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Audit Type:	Stage Two Audit
Organisation:	Lancashire Fire & Rescue Service
Address:	Garstang Road , Fulwood , Preston , Lancashire , PR2 3LH
Standard(s):	ISO 14001:2015
Client Representative(s):	Mr Martin Fish, Miss Bekki Ford, Mr Chris Kenny, Mrs Julie Lamb, Mr Bob Warren
Total number of employees:	1242
Applicable employees:	53
Site(s) audited:	As Above
Additional Site(s) audited:	Byrom Street, Blackburn, BB2 2LE Union Street, Darwen, BB3 0DA Garstang Road, Fulwood, Preston, PR2 3LH Queen Street, Great Harwood, BB6 7AL Manchester Road, Haslingden, BB4 6NL Westway, Euxton, Chorley, PR7 6DH
Date of Audit:	06 February 2018
Lead Auditor:	Stephen Tattersall
This report is confidential and distribution is limited to the audit team, client representative and the British Assessment Bureau (BAB) office.	

Section A: Audit Objectives

Stage 2 Audit

- to confirm that the management system conforms with all of the requirements of ISO 14001:2015;
- to confirm the Scope statement; represents the organisation's certified activities on the Certificate of Registration;
- to confirm that the organisation has effectively implemented ISO 14001:2015;
- to confirm that the Management System is capable of achieving the organisation's policies and objectives;
- to review links between the internal audits, management reviews and continuous improvement

Section B: Scope(s) of certification

The provision of fire, rescue and supporting services across Lancashire

Section C: Current audit findings and conclusions

The BAB Audit Team conducted a process-based audit, focussing on significant aspects, risks and objectives as required by ISO 14001:2015.

The audit methods used were interviews, observation of activities and review of documentation and records.

The structure of the audit was in accordance with the audit plan and audit planning process.

Number of nonconformities identified	0	Major	0	Minor
Number of opportunities for improvement identified	1			

Based on the results of this audit and the system's demonstrated state of development and maturity, initial management system certification is recommended. This recommendation will be independently verified by the British Assessment Bureau Head Office.

Section D: Opening Meeting and Close out of previous findings

The opening meeting was attended by Julie Lamb (Head of SHE), Martin Fish (Health and Safety Advisor), Bekki Ford (SHE Advisor), Bob Warren (Director of People and Development) and Chris Kenny (Chief Fire Officer). There were no Health Safety issues advised that affected the audit process and the certification process and timing was explained. NC's raised during the stage 1 audit were reviewed and all had been addressed. For clarification on the findings, please refer to the previous assessment report.

Note - This is a transition audit to ISO 14001:2015.

Section E: Audit Findings

Clause 4: Context of the Organisation

Lancashire Fire and Rescue Service (LFRS) employs 1237 staff from forty-one locations 39 fire stations, plus a Headquarters site in Preston and a Training Centre in Chorley which also includes an Urban Search and Rescue facility. Lancashire Combined Fire Authority delivers a fire and rescue service to the whole of Lancashire, raising awareness about fire safety through visiting homes and schools, enforcing fire safety laws; being available 24 hours a day, 365 days a year to respond to emergencies.

The context of the organisation has been fully defined and included within the integrated Environmental and Health and Safety Management System and is communicated to all staff via the intranet. Supporting service orders, policies, procedures, work instructions and environmental documents are also in place on the system. The headline documents are their Environmental service order section 2 V7 dated 24-01-2018 and the Health and Safety service order section 2 V5 dated 22-11-2017.

The following sites were visited and relevant operations and records were seen as follows:

Blackburn

- Operate a 2-2-4 shift system with 4 watches of 13 staff each
- Twice/day checks of equipment are carried out using a 2C47 Duty Sheet, this was evidenced for 08-02-2018
- Handover sheets record any issues, evidence was seen for no gas monitors on run L71P2 dated 31-01-2018
- SHE Policy Statement in place on the notice board
- Carbon management plan for Blackburn
- Site tour included areas for administration, coms room, watch room, kitchen/dining area
- PPE daily checks
- Site specific risk plans i.e. Blackburn Hospital
- Evacuation Plan for Blackburn
- PAT testing carried out January 2018
- Fire extinguishers serviced February 2017
- COSHH viewed on Radar system for Disinfectant Cleaner (RD3) MSDS dated 05-01-2010
- Analytical risk assessment viewed for V10 polymers Blackburn dated 13-11-2017
- Residual and waste bins in place
- KPI monthly report, evidenced for Accidental Dwelling Fires (Cooking related issues are highest at the moment)

Chorley

- Delivering training and development and refresher training for new recruits
- Site tour included training areas for incident command, pumping, ladder work, Gym, firehouse, road traffic accident, backdraft, galleries 1 Wylfa Prop height and confined space, 2 Fire training prop, 3 Multi compartment firefighting prop
- PDR Pro and Learn Pro presentation, evidence was seen for James Butcher's planned training for road traffic collisions and trauma.
- SHE Policy Statement in place on the notice board
- Accident, incident and near miss reporting, evidenced for incident dated 11-01-2018 for a twisted knee due to running with a hose
- Demonstration seen in Gallery 3 for Paraffin burning training, the DSEAR risk assessment (HSA21) and training centre risk assessment and work instruction were seen dated 15-09-2017

Darwen

- Operate a 13 firefighter whole time watch on a flexible duty system and 12 retained firefighters
- Twice/day checks of equipment are carried out using a 2C47 Duty Sheet, this was evidenced for 11-02-2018
- The Garton system is used for resource availability
- SHE Policy Statement in place on the notice board
- Carbon management plan for Darwen
- Operational Debrief viewed for Liverpool Ecco Arena dated 01-01-2018
- Incident report viewed for 28 Perry Street (Cooker Incident) dated 11-02-2018
- PPE daily checks
- BA tests viewed in logbook dated 12-02-2018.
- PAT testing carried out February 2017
- Business continuity plan for Darwen dated 18-03-2016
- Working at height kit viewed (FSVT17001)

- Ladder viewed (FLDA14043)
- Water rescue equipment viewed in kit bag

Haslingden

- Operate 1 fire appliance, retained stand alone system with 12 staff, some dual contract others are retained
- SHE Policy Statement in place on the notice board
- Carbon management plan for Haslingden
- Site tour included areas for administration, kitchen, training room and engine house
- PPE cupboard, dirty suits are cleaned as required and are scanned in the system
- Helmet water rescue/working at height viewed (FDHP15091)
- Ladders viewed (FLBJ15007)
- Analytical risk assessment viewed for RTC at Sheepphouse Farm dated 05-02-2018
- Site fire risk assessment viewed dated 11-05-2015
- PAT testing carried out October 2017
- Spillage kit (P75) in place
- Residual and waste bins in place
- Business continuity plan viewed for Haslingden dated 26-08-2017

Great Harwood

- Operate 1 fire appliance and have 1 reserve appliance with 3 staff on a dual contract and 8 retained firefighters
- SHE Policy Statement in place on the notice board
- Site tour included areas for administration, training, coms room, engine house, kitchen
- Incident mobilisation message viewed for RTC at Mitton Road, Clitheroe
- PPE, dirty suits are cleaned as required and are scanned in the system
- Fire risk assessment viewed for Great Harwood dated 19-11-2017
- PAT testing carried out April 2017
- Residual and waste bins in place
- Business continuity plan viewed for Great Harwood dated 28-08-2017
- HSE law poster in place
- Building Safety and Environmental information file in place
- Weekly equipment test schedule viewed
- Learn Pro training course modules attendance
- PDR Pro training plan in place for all staff
- SHE summary report and SHE objectives and targets for 2017

The scope of the management system has been defined as "The provision of fire, rescue and supporting services across Lancashire" and accurately describes the business activities at this time.

Interested parties and their needs and expectations have been defined in their Environmental Service Order Section 2 V7. The following interested party and their needs and expectations was viewed as follows:

- Regulators and Statutory Agencies - They expect demonstration of legal compliance - Evidence was seen in the legal registers of Environmental Legislation V11 reviewed January 2018 and Health and Safety V6 reviewed in June 2017. An example was reviewed as follows:
 - Clean Air Act 1993 - Compliance includes burning at training events is continuously monitored, outlined in STC work instructions and risk assessments, an exemption was confirmed via email from EHO Chorley BC dated 27-01-2005.

A process based environmental management system is in place which is described in the service order section 2 organisational arrangements V7 dated 24-01-2018 and includes the policy, organisational arrangements for management of the EMS, emergency preparedness and response, energy fuel and water management, travel management, waste management, interceptors, climate change, F-Gases in refrigeration, air-con and fire protection systems and safe storage and handling of hazardous substances.

Annual service plans are created and projects are defined, evidence was seen for a project called the "Stinger" which is a new concept fire engine, it incorporates a hydraulic operated boom with a spike to penetrate buildings and allow for water spraying. There is a Stinger in service in Blackburn at the moment and a plan to purchase 2 more in the near future.

Clause 5: Leadership

Leadership and commitment has been defined within their EMS and roles and responsibilities have been detailed for all of the Top Management Team, an example was seen for The Director of Strategy and Planning (DOSP). The Top Management Team

provides evidence and commitment to the development and implementation of the management system and continually improving its effectiveness by:-

- Communicating to the organisation the importance of meeting community and applicable statutory and regulatory requirements.
- Establishing the Environmental Policy.
- Ensuring objectives are established for appropriate elements of the management system.
- Conducting management reviews.
- Ensuring the availability of resources.

Within the process based audit, communications were evidenced both internally and externally. An interview took place with the Communications Department to ascertain if communication channels were successful and cited the Company Intranet, weekly bulletins, station visits and the staff survey as key communication tools, the weekly routine bulletin was seen dated 31-01-2018 and included leadership and development, risk assessments, service order changes, environmental protection service order. The intranet includes service orders, what you need to know, departments, performance, SHE policy and the annual review meeting.

External communications include incidents, safety advice via social media, radio, campaigns etc. An example was seen for "Cook Safe" 2018.

The environmental objectives and targets were evidenced which are measureable and are further explored in clause 6 of this report.

Continuous improvement was demonstrated during the audit through staff and community communication, internal audits, aspects and impacts, risks assessments, management reviews and ensuring the staff have the necessary training and equipment to effectively carry out their work.

It was also noted that due to extensive data gathering, performance reviews and lessons learned several improvements were being made, examples included document management and the Tranman system.

A combined Environmental and Health and Safety (SHE) policy statement has been created, the policy has been signed and dated by the Chief Fire Officer and the Chair of the Fire Authority (December 2017) and communicated to staff and external interested parties. It was noted that the policy was displayed on the notice boards of all sites visited.

An organisation chart is in place on the system and is up to date, roles and responsibilities have been defined for all management and staff roles within job descriptions, the description was evidenced for "The Head of Safety, Health and Environment" which included duties and responsibilities.

The resources include Lancashire Combined Fire Authority, Chief Fire Officer, Exec Board, Director of People and Development, Service Management Team, Head of SHE, Strategic Group, HSE Advisory Group, SHE Dept, Protection, Prevention and Response Task Group, LFRS Managers, LFRS Employees and Employee Representatives.

Roles and responsibilities are detailed within section 2 of the Environmental and Health and Safety service orders, an example was seen for the Director of Strategy and Planning (DOSP).

Clause 6: Planning

The risk assessment methodology is described in the integrated management system and risks and opportunities have been documented in a risk management plan and strategic risk assessments are documented, generic risk assessments are included on the "Radar" system which can be accessed by all staff, these are split up by type. An Operational Risk was evidenced on Radar as follows:

- Firearms Incidents - The risk assessment included the tasks, nature of hazards, who is at risk, existing controls, scoring, any additional control measures and links to relevant service orders - Controls are detailed in the service orders and were seen for Firearms Incidents (OPS 630) V2 dated 09-10-2015.

Also evidenced was an Analytical Risk Assessment for an organisation V10 Polymers in Blackburn dated 13-11-2017.

An Environmental Analytical Risk Assessment (EARA) was seen for an incident (1711005389) dated 13-11-2017.

An aspects and impacts procedure is in place within the Environmental Service Order Section 2 and includes both positive and negative impacts on the environment. An Aspects/Impacts register is in place on the system which was evidenced detailing the aspects and their impacts, the relevant legal compliance requirements were also seen. The register has been split up into areas/topics which include pollution, air legislation, water legislation, waste legislation, land legislation, planning and wildlife legislation, hazards and safety legislation, nuisance legislation, standards, energy and climate change and other requirements. An aspect was seen for:

- Use of Water and Discharge to Land and Water Courses (22 Green) - Water used for firefighting and training - Controls include Re-use and retention of contaminated water encouraged, automated hydrant to tank filling valves, new wildfire

equipment including fogging systems, wildfire blowers, ALP water supply reduction, HMEPO's mitigating the displacement of water run off and the new Stinger fire engine.

Legislation is linked from the aspects and impacts register and was evidenced for the above as follows:

- Water Industry Act 1991 as amended by Water Industry Act 1999 - Compliance was marked as Green.
- Environmental Protection Act 1990 Part 11A - Compliance was marked as Green.

The Environmental and Health and Safety Objectives are documented within a SHE Objectives and Targets Plan (2017-2018), the objectives are reviewed and agreed by Top management on an annual basis, an environmental objective was seen as follows:

- Carbon Management Plan - Target is to reduce emissions from electric, gas and fuel used by 40% by 2020 - Evidence was seen via the Carbon Management Plan V7 dated September 2017 which shows a 24% reduction equating to 1041 tonnes of CO2 and carbon emissions within the service at 3311 tonnes of CO2.

Clause 7: Support

An organisation chart is in place on the system and is up to date, roles and responsibilities have been defined for all management and staff roles within job descriptions, the description was evidenced for "The Head of Safety, Health and Environment" which included duties and responsibilities.

Lancashire Combined Fire Authority, Chief Fire Officer, Exec Board, Director of People and Development, Service Management Team, Head of SHE, Strategic Group, HSE Advisory Group, SHE Dept, Protection, Prevention and Response Task Group, LFRS Managers, LFRS Employees and Employee Representatives.

All employees have had their responsibilities communicated to them and are responsible for complying with all processes, policies and procedures set out within the EMS.

The Recruitment Process is well managed and this was demonstrated against the recruitment of Christopher McKay, a contract of employment was in place and was dated 22-12-2017.

An induction was also seen for a new member of staff, Christian Lopex dated 04-10-2017.

Competency and development is managed through the PDRPro and LearnPro systems and includes 9 core skills to complete over 6 months, James Butcher's competency was seen (b0860) Fire Fighter Competent @ E76 - Darwen Day Crew +.

New firefighters complete 2 weeks initial training then complete a development programme which includes a series of modules.

Training and development is carried out and is managed via the PDR Pro and Learn Pro systems, the PDR Pro system was seen and included training on 9 Core Skills such as BA and TAC Vent, Command and Control, Pumps, Ladders and Hazmat, the training is planned on a 12 month calendar. M. Pendlebury's training was seen for the Command Unit which was completed 04-02-2018.

The Learn Pro system (e-learning) was seen which included Environmental Protection which was completed for Blackburn site dated 02-02-2018.

Planned training was seen for Darwen Firefighter James Butcher b0860 (Competent) E76 Day Crew + for Road Traffic Collision and Trauma.

Course feedback forms are completed and were seen for the Gas Cooling training, excellent scores were evidenced.

Formal annual appraisals are in place to record staff performance, Jayne Hutchinson's appraisal was seen dated 15-01-2018.


One to ones are carried out for staff on a regular basis, Jayne Hutchinson's one to one was evidenced dated 17-01-2018.

An employee handbook dated December 2017 is given to all staff.

Document control is in place and is under review for further improvements, it is planned to use Sharepoint going forward with all documents stored centrally.

The Heads of Departments are responsible for their own documents, the service orders include a review index which include the document number, title, responsibility and review date. the service orders viewed included the version number, date of issue and review date and a history of changes. Documents viewed included:

- Environmental Service Order Section 2 V7
- Health and Safety Service Order Section 2 V5
- Environmental Legal Register V11
- Health and Safety Legal Register V6
- Service Order for Firearms Incidents V2
- Carbon Management Plan V7

OFI  OFI (- 14001) An improvement is planned for LFRS documentation management using the "SharePoint" system, it was observed that the SHE documents were version controlled but in other areas some

documents did not include full version control.

Clause 8: Operation

Environmental Procedures are entrenched in the organisation's activities and these include Aspects and Impacts and Emergency Preparedness and Response as well as ensuring that products purchased are reviewed to ensure the most environmentally friendly option is purchased wherever possible, this is done using whole life cycle costs and life analysis. The lifecycle perspective is defined in a procurement cycle process flow diagram. Sustainable procurement includes deliverables, analysis of costs, disposal analysis, packaging and recycling.

Supplier orders are raised on the Oracle system, an order was seen for supplier Office Furniture On-line PO 311029035/0 dated 26-01-2018 and the delivery note was seen (4363463) dated 30-01-2018.

Monitoring and measurement is carried out of their 12 actions, examples viewed are as follows:

- Carbon Management Plan - 24% reduction in carbon emissions achieved
- Training delivery - SHE initial and refresher training now completed on LearnPro
- Monthly meter readings for gas, electric and water continue to be collated together with fuel data providing a full picture of carbon emissions for all of LFRS premises
- Waste management - Bins are in place across the service for residual and recycled materials - Overall reduction in waste from April to March 2015-16 to April to March 2016-17 is 13%

Emergency preparedness and response has been documented and includes a Business Continuity Plan detailed within service order OPS 690. The plan details the process for emergency situations and includes the impact, continuity plans, individual actions, severe weather, mobilising, loss of facility, loss of software, loss of supplier and loss of staff member.

It was noted that the plan had been tested dated 07-12-2017 and the last fire evacuation was carried out 11-01-2018.

Clause 9: Performance Evaluation

Calibration of equipment is carried out where appropriate and was evidenced for a Flowmeter (02-474-05) calibrated 13-10-2017.

PAT testing has been carried out and was dated June 2017.

Fire Engine Maintenance is carried out under a service level agreement with Lancashire County Council, evidence was seen for vehicle PK63 FUF at the Clitheroe site dated 18-01-2018.

The Tranman system was seen for LOLER inspections, Appliance for vehicle PN04 VAX was inspected by Angloco certificate B14797 dated 04-12-2017.

A Harness inspection was seen (FSIN 17012) dated 15-12-2017. A PUWER inspection was seen for a Duo Pump (FHDH09004) dated 19-05-2017. Both items of equipment were verified during the visit to the Blackburn site.

Fire extinguishers were serviced in November 2017.

Monitoring and measurement of the Environmental and Health and Safety Objectives are documented within a SHE Objectives and Targets Plan (2017-2018), the objectives are reviewed and agreed by Top management on an annual basis, an environmental objective was seen as follows:

- Carbon Management Plan - Target is to reduce emissions from electric, gas and fuel used by 40% by 2020 - Evidence was seen via the Carbon Management Plan V7 dated September 2017 which shows a 24% reduction equating to 1041 tonnes of CO2 and carbon emissions within the service at 3311 tonnes of CO2.

Internal audits are planned and carried out of their EMS. Internal Audits that were carried out were evidenced and included:

- 10-05-2017 - Aspects and Impacts and Register of Environmental Legislation Review 2017 – A comprehensive audit was carried out which detailed all changes and updates to legislation and to the aspects and impacts register - The register of Environmental Legislation and the Aspects and Impacts register were both updated and were re-issued on the intranet, staff were notified via the bulletin. Closed 24-05-2017.

Management Reviews are carried out on an annual basis, minutes of the last meeting were seen dated January 2018 and 6 attendees were present (Heads of Departments), the report covered all the requirements of the standard including all the required inputs. Outputs had clearly been discussed. Actions are raised as appropriate within the HSEAG meeting minutes and include owners and target dates.

Clause 10: Improvement

Non-conformances and corrective actions are managed via the SHE Department Non-conformance report, it was noted that from April 2017 to date there have been 6 issues raised in total, an issue was seen as follows:

- 01-09-2017 - The SUEZ waste collector informed us that the Rawtenstall Bin had contaminated waste (black bin liners) - The station manager was notified and a summary was included on the latest bulletin and was added to the Q3 performance summary - Closed 11-01-2018.

Internal audits and management reviews are in place to manage improvement as well as non-conformance reporting.

Section F: Legal Compliance

Legislation applicable to LFRS is fully known and their Head of SHE Julie Lamb is responsible for ensuring that any changes are brought to the HSEAG meetings attention to determine the impact to the organisation. LFRS subscribe to New Ground (ELUS) and Barbour and review via their systems any changes to legislation.

Applicable legislation has been documented within a Legal Register which is reviewed on an annual basis, details include a general summary, requirements, enforcement body, LFRS compliance status and referenced documents. Acts were viewed as follows:

- Water Industry Act 1991 as amended by Water Industry Act 1999 - Compliance was marked as Green.

- Environmental Protection Act 1990 Part 11A - Compliance was marked as Green.

Insurances are in place for employers, product and public liability expire 31-03-2018.

PAT testing was carried out in June 2017.

Fire Engine Maintenance is carried out under a service level agreement with Lancashire County Council, evidence was seen for vehicle PK63 FUF at the Clitheroe site dated 18-01-2018.

The Tranman system was seen for LOLER inspections, Appliance for vehicle PN04 VAX was inspected by Angloco certificate B14797 dated 04-12-2017.

A Harness inspection was seen (FSIN 17012) dated 15-12-2017. A PUWER inspection was seen for a Duo Pump (FHDH09004) dated 19-05-2017. Both items of equipment were verified during the visit to the Blackburn site.

Fire extinguishers were serviced in November 2017.

COSHH assessments are in place on the Radar system and were evidenced for Anti Freeze (C19) HSA6 dated 11-11-2016, the MSDS was seen dated 29-09-2016.

A Health Safety Law poster is displayed and all FBU safety representatives are listed on the system.

No current enforcement actions were notified.

Section G: Use of the Certification Mark

Not applicable for this audit.

Section H: Closing Meeting

The closing meeting was attended by Julie Lamb (Head of SHE), Martin Fish (Health and Safety Advisor), Bekki Ford (SHE Advisor) and Chris Kenny (Chief Fire Officer). The results of the assessment were presented and accepted as an accurate representation of the audit.

Section I: Non-Conformities and Opportunities for Improvement

Type	Clause	Summary
No Non-Conformances Found		
OFI-1	● OFI	(14001) An improvement is planned for LFRS documentation management using the "SharePoint" system, it was observed that the SHE documents were version controlled but in other areas some documents did not include full version control.

- = Major Non-Conformity
- = Minor Non-Conformity
- = Opportunity for Improvement

Section J: Certification Cycle Assessment Plan (from 2018 to 2021)

Business function/Process	Stage Two Audit	1st Surveillance Audit	2nd Surveillance Audit	Recertification Audit
Context of the organisation	✓	P	P	P
Leadership	✓	P	P	P
Planning	✓	P	P	P
Support	✓	P	P	P
Operation	✓	P	P	P
Performance Evaluation	✓	P	P	P
Improvement	✓	P	P	P
Client Site Visit	tbc	tbc	tbc	tbc

P = Planned, ✓ = Done, ✗ = Excluded

Section K: Plan for next Assessment

Time	Assessment Activity
09.00	Arrive on site
	Opening Meeting
	Overview of Company
	Review:- Context of the Organisation
	Review non-conformities, observations, recommendations from previous audit.
	Leadership
	Planning for the management systems including risk
	Support
	Operation
	Performance Evaluation
	Improvement
	Performance Evaluation
	Customer Communication
	Internal Audits
	Legal Compliance
	Use of Certification Mark (where applicable)
	Auditor collating information and preparing for closing meeting.
	Closing Meeting

Section L: Assessment Notes

- a. The assessment was based on sampling and therefore non-conformities may exist which have not been identified.
- b. If you wish to distribute copies of this report external to your organisation then all pages must be included.
- c. The British Assessment Bureau, its staff and agents shall keep all information relating to your organisation confidential and secure and shall not disclose any such information to any third party except that in the public domain or required by law or relevant accreditation bodies. The British Assessment Bureau staff agents and accreditation bodies have signed individual confidentiality undertakings and will only receive confidential information on a 'need to know' basis.
- d. This report and related documents have been prepared for and only for the British Assessment Bureau client and for no other purpose. As such the British Assessment Bureau does not accept or assume any responsibility (legal or otherwise) or accept any liability for or in connection with any other purpose for which the Report may be used or to any other person to whom the Report is shown or in to whose hands it may come and no other persons shall be entitled to rely on the Report.
- e. The management system documentation included the necessary policies, procedures, process descriptions etc, required by the standard.

Section M: Audit Findings (Technical)

The Management System documentation included:

Documented information to the extent necessary to fully meet the Context of the Organisation	✓
Documented information to the extent necessary to fulfil the specific management policy(ies)	✓
Documented information required by this International Standard and as being necessary for the effectiveness of the management system	✓
Documented information of external origin determined by the organization to be necessary for the planning and operation of the management system	✓

The Management System documented records included:

Documented information to the extent necessary to fulfil the specifics within the management system – Clause 6 (e.g. risk & opportunities, aspects & impacts including life cycle etc)	✓
Documented information as evidence of fitness for purpose of monitoring and measurement resources which includes calibration or verification where no such standards exist -	✓
Documented information as evidence of competence	✓
Documented information to the extent necessary to comply with the requirements	✓
Documented information as evidence of the results of monitoring and measurement activities	✓
Documented information as evidence of the nature of the nonconformities and any subsequent actions taken	✓
Documented information as evidence of the results of any corrective action	✓
The internal audit programme has been fully implemented and demonstrates effectiveness as a tool for maintaining and improving the management system	✓
The management review process demonstrated capability to ensure the continuing suitability, adequacy and effectiveness of the management system	✓
The client has a copy of the current version of the audit standard	✓

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