



NQA MANAGEMENT SYSTEMS

STAGE 2 (REMOTE) PROCESS AUDIT REPORT

NATIONAL FLEXIBLE LTD

VISIT NUMBER:
653453

DATE OF OPENING
MEETING:
07/03/2022

THIS REPORT HAS
BEEN PREPARED BY:

REGIONAL ASSESSOR:
John Early

CONTACT NUMBER:
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john.early@nqa.com

APPLICABLE STANDARD(S):

ISO 14001:2015



Client Information

Primary Contact:	Caroline Clay		
Address:	National Flexible Ltd 2 Battlefield View Birkenshaw Bradford West Yorkshire BD11 2PT		
Contact Tel:	01274 685 566		
Contact Email:	caroline@nationalflexible.net		
Billing Contact:	As above		
Billing Tel:	As above		
Billing Email:	As above		
Audit Conducted at:	Head Office (multi-site certification) <input type="checkbox"/>	Participating / Temporary Site (multi-site certification) <input type="checkbox"/>	Single Site Certification <input checked="" type="checkbox"/>
Audit Conducted as:	Fully On-Site <input type="checkbox"/>	Split On-Site / Remote <input type="checkbox"/>	Fully Remote <input checked="" type="checkbox"/>
System integration (integrated audits only):	N/A		
Additional information on integration (if required):			
Certificate expiry date(s):	Not applicable at this Stage 2 audit		
Required changes to EAC or NQA Codes applied:	No changes required		

	At this location	Across all locations (Multisite)
Total employees	48	
Repetitive or parallel workers	~50%	
Energy engaged employees	N/a	N/a
Energy consumption	N/a	N/a
Energy uses	N/a	N/a
Energy sources	N/a	N/a

Energy data only applicable for ISO 50001 audits. Further guidance available in ASR 47:2.1

The date of the next audit is:

See Executive Summary – Date of Next Visit

Audit Information

Audit duration (in days):

2

Scope of certification:

Conversion of laminated, polypropylene, polyethylene, amorphous polyethylene terephthalate, polyamide, (polyester) Surlyn, metallised; APET, OPA, EVOH, OPP, LLDPE, PVdC with barrier coating and anti-fog properties, slit, rewind and hot needle perforation into reels of film for the food, beverage and associated industries.

Scope is appropriate.

Confirmation that audit objectives have been fulfilled: No, details below

If no, which objectives have not been met:

Site tour and direct employee interface.

Note that customers with installation/service activities within their scope must receive a minimum of one on-site visit once per cycle. Failure to achieve this may result in this activity being removed from the client's scope of certification.

NQA Audit Team		Client	Position	Attendance
Lead Assessor	John Early	Caroline Clay	QA Manager	Remote
Member 1		Andrew Burden	Operations Manager	Remote
Member 2		Ruth Kilbourne	Systems Facilitator	Remote

** Mandatory attendance at OHSAS18001 / ISO45001 Audits. If these mandatory positions are not present at closing meeting, record and justify reasons in the Executive Summary.*

Details of Changes

Type of action or change required	Action Required	Notes
Client Name Change:	<input type="checkbox"/>	
Change of Address:	<input type="checkbox"/>	
Scope Change:	<input type="checkbox"/>	
Contact Change:	<input type="checkbox"/>	
Number of Employees Change:	<input type="checkbox"/>	
Major NCs Raised:	<input type="checkbox"/>	
Special Visit Recommended:	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	

Executive Summary

This audit was undertaken fully remotely

ISO 14001:2015 proposed scope of registration

Conversion of laminated, polypropylene, polyethylene, amorphous polyethylene terephthalate, polyamide, (polyester) Surlyn, metallised; APET, OPA, EVOH, OPP, LLDPE, PVdC with barrier coating and anti-fog properties, slit, rewind and hot needle perforation into reels of film for the food, beverage and associated industries.

Certificate of registration is not applicable at this Stage 2 audit.

Description of the organisation, its context, leadership and commitment

The company is a specialist supplier and converter of food grade packaging.

It defines its: Business environment: UK.

Markets: Food manufacturers and contract packagers.

Suppliers: Specialist polymer film manufacturers and printers.

Competitors: Board review (commercially confidential).

Leadership and commitment are demonstrated through the provision of resources for the NQA audit.

Positive observations and details of improvements noted

Very focused application of the environmental management system to ISO 14001:2015.

The personal involvement of the Caroline Clay, Andrew Burden and Ruth Kilbourne in the remote audit proceedings was commendable.

Excellent customer focus evident.

Customer commendations and repeat orders are the norm.

No environmental complaints evident in last twelve-months.

No environmental prosecutions evident in last twelve-months.

Brief details of any nonconformities, particularly any trends detected

No findings have been raised at this visit.

No trends are apparent.

Controls in respect of the processes sampled

Operational process controls provide for the integrity and accuracy of product (service) to customer and environmental requirements.

Conclusion as to the extent of conformity with the audit standard

As observed, the environmental management system can be considered to be compliant with ISO 14001:2015.

Overall effectiveness of the management system

The environmental management system is effective and supports the business activity of the organization.

Continued overleaf

Executive summary (*continued*)

Capability of the management system to meet applicable requirements and expected outcomes

The organization's environmental management system is configured to offer continual operational control in achieving the business objectives.

Statutory and legal requirements are considered met.

Customer requirements are considered met.

Internal audit

The environmental internal audit system is aligned to the requirements of ISO 14001:2015 and the company and is effective.

Management review

The environmental management review system is aligned to the requirements of ISO 14001:2015 and the organization. It is addressed by senior management.

Conclusion

Satisfactory ISO 14001:2015 remote Stage 2 audit.

No concerns.

No additional reassessment visit is required.

Continued registration to ISO 14001:2015 is recommended.

The date of the next visit

Has been agreed for:

Tuesday, 14 March 2023 (all-day); and

Wednesday, 15 March 2023 (am only).

One and a half days-days in total.

The audit will be a recertification to ISO 14001:2015.

Major NCs	0	Minor NCs	0	OFls	0	AoCs	0
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Is there any conflict of interest which exists between the Auditor(s) and the client, and are there any situations known to them that present themselves, or NQA, with a potential conflict of interest in respect to the audit undertaken.	No
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Audit Conclusion

This remote Stage 2 audit was satisfactory, registration to ISO 14001:2015 is recommended.

No findings have been identified.

No follow up actions are required.

Audit Follow-up Actions

The following post-audit action(s) shall be taken by the client: No action required.

Please note that certification will not be granted, reissued or revised until all outstanding Non-Conformance responses have been submitted, and in the case of Major Non-Conformances, the evidence of corrective action has been provided to, and accepted by, NQA.

For further information, useful guidance and further support for responding to audit findings, please visit <https://www.nqa.com/en-gb/clients/non-conformities>

Management system performance, such as trends in audit findings that require further investigation at the next recertification audit.

Mandatory completion at the Head Office Audit of Surveillance Year 2

Detail that the previous Recertification (or Stage 2), Surveillance 1 and Surveillance 2 results have been reviewed and whether there are any trends in non-conformities or other issues which require further investigation at the next Recertification audit.

Audit Findings

Ref No.	Clause No.	Details of any finding(s) raised.	Type (Major NC, Minor NC, OFI or AoC)
		Intentionally blank	
		End of Findings	

Note: Responses to findings must be sent using the Corrective Action Plan form, as applicable, to caps@nqa.com within the timeframes stated on Page 5.



AUDIT REPORT PART B – AUDIT REPORT

Closure of Findings from Previous Audit:

Report No. 653452, Dated 23 February 2022

Ref No.	Detail of finding and client action:			Outcome (Closed or Escalated)
	Clause	Summarise Action(s) Taken to Prevent Recurrence	Category	
		Intentionally blank		



AUDIT REPORT PART B – AUDIT REPORT

Opening and Closing Meetings

Opening and closing meetings were performed in accordance with Form 335. The objective of the audit was to confirm that the management system had been established and implemented in accordance with the requirements of the audit standard.

Process/audit area:	Organisational Context (External / Internal issues /interested parties / boundaries and scope / process identification)
Auditees:	Caroline Clay - Andrew Burden - Ruth Kilbourne
Auditor (if applicable):	John Early
Evidence to support audit conclusion:	
<p><u>Understanding the organization and its context:</u></p> <p>The organizational framework has been established to serve the business activity, see: Executive Summary - Description of the organisation, its context, leadership and commitment, On page 4 of this report.</p> <p><u>Understanding the needs and expectations of interested parties:</u></p> <p>Interested parties have been determined as: Shareholders. Board. Employees. Customers. Suppliers. Insurers. Financial Institutions. Business Neighbours. Local Authority (Bradford Metropolitan District Council). Heritage England. Yorkshire Water.</p> <p>Their requirements have been subject to consideration by management and are recorded in the EMS.</p> <p>Customer requirements are for: Source of safe, legal food contact packaging to BRC standard.</p> <p>This concurs with the scope of registration.</p> <p><u>Determining the scope of the environmental management system:</u></p> <p>Conversion of laminated, polypropylene, polyethylene, amorphous polyethylene terephthalate, polyamide, (polyester) Surlyn, metallised; APET, OPA, EVOH, OPP, LLDPE, PVdC with barrier coating and anti-fog properties, slit, rewind and hot needle perforation into reels of film for the food, beverage and associated industries.</p> <p>Certificate of registration is not applicable at this Stage 2 audit.</p> <p>This concurs with the scope stated in the Environmental Manual, section 4.3 - Scope.</p> <p><u>Environmental management system:</u></p> <p>Environmental management system: Issue: September 2021.</p> <p>The EMS is in hard copy format with electronic support and includes documented information re:</p> <ul style="list-style-type: none"> Documented environmental policy. Documented environmental manual. Documented environmental procedures. Aspects listing. (Termed <u>Aspects & Impacts Register</u>). Legislation listing (Termed <u>Register of Compliance Obligations</u>). Interested Parties listing Env objectives and management programmes. Risk analysis document (Business Risk Analysis - SWOT format) environmental component. Life Cycle Analysis. Documented environmental objectives. Other documented information, including HACCP & BRC and records. 	
Conclusion of the overall effectiveness of the process: Process / Audit Area is satisfactory	

Process/audit area:	Leadership (Process based approach, risk based thinking, policy, identification of roles and responsibilities)
Auditees:	Caroline Clay - Andrew Burden - Ruth Kilbourne
Auditor (if applicable):	John Early
Evidence to support audit conclusion:	
<p>Leadership and commitment:</p> <p>Leadership and commitment by top management demonstrated by:</p> <ul style="list-style-type: none"> Authorization of the environmental management system by: <ul style="list-style-type: none"> George Slack, Managing Director and overall process owner. Provision of resource for the EMS as detailed herein. Remote provision of data for this audit. Involvement in management review by: <ul style="list-style-type: none"> George Slack, Managing Director. Promotion of the process approach and risk-based thinking as detailed herein. <ul style="list-style-type: none"> See risk analyses in Planning and Support later in this report. Effective internal communication of the importance of effective environmental management. Provision for continual improvement of the EMS, as detailed herein. <p>Environmental policy:</p> <ul style="list-style-type: none"> Maintained in documented format. Environmental policy: <ul style="list-style-type: none"> Issue: 1. Date: 2 September 2021. Authorised by: George Slack, Managing Director. Provision for re-affirmed at management review. Structure and content confirmed re: <ul style="list-style-type: none"> Suitability to the purpose, context and environmental impacts of the organization. Provision of framework for setting environmental objectives (Bullet Point 1). Commits to: <ul style="list-style-type: none"> Protection of the environment (Bullet Point 2); Prevention of pollution (Bullet Point 2). Fulfilment of compliance obligations (Bullet Point 3). Continual improvement. (Bullet Point 4). Enhancement of environmental performance (Bullet Point 4). Communicated internally: <ul style="list-style-type: none"> Dissemination of environment policy confirmed via: <ul style="list-style-type: none"> Display on notice boards. Included in induction programme for new employees. Communicated externally: Available to interested parties on request. <p><i>(continued overleaf):</i></p>	

Process / Audit area: Leadership (*continued*)

Organizational roles, responsibilities and authorities:

Documented organization structure:

Issue: June 2021.

Maintained in environmental manual, section 5.

Responsibility & authority defined by reference to job descriptions & contracts of employment, as maintained by the HR function.

Dissemination of same is by management with provision at induction for new starters.

Environmental management system facilitators:

Principal: Caroline Clay, Quality Assurance Manager.

Supported by: Andrew Burden, Operations Manager.

Conclusion of the overall effectiveness of the process: *Process / Audit Area is satisfactory*

Process/audit area:	Performance Evaluation and Improvement Processes
Auditees:	Caroline Clay - Andrew Burden - Ruth Kilbourne
Auditor (if applicable):	John Early
Evidence to support audit conclusion:	
<p>Performance evaluation - Monitoring, measurement, analysis and evaluation:</p> <p>Calibrated environmental equipment: Control of environmental monitoring and measurement equipment: Calibrated environmental measuring equipment is limited to utilities meters (electricity, gas and water), where external responsibility applies. The organization does not have any other environmental monitoring and measurement equipment.</p> <p>Environmental performance: Communication of environmental performance as require by compliance obligations: To NQA as part of the ISO audit process. To BRC clients if requested.</p> <p>Performance evaluation - Evaluation of compliance: Evaluation of compliance Frequency is defined as annual. Documented evaluation of compliance: 2 September 2021. No issues recorded.</p> <p>Compliance status: Compliant. Corrective action taken: Not applicable.</p> <p>Performance evaluation - Internal audit: Review of internal audit process: Internal audit programme 2021 completed. Full system audit, E1: 2 September 2021. To requirement of ISO 14001:2015. Full system audit finalized: 2 September 2021. Audit objectivity confirmed.</p> <p>Findings raised: Major NC(s): 0. Minor NC(s): 0. OFI(s) / OBS(s): 0.</p> <p>Corrective action(s): Not applicable. Auditor independence confirmed Internal: 0. External: External resource utilised (1). Output to management review 2021. Internal audit programme 2022 issued.</p>	
(continued overleaf):	

Process / Audit area: Performance Evaluation and Improvement Processes (*continued*)

Performance evaluation - Management review:

Minutes of annual management review to specified agenda:

Finalized and signed off: 8 February 2022.

Carried out against ISO 14001:2015 (agenda items identified), with input from internal env audit.

Confirmed that all mandatory input and output requirements have been achieved.

Status of actions from previous MR.	1	Adequacy of resources.	21
Changes in:		Relevant communications from interested parties, including complaints.	4
• External & internal issues.	8		
• Expectations of interested parties: Inc Compliance obligations.	4		
• Significant environmental aspects.	14		
• Risks and opportunities	16		
Environmental objectives achievement	5	Opportunities for improvement.	23
Environmental performance, inc trends re:			
• NCs and corrective actions.	6		
• Monitoring & measurement results.	7		
• Fulfilment of compliance obligations.	3		
• Audit results.	2		

Facilitated by George Slack, Managing Director.

Next management review due 2023, E2. Date to be confirmed.

Improvement - Nonconformity and corrective action:

Control of environmental nonconformity and corrective action:

Evaluation of compliance: See previous page.

Corrective action: See previous page.

Identified by internal audit. See previous page.

Corrective action: See previous page.

Environmental complaints. None in last twelve-months.

Corrective action: Not applicable.

Environmental prosecutions: None in last twelve-months.

Corrective action: Not applicable.

Provision for annual review of nonconformities and corrective action, at management review.

Appraisal of corrective actions - As identified.

Improvement – Continual improvement:

Risk / opportunity update:

Continues to be monitored, subject to annual review.

Note: Environmental risk examination as part of the risk analysis strategy.

EMS modification / improvement.

Continues to be monitored, subject to annual review.

Conclusion of the overall effectiveness of the process: Process / Audit Area is satisfactory

Process/audit area:	Planning and Support Processes
Auditees:	Caroline Clay - Andrew Burden - Ruth Kilbourne
Auditor (if applicable):	John Early
Evidence to support audit conclusion:	
Planning - Risks and Opportunities:	
EMS environmental risk analysis - <u>SWOT</u> format.	
Business Risk Analysis (SWOT format) environmental component:	
Initial:	8 February 2022.
Examples:	
Strengths:	Example: Long term staff, low staff turnover.
	Management has good environmental focus & knowledge.
Weaknesses:	Example: Workforce environmental awareness needs improving.
Opportunities:	Example: Appointment of key environmental champions.
Threats:	Example: Energy price increases.
Action plan derivation following SWOT analysis - detailing risk and mitigation.	

(continued overleaf):

Process / Audit area: Planning and Support Processes (*continued*)

Planning - Environmental aspects:

Maintenance of the environmental aspects register.

Document: Aspects & Impacts Register.

Review: 2 September 2021.

Aspects are determined under normal, abnormal and emergency conditions.

Eight aspects listed.

Four categorised as significant, these comprise:

Energy use.

Material usage.

Landfill contamination with packaging and process waste.

Fire.

Subjective significance determination based on significant impact.

Environmental objectives are derived from the significant environmental aspects.

Environmental objectives are set and appraised at management review, together with the supporting management programmes.

Accuracy of the defined significant aspects listing and associated objectives and targets confirmed.

Planning - Life cycle perspective:

Document: Life Cycle Analysis.

Review: 2 September 2021.

Considers (in empirical format):

Control defined re:

Procurement and distribution.

Influence defined re:

Product use.

Product disposal.

Vehicle emissions.

Waste.

Planning - Compliance obligations:

Maintenance of the compliance obligations register.

Document: Register of Compliance Obligations.

Last Review: 2 September 2021.

Methods of accessing legislation, via:

Website: www.legislation.gov.uk

Subscription to NQA In-Touch.

Planning - Planning action:

Planning of action to address significant environmental aspects, compliance obligations, together with risks and opportunities are detailed in the relevant sections of this audit report.

Planning - Environmental objectives:

Environmental objectives are confirmed as consistent with the environmental policy, are measurable (where practical), and are monitored, communicated and updated as appropriate. Accuracy of the defined significant aspects listing and associated environmental objectives and targets confirmed.

Provision for consideration of environmental objectives, at subsequent management review.

The environmental objectives are integrated into the business processes.

(continued overleaf):

Process / Audit area: Planning and Support Processes (*continued*)

Planning - Planning action to achieve environmental objectives:

Management programmes are determined so as to specify:

- What is to be achieved.
- What resources are required.
- Who has responsibility.
- Completion timescale.
- How the results will be evaluated.

Example management programme:

Fire management programme

- Aspect: Fire in residential property.
- Impacts:
 - Danger to life.
 - Destruction of property.
 - Pollution from airborne emissions and fire-fighting run-off.
- Objectives:
 - Fire prevention.
 - Fire mitigation.
- Target: Zero fires.
- Responsibility: Managing Director and all employees.
- Resources:
 - Maintenance of an effective fire plan through:
 - Complying with the Insurer's property risk assessment
 - Review of Fire and Rescue Service website advice.
 - Identification, safe storage and use of flammables.
 - Identification and isolation of ignition sources and oxidizing agents.
 - Provision of fire behaviour training to employees.
 - Provision of fire safety awareness to residents.
 - Regular fire alarm tests and fire drills, as applicable.
 - Maintenance fire fighting equipment.
 - Sprinkler installation programme – on-going.
- Timescale:
 - Immediate and on-going.

Evaluation of results:

Via management consideration of metrics.

Accuracy of the defined significant aspects listing and associated objectives and aims confirmed.

(continued overleaf):

Process / Audit area: Planning and Support Processes (*continued*)

Support – Resources:

Resource provision by management to ensure the continuing application of the environmental management system, supported by its maintenance and registration to ISO 14001:2015.

Staffing level determination:

Core workforce based on anticipated and actual production requirement.

Short term fluctuation managed via overtime and flexible shift system.

Environment for the operation of processes:

The work environment is determined and managed in order to ensure product (service) meets process, customer, industry sector and legal (environmental) requirements.

Organizational knowledge:

Maintenance of the BRC packaging knowledge management base supported by specialist skills sets.

Specialist skills:

Employee competency in HACCP food safety and BRC requirements.

Support – Competence:

Training records for employees determining skills and competencies for:

Barry Twigg: CEO.

George Slack: Managing Director.

Carol B: Commercial Director.

Caroline Clay: Quality Assurance Manager.

Andrew Burden: Operations Manager.

Toni L: Quality Assurance Engineer.

Ryan S: Graphic Designer.

Tony B: Production Operator.

Dave H: Production Operator.

Mohammed Z: Production Operator.

Other employees including: Commercial Staff. Conversion Staff. Warehouse Staff.

Showing competence, education, training, skills and experience.

Caroline Clay ISO 14001 training by ISO Quality Services Ltd., 17 February 2022.

Support – Awareness:

Provision of competent functionaries with environmental awareness appreciation:

See 'Leadership' earlier in this report.

Environmental policy dissemination to workforce.

See 'Leadership' earlier in this report.

(continued overleaf):

Process / Audit area: Planning and Support Processes (*continued*)

Support – Documented information (including control of same):

Support – Communication:

Internal communication re environmental matters:

Internal communications pathways established via the organisation chart.

NB: SME with working executive & line-managed, self-regulating employees.

Internal communications achieved via:

Daily employee interface.

External communication from interested parties re environmental matters:

Establishment, authorisation and application of an external communications system.

Controlled by: George Slack, Managing Director.

No relevant external communications in last 12-months other than standard trading and BRC interface.

Support – Documented information (including control of same):

The content and structure of the environmental management system has been defined.

See 'Organizational Context' earlier in this report.

It comprises documented information sufficient to meet the requirement of IS 9001:2015.

Documented information creation and update is controlled by:

George Slack, Managing Director with delegation as appropriate.

Internal documented information comprises:

Computer based information systems, with minimal hard copy docs.

External documented information comprises:

Customers. Suppliers. Standards. Legislation. Examples:

Customers: Customer specifications:

Commercially confidential.

Suppliers: Worldwide supplier base.

For example:

A Hatzopoulos SA (Greece) for printed laminate film.

UAB Lietpak SA (Lithuania) for printed laminate film.

Standards: ISO 9001:2015 - Quality management systems.

ISO 14001:2015 - Environmental management systems.

BRC Global Standard for Packaging & Packaging Materials (Issue 6).

Legislation: Materials and Articles in Contact with Food (England) Regs 2012.

Food Safety Act 1990, SI 16.

The Food Safety and Hygiene (England) Regulations 2013.

Plus amendments.

Planning of changes:

Changes to the EMS will be carried out in an appropriate and controlled manner.

Current issue of EMS is considered adequate.

Any future changes will be planned during management review.

Data back-up and recovery processes are established with daily actions.

Conclusion of the overall effectiveness of the process: *Process / Audit Area is satisfactory*

Process/audit area:	Site Tour and Process Audits: Operational Controls, Resources.
Auditees:	Caroline Clay - Andrew Burden - Ruth Kilbourne
Auditor (if applicable):	John Early
Evidence to support audit conclusion:	
<p>A physical site tour and direct employee interface did not occur during this <u>remote</u> audit. However, a virtual site tour was carried out utilising ICT.</p> <p>Note that the Assessor has a long standing audit relationship with the organization and is fully conversant with the processes and industry sector.</p> <p>ICT utilised: Telephone, internet, websites, emails, electronic files such as scans, jpegs, Word documents, Excel spread-sheets et cetera.</p>	
Conclusion of the overall effectiveness of the process: Process / Audit Area satisfactory.	

Process/audit area:	Operation														
Auditees:	Caroline Clay - Andrew Burden - Ruth Kilbourne														
Auditor (if applicable):	John Early														
Evidence to support audit conclusion:															
<p>Operational planning and control & Emergency preparedness and response:</p> <p>Review of operations / activities / areas re:</p> <p>Commercial Office. Graphic Design Studio Film Conversion</p> <p>Detailed in various process procedures, for example:</p> <table> <tr> <td>Procedure EP 08:</td><td>Emergency Prep and Response.</td></tr> <tr> <td>Procedure EP 12:</td><td>Waste Management.</td></tr> <tr> <td>Procedure EP 13:</td><td>Use of Company Vehicles.</td></tr> <tr> <td>Procedure EP 14:</td><td>Paper Use.</td></tr> <tr> <td>Procedure EP 15:</td><td>Site Checks.</td></tr> <tr> <td>Procedure EP 16:</td><td>Use of Chemicals.</td></tr> <tr> <td>Procedure EP 17:</td><td>Spill Control.</td></tr> </table> <p>Documented information relating to activities carried out under controlled conditions & Identification of potential emergency situations and incidents re :</p> <p><u>Process operating criteria:</u></p> <p>Documented information relating to activities carried out under controlled conditions:</p> <p>PPC registration:</p> <p>Not required – no notifiable processes.</p> <p>Consent to discharge to public foul water sewer:</p> <p>Not required – no effluent to discharge other than domestic waste.</p> <p>Consent to release emissions to atmosphere:</p> <p>Not required – no notifiable gaseous emissions generated.</p> <p>COMAH registration:</p> <p>Not required – office and plastic processing factory activity only.</p> <p>REACH compliance:</p> <p>Not required – no substances of very high concern (SVHC) used.</p> <p>Local authority authorisation(s):</p> <p>Not required - relevant local authority: Bradford Metropolitan District Council.</p> <p>Vehicle(s):</p> <p>Vehicle operator's licence – no relevant vehicles utilised.</p> <p>Own EA waste carriers registration:</p> <p>Not applicable.</p> <p>Controlled waste:</p> <p>Associated Waste Management Ltd. waste carrier's registration:</p> <p>CBDU104737, valid to 17 May 2022.</p> <p>Example waste note: Single lift ticket number 656500, 10 January 2022.</p> <p>EWC code 20-03-01: Mixed Municipal Waste.</p>		Procedure EP 08:	Emergency Prep and Response.	Procedure EP 12:	Waste Management.	Procedure EP 13:	Use of Company Vehicles.	Procedure EP 14:	Paper Use.	Procedure EP 15:	Site Checks.	Procedure EP 16:	Use of Chemicals.	Procedure EP 17:	Spill Control.
Procedure EP 08:	Emergency Prep and Response.														
Procedure EP 12:	Waste Management.														
Procedure EP 13:	Use of Company Vehicles.														
Procedure EP 14:	Paper Use.														
Procedure EP 15:	Site Checks.														
Procedure EP 16:	Use of Chemicals.														
Procedure EP 17:	Spill Control.														
<i>(continued overleaf):</i>															

Process / Audit area: Operation (continued)

Documented information relating to activities carried out under controlled conditions (continued)

Process operating criteria (continued) :

Plastic waste:

Accrued Plastic Ltd. waste carrier's registration:

CBDU287539, valid to 2 May 2022.

Example waste note: Single lift ticket number n/a, 31 December 2021.

EWC code 15-01-02: Plastic Packaging.

Cardboard waste:

Blackburns Waste Disposal Ltd. waste carrier's registration:

CBDU87670, valid to 14 February 2025.

Example waste note: Single lift ticket number 703149, 8 February 2022.

EWC code 20-01-01: Paper and cardboard.

Paper waste (confidential):

Shred-IT Ltd. waste carrier's registration:

CBDU58916, valid to 16 February 2022 (Expired – Awaiting update from Shred-IT).

Example waste note: Single lift ticket number 8070760374, 24 November 2021.

EWC code 20-01-01: Paper(confidential).

Hygiene items and blade boxes:

Cathedral Hygiene Ltd. waste carrier's registration:

CBDU55033, valid to 28 January 2025.

Example waste note: Season ticket for period 1 March 2022 to 28 February 2023.

EWC code 20-01-99: Hygiene Waste.

Wood waste:

Egger Forestry Ltd. waste carrier's registration:

CBDL194111, unlimited validity – lower category waste carrier.

No WEEE waste in the 12-month period prior to introducing ISO 14001.

Hazardous waste:

No haz waste generated. Failed lighting units are returned to supplier on replacement.

WEEE waste:

No WEEE waste in the 12-month period prior to introducing ISO 14001.

Consent to discharge to public sewer: Stated as not applicable.

Consent to release emissions to atmosphere: Stated as not applicable.

Aircon certificate: Stated as not applicable – no aircon.

Requirement to determine the ISO 14001 qualification of suppliers of goods and services.

Management consideration of supplier environmental credentials is not currently required.

Emergency preparedness and response:

Identification of potential emergency situations and incidents re:

Fire:	Fire alarm test:	Weekly.	Last:	8 March 2022.
	Fire evacuation test:	Annually.	Last:	16 November 2022.
	Fire ext servicing:	Annually.	Last:	January 2022.

Spillage: Site plan (Ref: 3225-D1) - Held on company server by Operations Manager.
Spill kit availability and employee awareness of same.
Toolbox Talk: Spillage, 7 February 2022.

Chemicals: Limited quantities held in bunded and locked chemical cabinet.
Availability of SDS, e.g. Bleach (for domestic use).

Conclusion of the overall effectiveness of the process: Process / Audit Area is satisfactory



AUDIT REPORT PART B – AUDIT REPORT





Process/audit area:	Recertification to ISO 14001
Auditees:	
Auditor (if applicable):	
Evidence to support audit conclusion:	
Not applicable at this Stage 2 audit.	
Conclusion of the overall effectiveness of the process:	
Satisfactory - Recertification is recommended.	

Use of Registration Marks and Logos

Use of Registration Mark (if used) is in accordance with the Rules of Registration

NQA ISO 14001 / UKAS device not applicable at this Stage 2 audit

Examples of the current NQA logos:

ISO 9001	ISO 9001 (UKAS Accredited) with 'UKAS Tick and Crown'
	
ISO 14001	ISO 14001 (UKAS Accredited) with 'UKAS Tick and Crown'
	

More information can be found at: <https://www.nqa.com/en-gb/clients/logo-library>

If there are inaccuracies, errors or queries regarding this report or audit findings, please contact NQA Head Office on 0800 052 2424 within five working days of the closing meeting.

End of Audit

Audit Plan

This plan relates to the next **Surveillance audit**.

Relevant Standard/Supporting Documentation: **ISO 14001:2015**.

Member/ Role	John Early – To be confirmed Lead Assessor	Member/ Role	John Early – To be confirmed Lead Assessor
Date	See Executive Summary Page 4	Date	See Executive Summary Page 4
Time	Location/Department/Function	Time	Location/Department/Function
.	Day 1 of 1½	.	Day 1½ of 1½
8.00 am	Opening meeting / Executive interface / Review of NQA reports.	8.00 am	Second day review.
.	Report initiation & Admin.	9.00 am	Contingency.
.	4 - Context of the organization.	10.00 am	Report completion.
9.00 am	All parts 4.1 to 4.4.	11.00 am	Generation of next audit plan.
.	5 - Leadership.	Noon	Closing meeting.
.	All parts 5.1 to 5.3.		
.	6 - Planning.		
.	All parts 6.1 to 6.2.		
10.00 am	7 - Support		
.	All parts 7.1 to 7.5.		
11.00 am	8 - Operation		
.	All parts 8.1 to 8.7.		
1.00 pm	9 - Performance evaluation.		
.	All parts 9.1 to 9.3.		
.	10 – Improvement.		
.	All parts 10.1 to 10.3.		
2.00 pm	Report generation continued.		
3.00 pm	First day summary.		
Completed by		Timings and content may be subject to change	

* Mandatory interviews at OHSAS18001 / ISO45001 Audits. If these mandatory interviews are not undertaken, record and justify reasons in the Executive Summary & state that not all objectives have been met.

** Mandatory for OHSAS18001 / ISO45001 Audits

The objectives of the audit will be:

- To confirm that the management system had been established implemented and maintained in accordance with the requirements of the audit standard.
- To evaluate the ability of the management system to ensure the client organisation meets applicable statutory, regulatory and contractual requirements. Note: A management system certification audit is not a legal compliance audit.
- To evaluate the effectiveness of the management system to ensure it is continually meeting its specified objectives
- To identify as applicable, areas of the management system for potential improvement.

The audit scope describes the extent and boundaries of the audit, such as physical locations, organisational units, activities and processes to be audited.

Where the initial or re-certification process consists of more than one audit (e.g. covering different locations), the scope of an individual audit may not cover the full certification scope, but the totality of audits shall be consistent with the scope in the certification document.



AUDIT REPORT PART D – AUDIT MATRIX

Relevant Standard/Supporting Documentation:	ISO 14001:2015
<ul style="list-style-type: none"> This audit programme is to be prepared by the Lead Auditor at the completion of the Stage 2 audit or the Recertification audit. It should be replicated in all subsequent surveillance visit reports. Where an element(s) of the programme cannot be completed at a given visit the programme shall be amended and up-issued accordingly to ensure coverage at the following visit. Site visits are to be included in the programme with a clear indication as to the processes intended to be sampled. 	

Next visit is indicated in RED

Type of visit	Stage 1	Stage 2	Surveillance 1	Surveillance 2	Recertification
Visit Due Date (MM/YY)			3/2023	3/2024	3/2025
Mandatory Elements / Selected Processes	Processes to be audited during visits are to be indicated with a cross (X). All processes are to be audited during a three-year certification cycle excluding the re-certification visit.				
Context of the organization			X	X	X
Leadership			X	X	X
Planning			X	X	X
Support			X	X	X
Performance evaluation			X	X	X
Improvement			X	X	X
Use of marks and references to certification / Client website			X	X	X
Site Tour					
Operations Processes (specify from scope)					
• Commercial Office			X	X	X
• Graphic Design Studio			X	X	X
• Film Conversion Activity			X	X	X
•					
•					
•					
•					
Off Site Processes for review at Site Visits (Specify)					
•					
Non-Core Shifts to be Audited (non-core shifts to be audited minimum of 1 per cycle)					
•					
Client Locations to be visited (Specify)					
• Company premises			Bradford	Ditto	Ditto
Audit trails will be developed based upon identified risk throughout the audit and as such timings and content may be subject to change. Where the client operates shifts, the activities that take place during shift working shall be considered when developing the audit programme					

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NQA certified clients are authorized and encouraged to use NQA logos to promote their certification achievements.

Access all NQA logos here:

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