

Mines and Geosciences Bureau - Region 12

**TOP MANAGEMENT REVIEW MEETING**

Chair Person: CONSTANCIO A. PAYE, JR.

Attendees: CAP,HGA,MCS, EBC,BCE,MDD, MAM,EJC,MEG,ERL , ABG

Meeting No. 06

Date: September 10, 2018

NO	AGENDA	OBSERVATIONS	REMARKS/DECISIONS/ STATUS/ RESOURCES	ACTION BY	TARGET DATE
1	<p>Status of Actions from previous Management Review:</p> <p>Review of the minutes of the previous Management Review held on May 2, 2018 and the status of action taken.</p>	<p>1.PDS and trainings attended by personnel are not updated</p> <p>2.Inventory of scientific equipment for calibration</p> <p>Delayed submission of reports</p> <p>Workshop on NAP</p>	<p>Submit the report including the on-going HRIS</p> <p>All GPS is subject to verification by Geodetic Engineer prior to the fieldwork. GE to prepare log book to include Name, Date of Travel, GPS Reading , Standard PRS and Remarks.</p> <p>Multi Gas Calibration schedule on 4<sup>th</sup> Quarter (November 2018)</p> <p>Submission of monthly compiled vouchers to the COA</p>	<p>HRMO-FAD</p> <p>MMD GE Caidar Sambarani and April Rose Lapatar</p> <p>MSESDD/EBC</p> <p>FAD Record Officer</p>	<p>Done . 1<sup>st</sup> week of September ; updating to follow, if new training had been attended by any MGB employee.</p> <p>November 2018</p> <p>Done</p> <p>Done</p>

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		<p><b>Monitoring and measurement results</b></p> <p>There is no clear organizational structure in the flow of communication from top to bottom and vice versa in ensuring the effectiveness of the implementation of environmental, safety and health system</p> <p>There is no approved procedure for determining applicable regulatory and statutory requirements</p> <p>Ensure the competence of personnel assigned /designated to perform new task for the effective implementation of the</p>	<p>Conducted on Sept. 5,2018 the NAP workshop</p> <p>Procedure made by Atty. Pauline Sereñina</p> <p>Done made by checklist by Atty. Pauline Sereñina</p> <p>CBS on-going Embedded personnel training on</p>		<p>Done</p> <p>Done</p> <p>Done</p> <p>February 12-14,2018 July 31-Aug.4,2018</p>
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		<p>QESHMS thru training</p> <ul style="list-style-type: none"> <li>• Alternate personnel</li> <li>• Approved /procedure/criteria in the evaluation of the effectiveness of the training attended by the employees</li> <li>• All forms used should be approved by the head of office for suitability and adequacy</li> <li>• There is no approved procedure /process for the handling of complaints using other media</li> <li>• There is no approved updated HIRADC with approved corresponding</li> </ul>	<p>TSHES-</p> <p>Issuance of Special Orders</p> <p>General assessment For approval and presentation</p> <p>All forms shall be controlled by Records officer</p> <p>For approval and presentation</p>	<p>FAD FAD/HRMO</p> <p>Records Officer</p> <p>Information Officer</p> <p>IMR</p>	<p>Special Orders</p> <p>Done</p> <p>Done</p> <p>Done before the 2<sup>nd</sup> external Audit.</p>
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		<p>approved procedures</p> <ul style="list-style-type: none"> <li>• Competency of the Auditor</li> <li>• Lead Auditor</li> </ul> <p>Re-organize the Internal Auditors</p>	<p>Local Internal Auditor Training</p> <p>Ruling unless the special order revoked it remain valid.</p> <p>Issuance of updated Special Orders for Internal Auditors.</p>	<p>FAD/HR</p> <p>IMR/HRMO</p>	
2	<p>Changes in external and internal issues that are relevant to the IMS.</p>	<p>Status of the Implementation of programs for conservation of paper, energy, water and fuel. Mgt. of solid waste, electronic and chemical waste, health safety program and good housekeeping and their respective issues and concerns.</p> <p>During the SHES Committee meeting implementation of</p>			

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		<p>the various cluster programs.                  Increase of power consumption due to construction of laboratory and frequent use of conference hall.                  Recommendation to put off the breaker every after office hours, Saturdays Sundays and holidays.                  Water -increase of water consumption due to likeage; re-piping and used of checklist</p> <p>Hazardous waste- no monitoring done –merge to electric and waste cluster                  Chair-by Sabrawi and Asst-Edz Ramin Lucas</p> <p>Solid waste –Fluctuating not implemented the 3 R's color</p>	<p>Energy conservation to draft a memo                  Janitor to submit report to Jeffrey                  Issuance of memorandum                  Used of checklist in monitoring</p> <p>Haswaste-busted lights coordinated submit report.</p> <p>Analyze and cost study. Proposal for submission</p>	<p>ECPC/EJPC</p> <p>WCC/JP</p> <p>HWC</p> <p>SWC</p> <p>FAD FCC</p>	
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	<p>coding of solid waste-segregation of source</p> <p>Fuel -2<sup>nd</sup> quarter meeting basis kilometre -odometer</p> <p>Paper - to conduct of inventory of division supplies</p> <p>No supplier orientation to be schedule after the BAC training in Davao City</p> <p>Procedure goods and services for emergency cases</p> <p>Housekeeping-conduct 5 S; lavatory smell bad odor Rotation of utilities</p> <p>Safety Health Program -</p>	<p>2<sup>nd</sup> qtr. report per kilometer basis</p> <p>Issue on the cashier as BAC Secretariat</p> <p>For RD approval</p> <p>Process flow for emergency cases</p> <p>Regular monitoring of the utilities. Minute of rotation of utilities. Checklist Specification lavatory.</p> <p>Blood type profiling</p> <p>Report for repair of exit ladder and trend mill Edz-Ramin to submit report</p> <p>Specification is needed</p>	<p>HR</p> <p>BAC</p> <p>HC/MDD</p> <p>MDD</p> <p>SHP/BE/SO</p> <p>SHP/BCE</p>	<p>September 11,2018</p> <p>4<sup>th</sup> Quarter CY 2018</p> <p>September 11,2018</p>
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		<p>Exit ladder –panic bar Trend Mill</p> <p>ENGAR report January to Sept. 2018 man house.</p> <p>Smoke alarm replacement</p> <p>Emergency Response Team Conducted last August 15- 18,2018 resulted on the following problems: Unavailability of handheld radios- Additional Handheld radios to be purchased for communication.</p> <p>ID</p>	<p>Submit report on alarm investigation and specification</p> <p>Charging of Handheld radio to the security Only team leader should have a handheld radio except evacuation team all have handheld radio</p> <p>Instructed the security of IDs</p> <p>Issuance of Special Order of additional drivers those with driver license Merging of Hazardous waste and info officer. Issuance of Special Order</p>	<p>Supply Officer</p> <p>HRMO</p> <p>HRMO</p> <p>IMR/HRMO</p> <p>IMR/HRMO</p> <p>MS/HRMO</p>	
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		<p>Transportation</p> <p>Issuance of new SHES</p> <p>Search and Rescue training</p>	<p>SHES Meeting</p> <p>To conduct training on search and rescue to be coordinated by Melvin Sebu. Module coordination .</p>	<p>Melvin Sebu</p>	
3	<p>Information on the performance and effectiveness of Integrated Management System</p>	<p>Presentation of August Physical Accomplishment Report:</p> <p>BUR Updates:</p> <p>BUR1-66%</p> <p>BUR2-100%</p> <p>Bur 3 -no problem</p>	<p>Meet all targets report for submission.</p> <p>-Meetings attended should submit activity reports</p>	<p>PO ABG</p>	

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		Status of OPCR-DPCR and IPCR	CESPES already downloaded. Done and in IPCR some had not collected		
3.1	Customer satisfaction and feedback from relevant interested parties.	Presentation of Customer Satisfaction Survey from January to August 2018 Result of the survey generally very satisfied. Comments and observation were collated.	Presentation in bar graph to see the difference. Noted next presentation will be in bar graph.	ABG	
3.2	The extent to which Integrated management objectives have been met;	QMS Objectives:  1. Client /Customer Satisfaction	Improve the performance of Officer of the Day- Log book No complaint. Sustainability and how effective Based on Officer of the Day report. Official customer submit feedback Good Liquidation of voucher for two month required by COA- Segregation of filing of vouchers Delayed transfer of title-penalt. Paid the surcharge	OD/HRMO  FAD	

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		<p>2. Quality Products/Services</p> <p>3. Compliance Obligation</p> <p>4. Environmental Performance</p> <p>5. Pollution</p> <p>6. OSHAS- ENGAR until June report performance to be submitted .</p>	<p>Slight Increase in conservation of paper were identified. Corrective action were complied.</p> <p>No disposal of paper; if not used both then shredded and fully use.</p> <p>OK complied regularly submitted the SMR no violation on environmental For submission of report</p> <p>Submission of report as of June 2018</p>	<p>Complied</p>	<p>September 11,2018</p> <p>Next week</p>
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		Used of PPE in monitoring			
3.2		7. Compliance Obligation:	<p>Based on customer survey, clients are very satisfied                      No complaint against products and services received.                      There is no approved procedure for determining applicable regulatory and statutory requirements, and for evaluating compliance obligations. There is no criteria for determining the organization's level of compliance                      Level of compliance:</p> <p><i>Full compliance = 80-100%</i>  <i>Partial Compliance = 50-79%</i>  <i>Non-compliance &lt; 50%</i></p>	Legal/IMR	

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		<p>EMS objectives:</p> <ol style="list-style-type: none"> <li>1. Enhancement of Environmental performance</li> <li>2. Pollution Prevention</li> </ol> <p>No comparative cluster report from January to March</p> <p>OSHAS Objectives:</p> <ol style="list-style-type: none"> <li>1. Compliance to Legal requirements:</li> </ol> <p>Safety and health Programs</p> <p>No Safety and health Inspection reports submitted</p>	<p>Insufficient listing of compliance obligation</p> <p>Complied based on report submitted by the cluster head.</p> <p>Approved programs were implemented:</p> <p>Reduced paper consumption by 5 %(annual) 2017 = 541 rims (bond paper)</p> <p>All program leaders to submit comparative assessment of the results of the program implementation.</p> <p>Complied. Safety and health program was duly approved on January 11, 2018</p> <p>Safety and Health Program Coordinator to submit inspection report from January to April CY 2018</p>	<p>FYI</p> <p>FYI</p> <p>FYI</p> <p>All program coordinators</p>	
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		<p>2. Continual Improvement</p> <p>Provision of insurance to COS</p>		<p>Safety and Health Program Coordinator</p>	
3.3	<p>Process performance and conformity of products and services to the</p>	<p>1. No complaints</p> <p>2. Drivers on proper hygiene</p>	<p>Report to be submitted by Marilyn Diceirto</p>	<p>HRMO /MMD</p>	
3.4	<p>Nonconformities and corrective actions; MMD; MSESDD; ORD; FAD; GD</p>	<p>➤ Status of CARs relative to the result of the Internal Audit conducted by the IQAs for</p>	<p>All non- conformities were complied with evidences. Review CAR and fill-up properly of the internal auditors</p>	<p>Internal Auditor</p>	

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3.5	Monitoring and measurement results;	Review of previous CARS Procedure of renting a car Status of Divisional Meeting	HIRADC subject by the review and evaluation of the Core Group Submit a procedure Submit to planning and records.	Core Group  Melvin Sebuja and MMD  All Division	4 <sup>th</sup> quarter
3.6	Audit Results		OFI subject to review During the divisional meeting  Issuance of Special Order in case of absence: Alternate of IMR-Mike Ansao Alternate Quality Auditor- Aizah Lopez with function	IMR  HRMO/MMD	Before November 2018



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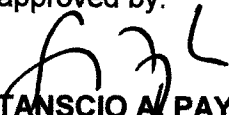
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<p>Other Matters:</p> <ol style="list-style-type: none"> <li>1. Changes of Clause 6.3 QMS and Manual</li> <li>2. Procedure of emergency shopping</li> <li>3. Internal Auditors</li> </ol>	<p>Local training for IMR</p> <p>Review all frontline renaming as government services particularly on number of hours .                  Simple-3 days                  Complex-7 days                  Technical Study-20 days</p> <p>Submit criteria and procedure for emergency shopping</p> <p>Each division shall submit name of internal auditor</p>	<p>All Division Chiefs</p> <p>FAD/BAC</p> <p>Division Chiefs</p>
<p><b>Meeting Adjourn:</b> 5:00 p.m.</p> <p>Prepared by:</p>  <p><b>ANNABELLE B. GONZALES</b>                  Planning Officer II</p>	<p>Minutes approved by:</p>  <p><b>CONSTANCIO A. PAYE, JR. CESO IV</b>                  Regional Director</p>	

*Received full - record - Quez  
 - IMR  
 - Legun*