

ISO 9001:2015

# Annual Surveillance Audit Report for Foundation Piling Limited

Date of Audit:	03/07/2023
Auditor:	Anna Everest
Client Reference Number:	24622

#### Introduction

This report outlines the Citation ISO Certification external audit of your Management System which took place on 03/07/2023and outlines our key findings, recommendations and, where appropriate, nonconformities found. Please read this report carefully prior to contacting Citation ISO Certification for further support and guidance.

This report has been completed by Anna Everest (the Citation ISO Certification Auditor) and reviewed by Ellen Folkard (the Citation ISO Certification Reviewer in our Technical Department).

Audit Location:	Ifton Industrial Estate St. Martins Oswestry Shropshire SY11 3DA	
Audit Type:	ISO Annual Visit	
Standard:	ISO 9001:2015	

#### **Audit Criteria**

An Audit carried out in line with the Citation ISO Certification 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 nonconformances may exist.

All identified nonconformances and other recommendations are subject to review and ratification by the Technical Department of Citation ISO Certification.

### **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 raise 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 Citation ISO Certification 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:

Major Nonconformity:	A Major Nonconformity usually leads to the break down of the Management System in achieving its intended results.  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.  Rectification evidence is to be submitted via email to <a href="Isorectifications@citation.co.uk">Isorectifications@citation.co.uk</a> within 60 days of the audit (this audit took place on 03/07/2023).	
Minor Nonconformity:	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.  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.  Citation ISO Certification will review rectification evidence for Minor Nonconformities at the next annual surveillance audit.	
Observation:	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.  For Observations, the Organisation is expected to consider taking action to address the recommendations suggested by the Auditor to aide continual improvement over time.	
Opportunity for Improvement:	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.	

### **Audit Grading**

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

PASS	No further action required by the Organisation.	
PASS SUBJECT TO RECTIFICATION	Minor Nonconformities have been identified during the audit which are to be rectified prior to the next Citation ISO Certification external audit.	
FAIL	Major Nonconformities have been identified during the audit which are to be rectified and evidence submitted to Citation ISO Certification within 60 days of 03/07/2023. Rectification evidence is to be emailed to <a href="mailto:ISOrectifications@citation.co.uk">ISOrectifications@citation.co.uk</a> .	

### **Audit Report Acceptance**

You have 30 days from 03/07/2023 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 <u>contact</u> <u>one of our Technical Liaison Officers</u> 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 <u>contact one of our Technical Liaison Officers</u> who will be happy to help you.

	New	Outstanding
Non Compliance - Major	0	0
Non Compliance - Citation ISO Certification to address immediately	0	0
Non Compliance - Minor	0	0
Positive observations		20

Opening Meeting Attendees		
Name Job title		
Anna Everest	Auditor	
Stephen Daniels	SHEQ Manager	

## **Annual Audit Mandatory Topics**

Positive observations		
Audit item	Process audited	Evidence findings
Is the client aware of the Certification Representation Policy and Brand Guidelines?	The Awareness of the Certification Representation Policy	The Organisation is fully aware of the Certification Policy.
Are Certification Marks being used correctly?	Certification Marks	The Organisation uses certification marks correctly.
Is the management system suitable to fulfil relevant statutory, regulatory and contractual requirements and the objectives of the management system?	Suitability of the Management System	The Management System remains suitable to fulfil statutory and regulatory suitability of the Management System.
All subjects from the audit plan and program were evaluated.	Audit Plan Evaluation	All subjects within the audit plan and programme have been adequately evaluated.
Changes in the management system were evaluated?	Changes in the Management System	Changes in the Management System were evaluated and recorded on a Revision Register.
Corrective actions as a result of nonconformities from the previous audit were evaluated.	Corrective Actions from Previous Audit	All corrective actions from the previous audit were evaluated.

# ISO 9001:2015 Management System - Section 4 Context of the Organisation

Positive observations		
Audit item	Process audited	Evidence findings
Context of the Organisation	4.1 Understanding the Organisation and its context  4.2 Understanding the needs and expectations of interested parties  4.3 Determining the scope of the Quality Management System  4.4 Quality Management System and its processes	The Organisation understands its context, Interested Parties, and their needs and expectations are identified and documented within a Quality Manual. No changes since 2016, when this documentation was prepared.  Internal procedures are also available as part of the Management System. There are 14 internal procedures listed on the index, which also includes the date of the last update and review.  Scope remains unchanged, and it reads:  'The design and construction of piled foundations and retaining walls and associated services '.  Evidence:  Procedure No1 Planning & Review 19/04/2023  Procedure No 3 Problems & Improvements, 19/04/2023  Procedure No 13, Nonconformance, 19/06/2023  Index  Quality Manual, 2016.  Opportunity for Improvement  To improve external communication regarding ISO Certification, the Organisation may wish to consider adding an ISO Certification Logo on its website and to email signature. The Quality Policy could

also be ad	dded to the website.
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## ISO 9001:2015 Management System - Section 5 Leadership

Positive observations			
Audit item	Process audited	Evidence findings	
Leadership	5.1 Leadership and Commitment 5.2 Policy 5.3 Organisational Roles, responsibilities and Authorities	Top management demonstrates its leadership and commitment to the system through the implementation of and commitment to the Quality Policy, Quality Objectives, promoting improvement, conducting Management Reviews, meeting customer requirements, and ensuring the availability of resources.  The Organisation confirmed that adequate resources and procedures are in place to ensure all legal and regulatory compliance requirements are maintained.  The Quality Policy/Statement of Intent was last reviewed and signed by Director in April 2023. It is sent to employees after review, is displayed on the notice board, and is included in Tender documentation on demand and in an induction process for newcomers.  The Organisational Chart was available. It was reviewed for the last time in April 2023. Job descriptions were also available. These are managed by HR.  Evidence:  • Quality Policy, 17/04/2023  • Employees Handbook  • Health, Safety & Environmental Policy - includes Organisational Chart, 13/04/2023  • Job Description for SHEQ Manager  • Job Description for Office Apprentice	

	Job Description for Senior Plant Fitter / Mechanic.
	Opportunity for Improvement
	The Quality Policy could also be added to the Employees' Handbook, together with other policies related to employees' wellbeing.

## ISO 9001:2015 Management System - Section 6 Planning

Positive observations		
Audit item	Process audited	Evidence findings
Planning	6.1 Actions to address risks and Opportunities 6.2 Quality Objectives and Planning to achieve them	General risks to the business are identified, documented, and discussed at a board level during monthly meetings, which were minuted. Risk Register also includes risk rating, mitigation plan, and identify opportunities.  Quality Objectives are defined and documented as Quality Plan.  Documents for change management are available. Currently, the Organisation is transitioning into an Integrated Management System for Quality, Environmental and OH&S.  Evidence:  Risks and Opportunities register,19/08/2022  Minutes of H&S Meeting, 27/03/2023  Minutes of H&S Meeting, 06/02/2023  Quality Plan  Objectives and Planning Flowchart procedure  Change Request Form Template  Planning of Changes  Opportunity for Improvement  The company Objectives and Targets template is available but not used for current objectives. The Organisation should either revive this document to document Objectives or could use an integrated template from the Atlas ISO Client Template Library.

## ISO 9001:2015 Management System - Section 7 Support

Positive observations		
Audit item	Process audited	Evidence findings
Support	7.1 Resources 7.1.2 People 7.1.3 Infrastructure 7.1.4 Environment for the Operation of Processes 7.1.5.1 Monitoring and measuring resources general 7.1.5.2 Measurement traceability 7.1.6 Organisational knowledge	Senior Management ensures that adequate human resources are available that are suitably qualified to conduct work activities in accordance with specific customer requirements and any applicable legislative or regulatory requirements.  The office is located in its own building, which is maintained in accordance with current procedures. This includes workspace, associated utilities, equipment, communication systems and fire prevention.  The Organisation provides a suitable operational environment for all employees. Policies related to employees' well-being, such as Equal Opportunity, Anti-Bullying and Harassment, or Anti-Bribery Policies, are in place. For easy access to those policies, these could be added to the Employees' Handbook.  Equal Opportunity, Anti-Bullying and Harassment, Anti-Bribery Policies are in place. These could be added to the Handbook.  Any equipment that needs to be calibrated will be hired in, therefore, responsibility for calibration remains with the owner.  The services provided by the Organisation require very specific skills. All workers are trained, and Organisation has good job retention. Internal training is provided on-site, and any other training requested by anyone or identified as necessary by the Organisation, like NVQ, is also provided.  Evidence:  • Fire Evacuation Plan

		<ul> <li>Fire Safety Log Book</li> <li>Fire Risk Assessment, 04/03/2023</li> <li>PAT Test, 23/02/2023.</li> </ul>
Support	7.2 Competence 7.3 Awareness 7.4 Communication 7.5 Documented information	The Organisation has a training Matrix in place, individual training records are available, and copies of relevant certifications ate also retained.  The staff's awareness of the ISO Quality Management System is low and needs to be improved.  Internal communication is via site supervisors, email, site files or work files; contract managers communicate with the workforce regarding their next job. All operatives have company email addresses and phone numbers for managers.  External communication is only on demand which is not enough from the Standard's requirements point of view.  The document management system is effective; all documents in the public domain are in pdf format. The index of documents is used to control the version and dates of all documents. Previous versions of documents are archived  The external IT consulting company does a daily backup of the system.  Evidence:  • Training Matrix, 18/05/2023  • IPAV training for A.S., 30/06/2022  • CSCS for A.J., 22/02/2023  • Piling Rig Attendant for T.R., 28/02/2023  • First Aid for C.K., exp 02/12/2024

Fire Marshal for A.T., 02/03/2023

### **Opportunities for Improvement**

- 1. The Organisation is responsible for clear and effective communication across all business that they are certified for the ISO 9001:2015. However, at the moment, employees are not aware of the certification or how and what they need to do in order for the Organisation to be successful. Perhaps Toolbox Talk on ISO certification, what it is, what it means, and why the Organisation wanted to be certified could be conducted. The information about certification and management plan could be added to the Employees' Handbook, included in the induction process and Quality Policy could be added to each site documentation.
- 2. Also, the Organisation could improve external communication by adding the ISO logo to the website and to the email signature. The Quality Policy could also be added to the website.

### ISO 9001:2015 Management System - Section 8 Operation

Positive observations		
Audit item	Process audited	Evidence findings
Operation	8.1 Operational planning and control 8.2 Requirements for products and services 8.5 Production and service provision 8.6 Release of products and services	Enquiries from clients can come via the website, email or word of mouth, but most work is a repeat business. The Organisation has a procedure for planning work. Depending on the client or Tender, a site inspection may be conducted unless the client provides enough information, such as a site plan.  Documents provided by the client are reviewed in order to determine what type and size of the rig should be used, are any underground cables or any other issues that need to be considered in work planning.  A quote is generated by Bristol Office, and a unique quote number (ID) is allocated. Once it becomes a live job, it is listed on the Programme Plan, which is used to manage jobs.  The footprint of buildings and loading needs to be available; construction issue drawings need to be ready three weeks ahead of commencing work at a site. All parameters must be planned, load, piles, specifically designed for a job piling mat or working platform etc. The Organisation tells clients what they need; clients may not yet possess the land where the work will be done. Pre-mobilisation inspection is done before work commences as part of an agreement with the client.  Pre-construction Health & Safety Plan is provided by the client, bespoke RAMS for various processes and COSHH documents need to be added to Preconstruction Health & Safety Plan, the employer needs to provide a permit to dig and piling platform certificate. RAMS need to be signed by the groundwork contractor who is recruited from the Approved List, by a principal contractor.

Daily site records and morning meetings before commencing work are held, and daily and weekly inspections are carried out. Monthly financial information is gathered and documented. Communication with the clients depends on the type of contract in place, any changes are managed via variation order. Quantity surveyor deals with financial issues.

#### Evidence:

- ERF Drawings register tender, for M&P Gadsten, June 2023
- Letter of Intent, 20/06/2023
- Quote for Clatterbridge CDC Phase 3
- Indicative terms agreed
- C5299 PT Contractors Limited , 07/06/2023
   Subcontractor Order, 30/06/2023 Romeo Substation,
   Slough accepted contract
- ERF Pre-Construction Information for North London Waste Authority, 13/03/2023
- C5221-MS-CFA-Rev03 Method Statement, 11/04/2023
- C5221, issue 2, 02/05/2023 Risk Assessment CFA Piling
- Site Safety Inspection C5225, 28/06/2023
- Testing of concrete
- Site Investigation Report for Woolwich Leisure Centre, 16/04/202 (boreholes) includes daily and weekly inspection
- C4956 Subcontractor Final Statement of Account, PF
- 08-PR08-01-F013, 29/06/2023
- Job Register, Summary 2019-2023

		<ul> <li>Application for Payment, Ref C4956.04, 28/06/2023</li> <li>Bearing Pile Contract Design, Ref C5213, 08/02/2023</li> <li>Foreman's Job Completion Form, Job No C58073, 23/09/2022</li> </ul>
Operation	8.3 Design and development of products and services	The Principal Contractor sends his own drawings, which are used as a base for design work by organisation. This process is governed by the internal procedure documented in the Design protocol.  Evidence:  Design Protocol F-Q-21 Record of Design Check Design Risk Assessment Bored Pile Contract Design.
Operation	8.7 Control of nonconforming outputs	A client can raise the nonconformance against the Organisation or by Organisation. The Nonconformance Report is generated and retained. Nonconformances are reviewed annually by a person responsible for document control.  Evidence:  • F-Q-08 Defect/Nonconformance Notice C4968, 09/02/2022  • F-Q-08 Defect/Nonconformance Notice Template.
Operation	8.4 Control of externally provided processes, products and services	The process of selecting suppliers is defined and documented in internal procedure number 6.  Periodic re-evaluation is done annually by the accounting department.

Dedicated buyer manages suppliers. Suppliers are mainly plant hire and concrete and steel suppliers. There has been no need so far to terminate any.
Evidence seen:
<ul> <li>Procedure No6 Supplier &amp; Contractor Control, issue 2, 19/04/2023</li> </ul>
<ul> <li>F-S-23 Pre-Qualification Questionnaire for Companies Employing Five or More Employees</li> </ul>
F-S-23 Aggregate Industries UK Ltd, 07/06/2022
Approved Suppliers List.

## ISO 9001:2015 Management System - Section 9 Performance Evaluation

Positive observations		
Audit item	Process audited	Evidence findings
Performance evaluation	9.1.1 Monitoring, measurement, analysis and evaluation general 9.1.2 Customer satisfaction 9.1.3 Analysis and evaluation	Customer satisfaction level is monitored by asking clients to fill in a Customer Satisfaction Form at the completion of each job. The results are compiled on a Register.  KPIs are monitored, and results are reviewed by the SHEQ manager monthly or six-monthly.  Evidence seen:  Customer Satisfaction 2020-2021 (but it included 2023)  Customer Satisfaction Form  KPI's 2022.
Performance evaluation	9.2 Internal audit	The Internal Audits are planned and conducted according to that plan. All reports are available and are fully compliant with Standard's requirements.  Evidence seen:  • 9001 Internal Audit Schedule (2023)  • Internal Audit Reports:  • Section 4, 5, 6 on 10/04/2023  • Section 7,8, 9 and 10 on 17/04/2023.

Performance evaluation	9.3 Management Review	Management Review meetings were planned at intervals of no more than four months. These meetings are now incorporated into SHEQ meetings; participants are directors, contract managers, site supervisors, and workforce representatives.
		Evidence seen:
		• H&S&Q Meeting Agenda, 06/02/2023
		<ul> <li>H&amp;S&amp;Q Meeting Agenda, 07/07/2022</li> </ul>
		<ul> <li>H&amp;S&amp;Q Meeting Agenda, 10/05/2022</li> </ul>
		H&S&Q Meeting Agenda, 17/07/2023 (wrong date)
		• H&S&Q Meeting Agenda, 17/10/2022
		• H&S&Q Meeting Agenda, 20/01/2022
		Opportunity for Improvement
		The Organisation should consider separating regular H&S&Q Meetings from Management Review meetings required by the Standard. The purpose of Management Review is to evaluate the effectiveness of the ISO Management System and Standards and provide specific agenda which needs to be covered. Not all topics on that agenda are covered by current H&S&Q Meetings. The Management Review report template from the Atlas ISO Client template Library could be used for this purpose.  This change should be implemented before this issue becomes a nonconformance.

# ISO 9001:2015 Management System - Section 10 Improvement

Positive observations		
Audit item	Process audited	Evidence findings
Improvement	10.2 Nonconformity and corrective action	The Organisation has documents relevant to nonconformance management available. The nonconformance reports are retained as documented information.  All nonconformity is reviewed and corrected, and preventative measures are put in place to continually drive improvement.  Evidence seen:  • F-Q-08 Defect/Nonconformance Notice C4968, 09/02/2022  • F-Q-08 Defect/Nonconformance Notice Template.
Improvement	10.3 Continual improvement	The Organisation ensures continual improvement of the suitability, adequacy and effectiveness of the Quality Management System by application of the following:  The application of the Quality Policy The application of the Quality Objectives Internal Audits Management Review/H&S&Q Meetings Analysis of data.

Closing Meeting Attendees	
Name	Job title
Anna Everest	Auditor
Stephen Daniels	SHEQ Manager

Recommendation	Pass
Auditor's Name	Anna Everest
Auditor's Signature	Aserest

By signing the above, the auditor confirms that the audit objectives have been met.

Recommendation Review	Recommendation confirmed
Reviewer's Name	Ellen Folkard
Reviewer's Signature	Etoucard.