PHILIPPINE SCIENCE HIGH SCHOOL SYSTEM OPPORTUNITIES FOR IMPROVEMENT FORM	
DATE :	REF. NO :
то :	OFI NO.
Area Concerned	
FROM :	
SOURCE: IQA [] Employee Feedback []	(if applicable) Survey [] System Review [] Others []
1. SUGGESTION/RECOMMENDATION	
Area Representative	Requested By Agreed Date
(Signature over Printed Name) 2. ANALYSIS (To be filled out by the Area R	(Signature over Printed Name) 1 st Follow-up
ACTION Area Representative/Date	Area Head/Date
3. RISK/OPPORTUNITY ASSESSMENT REQUIRES UPDATING?	
NOYES, Date Update	ed: Verified By:
4. QMS REQUIRES UPDATING?	
NOYES, DCR No:	Verified By:
5. FOLLOW-UP	Effective? Signature
Date Status/Comments	· ·
6. CASE CLOSED	
Quality Management Representative	Date Noted By (Area Head)
PSHS-00-F-QMS-07-Rev0-12/05/16	