



## **Dice (Aust) Pty Ltd**

### **Audit Report – Re-Certification**



**Report Number:** 123061QSE/RC25  
**Report Date:** 28 August 2025  
**Audit dates:** 13-15 August 2025

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## ORGANISATION DETAILS

Organisation name:	Dice (Aust) Pty Ltd
Client number:	123061QSE
Contact person:	Raymond Pratt
Main location:	4/15 Fowlestone Road, Tivendale NT 0822
Other addresses within Scope:	N/A

Existing addresses to be removed:

- 7/3a Verrinder Road, Berrimah NT 0828

Scope of Certification:

The provision of residential and commercial construction project management services

Industry description:

S.30. Building Construction

## AUDIT DETAILS

Standards:	ISO9001:2015, ISO14001:2015, ISO45001:2018
Type of Audit:	Re-Certification Audit
Dates:	13-08-2025 to 15-08-2025
Audit conduct:	Integrated Audit
Audit method:	Combined Onsite/Remote*
Audit duration (incl. report writing):	3.5 days
On-site time:	2.5 days
RAICT time:	0.25 days
RAICT method:	FaceTime
Off-site time (preparation and reporting):	1.0 days

**Permanent Locations Audited:**

- |   |        |
|---|--------|
| • 4/15 Fowlestone Road, Tivendale NT 0822 | Onsite |
|---|--------|

**Other locations visited:**

- |   |       |
|---|-------|
| • Gunbalanya Homebuild Project, Arnhem Land, NT | RAICT |
|---|-------|

**Audit Team members:**

Lead Auditor:	Emma Salter
Team member:	Not Applicable

## ACCREDITATION REQUIREMENTS

The Audit was conducted in accordance with the relevant accreditation requirements that apply to the provision of Management System Certification Services, to ensure the integrity and impartiality of the Audit process and to ensure that competent Auditors are assigned to conduct the Audit.

JASANZ is the government appointed body tasked with monitoring conformity with the relevant requirements that apply to accredited Certification bodies in Australia and New Zealand. JASANZ accredited Certification provides confidence with relevant interested parties that Certification ensures a compliant and independent assessment was conducted to verify the Certified organisation has developed and implemented an effective Management System.

In the planning and execution of this Audit, ATLAS Certification has complied with the requirements of the following:

<i>ISO/IEC 17021-1:2015</i>	<i>Conformity assessment - Requirement for bodies providing audit and certification of management systems – Part 1: Requirements</i>
<i>ISO/IEC 17021-2:2016</i>	<i>Part 2: Competence requirements for auditing and certification of environmental management systems.</i>
<i>ISO/IEC 17021-3:2017</i>	<i>Part 3: Competence Requirements for Auditing and Certification of Quality Management Systems</i>
<i>ISO/IEC 17021-10:2018</i>	<i>Part 10: Competence requirements for auditing and certification of occupational health and safety management systems</i>
<i>IAF MD 4:2023</i>	<i>IAF Mandatory Document for the use of Information and Communication Technology (ICT) for Auditing/Assessment Purposes</i>
<i>IAF MD 5:2023</i>	<i>IAF Mandatory Document for Duration of Audit Time of Quality, Environmental and Occupational Health &amp; Safety Management Systems</i>
<i>IAF MD 11:2023</i>	<i>IAF Mandatory Document for The Application of ISO/IEC 17021-1 for Audits of Integrated Management Systems</i>
<i>IAF MD 22:2023</i>	<i>Application of ISO/IEC 17021-1 for the Certification of Occupational Health and Safety Management Systems (OH&amp;SMS)</i>
<i>JASANZ Accreditation Manual</i>	<i>JASANZ Management System Accreditation Manual</i>

## AUDIT OBJECTIVES

The Audit was conducted to achieve the following objectives:

- evaluate continued conformity with the requirements specified in the relevant Standards;
- evaluate the ability and performance of the Management System to ensure compliance with applicable statutory, regulatory and contractual requirements;
- evaluate the effectiveness of the Management System to meet the organisation's Objectives and the intended results of the Management System confirm continued relevance of the Management System and applicability of the Scope of Certification;
- confirm continued commitment to maintain and continually improve the Management System; and
- identify areas for improvement of the Management System, as appropriate.

## AUDIT PROCESSES

The Audit was conducted in accordance with the Audit Plan, the relevant accreditation requirements and ATLAS Certification procedures. The Audit was (partially) conducted by using Remote Auditing Techniques using ICT (RAICT), in accordance with the requirements of IAF MD4 and in line with the guidelines provided in ISO/IEC17012:2024.

During the Audit documentation and operations were reviewed and staff and management interviewed to obtain information and evidence to verify the development, implementation, effectiveness, and maintenance of the Management System, including:

- its continued conformity with the requirements of the relevant Standards;
- changes in organisation, management, documentation, relevant requirements, locations, etc.
- actions taken to address non-conformities identified during the previous Audit;
- progress of planned activities aimed at continual improvement, incl. processes for determining and reviewing company objectives and their achievement;
- the compliant use of the ATLAS Marks and other references to Certification.
- management's leadership and commitment, incl. management responsibility for policies;
- arrangements for planning and managing risks and opportunities, compliance, and change
- its ability and performance to ensure compliance with applicable statutory, regulatory, and contractual requirements;
- processes for monitoring, measuring, reporting, and reviewing its performance against key objectives and targets;
- operational control of processes;
- planning, execution and recording of Internal Audits and Management Reviews
- complaints handling and Corrective Action processes; and
- its commitment and processes to enhance customer satisfaction and ensure continual improvement.

The evidence reviewed was relevant to all processes and functional units that are included in the Scope of Certification.

## AUDIT RESULT SUMMARY

Provided that action is taken as required to address the identified Non-Conformities, the evidence obtained during the Audit is sufficient to demonstrate that the Management System remains relevant and continues to ensure conformity with the relevant requirements of the Standards.

The Management System has been demonstrated to be capable to support the organisation in achieving its Objectives and the intended results of the Management System.

The organisation's management has demonstrated its commitment to maintain the effectiveness and improvement of the Management System in order to enhance overall performance.

Conformity and implementation of Internal Audit and Management Review processes have been assessed, and the results of this assessment are detailed in the appropriate section of this Audit Report.

The Management System and the level of its implementation sufficiently demonstrate its ability to ensure compliance with relevant statutory, regulatory, and other compliance obligations that the organisation has committed to, incl. contractual arrangements with its clients.

The Scope of Certification is to be amended to remove electrical and renewable energy services. The proposed new Scope of Certification is 'The provision of residential and commercial construction project management services'. This describes the current organisational processes, products, and services accurately following a recent company restructure.

Any opportunities for improvement that were identified during the Audit have been discussed with the organisation's management and included in the Audit Findings section of this Audit Report.

The Audit objectives have been fulfilled and a fair, unbiased, and impartial assessment has been conducted. The collected and reviewed evidence is sufficient to support the recommendation made. The use of RAICT has positively contributed to the achievement of the Audit Objectives and to the collection of the relevant evidence.

## RECOMMENDATION

Re-Certification to the following Standards shall be recommended once the Non-Conformities raised have been addressed as per the instructions in the 'Findings Classification' page at the end of this Audit Report and conditional to a project site being visited (onsite) within 3 months of the date of this report.

- **ISO9001:2015**
- **ISO14001:2015**
- **ISO45001:2018**

It shall also be recommended that the relevant locations from which the organisation operates shall be updated as follows:

Remaining unchanged:

- 4/15 Fowlestone Road, Tivendale NT 0822

Existing addresses to be removed:

- 7/3a Verrinder Road, Berrimah NT 0828

Additionally, it shall also be recommended that the Scope of Certification be updated as follows:  
The provision of residential and commercial construction project management services

The above recommendations will be submitted to the ATLAS Certification Panel. The Panel shall consider these recommendations along with the evidence obtained during this Audit when making its Certification Decision. You will be notified of the Certification Decision in writing, including your rights to appeal the Certification Decision in accordance with the ATLAS Certification – Terms & Conditions.

## **Opening Meeting**

### **The Audit commenced with an Opening Meeting. Topics discussed include:**

- Audit Team introduction, including an outline of their roles;
- Audit Plan confirmation, including:
  - type of Audit,
  - Audit objectives and criteria,
  - arrangements for Site Visit to project/work location;
  - the need for changes or variations to the Audit Plan;
- Confidentiality and exceptions that may apply;
- Confirm relevant work safety, emergency and security procedures for the Audit Team;
- Explanation of the Audit process and the method of reporting, methods and procedures to be used to conduct the Audit and that the Audit results are based on sampling;
- Confirmation that the status of findings of the previous Audit shall be reviewed during the Audit;
- Requirement for an Employee's Representative to attend the Closing meeting;
- Confirmation of appropriate communication channels during the Audit.

The Opening Meeting was attended by:

- Raymond Pratt; DICE (Aust) - Director
- Lindsay O'Hea; DICE (Aust) - General Manager
- Christy Sharp; TSS - Consultant
- Jess Gibson; TSS - Consultant
- Emma Salter; ATLAS Certification - Lead Auditor

## **Organisation & Changes**

### **The Organisation**

DICE (AUST) (referred to in this report as DA) has undergone a recent company restructure (commencing in May 2025, with some elements still currently being finalised), seeing the Electrical and Solar business activities conducted by another business entity not directly connected to DA. The employee count sits at 9 currently, comprising 1 Director, 1 General Manager, 1 Senior Project Manager, 1 Project Manager, 2 Project Officers, 1 Site Manager, 1 Carpenter, and 1 Apprentice. It is expected that the staffing numbers may change a little from this, but not significantly.

The reason for the restructure is to have more focus on the project management construction activities, as opposed to covering both project management (with a high use of contractors) along with the construction services divisions (with a high number of direct employees). Another reason for this shift is to have a Management System that is more suited to a solely project management business model. Given that these changes have only just occurred, the Management System is in a state of redevelopment, which is expanded upon throughout the report below.

### **Other Significant Changes since the previous Audit**

Significant changes have occurred since the previous Audit. Examples of changes include:

- Organisation: The are future plans to expand the project management services to include various infrastructure projects (that fall out of the current scope of residential and commercial construction) once DA has settled into its new company structure.
- Processes and services: as per 'The Organisation' above, DA have undergone a company restructure, seeing the Electrical and Solar business activities conducted by another business entity.
- Management System and its Scope: Currently the documented Scope of the Management System includes infrastructure. It was discussed that this is the plan for DICE in the near future, so does not require amendment at this time. It was confirmed that the Scope that the Management System (as previously audited) supports the current project management of residential and commercial construction services as before. As before, the Management System is in a state of redevelopment with the recent changes.
- Changes to Policies: Policies were last reviewed by Senior Management and signed by the Director on 15-07-2025. Some changes have been made to the Policies to reflect content relevant to electrical and solar works, and some changes with the overall restructure of the business model (moving from highly operational works to more project management activities). Further information regarding Policies is in the report below.

- Organisational Context (incl. consideration of the effects of Climate Change): DA still faces the usual effects of climate change, mainly in the area of inclement weather impacts on operations and supply chain, loss of staff due to remote roles not being attractive, and increased worker injuries due to increased heat.

It is recommended as a result of the company restructure that the Scope of Certification be amended to 'The provision of residential and commercial construction project management services'. This was discussed during the audit.

#### **Action taken following the previous Audit**

Sufficient action has been taken to address the Non-Conformities during the previous Audit. Further detail on action taken and the current status of the Findings is provided in the 'Audit Findings' section of this Audit Report. It is noted that 1 small part of a Non-Conformity for Documented Information was not actioned, but this has been included as part of a new finding.

#### **Use of Certification Marks and other references to Certification**

Certification Marks are used to promote the organisation's status as a Certified organisation in the following ways:

- Website
- Email footers
- Tender documentation
- Office Wall
- IMS Manual

It was confirmed that Certification Marks on the website contain the required hyperlink to [www.atlascertification.com.au](http://www.atlascertification.com.au), as required for verification purposes. It was noted that the use of the Certification Marks on the DA website infer that the electrical/solar divisions remain within the Scope of Certification (noted that the division of the entities is still within its final stages). This has been included as an **Observation**.

## **Performance Monitoring & Evaluation – Continual Improvement**

### **Monitoring, measuring & analysis (9.1)**

The organisation continues to monitor information to determine the extent to which the Management System is capable of ensuring that intended results are achieved. The methods for monitoring performance have been determined and results are retained as Documented Information. Evidence sighted as verification includes:

- Project KPI's are set in the Project Management Plans and are monitored monthly
- Project monthly reports – (paper-based currently, planned to be in Procore in the future)
- DOC DA Risk Management Procedure (outlines what needs to be monitored in the areas of risk)
- CPS scorecards
- Internal Audits
- Management Review
- Lookahead within Procore for Projects
- Power Bi/Procore analytics

### **Customer Satisfaction (9.1.2 - Q)**

Information related to Customer Satisfaction and the extent to which customer requirements and expectations have been met is mainly gauged by repeat business, phone calls to the Director, and CPS scorecards (from DLI – Department of Logistics and Infrastructure, NT for the Gunbalanya/Room to Breathe project).

The collected information is reviewed and analysed, and results are communicated to the relevant levels within the organisation, incl. top management.

### **Evaluation of compliance (9.1.2 - S/E)**

The organisation continues to implement its methods to evaluate its compliance with relevant Compliance Obligations at regular intervals. Documented Information of the evaluation process is retained as required.

Processes to evaluate compliance include:

- DOC DA\_Integrated\_Management\_System\_(IMS)\_Manual\_2025), Section 6.3 (Risk Monitoring & Review)
- ITP's/ITC's
- Operation Monthly Requirements
- Power BI Analytics/Dashboards



- Monthly PCP Plan Audits
- SWMS Reviews – Contractors – Pre-project & During Projects
- Worker Task Observations
- Subcontractor Audits
- DOC DA\_Integrated\_Management\_System\_(IMS)\_Manual\_2025), Section 3.4 (Process Effectiveness Monitoring)

### **Internal Audit (9.2)**

Internal Audits continue to be planned and executed as required. An Internal Audit programme is retained as Documented Information and demonstrates the organisation has determined what, when and how it will conduct Internal Audits to verify the Management System's conformity with the requirements of the relevant Standards as well as the effective implementation of the Management System.

Internal Audits were verified to being conducted in accordance with the Audit Programme, whereby the impartiality and the competence of the persons responsible for conducting the Internal Audit continues to be ensured.

The results of the Internal Audits are recorded and retained as Documented Information. Whilst Non-Conformities that are identified during Internal Audits are actioned in accordance with the Non-Conformity and Corrective Action processes as described below, they have not been recorded within DOC Change Corrective & Preventative Actions Reg as per DOC Corrective & Preventative Action Procedure. It was noted they were however evidenced within TSS DOC 2024-DICE Audit Corrective Actions (Register). This forms part of the **Minor Non-Conformity** below for 10.2.

Evidence for verification includes:

- DOC 2024-DICE Audit Corrective Actions (TSS Register)
- DOC Corrective & Preventative Action Procedure
- DOC DA\_Integrated\_Management\_System\_(IMS)\_Manual\_2025), Section 11.3

### **Management Review (9.3)**

Management Reviews are conducted annually. Records of the Management Review are retained as required and demonstrate the organisation's management team has taken into consideration the required inputs to determine the continued suitability, adequacy, and effectiveness of the Management System and to determine the need for changes to the Management System, any actions needed, and resources required.

Within DOC IMS Management Review 07-08-2025 (meeting minutes) it was noted that the sections for review of risks and opportunities, environmental aspects, and hazards sections within had not completed. But within DOC Strategic Business Risk Register notes regarding the planned changes were evidenced with details of planning/actions/etc that were discussed.

The changes identified mainly consisted of those required as a result of the removal of the electrical/solar divisions from the Scope of Management System. If anything, it would be expected that the content within these documents will be reduced as they will no longer incorporate electrical/solar elements.

Evidence sighted as verification includes:

- DOC IMS Management Review 07-08-2025
- DOC Strategic Business Risk Register
- DOC DA\_Integrated\_Management\_System\_(IMS)\_Manual\_2025), Section 11.5

### **Non-Conformity and Corrective Action (10.2)**

Whilst Non-Conformities are identified, there was inconsistent evidence of the reporting and documenting of some issues that were discussed during the audit. Whilst it was confirmed these issues were rectified with appropriate immediate action, there was no investigation of root cause, nor Corrective Actions planned to mitigate future occurrences.

The following was identified:

- there is ambiguity as to what would trigger a site issue to be reported to management (discussions included identification of unsafe work practices onsite and a near miss involving the concrete pad height not being to specifications that was found before the concrete pour).
- there was no evidence available to demonstrate that some incidents discussed during the audit had been documented or communicated to management as required, resulting in Corrective Action processes not being enacted (noted that other similar property damage occurrences had been reported).

Additionally, the previous ATLAS findings were not included within Dice Corrective Action Register (noted that they were available for review within a TSS file and had otherwise been actioned in line with DICE's Corrective Action Procedure). The above points have been raised as a **minor Non-Conformity**.

Examples of Non-Conformities identified include customer complaints, incidents, near-misses, Internal Audit findings, etc. Processes have been developed to ensure action is taken to deal with the issue at hand as well as to investigate the issue to determine if Corrective Action is required, by determining the cause of the Non-Conformity and determining if similar issues could recur or occur elsewhere, and evidence of this was reviewed during the audit, in addition to the non-conformity mentioned above. Where necessary to avoid recurrence, Corrective Action is taken, in accordance with the Hierarchy of Controls. The process ensures review of the existing Risks Assessments as well as the effectiveness of Corrective Action taken.

Evidence for verification includes:

- DOC Corrective & Preventative Action Procedure
- DOC 2024-DICE Audit Corrective Actions (TSS Register)
- DOC DA\_Integrated\_Management\_System\_(IMS)\_Manual\_2025), Section 12.1

### **Continual Improvement (10.3)**

Evidence collected and reviewed during this Audit is sufficient to confirm that, over the course of the current Certification cycle, top management has demonstrated its commitment to Continual Improvement of the Management System and has made the required resources available to do so. Implementation of the processes that form part of the Management System have been established in accordance with the Plan-Do-Check-Act principles and have been demonstrated to be effective. This includes processes such as:

- the setting of Objectives;
- the proactive identification of Risks and Opportunities;
- the development and implementation of Operational Controls;
- the monitoring and evaluation of performance; and
- determining and implementing Corrective Action where intended outcomes are not achieved.

### **Conclusion on conformity and effectiveness:**

Evidence sighted sufficiently confirms the Management System has been effective in assisting the organisation to achieve desired results but does not demonstrate effectiveness in achieving continual improvement.

## **Leadership**

### **Commitment (5.1)**

Top management has continued to demonstrate its commitment to the further development, implementation, maintenance, and continual improvement of the Management System. Examples where this is evident include:

- the contents of the Policies
- the setting of Objectives, demonstrating a commitment to continual improvement
- ensuring the availability of the required resources
- their presence during and participation in the Audit
- the engagement of an external consultant – TSS
- Senior Managements involvement in this audit

### **Quality / Environmental / Safety Policies (5.2)**

The Quality Policy (DOC Quality Policy, dated 15-07-2025) has been maintained and reviewed for continued suitability. The Policy is retained as documented information. The contents of the Policy continue to meet the relevant requirements.

The Environmental Policy (DOC Environmental Policy, dated 15-07-2025) has been maintained and reviewed for continued suitability. The Policy is retained as documented information. The contents of the Policy generally continue to meet the relevant requirements. However, given that Environmental Impacts can be 'beneficial' and therefore not considered something to totally prevent (reference cl. 6.1.2), it could be considered to review the Environmental Policy wording regarding the commitment to 'Prevent environmental impacts' (noted this was reviewed and changed during the audit). This has been included as an **Opportunity for Improvement**.

The Workplace Health and Safety Policy (DOC Workplace Health & Safety Policy, dated 15-07-2025) has been maintained and reviewed for continued suitability. The Policy is retained as documented information. The contents of the Policy continue to meet the relevant requirements.

The Policies are communicated and ensured to be understood by all staff and made available to relevant interested parties. Methods to communicate the Policies include:

- display on office wall
- inclusion in induction processes
- accessible on SharePoint
- Within DOC DA\_Integrated\_Management\_System\_(IMS)\_Manual\_2025), Sections 5.3.3 - 5.3.5

#### **Roles, Responsibilities, Authorities, and management of Competencies (5.3 / 7.2)**

Responsibilities and authorities continue to be assigned for the various roles within the organisation, including the responsibility for ensuring the conformity of the Management System with the requirements of the relevant Standards and reporting on performance of the Management System and any significant changes that may affect the Management System. Roles and responsibilities were found to be communicated and understood by relevant personnel as required.

The organisation sufficiently ensures that people working on its behalf are competent on the basis of relevant experience, appropriate training and/or formal qualifications. Required competencies have been determined and documented information is retained as evidence of competence for relevant personnel.

The following evidence was reviewed to verify the above:

- Organisation Chart within DOC DA\_Integrated\_Management\_System\_(IMS)\_Manual\_2025), Section 5.4.1
- Position Descriptions – eg: DOC 01.Exx-Bxx-PD-Project Officer, DOC 0.Pxx-Jxx 12-08-2024 PD – Senior Project Manager
- Authorisation settings in relevant software applications
- Personnel records (sighted: First Aid & CPR – Jxx Pxx Certificate #25779, issued 11-12-2024)
- DOC Training Needs Analysis
- DOC Strategic Business Risk Register – RACI tab
- DOC DA\_Integrated\_Management\_System\_(IMS)\_Manual\_2025), Section 5.4

#### **Consultation and participation (5.4 - S)**

Arrangements continue to be in place to ensure the consultation and participation of workers as required. This includes consultation and participation of non-managerial workers in the development, implementation, maintenance, and improvement of relevant aspects of the Management System, including the identification, assessment and control of relevant Hazards and Risks and the investigation of incidents and Non-Conformities. Where obstacles to participation are identified, the organisation's management is committed to ensuring such barriers are removed or reduced to a reasonable minimum. Methods for consultation and participation include:

- SWMS Reviews
- Two-way ad-hoc communications with site team as required
- Chat function within Procore
- As part of the incident reporting/corrective action procedures
- Site toolbox meetings
- Performance reviews (employees)

DOC DA\_Integrated\_Management\_System\_(IMS)\_Manual\_2025), Section 5.5 provides details on the above consultation methods.

#### **Conclusion on conformity and effectiveness:**

Processes developed and implemented comply with the relevant requirements of this section of the Standards.

## Planning

### Internal/External Issues & Interested Parties (4.1 / 4.2)

It was verified the organisation continues to review relevant Internal and External Issues (incl. climate change related issues) that affect the organisation's ability to achieve the intended results of its Management System as well as the relevant Interested Parties and their particular requirements and expectations (incl. climate change related issues), relevant to the performance of the Management System. Available evidence was obtained from:

- Interview with Director and General Manager
- DOC Strategic Business Risk Register (SWOT Analysis & Interested Parties tabs) reviewed 28-06-2025
- DOC IMS Management Review 07-08-2025

### Risks and Opportunities - *relevant to Management System effectiveness (6.1.(1))*

The organisation has monitored and kept up to date its knowledge on Risks and Opportunities that need to be addressed to give assurance that the Management System continues to be capable to:

- achieve its intended outcomes,
- prevent, or reduce, undesired effects, and
- achieve continual improvement.

Evidence was sighted to verify that actions to address the identified Risks and Opportunities continue to be planned, implemented and evaluated for their effectiveness. The following evidence was considered:

- DOC Strategic Business Risk Register, reviewed 28-06-2025
- DOC DA\_Integrated\_Management\_System\_(IMS)\_Manual\_2025), Sections 7.6 - 7.6.4

It was discussed that another review of this register will take place after the remaining actions from the company restructure have taken place.

Given the current changes within DA, an **Opportunity for Improvement** exists to include the following points discussed during the audit within the SWOT/Company Risk Register to ensure they are consistently planned for:

- change management weaknesses with regards to the recent company restructure.
- time required in the planning phase for residential building contracts and the impact on resources and increased unpaid time.
- DENT/other business involvement of DA Director (Ray) regarding time/conflict matters.

The areas above were confirmed to have been considered and actions taken (Change Management – meeting notes, planning notes within documents such as Corporate Risk Register. Planning/time taken for residential projects – development of the Residential Quote template where private/residential clients pay per stages throughout the planning stages).

### Environmental Aspects (6.1.2 - E)

The organisation has monitored and kept up to date its knowledge of the Environmental Aspects resulting from its activities, products/services and their associated Environmental Impacts. This includes consideration of a life cycle perspective as well as both normal and abnormal conditions. Consideration also continues to be given to reasonably foreseeable emergency situations.

Criteria to determine the aspects that have or can have a significant environmental impact (i.e., significant Aspects) continue to be applied. Evidence sighted as confirmation includes:

- DOC Strategic Business Risk Register - Enviro Aspects & Life Cycle tabs
- DOC DA\_Integrated\_Management\_System\_(IMS)\_Manual\_2025), Section 9

DOC DA\_Integrated\_Management\_System\_(IMS)\_Manual\_2025), Section 9.1.1 details the criterion for determining significance of identified Environmental Aspects and their Impacts. The criterion includes Low, Moderate, and High (significant) ratings and these have been applied to the Environmental Aspects within DOC Strategic Business Risk Register, Enviro Aspects tab. DA also have created a Life Cycle Assessment pictogram to assist with identifying where within processes Environmental impacts may occur (purchase, use, third-party suppliers consideration, final disposal. This closes the previous Non-Conformity.

**Hazard Identification and Risk Assessment (6.1.2 - S)**

Hazards associated with the activities that form part of the scope of the Management System continue to be identified and processes have been developed and implemented to provide a consistent manner of assessing the Risks from the identified Hazards.

Where assessed Risk levels are not acceptable, further control measures are determined and a 'residual' Risk is then determined, assuming the effective implementation of the control measures. Documented information is retained on the methodologies and criteria used. The following evidence has been reviewed:

- DOC DA\_Integrated\_Management\_System\_(IMS)\_Manual\_2025), Section 6.2
- DOC DA Risk Management Procedure
- Project Control Plans
- Travel Plans (remote works)
- SWMS Reviews (contractors - pre-project) – evidenced emails between Snr Project Manager and Della Plumbing (contractor) where changes had been requested (methodology not matching the scope of works to be carried out)

**Compliance Obligations (6.1.3 - S/E)**

It was confirmed during the Audit that the organisation monitors its relevant Compliance Obligations and has developed and implemented processes to stay abreast of any changes in relevant Acts, Regulations, Codes of Practice, Australian Standards, etc. Processes to determine how these obligations apply to the organisation and how changes may affect the Management System are established and implemented effectively. The following evidence has been taken into consideration:

- DOC DA\_Integrated\_Management\_System\_(IMS)\_Manual\_2025), Section 6.4
- DOC Company Legislative Register
- Subscriptions to NT Worksafe, Workplace Safety Australia, and Workplace Enviro Australia
- Monitoring of Commonwealth requirements
- Advised via TSS

**Objectives (6.2)**

The organisation has established measurable Objectives that are consistent with its Policies and compatible with its strategic direction. It was confirmed that the Objectives are aimed at the continual improvement of the Management System as well as its performance.

Achievement of its Objectives continues to be planned, by determining:

- what will be done;
- the resources required;
- the relevant responsibilities;
- the timeline by which the objective is to be achieved; and
- how results will be evaluated.

Documented Information on Objectives and plans to achieve them is retained as required and includes:

- DOC DA\_Integrated\_Management\_System\_(IMS)\_Manual\_2025), Section 6.5
- DOC Strategic Business Risk Register - Objectives tab (strategic/management system Objectives)
- DOC T23-1940 SOA-003 PQMP Rev 1.0 (project Objectives)
- DOC IMS Management Review 07-08-2025

**Conclusion on conformity and effectiveness:**

Processes developed and implemented comply with the relevant requirements of this section of the Standard.

## Support

### Resources (7.1)

Sufficient resources to support the development, implementation, maintenance and continual improvement of the Management System continue to be made available as required. Examples identified include:

- availability and maintenance of required equipment;
- provision of suitable infrastructure;
- development, maintenance and implementation of supporting software applications;
- availability of sufficient and suitably qualified and competent personnel;
- monthly monitoring of resource requirements
- training needs analysis and the planning of training for upskilling current workforce
- the continued engagement of an external consultant - TSS

Within the Calibration and Testing Register several item's testing was out of date with 2 marked as due in 2024, and 3 earlier in 2025. (It was explained during the audit that both some of this testing had occurred and some items had been taken out of use). This has been included as an **Observation**.

### Communication & Awareness (7.3 / 7.4)

The organisation ensures that people working on its behalf are sufficiently aware of significant Environmental Aspects associated with their role within the organisation, their contribution to the effectiveness of the Management System as well as the importance thereof. This also includes awareness of the potential implications of non-conformance with the relevant requirements of the Management System.

Specifically related to Safety issues, it is also ensured workers are made aware of processes to report Hazards and Incidents as well as their right to remove themselves from situations that they consider to present an imminent and serious danger to their life or health.

Communication processes in place are both formal and informal and cover the various levels within the organisation. This includes effective communication processes, both internal and external, in relation to the relevant aspects of its Management System. Responsibilities, methods, and timeframes for communication have been established as required, incl. those that are related to communication requirements associated with relevant Compliance Obligations. DOC DA\_Integrated\_Management\_System\_(IMS)\_Manual\_2025), Sections 7.4 - 7.5.2 details methods of communication and their intended purpose.

Some examples of the Communication & Awareness methods are as follows:

- Fortnightly Senior Leadership Team meetings
- Project meetings (internal)
- Client project meetings/reporting (as directed by contract requirements)
- Chat function in Procore
- Daily prestart meetings

Whilst evidence of internal communication exists and appears to be immediately effective, it was noted that the site team does not follow internal communication requirements (the use of Procore), meaning that this information is not always available to non-project site team members. This has been included as an **Observation**.

### Documented Information (7.5)

Whilst the previous Non-Conformity has been closed, issues remain regarding in this area as there is inconsistent evidence to demonstrate that Documented Information is readily available for use and that control of change processes are implemented.

The following issues were identified:

- Location/access of current documents was at times unclear for site employees (plans, contractor SWMS, etc)
- Availability of superseded hardcopy documents (and their unintended use)
- Operational staff unaware of some of the required functionalities of Procore (such as Worker Task Observations and Subcontractor Audits)
- Uncertainty regarding where templated quote formats would be located in the system
- There remains an issue with SWMS templates having mixed references between the file name of the document, the revision number, and the version number
- Numerous references of the electrical/solar divisions and their operations
- Procedure documentation not referencing current practices such as use of Procore

- References to positions/responsibility titles that have not been assigned to personnel (raising some ambiguity regarding actions to be taken)
- Some developed forms are not effectively used as per procedures (eg: the Bid-no-bid form not being used by the GM)
- Some developed forms are not considered effective/useful by the organisation (eg: 'exist for ISO purposes alone')
- DOC DA\_Integrated\_Management\_System\_(IMS)\_Manual\_2025), Section 8.9 mentions that a SDS folder is kept in the main office, but this is not the case given the removal of electrical/solar along with their associated premises from the Scope of the Management System.

The above points have been raised as a **minor Non-Conformity**

Given the division of the DICE entities is still within its final stages, it is understood elements of the document system is in the process of change, and this was evidenced throughout by way of meeting minutes, emails, notes within documents, etc.

Procore development/implementation is still underway, with more functionalities being utilised as it is used for projects. Procore has, for the most part, streamlined project documentation ensuring revisions/currency of documents available mitigates loss of control of changes. As the current Gunbalanya project has been ongoing for some time, it had not been changed over to this new 'O-Drive' structure to not introduce additional change mid-project, but it was discussed during the audit that this will be done to assist with locating current documents.

#### **Conclusion on conformity and effectiveness:**

There is not always sufficient evidence to confirm that processes developed and/or implemented are sufficient to consistently ensure compliance with the relevant requirements.

## **Operation**

### **Operational Planning and Control (8.1)**

Processes continue to be in place to ensure that relevant Management System requirements and other requirements and expectations can be met, identified risks can be controlled and objectives can be achieved. Operational process criteria have been established, including their relevant controls. When planned changes occur, these are controlled, and processes are in place to ensure the consequences of unintended changes are reviewed and action is taken to mitigate any adverse effects that such changes could potentially cause.

### **Environmental Aspects and their Controls (8.1 - E)**

Consistent with the life cycle perspective, environmental requirements are addressed in the design and development process and as part of the procurement process. Evidence was sighted to confirm the organisation communicates its relevant environmental requirements to its suppliers and contractors and considers the need to communicate information about potential impacts related to transport and logistics, use, end-of-life treatment and disposal of its products to its clients and other relevant parties.

### **Eliminating Hazards and reducing OH&S Risks (8.1.2 - S)**

Evidence was reviewed to confirm the organisation has implemented processes to control identified Hazards and to reduce their associated Risks to acceptable levels. When determining effective controls, the organisation ensures consideration of the Hierarchy of Controls, aiming for elimination of the identified hazard, substitution of processes, materials or equipment, the use of engineering controls and reorganisation of work activities, administrative controls (including training, and the use of adequate PPE. Evidence sighted to confirm the implementation of controls includes:

- SWMS (and their review/revise as required during works)
- Project Control Plans
- Travel plans for remote works at Gunbalanya
- Careful consideration of potential emergency scenarios at remote location and the planned responses
- Daily prestart meetings
- Monthly site inspections
- DOC TW88-2122-HSEQ-TM-6.0.1 Project Risk Assessment
- SWMS Chandley Plumbing

### Office walkthrough

A site walkaround was held, site resources, plant, equipment, controls and documentation reviewed, and personnel interviewed as appropriate to verify the effective implementation of relevant elements of the Management System.

It was found that the organisation has generally implemented the relevant elements of its Management System, including operational controls. Examples of processes and controls witnessed include:

- display/availability of relevant documented information, incl. Policies, Emergency and First Aid related instructions and relevant, qualified personnel, etc. Lxx Mxx – Fire Warden (training planned within Tribal Habits platform, previously on ELMO platform), Jxx Pxx - First Aid & CPR – Jxx Pxx Certificate #25779, issued 11-12-2024
- First aid supplies, available, adequately stocked, not expired – items dated expiry 2027
- availability and regular inspection of Fire Fighting Equipment, fire extinguishers tested 04-2025
- testing and tagging of electrical equipment in accordance with AS3760
- regular site safety and environmental inspections

During the office tour the following was **Observed**:

- The policies displayed on wall were not the most recent version
- The available first aid kit in the new office area downstairs had most items expiring in 2020 (noted that the kit upstairs was adequately stocked with evidenced items expiring in 2027)
- Evacuation plan mentions the muster point to be the footpath outside, but there is no footpath – it was discussed that it was the grassed area across the road.

### Requirements for products and services (8.2 - Q)

The organisation has implemented its processes to ensure communication with its clients with regards to the relevant requirements for its products/services. Review takes place to ensure the organisation has the ability to meet the relevant requirements, incl. any applicable statutory or regulatory requirements, requirements specified by the client (incl those related to delivery and timeframes) as well as requirements not specified by the client but necessary to satisfy the intended use, where this is known.

When a project is raised for consideration, there is consideration that takes place by consultation between varying combinations of the Director/General Manager/Senior Project Manager/Project Manager as applicable to the scope of the project. If the result of the discussion is that it is to be explored further DOC ADM-FM-2.3-Tender Evaluation Bid no Bid is used to evaluate capability/feasibility of the project (with the exception on the GM, who has experience to evaluate capability/feasibility without this administrative task). The Bid no Bid form is reviewed by the GM, and it is marked either Approved/Not Approved and returned to the Project Manager to action as directed. Documented information is retained as evidence of the review process.

If the tender submission is to proceed, the information is added to DOC Construction Tender Board FY26, which is where the tender number is formed (sequential). This same number is used for project identification within Procore. DOC Tender Action List is populated for larger tenders to ensure that all responsibilities are assigned, understood and monitored. Procore Tender Board is used for pricing jobs. It provides functionality to perform take-offs, BOQs, subcontracts, etc. Once all information to be submitted for the tender/contract has been formed, it is reviewed by the GM, amended if required, and submitted. The Senior Project Manager will review submissions formed by the GM. If the contract is awarded to DA, The Project Manager sets up the project file (using a templated folder structure) and also sets up the project in Procore, including prompts for inspections such as ITPs, emergency drills, etc, and assigning staff to the project. Subcontracts are also sent to contractors from Procore. MS Project is used for the building program as it provides better functionality than Procore at this time, but a copy of this is uploaded to Procore within the relevant project.

Where requirements differ from those agreed previously, incl. variations, it is ensured there is consensus with the client. Documented information is retained with regard to these changes and information is communicated to ensure awareness, as necessary. Evidence sighted to confirm the effective implementation of these processes includes:

- DOC 1 Conner Crt Proposal Preliminary Budget Quote Stage 1
- Procore information for project TW88-2122
- Procore take-off information for 1 Conner Crt Proposal
- DOC Construction Tender Board FY26
- DOC Tender Action List



### **Design & Development (8.3 - Q)**

**Planning** – The stages and controls for design and development are determined taking into consideration the nature, duration and complexity of the design activities, the required stages and reviews, verification and validations, resource needs, communication needs and processes as well as required customer involvement and the need for documented information to demonstrate requirements have been met. Planning considerations include regulatory frameworks (eg: cyclone coding as discussed with the Senior Project Manager), environmental considerations (eg: materials used/sourced from), previous lessons learned, etc.

**Inputs** – The organisation determines the required design inputs that are essential for the product designed. This includes functional and performance requirements as well as regulatory requirements and specific product-related standards. Where conflicting input requirements are identified, these are resolved to ensure unambiguous input requirements. Client requirements are ascertained initially and additional RFI's are sent to client's as required, especially when changes are requested.

**Controls** – Controls are applied throughout the design stages, to ensure that required results to be achieved are defined and review, verification and validation processes are conducted to ensure the intended results are achieved. Where issues or problems are identified, action is taken to resolve these issues, depending on their nature and significance. Controls are both formal and informal in the way of ITP's/ITC's and general supervision/review of works by the Site Manager who has a consistent presence onsite when works are undertaken.

**Outputs** – it is ensured that design outputs meet inputs requirements, are adequate for the subsequent processes for product provision, include reference monitoring and measuring requirements and acceptance criteria and specify the characteristics of the product that are essential for their intended use and their safe and proper provision.

**Changes** – when it is necessary to make changes during or following earlier stages of the design, such changes are identified, reviewed and documented to ensure there is no adverse impact on the conformity with relevant requirements. All changes to projects are recorded within Procore including RFI's as mentioned above.

Documented information is retained as evidence of the effective implementation of the design and development processes and includes the following:

- Procore communications
- Customisation of projects within Procore

DOC DA\_Integrated\_Management\_System\_(IMS)\_Manual\_2025), Section 8.14 provides detail of how the Design and Development stages are managed and actions required.

### **Externally provided products and services/ Contractor management (8.4 - Q/8.1 - E/ 8.1.4 - S)**

The organisation continues to apply the criteria for the selection and performance evaluation of its suppliers, incl. contractors, based on their ability to provide products and services in accordance with the relevant requirements. Documented information of the activities is retained accordingly and was reviewed as part of the Audit. The following was evidenced:

- DOC DA Subcontractor & Supplier Management Procedure
- Procore subcontractor evaluations for SCC Carpentry & Construction NT (Observation #24, 04-03-2025, details they are not suitable to conduct works for DA unless they undergo the DA Subcontractor Pre-Qualification procedure again. Their initial pre-qual was evidenced that was conducted on 13-03-2023)
- DOC Chandley Plumbing Pre-Qual 10-12-2020

Contractors are also consistently monitored and discussed via adhoc communications from the project site team, and during various project and team meetings.

Where contractors are used to operate either on behalf of or directly under the supervision of the organisation, processes are in place to ensure that relevant safety information is communicated to the contractors and their personnel, and that contractors and their personnel adhere to the relevant safety requirements of the organisation. Processes for the selection of contractors take into consideration their ability to comply with the required safety requirements. However, there is inconsistent evidence that the organisation has implemented these processes to ensure that contractor activities and operations that impact the organisation are managed as required.

Whilst contractors undergo a prequalification process before starting works with DICE and quality/timeliness of works are monitored/evaluated, there is limited evidence that the conduct of contractors in line with DICE's

OH&S Management System requirements monitored. It was discussed that Worker Task Observation /Subcontractor Audit process exist to confirm that requirements are being met; however, there was no evidence available to confirm they have been undertaken.

Additionally, it was unclear how the site project team is aware of information required to be verified onsite for contractors (such as licences, etc). This has been raised as a **Minor Non-Conformity**.

#### **Production and service provision (8.5 - Q)**

Production and service provision occur under controlled conditions, including clearly defined product/service requirements as well as the results to be achieved. The organisation ensures the availability of suitable operational conditions, including resources and infrastructure required to ensure consistent product/service provision. DOC DA Project Monthly Progress Report details the clients requirements for the Gunbalanya project.

Verification processes are in place to ensure relevant requirements are being met and processes are conducted by suitably qualified and competent people.

#### **Release of products and services & Control of nonconforming outputs (8.6 / 8.7 - Q)**

Release of products and services occurs once it has been verified that the relevant requirements have been met. Processes to verify conformity with relevant requirements, prior to release to the client, include;

- Certificate of Occupancy
- ITPs/ITCs
- DOC DA Project Monthly Progress Report
- Handover documents (including compliance certificates as applicable)
- DA walkthrough for defects (recorded in Procore)
- Client walkthrough before asset handover

Documented information is retained accordingly and is, where agreed and/or required, made available to the customer.

#### **Site visit to active work location**

A site visit was conducted to the Room to Breathe project in Gunbalanya HoJ3710, where the organisation is currently conducting work. This project has been ongoing for some time now, but the individual stages that consist of 1-5 houses are released as individual contracts.

A site walkaround was held, site resources, plant, equipment, controls and documentation reviewed, and site personnel interviewed as appropriate to verify the effective implementation of the relevant elements of the Management System at the project location. It was discussed that the project trailer (that contained site equipment including fire extinguisher/first aid kit/etc) is no longer used. Instead, a project box is used that contains these items and this approach is said to be a better solution for ease of access/use (and for security reasons).

It was found that the organisation has implemented most of the relevant elements of its Management System, including operational controls to mitigate identified risks. Where applicable, this extends to the activities conducted by relevant subcontractors and their personnel.

Processes and/or controls witnessed on site include:

- site specific inductions (on Procore (for Txx Exx, dated 21-09-2024) and hardcopy (for 1 x long-standing employee – Hxx Mxx, dated 13-05-2024)
- display/availability of relevant documented information, incl. Emergency and First Aid related instructions and relevant, qualified personnel;
- First aid supplies, adequately stocked, contents expiry 2030
- Safe Work Method Statements for relevant activities classified as High Risk Construction Work – DOC Chandley Plumbing
- availability and regular inspection of Fire Fighting Equipment, Fire extinguisher last tested 08-2025
- the correct use of PPE's by all workers operating under the control of the organisation
- regular site safety and environmental inspections
- arrangements to reduce or minimise the risk of sediment run-offs into stormwater
- availability of Spill Kits (incl. instructions on their use)
- evidence of regular Toolbox meetings and Pre-Starts
- evidence of Pre-Starts for equipment, incl. their review of their accuracy
- Procore - Emergency Procedure Drill – conducted 11-08-2025
- DOC ERMP Rev. 4, dated March 2025. Last signed onto by Axx Bxx on 13-06-2025

During the project site visit the following was **Observed**:

- some test and tag were out of date for items in use (eg: extension lead – due 2024, power adapter – due 07/2025)
- SDS not current for Puma Energy – Unleaded 91, Australian issued, dated 05-09-2018 (26-08-2020 most current found), SDS not current/not of Australian issue for Paling PVC Plumbing Cement, Malaysian issued, dated 2010 (originally requested to sight SDS from Chandley Plumbing SWMS – PVC Primer Glue, but it was not available. This one was evidenced during the search).

#### **Emergency preparedness and response (8.2 - S/E)**

The organisation has identified potential emergency situations and developed response plans to respond to emergencies. Evidence was sighted to confirm the organisation ensures that its emergency response plans are tested at regular intervals to ensure their effectiveness and to identify opportunities for improvement. Emergency Response plans were found to readily available, accessible, and understood by relevant personnel. Testing of emergency response plans are tested every 3-months for the Gunbalanya project, and to ensure that the full range of identified scenarios that have been identified for this project are tested, they are combined into drills whereby multiple responses are tested. For example, a chemical spill resulting in explosion and fire. Results of tests are retained as Documented Information. Evidence of drills conducted includes:

- DOC ERMP Rev. 4, dated March 2025
- Project: Procore - Emergency procedure drill – conducted 11-08-2025
- Office: Procore – Emergency Drill #3 Evac Drill

The Emergency Response Management Plan (ERMP TW88-2122 Rev 6.0) has been updated to reflect relevant emergency response information relevant to the conduct of remote works for the ongoing project in Gunbalanya. Section 12 now details planned emergency services landing zones, consideration of communication in remote locations, advance planning provisions for inclement weather, and consultation that has taken place with Emergency Response Services. This closes the previous Non-Conformity.

#### **Conclusion on conformity and effectiveness:**

There is not always sufficient evidence to confirm that processes developed and/or implemented are sufficient to consistently ensure compliance with the relevant requirements.

## **Closing Meeting**

#### **A closing meeting was held to finalise the Audit. Topics discussed include:**

- An explanation that the Audit evidence collected is based on a sample of available information, thereby introducing an element of uncertainty;
- A summary of all Non-Conformities identified, their rating as Major or minor Non-Conformity and actions required by the organisation, incl. the method & timeframe for responding;
- The timeframe for Audit Report compilation, finalisation and provision to the organisation;
- The consequences of unresolved Non-Conformities, including those relating to the granting of Certification;
- The relevant post Audit activities, incl. the Certification Decision making process; and
- Information about the ATLAS Certification complaint and appeal processes.

Attendees to the closing meeting have been provided with an opportunity to comment and/or ask questions. At the conclusion of the Closing Meeting, there was no indication of diverging opinions regarding the Audit Findings between the Auditor/ Audit Team and client representatives in attendance.

The closing meeting was conducted in the presence of management legally responsible for OHS within the organisation, incl. monitoring employees' health.

An employees' representative for OHS matters was present during the closing meeting.

The Closing Meeting was attended by:

- Lindsay O'Hea; DICE (Aust) – General Manager
- Ben Evans; DICE (Aust) – Project Officer
- Christy Sharp; TSS – Consultant
- Jess Gibson; TSS – Consultant
- Emma Salter; ATLAS Certification – Lead Auditor

## AUDIT FINDINGS

### Previous (OPEN) Audit Findings

<b>Finding No: 123061/Surv.1/NC01a</b>		<b>Minor Non-Conformity</b>	
<b>Standard</b>	ISO 9001:2015	<b>Clause</b>	N/A
	ISO 14001:2015		6.1.2
	ISO 45001:2018		N/A
<b>Area/Process:</b>	Planning - Environmental Aspects / Impacts		
<b>Non Conformity:</b>	There was no evidence that the organisation has established and implemented an effective criteria/criterion to determine Significance of Environmental Aspects and their Impacts.		
<b>Additional detail/ explanation of NC:</b>	Whilst some Environmental Aspects and Impacts have been identified that arise from both emergency situations as well as inherently occurring business activities, the determination has been based on likelihood of occurrence, which, for inherently occurring Impacts has resulted in a skewed result with low impact activities being identified as significant.		
<b>Review comment:</b>	<p>22-10-2024: Whilst changes have been made to how significance of Environmental Impacts are rated, this has been developed to rate how significant the Impact is after determining if the Impact is significant or not. There was no evidence of the methodology of how the 'Is the Impact Significant?' column is populated. It was discussed that this is determined by more of a case by case reasoning at the time of identification.</p> <p>15-08-2025: DOC DA_Integrated_Management_System_(IMS)_Manual_2025), Section 9.1.1 details the criteria for determining significance of identified Environmental Aspects and their Impacts. The criteria includes Low, Moderate, and High (significant) ratings and these have been applied to the Environmental Aspects within DOC Strategic Business Risk Register, Enviro Aspects tab. DA also have creative a Life Cycle Assessment pictogram to assist with identifying where within processes Environmental impacts may occur (purchase, use, third-party suppliers consideration, final disposal.</p>		
<b>Status after review:</b>	<b>CLOSED</b>		

Finding No: 123061/Surv.1/NC03a		Minor Non-Conformity	
Standard	ISO 9001:2015	Standard	ISO 9001:2015
	ISO 14001:2015		ISO 14001:2015
	ISO 45001:2018		ISO 45001:2018
Area/Process:	Emergency Preparedness		
Non Conformity:	It could not be confirmed the organisation has sufficiently prepared for Emergency situations.		
Additional detail/ explanation of NC:	<p>The following issues were identified:</p> <ul style="list-style-type: none"> <li>Emergency response procedures for remote works do not take into account the geographical location in which the response would occur.</li> <li>Although spill kits are available both in the warehouse and via mobile kits as required, there is no evidence that training on how to use them has been delivered to staff.</li> </ul>		
Review comment:	15-08-2025: The Emergency Response Management Plan (ERMP TW88-2122 Rev 6.0) has been updated to reflect relevant emergency response information relevant to the conduct of remote works for the ongoing project in Gunbalanya. Section 12 now details planned emergency services landing zones, consideration of communication in remote locations, advance planning provisions for inclement weather, and consultation that has taken place with Emergency Response Services.		
Status after review:	CLOSED		

Finding No: 123061/Surv.2-24/NC01		Minor Non-Conformity	
Standard	ISO 9001:2015	Clause	7.5.2/7.5.3
	ISO 14001:2015		7.5.2/7.5.3
	ISO 45001:2018		7.5.2/7.5.3
Area/Process:	Support - Documented Information		
Non Conformity:	There is insufficient evidence that the organisation has implemented processes to ensure documented information is controlled to ensure version control and review/approval requirements are followed.		
Additional detail/ explanation of NC:	<p>There were several instances where documents were found to:</p> <ul style="list-style-type: none"> <li>have been created using superseded templates;</li> <li>be missing information that had previously been added for correction purposes since the previous audit;</li> <li>have differing document file version numbers to what the content of the document contains</li> </ul>		
Review comment:	15-08-2025: A new file structure has been implemented, with further works currently being undertaken on the design of a SharePoint file interface. Templated files are available for use/customisation in logical locations, with previous document versions segregated. There remains an issue with SWMS templates having mixed references between the file name, the revision number, and the version number.		
Status after review:	Closed. New similar finding raised		

# New Audit Findings

No Major Non-Conformities were identified during this Audit.

Finding No: 123061/RC25/NC01		Minor Non-Conformity	
Standard	ISO 9001:2015	Clause	7.5
	ISO 14001:2015		7.5
	ISO 45001:2018		7.5
Area/Process:	Support - Documented Information		
Non Conformity:	There is insufficient evidence to demonstrate that the organisation has developed and/or implemented effective processes to ensure Documented Information is consistently controlled as required.		
Additional detail/ explanation of NC:	<p>The following issues were identified:</p> <ul style="list-style-type: none"> <li>• Location/access of current documents was at times unclear for site employees (plans, contractor SWMS, etc)</li> <li>• Availability of superseded hardcopy documents (and their unintended use)</li> <li>• Uncertainty with staff regarding where templated quote formats are located in the system</li> <li>• There remains an issue with SWMS templates having mixed references between the file name of the document, the revision number, and the version number.</li> <li>• Numerous references of the electrical/solar divisions and their operations</li> <li>• Procedure documentation not referencing current practices such as use of Procore</li> <li>• References to positions/responsibility titles that have not been assigned to personnel (raising some ambiguity regarding actions to be taken)</li> <li>• Some developed forms are not effectively used as per procedures (eg: the Bid-no-bid form not being used by the GM)</li> <li>• Some developed forms are not considered effective/useful by the organisation (eg: 'exist for ISO purposes alone')</li> <li>• DOC DA_Integrated_Management_System_(IMS)_Manual_2025), Section 8.9 mentions that a SDS folder is kept in the main office, but this is not the case given the removal of electrical/solar along with their associated premises from the Scope of the Management System.</li> </ul>		

Finding No: 123061/RC25/NC02		Minor Non-Conformity	
Standard	ISO 9001:2015	Clause	10.2
	ISO 14001:2015		10.2
	ISO 45001:2018		10.2
Area/Process:	Nonconformity and Corrective Action processes		
Non Conformity:	There is insufficient evidence that the organisation has implemented effective Corrective Action processes.		
Additional detail/ explanation of NC:	<p>The following was identified during the project site visit:</p> <ul style="list-style-type: none"> <li>there is ambiguity as to what would trigger identified site issues to be reported as non-conformances</li> <li>there was no evidence available to demonstrate that an incident whereby the site office was broken into (and paperwork such as SWMS/plans were ripped up) had been reported (note: similar property damage occurrences had been reported).</li> </ul> <p>Additionally, the previous ATLAS findings were not included within Dice Corrective Action Register (noted that they were available for review within a TSS file and had otherwise been actioned in line with DICE's Corrective Action Procedure).</p>		

Finding No: 123061/RC25/NC03		Minor Non-Conformity	
Standard	ISO 9001:2015	Clause	N/A
	ISO 14001:2015		N/A
	ISO 45001:2018		8.1.4.2
Area/Process:	Contractor Management		
Non Conformity:	There is insufficient evidence that the organisation has developed and implemented processes to ensure that contractor activities and operations that impact the organisation are managed.		
Additional detail/ explanation of NC:	<p>Whilst contractors undergo a prequalification process before starting works with DICE and quality/timeliness of works are monitored/evaluated, there is limited evidence that the conduct of contractors in line with DICE's OH&amp;S Management System requirements is being monitored.</p> <p>It was discussed that Worker Task Observation /Subcontractor Audit processes exist to confirm that requirements are being met, however, there was no evidence available to confirm they have been undertaken.</p> <p>Additionally, it could not be confirmed the site project team was aware of information required to be verified onsite for contractors (such as licences, etc).</p>		

To submit a Corrective Action Plan for each of the Non-Conformities above, please click the button:

Submit  
Corrective Action Plan

<b>Observations:</b>	
1.	During the office tour the following was observed: <ul style="list-style-type: none"> <li>the policies displayed on wall were not the most recent version</li> <li>the available first aid kit in the new office area downstairs had most items expiring in 2020 (noted that the kit upstairs was adequately stocked with evidenced items expiring in 2027)</li> <li>Evacuation plan mentions the muster point to be the footpath outside, but there is no footpath – it was discussed that it was the grassed area across the road.</li> </ul>
2.	The use of ATLAS Certification Marks on the DICE website still infers that the electrical/solar divisions remain within the Scope of Certification.
3.	Within the Calibration and Testing Register several item's testing was overdue with 2 marked as due in 2024, and 3 earlier in 2025.
4.	During the project site visit the following was observed: <ul style="list-style-type: none"> <li>some test and tag were out of date for items in use (eg: extension lead – due 2024, power adapter – due 07/2025)</li> <li>SDS not current for Puma Energy – Unleaded 91, Australian issued, dated 05-09-2018 (26-08-2020 most current found), SDS not current/not of Australian issue for Paling PVC Plumbing Cement, Malaysian issued, dated 2010 (originally requested to sight SDS from Chandley Plumbing SWMS – PVC Primer Glue, but it was not available. This one was evidenced during the search).</li> </ul>
5.	Whilst evidence of internal communication exists and appears to be immediately effective, it was noted that the site team does not always follow internal communication requirements (the use of Procore), meaning that this information is not always available to non-project site team members.

<b>Opportunities for Improvement:</b>	
1.	It could be considered to include the following points discussed during the audit within the SWOT/Company Risk Register to ensure they are consistently planned for: <ul style="list-style-type: none"> <li>change management weaknesses with regards to the recent company restructure.</li> <li>time required in the planning phase for residential building contracts and the impact on resources and increased unpaid time.</li> <li>DENT/other business involvement of DICE (Aust) Director (Ray) regarding time/conflict matters.</li> </ul>
2.	Given that Environmental Impacts can be 'beneficial' and therefore not considered something to totally prevent (reference cl. 6.1.2), it could be considered to review the Environmental Policy wording regarding the commitment to 'Prevent environmental impacts' (noted this was reviewed and changed during the audit).



## FINDING CLASSIFICATIONS

Finding classification	Action required
<p><b>Major Non-Conformity:</b> A critical element of the Management System has not been sufficiently defined, documented, implemented and/or maintained to meet the requirements of the Standard(s). This presents a serious and immediate threat to the overall effectiveness of your Management System.</p>	<p>You must provide a Corrective Action Plan within <b>2 weeks</b> from the date of this report. This <b>MUST</b> include:</p> <ul style="list-style-type: none"> <li>• action taken to resolve the issue(s) identified and/or to mitigate their effect;</li> <li>• the identified root cause;</li> <li>• a planned Corrective Action; and</li> <li>• a timeframe for its implementation</li> </ul> <p>You must also, within <b>12 weeks</b> from the date of this report, submit <u>evidence of the implementation</u> of Corrective Action.</p>
<p><b>Minor Non-Conformity:</b> An element of the Management System does not comply with the requirements of the applicable Standard(s) or there is significant lack of implementation of a specific part of the Management System. This affects the effectiveness of your Management System.</p>	<p>You must provide a Corrective Action Plan within <b>2 weeks</b> from the date of this report. This <b>MUST</b> include:</p> <ul style="list-style-type: none"> <li>• action taken to resolve the issue(s) identified and/or to mitigate their effect;</li> <li>• the identified root cause;</li> <li>• a planned Corrective Action; and</li> <li>• a timeframe for its implementation</li> </ul>
<p><i>Please note that the above timeframes do not necessarily take into consideration the Expiry Date of your current Certification and that Recertification cannot occur until the Plans and/or Evidence have been submitted and accepted by ATLAS Certification.</i></p> <p><i>Therefore, IF your Certification expires within these timeframes, please make sure to submit the required Plans and Evidence prior to expiry, allowing additional time for review, Certification Decision and the issuing of your new Certification!</i></p>	
<p><b>Observations:</b> An element of the Management System is not always effectively implemented / does not always comply with the requirements of your own requirements; or there is evidence of non-conforming outcomes (mistakes, errors, incidents, etc.), indicating the Management system is not always effective in achieving desired results. The identified issue does however not directly affect conformity with the requirements of the Standard(s), nor is it likely to have a significant effect on the effectiveness of the Management System as such.</p>	<p>Action must be taken to address this issue, but it is not necessary to provide a response to us. During the next scheduled audit, the auditor will review the actions taken by you and where appropriate, close the finding. Where it cannot be confirmed that appropriate action has been taken, the finding may be elevated to either a Minor or a Major Non-Conformity, depending on the issue.</p>
<p><b>Opportunity for Improvement:</b> A suggestion that is offered in order to assist and promote improvement of the Management System. Opportunities for Improvement typically reflect 'best practice' within certain industries or processes. They are not offered as customised, specific advice for your organisation and it is at your discretion to action or ignore the Opportunity for Improvement raised.</p>	<p>No response is required; however, we recommend you consider the opportunity identified as a means of improving your Management System.</p>

# AUDIT PROGRAM - Dice (Aust) Pty Ltd

## Surveillance Audit 1 (due: September 2026)

### Permanent locations to be visited:

4/15 Fowlestone Road, Tivendale NT 0822

### Site visit requirement:

A site visit (or site visits) to (an) active project location(s) must be organised as part of this Audit. It must be ensured the activities conducted at such location(s) cover the activities described in the Scope of Certification in its entirety.

### Scope of Certification:

The provision of residential and commercial construction project management services

### Audit duration:

Expected Audit duration: 1.5 days

Off-site activities (preparation & reporting): 1.0 days

Total Audit duration: 2.5 days

Audit Scope	Surveillance
<b>Organisation &amp; changes</b>	
Changes since the previous audit	x
- Organisation, context, management, and staff	x
- Processes, products, and services	x
- Management System processes and Scope	x
- Changes in Policies and their communication	x
Changes in Risks & Opportunities	x
Changes in Hazards, Risks and/or their Controls	x
Changes in Environmental Aspects, Impacts and Controls	x
Changes in Compliance Obligations	x
Action taken to address previous findings (if applicable)	x
Review of the use of Certification marks & references to Certification	x
<b>Management System – maintenance, monitoring and improvement</b>	
Objectives and the planning of their achievement	x
Internal Audit processes	x
Management Review	x
Nonconformity and Corrective Action processes	x
<b>Operation planning and Control</b>	
Operational planning & control	x
Product requirements and their review	x
Production and service provision	x
Release of products and services	x
Control of Non-Conforming output	x
Design & development	x
Eliminating hazards and reducing risks	x
Environmental Aspects and their controls	x
Emergency preparedness and response	x

## Surveillance Audit 2 (due: September 2027)

### Permanent locations to be visited:

4/15 Fowlestone Road, Tivendale NT 0822

### Site visit requirement:

A site visit (or site visits) to (an) active project location(s) must be organised as part of this Audit. It must be ensured the activities conducted at such location(s) cover the activities described in the Scope of Certification in its entirety.

### Scope of Certification:

The provision of residential and commercial construction project management services

### Audit duration:

Expected Audit duration: 1.5 days

Off-site activities (preparation & reporting): 1.0 days

Total Audit duration: 2.5 days

Audit Scope	Surveillance
<b>Organisation &amp; changes</b>	
Changes since the previous audit	x
- Organisation, context, management, and staff	x
- Processes, products, and services	x
- Management System processes and Scope	x
- Changes in Policies and their communication	x
Changes in Risks & Opportunities	x
Changes in Hazards, Risks and/or their Controls	x
Changes in Environmental Aspects, Impacts and Controls	x
Changes in Compliance Obligations	x
Action taken to address previous findings (if applicable)	x
Review of the use of Certification marks & references to Certification	x
<b>Management System – maintenance, monitoring and improvement</b>	
Objectives and the planning of their achievement	x
Internal Audit processes	x
Management Review	x
Nonconformity and Corrective Action processes	x
<b>Operation planning and Control</b>	
Operational planning & control	x
Product requirements and their review	x
Production and service provision	x
Release of products and services	x
Control of Non-Conforming output	x
Design & development	x
Eliminating hazards and reducing risks	x
Environmental Aspects and their controls	x
Emergency preparedness and response	x

# ReCertification Audit (due by July 2028)

## Permanent locations to be visited:

4/15 Fowlestone Road, Tivendale NT 0822

## Site visit requirement:

A site visit (or site visits) to (an) active project location(s) must be organised as part of this Audit. It must be ensured the activities conducted at such location(s) cover the activities described in the Scope of Certification in its entirety.

## Scope of Certification:

The provision of residential and commercial construction project management services

## Audit duration:

Expected Audit duration: 2.5 days

Off-site activities (preparation & reporting): 1.0 days

Total Audit duration: 3.5 days

Audit Scope	Re-Certification
<b>Organisation &amp; changes</b>	
Changes since the previous audit	x
- Organisation, context, management, and staff	x
- Processes, products, and services	x
- Management System processes and Scope	x
Action taken to address previous findings (if applicable)	x
Review of the use of Certification marks & references to Certification	x
<b>Performance evaluation &amp; Improvement</b>	
Monitoring, measurement, analysis, and evaluation	x
Objectives and the planning of their achievement	x
Evaluation of compliance	x
Internal Audit processes	x
Management Review	x
Nonconformity and Corrective Action processes	x
Continual Improvement	x
Review of Management System's effectiveness, continued relevance, and ability to achieve objectives & intended results	x
<b>Leadership &amp; Commitment</b>	
General leadership & commitment	x
Quality, Environment and Workplace Health & Safety Policies	x
Consultation and participation of workers	x
<b>Planning</b>	
Risks & Opportunities	x
Hazards, Risks and/or their Controls	x
Environmental Aspects, Impacts and Controls	x
Compliance Obligations	x
Roles, responsibilities, authorities, and competences	x
<b>Support</b>	
Resources	x
Equipment	x
Communication & Awareness	x
Documentation	x
<b>Operation planning and Control</b>	
Operational planning & control	x
Product requirements and their review	x

Audit Scope	Re-Certification
Production and service provision	x
Release of products and services	x
Control of Non-Conforming output	x
Design & development	x
Eliminating hazards and reducing risks	x
Environmental Aspects and their controls	x
Control of externally provided products & services	x
Contractor management	x
Management of change	x
Emergency preparedness and response	x

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