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## 7.0 Support

### 7.1. Resources

#### 7.1.1. General


- 7.1.1.1. PSHSS shall determine and provide the resources needed
- 7.1.1.1.1. to implement and maintain the quality management system and continually improve its effectiveness; and
- 7.1.1.1.2. to enhance customer satisfaction by meeting and enhancing customer requirements.
- 7.1.1.2. PSHSS shall allocate resources with consideration of:
- the capabilities of, and constraints on, existing internal resources;
  - what needs to be obtained from external providers.
- 7.1.1.3. PSHSS shall provide the necessary resources, including adequately trained employees, for performance of work and verification activities including internal quality audits. This is to ensure that the quality management system meets the ISO 9001:2015 standard and the customers' requirements.
- 7.1.1.4. Resources and resource allocation are assessed during management reviews.

#### 7.1.2. People

- 7.1.2.1. Execom and Mancom, through the Human Resource Management Unit (HRMU), ensures that it provides sufficient staffing for the effective operation of the quality management system, as well as its identified processes.
- 7.1.2.2. HRMU shall maintain the updated list of personnel currently employed and source for qualified applicants



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when there are vacancies or requests from the various offices.

### 7.1.3. Infrastructure

7.1.3.1. PSHSS shall determine, provide and maintain the infrastructure necessary for the operation of its processes and to achieve conformity of products and services.

7.1.3.2. PSHSS provides suitable facilities and equipment it needs to achieve the conformity of its services including:

- buildings, workspace and associated facilities;
- process equipment, hardware and software (e.g. instructional equipment and instruments);
- supporting services such as transport; and
- information and communication technology.

7.1.3.3. General Services Management Unit (GSMU), Information Technology Unit (ITU) and various laboratories shall prepare an Annual Preventive Maintenance Schedule for the resources of the institution.

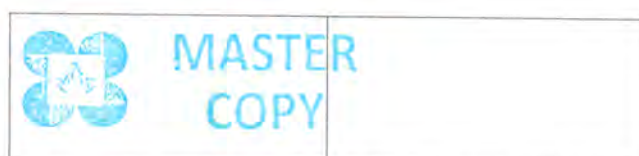
7.1.3.4. Any repair works shall also be properly documented by the appropriate office.

### 7.1.4. Environment for the operation of processes


7.1.4.1. PSHSS shall determine, provide and maintain the environment necessary for the operation of its processes and to achieve conformity of products and services.

7.1.4.2. Appropriate lighting, ventilation and utilities are provided to the personnel, customers, and visitors of PSHSS.

7.1.4.3. Adequate pieces of safety equipment are also provided or installed to ensure a safe work environment.





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7.1.4.4. Emergency drills are also being conducted to ensure emergency preparedness of personnel.

7.1.4.5. The cleanliness of the facilities and environment is also being maintained.

7.1.5. Monitoring and measuring resources

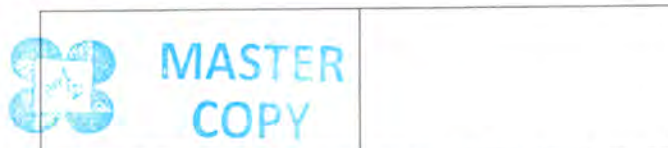
7.1.5.1. The quality of training of the students in the use of laboratory instruments and equipment is not dependent on their accuracy. PSHSS shall only ensure that these pieces of equipment are in good operating condition.


7.1.5.2. Where equipment/instrument is used for critical measurement activities, such as inspection and testing, research work and safety in laboratory activities and experiments, these shall be subject to control and either calibration or verification. To ensure valid results, the laboratories concerned ensure that measuring equipment are:

- calibrated or verified at specified intervals against measurement standards traceable to international or national measurement standards; where no such standards exist, the basis used for calibration is recorded
- adjusted or readjusted as necessary
- labeled accordingly, including the calibration status
- safeguarded from adjustments that would invalidate the measurement result
- protected from damage and deterioration during handling, maintenance, and storage.

7.1.5.3. Software used to validate results shall be verified prior to usage or purchase.

7.1.5.4. PSHSS shall also monitor resources of the institution to ensure effective implementation of the quality



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management system. These resources may include but not limited to the following:

- 7.1.5.4.1. Adequacy, attendance and training of personnel;
- 7.1.5.4.2. Condition of facilities and equipment;
- 7.1.5.4.3. Inventory and accountability of properties or fixed assets.

#### 7.1.6. Organizational Knowledge

7.1.6.1. PSHSS shall determine the knowledge necessary for the operation of its processes and to achieve conformity of products and services, which may include but not limited to:

- 7.1.6.1.1. internal sources, such as lessons learned, feedback from subject matter experts, and/or intellectual property;
- 7.1.6.1.2. external sources such as standards, academia, conferences, training materials, and/or information gathered from customers or external providers.

7.1.6.2. This knowledge shall be maintained and be made available to the extent necessary.


7.1.6.3. When addressing changing needs and trends, PSHSS shall consider its current knowledge and determine how to acquire or access any necessary additional knowledge and required updates.

#### 7.2. Competence

7.2.1. PSHSS shall:






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- 7.2.1.1. determine the necessary competence of person(s) doing work under its control that affects the performance and effectiveness of the quality management system;
  - 7.2.1.2. ensure that these persons are competent on the basis of appropriate education, training, or experience;
  - 7.2.1.3. where applicable, take actions to acquire the necessary competence, and evaluate the effectiveness of the actions taken;
  - 7.2.1.4. retain appropriate documented information as evidence of competence.
- 7.2.2. HRMU shall ensure personnel assigned to their tasks are competent on the basis of appropriate education, training, skills and experience as defined in the Job Descriptions Manual. The competencies in the Job Descriptions Manual meet the basic requirements of the institution and government bodies.
- 7.2.3. The competencies of the personnel shall be determined through performance evaluation and/or training needs identification.
- 7.2.4. PSHSS shall ensure the development of its faculty members and employees.
- 7.2.5. The Training and Development Plan of PSHSS shall aim to equip its faculty members and employees with the necessary knowledge, skills and attitude to maximize their potential and facilitate their growth and development.
- 7.2.6. The Training and Development Plan shall include adequate "on-the-job", courses, seminars, discussions, workshops and conferences, as applicable.
- 7.2.7. The Heads of the offices shall have the responsibility of identifying the skills and experience required by each position within their area and to conduct the necessary "on-the-job" training programs. This shall be supplemented by job rotation, courses, seminars and conferences.



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7.2.8. Effectiveness of the training shall be evaluated through the institution's appraisal system.

7.2.9. Faculty members' and employees' competency records shall be monitored and kept by the HRMU in their respective 201 files.

7.2.10. Offices concerned shall also ensure personnel of outsourced processes are competent in performing the tasks assigned. These personnel shall also be evaluated at least annually.

### 7.3. Awareness

7.3.1. PSHSS shall ensure that persons doing work under the institution's control are aware of:

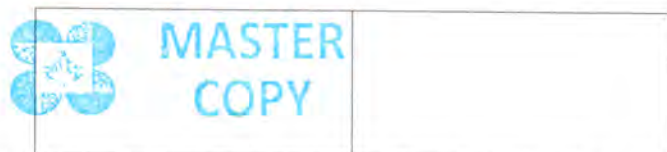
- 7.3.1.1. the quality policy;
- 7.3.1.2. relevant quality objectives;
- 7.3.1.3. their contribution to the effectiveness of the quality management system, including the benefits of improved performance;
- 7.3.1.4. the implications of not conforming with the quality management system requirements.

### 7.4. Communication


7.4.1. PSHSS shall determine the internal and external communications relevant to the quality management system, including:

- on what it will communicate;
- when to communicate;
- with whom to communicate;
- how to communicate;
- who communicates.

7.4.2. A Communication Plan shall be maintained and updated as necessary to serve as basis and reminder for the relevant information that need to be communicated.





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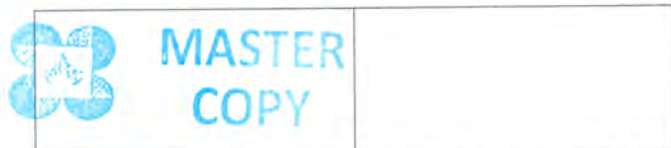
7.4.3. Internal communication may include but not limited to the:


- 7.4.3.1. use of Corrective Action Request (CAR) form to report nonconformities
- 7.4.3.2. use of Opportunities For Improvement (OFI) form to suggest improvements
- 7.4.3.3. use of the results of analysis and evaluation of data
- 7.4.3.4. meetings (periodic, scheduled and/or unscheduled) to discuss aspects of the QMS
- 7.4.3.5. use of the results of the internal audit process
- 7.4.3.6. regular institution meetings with all employees
- 7.4.3.7. internal emails
- 7.4.3.8. memos to employees
- 7.4.3.9. PSHSS “open door” policy which allows any employee access to management for discussions on improving the quality management system

7.5. Documented information

7.5.1. General

- 7.5.1.1. The quality management system of PSHSS shall include documented information required by ISO 9001:2015 and as determined by the institution as being necessary for the effectiveness of the quality management system.
- 7.5.1.2. The documented information of PSHSS can be categorized as follows:
  - 7.5.1.2.1. Manual/Procedure
  - 7.5.1.2.2. Form
  - 7.5.1.2.3. References (documents of external origin)
  - 7.5.1.2.4. Records
- 7.5.1.3. The extent of the management system documentation has been developed based on the following:



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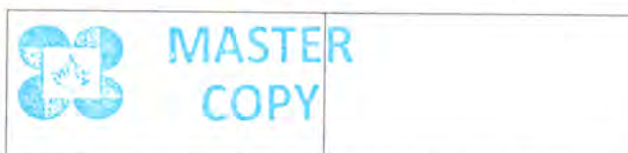
- 7.5.1.3.1. The size of PSHS
- 7.5.1.3.2. Complexity and interaction of the processes
- 7.5.1.3.3. Risks and opportunities
- 7.5.1.3.4. Competence of personnel

7.5.1.4. The quality management system shall continuously undergo a process of improvement of evaluation and revision (when necessary) to ensure its continuous relevance and applicability.


7.5.1.5. Quality Management System Documentation

The documentation of PSHSS quality management system uses the following structure:

Level	Reference	Purpose
1	Documents from Regulating Bodies	Comes in the form of circulars, memoranda or manuals containing policies and regulations governing the conduct of academic/ educational service.
2	Quality Manual (QM)	The purposes of the Quality Manual is to: (1) provide a clear statement of the institution's quality policy and the methods by which quality is assured; (2) establish a concise reference manual of standardized practices and procedures of the institution; (3) provide a reference against which current practices and proposed improvement can be factually assessed; (4) supply a document which can explain to customers the methods employed to achieve, maintain and improve quality standards, when needed; (5) identify and designate personnel





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		who will be responsible in ensuring that standards are maintained; and (6) stabilize and maintain documented practices despite employee movements.
3	Operations Manuals	Contains the operating workflow processes and outlines the procedures contained in the QM. These include the Curriculum and Instructional Manual (CIM), Student Services Manual (SSM), Student Affairs Manual (SAM), Finance and Administration Manual (FAM), System Office Services Manual (SOM), and Job Descriptions Manual (JDM).
4	Work Instructions, Code of Practice and/or Reference Manuals	Contains documents, which may need to be read or referred to, to better understand the operating procedures and help process performers to carry out quality service. Work instructions shall be prepared only as needed by the area concerned and should be properly endorsed by the QMR.

## 7.5.2. Creating and updating

7.5.2.1. When creating and updating documented information, PSHS shall ensure appropriate:

- 7.5.2.1.1. Identification and description
- 7.5.2.1.2. Format and media
- 7.5.2.1.3. Review and approval for suitability and adequacy




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- 7.5.2.2. Manuals shall contain the following:
- 7.5.2.2.1. Institution's logo
  - 7.5.2.2.2. Manual title
  - 7.5.2.2.3. Document name
  - 7.5.2.2.4. Version number
  - 7.5.2.2.5. Document number
  - 7.5.2.2.6. Revision number
  - 7.5.2.2.7. Effectivity date
  - 7.5.2.2.8. Page number
  - 7.5.2.2.9. Prepared by
  - 7.5.2.2.10. Approved by
  - 7.5.2.2.11. Master copy box
  - 7.5.2.2.12. Controlled copy box
  - 7.5.2.2.13. Statement at the footer "(c) 2016 Philippine Science High School; all rights reserved. This document may contain proprietary information and may only be released to third parties with approval of management. Document is uncontrolled unless otherwise marked; uncontrolled documents are not subject to update notification."
- 7.5.2.3. Forms shall contain the following:
- 7.5.2.3.1. Unique form coding
  - 7.5.2.3.2. Effectivity date
  - 7.5.2.3.3. Revision number (when revised)
- 7.5.2.4. Forms shall be registered in the Master List of Forms, which contains the name of the form, form number, initial issue date, revision date, revision number, prepared by and approved by.
- 7.5.2.5. Documents of external origin or references shall contain the following:
- 7.5.2.5.1. Controlled copy stamp
  - 7.5.2.5.2. Signature of the head of the office





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7.5.2.6. References shall be registered in the List of References, which contains the title of reference material, edition/year of issue, signature of recipient and date, date retrieved, signature of recipient, prepared by and noted by.

7.5.2.7. Records shall contain the following as reflected in the Filing Chart:


- 7.5.2.7.1. File Code
- 7.5.2.7.2. File name
- 7.5.2.7.3. Filing system
- 7.5.2.7.4. Active retention/location/responsibility
- 7.5.2.7.5. Inactive retention/location/responsibility
- 7.5.2.7.6. Mode of disposal
- 7.5.2.7.7. Prepared by
- 7.5.2.7.8. Approved by

7.5.3. Control of documented information

7.5.3.1. Documented information shall be controlled to ensure the following:

- 7.5.3.1.1. A master list of all currently issued manuals/procedures, forms, and references shall be properly documented to identify the latest version.
- 7.5.3.1.2. All documented information shall be reviewed and approved prior to release.
- 7.5.3.1.3. Document information shall be available and suitable for use at appropriate locations that need them.
- 7.5.3.1.4. Documented information shall be adequately protected (e.g. from loss of confidentiality, improper use, or loss of integrity), such as storing under lock and key for those identified as confidential.



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- 7.5.3.1.5. Manuals/Procedures, forms and references shall be systematically controlled, distributed and retrieved. Documented information shall remain legible and readily identifiable.
- 7.5.3.1.6. Revisions on existing procedures and forms shall be performed in accordance with Control of Documented Information procedure.
- 7.5.3.1.7. Any obsolete manuals/procedures, forms and references shall be promptly removed from use and shall be destroyed/recycled when new or revised manuals/procedures, forms and references are issued.
- 7.5.3.1.8. All obsolete and superseded documented information that will be retained for legal and knowledge preservation purposes shall be properly identified.
- 7.5.3.1.9. Documents of external origin shall be identified and their distribution controlled.
- 7.5.3.1.10. Records shall be properly identified/labeled, filed, accessed, stored, protected, preserved (including preservation of legibility), maintained/retained (including protection from unintended alterations) and disposed.
- 7.5.3.1.11. Records shall be kept in suitable environment to minimize damage or deterioration and to prevent loss, and for easy retrieval.

PREPARED BY: 	APPROVED BY: 	 <b>MASTER COPY</b>	
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