

DEPARTMENT OF SCIENCE AND TECHNOLOGY
INDUSTRIAL TECHNOLOGY DEVELOPMENT INSTITUTE

DOCUMENT CONTROL FORM

NEW DOCUMENT

REVISION

CANCELLATION

DCF No. _____

Process Owner: _____ (print name and signature)	Date Requested: _____
Division: _____	
Document Code: _____	
Title: _____	
Previous Revision No.: _____	New Revision No.: _____
Page(s) to be Revised: _____	Effective Date: _____
Details of Conception or Revision:	
Remarks:	
Reviewed by: _____	Date: _____
Approved by: _____	Date: _____
To be filled out by the Document Custodian	
Recorded by: _____ Document Custodian (signature)	Date: _____



DEPARTMENT OF SCIENCE AND TECHNOLOGY
INDUSTRIAL TECHNOLOGY DEVELOPMENT INSTITUTE

ISSUANCE & WITHDRAWAL OF DOCUMENTS

ITEM	DOCUMENT		REV. NO.	EFFECTIVITY DATE	COPY HOLDER	COPY NO.	ISSUED TO		WITHDRAWN FROM	
	CODE	TITLE					NAME AND SIGNATURE	DATE	NAME AND SIGNATURE	DATE



DEPARTMENT OF SCIENCE AND TECHNOLOGY
INDUSTRIAL TECHNOLOGY DEVELOPMENT INSTITUTE

SUPPLIER PERFORMANCE RATING SHEET

Name of Supplier:	Period Covered:
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CRITERIA	5 EXCELLENT	4 VERY GOOD	3 SATISFACTORY	2 FAIR	1 POOR
DELIVERY Ability to meet delivery schedule	<input type="checkbox"/> Three (3) to five (5) days before the agreed delivery schedule	<input type="checkbox"/> One (1) to two (2) days before the agreed delivery schedule	<input type="checkbox"/> On-time delivery based on agreed schedule	<input type="checkbox"/> One (1) to Five (5) days delay based on agreed delivery schedule	<input type="checkbox"/> More than five (5) days delay based on the agreed delivery schedule
QUALITY Quality of Service/Product	<input type="checkbox"/> No rejects on delivery	<input type="checkbox"/> With one (1) to two (2) rejected items	<input type="checkbox"/> With three (3) to four (4) rejected items	<input type="checkbox"/> With five (5) or more rejected items	<input type="checkbox"/> Rejected Delivery
<u>COMPLETE-NESS</u> Sufficient Quantity	<input type="checkbox"/> Complete delivery	<input type="checkbox"/> With one (1) to two (2) undelivered items on the agreed delivery schedule	<input type="checkbox"/> With three (3) to four (4) undelivered items on the agreed delivery schedule	<input type="checkbox"/> With five (5) undelivered items on the agreed delivery schedule	<input type="checkbox"/> With more than five (5) undelivered items on the agreed delivery schedule
<u>HANDLING COMPLAINT</u> Mobility to Complaint	<input type="checkbox"/> With prompt action	<input type="checkbox"/> Action taken two (2) to three (3) days after Claim Report	<input type="checkbox"/> Action taken four (4) to five (5) days after Claim Report	<input type="checkbox"/> Action taken more than five (5) days after Claim Report	<input type="checkbox"/> No action taken
AFTER-SALES SERVICE Ability to provide parts & services during and after warranty period	<input type="checkbox"/> Could provide service & parts three (3) to five (5) years beyond warranty period	<input type="checkbox"/> Could provide service & parts one (1) to two (2) years beyond warranty period	<input type="checkbox"/> Could provide service & parts two (2) to three (3) years warranty period	<input type="checkbox"/> Could provide service & parts at least one (1) year warranty	<input type="checkbox"/> Could provide service & parts six (6) months warranty period

GEN. AVE. SCORE <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px auto;"></div>	FINAL RATING <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px auto;"></div>	Where: E (Excellent) = 5.0 VG (Very Good) = Below 5.0 to 4.0 S (Satisfactory) = Below 4.0 to 3.0 F (Fair) = Below 3.0 to 2.0 P (Poor) = Below 2.0	PASSING MARK 3
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FINAL REMARKS:

LISTED (Included in the Master List of Eligible Suppliers)

CONDITIONAL (With one to three times below Passing Mark)

DELISTED (Disqualified and removed from the list of approved/accredited vendors)

NOTE: May apply for re-accreditation after three months has elapsed.

PREPARED BY: Adm. Officer V/PPMS (Signature Over Printed Name)	DATE: 	APPROVED BY: BAC-Chairman (Signature Over Printed Name)	DATE:
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NONCONFORMITY & CORRECTIVE ACTION REPORT (NCAR)

INDUSTRIAL TECHNOLOGY DEVELOPMENT INSTITUTE

Quality Management System

RELEVANT FUNCTION:	INITIATOR:	CONTROL NO.:	DATE:
Type of Nonconformities (NC): (check where applicable)	CLASSIFICATION:	RELEVANT CLAUSE:	
<input type="checkbox"/> Internal <input type="checkbox"/> External <input type="checkbox"/> Audit Finding <input type="checkbox"/> Complaints from Customer & Interested Parties <input type="checkbox"/> Outputs from Management Review	<input type="checkbox"/> Systems Nonconformities Not Covered By Internal Audit <input type="checkbox"/> Relevant QMS Documents and Records <input type="checkbox"/> Process measurements/outputs from data analysis	<input type="checkbox"/> Legal Noncompliance <input type="checkbox"/> Objectives, Targets and Programs <input type="checkbox"/> Not Done or Not Met As Planned	
DESCRIPTION OF NONCONFORMITIES (NC):			
Acknowledged By: _____		Date: _____	
IMMEDIATE CORRECTION ACTION (short-term action to eliminate NC):			
Done by: _____		Date: _____	
Reviewed/Approved by: _____		Date: _____	
RESULT OF INVESTIGATION / CAUSES OF NONCONFORMITIES (NC): (Return to Assigned Auditor on or before _____)			
Done by: _____		Date: _____	
Reviewed/Approved by: _____		Date: _____	
AGREED CORRECTIVE ACTION (action to prevent recurrence)	RESPONSIBLE PERSON (SIGN OVER PRINTED NAME)	COMPLETION DATE	
Done by: _____		Date: _____	
Reviewed/Approved by: _____		Date: _____	
QMR / Chief / Program Leader			

(See Back Page for Follow-up Results)

FOLLOW-UP RESULTS

DATE	REMARKS	STATUS	SIGNATURE <small>(Sign Over Printed Name)</small>
		1 st Follow-up <input type="checkbox"/> Implemented <input type="checkbox"/> Not Implemented	
		2 nd Follow-up <input type="checkbox"/> Implemented <input type="checkbox"/> Not Implemented <input type="checkbox"/> Open (Not Effective) <input type="checkbox"/> Closed (Effective)	
		3 rd Follow-up <input type="checkbox"/> Implemented <input type="checkbox"/> Not Implemented <input type="checkbox"/> Open (Not Effective) <input type="checkbox"/> Closed (Effective)	
		4 th Follow-up <input type="checkbox"/> Implemented <input type="checkbox"/> Not Implemented <input type="checkbox"/> Open (Not Effective) <input type="checkbox"/> Closed (Effective)	
		5 th Follow-up <input type="checkbox"/> Implemented <input type="checkbox"/> Not Implemented <input type="checkbox"/> Open (Not Effective) <input type="checkbox"/> Closed (Effective)	

Noted By:

QMR



DEPARTMENT OF SCIENCE AND TECHNOLOGY
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TRAINING PROGRAM IMPACT ASSESSMENT FORM

Name of Employee:	Division/Section:					
Title of Training Program Attended:						
Date Conducted:						
INSTRUCTION: Please check (✓) in the appropriate column the impact/benefits gained by the above employee in attending the training program in a scale of 1-5 (where 5 – Strongly Agree; 4 – Agree; 3 – Neither agree or disagree; 2 – Disagree; and, 1 – Strongly Disagree)						
IMPACT/BENEFITS GAINED	1	2	3	4	5	Competency Improvement / Intervention
1. The employee's performance became more efficient as shown with no/less commitment of mistakes on work.						
2. The employee has improved his/her ability to generate ideas and recommendations.						
3. He/she has developed new system or improved the present system through contributing new ideas.						
4. His/her existing skills have been upgraded.						
5. The employee has applied new skills in the performance of his/her work.						
6. The employee became more proud and confident in his/her tasks.						
7. The employee accepted and performed higher/greater responsibility.						
8. He/she transferred the knowledge and skills gained through conduct of workshop or demonstration to co-employees.						
Comments/Suggestions: _____ _____ _____ _____ _____ _____						
Please list down other training program/s he/she might need in the future. _____ _____ _____ _____						
Rated by:	Signature			Date		
(Immediate Supervisor's Name)						



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PREPARED BY: <div style="text-align: center;">Adm. Officer V/PPMS (Signature Over Printed Name)</div>	DATE:	APPROVED BY: <div style="text-align: center;">BAC-Chairman (Signature Over Printed Name)</div>	DATE:
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