



Lloyd's
Register

Surveillance 1

Report for:

Saith Ltd

LR reference:	LRQ4001426 / 2828486
Assessment dates:	17-February-2020 - 17-March-2020
Reporting date:	22-March-2020
Client address:	ICM House, Yeoman Road, Ringwood Hampshire BH24 3FA, GB
Assessment criteria:	ISO 9001:2015, ISO 14001:2015, ISO 45001:2018
Assessment team:	Ian Simpson
LR Client Facing Office:	LRQ United Kingdom OU

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Attachments:

LRQ4001426_APP_SV1_QHEMS_IS.doc

This report was presented to and accepted by:

Name: Rob Snowden

Job title: QHSE Manager



01. Executive report

Assessment outcome:

This visit was to assess the compliance of the management system of Saith Ltd against ISO 9001:2015, ISO 14001:2015, ISO 45001:2018 as defined in the audit planning documentation. The outcome of the visit is recorded below.

The organisation demonstrated a good standard of implementation of quality, health, safety and environmental management system requirements, managing risk and showing conformance to the ISO 14001:2015, ISO 45001:2018 and ISO 9001:2015 Standards. There were no NCs raised at the visits and the previous 3 NCs were closed out effectively. The assessors would like to thank all those involved in the running of the assessment.

Continual improvement:

The company have implemented the Saith Briefing which provides an overall summary of the management system and how it is to improve and be used: this was seen to be given to staff following audit finding close outs and project feedback via team leaders.



Areas for senior management attention:

OFIs have been identified within the body of the report that senior management should consider.



02. Assessment findings

Where scheme requirement differs to the standard definition below, the scheme definition will take preference

Major Nonconformity

The absence of, or the failure to implement and maintain, one or more management system elements, or a situation which would, on the basis of the available objective evidence, raise significant doubt of the management to achieve: The policy, objectives or public commitments of the organisation, compliance with the applicable regulatory requirements, conformance to applicable customer requirements, conformance with the audit criteria deliverables.

Minor Nonconformity

A finding indicative of a weakness in the implemented and maintained system, which has not significantly impacted on the capability of the management system or put at risk the system deliverables, but needs to be addressed to assure the future capability of the system.

Reference number		Assessment Criteria (Clause)	
Grade		Issue Date	
Status		Process / Aspect	
Location(s)			
Statement of Non Conformity			
Requirement			
Evidence			
Proposed correction, corrective action and timescales			
Correction			
Root Cause analysis			
Corrective action			
LR has reviewed and verified the implementation of actions taken.		Date of closure	



03. Assessment summary

Visit generic objective:

This was a Surveillance 1 visit, conducted against objectives previously notified to the client. The objectives of the next visit, including any applicable visit specific objective (theme / focus), are confirmed in the audit plan attached to this report.

Client attendees at the opening and closing meeting:

The opening meeting was held at 09:00 on day 1 and was attended by Trefor Brayley, Rob Snowden and Graham Colebeck LR

The closing meeting was held at 16:30 on day 3 and was attended by Rob Snowden and Ian Simpson LR.

Introduction:

The visit was conducted over 3 days and covered the 3 standards with 2 assessors being used. There have been no changes to the operational outputs and some updates to the operating procedures. There being no significant change to the organisation's significant risks and opportunities, the visit proceeded as planned,



Assessment of:	Management elements	Auditee(s):	Rob Snowden	Assessor:	Ian Simpson
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Audit trails and sources of evidence:

Management Review Meeting (MRM) 18/7/19
MRM 17/11/19
MRM 19/2/20
Planning Register - Risks & Opportunities
Business Plan
Senior Management visits log
SMS-GN-IN-RG-008 Audit Plan
SMS-GN-IN-RG-007 Monitoring, measurement, analysis and evaluation
Internal Audit 2020.01
Internal Audit 2020.02
Findings Reference 1218/010
Findings Reference 1218/012
Appendix A Appendix B - performance against the objectives

Evaluation and conclusions:

The management review meetings were seen to be held each quarter and the clause requirements of 9.3.2 management review were seen to be covered throughout. Risks and Opportunities were seen to be ongoing and those identified were entered onto the Planning Register for analysis and corrective action where required. Audits were seen to be scheduled to cover the functional areas of the company and the requirements of the standard. There have been no customer complaints received by the company in the reporting. The logo is currently in use on the website and on certain stationary only. Management elements were seen to be effective.

Areas for attention:

None



Assessment of: Sales	Auditee(s): Rob Snowden	Assessor: Ian Simpson
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Audit trails and sources of evidence:

OP-PR-003 Leads Enquiries and Tenders
Enquiries Tab
PB1811 Stranraer Block
PB1818 CO2 Pipeline enabling work
Union Square
PB1936 - 1310 Dalgrain
QSM 12.15 (Contract Review).

Evaluation and conclusions:

The company operate mostly through framework agreements and Lead engineers complete tenders and bids. The Procurement system is now under review due to future expansion.3 Projects were followed through from initial enquiry through quotation and order acceptance, this was done through Union Square. The Cost, Time and Resource (CTR) methodology was used with a tabulated format of all considerations to be filled out. This was seen to ensure that accurate quotations that meet the client requirements, were raised. The end to end processes were seen to be supported by the relevant documents and records.
Sales were deemed to be effective.

Areas for attention:

None



Assessment of: Purchasing	Auditee(s): Rob Snowden	Assessor: Ian Simpson
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Audit trails and sources of evidence:

Project Close Out Records
SMS_GN_IN_RG_001 planning Register
1308 Palm Hills Bracknell - PS6 Appraisal and Approval
SMS_GN_OP-PR-015 Procurement of externally provided processes products and services
Procurement level of authority table
Approved Supplier List
PO Register
PO_19_795 GPH Systems
807 MGA Controls
20 851 Paladon Systems
20 870 Instromec
Contractor Review Register

Evaluation and conclusions:

Documentation showing the processes covering the elements for the approval, re-approval and monitoring of suppliers/subcontractors were sampled and these were seen to be supported by the purchase of either products and/or services from the approved sources. There was evidence that the organisation carries out an approval process for its suppliers and subcontractors and these were seen to be documented and supported with records. There was also documented evidence showing the re-approval process. The the supplier/subcontractor performance monitoring was seen to be primarily through project review records. Performance of suppliers was seen to be covered at the MRMs.
Purchasing was deemed tp be effective

Areas for attention:

None



Assessment of:	Manufacturing Control (Skid Units)	Auditee(s):	Rob Snowden	Assessor:	Ian Simpson
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Audit trails and sources of evidence:

Project 1137 Croydon Skids
CAD
Drawings Register
G17 Approvals
1137- CROY-ME-P-102 Spool Drawing Update
1137- CROY-ME-P-301 Material Weld reference added to drawings
Project 1120 Lockerbie Offtake Skids
1120 DLM Issues
1120-LOCK-ME-L-301 Pressure Reduction Skids

Evaluation and conclusions:

2 Projects were sampled and were seen to follow the documented procedures. Resource allocation and document control within the Projects were seen to be well managed. The Design Process was seen to have been adapted to meet the phases of design to meet the client requirements with variations covered. The external and internal parties were listed and their needs and expectations were well documented. Close out records were seen to be a valuable record of supplier performance, budgetary performance, programme performance and client feedback on the company amongst other areas.

Manufacturing Control was deemed to be well managed,

Areas for attention:

None

Assessment of:	Core EH&S Assessor:system framework, management	Auditee(s):	Trefor Brayley, Rob Snowden	Assessor:	Graham Colebeck
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Audit trails and sources of evidence:

Context of the organisation - no significant change

Leadership and management review - discussion with Managing Director; inputs and outputs of Management Review Meetings [July, Oct 19]

Changes to health, safety and environmental risks and opportunities - no significant change; Aspects and Impacts Register [v1.14]; risk assessments [see project table below]; cathodic protection activity copper sulphate COSHH assessment

Compliance obligations - Legal Compliance and Evaluation Register [v1.18]

Objectives and programmes - Objectives Register [at Feb 20]; utilities monitoring; Senior Director walkarounds

Internal audit - Audit Register (to date); reports: Project 1070 audit [Jan 20], 'Personnel, competency and training' (Oct 19)

Evaluation of compliance with applicable obligations - "Evidence Sampled" entries in Legal Compliance and Evaluation Register [v1.18], confirmation of same

Competency and awareness - Saith Competency Matrix (to date); Training and Staff Appraisal Annual Plan

Incidents - SMS-GN-HS-RG-015 'Accident, incident and near miss log' (to date)

Evaluation and conclusions:

Overall, satisfactory evidence was provided to demonstrate continued implementation of the organisation's health, safety and environmental management system framework. The improvement in internal audit focus of project activities is noted.

In relation to the previous minor non-conformances against ISO 14001:2015, these have all been satisfactorily addressed.

Areas for attention:

In relation to the objective to achieve senior management safety walk-arounds at all offices, it is noted that this tailed off in 2019 and it would be prudent to ensure that these remain a focus as an opportunity to improve.

In relation to the Aspects and Impacts Register, there is an opportunity to improve by making reference to project-related concerns [perhaps in a generic way] that are evidenced in Designer's Risk Registers.

In relation to the Legal Compliance and Evaluation Register [v1.18], there are references to ozone-depleting substances regulations for air-conditioning systems, when this should be to the fluorinated greenhouse gas regulations (which relate to the refrigerant type installed at Saith locations). There is no meaningful difference in compliance requirements for Saith Ltd, and this was evidenced at Ringwood from Meridian Cooling but as an opportunity to improve, this reference should be amended.



Assessment of:	EH&S in Project activities	Auditee(s):	Rob Snowden, Louis Sheppard	Assessor:	Graham Colebeck
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Audit trails and sources of evidence:

SMS-GN_OP-PR-001 'Project Risk Management'
SMS-GN-HS-As-004 'Initial Site Visit Assessment (prior to DRR)' (v1.6)
Review of projects' implementation:
Mettingham AGI [RAMS for Site Survey (non-intrusive)]
Wytch Farm Offtake detail design [kick-off meeting notes]
Theddlethorpe MEC Detailed Design [RAMS for Mechanical and Civils Survey (non-intrusive)]
Thornton Curtis Cathodic Protection Survey [RAMS for site visit]
SMS-GN-IN-PR-002 'use of subcontractors, consultants and suppliers'
Contractor Review Register (v1.15)
Dorset Land Surveying 'Subcontractor and Supplier Questionnaire' (2016)
PTF (fabrications) August 19 visit report

Evaluation and conclusions:

Satisfactory evidence was presented to demonstrate an appropriate level of identification of EH&S risks, and relevant control measures in project activities, and in relation to the outsourced processes used,

Areas for attention:

None from this visit

Assessment of:	EH&S Controls for the offices	Auditee(s):	Rob Snowden	Assessor:	Graham Colebeck
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Audit trails and sources of evidence:

Tour of Ringwood office; video review (2020) of Widnes and Birmingham
Routine office EH&S checklists [all locations, 2019]
Ringwood office landlord-related information [Meridian Cooling F-gas logbook, Nov 19]

Evaluation and conclusions:

Satisfactory evidence was presented to demonstrate an appropriate level of oversight of EH&S arrangements at all three leased offices.

Areas for attention:

None from this visit.

04. Next visit details

Theme(s) for Next Visit

Projects' identification of EH&S risks and implementation of controls. Oversight of EH&S risks and controls in outsourced process including design and control of manufacture of Skid Units. Management system compliance. Review of performance over the latest certificate cycle

Preview of known changes that may impact in the next certification cycle

Standard(s) / Scheme(s)	ISO 9001:2015	Visit type	Focus Visit	
Audit days	1.00 DAY	Visit start / end dates	10-March-2021 / 10-March-2021	
Team	Ian Simpson			
Site		Audit days	Activity codes	
ICM House, Ringwood, GB		0.25 DAY	108402, 109015, 109001	
Suite 7, Widnes, GB		0.25 DAY	108402, 109015, 109001	
Unit 322, Birmingham, GB		0.5 DAY	108402, 109015, 109001	

Standard(s) / Scheme(s)	ISO 14001:2015	Visit type	Focus Visit	
Audit days	1.00 DAY	Visit start / end dates	08-March-2021 / 08-March-2021	
Team	Graham Colebeck			
Site		Audit days	Activity codes	
ICM House, Ringwood, GB		0.25 DAY	730102, 415001	
Unit 322, Birmingham, GB		0.25 DAY	730102, 415001	
Suite 7, Widnes, GB		0.5 DAY	730102, 415001	



Standard(s) / Scheme(s)	ISO 45001:2018	Visit type	Focus Visit	
Audit days	1.00 DAY	Visit start / end dates	09-March-2021 / 09-March-2021	
Team	Graham Colebeck			
Site		Audit days	Activity codes	
ICM House, Ringwood, GB		0.25 DAY	045001,067101	
Unit 322, Birmingham, GB		0.25 DAY	045001,067101	
Suite 7, Widnes, GB		0.5 DAY	045001,067101	



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05. Appendix

1. Audit Programme/Plan

Both the audit plan and the programme are dynamic and must be in line with the client's developments. Any (last minute) changes are possible with valid reasons e.g. organisational changes, processes, management review results etc. Prior to the closing meeting the audit team should (re)confirm the programme and identify any changes, E.g. to the management system, extent, time or dates of the audit, competences...

Visit Type	SV1	SV2/FV						Certificate Renewal
Due Date	Mar 20	Mar 21						Feb 22
Start Date	17/2/20	8/3/21						
End Date	17/3/20	10/3/21						
Audit Days	3	3						TBC
Separate assessment plan?	Y	Y						Y/N
Any change in workforce numbers that may impact visit duration (if yes add new number)	N	Y/N						Y/N
Where identified above see separate current assessment plan for further detail.								
Process / aspect / theme / location								
<i>Final selection will be determined after review of management elements and actual performance</i>								
Opening meeting	am	Am D1						✓
Closing meeting	✓	Pm D3						✓
Changes to organizational context	am	am						✓
Management Review	am	am						✓
Internal Audits	am	am						✓
Continual Improvement	am	am						✓
Management of change	am	am						✓
Corrective action	am	am						✓
Complaint Management	am	am						✓
Use of Logo (LR & Accreditation Marks)	am	am						✓
Performance against the client management system objective	am	am						✓
Sales & Purchasing	am	am						
Design	pm	pm						
Training and Competence	pm	pm						
Manufacturing Control	pm	pm						
Offices								
Ringwood	✓	✓						✓
Birmingham	✓ (remote)	✓ (remote)						✓ (remote)
Widnes	✓ (remote)	✓ (remote)						✓ (remote)
HS&E processes								
Management system	✓	✓						✓
Changes to EH&S risks and opportunities	✓	✓						✓
New and changed compliance obligations	✓	✓						✓
Evaluation of compliance with applicable obligations	✓	✓						✓
Improvement activities	✓	✓						✓
Incidents and accidents	✓	✓						✓
Review of performance over the certification cycle		✓						
Preview of any known changes for the next certification cycle		✓						
Plan for Certificate Renewal		✓						
Projects	✓	✓						✓

Visit Type	SV1	SV2/FV						Certificate Renewal
Consideration of environmental aspects through Designer's	✓	✓						✓
H&S RAMS for site visits	✓	✓						✓
EH&S risks in outsourced processes	✓	✓						✓
Design and control of manufacturing of Skid Units	✓	✓						✓
Offices								
Local EH&S risk assessments [Fire, general, DSE etc]	✓	✓						✓
Office inspection and senior management walkaround	✓	✓						✓
Oversight of facilities management delivered by landlords	✓	✓						✓

Scope

Any revised scope will be as agreed in formal correspondence between LR and the client or defined in section 4 of the previous LR visit report.

Scope	Engineering and management consultancy services to the gas, oil and water industries, including the design and control of manufacturing for Skid Units.
Exclusion	None.

Visit start time (approximate)	Day 1 [09.00]	Visit end time (approximate)	Day 3 [16.00]
The actual start and finish times for the visit will be agreed at the pre-visit contact with the assessor and recorded in the report introduction.			

Additional information

Opportunities for improvement

If we identify opportunities to improve your already compliant system, we will either record them in the process table applicable to the area being assessed or in the Executive summary of the report if they can deliver improvement at a strategic level.

Confidentiality

We will treat the contents of this report, together with any notes made during the visit, in the strictest confidence and will not disclose them to any third party without written client consent, except as required by the accreditation authorities.

Sampling

The assessment process relies on taking a sample of the activities of the business. This is not statistically based but uses representative examples. Not all of the detailed nature of a business may be sampled so, if no issues are raised in a particular process, it does not necessarily mean that there are no issues, and if issues are raised, it does not necessarily mean that these are the only issues.

Legal entity

The accredited legal entity and client facing office that has provided the assessment service in this report is referenced in the applicable agreement for this service.

Generic audit objectives and team responsibilities

The generic audit objectives and team responsibilities are included in the Client Information Note 'Assessment Process'. Any visit specific objectives for the next visit will be recorded in the report of the previous visit and will be addressed through the visit plan for that visit. The assessment standard and roles of the audit team are defined in the assessment visit confirmation sent to the client.

Audit Criteria

The audit criteria consist of the assessment standard and the client's management system processes and documentation.

Additional observers

Any additional observers will be as formally communicated to the client.

2. Separate Assessment Plan

Day 1 [14001/45001] Ringwood **Graham Colebeck**

- 09.00 Introductory meeting with management to explain the scope of the visit, assessment methodology, method of reporting and to discuss the company's organisation (approximately 15 minutes). The Team Leader will agree a time to meet with top management to discuss policy and objectives for the management system.
- Discussion of all outstanding issues from previous visits.
- Projects identification of EH&S risks and requirements and implementation of controls [e.g. Designer's Risk Registers, site visit RAMS etc]
- Lunch.
- Oversight of EH&S risks in the use of outsourced processes [e.g. surveyors, subcontract consultants etc]
- Oversight of Skid Unit design and manufacturing in relation to EHS& risks and opportunities
- Report writing.
- 16.30 Close

Day 2 [14001/45001] Ringwood **Graham Colebeck**

- 09.00 Review of findings from previous day. Review of the assessment plan for the day.
- EH&S management system framework
- Changes to risks and opportunities
- Changes to compliance obligations
- Internal audit scheduling and outputs
- Results of evaluations of compliance with applicable obligations
- Inputs and outputs of management review
- Office inspection outputs
- Incidents and accidents
- Review of EH&S performance over the latest certification cycle
- Preview of known changes that may impact EH&S in the next certification cycle
- Development of assessment plan for Certificate Renewal visit
- Report writing
- Closing meeting with management to present a summary of findings and recommendations in relation to EH&S

Day 3 [9001] Ringwood **Ian Simpson**

- 09.00 Review of findings from previous day. Review of the assessment plan for the day.

Management elements
 Sales & Purchasing
 Lunch
 Design
 Training, Competence & Awareness
 Manufacturing Control
 Preparation of final report
 Closing meeting with management to present a summary of findings and recommendations in relation to EH&S

Note; Information on the objectives of the various visits can be found in the Client Information included in the report or on our website www.lr.org. Furthermore on the website there are Client Information Notes available for the various visit types. The audit criteria and team members date and locations are also stated on the front page of the report. Scope of certification and roles and responsibilities of the audit team members are expressed in the Audit Program Plan.

3. Report Considerations

LR Report considerations		
Have there been any deviation from the original assessment plan:	No	If yes detail these in the introduction section of the report along with the reasons for the deviations
Have there been any significant issues impacting on the audit programme:	No	If yes detail these in the introduction of the report and amend the APP
Have there been any significant changes that affect the management system of the client since the last audit took place:	No	If yes detail these within the executive summary section of the report
Have any unresolved issues been identified during the assessment:	No	If yes detail these within the executive summary section of the report
Was the audit undertaken a combined or integrated audit:	No	If yes confirm what type of audit and the standards covered in the introduction to the report.
Was the organisation effectively controlling the use of the certification documents and marks:	Yes	If no document within the reporting table covering the mandatory elements
If applicable has the organisation taken effective corrective action regarding previously identified nonconformities;:	Yes	Record outcome in the findings log against the relevant findings.
Does the management system of the organisation continue to meet the applicable requirements and meet the expected outcomes:	Yes	If no details reasons within the executive summary of the report
Does the scope of certification continue to be appropriate to the activities/products/services of organisation:	Yes	If no then document the actions necessary in relation to the scope in the executive summary of the report and amend the APP as required.
Were the objectives of the visit as defined in the APP fulfilled during the visit:	Yes	If no detail the reasons and any necessary actions in the executive summary of the report and amend/update the APP