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QHSE PROCEDURE

Viking Industrial

Approval and revision status

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1 Purpose

VIKING shall ensure that an internal assessment of the Quality, Health, Safety and Environmental Management System (Integrated Management System) is undertaken to verify implementation, compliance, effectiveness and continual improvement of the QHSE system policies, processes and procedures against the ISO 9001:2015, ISO 14001:2015, ISO 45001:2018 standards and that corrective action is taken when necessary.

2 Scope

Internal audits of all departments will be carried out to ensure continuing compliance of the Integrated Management System with ISO 9001:2015, ISO 14001:2015, ISO 45001:2018. The objectives of these audits will be to:

- Provide a means of verifying that the documented IMS is being implemented in all activities of the company.
- Provide a means of bringing areas and activities which do not comply with the documented system to the attention of the relevant department manager for resolution.
- Identifying improvements which, when implemented, will create a better and more efficient IMS.

3 Responsibilities

The Senior Management Team are responsible for this procedure.

4 Definitions

QHSE	Quality, Health, Safety and Environment
IMS	Integrated Management System
Audits	A documented official activity aimed at verifying, by examination and evaluation of services and systems, that the applicable elements of the Integrated Management System have been established, adequately documented, effectively implemented and maintained in accordance with the above-mentioned standards.
Internal Audits	Quality, Health, Safety and Environmental audits conducted within VIKING against established QHSE System Procedures.
External Audit	Audits conducted by VIKING clients.
Third Party Audits	Audits conducted by a certification body.

Objective Evidence	Information that can be proved true, based on facts obtained through observation, measurement, test or other means.
Non-Conformity	Where findings indicate non-conformity against the audit criteria or other specified requirements.
OFI	Opportunity for Improvement. Situation which, although NOT a non-conformity, presents an opportunity for enhanced performance (either effectiveness or efficiency).
Auditor	The person or persons trained either internally or externally, and qualified to perform an audit of the QHSE Management System.
UOR	Unplanned Occurrence Report

Procedure

Internal Audit Schedule
An annual audit schedule shall be prepared and issued by the QHSE Dept. The scope and frequency of audits will be based on previous audit findings and responses and risk to the business in areas of QHSE.

Each audit area shall be identified at the planning stage by the QHSE Dept and these will be referenced on all audit-related records.

The audit schedule is a 'living' document and may be amended and re-issued if the ongoing nature of the business, cancellations or resource availability requires it.

The audit schedule will be issued to all Department and Senior Management at first issue and following review and amendment.

Auditors
The Senior Management shall assign suitable staff within the organisation to act as part of the internal audit team

To support the audit process, it may be necessary at times to engage qualified consultants to perform internal or supplier audits on behalf of VIKING.

The Auditors shall be independent of the process being audited.

The Auditor shall provide at least one week's notice of an intended audit to the Manager or Supplier. The auditor shall then arrange a mutually agreeable time and date for conducting the audit. The auditor shall ensure that the supplier or personnel to be involved are given a clear agenda and understand the audit process.

The auditor is responsible for producing an audit report and raising the necessary UORs.

Auditees
Auditees responsibilities include:

- Participate openly and honestly during the audit process
- Discuss, agree and understand any findings and their classification
- Ensure that the cause of any non-conformities raised are investigated and appropriate corrective/preventive actions are identified and implemented.
- Discuss and agree with the auditor appropriate timescales for investigating and closing out findings.
- Ensure that actions are completed within the committed time scales, especially where risk to the business is a factor.
- Check the effectiveness of actions taken and confirm readiness for follow-up to the relevant Auditor

Audit Findings
The report shall clearly identify any external standards, regulatory requirements and internal standards or procedures audited against. Similarly, any UORs raised shall reference these standards or requirements. Objective evidence gathered during the audit will be included with the report in the electronic folder.

If the auditor and auditee cannot agree on the findings or corrective actions required, the matter shall be referred to the Business System Manager for resolution.

Audit Findings Classification
Non-Conformity - Where findings indicate non-conformity against the audit criteria or other specified requirements.

Major NC – A systematic breakdown in the system or process; a missing major requirement of audit criteria with significant impact; a repeated instance of the same problem in several areas i.e. several minor findings together; or a lack of corrective action from a previous minor defect after further investigation.

Minor NC – A single or isolated lapse of control, or a breakdown or failure with minor consequence or impact.

Both major and minor non-conformities must be identified in the audit report and then be recorded on an Unplanned Occurrence Report Form (UOR). The classification of non-conformity must be recorded on the UOR Form. The UOR shall be reviewed by the auditee to ensure that it is accurate and understood.

Observation - Findings indicate that systems, procedures, and processes conform to requirements and that while strictly satisfactory it may be a situation which could lead to a non-conformity or undesirable situation if not addressed.

Opportunity for Improvement (OFI) – Situation which, although NOT a non-conformity, presents an opportunity for enhanced performance (either effectiveness or efficiency).

Positive Findings (PF) -A particularly effective or efficient control over activities and processes, which provides a potential benchmarking opportunity.

Audit Report
All audits, internal and supplier shall be reported using the Audit Report Template.

The report shall include a summary of the audit and a breakdown of the findings. All non-conformities, major and minor, must be reported on a UOR Form and entered into the UOR Register for tracking and follow-up.

The audit report shall also include a check-sheet to demonstrate the areas of ISO 9001:2015, ISO 14001:2015, ISO 45001:2018.

Each audit shall be given a unique identifying number, and this will be incorporated into all audit documentation.

All audit reports, associated documentation and evidence gathered shall be recorded in the electronic Audit folder on the VIKING server.

Audit Follow up & Communication.
All audit reports must be distributed to the auditees or supplier, Manager of area audited and the BSM.

If no non-conformities have been raised the audit report will be reviewed, closed, and signed off by the auditor and BSM.

If non-conformities have been identified and UOR's raised these must be listed in the audit report. The audit report will not be closed out until the actions have been addressed and evidence presented to the auditor for review. The closure dates of the UOR's must be entered into the report along with a short summary to close the report.

The completed report will be signed off by the auditor and BSM.

Audit closures shall be tracked and updated on the Audit Schedule.

Escalation
If the audit report contains Major Non-Conformities, the audit report must be distributed to the relevant manager to ensure that the findings are considered, and lessons shared.

Failure to achieve satisfactory progress with audit UOR closures shall be escalated to the Senior Management Team. Such escalations and communication shall be recorded within the relevant electronic Audit folder.

Management Review
The QHSE Dept will collate data and findings from audits to input into the management review process. This will include findings from internal, external and third-party audits.

External / Third Party Audits
Audits carried out by external, or third parties shall be recorded in the relevant electronic Audit folder on the VIKING server. Any non-conformities raised from these audits must be logged and recorded in the UOR System. This shall be done by the QHSE Dept or their Representative.

Findings shall be tracked and addressed in a timely manner. Closure actions and evidence of implementation shall be communicated to the external or third party to enable closure of the audit report.

Related Documents

The following company documentation is referenced in this procedure:

Audit Report

Unplanned Occurrence Report

Unplanned Occurrence Report Register