that certification will not be granted, reissued or revised until all outstanding Non-Conformance responses have been submitted, and in the case of Major Non-Conformances, the evidence of corrective action has been provided to, and accepted by, NQA.

For further information, useful guidance and further support for responding to audit findings, please visit <a href="https://www.nga.com/en-gb/clients/non-conformities">https://www.nga.com/en-gb/clients/non-conformities</a>

## Management system performance, such as trends in audit findings that require further investigation at the next recertification audit.

Mandatory completion at the Head Office Audit of Surveillance Year 2

The management system performance was verified effective. The noted opportunities for improvement noted in this report require verification at next surveillance audit.

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### **AUDIT REPORT PART B - AUDIT REPORT**

### **Audit Findings**

Ref No.	Clause No.	Details of any finding(s) raised.	Type (Major NC, Minor NC, OFI or AoC)
01	4.1, 4.2	Consider including the Covid-19 Pandemic on the documented identification of internal & external issues	OFI
02	10.2	<ol> <li>Consider improving to further determine and analyze the root causes of the nonconformities as required. E.g., use 5 why's method</li> <li>Omit the term "preventive action" on the corrective action column of 'Nonconformities and Corrective Actions Results".</li> </ol>	OFI
03	9.2.2	1) The Status of Corrective Action for RFAs has been monitored. However, consider indicating the individual "date of update" for each RFA to demonstrate the timely monitoring and progress of follow-up until closure of findings.  2) The Auditor Performance Evaluation Rating Sheet has been implemented for Auditor evaluation. However, consider separating the name of the Auditor being evaluated from Team Head.  3) Consider adding the requirements of ISO 19011:2018 (Guidelines for Auditing Management Systems) on the Audit work documents such as Audit Programme, Audit Plan and other affected documents.	OFI
04	8.5.1	Operations (AMG) The records to support the operations' implementation were available. However, consider verifying the records' contents before filing for both paper and electronic files such as but not limited to the following:  1) legibility of scanned records e.g. (blurred photocopy) of LTO OR/CR  2) No Date on certified true copy (Reference: Approval document: Credit Facility Proposal-Public Transport Re-fleeting Program)  3) (Blank) Release Date, Maturity Date, no notarization Details (Reference: Promissory Note, Loan Agreement, Chattel Mortgage with SPA, STOT) yet showed the original complete records;  4) Checking of completeness of documents prior acceptance of received documents e.g., no date of certification from ASEC M.T., some incomplete details (Reference(s): LTFRB Independent Accountants, Request for Multi-Year Obligational Authority)  Operations (ASG)  5) Signed but date(s) not specified (Reference: Credit Facility Proposal dated Aug. 28, Sep. 28, 2020)  (6) Requires "Attested by" Corporate Secretary yet no signature (Reference: Internal Credit Risks Rating Sheet/Borrower Credit Risk Rating Sheet dated Oct. 16, 2020)	OFI
05	7.1.2	Need to ensure that the performance evaluation or performance contract are accomplished as per scheduled within this month of December 2020.	OFI
06	7.1.3	May consider to review and modify the Preventive Maintenance Checklist (Weekly) to describe in details the requirement of check items and the actual result Reference Procedure: Updated Anti-Virus; status up to date (describe in details)	OFI
		End of Findings	

Note: Responses to findings must be sent using the Corrective Action Plan form, as applicable, to <a href="mailto:caps@nqa-ph.com">caps@nqa-ph.com</a> within the timeframes stated on Page 5.

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