

# NHSS 8 Assessment Report

## INFRATEC-UK Ltd

Assessment dates	24/07/2023 to 24/07/2023 (Please refer to Appendix for details)
Assessment Location(s)	Middlesbrough (000)
Report author	Mark Stubbs
Assessment Standard(s)	ISO 9001:2015



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## Executive summary

This assessment was changed to a Stage 1 as the client has not yet implemented the requirements of the scheme. However, the intent was clearly demonstrated through the IMS documentation. A positive recommendation cannot be made until the Stage Two has been completed.

This remote audit has been conducted using Information and Communication Technologies via MS Teams. The planned audit objectives have been achieved, there were no connectivity issues which adversely affected the audit.

INFRATEC UK aims for the Quality management system is to enhance customer satisfaction, improvement of the system and conformity to customer and applicable statutory and regulatory requirements. There is a particular focus on certification NHSS 8. This was demonstrated in this assessment through discussions with the management team and development of the IMS documentation.

There were some requirements not being met and nonconformities identified in the following areas:

1. Internal Audit
2. Management Review
3. Complaints

Please submit a corrective action plan through the Portal to address the minor nonconformities.

There were some opportunities for improvement noted and recorded in this report. This could be a weakness in the management system which may lead to nonconformity in the future, or an area that could enhance performance.

The following areas of the organisations activities and process were considered by the assessor to areas of strength:

1. Structure of the management system to clearly address the requirements of the NHSS 8 and 9001.
2. Technology based systems (Airtable).
3. Detailed awareness of the competence requirements.
4. Commitment to improvement.
5. Positive and engaged with the assessment process.

## Changes in the organization since last assessment

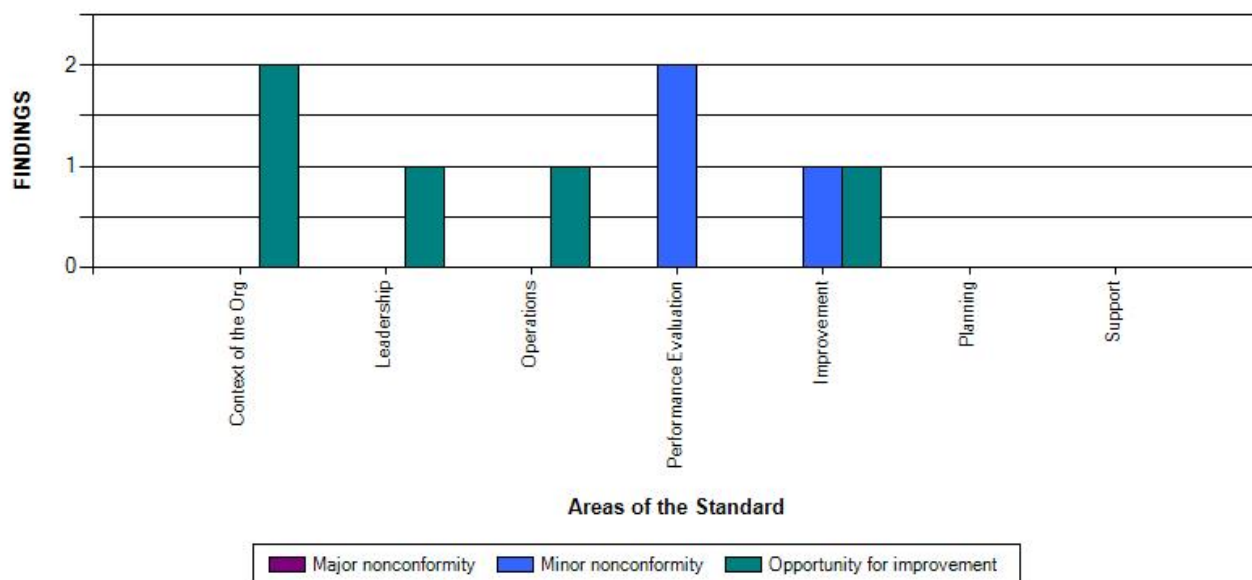
There is no significant change of the organization structure and key personnel involved in the audited management system.

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

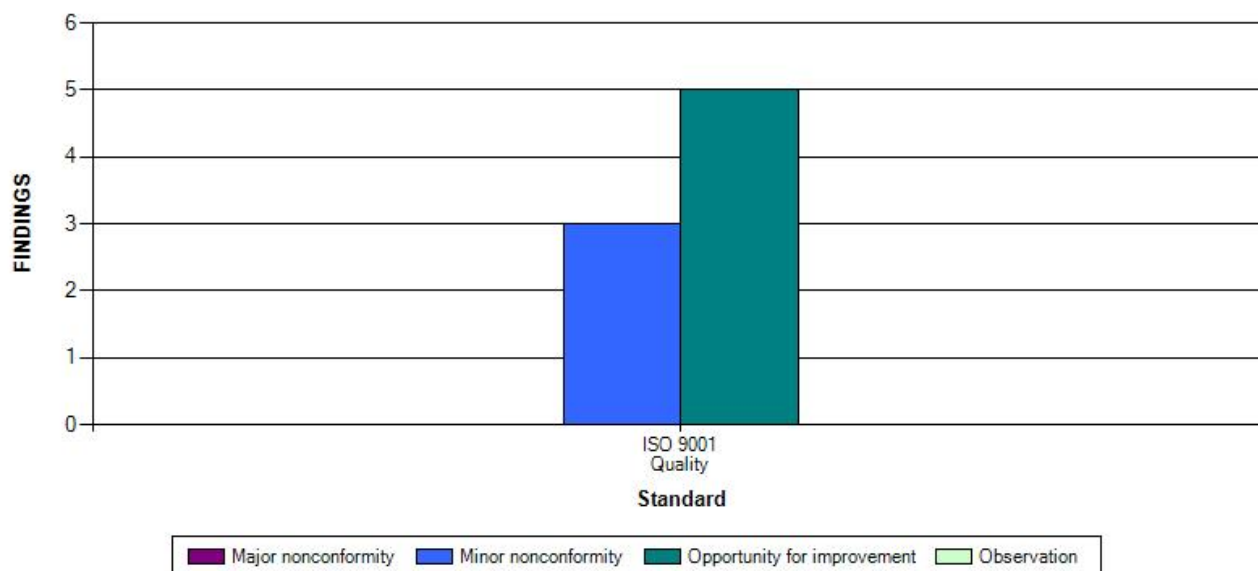
There was no change to the reference or normative documents which is related to the scope of certification.

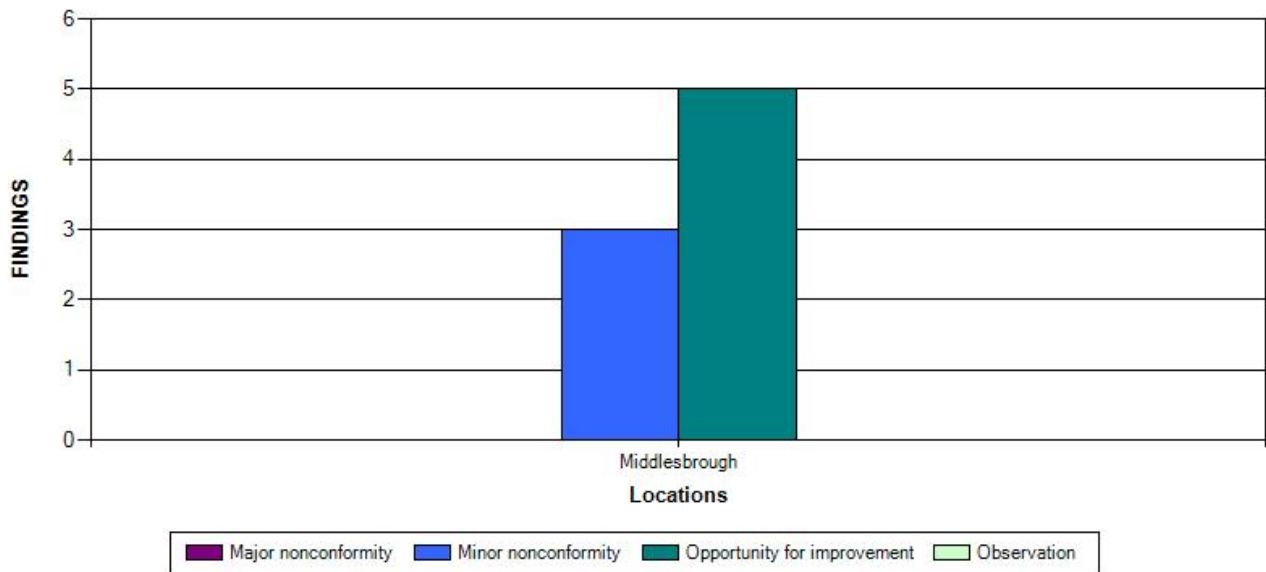
## NCR summary graphs

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



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



**Where BSI recorded findings**

## Your next steps

### NCR close out process.

Corrective actions with respect to minor nonconformities raised previously have not been implemented.

3 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. Please submit a corrective action plan through the Portal to address the minor nonconformities. 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 certification assessment to ensure the elements of the proposed scope of registration and the requirements of the management standard are effectively addressed by the organization's management system and to confirm the forward strategic plan.

The scope of the assessment is the documented management system with relation to the requirements of NHSS 8 and the defined assessment plan provided in terms of locations and areas of the system and organization to be assessed.

NHSS 8 and samples from the management system documentation.

## Statutory and regulatory requirements

Effective based on samples seen in the management system documentation.

## Assessment participants

Name	Position	Opening meeting	Closing meeting	Interviewed (processes)
Lee Payne	Commercial Manager	X	X	X
Paul Lamb	HSQE Consultant	X	X	X

## Assessment conclusion

BSI assessment team

Name	Position
Mark Stubbs	Team Leader
Hannah Scott	Trainee

### 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.

NOT RECOMMENDED BASED ON THE AUDIT RESULTS: The audited organization cannot be recommended for certification based on the audit results. Stage 2 SMO to be generated and booked in October 2023.

## 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?:			
No			
Justification	To be followed up at the November 2023 assessment.		

## Findings from this assessment

### Opening Meeting:

The intention to look for positive evidence of compliance was stated along with an explanation of non-conformities and opportunities for improvement. BSI's confidentiality commitment was confirmed, and that no consultancy will be provided. The assessment is based on sampling and all findings are identified at the time. The assessment plan was discussed including note taking and the issue of the report.

#### Scope:

The Overseeing, Installation and Maintenance of Highway electrical equipment and supporting works for traffic control equipment & associated apparatus, variable message signs & associated apparatus, communications equipment & associated apparatus on motorways and other highways in accordance with National Highway Sector Scheme 8.

### Context of the Organisation:

#### Objective Evidence:-

- Discussion with client
- Documentation

#### Planned Activities:-

- 4.1 Understanding the organization and its context
- 4.2 Understanding the needs and expectations of interested parties
- 4.3 Determining the scope of the quality management system
- 4.4 Quality management system and its processes

#### Methods for determining process results are:-

- Internal Audit
- Management Review

#### Result:-

- INFRATEC Integrated Management System Manual, revision 1.0 27/01/23

Sections 4.0 of the manual covers the requirements

- IMD001 Interested Parties and Analysis, Doc no. IMD001 Revision 1, issue 1 2023. This document had not covered emergency services, Public and traveling public



<b>Finding Reference</b>	2364865-202307-I1	<b>Certificate Reference</b>	FS 618313
<b>Certificate Standard</b>	ISO 9001:2015	<b>Clause</b>	4.2
<b>Location reference</b>	0047529484-000		
<b>Assessment Number</b>	3852059		
<b>Category</b>	Opportunity for Improvement		
<b>Area/process:</b>	Context of the Organisation		
<b>Details</b>	Risks and opportunities register does not identify the status to show which have been addressed. The concern being that the organisation may not be able to demonstrate effectiveness of actions.		

<b>Finding Reference</b>	2364865-202307-I2	<b>Certificate Reference</b>	FS 618313
<b>Certificate Standard</b>	ISO 9001:2015	<b>Clause</b>	4.4
<b>Location reference</b>	0047529484-000		
<b>Assessment Number</b>	3852059		
<b>Category</b>	Opportunity for Improvement		
<b>Area/process:</b>	Context of the Organisation		
<b>Details</b>	As part of best practice some organisations develop matrices to show how specific elements of the sector scheme are addressed by their management system e.g., Quality Plans, Competence requirements etc..		

## Leadership:

Objective Evidence:-

- Discussion with client
- Documentation

Planned Activities:-

- 5.1 Leadership and commitment
  - 5.1.1 General
- 5.2 Policy
  - 5.2.1 Establishing the quality policy
  - 5.2.2 Communicating the quality policy
- 5.3 Organizational roles, responsibilities and authorities

Methods for determining process results are:-

- Internal Audit
- Management Review

**Result:-**

- INFRATEC Integrated Management System Manual, revision 1.0 27/01/23
- Section 5.0 of the manual cover the requirements to the standard and NHSS8
- Customer focus requirement were seen to be covered
- Quality Management Policy Statement - Doc No. IMP 002 Revisions No. 1 Issued no. 1 2023 Singed July 2023
- The policy covers the requirements of the standard and NHSS 8. The policy is communicate on the Notice Board, SharePoint and when requested externally
- Roles and responsibilities - INFRATEC Integrated Management System Manual, revision 1.0 27/01/23
- Section 5.3 covers Organisation Role which include commitment to the IMS

**Planning:****Objective Evidence:-**

- Discussion with client

**Planned Activities:-**

- 6.1 Actions to address risks and opportunities
- 6.2 Quality objectives and planning to achieve them
- 6.3 Planning of changes

**Methods for determining process results are:-**

- Internal Audit
- Management Review

**Result:-**

- INFRATEC Integrated Management System Manual, revision 1.0 27/01/23
- Section 6.0 of the manual cover the requirements to the standard and NHSS8
- IMD001 Interested Parties and Analysis, Doc no. IMD001 Revision 1, issue 1 2023.
- IMD004 HSEQ Objectives and Targets Program - Quality Objectives 2023
- 1) Ensure Internal Audit schedule is current and up to date and the audit function adds value
- 2) Ensure Management Review are schedule and timing adhered to regardless to who is available

Areas of the standard were seen to be addressed

<b>Finding Reference</b>	2364865-202307-I3	<b>Certificate Reference</b>	FS 618313
<b>Certificate Standard</b>	ISO 9001:2015	<b>Clause</b>	5.1.1
<b>Location reference</b>	0047529484-000		
<b>Assessment Number</b>	3852059		
<b>Category</b>	Opportunity for Improvement		
<b>Area/process:</b>	Planning		
<b>Details</b>	The organisation had not reviewed Appendix B in the NHSS 8 to determine what is relevant to them. The concern being that some applicable requirements may not be addressed.		

## Support:

Objective Evidence:-

- Discussion with client
- Documentation

Planned Activities:-

- 7.1 Resources
  - 7.1.1 General
  - 7.1.2 People
  - 7.1.3 Infrastructure
  - 7.1.4 Environment for the operation of processes
  - 7.1.5 Monitoring and measuring resources
  - 7.1.6 Organizational knowledge
- 7.2 Competence
- 7.3 Awareness
- 7.4 Communication
- 7.5 Documented information
  - 7.5.1 General
  - 7.5.2 Creating and updating
  - 7.5.3 Control of documented information

Methods for determining process results are:-

- Internal Audits
- Management Review

Result:-

- INFRATEC Integrated Management System Manual, revision 1.0 27/01/23
- Section 7.0 of the manual cover the requirements to the standard and NHSS 8
- Key areas were seen to be addressed for awareness to the policies and how they were to be communicated out to the organisation
- The manual covers roles and responsibilities along with HERS Training system
- Quality Plans cover infrastructure and equipment required
  - A positive environment was noted by the auditees
  - Asset & Preventative Maintenance Register (Air table) identified the following
    - Type
    - Serial Number
    - ID
    - Is PM Required
    - Date of last PM
    - Date of next PM
    - Does the Asset require a Risk Assessment

The organisation is currently building an interface for the system

- Plant inspections are managed through the Fleetio system
- Dashboard interface

The system has the following information to manage fleet and plant

- Specs
- Financial
- Service History

- Inspection History
- Renewal Reminders
- Issues
- Meter History
- Fuel History

## Operation:

Objective Evidence:-

- Discussion with client
- Documents

Planned Activities:-

- 8.1 Operational planning and control
- 8.2 Requirements for products and services
  - 8.2.1 Customer communication
  - 8.2.2 Determining the requirements for products and services
  - 8.2.3 Review of the requirements for products and services
  - 8.2.4 Changes to requirements for products and services
- 8.3 Design and development of products and services
  - 8.3.1 General
  - 8.3.2 Design and development planning
  - 8.3.3 Design and development inputs
  - 8.3.4 Design and development controls
  - 8.3.5 Design and development outputs
  - 8.3.6 Design and development changes
- 8.4 Control of externally provided processes, products and services
  - 8.4.1 General
  - 8.4.2 Type and extent of control
  - 8.4.3 Information for external providers
- 8.5 Production and service provision
  - 8.5.1 Control of production and service provision
  - 8.5.2 Identification and traceability
  - 8.5.3 Property belonging to customers or external providers
  - 8.5.4 Preservation
  - 8.5.5 Post-delivery activities
  - 8.5.6 Control of changes
- 8.6 Release of products and services
- 8.7 Control of nonconforming outputs

Methods for determining process results are:-

- Internal Audits
- Management Review

Result:-

- INFRATEC Integrated Management System Manual, revision 1.0 27/01/23
- Section 8.0 of the manual cover the requirements to the standard and NHSS8
- Quality Plan - IMD018 Document No. IMD 018, Revision no. 1, Issue no. 1:2023
- Quality Plan - IMD028 Project work file
- This document covered the following areas
- Summary

- Project Team
- Technical Queries
- Early Warnings
- Project Manager Instructions
- Compensation Event
- General Comms
- Quotes
- Task Orders
- War board Planner

<b>Finding Reference</b>	2364865-202307-I4	<b>Certificate Reference</b>	FS 618313
<b>Certificate Standard</b>	ISO 9001:2015	<b>Clause</b>	8.5
<b>Location reference</b>	0047529484-000		
<b>Assessment Number</b>	3852059		
<b>Category</b>	Opportunity for Improvement		
<b>Area/process:</b>	Operation		
<b>Details</b>	It was noted on form IMP018 the CE marking was referenced. This has been replaced the UKCA mark.		

## Performance Evaluation:

Objective Evidence:-

- Discussion with client
- Documentation

Planned Activities:-

9.1 Monitoring, measurement, analysis and evaluation

9.1.1 General

9.1.2 Customer satisfaction

9.1.3 Analysis and evaluation

9.2 Internal audit

9.3 Management review

9.3.1 General

9.3.2 Management review inputs

9.3.3 Management review outputs

Methods for determining process results are:-

- Internal Audits
- Management Review

Result:-

- INFRATEC Integrated Management System Manual, revision 1.0 27/01/23

Section 9.0 of the manual cover the requirements to the standard and NHSS8

- HSEQ Internal Audit Schedule, Document No. IMD 025, Revision No. 1, Issue No. 1:2023

The schedule had identified NHSS8 Internal Audits on the schedule

- Internal Audit log Rev 2
- Internal Audit Report Rev 004
- Internal Audit Checklist Report, Document No. IMD 026, Revision No. 1, Issue No. 1:2023
- Management Review MR012 27-06-22

All areas of the clause ad been addressed. The management review stated next review 19/12/2022  
There was no evidence this was completed.

## Improvement:

Objective Evidence:-

- Discussion with client

Planned Activities:-

- 10.1 General
- 10.2 Nonconformity and corrective action
- 10.3 Continual improvement

Methods for determining process results are:-

- Internal Audits
- Management Review

Result:-

- INFRATEC Integrated Management System Manual, revision 1.0 27/01/23
- Section 10.0 of the manual cover the requirements to the standard and NHSS8 apart from section 10.2.1 - see NCR
- CAR Log - Rev. 003 within this document it evidenced the following
  - Date submitted
  - Source
  - Process
  - Name of the person submitting the CAR
  - Assigned to
  - Requested action date

This document was able to trend data

- Continuous Improvement Log - Rev. 002 This log evidence the following
- Type of Objective met
- Activity
- Detail
- Date added
- Date completed
- Status

<b>Finding Reference</b>	2364865-202307-I5	<b>Certificate Reference</b>	FS 618313
<b>Certificate Standard</b>	ISO 9001:2015	<b>Clause</b>	10.3
<b>Location reference</b>	0047529484-000		
<b>Assessment Number</b>	3852059		
<b>Category</b>	Opportunity for Improvement		
<b>Area/process:</b>	Improvement		
<b>Details</b>	It was noted that the organisation does not routinely document evidence of continual improvement. The concern being that this may lead to a nonconformity if no examples can be demonstrated.		

## Minor (3) nonconformities arising from this assessment.

<b>Finding Reference</b>	2364865-202307-N1	<b>Certificate Reference</b>	FS 618313
<b>Certificate Standard</b>	ISO 9001:2015	<b>Clause</b>	9.2.1
<b>Location reference</b>	0047529484-000		
<b>Assessment Number</b>	3852059		
<b>Category</b>	Minor		
<b>Area/process:</b>	Performance Evaluation		
<b>Statement of non-conformance:</b>	The organisation had not conducted Internal Audits to NHSS8		
<b>Clause requirements</b>	<p>The organization shall conduct internal audits at planned intervals to provide information on whether the quality management system:</p> <p>a) conforms to:</p> <p>1) the organization's own requirements for its quality management system;</p> <p>2) the requirements of this International Standard;</p> <p>b) is effectively implemented and maintained.</p>		
<b>Objective Evidence</b>	No internal audits were seen to be completed to NHSS8		

<b>Finding Reference</b>	2364865-202307-N2	<b>Certificate Reference</b>	FS 618313
<b>Certificate Standard</b>	ISO 9001:2015	<b>Clause</b>	9.3.1
<b>Location reference</b>	0047529484-000		
<b>Assessment Number</b>	3852059		
<b>Category</b>	Minor		
<b>Area/process:</b>	Performance Evaluation		
<b>Statement of non-conformance:</b>	The Management Review had not been executed as planned		
<b>Clause requirements</b>	General Top management shall review the organization's quality management system, at planned intervals, to ensure its continuing suitability, adequacy, effectiveness and alignment with the strategic direction of the organization.		
<b>Objective Evidence</b>	There was no evidence of the Management Review planned for 19/12/2022.		



<b>Finding Reference</b>	2364865-202307-N3	<b>Certificate Reference</b>	FS 618313
<b>Certificate Standard</b>	ISO 9001:2015	<b>Clause</b>	10.2.1
<b>Location reference</b>	0047529484-000		
<b>Assessment Number</b>	3852059		
<b>Category</b>	Minor		
<b>Area/process:</b>	Improvement		
<b>Statement of non-conformance:</b>	NHSS 8 requires complaints received via the HEA, as administrator of HERS, or via the SSAC shall be investigated and corrective action completed as soon as practicable and no later than six months from the date of being advised of the complaint		
<b>Clause requirements</b>	<p>When a nonconformity occurs, including any arising from complaints, the organization shall:</p> <p>a) react to the nonconformity and, as applicable:</p> <ol style="list-style-type: none"> <li>1) take action to control and correct it;</li> <li>2) deal with the consequences;</li> </ol> <p>b) evaluate the need for action to eliminate the cause(s) of the nonconformity, in order that it does not recur or occur elsewhere, by:</p> <ol style="list-style-type: none"> <li>1) reviewing and analysing the nonconformity;</li> </ol>		
<b>Objective Evidence</b>	No evidence seen in the management system how this is managed and controlled in relation to meeting the six-month timescale to address complaints and corrective action.		

## Next visit objectives, scope and criteria

The objective of the assessment is 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 9001:2015 and the defined assessment plan provided in terms of locations and areas of the system and organization to be assessed.

9001:2015 and samples from Infratec UK's 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.

## Remote NHSS 8 Stage 2 assessment plan

The Overseeing, Installation and Maintenance of Highway electrical equipment and supporting works for traffic control equipment & associated apparatus, variable message signs & associated apparatus, communications equipment & associated apparatus on motorways and other highways in accordance with National Highway Sector Scheme 8.

Date	Auditor	Time	Area/process
			Site activities to be assessed through video images of site activities of works in progress and associated evidence to follow-up audit trails related to work equipment inspection status, vehicle maintenance, Issue of materials, Competence.
9/10/23	Hannah Scott	09.00	Opening Meeting
		09.15	Corrective actions from last report
		10.00	Variable message signs & associated apparatus.  Assessment of project: Customer and product requirements, Planning and Operational controls, Work instructions, Equipment controls, Inspection, and testing, Quality Plan, Competence, Communication
		12.30	Lunch
		13.30	Communications equipment & associated apparatus on motorways and other highways  Assessment of project: Customer and product requirements, Planning and Operational controls, Work instructions, Equipment controls, Inspection, and testing, Quality Plan, Competence, Communication
		15.00	Closing meeting
		15.30	Report writing

## Next visit plan 9001

Date	Auditor	Time	Area/process	Clause
21/11/2023		09:00	Opening Meeting (Review of previous non-conformances & company changes, etc.)	
		09:20	SENIOR MANAGEMENT DISCUSSION	
		10:00	STRATEGIC REVIEW & 3 YEAR PLAN	
		11:00	STATUTORY/REGULATORY OBLIGATIONS	
		11:30	STRATEGIC MANAGEMENT SYSTEM ACTIVITIES: (Including; Policy, Organisational Context (Inc. Interested Parties), Scope, Leadership and Risk & Opportunities)	
		12:30	Lunch	
		13:00	CORE MANAGEMENT SYSTEM ACTIVITIES: (Including; Objectives, Management Review, Internal Audits, Customer Satisfaction/Complaints, Non-Conformance & Corrective Action, Document & Record Management, and Continual Improvement)	
		15:00	Report Preparation	
		16:15	Closing Meeting	

## Appendix: Your certification structure & ongoing assessment programme

### Scope of certification

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

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

### 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>	Stage 2 Audit
<b>Assessment number</b>	3852059
<b>Assessment dates</b>	24/07/2023
<b>Deviation from audit plan</b>	No
<b>Total number of Employees</b>	31
<b>Effective number of Employees</b>	16
<b>Scope of activities at the site</b>	Main certificate scope applies.
<b>Assessment duration</b>	1 day(s)

**Certification assessment programme**
**Certificate number - FS 618313**
**Location reference - 0047529484-000**

		<b>Audit1</b>	<b>Audit2</b>	<b>Audit3</b>	<b>Audit4</b>	<b>Audit5</b>	<b>Audit6</b>
<b>Business area/location</b>	<b>Date (mm/yy):</b>	11/20	11/21	11/22	11/23	07/23	10/23
	<b>Duration (days):</b>	1	1	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		
STRATEGIC MANAGEMENT SYSTEM ACTIVITIES: (Including; Policy, Organisational Context (Inc. Interested Parties), Scope, Leadership and Risk & Opportunities)		X			X		
CORE MANAGEMENT SYSTEM ACTIVITIES: (Including; Objectives, Management		X	X	X	X		

Review, Internal Audits, Customer Satisfaction/Complaints, Non-Conformance & Corrective Action, Document & Record Management, and Continual Improvement)						
INFRASTRUCTURE & WORK ENVIRONMENT (Inc. Calibration etc.)			X			
COMPETENCY, AWARENESS & COMMUNICATION			X			
SERVICE DELIVERY ACTIVITIES (Customer Enquiries, Order Processing, ad Purchasing/Sub-Contracting)		X				
PROJECT MANAGEMENT and MANGEMENT OF SITE OPERATIONS			X			
STATUTORY/REGULATORY OBLIGATIONS				X		
SENIOR MANAGEMENT DISCUSSION	X			X		
STRATEGIC REVIEW & 3 YEAR PLAN	X			X		
Impartiality Review		X				
NHSS 8 Extension of scope					X	
NHSS 8 Confirm scope of certification Integration of NHSS 8 Requirements into Management system - Policy statement - Internal audit - Management review  Assessment of project: Operational controls, Work instructions, Equipment controls, Inspection, and testing  NHSS 8: Quality Plan Appendix A NHSS 8: External documents Appendix B NHSS 8: Competence Appendix C					X	
NHSS 8 Stage 2						X

## 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.

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.*