

PHILIPPINE SCIENCE HIGH SCHOOL
CENTRAL MINDANAO CAMPUS
Nangka, Balo-i, Lanao del Norte

1 of 5

MANAGEMENT REVIEW
November 17, 2018, Saturday @ OCD

Present: Engr. Lorvi B. Pagorogon- CD
Ms. Marisa L. Dahan- SAO
Mr. Franklin L. Salisid- SSD Chief
Ms. Gay Marie T. Madrazo- Lead, IQA
Ms. Elena P. Marmes- Procurement Officer
Ms. Jesserie G. Buta- Supply Officer
President: Ms. Jasmin C. Esperante- QMR, CID Chief

Absent: Ms. Lucia Cielito A. Gillamac- HR Officer
Ms. Joy J. Nuenay - Budget Officer

From	Issues/Concerns	Responsibility	Target Date	Status	Remarks
JC Esperante	Presided over the meeting which started at 1:30 PM	-	-	-	-
	Business Arising From Previous Minutes of the Meeting	-	-	-	N/A
	1. Chief to follow- up submission of LCDP docs	CID Chief	Nov. 12, 2018	C	NRRIP, SWOT, Risk Assessment,
	2. All units are to monitor and update QMS documents when necessary.	Unit Heads, Division Chiefs	Monthly/ as the need arises	-	Communication Plan, Data to be Analysed
	3. OCD will release memo on strengthening distribution and retrieval of customer feedback	OCD Secretary	Nov. 14, 2018	-	For follow- thru
	4. Chief to make clear if dormers are using school printer	SSD Chief	Nov. 26, 2018	-	For follow- thru next Management Review meeting
	5. Chief to consider assigning room for DPTA use upon transfer of offices to Admin building	SSD Chief	-	-	For follow- thru upon transfer of offices to Admin Bldg
	6. Chief to act on the complaint received and submit a report	CID Chief	Nov. 16, 2018	C	-
	7. QMR, IQA Team to follow- up on concerned personnel/ division issued a CAR/ OFI	QMR/ IQA	Nov. 16, 2018	-	-
	8. QMR should follow- up on the availability of updated Risk Treatment/ Opportunity Plan of units	QMR	Nov. 16, 2018	-	-
	9. completion of SLRC and Admin Building should be monitored to ensure completion of project as scheduled	SAO, Resident Engineers	Nov. 24, 2018	-	For follow- thru next Management Review meeting
	10. Doc Controller must update manuals, IT must update postings on campus website	Document Controller, IT	Nov. 12, 2018	-	For follow- thru
	11. QMSO must ensure dissemination and implementation of all revised manuals and forms received as of Oct. 25, 2018 thru communication with PSHSS and campus manuals should be updated	QMR	Nov. 12, 2018	-	For follow- thru
	Business for the Day	-	-	-	-
LB Pagorogon	(A) Status of actions from stage 1 audit review	-	-	-	-

Legend: I- Information only, A# - Action Required; # indicates the number of times the target date was changed, C- Completed/ Completed, A/D - Agreed/ Decided

Reviewed by: ENGR. LORVI B. PAGOROGON

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	1. Documented information was presented for interested parties however some identified interested parties such as AFP, community and LGU were not included.	-	-	A	-
	A/D: Unit heads should revisit and, when necessary, update the needs of relevant and interested parties	UH	Nov. 20, 2018		-
	A/D: Div Chief to monitor and collect updated NRRIP	Div Chiefs	Nov. 20, 2018		-
	2. No actual accomplishments for DPCR/ IPCR.	-	-		-
	A/D: All personnel to submit accomplished IPCR	All Personnel	Nov. 20, 2018		Teaching personnel - until Jan-May 2018 rating; Non- teaching Personnel - until Jan - Jun 2018 rating
	A/D: Div Chiefs to submit accomplished DPCR	Div Chiefs			
	No action plans indicated for achieving the objectives/ targets.	-			
	A/D: All Unit Heads to prepare and submit action plan based on IPCR and risk	All Personnel			Teaching personnel: Aug - Dec 2018; Non- teaching personnel: July- Dec 2018
	A/D: Div Chiefs to monitor and collect action plans	Div Chiefs			
	3. Lapses in Document Control:	-	-		-
	- The Table of Contents is not updated to reflect the changes. (SAM 3.1 Rev 1 eff Sep 14,2018, Org Chart eff Oct 24,2018, Context eff Nov 12,2018, etc.)	-	Nov. 19, 2018		-
	A/D: QMR to make Document Change Request (DCR)	QMR			-
	A/D: Document Change Request (DCR) should be recorded and submitted to PSHSS QMR	Document Controller			-
	-No Title of Manual listed for Document Control Log.	-			-
	A/D: Doc Controller to rectify document	Document Controller	Nov. 20, 2018		-
	A/D: QMR to check corrected document	QMR			-
	-No signatories (prepared and approved by) for Master list of Forms	-	-		-
	A/D: Doc Controller to ensure signatories are complete	Document Controller	Nov. 20, 2018		-
	A/D: QMR to check completeness of signatories	QMR			-

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	- Form indicate "Correction Action" and incorrect numbering. No target completion date for corrective action in the form. No measure of effectiveness in the form.	-	-	-	-
	A/D: IQA to make DCR for CAR form	IQA	Nov. 19, 2018	C	As of Nov. 16, 2018
	A/D: Doc Controller to update DCR Log and send the request to PSHSS QMR thru courier and email	Document Controller		A	-
	4. No health certificates for canteen food handlers. Other regulatory requirements will be verified during Stage 2.	-	-	-	-
	A/D: Chief and QMR/ IQA should follow-up and check on compliance of health ID's of food handlers	SSD Chief, QMR/ IQA	Nov. 20, 2018	A	-
	5. Quality Manual states the inclusion of Design and Development under the responsibility of RPAD and campuses provide delivery of instruction. No justification for exclusions of design and development for the campus.	-	-	I	ManComm reviewed the manual and verified justification of exclusion of regional campuses in the curriculum design and development with justification found in the following docs: (a) SOM 4.0 Program/ Curriculum Development, Review and Enhancement Scope which states "This process excludes the actual implementation and delivery of programs/ curricula in PSHS campuses." (page 1 of 6) (b) QMS 8.3.1.2 which states that "the Office of the Executive Director thru the Research, Policy and Academics Division shall be responsible for Curriculum Review and Development (page 4 of 17)
	6. Investigation and Action for complaints will be verified during Stage 2 since no investigation and actions presented yet.	-	-	-	-
	CID to act on complaint received	-	-	C	As of Nov. 16, 2018

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	A/D: Cd to issue memo to DC/DO on discipline cases (processed cases, implementation of sanctions)	OCD Secretary	Nov. 20, 2018	A	-
	A/D: DC/DO - to make a report re cases processed and sanctions	DOs, DC	Nov. 20, 2018	-	-
	Management Review result does not indicate internal and external issues and decisions and actions.	-	Nov. 19, 2018	DONE	As of Nov. 17, 2018
	A/D: QMR to change minutes of the meeting format to include summary of actions and decisions	QMR	Nov. 19, 2018	C	As of Nov. 17, 2018
	No correction for CAR 2018-04, 05 & 06 No corrective action identified for CAR 2018-02. Measure of effectiveness of corrective action is not yet established (QMS 13.4 No 3.6).	-	-	A	-
	A/D: IQA to revise the CAR issued	IQA	Nov. 20, 2018	A	-
	(B) Follow thru of Actions to be taken from 1st Management Review meeting	-	-	-	-
LB Pagorogon	1. All units are to monitor and update the documents when necessary.	-	-	-	-
	A/D: CD to issue a memo on monitoring and updating of QMS documents	OCD Secretary	Nov. 19, 2018	A	NRRIP, SWOT, Risk Assessment, Communication Plan, Data to be Analysed
	A/D: All Unit heads to revisit and update QMS documents	Unit Heads	Nov. 20, 2018	A	
	A/D: All Division Chiefs to monitor and collect updated QMS docs	Div Chiefs	Nov. 20, 2018	A	
	2. OCD will release memo on strengthening distribution and retrieval of customer feedback	-	-	-	-
	A/D: CD to issue memo to all personnel on the implementation of customer feedback and retrieval of forms	OCD Secretary	Nov. 20, 2018	A1	-
	3. Chief to make clear if dormers are using school printer	SSD Chief	Nov. 26, 2018	-	For follow- thru next Management Review meeting
	4. Chief to consider assigning room for DPTA use upon transfer of offices to Admin building	SSD Chief	-	-	For follow- thru upon transfer of offices to Admin Bldg
	5. QMR, IQA Team to follow- up on concerned personnel/ division issued a CAR/ OFI	QMR/ IQA	Nov. 19, 2018	A1	-
	CAR permanent records	-	-	-	Documents of 3 batches (2018, 2021, 2022) complied
	A/D: Chief to monitor Registrar for compliance	SSD Chief	Nov. 19, 2018	A	-

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	A/D: QMR/IQA to check progress of compliance	QMR/ IQA	Nov. 20, 2018	A	-
	OFI grading system	-	-	-	-
	A/D: CID to issue memo on number of decimal places in grade computation for consistency	CID Chief	Nov. 20, 2018	A	-
	OFI use of pencil	-	-	-	-
	A/D: Chief to issue memo to Registrar on the use of ballpoint pen for all official documents	SSD Chief	Nov. 20, 2018	A	
	A/D: IQA to discuss with Registrar the actions to be taken until completion on or before agreed date	IQA	Nov. 20, 2018	A	
	6. QMR should follow- up on the availability of updated Risk Treatment/ Opportunity Plan of units	QMR	Nov. 20, 2018	A1	-
	Other Matters	-	-	-	-
EP Marmes	Evaluation on external providers will be conducted every Oct to be consistent with date of previous evaluation	-	-	I	-
JC Esperante	No further discussion was made. The meeting adjourned at 3:30 PM.	-	-	-	-
	SUMMARY OF ISSUES/ DECISIONS/ ACTIONS TO BE TAKEN:	-	-	-	-
	1. Follow up on actions for compliance to stage 1 audit findings	-	-	-	Refer to (A) Status of actions from stage 1 audit review minutes above
	2. Follow up on actions to be taken for concerns taken up during the 1st Management Review meeting	-	-	-	Refer to (B) Follow thru of Actions to be taken from 1st Management Review meeting