

ISO 14001:2015

Annual Surveillance Audit Report for Johns Slater and Haward Limited

Date of Audit:	09/12/2020
Auditor:	Robert Crosby
Client Reference Number:	30949

Introduction

This report outlines the QMS external audit of your Management System which took place on 09/12/2020 and outlines our key findings, recommendations and, where appropriate, nonconformities found. Please read this report carefully prior to contacting QMS International for further support and guidance.

This report has been completed by Robert Crosby (the QMS Auditor) and reviewed by Brooke Clarke (the QMS Reviewer in our Technical Department).

Audit Location:	Ardennais House 6 Sorrel Horse Mews Grimwade Street Ipswich Suffolk IP4 1LN
Audit Type:	ISO Annual Visit
Standard:	ISO 14001:2015

Audit Criteria

An Audit carried out in line with the QMS External Audit Programme against the Management System processes and procedures documented by the Organisation, based on the requirements of the Standard.

Audit Objectives

- To confirm that the requirements of the management system standard are effectively addressed by the Organisation's Management System in accordance with the Audit Criteria.
- To confirm the ability of the Management System to ensure that the Organisation meets applicable statutory, regulatory and contractual requirements and meets its specified objectives.
- To identify areas for potential improvement of the Management System.

Audit Methodology

This Audit has been based on Random Sampling methodology and does not exclude the possibility that other non-conformances may exist.

All identified non-conformances and other recommendations are subject to review and ratification by the Technical Department of QMS International.

Nonconformity

During the audit, the Auditor will be reviewing the evidence that you supply to them to assess whether you are following your Management Systems procedures and processes against the requirements of the International Standard.

Should the auditor identify an area of the Management System which does not meet the requirements of the standard and/or your Management System procedures/processes, they may recommend to QMS a Nonconformity, Observation or Opportunity for Improvement.

Any Major Nonconformities will result in a failed audit grade pending corrective action and the submission of rectification evidence to QMS for review.

Any Minor Nonconformities will result in an audit grade of 'pass subject to rectification'. In this case, we will review your rectification evidence for this Minor Non-conformity at the next Annual Surveillance Audit.

Non-conformities can be defined as:

<p>Major Nonconformity:</p>	<p>A Major Nonconformity usually leads to the break down of the Management System in achieving its intended results.</p> <p>For Major Nonconformities, the Organisation is expected to address this nonconformity using the corrective action process as soon as possible. Records are to be maintained to detail the corrective action taken and its effectiveness to analyse the cause and prevent reoccurrence.</p> <p>Rectification evidence is to be submitted via email to rectifications@qmsuk.com within 60 days of the audit (this audit took place on 09/12/2020).</p>
<p>Minor Nonconformity:</p>	<p>A Minor Nonconformity would be the failure to conform to one of the requirements of the International Standard that is not likely to result in a failure of the management system. It may be a single observed lapse or isolated incident where there is minimal risk of the break down of the Management System.</p> <p>For Minor Nonconformities, the Organisation is expected to address this nonconformance using the nonconformity and corrective action processes as soon as possible. Records are to be maintained to detail the corrective action taken and its effectiveness to analyse the cause and prevent reoccurrence.</p> <p>QMS will review rectification evidence for Minor Nonconformities at the next annual surveillance audit.</p>
<p>Observation:</p>	<p>An Observation is an area of the Management System which could be improved and if not rectified, may result in a Minor Nonconformity in the future if not addressed.</p> <p>For Observations, the Organisation is expected to consider taking action to address the recommendations suggested by the Auditor to aide continual improvement over time.</p>
<p>Opportunity for Improvement:</p>	<p>Opportunities for Improvement are areas of the Management System or the wider operation of the Organisation which the Auditor feels would benefit from additional improvements. Where appropriate, Auditors may provide a number of Opportunities for Improvement which are submitted in the body of the audit report to provide additional assistance and guidance for the Organisation to consider.</p>

Audit Grading

Your audit result can be found at the end of this report. The following actions are required depending on the grade awarded:

<p>PASS</p>	<p>No further action required by the Organisation.</p>
<p>PASS SUBJECT TO RECTIFICATION</p>	<p>Minor Nonconformities have been identified during the audit which are to be rectified prior to the next QMS external audit.</p>
<p>FAIL</p>	<p>Major Nonconformities have been identified during the audit which are to be rectified and evidence submitted to QMS International within 60 days of 09/12/2020. Rectification evidence is to be emailed to rectifications@qmsuk.com.</p>

Audit Report Acceptance

You have 30 days from 09/12/2020 to raise any disputes with any of the findings, Nonconformities or other information contained in this report. After 30 days, we will automatically confirm your receipt and acceptance of this report.

If you have a concern or would like any clarification on the content of this report, please [contact one of our Technical Liaison Officers](#) who will be happy to assist you.

Support and Assistance

If you have failed your audit and you require any additional assistance or advice and guidance about how to take corrective action to rectify nonconformities, please [contact one of our Technical Liaison Officers](#) who will be happy to help you.

	New	Outstanding
Non Compliance - Major	0	0
Non Compliance - QMS to address immediately	0	0
Non Compliance - Minor	1	0
Positive observations	22	

Opening Meeting Attendees	
Name	Job title
Robert Crosby	Consultant
Adrian Catchpole	Director
Carl Ambrose	Practice Manager

Minor

Question	Observations
9.2 Performance Evaluation	9.2 - Internal audit

Annual Audit Mandatory Topics

Positive observations		
Audit item	Process audited	Evidence findings
Is the client aware of the Certification Representation Policy	Client Management Systems.	The Client demonstrated they are aware of the Certification Representation Policy.
Are Certification Marks being used correctly	Client Management Systems.	There was no evidence that would suggest the Certification logos were or had been inappropriately used.
Is the management system suitable to fulfil relevant statutory, regulatory and contractual requirements and the objectives of the management system?	The Environmental Management Systems Manual and subsequent operational records.	The management system was demonstrated as being suitable to fulfil relevant statutory, regulatory and contractual requirements and the objectives of the management system, as defined within the current Environmental Policy.
All subjects from the audit plan and program were evaluated.	Audit programme and supporting records.	Internal Audit records were in place to confirm all clauses of the ISO 14001:2015 system had been audited during the previous audit period. The Management Review minutes were providing confirmation that internal audits and management meeting structures were evaluating the performance of the management

		systems and general business progress.
Changes in the management system were evaluated?	Management Review and Non-conformance reporting.	The Director and Practice Manager confirms there have not been any system or significant Environmental Management System changes that occurred during the previous audit period.
Corrective actions as a result of non-conformities from the previous audit were evaluated.	Management Review and Non-conformance reporting.	<p>Current and historical Management Review Meeting minutes confirm that matters arising from previous meetings were part of the review discussion and these progress details were being documented within the review minute records.</p> <p>The Organisation has not incurred any environmental audit non-conformances from the previous audits, therefore no follow up action was required.</p>

ISO 14001:2015 Management System - Nonconformities

Audit item	Process audited	Evidence findings	Priorities	Responsible Person	Recommended Deadline Date
9.2 Performance Evaluation	9.2 - Internal audit	<p>Clause 9. 2 Internal Audit requires that the Organisation retains documented information as evidence of the implementation of the audit programme and the audit results.</p> <p>However, although a number of Internal Audit records were in place and had been documented it was evident that not all aspects of the current internal audit plan had been internally assessed and documented during the previous audit period.</p>	Minor		10/11/2021

ISO 14001:2015 Management System - Section 4 Context

Positive observations		
Audit item	Process audited	Evidence findings
Context of the organisation	<p>4.1 Understanding the Organisation and its context.</p> <p>4.2 Understanding the needs and expectations of interested parties.</p> <p>4.3 Determining the scope of the Environmental Management System.</p> <p>4.4 Environmental Management System and its processes.</p>	<p>The Organisations ISO 14001:2015 Manual (Issue 1) was in place and was dated November 2018, there had been no recent documented change to the manual during the previous period. The current Manual had been signed off and approved by all four of the Directors.</p> <p>The Manual was found to contain up to date and relevant information related to the Organisation and its context, in addition to the Environmental Management System and its processes.</p> <p>The interested parties (and their needs and expectations) that were listed within the Manual on page 20 still remained relevant with no additions or changes required.</p> <p>The Scope of the Management system had been clearly defined within the manual (page 11) and was also detailed on the current QMS certificate which was seen to be still relevant to current operations with no changes or adjustments required.</p>

ISO 14001:2015 Management System - Section 5 Leadership

Positive observations		
Audit item	Process audited	Evidence findings
Leadership	5.1 Leadership and commitment.	<p>It was identified that the Practice Manager was the driving force behind the Organisation's Environmental Management system, with the Director also providing his expertise in helping to maintain the requirements from the Environmental Management system as part of the day to day work activities.</p> <p>The Director and Practice Manager, Quality and a range of other Managers were seen to be attending the weekly operations meetings (work reviews), monthly management meetings, project meetings and Management Review meetings to confirm the Organisation's Leadership Team were providing effective levels of leadership and commitment.</p>
Leadership	5.2 Policy.	<p>The Organisation has defined and implemented a compliant Environmental Policy which had been approved and signed off by the Practice Manager. The policy was dated 01/01/20 (with no adjustments being required, this was seen being displayed within the current Manual and was made available to staff via the Organisation's Intranet. The Environmental Policy reflects current business activities and clearly defines aims, objectives and the management's commitment towards protecting the environment, minimising waste and reducing energy usage.</p> <p>The policy was also being made known to relevant external interested parties as and when considered appropriate by the Director and Practice Manager.</p>
Leadership	5.3 Organisational roles, responsibilities and authorities.	<p>Up to date roles, responsibilities, and authorities have been documented and clearly defined within the Structure Table that was included within the current Environmental Structure section of</p>

		<p>the 14001:2015 Manual on-page 29.</p> <p>Responsibilities and lines of communication are reviewed regularly, all current responsibilities being listed within the manual were confirmed as being up to date by the Director and Practice Manager.</p> <p>The Management Review meeting structure remains in place to identify and evaluate the general effectiveness of how Organisational roles, responsibilities and authorities are being implemented across the Organisation.</p> <p>The Organisation's roles and responsibilities were seen as being effectively implemented and managed at this audit assessment.</p>
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ISO 14001:2015 Management System - Section 6 Planning

Positive observations		
Audit item	Process audited	Evidence findings
Planning	<p>6.1 Actions to address risks and opportunities.</p> <p>6.1.2 Environmental Aspects.</p>	<p>The PEST Analysis, SWOT Analysis, Interested Parties Log, Legal Register, Risk Register, Environmental Assessments and Environmental Aspects Log information that was evidenced confirmed that a wide range of Risks and Opportunities considerations were adequately being documented via the Organisation's Integrated 9001 and 14001 Template Suite (Rev.1 that was dated January 2020). This was seen to be adequately providing a strategic evaluation of business (both internal and external issues being considered) and environmental-related risks and opportunities.</p> <p>The following records were sampled as evidence:</p> <ul style="list-style-type: none"> • Environmental Assessment for Cardboard Waste and Recycling • Environmental Assessment for Office Heating • Environmental Assessment for Air Cooling • Environmental Assessment for Office Lighting • Environmental Assessment for Office Equipment • Environmental Assessment for Work Equipment Recycling. <p>Controlled Waste Carriage & Disposal had been identified as a High Risk and this was continually being monitored and managed through the management team meetings and the waste records being retained.</p> <p>The Environmental Aspects/programme record was evidenced and seen to confirm an evaluation of risk had been carried out for all of the eight recorded significant Aspects. An annual review had been set to re-evaluate each of the significant aspects, with the next</p>

		<p>review scheduled for January 2021.</p> <p>Any significant risk related issue or concern is relayed to the Director and Practice Manager as and when this is considered necessary and this was then being managed through the Management Meeting Structure.</p> <p>Significant environmental risk-related issue or concern that is raised is relayed to one of the Directors and Management Team members as and when this is considered necessary by members of the team. Any significant risk concerns are also being confirmed within the Management Review Meeting and periodic operational meeting process.</p>
<p>Planning</p>	<p>6.1.3 Compliance Obligations.</p> <p>6.1.4 Planning Action.</p> <p>9.1.2 Evaluation of compliance.</p>	<p>The Organisation's Legal and regulatory Schedule (dated 24/06/20) was evidenced via the Organisation's Integrated 9001 and 14001 Template Suite and confirmed that the Environmental Protection (Duty of Care) (England) (Amendment) Regulations 2003 and the Waste Management Duty of Care Code of Practice 1996 legislation was being considered and managed.</p> <p>The Director and Practice Manager remains in place to manage The organisation's overall Environmental Legal compliance and this was being achieved annually.</p> <p>The EA Website and the HSE website continue to provide periodic updates of legislation changes as and when these happen to occur and these are posted to the Organisation as hard copy and electronic records. The Director and Practice Manager undertakes periodic assessments of the site to help evaluate legal compliance with no current issues being reported during the previous audit period.</p> <p>Any significant impacts relating to the implementation of Environmental Legislation is relayed to the Director and Practice Manager as and when this is considered necessary and this was then being managed through the Management Meeting Structure.</p>

<p>Planning</p>	<p>6.2 Environmental objectives and planning to achieve them.</p>	<p>The Organisations main objectives that were evidenced within the Organisation's Integrated 9001 and 14001 Template Suite were seen to remain consistent with the current documented Environmental Policy. There was a total of six documented objectives being listed and these were being periodically reviewed formally at least annually (last achieved on 01/10/19) and managed as a collective activity by the Management Team. Objectives were also being reviewed informally through the monthly Management Meetings.</p> <p>The current set of Environmental Assessments were seen to be providing clear guidance of specific environmentally related objectives (and programmes), these were being periodically reviewed by the Director and Practice Manager as part of their monitoring and measurement activities.</p> <p>The latest set of Management Review minutes confirmed that the Organisation was being successful in achieving its Environmentally related objectives and were continually monitoring this to maintain control.</p>
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ISO 14001:2015 Management System - Section 7 Support

Positive observations		
Audit item	Process audited	Evidence findings
Support	<p>7.1 Resources.</p> <p>7.1.1 General.</p> <p>7.1.2 People.</p> <p>7.1.5 Monitoring and measuring resources.</p>	<p>Through discussion with the Director and Practice Manager, it was clarified that there did not appear to be any current issues relating to the provision of resource(s), the general rule is that where and whenever the business needs any additional resource, this is considered and implemented as necessary by the four Directors.</p> <p>The resourcing for the required numbers of people and allocation of time was a feature of the weekly operational and monthly meeting.</p> <p>The Directors in conjunction with the Practice Manager remains in place to co-ordinate and manage the HR activity.</p> <p>The Organisation has not required the use of calibrated devices during the previous audit period.</p> <p>The Organisation's provision of resource (including responsibility for operating and managing the Environmental Management System) was deemed to be adequate at the time of this audit assessment.</p>
Support	<p>7.2 Competence.</p> <p>7.3 Awareness.</p>	<p>Competence, Awareness and Communication activities were being managed in alignment with the Organisation ISO 9001 Quality Management system. This was audited as operating successfully during the recent audit that was carried out by QMS on 09/12/20.</p> <p>The following documents could be evidenced to confirm emergency-based training was a feature of the current training provisions:</p> <ul style="list-style-type: none"> • Fire Warden Training Certificate for N. F was dated 04//04/19

		<ul style="list-style-type: none"> • Fire Warden Training Certificate for A. S was dated 04//04/19 • Emergency First Aid at Work Certificate for N. R was dated 28//05/19.
Support	7.4 Communication.	<p>There have been no significant environmentally-related communications required for any interested party during the previous audit period.</p> <p>There have been no incidents that required reporting to the Environmental Agency during the previous audit period.</p>
Support	<p>7.5 Documented information.</p> <p>7.5.1 General.</p> <p>7.5.2 Creating and updating.</p> <p>7.5.3 Control of documented information.</p>	<p>The Organisation ensures that all critical data is backed up on a regular basis and is being stored in a secure manner. Up to date antivirus software and firewall protection is in place on the Organisation's computer system.</p> <p>It was established that the Director and Practice Manager was generally managing the Organisation's 14001 documentation, effective levels of document control were demonstrated from multiple documents and records that were provided as evidence during this audit assessment.</p> <p>The Organisation's Intranet was being used as a suitable control for the Organisation's documentation. Employees are allocated access privileges, and these are based on their current job role. This was seen to be providing</p> <p>The Environmental Management System and associated records as provided for inspection during this audit are controlled in accordance with current procedures and were effectively demonstrated. Records inspected during this audit were identifiable, retrievable, stored securely and retained for the required period of time in accordance with all legal and regulatory requirements.</p>

ISO 14001:2015 Management System - Section 8 Operation

Positive observations		
Audit item	Process audited	Evidence findings
Operation	<p>8.1 Operational planning and control.</p> <p>8.2 Emergency preparedness and response.</p>	<p>The following documents were sampled as evidence to confirm the Organisation were achieving Operational planning and control, in line with the requirements from the current EMS Manual:</p> <ul style="list-style-type: none"> • Environmental Manual in place and dated November 2018 • The Organisation’s Sustainability Agenda Document (Ref: PRN23) • Environmental Assessments all documented and help manage relevant aspects, impacts and programmes • Legal and regulatory Schedule in place • Controlled Waste Description, Transfer Note and Agreement (Ref: 71122) was in place had been signed by C. A • Controlled Waste Transfer Note (Ref: 71122) was in place had been signed by C. A on 21/02/20 • Duty of Care Waste Transfer Note (Ref: CBDU175541/19/04/GB was in place • Annual Fire Alarm Systems Test Certificate (Ref: FA1343) was dated 07/08/20 • Annual Fire Emergency Lighting Test Certificate (Ref: EL1343) was dated 07/08/20 • Fire System service, inspection and test record was dated 09/09/20 • Fire Extinguisher service and inspection record was dated 05/08/20 • Record of Weekly Sounder Test confirms the testing was being carried out, documented and signed for, the last test date was recorded as being 24/11/20 • Fire Emergency Action arrangements were demonstrated

		<p>via a 48-page presentation that was also being used for staff fire training and awareness</p> <ul style="list-style-type: none">• Fire Warden Duties and Procedures Training activities were demonstrated via a 15-page presentation that was also being used for Fire Warden training and awareness• Fire Alarm Survey (ground floor, 1st floor and 2nd floor) drawings showing the fire equipment in use and locations. <p>During the previous audit period, the Organisation has not experienced any significant environmental-related accidents or incidents, nor has the Organisation been subject to any prosecutions from the HSE or Environmental Agency.</p>
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ISO 14001:2015 Management System - Section 9

Performance Evaluation


Positive observations		
Audit item	Process audited	Evidence findings
Performance Evaluation	9.1 Monitoring, measurement, analysis and evaluation.	<p>Analysis across areas that includes risk and opportunities, internal audits and non-conformances is undertaken and documented when necessary. The analysis of information and data is also included as part of the Management and operational meetings process and any actions are agreed and implemented accordingly by the Director and Practice Manager.</p> <p>The Director and Practice Manager remains in place to monitor and measure relevant environmental data and performance.</p> <p>Operational meetings frequently occur and were allowing the Managing Director and Practice Manager the chance to openly discuss and evaluate environmental performance and system shortfalls (if identified during the year).</p> <p>The Practice Manager remains in place as the central point of contact, should any employee feel the need to raise and environmental-related issue or concern.</p>
Performance Evaluation	9.3 Management Review.	<p>Management Review minutes (dated 09/11/20) were available and confirmed that the Organisation had achieved the required meeting during the previous audit period. The meeting minutes confirmed that the meetings were being attended by the Senior Management staff members from the business.</p> <p>The current meeting records were sampled and confirmed an adequate amount of systems related information and progress formed the main body of the report.</p>

ISO 14001:2015 Management System - Section 10

Improvement

Positive observations		
Audit item	Process audited	Evidence findings
Improvement	10.1 General.	<p>Management meetings, daily informal meetings, project meetings and Management Review meetings were all seen to be effectively providing the mechanisms by which the Organisation are able to effectively manage and drive environmental improvement.</p> <p>The Management Review process was seen to be helping to document and drive future goals and improvements across the Organisation.</p>
Improvement	<p>10.2 Non-conformity and corrective action.</p> <p>10.3 Continual improvement.</p>	<p>Non-conformity and corrective actions were being managed through the Management Team as and when these are identified and reported. The Non-Conformance Log Tab on the Integrated 9001 and 14001 Template Suite Document confirms that there has been one environmentally-related Non-conformance being reported and adequately documented during the previous audit period. The identified issue was seen to be in the process of being adequately managed through a range of recommended actions that had been allocated to various members of the Senior Management Team. A sufficient schedule for review of the environmental Non-Conformance was demonstrated.</p>

Closing Meeting Attendees	
Name	Job title
Robert Crosby	Consultant
Adrian Catchpole	Director
Carl Ambrose	Practice Manager

Recommendation	Pass subject to rectification
Auditor's Name	Robert Crosby
Auditor's Signature	

Recommendation Review	Recommendation confirmed
Reviewer's Name	Brooke Clarke
Reviewer's Signature	