

Midlands Asbestos Solutions Ltd

AUDIT REPORT

Re-certification

Report issued at 15:43 GMT on 23-Jul-2020



Midlands Asbestos Solutions Ltd **AUDIT REPORT**

Client ID#:	CMPY-095410
Client/Address:	Midlands Asbestos Solutions Ltd UNIT 8 CROMPTON ROAD ILKESTON DERBYSHIRE Derby, DE7 4BG United Kingdom
Audit Criteria:	ISO 9001:2015
Audit Activity:	Re-certification
Date(s) of Audit:	Derby, United Kingdom: 22-Jul-2020 to 23-Jul-2020
Auditor(s) (level):	Julian Crooke (Lead Auditor, Derby, United Kingdom)
Scope of Audit and Scope of Certification:	Site: <i>Midlands Asbestos Solutions Ltd, Derby, United Kingdom</i> ISO 9001:2015: Licensed and non-licensed asbestos removal, waste collection, encapsulation, re-instatement works, surveying, bulk sampling and analysis

OVERALL RESULT:

No Action Required

The management system was found to be fully effective. (no nonconformities issued)

EXECUTIVE SUMMARY

The Management System documentation consists of the QMS and policies/procedures manuals and associated forms etc. that are comprehensive and under full review and revision as required. The Quality system and project records sampled during this Re-Certification audit was found to be up-to-date and covers all of the system requirements for controlling documentation & records, internal auditing, non-conformance/corrective & preventive action, workplace process control & legislation. Organisational knowledge is also held within the same document system (mostly electronic) as scanned completed work packs that contain all of the useful information from previous activities.

Customer satisfaction feedback is monitored by the Derbyshire Trusted Trader for most (domestic) work on-line system and for commercial work as part of the close of contract on site by the handover sign-off form. Customer satisfaction can be further demonstrated by an absence of written complaints, and in addition several un-solicited compliments are received, generally by email. Any other concerns or requests for information are dealt with in a timely manner and records maintained.

Procedures for the review of documents and records are in place within the relevant manual sections. Roles are demonstrated both through the organisation chart where the management representative is defined, and within the H&S manual (as additionally required by the HSE licensing). The company is small enough for internal communication to be relatively informal. Objectives and business targets are defined at Management Review, where the Context and Risk/Opportunities outputs are also reviewed. Some additional measurable quality objectives are included in the business overview. Procedures for sales and enquiries, process planning, production, purchasing, and training are in place.

SWOT ANALYSIS

Strengths	<p>The Quality Management System continues to be fully implemented and is continuously reviewed, maintained and improved by Sarah Shelton (assisted by Dave Peat - consultant)</p> <p>Excellent set agenda and minutes taken for annual Management Review meetings, with strong emphasis placed on client satisfaction and effective project management</p> <p>Robust schedule for Internal Auditing in place and currently effectively operated by D Peat (independent auditor)</p> <p>Good systems for storage and control of documents and records – both electronically and in hard-copy</p> <p>Very low level of Internal Audit and Customer or process Non-Conformances and/or concerns</p> <p>Well established systems for control of activities on-site and documentation (as required by HSE and ARCA licencing).</p>
Weaknesses	No specific weakness was observed during this audit
Opportunities	No additional Opportunities were recorded.
Threats	N/A

INTERTEK MATURITY MODEL

The score descriptions are generic to all management systems and cannot be customized by the auditor, thus allowing for the consistency of interpretation and standardization of audit results worldwide. The scores provided to your organisation are for benchmarking purposes only and are based on the audit team's evaluation.

Management

Mature

Consistent evidence of management commitment, customer and/or interested party satisfaction, knowledge/awareness of policy and objectives being demonstrated by the majority of staff. Responsibility and authority is evident and supported via data, trends and related KPI's. Management reviews are complete and demonstrate support by the majority of personnel. Records are complete and demonstrate positive trends in improvement and lessons learned.

Internal Audits

Mature

Internal audits are being performed at planned intervals and are based on status and importance of the Management System. Data is being collected analyzed and reviewed by senior management on a regular basis. There exists a link between the internal audit results and the overall health of the Management System. Audit teams are trained, impartial and objective in their approach. Audit reports are clear, concise and supported with applicable correction actions. Management is involved in the corrective action process ensuring timely implementation and overall effectiveness of resolution.

Corrective Action

Meets Intent

The corrective action process meets the minimum requirements as defined by the standard. Data does exist from such sources such as customer and/or interested party complaints, internal audits, warranty analysis, defects, internal metrics and supplier performance. The process includes a review of the effectiveness of the actions taken. There is evidence of problem solving tools being used to support the process.

Continuous Improvement

Meets Intent

Data streams are being used as sources to drive continual improvement over time. These may include management system policy, objectives, and audit results, analysis of data, CAPA and management reviews.

Operational Control

Mature

Operational Controls are planned and developed. Planning of operational controls is consistent with all other Management processes. Objectives, process requirements, needs for appropriate additional documents and resources, verification and monitoring activities and records requirements have been determined, as appropriate. Processes and activities run consistently. Data is collected, and reviewed to verify the effectiveness of operational controls with evidence of significant improvement trends. Some evidence linking to some key business factors.

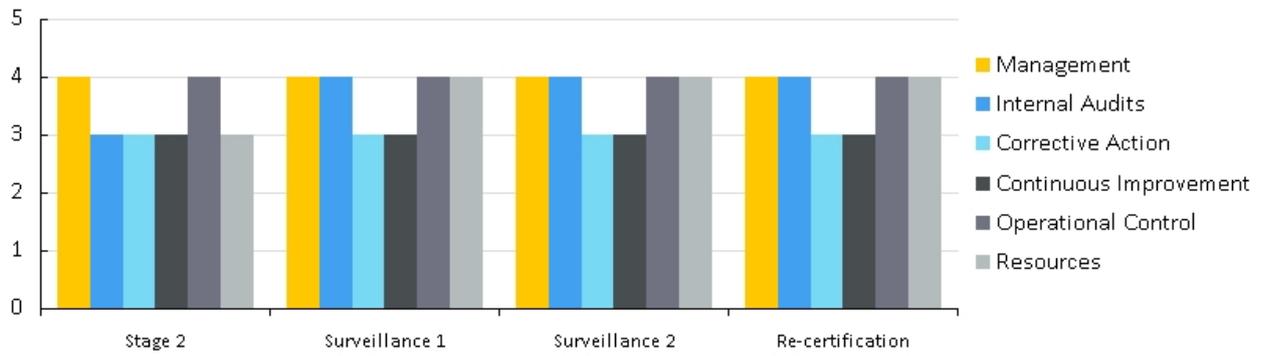
Resources

Mature

Resources required for the effective maintenance and improvement of the management system have been defined and deployed. Improvements have been noted in areas such as customer and/or interested party satisfaction, continual improvement, process variation. Levels of competency have been defined and documented within the existing management system.

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Intertek Maturity Model



Rating: 5=Benchmark | 4=Mature | 3=Meets Intent | 2=Beginning | 1=Not Evident

FINDING SUMMARY

	Minor	Major
Issued during current activity	0	0
Opportunities for improvement have been identified		
No		

STATUS OF PREVIOUS AUDIT FINDINGS

Follow-up on findings issued at previous audit:

Prior assessment resulted in no non conformities.

EVIDENCE SUMMARY

The state of the management system is summarized below:

Conclusion of Client's Processes/Functional areas audited including KPI/Metrics

All of the company processes/procedures and systems have been reviewed during this full re-certification audit, with all documented quality-specific systems and associated requirements being sampled. Risk assessments, and work schedules/instructions, scope of works (both Licenced and NNLW work), training & competence and documents/records control have also been reviewed for specific contracts. Submissions for the asbestos removal activity (both licensed and certain NNLW – non-notifiable licensed work) are completed on-line (ASB5 form) to the HSE 14 days prior to the work being started. Midland Asbestos Solutions (MAS) are licenced waste carriers # CBDU 108353. Purchasing for activities related to the on-site removal process is performed by the company at their Ilkeston premises for all projects. Sampling activities by external laboratory services are often arranged in advance of the site activity, as is any tool or equipment hire. Additional items are arranged during the work if circumstances dictate, and follow-up requirements may also involve further air sampling prior to premises handover. Purchase orders are produced and emailed direct from the office to selected suppliers as recorded within the Approved Supplier List. Maintenance (& related calibration) of equipment is controlled by a spreadsheet and expiry dates are monitored accordingly – all equipment sampled was covered by an in-date certificate of compliance.

The annual Management Review meeting has been completed (09/07/2020) and followed the documented full agenda with a comprehensive record of the meeting minutes being available. The meeting examined all of the relevant areas of the Quality management system, and included reviews of policies, scope, context, objectives, training, suppliers and all other significant issues. Objectives and targets for all management systems issues are recorded, and these relate to the relevant policies set by the company.

An annual schedule for full-system Internal Audits of the documentation and site activities ensures good control of all requirements. Internal audits are now completed against the pre-prepared annual schedule, and all areas of the Management System have been performed by Dave Peat (independent QMS advisor). Results and records of the audits are available as hard-copy documents, and in 2020 only one finding (AFI) was recorded for action (AFI = area for improvement). Site visits and operative's meetings (and tool-box talks) are held throughout the year, and results of any issues are discussed and actioned. The HSE and the ARCA (Asbestos Removal Contractors Assoc.) also perform audits on sites where and when the work is licenced, and the current high level of compliance performance at the latest sequence of ARCA site audits has placed MAS in line for ARCA Gold award.

Training files are maintained for all personnel and competence is demonstrated by the overview matrix that is under full review and maintenance. Other training certificates and records of competence are held in the individual training files and personnel records. Copies of all company certifications and memberships, COSHH information and operatives training files and competence is carried by the operatives at the workplace. Training needs are discussed at site visits/meetings, and when expiry dates for specific training requirements are coming close. Training files also hold details required by HSE/ARCA such as valid Medical certificates, and asbestos removal exposure times are continuously recorded and stored for all operatives.

Non-conformance issues are recorded in a single controlled register (for process n/cs, supplier issues etc) and all reports are reviewed and assigned root cause investigation. The recording system allows for detailed (automatic) review and trend analysis for areas incurring the n/c, and for monitoring of closure. The same system records other

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data such as accident and incident information. There have been only 4 minor N/Cs added to the system during the last twelve months – these have been discussed and remedial actions performed where necessary, and all are effectively closed.

An opening meeting was conducted to the ISO:17021 requirements and attended by Darren Skinner (M.D.) where the scope of the audit was confirmed as the Re-Certification for compliance to the existing 9001:2015 standard. The Intertek logo and UKAS mark is used correctly on company website, and the current certificate is displayed on the website and at the company premises. The scope statement is confirmed as accurate and relevant – “Licensed and non-licensed asbestos removal, waste collection, encapsulation, re-instatement works, surveying, bulk sampling and analysis”. Applicable NACE code is 39.00 (Asbestos removal work}. No significant operational changes have occurred from the previous Surveillance activity conducted in July 2019. Exclusions - Design – No design is completed at present and exclusion remains justified.

This audit concludes and confirms the audit objectives have been met, and the certification scope is appropriate. Please note that this audit was conducted on a sampling basis so there is a possibility that non-conformities may exist within the system that have not been identified during this visit. This audit is not a legal/regulatory compliance audit, and therefore Intertek shall have no obligation to review the Client's processes and/or facilities to determine whether the same comply with or violate any legal and/or regulatory requirements. The auditor would like to thank the members of staff involved during the audit for their help, co-operation and hospitality during the visit. The recommendations from this audit will be subject to an independent office review before any final decision is made concerning the awarding or maintenance of Certification.

Review and conclusion of client performance trends since last certification/recertification (at recertification audit and last surveillance audit prior to recertification)

The company continues to perform well, with no minor or major N/Cs recorded at the last two surveillance audits. The Management System continues to evolve and improve as necessary, and meets the requirements of the company, the HSE and ARCA, and the ISO 9001:2015 standard.

Finding recorded at Stage 2 of the Initial Audit in September 2017:

OFI-1. The training files and/or training matrix do not clearly indicate that awareness of the ISO Management System have been received by the staff or site operatives. (Recording of additional briefings to staff and operatives now started during the audit)

ISO 9001:2015 system awareness added to training matrix and updated accordingly.

(No additional findings recorded at surveillance #1 in Aug. 2018).

OFI recorded at Surveillance in July 2019:

OFI-1 The Customer Service Manager position as shown on the organisation chart is correct, but the named person is yet to be updated (Jay Blake > Louis Johnson).

Organisation chart is fully maintained

Conclusions regarding risk assessment/risk treatment processes

Designed to meet the requirements of the 9001:2015 standard, internal & external issues have been identified and risk assessed by traditional (SWOT) methodology. These areas comprise risks regarding insufficient training/poor service/failure of QMS/failure in compliance with legislation/competition/financials/ethics and also take into account

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legal, technological, competitive, market, cultural, social and economic factors. Interested parties have been identified as the company owners & Directors, Management, Employees, Customers/Clients, External suppliers (inc. Sub-Contract services) & regulatory authorities (such as the HSE and Local Councils). The issues / interested parties and their requirements have been identified & risks determined and is reviewed annually.

Conclusions regarding context of the organization

The context of the company has been defined, documented and reviewed, and this addresses the requirements of the standard and includes the company's Scope, Purpose, Continuous Improvement Cycle, Responsibilities, Customer focus, Internal factors and External influences. Typical examples of areas addressed within the context are Personnel (skills/experience), and then interested parties such as external suppliers of services, customer/client base, financial institutions and regulatory bodies. The context also demonstrates the inter-relationships of the associated processes that link to and influence the principal activity of asbestos removal.

Impact of Significant Changes (If Any)

The company has not implemented any significant changes in the current certification cycle.

Additional information/unresolved issues

The company are members of their trade organisation "ARCA", and also hold certification with Constructionline (Gold), Chas and Safe-Contractor. Licensed by HSE # 101905475

Communication/Changes during the visit (if applicable)

No changes were made during the audit.

References to appendices:

Audit plan; Audit plan (as executed)

Have all shifts been audited:

Yes

The audit has been performed according to audit plan meeting audit objectives, scopes and duration (on-site and off-site) as given within the audit plan

Confirmed

LEAD AUDITOR RECOMMENDATION

Lead Auditor's Recommendation for ISO 9001:2015

The management system is in conformity with the audit criteria and can be considered effective in assuring that objectives will be met. Continued certification is therefore recommended.

OTHER OR ADDITIONAL LEAD AUDITOR RECOMMENDATION

N/A

CLIENT ACKNOWLEDGEMENT

Client Representative Name and Mailing	Darren Skinner
Address:	enquiries@midlandsasbestossolutions.co.uk
Acknowledged By:	Darren Skinner

This report is based on a sample of evidence collected during the audit; therefore the results and conclusions include an element of uncertainty. This report and all its content is subject to an independent review prior to a decision concerning the awarding or renewal of certification.