

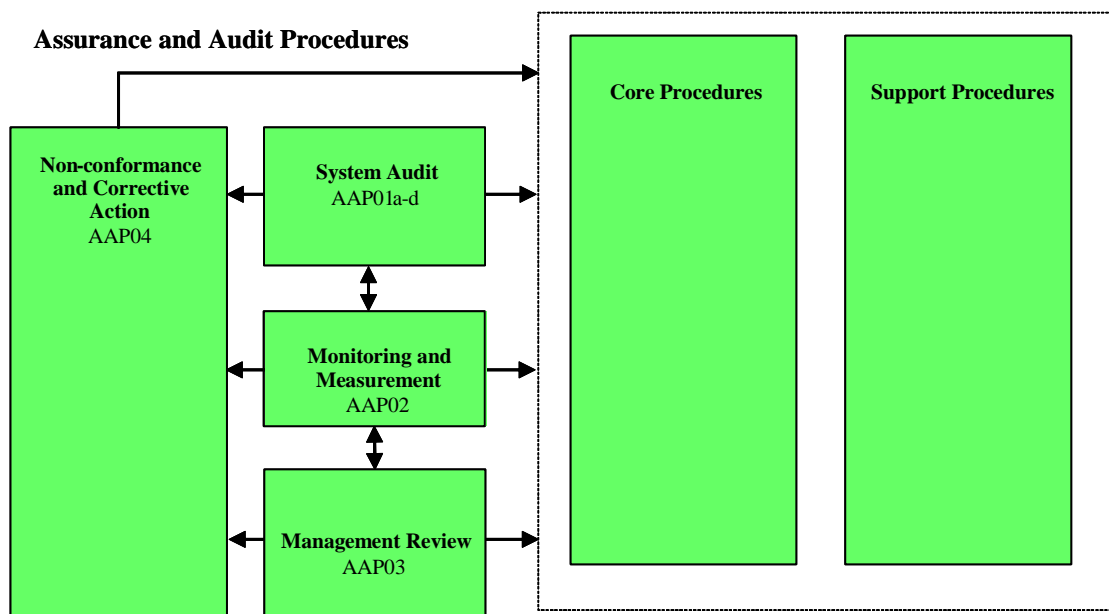
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8. Assurance and Audit Procedures

Table 8.1 - ASEMS Assurance and Audit Procedures

Number	Procedure Type	Procedure Name
AAP01a	Assurance and Audit Procedures	System Audit (Audit Management and Initiation)
AAP01b	Assurance and Audit Procedures	System Audit (Audit Planning)
AAP01c	Assurance and Audit Procedures	System Audit (Audit Conduct)
AAP01d	Assurance and Audit Procedures	System Audit (Audit Reporting and Follow up)
AAP02	Assurance and Audit Procedures	Monitoring and Measurement
AAP03	Assurance and Audit Procedures	Management Review
AAP04	Assurance and Audit Procedures	Non-conformance and Corrective Action

Figure 8.1 The Assurance and Audit Procedures



8.1 Procedure Structure

- 8.1.1 For ease of use, the procedures have the same format and structure. The key sections are elaborated in points 8.1.2 to 8.1.13 inclusive.

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8.1.2 Procedure Title

8.1.2.1 The title and reference code for the procedures are as follows:

- AAP01 - System Audit;
- AAP02 - Monitoring and Measurement;
- AAP03 - Management Review; and
- AAP04 - Non-conformance and Corrective Action.

8.1.2.2 The assurance and audit procedures are common to both the POEMS and POSMS.

8.1.3 Showing Conformance

8.1.3.1 This explains the three ways of showing conformance with the procedure.

8.1.4 Introduction

8.1.4.1 This is an overview of the procedure's purpose in the context of the overall management system.

8.1.5 Procedure Objectives

8.1.5.1 This section describes what is to be achieved by following and completing the procedures. Normally this section is in the form of a list of the objectives that must be achieved in order to demonstrate conformance.

8.1.6 Responsibilities

8.1.6.1 This section states who will be accountable and responsible for proper completion of the procedure, and who will actually carry out the actions within the procedure. In most cases the IPT will be responsible for procedure management while procedure completion could be carried out by a number of different parties as shown in the procedures.

8.1.7 When

8.1.7.1 This section indicates when the procedure is to be followed in terms of the SMS or EMS implementation.

8.1.8 Required Inputs

8.1.8.1 Most of the procedures require reference to be made to the outputs of previous procedures and information from other sources. This section lists the main reference material that will be needed in order to complete the procedure.

8.1.9 Required Outputs

8.1.9.1 This lists the outputs, for example completed forms, compiled information etc. It should be noted, however, that it is acceptable within POSMS and POEMS for an IPT to use alternative methods to those outlined in the procedures, providing that this is endorsed by ASEG.

8.1.10 Description

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8.1.10.1 This section makes up the bulk of the procedure and describes the steps and stages involved in completing the procedure. It includes advice and guidance on how to complete the procedure and when to use each of the associated forms or tools. It should be remembered that this part of the procedure is for guidance only so it is not mandatory for an IPT to follow it to the letter where they have made suitable and equivalent alternative arrangements. The key point is to achieve the required objectives, outputs and outcomes, and to ensure that alternative approaches are clearly documented and agreed.

8.1.11 Records and Project Documentation

8.1.11.1 This includes advice on where outputs of the procedures should be kept and recorded (usually in the Safety or Environmental Case, Case Reports, or related registers and logs) and where other project documentation may have to include some or all of the output information.

8.1.12 Recommended Tools and Forms

8.1.12.1 Many of the procedures include tools or forms to assist IPTs to undertake the procedure or to record information produced. This section lists the forms that may be useful in completing the procedure. This can sometimes include forms associated with other procedures. Note that the use of the forms is not mandatory (see Required Outputs above) and that any alternative approaches used should be clearly documented and agreed.

8.1.13 Guidance

8.1.13.1 This final section provides guidance on other sources of advice. Also included here are some general comments on potential project risk that may arise if the procedure is not completed in an appropriate way or at an appropriate time.

8.2 Procedure Use

8.2.1 The IPT is usually (see Section 8.4 below) responsible for managing the completion of the requirements of the Assurance and Audit procedures. The IPT is also likely to have a significant involvement in the practical application of the procedures. A number of other parties may also have significant roles in meeting the requirements of the procedures, these are detailed within the relevant procedures.

8.2.2 All procedures provide recommended guidance and/or forms to help the user to produce the desired output(s). The use of this guidance is not mandatory, so long as suitable alternative methodologies are used which achieve the desired objectives, as defined in the procedure and that are deemed by ASEG to be equivalent. Therefore three options exist when following the procedures, to demonstrate conformance:

- Follow the defined system procedure using the recommended guidance and tools, including allowed variations and options.
- Use an equivalent process and tool set generated elsewhere and document evidence of procedural equivalence.

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- Use an equivalent bespoke process and tool set for the project and document evidence of procedural equivalence.

8.2.3 This is in contrast with the core procedures which have four options for showing conformance including one where the procedure is considered not relevant. However, the assurance and audit procedures will always be relevant and therefore must be applied.

8.2.4 Table 8.2 overleaf shows a summary of the responsibilities, timing, inputs and outputs associated with each assurance and audit procedure.

8.3 Use of Assurance and Audit procedures outside POSMS and POEMS

8.3.1 The assurance and audit procedures have primarily been developed for use within POSMS and POEMS but may be used for other system audits if desired. To this end, the following sections have been designed so they may be used together as part of a stand-alone Audit Manual:

- Section 8 of POSMS and POEMS – Assurance and Audit Procedures
- AAP01a-d
- AAP04
- Section 9 – Glossary

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Table 8.2 – Summary of POSMS and POEMS Assurance and Audit Procedures

Procedure	Input	Output **	Responsibility ***
AAP01a - System Audit (Audit Management and Initiation)	<p>Environmental and System Safety Case(s) including</p> <ul style="list-style-type: none"> Results of previous audits (Form AAP01d/F/01); Record of Management Reviews (Form AAP03/F/01); Record of Monitoring and Measurement (Form AAP02/F/02); Environmental Management Plans (Form EMP06/F/03); Safety Management Plans (outputs from SMP03) Non-Conformance and Corrective Actions (Form AAP04/F/01); Register of Stakeholder Requirements (Form EMP01/F/01 and SMP01/F/02) Register of Standards (Form EMP01/F/02 and SMP01/F/03) List of operational controls (Form EMP07/F/01 and outputs from SMP08) Other POSMS and POEMS outputs. <p>Audit schedules produced by other parties where these cover auditing all or some of the elements of the SMS and EMS.</p>	<ul style="list-style-type: none"> AAP01a/F/01 - Audit Schedule AAP01a/F/02 - Audit Details, Team Composition and Competence Record AAP01a/F/03 – Notification of Audit Letter 	IPT, ASEG, supplier, or contractor.
AAP01b - System Audit (Audit Planning)	<ul style="list-style-type: none"> Audit Question Toolset (available from ASEG); Form AAP01a/F/01 - Audit Schedule; Form AAP01a/F/02 - Audit Details, Team Composition and Competence Record Form; Other documents relevant to the scope and objective of the audit (i.e. POEMS, POSMS); IPT safety management system and environmental management system documents; and Form AAP01d/F/01 – Previous audit reports 	<ul style="list-style-type: none"> Form AAP01b/F/01 - Audit Plan Form AAP01b/F/02 - Audit Pro-forma (partly complete) 	IPT, ASEG, supplier, or contractor.

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Procedure	Input	Output **	Responsibility ***
AAP01c - System Audit (Audit Conduct)	<ul style="list-style-type: none"> • Form AAP01b/F/01 - Audit Plan • Form AAP01b/F/02 - Audit Pro-forma (partly complete) • Relevant IPT documentation; • Form AAP04/F/01 – Non-conformance, Corrective and Preventive Action Form (If required). • Form AAP01c/F/01 – Record of Audit Meeting. 	<ul style="list-style-type: none"> • AAP04/F/01 – Non-conformance and Corrective Action Form • AAP01b/F/02 - Audit Pro-forma(s) – (Fully complete) • Form AAP01c/F/01 – Record of Audit Meeting (completed for Opening Meeting); • Form AAP01c/F/01 – Record of Audit Meeting (completed for Audit Team Meeting(s)); and • Form AAP01c/F/01 – Record of Audit Meeting (completed for Closing Meeting). 	IPT, ASEG, supplier, or contractor.
AAP01d - System Audit (Audit Reporting and Follow up)	<ul style="list-style-type: none"> • Form AAP01b/F/01 - Audit Plan; • Form AAP01b/F/02 - Audit Pro-forma(s); • Form AAP04/F/01 - Non-conformance and Corrective Action Form(s), if relevant (partly complete). • IPT documentation relevant to the audit; • Form AAP01c/F/01 - Audit meeting records 	<ul style="list-style-type: none"> • AAP01d/F/01 - Audit Report Template • AAP04/F/01 - Non-conformance and Corrective Action Record, if relevant – (fully complete) 	IPT, ASEG, supplier, or contractor.
AAP02 – Monitoring and Measurement	<ul style="list-style-type: none"> • Form EMP06/F/02, Form EMP06/F/03 – Safety Management and Environmental Management Plans and outputs from SMP03); • Operational controls (Form EMP07/F/01 and outputs from SMP07); • Form AAP03/F/01 - Non-conformance and corrective action records; • Form AAP03/F/01- Management Review Records; and • Performance data on equipment system and supporting activities. 	<ul style="list-style-type: none"> • AAP02/F/01 – Monitoring Schedule. • AAP02/F/02 – Monitoring Data - Assessment Record. 	IPT and supplier / contractor.

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Procedure	Input	Output **	Responsibility ***
AAP03 – Management Review	<ul style="list-style-type: none"> EMS documents and records (Outputs of EMP01-EMP08). SMS documents and records (Outputs of SMP01 – SMP13). Results of internal and external SMS and EMS audits (AAP01). Internal and external communications regarding the IPTs’ SMS and EMS including suggestions for improvement (SSP01). Internal and external communications regarding the equipment’s safety and environmental performance including complaints (SSP01). Form AAP04/F/01 - Any non-conformance and corrective action reports raised Form AAP02/F/02 - Record of Monitoring Reviews Form AAP02/F/01 - Previous management review meeting minutes 	<ul style="list-style-type: none"> AAP03/F/01 – Record of Management Review 	IPT and supplier / contractor
AAP04 – Non-conformance and Corrective Action	<ul style="list-style-type: none"> Results of internal and external audits Internal and external communications regarding the IPT’s safety and environmental management(s), including suggestions for improvement. (See SSP01) Internal and external communications regarding the equipment’s safety and environmental performance, including complaints. (See SSP01) AAP02/F/02 – Record of Monitoring Review; and Form AAP03/F/01- Management Review Records. 	<ul style="list-style-type: none"> AAP04/F/01 – Non-Conformance and Corrective Action Record 	IPT, ASEG, supplier, or contractor.

* The outputs from all the procedure require periodic review and update throughout the lifecycle of the project.

** Or equivalent actions and documentation that ASEG are satisfied achieves the same objectives.

*** The IPT or ASEG is responsible for managing the procedure completion. The column relates to who is or may be responsible for completing the procedure.

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8.4 System Audit Procedures AAP01

System Audit Structure

8.4.1 There are four System Audit procedures as follows:

- AAP01a - Audit Management and Initiation
- AAP01b - Audit Planning
- AAP01c - Audit Conduct
- AAP01d - Audit Reporting and Follow up

8.4.2 The System Audit procedures can be applied to the SMS or EMS at any time during its implementation: it is not necessary for the full system to be in place before planning and carrying out audits.

8.4.3 An IPT would be expected to have produced a self audit schedule and audited each element of the SMS and EMS before Main Gate. Auditing will then continue throughout the life of the project(s).

8.4.4 These procedures have been based on the requirements of ISO 19011, ISO 14001, OHSAS 18001 standards and have been developed in line with other POSMS and POEMS procedures, and the various JSPs which cover system auditing.

8.4.5 The System Audit procedures are not intended to replace audit sections where provided in JSPs but to align with their requirements.

8.4.6 ASEG should be contacted if further advice or assistance is required on complying with these procedures.

8.4.7 If an IPT already has a project management system or procedures (eg ISO 9000) that cover system auditing, then these may be used in place of these POSMS and POEMS procedures so long as ASEG is satisfied that they meet the same objectives.

8.4.8 Figure 8.2 below provides further details on each procedure's structure.

System Audit Purpose

8.4.9 The system audit procedures have been produced to ensure that the IPT's SMS and EMS are audited throughout the life of the project(s). The System Audit procedures specify how system audits should be completed, and how combined safety and environmental management system audits can be completed. The procedures should not be used in lieu of auditor training and therefore do not cover auditing techniques in detail.

System Audit Objectives

8.4.10 The objectives of undertaking system audits are to:

- Assess whether the IPT's SMS and EMS are operating as designed;
- Assess compliance of the SMS and EMS with the requirements of POSMS and POEMS;

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- Identify opportunities to improve the SMS and EMS;
- Identify opportunities to improve safety and environmental performance;
- Identify opportunities to raise awareness, training and competency of safety and environmental issues;
- Provide assurance of compliance with applicable safety and environmental legal and non-legal standards;
- Comply with Functional Safety Boards' Policy requirement for audits;
- Recognise good practice;
- Inform the Management Review process;
- Inform Policy development; and
- Identify opportunities to improve POSMS / POEMS Manuals (applies to ASEG only).

System Audit Scope

- 8.4.11 At the present time POSMS and POEMS are to be used to establish project level SMSs and EMSs by acquisition IPTs within DE&S. All activities that are undertaken or managed by the IPT, and which have a bearing on safety and environmental performance of the capability being acquired, have the potential to come within the scope of the audit procedures.
- 8.4.12 Activities undertaken by parties other than the IPT, and which are not undertaken under the management responsibility of the IPT, are currently outside the scope of these audit procedures, although they may come under other audit regimes.
- 8.4.13 However, information from other audit regimes, focussed on issues such as equipment performance, will be of use to the IPT and should be logged through the POSMS and POEMS communications procedures; and may depending on their nature give rise to non-conformance and corrective action reports within POSMS and POEMS. In addition, any non-conformance and corrective action identified under the audit regime established by POSMS and POEMS may have to be communicated to other parties, although the IPT may have no method of formally requiring the other party to carry out the corrective action.

System Audit Responsibilities

- 8.4.14 Although the procedures have been produced primarily for use by and on behalf of IPTs, they may also be used by ASEG to carry out audits on the SMS and EMS. In addition, these procedures may also be used for auditing all or parts of an IPT's SMS and EMS by other parties such as:
- Functional Safety Board Secretariats;
 - DS&C;
 - Third Parties invited by CDM;

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- Independent Safety Auditors;
- MOD and TLB Internal Audit Functions;
- Equipment system contractor;
- Personnel seconded from another IPT;
- Customer 2;
- SME;
- Environmental and Safety Consultants.

8.4.15 Any third party using these procedures should note that they have primarily been written for use by IPTs and therefore may use terminology specific to IPTs. However, this should not preclude a third party from using the procedures.

8.4.16 Throughout the procedures the term ‘Audit Client’ has been used to describe the group, organisation or individual commissioning an audit, as this may be distinct from the party carrying out the audit.

System Audit Reporting

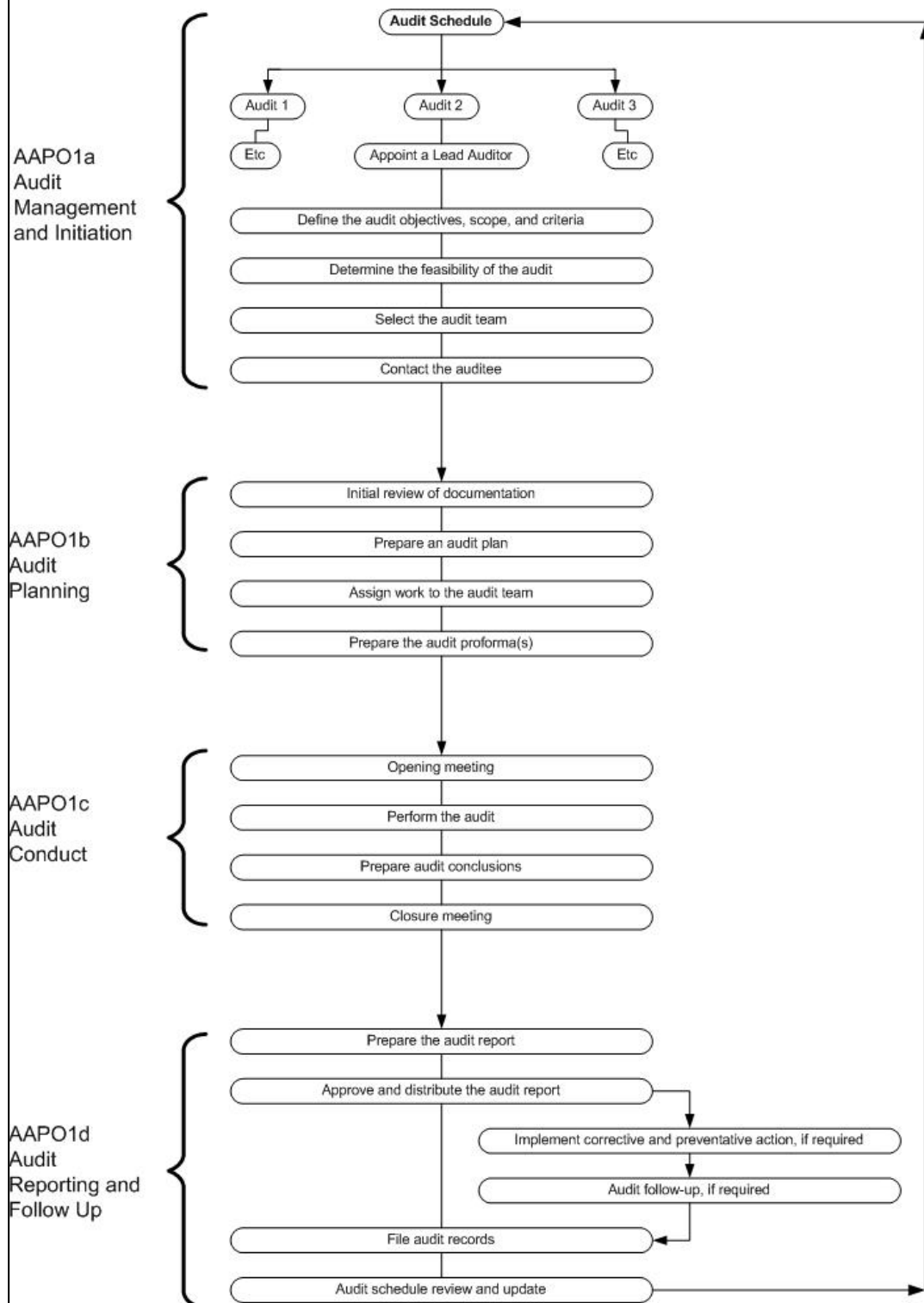
8.4.17 The IPT should refer to its stakeholder forms (EMP01/F/01 and SMP01/F/02) to identify which stakeholders should receive a copy of the Audit Report. The following identifies some of the authorities or organisations that the IPT may decide require a copy of the Audit Report:

- The delegation chain PM, IPTL, Cluster DG, CDM, SofS (via Defence Environment Safety Board);
- Other TLBs through Annual Report to DESB;
- 2* Directors and 1* Deputy Directors;
- Functional Safety Boards and Secretariats;
- Directorate of Performance and Analysis and Defence Audit Committee (through Functional Safety Boards);
- DS&C;
- Stakeholders (Customer 1 and 2, DE, CESOs etc.) through Safety Committees;
- Other Government Departments (HSC, DEFRA, DTI etc.) through MOUs;
- Environment Agency for England and Wales;
- Scottish Environmental Protection Agency;
- Environment and Heritage Service for NI;
- General Public;
- ISAs and other Auditors;
- International Partners.

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Figure 8.2 The System Audit Process



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8.5 Monitoring and Measurement Procedure - AAP02

8.5.1 The monitoring and measurement procedure is structured around the completion of the following steps:

- Step 1: Identify elements to be monitored and reviewed
- Step 2: Produce a Monitoring Schedule
- Step 3: Produce measurement and calibration protocols
- Step 4: Collect monitoring data
- Step 5: Assess monitoring data

8.5.2 The purpose of the monitoring and measurement procedure is to track, and provide assurance data on safety and environmental performance. During the early stages of CADMID an IPT will concentrate on tracking progress in the implementation of SMS and EMS, and then as the SMS and EMS are implemented, and objectives, targets and operational controls are developed, an IPT will turn its attention to tracking the performance of these as well as other performance measurements. Monitoring and measurement will identify areas for improvement in addition to changes to keep management systems on track.

8.5.3 The results of monitoring and measurement would feed into the management review procedure.

8.6 Management Review Procedure - AAP03

8.6.1 The management review procedure is structured around the completion of the following steps:

- Step 1: Assemble Management Review Team
- Step 2: Agree Frequency of Management Review
- Step 3: Gather Documents and Evidence for the Review
- Step 4: Perform and Record the Review

8.6.2 The purpose of the management review is to provide assurance that the SMS and EMS continue to be suitable, adequate and effective for the project they seek to manage. This review should be undertaken by Senior Managers and it should not get involved in the details but rather, look at the 'big picture'. The review should identify areas for improvement in addition to changes to keep the systems on track.

8.6.3 The management review should cover all elements of the SMS and EMS. The IPT can choose whether to undertake the management review of the SMS and EMS separately or together. For example, if the IPT has a combined SMS and EMS it may be more efficient to combine the management review.

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8.7 Non-Conformance and Corrective Action Procedure - AAP04

- 8.7.1 The non-conformance and corrective action procedure is structured around the completion of the following steps:
- Step 1: Identify non-conformance or observation
 - Step 2: Investigate non-conformance or observation
 - Step 3: Recommended corrective, preventive or improvement action
 - Step 4: Decide action to be taken
 - Step 5: Review and update or documentation
- 8.7.2 The purpose of the non-conformance and corrective action procedure is to provide a system for the identification, investigation and recording of non-conformances and observations and for the identification and implementation of appropriate corrective and preventive action. This is important as it allows the systems to be continually improved as a result of experience and past performance.
- 8.7.3 This procedure applies to all the elements of the SMS and EMS regardless of whether these are the responsibility of the IPT or a contractor.

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0 SHOWING CONFORMANCE

0.1 Options

- 0.1.1 There are three options to demonstrate conformance when applying this system procedure:
- Follow the defined system procedure using the recommended guidance and tools, including allowed variations and options.
 - Use an equivalent process and tool set generated elsewhere and document evidence of procedural equivalence.
 - Use an equivalent bespoke process and tool set for the project and document evidence of procedural equivalence.

1 INTRODUCTION

- 1.1.1 This procedure is the first in a set of four System Audit procedures and deals with initial audit planning activities. This procedure describes how an audit schedule can be developed in order to organise self audits of the IPT's SMS and EMS. The activities covered in this procedure will form the basis of the system audit process so it is important that issues are considered carefully to avoid duplication of effort or gaps in the audit process later on.
- 1.1.2 The audit schedule should describe the scope and frequency of self audits and set out a timeframe for their completion.
- 1.1.3 Although this and the companion procedures have been produced primarily for use by and on behalf of IPTs, they may also be used by ASEG to carry out audits on the SMS and EMS. In addition, these procedures may also be used for auditing all or parts of an IPT's SMS and EMS by other parties such as:
- Functional Safety Board Secretariats;
 - DS&C;
 - Third Parties invited by CDM;
 - Independent Safety Auditors;
 - MOD and TLB Internal Audit Functions;
 - Equipment system contractor;
 - Personnel seconded from another IPT;
 - Customer 2;
 - SME;
 - Environmental and Safety Consultants.
- 1.1.4 Any third party using these procedures should note that they have primarily been written for use by IPTs and therefore may use terminology specific to IPTs. However,

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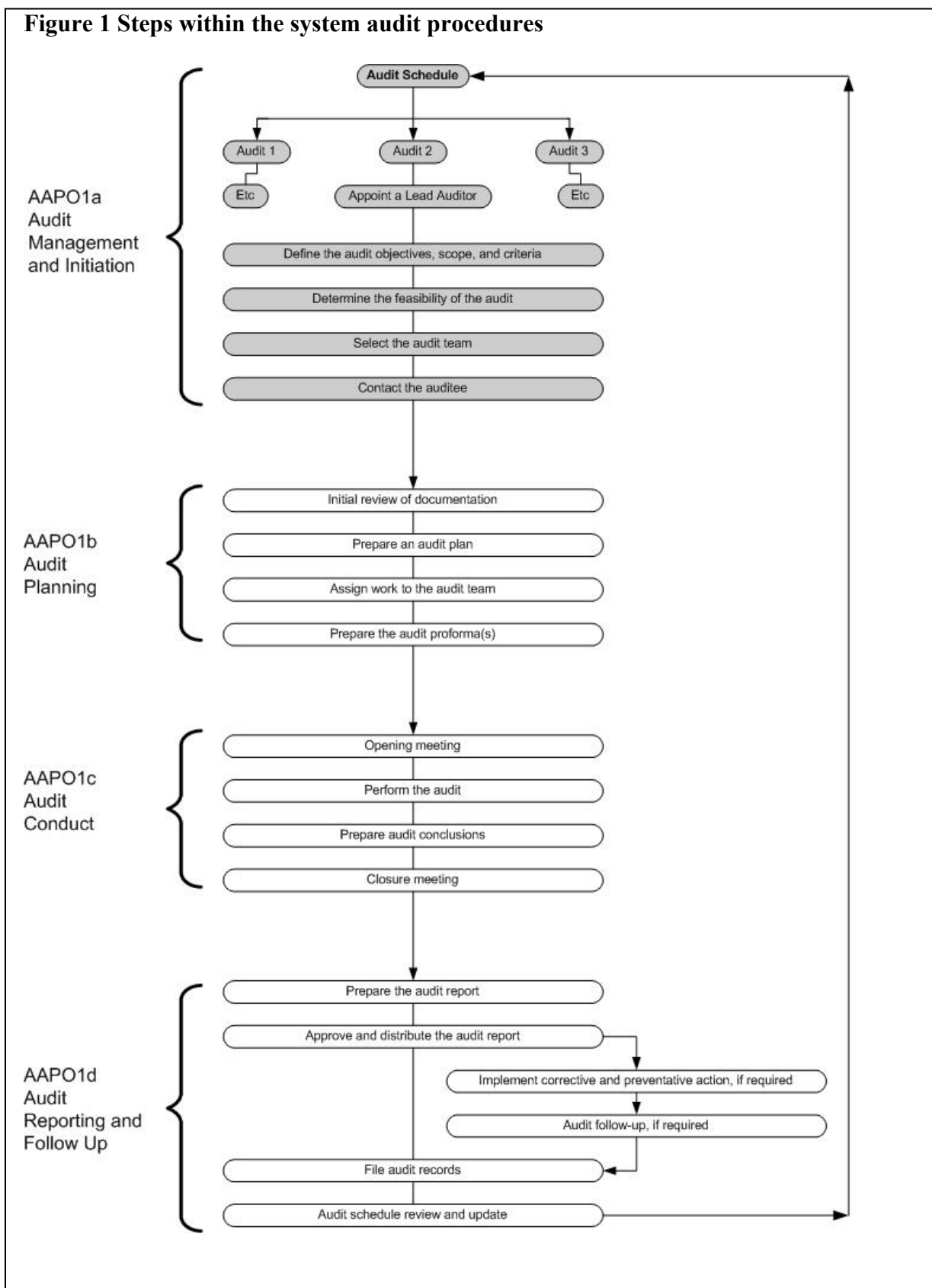
this should not preclude a third party from using the procedures.

- 1.1.5 Throughout the procedures the term ‘Audit Client’ has been used to describe the group, organisation or individual commissioning an audit, as this may be distinct from the party carrying out the audit.

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Figure 1 Steps within the system audit procedures



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2 PROCEDURE OBJECTIVES

2.1.1 The objectives of this procedure are to:

- Produce a schedule, for auditing all elements of the IPT's SMS and EMS, that includes details on how and when these audits will take place;
- Ensure that audits are undertaken by appropriately competent auditors; and
- Contact the Auditee and confirm arrangements for undertaking the audit.

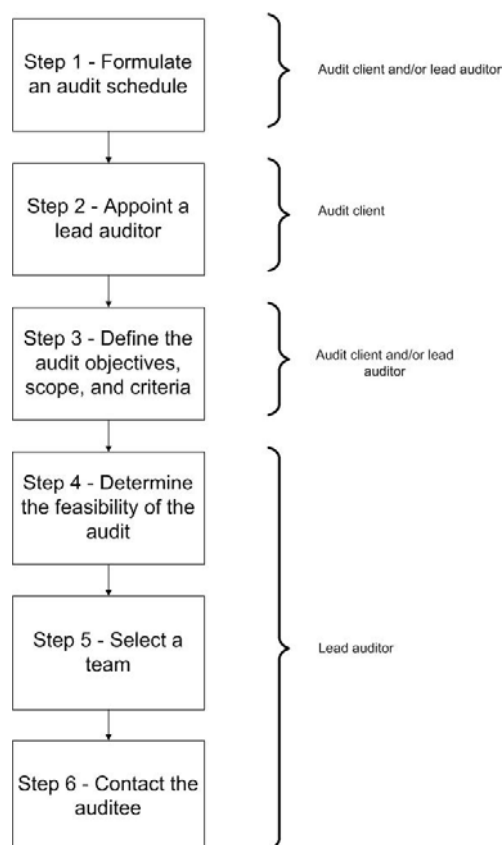
3 RESPONSIBILITIES

3.1 Accountability

3.1.1 The Audit Client is accountable for the completion of this procedure.

3.2 Procedure Management and Procedure Completion

3.2.1 The diagram below shows the steps described in the Description section of this procedure against those parties or individuals that may be responsible for their completion.



3.2.2 Note that where the Lead Auditor has responsibility, this may on particular occasions be delegated to members of the Audit Team.

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4	WHEN
4.1.1	This procedure can be applied to the SMS or EMS at any time during its implementation, it is not necessary for the full system to be in place before planning and carrying out audits.
4.1.2	An IPT will be expected to have produced an audit schedule and audited each element of its SMS and EMS before Main Gate. Auditing will continue throughout the life of the project(s).
5	REQUIRED INPUTS
5.1.1	<p>Safety and Environmental Case(s), for example:</p> <ul style="list-style-type: none"> • Results of previous audits (Form AAP01d/F/01); • Record of Management Reviews (Form AAP03/F/01); • Record of Monitoring and Measurement (Form AAP02/F/02); • Environmental Management Plans (Form EMP06/F/03); • Safety Management Plans (outputs from SMP03) • Non-Conformance and Corrective Actions (Form AAP04/F/01); • Register of Stakeholder Requirements (Form EMP01/F/01 and SMP01/F/02) • Register of Standards (Form EMP01/F/02 and SMP01/F/03) • List of operational controls (Form EMP07/F/01 and outputs from SMP08) • Other POSMS and POEMS outputs.
5.1.2	Audit schedules produced by other parties where these cover auditing all or some of the elements of the SMS and EMS.
6	REQUIRED OUTPUTS
	<p>Form AAP01a/F/01 - Audit Schedule</p> <p>Form AAP01a/F/02 - Audit Details, Team Composition and Competence Record Form</p> <p>Form AAP01a/F/03 – Notification of Audit Letter.</p> <p>OR</p> <p>Equivalent actions and documentation that ASEG is satisfied achieve the same objectives.</p>
7	DESCRIPTION
7.1	Step 1 – Formulate an audit schedule
	<i>Introduction</i>

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7.1.1	Note: Where the Audit Client wishes to involve the Lead Auditor in the production of the audit schedule then Step 2 – Appoint Lead Auditor should be completed before this step.
7.1.2	<p>In order to produce an audit schedule the following must be decided:</p> <ul style="list-style-type: none"> • What elements of the SMS and EMS must the audits cover (i.e. scope); • How many audits are necessary; • How often will these audits be undertaken; and • When audits are to be undertaken.
7.1.3	<p>In terms of scope the schedule can apply to:</p> <ul style="list-style-type: none"> • Individual project level SMS and EMSs; or • Several project level SMS and EMSs; or • An IPT level SMS and/or EMS.
7.1.4	The organisation and scope of the audit schedule will depend largely on how much of the SMS and EMS is in place and how these systems are organised within the IPT or project. For example, an IPT may decide to develop separate schedules for the SMS and EMS if the systems are distinct from each other, or combine schedules where elements are shared, similar or connected.
7.1.5	The overall audit schedule should cover all the existing elements of the SMS and EMS regardless of whether these are the responsibility of the IPT or a contractor.
7.1.6	When developing the schedule, consideration should be given to any other planned audits that may cover aspects of safety or environmental management. These other audits may fulfil some or all of the objectives of the audit schedule and may therefore be used as alternatives to avoid duplication of effort.
	<i>Audit Scope</i>
7.1.7	Although it is possible to audit the whole SMS or EMS at once, this is generally considered poor practice (unless the systems are very simple), as this may require significant Auditee and auditor resources.
7.1.8	<p>It is therefore accepted practice to divide the audit schedule into a number of audits each of which is a manageable task. This can be done in a number of ways:</p> <ul style="list-style-type: none"> • By POSMS / POEMS and IPT SMS/EMS requirement - This involves the auditing of the whole project(s) against each POSMS / POEMS and IPT SMS/EMS requirement in turn. This approach may cross several activities and/or projects/organisations. • By POSMS / POEMS procedure – This approach allows a full audit trail to be gathered. • By activity, project, organisation or geographical basis – This approach provides a full audit trail only when all departments have been assessed.

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	<ul style="list-style-type: none"> By safety risk or environmental impact - Full audit trails are obtained by crossing projects, organisations or activities, although the audit can be difficult to structure.
7.1.9	<p>When deciding on how to partition the audit schedule, the following issues should be considered:</p> <ul style="list-style-type: none"> Purpose of the audit; Any external requests for an audit to take place. For example, from: <ul style="list-style-type: none"> The delegation chain PM, IPTL, Cluster DG, CDM, SofS (via DESB); Other TLBs; 2* Directors and 1* Deputy Directors; Functional Safety Boards; ASEG; DS&C; and Stakeholders (Customer 1 and 2, DE, CESOs etc) through Safety Committees. Scope of the EMS and SMS; Relevant domain JSP auditing requirements; Stakeholders' expectations; Existing IPT audit regimes including any audits planned or recently completed by other parties. Logistics; Where different parts of the same management system are best audited together; Where elements of the safety and environmental management systems are best audited together; The auditees and auditors likely to be involved; Timeframe for implementing the management system(s); and The frequency that the system element needs to be audited (i.e. try not to group elements of the management system which are best audited at a different frequency).
7.1.10	<p>SMS and EMS elements would be expected to be audited more frequently in the following situations:</p> <ul style="list-style-type: none"> They have not been covered or only partially covered by previous audits; A high number of non-conformances have been identified; There is a high safety risk or priority environmental impact; Accidents, incidents or occurrences with safety or environmental implications have been reported;

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7.1.11	<ul style="list-style-type: none"> • A prescriptive legal or other standard applies; • There is a demonstrable level of stakeholder interest or concern;
	There may also be a need for more frequent audits in cases where: <ul style="list-style-type: none"> • The project is approaching a critical milestone; • There has been a major change in procedures, equipment system specification or use, or environmental and safety standards; • There have been major staff changes.
7.1.12	When you have partitioned up the audit schedule into manageable pieces, double check that all elements to be audited are being covered.
	<i>Audit Frequency</i>
7.1.13	The next task in formulating the audit schedule is to set a frequency for how often each audit should be completed. Audit frequency should be kept to a minimum to reduce the likelihood of ‘audit fatigue’ in the Auditee, but frequent enough to provide assurance that the management system(s) is operating effectively.
7.1.14	The frequency of audits will vary from project to project but should aim to cover each element of the management system(s) at least once every 3 years. To avoid ‘over-auditing’ it is recommended that each element of the management system should be audited no more frequently than every 6 months (this excludes follow-up checks).
7.1.15	The IPT should refer to the relevant domain JSP to establish whether it requires a shorter minimum auditing interval (higher frequency). Audit frequency may also be influenced by stakeholders’ expectations, existing IPT’s regimes and Project Review and Assurance (PR&A) schedules.
	<i>Documentation and Communication</i>
7.1.16	Form AAP01a/F/01 - Audit Schedule can be used to record the scope, frequency and timing of audit(s).
7.1.17	For audits where the audit client is not the IPTL, it is recommended that the Auditee should be contacted at this early stage to give them advance notice of the impending audit. Form AAP01a/F/03 may be used for this purpose.
7.2	Step 2 – Appoint the Lead Auditor
7.2.1	For each audit defined in the audit schedule, a Lead Auditor should be appointed. The Lead Auditor may be selected from any of the following groups: <ul style="list-style-type: none"> • The Audit Client; • The equipment system contractor, (eg where they have a significant role in implementing the SMS and/or EMS)*; • From another IPT than is to be audited**; • SMEs (eg Safety and/or Environmental Consultants)**; • Another part of the MOD.

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	<p>* Where an IPT uses equipment system contractors to audit the SMS or EMS, then the IPT is to undertake sample checks on the audit schedule to ensure the procedure has been followed correctly.</p> <p>** The use of these parties may be helpful in cases where it is important to demonstrate the independence of the auditors from the IPT.</p>
7.2.2	<p>The following aspects should be considered when appointing the Lead Auditor:</p> <ul style="list-style-type: none"> • Auditing competency; • Knowledge of POSMS and POEMS; • Equipment system and domain knowledge; • Personal attributes; and • Security clearance.
7.2.3	<p>Further information on establishing and evaluating auditor competency can be found in guidance sheet AAP01a/G/01 – Auditor Competency Interim Guidance.</p>
7.3	Step 3 – Define the audit objectives, scope and criteria
7.3.1	<p>Although the audit schedule defines the general scope of the audit, more detail on its scope, objectives and criteria should be defined by the Audit Client and Lead Auditor (see Section 8 of POSMS and POEMS).</p>
7.3.2	<p>Audit criteria should be used to determine the tests for conformity with the objectives of the audit and be defined through discussions between the Audit Client and the Lead Auditor. Form AAP01a/F/02 - Audit Details, Team Composition and Competence Record Form can be used to record these decisions.</p>
7.3.3	<p>As part of the audit, the Audit Client may also request that the Lead Auditor:</p> <ul style="list-style-type: none"> • Provides recommendations to address any non-conformance identified; • Reviews corrective and preventive actions proposed by Auditee; and • Completes follow-up checks to confirm non-conformances have been closed out.
7.4	Step 4 – Check the feasibility of the audit
7.4.1	<p>The Auditee should be given sufficient notice that an audit will be taking place and be made aware of the objectives, scope and criteria of the audit. This will not only remind the Auditee of the planned audit, but also allow the feasibility of undertaking the audit as timetabled to be confirmed. Form AAP01a/F/03 – Notification of Audit Letter may be used for this purpose.</p>
7.4.2	<p>Factors that will affect the feasibility of undertaking the audit at a particular time will include the availability of:</p> <ul style="list-style-type: none"> • Sufficient and appropriate information to plan the audit; and • Adequate time and resources of the Auditee and auditors.
7.4.3	<p>If it has been determined that it is not feasible to undertake the audit, an alternative solution should be agreed between the Audit Client, Lead Auditor and Auditee.</p>

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7.5 Step 5 – Select the audit team

7.5.1 Depending on the scope, size, and timescale of the audit, an Audit Team may consist of only the Lead Auditor, or it may consist of a number of auditors. When selecting members of the Audit Team, the following issues should also be considered:

- Audit objectives, scope and criteria (See **Form AAP01a/F/02**);
- Independence of the Audit Team and the entity being audited;
- Audit timescales (See **Form AAP01a/F/02**);
- Auditor availability; and
- Competence of Audit Team to achieve audit objectives.

7.5.2 It is reasonable to include Aspirant Auditors within the Audit Team as a means to improve their competence level for future audits, as long as the aspirant auditor is not permitted to audit without appropriate direction and guidance from a competent auditor(s). On particularly large or complex audits it may be advisable to have administrative support within the Audit Team. Note it is also possible to meet skills or knowledge requirements through the inclusion of an auditing expert or Subject Matter Expert to support the Audit Team.

7.5.3 Further information on establishing and evaluating auditor competency can be found in guidance sheet **AAP01a/G/01 - Auditor Competency Interim Guidance**.

7.6 Step 6 – Contacting the Auditee

7.6.1 The Lead Auditor should contact the Auditee to arrange an initial visit prior to the onsite audit phase. This should take place no less than 1 month before the site audit to allow the Auditee sufficient time to prepare for the audit.

7.6.2 The objectives of this initial visit include:

- For the Auditee to understand the purpose of the audit;
- To enable audit methodology, limitations and timetable to be discussed;
- For the Auditee to meet the Lead Auditor (or team member) and for them to explain who has been appointed on the Audit Team;
- To establish Auditee role/contribution to the audit (e.g. to provide a guide to escort the team during the audit and provide access to areas, documentation and staff)
- To identify staff to be interviewed and their availability;
- To agree office and support arrangements for the Audit Team;
- For the Lead Auditor to gain an understanding of the area(s) to be audited;
- To identify documentation which will be required to be examined before and during the audit;
- To confirm confidentiality of documentation; and
- To facilitate the production of the audit plan.

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7.6.3	Where the Lead Auditor considers that an initial site visit is not appropriate or required, then planning for the audit can be made by letter/e-mail etc. Issues to consider in deciding whether a site visit is required are as follows: <ul style="list-style-type: none"> Existing familiarity with the area being audited; Travel time/costs; and Type, scope and depth of audit.
7.6.4	The Lead Auditor may also utilise a Pre-Audit Questionnaire where they consider that this would be of benefit to the audit process. The time the Auditee will need to complete the questionnaire should be minimal and the questionnaire should only be used to gather information to assist in the audit planning and document review stage, not as a replacement of work which should be completed during the on-site audit.
7.6.5	Where the Auditee objects to any members of the Audit Team completing the audit, then they should have a strong justified reason for doing so before another team member is appointed. Where the Audit Client and Auditee are unable to agree on a particular Audit Team member (including the Lead Auditor) then this should be referred to ASEG.
8	RECORDS AND PROJECT DOCUMENTATION
8.1.1	Where relevant, the outputs from this procedure should feed into the following: <ul style="list-style-type: none"> Assurance and Audit Procedure AAP01b – Audit Planning
8.1.2	A copy of the information produced by following this procedure should be stored in the Project Safety and Environmental Cases as appropriate.
9	RECOMMENDED TOOLS AND FORMS
a.	Form AAP01a/F/01 - Audit Schedule
b.	Form AAP01a/F/02 - Audit Details, Team Composition and Competence Record Form
c.	AAP01a/G/01 – Auditor Competency Interim Guidance
d.	Form AAP01a/F/03 – Notification of Audit Form
10	GUIDANCE
10.1	General
10.1.1	JSP 375, 430, 454, 518, 520, 538, 553 and the SHEF audit manual all include information on auditing. The ISO14000 series is useful, particularly ISO14001 and ISO14004, and also OHSAS 18001, ISO 19011 and ISO9001.
10.1.2	Although auditing Customer 2 is out of the scope of the audit procedure, information provided by Customer 2 in showing compliance with SMS and EMS requirements, and required equipment system safety and environmental performance (e.g. objectives and targets and operational controls) should be included in the audit.

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- 10.1.3 If an IPT already has a project management system or procedures (eg ISO 9000) that cover system auditing, then these may be used in place of these POSMS and POEMS procedures so long as ASEG is satisfied that they meet the same objectives.
- 10.1.4 Further guidance on the application of this procedure can be obtained from ASEG. The Institute of Environmental Management and Assessment (IEMA) and Institute of Safety and Health (IOSH) are professional bodies in environmental and safety auditing respectively and may hold useful information on auditing (Further information can be found at <http://www.iema.net> & <http://www.iosh.co.uk>).
- 10.2 Aligning Safety and Environment**
- 10.2.1 The key alignment opportunity in this procedure is to ensure that both safety and environmental issues are audited together, where this is practical and beneficial.
- 10.3 Guidance for ASEG**
- 10.3.1 In addition to completing sample audits of IPT's safety and environmental managements systems, ASEG should ensure that it also audits its compliance against the procedures which solely apply to ASEG, eg SSP01b, SSP02b, SSP03b.
- 10.4 Warnings and Potential Project Risks**
- 10.4.1 If audits are not completed correctly or not completed at all, there is an increased risk that IPTs fail to operate effective SMS and EMS, which in turn increases the risk of poor or ineffective management of safety and/or environmental risks within the project(s). It may also lead to delays and cost impacts if shortcomings in the SMS and/or EMS are identified late, because rework may be required or approvals may be delayed.

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Form AAP01a/F/01 – Audit Schedule						
Project(s) Title						
IPT:						
Completed by:					Date:	
Reviewed by:					Date:	
Audit title or ref	Audit scope	Audit date	Audit Frequency	Date completed	Auditee's details	Additional information

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Form AAP01a/F/02 – Audit Details, Team Composition and Competence Record			
Project(s) Title			
IPT:			
Completed by:		Date:	
Reviewed by:		Date:	
Audit title or ref:			
Lead Auditor (name and organisation):			
Audit team (names & organisations):			
Competency details of each member of team (See Form AAP01a/G/01)			
Audit scope:			
Audit objectives:			
Audit criteria:			
Auditee:			
Planned date for audit:			
Security classification:	Unrestricted / Restricted / Secret / Top-Secret		
Additional information:			

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AAP01a/G/01 – Audit Competency Interim Guidance	
<p>There are 3 main parties involved in auditing the safety and environmental management systems in POEMS and POSMS, these being:</p> <ul style="list-style-type: none"> • Lead Auditor – The person responsible for leading and managing an audit and audit team. • Auditor – A person who forms part of an audit team • Aspirant Auditor – A person who forms part of the audit team who is undergoing training, or other development process, in order to attain auditor status. 	
General attributes of all auditors:	
Personal:	<p>Auditors at all levels should be -</p> <ul style="list-style-type: none"> • Ethical. • Open-minded. • Diplomatic. • Observant. • Perceptive. • Versatile. • Decisive. • Self-reliant.
Knowledge and skills:	<p>All staff involved in auditing POSMS and POEMS procedures should be able to:</p> <ul style="list-style-type: none"> • Apply audit principles, procedures and techniques. • Conduct an audit (or designated task) within agreed time schedule. • Collect information through effective interviewing, listening, observing and reviewing relevant information. • Verify the accuracy of collected information. • Use correct documentation to record audit activities. • Prepare audit reports. • Maintain confidentiality. • Understand system standards. • Have an awareness of relevant laws, regulations and requirements. • Understand relevant environmental and safety terminology. • Understand environmental/safety management principles. • Understand relevant environmental and safety management tools.

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Aspirant auditor		
Competency and experience:	and	<p>Initially the most important areas of experience and competence are the attributes outlined in the General Attributes section above. However, in addition aspirant auditors should:</p> <ul style="list-style-type: none"> • Have some knowledge of, and the ability to apply (under supervision) audit processes. • Be proficient at effectively utilising their time during audits. • Provide assistance to the Lead Auditor and audit team members where required. • Help with the preparation and production of the audit report. • Understand MoD Safety and Environmental management requirements. • Have knowledge of ASEMS, POEMS and POSMS.
Auditor		
Competency and experience:	and	<p>An Auditor is expected to:</p> <ul style="list-style-type: none"> • Have successfully completed an accredited auditing course (eg ISO 14001, 9001, OHSAS 18001) or have equivalent practical training and experience. • Have gained experience in the entire audit process by participating in a minimum of two audits, including undertaking document review and audit reporting. • Be proficient at effectively utilising their time during audits. • Provide assistance to aspirant auditors. • Help with the preparation and production of the audit report. • Understand MoD safety and environmental management requirements. • Have knowledge of ASEMS, POEMS and POSMS.
Lead Auditor:		
Competency and experience:	and	<p>A Lead Auditor is expected to:</p> <ul style="list-style-type: none"> • Have successfully completed an accredited auditing course (eg ISO 14001, 9001, OHSAS 18001) or have equivalent practical training and experience. • Have acted as an auditor in at least two complete audits. • Advise on and interpret requirements of audit processes with sufficient breadth of experience, knowledge and depth of understanding, to be able to apply audit management requirements. • Generate an effective auditing strategy and plan, based on the identified audit requirements. • Be proficient at planning and effectively utilising resources during audits. • Organise and direct audit team members. • Provide guidance and assistance to aspirant auditors.

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	<ul style="list-style-type: none"> • Lead the audit team to reach the audit conclusions. • Prepare, complete and review the audit report. • Understand MoD safety and environmental management requirements. • Have knowledge of ASEMS, POEMS and POSMS and domain functional policy requirements. Do not forget that any audit must be able to inform the functional Boards that policy is being implemented effectively. <p>Note that whilst Lead Auditors are required to have competencies in auditing and ASEMS, it is not necessary for them to be competent with the domain of the equipment and services being audited. The Lead Auditor can call on auditors with domain competence, or SMEs to support, or be part of, the audit team.</p>
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AAP01a/F/03 – Notification of Audit Letter
<p>Example letter to notify Auditee of an impending audit</p> <p>To: <i>(Auditee)</i></p> <p>RE: PROJECT ORIENTED ENVIRONMENTAL AND SAFETY MANAGEMENT SYSTEM (POEMS/POSMS) AUDIT</p> <p>As part of the continual improvement in the operation of <i>(insert IPT/project(s))</i> safety and environmental management systems, I have been requested by <i>(insert Audit Client name)</i> to act as Lead Auditor for a system audit covering <i>(insert detail of scope of audit)</i> to be undertaken on <i>(Date)</i>.</p> <p>The objectives of the audit will be <i>(Insert objectives of audit)</i>.</p> <p>Please can you and/or your Safety Manager/Project Manager attend a pre-audit meeting with me and my colleague(s) <i>(insert name of Audit Team Member(s))</i> so we can discuss the audit process and scope and prepare for undertaking the audit.</p> <p>Please do not hesitate to contact me <i>(insert contact details)</i> if you have any queries. Otherwise I will contact you in one week to confirm a mutually acceptable date and time for the pre-audit meeting.</p> <p>From: <i>(Insert name Lead Auditor)</i></p>

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0 SHOWING CONFORMANCE

0.1 Options

- 0.1.1 There are three options to demonstrate conformance when applying this system procedure:
- Follow the defined system procedure using the recommended guidance and tools, including allowed variations and options.
 - Use an equivalent process and tool set generated elsewhere and document evidence of procedural equivalence.
 - Use an equivalent bespoke process and tool set for the project and document evidence of procedural equivalence.

1 INTRODUCTION

- 1.1.1 This procedure is the second in a set of four System Audit procedures and deals with the details of planning the on-site audit.

- 1.1.2 Although this and the companion procedures have been produced primarily for use by and on behalf of IPTs, they may also be used by ASEG to carry out audits on the SMS and EMS. In addition, these procedures may also be used for auditing all, or parts of, an IPT's SMS and EMS by other parties such as:

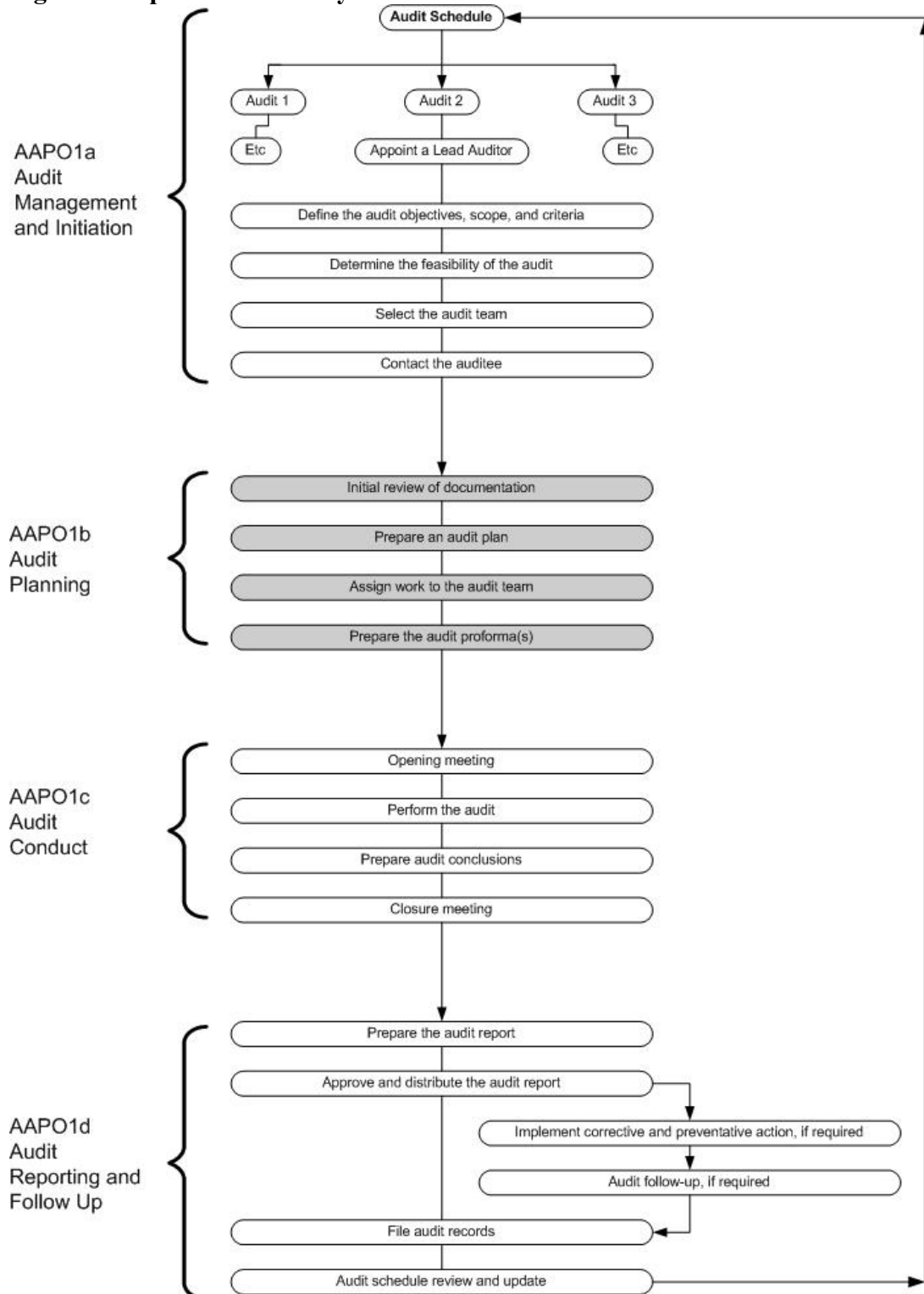
- Functional Safety Board Secretariats;
- DS&C;
- Third Parties invited by CDM;
- Independent Safety Auditors;
- MOD and TLB Internal Audit Functions;
- Equipment system contractor;
- Personnel seconded from another IPT;
- Customer 2;
- SME;
- Environmental and Safety Consultants.

- 1.1.3 Any third party using these procedures should note that they have primarily been written for use by IPTs and therefore may use terminology specific to IPTs. However, this should not preclude a third party from using the procedures.

Throughout the procedures the term 'Audit Client' has been used to describe the group, organisation or individual commissioning an audit, as this may be distinct from the party carrying out the audit.

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Figure 1 Steps Within The System Audit Procedures



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2	PROCEDURE OBJECTIVES
2.1.1	<p>The objectives of this procedure are to:</p> <ul style="list-style-type: none"> • Produce a plan, for auditing any or all elements of the IPT's SMS and EMS; • Assign work to the audit team; and • Prepare an Audit Pro-forma.
3	RESPONSIBILITIES
3.1	Accountability
3.1.1	The Audit Client is accountable for the completion of this procedure.
3.2	Procedure Management and Procedure Completion
3.2.1	The Lead Auditor is responsible for ensuring that this procedure is managed and completed. The Lead Auditor may delegate tasks to members of the Audit Team in regards to the management and completion of this procedure.
4	WHEN
4.1.1	Immediately after the completion of Procedure AAP01a.
5	REQUIRED INPUTS
	<ul style="list-style-type: none"> • Audit Question Toolset (available from ASEG); • Form AAP01a/F/01 - Audit Schedule; • Form AAP01a/F/02 - Audit Details, Team Composition and Competence Record Form; • Other documents relevant to the scope and objective of the audit (e.g. POSMS / POEMS); • IPT SMS and EMS documents and records; and • Form AAP01d/F/01 - Previous audit reports
6	REQUIRED OUTPUTS
	<p>Form AAP01b/F/01 - Audit Plan</p> <p>Form AAP01b/F/02 - Audit Pro-forma (partly complete)</p> <p>OR</p> <p>Equivalent actions and documentation that ASEG is satisfied achieve the same objectives.</p>

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7	DESCRIPTION
7.1	Step 1 – Initial document review
7.1.1	By following AAP01a the Lead Auditor should have identified and obtained any documents that have to be reviewed as part of the preparation for the audit. This documentation should include all the management system documents, records and any previous audit reports relevant to the scope of the audit. Previous audit reports should be examined to establish follow-up work which may be required and to ensure that the audit does not duplicate work completed in a recent audit.
7.1.2	If this document review reveals major non-conformances with the management system then the Lead Auditor may decide that it would be better to postpone the audit until the documentation discrepancies have been resolved. This should be discussed with the Audit Client before a decision is made and communicated to the Auditee.
7.2	Step 2 – Prepare the Audit Plan
7.2.1	The Lead Auditor must prepare an Audit Plan to ensure that the audit meets all the identified criteria and is carried out in a professional manner with efficient use of time and resources.
7.2.2	The Audit Plan should be written so it is flexible enough to permit any minor changes which may be needed during the course of the audit, for example additional staff may have to be interviewed.
7.2.3	The Audit Plan(s) should cover the following elements: <ul style="list-style-type: none"> • Location of audit; • Audit scope and objectives (from Form AAP01a/F/01) and criteria (from AAP01a/F/02); • Reference documents; • Auditors' details; • Auditee's names and contact details; and • Audit date and timetable/on-site work agenda;
7.2.4	The Audit Plan may also include: <ul style="list-style-type: none"> • Areas and documents to inspect; • Any language requirements e.g. for production of audit report; • Logistic arrangements (travel, on-site facilities, etc); • On site administrative arrangement (site access, security clearance); • Health and safety issues associated with carrying out the audit; and • Any security requirements including document confidentiality. <p>Form AAP01b/F/01 can be used to document the Audit Plan.</p>
7.2.5	Once the Audit Plan(s) has been drawn up, it should be approved by the Audit Client and Auditee before use. Any objections by the Auditee should be resolved between

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	the Lead Auditor, the Auditee and the Audit Client. Any revised Audit Plan should then be agreed among the parties concerned before continuing.
7.3	Step 3 - Assign work to the audit team
7.3.1	The Lead Auditor, in consultation with the Audit Team, should assign each team member with specific tasks. The competency and independence of the Auditor Team members should be taken into consideration (see Form AAP01/F/02).
7.3.2	During the completion of this Step, the Lead Auditor may identify the need to make changes to the members of the Audit Team (e.g. all competences required are not covered in the Audit Team). If changes are required to be made to the Audit Team composition, then the Lead Auditor should amend Form AAP01a/F/02 and inform the Auditee and Audit Client of this change.
7.4	Step 4 - Prepare Audit Pro-forma(s)
7.4.1	<p>A key part of the planning stage will be to produce the Audit Pro-formas that will be used by the Audit Team members in the completion of the assigned audit tasks. These pro-formas will be generated by the Audit Team with reference to the Audit Plan and should include the audit questions. These should be identified by:</p> <ul style="list-style-type: none"> Identifying which Question Toolset(s)(Available electronically at http://www.ASEG.dii.r.mil.uk) is relevant to the audit; Where necessary, tailoring the model questions from the relevant question sets to suit the audit criteria; and Adding further questions, based on audit-specific issues and knowledge of the project being audited.
7.4.2	<p>The use of an Audit Pro-forma has many benefits including:</p> <ul style="list-style-type: none"> It provides a structured set of questions, ensuring that no subject areas are inadvertently overlooked; It facilitates the smooth running of the audit, thereby causing minimal disruption to project work; and It provides a traceable and documented process of the generation of audit findings.
7.4.3	All Audit Pro-forma(s) should be reviewed by the Lead Auditor prior to use.
7.4.4	<p>The Pro-forma(s) should be used in the audit to record:</p> <ul style="list-style-type: none"> Audit Findings: <ul style="list-style-type: none"> Questioning: How is the requirement satisfied? Evidence: What evidence is provided in support? Auditor's Opinion: Draw conclusions from responses. Assessed level of compliance; and Notes (e.g. any recommendations that have been made as part of the audit).

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7.4.5	<p>The ‘Assessed level of compliance’ field will record the Audit Team’s judgement on whether the Auditee has satisfied the specific area under review. The response to be recorded will be one of the following:</p> <ul style="list-style-type: none"> • Assessed compliant: No weaknesses observed: the required system procedure or process has been adhered to; • Non-conformance: Example identified by the Audit Team where a required system procedure or process has not been adhered to (refer to AAP04 – Non-Conformance and Corrective Action); or • Observation: Written report by the Audit Team which does not relate to a conformance issue but may otherwise be of benefit to the Auditee or the Audit Client, eg possible improvements (refer to AAP04 – Non-Conformance and Corrective Action).
7.4.6	<p>Form AAP01b/F/02 provides a blank Audit Pro-forma which should be used to record the questions to be asked by the auditors. Separate pro-formas may be completed per auditor/audit/system element.</p>
8	RECORDS AND PROJECT DOCUMENTATION
8.1.1	<p>Where relevant, the outputs from this procedure should feed into the following:</p> <ul style="list-style-type: none"> • Assurance and Audit Procedure - AAP01c
8.1.2	<p>A copy of the information produced by following this procedure should be stored in the Project Safety and Environmental Cases as appropriate.</p>
9	RECOMMENDED TOOLS AND FORMS
	<p>Form AAP01b/F/01 - Audit Plan</p> <p>Form AAP01b/F/02 - Audit Pro-forma</p> <p>Audit Question Toolsets (available from ASEG)</p>
10	GUIDANCE
10.1	General
10.1.1	<p>JSP 375, 430, 454, 518, 520, 538, 553 and the SHEF audit manual all include information on auditing. The ISO14000 series is useful, particularly ISO14001 and ISO14004, and also OHSAS 18001, ISO 19011 and ISO9001.</p>
10.1.2	<p>Although audits of Customer 2 are outside the scope of the system audits, information provided by Customer 2 which relates to SMS and EMS requirements or the safety and environmental performance of the equipment (e.g. objectives and targets and operational controls) should be included in the audit.</p>
10.1.3	<p>If an IPT already has a project management system or procedures (e.g. ISO 9000) that</p>

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	cover system auditing, then these may be used in place of these POSMS and POEMS procedures so long as ASEG is satisfied that they meet the same objectives.
10.1.4	Further guidance on the application of this procedure can be obtained from ASEG. The Institute of Environmental Management and Assessment (IEMA) and Institution of Occupational Safety and Health (IOSH) are professional bodies in environmental and safety auditing respectively and may produce useful information on auditing. (Further information can be found at http://www.iema.net & http://www.iosh.co.uk).
10.2	Aligning Safety and Environment
10.2.1	The key alignment opportunity in this procedure is to plan safety and environmental audits together, where this is practical and beneficial.
10.3	Guidance for ASEG
10.3.1	In addition to completing sample audits of IPTs' SMS and EMSs, ASEG should ensure that audits are performed that check ASEG's compliance with those procedures that apply directly to it eg SSP01b, SSP02b, SSP03b.
10.4	Warnings and Potential Project Risks
10.4.1	If audits are not completed or are incomplete, there is an increased risk that an IPT's SMS or EMS does not achieve its objectives. This may lead to increased safety and environmental risks associated with the project. It may also lead to delays and cost impacts if shortcomings in the SMS and/or EMS are identified late, because rework may be required or approvals may be delayed.

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Form AAP01b/F/01 – Audit Plan			
Project classification:	Security		
Project(s) Title			
IPT:			
Completed by:		Date:	
Reviewed by:		Date:	
Audit title/ref:			
Audit team details:			
Auditee's names and contact details			
Location of audit:			
Audit scope, objectives and criteria			
Reference documents:			
Audit date(s)			
Audit timetable/on-site work agenda			
Where appropriate please document the following -			
Areas and documents to inspect			
Language of audit process (if different to language of the auditor)			
Logistical arrangements (travel, on-site facilities, etc.)			
On-site administrative arrangements (site access, security clearance)			
Safety Issues			
Additional information:			

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Form AAP01b/F/02 – Audit Pro-forma								
Project(s) Title								
IPT:								
Completed by:					Date:			
Reviewed by:					Date:			
Audit title/ref.					Pro-forma ref.			
Auditor(s)					Pro-forma objective			
Interviewee(s)					Pro-forma scope			
Question Reference	Source Document	Audit Question	Guidance for Auditor	Questioning	Evidence	Auditor's Opinion	Assessed Level of Compliance	Actions

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0 SHOWING CONFORMANCE

0.1 Options

- 0.1.1 There are three options to demonstrate conformance when applying this system procedure:
- Follow the defined system procedure using the recommended guidance and tools, including allowed variations and options.
 - Use an equivalent process and tool set generated elsewhere and document evidence of procedural equivalence.
 - Use an equivalent bespoke process and tool set for the project and document evidence of procedural equivalence.

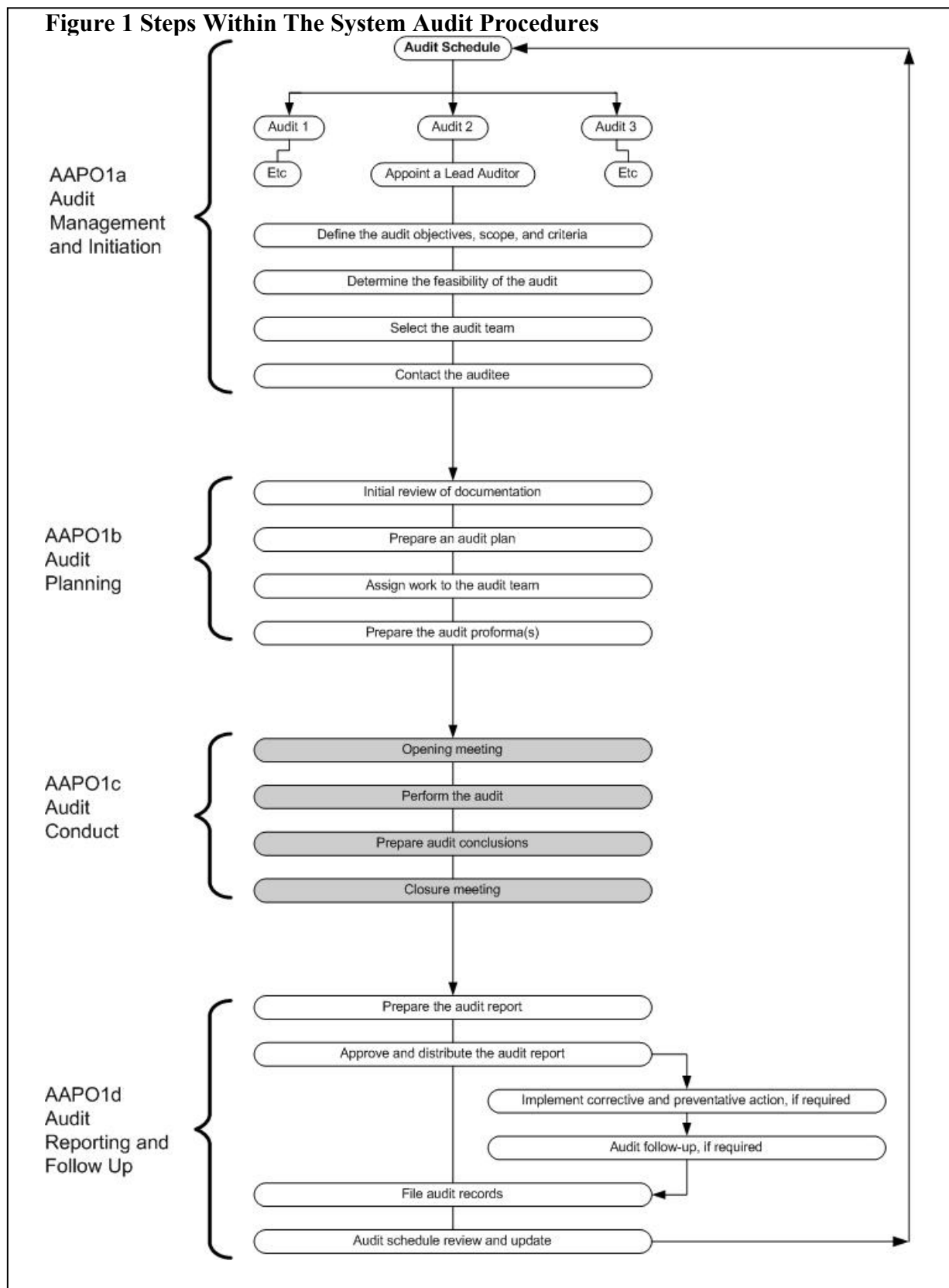
1 INTRODUCTION

- 1.1.1 This is the third of four System Audit procedures and describes how system audits should be performed. Once the audit plan has been agreed and the audit pro-formas compiled, the audit can take place. Details of how the audit will be undertaken will have been defined in the Audit Plan and should include opening and closing meetings in addition to the collection, verification and documentation of audit findings and conclusions.
- 1.1.2 Although this and the companion procedures have been produced primarily for use by and on behalf of IPTs, they may also be used by ASEG to carry out audits on the SMS and EMS. In addition, these procedures may also be used for auditing all or parts of an IPT's SMS and EMS by other parties such as:
- Functional Safety Board Secretariats;
 - DS&C;
 - Third Parties invited by CDM;
 - Independent Safety Auditors;
 - MOD and TLB Internal Audit Functions;
 - Equipment system contractor;
 - Personnel seconded from another IPT;
 - Customer 2;
 - SME;
 - Environmental and Safety Consultants.
- 1.1.3 Any third party using these procedures should note that they have primarily been written for use by IPTs and therefore may use terminology specific to IPTs. However, this should not preclude a third party from using the procedures.
- Throughout the procedures the term 'Audit Client' has been used to describe the group, organisation or individual commissioning an audit, as this may be distinct from the party carrying out the audit.

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Figure 1 Steps Within The System Audit Procedures



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2	PROCEDURE OBJECTIVES
2.1.1	<p>The objectives of this procedure are to:</p> <ul style="list-style-type: none"> • Ensure that audits are performed efficiently and effectively in accordance with the Audit Plan; • Identify non-conformances and observations when performing audits.
3	RESPONSIBILITIES
3.1	Accountability
3.1.1	The Audit Client is accountable for the completion of this procedure.
3.2	Procedure Management and Procedure Completion
3.2.1	The Lead Auditor is responsible for ensuring that this procedure is managed and completed. The Lead Auditor may delegate tasks to members of the Audit Team in regards to the management and completion of this procedure.
4	WHEN
4.1.1	As per the Audit Plan.
5	REQUIRED INPUTS
	<ul style="list-style-type: none"> • Form AAP01b/F/01 - Audit Plan; • Form AAP01b/F/02 - Audit Pro-forma (partially completed in AAP01b); • Relevant IPT documentation; • Form AAP04/F/01 – Non-conformance and Corrective Action Form (if needed); and • Form AAP01c/F/01 – Record of Audit Meeting.
6	REQUIRED OUTPUTS
	<p>Form AAP04/F/01 – Non-conformance and Corrective Action Form;</p> <p>Form AAP01b/F/02 - Audit Pro-forma(s) – Fully completed;</p> <p>Form AAP01c/F/01 – Record of Audit Meeting (completed for Opening Meeting);</p> <p>Form AAP01c/F/01 – Record of Audit Meeting (completed for Audit Team Meeting(s)); and</p> <p>Form AAP01c/F/01 – Record of Audit Meeting (completed for Closing Meeting).</p> <p>OR</p> <p>Equivalent actions and documentation that ASEG is satisfied achieve the same objectives.</p>

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7	DESCRIPTION
7.1	Step 1 - Opening meeting
7.1.1	<p>On the day of the audit it is good practice to hold an opening meeting on-site before the audit commences. This should be attended by the Auditee and Audit Team and can include the following issues:</p> <ul style="list-style-type: none"> • Introduce Audit Team members to the Auditee(s); • Confirm that the resources and facilities needed by the Audit Team are available; • Briefly discuss the audit scope, objectives and methodology; • Briefly discuss the Audit Plan, (e.g. personnel and areas to be interviewed); • Confirm communication arrangements between the Audit Team and the Auditee; • Confirm the roles and responsibilities of any guides and observers that may be used; • Confirm any security or confidentiality arrangements; • Confirm the circumstances under which the audit may be terminated; • Safety and housekeeping arrangements; and • Confirm the time and date for the closing meeting and any interim meetings of the Audit Team and the Auditees.
7.1.2	The above could be used as a basis for the agenda for the opening meeting. Minutes from the opening meeting should be recorded on Form AAP01c/F/01 – Record of Audit Meeting .
7.1.3	It is important in the meeting to allay any concerns the Auditee may have, for example by explaining that the audit is to assist them rather than to judge. The Auditee should be allowed the opportunity to clarify any concerns they may have regarding the audit. Minutes of this meeting, including a record of attendees should be taken and kept. The meeting will be chaired by the Lead Auditor.
7.2	Step 2 – Perform the audit
7.2.1	The aim of the on-site audit is to obtain objective evidence on actual practices (current and past) and to identify the degree of compliance and any areas for potential improvement. The Audit Pro-formas should be used to record the audit findings.
7.2.2	Non-conformances and any subsequent recommendations should be recorded by the Audit Team following procedure AAP04 – Non-conformance and Corrective Action.
7.2.3	Interviews, observations, document review and reviews of previous audits are all acceptable methods for collecting evidence to support the audit findings. Auditors should aim to follow an audit trail and may ask additional questions to those in the Audit Pro-formas, where they consider that this will assist the audit process.
7.2.4	Auditors should attempt to compile and document evidence that can be evaluated

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	<p>against the audit criteria to form the audit findings. Where possible this should be verifiable, although anecdotal evidence can be used as a basis for audit findings. In many cases, audit findings may be based on opinions formed by examining samples of data or information, rather than whole datasets, and this element of uncertainty should be acknowledged when presenting the audit findings.</p>
7.2.5	Any potential non-conformance should be discussed immediately with the interviewee so they understand the basis of the non-conformance and agree that the audit finding is accurate.
7.2.6	Evidence collected during the audit which suggests that there is a safety or environmental risk which requires immediate attention (even if this is not within the scope of the audit) should be reported without delay to the Lead Auditor, who should report it immediately to the Auditee. Any concerns relating to non-urgent issues identified that are outside the scope of the audit should be noted and reported to the Lead Auditor who should then report it to the Audit Client and Auditee.
7.2.7	If during the course of the audit it becomes apparent that the objectives of the audit are not going to be achieved, this should be reported and appropriate action determined between the Lead Auditor, the Audit Client and the Auditee. Such actions may include the modification to the Audit Plan, changes to the audit objectives or scope or, if necessary, the termination of the audit.
7.2.8	<p>Guides from the Auditee organisation used to accompany the Audit Team must not be permitted to have any influence over, or cause interference with, the conduct of the audit. Their purpose is only to assist the Audit Team and act on the request of the Lead Auditor. They may be required to undertake any or all of the following:</p> <ul style="list-style-type: none"> • Establish contacts and times for interviews; • Arrange visits; • Ensure that safety and security arrangements are communicated and followed; • Act as witness for the Auditee; and • Provide clarification or assist in the collection of information.
7.2.9	The Lead Auditor should supervise the Audit Team throughout the audit and review any audit findings at the close of each day. Form AAP01c/F/01 – Record of Audit Meeting may be used to record these meetings. He/she should also ensure that the Audit Team can contact him/her to discuss any issues that may arise through the course of the audit.
7.3	Step 3 - Prepare audit conclusions
7.3.1	<p>After completing the audit the Audit Team should meet to:</p> <ul style="list-style-type: none"> • Review the audit findings, and any other appropriate information collected during the audit, against the audit objectives; • Agree on the audit conclusions, taking into account the uncertainty inherent in the audit process;

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	<ul style="list-style-type: none"> • Prepare recommendations, if this is one of the audit's objectives; and • Discuss audit follow-up, if the Audit Client has specified that this will be part of the auditor role.
7.3.2	Form AAP01c/F/01 – Record of Audit Meeting can be used to record this meeting.
7.4	Step 4 – Closure meeting
7.4.1	<p>The closing meeting should be chaired by the Lead Auditor and be attended by the Auditee, and possibly the Audit Client. Minutes of the meeting, including a list of attendees, should be made by a member of the Audit Team and included in the Audit Report. The closing meeting may include:</p> <ul style="list-style-type: none"> • An informal debrief for the Auditee; • A summary of the audit activities and findings; • Overview of system strengths and weaknesses; • Discussion of preliminary findings, including non-conformances (highlighting any findings requiring immediate attention); • Discussion of any findings that can be closed out immediately by the Auditee. • Audit limitations (e.g. situations encountered during the audit that may decrease the reliance that can be placed on the audit conclusions); • Address Auditee questions or concerns; • Where included within the objectives of the audit, recommended corrective/preventive actions. (The Auditee should be made aware that these are recommendations, and they will have the opportunity to later propose actions they consider more appropriate); • Discuss timeframe for issuing draft Audit Report; • Discuss scope and contents and recipients of the Audit Report; and • Where required, agree timeframe for the Auditee to present a corrective/preventive action plan.
7.4.2	The above could be used as a basis for the agenda for the closing meeting. Minutes from the closing meeting should be recorded on Form AAP01c/F/01 – Record of Audit Meeting.
7.4.3	Diverging opinions regarding the audit findings and/or conclusions between the Audit Team and the Auditee should be discussed and resolved where possible. Any unresolved issues will be noted and reported to the Audit Client.

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8 RECORDS AND PROJECT DOCUMENTATION

8.1.1 Where relevant, the outputs from this procedure should feed into the following:

- Assurance and Audit Procedure AAP01d

A copy of the information produced by following this procedure should be stored in the Project Safety and Environmental Cases as appropriate.

9 RECOMMENDED TOOLS AND FORMS

a. **Form AAP01c/F/01 – Record of Audit Meeting.**

10 GUIDANCE

10.1 General

10.1.1 JSP 375, 430, 454, 518, 520, 538, 553 and the SHEF audit manual all include information on auditing. The ISO14000 series is useful, particularly ISO14001 and ISO14004, and also OHSAS 18001, ISO 19011 and ISO9001.

10.1.2 Although audits of Customer 2 are out with the scope of the system audits, information provided by Customer 2 which relates to SMS and EMS requirements or the safety and environmental performance of the equipment (e.g. objectives and targets and operational controls) should be included in the audit.

10.1.3 If an IPT already has a project management system or procedures (eg ISO 9000) that cover system auditing, then these may be used in place of these POSMS and POEMS procedures so long as ASEG is satisfied that they meet the same objectives.

10.1.4 Further guidance on the application of this procedure can be obtained from ASEG. The Institute of Environmental Management and Assessment (IEMA) and Institution of Occupational Safety and Health (IOSH) are professional bodies in environmental and safety auditing respectively and may produce useful information on auditing. (Further information can be found at <http://www.iema.net> & <http://www.iosh.co.uk>).

10.2 Aligning Safety and Environment

10.2.1 The key alignment opportunity in this procedure is to plan safety and environmental audits together, where this is practical and beneficial.

10.3 Guidance for ASEG

10.3.1 In addition to completing sample audits of IPTs' SMS and EMSs, ASEG should ensure that audits are performed that check ASEG's compliance with those procedures that apply directly to it eg SSP01b, SSP02b, SSP03b.

10.4 Warnings and Potential Project Risks

10.4.1 If audits are not completed or are incomplete there is an increased risk that an IPT's SMS or EMS does not achieve its objectives. This may lead to increased safety and environmental risks associated with the project. It may also lead to delays and cost impacts if shortcomings in the SMS and/or EMS are identified late, because rework may be required or approvals may be delayed.

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Form AAP01c/F/01 – Record of Audit Meeting			
Project(s) Title			
IPT:			
Audit title or ref:			
Completed by:		Date:	
Reviewed by:		Date:	
Date of meeting:			
Location of meeting:			
Attendees:			
Minutes:			

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AAP01d – Audit Reporting and Follow up		Page 1

0 SHOWING CONFORMANCE

0.1 Options

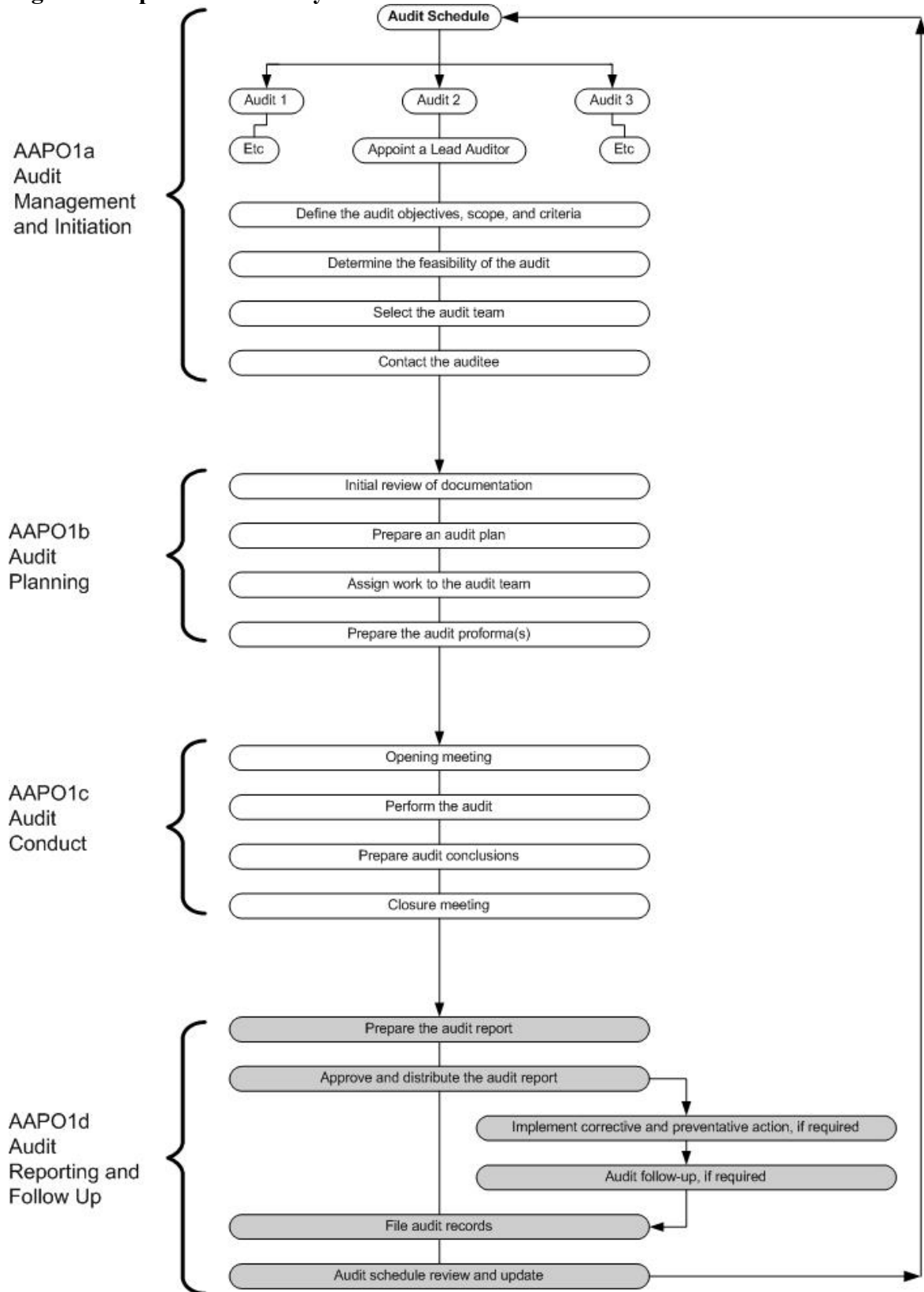
- 0.1.1 There are three options to demonstrate conformance when applying this system procedure:
- Follow the defined system procedure using the recommended guidance and tools, including allowed variations and options.
 - Use an equivalent process and tool set generated elsewhere and document evidence of procedural equivalence.
 - Use an equivalent bespoke process and tool set for the project and document evidence of procedural equivalence.

1 INTRODUCTION

- 1.1.1 This fourth and final System Audit procedure deals with the activities to be conducted after the on-site audit has been completed.
- 1.1.2 Although this and the companion procedures have been produced primarily for use by and on behalf of IPTs, they may also be used by ASEG to carry out audits on the SMS and EMS. In addition, these procedures may also be used for auditing all or parts of an IPT's SMS and EMS by other parties such as:
- Functional Safety Board Secretariats;
 - DS&C;
 - Third Parties invited by CDM;
 - Independent Safety Auditors;
 - MOD and TLB Internal Audit Functions;
 - Equipment system contractor;
 - Personnel seconded from another IPT;
 - Customer 2;
 - SME;
 - Environmental and Safety Consultants.
- 1.1.3 Any third party using these procedures should note that they have primarily been written for use by IPTs and therefore may use terminology specific to IPTs. However, this should not preclude a third party from using the procedures.
- 1.1.4 Throughout the procedures the term 'Audit Client' has been used to describe the group, organisation or individual commissioning an audit, as this may be distinct from the party carrying out the audit.

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Figure 1 Steps Within The System Audit Procedures



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2 PROCEDURE OBJECTIVES

2.1.1 The objectives of this procedure are to:

- Produce and circulate an Audit Report, once authorised;
- Ensure that audit records are stored and communicated appropriately;
- Ensure that audit follow-up is planned and that the audit schedule is updated;
- Ensure that any audit reports are provided to ASEG.

3 RESPONSIBILITIES

3.1 Accountability

3.1.1 The Audit Client is accountable for the completion of this procedure.

3.2 Procedure Management and Procedure Completion

3.2.1 The Lead Auditor is responsible for ensuring that this procedure is managed and completed. The Lead Auditor may delegate tasks to members of the Audit Team in regards to the management and completion of this procedure.

4 WHEN

4.1.1 This procedure should be conducted once the on-site audit has been completed, as defined in Procedure AAP01c.

5 REQUIRED INPUTS

- **Form AAP01b/F/01** Audit Plan;
- **Form AAP01b/F/02** Audit Pro-forma(s);
- **Form AAP04/F/01** Non-conformance and Corrective Action Form(s), if relevant (partly complete).
- IPT documentation relevant to the audit;
- **Form AAP01c/F/01** - Audit meeting records

6 REQUIRED OUTPUTS

Audit Report (based on **Form AAP01d/F/01** - Audit Report Template)

Form AAP04/F/01 - Non-conformance and Corrective Action Form(s), if relevant – (fully completed)

OR

Equivalent actions and documentation that ASEG is satisfied achieve the same objectives.

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7	DESCRIPTION
7.1	Step 1 - Prepare the Audit Report
7.1.1	On completion of the audit an Audit Report should be drafted as agreed between the Lead Auditor and Audit Client. The Lead Auditor will be responsible for the preparation and content of this report. Where the audit covered safety and environmental issues, the Audit Client can request that these are reported separately.
7.1.2	<p>An Audit Report will contain the following:</p> <ul style="list-style-type: none"> • Introduction and background to the audit; • Audit dates and locations; (Available from AAP01b/F/01 – Audit Plan) • Audit scope, criteria and objectives; (Available from AAP01b/F/01 – Audit Plan) • Description of audit approach and methodology; • Audit Client; • Audit Team; (Available from AAP01b/F/01 – Audit Plan) • Areas of strength and areas for improvement; • Audit findings; • Conclusions; and • The confidential nature of the contents.
7.1.3	<p>The Audit Report may also include the following, as appropriate and agreed with the Audit Client:</p> <ul style="list-style-type: none"> • Audit limitations (e.g. situations encountered during the audit that may decrease the reliance that can be placed on the audit conclusions; areas not covered, although within the audit scope) • Any unresolved diverging opinions between the Audit Team and the Auditee; • Recommendations for improvement, where the Audit Client has specified in the audit objectives that this is required as part of the audit; • Agreed follow-up action plans, (e.g. follow-up meeting), where specified in the audit objectives; and • Annexes; <ul style="list-style-type: none"> ○ Audit Team Composition and Competence Record Form (Form AAP01a/F/02); ○ Audit Plan (Form AAP01b/F/01); ○ Audit Pro-formas (Form AAP01b/F/02); ○ Non-conformance and Corrective Action Forms (Form AAP04/F/01) ○ Opening and closing meeting minutes

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Form AAP01d/F/01 can be used to document the Audit Report.	
7.1.4	The contents of the report should be easy to understand, concise and unambiguous. It should contain only that information which is supported by relevant audit evidence, and be independent, objective, fair and constructive. The Lead Auditor should consider the report's target audience and that it may be made publicly available under the Environmental Information Regulations or the Freedom of Information Act at some point in the future. The IPT should refer to its Register of Stakeholders (EMP01/F/01 and SMP01/F/02) to identify which stakeholders should receive a copy of the Audit Report.
7.2	Step 2 - Approve and distribute the audit report
7.2.1	Upon completion of the draft Audit Report, the Lead Auditor should forward the report to the Auditee for review and approval. The purpose of this review is to check for factual errors and not to negotiate the report's content. The Lead Auditor should propose a reasonable time by which the comments should be provided. The audit report should be finalised within 2 weeks to 1 month of receiving the comments.
7.2.2	The Lead Auditor should forward a copy of the dated final audit report to the Auditee, Audit Client, ASEG and other agreed recipients.
7.3	Step 3 – Implement corrective/preventive actions
7.3.1	After the final Audit Report has been issued, the Auditee should record non-conformance, observations, and (where specified in the audit objectives) recommended corrective and preventive action using Form AAP04/F/01.
7.3.2	Procedure AAP04 should be used to manage non-conformances and observations, noting the following: <ul style="list-style-type: none"> The Audit Client and/or Lead Auditor should review the corrective and preventive actions planned by the Auditee to ensure that they appropriately address the non-conformances raised. In the event that these are not considered to be acceptable, the Audit Client will contact the Auditee to agree an acceptable course of action. Should this not be agreed, then the matter may be referred to ASEG for resolution. The Auditee should keep the Audit Client informed of the status of the progress of corrective and preventive actions.
7.4	Step 4 – Audit follow-up
7.4.1	The completion and effectiveness of corrective and preventive actions for identified non-conformances should be verified. The verification can be completed in a number of ways, for example the follow up could be: <ul style="list-style-type: none"> part of the current audit; a separate task; or integrated within the next appropriate audit.
7.4.2	The results of the verification should be filed with the Audit Report. On completion

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<p>of the follow-up tasks, the Audit Client will arrange for a copy of the non-conformance close out report to be sent to the Auditee and any other persons to whom the original audit report was sent.</p> <p>7.5 Step 5 – File audit records</p> <p>7.5.1 Documents pertaining to the audit should be retained or destroyed by agreement between the participating parties and in accordance with the management system(s) record procedure(s) and applicable statutory, regulatory and contractual requirements. The IPT should keep audit records within the Safety/Environment Case.</p> <p>7.6 Step 6 – Audit schedule review and update</p> <p>7.6.1 On completion of Step 5 above, the Audit Schedule should be reviewed and where necessary modified.</p>	
8	<p>RECORDS AND PROJECT DOCUMENTATION</p> <p>8.1.1 Where relevant, the outputs from this procedure should feed into the following: Form AAP01a/F/01 - Audit Schedule; AAP02 – Monitoring and Measurement; AAP03 – Management Review; and AAP04 – Non-conformance and Corrective Action.</p> <p>8.1.2 A copy of the information produced by following this procedure should be stored in the Project Safety and Environmental Case(s).</p>
9	<p>RECOMMENDED TOOLS AND FORMS</p> <p>Form AAP01d/F/01 - Audit Report Template</p> <p>Form AAP04/F/01 – Non-Conformance and Corrective Action Report Form – fully completed.</p>
10	<p>GUIDANCE</p> <p>10.1 General</p> <p>10.1.1 JSP 375, 430, 454, 518, 520, 538, 553 and the SHEF audit manual all include information on auditing. The ISO14000 series is useful, particularly ISO14001 and ISO14004, and also OHSAS 18001, ISO 19011 and ISO9001.</p> <p>10.1.2 Although audits of Customer 2 are outwith the scope of the system audits, information provided by Customer 2 which relates to SMS and EMS requirements or the safety and environmental performance of the equipment (e.g. objectives and targets and operational controls) should be included in the audit.</p> <p>10.1.3 If an IPT already has a project management system or procedures (eg ISO 9000) that cover system auditing, then these may be used in place of these POSMS and POEMS</p>

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	procedures so long as ASEG is satisfied that they meet the same objectives.
10.1.4	Further guidance on the application of this procedure can be obtained from ASEG. The Institute of Environmental Management and Assessment (IEMA) and Institution of Occupational Safety and Health (IOSH) are professional bodies in environmental and safety auditing respectively and may produce useful information on auditing. (Further information can be found at http://www.iema.net & http://www.iosh.co.uk).
10.2	Aligning Safety and Environment
10.2.1	The key alignment opportunity in this procedure is to plan safety and environmental audits together, where this is practical and beneficial.
10.3	Guidance for ASEG
10.3.1	In addition to completing sample audits of IPTs' SMS and EMSs, ASEG should ensure that audits are performed that check ASEG's compliance with those procedures that apply directly to it eg SSP01b, SSP02b, SSP03b.
10.4	Warnings and Potential Project Risks
10.4.1	If audits are not completed or are incomplete there is an increased risk that an IPT's SMS or EMS does not achieve its objectives. This may lead to increased safety and environmental risks associated with the project. It may also lead to delays and cost impacts if shortcomings in the SMS and/or EMS are identified late, because rework may be required or approvals may be delayed.

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Form AAP01d/F/01 - Audit Report Template			
IPT:			
Project(s) sampled during audit – title(s)/description			
Audit title and ref			
Audit dates:			
Audit client:			
Audit locations:			
Audit team:			
Completed by:		Date:	
Reviewed by:		Date:	
Audit scope, criteria and objectives:			
Description of approach and methodology:			
Audit findings:			
Areas of strength:			
Areas for improvement:			
Conclusions:			
Additional information:			

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If appropriate and agreed with the Auditee, the following may also be provided	
Audit limitations:	
Any unresolved issues between auditor/auditee	
Recommendations for improvement (if required by Audit client)	
Agreed follow up plans (if specified in the audit objectives)	
Annexes:	Please indicate whether the audit report contains the following annexes – (If not included please indicate why)
Audit team composition form:	
Audit team competency record form:	
Audit plan:	
Audit Pro-formas	
Non-conformance, Observation, Corrective and Preventive action forms	
Opening and closing meeting minutes	

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0	SHOWING CONFORMANCE
0.1	Options
0.1.1	<p>There are three options to demonstrate conformance when applying this system procedure:</p> <ol style="list-style-type: none"> Follow the defined system procedure using the recommended guidance and tools, including allowed variations and options. Use an equivalent process and tool set generated elsewhere and document evidence of procedural equivalence. Use an equivalent bespoke process and tool set for the project and document evidence of procedural equivalence.
1	INTRODUCTION
1.1.1	This procedure describes how IPTs should monitor and assess the performance of the safety and environmental management system(s), equipment and supporting activities (e.g. maintenance). The procedure thus covers both direct measures of safety and environmental performance (e.g. incident rates in service) and indirect measures (e.g. non-conformances in the Safety and Environmental Management Systems, late production of documentation).
1.1.2	Protocols for collecting safety and environmental performance data, (e.g. noise monitoring) and calibrating monitoring equipment may also be required.
2	PROCEDURE OBJECTIVES
2.1.1	<p>To ensure that there are arrangements in place to monitor, measure, assess and document progress of the following:</p> <ul style="list-style-type: none"> SMS and EMS implementation; Completion of objectives and targets and Safety and Environmental Management Plans; Completion of actions arising from non-conformance and observations; Completion of actions arising from Management Reviews; and Safety and environmental performance of equipment and supporting activities, (for example, priority environmental impacts and safety risks, compliance with legal and non-legal standards and adherence to operational controls).

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3	RESPONSIBILITIES
3.1	Accountability
3.1.1	The IPTL is accountable for the completion of this procedure.
3.2	Procedure Management
3.2.1	IPTLs may delegate the management of this procedure to the IPT Safety and Environmental Focal Point(s).
3.3	Procedure Completion
3.3.1	IPT Safety and Environmental Focal Point(s), and/or contractor could be responsible for the completion of this procedure.
4	WHEN
4.1.1	The applicability of this procedure is ongoing from the initial implementation of POSMS and POEMS to the end of the project
5	REQUIRED INPUTS
a.	Environmental Management Plan (Form EMP06/F/02, Form EMP06/F/03) and Safety Management Plan (outputs from SMP03);
b.	Operational controls (Form EMP07/F/01 and outputs from SMP07);
c.	Non-conformance and corrective action records (Form AAP04/F/01);
d.	Safety and environmental communications (SSP01);
e.	Management Review Records (Form AAP03/F/01); and
f.	Performance data on equipment and supporting activities.
6	REQUIRED OUTPUTS
a.	Completed Form AAP02/F/01 – Monitoring Schedule.
b.	Completed Form AAP02/F/02 – Monitoring Data - Assessment Record.
	OR
	Equivalent actions and documentation that ASEG is satisfied achieve the same objectives.

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7	DESCRIPTION
7.1	Step 1: Identify elements to be monitored and assessed
7.1.1	<p>An IPT will identify the elements that will be monitored and assessed. This will include as a minimum the following:</p> <ul style="list-style-type: none"> • SMS and EMS implementation; • Progress against objectives and targets and Safety and Environmental Management Plans; • Progress of corrective or preventive actions produced from Non-conformances and Observations; • Progress of actions produced in Management Reviews; and • Safety and environmental performance of equipment and supporting activities (for example, priority environmental impacts and safety risks, compliance with legal and non-legal standards and adherence to operational controls).
7.1.2	If an IPT believes there are other elements in addition to the above that should be monitored (e.g. roll out of training) then these should also be defined and documented.
7.2	Step 2: Produce a Monitoring Schedule
7.2.1	<p>The elements of the SMS and EMS that the IPT has to monitor and assess should be documented. Information to be documented is as follows:</p> <ul style="list-style-type: none"> • Element to be monitored; • Frequency of monitoring data collection; • Frequency of monitoring data assessment; • Who is responsible for collecting the monitoring data • Who is responsible for assessing the monitoring data; • Data source (where the information is to be obtained from); and • Comparison requirements (e.g. comparison against legal compliance requirements, operational control requirements, objectives and targets).
7.2.2	Form AAP02/F/01 – Monitoring Schedule can be used to document the above information.
7.2.3	Various parties may be responsible for collecting safety and environmental monitoring data, depending on what data is required to be collected. For example as well as the IPT, this may also include Customer 2 and contractors. Monitoring data collected by Regulators and local authorities may also be utilised.
7.2.4	Where the monitoring schedule includes monitoring data which will be collected by parties outside of the scope of the SMS and EMS, for example Customer 2, the IPT can only request that the third party provides the information rather than demand it. It should be noted that equipment contractors would be classed as being within the

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scope of the SMS and EMS, if they were undertaking activities on an IPT behalf.	
7.3	Step 3: Produce measurement and calibration protocols
7.3.1	In addition to the production of the monitoring schedule, it may be necessary to produce detailed monitoring procedures which set out how the monitoring data should be collected, eg noise monitoring.
7.3.2	Where monitoring equipment is used, it should be calibrated or verified at specified intervals, or prior to use, against measurement standards traceable to international or national measurements standards. If no such standards exist, the basis used for calibration should be recorded.
7.3.3	Where the activities described in this step may be performed by parties outside the scope of the SMS and EMS, for example Customer 2, the IPT can only request that they are carried out rather than demand it. Where the activities are being performed by contractors on behalf on an IPT, they will be classed as being within the scope of the SMS and EMS.
7.4	Step 4: Collect monitoring data
7.4.1	Monitoring data will be collected as defined in the Monitoring Schedule (Form AAP02/F/01).
7.5	Step 5: Assess monitoring data
7.5.1	At set intervals defined in the Monitoring Schedule (Form AAP02/F/01), the Safety and Environmental Focal Point(s) and other designated parties will assess monitoring data to establish actual performance against designed or required performance. Where non-conformances or observations are identified, these should be dealt with in accordance with AAP04 – Non-conformance and corrective action.
7.5.2	Other parties which may be involved in the assessment include the: <ul style="list-style-type: none"> • Safety and Environmental Committee(s) (for example for large or complex projects); • Equipment contractors or consultants where they have a notable role in the operation of the SMS or EMS, and/or • IPTL.
7.5.3	An IPT may wish to combine this assessment with the Management Reviews (AAP03). This may not be suitable for large and/or complex projects.
7.5.4	Form AAP02/F/02 - Monitoring Data – Assessment Record, can be used to document the result of the monitoring review.
8	RECORDS AND PROJECT DOCUMENTATION
8.1.1	Where relevant, the outputs from this procedure should feed into the following: <ol style="list-style-type: none"> Audit Schedules (Form AAP01a/F/01). Management Review (AAP03).

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c. Non-Conformance and corrective action (AAP04).	
8.1.2	A copy of the information produced from following this procedure should be stored in the Project Safety and Environmental Cases as appropriate.
9	RECOMMENDED TOOLS AND FORMS
a.	Form AAP02/F/01 – Monitoring Schedule.
b.	Form AAP02/F/02 – Monitoring Data – Assessment Record
10	GUIDANCE
10.1	General
10.1.1	JSP 375, 430, 438, 418, 454, 553 include some guidance on monitoring and measurement. The ISO14000 series is also useful, particularly ISO14001 and ISO 14004, and OHSAS 18001 and ISO 9001.
10.1.2	It may be beneficial in the assessment process to utilise formal techniques (e.g. trend analysis) in the process of reviewing performance and identifying areas for improvement.
10.2	Aligning safety and environment
10.2.1	The key alignment opportunity in this procedure is to monitor and review safety and environmental performance at the same time.
10.3	Warnings and Potential Project Risks
10.3.1	If monitoring and measurement is not carried out, it will not be possible to demonstrate that the SMS and EMS are achieving their aims of continual improvement. Not carrying out monitoring and measurement could also result in an increase in safety and environmental risks and impacts, and non-compliance with applicable standards and operational controls.

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Form AAP02/F/01 – Monitoring Schedule				
Project(s) Title				
IPT:				
Completed by:			Date:	
Reviewed by:			Date:	
Element to be monitored/assessed	Frequency of monitoring/assessment	Data source	Responsibility for monitoring/assessment	Comparison requirements

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Form AAP02/F/02 – Monitoring Data - Assessment Record			
Project(s) Title			
IPT:			
Audit name and or reference no:			
Completed by:		Date:	
Reviewed by:		Date:	
Date of meeting:			
Location of meeting:			
Attendees:			
Minutes:			

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0	SHOWING CONFORMANCE
0.1	Options
0.1.1	<p>There are three options to demonstrate conformance when applying this system procedure:</p> <ol style="list-style-type: none"> Follow the defined system procedure using the recommended guidance and tools, including allowed variations and options. Use an equivalent process and tool set generated elsewhere and document evidence of procedural equivalence. Use an equivalent bespoke process and tool set for the project and document evidence of procedural equivalence.
1	INTRODUCTION
1.1.1	It is important that the SMS and EMS are periodically reviewed by senior management within the IPT, to ensure their continuing suitability, adequacy and effectiveness.
1.1.2	The principle of continuous improvement is equally applicable to the performance of the IPT's SMS and EMS as it is to the safety or environmental performance of equipment projects.
1.1.3	<p>Although other reviews take place in the management systems (as shown below) these are detailed reviews, whilst management reviews examine the "bigger picture".</p> <ul style="list-style-type: none"> Monitoring and Measurement (AAP02) Continuous Review (EMP08)
2	PROCEDURE OBJECTIVES
2.1.1	To ensure the continuing suitability, adequacy and effectiveness of the SMS and EMS, through periodic reviews by senior management within the IPT.
2.1.2	To identify the need to make modifications or improvements to the management system.
2.1.3	To record the findings of management reviews.

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3	RESPONSIBILITIES
3.1	Accountability
3.1.1	The IPTL is accountable for the completion of this procedure.
3.2	Procedure Management
3.2.1	IPTLs may delegate the management of this procedure to the IPT Safety and Environmental Focal Point(s).
3.3	Procedure Completion
3.3.1	The procedure will be completed by the IPTL, and other selected senior management within the IPT and the Safety and Environmental Focal Point(s).
3.3.2	Where a contractor has a significant role in operating the SMS or EMS, relevant senior management from the contractor would also be involved in the completion of this procedure.
4	WHEN
4.1.1	This procedure applies as soon as the EMS and SMS is first implemented. The procedure will continue to apply until the end of the project(s) to which the SMS and EMS apply. As a minimum, an IPT will be expected to complete a management review before Initial Gate, Main Gate, the In-service Date and any Out of Service Date.
5	REQUIRED INPUTS
a.	EMS documents and records (Outputs of EMP01-EMP08).
b.	SMS documents and records (Outputs of SMP01 – SMP13).
c.	Results of internal and external SMS and EMS audits (AAP01).
d.	Internal and external communications regarding the IPT's SMS and EMS including suggestions for improvement (SSP01).
e.	Internal and external communications regarding the equipment's safety and environmental performance, including complaints (SSP01).
f.	Any non-conformance and corrective action reports raised (Form AAP04/F/01) .
g.	Record of Monitoring Reviews (Form AAP02/F/02)
h.	Previous management review meeting minutes (Form AAP03/F/01)

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6	<p>REQUIRED OUTPUTS</p> <p>a. Completed Form AAP03/F/01 – Record of Management Review.</p> <p>OR</p> <p>Equivalent actions and documentation that ASEG is satisfied achieve the same objectives.</p>
7	<p>DESCRIPTION</p> <p>7.1 Introduction</p> <p>7.1.1 It is not uncommon for Management Reviews to become lengthy and laboured, often due to the large amount of information being reviewed. It is very important therefore, that it is kept in mind that this is a top-level review, which should avoid going into fine detail, as detailed reviews take place in AAP02 – Monitoring and Measurement and EMP08 – Continuous Review.</p> <p>7.2 Step 1: Assemble Management Review Team</p> <p>7.2.1 The members of the Management Review Team should include, as a minimum, the IPTL and the Safety and Environmental Focal Point(s). Other senior management within the IPT can also be appointed to sit on the management review team and where considered appropriate, selected members of the Safety and/or Environmental Committee. Where appropriate parties sit on the Safety and/or Environment Committee, the Management Review may be completed by the Committee.</p> <p>7.2.2 Where a contractor has a significant role in operating the SMS or EMS relevant senior management from the contractor would also sit on the Management Review Team.</p> <p>7.3 Step 2: Agree Frequency of Management Review</p> <p>7.3.1 The frequency of management reviews will depend on the IPT or project concerned. For most IPTs an annual review period should be appropriate, and as a minimum reviews should take place every three years. The IPT will also be required to undertake a management review before Initial Gate, Main Gate, In-service Date and Out of Service Date, as a minimum.</p> <p>7.3.2 The frequency of reviews should reflect the complexity of the project, the project timescales and the degree of progress made with the SMS and EMS.</p> <p>7.3.3 For very large SMSs and EMSs it may be beneficial for the IPT to review different elements of the management system throughout the year, rather than cover all elements in one meeting.</p> <p>7.4 Step 3: Gather Documents and Evidence for the Review</p> <p>7.4.1 Once the scope and frequency of the review has been established, the documents and evidence to be considered by the Management Review Team should be compiled. This may include:</p>

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	<ul style="list-style-type: none"> a. EMS documents and records (Outputs of EMP01-EMP08). b. SMS documents and records (Outputs of SMP01 – SMP13). c. Results of internal and external SMS and EMS audits. d. Internal and external communications regarding the IPT's SMS and EMS, including suggestions for improvement. e. Internal and external communications regarding the equipment's safety and environmental performance including complaints. f. Any non-conformance and corrective action reports raised (Form AAP04/F/01). g. Monitoring and measurement results/meeting minutes (AAP02) h. Previous management review meeting minutes (Form AAP03/F/01)
7.4.2	It is likely that the Safety and Environmental Focal Point, with assistance from other parties as required, will be the most appropriate person to review the above and prepare the material to be presented and discussed in the management review.
7.4.3	The Safety and Environmental Focal Point should ensure that the Management Review Team is provided with the necessary information to allow it to assess the continuing suitability, adequacy and effectiveness of the SMS and EMS.
7.5	Step 4: Perform and Record the Review
7.5.1	<p>During the meeting the Management Review Team should consider and verify that:</p> <ul style="list-style-type: none"> • Actions identified in the last management review have been completed; • Comprehensive and effective audits are being carried out; • Actions to address non-conformances and observations are adequate and are being implemented on schedule; • The IPT/Project Safety and Environmental policy is still appropriate, (where one exists), • The SMS and EMS comply with POSMS and POEMS; • The IPT complies with MOD Safety and Environmental Policy; • The IPT complies with functional Safety and Environmental Policy defined in relevant JSPs. • Objectives and targets are still effective and on schedule; • SMS and EMS documents and records are adequate and complete; • The project is complying with relevant safety and environmental legal and non-legal standards; • Overall safety and environmental performance is acceptable; • Stakeholder expectations are being met; and

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	<ul style="list-style-type: none"> Sufficient resources are available for the effective operation of the SMS and EMS.
7.5.2	Other issues to discuss include pending changes to the IPT or project, and pending changes to safety and environmental legal and non-legal standards.
7.5.3	Where the need for modifying or improving the SMS or EMS has been identified, responsibilities and deadlines should be assigned against these.
7.5.4	The Safety and Environmental Focal Point should ensure that records of the management reviews are taken. Form AAP03/F/01 - Management Review Form.
8	RECORDS AND PROJECT DOCUMENTATION
8.1.1	Where relevant, the outputs from this procedure can feed into any element of the SMS and EMS, depending on where modifications, or improvements where identified as being required.
8.1.2	A copy of the information produced from following this procedure should be stored in the Project Safety and Environmental Cases as appropriate.
9	RECOMMENDED TOOLS AND FORMS
a.	Form AAP03/F/01 – Record of Management Review.
10	GUIDANCE
10.1	General
10.1.1	It is possible to combine the management review and monitoring and measurement meetings, for example, when the project is particularly small, as long as all the elements required in both procedures are covered and the IPTL is present at the meetings.
10.1.2	It is also possible for the management review to cover more than one EMS or SMS. For example, if an IPT has implemented management systems within each project it supports, there may be a central review regime. This will be particularly useful where the projects are very small or similar.
10.1.3	Where the EMS and SMS are separate systems, the IPT may examine both within the same management review, if this will be of benefit to the IPT and would not reduce the quality of the review.
10.1.4	JSP418 Chapter 11 includes some guidance on Management Review. The ISO14000 series is also useful, particularly ISO14001 and ISO 14004, and OHSAS 18001.
10.2	Aligning safety and environment
10.2.1	The key alignment opportunity in this procedure is to undertake a review of both the

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SMS and EMS at the same time.	
10.3	Warnings and Potential Project Risks
10.3.1	If the SMS or EMS ceases to be adequate and effective, the IPT risks increased safety and environmental liabilities arising from its project(s). This is clearly unacceptable under MOD policy and may lead to reputation damage, project delays or legal penalties.

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Form AAP03/F/01 – Management Review Form			
Project(s) Title			
IPT:			
Completed by:		Date:	
Reviewed by:		Date:	
Date of meeting:			
Location of meeting:			
Attendees:			
Minutes:			
Actions to be taken			
What	Who	To be completed by	
Closure			
Completed by:			
Date:			

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0	SHOWING CONFORMANCE
0.1	Options
0.1.1	<p>There are three options to demonstrate conformance when applying this system procedure:</p> <ol style="list-style-type: none"> Follow the defined system procedure using the recommended guidance and tools, including allowed variations and options. Use an equivalent process and tool set generated elsewhere and document evidence of procedural equivalence. Use an equivalent bespoke process and tool set for the project and document evidence of procedural equivalence.
1	INTRODUCTION
1.1.1	It is important that measures are put in place to ensure that gaps and deviances (known as non-conformances), in the operation of the SMS and EMS are identified and where necessary corrected, and prevented from recurring. It is also beneficial for measures to be put in place to capture and address areas of potential improvement which have been identified (Observations). Non-conformances and observations are equally important to the SMS and EMS documentation and records, as they are to the equipment's safety and environmental performance.
1.1.2	Non-conformances and observations are most likely to be identified by IPT staff, auditors and the equipment users, but may also be highlighted by external parties or become apparent through an accident or incident. It is essential that the IPT has a process for capturing details of the non-conformances and observations and using this to continually improve both the Management Systems' and the equipment's performance.
1.1.3	Further information on how this procedure interacts with other non-conformance system is provided in the Guidance section at the end of this procedure.
2	PROCEDURE OBJECTIVES
2.1.1	To ensure that gaps, inaccuracies and improvements in the IPTs' SMS and EMS, and equipment's safety and environmental performance are identified, reported and then investigated and recorded.
2.1.2	To ensure that corrective, preventive and improvement actions are planned, implemented and recorded.

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3 RESPONSIBILITIES

3.1 Accountability

3.1.1 The IPTL is accountable for the completion of this procedure.

3.2 Procedure Management

3.2.1 IPTLs may delegate the management of this procedure to the IPT Safety and Environmental Focal Point(s).

3.3 Procedure Completion

3.3.1 The diagram below shows the steps described in the Description section of this procedure against those parties or individuals that may be responsible for their completion.



3.3.2 Where a contractor is responsible for operating part of the SMS or EMS, they will also have a role in the completion of this procedure. Where tasked by the IPT, the contractor can take on the role of the Safety and Environmental Focal Point(s) and subsequently operate the management system on behalf of the IPT.

4 WHEN

4.1.1 This procedure applies as soon as the IPT starts to implement its SMS or EMS, as non-conformances can surface as soon as the first elements of the management systems have been implemented. The procedure will continue to apply until the end of the project(s) to which the SMS and EMS apply.

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5 REQUIRED INPUTS

- a. Results of internal and external audits (see AAP01);
- b. Internal and external communications regarding the IPT's safety and environmental management system(s), including suggestions for improvement. (See SSP01)
- c. Internal and external communications regarding the equipment's safety and environmental performance, including complaints. (See SSP01)
- d. Results of Monitoring and Measurement (See AAP02)
- e. Results of Management Reviews (See AAP03)

6 REQUIRED OUTPUTS

- a. Completed **Form AAP04/F/01** – Non-Conformance and corrective action record.

OR

Equivalent actions and documentation that ASEG is satisfied achieve the same objectives.

7 DESCRIPTION

7.1 Introduction

7.1.1 A non-conformance is a situation that does not comply with the requirements of one or more of the following:

- POSMS, POEMS or functional safety management policy;
- IPT's SMS and EMS;
- Applicable safety or environmental legal and non-legal standards; or
- Equipment safety or environmental performance.

7.1.2 An observation can also be identified in the above areas. An observation is an identified improvement or need for improvement which does not relate to a conformance issues but may otherwise be of benefit. It can also be used to note good practice which may be of benefit to other parties conducting similar activities.

7.1.3 The following steps define a system for identifying, reporting, investigating, actioning and recording non-conformances and observations.

7.2 Step 1: Identify non-conformance or observation

7.2.1 Non-conformances can be identified in a number of ways:

- As a result of system audits (see AAP01) or equipment audits;

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	<ul style="list-style-type: none"> As a result of accidents, incidents and near-misses; From internal and external communications, including suggestions and complaints (see SSP01); As a result of monitoring and measurement (See AAP02); As a result of management reviews (See AAP03).
7.2.2	A non-conformance or observation can be identified and reported by a member of the IPT, internal or external auditors, Customer 2, contractors, regulatory authorities or members of the public. In fact, non-conformances or observations can be identified and reported by anyone who has a role or interest in the safety and environmental issues of the equipment.
7.2.3	When a potential or actual non-conformance is identified it must be recorded. Form AAP04/F/01 – Non-conformance and corrective action record form can be used to do this. This records details of the non-conformance, including its severity and how it was identified, by whom and when. Non-conformances will be classified as either major or minor, as shown below:
7.2.4	<p>Major non-conformance:</p> <ul style="list-style-type: none"> An absence of control/system where they are required; Where the control/system is in place but there are significant failings/inadequacies; * or Issue otherwise requiring urgent attention.
7.2.5	<p>Minor non-conformance:</p> <ul style="list-style-type: none"> Where the control/system are in place but there are non-significant failings/inadequacies; * or Where there is a minor breach of controls/procedures which could cause a problem if no corrective action to be taken <p>* where more than one failings/inadequacies are identified but are significantly related, these can be managed as one non-conformance</p>
7.3	Step 2: Investigate non-conformance or observation
7.3.1	<p>Non-conformances will be investigated to establish whether there is potential for recurrence. This investigation will try to answer the following questions:</p> <ul style="list-style-type: none"> What happened? Why did it happen? Who or what was responsible? How serious was the actual and potential consequence(s)? Could this happen again? If yes, how likely is this?

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	<ul style="list-style-type: none"> How could this situation be avoided in future?
7.3.2	The results of the investigation will be recorded on the Form AAP04/F/01 – Non-conformance and corrective action record form .
7.3.3	Observations will be investigated to establish whether the identified area for improvement is justified and feasible.
7.3.4	The Safety and Environmental Focal Point(s) will normally undertake the investigations, or they may assign an alternative person to complete the task, for example, a person who works in the area where the non-conformance or observation has been identified.
7.3.5	Alternatively, an IPT may decide to ask ASEG, an independent safety consultant, or SME to undertake the work where assistance is required in the task, or where proving objectivity is important.
7.4	Step 3: Recommended Corrective, Preventive or Improvement Action
7.4.1	The person who undertakes the investigation will identify one or more recommended course of action.
7.4.2	It should be noted that where a non-conformance or observation has been identified in a system audit, a recommended action may also be identified by an auditor. They may provide recommended actions without undertaking the investigation stage detailed in Step 2 above. In this case the Safety and Environmental Focal Point(s) may decide to undertake Step 2 above, before confirming the course of action to be taken.
7.4.3	It is possible to decide that no action will be taken in relation to observations, for example if it is considered not practical or cost effective to implement an improvement. Justification for all decisions taken is to be recorded.
7.5	Step 4: Decide Action to be taken
7.5.1	The investigation will have identified one or more ways of mitigating and/or avoiding a recurrence of the non-conformance, or possible improvements to address an observation. This may include changes to SMS or EMS documentation, or operational control, or it may identify a training need.
7.5.2	It is not mandatory to undertake the recommended action when an alternative action can be identified. This particularly applies where actions have been recommended by auditors who have not completed the investigation stage prior to providing a recommended action. When deciding what corrective and preventive action will be taken, it is important to ensure that the action is proportional to the seriousness of the non-conformance.
7.5.3	Where the non-conformance applies to an area outside the IPT's control, it is appropriate for an action to be raised regarding communicating the presence of the non-conformance to the party concerned. For example, where Customer 2 has not complied with a documented safety or environmental objective or operational control, it would be necessary to inform them of this. In this situation Customer 2 would be

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	<p>required to keep the IPT informed of progress in addressing the non-conformance (which would feed into AAP03 – Monitoring and Measurement), although auditing the effectiveness of the action would be outside the remit of the IPT.</p> <p>7.5.4 The Safety and Environmental Focal Point(s) and the manager of the areas in which the non-conformance or observation was identified, will decide the action to be taken. For particularly sensitive or major non-conformances/observations it is recommended that the Safety and/or Environmental Committee(s) is involved in deciding, or endorsing the action to be taken.</p> <p>7.5.5 Once appropriate actions have been identified and agreed, responsibility for ensuring that they are carried out must be assigned, along with a timetable for implementation. This can be documented in Form AAP04/F/01 – Non-conformance and corrective action record form.</p> <p>7.5.6 For observations it is possible that no action will be taken, for example if it is considered not practical or cost effective to implement an improvement.</p> <p>7.5.7 AAP02 – Monitoring and Measurement procedure will track progress of the decided action to be taken.</p> <p>7.6 Step 5 Review and update of documentation</p> <p>7.6.1 On completion of Step 4 above, the audit schedule (Form AAP01/F/01 – Audit Schedule) should be reviewed and modified to ensure that, checking the effectiveness of actions, is included in future audits.</p> <p>7.6.2 Where the non-conformance was associated with an incident, accident or near-miss, then the Safety Hazard Log (SMP11) and/or Environmental Features Matrix (Form EMP02/F/01) should be reviewed and possibly revised, as it may be necessary to increase the probability rating, or to even insert the hazard if it was not identified already.</p>
8	RECORDS AND PROJECT DOCUMENTATION
8.1.1	Where relevant, the outputs from this procedure should feed into the following: <ul style="list-style-type: none"> a. Form AAP01/F/01 – Audit Schedule; b. Management Reviews (See AAP03); and c. Monitoring and Measurement (See AAP02).
8.1.2	A copy of the information produced from following this procedure should be stored in the Project Safety and Environmental Case.
9	RECOMMENDED TOOLS AND FORMS
a.	Form AAP04/F/01 – Non-conformance and corrective action record.

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10 GUIDANCE

10.1 General

- 10.1.1 JSP 454, 430, 538 and 553 include guidance on non-conformance, corrective and preventive action. The ISO14000 series is useful, particularly ISO14001 and ISO14004, and also OHSAS 18001, ISO 19011 and ISO 9001.
- 10.1.2 It should be noted that JSP 442 – Accident Reporting System, covers the procedure which should be followed when reporting serious safety and environmental incidents, accidents or near misses. Where this procedure applies, the Accident Reporting Form shown in JSP 442 must be completed in addition to **Form AAP04/F/01** as the latter Form documents the completion of corrective and preventive action.
- 10.1.3 There may be other systems which must be followed in the event of an incident, accident or near miss, for example, D LOG (Strike) BP 1301 – reporting and Monitoring of Airworthiness matters and services occurrences. Where these systems cover all the issues documented in **Form AAP04/F/01**, there is no need to complete **Form AAP04/F/01**.
- 10.1.4 Where a safety and environmental non-conformance has been identified by Customer 2, details of the non-conformance, investigations completed and corrective and preventive action undertaken should be communicated to the IPT in order for it to review whether and how this affects the SMS and EMS.
- 10.1.5 Where the IPT has identified non-conformance associated with Customer 2, corrective, preventative action will generally involve the communication of the issue to Customer 2 for action, as they are outside the scope of the SMS and EMS and outside the direct control of the IPT.

10.2 Aligning safety and environment

- 10.2.1 The key alignment opportunity in this procedure is to ensure that both safety and environmental issues are considered when deciding upon corrective or preventive action. It is important to ensure that any safety implications of environmental changes are considered and vice versa.

10.3 Warnings and Potential Project Risks

- 10.3.1 If non-conformances are not recorded and responded to, there is a risk that they may reoccur. The outcome could be more serious next time, so near misses must be recorded, assessed and addressed.

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Form AAP04/F/01 – Non-Conformance and Corrective Action Form	
Project(s) Title	
IPT:	
Non-Conformance or Observation	
Non-conformance/ Observation	Major non-conformance / Minor non-conformance / Observation
Details of the non-conformance/observation (including how identified):	
Identified by:	
Date Identified:	
Investigation (If appropriate)	
Completed by:	
Date:	
Details of investigation: (e.g. Why did it happen? Who or what was responsible? How serious were the actual and potential consequence(s)? Any immediate corrective action already taken?	
What is the likelihood of this happening again?	Not Possible / Unlikely / Likely / Very Likely / Almost Certain

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