

# Assessment Report

## INFRATEC-UK Ltd

Assessment dates	27/11/2024 to 19/12/2024 (Please refer to Appendix for details)
Assessment Location(s)	Middlesbrough (000)
Report author	Nathan Chivers
Assessment Standard(s)	ISO 9001:2015, ISO 14001:2015, ISO 45001:2018



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## Executive summary

The senior management team continue to demonstrate effective use of the organisations integrated 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, including those associated with Project Management, Management of Field Works (including Installation), Manufacturing & Test, and Health, Safety & Operational Controls etc at the Middlesbrough facility.

The legacy non-conformance (2419504-202311-N1) was found to have been investigated, and planned actions etc have been implemented in a timely & effective manner and as a result the legacy non-conformance has now been closed.

During this audit five minor non-conformances have been identified:

- ISO 9001:2015+A1:2024:
  - Clause 6.1.1: Effective maintenance of the Interested Parties & Analysis (IMD001) could not be fully demonstrated.
- ISO 14001:2015+A1:2024:
  - Clause 6.1.2: Processes associated with identification of environmental aspects associated with product life cycle considerations (inc. Design) could not be demonstrated as being effective.
  - Clause 6.13: Ineffective identification of compliance obligations with several environmental statutory obligations not recorded.
  - Clause 8.2: Documented training etc relating to emergency preparedness (spill management) not demonstrated.
- ISO 45001:2018:
  - Clause 6.1.3: Ineffective identification of compliance obligations with several Health/Safety statutory obligations not recorded.

One opportunity for improvement have been observed during this integrated audit.

- ISO 45001:2018:
  - Clause 8.1: Activities associated with PUWER.

**Based upon direct observation, sampling of records and interviews with employees during this assessment, sufficient evidence of compliance has been observed, therefore continued certification to ISO 9001:2015+A1:2024 (inc. NHSS8), ISO 14001:2015+A1:2024 & ISO 45001:2018 recommended.**

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*This hybrid audit has been conducted using a combination of tradition onsite audit techniques and remote audit techniques utilising Information and Communication Technologies including TEAMS, email and telecon. The planned audit objectives have been achieved, there were no connectivity issues which impacted the delivery of this audit.*  
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**Notes for Future BSI assessors, and Report Reviewers:**ISO 9001:2015 Certification Expiry Date:

As part of the certificate review process conducted in response to the November'23 Strategic Review, the decision was made to issue a ISO 9001 certificate with a validity of 12-months (rather than the traditional 36-months) as the completion of a site visit had not been undertaken during that certification period and it was felt at the time this was a requirement. The 12-month certificate was issued to ensure that a site visit was conducted in the 2024 visit cycle. Since this decision was made a further evaluation of the viability of conducting a site visit was undertaken by the Client Manager and NHSS Scheme Manager (Andrew Babbs) and it has subsequently been agreed that given the worded scope of certification a physical site visit is not appropriate. Therefore, it is requested that certificate FS 618313 be re-issued with the full 36-month duration and a revised certificate expiry of 19-02-2025.

Effective Headcount and annual assessment duration:

As part of this audit, it was demonstrated that the organisation has implemented an effective integrated management system. As a result, a revised duration assessment has been completed based upon an integrated management system. That duration has been uploaded into PointGlobal with this report.

In demonstrating effective implementation of the integrated management system, the annual assessment duration for ISO 9001 (inc. NHSS8), ISO 14001 & ISO 45001 has been reduced from 5-days per annum to 4-days per annum. A new 3-year certification programme has been developed and included in this report reflecting the new duration and the integrated management system audit strategy.

## Changes in the organization since last assessment

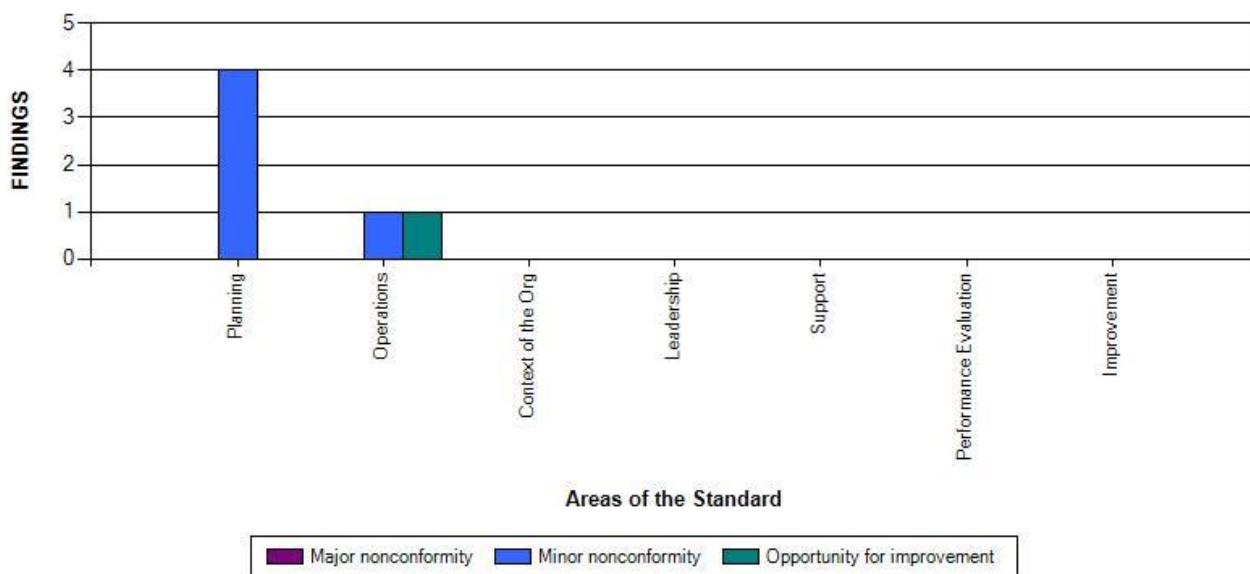
There is no significant change of the organization structure and key personnel involved in the audited management system.

No change in relation to the audited organization's activities, products or services covered by the scope of certification was identified.

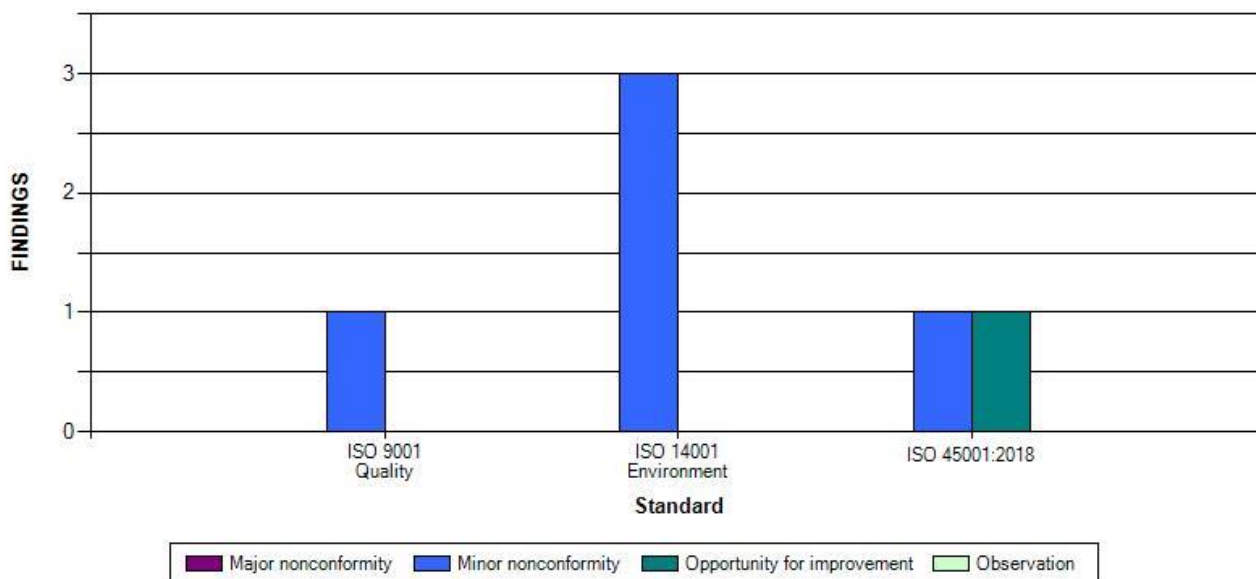
There was no change to the reference or normative documents which is related to the scope of certification.

## NCR summary graphs

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



### Which standard(s) BSI recorded findings against



## 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.

5 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.

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 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 and where applicable to identify potential areas for improvement of the management system.

The scope of the assessment was defined in the plan provided in terms of locations and areas of the system and organization to be assessed.

The visit was conducted as an integrated assessment.

The criteria of the assessment was ISO 9001:2015+A1:2024, ISO 14001:2015+A1:2024 & ISO 45001:2018 and 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 accessed during this audit.

## Assessment participants

Name	Position	Role	Opening meeting	Closing meeting	Interviewed (processes)
Lee Payne	Commercial Manager	Top management	X	X	X
Dave Bullock	Managing Director	Top management (legal responsibility for H&S)	X	X	X
Andrew Davidson	Test Engineer	Employee Representative		X	X

*The individual responsible for Health Monitoring (Daniel McCann) was invited to the closing meeting but was unable to attend due to its timing.*

## 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 **continued certification**, 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 **10/01/2025**. 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 **3922689**, **30056162**, **30056163**.

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	2419504-202311-N1	Certificate Reference	FS 618313
Certificate Standard	ISO 9001:2015	Clause	8.4.1
Location reference	0047529484-000		
Assessment Number	3687417		
Category	Minor		
Area/process:	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]		
Details:	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.		
Objective Evidence:	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.		
Cause			
The current process for subcontractor being approved is aimed more towards companies rather than sole trader or labour only subcontractors and therefore is too much for some labour only contractors that are used for a single project to complete. As a result, some don't return the questionnaire.			
Correction/containment			
Omitted contractor to be reviewed and approved as defined in Corrective Actions below.			
Corrective action			
A new Labour only subcontractor questionnaire to be created and resent to the subcontractor who carried out this software design work for this particular project. (COMPLETED) New approved Contractor/ Labour Only Approved register to be created. (COMPLETE)			
Closed?:			
Yes			
Justification	Nathan Chivers (29/11/24): All planned action shave been completed in a timely & effective and this non-conformance is now considered resolved.		



## Findings from this assessment

### Opening Meeting:

Since the last assessment (August'24) there has been:

- No significant changes to organisational structure or key personnel.
- No significant changes to employee numbers or allocation of employees
- No significant changes to the management system.
- No internal/external health, safety or environmental complaints from interested parties.
- No (pending) prosecutions relating to health, safety and/or environmental breaches.
- No visits by regulatory agencies (ie. HSE or EA), local council, or emergency services relating to health, safety or environmental issues.
- No RIDDOR reportable, or lost time incidents/accidents.
- No unintended discharges to air, water, or soil, that has resulted in contamination.

## **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.2) 22/11/23
    - ~ Section 4.3: Scope
    - ~ Section 5.2: Integrated management System Policies
      - IMP002: Quality Management Policy Statement
      - IMP003: Health, Safety and Wellbeing Policy Statement
      - IMP004: Environmental Policy Statement
    - ~ Section 5.3: Organizational Roles, Responsibilities & Authorities
      - NHSS8 Specific roles defined within Section 3.9: Terms & Definitions
- IMD001: Interested Parties & Analysis [Reviewed via Management Review]
  - > Internal/External Factors
  - > Needs & Expectations of Interested Parties
  - > Strategic & Operational Risks & Opportunities
- IMD020: Business Continuity Plan (01/10/23)

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 policies that address the requirements of all associated standards under BSI certification. The organisation has opted to retain three separate policies rather than a single integrated policy to commercial reasons and better respond to client's expectations.

Context of the Organisation (Inc. Interested Parties): The organisation has completed the integration of the management systems so that the Interested Parties & Analysis (IMD001) now address the requirements associated with the context of the organisation across All three standards (inc. NHSS8), with the documented analysis covering both internal/external factors, and the needs & expectation of internal & external factors, including those associated with climate change.

Scope: The scope of the integrated 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: The organisation has completed the integration of the management systems so that the strategic and operational risks & opportunities are documented with the Interested Parties & Analysis (IMD001), with project specific risks & opportunities etc being facilitated as part of the new project start review. Whilst it is noted that the Interested Parties Analysis was reviewed as part of the Management Review in June'24, the analysis itself had not been updated to reflect the business risks & opportunities discussed & documented within the management review. Minor non-conformance 2577977-202411-N1 has been identified.

Planned objective:

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

## **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.2) 22/11/23
    - ~ 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
- IMD004: 2024 HSEQ Company Objectives relating to:
  - > IMS Objectives:
    - ~ Implementation of Integrated Management System (COMPLETE)
  - > Quality:
    - ~ 2024 Objective focus on Management System continuity (COMPLETE)
  - > Health & Safety:
    - ~ Enhance employee competency & responsibility awareness etc via ToolBox Strategy (ONGOING)
    - ~ Enhancement of H&S accident reporting and deployment of Cognito platform (COMPLETE)
  - > Environmental:
    - ~ Enhance employee competency & environmental awareness inc. Spill Response Training
    - ~ Identification of sustainability initiatives for 2025 (ie. Vehicle Emissions) (ONGOING)
- IMD036: Continuous Improvement Log
  - > Used to support & tracking actions associated objectives & targets
- 6 Monthly (Integrated) Management Review (IMD019):
  - > 19/12/23 & 11/06/24
- (IMD025) 2024 Integrated Internal Audit Log/Schedule:
 

[Part of a 36-month Audit Strategy 2023 – 2026]

  - > 21 (integrated) Audits schedule and all completed (Including NHSS8 Obligations)
    - ~ Audit # 30: Context of the Organisation (09/01/24)
      - No non-conformances identified
    - ~ Audit # 33: Objectives (04/04/24)
      - No non-conformances identified
    - ~ Audit # 37: Competency & Awareness (24/10/24)
      - No non-conformances identified
    - ~ Audit # 40: Operational Planning & Control (06/11/24)
      - No non-conformances identified
    - ~ Audit # 41: Emergency Preparedness & Response (12/11/24)
      - No non-conformances identified
    - ~ Audit # 42: Production & Service Provision (25/11/24)
      - No non-conformances identified
    - ~ Audit # 45: Risk Assessment (13/11/24)
      - No non-conformances identified
    - ~ Audit # 46: Internal Audit (26/11/24)
      - No non-conformances identified

- NCR/CAR Register (Internal/External Audit, Complaints, Employee Feedback, etc.)
  - > Internal & External Audit Non-Conformances:
    - ~ CAR #15 (Associated with IA 2023-16): Raised: 14/11/23, Status: Closed (14/11/24)
    - ~ CAR #18 (General Observation – FLT Training): Raised: 02/02/24, Status: Closed (01/03/24)
    - ~ CAR #19 (General Observation – PPE Usage): Raised: 01/03/24, Status: Closed (01/05/24)
    - ~ CAR #20 (General Observation – LOLER Remedial Actions): Raised: 30/05/24, Status: Closed (30/05/24)
  - > Customer Feedback (Inc. Complaints)
    - ~ No complaints received.
- Customer Feedback:
  - > Weekly Operation/Planning Reviews that includes Operational Performance feedback
  - > Trend analysis via Management Review
- IMD000: Document Register (Updated: Nov'24)

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 (associated to all 3-standards) continue to be appropriately defined, which 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 to support management system integration during 2024. The frequency of Management Reviews for 2025 is under review. The integrated management reviews completed since were appropriately documented and well supported by the senior management and address the requirements of all 3-standards including those associated with NHSS8.

Internal Audits: As apart of the integration of the management systems during 2024 the organisation has transitioned from a separate Quality, Health & Safety and Environment audit plans into a single IMS audit plan with the IMS audit plan being focused on system compliance, and integration. Sampled audits were found to be appropriately documented and completed in a timely manner with system/standard integration appropriately demonstrated.

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 2024 being on the implementation (and associated certification) 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.

## Accident/Incident Reporting & Investigation:

Evidence Witnessed during Assessment:

- Integrated Management System Manual (v.2)
  - > 6.1.2.1: Accident/Incident Investigation
- IMD040: Accidents & Incidents Procedure (v.1)
- FM-06: Post Collision Procedure [Road Traffic Incidents] (v.7)
- Accident/Incident/Near Kiss KPI's
- RIDDOR Reportable Incidents or Lost Time Accidents:
  - > None
- Accidents/Personal Injury:
  - > None since the last BSI audit (Nov'23)
- Near Miss (Air Table)
  - > None since the last BSI audit (Nov'23)
- Road Traffic Incidents:
  - > Initial report: 30/08/24 (Incident ref. CL-02-300824)
    - ~ Rear impact from moving vehicle whilst stationary in queued traffic
    - ~ Investigation Report: 03/09/24 (No injuries)
- Environmental Incidents: (Air Table)
  - > #1: Raised: 19/03/24: Hydraulic Hose Failure on Site
    - ~ Effective implementation of containment measures, resulting in no permanent contamination
    - ~ Clean Up Facilitated by Client (As per site rules)
    - ~ Initial incident report & investigation etc appropriately documented

The methods for determining effectiveness include:

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

Overview of Organisation Process and Conclusions:

Whilst there have been no accidents since the last assessment in November'23, processes and procedures remain in place that should an accident incident occur it would be managed/contained, reported and investigated in a timely and effective manner with appropriate recording of the event and associated actions. Actions associated with the management, reporting and subsequent investigation of environmental incidents was appropriately demonstrated.

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.

## Environmental Aspects and Identification & Verification of Compliance (Legal & Other Obligations)

- Integrated Management System Manual (v.2)
  - > Section 6.1.3: Identification of Legal Obligations
  - > Section 6.2: Environmental Aspects
  - > Section 9.1.4: Evaluation of Compliance
- IMD003: Environmental Aspects Register (Updated: Oct'23 and reviewed as part of M/R)
- IMD002: Legal Register (Updated: Oct'23 and reviewed as part of M/R)
- Verification via Internal Audits: (IMD025) 2024 Integrated Internal Audit Log/Schedule: [Part of a 36-month Audit Strategy 2023 – 2026]
  - > Audit # 40: Operational Planning & Control (06/11/24)
    - ~ No non-conformances identified
  - > Audit # 41: Emergency Preparedness & Response (12/11/24)
    - ~ No non-conformances identified
  - > Audit # 42: Production & Service Provision (25/11/24)
    - ~ No non-conformances identified
  - > Audit # 45: Risk Assessment (13/11/24)
    - ~ No non-conformances identified

The methods for determining effectiveness include:  
Review of internal audits, records & observation

### Overview of Organisation Process and Conclusions:

Environmental Aspects and Impacts: Processes associated with the identification of environmental aspects and impacts associated with office activities and site-based activities were found to be appropriately documented and subject to planned periodic review. However, it was noted that environmental aspects & impacts associated with Design and Lifecycle considerations had not yet been documented. Minor non-conformance 2577977-202411-N2 has been identified.

Identification & Verification of Compliance Obligations: Processes associated with the identification of environmental and health & safety compliance (statutory/regulatory & other) obligations was found to be well defined and through sampling the compliance register partial implementation of planned arrangements was demonstrated. However, a number of relevant regulatory/statutory compliance obligations have been omitted. Minor non-conformances 2577977-202411-N3 & 2577977-202411-N4 have been identified.

### Planned objective:

Based on a sampling process and the objective evidence above planned activities & results have been partially achieved with two minor non-conformances identified.

## **Health, Safety & Environmental Operational Controls: (Including: Hazard Identification, Statutory Obligations, Competency, Environmental considerations (ie. Waste Management) and Emergency Preparedness)**

Evidence Witnessed during Assessment:

- Integrated Management System Manual (v.2)
  - > Section 6.1.3: Identification of Legal Obligations
  - > Section 6.2: Environmental Aspects
  - > Section 9.1.4: Evaluation of Compliance
  - > Section 6.1.2.1: Hazard Identification & Risk & Opportunities
  - > Section 8.1.1: Health, Safety & Environmental Operational Planning & Control
  - > Section 8.1.2: Hazard Identification & Risk & Opportunities
- IMD021: Emergency Response Plan (01/10/23)
- Hazard Identification & Risk Assessment:
  - > Fire Risk Assessment: 17/06/24  
[Remedials managed via CAR process]
    - ~ Fire & Emergency Evacuation Plan (v.1)
  - > RA002: Racking (20/09/23) [36-Month review]
  - > RA004: FLT Operations (08/09/23) [36-Month review]
  - > RA006: Bench Drill (05/09/23) [36-Month review]
  - > RA010: Sign Maintenance (18/09/23) [36-Month review]
  - > RA011: Soldering (12/09/23) [36-Month review]
  - > RA026: Legionella (02/10/23) [36-Month review]
- COSHH:
  - > COSHH Register (via AirTable Platform)
  - > COSHH Assessment # 001: Copper Grease (07/08/23)
    - ~ MSDS (07/04/21)
  - > COSHH Assessment # 007: Locitite 248 (13/10/23)
    - ~ MSDS (11/04/22)
  - > COSHH Assessment # 052: Dry Molly (10/08/23)
    - ~ MSDS (10/11/22)
  - > COSHH Assessment # 079: Flexclene (15/09/23)
    - ~ MSDS (18/08/20)
- Statutory & Other Inspections:
  - > LOLER:
    - ~ Toyota 02-8FGF18 FLT (Serial E31270): 12/01/24
    - ~ 2.25 Tonne Lifting Jacks: 12/01/24
  - > PUWER:
    - ~ Toyota 02-8FGF18 FLT (Serial E31270): 05/09/24 (Annual Service)
    - ~ Racking Inspection: 29/05/24 (Remedials managed via CAR's)
      - SWL Signage observed
    - ~ Roller Doors: July'24 (Annual Service)
    - ~ Bench Drill: 04/10/23 (36-Month Frequency)
    - ~ Pallet Truck: 04/10/23 (36-Month Frequency)
    - ~ Test Area BVX100 LEV: 11/09/24 (14-Month Frequency)
    - ~ Site Vehicles - Reviewed as part of "Project Management (Inc. Tendering & Contract Review) and Management of Site Operations"



- > Electrical Safety:
  - ~ Fixed Wiring Inspections: Report HET-CM-1079 (27/06/23)  
[Various C2 & C3 failures]
    - Remedials via report: HET-CM-5253 (07/09/23)
    - Remedials via report: HET-CM-2711 (12/07/23)
    - Remedials via report: HET-CM-5255 (08/09/23)
  - ~ (Annual) Portable Appliance Testing: 20/09/23  
[Deferred to Dec'24 as agreed by Management Team in M/R]
- > Legionella:
  - ~ Scheme of Control/Log-Book
  - ~ (Monthly) Water Temperature Monitoring [Part of monthly Tour]
  - ~ (Monthly) Cleaning Activities
- Training & Competencies:
  - > Inductions:
    - ~ 1 New starter: Employee JM (Driver/HIAB Operator):
      - Environmental Awareness Induction 26/11/24
      - Fire & Emergency Induction: 04/11/24
  - > Fork-Lift Truck (or Similar) Operators:
    - ~ Employee: MA (11/10/22) Expires: Oct'27
    - ~ Employee: SC (11/10/22) Expires: Oct'27
    - ~ Employee: JP (24/02/24) Expires: Feb'29
  - > Crane and associated operators (ie. Slings etc)
    - ~ Not reviewed as part of this assessment. Reviewed as part of "Project Management (Inc. Tendering & Contract Review) and Management of Site Operations"
- Waste Management:
  - > Duty of Care:
    - ~ BIFFA (WCL: CBDU104360, Expires 23/05/25)
    - ~ PHS (WCL: CBDU155856, Expires 31/07/25)
    - ~ InfraTec UK (WCL CBDU50183, Expires: 28/11/27)
  - > Waste Disposal:
    - ~ General Waste (via BIFFA): WTN: 01/03/24 – 28/02/25
    - ~ Metals, Paper/Card & Wood (via BIFFA): WTN: 01/03/24 – 28/02/25
    - ~ Sanitary Waste (via PHS): WTN: 01/10/24 – 30/09/25, and 01/10/23 – 30/09/24
    - ~ No Hazardous Waste or WEEE since last audit
- Air Conditioning (F-Gas):
  - > F-Gas Register
  - > TM44 Inspection: Not required – Below threshold
  - > A/C service/Inspection records, inc. Leak test: Report # 76177 (03/07/24)
  - > AirCon F-Gas Registration (REF1009986)
- Pollution Prevention:
  - > Emergency Spill/Simulation (Pending)
  - > Various Spill Kits located strategic around facility
  - > Local bunding utilised.

- Emergency Preparedness:
  - > Fire:
    - ~ Fire Detection & Alarm:
      - 6 Monthly Service: 25/04/24 & 28/10/24
      - Weekly Call Point Testing
    - ~ Emergency Lighting:
      - Annual "3 Hour" Test: 28/10/24
      - Remedials completed: 21/11/24
    - ~ Fire Fighting Equipment:
      - Annual Fire Extinguisher Service: Oct'24
      - Monthly H&S Tours
    - ~ Evacuation Signage & Guidance
    - ~ Annual Evacuation Exercise: 29/10/24
  - > First Aid:
    - ~ First Aid Provisions
    - ~ First Aid Signage and Communication
  - > Competency & Awareness:
    - ~ First Aiders:
      - Employee: LB: 03/08/23 (Cert. 3150860) Expires: Aug'26
      - Employee: PR: 14/02/23 (Cert. 3024685) Expires: Feb'26
      - Employee: LR: 01/07/22 (Cert. 2846847) Expires: July'25
    - ~ Fire Marshalls/Wardens:
      - Employee: LB: 13/04/23 (Cert. FS-03 10182) Expires: April'26
      - Employee: PR: 13/04/23 (Cert. FS-03 10183) Expires: April'26

The methods for determining effectiveness include:  
Review of internal audits, records, key performance indicators (KPI's) & observation

#### Overview of Organisation Process and Conclusions:

Hazard Identification & Risk Assessment: Processes associated with the identification of hazards and the creation, communication and maintenance of risk assessments was well defined and through sampling of risk assessments etc relating to both activities conducted at the Middlesbrough facility and site based activities the creation of risk assessments etc was found to be well controlled.

Statutory & Other Inspection Activities: Activities associated with planned periodic statutory/regulatory and other inspections (including those associated with LOLER & PUWER) were found to be well defined and through sampling of equipment and other assets and their associated records etc the effective implementation of planned arrangements was demonstrated. However, one opportunity for improvement was identified relating to self-conducted PUWER inspections and the associated frequency. Opportunity for improvement 2577977-202411I1 has been noted.

Employee Competency & Awareness: Employee competency and awareness was generally well demonstrated with employee competency records relating to both new starter inductions and activity specific competencies being generally well demonstrated. However, one minor non-conformance was identified relating to documented training/competency records etc associated with spill containment & management. Minor non-conformance 2577977-202411-N5 has been identified.

Waste Management: Waste streams were found to be appropriately identified and associated waste duty of care documentation sampled during the assessment was found to be readily available and complete.

**Air Conditioning:** Air conditioning system were appropriately identified within the F-Gas register, and records of periodic inspections etc sampled during the audit demonstrated inspections in-excess of statutory obligations. Air conditioning systems etc did not cross the threshold of requiring periodic TM44 assessment.

**Permitted Activities:** At the time of the audit the organisation does not undertake any permitted activities, however in future should the organisation start to manufacture road signs & signals (rather than the control systems manufactured to date), the organisation may be required to undertake water integrity testing which is likely to require a water discharge consent. This is to be monitored in the 2025 assessment.

**Pollution Prevention:** Processes associated with pollution prevention were observed throughout the assessment of the Middlesbrough facility, with minimal use of liquids & chemicals that could result in environmental harm if accidentally released to soil or water. The use of bunded (COSHH) cupboards was verified.

**Emergency Preparedness:** Processes etc associated with emergency preparedness were found to be well defined and generally well implemented. Health, & Safety arrangements for both Middlesbrough based, and site-based activities were found to be appropriately controlled with Fire & First Aid arrangements sampled. Environmental arrangements for both Middlesbrough based, and site-based activities were found to be appropriately defined (relating to Spill Containment & Management), however records associated with employee competency could not be demonstrated. Minor non-conformance 2577977-202411-N5 has been identified.

**Planned objective:**

Based on a sampling process and the objective evidence above planned activities & results have been partially achieved with 1 minor non-conformance identified.

<b>Finding Reference</b>	2577977-202411-I1	<b>Certificate Reference</b>	OHS 785529
<b>Certificate Standard</b>	ISO 45001:2018	<b>Clause</b>	8.1.1
<b>Location reference</b>	0047529484-000		
<b>Assessment Number</b>	30056163		
<b>Category</b>	Opportunity for Improvement		
<b>Area/process:</b>	Health, Safety & Environmental Operational Controls: (Including: Hazard Identification, Statutory Obligations, Competency, Environmental considerations (ie. Waste Management) and Emergency Preparedness)		
<b>Details</b>	<p>An opportunity for improvement was observed associated with the frequency of internal PUWER assessment activities and the method of recording the inspection etc.</p> <p>Compliance with PUWER etc was demonstrated however there was ambiguity relating to the frequency and recording of potential issues etc.</p>		

## **Project Management (Inc. Tendering & Contract Review) and Management of Site Operations: (Including: Health, Safety & Environmental Controls)**

- IMPF001: Operation Process Flow (v.1)
  - > IMD018: Contract Inception Review
  - > IMD028: Project Work File
  - > IMD032: Technical Questions Form (TQF's)
- Records & Correspondences etc associated with:
  - > Project: AMY2401 (Area 12 M+R) [Commercial Enquiry Only]
    - ~ Initial Enquiry: 08/11/24
      - Under existing contract framework AH-MNR12-SC062 (20/08/24)
    - ~ Quote/Pricing Submitted: 08/11/24
      - Supported by internal pricing/costing breakdown
    - ~ Awaiting Appointment from Client (via Task Order)
    - ~ Commercial tracking etc via Commercial Register (Repairs & Spares Section)
    - ~ Preliminary completion of Project Work File (Quality Plan – NHSS8)
      - [Provisional] Work Scope Summary
  - > Project: CHU-2401 (CCTV Install/Replacement)
    - ~ Initial Enquiry: 08/05/24
    - ~ Quote/Pricing Submitted: 09/05/24
      - Supported by internal pricing/costing breakdown
    - ~ Appointment from Client (via Location Specific Contracts)
      - Contract 19986393 (24/09/24)
      - Contract 19986392 (26/09/24)
      - Contract 19987291 (08/10/24)
    - ~ Commercial tracking etc via Commercial Register (Install Section)
    - ~ Project Work File (Quality Plan – NHSS8)
      - Work Scope Summary (inc. Project Scheduling, & CDM Responsibilities [Contractor])
      - Project Team, including Client Contacts and other Interested Parties
      - Summary of Costings
      - Summary of Task Orders (Client appointments)
    - ~ Project specific RAMS & Lifting Plans:
      - RAMS: 03/09/24 (approved by the client)
      - MEWP Lifting Plan: 03/09/24
    - ~ Installation & Commissioning Records:
      - Work Area M62 (Contract: 19986393)
        - 30/09/24: Report ID: M62-3009-24 (Employee: D.McC)
        - 04/11/24: Report ID: M62-0411-24 (Employee: D.McC)
        - 07/11/24: Report ID: M62-0711-24 (Employee: D.McC)
      - Work Area M6 (Contract: 19987291)
        - 18/11/24: Report ID: M6-1811-24 (Employee: A.D)
        - 21/11/24: Report ID: M6-2111-24 (Employee: A.D)
        - 25/11/24: Report ID: M6-2511-24 (Employee: D.McC)
      - Work Area M5 (Contract: 19986392)
        - 01/10/24: Report ID: M6-0110-24 (Employee: A.D)
        - 16/10/24: Report ID: M6-161024 (Employee: A.D)

- > Project: CLS2401 (Technology Renewals)
  - ~ Initial Enquiry: [Not recorded by BSI Auditor]
  - ~ Quote/Pricing Submitted:
    - A2 Works: 16/02/24
    - M621 Works: 29/04/24
  - ~ Appointment from Client (via Location Specific PO's)
    - A2 Works: 06/03/24 (PO # 9924862)
    - M621 Works: 08/05/24 (PO # 10229166)
  - ~ Commercial tracking etc via Commercial Register (Install Section)
  - ~ Project Work File (Quality Plan – NHSS8)
    - Work Scope Summary (inc. Project Scheduling, & CDM Responsibilities [Contractor])
    - Project Team, including Client Contacts and other Interested Parties
    - Summary of Costings
    - Summary of Task Orders (Client appointments)
  - ~ Road specific RAMS & Lifting Plans:
    - RAMS:
      - A2: 27/03/24 (approved by the client)
      - M621: 03/05/24 (approved by the client)
    - HIAB Lifting Plans:
      - A2: 27/03/24 (Completed by competent person)
      - M621: 16/05/24 (Completed by competent person)
  - ~ Installation & Commissioning Records:
    - A2 (PO # 9924862)
      - 22/04/24: Report ID: A2-2204-24 (Employee: M.A)
      - 14/05/24: Report ID: A2-1405-24 (Employee: D.McC)
    - M621 (PO # 10229166)
      - 04/06/24: Report ID: M621-0406-24 (Employee: S.C)
- Fleet Management via FLEETIO System
  - > Volvo FH540 HIAB
    - ~ 13-Week Safety Inspection: 08/11/24, 11/08/24 & 16/05/24
    - ~ (Annual) MOT: 19/08/24
    - ~ Service History- Reviewed (not recorded by BSI Auditor)
    - ~ Annual LOLER: 16/02/24
    - ~ (3-Monthly) First Aid Provision Check: 23/09/24
    - ~ Misc. Lifting Accessories: 16/10/24 (Report: 49027-FH450) Qty.47
  - > Scania R500 HIAB
    - ~ 13-Week Safety Inspection: 01/11/24, 14/07/24 & 25/04/24
    - ~ (Annual) MOT: 30/07/24
    - ~ Service: 24/07/24
    - ~ Annual LOLER: 02/08/24
    - ~ (3-Monthly) First Aid Provision Check: 23/09/24
    - ~ Misc. Lifting Accessories: 14/10/24 (Report: 49027-R500) Qty.48
  - > Iveco Daily MEWP
    - ~ (Annual) MOT: Exempt – New Vehicle (Due Sept'25)
    - ~ Service: 29/04/24
    - ~ 6-Monthly LOLER: 01/07/24 & 02/01/24
    - ~ MEWP Service: 01/07/24
    - ~ (3-Monthly) First Aid Provision Check: 12/09/24

- > Nissan Cab Star NT400 MEWP
  - ~ (Annual) MOT: Exempt – New Vehicle (Due Sept'25)
  - ~ Service: 13/05/24
  - ~ 6-Monthly LOLER: 01/07/24 & 02/01/24
  - ~ MEWP Service: 01/07/24
  - ~ (3-Monthly) First Aid Provision Check: 04/09/24
- Asset & Preventative Maintenance Register
  - > Employee MA (associated with Project CLS2401 – A2 & M11)
    - ~ Harness: ID: 0124246-0080: LOLER # Report: 355211 (14/10/24) [6-Monthly]
    - ~ Lanyard ID: 10185600: LOLER Report # 355212 (14/10/24) [6-Monthly]
  - > Employee SC (associated with Project CLS2401 – M261)
    - ~ Harness: ID: 185850174: LOLER: Report: 355214 (14/10/24) [6-Monthly]
    - ~ Lanyard ID: 28945831243: LOLER Report # 355218 (14/10/24) [6-Monthly]
  - > Employee DMcC (associated with Projects: CHU2401 – M62 & M5, and CLS2401 – M11)
    - ~ Harness: ID: 1858560059: LOLER: Report: 355215 (14/10/24) [6-Monthly]
    - ~ Lanyard sampled but details not recorded by BSI Auditor
  - > Employee AD (associated with Projects: CHU2401 – M6 & M5)
    - ~ Harness ID: 283580025: LOLER: Report # 355217 (14/10/24) [6-Monthly]
    - ~ Lanyard ID: 28338066: LOLER Report # 355216 (14/10/24) [6-Monthly]

The methods for determining effectiveness include:

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

Overview of Organisation Process and Conclusions:

Processes associated with the project management, including commercial, project delivery and the coordination & management of site works was found to be well defined and through interviews with employees and sampling of records etc the effective implementation of planned arrangements was demonstrated.

Processes associated with health, safety, and environmental operational controls relating to project management, including commercial, project delivery and the coordination & management of site works was found to be well defined and through interviews with employees and sampling of records etc the effective implementation of planned arrangements was demonstrated.

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.



## **Manufacturing, Repair & Test Activities: (Including: Infrastructure & Work Environment (inc. Calibration), Management of Non-Conforming Product and Release Inspection)**

- IMPF001: Operation Process Flow (v.1)
- Records & Correspondences etc associated with:
  - > Rep169: Asset/Pt.No: [Not recorded by BSI auditor]
    - ~ Received from Site/Logged for Repair: 20/05/24
    - ~ Diagnostic/Fault Finding: 20/05/24
    - ~ Repair Quotation: 18/09/24
    - ~ Client Authorisation to repair via PO # 205214 (24/09/24)
    - ~ Status: Awaiting PCB from supplier
  - > Rep164: Asset/Pt.No: [Not recorded by BSI auditor]
    - ~ Received from Site/Logged for Repair: 27/03/24
    - ~ Diagnostic/Fault Finding: 26/10/24
    - ~ Repair Quotation: 21/10/24
    - ~ Client Authorisation to repair: Pending
  - > Rep144: Asset/Pt.No: [Not recorded by BSI auditor]
    - ~ Received from Site/Logged for Repair: 04/01/24
    - ~ Diagnostic/Fault Finding: 19/02/24
    - ~ Repair Quotation: 08/03/24
    - ~ Client Authorisation to repair via PO # 204303 (12/03/24)
    - ~ Repairs Initiated: 25/07/24
    - ~ Final Release Test: 05/09/24
    - ~ Returned to Client: 06/09/24
  - > Rep119: Asset/Pt.No: [Not recorded by BSI auditor]
    - ~ Received from Site/Logged for Repair: 09/11/23
    - ~ Diagnostic/Fault Finding: 21/11/23
    - ~ Repair Quotation: 23/11/23
    - ~ Client Authorisation to repair via PO # 4701525962 (30/11/23)
    - ~ Repairs Initiated: 22/04/24
    - ~ Final Release Test: 21/05/24
    - ~ Returned to Client: 23/05/24
  - > Rep176: Asset/Pt.No: [Not recorded by BSI auditor]
    - ~ Received from Site/Logged for Repair: 14/08/24
    - ~ Diagnostic/Fault Finding: 09/09/24
    - ~ Repair Quotation: 11/09/24
    - ~ Client Authorisation to repair: Pending (Authorisation to proceed with repair at risk by MD)
    - ~ Repairs Initiated: 26/11/24
    - ~ Final Release Test: 26/11/24
    - ~ Returned to Client: Pending receipt of PO
- Asset & Calibration via PM Register (AirTable)
  - > Asset # 0009: Fluke 1652C (Serial # 818051)
    - ~ Calibrated: 02/04/24 (Cert. STD227520) Frequency: 12-Months
  - > Asset # 0016: Robin KMP4120DL Loop Tester (Serial # 4139699)
    - ~ Calibrated: 13/09/24 (Cet. BTM14462) Frequency: 12-Months
  - > Asset # 0028: Therma 1 Mk.2 Thermometer (Serial; # D22510401)
    - ~ Calibrated: 02/04/24 (Cert. BTM13369) Frequency: 12-Months
  - > Asset # 0030: Kennedy Torque Wrench (Serial # E011365)
    - ~ Calibrated: 26/04/24 \*Cert. STD229713) Frequency: 12-Months

The methods for determining effectiveness include:

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

Overview of Organisation Process and Conclusions:

Processes associated with manufacturing, repair, and final release authorisation (via unit testing) was found to be appropriately defined and through interviews with employees and sampling of records etc the effective implementation of planned arrangements was demonstrated.

*NB: Production of new equipment since the last audit was limited so focus was on Repair Activities. For 2025 audit focus will be on new equipment manufacturing & test.*

Infrastructure & Work Environment: The infrastructure & work environment observed during the audit was considered suitable & sufficient for the work being undertaken. Control of measuring equipment and associated calibration activities etc was appropriately demonstrated.

Management of Non-Conforming Product: Processes associated with the identification and management of non-conforming product (and parts undergoing repair etc) was well defined and effectively implemented to prevent the accidental or intended use of non-conforming products.

Customer Owned Materials & Products: The control and management of customer owned product or materials was appropriately defined, with effective asset management and tracking used to ensure that all customer owned products etc were appropriately identified for easy location and tracking, and stored in a suitable condition to preserve product integrity.

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.



## Competency & Awareness:

Evidence Witnessed during Assessment:

- Integrated Management System Manual (v.2)
  - > 7.1 Resources (including HER'S Responsibilities)
    - ~ Responsible Manager: Dave Bullock
    - ~ Authorising Officers: Lee Payne & Daniel McCann
    - ~ Compliance Manager: Lee Payne
  - > 7.2: Competency
  - > 7.3: Awareness
  - > 7.4: Communication
- IMD-013: Communications Matrix
- Training & Competency Matrix (via Skill Station)
  - > Compliance Dashboard
  - > Various competency records etc sampled
- Sampling of HERS Competency Portfolios
  - > Employee: Daniel McCann (HERS Role: HERS Supervisor)
    - ~ HERS Card # H1188689 (Expires: 23/09/25)
    - ~ Annual Desktop Review: 23/08/24
    - ~ Found01: Basic Health & Safety
      - First Aid: 14/02/23 (Expires: Feb'26)
      - Site Assessment (inc. Oral Questions etc): 14/10/21 (Due: 14/10/26)
    - ~ Found04: Power Tools including hand tools + M.T. (PowerTools)
      - 204 – Hand-held Tools: 24/02/21 (Expires: Feb'26)
      - Site Assessment (inc. Oral Questions etc): 27/07/23 (Due: Jul'28)
    - ~ Found07: Working in the vicinity of DNO/IDNO Equipment + M.T.
      - G39: Expires: 16/02/23 (Expires: Feb'26)
      - Site Assessment (inc. Oral Questions etc): 27/07/23 (Due: Jul'28)
    - ~ Sup01: Supervise Teams on-site
      - Qualified Supervisor: Expires Jan'27
      - Site Assessment (inc. Oral Questions etc): 27/01/22 (Due: Jan'27)
    - ~ Found05/1: Mobile Elevating Work Platform + M.T.
      - IPAF Static Boom (1b): Expires: May'25
      - Site Assessment (inc. Oral Questions etc): Due: Jan'27
  - > Employee: Andrew Davidson (HERS Role: Maintenance Operative – Fault Repair)
    - ~ HERS Card # H1173702 (Expires: 18/10/27)
    - ~ Annual Desktop Review: 16/05/24
    - ~ Found01: Basic Health & Safety
      - First Aid: Expires: 24/05/24 (Expires: May'27)
      - Site Assessment (inc. Oral Questions etc): 14/10/21 (Due: 14/10/26)
    - ~ Found04: Power Tools including hand tools + M.T. (PowerTools)
      - 204 – Hand-held Tools: 15/02/21 (Expires 15/02/26)
      - Site Assessment (inc. Oral Questions etc): 19/07/24 (Due: July'29)
    - ~ Found05/1: Mobile Elevating Work Platform + M.T.
      - IPAF Static Boom (1b): 29/10/21 (Expires: Oct'26)
      - Site Assessment (inc. Oral Questions etc): 19/07/24 (Due: July'29)
    - ~ Found07: Working in the vicinity of DNO/IDNO Equipment + M.T.
      - G39: Expires: 16/02/23 (Expires: Feb'26)
      - Site Assessment (inc. Oral Questions etc): 19/07/24 (Due: July'29)

- ~ Main02: Routine General Maintenance
  - Company Declaration: 13/10/23 (Due: Oct'28)
  - Site Assessment (inc. Oral Questions etc): 13/10/23 (Due: Oct'28)
- ~ Main03: Remove and replace components
  - Company Declaration: 13/10/23 (Due: Oct'28)
  - Site Assessment (inc. Oral Questions etc): 13/10/23 (Due: Oct'28)
- > Employee: Mike Arkle (HERS Role: Supervisor)
  - ~ HERS Card # H0234304 (Expires: 31/08/24 – Awaiting re-issue of HERS Card)
  - ~ Annual Desktop Review: 04/09/24
  - ~ Found01: Basic Health & Safety
    - First Aid: 14/02/23 (Expires: Feb'26)
    - Site Assessment (inc. Oral Questions etc): 19/08/21 (Due: Aug'26)
  - ~ Found05/1: Mobile Elevating Work Platform + M.T.
    - IPAF Static Boom (1b): 30/09/24 (Expires: Sept'29)
    - Site Assessment (inc. Oral Questions etc): Completed: Jan'22 (Due: Jan'27)
  - ~ Found07: Working in the vicinity of DNO/IDNO Equipment + M.T.
    - G39: Expires: 16/02/23 (Expires: Feb'26)
    - Site Assessment (inc. Oral Questions etc): 18/07/23 (Due: 18/07/28)
  - ~ Sup01: Supervise Teams on-site
    - Qualified Supervisor: IoSH Managing Safely (16/10/19)
    - Site Assessment (inc. Oral Questions etc): 13/01/21 (Due: Jan'26)
- > Employee: Simon Coupland (HERS Role: Maintenance & Installation Operative)
  - ~ HERS Card # H0243127 (Expires: 06/12/26)
  - ~ Annual Desktop Review: 04/09/24
  - ~ Found01: Basic Health & Safety
    - First Aid: 14/02/23 (Expires: Feb'26)
    - Site Assessment (inc. Oral Questions etc): 29/01/21 (Due: Jan'26)
  - ~ Found04: Power Tools including hand tools + M.T. (PowerTools)
    - 204 – Hand-held Tools: Expires 20/07/22 (Expires: July'26)
    - Site Assessment (inc. Oral Questions etc): 20/07/23 (Due 20/07/28)
  - ~ Found05/1: Mobile Elevating Work Platform + M.T.
    - IPAF Static Boom (1b): 18/05/21 (Expires: May'26)
    - Site Assessment (inc. Oral Questions etc): 19/07/23 (Due: July'28)
  - ~ Found07: Working in the vicinity of DNO/IDNO Equipment + M.T.
    - G39: Expires: 16/02/23 (Expires: Feb'26)
    - Site Assessment (inc. Oral Questions etc): 25/09/28, Due: 25/09/28

The methods for determining effectiveness include:

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

Overview of Organisation Process and Conclusions:

Processes associated with the identification of competency requirements and the periodic evaluation of employee competency and awareness was appropriately documented within the company's own Skill-Station Training & Competency Dashboard, and the HER's Portfolio system. Through sampling of records etc the effective identification and management of competency renewal activities was demonstrated.

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 Sector Scheme 8 Obligations (Issue 2 – Oct'22)

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:

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.	Compliance demonstrated – Please refer to “Strategic Management System Activities” within the main report.  ISO 9001:2015 certificate (FS 618313) reflects an appropriate NHSS8 scope.
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.

<b>7. Support</b>			
7.1 Resources	N		Compliance demonstrated – Please refer to “Competency, Awareness & Communication” and “Manufacturing & Test”
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 demonstrated – Please refer to “Manufacturing & Test”
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 demonstrated – Please refer to “Competency, Awareness & Communication”
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 demonstrated – Please refer to “Project Management”

8.2 Requirements for products and services			
8.2.1 Customer communication	Y	Check effectiveness of communication arrangements	Compliance demonstrated – Please refer to “Project Management”
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	<p>Compliance not reviewed during this assessment.</p> <p>Compliance demonstrated during November'23 Recertification Assessment (BSI Ref. 3687417)</p> <p>Please refer to 3-Year Assessment Programme for further details.</p>
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		<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>
8.4.1 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 “Manufacturing & Test Activities”
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.

## Minor (5) nonconformities arising from this assessment.

<b>Finding Reference</b>	2577977-202411-N1	<b>Certificate Reference</b>	FS 618313
<b>Certificate Standard</b>	ISO 9001:2015	<b>Clause</b>	6.1.1
<b>Location reference</b>	0047529484-000		
<b>Assessment Number</b>	3922689		
<b>Category</b>	Minor		
<b>Area/process:</b>	Strategic Management System Activities: (Including: Policy, Context of the Organisation (Inc. Interested Parties), Scope, Top Management Commitment, Risk & Opportunities, and Roles, Responsibilities & Authorities)		
<b>Statement of non-conformance:</b>	Processes associated with the identification of strategic & Operational Risks & Opportunities could not be demonstrated as being fully effective.		
<b>Clause requirements</b>	<p>Actions to address risks and opportunities</p> <p>When planning for the quality management system, the organization shall consider the issues referred to in 4.1 and the requirements referred to in 4.2 and determine the risks and opportunities that need to be addressed to:</p> <ul style="list-style-type: none"> <li>a) give assurance that the quality management system can achieve its intended result(s);</li> <li>b) enhance desirable effects;</li> <li>c) prevent, or reduce, undesired effects;</li> <li>d) achieve improvement.</li> </ul>		
<b>Objective Evidence</b>	<p>Whilst the organisation had reviewed and considered existing and new Risks &amp; Opportunities as part of the June'24 Management Review, it had failed to appropriately update the Interested Parties &amp; Analysis (IMD001) documented, that (as reflected in the Integrated Management System Manual v.2) is intended to be used for recording business risks etc.</p> <p>It is noted that new Risks &amp; opportunities etc were being tracked via management review. This non-conformance relates to the organisations failure to follow its own processes rather than a breach of the standards.</p> <p><i>NB: Technically this non-conformance relates to all three standards how since the new risks &amp; opportunities identified in the June'24 are focused on ISO 9001 obligations the non-conformance has been raised against that standard to avoid duplication.</i></p>		
<b>Cause</b>			
<b>Correction/containment</b>			

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Corrective action

Finding Reference	2577977-202411-N2	Certificate Reference	EMS 785527
Certificate Standard	ISO 14001:2015	Clause	6.1.2
Location reference	0047529484-000		
Assessment Number	30056162		
Category	Minor		
Area/process:	Environmental Aspects and Identification & Verification of Compliance (Legal & Other Obligations)		
Statement of non-conformance:	Processes associated with the identification of environmental aspects & impacts could not be demonstrated as being fully effective.		
Clause requirements	<p>Environmental aspects</p> <p>Within the defined scope of the environmental management system, the organization shall determine the environmental aspects of its activities, products and services that it can control and those that it can influence, and their associated environmental impacts, considering a life cycle perspective.</p> <p>When determining environmental aspects, the organization shall take into account:</p> <p>a) change, including planned or new developments, and new or modified activities, products and services;</p> <p>b) abnormal conditions and reasonably foreseeable emergency situations.</p> <p>The organization shall determine those aspects that have or can have a significant environmental impact, i.e. significant environmental aspects, by using established criteria.</p> <p>The organization shall communicate its significant environmental aspects among the various levels and functions of the organization, as appropriate.</p> <p>The organization shall maintain documented information of its:</p> <ul style="list-style-type: none"><li>— environmental aspects and associated environmental impacts;</li><li>— criteria used to determine its significant environmental aspects;</li><li>— significant environmental aspects.</li></ul>		
Objective Evidence	Whilst it could be demonstrated that it had considered and documented its operational environmental aspects & impacts associated with manufacturing, repair, and field works such as installation etc the organisation had failed to document its environmental aspects and impacts associated with product design and associated life cycle considerations.		
Cause			
Correction/containment			

Corrective action

Finding Reference	2577977-202411-N3	Certificate Reference	EMS 785527
Certificate Standard	ISO 14001:2015	Clause	6.1.3
Location reference	0047529484-000		
Assessment Number	30056162		
Category	Minor		
Area/process:	Environmental Aspects and Identification & Verification of Compliance (Legal & Other Obligations)		
Statement of non-conformance:	Processes associated with the identification of compliance obligations could not be demonstrated as being fully effective.		
Clause requirements	Compliance obligations The organization shall: a) determine and have access to the compliance obligations related to its environmental aspects; b) determine how these compliance obligations apply to the organization; c) take these compliance obligations into account when establishing, implementing, maintaining and continually improving its environmental management system. The organization shall maintain documented information of its compliance obligations.		
Objective Evidence	The following statutory compliance obligations (and associated amendments) had been omitted from Legal Register (IMD002). - The Hazardous Waste (England and Wales) Regulations 2005 - The Waste (England and Wales) Regulations 2011 - The Environmental Permitting (England and Wales) Regulations 2016 - The Ozone-Depleting Substances Regulations 2015 - Water Supply (Water Fitting) Regulations1999 - The REACH etc. (Amendment etc.) (EU Exit) Regulations 2020  NB: Compliance were sampled with this obligations was demonstrated. The non-conformance relates the failure by the organisation to include them in the Legal Register (IMD002)		
Cause			
Correction/containment			
Corrective action			

Finding Reference	2577977-202411-N4	Certificate Reference	OHS 785529
Certificate Standard	ISO 45001:2018	Clause	6.1.3
Location reference	0047529484-000		
Assessment Number	30056163		
Category	Minor		
Area/process:	Environmental Aspects and Identification & Verification of Compliance (Legal & Other Obligations)		
Statement of non-conformance:	Processes associated with the identification of compliance obligations could not be demonstrated as being fully effective.		
Clause requirements	<p>Determination of legal requirements and other requirements The organization shall establish, implement and maintain a process(es) to:</p> <p>a) determine and have access to up-to-date legal requirements and other requirements that are applicable to its hazards, OH&amp;S risks and OH&amp;S management system;</p> <p>b) determine how these legal requirements and other requirements apply to the organization and what needs to be communicated;</p> <p>c) take these legal requirements and other requirements into account when establishing, implementing, maintaining and continually improving its OH&amp;S management system.</p> <p>The organization shall maintain and retain documented information on its legal requirements and other requirements and shall ensure that it is updated to reflect any changes.</p> <p>NOTE Legal requirements and other requirements can result in risks and opportunities to the organization.</p>		
Objective Evidence	<p>The following statutory compliance obligations (and associated amendments) had been omitted from Legal Register (IMD002).</p> <ul style="list-style-type: none"><li>- The Regulatory Reform (Fire Safety) Order 2005</li><li>- Construction (Design and Management) Regulations 2015</li><li>- Supply of Machinery (Safety) Regulations 2008</li><li>- The Construction Products Regulations 2013</li></ul> <p>NB: Compliance were sampled with this obligations was demonstrated. The non-conformance relates the failure by the organisation to include them in the Legal Register (IMD002)</p>		
Cause			
Correction/containment			
Corrective action			

<b>Finding Reference</b>	2577977-202411-N5	<b>Certificate Reference</b>	EMS 785527
<b>Certificate Standard</b>	ISO 14001:2015	<b>Clause</b>	8.2
<b>Location reference</b>	0047529484-000		
<b>Assessment Number</b>	30056162		
<b>Category</b>	Minor		
<b>Area/process:</b>	Health, Safety & Environmental Operational Controls: (Including: Hazard Identification, Statutory Obligations, Competency, Environmental considerations (ie. Waste Management) and Emergency Preparedness)		
<b>Statement of non-conformance:</b>	Processes associated with provision of training etc relating to the provision of training etc could not be demonstrated as being fully implemented.		
<b>Clause requirements</b>	<p>Emergency preparedness and response</p> <p>The organization shall establish, implement and maintain the processes needed to prepare for and respond to potential emergency situations identified in 6.1.1.</p> <p>The organization shall:</p> <ul style="list-style-type: none"> <li>a) prepare to respond by planning actions to prevent or mitigate adverse environmental impacts from emergency situations;</li> <li>b) respond to actual emergency situations;</li> <li>c) take action to prevent or mitigate the consequences of emergency situations, appropriate to the magnitude of the emergency and the potential environmental impact;</li> <li>d) periodically test the planned response actions, where practicable;</li> <li>e) periodically review and revise the process(es) and planned response actions, in particular after the occurrence of emergency situations or tests;</li> <li>f) provide relevant information and training related to emergency preparedness and response, as appropriate, to relevant interested parties, including persons working under its control.</li> </ul> <p>The organization shall maintain documented information to the extent necessary to have confidence that the process(es) is (are) carried out as planned.</p>		
<b>Objective Evidence</b>	<p>The provision of spill response and containment training has been identified as a requirement, however this has not yet been completed, There are no documented records etc to indicate that employees have been trained or deemed competent to facilitate spill containment etc.</p> <p>NB: It should be noted that this non-conformance relates to a documentation failure. The hydraulic hose failure on site in March'24 demonstrates that employees are aware of their responsibilities and operated in a safe &amp; competent manner to contain the spill and prevent contamination of soil, or water.</p>		

<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 defined in the plan provided in terms of locations and areas of the system and organization to be assessed.

The criteria of the assessment is ISO 9001:2015+A1:2024 (inc. NHSS8), ISO 14001:2015+A1:2024 & ISO 45001:2018 and 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
23/10/2025	Nathan Chivers	09:00	Opening Meeting (Review of previous non-conformances & company changes, etc.)	
		09:30	Strategic Management System Activities: (Including: Policy, Organisational Context (Inc. Interested Parties), Scope, Leadership and Risk & Opportunities)	
		11:00	Core Management System Activities: (Including: Objectives, Management Review, Internal Audits, Customer Satisfaction/Complaints, Non-Conformance & Corrective Action, Document & Record Management, and Continual Improvement)	
		12:30	Lunch	
		13:00	Continuation of "Core Management System Activities" from AM	
		14:00	Accident/Incident Reporting & Investigation	
		15:00	Consultation & Participation and Communication	
		16:00	Day 1 Interim Review	
27/10/2025	Nathan Chivers	09:00	Project Management and Management of Site Operations (Including Tendering & Commercial Activities, Supply Chain Management, and Competency)	
		11:00	Design Activities (Including: Life Cycle & End of Life Considerations, and Statutory Design Obligations ie. CDM)	
		12:30	Lunch	
		13:00	Manufacture & Test (inc. Calibration & Competency)	
		16:00	Day 1 Interim Review	

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Date	Auditor	Time	Area/process	Clause
28/10/2025	Nathan Chivers	09:00	Health, Safety & Environmental Operational Controls: (Including: Hazard Identification, Statutory Obligations, Competency, Environmental considerations (ie. Waste Management) and Emergency Preparedness)	
		12:30	Lunch	
		13:00	NHSS8 Obligations	
		16:00	Day 1 Interim Review	
29/10/2025	Nathan Chivers	09:00	Audit Trails from Days 1, 2 & 3	
		11:00	Recertification (via Strategic Review) Planning Activities	
		12:00	Lunch	
		12:30	Report Writing	
		16:00	Closing Meeting	

## Next Hybrid Audit Visit Plan

The Hybrid Audit plan has not been continued following the organisations implementation of a integrated management system. The hybrid audit plan PROG-101634 was limited to ISO 14001 & ISO 45001 certification and cannot be integrated with hybrid audit plan PROG-101871 which relates to ISO 9001.

## 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 and associated apparatus in accordance with National Highway Sector Scheme 8. The design, manufacture, repair and supply of infrastructure technology.

#### EMS 785527 (ISO 14001:2015)

The overseeing of installation and maintenance of highway electrical equipment and supporting works - traffic control equipment and associated apparatus, variable message signs and associated apparatus, communications equipment and associated apparatus on motorways and other highways. The Design, Manufacture, Repair & Supply of Infrastructure Technology.

#### OHS 785529 (ISO 45001:2018)

The overseeing of installation and maintenance of highway electrical equipment and supporting works - traffic control equipment and associated apparatus, variable message signs and associated apparatus, communications equipment and associated apparatus on motorways and other highways 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>	Continuing assessment (surveillance)
<b>Assessment number</b>	3922689
<b>Assessment dates</b>	11/12/2024
<b>Audit plan (revision date)</b>	21/11/2023
<b>Deviation from audit plan</b>	No
<b>Total number of Employees</b>	17
<b>Effective number of Employees</b>	17
<b>Scope of activities at the site</b>	Main certificate scope applies.
<b>Assessment duration</b>	2 day(s)

**Middlesbrough / EMS 785527 (ISO 14001:2015)**

<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>	Continuing assessment (surveillance)
<b>Assessment number</b>	30056162
<b>Assessment dates</b>	28/11/2024
<b>Audit plan (revision date)</b>	24/10/2023
<b>Deviation from audit plan</b>	No
<b>Total number of Employees</b>	17
<b>Effective number of Employees</b>	17
<b>Scope of activities at the site</b>	The overseeing, installation and maintenance of highway electrical equipment and supporting works - traffic control equipment and associated apparatus, variable message signs and associated apparatus, communications equipment and associated apparatus on motorways and other highways in accordance with National Highway Sector Scheme 8. The design, manufacture and supply of variable message signs.
<b>Assessment duration</b>	1.5 day(s)

**Middlesbrough / OHS 785529 (ISO 45001:2018)**

<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>	Continuing assessment (surveillance)
<b>Assessment number</b>	30056163
<b>Assessment dates</b>	27/11/2024
<b>Audit plan (revision date)</b>	26/10/2023
<b>Deviation from audit plan</b>	No
<b>Total number of Employees</b>	17
<b>Effective number of Employees</b>	17
<b>Scope of activities at the site</b>	Main certificate scope applies.
<b>Assessment duration</b>	1.5 day(s)

## Certification assessment programme

Certificate number - FS 618313, EMS 785527 & OHS 785529

Location reference - 0047529484-000

		Audit1	Audit2	Audit3
Business area/location	Date (mm/yy):	11/24	10/25	10/26
	Duration (days):	5	4	4
RECERTIFICATION ASSESSMENT (Option 1 - Strategic Review)				X
CONTINUOUS ASSESSMENT AUDIT		X	X	
-----				
Opening Meeting (Review of previous non-conformances & company changes, etc.)		X	X	X
Strategic Management System Activities: (Including: Policy, Organisational Context (Inc. Interested Parties), Scope, Leadership and Risk & Opportunities)		X	X	X
Core Management System Activities: (Including: Objectives, Management Review, Internal Audits, Customer Satisfaction/Complaints, Non-Conformance & Corrective Action, Document & Record Management, and Continual Improvement)		X	X	X
Accident/Incident Reporting & Investigation		X	X	X
Environmental Aspects		X		X
Identification & Verification of Compliance (Legal & Other Obligations)		X		X
Consultation & Participation and Communication			X	X
Project Management and Management of Site Operations (Including Tendering & Commercial Activities, Supply Chain Management, and Competency)		X	X	X
Design Activities (Including: Life Cycle & End of Life Considerations, and Statutory Design Obligations ie. CDM)			X	X
Manufacture & Test (inc. Calibration & Competency)		X	X	X
Health, Safety & Environmental Operational Controls: (Including: Hazard Identification, Statutory Obligations, Competency, Environmental considerations (ie. Waste Management) and Emergency Preparedness)		X	X	X
NHSS8 Obligations		X	X	X

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		Audit1	Audit2	Audit3
Business area/location	Date (mm/yy):	11/24	10/25	10/26
	Duration (days):	5	4	4
Site Visit - Installation/Maintenance/Repair (Not Required as reflected in Scope of Certification and in agreement with Scheme Manager and C&R - 05/11/24)				
Statutory & Regulatory Obligations				X
Senior Management Interview				X
Recertification (via Strategic Review Activities)				X
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ASSESSMENT STRATEGY:				
- ONSITE				
- HYBRID		X	X	X
- REMOTE (Not viable given annual duration and IMS integration)				

### Hybrid Audit Certification Assessment Programme

The Hybrid Audit Assessment Programme has not been continued following the organisations implementation of a integrated management system. The hybrid audit plan PROG-101634 was limited to ISO 14001 & ISO 45001 certification and cannot be integrated with hybrid audit plan PROG-101871 which relates to ISO 9001.

## 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.*

*BSI, its staff and agents shall keep confidential all information relating to your organization and shall not disclose any such information to any third party, except that in the public domain or required by law or relevant accreditation bodies. BSI staff, agents and accreditation bodies have signed individual confidentiality undertakings and will only receive confidential information on a 'need to know' basis.*

*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.*