

CERTIFICATE

CN 01 100 181003

Audit Report as per

ISO 9001:2015

For

Office of the Solicitor General

134 Amorsolo St., Legaspi Village, Makati City 1229



Client	Standard(s)	Certification Number(s)	Audit Type
Office of the Solicitor General	ISO 9001:2015	01 100 181003	SECOND SURVEILLANCE AUDIT

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Audit Team : Minda Fe Villapando

Client's representative : ASG John Emmanuel F. Madamba - QMR

Audit Date : 2020 November 27

1 Audit result

Management system effectiveness was verified on site by means of random sampling by an appropriately selected audit team. This applies in particular to the compliance of workflows with standard requirements and the descriptions in management system documentation. The special features of the organization's business activities, the applicable statutory and regulatory requirements and the requirements set forth in other generally applicable documents were also taken into account. This was done by means of a sampling approach, by conducting interviews and reviewing the appropriate documentation. Audit findings and recommendations regarding opportunities for improvement have been set forth in Sections 4 of this report.

	The last audit revealed nonconformities which have been demonstrably corrected. The corrections and corrective actions taken in this respect have been verified.			
	A stage 1 audit was performed and the organization found ready for certification. Identified weaknesses, if any, have been eliminated and the respective corrective action verified.			
	The current audit revealed the following nonconformities:			
✓	Standard(s): No. of major No. of minor nonconformity No. of minor			
	ISO 9001 Zero (0) Zero (0)			
	The major nonconformities (No. x) with individual standard elements require a re-audit to verify the effectiveness of the corrections and corrective actions (probable date:.ddmmyyyy)			
✓	The organization has established and maintains an effective system to ensure compliance with its policy and objectives. The audit team confirms in line with the audit targets that the organization's management system complies with, adequately maintains and implements the requirements of the standard(s).			
The aud	itor therefore recommends (provided nonconformity response has been approved):			
	Award of the new certificates.			
✓	Maintenance of the existing certification.			
	Inclusion of the changes (see Section 3) in the scope of application of existing certifications			
	Maintenance or issue of the certificates only after successful completion of a re-audit.			

2 Scope

2.1 Description of the organization

The office of the Solicitor General (OSG) is an independent and autonomous office attached to the Department of Justice. Although the OSG is attached to the DOJ, the OSG is not a constituent unit of the DOJ. The DOJ's authority control and supervision over the OSG are limited only to budgetary purposes.

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The OSG is headed by the Solicitor General who is the principal law officer and legal defender of the Government. He is assisted by a legal Staff composed of at least thirty (30) Assistant Solicitors General, each heading a legal division. Each division shall consist of ten (10) lawyers and such other personnel as may be necessary for the office to effectively carry out its function.

The OSG represents the Government of the Philippines, its agencies and instrumentalities and its officials and agents in any litigation, proceeding, investigation or matter requiring the services of a lawyer

Ref: http://www.osg.gov.ph

2.2 Scope of certification

Scope of certification: (per standard):	Docket management service processes such as receiving, barcoding, scanning, encoding, routing, and dispatching of legal documents to court, clients and other parties
ISO 9001 standard requirements which are not applicable:	7.1.5 – monitoring and measuring resources 8.3 – Design and development of product and services
December non applicability	7.1.5 -Office of the Solicitor General has no measuring equipment or device to use in its operation
Reasons for non-applicability:	8.3 – the operation and scope of work of the OSG is based on standard service mandated by CSC

The organization office hour operates on a single shift, skeletal work flexi time from 7:00am – 9:00am until 4:00pm – 6:00pm Monday to Friday.

The following sites and their scopes are included in the scope of certification:

	Sites included in cert. Name/address of site	No. of emp.	Scope and processes	Stand- ard(s)	Au- dited
01	Office of the Solicitor General 134 Amorsolo St., Legaspi Village, Makati City 1229	195	Docket management service processes such as receiving, barcoding, scanning, encoding, routing, and dispatching of legal documents to court, clients and other parties	ISO 9001:2015	✓

3 Changes in the management system / Contract review

The following changes have been implemented in the management system and the management system documentation since the last audit. Major changes are:

- Slight changes in the manpower from 205 last Y2019 to 195 for the Y2020.
- E-filling thru Electronic Service Filling (EFS) dated May 2020
- Skeletal work force due to COVID 19 Pandemic

The implementation of these changes in the existing management system and the management system documentation was verified within the framework of the audit.

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The description of the scope in the certificate appropriately reflects the scope of the management system.

The audit plan was not changed during the audit.

4 Audit findings

The audit findings related to the audited standards are listed in the Annexes to this report (see. Annex ISO 9001:2015).

All information gained during the audit will be treated with strict confidentiality by the auditor and the certification body. In view of the sampling approach applied to the audit, weaknesses and nonconformities may still exist which have not been identified during the audit.

No.	Unit/Department Site	Positive findings
1/4	Top Management	Implementation of Electronic Service Filling dated May 30, 2020, as part of continual improvement is noteworthy.
		Positive recommendation from DBM: OSG was able to surpass most of its physical and revenue targets. OSG attained a 99% out of 100% target in the Annual Performance Review Report (APRR) covering Jan-Dec 2019.
		Attainment of unmodified opinion of the fairness presentation of financial statements given by COA dated June 15, 2020 for the Annual Audit Report for CY2019.
2/4	Internal Quality Audit	Initiative preparation for virtual audit reference to IAF MD 4 (IAF Mandatory Document for the Use of Information and Communication Technology for auditing/assessment purposes) is commendable.
		Consideration of all previous audit findings is noteworthy.
3/4	Control of Docu- mented Information	Documented information in the areas covered are well organized and easily available. I.e. Procurement/ BAC, Motorpool
4/4	Docket Manage- ment Service & Mo- torpool	Outstanding achievement based on Division Performance Commitment Review July – December 2019 is noteworthy.

The following recommendations and opportunities for improvement provided by the auditor are intended to contribute to the continuous improvement of the management system.

No.	Unit/Department Site	Recommendations and opportunities for improvement	
1/5	Internal Quality Audit	In light of the following, consider to improve: Root cause analysis and determination Monitoring of observation issued Correction and corrective action timeframe	

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2/5	Internal Audit	May consider consolidating complaints received that includes of complaints coming from 8888 hotline.
		Consider to trend data for comparative analysis to determine actions for continual improvement.
		Consider to monitor qualitative feedback as part of input data (positive or negative feedback).
		Service Directors are responsible for the implementation of action plans relative to complaints, may consider monitoring the status of completion. As this is one of the inputs in the Management Review.
3/5	Human Resource	Guidelines in the implementation of Online Trainings is due for review and approval. Moreover, there is an established Impact Training established to verify the training effectiveness for each participant. This will be checked next audit.
4/5	Facilities	Ensure to improve the PMS planning and scheduling for Air conditioners. Likewise, need to include the corresponding or actual date of PM.
		Consider to establish checkpoints criteria for PM for Air-conditioner.
		Gen-set PM Service Report, consider to improve the documentation for the result of such PM activities.
		Consider to have Service Request Control No for each request.
5/5	Motorpool	Most of the vehicle preventive maintenance schedule for the year 2020 were postponed until Dec. 2020 due to the lockdowns brought by the pandemic. The Vehicle Service Request for preventive maintenance were already approved e.g. Vehicle Plate No. DS 1070 –due for 80,000km PMS ref. P.O. approved Sept. 28, 2020. The status will be checked next visit.

5 Dates

Due Date for the next audit	2021 December 18
Agreed date for the next audit	2021 November

2020 November 28 Michelle A. Pestañas

Date Audit Leader / Auditor(s)

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Client	Standard(s)	Certification Number(s)	Audit Type
Office of the Solicitor General	ISO 9001:2015	01 100 181003	SECOND SURVEILLANCE AUDIT

Item	Audit result						
Context of the organization	The organization has determined internal and external issues related to the following subject areas (Note: subject areas can be legal requirements, co-operations, competition, community etc.)						
	 Technological – E-filling pleadings, E-mail correspondence between and among agencies an d/or private entities, ECMT, Barcode Reader, printer, Sacnner, laptop 						
	Legal – Court orders, resolutions and other processes						
	Environment – Inclement weather which	h leads to stoppage of work					
	Cultural – Punctuality/attendance of emficers	nployees, work etiquette of employees/of-					
	Organizational – Duties and responsibi formance management System	lities of employees, SPMS_ Strategic Per-					
	Strengths	Weaknesses					
	DMS workforce consists of qualified personnel	Current workforce is actered only for 28 legal divisions					
	DMS uses information technology system (enhanced case management tool or eCMT) in the performance of thier duties.	Current workplace layout is not very conducive for work.E					
	Opportunties	Threat					
	Ephemeral record should be migrated to the database (eCMT)	There are hard to find ancient cases which are handled by lawyers who are either retired or not connected with the offcie anymore.					
	Creation of additional plantilla positions in the DMS.	Numerous complaints by external clients which are unfounded					
	The organization has identified interested parties. Examples for such parties are: Internal Legal Division DMS Director Chief Administrative Officer Supervising Administrative Officer Personnel and other OSG-DMS Staff HRMAS CMS Secretariat External Commission on Audit	parties and the requirements of these par-					
	Civil Service Commission DRM						
	DBMCongress of the Philippines						
_	- Congress of the Fillippines						

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Office of the Solicitor General	ISO 9001:2015	01 100 181003	SECOND SURVEILLANCE AUDIT

Item	Audit result
	Office of the President
	Courts and tribunals
	Litigants / General Public
	Philippine Postal Corporation
	Private Courier
Policy / objectives	Top Management has declared its quality policy binding and implemented. The quality policy is appropriate and provides a framework for the respective quality objectives. It commits all employees to pursue continuous quality system improvement.
	Key quality objectives include: Key processes within the scope of product realization include:
	To achieve 90% clients satisfaction thru client feedback survey.
	 100% Efficient delivery/dispatch of documents to all parties within the period prescribed by the SPMS
	 100% compliance with all applicable statutory and regulatory requirements
	These are measurable and are controlled, communicated and up-dated regularly.
Process control including outsourced processes	The processes available in the organization have been identified and documented. Process workflows and interactions have been described and appropriately controlled. The processes are evaluated at regular intervals by means of key performance indicators.
	Key processes within the scope of product realization include:
	Receiving /Docketing
	Routing
	Dispatch & Delivery
	Support Processes
	Business Planning
	Document control/Record Control
	Procurement including BAC
	Hiring & Training
	Purchasing
	IT Maintenance
	General Service & Facilities maintenance including motor pool
	Internal Audit Service –Customer Satisfaction/Complaints
	The following processes have been outsourced: • Security Services
	Janitorial Services
	Photocopier Services
	These processes are appropriately reviewed and controlled
Risk-based thinking	The requirements for risk-based thinking are being realized in the organization as follows:
	Risk-based thinking has been applied for the following processes :
	Docket Management
	Procurement process
	·
	ICT Maintenance

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Office of the Solicitor General	ISO 9001:2015	01 100 181003	SECOND SURVEILLANCE AUDIT

Item	Audit result								
Ittelli	Network Maintenance								
	Learning and Development								
	Financial Management								
	Examples of risks and opportunities of processes identified are:								
	 Leakage of confidential documents 								
	Loss of documents								
	 Increase chance of exposure to virus due to unrestricted movements of processes servers and receiving personnel 								
	Paper based documents viral contamination								
	Examples of measures taken to react on identified risks are:								
	Immediate referral to the handling lawyer of documents tagged as confidential.								
	Comparing listed registry receipt number with the actual mail								
	Provide sufficient personnel protective equipment for process servers and receiving personnel								
	 Authorize one personnel to receive pleading at a designated receiving area (for couriers) 								
	Examples of risks and opportunities concerning the context of the organization are:								
	Increase chance of exposure to virus due to unrestricted movements of processes servers and receiving personnel								
	Compliance with all regulatory requirements								
	Provision of continuous competency trainings								
	Concerning risk based thinking the following tools are used:								
	SWOT Analysis								
	Risk Register								
Customer-related and other requirements	The organization analyses and evaluates customer requirements and/or enquiries and any documented, assumed, statutory and regulatory requirements within the scope of a production and feasibility study performed in a team.								
	Offers are prepared and approved by [Unit or Function]. The person who prepared the offer reviews the contract to ensure its compliance with the offer and documents this compliance in an order confirmation. The same procedure applies to amendments.								
	Documents from Internal and External origin receives by receiving personnel as the initial stage of docket management. Eventually, these documents proceed barcoding, scanning, encoding, routing and dispatching accordingly. Docket System Management Department is responsible for these activities headed and approved by Docket System Management Manager								
	The following process requirements significantly affect product or service quality:								
	On time submission of reports Accuracy of information								
	Accuracy of informationCustomer Satisfaction								
	 Customer Satisfaction Efficient processing of receiving and outbound documents 								
	Emolent processing or receiving and outbound documents								

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Item	Audit result
	Key regulatory, statutory and customer-related requirements include: R.A. 9417 - An Act To Strengthen The Office Of The Solicitor General By Expanding And Streamlining Its Bureaucracy, Upgrading Employee Skills And Augmenting Benefits, And Appropriating Funds Therefor And For Other Purposes. Executive Order No. 292 – Administrative Code of the Philippines 1997 Revised Rules of Court R.A. 9485 – Anti-Red Tape Act of 2007 R.A. 11032 – Ease of Doing Business CSC Memorandum Circulars and Resolutions CSC Resolution No. 1701009 - 2017 Omnibus Rules on Appointments and Other Human Resource Actions (Revised July 2018) R.A. 7041 - An Act Requiring Regular Publication Of Existing Vacant Positions In Government Offices, Appropriating Funds Therefore, And For Other Purposes R.A. 6713, as Program to Institutionalize Meritocracy and Excellence in Human Resource Management (PRIME-HRM) CSC Memorandum Circular No. 7 s. 2007 - Strategic Performance Management System (SPMS) R.A. 10173 amended – Code of Conduct and Ethical Standards for Public Officials and Employees CSC Memorandum Circular No. 1, s. 2001 – Program on Awards and Incentives for Service Excellence (PRAISE) SALN – R.A. 6713 Republic Act No. 9184 The 2016 Revised Implementing Rules and Regulations of Republic Act No. 9184 Office Order No. 714 - Guidelines in the Return of Unserviceable Properties for Disposal PHILGEPS Office Order No. 156 - Revised Security Rules and Procedures in the Office of the Solicitor General Parking Rules and Regulation at Makati Commercial Estate Association, Inc. (MACEA) Office Order No. 513 - Signing Authorities on Office's Procurement National Budget Circular 542 (Transparency Seal) Republic Act 10964 General Appropriations Act (FY 2018) RA 9470 National Archives of the Philippines Freedom of Information - Executive Order No. 2 Series of 2016 AO25 Joint Memorandum Circulars PCW-NEDA-DBM Joint Circular No. 2012-01: Guidelines for the Preparation of Annual GAD Plans and Budgets and Accomplishment Reports to Impleme
Customer satisfaction and complaints	The organization maintains documented and effective procedures governing the handling of information, data analyses, improvement actions and responses to customer feedback. Customer Satisfaction

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Item	Audit result
	The organization maintained its system in getting the customer perception through the customer satisfaction/feedback system placed in the receiving area of DMS. Clients are encouraged to accomplish the form after each transaction. Internal Audit Service is responsible for consolidating and reporting of the result of the customer satisfaction survey. The latest survey from January to June 2020, using Survey Form No. OSG-SA-QF-001 rev 1 with a total no. of 367 respondents, DMS received 90.36% customer satisfaction rating.
	Client can file their complaints through Customer Complaint Form OSG-SA_QF-002 rev 1 and/or mail to the office, which is available on the website in addition to 8888 hotline. For Jan-Jun 2019, there Zero (0) complaints recorded. However, for July – December 2019, 7 complaints received. At, the time of audit, all these complaints were resolved accordingly. In addition, 1 complaint received form January – November 2020 and after thorough investigation, this complaint found to be invalid.
Internal audit and ma- nagement review	The organization measures MS implementation, maintenance and effectiveness by means of annually scheduled system audits. The organization reliably carries out October 1-2, 2020 Internal Quality Audit by 16 appointed Auditors. A total of 7 observations, 55 minor nonconformities and 1 major nonconformity audit findings. CAR issued accordingly to monitor the root cause, correction and corrective action and its implementation. At the time of audit, there are 7 minor nonconformities closed while others are still ongoing CA implementation.
	Top management reviews the organization's quality management system at regular intervals and in line with the requirements to ensure its continuous suitability, adequacy and effectiveness. The management review of October 23, 2020 was carried out in accordance with the requirements and was effective.
Use of certificate and logo	The logo and the certificate are used in compliance with the requirements. This has been checked by sampling. The sampling included business cards, company brochures or websites or others.

Chapter of standard	4.1	4.2	4.3	4.4	5.1	5.2	5.3	6.1	6.2	6.3		
Rating *	1	1	1	1	1	1	1	1	1	1		
No. of nonconformity	0	0	0	0	0	0	0	0	0	0		
Chapter of standard	7.1/7.1.5	7.2	7.3	7.4	7.5	8.1	8.2	8.3	8.4	8.5	8.6	8.7
Rating *	1/4	1	1	1	1	1	1	4	1	1	1	1
No. of nonconformity	0/n/a	0	0	0	0	0	0	n/a	0	0	0	0
Chapter of standard	9.1	9.2	9.3	10.1	10.2	10.3						
Rating *	1	1	1	1	1	1						
No. of nonconformity	0	0	0	0	0	0						

* **Rating:** 1 = conforming

2 = not audited in this audit

3 = nonconformity (see nonconformity report)

4 = not applicable

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