Implementation of a Quality Management System (QMS) within the MRF Industry

This guidance document covers the potential fit for purpose implementation of a QMS into a municipal MRF including quality, environmental and safety sectors. The guide includes step-by-step / clause-by-clause guidance on the implementation of ISO 9001, ISO 14001 and OHSAS 18001 standards respectively.
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Glossary

WRAP Waste & Resources Action Programme
MRF Material Recovery Facility
QMS Quality Management System (in context of this report this can be an integrated management system)
ISO International Standards Organisation
OHSAS Occupational Health & Safety Assessment Series
OH&S Occupational Health & Safety
PAMs Periodicals and Magazines
UKAS United Kingdom Accreditation Services
OQC Oxford Quality Centre
RRS Recycling Registration Service

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1.0 Introduction

This project was instigated in November 2008 under project number MRF017-001. The primary aims, objectives and deliverables of this project include the following:

- The development of written guidance on the options for the implementation of quality, environmental and Health & Safety management systems within a MRF.
- The development of sample templates for ISO 9001 (quality), ISO 14001 (environmental) and OHSAS 18001 (Health & Safety) implementation at a UK MRF.
- The development of supporting evidence that demonstrates how the implementation of a QMS at a MRF has benefited operation.
- The development of a final report including the above along with associated recommendations and conclusions.

Note 1: Within this report, the abbreviation 'QMS' has been used to indicate a management system meeting the requirements of ISO 9001 (Quality), ISO 14001 (Environmental) and OHSAS 18001 (Health & Safety), either individually or integrated in any combination.

This guidance document covers the potential fit for purpose implementation of a QMS into a municipal MRF including quality, environmental and safety sectors. Sections 4, 5 and 6 of this guide include step-by-step / clause-by-clause guidance on the implementation of ISO 9001, ISO 14001 and OHSAS 18001 standards respectively. This document also includes indicative costs of implementation, certification (through a UKAS approved body) and annual costs of operation.

The sample templates referred to from this guide have been generically completed as far as possible, however all templates will need some amendment to align with individual MRF processes and operations. The templates include manual, procedures and record templates that are known to meet the requirements of the ISO standards and have been aligned to meet the needs of the MRF industry where appropriate. All templates are supported by appropriate explanations so that users understand what information needs to be provided and what site-specific information may be required.

Note 2: As this is a comprehensive document, a ‘quick start guide’ is included in the next section. A pictorial version of this is included in Appendix 5 and is also available as a ‘stand-alone’ template.

1.1 Quick start guide and implementation stages

This guidance document covers the potential fit for purpose implementation of a QMS into a municipal MRF including quality, environmental and safety sectors. Core Sections 4, 5 and 6 of this guide include step-by-step / clause-by-clause guidance on the implementation of ISO 9001, ISO 14001 and OHSAS 18001 standards and also includes indicative costs of implementation, certification (through a UKAS approved body) and costs of operation.

The sample templates referred to from this guidance document have been generically completed as far as possible, however all templates will need some amendment to align with individual MRF processes and operations. The templates include manual, procedures and record templates that are known to meet the requirements of the ISO standards and have been aligned to meet the needs of the MRF industry where appropriate. All templates are supported by appropriate explanations so that users understand what information needs to be provided and what site-specific information may be required. In addition to this, gap analysis tables against ISO 9001 and ISO 14001, and an audit guide against OHSAS 18001 have been produced. These are included in Appendices 1 to 3 of this guide.

The implementation of a QMS at an MRF can be approached in distinct stages and the following ‘quick start guide’ outlines this approach while cross-referencing (in bold) the detailed guidance contained in the full document. A pictorial version of this is included in Appendix 5 and is also available as a ‘stand-alone’ template.

- Detailed gap analysis – the review of the current status of key processes, the identification of any exclusions and gap identification against requirements of ISO 9001 – Gap analysis templates covering the requirements of the standards are included in Appendix 1.
Key process review - the review of key business processes, the identification of process development requirements and the identification of processes required for certification, but not yet defined - This should primarily be carried out for the Service Provision processes of Sales, Purchasing, MRF Operations, Storage and Equipment Control. The review should also include Resource Management (see also Section 4 of this document).

Documentation of quality / business manual - this high level document should be used to map activities and business processes against key standards requirements - This is referenced in Clause 4.2.2 under Section 4 of this guide and is supported by Quality Manual Template 1.

Process flowcharting - the mapping of key processes including process interactions, inputs, outputs and measures and process customers, suppliers and owners - A guide to defining processes and flow charting is given in Section 3 of this document and sample flow charts are included in Procedure Templates QP01 to QP10.

Documentation of procedures - documentation and introduction of documented processes / procedures that define process operation, control and verification - Sample process document templates are included in Procedure Templates QP01 to QP10.

Awareness training - the communication of the structure, operation and value of the management system and the ongoing contribution required - Guidance on the approach to training is given in Clause 6.2.2 under Section 4 of this guide, supported by Resource Management Procedure Template QP04.

Release of documented ISO 9001 management system - the initial verification that the defined system meets standards and company requirements - Once the MRF processes and supporting manual(s) have been documented, they should be released and their effectiveness / alignment with operations monitored (see below).

Internal process auditing - process and procedure audits to be carried out by either internal trained resource or external consultant. This is to verify the satisfactory process operation through audit findings - Guidance on the approach to auditing is given in Clause 8.2.2 under Section 4 of this guide, supported by Internal Audit Procedure Template QP09 and sample audit schedule and audit report templates.

Compliance systems audit - a systems audit against the requirements of ISO 9001 not covered through the above process auditing should also be conducted - This will include elements of Clause 4 and majority of Clause 5 of the ISO 9001 standard.

Data collection and analysis - the collection, review and analysis of appropriate data through process monitoring and measurement, internal audit findings and customer / supplier feedback - Guidance on measurable quality objectives is given in Clause 5.4.1 under Section 4 of this guide and a sample Quality Objectives sheet is included in Appendix 3 of Quality Manual Template 1. An additional overview of data analysis is included under Clause 8.4 in Section 4 of this guide, supported by Monitoring, Measurement and Improvement Procedure Template QP10.

Management review - the Senior Management must review management system for efficiency and effectiveness and the identification of any further improvement opportunities - Guidance on management review is given in Clause 5.6 under Section 4 of this guide and in section 5.6 of Quality Manual Template 1. A management review record template sample is also included in the Record / Form Templates folder.

Selection of certification body - the selection and engaging of a UKAS recognised certification body based should be based on best fit for the MRF / organisation - An overview of Certification Options and Indicative Costs are included in Sections 10 and 11 of this guidance document.

Pre-assessment review - internal (or consultant) pre-assessment audit to ensure high level of compliance with ISO 9001 - Note: a pre-assessment review can also be conducted by the selected certification body (at additional cost) as outlined in Section 11.
External certification – Certification audit using the selected 3rd party certification body – Certification audits will generally be in 2 stages and will include documentation reviews and on-site audit activity. The likely number of audit days required is included in Section 11 of this guide.

Follow-up / corrective action planning – initial certification activity often requires a corrective action plan to be submitted to the certification body so that the recommendation for certification can be progressed. The rapid submission of a corrective action plan will be required to ensure timely registration and receipt of certificate.

The above implementation stages refer to the introduction of an ISO 9001 Quality Management system. For the introduction of an ISO 14001 Environmental Management system or an OHSAS 18001 Occupational Health & Safety system, the above stages generally hold true and additional guidance can be found in Sections 5 and 6 of this guide respectively.

Within this guide, if procedures are referred to as ‘MPs’ such as MP01 or MP02, then these are integrated ‘Management Procedures’.

2.0 Quality, environmental and Health & Safety approval standards

2.1 The quality management standard
A QMS such as ISO 9001 provides a management framework that can give the necessary controls to address risks and monitor and measure performance in the business. It can also help to enhance image and reputation and enable the business to look for improvements through internal and external communications.

QMS are relevant to all organisations whether large or small, public or private, manufacturing or service. It can be applied to a single department right up to a large multi national. However, the best returns come from companies prepared to implement it throughout their organisation rather than particular sites, departments or divisions.

Every organisation should want to improve the way it operates, whether that means increasing market share, driving down costs, managing risk more effectively or improving customer satisfaction. A QMS can provide the framework needed to monitor and improve performance in any chosen area.

ISO 9001 is by far the world’s most established quality framework, currently being used by around 897,000 organisations in 170 countries worldwide.

Implementation of an ISO 9001 QMS can help a MRF to succeed through improved material quality, customer satisfaction, staff motivation and continual improvement.

In addition, ISO 9001 is designed to be compatible with other management systems standards and specifications, such as OHSAS 18001 Occupational Health & Safety and ISO 14001 Environmental Management. They can be integrated with an ISO 9001 system as they share many principles - an integrated management system can offer good value for money. A table showing the common requirements the three standards is included in Section 7.

The integration / consolidation of common requirements in the management systems being implemented can provide business benefits and a choice can be made on the implementation of a single standard or the integration of two or all three standards.

The previous version of the standard (ISO 9001:1994) was less process orientated and was not as Customer focused or Continuous Improvement focused as it could have been. There were also 3 versions for different types of company (ISO 9001, 9002 and 9003).

The 2000 version of ISO 9001 was approved as a European standard on 15th December 2000 and was given the status of an international standard in June 2001.

ISO 9001 includes the following key sections:

- Quality management system.
- Management responsibility.
- Resource management.
- Product realisation.
- Measurement, analysis and improvement.

2.2 Environmental management standard

ISO 14001 is an internationally accepted standard that sets out how an organisation can go about putting in place an effective Environmental Management System (EMS). The standard is designed to address the balance between maintaining profitability and reducing environmental impact; with the commitment of the organisation, both objectives can be achieved.

ISO 14001 was first published in 1996 and specifies the actual requirements for an environmental management system. It applies to those environmental aspects which the organisation has control and over which it can be expected to have an influence. It specifies requirements for establishing an environmental policy, determining environmental aspects and impacts of products/activities/services, planning environmental objectives and measurable targets, implementation and operation of programs to meet objectives and targets, checking and corrective action, and management review. The current release of the standard is ISO 14001:2004.

ISO 14001 includes:

- General requirements.
- Environmental policy.
- Planning implementation and operation.
- Checking and corrective action.
- Management review.

Implementing ISO 14001 means an organisation can identify aspects of the business that impact on the environment and understand those environmental laws that are relevant to the operation. The next step is to produce objectives for improvement and a management programme to achieve them, with regular reviews for continual improvement.

Environmental impact is becoming an increasingly important issue across the globe, with pressure to minimize that impact coming from a number of sources: local and national governments, regulators, trade associations, customers, employees and shareholders. Social pressures are also building up from the growing array of interested parties, such as consumer, environmental and minority non-governmental organisations (NGOs), academia and neighbours.

2.3 Health & Safety management standard

Many organisations are implementing an Occupational Health & Safety Management System (OHSMS) as part of their risk management strategy to address changing legislation and protect their workforce.

An OHSMS promotes a safe and healthy working environment by providing a framework that allows your organisation to consistently identify and control its Health & Safety risks, reduce the potential for accidents, aid legislative compliance and improve overall performance.

OHSAS 18001 is the internationally recognized assessment specification for occupational Health & Safety management systems. It was developed by a selection of leading trade bodies, international standards and certification bodies to address a gap where no third-party certifiable international standard exists.

OHSAS 18001 has been designed to be compatible with ISO 9001 and ISO 14001, to help an organisation meet their Health & Safety obligations in an efficient manner. The following key areas are addressed by OHSAS 18001:

- Planning for hazard identification, risk assessment and risk control.
- OHSAS management programme.
Structure and responsibility.
Training, awareness and competence.
Consultation and communication.
Operational control.
Emergency preparedness and response.
Performance measuring, monitoring and improvement.

OHSAS 18001 can be adopted by any organisation wishing to implement a formal procedure to reduce the risks associated with Health & Safety in the working environment for employees, customers and the general public.

3.0 Defining processes

ISO 9001 promotes:

- A process approach when developing and implementing a quality/business management system.
- When used in a management system, the process approach will emphasize importance of:
  - understanding and meeting requirements;
  - the need to consider processes in terms of added value;
  - obtaining results of process performance and effectiveness, and
  - continual improvement of processes based on objective measurement.

A process can be defined as:

- An activity using resources, and managed in order to enable the transformation of inputs into outputs.
- Often the output from one process directly forms the input to another.
- The methodology known as “Plan-Do-Check-Act” (PDCA) can be applied to all processes.

A process model for ISO 9001 is shown below.
The above model shows that customers play a significant role in defining requirements as inputs. Monitoring of customer satisfaction requires the evaluation of customer perception of whether the organisation has met customer requirements.

ISO 9001, ISO 14001 and OHSAS 18001 all make reference to the above Plan, Do, Check, Act (PDCA) approach.

PDCA can be briefly described as follows:

**Plan**
Establish the objectives and processes necessary to deliver results in accordance with Customer requirements and organisation’s policies.

**Do**
Implement the processes

**Check**
Monitor and measure processes and product against policies, objectives and requirements for the product (service) and report results.

**Act**
Take actions to continually improve process performance.

With the implementation of any management system, a method of defining processes should be established. A process can be defined as “An activity using resources, and managed in order to enable the transformation of inputs into outputs”.

![ISO 9001 process model](image)
It should also be noted that the output from one process often directly forms the input to another. As noted above, the methodology known as "Plan-Do-Check-Act" (PDCA) can be applied to all processes and can support the achievement of business objectives.

Typical business objectives for a company could be:
- Increase customer satisfaction.
- Improve output material quality.
- Reduce operating costs.

Each process can be linked to the objective(s) it affects. In this way all processes in the MRF become the vehicle for implementing business objectives and progress can be monitored via performance measurement. The measures of effectiveness and efficiency of that process become the direct measures of business success.

A simple way of defining processes can be by using flow charts. Flow charts are easy-to-understand diagrams showing how steps in a process fit together. This makes them useful tools for communicating how processes work, and for clearly documenting how a particular job is done. Furthermore, the act of mapping a process out in flow chart format can help clarify the understanding of the process, and helps to indicate where the process can be improved.

Standard flow chart symbols are shown on the following page:
### Figure 2: Standard flow chart symbols

<table>
<thead>
<tr>
<th>Symbol</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image" alt="START symbol" /></td>
<td>This symbol (elongated circle) indicates the start or end of a process.</td>
</tr>
<tr>
<td><img src="image" alt="PROCESS INSTRUCTION symbol" /></td>
<td>This symbol indicates a process or process stage. Example instructions or process stages could include: “Check incoming material Waste Transfer Note” “Inspect incoming material”</td>
</tr>
<tr>
<td><img src="image" alt="DOCUMENT symbol" /></td>
<td>This symbol indicates a document (input to a process stage) or record (output from a process stage). Examples of these could include: “Customer contract” “Goods-in form”</td>
</tr>
<tr>
<td><img src="image" alt="DECISION? symbol" /></td>
<td>This symbol indicates a question / decision. Examples of decision stages could include: “Is driver’s documentation correct?” “Does material meet required acceptance criteria?”</td>
</tr>
<tr>
<td><img src="image" alt="STORED DATA symbol" /></td>
<td>This symbol indicates stored data / database. Examples of databases could include: “Weighbridge database” “Customer database”</td>
</tr>
<tr>
<td><img src="image" alt="PRE-DEFINED PROCESS symbol" /></td>
<td>This symbol indicates a pre-defined process. Examples of a pre-defined process could include: “Weighbridge process” “Customer satisfaction monitoring process”</td>
</tr>
<tr>
<td><img src="image" alt="FLOW CONNECTOR" /></td>
<td>This arrow symbol is used to connect process stages or show document inputs and outputs etc. If the arrow is used with a decision box (◇) it will have either a Y (yes) or N (no) to indicate the decision flow.</td>
</tr>
<tr>
<td><img src="image" alt="RELATED CONNECTOR" /></td>
<td>This arrow symbol is used to show a relationship between process stages. It is used when the output from a previous stage is not necessarily the input to the next process stage.</td>
</tr>
</tbody>
</table>
4.0 Quality management system requirements for ISO 9001:2008

4.1 Requirements overview
A QMS needs to be documented. The standard states ‘The QMS documentation shall include’:
- documented statements of quality policy and quality objectives;
- a quality manual;
- documented procedures required by this International Standard;
- documents needed by the organisation to ensure the effective planning, operation and control of its processes, and
- records required by this International Standard. The ‘Documented procedures required by this International Standard’ are 6 mandatory procedures as follows:
  - control of documents;
  - control of records;
  - internal audit;
  - control of nonconformity;
  - corrective action, and
  - preventive action.

The ‘Documents needed by the organisation for effective planning, operation and control’ may include procedures such as:
- management review;
- sales;
- purchasing;
- production and service provision / operations, and
- control of equipment / maintenance.

Where appropriate, templates for the above are cross-referenced from the following implementation guidance.

4.2 ISO 9001 quality system implementation guidance
The following guidance goes through the requirements of the standard clause by clause and indicates what a MRF would need to do to implementation a management system that meets the requirements of ISO 9001. The section numbers such as 4.1, 4.2.1 and 4.2.2 etc below refer to the actual clause numbers within the ISO 9001 standard.

4.1 General Requirements - The General Requirements in 4.1 can generally be fulfilled through the appropriate documentation and implementation of the QMS.

4.2.1 General (Documentation requirements) - The General section of 4.2 Documentation Requirements requires specific documentation to be put in place as follows:
- quality policy (see clause 5.3);
- quality objectives (see clause 5.4.1);
- quality manual (see clause 4.2.2);
- documented procedures required by the standard (mandatory quality procedures);
- documents needed by the organisation to ensure effectiveness (additional procedures and instructions), and
- records (see clause 4.2.4).

These are addressed in the following sections.

4.2.2 Quality Manual - ISO 9001 states that a quality manual must be established and that it must include: Scope of the QMS, details and justifications for any exclusions, reference to procedures and a description of the interaction between the QMS processes.

The scope should be simple description of what the organisation does, e.g. ‘The segregation, processing and recycling of dry co-mingled materials’. If the MRF activity includes waste collection this should also be referred to.

Exclusions to the scope of the system must be limited to Section 7 of the standard and must be justifiable. Section 7 of ISO 9001 includes 7.1 Planning of Product Realisation, 7.2 Customer Related Processes, 7.3 Design and Development, 7.4 Purchasing, 7.5 Production and Service Provision and 7.6 Control of Monitoring and Measuring Equipment - from these requirements it is probable that Design and Development can be excluded. If so, this should be identified in the manual as follows (for a manual that has been aligned with the clauses of ISO 9001):
4.2.2 Quality Manual

The MRF Name management system is designed to address all the requirements of ISO 9001:2008 with the following exclusions:
ISO 9001:2008, 7.3 Design and Development

Excluded – no design or development activities are currently carried out by MRF Name.

Further information / examples are given in Quality Manual sample Template 1.

4.2.3 Control of Documents

- A mandatory procedure is required to define the document control process. This process primarily relates to the documents that form the QMS and must cover:
  - document approval;
  - update, review and re-approval;
  - change identification;
  - document availability (at point of use);
  - legibility and identification of documents;
  - control of documents of external origin (e.g. standards, codes of practice etc), and
  - control of obsolescence (to prevent unintended use of obsolete documents).

For further information, see sample procedure template QP01.

4.2.4 Control of Records

- A mandatory procedure is required to define the control of records process. This process primarily relates to the records that demonstrate the effective operation of the QMS.

The documented procedure must cover identification, storage, protection, retrieval, retention and disposal of records. Retention periods must comply with business, QMS and statutory requirements.

For further information, see sample procedure template QP02. This procedure is supported by a records register template, QF02.

5.1 Management Commitment

- There needs to be evidence of Top management commitment to the development, implementation and improvement of the QMS. The standard state that this can be by:
  - communicate the importance of meeting customer and statutory/ regulatory requirements;
  - establishing a quality policy;
  - ensuring that quality objectives are established;
  - conducting management reviews, and
  - ensuring the availability of resources.

A statement in relation to the above should be included in the quality manual (see Manual Template 1, Section 5.1). The quality policy, objectives and management review requirements are reviewed further below.

5.2 Customer Focus

- Top Management needs to ensure that customer requirements are determined and fulfilled with the aim of enhancing Customer Satisfaction. A statement in relation to the above should be included in the quality manual (see Manual Template 1, Section 5.2) and evidence of this would be supported by customer feedback (see 8.2.1 of this guidance section).

5.3 Quality Policy

- A quality policy must be documented and this policy must:
  - be appropriate to the purpose of the organisation;
  - include a commitment to comply with requirements and continually improve effectiveness of the QMS;
  - provide a framework for establishing and reviewing quality objectives;
  - be communicated and understood within the MRF, and
  - be reviewed for continuing suitability.

A simple quality policy is included in Appendix 2 of Quality Manual Template 1 – this can be expanded on to further demonstrate the MRFs commitment to quality.

5.4 Quality Objectives

- The standard requires that quality objectives are defined and these should be:
established at relevant functions within the organisation;
include those needed to meet requirements for product / service, and
are measurable and consistent with the Quality Policy.

Measurable objectives could be in relation to customer satisfaction levels, pre-bale material quality, outgoing material rejects, asset utilisation, audit findings and people related monitors. A sample Quality Objectives sheet is included in Appendix 3 of Quality Manual Template 1.

(Note: It is recommended that objectives are held separate to the manual as they may be subject to regular updates and therefore should not form part of a controlled document).

5.4.2 Quality Management System Planning – The implementation of the QMS should be planned to meet the requirements of 4.1 General requirements. Clause 4.1 also makes reference to outsourced processes and the need to have control over such outsource (subcontract) activities that could affect quality. A statement such as that in sample Quality Manual Template 1, 4.1 may be appropriate. The standard also requires that the integrity of the QMS is maintained when changes to the QMS are planned and implemented - this would be verified through internal audit.

5.5.1 Responsibility and Authority – This requires Responsibilities and Authorities to be defined and communicated within the organisation. This can be documented in the manual (see Quality Manual Template 1) and supported by responsibilities defined within quality procedures.

5.5.2 Management Representative - Top Management must appoint member of management with the authority to ensure that processes of the QMS are established, implemented and maintained. This role should include reporting to top management on the performance of the system and the need for improvement, and the promotion of awareness of customer and quality requirements throughout the organisation - see Quality Manual Template 1, 5.5.2.

5.5.3 Internal Communication - Effective communication is an essential requirement for good quality management and ISO 9001 requires top management to ensure appropriate communication processes. This can be through periodic meetings, IT systems, notice boards and feedback. An overview of the MRF communication processes should be included in the quality manual - see Quality Manual Template 1, 5.5.3.

5.6.1 General (Management review) – The standard requires that a review of the MRFs QMS is carried out at planned intervals to ensure the QMS remains suitable, adequate and efficient. It is recommended that reviews are carried out at least 6-monthly. The review requires the assessment of opportunities for improvement and the need for QMS changes - including any changes to policy or objectives. The inputs and outputs of the review are defined in ISO 9001 (see below) and a sample review agenda / record template is available as a QF template.

5.6.2 Review Input – ISO 9001 requires the review inputs to include:

- results of internal audits;
- customer feedback;
- process performance and product conformity;
- status of preventive and corrective actions;
- follow up actions from previous reviews;
- changes that could affect the QMS, and
- recommendations for improvement.

This is referred to from Section 5.6.2 of the sample manual and procedure template QP03.

5.6.3 Review Output - ISO 9001 requires the review outputs to include decisions and actions in relation to:

- improvement in the effectiveness of the QMS and its processes;
- improvement of product related to customer requirements, and
- resource needs.

This is referred to from Section 5.6.3 of the sample manual and procedure template QP03.

6.1 Provision of Resources - The standard states that the organisation needs to determined and provided resources in order to:

- implement and maintain the QMS and continually improve its effectiveness, and
- enhance customer satisfaction through meeting customer requirements.
The Implementation of a Quality Management System (QMS) within the MRF Industry

This is referred to in Section 6.1 of the sample manual and cross-references the need to have in place appropriate audit resource (whether internal or external).

6.2.1 General (Human Resources) - The standard requires that personnel performing work affecting quality are competent based on appropriate education, training, skills and experience. This is supported by sample manual Section 6.2.1 and supporting procedure template QP04.

6.2.2 Competence, Awareness and Training - ISO 9001 requires an organisation to:
- determine the necessary competence for personnel performing work affecting product / service quality;
- provide training or other actions to satisfy these needs;
- evaluate the effectiveness of action taken;
- ensure appropriate awareness of the QMS, and
- maintain appropriate records of education, training, skills and experience.

Further guidance is given in sample procedure QP04 and is supported by QF form and record templates for job descriptions, induction, training and appraisal.

6.3 Infrastructure - ISO 9001 requires an organisation to determine, provide and maintain an infrastructure ensures conformity of requirements. This includes:
- buildings, workspace and associated utilities;
- process equipment, and
- supporting services.

Process equipment can include both hardware and software and supporting services may include transport and communications. As identified in ISO 9001:2008, these supporting services also include information systems.

The support of infrastructure should include appropriate maintenance methods. This can be referred to from the Resource Management procedure (e.g. sample procedure QP04) with some additional detail given in the Control of Equipment procedure (e.g. sample procedure QP08).

6.4 Work Environment - The standard requires that work environment is appropriately managed so that conformity to requirements can be maintained. If the environment was not managed and bales of News and PAMs became wet (for example), this would have a consequence on conformity of the material output.

ISO 9001:2008 notes that the term "work environment" relates to conditions under which work is performed including physical, environmental and other factors (such as noise, temperature, humidity, lighting, or weather). This requires consideration and should be referred to from the Resource Management sample procedure QP04.

7.1 Planning of Product Realisation - The requirements under 7.1 are generally fulfilled through the implementation of an effective QMS and requires the determination of:
- quality objectives / requirements of the product / service;
- processes, documents and resources specific to the product;
- verification, validation, monitoring, inspection and test requirements and the criteria for product acceptance, and
- records that provide evidence that processes and product meet requirements.

An overview of these requirements are outlined in Service Provision sample procedure QP07. For certain material outputs, the above could also be specified in a quality plan.

7.2.1 Determination of Product Requirements - This is a ‘Customer Related Process’ and the standard indicates that a MRF would need to determine:
- customer specified requirements, including those for delivery / post delivery;
- requirements not stated by customer but necessary for intended use (where known);
- statutory and regulatory requirements related to the product, and
- any additional requirements as necessary.

Determination of product / service requirements include the statutory and regulatory requirements applicable to the activity and any additional requirements considered necessary by the MRF. This may include post service delivery activities.
The majority of customer requirements will be determined through the Enquiries, Quotation and Tender response processes. An overview of this is given in sample procedure QP05. Additional MRF Contracts Guidance is available from WRAP at [www.wrap.org.uk/downloads/MRF_Contracts_Guidance_Report.e32c7d71.5405.pdf](http://www.wrap.org.uk/downloads/MRF_Contracts_Guidance_Report.e32c7d71.5405.pdf)

7.2.2 Review of product requirements – this requirement used to be called ‘contract review’ and is required to ensure that requirements are clearly defined prior to commitment to supply. This can occur at both tender submission and acceptance of contract stages. The review process should ensure that:

- product / service requirements are defined;
- any changes to contract requirements (from those previously noted) are resolved, and
- the MRF has the ability to meet the defined requirements.

It is important that a clear record of this review process is maintained – this could be a copy of the mutually signed contract, signed / stamped / annotated orders or clear order confirmation records. Further information is contained in Customer Process sample procedure QP05.

7.2.3 Customer communication – Effective communication with customers is important. Communication can be in relation to products and services (i.e. marketing communications), the sales process (enquiries, contracts and order handling) and obtaining of customer feedback (including any complaints). An overview of this is included in the Customer Process sample procedure QP05.

7.3 Design and Development – Excluded from this QMS guidance.
Note: If the organisations activities include the design of MRFs then clause 7.3 would need to be included in the scope of the QMS. For the purposes of this guide, Design and Development has been excluded.

7.4.1 Purchasing Process – ISO 9001 requires the organisation to ensure that purchased product (or service) conforms to the specified purchase requirements, with the level of control applied dependent on the ‘importance’ of the purchase (i.e. the effect the purchase could have on conformity of output).

The standard requires an organisation to evaluate and select key suppliers and define the criteria for supplier selection evaluation and re-evaluation. Key suppliers could include, for example, collection subcontractors or equipment maintenance providers – they would not generally include, for example, stationery suppliers. An overview of a supplier selection and evaluation process is given in sample Purchasing procedure QP06.

7.4.2 Purchasing Information – Purchasing information must clearly describe the product or service to be purchased. This can include requirements for the approval of product (e.g. calibration certificate or certificate of conformity. See sample Purchasing procedure QP06.

7.4.3 Verification of Purchased Product - The verification of a delivery of goods / materials can be carried out against the supplier delivery note and any supporting delivery documentation. Acceptance can also be via inspection or physical count where appropriate. A record of the verification can be via a signed / initialled delivery note (indication of acceptance). Further information is given in sample procedure QP06.

7.5.1 Control of Production and Service Provision – The standard requires that production and service provision is carried out under controlled conditions and these can include:

- availability of information describing the product / service;
- availability of work instructions;
- use of suitable equipment;
- availability and use of monitoring and measuring devices;
- implementation of Monitoring and Measurement, and
- release, delivery and post-delivery activities.

Information describing the product could be visual aids of types of plastic container or bale contrary limits and work instructions should be documented to clearly define task level activity such as goods-in inspection or pre-bale inspection.

The use of suitable equipment would include for example appropriate MRF sorting equipment, calibrated weighbridge and also personal protective equipment.

Monitoring and measuring devices would include the weighbridge (and potentially the associated software systems) and other equipment such as scales used to weigh output material samples.
The release and delivery activities may include the photographing of output material after loading into any container or trailer. Post-delivery activities may include feedback to waste material providers and data analysis.

7.5.2 Validation of Processes – This requirement could be excluded. ISO 9001 requires that processes are validated / re-validate if the output of the process cannot be verified by subsequent monitoring or measurement. If a MRF does not carry out any inspection to verify quality of output, then the sorting process itself would need regular validation. This may include:
- defined process review and approval;
- approval of equipment and qualification of personnel;
- use of specific methods and procedures;
- requirements for records, and
- revalidation.

If an optical sorting process is in place, but the output (success) of that process is not monitored, then the optical sort process would require validation / revalidation as above (over and above any defined maintenance / calibration activity). A response to 7.5.2 is included in sample procedure QP07.

7.5.3 Identification and Trace-ability – The standard requires that product / material is identified by suitable means throughout the MRF process this could be by labels, markings or other suitable identification methods on items, containers or locations.

Where trace-ability is a requirement then a unique identifier must be used / recorded for the material - this is particularly important for export activity. An overview is given in sample procedure QP07 and an export requirements overview given in Appendix 4 (RRS Code of Practice summary).

7.5.4 Customer Property – ISO 9001 requires that an organisation exercises care over customer property when it is handled or used. Where co-mingled waste and subsequent recyclate are received from / released to a ‘partnership’ organisation then these materials could be considered as customer property.

An overview of this is included in the Quality Manual Sample Template 1 (Section 7.5.4) and is also referred to from sample procedure QP07.

7.5.5 Preservation of Product – The standard requires that product / material is ‘preserved’ during internal processing and delivery to intended destination. This preservation needs to include identification, handling, packaging, storage and protection.

From a MRF perspective, identification can be by storage area, handling and packaging by an appropriate baling process and storage and protection aligned with EA licence requirements e.g. storage under cover etc.

7.6 Control of Monitoring and Measure Devices – This requirement in ISO 9001 primarily refers to measuring equipment that is used to ‘provide evidence of conformity of product’ – from a MRF perspective this may only include the weighbridge and scales used as part of an inspection process. If other calibrated equipment is used during MRF process equipment maintenance, then this should also be included under this process.

The related sample procedure QP10 also includes reference to other (non-measuring) equipment that needs control and maintenance such as vehicles.

8.1 General (measurement, analysis and improvement) – The General section of measurement, analysis and improvement refers to the planning and implementation of monitoring, measurement, analysis and improvement processes. The requirements under 8.1 are generally fulfilled through the implementation of the Monitoring and Measurement and Continuous Improvement processes outlined below.

8.2.1 Customer Satisfaction – The standard identifies this as one of the required measurements of the performance of a QMS. The method for monitoring information related to the customer perception of performance must be defined and must be more than just monitoring any complaints. ISO 9001:2008 clarifies this further and includes suggested methods such as "customer satisfaction surveys, customer data on delivered product quality, user opinion surveys, lost business analysis, compliments, warranty claims and dealer reports".
Further information is given in sample procedure QP10 and this cross-references a suggested satisfaction survey template.

8.2.2 Internal Audit - Internal auditing is one of the mandatory procedures in ISO 9001.

The purpose of the internal auditing process is to determine whether the management system continues to ‘conform to planned arrangements, the requirements of the standard and quality requirements established by the MRF’. The audits should also review the effectiveness of the management system processes.

Internal auditing procedure is documented in sample procedure QP09 and this is supported by sample audit schedule and audit report templates.

8.2.3 Monitoring and Measurement of Processes - ISO 9001 requires an organisation to monitor and, where appropriate, measure key management system processes. This monitoring and measurement should demonstrate the ability of the processes to achieve planned results and this can link into the measurable quality objectives (see 5.4.1 guidance).

8.2.4 Monitoring and Measurement of Product - The standard requires an organisation to monitor and measure product (e.g. material output) to ensure that product requirements have been met. These requirements may be defined by the client or by the MRF and generally will relate to contraries and contamination in the various output materials.

The standard also requires that evidence is maintained of conformity with acceptance criteria and a record of who has authorised the release of product for delivery to the customer. Elements of this are included in the sample Service Provision and Operations procedure QP07 however it is recommended that a more detailed inspection work instruction is introduced which clearly defines inspection methods, frequency and sample size, e.g. pre-bale or periodic bale split, visual inspection or sampling by weight etc.

Recommended sampling rates, e.g. number of input samples by weight, can be obtained from WRAP.

8.3 Control of Nonconforming Product - The standard requires an organisation to ensure that product that does not conform to agreed requirements is controlled and identified to prevent its unintended use or delivery and this is one of the mandatory ISO 9001 procedures.

Non-conforming or badly contaminated materials can be identified by a label or marking, and / or segregated into a Quarantine area, wherever possible. Suppliers should be informed of non-conformances and details recorded on a quality report.

Control of Nonconforming Product procedure is included in the sample Monitoring, Measurement and Improvement procedure QP10.

8.4 Analysis of Data - ISO 9001 requires that an organisation determines, collects and analyses appropriate data to demonstrate effectiveness of the management system and to identify where improvements can be made, remember - if you can't measure it, you can't improve it! The data gathered can be via the monitoring and measurement activities in 8.2 above and should include information relating to:

- customer satisfaction (see 8.2.1);
- conformity to product requirements (see 8.2.4);
- characteristics and trends of processes and products, including opportunities for preventive action (see 8.2.3 and 8.2.4), and
- suppliers (see 7.4).

The third point above indicates that data should be collected over time so that performance trends can be identified. This should allow a decline in a performance characteristic to be identified before it becomes nonconforming and thus preventive action could be implemented to prevent the nonconformity occurring. Results of data analysis can be reviewed at periodic Management Review meetings – see point 5.6 of this section.

Analysis of data is included in sample procedure QP10.
8.5.1 Continual Improvement - The implementation of an ISO 9001 management system should support continuous improvement and the standard requires an organisation to continually improve the effectiveness of its management system. This should be through use / review of:
- quality policy and objectives;
- audit results;
- analysis of data;
- corrective and preventive actions, and
- management review.

An approach to continual improvement is also referenced from sample procedure QP10.

8.5.2 Corrective Action - The standard requires an organisation to ‘take action to eliminate the causes on nonconformities in order to prevent recurrence’. Corrective Action is a mandatory ISO 9001 procedure and should define the requirements for:
- reviewing nonconformities (including customer complaints);
- determining the causes of nonconformities;
- evaluating the need for action to ensure that nonconformities do not recur;
- determining and implementing the action needed;
- recording the results of action taken, and
- reviewing the effectiveness of corrective action taken.

A sample corrective action process is included in procedure QP10. Note: the inclusion of reviewing the effectiveness of the action taken (last point above) is an addition in the new version of ISO 9001:2008.

8.5.3 Preventive Action - The standard requires an organisation to ‘determine action to eliminate the causes on potential nonconformities in order to prevent their occurrence’. Preventive Action is a mandatory ISO 9001 procedure and should define the requirements for:
- determining potential nonconformities and their causes;
- evaluating the need for action to prevent occurrence of nonconformities;
- determining and implementing the action needed;
- recording the results of action taken, and
- reviewing the effectiveness of preventive action taken.

Preventive action is a way of reducing risk and could include training, safety equipment or the implementation of a good management system. A sample preventive action process is included in procedure QP10. Note: the inclusion of reviewing the effectiveness of the action taken (last point above) is an addition in the new version of ISO 9001:2008.

Additional guidance on the interpretation and implementation of ISO 9001 requirements can be found in ISO 9004:2004 – Guidelines for Performance Improvements.

5.0 Environmental management system requirements for ISO 14001:2004

5.1 Requirements overview
The implementation of an environmental management system specified by the International Standard ISO 14001 is intended to result in improved environmental performance. Therefore the International Standard is based on the premise that the organisation will periodically review and evaluate its environmental management system to identify opportunities for improvement and their implementation. The rate, extent and timescale of this continual improvement process are determined by the organisation in the light of economic and other circumstances. Improvements in its environmental management system are intended to result in further improvements in environmental performance.

The ISO 14001 International Standard requires an organisation to:
- establish an appropriate environmental policy;
- identify the environmental aspects arising from the organisation’s past, existing or planned activities, products and services, in order to determine the environmental impacts of significance;
- identify applicable legal requirements and other requirements to which the organisation subscribes;
- identify priorities and set appropriate environmental objectives and targets;
establish a structure and a programme(s) to implement the policy and achieve objectives and meet targets;
facilitate planning, control, monitoring, preventive and corrective actions, auditing and review activities to
ensure both that the policy is complied with and that the environmental management system remains
appropriate; and
be capable of adapting to changing circumstances.

An organisation with no existing environmental management system should, initially, establish its current position
with regard to the environment by means of a review. The aim of this review should be to consider all
environmental aspects of the organisation as a basis for establishing the environmental management system.

The review should cover four key areas:
- identification of environmental aspects, including those associated with normal operating conditions, abnormal
  conditions including start-up and shut-down, and emergency situations and accidents;
- identification of applicable legal requirements and other requirements to which the organisation subscribes;
- examination of existing environmental management practices and procedures, including those associated with
  procurement and contracting activities, and
- evaluation of previous emergency situations and accidents.

Tools and methods for undertaking a review might include checklists, conducting interviews, direct inspection and
measurement, results of previous audits or other reviews, depending on the nature of the activities.

More detailed ISO 14001 implementation guidance is covered in the following sections.

5.2 ISO 14001 environmental system implementation guidance
The following guidance goes through the requirements of the standard clause by clause and indicates what a
MRF would need to do to implementation an environmental management system (EMS) that meets the
requirements of ISO 14001. The section numbers such as 4.1, 4.2 and 4.3.1 etc below refer to the actual clause
numbers within the standard.

4.1 General Requirements - The General Requirements in 4.1 can generally be fulfilled through the appropriate
documentation and implementation of the EMS.

4.2 Environmental Policy - An environmental policy must be documented and this policy must:
- be appropriate to the nature, scale and environmental impacts of activities, products and services;
- include a commitment to comply with applicable legal requirements and with other requirements applicable to
  the organisation / environmental aspects;
- provide a framework for setting and reviewing environmental objectives and targets;
- documented, implemented and maintained;
- be communicated to all persons working for or on behalf of the MRF, and
- be available to the public.

A sample integrated environmental policy is included in Appendix 2 of Q&E Manual Template 2 - this can be
expanded on to further demonstrate the MRFs commitment to the environment.

4.3.1 Environmental Aspects - ISO 14001 requires that a procedure is established to identify the environmental
impacts of the MRFs activities, products and services within the scope of the EMS that it can control or influence.
The approach used for identifying environmental aspects could for example consider:
- Emissions to air.
- Releases to water.
- Releases to land.
- Use of energy.
- Waste and by-products etc.

Once these aspects have been defined, they should be rated to determine which aspects have a significant
environmental impact. An approach to this process is included in sample procedure MP08, Environmental, Legal
and Communication Aspects, supported by the Aspect and Impact rating form template in the Q&E Form
Templates folder.

4.3.2 Legal and Other Requirements - The standard requires that a procedure is maintained to:
identify / have access to applicable legal requirements (and other requirements related to environmental aspects), and
determine how the requirements apply to the identified environmental aspects

An approach to this process is included in sample procedure MP08, Environmental, Legal and Communication Aspects, supported by the sample Legislation Register template in the Q&E Form Templates folder.

4.3.3 Objectives, Targets and Programmes - ISO 14001 requires that an organisation establishes and documents environmental objectives and targets at relevant functions / levels within the MRF. These objectives should be measurable (where practicable) and include commitments to prevention of pollution, compliance with applicable legal requirements and continual improvement.

Objectives and targets must also be linked to legal requirements and significant environmental aspects. ISO 14001 also requires that a programme for achieving its environmental objectives and targets is implemented and maintained and that the programme must include:

- designation of responsibility for achieving objectives and targets (at relevant functions and levels at the MRF), and
- the means and time frame by which the objectives and targets are to be achieved.

An approach to this process is included in sample procedure MP08, Environmental, Legal and Communication Aspects, supported by the sample Objectives and Targets Table template in the Q&E Form Templates folder.

4.4.1 Resources, Roles, Responsibility and Authority - The MRF must ensure that appropriate resource is available for the implementation, maintenance and improvement of the EMS.

The standard also requires that roles, responsibilities and authorities are defined, documented and communicated. The sample integrated manual makes reference to job role description / contract of employment and these should be introduced where appropriate. Sample core responsibilities are also outlined in Section 5.5.1 of the sample manual. Individual operational responsibilities of should also be defined in the relevant procedures.

4.4.2 Competence, Training and Awareness - The standard requires that personnel performing work that can have an environmental impact are competent based on appropriate education, training, skills and experience. It is also required that the MRF must identify training needs associated with its EMS and environmental aspects, provide training to meets these needs and record these activities

A procedure must be documented to assist with the above and to make staff aware of:

- importance of compliance with environmental policy and procedures;
- significant environmental aspects and actual / potential impacts associated with their work, and the environmental benefits of improved performance;
- their roles and responsibilities in achieving conformity with the requirements of the EMS, and potential consequences of departure from specified procedures.

Further details are given in procedure sample Resource Management MP04. This also includes some guidance in relation to infrastructure and work environment.

4.4.3 Communication - With regard to its environmental aspects and EMS requirements, ISO 14001 requires that an organisation establishes a procedure for:

- Internal communication – at the various levels / functions of the MRF.
- Receiving, documenting and responding to relevant communication from external parties.

The MRF also needs to decide whether to communicate externally about its significant environmental aspects (e.g. via its website) and this decision (and method of communication) must be documented.

An overview of the process for internal communication of environmental requirements and the management of external environmental communications is included in sample procedure Environmental, Legal and Communication Aspects MP08.

4.4.4 Documentation - The section of the standard requires specific documentation to be put in place as follows:

- environmental policy, objectives and targets (see clause 4.2 and 4.3.3);
The Implementation of a Quality Management System (QMS) within the MRF Industry

- scope of the EMS;
- description of the main elements of the EMS, including their interaction and reference to related documents (e.g. the manual);
- documents and records required by ISO 14001, and
- other documents and records, determined by the MRF as necessary to ensure effective planning, operation and control of processes related to its environmental aspects.

4.4.5 Control of Documents  ISO 14001 requires that a procedure is put in place to define the document control process. This process primarily relates to the documents that form the EMS and must cover:
- document approval;
- update, review and re-approval;
- change identification;
- document availability (at point of use);
- legibility and identification of documents;
- control of documents of external origin (e.g. standards, legislation etc), and
- control of obsolescence (to prevent unintended use of obsolete documents).

For further information, see sample procedure template MP01 - These requirements are also common to ISO 9001 ref: sample procedure QP01.

4.4.6 Operational Control  The standard requires that operations associated with identified environmental aspects are identified and planned to ensure they are carried out under specified conditions. This can be supported by:
- establishing, implementing and maintaining documented procedures to control situations where their absence could lead to deviation from EMS policy and objectives;
- defining key operating criteria in the procedures, and
- establishing, implementing and maintaining procedures related to significant environmental aspects of the goods and services supplied to the MRF and communicating those requirements to suppliers / subcontractors.

Many of the above requirements are included in the sample integrated procedures MP05 to MP10. In addition to this, where specific operational control environmental aspects require definition, this can be included in a related operation procedure such as outlined in sample procedure OP01.

4.4.7 Emergency Preparedness and Response  A procedure is required for the identification of potential emergency situations and accidents (that can have an impact on the environment) and how the organisation would respond to such situations. The response to an actual emergency situation should prevent or mitigate any adverse environmental impacts.

The procedure should also include how the emergency preparedness and response procedures are reviewed and revised - especially after an actual occurrence. There is also a requirement to periodically test the procedures, where practicable.

A sample Emergency Preparedness and Response procedure is documented as MP07.

4.5.1 Monitoring and Measurement  ISO 14001 requires that a procedure is established to monitor and measure key operations that can have a significant environmental impact. This should include performance monitoring information, operational controls and conformity with environmental objectives and targets.

An overview of this requirement is included in sample Monitoring, Measurement and Improvement procedure MP12 – this is supported by the Environmental, Legal and Communication Aspects Procedure MP08 which includes establishing environmental Objectives, Targets and Programmes.

Where equipment is used for monitoring and measurement, the MRF must ensure that it is calibrated or verified and must maintain records to support this. An overview of equipment control requirements is given in sample Control of Equipment procedure MP10.

4.5.2 Evaluation of Compliance  The standard requires that an organisation establishes and maintains a procedure for periodically evaluating compliance with applicable legal requirements and with other requirements to which it subscribes.

Records of these periodic evaluations also need to be maintained.
The evaluation of compliance with applicable legal requirements can be included in the internal auditing activity and Management Review. Other requirements can also be included on, or referenced from the objectives and targets table / legislation register.

Evaluation of compliance is included in sample Monitoring, Measurement and Improvement procedure MP12 and referenced from the sample environmental legislation register.

4.5.3 Nonconformity, Corrective action and Preventive Action – ISO 14001 requires that an organisation establishes and maintains a procedure for dealing with actual and potential nonconformities and for taking corrective and preventive action. The procedure should include:
- identifying and correcting nonconformities and taking action to mitigate environmental impacts;
- investigating nonconformities, determining cause and taking action to prevent recurrence;
- evaluating the need for actions to prevent nonconformities and implementing actions to avoid their occurrence;
- recording the results of corrective and preventive actions taken, and
- reviewing the effectiveness of corrective and preventive actions taken.

An overview of this is included in Monitoring, Measurement and Improvement procedure MP12 which makes reference to a suggested general use record template, the Quality and Environmental report form. This can be used to record internal and external nonconformities, corrective and preventive action, as well as improvement suggestions.

4.5.4 Control of Records - A procedure is required to define the control of records process. This process primarily relates to the records that demonstrate the effective operation of the EMS and must cover identification, storage, protection, retrieval, retention and disposal of records. Retention periods must comply with business, EMS and statutory requirements. For further information, see sample procedure template MP02. This procedure is supported by a records register template, MF02.

4.5.5 Internal Audit - The purpose of the internal auditing process is to determine whether the management system continues to conform to planned arrangements, the requirements of the standard and environmental requirements established by the MRF. The audits should also review the effectiveness of the management system processes.

Internal auditing procedure is documented in sample procedure MP11 and this is supported by sample audit schedule and audit report templates.

4.6 Management Review - The standard requires that a review of the EMS is carried out at planned intervals. This is to ensure the EMS remains suitable, adequate and efficient. The review requires the assessment of opportunities for improvement and the need for EMS changes - include any changes to policy or objectives. The inputs and outputs of the review are defined in ISO 14001 (see below) and a sample review agenda / record template is available as a management system form (MF) template.

Review Input – ISO 14001 requires the review inputs to include:
- results of internal audits and evaluation of compliance;
- communication from external interested parties, including complaints;
- environmental performance;
- extent to which environmental objectives and targets have been met;
- status of corrective and preventive action;
- follow up actions from previous reviews;
- changing circumstances, including legal or other requirements related to environmental aspects, and
- recommendations for improvement.

Review Output – ISO 14001 requires the review outputs include decisions and actions in relation to possible changes to environmental policy, objectives and targets (or other elements of the EMS) consistent with the commitment to continuous improvement

This is referred to from Section 5.6 of the sample manual and sample Management Review procedure, MP03.
The relationship between the mandatory procedures required by ISO 9001 and the additional procedures required by ISO 14001 is included in the sample integrated manual, Template 2, Appendix 5.


### 6.0 Health & Safety management system requirements for OHSAS 18001:2007

#### 6.1 Requirements overview

OHSAS 18001 has been developed to be compatible with the ISO 9001:2008 (Quality) and ISO 14001:2004 (Environmental) management systems standards, in order to facilitate the integration of quality, environmental and occupational Health & Safety management systems by organisations, should they wish to do so.

The 2007 second edition replaces the first edition (OHSAS 18001:1999), which has been technically revised.

This OHSAS Standard is applicable to any organisation that wishes to:

- Establish an OH & S management system to eliminate or minimise risks to personnel and other interested parties who could be exposed to OH & S hazards associated with its activities.
- Implement, maintain and continually improve and OH & S management system.
- Assure itself of its conformity with its stated OH & S policy.
- Demonstrate conformity with this OHSAS Standard by:
  - making self-determination and self-declaration, or;
  - seeking confirmation of its conformance by parties having an interest in the organisation, such as customers, or;
  - seeking confirmation of its self-declaration by a party external to the organisation, or;
  - seeking certification/registration of its OH & S management system by an external organisation.

The principal changes with respect to the previous edition are as follows:

- The importance of “health” has now been given greater emphasis.
- OHSAS 18001 now refers to itself as a standard, not a specification, or document, as in the earlier edition. This reflects the increasing adoption of OHSAS 18001 as the basis for national standards on occupational Health & Safety management systems.
- The “Plan-Do-Check-Act” model diagram is only given in the Introduction, in its entirety, and not also as sectional diagrams at the start of each major clause.
- Reference publications in Clause 2 have been limited to purely international documents.
- New definitions have been added, and existing definitions revised.
- The term “tolerable risk” has been replaced by the term “acceptable risk” (see 3.1).
- The term “accident” is now included in the term “incident” (see 3.9).
- The definition of the term “hazard” no longer refers to “damage to property or damage to the workplace environment” (see 3.6).

This Occupational Health & Safety Assessment Series (OHSAS) Standard specifies requirements for an occupational Health & Safety (OH & S) management system, to enable an organisation to control its OH & S risks and improve its OH & S performance. It does not state specific OH & S performance criteria, nor does it give detailed specifications for the design of a management system.

All the requirements in the OH & S Standard are intended to be incorporated into any OH & S management system. The extent of the application will depend on such factors as the OH & S policy of the organisation, the nature of its activities and the risks and complexity of its operations.
The OHSAS Standard is intended to address occupational Health & Safety, and is not intended to address other Health & Safety areas such as employee well-being / wellness programmes, product safety, property damage or environmental impacts.

6.2 OHSAS 18001 Occupational Health & Safety system implementation guidance

The following guidance goes through the requirements of the standard clause by clause and indicates what a MRF would need to do to implementation a Health & Safety management system (HSMS) that meets the requirements of OHSAS 18001.

4.1 General Requirements - The General Requirements in 4.1 can generally be fulfilled through the appropriate documentation and implementation of the HSMS.

4.2 Health & Safety Policy - An H&S policy must be documented and this policy must:

- be appropriate to the nature and scale of the MRFs OH & S risks;
- include a commitment to prevention of injury and ill health and continual improvement in OH & S management and performance;
- include a commitment to at least comply with applicable legal requirements and other requirements related to OH & S risks;
- provide a framework for setting and reviewing OH & S objectives;
- documented, implemented and maintained;
- be communicated to all persons working under the control of the MRF, with the intent that they are made aware of their individual OH & S obligations;
- be available to interested parties, and
- be reviewed periodically to ensure that it remains relevant and appropriate to the MRF.

A sample Health & Safety policy is included as an appendix of the sample Health & Safety Manual Template 4.

4.3.1 Hazard Identification, Risk Assessment and Determining Controls - OHSAS 18001 requires that a procedure is established, implemented and maintained for ongoing hazard identification, risk assessment and control. The hazard identification and risk assessment procedure must take into account:

- routine and non-routine activities;
- activities of all persons having access to the workplace (including contractors and visitors);
- human behaviour, capabilities and other human factors;
- identified hazards originating outside the workplace capable of adversely affecting the Health & Safety of persons under the control of the organisation within the workplace;
- hazards created in the vicinity of the workplace by work-related activities under the control of the organisation. Note: This could be linked to / assessed as an environmental aspect;
- infrastructure, equipment and materials at the workplace, whether provided by the organisation or others;
- changes or proposed changes in the organisation, its activities, or materials;
- modifications to the OH & S management system, including temporary changes, and their impacts on operations, processes, and activities;
- any applicable legal obligations relating to risk assessment and implementation of necessary controls, and
- the design of work areas, processes, installations, machinery/equipment, operating procedures and work organisation, including their adaptation to human capabilities.

The MRFs methodology for hazard identification and risk assessment needs to:

- be defined with respect to its scope, nature and timing to ensure it is proactive rather than reactive, and
- provide for the identification, prioritisation and documenting of risks, and the application of controls, as appropriate.

For the management of change, the MRF will need to identify the OH & S hazards and OH & S risks associated with changes in the MRF, the OH & S management system or its activities, prior to the introduction of such changes.

The results of the above risk assessments need to be considered when putting in controls.

When considering controls, or changes to existing controls, consideration needs to be given to reducing the risks according to the following hierarchy:

- Elimination.
- Substitution.
- Engineering controls.
- Signage/warnings and/or administrative controls.
- Personal protective equipment.

The MRF will need to document and keep the results of identification of hazards, risk assessments and associated controls up-to-date.

The MRF will also need to ensure that the OH & S risks and determined controls are taken into account when establishing, implementing and maintaining its OH & S management system.

Further guidance on hazard identification, risk assessment and determining controls can be found in OHSAS 18002 - Guidelines for the Implementation of OHSAS 18001.

4.3.2 Legal and Other Requirements - The standard requires that the MRF establishes, implements and maintains a procedure(s) for identifying and accessing the legal and other OH & S requirements that are applicable to it.

There is a requirement that MRF takes into account legal and other requirements when establishing, implementing and maintaining its OH & S management system and that this information is kept up-to-date.

This is similar to the ISO 14001 requirement 4.3.2 and is supported by the sample Legislation Register template in the Q&E Form Templates folder.

4.3.3 Objectives and Programmes - OHSAS 18001 requires that an organisation establishes and documents OH & S objectives at relevant functions / levels within the MRF. These objectives should be measurable (where practicable) and include commitments to prevention of injury and ill health, compliance with applicable legal requirements and continual improvement.

Objectives must also be linked to legal requirements and its OH & S risks.

The MRF will need to establish, implement and maintain a programme for achieving its objectives. The programme should include as a minimum:
- designation of responsibility and authority for achieving objectives at relevant functions and levels of the organisation, and
- the means and time frame by which the objectives are to be achieved.

An approach to this process is supported by the sample Objectives and Targets Table template in the Q&E Form Templates folder.

The programme also needs to be reviewed at regular and planned intervals, and adjusted as necessary, to hold ensure that objectives are achieved.

4.4.1 Resources, Roles, Responsibility, Accountability and Authority - Top management at the MRF needs to take ultimate responsibility for OH & S and the OH & S management system and demonstrate commitment by:
- ensuring the availability of resources essential to establish, implement, maintain and improve the OH & S management system (Note: Resources can include human resources and specialised skills, organisational infrastructure, technology and financial resources), and
- defining roles, allocating responsibilities and accountabilities, and delegating authorities, to facilitate effective OH & S management roles, responsibilities, accountabilities, and authorities shall be documented and communicated.

The MRF needs to appoint a member of the management team with responsibility for OH & S, irrespective of other responsibilities, and with defined roles and authority for:
- ensuring that the OH & S management systems is established, implemented and maintained in accordance with the OHSAS Standard, and
- ensuring that reports on the performance of the OH & S management system are presented to top management for review and used as a basis for improvement of the OH & S management system.

All those with management responsibility at the MRF will need to demonstrate their commitment to the continual improvement of OH & S performance. The MRF must ensure that persons in the workplace take responsibility for aspects of OH & S over which they have control, including adherence to the MRFs applicable OH & S requirements.
4.4.2 Competence, Training and Awareness - The standard requires that any person under the MRFs control, performing tasks that can impact on OH & S, is competent on the basis of appropriate education, training or experience, and shall retain associated records.

The MRF will need to identify training needs associated with its OH & S risks and its OH & S management system. The MRF will need to provide training or take other action, to meet these needs, evaluate the effectiveness of the training or action taken, and retain associated records.

Procedures need to be established, implemented and maintain to make persons working under MRF control aware of:

- the OH & S consequences, actual or potential, of their work activities, their behaviour, and the OH & S benefits of improved personal performance;
- their roles and responsibilities and importance in achieving conformity to the OH & S policy and procedures and to the requirements of the OH & S management system, including emergency preparedness and response requirements (see 4.4.7), and
- the potential consequences of departure from specified procedures.

Training procedures need to take into account differing levels of:

- responsibility, ability, language skills and literacy, and
- risk.

4.4.3.1 Communication - With regard to its OH & S hazards and OH & S management system, the MRF needs to establish, implement and maintain a procedure(s) for:

- internal communication among the various levels and functions of the organisation;
- communication with contractors and other visitors to the workplace, and
- receiving, documenting and responding to relevant communications from external interested parties.

4.4.3.2 Participation and Consultation - The MRF will need to establish, implement and maintain procedure(s) for:

- The participation of workers by their:
  - appropriate involvement in hazard identification, risk assessments and determination of controls;
  - appropriate involvement in incident investigation;
  - involvement in the development and review of OH & S policies and objectives;
  - consultation where there are any changes that affect their OH & S, and
  - representation on OH & S matters.

Workers shall be informed about their participation arrangements, including who is their representative(s) on OH & S matters.

- Consultation with contractors where there are changes that affect their OH & S.

The MRF needs to ensure that, when appropriate, relevant external interested parties are consulted about pertinent OH & S matters.

4.4.4 Documentation - OHSAS 18001 notes that the OH & S management system documentation must include:

- the OH & S policy and objectives;
- description of the scope of the OH & S management system;
- description of the main elements of the OH & S management system and their interaction, and reference to related documents;
- documents, including records, required by this OHSAS Standard; and
- documents, including records, determined by the organisation to be necessary to ensure the effective planning, operation and control of processes that relate to the management of its OH & S risks.

The standard also notes that it is important that documentation is proportional to the level of complexity, hazards and risks concerned and is kept to the minimum required for effectiveness and efficiency.

4.4.5 Control of Documents - Documents that are required by the OH & S management system and by this OHSAS Standard need to be controlled.

A procedure needs to be established, implemented and maintained to:

- approve documents for adequacy prior to issue;
- review and update as necessary and re-approve documents;
- ensure that changes and the current revision status of documents are identified;
- ensure relevant versions of applicable documents are available at point of use;
- ensure that documents remain legible and readily identifiable;
- ensure that documents of external origin determined by the organisation to be necessary for the planning and operation of the OH & S management system are identified and their distribution controlled, and
- prevent the unintended use of obsolete documents and apply suitable identification to them if they are retained for any purpose.

4.4.6 Operational Control - The standard requires that a MRF determines those operations and activities associated with the identified hazards where the implementation of control is necessary to manage the OH & S risks. This includes management of change (see 4.3.1).

For those operations and activities, the MRF will need to implement and maintain:
- operational controls, as applicable to the organisation and its activities; the organisation shall integrate those operational controls into its overall OH & S management system;
- controls related to purchased goods, equipment and services;
- controls related to contractors and other visitors to the workplace;
- documented procedures, to cover situations where their absence could lead to deviations from the OH & S policy and the objectives, and
- stipulated operating criteria where their absence could lead to deviations from the OH & S policy and objectives.

4.4.7 Emergency Preparedness and Response - The standard requires that procedures are established, implemented and maintained:
- to identify the potential for emergency situations, and
- to respond to such emergency situations.

The response to an actual emergency situation should prevent or mitigate any adverse environmental impacts.

The procedure should also include how the emergency preparedness and response procedures are reviewed and revised – especially after an actual occurrence. There is also a requirement to periodically test the procedures, where practicable.

A sample Emergency Preparedness and Response procedure is documented as MP07.

4.5.1 Performance Measurement and Monitoring - The MRF will need to establish, implement and maintain a procedure to monitor and measure OH & S performance on a regular basis. This needs to include:
- both qualitative and quantitative measures, appropriate to the needs of the organisation;
- monitoring of the extent to which the organisation’s OH & S objectives are met;
- monitoring the effectiveness of controls (for health as well as for safety);
- proactive measures of performance that monitor conformance with the OH & S programme(s), controls and operational criteria;
- reactive measures of performance that monitor ill health, incidents (including accidents, near-misses, etc.), and other historical evidence of deficient OH & S performance, and
- recording of data and results of monitoring and measurement sufficient to facilitate subsequent corrective action and preventive action analysis.

If equipment is required to monitor or measure performance, procedures need to be established for the calibration and maintenance of the equipment as appropriate. Records of calibration and maintenance activities and results will need to be retained.

4.5.2 Evaluation of compliance - Consistent with the commitment to compliance, an MRF needs to establish, implement and maintain a procedure for periodically evaluating compliance with applicable legal requirements.

Records of the results of the periodic evaluations need to be maintained and it should be noted that the frequency of periodic evaluation may vary for differing legal requirements.

The MRF will also need to evaluate compliance with other requirements to which it subscribes - this can be combined with the evaluation of legal compliance referred to above.
Records of the results of these evaluations need to be maintained and the frequency of periodic evaluation may vary for differing requirements.

4.5.3.1 Incident Investigation – The standard requires that a procedure is established, implemented and maintained to record, investigate and analyse incidents in order to:
- determine underlying O H & S deficiencies and other factors that might be causing or contributing to the occurrence of incidents;
- identify the need for corrective action;
- identify opportunities for preventative action;
- identify opportunities for continual improvement, and
- communicate the results of such investigations.

Investigations into the above need to be performed in a timely manner and any identified corrective actions or opportunities for preventative action should be implemented in accordance with the relevant parts of 4.5.3.2 below. The results of incident investigations need to be documented and maintained.

4.5.3.2 Non-conformity, Corrective Action and Preventive Action – OHSAS 18001 requires that a procedure is established, implemented and maintained for dealing with actual and potential nonconformities and for taking corrective and preventive action. The procedure should define the requirements for:
- identifying and correcting nonconformities and taking action to mitigate their OH & S consequences;
- investigating nonconformities, determining their causes and taking actions in order to avoid their recurrence;
- evaluating the need for action(s) to prevent nonconformities and implementing appropriate actions designed to avoid their occurrence;
- recording and communicating the results of the corrective and preventive actions taken, and
- reviewing the effectiveness of corrective action(s) and preventive action(s) taken.

Where the corrective and preventive action identifies new or changed hazards or the need for new or changed controls, the proposed actions should be taken through a risk assessment prior to implementation.

Any corrective or preventive action taken to eliminate the causes of actual and potential non-conformities needs to be appropriate to the magnitude of problems and aligned with the OH & S risk(s) encountered.

The MRF should ensure that any necessary changes arising from corrective and preventive action are made to the OH & S management system documentation, taking into account document control requirements (see 4.4.5).

4.5.4 Control of Records – The standard requires that records are established and maintained as necessary to demonstrate conformity to the requirements of the OH & S management system and the OH & S Standard.

The MRF must establish, implement and maintain a procedure for the identification, storage, protection, retrieval, retention and disposal of records.

Records must remain legible, identifiable and traceable.

4.5.5 Internal Audit – The MRF will need to ensure that internal audits of the OH & S management system are conducted at planned intervals. The audits should:
- determine whether the OH & S management system:
  - conforms to planned arrangements for OH & S management, including the requirements of the OHSAS Standard;
  - has been properly implemented and is maintained, and
  - is effective in meeting the organisation’s policy and objectives.

- Provide information on the results of audits to management.

Audit programmes must be planned, established, implemented and maintained by the MRF, based on the results of risk assessments of the organisation’s activities, and the results of previous audits.

An audit procedure must be established, implemented and maintained and this must address:
the responsibilities, competencies, and requirements for planning and conducting audits, reporting results and retaining associated records, and
the determination of audit criteria, scope, frequency and methods.

Selection of auditors and conduct of audits must also ensure objectivity and the impartiality.

4.6 Management Review - OHSAS 18001 requires that top management reviews the organisation's OH & S management system at planned intervals. This is to ensure its continuing suitability, adequacy and effectiveness. Reviews must include assessing opportunities for improvement and the need for changes to the OH & S management system, including OH & S policy and objectives. Records of the management reviews must be retained.

Input to management reviews must include:
- results of internal audits and evaluations of compliance with applicable legal requirements and with other requirements to which the organisation subscribes;
- the results of participation and consultation;
- relevant communication(s) from external interested parties, including complaints;
- the OH & S performance of the organisation;
- the extent to which objectives have been met;
- status of incident investigations, corrective actions and preventive actions;
- follow-up actions from previous management reviews;
- changing circumstances, including developments in legal and other requirements related to OH & S, and recommendations for improvement.

The outputs from management reviews shall be consistent with the organisation’s commitment to continual improvement and shall include any decisions and actions related to possible changes to:
- OH & S performance;
- OH & S policy and objectives;
- resources, and
- other elements of the OH & S management system.

Relevant outputs from management review should be made available for communication and consultation within the MRF (see 4.4.3.1 and 4.4.3.2).

The integration of OHSAS 18001 requirements with ISO 9001 an ISO 14001 systems is considered in the following section. As can be seen, there is direct correlation between the requirements of ISO 14001 and OHSAS 18001.

An integrated quality, environmental and Health & Safety manual template is available as Template 3.

A stand-alone Health & Safety manual template is available as Template 4.

A set of stand-alone Health & Safety procedures are also available as Procedure Templates HSP01 to HSP07.

7.0 Management system integration

The integration / consolidation of common requirements in the management systems being implemented can provide business benefits. These benefits may include:
- improved business focus;
- a more holistic approach to managing business risks;
- less conflict between systems;
- reduce duplication and bureaucracy, and
- more effective and efficient audits both internally and externally.

ISO Guide 72 includes a framework for the common requirements that are found in management system standards. The main requirements are categorized into the following subjects:
- Policy.
- Planning.
- Implementation and operation.
Performance assessment.
Improvement.
Management review.

Publicly Available Specification PAS 99 expands on the common elements and this is reviewed on the following page.

### Table 1 Cross-reference between PAS 99 common requirements and specific standards requirements

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As can be seen from the above table, there is greater correlation between ISO 14001 and OHSAS 18001 than there is with ISO 9001.

From experience (and as ISO 9001 quality management is often the first management system standard implemented), the integration of ISO 14001 and OHSAS 18001 requirements into a management system orientated around the requirements of ISO 9001 is often the most effective approach.

Depending on the MRF organisational arrangements, it is also sometimes appropriate to only integrate ISO 9001 and ISO 14001 requirements, leaving specific Health & Safety management system requirements separated - this is often because of different system ownership / responsibilities within the organisation.

The document templates referred to below indicate where one, two or three management system requirements have been integrated.
### Table 2 Document template table

<table>
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<th>Description</th>
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</table>

#### 8.0 Implementation methodologies

#### 8.1 ISO 9001 quality management implementation

As noted in Section 4.1 of ISO 9001, an organisation will have to:

“Identify the processes needed for the management system and their application throughout the organisation”.

As previously noted, this involves the identification and documentation of the key business processes and the quality processes that support them.

Once this has been achieved (see Section 4.2 of this guidance document and associated templates), the management system has to be shown to be suitable, adequate and effective – this will be progressed through the generation of objective evidence of the systems appropriate operation. This can be achieved through:

- auditing (for both compliance and improvement);
- reporting of issues, improvements and nonconformities (Quality Reporting);
- process performance review;
- customer perception monitoring, and
- management review using data from the above.

The internal auditing process should be viewed as a business tool that can be used to regularly review the effectiveness and conformity of key processes. Audit findings, whether observations or nonconformities, must be documented and shown to have been addressed in a timely manner. Note: Internal audits can be conducted by both internal (MRF) trained resource and / or external resource (consultants etc) – the standard requires auditors to be impartial and therefore should not audit their own work activities / processes. Examples of audit schedules and audit report forms are included in the quality section of the ‘Forms and Templates’ folder.

The involvement of people, primarily through the recording of quality issues, is required in the generation and resolution of corrective, preventive and improvement requests. This has generally been referred to as the Quality Reporting process and can be used to document the following:

- customer complaints – the organisation must capture customer issues to demonstrate closure, trends and improvements;
- supplier issues – rejects must be documented and corrective actions monitored re: supplier performance;
- internal corrective actions – significant issues must be documented to demonstrate correction and future prevention, and
internal improvements – significant improvements / preventive actions should be documented to demonstrate continuous improvement.

Process performance monitoring can be applied to key processes where data gathering and analysis has been applied. In line with measurable quality objectives, data should be gathered and analyzed so that performance is monitored and trends indicated. Where performance targets have been set, progression towards these targets can be monitored and improvement activity focused on those processes not performing as required – remember, if you can’t measure it, you can’t improve it!

The management review process requires the organisation to review the management system at planned intervals to ensure its continuing suitability, adequacy and effectiveness. The review should also include an assessment of opportunities for improvement and the need for any changes to the management system.

A management review record template / agenda is include in the associated ‘Forms and Templates’ folder.

To assist with the implementation of the requirements of ISO 9001, a Gap Analysis and Compliance table has been included in Appendix 1 of this document.

8.2 ISO 14001 environmental management implementation

The ISO 14001 International Standard requires an organisation to:

- establish an appropriate environmental policy;
- identify the environmental aspects arising from the organisation’s past, existing or planned activities, products and services, in order to determine the environmental impacts of significance;
- identify applicable legal requirements and other requirements to which the organisation subscribes;
- identify priorities and set appropriate environmental objectives and targets;
- establish a structure and a programme(s) to implement the policy and achieve objectives and meet targets;
- facilitate planning, control, monitoring, preventive and corrective actions, auditing and review activities to ensure both that the policy is complied with and that the environmental management system remains appropriate, and
- be capable of adapting to changing circumstances.

An organisation with no existing environmental management system should, initially, establish its current position with regard to the environment by means of a review. The aim of this review should be to consider all environmental aspects of the organisation as a basis for establishing the environmental management system. The review should cover four key areas:

- identification of environmental aspects, including those associated with normal operating conditions, abnormal conditions including start-up and shut-down, and emergency situations and accidents;
- identification of applicable legal requirements and other requirements to which the organisation subscribes;
- examination of existing environmental management practices and procedures, including those associated with procurement and contracting activities, and
- evaluation of previous emergency situations and accidents.

General Requirements (4.1) of ISO 14001 also requires an organisation to “establish, document, implement, maintain and continually improve an environmental management system in accordance with the requirements of this international standard”. Once this has been achieved (see Section 5.2 of this guidance document and associated templates), the management system has to be shown to be suitable, adequate and effective – this will be progressed through the generation of objective evidence of the systems appropriate operation.

This can be achieved through:

- internal auditing;
- reporting of environmental issues, improvements and nonconformities;
- environmental performance review;
- evaluation of compliance, and
- management review using data from the above.

The internal auditing process should be viewed as a business tool that can be used to regularly review the effectiveness and environmental conformity of key processes. Audit findings, whether observations or nonconformities, must be documented and shown to have been addressed in a timely manner. Note: Internal audits can be conducted by both internal (MRF) trained resource and / or external resource (consultants etc) –
the standard requires auditors to be impartial and therefore should not audit their own work activities / processes. Examples of audit schedules and audit report forms are included in the quality section of the ‘Forms and Templates’ folder.

8.3 OHSAS Health & Safety implementation

This Occupational Health & Safety Assessment Series (OHSAS) Standard specifies requirements for an occupational Health & Safety (OH & S) management system, to enable an organisation to control its OH & S risks and improve its OH & S performance. It does not state specific OH & S performance criteria, nor does it give detailed specifications for the design of a management system.

This OHSAS Standard is applicable to any organisation that wishes to:

- Establish an OH & S management system to eliminate or minimise risks to personnel and other interested parties who could be exposed to OH & S hazards associated with its activities.
- Implement, maintain and continually improve an OH & S management system.
- Assure itself of its conformity with its stated OH & S policy.
- Demonstrate conformity with this OHSAS Standard by:

  - making self-determination and self-declaration, or;
  - seeking confirmation of its conformance by parties having an interest in the organisation, such as customers, or;
  - seeking confirmation of its self-declaration by a party external to the organisation, or;
  - seeking certification/registration of its OH & S management system by an external organisation.

All the requirements in the OH & S Standard are intended to be incorporated into any OH & S management system. The extent of the application will depend on such factors as the OH & S policy of the organisation, the nature of its activities and the risks and complexity of its operations.

Once this has been achieved (see Section 6.2 of this guidance document and associated templates), the management system has to be shown to be suitable, adequate and effective – this will be progressed through the generation of objective evidence of the systems appropriate operation.

This can be achieved through:

- Hazard identification.
- Risk assessment.
- Implementation of control measures.
- Documentation of legal requirements.
- Health & Safety objectives.
- Management Review.

The management review process should address all key aspects of the OH & S system, including:

- Accidents.
- Ill health.
- Incidents including near-misses.
- Risk assessment.
- COSHH assessment.
- Changes in legislation.
- Key objectives.

Within the system i.e. procedures, work instructions, and records, there should be sufficient information to describe the requirements of the operation without any ambiguity.

9.0 Business benefits

Sample business benefits in relation to the implementation and approval of the 3 key management systems are outlined below. These are based on certification body, approved organisation and consultant feedback.
9.1 ISO 9001

**Competitive advantage**
ISO 9001 should be top-management led, which ensures that senior management take a strategic approach to their management systems. Assessment and certification processes ensure that the business objectives constantly feed into organisation processes and working practices to ensure you maximise your assets.

**Improves business performance and manages business risk**
ISO 9001 helps to raise the organisation’s performance above and beyond competitors who aren’t using management systems – This will include improved material output quality.

Certification also makes it easier to measure performance and better manage business risk.

**Attracts investment, enhances brand reputation and removes barriers to trade**
Certification to ISO 9001 will boost the organisation’s brand reputation and can be a useful promotional tool. It sends a clear message to all interested parties that this is a company committed to high standards and continual improvement.

**Saves you money**
Evidence shows that the financial benefits for companies that have invested in and certified their Quality Management Systems to ISO 9001 include operational efficiencies, increased sales, higher return on assets and greater profitability.

**Streamlines operations and reduces waste**
The assessment of the quality management system focuses on operating processes. This encourages organisations to improve the quality of products and the service provided and helps to reduce waste and customer complaints.

**Encourages internal communication and raises morale**
ISO 9001 ensures that employees feel more involved through improved communication. Continued Assessment visits can highlight any skills shortages sooner and uncover any teamwork issues.

**Increases customer satisfaction**
The ‘Plan, Do, Check, Act’ structure of ISO 9001 ensures that the needs of the customer are being considered and met.

9.2 ISO 14001
Certifying the company’s environmental management system to ISO 14001 means that a third party certification body has assessed that it meets the requirements set out in the standard.

Certification to ISO 14001 allows an organisation to:
- demonstrate a commitment to achieving legal and regulatory compliance to regulators and government;
- demonstrate environmental commitment to stakeholders;
- demonstrate an innovative and forward thinking approach to customers and prospective employees;
- increase access to new customers and business partners;
- better manage environmental risks, now and in the future;
- potentially reduce public liability insurance costs, and
- enhances reputation.

For particular industries, pressure is now being exerted by many large organisations, such as original equipment manufacturers (OEMs) who expect their suppliers to adopt environmentally-friendly practices and may mandate ISO 14001 certification as a licence to operate.

9.3 OHSAS 18001
In a competitive marketplace, customers are looking for more than just keen pricing from their suppliers. Companies need to demonstrate that their businesses are managed efficiently and responsibly and that they can provide a reliable service without excessive downtime caused by work-related accidents and incidents.
Certification of an OHSAS 18001 management system enables an organisation to prove that it conforms to the specification and provides the following benefits:

- Potential reduction in the number of accidents.
- Potential reduction in downtime and associated costs.
- Demonstration of legal and regulatory compliance.
- Demonstration to stakeholders of commitment to Health & Safety.
- Demonstration of an innovative and forward thinking approach.
- Increased access to new customers and business partners.
- Better management of Health & Safety risks, now and in the future.
- Potential reduced public liability insurance costs.

### 10.0 Certification options

**United Kingdom Accreditation Service (UKAS)**  
UKAS is the only United Kingdom accreditation body in the field of QMS recognised by Government and it operates in strict accordance with agreed international standards and under a Memorandum of Understanding with the Department for Business, Enterprise and Regulatory Reform (BERR). It is also subject to peer assessment by other recognised international accreditation bodies under the terms of a Multilateral Recognition Agreement. Most importantly, companies who are certified by a UKAS accredited certification body are the only ones who may display the “Tick and Crown” logo on their certificate and on their publicity material. The “Tick and Crown” logo provides visual assurance to the many purchasers who require their suppliers to hold a UKAS accredited ISO 9001 / ISO 14001 certificate. A sample logo is shown opposite.

The current UKAS Directory of Accredited Third Party Certification Bodies lists a total of 82 certification bodies that provide ISO 9001 approval. Within this group, 52 certification bodies provide both quality and environmental approval, however only 5 bodies currently listed provide approval to all three management systems, including occupational Health & Safety.

**Making the Selection**  
It is recommended that when an organisation is ready to seek certification, they should:

- obtain a list of UKAS accredited certification bodies;
- contact at least three, describing the business and asking whether or not the certification body is accredited to provide certification services in the MRFs specific area of operations;
- prepare a shortlist and ask for quotations, and
- make the choice

**Obtaining the List of UKAS accredited certification bodies**  
The list of accredited certification bodies is listed on the UKAS Website [www.ukas.com](http://www.ukas.com). The list will be under the title ‘About Accreditation on the home page. This links to ‘Accredited Bodies’. Clicking on the title Certification bodies on this page will open the UKAS table of Accredited Certification Bodies, listing them alphabetically, with cross-reference to their scope in PDF format links.

**NOTE:** This list is updated once a month and it is advisable to check with the organisation itself regarding its current accreditation status. The UKAS accreditation status means that the body is accredited to ISO 17021:2006 _Conformity assessment - requirements for bodies providing audit and certification of management systems._

**Non UKAS Accredited Certification**  
Some certification bodies are either non-accredited or accredited by an accreditor who is not recognised by the UK Government. These bodies offer a service that may be cheaper than a UKAS accredited certification body and usually offer a package that combines consultancy with certification. Many offer to provide their services on a “no certificate - no fee” basis, but, this should be viewed against the fact that a certificate is rarely, if ever, refused.
It is invariably received together with a quality manual which may, or may not, reflect the operations of the MRF. This practice is contrary to the requirements of the international standard with which UKAS accredited certification bodies are required to comply.

Some of these certification bodies claim to be accredited but, if they do, their accreditation will not have been granted by a UK Government recognised accreditor. Such accreditors are not subject to any regulatory constraints and provide little assurance of integrity, impartiality or accountability. Also they are not legally entitled to award the "Tick and Crown" logo for display by their clients. Certificates issued by such a certification body may well not be recognised by your customers as valid for the purpose of qualifying you as a supplier.

11.0 Indicative implementation costs and annual operating costs

As noted above, there are many certification bodies available for the approval of a stand alone or integrated management system.

The cost of certification will be dependent on the size of the organisation, the scope of activities and the management system(s) being certified.

Certification costs in 2008 ranged from £480 / day to £650 / day and may also include application / administrative costs, depending on certification body - two to three quotations should be obtained to assist with the selection of the body to be used. A pre-assessment audit is also offered by most certification bodies (at additional cost) and this should also be considered where appropriate. Some certification bodies offer a ‘small business scheme’ which allow a monthly direct debit payment to cover the initial certification and the first 3 years of surveillance audits, with surveillance once every 9 months.

For other certification bodies, initial surveillance audits may occur after 6 months and then go out to a 12-month surveillance – this should be confirmed with the certification body selected.

If an ISO 9001 and ISO 14001 integrated system is being implemented and a certification body day rate of £550 is assumed, then initial certification costs could equate to £2200 with ongoing annual surveillance costs of £1100 to £1650 for a MRF having <11 staff.

The number of audit days required is primarily governed by the UKAS and the International Accreditation Forum via the ‘IAF Mandatory Document for Duration of QMS and EMS Audits’.

This contains an ‘audit days table’ which is due to become mandatory in April 2009. An extract from this for the relationship between effective number of personnel and audit duration for a Quality Management Systems (Initial Audit only) is shown below.
Table 3 Audit-days requirement based on number of staff (initial audit only)

<table>
<thead>
<tr>
<th>Effective Number of Personnel</th>
<th>Audit Duration Stage 1 + Stage 2 (days)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - 5</td>
<td>1.5</td>
</tr>
<tr>
<td>6 - 10</td>
<td>2</td>
</tr>
<tr>
<td>11 - 15</td>
<td>2.5</td>
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<tr>
<td>16 - 25</td>
<td>3</td>
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<tr>
<td>26 - 45</td>
<td>4</td>
</tr>
<tr>
<td>46 - 65</td>
<td>5</td>
</tr>
<tr>
<td>66 - 85</td>
<td>6</td>
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<tr>
<td>86 - 125</td>
<td>7</td>
</tr>
<tr>
<td>126 - 175</td>
<td>8</td>
</tr>
<tr>
<td>176 - 275</td>
<td>9</td>
</tr>
</tbody>
</table>

Table 4 Environmental system audit-days based on number of staff and system complexity (initial audit only)

<table>
<thead>
<tr>
<th>Effective Number of Personnel</th>
<th>Audit Duration Stage 1 + Stage 2 (days)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>High</td>
</tr>
<tr>
<td>1 - 5</td>
<td>3</td>
</tr>
<tr>
<td>6 - 10</td>
<td>3.5</td>
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<tr>
<td>11 - 15</td>
<td>4.5</td>
</tr>
<tr>
<td>16 - 25</td>
<td>5.5</td>
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<tr>
<td>26 - 45</td>
<td>7</td>
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<tr>
<td>46 - 65</td>
<td>8</td>
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<tr>
<td>66 - 85</td>
<td>9</td>
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<tr>
<td>86 - 125</td>
<td>11</td>
</tr>
<tr>
<td>126 - 175</td>
<td>12</td>
</tr>
<tr>
<td>176 - 275</td>
<td>13</td>
</tr>
</tbody>
</table>

Audit duration is shown for high, medium, low and limited complexity audits.

According to the IAF document, recycling, composting, landfill (of non hazardous waste) is seen as medium complexity.
## Appendix 1 - ISO 9001 gap analysis and compliance table

<table>
<thead>
<tr>
<th>ISO Sect</th>
<th>Standard requirement</th>
<th>Findings/compliance</th>
<th>Status/comments / reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1</td>
<td>Has org established, documented, implemented and maintained a QMS and has it <strong>continually improved</strong> its effectiveness (4.2.1, 4.5.1, Note: Improve 4.1.2.1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Have processes needed for the QMS been Identification and applied throughout organisation. Have Outsourced processes been identified</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Is their sequence and interaction determined?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.2.1</td>
<td>Does extent of QMS documentation consider: Competence of personnel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.2.2</td>
<td>Does the Quality Manual include scope of the quality management system?</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Does the manual include justifications for any exclusions from Clause 7.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Can the exclusions be justified due to the nature of the organisation/product?</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Are exclusions limited to Clause 7?</td>
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<tr>
<td></td>
<td>Does the Manual include or reference documented procedures?</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Does the Manual include a description of the Interaction between the quality management system processes?</td>
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</tr>
<tr>
<td></td>
<td>Is the description adequate for its purpose?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.2.3</td>
<td>Is there a documented procedure for Control of documents covering the requirements – especially <strong>point of use</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.2.4</td>
<td>Is there a documented procedure for Control of records covering the requirements?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.1</td>
<td>Is there evidence of Top managements commitment to the development, implementation and improvement of the QMS</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Have Top Management communicate the importance of meeting customer and statutory/ regulatory requirements?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>... established the quality policy?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>... ensured quality objectives are established?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>... conducted management reviews?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>... ensured availability of resources</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ISO Sect</td>
<td>Standard requirement</td>
<td>Findings/ compliance</td>
<td>Status/ comments / reference</td>
</tr>
<tr>
<td>----------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>5.2</td>
<td>Have Top Management ensured that customer requirements are determined and fulfilled with the aim of enhancing Customer Satisfaction?</td>
<td></td>
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<tr>
<td>5.3</td>
<td>Does the Quality Policy include a commitment to comply with requirements and continually improve the quality management system?</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Does the Policy provide a framework for establishing and reviewing quality objectives?</td>
<td></td>
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<tr>
<td></td>
<td>Is it reviewed for continuing suitability</td>
<td></td>
<td></td>
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<tr>
<td>5.4.1</td>
<td>Are quality objectives established at relevant functions within the organisation?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Do objectives include those needed to meet requirements for service?</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Are quality objectives measurable and consistent with the Quality Policy?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.4.2</td>
<td>Has Top Management ensured that; the QMS is planned in order to meet the quality objectives of the organisation?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>The QMS is planned to meet the requirements of 4.1</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>The integrity of the QMS is maintained when changes to the QMS are planned and implemented</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.5.1</td>
<td>Have Responsibilities and Authorities been communicated?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Are they well understood in the organisation?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.5.2</td>
<td>Has Top Management appointed member of management with the authority to ensure that processes of the QMS are established, implemented and maintained</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Does he/she report to top management on the performance of the system and the need for improvement?</td>
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<tr>
<td></td>
<td>Does he/she promote awareness of customer requirements throughout the organisation?</td>
<td></td>
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<tr>
<td>5.5.3</td>
<td>Has top management ensured processes for internal communication are established</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Does communication takes place regarding the effectiveness of the quality management system?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.6</td>
<td>Does top management reviewed the quality management system at planned intervals. Does it assess improvement opportunities and need for change</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.6.2</td>
<td>Do the review inputs include Customer feedback, process performance and product conformity, status of preventative and corrective actions and previous review actions</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Do review outputs include decisions/actions relating to improvement of; QMS and its processes, product related to customer requirements and resources?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ISO Sect</td>
<td>Standard requirement</td>
<td>Findings/compliance</td>
<td>Status/comments/ reference</td>
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<tr>
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<td>---------------------------</td>
</tr>
<tr>
<td>6.1</td>
<td>Have resources been determined and provided in order to; implement and maintain the QMS, continually improve its effectiveness and enhance customer satisfaction</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.2.2</td>
<td>Has necessary competence been determined for those affecting service quality? Has training or other actions been taken to satisfy resource needs and has the effectiveness of action taken been evaluated Have personnel been made aware of their contribution to meeting quality objectives? (relevance and importance) Are records of education, training, skills and experience maintained</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.3</td>
<td>Has management determined the infrastructure needed to achieve conformity to product requirements including (where necessary): Buildings/workspace/utilities, Process equipment and Supporting services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.4</td>
<td>Has the work environment (needed to achieve conformity to product requirements) been determined and is it managed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.1</td>
<td>Has the organisation planned processes for product realisation? (7.1) Are quality objectives determined for the product? Are the needs for processes, documents and resources determined? Are verification, validation, monitoring and product / service acceptance criteria determined?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.2.1</td>
<td>Have Requirements Relating to Product / Service been determined? Does this include delivery and post delivery activities. Has the organisation considered requirements not stated by the customer but necessary, related to statutory/regulatory requirements and any others?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.2.2</td>
<td>Are requirements confirmed when the customer provides no documented statement of requirements? Is a record of ‘contract review’ maintained?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.2.3</td>
<td>Are arrangements in place for customer communication in relation to: - Product/service information - Enquiries, orders, amendments etc. - Customer feedback and complaints Is the effectiveness of these arrangements measured?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.3.2</td>
<td>Design and Development Inputs Are requirements for product function and performance defined and documented? Have applicable Statutory and Regulatory requirements been defined?</td>
<td>Note: Requirement 7.3 Design and Development can normally be excluded at an MRF</td>
<td></td>
</tr>
<tr>
<td>7.3.3</td>
<td>Design and Development Outputs Are outputs in a form that allows design input verification? Do outputs provide appropriate information for purchasing/production/service?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.3.4</td>
<td>Are systematic reviews of the design/development conducted at suitable stages and do they identify issues and actions?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ISO Sect</td>
<td>Standard requirement</td>
<td>Findings/compliance</td>
<td>Status/comments / reference</td>
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<tr>
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<td>--------------------------------------------------------------------------------------</td>
<td>---------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>7.3.5</td>
<td>Is Verification / Validation undertaken to verify product is capable of meeting requirements?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.3.6</td>
<td>Is validation undertaken prior to the delivery or implementation of product? Are results of verification / validation and any follow-up actions recorded?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.3.7</td>
<td>Are Design/Development changes evaluated, verified and validated before implementation and the results of the review and actions recorded?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.4</td>
<td>Have criteria for selection, evaluation and re-evaluation of suppliers been established? Is PO information adequate and is approval method defined</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.5.1</td>
<td>Control of Production and Service Provision – Do controlled conditions include: - Availability of information describing product / service - Availability of Work Instructions - Use of suitable equipment - Availability and use of monitoring and measuring devices - Implementation of Monitoring and Measurement - Release, delivery and post-delivery activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.5.2</td>
<td>Where appropriate, has validation of processes been addressed?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.5.4</td>
<td>Customer Property – control of any IP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.5.5</td>
<td>Preservation of Product – during internal processing and delivery - Identification, handling, packaging, storage and protection - Preservation of constituent parts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.6</td>
<td>Control of Monitoring and Measuring Devices</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.2.1</td>
<td>Monitoring of information on Customer perception re: requirement fulfilment - Are methods for obtaining and using information determined - Has the Customer Satisfaction data needed been determined</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.2.2</td>
<td>Do audits check that QMS complies with planned arrangements, QMS requirements and requirements of the standard Do audits have a clear scope and take into account previous findings when setting frequency and method? Has the competence of Internal Auditors been considered/ documented</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.2.3</td>
<td>Have methods been applied for monitoring and measuring of the quality management system Processes?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.2.4</td>
<td>Monitoring and Measurement of Services. Are service characteristics monitored / measured at appropriate stages Is evidence of conformity with acceptance criteria maintained Concession system un-necessary (ref: 8.3 also)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ISO Sect</td>
<td>Standard requirement</td>
<td>Findings/compliance</td>
<td>Status/comments / reference</td>
</tr>
<tr>
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</tr>
<tr>
<td>8.3</td>
<td>When NC product is detected after delivery, is appropriate action taken regarding actual or potential consequences of the nonconformity.</td>
<td></td>
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<tr>
<td></td>
<td>Is reporting of NC rectification clear re: customer, end user, regulatory body?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.4</td>
<td>Analysis of Data – Is Customer satisfaction analysed</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Is Conformance to service requirements analysed</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Are Characteristics and trends of processes and services monitored, does this including identifying opportunities for preventive action</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.5.1</td>
<td>Is continual improvement demonstrated by the organisation?</td>
<td></td>
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<tr>
<td></td>
<td>Is it conducted through use of quality policy, quality objectives, audit results, data analysis, corrective and preventive action and Management Review?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.5.2</td>
<td>Do the procedures for Corrective Action address the causes of nonconformities in order to prevent recurrence?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Do the procedures for Corrective Action include the review of the effectiveness of corrective action taken</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.5.3</td>
<td>Do the procedures for Preventive Action address the elimination of the causes of potential nonconformities in order to prevent their occurrence?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Do the procedures for Preventive Action include the review of the effectiveness of preventive action taken?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The above table can be used to identify compliance with the requirements of ISO 9001 and/or identify areas where further implementation activity is required.
## Appendix 2 - ISO 14001 gap analysis and compliance table

<table>
<thead>
<tr>
<th>ISO Sect</th>
<th>Standard requirement</th>
<th>Findings/compliance</th>
<th>Status/comments / reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1</td>
<td>Has org established, documented, implemented and maintained an EMS and has it <strong>continually improved</strong> its effectiveness (4.2.1, 4.5.1, Note: Improve 4.1.2.1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Has the organisation defined and documented the scope of its EMS</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 4.2      | Has top management defined the organisations Environmental policy and ensured that (within the scope of the system) it:  
   a) It is appropriate to the nature, scale and impact of its activities  
   b) Includes a commitment to cont. improvement and pollution prevention  
   c) Includes a commitment to comply with applicable legal regulations and other requirements that relate to environmental aspects.  
   d) Provides a framework for setting and reviewing environmental objectives and targets  
   e) Is documented, implemented and maintained  
   f) Is communicated to all persons working for/on behalf of the org.  
   g) Is available to the public |                     |                             |
| 4.3.1    | Has the organisation established, implemented and maintained procedure(s)  
   a) To identify environmental aspects of its activities, products ... that it can control / influence etc  
   b) To determine aspects can have a significant environmental impact |                     |                             |
|          | Has the organisation documented / maintained this information?                           |                     |                             |
|          | Has the organisation ensured that significant environmental aspects are taken into account in establishing, implementing and maintaining its EMS |                     |                             |
| 4.3.2    | Has the organisation established, implemented and maintained procedure(s)  
   a) To identify / have access to applicable legal requirements to which org subscribes related to environmental aspects  
   b) To determine how these requirements apply to environmental aspects |                     |                             |
|          | Has the org ensured that applicable legal requirements to which it subscribes are taken into account in establishing, implementing and maintaining its EMS |                     |                             |
| 4.3.3    | Has the organisation established, implemented and maintained environmental objectives and targets at relevant functions and levels within the organisation  
   Are these objectives and targets measurable (where practicable) and consistent with Environmental Policy (inc. prevention of pollution, compliance to legal requirements and continual improvement)? |                     |                             |
<table>
<thead>
<tr>
<th>ISO Sect</th>
<th>Standard requirement</th>
<th>Findings/compliance</th>
<th>Status/comments / reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.3.3 (cont.)</td>
<td>Does the organisation take into account applicable legal requirements and its significant environmental aspects when establishing and reviewing its objectives and targets.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
|  | Has the organisation established, implemented and maintained a programme for achieving its objectives and targets, including  
 a) Designation of responsibility for achieving objectives and targets.  
b) Means and time frame by which they are to be achieved. |  |  |
| 4.4.1 | Has management ensured the availability of resources to establish, implement, maintain and improve the EMS. Do resources include HR and specialised skills, infrastructure, technology and financial resources?  
Are roles, responsibilities and authorities defined, documented and communicated? Does this facilitate effective environmental management?  
Has top management appointed a specific management rep who, irrespective of other responsibilities, has defined roles, responsibilities and authorities for:  
a) Ensuring EMS is established, implemented and maintained in accordance with requirements of ISO 14001:2004.  
b) Reporting to top management on the performance of the EMS, including recommendations for improvement |  |  |
| 4.4.2 | Has the organisation ensured that persons performing tasks that could potentially cause significant environmental impact are competent on basis of appropriate education, training or experience?  
Are associated records maintained?  
Are training needs associated with its environmental aspects and EMS identified by the organisation.  
Is training, or other action, provided to meet these needs and are records maintained?  
Has the organisation established, implemented and maintained a procedure to make persons aware of:  
a) Importance of conformity with environmental policy and EMS procedures.  
b) Significant environmental aspects and related actual/potential impacts associated with their work and environmental benefits of improved personnel performance.  
c) Their roles and responsibilities in achieving conformity with requirements of the EMS.  
d) Potential consequences of departure from specified procedures. |  |  |
<table>
<thead>
<tr>
<th>ISO Sect</th>
<th>Standard requirement</th>
<th>Findings/compliance</th>
<th>Status/comments/ reference</th>
</tr>
</thead>
</table>
| 4.4.3    | With regard to environmental aspects / EMS, has the organisation established, implemented and maintained procedure for:  
  a) Internal communication at various levels in the organisation  
  b) Receipt, documentation and response to relevant external communications.  
Has the organisation decided whether to communicate externally its significant environmental aspects and is this decision documented?  
If the decision is to communicate, has a method for this external communication been established and implemented. |                       |                          |
| 4.4.4    | Does the EMS documentation include:  
  a) Environmental policy, objectives and targets  
  b) Description of the scope of the EMS  
  c) Description of the main elements of the EMS, their interaction and reference to related documents  
  d) Documents, inc. reports, required by the standard  
  e) Documents, inc. reports, determined to be necessary to ensure effective planning, operation and control of EA related processes. |                       |                          |
| 4.4.5    | Are documents required by the EMS / standard controlled.  
Has the organisation established, implemented and maintained a procedure to:  
  a) Approve documents for adequacy prior to issue  
  b) Review, update and re-approve  
  c) Ensure changes / issue status are identified  
  d) Ensure relevant documents are available at point of use  
  e) Ensure documents remain legible and readily identifiable  
  f) Ensure relevant external documents are identified/distribution controlled  
  g) Prevent unintended use of obsolete documents |                       |                          |
| 4.4.6    | Has the organisation identified and planned operations which impact environmental requirements to ensure they are carried out under specified conditions, by:  
  a) Establishing, implementing and maintaining documented procedures to control situations where their absence could lead to deviation from EMS requirements  
  b) Stipulating operating criteria in the procedures  
  c) Establishing, implementing and maintaining procedures related to any identified significant environmental aspects of the goods and services used by the organisation and communicating applicable procedures to suppliers / subcontractors. |                       |                          |
<p>| 4.4.7    | Has the organisation established, implemented and maintained a procedure to identify potential emergency situations / potential accidents that could have an impact on the environment, and how it would respond to them. |                       |                          |</p>
<table>
<thead>
<tr>
<th>ISO Sect</th>
<th>Standard requirement</th>
<th>Findings/compliance</th>
<th>Status/ comments / reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.4.7 (cont.)</td>
<td>Has the organisation responded to actual emergency situations and accidents and prevented / mitigated associated adverse environmental impacts. Has the organisation periodically reviewed and (where necessary) revised its emergency preparedness and response procedures, in particular after the occurrence of accidents or emergency situations. Has the organisation tested such procedures where practicable.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.5.1</td>
<td>Has the organisation established, implemented and maintained a procedure to monitor and measure (on a regular basis), the key characteristics of its operations that can have a significant environmental impact. Does the procedure include documenting of information to monitor performance, applicable operational controls and conformity with environmental objectives and targets? Does the organisation ensure that calibrated or verified monitoring and measurement equipment is used / maintained and associated records retained.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.5.2.1</td>
<td>Has the organisation established, implemented and maintained a procedure for periodically evaluating compliance with applicable legal requirements. Are records kept of the periodic evaluations?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.5.2.2</td>
<td>Does the organisation evaluate compliance with other requirements to which it subscribes (this can be combined with 4.5.2.1 above)? Are records kept of the periodic evaluations?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.5.3</td>
<td>Has the organisation established, implemented and maintained a procedure for dealing with actual and potential nonconformities and for taking corrective and preventive action. Does the procedure define requirements for: a) Identifying and correcting potential NCs and taking actions to mitigate their environmental impact. b) Investigating NCs, determining cause and action to prevent recurrence. c) Evaluating the need for action to prevent NC and implementing appropriate actions designed to avoid their occurrence. d) Recording results of corrective and preventive actions taken. e) Reviewing effectiveness of corrective and preventive actions taken.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.5.4</td>
<td>Has the organisation established and maintained records as necessary to demonstrate conformity to requirements of its EMS and the ISO 14001 standard, and the results achieved.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ISO Sect</td>
<td>Standard requirement</td>
<td>Findings/compliance</td>
<td>Status/comments / reference</td>
</tr>
<tr>
<td>----------</td>
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<td>-----------------------------</td>
</tr>
<tr>
<td><strong>4.5.4</strong> (Cont.)</td>
<td>Has the organisation established, implemented and maintained a procedure for the identification, storage, protection, retrieval, retention and disposal of records. Are records, and do they remain, legible, identifiable and traceable.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>4.5.5</strong></td>
<td>Are internal audits of the EMS conducted at planned intervals? Do they: a) Determine whether the EMS; 1) Conforms to planned arrangements for EM including requirements of the standard 2) Has been properly implemented and maintained b) Provide information on results of audits to management. Are audit programmes planned, established, implemented and maintained, taking into account importance of the operations concerned and previous audit results. Has an audit procedure been established, implemented and maintained that inc. - Responsibilities and requirements for planning and conducting of audits, reporting results and retaining associated records. - Determination of audit criteria, scope, frequency and methods. Does the selection of auditors ensure objectivity and impartiality?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>4.6</strong></td>
<td>Does top management review the EMS at planned intervals to ensure continued suitability, adequacy and effectiveness? Does the review include assessing opportunities for improvement and the need for any changes (inc. policy, objectives and targets)? Are records of Management Review retained? Does input to Management Review include: a) Results of internal audits and evaluation of legal compliance b) Communications from interested external parties, inc. complaints c) Environmental performance of the organisation d) Extent to which objectives and targets have been met e) Status of corrective and preventive actions f) Follow-up actions from previous management reviews. g) Changing circumstances, including legal requirement developments h) Recommendations for improvement Do outputs fro the review include actions/decisions related to possible changes to policy, objectives, targets and other elements of the EMS, consistent with Continuous improvement</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The above table can be used to identify compliance with the requirements of ISO 14001 and / or identify areas where further implementation activity is required.
### Appendix 3 - OHSAS 18001 audit checklist

<table>
<thead>
<tr>
<th>Audit check list</th>
<th>Clause</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Policy</strong></td>
<td></td>
</tr>
<tr>
<td>Is there a documented H&amp;S policy and is this displayed in appropriate areas?</td>
<td>4.2</td>
</tr>
<tr>
<td><strong>Organisation and responsibility</strong></td>
<td></td>
</tr>
<tr>
<td>Is there a management OH &amp; S representative and is this person a Senior executive?</td>
<td>4.4.1</td>
</tr>
<tr>
<td><strong>Training, awareness and competence</strong></td>
<td></td>
</tr>
<tr>
<td>Is there a Health &amp; Safety based training programme?</td>
<td>4.4.2</td>
</tr>
<tr>
<td>Does this reflect in actual training levels and are records current and appropriate?</td>
<td></td>
</tr>
<tr>
<td>Are the Health &amp; Safety requirements of all tasks clearly stated within procedures or work instructions and are these available to all personnel?</td>
<td>4.4.2</td>
</tr>
<tr>
<td><strong>System requirements</strong></td>
<td>4.1</td>
</tr>
<tr>
<td>Does the OH &amp; S policy manual address fully the requirements of the OH &amp; S management system?</td>
<td>4.1</td>
</tr>
<tr>
<td>Are the procedures listed and do these address fully the requirements of the H&amp;S system?</td>
<td>4.1</td>
</tr>
<tr>
<td>Where procedures accommodate both ISO 9001:2008 and OH &amp; S requirements you must check that original ISO 9001 procedures have been properly extended to envelope OH &amp; S requirements.</td>
<td>4.1</td>
</tr>
<tr>
<td>The Systems “Plan” will invariably be the actual Operating system itself. You should check that the system or plan does address: -</td>
<td>4.1</td>
</tr>
<tr>
<td>- Hazard identification</td>
<td></td>
</tr>
<tr>
<td>- Risk assessment</td>
<td></td>
</tr>
<tr>
<td>- Control measures and their implementation</td>
<td></td>
</tr>
<tr>
<td>- Legal requirements</td>
<td></td>
</tr>
<tr>
<td>- Objectives</td>
<td></td>
</tr>
<tr>
<td>- Management programme</td>
<td></td>
</tr>
<tr>
<td>Within the system i.e. procedures, work instructions, and records, there should be sufficient information to describe the requirements of the operation without any ambiguity. Have you checked that this is the case?</td>
<td>4.1</td>
</tr>
<tr>
<td><strong>Document control</strong></td>
<td>4.4.5</td>
</tr>
<tr>
<td>Are controlled documents fully listed?</td>
<td>4.4.5</td>
</tr>
<tr>
<td>Is there a procedure covering the recording and communication of changes/amendments and is there evidence that this is done?</td>
<td>4.4.5</td>
</tr>
<tr>
<td>Has the organisation listed all HSE regulations/legislation relating to its activities and how do they know this?</td>
<td>4.4.5</td>
</tr>
<tr>
<td>Is the legislation clearly understood?</td>
<td>4.4.5</td>
</tr>
<tr>
<td>Is there provision within the system for determining regulation changes and are these current?</td>
<td>4.4.5</td>
</tr>
<tr>
<td>Audit check list</td>
<td>Clause</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------------</td>
<td>--------</td>
</tr>
<tr>
<td><strong>Hazard identification, risk assessment and control</strong></td>
<td>4.3.1</td>
</tr>
<tr>
<td>Is there evidence of a pro-active approach to risk assessment?</td>
<td></td>
</tr>
<tr>
<td>Are you satisfied that all risks for the organisation's scope have been listed and considered?</td>
<td></td>
</tr>
<tr>
<td>Have risk assessments been carried out on all the listed known hazards?</td>
<td></td>
</tr>
<tr>
<td>Is there clear understanding of tolerable risk?</td>
<td></td>
</tr>
<tr>
<td>Is there evidence of conscious effort to reduce all risks, tolerable or not?</td>
<td></td>
</tr>
<tr>
<td>Are the assessed risk levels clear between “likelihood” and “severity” and does the system clearly separate the two?</td>
<td></td>
</tr>
<tr>
<td>Can satisfactory progress on improvements required to reduce risk be demonstrated and are these properly targeted and followed up?</td>
<td></td>
</tr>
<tr>
<td>Is there a system for periodic risk review and re-assessment and is this actually carried out?</td>
<td></td>
</tr>
<tr>
<td>NB. Detailed checklists for typical risks encountered are included later in this document for workplace audit assistance if required.</td>
<td></td>
</tr>
<tr>
<td><strong>Operational control</strong></td>
<td>4.4.6</td>
</tr>
<tr>
<td><em>NB The requirement for the system to envelope details of all H&amp;S needs impacting upon operational activity is covered under Training. Since it is also referenced under Operational, this is a belt and braces opportunity to ensure compliance.</em></td>
<td></td>
</tr>
<tr>
<td>Is there a list of purchased goods and services?</td>
<td></td>
</tr>
<tr>
<td>In the case of goods you will be looking for COSHH data sheets which should as a matter of procedure be requested from suppliers.</td>
<td></td>
</tr>
<tr>
<td>Purchased services may have an OH &amp; S impact through sub-contract personnel, their PPE, equipment used by them etc. Are the associated risks understood, assessed, and incorporated into the Organisation’s regularised controls?</td>
<td></td>
</tr>
<tr>
<td><strong>Emergency preparedness and response</strong></td>
<td>4.4.7</td>
</tr>
<tr>
<td>Is the potential for incidents and emergencies clearly stated, ideally through risk assessment, and are measures in place for their prevention?</td>
<td></td>
</tr>
<tr>
<td>Is there an Emergency response plan and is this unambiguous, clearly displayed, and available to all personnel?</td>
<td></td>
</tr>
<tr>
<td>NB This should extend beyond fire to other potential emergency situations</td>
<td></td>
</tr>
<tr>
<td>Is there evidence of Emergency procedure review?</td>
<td></td>
</tr>
<tr>
<td>Are emergency procedures periodically tested with due record?</td>
<td></td>
</tr>
<tr>
<td>Does the test frequency seem appropriate?</td>
<td></td>
</tr>
<tr>
<td>Is there provision EITHER within emergency procedures OR arrangements with Emergency Services (especially Fire Service), for disclosing the hazards associated with stored materials AND the premises construction materials, in both their normal and burning state?</td>
<td></td>
</tr>
<tr>
<td>Audit check list</td>
<td>Clause</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------------</td>
<td>--------</td>
</tr>
<tr>
<td><strong>Consultation and communication</strong></td>
<td>4.4.3</td>
</tr>
<tr>
<td>In a small organisation of up to 6 persons you should look for a culture of</td>
<td></td>
</tr>
<tr>
<td>continual and natural communication of all matters including OH &amp; S. Is this</td>
<td></td>
</tr>
<tr>
<td>apparent? Otherwise, and certainly in larger organisations, you should be</td>
<td></td>
</tr>
<tr>
<td>looking for an OH &amp; S workforce representative. Is there one?</td>
<td></td>
</tr>
<tr>
<td>The purpose of a workforce representative is to ensure workforce views may</td>
<td></td>
</tr>
<tr>
<td>be presented to management in an unrestricted manner. The communication of OH</td>
<td></td>
</tr>
<tr>
<td>&amp; S requirements and change MUST be carried out through the Management/supervisory</td>
<td></td>
</tr>
<tr>
<td>chain and certainly not via the representative if Management control is to be</td>
<td></td>
</tr>
<tr>
<td>protected. Is this in fact the case?</td>
<td></td>
</tr>
<tr>
<td><strong>Checking and corrective action</strong></td>
<td>4.5.3</td>
</tr>
<tr>
<td>Is there evidence of accident/incident investigation?</td>
<td></td>
</tr>
<tr>
<td>Are OH &amp; S performance monitors in place?</td>
<td></td>
</tr>
<tr>
<td>Is the recorded data sufficiently meaningful to enable beneficial corrective</td>
<td></td>
</tr>
<tr>
<td>and preventive action implementation and is there evidence of this?</td>
<td></td>
</tr>
<tr>
<td>Do the monitors cover at least the following?</td>
<td>4.5</td>
</tr>
<tr>
<td>• Accidents</td>
<td></td>
</tr>
<tr>
<td>• Ill health</td>
<td></td>
</tr>
<tr>
<td>• Incidents or near-misses</td>
<td></td>
</tr>
<tr>
<td>• Achievement of objectives</td>
<td></td>
</tr>
<tr>
<td>• Legislation and regulatory compliance</td>
<td></td>
</tr>
<tr>
<td>Is there evidence of procedure revision to reflect corrective and preventive</td>
<td></td>
</tr>
<tr>
<td>actions as outlined above?</td>
<td></td>
</tr>
<tr>
<td>Are workplace inspections carried out?</td>
<td></td>
</tr>
<tr>
<td>Is there an OH &amp; S systems audit process and is there evidence of its use at a</td>
<td></td>
</tr>
<tr>
<td>frequency appropriate to reasonable systems control?</td>
<td></td>
</tr>
<tr>
<td><strong>Management review</strong></td>
<td>4.6</td>
</tr>
<tr>
<td>Is there a management review procedure?</td>
<td></td>
</tr>
<tr>
<td>Are the intervals between reviews appropriate?</td>
<td></td>
</tr>
<tr>
<td>Are review meetings led by a Senior person and is there representation at the</td>
<td></td>
</tr>
<tr>
<td>meetings from key parties and/or groups?</td>
<td></td>
</tr>
<tr>
<td>Where review additionally encompasses other controls such as ISO 9000 and 14000</td>
<td>4.6</td>
</tr>
<tr>
<td>for instance, is due importance given to Health &amp; Safety within the meeting?</td>
<td></td>
</tr>
<tr>
<td>Has the meeting addressed all key aspects of the OH &amp; S system viz.?</td>
<td></td>
</tr>
<tr>
<td>• Accidents</td>
<td></td>
</tr>
<tr>
<td>• Ill health</td>
<td></td>
</tr>
<tr>
<td>• Incidents including near-misses</td>
<td></td>
</tr>
<tr>
<td>• Risk assessment</td>
<td></td>
</tr>
<tr>
<td>• COSHH assessment</td>
<td></td>
</tr>
<tr>
<td>• Changes in legislation</td>
<td></td>
</tr>
<tr>
<td>• Key objectives</td>
<td></td>
</tr>
</tbody>
</table>

The above table can be used to identify compliance with the requirements of OHSAS 18001 and / or identify areas where further implementation activity is required.
Appendix 4 - RRS code of practice requirements summary

The Code applies to all Members and their Registered MRFs. Members operate Registered MRFs that handle or process green list waste materials in the UK which are to be exported out of the UK for recovery by a Reprocessor.

The Scheme is voluntary and is operated by RRS in accordance with this Code and in accordance with the Scheme Terms and Conditions.

The Scheme applies only to green list waste and is not intended to apply to any green list waste which does not go through the sorting and/or processing process at a Registered MRF or which is not destined for export to a Reprocessor outside the UK.

The following includes a summary of the RRS code of practice requirements, however further information should be obtained from the Recycling Registration Service, www.rrsuk.org

4. REQUIREMENTS OF THE CODE

4.2 General Compliance: All Registered MRFs must operate in accordance with good industry practice in the UK and in compliance with all applicable environmental and Health & Safety legislation.

In order to comply with the Code, each Member and Registered MRF must demonstrate that the Registered MRF is operated in accordance with good industry practice. This includes evidence:

a) That all applicable permits, licences and/or consents are held to operate the Registered MRF, including appropriate Certificates of Technical Competence;

b) Of an environmental management system (whether externally accredited or otherwise);

c) That employees (including agency workers) receive basic Health & Safety induction training before commencing work at the Registered MRF;

d) Demonstrating that the Member and the Registered MRF are in compliance with applicable environmental and Health & Safety legislation (by showing, for example, evidence of current internal and/or external environmental and Health & Safety assessments); and

e) Demonstrating that appropriate systems are in place to ensure equipment is properly maintained at the Registered MRF.

4.3 Quality Controls for Waste Inputs: All Registered MRFs and Members must have documented control systems for assessing and accepting and/or rejecting waste inputs.

In order to comply with the Code, each Member and Registered MRF is required to demonstrate that appropriate control systems are in place at the Registered MRF to ensure that waste received at the Registered MRF for handling or processing is as described on applicable waste transfer notes, weighbridge tickets and/or delivery tickets received. This includes:

(a) Establishing written supply agreements with suppliers of waste which include specifications for the waste to be supplied;

(b) The existence of appropriate control systems at the Registered MRF:

(i) To monitor and inspect the quantity and quality of each consignment of waste received at the Registered MRF from suppliers;

(ii) To accept or reject consignments of waste received from suppliers; and

(iii) Including internal audit systems for verifying waste input quality control.
Documentary evidence demonstrating that such control systems are in place and have been complied with should be retained by Members for a period of at least three years or for such longer period as may be required under law.

4.4 Quality Controls for Waste Outputs: All Registered MRFs and Members must have documented control systems to ensure waste outputs meet applicable commercial specifications and accord with Green List Waste Guidance.

In order to comply with the Code, each Member and Registered MRF is required to demonstrate that appropriate control systems are in place at the Registered MRF to ensure that waste that has been handled or processed and which is ready for export out of the UK from the Registered MRF:

(a) Meets the commercial specifications provided to the Member by the Recovery Facility, Broker or Dealer and accords with Green List Waste Guidance as evidenced by statistical data and supported by visual assessment; and

(b) Is available for inspection and/or sampling by the Environment Agency or the Scottish Environmental Protection Agency (as appropriate) at the Registered MRF as required from time to time.

This requirement includes:

(i) When dealing directly with the Recovery Facility, establishing a written supply agreement with the Reprocessor which includes specifications for the waste to be supplied by the Member to the Reprocessor;

(ii) When dealing with a Broker or Dealer complying with the requirements in paragraph 4.5 of the Code;

(iii) in all cases, the existence of appropriate control systems to:

(A) Monitor and inspect the quantity and quality of waste outputs at the Registered MRF including by undertaking sufficient and appropriate analysis of output quality (which may include compositional analysis); and

(B) Ensure waste is photographed and/or videoed during and after loading into any container or trailer. Where photographed, a minimum of three photographs must be taken showing sequential stages of filling and include a photo of the fully loaded container/trailer with the door of the container/trailer half open so that the waste and the container/trailer number are both clearly visible. Where videoed, such video should show the same evidence as would be provided by photographs;

(iv) In all cases, that no cash (being notes, coins or travellers’ cheques) payments may be received by the Member and/or Registered MRF from the Recovery Facility and/or Broker in respect of any waste supplied.

Documentary evidence demonstrating that such control systems are in place and have been complied with should be retained by the Member for a period of at least three years or for such longer period as may be required under law.

4.5 Brokers and Dealers: Prior to a Member and/or Registered MRF supplying waste to a Broker acting on its behalf or to a Dealer, the Member and Registered MRF must ensure a written agreement has been entered into with the Broker or Dealer placing obligations on the Broker or Dealer as set out in the Code.

Where a Member supplies waste from a Registered MRF for recovery to a Broker acting on its behalf or to a Dealer, in order to comply with the Code, the Member and Registered MRF are required to demonstrate that a written agreement has been entered into between the Member and the Broker or Dealer in relation to the services to be provided by the Broker or Dealer. This agreement will include the following provisions:

(a) The Broker or Dealer shall provide specifications for the waste to be supplied by the Member to the Broker or Dealer;

(b) The Broker or Dealer shall provide details to the Member of any past convictions for criminal offences committed by the Broker or Dealer (or any of its directors or officers) concerning its professional conduct and shall inform the Member forthwith of any pending or threatened proceedings which could lead to such convictions;
(c) The Broker or Dealer warrants that it holds all necessary permits, licences or consents required to provide the services to the Member, including any required for dealing with waste;

(d) For Brokers only, an obligation on the Broker to obtain and provide to the Member the information set out in paragraph 4.8(a) below; and

(e) For Dealers only, an obligation on the Dealer to seek to obtain the information set out in paragraphs 4.8(a)(i) and 4.8(a)(ii) below as soon as reasonably practicable and to provide such information to the Member upon request.

Members and Registered MRFs must inform the Auditor and RRS forthwith of any conviction of which it is informed or of which it becomes aware pursuant to paragraph 4.5(b) above.

4.6 RRS Certificates: A RRS Certificate must be affixed onto an attachment to the export documentation relating to each consignment of waste to be exported from a Registered MRF outside of the UK directly by the Member or via a Broker acting on its behalf.

Once a satisfactory audit under the Scheme has been issued by the Auditor and RRS has confirmed the Member’s on-going membership, RRS will issue to the Member RRS Certificates which will each detail a specific batch number and the Registered MRF to which the RRS Certificate applies. RRS Certificates will only be valid for the period during which the Registered MRF and the Member are Members of the Scheme and during the Membership Year in which they are issued. RRS Certificates shall only be used in relation to the relevant Registered MRF. No RRS Certificate can be attached to any specific product documentation (such as its relevant bill of lading), but can be attached to accompanying documents. A RRS Certificate must be affixed by the Member (or Broker acting on its behalf) to the documentation attached to the export documentation relating to each consignment of waste from the Registered MRF to be exported from the UK.

The use of RRS Certificates shall not apply to consignments of waste sold by Members and Registered MRFs to Dealers.

4.7 Transfer/Export of Waste from the Registered MRFs: All export and import documentation/information required under applicable law must be completed for waste consignments to be exported from Registered MRFs.

In order to comply with the Code, each Member and Registered MRF is required to demonstrate that appropriate control systems are in place at the Registered MRF so that waste transferred and exported out of the UK from the Registered MRF either directly by the Member or via a Broker acting on its behalf:

(a) Is, whilst in the UK, transferred by a UK registered waste carrier in compliance with duty of care requirements; and

(b) Is exported with all necessary export and import documentation/information as required under applicable law (including without limitation a Consignment Note) and with the relevant RRS Certificate. Where exports are via a Broker, copies of equivalent documentation between the Broker and the Recovery Facility must be provided on at least a quarterly basis to the relevant Member in respect of the actual waste received by the Broker from that Member.

Documentary evidence demonstrating that such control systems are in place and complied with should be retained by the Member for a period of three years or such longer period as may be required under law.

4.8 Final Destination for the Waste

**When Exporting Waste Directly or via a Broker**

Where waste is exported by a Member and Registered MRF directly or via a Broker acting on its behalf to a Recovery Facility, the Member and Registered MRF must have documented control systems to demonstrate that:

(i) each such waste consignment has reached the relevant Recovery Facility, which may take the form of a copy of the Consignment Note signed by the Recovery Facility; and (ii) the Member has received written confirmation in the English language (or an adequate summary in the English language) on an annual basis from the relevant Recovery Facility showing that such Recovery Facility is authorised to operate under applicable domestic...
legislation, is in general compliance with all applicable domestic environmental and Health & Safety legislation and is operated to standards broadly equivalent to European Union standards.

**When Selling Waste to a Dealer**

Where waste is sold by a Member and Registered MRF to a Dealer who arranges the shipment of waste for export, the Member and Registered MRF must have documented control systems to demonstrate that the Member has asked the Dealer to confirm that the Dealer will seek to obtain: (i) confirmation from the relevant Recovery Facility that each waste consignment has reached the Recovery Facility, which may take the form of a copy of the Consignment Note signed by the Recovery Facility; and (ii) written confirmation in the English language (or an adequate summary in the English language) on an annual basis from each relevant Recovery Facility showing that such Recovery Facility is authorised to operate under applicable domestic legislation, is in general compliance with all applicable domestic environmental and Health & Safety legislation and is operated to standards broadly equivalent to European Union standards.

**When Selling Waste to a UK Reprocessor**

Where waste is sold by a Member and Registered MRF to a Reprocessor in the UK (and such waste is not intended for export out of the UK) the Member and Registered MRF must have documented control systems to confirm whether any such waste is or may later be exported from the Reprocessor out of the UK to a Recovery Facility. In the event that a Reprocessor informs a Member that a waste consignment from that Member has been exported out of the UK by that Reprocessor, the Member and Registered MRF must have documented control systems to demonstrate that the Member has asked the Reprocessor to confirm that it (or its broker or dealer as appropriate) will seek to obtain: (i) confirmation that the waste consignment has reached the Recovery Facility, which may take the form of a copy of the Consignment Note signed by the Recovery Facility; and (ii) written confirmation in the English language (or an adequate summary in the English language) on an annual basis from the Recovery Facility showing that such Recovery Facility is authorised to operate under applicable domestic legislation, is in general compliance with all applicable domestic environmental and Health & Safety legislation and is operated to standards broadly equivalent to European Union standards.

**Interim Recovery**

Where waste is exported by a Member and Registered MRF directly, or via a Broker acting on its behalf, and the waste consignment is sent to an interim Recovery Facility in the first instance, the provisions of this Code shall apply in respect of the interim Recovery Facility and any subsequent Recovery Facility to which the waste consignment is then sent. However, in relation to any subsequent Recovery Facility, the Member and Registered MRF must have documented control systems to demonstrate only that the Member and Registered MRF (or the Broker if applicable) have used reasonable endeavours to confirm that: (i) the waste consignment has gone from the interim Recovery Facility to one or more subsequent Recovery Facilities; and (ii) to obtain written confirmation in the English language (or an adequate summary in the English language) on an annual basis from each subsequent Recovery Facility showing that each subsequent Recovery Facility is authorised to operate under applicable domestic legislation, is in general compliance with all applicable domestic environmental and Health & Safety legislation and is operated to standards broadly equivalent to European Union standards.

In order to comply with the Code, each Member and Registered MRF is required to demonstrate that they have appropriate control systems in place to confirm that each waste consignment exported out of the UK from a Registered MRF has reached the Recovery Facility. These control systems vary depending upon the ownership and control that the Member has over the particular waste consignment as set out below.

For the purposes of the Code, it will be assumed by the Auditor that all waste consignments exported out the UK from a Registered MRF have been exported either directly by the Member or via a Broker acting on the Member's behalf, unless the relevant Member can properly demonstrate to the Auditor that any such waste consignment has been sold to a Dealer.

(a) When a Member directly exports waste to a Recovery Facility or when a Broker arranges for such export on the Member's behalf, such control systems include:

(i) obtaining written evidence, which may take the form of a copy of the Consignment Note signed by the Recovery Facility, from the Recovery Facility or Broker, as appropriate to demonstrate that each waste consignment has reached the Recovery Facility; and

(ii) requiring and obtaining (as soon as reasonably practicable) on an annual basis written confirmation from the Recovery Facility in the English language (or an adequate summary in the English language):
(A) of the authorisations required under applicable domestic legislation (permits/certifications etc.) to operate the Recovery Facility and copies of such authorisations held by the Recovery Facility;
(B) that the Recovery Facility is in general compliance with all applicable environmental and Health & Safety legislation (backed up by appropriate documentary evidence); and
(C) that the Recovery Facility is operated to standards broadly equivalent to European Union standards.

No Member should export waste directly or via a Broker to any Recovery Facility that it has reasonable cause to believe does not meet the requirements set out in paragraph 4.8(a)(ii)(B) and (C) above. Further, where shipment of a waste consignment is arranged directly by the Member or via a Broker acting on its behalf, for the purposes of paragraph 4.8(a)(iii), reference to “as soon as reasonably practicable” shall mean that written confirmation must be received by the Member within two months of the shipment of waste having taken place.

(b) When waste is being sold by a Member and Registered MRF to a Dealer who arranges for the shipment of the waste consignment for export, the Member and the Registered MRF must have documented control systems to demonstrate that the Member has asked the Dealer to confirm that the Dealer will seek to obtain the information set out in paragraphs 4.8(a) above in respect of each such consignment as soon as reasonably practicable.

(c) When waste consignments are sold by a Member and Registered MRF to Reprocessors in the UK (and such waste is not intended for export out of the UK) in order to comply with the Code, each Member and Registered MRF must have documented control systems to confirm whether any such waste is or may later be exported from the Reprocessors out of the UK to a Recovery Facility. In the event that a Reprocessor informs a Member that a waste consignment from that Member has been exported out of the UK by that Reprocessor, the Member and Registered MRF must have documented control systems to demonstrate that the Member has asked the Reprocessor to confirm that it (or its broker or dealer as appropriate) will seek to obtain the information set out in paragraph 4.8(a) above in respect of each such consignment as soon as reasonably practicable.

(d) For the avoidance of doubt, in cases where shipment of a waste consignment is arranged directly by the Member or via a Broker acting on its behalf and such waste consignment goes to an interim Recovery Facility in the first instance, the provisions of this Code apply both to the interim Recovery Facility and to any subsequent Recovery Facility. However, in such circumstances the control systems in respect of any subsequent Recovery Facility require only that the Member and Registered MRF (or Broker if applicable) have used reasonable endeavours to comply with paragraphs 4.8(a) above in respect of each such consignment.

Documentary evidence demonstrating that such control systems are in place and complied with should be retained by Members for a period of three years or such longer period as may be required under law.

5. NON-COMPLIANCE WITH THE CODE

If, pursuant to paragraph 4.1, RRS receives an audit from the Auditor stating that the Member and/or a Registered MRF is not in compliance with the Code, RRS may take such actions as it determines appropriate in accordance with the Scheme Terms and Conditions. Such actions may include refusal to admit a Prospective Member and/or Prospective Registered MRF to the Scheme or suspension or expulsion of a Member and/or Registered MRF from the Scheme.

6. TRAINING

In order to encourage a common understanding of suitability of waste outputs for export from the UK, training for Members will be encouraged by the Scheme to a standard to be determined under the auspices of Energy and Utility Skills, the Sector Skills Council for the electricity, gas, waste management and water industries.

7. REGISTER OF MEMBERS AND REGISTERED MRFs

A Register will be available on the Scheme’s website at www.rrsuk.org. The Register will be freely available for inspection by the public and regulatory authorities. Any Member and/or Registered MRF who is suspended or expelled from the Scheme will be removed from the Register and such expulsion or suspension will have immediate effect whether or not immediately on the Register.

Note: Annex 1 of the code includes detailed guidance on demonstrating compliance with the Code of Practice Further details can be obtained from www.rrsuk.org
Appendix 5 - Quick start guide – flow chart

Start

Ensure management commitment to the project

ISO 9001 gap analysis table

ISO 14001 gap analysis table

OHSAS 18001 gap analysis table

Use appendices 1 to 3 in the guidance document

Review key business processes

Detailed gap analysis against standards

Ensure management commitment to the project

Detailed gap analysis against standards

Documentation of quality / integrated manual

Process flow charting and documentation of procedures

Release of documented QMS and awareness training

Key processes should include:
- Sales
- Purchasing
- MRF operations
- Storage
- Equipment control
- Resource / training

The gap analysis table templates will assist in identifying gaps against the requirements of the standards and indicate where operational improvements can be made.

A selection of templates can be used, depending on the management system(s) being implemented.

The use of these preformatted templates will save time and effort.

Stand-alone and integrated procedure templates are available and many of these include sample flow charts.

The use of these preformatted templates will save time and effort.

Once an initial QMS document set has been produced / released, this should be supported by an awareness training session.

This should cover the structure, operation and value of the QMS.

At this stage it should be noted that the procedures may need refinement – this will be identified during the initial audit phase.

See section 3 of the guidance document for flow chart tutorial

Detailed requirements of the standards and the required procedures is included in the guidance document sections 4, 5 and 6.

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Implementation of a Quality Management System (QMS) within the MRF Industry

Process and procedure audits to be carried out by either internal trained resource or external consultant.
Audits to verify satisfactory process operation – see also sample procedure QP09.

Collection, review and analysis of data through process monitoring and measurement, internal audit and customer / supplier feedback – see also sample procedure QP10.

Senior management review of the management system for efficiency and effectiveness and the identification of any further improvement opportunities – see sample quality manual section 5.6.

Selection and engaging of a UKAS recognised certification body based should be based on best fit for the MRF / organisation – an overview of certification options and indicative costs are included in sections 10 and 11 of the guidance document.

Internal (or consultant) pre-assessment audit to ensure high level of compliance with ISO 9001. Note: a pre-assessment review can also be conducted by the selected certification body (at additional cost) as outlined in section 11 of the guide.

Certification audits will generally be in two stages and will include documentation reviews and on-site audit activity.

Audit schedule template
Audit report templates
Guidance document section 5.4.1 and 8.4
Management review record template / quality manual 5.6
UKAS list of accredited certification bodies
Guidance document section 10 and section 11.

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Internal audit planning and process auditing and systems audit
Data collection and analysis
Management review
Selection of certification body
Pre-assessment review
External certification using 3rd party certification body
End
References

- ISO/IEC 17021:2006 Conformity assessment - requirements for bodies providing audit and certification of management systems.
- IAF Mandatory Document for Duration of QMS and EMS Audits Issue 1 (IAF MD 5: 2009).