

# Assessment Report

## INFRATEC-UK Ltd

Assessment dates	21/11/2023 (Please refer to Appendix for details)
Assessment Location(s)	Middlesbrough (000)
Report author	Nathan Chivers
Assessment Standard(s)	ISO 9001:2015



## Table of contents

Executive summary .....	4
Changes in the organization since last assessment.....	5
NCR summary graphs .....	5
Your next steps.....	6
NCR close out process .....	6
Assessment objective, scope and criteria.....	6
Statutory and regulatory requirements .....	6
Assessment participants.....	7
Assessment conclusion.....	7
Findings from previous assessments.....	8
Findings from this assessment .....	9
Strategic Management System Activities: (Including: Policy, Context of the Organisation (Inc. Interested Parties), Scope, Top Management Commitment, Risk & Opportunities, and Roles, Responsibilities & Authorities) .....	9
Core Management System Activities: (Including: Objectives, Management Review, Internal Audits, Non-Conformance & Corrective Action, Customer Feedback, Document & Record Management, and Continual Improvement).....	11
Extension to Scope Activities:.....	13
(Design, Manufacture, Repair & Supply of Infrastructure Technology) .....	13
[These are activities omitted by BSI during previous extension to Scope assessment in October'23] .....	13
Statutory & Regulatory Obligations: .....	15
National Highway Scheme 8 Obligations (Issue 2):.....	16
Senior Management Interview: .....	28
Minor (1) nonconformities arising from this assessment.....	29
Next visit objectives, scope and criteria .....	30
Next visit plan .....	30
Appendix: Your certification structure & ongoing assessment programme .....	31
Scope of certification .....	31
Assessed location(s) .....	31

Shift details.....	31
Certification assessment programme.....	32
Mandatory requirements – recertification .....	33
Justified exclusions / non applicable clauses .....	34
Expected outcomes for accredited certification .....	35
Definitions of findings:.....	36
How to contact BSI.....	36
Notes .....	36
Regulatory compliance .....	37
Appendices .....	37

## Executive summary

The senior management team continue to demonstrate effective use of the organisations management system to identify; business risks and opportunities, the needs & expectations of clients and interested parties, and statutory obligations associated to the products & services supplied by the organisation in alignment with the strategic direction the organisation which continues to focus on the provision of installation & service expertise etc to the highways industry.

Local controls seemed appropriate for the organisation and their effectiveness was clearly demonstrated throughout the assessment, in Design, Manufacturer, Repair and associated testing & inspection activities.

The legacy non-conformance(2262044-202211-N1) associated with management of equipment and other assets etc was found to have been appropriately investigated and actions etc were found to have been implemented in a timely & effective manner and as a result the legacy non-conformance has now been closed.

Whilst no opportunities for improvement were observed during this assessment one minor non-conformance was identified relating to Supply Chain Management was identified.

**Based upon direct observation, sampling of records and interviews with employees during this assessment and other assessments during this certification cycle, recertification to ISO 9001:2015 and National Highway Sector 8 is recommended to the scope defined below:**

**The Overseeing of Installation and Maintenance of Highway electrical equipment and supporting works associated with variable message signs & associated apparatus in accordance with National Highway Sector Scheme 8.**

**The Design, Manufacture, Repair & Supply of Infrastructure Technology**

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### **Notes for BSI Certification Reviewer:**

*Please refer to Client Managers notes within the Appendices (p.37 of this report this assessment report)*

## Changes in the organization since last assessment

There is no significant change of the organization structure and key personnel involved in the audited management system.

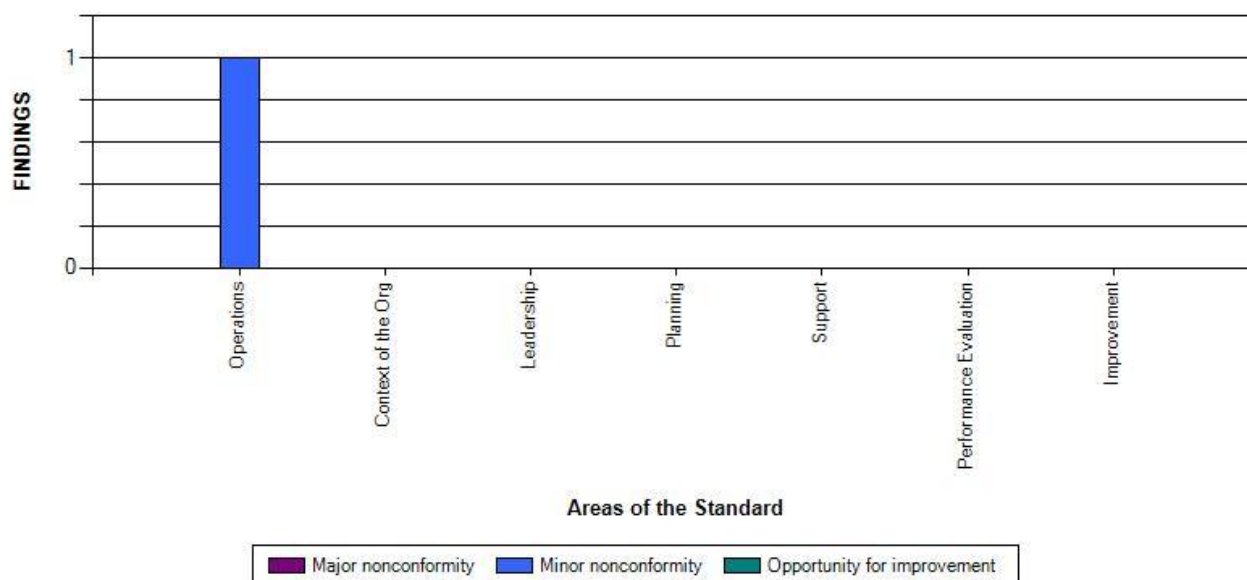
The following changes in relation to the certified organization activities, products or services covered by the scope of certification were identified:

- The Management system was updated during 2023 to reflect the obligations associated with NHSS8, with certification completed by BSI during Oct'23 (BSI Ref. 3971281) [Cert. not yet issued]
- The Management system was updated during 2023 to reflect the obligations associated with ISO 14001:2015 & ISO 45001:2018, with certification completed by BSI during Oct'23 (BSI Ref. 3852102 & 3852107) [Cert. not yet issued]

There was no change to the reference or normative documents which is related to the scope of certification.

## NCR summary graphs

### Areas of the standard(s) where BSI recorded findings



## Your next steps

### NCR close out process

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

A minor nonconformity requiring attention was identified. This, along with other findings, is 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.

Please refer to Assessment Conclusion and Recommendation section for the required submission and the defined timeline.

## Assessment objective, scope and criteria

The objective of the assessment was to ascertain the integrity of the organization's management system over the current assessment cycle to enable recertification and confirm the forward strategic assessment plan.

The scope of the assessment is the documented management system with relation to the requirements of ISO 9001:2015 (inc. NHSS8) and the defined assessment plan provided in terms of locations and areas of the system and organization to be assessed.

ISO 9001:2015 (inc. NHSS8 v.2)  
Infratec-UK management system documentation

## Statutory and regulatory requirements

The primary statutory and regulatory requirements that relate to the services provided by INFRATEC-UK relate to the Construction, Design & Management (CDM) Regulations 2015, where INFRATEC-UK operate as a Contractor. These obligations are subject to internal audit and direct supervision to verify and maintain on-going compliance. Effectiveness of the internal audit process was assessed during this audit.

## Assessment participants

Name	Position	Opening meeting	Closing meeting	Interviewed (processes)
Lee Payne	Commercial Manager	X	X	X
Dave Bullock	Managing Director		X	X

## Assessment conclusion

BSI assessment team:

Name	Position
Nathan Chivers	Team Leader

### Assessment conclusion and recommendation:

The audit objectives have been achieved and the certificate scope remains appropriate. The audit team concludes based on the results of this audit that the organization 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.

RECOMMENDED - Corrective Action Plan Required ('Minor' findings only): The audited organization may be recommended for recertification, based upon the acceptance of a satisfactory corrective action plan for all 'Minor' findings as shown in this report. Effective implementation of corrective actions will be reviewed during the next surveillance audit.

Please submit a plan through the **BSI Connect Portal** detailing the nonconformity, the **root cause**, **correction** and your **proposed corrective action**, with responsibilities and timescales allocated. The plan is to be submitted no later than **01/12/2023**. If the corrective action plan is not received by this date you may be putting your certification status at risk.

For any questions please contact your local BSI office, referencing the report number 3687417.

Use of certification documents, mark / logo or report:

The use of the BSI certification documents, and mark / logo is effectively controlled.

## Findings from previous assessments

Finding Reference	2262044-202211-N1	Certificate Reference	FS 618313
Certificate Standard	ISO 9001:2015	Clause	7.1.1
Location reference	0047529484-000		
Assessment Number	3331189		
Category	Minor		
Area/process:	Infrastructure & Work Environment: (Including: Management of Measuring Equipment)		
Details:	Processes associated with the provision and availability of assets required to undertake planed works could not be demonstrated as being fully effective.		
Objective Evidence:	1. Weekly FASSI Crane Checks on SCANIA R500 had not been completed within the last three weeks despite evidence indicating the asset had been used.  2. Two torque wrenches Wera Click-Torque C3 (Serial #'s VE15370 & VG16872) had exceeded their 12-month operational life and had not been replaced (or calibrated)		
Cause			
Weekly FASSI Crane checks had not been completed due to confusion surrounding the need to be carried out as weekly inspections were also being carried out. The torque wrenches had passed their 12-month operational life by 6 days and had not been placed out of service due to the current system not sending a reminder.			
Correction/containment			
FASSI weekly crane checks removed for maintenance plan and weekly inspections are only to be used. 2no Torque wrenches removed immediately from service and calibration log updated			
Corrective action			
A new Maintenance System for equipment to be introduced which sends email reminders when dates are approaching for calibration, LOLERS or any other key dates. A new Workshop Manager has recently been recruited who will oversee all preventative maintenance of all equipment and plant.			
Closed?:			
Yes			
Justification	To be followed up at the November 2023 assessment.  Nathan Chivers (20/11/23): All planned activities were found to have been completed in a timely and effective manner. Non-conformance considered complete.		



## Findings from this assessment

### **Strategic Management System Activities:**

#### **(Including: Policy, Context of the Organisation (Inc. Interested Parties), Scope, Top Management Commitment, Risk & Opportunities, and Roles, Responsibilities & Authorities)**

Evidence Witnessed during Assessment:

- Company Procedures;
  - > Integrated Management System Manual (v.1) 27/01/23 [Developed from: QMS001: Quality Manual]
    - ~ Section 4.3: Scope
    - ~ Section 5.2: Quality Policy
    - ~ Section 5.3: Organizational Roles, Responsibilities & Authorities
      - NHSS8 Specific roles defined within Section 3.9: Terms & Definitions
- IMD001: Interested Parties & Analysis [Replaces the previous COTO Log used previously]  
[Reviewed via Management Review]
  - > Internal/External Factors
  - > Needs & Expectations of Interested Parties
  - > Strategic & Operational Risks & Opportunities

The methods for determining effectiveness include:

Review of internal audits, records, key performance indicators (KPI's) & observation

Overview of Organisation Process and Conclusions:

Policy: The organisation continues to maintain a policy that satisfy's the requirements of both ISO 9001:2015 and NHSS8. The policy was found to be robustly communicated to employees and was readily available to external parties and often forms part of the tender submission information pack.

Context of the Organisation (Inc. Interested Parties): As part of the development of the integrated Management System the organisation has migrated its previous COTO register into a more encompassing overview of internal/external issues and interested parties etc. The interested parties etc were found to reflect the requirements of NHSS8.

Scope: The scope of the management system is appropriate defined within the Integrated Management System manual and accurately reflects the activities undertaken by the organisation.

Top Management Commitment: Through direct observation, sampling of records and interviews with employees etc senior management engagement and promotion of the integrated management system has been demonstrated.

Roles, Responsibilities & Authorities: Roles, responsibilities, and authorities (including those associated with NHSS8) are appropriate defined within the Integrated management System manual and associated Quality Plan documentation. Through sampling of records & direct observation the effective implementation of these roles etc have been demonstrated.

Risk & Opportunities: As part of the development of the integrated Management System the organisation has migrated its previous Risk & Opportunities register into a more encompassing overview of strategic risks & opportunities with more operational risks etc being addressed via the Contract Inception Review process.

Planned objective:

Based on a sampling process and the objective evidence above planned activities & results have been achieved with effective implementation of activities associated with change management.

## **Core Management System Activities: (Including: Objectives, Management Review, Internal Audits, Non-Conformance & Corrective Action, Customer Feedback, Document & Record Management, and Continual Improvement)**

Evidence Witnessed during Assessment:

- Company Process:
  - > Integrated Management System Manual (v.1) 27/01/23
    - ~ Clause 6.2: Objectives & Targets
    - ~ Clause 7.5: Document & Record Management
    - ~ Clause 9.2: Internal Audits
    - ~ Clause 9.3: Management Review
    - ~ Clause 10.2: Non-Conformance Management
    - ~ Clause 10.3: Management Review
- 2022 Strategic Company Objectives relating to:
  - > Client satisfaction (Complete)
  - > Staff Professional Development (Completed)
  - > Improving Service Delivery & Performance [Process Efficiency through investment in equipment etc] (Complete)
- 2023 Strategic Company Objectives relating to:
  - > Enhancement to the Management System to achieve compliance to ISO 14001:2015, ISO 4500:2018 & NHSS8 obligations
  - > Enhancement to management system process to incorporate design and manufacturing activities
- IMD036: Continuous Improvement Log
  - > Used to support & tracking actions associated objectives & targets
- 6 Monthly Management Review (IMD019):
  - > 19/12/22 (QMS only) & 28/08/23 (Integrated)
- (IMD025) 2023 Integrated Internal Audit Log/Schedule:
  - > 29 Audits schedule and all completed (Including NHSS8 Obligations)
    - ~ All ISO 9001:2015 & NHSS8 clauses covered
      - Audit 2023-05: Planning – 1 minor non-conformance identified
      - Audit 2023-16: Design – 1 minor non-conformance identified
- NCR/CAR Register (Internal/External Audit, Complaints, Employee Feedback, etc.)
  - > Internal & External Audit Non-Conformances:
    - ~ CAR #11 (Associated with IA 2023-05): Raised: 12/09/23, Status: Closed (19/09/23)
    - ~ CAR #15 (Associated with IA 2023-16): Raised: 14/11/23, Status: WIP
  - > Customer Feedback (Inc. Complaints)
    - ~ No complaints received.
- Customer Feedback:
  - > Weekly Operation/Planning Reviews that includes Operational Performance feedback
  - > Trend analysis via Management Review
- Document Register

The methods for determining effectiveness include:

Review of internal audits, records, key performance indicators (KPI's) & observation

Overview of Organisation Process and Conclusions:

Objectives: Annual objectives continued to be appropriate defined, which themselves are tracked and

monitor via the continual improvement log and other forums. Objectives were found to be appropriately aligned with the strategic direction of the organisation.

**Management Review:** The organisation continues to utilise a 6-monthly management review strategy, however from 2023 the management review processes have been updated to support an integrated management review covering all certified standards including ISO 9001:2015 & NHSS8. The management review was appropriately documented and well supported by the senior management.

**Internal Audits:** To support the development of the Integrated Management System during Q1 & Q2 2023, the traditional three-year internal audit plan for 2023 has been abandoned, and instead the organisation has completed a full suite of internal audits in one year to review and verify compliance of the IMS against all certified standards including ISO 9001:2015 & NHSS8. Sampled audits were appropriately documented and completed in a timely manner.

**Non-Conformance Management:** Processes associated with non-conformance management (including customer complaints etc) continue to be well defined and through sampling of records etc the effective & timely management of non-conformances etc was well documented.

**Document & Record Management:** All requested documents were found to be readily available and subject to appropriate revision control. All requested records were readily available demonstrating effective record retention & retrievability.

**Continual Improvement:** Activities associated with continual improvement were observed throughout this assessment, with primary focus during 2023 being on the development of the IMS.

**Planned objective:**

Based on a sampling process and the objective evidence above planned activities & results have been achieved with effective implementation of activities associated with change management.

## Extension to Scope Activities:

### (Design, Manufacture, Repair & Supply of Infrastructure Technology)

[These are activities omitted by BSI during previous extension to Scope assessment in October'23]

Evidence Witnessed during Assessment:

- Company Process:
  - > Integrated Management System Manual (v.1) 27/01/23
    - Clause 8.3: Design
    - Clause 8.5: Production & Service Provision
    - Clause 8.6: Release of Products & Services
    - Clause 8.7: Control of Non-Conforming Product
  - > IMPF001: Operational Delivery Process Flow (v.1)
- Project Records associated with: BAM2101: S/W Design Modification and Manufacture & Supply of Road Side Controller.
  - > Contractual & Commercial Activities:
    - ~ Request for Quote  
(inc. Technical Specification etc including National Highways specification NMCS2/RS845]
    - ~ Contract Inception Review (24/04/23)
    - ~ Quote: QT-BAM2101\_19 (Issued: 25/06/23)
    - ~ Client appointment via CIN016 (26/04/23) [Contract Instruction Number]
    - ~ Contract Review & Development of Project Plan (26/04/23)
      - Production Release Target: 30/06/23
  - > Design Activities:
    - ~ S/W (re-)Design subcontracted to External specialist.
      - Associated correspondence etc including scope of works, and technical reviews etc
      - Revised Software 001649 (ver.D) released (10/05/23)
    - ~ Internal verification of S/W and associated Configuration Activities
      - Release of S/W to Production (12/05/23)
  - > Production/Manufacture inc. Testing & Release Authorisation:
    - ~ Associated BOM & Release of Build Records
    - ~ Factory Acceptance Testing via QST60001 (v.1) completed 13/05/23
  - > Supply:
    - ~ Installation activities as per NHSS8 obligations with supporting Commissioning Records including:
      - Site Acceptance Testing via QST5812 (v.5) completed: 05/06/23

The methods for determining effectiveness include:

Review of internal audits, records, key performance indicators (KPI's) & observation

Overview of Organisation Process and Conclusions:

*At the time of the audit there was no Design, Manufacturing or Repair activities underway. Instead, a review of the operational environment, processes and records etc from the most recent project was reviewed.*

Design Activities: Whilst provisional concept design activities are undertaken by the organisation, detailed mechanical, electrical/electronic and s/w design activities are sub-contracted to external parties. Processes associated with concept design etc are well defined within the management system and effective implementation was demonstrated through the development of the quote etc. External appointed design activities were generally well implemented with good evidence of technical reviews etc. However, one minor non-conformance (2419504-202311-N1) was identified relating to the omission of the S/W designer from the originations approved supplier/sub-contractor register.

Manufacturing & Testing Activities (Inc. Repair): Manufacturing/assembly activities undertaken by the organisation are well defined within the management system with BOM's etc being utilised to facilitate and managed manufacturing activities etc. Testing and release activities are controlled and documented via QST's (Product Performance Test Specifications) and these are managed via the Factory Acceptance Test process which captures release authorisation etc.

Infrastructure & Work Environment: Infrastructure & work environment observed throughout the assessment was considered suitable and sufficient for manufacturing/repair & testing/inspection activities with measuring devices used being suitably controlled.

Management of Non-Conforming Material: All observed components and finished products etc were found to be suitably identified providing simple but effective overview of its status. Non-conformance material (where possible) is identified and isolated to prevent accidental use. However, when segregation is not viable (due to product size etc) the defective/no-conforming product is suitably identified.

Employee Competency & Awareness: Through direct observation, interviews with employees and sampling of records etc the implementation of planned arrangements to employee competency & awareness have been demonstrated.

Planned objective:

Based on a sampling process and the objective evidence above planned activities & results have been partially achieved with one minor non-conformance (2419504-202311-N1) identified.

## Statutory & Regulatory Obligations:

Evidence Witnessed during Assessment:

- Project & Operational Control – Please refer to BSI Assessment's:
  - > 3971281 (09/10/23) & 17/11/2022
- Verification of Compliance:
  - > Please refer to "Core management System Activities" within this report.

The methods for determining effectiveness include:

Review of internal audits, records & observation

Overview of Organisation Process and Conclusions:

The primary statutory and regulatory requirements that relate to the services provided by INFRATEC-UK relate to the Construction, Design & Management (CDM) Regulations 2015, where INFRATEC-UK operate as a Contractor. These obligations are subject to internal audit and direct supervision to verify and maintain on-going compliance. Effectiveness of the internal audit process was accessed during this audit and other audits during this certification cycle. Please refer to "Evidenced Witnessed" above for further details.

*It is noted that should the organisation start manufacturing activities associated with products that fall with the Construction Product Regulations as defined by CE/UKCA requirements other statutory & regulatory obligations may be applicable. This will continue to be monitored at future audits.*

Planned objective:

Based on a sampling process and the objective evidence above planned activities & results have been achieved with effective implementation of activities associated with change management.

## National Highway Scheme 8 Obligations (Issue 2):

Evidence Witnessed during Assessment:

- Please refer to NHSS8 checklist below.

The methods for determining effectiveness include:

Review of internal audits, records, key performance indicators (KPI's) & observation

Overview of Organisation Process and Conclusions:

Section/Clause	Particular requirement Yes/No	Comment/Requirement	BSI Assessors Notes & Comments
<b>4. Context of the organization</b>			
4.1 Understanding the organization and its context	N	Check annually that the organization has determined issues relevant to its purpose and strategic direction and has monitored and reviewed the information. Especially check relating to external context.	<p>Compliance demonstrated – Please refer to “Strategic Management System Activities” within the main report.</p> <p>UKAS status verified, however references to NHSS8 certification are still pending.</p>
4.2 Understanding the needs and expectations of interested parties	Y	Check annually that the organization has determined interested parties, their requirements and is monitoring and reviewing the data.	
4.3 Determining the scope of the quality management system	Y	Check that the organization has reviewed the scope of the relative elements of the latest applicable issue of the NHSS that the organization considers appropriate	



4.4 Quality management system and its processes. (4.4.1 & 4.4.2)	Y	Check annually by the CB Auditors and other Auditors that the scope of the organization's ISO 9001 certificate reflects the organization's activities accurately	
<b>5. Leadership</b>			
5.1 Leadership and commitment			
5.1.1 General	Y	Check policy documented information includes this NHSS Ensure that policy is being correctly implemented and communicated.	Compliance demonstrated – Please refer to “Strategic Management System Activities” within the main report.
5.1.2 Customer focus	Y	Ensure that the organization has determined all necessary applicable statutory and regulatory requirements for contract compliance. This may include supplementary services such as recycling, final disposal, equipment inspection, licensing requirements for driving (HGV), animal including wildlife handling etc. Check that organization is meeting and maintaining customer requirements	

5.2 Policy			
5.2.1 Establishing the quality policy	Y	Ensure requirements are covered in quality plan and in policy documented information.	Compliance demonstrated – Please refer to “Strategic Management System Activities” within the main report.
5.2.2 Communicating the quality policy	N	Ensure that policy documented information is available as necessary and is being communicated and implemented.	
5.3. Organization roles, responsibilities and authorities	Y	Ensure there is an organization plan which covers responsibility/authority in accordance with the requirements of the SSD. Seek evidence. Ensure that personnel with contract specific responsibilities and authorities have been identified and are recorded. Ensure that the organization management have appointed a nominated person or persons with the appropriate responsibility and authority. Seek evidence.	

6. Planning			
6.1 Actions to address risks and opportunities. (6.1.1 & 6.1.2)	Y	Check that documented information is in place to address risk and opportunities and is operational.	Compliance demonstrated – Please refer to “Strategic Management System Activities” within the main report.
6.2 Quality objectives and planning to achieve them. (6.2.1 & 6.2.2)	Y	Check documented information is in place and meets requirements. Check that quality planning is in place and evaluated. See Appendix A	Compliance demonstrated – Please refer to “Core Management System Activities” within the main report
6.3 Planning of changes	N		Compliance demonstrated – Processes associated with the Management of Change etc were demonstrated throughout the audit.

7. Support			
7.1 Resources	N		<p>Compliance not reviewed during this assessment.</p> <p>Compliance demonstrated during October'23 Stage 2 Assessment (BSI Ref. 3971281)</p> <p>Please refer to 3-Year Assessment Programme for further details.</p>
7.1.1 General	N	Ensure contract/tender review is in place. Review provisions of resources to confirm they are suitable and include providing the defined personnel for contracts	
7.1.2 People	N	See Appendices A, C and D and the HERS Handbook. Check evidence for 7.2.1 (iii) if applicable. Check organizational policy for assessing and meeting temporary traffic management needs. Check existence of employee portfolios, valid HERS cards. Check existence of 302.1 or 302.1 and 302.2 Lantra Awards or HESA training certificate or NHSS 12D certificate and card where temporary traffic management carried out as agreed with NHSS 12D. Check employee registered with NVQ Centre in accordance with Appendix C timescale	
7.1.3 Infrastructure	N	Review facilities, processes and equipment to confirm they are suitable for the scope of registration.	
7.1.4 Environment for the operation of processes	N	In process audit. Checks to include environmental condition records, plant maintenance sheets, access equipment certification and induction records.	
7.1.5 Monitoring and measuring resources			

7.1.5.1 General	N	See Appendix E	Compliance not reviewed during this assessment.  Compliance demonstrated during October'23 Stage 2 Assessment (BSI Ref. 3971281)  Please refer to 3-Year Assessment Programme for further details.
7.1.5.2 Measurement Traceability	Y	See Appendix E	
7.1.6 Organizational knowledge	N	See Appendix B	
7.2 Competence	Y	Review copies of training certificates, qualifications and identity cards and forward-looking training plans. Ensure that these are in accordance with the requirements of the sector scheme documents Check sample of identity cards. See Appendices C and D	Compliance not reviewed during this assessment.  Compliance demonstrated during October'23 Stage 2 Assessment (BSI Ref. 3971281)  Please refer to 3-Year Assessment Programme for further details.
7.3 Awareness	N		
7.4 Communication	Y	Check internal and external communication processes have been established.	

7.5 Documented information			
7.5.1 General	Y	Check processes are in place to ensure that organization maintain up to date information on documented information. See Appendix B	Compliance demonstrated – Please refer to “Core Management System Activities” within the main report
7.5.2 Creating and updating	N	Ensure that all required contract specific documents are in place.	
7.5.3 Control of documented information. (7.5.3.1 & 7.5.3.2)	Y	Ensure that all required contract specific documents are in place. Check appropriate processes are in place for the retention and disposition of documented information	
<b>8. Operation</b>			
8.1 Operational planning and control	Y	Check quality plan is in place and complies with 7.5. See Appendix A Check appropriate processes are in place for the retention and disposition of documented information	Compliance not reviewed during this assessment.  Compliance demonstrated during October’23 Stage 2 Assessment (BSI Ref. 3971281)  Please refer to 3-Year Assessment Programme for further details.

8.2 Requirements for products and services			
8.2.1 Customer communication	Y	Check effectiveness of communication arrangements	<p>Compliance not reviewed during this assessment.</p> <p>Compliance demonstrated during October'23 Stage 2 Assessment (BSI Ref. 3971281)</p> <p>Please refer to 3-Year Assessment Programme for further details.</p>
8.2.2 Determining the requirements for products and services	Y	Ensure that the organization has determined all necessary specified statutory and regulatory requirements for contract compliance. This may include supplementary services such as recycling, final disposal, equipment inspection, licensing requirements for driving (HGV) etc. Check the organizations ability to meet defined contract requirements	
8.2.3 Review of the requirements for products and services. (8.2.3.1 & 8.2.3.2)	N	Ensure contract tender review is in place with an appropriate timescale and assessment of availability of resources.	
8.2.4 Changes to requirements for products and services	N		

8.3 Design and development of products and services			
8.3.1 General	N	Check that contract/tender review is in place	Compliance demonstrated – Please refer to “Extension to Scope Activities: (Design, Manufacture, Repair & Supply of Infrastructure Technology” within the main report
8.3.2 Design and development planning	N		
8.3.3 Design and development inputs	N		
8.3.4 design and development controls	N		
8.3.5 Design and development output	N		
8.3.6 Design and development changes	N		
8.4 Control of externally provided processes, products and services	N		Compliance not reviewed during this assessment.  Compliance demonstrated during October’23 Stage 2 Assessment (BSI Ref. 3971281)  Please refer to 3-Year Assessment Programme for further details.
8.4.1 General	Y	Check that documented information is in place for externally provided product and services to meet specified requirements. Check process for ensuring sub-contractors meet clause 8.4.1	
8.4.2 Type and extent of control	N	Check that documented information and effective controls are in place.	
8.4.3 Information for external providers	Y	Check that purchasing requests are adequate	



8.5 Production and service provision	N		Compliance demonstrated – Please refer to “Extension to Scope Activities: (Design, Manufacture, Repair & Supply of Infrastructure Technology” within the main report
8.5.1 Control of production and service provision	Y	<i>Check as part of in process audit Refer to Appendix E</i>	
8.5.2 Identification and traceability	N	<i>Cover during procedure review that relevant documented information is in place</i>	
8.5.3 Property belonging to customers or external providers	Y	<i>Check that documented information is in place.</i>	
8.5.4 Preservation	Y	<i>Check process.</i>	
8.5.5 Post-delivery activities	N		
8.5.6 Control of changes	N	<i>Check documented information is in place</i>	
8.6 Release of products and service	Y	Check that monitoring and measuring process documentation has been implemented in line with the current contract specification.	
8.7 Control of nonconforming process outputs, products and services. (8.7.1 & 8.7.2)	Y	Ensure processes are in place and has been implemented in line with contract specification. Check documented information.	

9.1 Monitoring, measurement, analysis and evaluation			
9.1.1 General	Y	Check planned results. Check that monitoring and measuring process documentation has been implemented in line with the current contract specification. Review copy of annual management review. Ensure this contains continuous improvements to the relevant sector scheme	Compliance demonstrated – Please refer to “Core Management System Activities” within the main report
9.1.2 Customer satisfaction	N	Check that organization is meeting customer requirements.	
9.1.3 Analysis and evaluation	N	Check processes are achieving planned results Check analysis of data has provided information to demonstrate effectiveness of QMS and evaluation of continued improvement	
9.2 Internal audit (9.2.1 & 9.2.2)	Y	Check internal audits are being carried out and ensure corrective actions have been made. Check existence of the HEA Technical audit and action(s) arising if any	

9.3 Management review			
9.3.1 General	Y	Review minutes of management review. Ensure this contains reference to the relevant sector scheme.	Compliance demonstrated – Please refer to “Core Management System Activities” within the main report
9.3.2 Management review inputs	N		
9.3.3 Management review outputs	N	Check that the output and actions are considered by top management at regular intervals	
<b>10. Improvement</b>			
10.1 General	N	Check effectiveness of improvement	Compliance demonstrated – Please refer to “Core Management System Activities” within the main report
10.2 Nonconformity and corrective action (10.2.1 & 10.2.2)	Y	Check that documented information is in place and operational. Check actions arising from HEA audit(s) and complaints, if any, are closed out internally within maximum of six months (or are on target to be so)	
10.3 Continual improvement	Y		

Planned objective:

Based on a sampling process and the objective evidence above planned activities & results have been achieved with effective implementation of activities associated with change management.

## Senior Management Interview:

Key elements from interview where:

**Effectiveness of the Management System:** The management system continues to provide a process for ensuring that operational activities are defined and structured to approach to operational process, to promote continual improvement, whilst ensuring client expectations are well understood. The management system also provides a framework for the effective and timely management of non-conformance and managing/mitigating business risk. Overall, it is felt that the management system is effective but subject to continual improvement.

**Strategic Direction:**

The ongoing strategic direction of the organisation is to expand its client footprint and the diversity of the services the organisation can provide. The management system provides an effective platform for managing this in a controlled manner.

**Interested Parties:** The senior management team have a clear understanding of the Interested Parties associated with the on-going operation of the company and those that related to the strategic direction of the business. And the associated requirements and expectations of those interested parties.

The interview demonstrated that the Senior Management Team has a clear overview of the extent of the Management System (its scope), the strategic risks and opportunities and interested parties.

## Minor (1) nonconformities arising from this assessment.

<b>Finding Reference</b>	2419504-202311-N1	<b>Certificate Reference</b>	FS 618313
<b>Certificate Standard</b>	ISO 9001:2015	<b>Clause</b>	8.4.1
<b>Location reference</b>	0047529484-000		
<b>Assessment Number</b>	3687417		
<b>Category</b>	Minor		
<b>Area/process:</b>	Extension to Scope Activities: (Design, Manufacture, Repair & Supply of Infrastructure Technology) [These are activities omitted by BSI during previous extension to Scope assessment in October'23]		
<b>Statement of non-conformance:</b>	Processes associated with the selection, appointment and periodic evaluation of performance of sub-contractors used to support Design activities could not be demonstrated as being fully effective.		
<b>Clause requirements</b>	<p>The organization shall ensure that externally provided processes, products and services conform to requirements.</p> <p>The organization shall determine the controls to be applied to externally provided processes, products and services when:</p> <ul style="list-style-type: none"> <li>a) products and services from external providers are intended for incorporation into the organization's own products and services;</li> <li>b) products and services are provided directly to the customer(s) by external providers on behalf of the organization;</li> <li>c) a process, or part of a process, is provided by an external provider as a result of a decision by the organization.</li> </ul> <p>The organization shall determine and apply criteria for the evaluation, selection, monitoring of performance, and re-evaluation of external providers, based on their ability to provide processes or products and services in accordance with requirements. The organization shall retain documented information of these activities and any necessary actions arising from the evaluations</p>		
<b>Objective Evidence</b>	The sub-contractor appointed by the organisation to undertake S/W design activities on project BAM2101 was not listed on the Approved Supplier/Contractor Register.		
<b>Cause</b>			
<b>Correction/containment</b>			
<b>Corrective action</b>			

## Next visit objectives, scope and criteria

The objective of the assessment is to conduct a surveillance assessment and look for positive evidence to verify that elements of the scope of certification and the requirements of the management standard are effectively addressed by the organization's management system; that the system is demonstrating the ability to support the achievement of statutory, regulatory and contractual requirements and the organization's specified objectives as applicable with regard to the scope of the management standard; to confirm the ongoing achievement and applicability of the forward strategic plan.

The scope of the assessment is the documented management system with relation to the requirements of ISO 9001:2015 (inc. NHSS8) and the defined assessment plan provided in terms of locations and areas of the system and organization to be assessed.

ISO 9001:2015 (inc. NHSS8)  
Infratec-UK management system documentation

Please note that BSI reserves the right to apply a charge equivalent to the full daily rate for cancellation of the visit by the organization 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.

## Next visit plan

Date	Auditor	Time	Area/process	Clause
11/12/2024	Nathan Chivers	09:00	Opening Meeting (Review of previous non-conformances & company changes, etc.)	
		09:15	Performance Evaluation inc. Audits & Management Review	
		10:00	Improvement inc. Non-Conformance Management and Continual Improvement	
		10:30	Service Delivery Activities	
		11:30	Project Management and Management of Site Operations	
		12:30	Lunch	
		13:00	Infrastructure & Work Environment (inc. Calibration)	
		13:30	Competency, Awareness & Communication	
		14:00	NHSS8 Obligations	
		15:00	Closing Meeting (Report writing etc to be completed off site)	

## Appendix: Your certification structure & ongoing assessment programme

### Scope of certification

#### FS 618313 (ISO 9001:2015)

The Overseeing of Installation and Maintenance of Highway electrical equipment and supporting works associated with variable message signs & associated apparatus in accordance with National Highway Sector Scheme 8.

The Design, Manufacture, Repair & Supply of Infrastructure Technology

### Assessed location(s)

The audit has been performed at Central Office.

#### Middlesbrough / FS 618313 (ISO 9001:2015)

<b>Location reference</b>	<b>0047529484-000</b>
<b>Address</b>	INFRATEC-UK Ltd Unit 8-9 Easter Park Barton Road Middlesbrough TS2 1RY United Kingdom
<b>Visit type</b>	Re-certification Audit (SR Opt 1)
<b>Assessment number</b>	3687417
<b>Assessment dates</b>	21/11/2023
<b>Audit plan (revision date)</b>	09/10/2023
<b>Deviation from audit plan</b>	No
<b>Total number of Employees</b>	32
<b>Effective number of Employees</b>	17
<b>Scope of activities at the site</b>	Main certificate scope applies.
<b>Assessment duration</b>	1 day(s)

### Shift details

The shift patterns within the organization rotate on a regular and frequent basis ensuring that a representative sample of shifts and appropriate staff are interviewed and seen over the certification cycle.

## Certification assessment programme

Certificate number - FS 618313

Location reference - 0047529484-000

		Audit1	Audit2	Audit3	Audit4
Business area/location	Date (mm/yy):	10/23	11/24	10/25	10/26
	Duration (days):	1	1	1	1
STRATEGIC REVIEW		X			X
CONTINUOUS ASSESSMENT			X	X	
Opening Meeting (Review of previous non-conformances & company changes, etc.)		X	X	X	X
Context of the Organisation, Interested Parties, Scope, Management System Interaction		X			X
Leadership, Policy, Roles & Responsibilities		X			X
Performance Evaluation inc. Audits & Management Review		X	X	X	X
Improvement inc. Non-Conformance Management and Continual Improvement		X	X	X	X
Service Delivery Activities			X	X	
Project Management and Management of Site Operations			X	X	
Infrastructure & Work Environment (inc. Calibration)			X	X	
Competency, Awareness & Communication			X	X	
Product Design		X		X	
Manufacture & Test (inc. Calibration & Competency)		X		X	
NHSS8 Obligations		X	X	X	X
Statutory & Regulatory Obligations		X			X
Senior Management Interview		X			X
Recertification (via Strategic Review Activities)		X			X



## Mandatory requirements – recertification

The Recertification Review Pack has been reviewed prior to the assessment by the Client Manager.

- All requirements of the standard have been implemented.
- The entirety of scope / processes has been assessed during the current review period.
- The certificate structure and location activities have been reviewed.

Based on the recertification process, the management system continues to demonstrate the ability to support the achievement of statutory, regulatory and contractual requirements.

## Complaints received by BSI

There have been no complaints received by BSI during the certification period.

- No record of any complaints identified within PointGlobal or within the Strategic Review Pack.

## Strategic review pack summary

During this certification cycle:

- No major non-conformances have been identified.
- Four minor non-conformances:  
(3 against the original scope of certification with 2 associated to ETS and NHSS8 activities)
  - Clause: 7.1.1: Periodic inspection of Lifting Equipment and Calibration not effective. (17/11/22)
  - Clause 8.4.1: Supply chain management activities associated with contractors providing design services. (21/11/23)
  - Clause 9.2.1: Internal audit of NHSS8 obligations (26/07/23)
  - Clause 9.3.1: Management review not completed (26/07/23)
  - Clause 10.2.1: Management of HEA Feedback (26/07/23)

The management system has demonstrated effectiveness over the current 3-year cycle and where non-conformances have been identified they have been resolved in a timely & effective manner. No areas of concern etc that prevent a recommendation for recertification.

## Progress in relation to management system objectives.

Throughout the certification cycle the organisation has continued to set strategic organisational objectives (including system objectives) where were found to be in alignment with the strategic direction of the organisation. The objectives have been found to be well monitored and adjusted as appropriate based upon the challenges facing the organisation, demonstrating effective management and monitoring and a report via Management Review and Senior Management Meetings etc. Objectives sampled throughout this certificate cycle were found to be generally well managed with no significant concerns identified.

**Leadership, commitment and strategy**

The organisational leadership team continue to demonstrate effective leadership and commitment to the management system. Throughout the current certification cycle good evidence of engagement relating to strategic elements of the management system have been observed and these include maintenance of the Policy, Interested Parties, Risks & Opportunities and through the appointment of necessary personnel to maintain and manage the management system on a daily basis. No evidence has been observed throughout this certificate cycle to indicate a strategic failure of leadership & commitment.

**Effectiveness of the Management System**

Throughout this certificate cycle the management system was found to be generally well managed and overall effectiveness has been demonstrated. The management system was found to have addressed all areas of the standard and with clear interaction between associated processes. Where weaknesses have been identified, non-conformances in general have been well managed and resolved in a timely manner. The management system was found to be maintained in light of internal and/or external changes etc. There have been no significant or major changes that would require an additional stage 1 assessment to be undertaken.

**Impartiality review**

Impartiality has been demonstrated during this certification cycle.

- BSI Visit ref. 3088275: Recertification via Strategic Review - Nathan Chivers (16/11/20)
- BSI Visit ref. 3287129: Continuous Assessment Audit - Ryan Fromson (25/11/21) <sup>[1]</sup>
- BSI Visit ref. 3331189: Continuous Assessment Audit - Nathan Chivers (17/11/22)
- BSI Visit ref. 3852059: Stage 1 (update to include NHSS8) - Mark Stubbs (24/07/23) <sup>[2][3]</sup>
- BSI Visit ref. 3971281: Stage 2 (update to include NHSS8) - Hannah Scott (09/10/23) <sup>[3]</sup>

**Notes**

1. At the time of this impartiality assessment the organisation did not have NHSS8 which mean that Ryan Fromson held the appropriate T-Codes.
2. The organisation failed its initial Stage 2 ETS so this visit was reclassified as a Stage 1
3. This assessment failed to fully address the requirements associated with ETS.

**Continue with the current total assessment days/cycle.**

**Justified exclusions / non applicable clauses**

There are no justified exclusions / non applicable clauses of the standard for certificate: FS 618313

## Expected outcomes for accredited certification

### What accredited management system certification means?

To achieve an organization's objectives related to the Expected Outcomes intended by the management systems standard, the accredited management system certification is expected to provide confidence that the organization has a management system that conforms to the applicable requirements of the specific ISO standard.

In particular, it is to be expected that the organization

- has a system which is appropriate for its organizational context and certification scope, a defined policy appropriate for the intent of the specific management system standard and to the nature, scale and impacts of its activities, products and services over their lifecycles, is addressing risks and opportunities associated with its context and objectives;
- analyses and understands customer needs and expectations, as well as the relevant statutory and regulatory requirements related to its products, processes and services;
- ensures that product, process and service characteristics have been specified in order to meet customer and applicable statutory/regulatory requirements;
- has determined and is managing the processes needed to achieve the Expected Outcomes intended by the management system standard;
- has ensured the availability of resources necessary to support the operation and monitoring of these products, processes and services;
- monitors and controls the defined product process and service characteristics;
- aims to prevent nonconformities, and has systematic improvement processes in place including the addressing of complaints from interested parties;
- has implemented an effective internal audit and management review process;
- is monitoring, measuring, analysing, evaluating and improving the effectiveness of its management system and has implemented processes for communicating internally, as well as responding to and communicating with interested external parties.

### What accredited management systems certification does not mean?

It is important to recognize that management system standards define requirements for an organization's management system, and not the specific performance criteria that are to be achieved (such as product or service standards, environmental performance criteria etc).

Accredited management systems certification should provide confidence in the organization's ability to meet its objectives related to the intent of the management system standard. A management systems audit is not a full legal compliance audit, and does not necessarily ensure ethical behaviour or that the organization will always achieve 100% conformity and legal compliance, though this should of course be a permanent goal.

Within its scope of certification, accredited management systems certification does not imply or ensure, for example:

- that the organization is providing a superior product and service, or
- that the organization's product and service itself is certified as meeting the requirements of an ISO (or any other) standard or specification.

## Definitions of findings:

Nonconformity:

Non-fulfilment of a requirement.

Major nonconformity:

Nonconformity that affects the capability of the management system to achieve the intended results.

Nonconformities could be classified as major in the following circumstances:

- If there is a significant doubt that effective process control is in place, or that products or services will meet specified requirements;
- A number of minor nonconformities associated with the same requirement or issue could demonstrate a systemic failure and thus constitute a major nonconformity.

Minor nonconformity:

Nonconformity that does not affect the capability of the management system to achieve the intended results.

Opportunity for improvement:

It is a statement of fact made by an assessor during an assessment, and substantiated by objective evidence, referring to a weakness or potential deficiency in a management system which if not improved may lead to nonconformity in the future. We may provide generic information about industrial best practices but no specific solution shall be provided as a part of an opportunity for improvement.

## How to contact BSI

Visit the BSI Connect Portal, our web-based self-service tool to access all your BSI assessment and testing data at a time that's convenient to you. View future audit schedules, submit your corrective action plans and download your reports and Mark of Trust logos to promote your achievement. Plus, you can benchmark your performance using our dashboards to help with your continual improvement journey.

Should you wish to speak with BSI in relation to your certification, please contact your local BSI office – contact details available from the BSI website:

<https://www.bsigroup.com/en-GB/UK-office-locations/>

## Notes

*This report and related documents are prepared for and only for BSI's client and for no other purpose. As such, BSI does not accept or assume any responsibility (legal or otherwise) or accept any liability for or in connection with any other purpose for which the Report may be used, or to any other person to whom the Report is shown or in to whose hands it may come, and no other persons shall be entitled to rely on the Report. If you wish to distribute copies of this report external to your organization, then all pages must be included.*

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*This audit was conducted through document reviews, interviews and observation of activities. The audit method used was based on sampling the organization's activities and it was aimed to evaluate the fulfilment of the audited requirements of the relevant management system standard or other normative document and confirm the conformity and effectiveness of the management system and its continued relevance and applicability for the scope of certification.*

*As this audit was based on a sample of the organization's activities, the findings reported do not imply to include all issues within the system.*

## Regulatory compliance

*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.*

## Appendices

### Notes for BSI Certification Reviewer:

- *The original Extension to Scope assessment (BSI ref. 3852059) conducted in July'23 failed to fully address the scope of extension as defined within Contract Q707633, with the original Extension to Scope assessment (BSI ref. 3852059) and subsequent Extension to Scope assessment (BSI ref. 3971281) conducted in Oct'23 focusing on NHSS8 activities and failing to address the additional activities relating to **"The Design, manufacture and supply of variable message signs"** which was included in the Extension to Scope Contract. This omission was identified during this recertification (via Strategic Review) assessment so omitted areas from the Extension to Scope Contract have been addressed in this audit. Following a review of activities etc and discussions from the client the original extension "The Design, manufacture and supply of variable message signs" has been amended slightly to better reflect industry terminology and now reflects **"The Design, Manufacture, Repair & Supply of Infrastructure Technology."***
- *It is noted from the ISO 9001:2015 Stage 2 audit report (BSI ref. 3971281), that the Client Manager failed to update the scope of certification (as documented in the original Extension to Scope assessment (BSI ref. 3852059) to reflect the inclusion of NHSS8 activities in alignment with National Highway Sector Scheme requirements. The correct scope of certification for the upcoming certification cycle, the scope of certification should be:*  
***"The Overseeing of Installation and Maintenance of Highway electrical equipment and supporting works associated with variable message signs & associated apparatus in accordance with National Highway Sector Scheme 8."***