

OCCUPATIONAL HEALTH AND SAFETY MANAGEMENT SYSTEMS BASED ON SANAS R 70

Organisation's SANAS No. [grid] multiples

Date [grid] / [grid] / [grid] Assessor [grid] Facility [grid] Area / field of operation [grid] Facility Representative [grid]

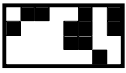
This report covers the following:

Document Review only [checkbox] Implementation on Site Visit only [checkbox] Document Review and Site Visit [checkbox] Assessment of company files [checkbox]

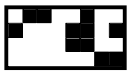
REQUIREMENTS & COMMENTS

Comment below on adequacy of how requirements have been addressed, documented and/or implemented. The order of assessment need not follow the order of the checklist. Assessors are expected to know & have the standard, this worksheet is designed as guidance to prompt detailed recording of the process. NB: REFER TO SANAS R70 FOR DETAILED REQUIREMENTS.

Table with 3 columns: Clause, ITEM TO BE CHECKED, COMMENT BY ASSESSOR. Rows include Section 2: Requirements for Certification Bodies, 2.1 Certification body, 2.1.1 General provisions, and sub-clauses G.2.1.1 through G.2.1.4.



	2.1.2 Organisation	
G.2.1.5	<p>Is the organisation a legal entity? What type of legal entity? Registration number of organisation Has the structure of the organisation been described and defined? What links if any exist with other organisations? Has the certification body analyzed its relationship with other organisations to determine possibilities for conflict of interest? Are the links clearly defined and demonstrative of no conflict of interest? Is this documented? Does it offer certification for any other sector specific schemes? Name the schemes</p>	
G.2.1.6	<p>Demonstration that a certification body is a legal entity, as required under Clause 2.1.2 d) of ISO/IEC Guide 62 means that if an applicant certification body is a division within a larger legal entity, accreditation shall only be granted in the name of the larger legal entity. In such a situation, relevant functions of the legal entity may be subject to audit by SANAS in order to pursue specific audit trails and/or review records relating to the certification body. The part of the legal entity that forms the actual certification body may trade under a distinctive name, which shall appear on the accreditation certificate.</p> <p>For the purposes of Clause 2.1.2 d) of ISO/IEC Guide 62, certification bodies, which are part of government, or are government departments, will be deemed to be legal entities on the basis of their governmental status. Such bodies' status and structure shall be formally documented and the body shall comply with all the requirements of ISO/IEC Guide 62.</p>	
G.2.1.7	<p>Does organization have policies in place to ensure impartiality of the certification body?</p> <ul style="list-style-type: none"> a) are strategic and policymaking areas impartial? b) are decisions on certification taken impartially? c) is auditing done impartially? <p>The guidance to Clause 2.1.2 of ISO/IEC Guide 62 is intended to provide for impartiality and independence at all three levels.</p>	
G.2.1.8	<p>Is impartiality, as required by Clause 2.1.2 a) of ISO/IEC Guide 62 safeguarded by a structure, as required by Clause 2.1.2 e) of ISO/IEC Guide 62 that enables "the participation of all parties significantly concerned in the development of policies and principles regarding the content and functioning of the certification system"?</p>	
G.2.1.9	<p>The management established to meet the requirements of Clause 2.1.2 c) of ISO/IEC Guide 62 does not have to be the same as the structure required under Clause 2.1.2 e) of ISO/IEC Guide 62.</p>	



G.2.1.10	<p>Does the structure ensure that the technical objectiveness is not detrimentally affected by any tendency of owners or commercial considerations to prevent consistently objective certifications? Is the current budget healthy and monitored?</p>	
G.2.1.11	<p>a) Does the certification body have formal rules and procedures for the operation of committees involved in certification process? b) How are committees appointed? c) Are there documented terms of reference? d) Are committee free from commercial and other pressures in the decision making process?</p>	
G.2.1.12	<p>Are all parties significantly concerned in the system able to participate in the operation of committees involved in certification process? Are all identifiable major interests given the opportunity to participate, and is a balance of interests, where no single interest predominates achieved?</p>	
G.2.1.13	<p>Do the parties referred to in Clause 2.1.2 e) of ISO/IEC Guide 62 include industry, government, consumers and non-government organizations? Does the documented structure include and indicate which party or parties each member of a committee, group or person is representing?</p>	
G.2.1.14	<p>Do the management responsible for the various functions described in Clause 2.1.2 c) of ISO/IEC Guide 62 provide all the necessary information, including the reasons for all significant decisions and actions, and the selection of persons responsible for particular activities, in respect of certification, to the committee or equivalent referred to in Clause 2.1.2 e) of ISO/IEC Guide 62, to enable it to ensure proper and impartial certification? If the advice of this committee or equivalent is not respected in any matter by the management, do the committee or equivalent take appropriate measures, which may include informing SANAS?</p>	
G.2.1.15	<p>If the certification body and an applicant or certified organization is both part of government, do they report directly to a person or group having operational responsibility for both? Is the certification body, in view of the impartiality requirement, able to demonstrate how it deals with such a case?</p>	
G.2.1.16	<p>Is viability of operations reasonably demonstrated? The requirement for financial stability referred to in Clause 2.1.2 i) requires the certification body to demonstrate that it has a reasonable expectation of being able to continue to provide the service in accordance with its contractual obligations. Certification bodies are responsible for providing SANAS with sufficient evidence to demonstrate viability; e.g. management reports or minutes, annual reports, financial audit reports, or financial plans. SANAS will not attempt any direct audit of the financial accounts of certification bodies.</p>	



G.2.1.17	<p>If the decision to issue or withdraw certification in accordance with Clause 2.1.2 n) of ISO/IEC Guide 62 is taken by a committee comprising, among others, representatives from one or more certified organizations, the operational procedures of the certification body shall ensure that these representatives do not have a significant influence on decision-making. This can, for example, be assured by the distribution of voting rights or some other equivalent means.</p>	
G.2.1.18	<p>Does the certification body provide any of the following:</p> <ol style="list-style-type: none"> 1) services that it certifies others to perform? 2) consulting services to obtain/maintain certification? 3) services to design implement or maintain quality or similar systems? <p>(See Clause 2.1.2 o) of ISO/IEC Guide 62)</p> <p>Nothing should be done to imply that use of one service (consultancy/training) would make achieving the other any easier or have any advantage?</p> <p>Are the services or activities a related body provide affect the confidentiality, objectivity or impartiality of the certification body?</p>	
G.2.1.19	<p>Is the certification body involved in consultancy i.e.</p> <ol style="list-style-type: none"> a) preparing or producing manuals, handbooks or procedures? b) participating in the decision making process regarding management system matters? c) giving specific advice towards the development and implementation of management systems for eventual certification? <p>Note: Management systems include all aspects of such systems, including financial.</p>	
G.2.1.20	<p>Certification bodies can carry out the following duties without their being considered as consultancy or necessarily creating a conflict of interest.</p> <ol style="list-style-type: none"> a) certification, including information meetings, planning meetings, examination of documents, auditing (not internal auditing) and follow up of on-conformities; b) arranging and participating as a lecturer in training courses, provided that where these courses relate to OHS, related management systems or auditing they shall confine themselves to the provision of generic information and advice which is freely available in the public domain, i.e. they shall not provide company specific advice which contravenes the requirements of Clause G.2.1.19 c); c) making available or publishing on request information on the basis for the certification body's interpretation of the requirements of the assessment standards; 	



<p>G.2.1.20 Cont'</p>	<p>d) activities prior to audit aimed solely at determining readiness for assessment; but such activities shall not result in the provision of recommendations or advice that would contravene Clause G.2.1.19 and the certification body shall be able to confirm that such activities do not contravene these requirements and that they are not used to justify a reduction in the eventual assessment duration;</p> <p>e) performing second and third party audits according to other standards or regulations than those being part of the scope of accreditation;</p> <p>f) adding value during assessments and surveillance visits, e.g. by identifying opportunities for improvement as they become evident during the audit without recommending specific solutions.</p> <p>However, are all potential conflicts dealt with in accordance with Clause G.2.1.25?</p>	
<p>G.2.1.21</p>	<p>How are consultancy by a related body and certification marketed? Are anything stated in marketing material or presentation, written or oral, to give the impression that the two activities are linked? How does the certification body ensure that none of its customers is given the impression that the use of both services (certification and consultancy), would bring any business advantage to the customer so that the certification remains, and is seen to remain, impartial?</p>	
<p>G.2.1.22</p>	<p>Are anything done to imply that use of one service (consultancy/training) would make achieving the other any easier or have any advantage?</p>	
<p>G.2.1.23</p>	<p>Is the related body, as referred to in Clause 2.1.2 o) of ISO/IEC Guide 62 who is linked to the certification body by common ownership or directors, contractual arrangement; a common name, informal understanding or other means such that the related body has a vested interest in the outcome of an assessment or has a potential ability to influence the outcome of an assessment?</p>	
<p>G.2.1.24</p>	<p>Has the structure of the organisation been described and defined? What links if any exist with other organisations? Are the links clearly defined and demonstrative of no conflict of interest? Is this documented?</p>	
<p>G.2.1.25</p>	<p>Has the certification body analyzed its relationship with other organisations to determine possibilities for conflict of interest? Have adequate controls been introduced where appropriate? Has the certification body identified all potential sources of conflict of interest and implemented structures to minimize their effect?</p>	



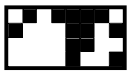
G.2.1.26	Does the certification body have a documented policy with respect to the use of people who have provided consultancy within the last two years to organisations? Does this prohibit use within a two-year period?	
G.2.1.27	Is the senior executive, staff and/or personnel mentioned in Clause 2.1.2 of ISO/IEC Guide 62 full-time personnel? If yes, is their other employment such as to compromise their impartiality? Note: They need not necessarily be full-time personnel	
G.2.1.28	Does organization sub-contract audits to another body/individual? Does a formal agreement exist with the sub-contractor? Does the agreement cover conflict of interest and confidentiality?	
G.2.1.29	Is the certification body responsible for ensuring that neither related bodies, nor sub-contractors, nor external auditors operate in breach of the undertakings that they have given? Is the certification body responsible for implementing appropriate corrective action if such a breach is identified?	
G.2.1.30	Is the certification body independent from the body or bodies (including any individuals) that provide the internal audit of the organization's OHS management system subject to certification?	
G.2.1.31	Does the auditor explain the audit findings and/or clarify the requirements of the assessment standard during the audit and/or at the closing meeting? Does the auditor give prescriptive advice or consultancy as part of an assessment?	
	2.1.3 Sub-contracting.	
G.2.1.32	Does organization sub-contract audits to another body/individual? If so: a) does it have procedures in place to ensure conformity to Guide 62 by the sub-contractor? b) does the certification body maintain responsibility for the certification? c) are joint assessments performed? d) if yes, how does the certification body assure itself that competent auditors have done the whole of the audit?	
G.2.1.33	Have they procedures to ensure persons used by sub-contractor are competent? How do they avoid partiality and conflict of interest?	



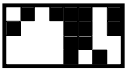
	2.1.4 Quality System.	
	2.1.5 Conditions for granting, maintaining, extending, reducing, suspending, and withdrawing certification.	
G.2.1.34	Does the certification body grant certification to organization without sufficient evidence to demonstrate that the arrangements for management review and internal audit have been implemented, are effective and are being maintained, and one complete internal audit covering all elements of the OHS management system has been conducted?	
G.2.1.35	Various references in ISO/IEC Guide 62 make it a requirement to work in accordance with ISO 10011. However, this has now been replaced by ISO/IEC 19011 and the term "should" in ISO 19011 shall be interpreted as described in section 1 of this document.	
G.2.1.36	Did the certification body define the consequences of suspension and withdrawal? Does the withdrawal of certification result in, as a minimum, an amendment to the directory referenced in Clause 2.1.7.1 g) of ISO/IEC Guide 62? Also, note the requirements in Clause 3.1.1.2 e) of ISO/IEC Guide 62.	
	2.1.6 Internal audits and management reviews	
G.2.1.37	Are internal audits for the complete system done at least once in 12 months? Are internal audits for the complete system done at least once in 12 months? Are internal auditors trained? Are there procedures for management review? Is management review done once per year? Is management review done after internal audit is completed Was senior management involved in management review? What were conclusions of management review?	
G.2.1.38	Are results of internal audits recorded and maintained? Are records available of management review?	
	2.1.7 Documentation	
	2.1.8 Records	
G.2.1.39	Are the following information available in reports or other documents on the certification body's files: a) sufficient information to trace all on-site audit durations, and the basis for the calculations (Appendix 1 of R 70 refers)? b) the supporting information and rationale for any multi-site sampling decisions are clearly documented and maintained up to date by the certification body so that their basis is readily traceable (Appendix 2 of R 70 refers)? c) any departure from the guidance on audit duration at Appendixes 1 and 2 is be fully justified and documented in each case?	



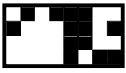
	2.9.1 Confidentiality	
G.2.1.40	Procedures in place to ensure written consent of supplier prior to release of information. How is confidentiality implemented? Records of confidentiality statements for sub-contractors. Records available?	
G.2.1.41	The "written consent" mentioned in Clause 2.1.9.2 of ISO/IEC Guide 62 only applies to confidential information?	
	2.2 Certification Body Personnel	
	2.2.1 General	
G.2.2.1	Are certification personnel competent for tasks allocated to them? Does the certification body have staff and procedures in place to: a) select and verify competence of auditors b) brief auditors and provide necessary training	
G.2.2.2	Do the certification body conduct assessments across the whole of its accredited scope (or that part in which it operates) using resources under its own control, which meet the requirements detailed in Appendix 3 of R 70? See clause 2.1.2.j) of ISO/IEC Guide 62.	
G.2.2.3	Is the certification body in a position to manage, control, and are they responsible for the performance of all its resources and maintain comprehensive records controlling the suitability of all the staff it uses in particular areas, whether they are employees, employed on contract or provided by external bodies. Does certification body define minimum criteria for auditors? Is there a procedure for selecting auditors and technical experts? When technical experts are used, do qualified personnel accompany them? Are auditors assessed initially and monitored on-site on a regular basis (at least once every 3 years).	
G.2.2.4	Does the certification body have staff and procedures in place to: a) select and verify competence of auditors b) brief auditors and provide necessary training c) does certification body define minimum criteria for auditors? d) when technical experts are used, do qualified personnel accompany them? e) do auditors comply with 19011?	
G.2.2.5	Is the technical competency of OHS auditors and experts in accordance with Appendix 3 of R 70? Is the technical competency of OHS auditors and documented using a system that identifies the auditor's/expert's current knowledge in the following contexts: Sector specific: a) industry processes and technology; b) OHS risk management; and c) OHS legislative, regulatory and legal requirements relevant to the jurisdiction, including codes of practice where applicable;	



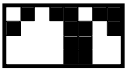
G.2.2.5 Cont'	Generic: d) Level of expertise in OHS hazards including: chemicals such as hazardous substances and dangerous goods; environmental factors such as heat and noise, powered and mobile plant; manual handling and ergonomic factors; biological, physical and psychological factors.	
G.2.2.6	Do the certification bodies have personnel with appropriate OHS technical competency to: a) select and verify the competence of auditors? b) brief auditors and arrange any necessary training? c) conduct contract review? d) decide on the granting, maintaining, withdrawing, suspending, extending, or reducing of certifications? e) set up and operate an appeals, complaints and disputes procedure?	
2.2.2 Qualification criteria for auditors and technical experts		
2.2.3 Selection procedure		
G.2.2.7	Does the certification body assess and monitor the conduct and performance of auditors and technical experts? Are auditors assessed initially and monitored on-site on a regular basis (at least once every 3 years)? Are records available of such monitoring? Do such assessment and monitoring includes the on-site witnessing of the auditors and technical experts performing assessments? Does the certification body have procedures to ensure that each auditor and lead auditor is fully evaluated on-site, by an OHS lead auditor, or a suitably trained QMS or EMS lead auditor assisted by an OHS technical specialist, and found to be competent prior to authorising the auditor or lead auditor to audit unsupervised? Note: Full evaluation means evaluating the auditor's or lead auditor's planning, leading and auditing skills and technical knowledge as applicable. This should include all of the technical elements of the assessment standard. Conversion from auditor to lead auditor status may only require a partial evaluation where a previous evaluation verified the auditor's auditing skills and technical competence. A positive accreditation report on a witnessed accreditation audit may be used as a demonstration of meeting this requirement within the scope of the witnessed audit.	
2.2.3.2 Assignment for a specific assessment		
G.2.2.8	It is a condition of accreditation that accredited certificates are not issued until adequate resources can be deployed to conduct audits meeting the requirements of this document. Do the certification body's procedures ensure that staff employed to assess organizations are competent in the field in which they are operating?	



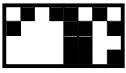
G.2.2.8 Cont'	Are staff responsible for managing audits identified and are their competencies documented?	
G.2.2.9	Do audit teams use Technical Experts with specific knowledge regarding the process, OHS issues or legislation affecting the organization, and who satisfy the requirements of Appendix 3 of R 70, but who do not satisfy all of the guidance under this clause? Do technical experts function independently?	
G.2.2.10	Does the certification body does use technical experts? Does the system include details of how technical experts are selected and how their technical knowledge is assured on a continuing basis? The certification body may rely on outside help, for example, from industry or professional institutions.	
G.2.2.11	Do all audit teams operating on-site include a member who satisfies OHS lead auditor status in accordance with Appendix 3 of R 70? An OHS auditor (rather than OHS lead auditor) may conduct audits if that auditor is also a QMS or EMS lead auditor as defined in ISO	
2.2.4 Contracting of assessment personnel		
2.2.5 Assessment personnel records		
2.2.6 Procedures for audit teams		
2.3 Changes in the certification requirements		
2.4 Appeals, complaints and disputes		
G.2.4.1	Are all complaints and disputes dealt with in a constructive and timely manner? Where operation of complaints and disputes procedures has not resulted in the acceptable resolution of the matter or where the proposed procedure is unacceptable to the complainant or other parties involved, does the certification body's procedures provide for an appeals process? Does the appeals procedure provide for: a) the opportunity for the appellant to formally present its case? b) an independent element or other means to ensure the impartiality of the appeals process? c) a written statement of the appeal findings to the appellant including the reasons for the decisions reached?	
G.2.4.2	Does the certification body ensure that all interested parties are made aware, as and when appropriate, of the existence of the appeals, complaints and disputes processes and the procedures to be followed?	



G.2.4.3	Complaints represent a source of information as to possible Non-conformity. On receipt of a complaint does the certification body establish, and where appropriate take action on, the cause of the Non-conformity, including any predetermining (or predisposing) factors within the certification body's management system?	
G.2.4.4	Does the certification body does use technical experts? Does the system include details of how technical experts are selected and how their technical knowledge is assured on a continuing basis? The certification body may rely on outside help, for example, from industry or professional institutions.	
3.3 Section 3: Requirements for Certification		
3.1 Application for certification		
3.1.1 Information on the procedure		
3.1.2 The application		
G.3.1.1	Does the certification body maintain procedures to obtain an extension to the scope of accreditation if it accepts an application for certification from a sector outside the accredited scope? Do the procedures ensure that an applicant is not misled with respect to the current scope of accreditation?	
G.3.1.2	Are applications for transfer of certification treated in accordance with Appendix 4 of R 70?	
3.2 Preparation for assessment		
G.3.2.1	Does the certification body have documented procedures for contract review? As part of the contract review process does the certification body: a) define the nature of the <i>routine and non-routine activities of all personnel (including sub-contractors and visitors) and processes conducted by the applicant, as well as the facilities</i> at the sites to be assessed? b) identify the typical OHS hazards associated with those activities and the hazards exposures of the site(s) identified by the applicant; (Appendix 1 of R 70 refers)? c) identify the required audit team competencies in a manner that is consistent with the identification of individual technical competency required at Clause G.2.2.5;? d) review the outcomes of observations and discussions during any pre-audit site visits? e) review any statutory licensing or registration requirements that may impact on OHS (such as those relating to sites storing quantities of dangerous goods)? f) confirm the availability of the required competencies? g) calculate the audit duration; (Appendix 1 of R 70 refers)?	



<p>G.3.2.1 Cont'</p>	<p>h) for a multi-site organization, does the certification body identify the complexity and scale of the activities covered by the OHS management system to be certified and any differences between sites as the basis for determining the level of sampling (Appendix 2 of R 70 refers, and in particular Clause 3)?</p> <p>i) Are temporary sites (Appendix 2 of R 70 refers) sampled as part of the audit? Are guidance taken from Appendix 2 Clause 4 for the selection of a sample of temporary sites.</p> <p>j) <i>Compliance with appropriate OHS directives of work teams operating off site should be considered</i></p>	
<p>G.3.2.2</p>	<p>Does the contract review process begin prior to the stage 1 audit (referred to at Clause G.3.3.4) to ensure as far as possible that personnel with adequate competencies conduct all aspects of the assessment, including the stage 1 audit and document review?</p> <p>Are the outcomes of the contract review process confirmed (and may be amended) as a result of the findings at the stage 1 audit, in preparation for the stage 2 audit?</p>	
<p>3.3 Assessment</p>		
<p>G.3.3.1</p>	<p>Clause G.3.3.2 is intended to provide guidance that is sufficiently flexible to allow organizations to define their scope of OHS certification to reflect their business needs and differing operational situations. Nevertheless, it is intended that this guidance should preclude an organization omitting from the scope of its certification, significant elements of its operation that should be properly included in its OHS management system.</p>	
<p>G.3.3.2</p>	<p>Does the Certification Body when they issue a certificate refer to defined site(s) under clearly identified management?</p> <p>Are the following factors be used to determine the scope of the certificate:</p> <p>a) management of the OHS management system subject to certification shall:</p> <ol style="list-style-type: none"> 1) be responsible for all OHS hazards and associated risks relevant to the OHS management system subject to certification? 2) have authority to determine how OHS policy is implemented in terms of setting its own objectives and targets, and programs to meet them? 3) have authority to allocate appropriate financial and human resources to OHS control and improvement? This may be within budgets or other constraints. Additional resources for OHS improvements may require the authority of more senior management; <p>b) the boundaries to the responsibilities for activities that may give rise to hazards are defined?</p>	



<p>G.3.3.2 Cont'</p>	<p>c) interfaces with services or activities that are not completely within the scope of the OHS management system (e.g. occurring on the same site), are nevertheless addressed within the OHS management system subject to certification?</p> <p>d) account are taken of the scope of the organization's OHS legislative requirements (registration requirements, notification requirements, operator's certificates, licences) when determining the coverage of the certification?</p>	
<p>G.3.3.3</p>	<p>Is the site typically defined as:</p> <p>a) all land on which the activities under the control of an organization at a given location are carried out, including any connected or associated storage of raw materials, by-products, intermediate products, end products and waste material, and any equipment or infrastructure involved in the activities, whether fixed or mobile?</p> <p>b) or where required by law, corresponds to definitions laid down in national or local licensing regimes?</p> <p>c) or other definitions may also be used subject to justification?</p>	
<p>G.3.3.4</p>	<p>a) Does the Certification Body perform its initial assessment (but not necessarily its surveillance audits and re-assessments) of an organization's OHS management system in at least two stages at the organization's premises, unless it can justify an alternative approach?</p> <p>b) Is adaptation of the certification process to the needs of very small organizations justified?</p> <p>c) The two stages are described as the stage 1 audit and the stage 2 audit. The key objectives of the stage 1 audit, together with the minimum coverage, are described at Clauses G.3.3.5 to G.3.3.15. Does the organization complete the corrective action for all on-conformities (as defined at G.1.3.1) identified during Stage 1 and document review prior to the commencement of the Stage 2 audit?</p>	
<p>G.3.3.5</p>	<p>Are the objectives of the stage 1 audit to provide a focus for planning the stage 2 audit by gaining an understanding of:</p> <p>a) the OHS management system in the context of the organization's OHS hazards and associated risks</p> <p>b) its policies and objectives</p> <p>c) and in particular, whether the organization is ready for audit?</p>	



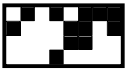
G.3.3.6

During the stage 1 audit, does the certification body:

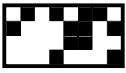
- a) complete a document review? Do the certification body and the organization agreed when and where the document review is conducted? Is the document review completed before beginning the stage 2 audit? Do the document review confirm that:
 - 1) the OHS management system includes an adequate process to identify the organization's OHS hazards and determine *the risks associated with the identified hazards*?
 - 2) the system provides an adequate description of the organization and its on-site processes?
 - 3) the system includes an overview of the applicable regulations (including licences/permits), and agreements with authorities, and that any OHS licences necessary for the relevant activities of the organization are in place?
 - 4) the OHS management system is designed to achieve the organization's OHS policy?
- b) verify that the OHS management system implementation program justifies proceeding to the stage 2 audit? Does this include verification that the internal audit programme is being implemented and that at least one management review has been completed?
- c) verify the Customer Profile established in accordance with G.3.2.1? (Appendix 1 of R 70 refers)
- d) collect necessary information, and identify those issues which will need special attention during the stage 2 audit? For example:
 - 1) establish the history of any OHS incidents that the applicant has been required to notify to relevant regulatory authorities within the last 7 years?
 - 2) establish the details of any incidents that have lead to prosecution of the applicant under OHS or related legislation within the last 7 years?
 - 3) confirm that the potential OHS hazards and associated risks likely to be applicable to the applicant, are equivalent to those recorded in the analysis required at Clause G.3.2.1?
 - 4) *establish whether the organisation is aware of all record retention requirements for the various sections of the OHS act relevant to their operations?*
- e) verify the scope of the audit and confirm that adequate resources, including the necessary competence, has been allocated to the stage 2 audit?
- f) agree, with the organization, on the details for the stage 2 audit?
- g) provide an opportunity for feedback of information to the organization?



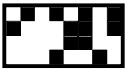
G.3.3.7	<p>Does the certification body make the organization aware that additional information may be required for detailed evaluation during the stage 2 audit?</p> <p>This additional information may include:</p> <ul style="list-style-type: none"> a) licence/permit requirements; b) records (including records of incidents, breaches of regulation or legislation and relevant correspondence with authorities) on which the organization based its assessment of compliance with regulatory requirements; c) completed work permits, log books, maintenance records and material safety data sheets; d) details of any internally identified on-conformities together with details of relevant corrective and preventive action taken in the previous 12 months (or since commencement of the OHS management system implementation if this is less than 12 months); e) records of management reviews; and f) records of any OHS related communications received and any actions taken in response to them. 	
G.3.3.8	<p>When the stage 1 audit, including document review, is not conducted by a single person does the certification body demonstrate how the activities of the various team members are co-ordinated?</p>	
G.3.3.9	<p>Does the stage 1 audit always include an on-site assessment component, and where applicable, including sites that are representative of the activities at each level of the hierarchical system as detailed in Clause 4.2.6 of Appendix 2 of R 70, but not necessarily covering all sites that are to be sampled in a multi-site certification?</p>	
G.3.3.10	<p>Do the stage 1 audit of a multi-site organization confirm whether the organization is eligible for multi-site sampling according to the criteria in Appendix 2 of R 70, and in particular, Appendix 2 Clause 3.1.3?</p>	
G.3.3.11	<p>Where the extent of the stage 2 audit may be influenced by the degree to which reliance can be placed on the organization's internal audit; do the certification body determine through detailed analysis during the stage 1 audit, the degree of reliance it can place on the results of the internal audit?</p> <p>Are records of the internal audits sufficiently comprehensive to provide data that can be validated by the certification body to confirm the effectiveness of the audit process?</p> <p>Can the certification body demonstrate to SANAS the basis for determining the extent of a stage 2 audit?</p>	



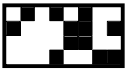
G.3.3.12	<p>In demonstrating the basis for determining the extent of a stage 2 audit do the certification body during the stage 1 audit, seek objective evidence of:</p> <ul style="list-style-type: none"> a) the competence, experience, training and independence of internal auditors? b) internal auditing procedure and methodology? c) references and standards used? d) resources available for the audit? e) organization of the audit? f) checks and verifications performed? g) audit findings, including reports and records? h) management of audit follow-up? i) timeliness and effectiveness of corrective action? j) internal audit programs should take into account the OHS importance of the various components of the organization's activities and k) the certification body shall confirm, on a sample basis, the overall reliability of the internal audit? 	
G.3.3.13	<p>Does the stage 2 audit takes place at the premises of the organization? Does the certification body on the basis of findings of the stage 1 audit drafts an audit plan for the stage 2 audit? The key objectives of the stage 2 audit, together with the minimum coverage, are described at Clauses G.3.3.17 to G.3.3.21. Where appropriate, the Stage 2 audit is not required to cover those activities adequately covered during the stage 1 audit.</p>	
G.3.3.14	<p>Are the objectives of the stage 2 audit to confirm that:</p> <ul style="list-style-type: none"> a) the organization adheres to its own policies, objectives and procedures? b) the OHS management system conforms with all the requirements of the OHS standard and is achieving the organization's policy objectives for providing a safe and healthy working environment? 	
G.3.3.15	<p>Does the stage 2 audit focus on the organization's:</p> <ul style="list-style-type: none"> a) identification of OHS hazards <i>and Risk Assessment</i>? b) objectives and targets derived from the evaluation process? c) performance monitoring, measuring, reporting and reviewing against the objectives and targets? d) employee consultation and ongoing involvement? e) internal auditing and management review? f) management responsibility for the OHS policy? g) links between policy, OHS hazards and their associated OHS risks, objectives and targets, responsibilities, programs, procedures, performance data, internal audit and review? h) ability to control OHS risks as demonstrated by implementing systems that adequately address their complete range of hazards? 	



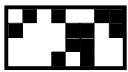
G.3.3.16	<p>In order to provide increased confidence that organizations consistently establish and maintain procedures to identify and evaluate OHS hazards and assess their associated risks do the certification bodies consider the following factors during the stage 2 audit:</p> <ul style="list-style-type: none"> a) it is for the organization to define the criteria by which OHS hazards <i>are identified</i> and associated risks <i>assessed</i> are identified, and to develop procedures for doing this? b) it is for the certification body to assess the adequacy of the procedures by which the organization determines how to identify <i>hazards</i> and manage hazards and control risks;? c) any inconsistency between the organization's policy, objectives and targets and its procedure(s) or the implementation of those procedure(s)? 	
G.3.3.17	<p>Did the certification body established whether the procedures <i>and techniques</i> to identify hazards, and assess and control risks are sound and effectively implemented, as part of the stage 2 audit? Are hazards confined to a single geographical location? Do hazardous also include <i>routine and non-routine activities, activities of all personnel having access to the workplace (including sub-contractors and visitors); as well as facilities at the workplace, whether provided by the organisation or others</i> that it can control and over which it can be expected to have an influence? Do other aspects include work off site or the activities of organizations, contractors and sub-contractors, customers or related organizations that create additional hazards for the organizations staff. If a hazard is identified, is it <i>risk assessed and managed</i> within the system? Depending on the situation, do this entail combinations of the following:</p> <ul style="list-style-type: none"> a) investigation and development of opportunities for further improvement? b) programs for planned improvement? c) controls to maintain performance? d) <i>Emergency response procedures and plans</i>? 	
G.3.3.18	<p>Does the certification body during the stage 2 audit, sample the conditions and personnel at the site(s) in sufficient depth to confirm that the OHS management system has ensured that hazards have been identified and that risk control arrangements are effective?</p>	



G.3.3.19	<p>Is the maintenance and evaluation of regulatory compliance the responsibility of the organization?</p> <p>Do the certification body restrict itself to checks and samples in order to establish confidence that the OHS management system functions in this regard, and does it also confirm that:</p> <p>a) the organization's OHS management system is capable of achieving continuing conformity with regulatory requirements applicable to the OHS hazards, and is fully implemented?</p> <p>b) the organization has evaluated regulatory compliance and can show that action has been taken in cases of non-conformity with relevant regulations?</p>	
G.3.3.20	<p>Did the certification body develop procedures that detail action it will take if the audit discovers a breach of an Act of Parliament, or a contravention of a regulatory requirement?</p> <p>Do these procedures include a requirement that any breach or contravention is recognised as a non-conformity and communicated to the organization?</p> <p>Is the organization advised of these procedures in advance?</p>	
G.3.3.21	<p>Is the certification body aware that OHS regulatory requirements applicable to an organization may cover the area outside and inside the site boundaries, and that there may be more than one Regulatory Authority?</p> <p>Is the certification body able to demonstrate that each of these has been considered?</p>	
G.3.3.22	<p>Does the OHS documentation describe the OHS management system and does it make clear the relationship to any other related management system in operation in the organization or having an influence on the OHS management system subject to certification?</p> <p>Is the documentation for OHS and other management systems (such as for quality or environment) combined and can the OHS management system clearly identified the appropriate interfaces to the other systems?</p>	
G.3.3.23	<p>Does the certification body allow auditors sufficient time to undertake all activities relating to an assessment?</p> <p>Appendix 1 of R 70 provides guidance on audit duration. Does the certification body substantiate or justify the amount of time used in any assessment, surveillance or re-assessment?</p>	
G.3.3.24	<p>Does an audit of an OHS management system, integrated with audits of other management systems, satisfy all requirements for certification of the OHS management system?</p> <p>Is the quality of the audit adversely affected by the combination of the audits?</p>	



G.3.3.25	<p>Where QMS, EMS or other management system audits are conducted simultaneously or consecutively with OHS audits are there elements common to all systems? In determining auditor competence for common elements, is the main principle that the integrity of each assessment is maintained? Is appropriate competence deployed for all audit activities? Note: It remains a matter of judgement which aspects of a QMS, EMS, OHS or other audit can be performed by an auditor whose training and background are from another discipline, and whether any supplementary knowledge and/or training is required.</p>	
3.4 Assessment report		
G.3.4.1	<p>Are all the elements important to the audit of the OHS management system appearing clearly, and are they readily identifiable, in the reports of integrated audits?</p>	
G.3.4.2	<p>Do competent personnel review surveillance reports independently for adequacy of audit performance and reporting, and do they review whether the original certification decision needs to be reconsidered? This review need not repeat the original decision process.</p> <p>Is this review conducted at least annually for each certification?</p>	
G.3.4.3	<p>Is a report on the Stage 1 audit presented to the organization and does it include as a minimum:</p> <ul style="list-style-type: none"> a) a summary of the findings from the document review; and b) a summary of the findings from the site visit(s) against the issues listed at Clause G.3.3.6, and where applicable, G.3.3.7 to G.3.3.11? 	
G.3.4.4	<p>Do the content of all reports on stage 2 audits, surveillance audits and re-assessment audits, or documents referenced therein:</p> <ul style="list-style-type: none"> a) include a recommendation on certification by the audit team to the certification body? b) be sufficient for the certification body to make an informed decision on certification? c) allow for traceability of the objective evidence upon which the evaluation was based to establish conformance or non-conformance with the requirements of the Clause of the relevant Standard? d) include a summary of the most important observations, positive as well as negative, regarding the implementation and effectiveness of the OHS management system? e) where possible, include suggestions for continuous improvement? f) document the degree of reliance that can be placed on the internal audit? g) support the conclusions reached by the audit team? 	



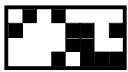
G.3.4.6	Do reports (e.g. of surveillance and re-assessment audits) where applicable document the clearing of each non-conformity revealed previously?	
G.3.4.7	Do the contents of reports of surveillance and re-assessment audits ensure that coverage of the respective requirements at Clauses G.3.6.6 and G.3.6.8 are traceable?	
3.5 Decision on certification		
G.3.5.1	Are certification granted before non-conformities as defined in Clause G.1.3.1 have been corrected and the correction verified by the certification body (by site visit or other appropriate form of verification)?	
G.3.5.2	Is the term of validity of a certification being compatible with the arrangements for re-assessment i.e. three years? For guidance on transfer of accredited certification, see Appendix 4.	
G.3.5.3	Does the entity, which may be an individual, which takes the decision on granting/withdrawing a certification within the certification body, incorporate a level of knowledge and experience in all areas that is sufficient to evaluate the audit processes and associated recommendations made by the audit team?	
G.3.5.4	Does the certification body issue accredited certificates? Does the accredited certificate state: a) the standard(s) or other normative document(s) against which certification is granted? b) the name of the certification body that issued it? c) and the name of the relevant accreditation body or bodies? Is clear that the certificate is issued within the accredited scope of the certification body.	
G.3.5.5	Does all certificates issued by an accredited certification body, which are within its scope of accreditation, bear the relevant accreditation body's mark? In the case of an organization requesting a certificate to be issued without an accreditation mark, for the certificate to be regarded as an accredited certificate does it include the name of SANAS and the registration number?	
G.3.5.6	In those cases where a certification body has been accredited by more than one accreditation body, does the certificate bear at least one accreditation mark, as appropriate to suit market needs?	
G.3.5.7	The provisions in Clause 3.5.4 referring to "certification mark and logos" and that in Clause 3.5.5 referring to a "symbol or logo" are both applicable to marks, logos and symbols.	



3.6 Surveillance and Re-assessment procedures	
G.3.6.1	<p>Does the certification body have clear procedures laying down the circumstances and conditions in which certifications will be maintained?</p> <p>If on surveillance or re-assessment, non-conformities are found to exist, are such non-conformities effectively corrected within a time agreed by the certification body?</p> <p>If the corrective action is not implemented within the agreed time, is certification reduced, suspended or withdrawn?</p> <p>Further guidance is provided with the definition of non-conformity at G.1.3.1.</p>
G.3.6.2	<p>Does surveillance undertaken by the certification body give assurance that its certified organizations continue to comply with the requirements of the standard to which they are certified?</p> <p>Does the certification body have the facilities and procedures to enable it to achieve this?</p>
G.3.6.3	<p>Does the surveillance audits verify that:</p> <ol style="list-style-type: none"> the approved OHS management system continues to be implemented? consider the implications of changes to that system initiated as a result of changes in the organization's operation? and to confirm continued compliance with certification requirements? <p>Does surveillance of an organization's OHS management system take place at least once a year?</p>
G.3.6.4	<p>Are surveillance activities subject to special provision if an organization with a certified OHS management system makes major modifications to its system or if other changes or significant events (such as a fatal accident or legal action by a regulatory authority) take place, which could affect the basis of its certification?</p>
G.3.6.5	<p>During surveillance audits do the certification body check the records of employee safety committees and other relevant bodies; appeals, complaints and disputes brought before the certification body; and where any non-conformity or failure to meet the requirements of certification is revealed, that the organization has investigated its own systems and procedures and taken appropriate corrective action?</p>
G.3.6.6	<p>Does surveillance visits by the certification body, as a minimum include:</p> <ol style="list-style-type: none"> the effectiveness of the OHS management system with regard to providing a safe and healthy working environment and achieving the objectives of the organization's OHS policy? an interview with management responsible for the OHS management system? the functioning of procedures for receiving, documenting and responding to and following through on relevant communications from external interested parties as required by the OHS management system standard, G.3.8.2 to G.3.8.5 refers?



<p>G.3.6.6 Cont'</p>	<p>d) as relevant to the certification standard - the functioning of procedures for the periodic evaluation and review of compliance with relevant OHS legislation and regulations?</p> <p>e) progress of planned activities aimed at the process of enhancing the OHS system to achieve improvements in overall OHS performance in line with the organization's OHS policy?</p> <p>f) follow up of conclusions resulting from internal audits?</p> <p>g) action taken on non-conformities identified during the last audit?</p> <p>h) <i>Changes to the risk profile?</i></p>	
<p>G.3.6.7</p>	<p>In determining its surveillance program, does the certification body take into account the certified organizations internal audit program and the reliability that can be attributed to it; and the OHS issues related to the activities of the organization?</p>	
<p>G.3.6.8</p>	<p>Does the certification body during re-assessment:</p> <p>a) verify overall continuing conformity of the organization's OHS management system to the requirements of the OHS management system standard</p> <p>b) and that the OHS management system has been properly implemented and maintained.</p> <p>Is the period for a periodic re-assessment of the organization's OHS management system greater than three years?</p> <p>Does the re-assessment provide for a review of past implementation and continuing maintenance of the system over the period of certification?</p> <p>Does the re-assessment program take into consideration the results of the above review and at least include a review of the OHS management system documents and a site audit (which may replace and/or extend a regular surveillance audit)?</p> <p>Does it ensure:</p> <p>a) the effective interaction between all elements of the system?</p> <p>b) the overall effectiveness of the entire system in the light of changes in operations?</p> <p>c) demonstrated commitment to maintain the effectiveness of the system?</p> <p>d) and achievement of continuous improvement objectives and targets.</p>	
<p>G.3.6.9</p>	<p>If a re-assessment period is extended beyond three years, does the certification body demonstrate that the effectiveness of the complete OHS management system has been evaluated on a regular basis, and does it have a surveillance frequency that compensates for this in order to maintain the same level of confidence?</p> <p>However, is periodic re-assessment conducted, regardless of the surveillance regime used?</p>	
<p>G.3.6.10</p>	<p>Is the audit methodology for re-assessments the same as for stage 2 audits?</p>	



3.7 Use of certificates and logos	
G.3.7.1	Does the certification body have documented procedures for: a) the use of its mark? b) the procedures it is to follow in case of misuse, including false claims as to certification? c) and false use of certification body marks.
G.3.7.2	If a certification body incorrectly claims accredited status for certificates issued before appropriate accreditation has been granted, SANAS may require it subsequently to withdraw them. Do the procedures under G 3.7.1 include a process of withdrawal?
G.3.7.3	How does the certification body avoid use of the same mark or a similar mark to indicate different systems of conformity certification (for example product certification and management system certification) and how does it avoid confusion between the meanings of its own marks if there is more than one?
G.3.7.4	Does the certification body have procedures to ensure that certified organizations do not allow its marks to be used in a way that may be likely to mislead or cause confusion?
3.8 Access to records of communications with external interested parties	
G.3.8.1	Clause 3.8 of ISO/IEC Guide 62 deals only with communications and complaints received by the certificate holder, not by the certification body.
G.3.8.2	Complaints represent a source of information as to possible non-conformity. On receipt of a complaint does the certified organization establish, and where appropriate report on, the cause of the non-conformity, including any predetermining (or pre-disposing) factors within the organizations OHS system?
G.3.8.3	Does the certification bodies during surveillance audits check where any such non-conformity or failure to meet the requirements of the OHS certification standard is revealed a) that the organization has investigated its own systems? b) and procedures and taken appropriate corrective action.
G.3.8.4	Does the certification body satisfy itself that the organization is using such investigations to develop remedial/corrective action, which include measures for: a) notification to appropriate authorities if required by regulation? b) <i>Reporting and investigating all accidents, incidents and non-conformances?</i> c) restoring conformity as quickly as practicable? d) preventing recurrence? e) evaluating and mitigating any <i>intolerable risks?</i>



<p>G.3.8.4 Cont'</p>	<p>f) ensuring satisfactory interaction with other components of the OHS management system? g) assessing the effectiveness of the remedial/corrective measures adopted? h) <i>Ensuring all proposed corrective action and preventive action shall be reviewed through the risk assessment process prior to implementation?</i> i) <i>Ensuring corrective and preventive action taken is appropriate to the magnitude and problems and commensurate with the OH & S risk encountered?</i></p>	
<p>G.3.8.5</p>	<p>Are the implementation of the remedial/corrective action deemed to have been completed until its effectiveness has been demonstrated and the necessary changes made in the procedures, documentation and records.</p>	

General Comments:

Signed : Lead / Technical Assessor		Date: (dd/mm/yyyy)	<input type="text"/> / <input type="text"/> / <input type="text"/>
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