



# Assessment Report.

## InfraTec UK Ltd

## Introduction.

This report has been compiled by Joe Hall and relates to the assessment activity detailed below:

Visit ref/Type/Date/Duration	Certificate/Standard	Site address
8401827 Continuing Assessment (Surveillance) 07/12/2016 1 day(s) Effective no. of employees : 5 Total no. of employees : 5	FS 618313 ISO 9001:2008	InfraTec UK Ltd 50 Cranbourne Drive Redcar TS10 2SP United Kingdom

The objective of the assessment was to conduct a surveillance assessment and look for positive evidence to ensure that elements of the scope of certification and the requirements of the management standard are effectively addressed by the organisation's management system and that the system is demonstrating the ability to support the achievement of statutory, regulatory and contractual requirements and the organisations specified objectives, as applicable with regard to the scope of the management standard, and to confirm the on-going achievement and applicability of the forward strategic plan and where applicable to identify potential areas for improvement of the management system.

The scope of the assessment is the documented management system with relation to the requirements of ISO 9001:2008 and the defined assessment plan provided in terms of locations and areas of the system and organisation to be assessed.

## Management Summary.

### Overall Conclusion

I would like to thank all the audit participants for their assistance and co-operation which enabled the audit to run smoothly and to schedule.

The audit objectives have been achieved and the certificate scope remains appropriate. With the exception of the nonconformities identified, the audit team concludes based on the results of this audit that InfraTec UK Ltd does fulfil the standards and audit criteria identified within the audit report and it is deemed that the management system continues to achieve its intended outcomes.

Pending resolution of the identified nonconformities, the audit team recommends that BSI consider the information found in this assessment report as evidence in part, of the conformity of InfraTec UK Ltd with the requirements for ISO 9001:2008 continued certification.

Corrective actions DO NOT require an on-site re-audit to verify effective implementation.

Corrective actions with respect to nonconformities raised at the last assessment have been reviewed and found to be effectively implemented.

2 minor nonconformities requiring attention were identified. These, along with other findings, are contained within subsequent sections of the report.

A minor nonconformity relates to a single identified lapse, which in itself would not indicate a breakdown in the management system's ability to effectively control the processes for which it was intended. It is necessary to investigate the underlying cause of any issue to determine corrective action. The proposed action will be reviewed for effective implementation at the next assessment.

## Areas Assessed & Findings.

### Opening Meeting :

At the opening meeting the organisation confirmed that since the last assessment visit there have been no significant changes in the company's products, services, processes nor the site. The existing scope of registration was confirmed, and the plan for this visit, as included in the last assessment report was agreed but with changes.

# A site visit could not be carried out because it had not been pre-arranged, and there were no local sites operating, most work is carried out in the evening. A site visit will have to be pre-arranged, including completing an induction, in time for the next visit.

# The organisation have a facility for storage, Unit A, Easter Park, Barton, Middlesborough, which they are refurbishing and adding an office area. This will become the organisations main address.

# ISO 9001:2015 Transition. The organisation has a Readiness Review booked for March 2017 and they plan to complete the implementation of the new requirements and be ready for a transition assessment by November 2017.

### System Management :

The Management Review process is defined in the Quality Management System procedure QM005 issue 4, 04/02/2016. Reviews are required yearly and the latest record was dated 11/01/2016, attendees included two Directors, the internal auditor and senior site engineer. The agenda included the input requirements of the standard and the record of the review was the minutes.

The internal audit process has been defined in the quality management system procedure QM018 "Internal Audit" issue 4. Internal audits are now planned to be a full audit once per year and the latest record was the Internal Audit 26/09/2016, auditor P Bullock. Although the competence of P Bullock was confirmed, there was no record to support that confirmation. The audit report did not demonstrate that this was a full audit of the system, see the following nonconformity.

Four "Actions" were identified during the latest internal audit, one of which could be re-classified as an opportunity for improvement. Of the other three "Actions" there was no record in the "Corrective Action Request Tracking" for two and the one recorded "Action" was still open. See the following nonconformity.

Quality objectives are determined once per year at the Management Review. Current objectives include:

# Corrective Action Request cycle time <21 days.

# Gain ISO 9001:2015 transition by the end of 2017.

# Training budget to be increased 5% of gross salary costs by end 2017.

Other improvements have been identified through internal audits, corrective actions, management review and reviewing process constraints, such as, improving the invoicing process by linking systems and the acquisition of a MEWP.

## Opportunity for improvement.

Type	Area/Process	Clause
Opportunity for improvement	System Management	5.4.1
Scope	FS 618313	
Details:	It may be beneficial to define a forum, frequency and record for monitoring progress towards objectives and targets.	

### Enquiry, Order and Installation :

Because this organisation works regularly with the same clients and bases charges on fixed rates, an enquiry is generally an instruction to proceed, purchase orders are sometimes delivered after the work has been completed. The process for enquiries is: they are all directed to D Bullock and immediately booked into the scheduled-work calendar, this record includes all relevant details, eg 21 Nov 2016 M62 AMI swap. Quotations will only be required if there are additional costs to be considered.

Details of work to be carried out are included in the "Work Planning & Tracking" file, eg. Job Number VMS-5-1648-A1, M62 AMI swap, includes the price, date and duration, customer PO number 48084 and a note to say Completed 21/11/2016. The record of work carried out is the Senior Site Engineers "Site Report".

The organisation were able to demonstrate that the team, M Arkle Senior Site Engineer and D Moffatt Driver/Operator, were competent for the tasks involved in delivering the above scope of work, including MEWP operator's license expires July 2019, HER's registration expires March 2018, and Lorry Loader (HIAB) operator's license expires February 2020.

Responsibilities for the site team were defined in the Method Statement MS0015-1 "Swap AMI on a Pre-erected Gantry".

The relevant procedure was QM004 "Resources & Training" issued 15/04/2016.

A "Training Programme" matrix is used to track expiry dates where applicable.

The method for measuring customer satisfaction is to issue "Customer Satisfaction Questionnaires" and analyse the results. But only one questionnaire was issued and returned this year. Results from VMS Ltd 29/11/2016 included ratings for all questions 95% to 100%.

## Observations.

Type	Area/Process	Clause
Observations	Enquiry, Order and Installation	8.2.1
Scope	FS 618313	
Details:	The organisation should consider another way to measure customer satisfaction that will include more than just one customer.	

During the course of the visit logos were found to be used correctly.

## Minor Nonconformities Raised at Last Assessment.

Ref	Area/Process	Clause
1279292N1	Management System Requirements - objectives and targets, management review, internal audits, NCRs, corrective actions, customer feedback	8.2.2
Scope	FS 618313	
Statement of non conformance:	Internal audits have not always been completed in accordance with planned arrangements.	
Requirements:	<p>Internal audit</p> <p>The organization shall conduct internal audits at planned intervals to determine whether the quality management system</p> <p>a) conforms to the planned arrangements (see 7.1), to the requirements of this International Standard and to the quality management system requirements established by the organization, and</p> <p>b) is effectively implemented and maintained.</p> <p>An audit programme shall be planned, taking into consideration the status and importance of the processes and areas to be audited, as well as the results of previous audits. The audit criteria, scope, frequency and methods shall be defined. The selection of auditors and conduct of audits shall ensure objectivity and impartiality of the audit process. Auditors shall not audit their own work.</p> <p>A documented procedure shall be established to define the responsibilities and requirements for planning and conducting audits, establishing records and reporting results.</p> <p>Records of the audits and their results shall be maintained (see 4.2.4).</p> <p>The management responsible for the area being audited shall ensure that any necessary corrections and corrective actions are taken without undue delay to eliminate detected nonconformities and their causes. Follow-up activities shall include the verification of the actions taken and the reporting of verification results (see 8.5.2).</p> <p>NOTE See ISO 19011 for guidance.</p>	
Objective Evidence:	Audits programmed for September have not yet been completed	
Actions:	07/12/2016 Audit programme amended to one full audit each September, now up to date, audit completed 26/09/2016.	
Closed?:	Yes	

## Minor Nonconformities Arising from this Assessment.

Ref	Area/Process	Clause
1415056N1	System Management	8.2.2
Scope	FS 618313	
Statement of non conformance:	The internal audit process was not shown to be fully effective.	
Requirements:	<p>Internal audit</p> <p>The organization shall conduct internal audits at planned intervals to determine whether the quality management system:</p> <ul style="list-style-type: none"> <li>a) conforms to the planned arrangements (see 7.1), to the requirements of this International Standard and to the quality management system requirements established by the organization, and</li> <li>b) is effectively implemented and maintained.</li> </ul> <p>An audit programme shall be planned, taking into consideration the status and importance of the processes and areas to be audited, as well as the results of previous audits. The audit criteria, scope, frequency and methods shall be defined. The selection of auditors and conduct of audits shall ensure objectivity and impartiality of the audit process. Auditors shall not audit their own work.</p> <p>A documented procedure shall be established to define the responsibilities and requirements for planning and conducting audits, establishing records and reporting results.</p>	
Objective Evidence:	The full internal audit completed 26/09/2016 did not address all of the relevant clauses of the standard.	

Ref	Area/Process	Clause
1415056N2	System Management	8.5.2
Scope	FS 618313	
Statement of non conformance:	The corrective action process for internal audit nonconformities was not shown to be effective.	
Requirements:	<p>Corrective action</p> <p>The organization shall take action to eliminate the causes of nonconformities in order to prevent recurrence.</p> <p>Corrective actions shall be appropriate to the effects of the nonconformities encountered.</p> <p>A documented procedure shall be established to define requirements for</p> <ul style="list-style-type: none"> <li>a) reviewing nonconformities (including customer complaints),</li> <li>b) determining the causes of nonconformities,</li> <li>c) evaluating the need for action to ensure that nonconformities do not recur,</li> <li>d) determining and implementing action needed,</li> <li>e) records of the results of action taken (see 4.2.4), and</li> <li>f) reviewing the effectiveness of the corrective action taken.</li> </ul>	
Objective Evidence:	Two "Actions" identified in the internal audit report 26/09/2016 were not recorded and tracked using the "Corrective Action Request Tracking". And for "Actions" that were recorded there was no record of the investigation nor confirmation that the actions taken were effective.	

## Shift Details.

Other - see comments in the main body of this report

## Assessment Participants.

On behalf of the organisation:

Name	Position
Mr Dave Bullock	Managing Director
Mr Lee Payne	Commercial Manager

The assessment was conducted on behalf of BSI by:

Name	Position
Joe Hall	Team Leader

## Continuing Assessment.

The programme of continuing assessment is detailed below.

Site Address	Certificate Reference/Visit Cycle	
InfraTec UK Ltd 50 Cranbourne Drive Redcar TS10 2SP United Kingdom	FS 618313	
	Visit interval:	12 months
	Visit duration:	1 Days
	Next re-certification:	01/11/2017

Re-certification by Strategic Review will be conducted on completion of the cycle, or sooner as required. The review will focus on the strengths and weaknesses of your Management System.

# Certification Assessment Plan.

INFRAT-0047529484-000|FS 618313

		Visit1	Visit2	Visit3
Business area/Location	Date (mm/yy):	11/15	11/16	11/17
	Duration (days):	1	1	1
Management System - Changes (to include) Customer Complaints, Corrective Actions, Preventive Actions, Management Review, Customer Satisfaction, Quality Objectives, Improvements and Internal Audits, including logo review.		X	X	X
Customer Enquiry's and Order Processing		X	X	
Purchasing and Project Management		X		X
Installation (Site Visit)				X
Test and Repair			X	
Commissioning				X
Control of Documents and Records		X	X	
Training and Competence			X	
Calibration and Maintenance		X		X
Transition - ISO 9001:2015		X	X	
Top Management Interview			X	X
Strategic Review				X



## Next Visit Plan.

### Visit objectives:

Re-certification Opt 1

The objective of the assessment is to ascertain the integrity of the organisation's management system over the current assessment cycle to enable re-certification and confirm the forward strategic assessment plan.

Date	Assessor	Time	Area/Process	Clause
15/11/2017	Assessor 1	09.00	Arrive at Infra-Tec UK Ltd, Redcar	
		09.15	Opening meeting incl Changes since the last assessment visit	
		09.30	Review the previous report	
		10.00	Site visit to be pre-arranged will probably be after 07.00 pm in the evening and may not be at Redcar. Otherwise review records of recent site installation.	
		11.00	Management System - Changes (to include) Customer Complaints, Corrective Actions, Preventive Actions, Management Review, Customer Satisfaction, Quality Objectives, Improvements and Internal Audits, including logo review.	
		12.00	Purchasing and Project Management	
		12.30	Lunch	
		13.00	Calibration and Maintenance	
		13.30	Strategic Review/Recertification Review	
		14.00	Top Management Interview	
		14.30	Report Preparation	
		16.00	Closing Meeting	

Please note that BSI reserves the right to apply a charge equivalent to the full daily rate for cancellation of the visit by the organisation within 30 days of an agreed visit date. It is a condition of Registration that a deputy management representative be nominated. It is expected that the deputy would stand in should the management representative find themselves unavailable to attend an agreed visit within 30 days of its conduct.

## Scope of Certificate FS 618313 (ISO 9001:2008).

### Main Scope

The planning, installation and commissioning services for driver information and traffic monitoring systems.

The scope has been confirmed as correct.

Location	Scope
InfraTec UK Ltd 50 Cranbourne Drive Redcar TS10 2SP United Kingdom  INFRAT-0047529484-000	Main Certificate Scope applies.

## Notes.

The assessment was based on sampling and therefore nonconformities may exist which have not been identified.

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## Regulatory Compliance.

**Report Author** Joe Hall

**Visit Start Date** 07/12/2016

BSI conditions of contract for this visit require that BSI be informed of all relevant regulatory non-compliance or incidents that require notification to any regulatory authority. Acceptance of this report by the client signifies that all such issues have been disclosed as part of the assessment process and agreement that any such non-compliance or incidents occurring after this visit will be notified to the BSI client manager as soon as practical after the event.

## Expected Outcomes for Accredited Certification.

### **What accredited certification to ISO 9001 means**

To achieve conforming products and services, the accredited certification process is expected to provide confidence that the organization has a quality management system that conforms to the applicable requirements of ISO 9001.

### **What accredited certification to ISO 9001 does not mean**

- 1) It is important to recognize that ISO 9001 defines the requirements for an organization's quality management system, not for its products and services. Accredited certification to ISO 9001 should provide confidence in the organization's ability to "consistently provide product that meets customer and applicable statutory and regulatory requirements". It does not necessarily ensure that the organization will always achieve 100% product conformity, though this should of course be a permanent goal.
- 2) ISO 9001 accredited certification does not imply that the organization is providing a superior Product or service, or that the product or service itself is certified as meeting the requirements of an ISO (or any other) standard or specification.