Audit Report

Visit type:	Certificate Renewal
Report for:	Braspenning Sterren Beheer B.V.
LRQA reference:	RQA9432401 / 6629130
Audit dates:	20-January-2025 - 29-January-2025
Reporting date:	29-January-2025
Client address:	T.T. Melissaweg 10, Amsterdam, 1033 SR, The Netherlands
Audit criteria:	ISO 9001:2015, ISO 14001:2015, ISO 45001:2018
Audit team:	Harry Hoogenberg Ahmed Khedher ; Ella Vronskaya ; Dylan van Zanten
LRQA office:	RQA The Netherlands

Contents

Attachments:

RQA9432401_Client_sheet_HAH_01-2025.doc
RQA9432401_APP_Braspenning_01-2025.docx
RQA9432401_AP_CR_Braspenning_QMS-EMS-OHS_01-2025_v4.0.docx
RQA9432401_AP_CTA_Curacao_04-2025-v1.0.docx
RQA9432401_AP_SV_Braspenning_QMS-EMS-OHS_VCA_01-2026_v1.0.docx
CIN002 - Assessment Process - Management Systems service outline.doc

This report was presented to and accepted by:

Name:	Jolande Rollema
Job title:	QHSE representative

01. Executive report

Visit audit objective:

This was a Certificate Renewal 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.

Assessed standards:
- ISO 9001:2015
- ISO 14001:2015 (including SCCM interpretation document version: N150504, version 2 February 2024 and Harmonization agreement: energy savings and sustainability of energy systems (December 13, 2023)
- ISO 45001:2018 (including SCCM interpretation document version: N180301, version 31 January 2024)

Harmonization agreement SCCM certification scheme ISO 14001:2015:
Assessment of implementation of laws and regulations on energy savings and sustainable energy systems (such as legislation on energy saving obligations) 13-12-2023.

Addition of climate change considerations to Management Systems Standards (IAF/ISO Joint Communiqué on the addition of Climate Change considerations to Management Systems Standards (24-02-2024):
4.1: The organization should determine whether climate change is a relevant issue.
4.2: Relevant stakeholders may have requirements related to climate change.

Visit objective:
Certificate Renewal audit in which all processes (under scope of certification) will be assessed. This audit is based on sampling. The objective of this audit is to determine whether the organization can be recommended for re-certification against the assessed standard(s).

The main audit objectives are:
- the determination of conformity of the assessed organization's management system, or parts thereof, with the audit criteria;
- determining the ability of the management system to ensure that the assessed organization meets the requirements of applicable laws and regulations * and contractual requirements;
- determining the effectiveness of the management system to ensure that the assessed organization can reasonably expect to achieve his specified objectives;
- if applicable, identify areas where improvement of the management system is possible.
* A certification audit of a management system is not an audit of compliance with legal requirements.

Accreditation:
UKAS – all standards (incl. SCCM for ISO 14001 and 45001)

Audit program was agreed with client before this visit and was carried out without any changes.
The audit time spent based on the scope, number of employees and location(s) is correct according to the guidelines.

LRQA logo use:
No deviation regarding logo use is detected during this visit. Logo not in use by client.

This report is just a summary of high-lights and topics of what has been discussed and assessed during this audit. As a result, it is possible that not all topics discussed have been reported, but are included in the final assessment

decision of this audit, despite the fact that they have not been reported. Any observed deviations (Non Conformities) and areas for attention (incl. opportunities for improvement) are included in this report.

Audit outcome:

Based on the audit outcome the Audit Team recommends the ISO 9001:2015, ISO 14001:2015, ISO 45001:2018 certification of Braspenning Sterren Beheer B.V. for the agreed scope.

During this assessment, it has been determined (randomly) that the organization's management system (still) meets the requirements, effective and that continuous improvement has been demonstrated on a sufficient way. The management system ensures that the applicable requirements of legislation, regulations and contracts are met.

There is a good compliance with the assessed standard (s) and organization’s own management system demonstrated.
Conclusion: Organization will be recommended for (re-)certification.

The audit objective, as planned, is achieved during this visit. The management system is suitable for the scope of certification.

No Major Non-Conformities (NC’s) are observed.

At the start of this assessment no Non-Conformities were open from previous audit(s). During this visit one new Minor Non-Conformities was observed.

An action plan has been drawn up by the organisation to address the non-conformities raised during the assessment and/or open non-conformities from previous audits. The action plan has been reviewed and approved by the assessment team.

It is up to the organization to determine what the cause of any raised NC(’s) is, determining if similar NC(’s) exist (or could potentially occur), take appropriate corrective and preventive measures and to determine whether these measures have resolved the cause of the NC (review of the effectiveness of corrective actions taken).

Note: the findings and conclusions of this report are solely based on the interviews and the reviewed information. Any conclusions that are written down in general descriptions, refer only to the reviewed situations. Further internal investigation should point out the validity of these conclusions for the rest of the organization.

Continual improvement:

Despite the fact that one Minor Non-Conformities have been detected, a well-maintained integral management system has been observed and (top) management involvement has also been demonstrated.

Objectives have been set, taking into account the risks and opportunities identified. Regularly discussing the progress of these objectives during the Management Meetings and the evaluation in the Management Review, the PDCA cycle is implemented, with which continuous improvement is achieved.

The organization's context (external and internal issues) is current and no significant changes have been made. The overview of interested parties and their needs and expectations is also current.

Braspenning Sterren Beheer B.V. demonstrates a well-maintained integral management system that meets the assessed standard-requirements and that is deployed and implemented in a mature manner.
The integral management system has been set up effectively:
- It provides insight into the relevant external and internal issues of its key stakeholders and their needs and expectations (context of the organization);
- It provides insight into the risks and opportunities of the organization on which strategy and policy is conducted;
- It contributes to the realization of objectives and decision making based on facts;
- It contributes to the perception measurement of customers and realization of customer satisfaction;
- It contributes to the understanding of the compliance status in relation to current and future legislation and regulations;
- Continuous improvement is demonstrably realized (such as good demonstrable PDCA cycle and measurement and monitoring for review and adjustment of the management system);
- Unless otherwise noted in this report, the management system collects meaningful information to help make decisions based on facts, meaning that the production of data is transparent, suitable, accurate, reliable and understandable.
- Both the management review and internal audits provide sufficient input to the organization's continuous improvement system and has been effectively implemented.

Areas for senior management attention

No specific areas for attention.

02. Audit 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 organization, 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	6629130_SBCEVS01	**Audit criteria (clause)**	ISO 14001:2015 (6.1.3), ISO 45001:2018 (6.1.3)
Grade	Minor NC	**Issue date**	21-January-2025
Status	New	**Process / aspect**	QHSE (focus on local legislation and requirements)
Location(s)		Profilgatan 65,Landskrona,SE::Braspenning Coatings Sweden	
Statement of non conformity		The process of identifying relevant compliance obligations is not entirely complete.	
Requirement		Compliance obligations The organization shall: a) determine and have access to the compliance obligations related to its environmental aspects; b) determine how these compliance obligations apply to the organization; Determination of legal requirements and other requirements. he organization shall establish, implement and maintain a process (es) to: a) determine and have access to up-to-date legal requirements and other requirements that are applicable to its hazards, OH&S risks and OH&S management system; b) determine how these legal requirements and other requirements apply to the organization and what needs to be communicated; The organization shall maintain and retain documented information on its legal requirements and other requirements and shall ensure that it is updated to reflect any changes.	
Evidence		The Organization lists its compliance obligations in the document “Overview of Compliance Legislation Sweden 01-2025”. The list, however, lacks a description of all applicable laws and regulations, e.g. e.g. AFS requirements (for OHSAS), requirements of the Swedish Environmental Act, etc. This legislation does get looked at in the compliance review of the Oresund DryDocks organization and communicated with Braspenning. There are no indications that	

Evidence	Braspenning is not in compliance and the (audit)sampling shows that the organisation ensures compliance of those identified requirements.	
Proposed correction, corrective action and timescales	- Short-term correction: take compliance review of Oresund DryDocks into own compliance review - Final cause analysis: Q1-2025 - Who responsible: General manager location Sweden - When to implement corrective action to eliminate the cause: Q2-2025 - Evaluation effectiveness of measures taken: Q2-2025 - Full completion: Q3-2025	
Correction		
Root cause analysis	Preliminary cause analysis: Insufficient awareness to include compliance review of Oresund yard in own compliance review.	
Corrective action		
LRQA has reviewed and verified the implementation of actions taken.	**Date of closure**	

03. Audit summary

Audit of:	Local Management Sweden (incl. general management system elements)	**Auditor:**	Harry Hoogenberg
Auditee(s):	Stefan Visser (MD) Roel Joziasse (KAP)		

Objective evidence, process controls reviewed and comments:

Subjects, documents and other evidence:
Changes in context of the organisations context (external and internal issues and needs and expectations of interested parties), leadership, policy, goals and objectives, non conformities and incidents, communication and roles and responsibilities; continual improvement and results of internal inspections and safety walks; internal audit planning and internal audits (see Amsterdam general QHSE); input for management review; emergency preparedness and response; Explanation of activities and business operation, stakeholder analysis; environmental aspect register (01-2025); occupational, health and safety assessment (13-01-2025); QHSE yard requirements (Oresund Shipyard contract); near miss notification 15-11-2024 ADD yard and report; draft management review 2024, incl. review of goals and objectives; customer complaints and customer satisfaction (no complaints in 2024); workplace inspection form 26-11-2024; annual overview results/actions workplace inspections (2024); overview of legal compliance legislation (Sweden) 01-2025; list of ODD management system applicable (Swedish) laws and AFS.

Comments:
Oresund Dry Dock (ODD) shipyard is also ISO 9001/14001/45001 certified. Braspenning is responsible to work under the environmental permit and other (HSE) requirements of the yard itself, which are agreed and stipulated in the contract with the yard.
The yard employs about 5 permanent staff. On average over the whole year, approx. 11 subcontractors work for/on behalf of Braspenning.
Context of the organization (external and internal issues) are identified and integrated in the management system of the organization. The needs and expectations of relevant interested parties have also been identified. Risks and opportunities are addressed by the organization. Context, needs and expectations of interested parties and risks & opportunities are input for the policy (including strategy) and improvement goals and objectives of the organization.
Area for attention: Consider further detailing the overview of results (areas of attention) identified during workplace inspections, so that it is easier to see which site/location is a major contributor to them (finding trends in results and evaluations).

Evaluation and conclusions:

The process(es) were found to be compliant from the sample taken.

Audit of:	QHSE (focus on local legislation and requirements)	**Auditor:**	Ella Vronskaya
Auditee(s):	Stefan Visser - Managing Director Roel Joziasse - Adviesbureau KAP b.v. ·		

Objective evidence, process controls reviewed and comments:

The effectiveness of the process was confirmed by:
- Interviewed personnel
- Tour at the facility
- Review of the following documents:
Stakeholder Details 16-01-2025
List of approved supplier
Register environmental aspects 01-2025
20250113_Risk Inventory_Braspenning B.V. ¨
Management review (draft)
Dashboard VGM 2024
Near miss registration 15-11-2024
Work place inspection checklist 26-11-2024
Overview compliance legislation Sweden 01-2025
2020-09-17 Routine - PaintNot
Skill-matrix
Statement of completed safety training for SA 20-02-2023
Paint risk assessment

Audit notes:
No local adjustment of the central policy since the central one is relevant for the local conditions.
Analysis of interested parties is performed and adjusted to the local conditions, for example, expectations and requirements from the shipyard (client).
Evaluation of environmental aspects (including those significant aspects) is performed centrally with remark for different sites, for example, reference to the Swedish Environmental Act for Landskrona site. The significant environmental aspect is fire/explosion hazard. The aspect is connected to environmental objective regarding the amount of work place inspections (12 per year). The aspect is included to the checklist to filled at every inspection.
Risk assessments is also performed centrally with the specification for the Swedish site where relevant.
There are general environmental and operational health and safety objectives including some specific objectives for specific sites. The site in Landskrona has no specific objectives. The reporting on the those established general objective is done monthly in form of a dashboard.
Information on competence and qualification can be found in a skill matrix.

No accidents with or without absence took place. One near miss event was registered in 2024 which which is addressed.

The process for compliance is not totally efficient. See registered NC. The Organisation is a part of the shipyard's compliance management. The process to ensure compliance (via routines, instructions, checklists, training and etc.) works, on the whole, well.

Evaluation and conclusions:

The process(es) were found to be non-compliant from the sample taken and non-conformity reported.

Audit of:	Yard and workshop tour / Operational planning and control (Sweden)	**Auditor:**	Harry Hoogenberg
Auditee(s):	Stefan Visser (MD) Roel Joziasse (KAP)		

Objective evidence, process controls reviewed and comments:

Subjects, documents and other evidence:
Control of pre-treatment and preservation of steel constructions and the execution of scaffolding, control of occupational health and environmental risks, awareness, housekeeping, occupational health & environmental observations, inspections by management, inspections of equipment and tools, storage and use of hazardous substances (e.g. paint and solvents); Yard-tour; Housekeeping in general, HSE observations; Fire extinguishing equipment (next inspection 2-2025); Skill-matrix (fixed/own employees and subcontractors); OHIAB Management System »ROUTINE – PaintNot (Document ID: 7055); ISPS; Paint notification project 124-012 Pearl Seaways; Paint risk assessment (Excel Sheet, in consultation wit ODD); paint specification for project Viking XPRS (124-003); Hempel safety data sheet (45755 base-coat); List of inspections and maintenance of equipment; High Pressure Unit 88BRA0256, ICMS Marine Service AB; and tank 88BRA0269 (last inspection 15-02-2024), SWEDAC; Grid vessel 88BRA0419; Hempel paint specification (Viking XPRS); Storage of liquids in own workshop (above drip trays); paint storage (in enclosed and ventilated area); annual inspection of fire extinguishers (last inspection 8-2024); respiratory protection filters (dusts and solvents P3 and A2); blasting hall (light and ventilation); Safety Data Sheet and Product Data Sheet Hempadur Multi-Strength 45751/45753; Worklist (scope of work) Vessel Nordic Pearl (Pearl Seaways) 120-012; quotation and calculation (pricing); scafftag (on board of Nordic Pearl – last inspection 15-01-2025 frequence once per two weeks);Fall harness overview (list) annual replacement or inspection for scaffolders, Marinspect, certificate MI240196-2 - date 6 December 2024).

Comments:
Based on the mentioned topics, information sources, observations and the performed samples, no non conformities have been noted regarding the assessed standards and organization's own management system. Control of processes has been observed on a sufficient way.

Evaluation and conclusions:

The process(es) were found to be compliant from the sample taken.

Audit of:	22 January 2025 – France - REMOTE via TEAMS	**Auditor:**	Ahmed Khedher
Auditee(s):	Cedric Hubert, Director France Jolande Rollema, Manager QHSE		

Objective evidence, process controls reviewed and comments:

Braspenning Coatings France Brest office
Brest site is located at Damen Shiprepair Brest
Documentation of the management system is accessible via the Group intranet
QHSE (focus on local legislation and requirements)
Leadership and worker participation,
QHSE Policy dated 21/03/23
Hazard identification and assessment of risks and opportunities dated of 13/01/25
Register environmental aspects date 01-2025
Planning actions to achieve EHS objectives
Determination of legal and other requirements / Evaluation of (legal) compliance : OHS Compliance legislation Brest dated 01-2025, Environment dated 10/01/2025
Competences and training, Awareness

Evaluation and conclusions:

The process(es) were found to be compliant from the sample taken.

Audit of:	Procurement (general HQ-Amsterdam)	**Auditor:**	Harry Hoogenberg
Auditee(s):	Petra Hulsthoff Jolande Rollema		

Objective evidence, process controls reviewed and comments:

Subjects, documents and other evidence:
Selection and evaluation of suppliers and outsourced processes/work, environmental aspects, critical suppliers, risks and opportunities; Purchase order (project P2504101001 St DSA 4), Sigmadur 520 RAL 1018 (20-01-2025) PPG, Braspenning Indoor BV; Client Stinis; Purchase order in Exact- order 254044; waste collection (Grid by InterChem B.V.); list of approved suppliers (June 2024) and annual supplier evaluation; Quotation Paint-Pump – Rasco 22500062 (09-01-2025) and Wiltec B.V. (20-01-2025).

Comments:
Based on the mentioned topics, information sources, observations and the performed samples, no non conformities have been noted regarding the assessed standards and organization's own management system. Control of processes has been observed on a sufficient way. List of approved suppliers is available and annual supplier evaluation is performed.
Area for attention: Consider involving procurement department more in annual supplier evaluation.

Evaluation and conclusions:

The process(es) were found to be compliant from the sample taken.

Audit of:	Human Resources / HRM (HQ-Amsterdam)	**Auditor:**	Harry Hoogenberg
Auditee(s):	Maaike Raadsheer Roel Joziasse (KAP)		

Objective evidence, process controls reviewed and comments:

Subjects, documents and other evidence:
Education and training, competencies and skills, induction of new employees, communication; Explanation HR department and processes; Assessment interviews (appraisals); PMO offered to staff (mail from 14-01-2025); Job descriptions Purchase (8-05-2015); Scaffolder (18-05-2025); Succession planning; Overview training and education; SCC diploma Foreman (Indoor BV) and First aid responder (October 2024); HDM 5618 due-date19 October 2027; Scaffold inspector certificate (Cert SI 20210121-11671) due date 21 January 2026; Staff handbook (company regulations) 25-11-2024.

Comments:
Based on the mentioned topics, information sources, observations and the performed samples, no non conformities have been noted regarding the assessed standards and organization's own management system. Control of processes has been observed on a sufficient way.
Area for attention: Some job descriptions are outdated (2015) and are also not all in the same format. Consider updating job descriptions.

Evaluation and conclusions:

The process(es) were found to be compliant from the sample taken.

Audit of:	Emergency preparedness and response	**Auditor:**	Harry Hoogenberg
Auditee(s):	Daniël Timmermans (KAP)		

Objective evidence, process controls reviewed and comments:

Subjects, documents and other evidence:
Emergency response plan and drills; Emergency response plan (location Amsterdam, 3 November 2023); Toolbox environmental spill, 19 January 2024); Workplace inspection (24 Januari 2025 and 8 November 2024, Indoor); Fire drill evaluation 24-01-2025 and action list; drill evaluation location Rotterdam (UHP&C), 23 Januari 2025; education and training Emergency response team members (planning and overview).

Comments:
During this audit, auditee(s) explained role and responsibilities of the emergency response team processes within the organisation. Emergency plan is in place and foreseeable hazards/calamities are identified and described (incl. responsibilities of the emergency organisation). Within the frameworks of mentioned topics and information sources and based on the samples taken, no non conformities were found. Control of emergency preparedness processes has been demonstrated sufficiently.

Evaluation and conclusions:

The process(es) were found to be compliant from the sample taken.

Audit of:	Management Elements Brest, France	**Auditor:**	Dylan van Zanten
Auditee(s):	Cedric Hubert (Site management) Jolande Rollema (QHSE representative)		

Objective evidence, process controls reviewed and comments:

21-01-2025 Braspenning ISO 9001:2015, ISO 14001:2015, ISO 45001:2023

Process Reviewed: Context of the Organization

Process Description:
This process involves identifying internal and external factors, stakeholder requirements, and risks and opportunities that affect the management systems' scope and objectives.

Objective Evidence:
- Interview with the management team.

Comments:
Braspenning Brest has identified relevant external and internal factors that influence its operations. External factors include the shared premises with Damen and Pirioe, where operational risks are mitigated through annual evaluations addressing quality, financial agreements, and stakeholder expectations. Internal factors include its scaffolding and coating operations. The organization has assessed risks, such as the impact of operational overlap at Dock 1, and has implemented evaluations to monitor and mitigate these risks.

The organization has mapped stakeholder expectations, including regulatory compliance, customer satisfaction, and sustainability goals. The shift from sandblasting to high-pressure washing demonstrates alignment with environmental requirements by minimizing emissions and reducing health risks. Compliance with coating material regulations is ensured through a review process to verify that all products meet local laws.

This process is effectively safeguarded by maintaining a documented understanding of the organization’s context, regular evaluations of risks and opportunities, and systematic integration of stakeholder requirements into planning and operations.

Process Reviewed: Management Review

Process Description:
This process evaluates the effectiveness of the management systems, incorporating input from audits, incidents, and operational objectives to ensure alignment with strategic goals.

Objective Evidence:
- Draft of Management Review (January 2025).

Comments:
The management review includes input from internal audits, external audits, and incident reports, ensuring a comprehensive assessment of system performance. Non-conformities, such as minor waste management issues,

are reviewed, and corrective actions, like implementing "good housekeeping," are documented.

Findings are categorized, and their resolution is tracked, ensuring follow-up and accountability. The review also evaluates the effectiveness of actions taken to address risks and opportunities, ensuring the organization remains aligned with its objectives.

This process is safeguarded by maintaining detailed records of the review, involving senior leadership in evaluations, and systematically addressing findings to drive improvement.

Process Reviewed: Changes in the Organization (Management of Change)

Process Description:
This process ensures that changes in personnel and organizational structure are implemented in a controlled manner to maintain operational consistency and compliance.

Objective Evidence:
- PBF Corrective Preventive Action Register.

Comments:
Three new employees, including the Operational Director and two project managers, were recently onboarded. These changes were supported by documented procedures that ensure new employees are trained in incident reporting and operational processes.

The organization has implemented English as the primary language for documentation and meetings at Brest, enabling better communication and compliance. These changes are monitored to ensure that they align with organizational objectives and improve operational effectiveness.

The process is safeguarded by maintaining a register of changes, assigning responsibilities for implementation, and monitoring outcomes to ensure alignment with strategic goals.

Process Reviewed: Changes in the System (Management of Change)

Process Description:
This process addresses changes in operational systems to ensure a smooth transition and alignment with organizational goals.

Objective Evidence:
- Transition plan to Exxact system.

Comments:
The organization is transitioning to the Exxact system for project management and operational tracking. The current system remains operational during the transition to ensure continuity. The server preparation by an Exxact expert and the phased migration of projects demonstrate a controlled implementation approach.

The process is safeguarded by detailed planning, oversight from system experts, and regular reviews to ensure that the transition aligns with operational requirements.

Process Reviewed: Internal Audits

Process Description:

This process evaluates compliance and performance across all management systems through planned internal audits.

Objective Evidence:
- Audit planning for 2022–2024.
- Audit report for March 2023.

Comments:
Internal audits are conducted according to a three-year plan, ensuring coverage of all locations and standards. The March 2023 audit in Brest focused on environmental compliance, reviewing the environmental aspects register, risk assessments, and legal compliance.

Audit findings are documented, and corrective actions are tracked. The environmental aspects register is updated regularly, ensuring that risks and opportunities are effectively managed.

The process is safeguarded by a clear audit schedule, regular updates to the audit program, and integration of audit outcomes into management reviews.

Process Reviewed: Goals/Objectives in Brest

Process Description:
This process defines, monitors, and evaluates operational goals and objectives.

Objective Evidence:
- Dashboard VGM 2024.

Comments:
The organization has established specific objectives, including:

Zero incidents (not achieved; 2 incidents occurred).
IF reduction (not achieved; IF increased from 9.2 to 10.2).
Zero environmental incidents (not achieved; 3 incidents occurred).
12 workplace inspections per location (not achieved).
10 toolbox meetings per year (partially achieved).
Improved digital safety instructions (achieved).
Additional dock robots (achieved; 3 robots acquired).
Progress is monitored through the VGM Dashboard, which tracks performance against these objectives. While some targets were unmet, corrective actions are planned, and future improvements are documented.

The process is safeguarded by regular reviews of performance data, integration of findings into planning, and communication of results across the organization.

Process Reviewed: Complaints

Process Description:
This process manages the handling of customer complaints to ensure timely resolution and improve client satisfaction.

Objective Evidence:
- Dashboard VGM 2024.

Comments:
No customer complaints were reported in 2024. The organization tracks complaints through the VGM Dashboard, ensuring that any issues are documented and resolved promptly. Procedures for managing complaints include root cause analysis and corrective actions, which are communicated to relevant stakeholders.

The process is safeguarded by maintaining clear procedures for complaint handling, regular monitoring of the dashboard, and integrating feedback into continuous improvement initiatives.

Process Reviewed: Incidents

Process Description:
This process addresses the identification, investigation, and prevention of workplace and environmental incidents.

Objective Evidence:
- Near Miss Report (28-12-2024).
- PBF Corrective Preventive Action Register.

Comments:
The incident reporting process includes detailed documentation, investigation, and corrective actions. For example, a hazardous situation reported in December 2024 was investigated, with findings shared across locations to prevent recurrence.

The process categorizes incidents by type, tracks corrective actions, and evaluates the effectiveness of preventive measures. Findings are integrated into management reviews to ensure system-wide learning.

The process is safeguarded by maintaining a centralized incident register, assigning responsibilities for follow-up, and reviewing incident data regularly.

Process Reviewed: Continual Improvement

Process Description:
This process focuses on evaluating and enhancing management systems to ensure ongoing performance improvements.

Objective Evidence:
- PBF Corrective Preventive Action Register.
-Management review findings.

Comments:
Continual improvement initiatives, such as optimizing digital safety instructions and acquiring additional dock robots, are documented and monitored. Opportunities for improvement are identified through audits, incident reports, and stakeholder feedback.

The process is safeguarded by maintaining a structured approach to tracking actions, linking improvements to measurable outcomes, and evaluating their effectiveness during management reviews.

Evaluation and conclusions:

The process(es) were found to be compliant from the sample taken.

Audit of:	Yard and Workshop Tour / Operational planning and control	**Auditor:**	Dylan van Zanten
Auditee(s):	Remi Salaun | Logistic supervisor		

Objective evidence, process controls reviewed and comments:

21-01-2025 Braspenning ISO 9001:2015, ISO 14001:2015, ISO 45001:2023

Process Description:
This process focuses on ensuring operational safety and control in yard and workshop activities. It includes implementing safety measures, monitoring the use of personal protective equipment (PPE), maintaining equipment and materials, and managing risks in operational environments.

Objective Evidence:

Safety walk through the dock and warehouse.
Comments:
During the audit, the yard and workshop were assessed for compliance with operational safety and control requirements. The entrance to the dock for vehicles is through a tunnel equipped with the following safety measures: a stoplight for controlling one-way traffic, a barrier gate, and a requirement to sound a horn at the blind corner. Observations during the safety walk confirm that these measures are consistently adhered to by employees and visitors.

Personal protective equipment (PPE) requirements are clearly defined and enforced. In the dock, employees are required to wear a helmet, S3 work boots, a reflective jacket, safety glasses, and gloves. For high-risk activities, such as working at heights using aerial lifts, additional PPE, including fall harnesses, is mandatory. Observations confirmed that all employees were wearing the appropriate PPE, including specialized suits for high-pressure washing to prevent direct exposure to water and debris.

Safety and environmental awareness are reinforced through multiple channels. Employees undergo a mandatory safety induction provided by Damen before accessing the site for work. Braspenning supplements this with additional safety briefings shared through an online portal and toolbox meetings. Incident communication is also prioritized; for example, a “falling from unsafe access” incident from the previous year was documented with photos and displayed in the canteen to raise awareness.

In the workshop, scaffold components are stored and regularly inspected to ensure safe use. Ongoing projects, such as preparing a paint storage area for coating operations, include built-in safety features like containment systems with integrated spill trays. During the tour, a Braspenning team member proactively identified the need for a mounted fire extinguisher in the storage area, demonstrating a strong commitment to continuous safety improvement.

The process is effectively safeguarded by:

Regular safety walks and inspections to monitor compliance with operational safety measures.

Consistent use of appropriate PPE, with additional measures for high-risk activities.
Structured safety inductions, briefings, and toolbox talks to keep employees informed of safety and environmental rules.
Immediate communication of incidents and corrective actions to prevent recurrence.
From the sample taken during the audit, no non-conformities were identified. Observations demonstrate that safety and operational control measures are adhered to, and risks are effectively mitigated through proactive monitoring and employee engagement.

Evaluation and conclusions:

The process(es) were found to be compliant from the sample taken.

Audit of:	General Audit Report for Braspenning Brest | 21-01-2025	**Auditor:**	Dylan van Zanten
Auditee(s):	Jolande Rollema		

Objective evidence, process controls reviewed and comments:

21-01-2025 Braspenning ISO 9001:2015, ISO 14001:2015, ISO 45001:2023

This report evaluates the organization's compliance with the standards for Quality Management (ISO 9001), Environmental Management (ISO 14001), and Health & Safety Management (ISO 45001). Each section details the requirements of the relevant standard, what was observed during the audit, and how compliance is achieved and demonstrated.

Quality Management (ISO 9001)

Context of the Organization
The organization has clearly defined internal and external factors influencing its operations, including market positioning within Damen's premises and the relationship with stakeholders like Damen and Pirioe. Annual evaluations and stakeholder mapping ensure alignment with customer needs, legal requirements, and operational goals. Evidence of this includes documented agreements, customer feedback, and regular evaluations with Damen.

Management Review
The management review systematically evaluates system performance, including data from internal and external audits, incident reports, and customer feedback. Findings are categorized, and corrective actions are documented and tracked. Evidence includes a draft management review from January 2025, which outlines non-conformities (e.g., waste management) and corresponding resolutions.

Internal Audits

A three-year internal audit plan ensures systematic evaluation of compliance and performance. The March 2023 audit at Brest reviewed environmental aspects, regulatory compliance, and operational controls. Findings are documented, corrective actions are tracked, and updates are integrated into the management review. Evidence includes the audit plan, the 2023 audit report, and follow-up actions.

Operational Control and Workshop Activities
Operational planning and control processes, such as managing scaffold storage and paint preparation, are documented and inspected for compliance. Evidence includes maintenance logs for scaffold components and containment systems for hazardous materials. Observations confirmed adherence to operational requirements and proactive identification of safety and quality improvements, such as the need for mounted fire extinguishers.

Environmental Management (ISO 14001)
Environmental Aspects and Compliance
The organization actively identifies and manages its environmental aspects, including VOC emissions, waste management, and water usage. The transition from sandblasting to high-pressure washing demonstrates efforts to reduce environmental impact, including minimized emissions and water management through integrated filtration systems. Compliance is documented in the environmental aspects register and verified through annual audits.

Waste Management
Minor non-conformities in waste management were identified and resolved by implementing “good housekeeping” practices.

Emergency Preparedness
The organization has documented emergency plans tailored to specific risks, such as hazardous material spills. These plans are tested through regular drills, and lessons learned are incorporated into updates. Evidence includes emergency response plans, drill records, and training materials for employees.

Environmental Objectives
Objectives include reducing VOC emissions and water usage, achieving zero environmental incidents, and minimizing waste. Although some targets were not met in 2024, corrective actions are planned, and progress is documented in the VGM Dashboard. Evidence includes KPI tracking and management review records.

Health and Safety Management (ISO 45001)

Workplace Safety
Safety measures, such as the use of stoplights, barriers, and horn-sounding protocols in tunnels, are consistently followed. Employees are equipped with appropriate PPE, including helmets, gloves, and safety glasses, with additional requirements for high-risk activities like working at heights. Evidence includes observations during the safety walk and documented PPE requirements.

Employee Training and Awareness
Employees undergo safety inductions provided by Damen, supplemented by Braspenning’s own safety briefings and toolbox talks. Incident communication is prioritized through visible reminders in common areas, such as the canteen. Evidence includes safety induction records, toolbox meeting logs, and incident reports displayed for awareness.

Incident Reporting and Risk Management
The incident reporting process is structured, ensuring that all incidents are documented, investigated, and resolved. For example, a hazardous situation reported in December 2024 was analyzed, and corrective actions were implemented and shared across locations. Evidence includes incident reports, root cause analyses, and corrective

action logs.

Health and Safety Objectives
Objectives include reducing incident frequency, conducting regular workplace inspections, and increasing near-miss reporting. While not all targets were met, the organization has identified areas for improvement and planned actions to address them. Evidence includes the VGM Dashboard, inspection records, and management review discussions.

Evaluation and conclusions:

The process(es) were found to be compliant from the sample taken.

Audit of:	Quality and Environment process Amsterdam, The Netherlands	**Auditor:**	Dylan van Zanten
Auditee(s):	Roel Joziasse (KAP) Jolande Rollema Youri Braspenning		

Objective evidence, process controls reviewed and comments:

23-01-2025 And 27-01-2025 Braspenning ISO 9001:2015, ISO 14001:2015

Process Reviewed: Internal Audits

Objective Evidence:
- Internal Audit Plan 2022–2024.
- Internal Audit Plan 2025–2027.

Comments:
The organization has a structured internal audit process, revised for 2025–2027 to include additional processes such as HRM and Procurement. The split between HSE and quality audits ensures independence, with KAP acting as the external consultancy.

From the sample reviewed, effective process control was observed. For example, starting in Q1 2025, incidents will be shared between locations, improving knowledge transfer and fostering continuous improvement. Each incident is assigned an action holder, with cause analysis and deadlines documented for follow-up.

The process is effectively safeguarded by regular updates to the audit plan, clear documentation of findings, and systematic tracking of actions to completion.

Process Reviewed: Complaints Management

Objective Evidence:
- Complaint Registration Process (Revision 001, 05-01-2024).
- Complaint Register (Excel Overview).
- Complaint Document: AR600 HTM Quality Issue, 2022.

Comments:
The organization maintains a clear process for registering complaints, defined as deviations that bypass internal quality control. For example, the last recorded complaint in 2022 involved a quality issue with HTM. A root cause analysis was conducted, and corrective actions implemented, ensuring the issue did not reoccur.

Complaints are documented in a central register, providing traceability and enabling trend analysis. The process is effectively managed, with clear accountability and systematic follow-up on each complaint.

Process Reviewed: Risk Inventory and Evaluation (RI&E)

Objective Evidence:
- RI&E Evaluation Report, Revision 11 (13-01-2025).
- Certified RI&E Assessment by Profectus, 2021.

Comments:
The organization has identified its highest-risk activities, such as forklift operations and confined space work. These risks are documented in a certified RI&E, validated by an external safety expert in 2021. The findings are integrated into operational procedures to mitigate risks.

The process is effectively safeguarded by periodic updates to the RI&E, external validation, and incorporation of findings into safety protocols.

Process Reviewed: Incident Management

Objective Evidence:
- Incident Investigation Report, 05-04-2024 (Revision 1).
- Dutch Labor Inspectorate Investigation Report, Reference 2426671-01.

Comments:
A reportable incident occurred on 08-03-2024 involving an employee under a grit kettle. The incident was managed in accordance with legal requirements, including notification to the Labor Inspectorate. Immediate actions included toolbox talks and updates to the RI&E.

Technical controls, such as warning labels on equipment, and additional instructions were implemented to prevent recurrence. The Labor Inspectorate concluded that no violations were found within the organization’s processes. The incident management process is effectively controlled and documented.

Process Reviewed: Environmental Aspects

Objective Evidence:
- Environmental Aspects Register, January 2025.

Comments:
The organization maintains an overarching Environmental Aspects Register, mapping its activities against environmental themes, risks, and applicable legislation. For example, high-risk activities like coatings are analyzed

for emissions, with control measures implemented to reduce environmental impact.

The life cycle perspective is incorporated into planning, ensuring that environmental impacts are managed from input to output. The process is effectively safeguarded by regular updates to the register and integration into operational controls.

Process Reviewed: Environmental Permitting (Omgevingswet)

Objective Evidence:
- Environmental Permit Document, 02-09-2021.
- Waste Separation Records, 2023.

Comments:
The organization complies with PGS15 storage guidelines for hazardous materials, verified through inspections by the competent authority. Waste streams, including hazardous waste, paper, and blasting material, are separated and documented in compliance with environmental regulations.

The process is effectively safeguarded by maintaining clear waste management protocols and periodic inspections by the permitting authority.

Process Reviewed: Quotation and Calculations / Work Preparation

Objective Evidence:
- TRIBE System Records.
- PowerBI Reports.
- Project Documentation for Quotes.

Comments:
The organization's quotation process involves three main themes: Indoor, Scaffolding, and Coating. All requests are logged in TRIBE, preventing duplicate submissions and ensuring pricing consistency. Supporting documents, such as paint specifications and drawings, are referenced in quotations to reduce errors.

Once a quote is approved, projects are created in Exact, and materials are ordered and verified upon arrival. A recent example demonstrated effective control, where discrepancies in materials were resolved through communication with the client and adjustments to the project scope.

The process is safeguarded by systematic use of TRIBE and Exact, ensuring traceability and alignment with client requirements.

Process Reviewed: Volatile Organic Compounds (VOC) Accounting and Reporting

Objective Evidence:
- Solvent Usage Logs, Damen 2023.
- Annual Emissions Report, 2023.

Comments:
The organization tracks solvent usage per project to meet regulatory requirements. Data is compiled from supplier information and customer inputs and verified against consumption records. A 2023 review showed that emissions remained within legal limits, with no findings from the environmental authority.

Efforts to reduce VOC emissions are evident through ongoing discussions with clients to adopt lower-impact paint systems. The process is effectively managed, with clear records and proactive engagement with stakeholders.

Process Reviewed: Work Permits

Objective Evidence:
- F106 Work Permit Forms.

Comments:
Work permits are issued using a checklist to address key safety themes, including hot work, confined space entry, and PPE use. Permits are reviewed and signed off by supervisors and safety officers.

While the process is implemented, further evidence is needed to evaluate its overall effectiveness. Recommendations include formal reviews to verify the impact of work permits on safety outcomes.

Process Reviewed: Dock Inspection Summary

Objective Evidence:
- Project Documentation: 23-0537, 24-0674.

Comments:
After high-pressure washing, dock inspections are conducted with clients to define required repairs. Clients review and sign off on inspection reports, ensuring mutual agreement on the scope of work before proceeding.

This process ensures alignment with client expectations and operational efficiency. No issues were identified during the audit.

Process Reviewed: Inspections and Maintenance

Objective Evidence:
- Dok88 Digital Inspection Records.

Comments:
Inspection schedules for equipment, such as diesel tanks and hazardous materials storage, are managed digitally through Dok88. The system tracks inspection dates, ensuring timely maintenance and compliance.

Sample reviews showed that inspections were conducted as planned, with no overdue actions. The process is effectively safeguarded by automated tracking and clear accountability.

Evaluation and conclusions:

The process(es) were found to be compliant from the sample taken.

Audit of:	Quality and Environment process Rotterdam, The Netherlands	**Auditor:**	Dylan van Zanten
Auditee(s):	Sebastiaan Titos Bolivar (Operations management) Jolande Rollema (QHSE representative) Daniël Timmermans (KAP)		

Objective evidence, process controls reviewed and comments:

28-01-2025 Braspenning ISO 9001:2015, ISO 14001:2015

Process Reviewed: Project Management and the Development of VGM Plans

Objective Evidence:
- VGM Plan: Cleaning and Spraying ZRMS Zeeleeuw and Walrus, June 2024.
- Procedure-0451: Project Planning Guidelines.

Comments:
The organization applies clear criteria for determining when a VGM (Safety, Health, and Environment) project plan is required. Plans are developed for projects that meet one or more of the following conditions:
- Duration exceeds 30 working days.
- More than 20 workers are simultaneously present on-site.
- Work requires over 500 man-days.
- Specific client requirements are stipulated.

The VGM project plan is translated into practical guidelines for foremen, who communicate these to operational staff. The plan meets the requirements of Dutch Arbobesluit (Occupational Health and Safety Decree), Article 2.28.

Environmental aspects are explicitly addressed, including:
- Safe reception and storage of substances.
- Prevention of environmental incidents during handling.
- Waste collection and storage.
- Mitigation of air pollution.
- Compliance with the client's environmental policies.

While the VGM plan thoroughly addresses preparation, prevention, and emergency response, post-incident aftercare lacks depth. This is, however, supplemented by references to internal procedures and contracts, as well as the company's emergency response procedures.

The process is effectively managed and safeguards compliance with safety, environmental, and client-specific requirements.

Process Reviewed: Flora and Fauna Management

Objective Evidence:
- Gate Sign: Seagull Information.

- Statement on Protected Species Identification.

Comments:
Braspenning has identified the presence of protected species, including seagulls and bats, at Damen Rotterdam. This is communicated through signage and procedures established in coordination with Damen. Employees are instructed not to disturb these species and to report sightings or incidents to Damen for further action.

This process ensures that the organization complies with environmental and biodiversity preservation regulations. Safeguards include clear communication protocols and employee awareness training.

Process Reviewed: Internal Communication

Objective Evidence:
- Toolbox Meeting Records.
- Site Tour Rotterdam.

Comments:
The organization maintains a structured process for communicating protocols, work instructions, and safety guidelines. A significant portion of operational staff originates from Turkey and Romania, with limited English proficiency. To address this, foremen are fluent in Dutch and capable of translating instructions into the workers' native languages.

This approach ensures effective communication of critical information and was confirmed during the audit. Employees demonstrated an understanding of safety protocols and procedures during site observations. The process is effectively safeguarded through this bilingual communication structure.

Process Reviewed: Waste Streams Management at Client Locations

Objective Evidence:
- Site Inspection: Damen Rotterdam Workshop.

Comments:
The organization manages various waste streams, including chemical, residual, and paper waste, at client locations. Waste segregation practices were observed during the site inspection, and no deviations were identified. Feedback mechanisms with the client are in place to address any irregularities, though none were reported in the past year due to proper adherence to waste management protocols.

The process is effectively implemented and ensures compliance with waste management requirements through consistent monitoring and adherence to client expectations.

Evaluation and conclusions:

The process(es) were found to be compliant from the sample taken.

04. Next visit details

Standard(s) / Scheme(s)	ISO 9001:2015	Visit type	Surveillance 1
Audit days	2.50 DAY	Visit start / end dates	19-January-2026 / 23-January-2026
Team	Harry Hoogenberg and Dylan van Zanten		

Site	Audit days	Delivery Method	Remote Effort	Activity codes
Profilgatan 65,Landskrona,SE::Braspenning Coatings Sweden	0.5 DAY	Remote	0.5 DAY	EA17,009001
T.T. Melissaweg 10,Amsterdam,NL::Braspenning Sterren Beheer B.V.	0.5 DAY	Onsite	0 DAY	EA17,009001
T.T. Melissaweg 10,Amsterdam,NL::Braspenning B.V.	0.5 DAY	Onsite	0 DAY	EA17,009001
T.T. Melissaweg 10,Amsterdam,NL::Braspenning Coatings B.V.	0.5 DAY	Onsite	0 DAY	EA17,009001
T.T. Melissaweg 10,Amsterdam,NL::Braspenning Indoor B.V.	0.5 DAY	Onsite	0 DAY	EA17,009001

Standard(s) / Scheme(s)	ISO 14001:2015	Visit type	Surveillance 1
Audit days	2.00 DAY	Visit start / end dates	19-January-2026 / 23-January-2026
Team	Harry Hoogenberg and Dylan van Zanten		

Site	Audit days	Delivery Method	Remote Effort	Activity codes
T.T. Melissaweg 10,Amsterdam,NL::Braspenning Sterren Beheer B.V.	0.25 DAY	Onsite	0 DAY	EA17,EA18,014001
T.T. Melissaweg 10,Amsterdam,NL::Braspenning B.V.	0.25 DAY	Onsite	0 DAY	EA17,EA18,014001
T.T. Melissaweg 10,Amsterdam,NL::Braspenning Coatings B.V.	0.5 DAY	Onsite	0 DAY	EA17,EA18,014001
T.T. Melissaweg 10,Amsterdam,NL::Braspenning Indoor B.V.	0.5 DAY	Onsite	0 DAY	EA17,EA18,014001
Profilgatan 65,Landskrona,SE::Braspenning Coatings Sweden	0.5 DAY	Remote	0.5 DAY	EA17,EA18,014001

Standard(s) / Scheme(s)	ISO 45001:2018	Visit type	Surveillance 1
Audit days	2.00 DAY	Visit start / end dates	19-January-2026 / 23-January-2026
Team	Harry Hoogenberg and Dylan van Zanten		

Site	Audit days	Delivery Method	Remote Effort	Activity codes
Profilgatan 65,Landskrona,SE::Braspenning Coatings Sweden	2.0 DAY	Remote	2.0 DAY	EA28, 045001,092511

Standard(s) / Scheme(s)	ISO 9001:2015	Visit type	Change to Approval
Audit days	2.00 DAY	Visit start / end dates	17-April-2025 / 17-April-2025
Team	Harry Hoogenberg and Eric Maes		

Site	Audit days	Delivery Method	Remote Effort	Activity codes
Dokweg 1 – Koningsplein,Willemstad,CW::Braspenning Coatings Curaçao	2.00 DAY	Onsite	0 DAY	EA17,009001

05. Approval details

It is confirmed that all sites and scopes as detailed in the contract for ISO 45001:2018,ISO 9001:2015,ISO 14001: 2015 are approved, or are being recommended for approval at this visit or remain unapproved, apart from any new approvals, suspensions and withdrawals shown below.

Product	Site	Status
ISO 45001:2018	6 Rue de Porstrein,Brest,FR::Braspenning Coatings France SAS	Approved
ISO 45001:2018	Profilgatan 65,Landskrona,SE::Braspenning Coatings Sweden	Approved
ISO 9001:2015	T.T. Melissaweg 10,Amsterdam,NL::Braspenning B.V.	Approved
ISO 9001:2015	T.T. Melissaweg 10,Amsterdam,NL::Braspenning Coatings B.V.	Approved
ISO 9001:2015	Profilgatan 65,Landskrona,SE::Braspenning Coatings Sweden	Approved
ISO 9001:2015	6 Rue de Porstrein,Brest,FR::Braspenning Coatings France SAS	Approved
ISO 9001:2015	Professor Gerbrandyweg 25,Rotterdam,NL:: Braspenning Steigerbouw B.V.	Approved
ISO 9001:2015	T.T. Melissaweg 10,Amsterdam,NL::Braspenning Indoor B.V.	Approved
ISO 9001:2015	Professor Gerbrandyweg 25,Rotterdam,NL:: Braspenning UHP & Coatings	Approved
ISO 9001:2015	T.T. Melissaweg 10,Amsterdam,NL::Braspenning Sterren Beheer B.V.	Approved
ISO 14001:2015	6 Rue de Porstrein,Brest,FR::Braspenning Coatings France SAS	Approved
ISO 14001:2015	Professor Gerbrandyweg 25,Rotterdam,NL:: Braspenning UHP & Coatings	Approved
ISO 14001:2015	T.T. Melissaweg 10,Amsterdam,NL::Braspenning Indoor B.V.	Approved
ISO 14001:2015	Professor Gerbrandyweg 25,Rotterdam,NL:: Braspenning Steigerbouw B.V.	Approved
ISO 14001:2015	T.T. Melissaweg 10,Amsterdam,NL::Braspenning Sterren Beheer B.V.	Approved
ISO 14001:2015	T.T. Melissaweg 10,Amsterdam,NL::Braspenning Coatings B.V.	Approved
ISO 14001:2015	Profilgatan 65,Landskrona,SE::Braspenning Coatings Sweden	Approved
ISO 14001:2015	T.T. Melissaweg 10,Amsterdam,NL::Braspenning B.V.	Approved

06. Change to certification details

Customer has requested the following changes.

The following scope or scope changes have been reviewed and verified, and are agreed subject to Technical Review.

Scope Details	Scope Type	
	Product	Site
Het voorbehandelen en conserveren van staalconstructies en het uitvoeren van steigerbouw.	ISO 14001:2015	6 Rue de Porstrein,Brest,FR:: Braspenning Coatings France SAS
Execution of scaffolding.	ISO 14001:2015	Professor Gerbrandyweg 25, Rotterdam,NL::Braspenning Steigerbouw B.V.
Pre-treatment and preservation of steel constructions.	ISO 9001:2015	Professor Gerbrandyweg 25, Rotterdam,NL::Braspenning UHP & Coatings
Pre-treatment and preservation of steel constructions.	ISO 9001:2015	Professor Gerbrandyweg 25, Rotterdam,NL::Braspenning UHP & Coatings
The execution of scaffolding.	ISO 9001:2015	Professor Gerbrandyweg 25, Rotterdam,NL::Braspenning Steigerbouw B.V.
Het voorbehandelen en conserveren van staalconstructies.	ISO 14001:2015	Professor Gerbrandyweg 25, Rotterdam,NL::Braspenning UHP & Coatings
Pre-treatment and preservation of steel constructions and the execution of scaffolding.	ISO 9001:2015	6 Rue de Porstrein,Brest,FR:: Braspenning Coatings France SAS
Het uitvoeren van steigerbouw.	ISO 14001:2015	Professor Gerbrandyweg 25, Rotterdam,NL::Braspenning Steigerbouw B.V.

Scope Details	Scope Type	
	Product	Site
Pre-treatment and preservation of steel constructions and the execution of scaffolding.	ISO 45001:2018	6 Rue de Porstrein,Brest,FR:: Braspenning Coatings France SAS
Het voorbehandelen en conserveren van staalconstructies en het uitvoeren van steigerbouw.	ISO 9001:2015	6 Rue de Porstrein,Brest,FR:: Braspenning Coatings France SAS
Pre-treatment and preservation of steel constructions and the execution of scaffolding.	ISO 14001:2015	6 Rue de Porstrein,Brest,FR:: Braspenning Coatings France SAS
Pre-treatment and preservation of steel constructions.	ISO 14001:2015	Professor Gerbrandyweg 25, Rotterdam,NL::Braspenning UHP & Coatings
Het uitvoeren van steigerbouw.	ISO 9001:2015	Professor Gerbrandyweg 25, Rotterdam,NL::Braspenning Steigerbouw B.V.

07. Attendees

Name	Role	Attended opening meeting	Attended closing meeting	Senior manager legally responsible for OHS	Person responsible for monitoring OHS	Employee representative for OHS
Jolande Rollema	Managing Director Braspenning Indoor BV	Y	Y	Y	Y	Y
Roel Joziasse	KAP Advies	Y	Y	N	N	N
Daniël Timmermans	KAP Advies	Y	Y	N	N	N
Stefan Visser	Managing Director (location Sweden)	Y	N	N	N	N
Cedric Hubert	Managing Director (location France)	Y	N	N	N	N
Sebastiaan Titos Bolivar	Managing Director / Operations manager (Rotterdam/Schiedam)	N	Y	N	N	N

08. Report considerations

Question	Confirmation	Auditor comment
With regard to the requirements of LRMS03-04-07 Use of ICT for Auditing Purposes - Risks & Opportunities. Has the organisation the ability to access and present information, images or video from relevant locations to undertake an effective remote assessment?	Yes	No comments
Please confirm in the comments the ICT tools agreed with the client for audits e.g. Microsoft TEAMS, SKYPE, LRQA REMOTE, WECHAT, Other...	Yes	MS-TEAMS
Where the audit is a stage One or a focus (Certification Renewal Planning) Visit, will the amount of remote audit time for the next certification period be greater than 50% of the total audit time?	NA	Not Applicable as not a Focus or Stage 1 audit.
Please confirm that legal and statutory controls were reviewed and were effective.	Yes	No comments
Confirmation of the management system's conformity to the requirements of the standard, capability, and effectiveness to deliver the objectives of the organization and stakeholders.	Yes	No comments
Has there been any deviation from the original audit plan or any significant issues impacting on the audit programme?	No	No comments
Have there been any significant changes, since the last audit, that affect the continued appropriateness of: the scope of certification, the management system, effective workforce numbers, related to the activities/products/services of the organisation?	No	No comments
Are there any unresolved issues from the audit between the client and the audit team?	No	No comments

Question	Confirmation	Auditor comment
Was the organisation effectively controlling the use of the certification documents, marks and not misleading in their (online) certification statements?	Yes	No comments
Were the stated objectives of the audit fulfilled?	Yes	No comments
Where the audit is for OHS, have the relevant OHS responsibility holders been involved in the audit and their details included in the list of meeting attendees?	Yes	No comments
Where the organisation operates a Night Shift, can all processes be effectively audited during normal office hours?	NA	No Night Shift activity undertaken.
Where the visit is for OHS and Night Shift activities are undertaken, confirm that a Night Shift audit has been planned.	B: OHS Audit with no Night Shift operations	No comments
Where remote audit activities were undertaken with the use of ICT, were these effective and delivered the audit objectives?	Yes	No comments
Were operational processes audited remotely and using video livestreaming? If yes, please confirm that a comment was made in the relevant process table to confirm the effectiveness of the audit activity.	NA	No operational processes audited using ICT.

09. Additional information

LRQA Observation

Notification to client of an opportunity for improvement in observed current practices, or a positive aspect worthy of a special mention observed. The requirements of the Standard(s) are met, follow up not mandatory for client or LRQA. Will be recorded in the audit summary table applicable to the area being assessed and highlighted in the executive summary where relevant.

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 audit 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’ included on our website www.lrqa.com. 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. Furthermore, on the website there are Client Information Notes available for the various visit types.

Audit Criteria

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

010. Appendix

Client Sheet – Braspenning Sterren Beheer B.V. (01-2025)

General client information (Braspenning Sterren Beheer B.V. - RQA9432401):

In 1989, Braspenning bought a number of factory halls at t.t. Melissaweg in Amsterdam, its current location. These were equipped with blasting and spray booths, allowing work that required a well-conditioned environment to be taken on regardless of the season. Braspenning also works at several regular customer locations, mainly shipyards.

Address information (main office/correspondence address):
Braspenning Sterren Beheer B.V. / Braspenning B.V.
T.T. Melissaweg 10
1033 SR Amsterdam
The Netherlands

Contact:
Mrs. Jolande Rollema
Tel: +31-(20) 6304320
Mobiel: +31 (0)6-23902280
j.rollema@braspenning-group.com

Number of sites/locations including scope/activities, number of employees and standards applies:

Site	(sub)scope / activities	fte	QMS 9001 Y/N	EMS 14001 Y/N	OH&S 45001 Y/N
Braspenning Sterren Beheer B.V. T.T. Melissaweg 10 1033 SR Amsterdam Netherlands	**NL:** Het voorbehandelen en conserveren van staalconstructies en het uitvoeren van steigerbouw. **EN:** Pre-treatment and preservation of steel constructions and the execution of scaffolding.	3	Y	Y	Y
Braspenning B.V. T.T. Melissaweg 10 1033 SR Amsterdam Netherlands	**NL:** Het voorbehandelen en conserveren van staalconstructies en het uitvoeren van steigerbouw. **EN:** Pre-treatment and preservation of steel constructions and the execution of scaffolding.	2	Y	Y	N
Braspenning Coatings France SAS 6 Rue de Porstrein 29200 Brest France	**NL:** Het voorbehandelen en conserveren van staalconstructies en het uitvoeren van steigerbouw. **EN:** Pre-treatment and preservation of steel constructions and the execution of scaffolding.	24	Y	Y	Y
Braspenning Coatings B.V. T.T. Melissaweg 10 1033 SR Amsterdam Netherlands	**NL:** Het voorbehandelen en conserveren van staalconstructies. **EN:** Pre-treatment and preservation of steel constructions.	23	Y	Y	N
Braspenning Steigerbouw B.V. Professor Gerbrandyweg 25	**NL:** Het uitvoeren van steigerbouw.	20	Y	Y	N

Site	(sub)scope / activities	fte	QMS 9001 Y/N	EMS 14001 Y/N	OH&S 45001 Y/N
3197 KK Rotterdam Netherlands	**EN:** The execution of scaffolding.				
Braspenning Indoor B.V. T.T. Melissaweg 10 1033 SR Amsterdam Netherlands	**NL:** Het voorbehandelen en conserveren van staalconstructies. **EN:** Pre-treatment and preservation of steel constructions.	15	Y	Y	N
Braspenning UHP & Coatings B.V. Professor Gerbrandyweg 25 3197 KK Rotterdam Netherlands	**NL:** Het voorbehandelen en conserveren van staalconstructies. **EN:** Pre-treatment and preservation of steel constructions.	21	Y	Y	N
Braspenning Coatings Sweden AB Profilgatan 26 261 35 Landskrona Sweden	**EN:** Pre-treatment and preservation of steel constructions and the execution of scaffolding.	15	Y	Y	Y
Braspenning Coatings Curaçao Dokweg 1 – Koningsplein Willemstad - Curaçao	**NL:** Het voorbehandelen en conserveren van staalconstructies en het uitvoeren van steigerbouw. **EN:** Pre-treatment and preservation of steel constructions and the execution of scaffolding.	?	N*	N*	N*

* Change to approval planned in April 2025 for branch in Willemstad Curaçao. Fist only ISO 9001 and later also ISO 45001 and ISO 14001

EA and othes code(s):

009001
014001
045001
092511
EA17
EA18
EA28

Certificate Expiry Date(s) and Accreditation:

ISO 9001:2015
- 1 May 2025 - UKAS

ISO 14001:2015
- 27 March 2025 - UKAS

ISO 45001:2018
- 20 October 2025 - UKAS

Most relevant occupational health and environmental aspects (incl. risks)

- Energy consumption
- Air emissions
- Storage and use of hazardous substances (coatings and solvents)
- Exposure (hazardous substances - solvents and noise)
- Waste
- Confined spaces
- Vibrations
- noise
- Working at height (including scaffolding and blasting/coating)
- High pressure equipment (washing, blasting and coating)
- Heat and cold (outdoor work)

Additional information:

Combined audits for 9001/14001/45001 (possibly combined with Dutch SCC** - Safety Certified Contractors 2-star).

Audit Programme, Braspenning Sterrenbeheer (RQA9432401)

Both the audit programme and the plan are dynamic and must be in line with the developments in the certified organisation and activities. Last minute changes are possible with valid reasons. The final selection will be made after review by the audit team of e.g. management system and actual performance. Prior to the closing meeting the audit team will (re)confirm the programme and identify any changes. The audit criteria consist of the requirements of the standard and the management system of the client.

Audit Type	CR	SV1	SV2/Focus	CR	CtA
Due Date	03-2025	02-2026	02-2027	02-2028	
Start date	20-01-2025	19-01-2026			17-04-2025
End date	29-01-2025	23-01-2026			17-04-2025
# audit days ISO 9001	3	1,5	1,5	3	2
# audit days ISO 14001	4,5	2,5	2	4,5	-
# audit days ISO 45001	4	1,5	2	4	-
Total Audit days	11,5	5,5	5,5	11,5	2
Onsite audit days	9				2
Remote Audit Days	2,5				-
Process / topic					
Opening/Closing meeting with H&S representatives	X	X	X	X	X
Changes to organization or context	X	X	X	X	X
Management Review	X	X	X	X	X
Internal Audits	X	X	X	X	X
Continual Improvement	X	X	X	X	X
Management of change	X	X	X	X	X
Corrective action management	X	X	X	X	X
Complaint Management	X	X	X	X	X
Use of Logo (LRQA & Accreditation Marks)	X	X	X	X	X
Performance against the client management system objective	X	X	X	X	X
Reporting and Follow Up open issues	X	X	X	X	X
Audit outside normal hours and various shift patterns	NA	NA	NA	NA	NA
Audit of shift(s) / shift change	NA	NA	NA	NA	NA
Management elements	X	X	X	X	X
Review, Preview & Planning (Focus Visit Activity)			X		
HQ Amsterdam					
General Management (CEO)	X	X	X	X	*
QHSE department	X	X	X	X	*
Purchase / Procurement	X	X		X	*
HR	X		X	X	*
Quotation process, calculation and work preparation	X	X		X	*
General: environment and health and safety aspects, legal obligations, compliance and waste management	X	X	X	X	
Emergency preparedness and response	X	X		X	
Volatile Organic Compounds (accounting and reports)	X		X	X	
Sites / Branches					
Braspenning Sterren Beheer B.V.	X	X	X	X	

Audit Type	CR	SV1	SV2/Focus	CR	CtA
T.T. Melissaweg 10 1033 SR Amsterdam Netherlands					
Braspenning B.V. T.T. Melissaweg 10 1033 SR Amsterdam Netherlands	X	X		X	
Braspenning Coatings France SAS 6 Rue de Porstrein 29200 Brest France	X		X	X	
Braspenning Coatings B.V. T.T. Melissaweg 10 1033 SR Amsterdam Netherlands	X	X			
Braspenning Steigerbouw B.V. Professor Gerbrandyweg 25 3197 KK Rotterdam Netherlands	X		X	X	
Braspenning Indoor B.V. T.T. Melissaweg 10 1033 SR Amsterdam Netherlands	X	X			
Braspenning UHP & Coatings B.V. Professor Gerbrandyweg 25 3197 KK Rotterdam Netherlands	X		X	X	
Braspenning coating Sweden AB Profilgatan 26 261 35 Landskrona Sweden	X	X	X		
Braspenning Coatings Curaçao Dokweg 1 – Koningsplein Willemstad – Curaçao **Site is not added to certification yet.**					X
Permanent work locations					
Harlingen (Yard Damen, The Netherlands)		X		X	
Den Helder (Yard Damen, The Netherlands)		X		X	
Amsterdam (Yard Damen DSA, The Netherlands)	X				
Amsterdam (Yard Damen, Oranjewerf, The Netherlands)			X		
Rotterdam (Yard Damen/Verolme, The Netherlands)	X		X	X	
Schiedam (Yard Damen, The Netherlands)	X			X	
Vlissingen (Yard Damen, The Netherlands)		X			
Haarlem (Nedtrain, The Netherlands)			X		
Dunkerque (Damen Shiprepair) Route Des Docks Flottants Dunkerque, France	X		X		

CR = Certificate Renewal / SV = Surveillance Visit / FV = Focus Visit

Note: Information on the objectives and activities of the various audits can be found in the Client Information Notes included in the report or on our website www.lrqa.com. Furthermore, on our website there is information available for various other topics like logo use, feedback, complaints, audit process, etcetera. The audit criteria and team members date and locations are also stated on the front page of the report. The audit criteria consist of the requirements of the standard and the management system of the client. Scope of certification and roles and responsibilities of the audit team members are expressed in the audit program /plan, job notes, client portal, certificate, etcetera.

Assessment plan Braspenning Sterrenbeheer (RQA9432401)

Visit	Assessment standard
Certificate renewal	**ISO 9001, ISO 14001 and ISO 45001**

Assessment team	Assessment dates	Issue date
Harry Hoogenberg (TEAM LEADER), Dylan van Zanten, Ella Vronskaya and Ahmed Khedher	**20 – 23 January and 27 – 29 January 2025**	**December 2024**

See for LRQA audit-team and client contact details last page of this audit plan!

(Day 1) 20 January 2025					
Harry Hoogenberg (Team Leader)		**Second Dutch auditor (Dylan van Zanten)**		**-**	
09.00	Travel to Sweden (Landskrone) Guidance: Roel Joziasse (KAP-advies)	09.00	Travel to France (Brest) Guidance: Daniël Timmermans (KAP-advies)		
	• Context of the organisation (external and internal issues & needs and expectations of interested parties) • Management Review • Risks and opportunities • Follow up of findings from previous audits		• Context of the organisation (external and internal issues & needs and expectations of interested parties) • Management Review • Risks and opportunities		
17.00	End day 1	17.00	End day 1		

The generic audit objectives and team responsibilities are included in the Client Information Note 'Assessment Process'. The roles of the audit team are defined in the assessment visit confirmation to the client by LRQA. The current scope is included in the APP. Any revised scope will be as agreed in formal correspondence between LRQA and the client or defined in section 4 of the previous LRQA visit report.. Any additional observers will be as formally communicated to the client in writing. The audit criteria consists of the assessment standard and the client's management system processes and documentation.

(Day 2) 21 January 2025 (location Sweden and France)					
Harry Hoogenberg (Team Leader) **Braspenning Coatings Sweden AB** Guidance: Roel Joziasse (KAP-advies)		**Dylan van Zanten** **Braspenning Coatings France SAS** Guidance: Daniël Timmermans (KAP-advies)		**Local Swedish auditor (Ella Vronskaya)** **REMOTE via TEAMS!**	
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 30 minutes). The Team Leader will agree a time to meet with top management to discuss policy and objectives for the management system.				
09.30	**Local/Site Management:** e.g. changes in context of the organisations context (external and internal issues and needs and expectations of interested parties), leadership, policy, goals and objectives, non conformities and incidents, communication and roles and responsibilities.	09.30	**Local/Site Management:** e.g. changes in context of the organisations context (external and internal issues and needs and expectations of interested parties), leadership, policy, goals and objectives, non conformities and incidents, communication and roles and responsibilities.	09.30	**Local/Site Management:** e.g. changes in context of the organisations context (external and internal issues and needs and expectations of interested parties), leadership, policy, goals and objectives, non conformities and incidents, communication and roles and responsibilities.
10.30	**General management system elements:** - internal audit planning and internal audits - management review - emergency preparedness and response - continual improvement and results of internal inspections and safety walks - non conformance and incidents	10.30	**General management system elements:** - internal audit planning and internal audits - management review - emergency preparedness and response - continual improvement and results of internal inspections and safety walks - non conformance and incidents	10.30	**QHSE (focus on local legislation and requirements)** e.g. Leadership and worker participation, Hazard identification (incl. environmental aspects) and assessment of risks and opportunities, competences and training, determination of legal and other requirements, monitoring, measurement, analysis and performance evaluation, evaluation of (legal)compliance.
12.15	Lunch	12.15	Lunch	12.15	Lunch

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13.15	**Yard and workshop tour / Operational planning and control** e.g. control of pre-treatment and preservation of steel constructions and the execution of scaffolding, control of occupational health and environmental risks, awareness, housekeeping, occupational health & environmental observations, inspections by management, inspections of equipment and tools, storage and use of hazardous substances (e.g. paint and solvents)	13.15	**Yard and workshop tour / Operational planning and control** e.g. control of pre-treatment and preservation of steel constructions and the execution of scaffolding, control of occupational health and environmental risks, awareness, housekeeping, occupational health & environmental observations, inspections by management, inspections of equipment and tools, storage and use of hazardous substances (e.g. paint and solvents)	13.15	**Continuing morning part of the audit and following up on any audit leads and open ends (if applicable)**
15.00	Report writing.	15.00	Report writing.	14.30	**Report writing and e-mail export-file (csv) and interim report to lead auditor:** harry.hoogenberg@lrqa.com
17.00	Close	17.00	Close	17.00	Close

(Day 3) 22 January 2025			
Harry Hoogenberg (Team Leader)	**Dylan van Zanten**	**REMOTE via TEAMS! Local French auditor (Ahmed Khedher)**	
Travel back to the Netherlands	Travel back to the Netherlands	**08.00**	**QHSE (focus on local legislation and requirements)** e.g. Leadership and worker participation, Hazard identification (incl. environmental aspects) and assessment of risks and opportunities, competences and training, determination of legal and other requirements, monitoring, measurement, analysis and performance evaluation, evaluation of (legal)compliance.
		13.00	**Report writing and e-mail export-file (csv) and interim report to lead auditor:** harry.hoogenberg@lrqa.com

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(Day 4) 23 January 2025 (T.T. Melissaweg 10, 1033 SR Amsterdam)			
Harry Hoogenberg (Team Leader)		**Dylan van Zanten**	
09.00	Review of findings from previous audit days. Review of the assessment plan for the day.		
09.30	**Management (CEO)** e.g. developments, changes in the context of the organization (external and internal issues and stakeholder needs and expectations, customer satisfaction, environmental issues, targets and KPI' s and management review (management review)	09.30	**Idem**
10.30	**Procurement** e.g. selection and evaluation of suppliers and outsourced processes/work, environmental aspects, critical suppliers, risks and opportunities.		**QHSE** e.g. developments, complaint management, continuous improvement, communication with competent authority internal audits and non-conformities, (near) accidents, toolboxes, workplace inspections, compliance obligations, HSE aspects, complaints, waste management etcetera.
12.00	Lunch	12.00	Lunch
13.00	**Human Resources / HRM** e.g. education and training, competencies and skills, induction of new employees, communication, etc.	13.00	**Location Damen Shiprepair & Conversion, Amsterdam** Yard and workshop tour / Operational planning and control e.g. control of pre-treatment and preservation of steel constructions and the execution of scaffolding, control of occupational health and environmental risks, awareness, housekeeping, occupational health & environmental observations, inspections by management, inspections of equipment and tools, storage and use of hazardous substances (e.g. paint and solvents)
14.00	**Production Braspenning Indoor** (blasting and coating) + general tour of environmental and quality aspects.		
15.30	Report writing.	15.30	Report writing.
17.00	Close	17.00	Close

The generic audit objectives and team responsibilities are included in the Client Information Note ‘Assessment Process’. The roles of the audit team are defined in the assessment visit confirmation to the client by LRQA. The current scope is included in the APP. Any revised scope will be as agreed in formal correspondence between LRQA and the client or defined in section 4 of the previous LRQA visit report.. Any additional observers will be as formally communicated to the client in writing. The audit criteria consists of the assessment standard and the client’s management system processes and documentation.

(Day 5) 27 January 2025 (T.T. Melissaweg 10, 1033 SR Amsterdam)			
Harry Hoogenberg (Team Leader)		**Dylan van Zanten**	
09.00	Review of findings from previous audit day. Review of the assessment plan for the day.		
09.30	**Emergency preparedness and response** e.g. Emergency response plan and drills	09.30	**Quotation process and calculations / work preparation Scaffolding** e.g. quotation processes, internal agreements, authority and translation of customer requirements into internal requirements and instructions and communication, inspection plans.
10.30	**Quotation process and calculations / work preparation Indoor** e.g. quotation processes, internal agreements, authority and translation of customer requirements into internal requirements and instructions and communication, inspection plans.	10.30	**Quotation process and calculations / work preparation Coating** e.g. quotation processes, internal agreements, authority and translation of customer requirements into internal requirements and instructions and communication, inspection plans.
12.00	Lunch	12.00	Lunch
13.00	**Follow up of audit leads end open ends**	13.00	**Volatile Organic Compounds (accounting and reports)**
14.00	**Reporting and preparing pre-closing meeting with management**		
16.00	Pre-Closing meeting with management to present a summary of findings and recommendations.		
17.00	End of audit day		

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(Day 6) 28 January 2025 (Professor Gerbrandyweg 25, 3197 KK Rotterdam) Braspenning UHP & Coatings B.V. en Braspenning Steigerbouw B.V.			
Harry Hoogenberg (Team Leader)		**Dylan van Zanten**	
09.00	Review of findings from previous day. Review of the assessment plan for the day.		
09.30	**Local/Site Management:** e.g. changes in context of the organisations context (external and internal issues and needs and expectations of interested parties), leadership, policy, goals and objectives, non conformities and incidents, communication and roles and responsibilities.	09.30	**Local/Site Management:** e.g. changes in context of the organisations context (external and internal issues and needs and expectations of interested parties), leadership, policy, goals and objectives, non conformities and incidents, communication and roles and responsibilities.
10.45	**General management system elements:** - internal audit planning and internal audits - emergency preparedness and response - continual improvement and results of internal inspections and safety walks - non conformance and incidents		**General management system elements:** - internal audit planning and internal audits - emergency preparedness and response - continual improvement and results of internal inspections and safety walks - non conformance and incidents
12.00	Lunch	12.00	Lunch
13.00	**Yard and workshop tour / Operational planning and control** e.g. control of pre-treatment and preservation of steel constructions and the execution of scaffolding, control of occupational health and environmental risks, awareness, housekeeping, occupational health & environmental observations, inspections by management, inspections of equipment and tools, storage and use of hazardous substances (e.g. paint and solvents)	13.00	**Yard and workshop tour / Operational planning and control** e.g. control of pre-treatment and preservation of steel constructions and the execution of scaffolding, control of occupational health and environmental risks, awareness, housekeeping, occupational health & environmental observations, inspections by management, inspections of equipment and tools, storage and use of hazardous substances (e.g. paint and solvents)
15.00	Report writing.	15.00	Report writing.
16.00	Closing meeting with local/site management (Incl. QHSE Manager and person responsible for monitoring the health and well-being of employees) to present a summary of findings and recommendations.		
17.00	Close		

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(Day 7) 29 January 2025 REMOTE (0,5 day)	
Harry Hoogenberg (Team Leader)	
09.00 – 12.30	Finalize reporting, prepare audit plan for next visit, update APP for upcoming certification cycle, report considerations, upload report into LRQA system and other administration.

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Contact details for external audit Braspenning, January 2025

General contact: **Braspenning Sterren Beheer (The Netherlands)** **Mrs. Jolande Rollema** t.t. Melissaweg 10 1033 SR Amsterdam Tel: +31 (0) 20 - 6304320 Mobile: +31 (0)6-23902280 j.rollema@braspenning-group.com	**Braspenning (location Landskrona/Sweden)** Mr. Stefan Visser Profilgatan 23 261 35 Landskrona, Sweden) Mobile: +46 730783347 s.visser@braspenning-group.com	**Braspenning (location Brest/France)** Mr. Cedric Hubert 6 Rue de Porstrein, 29200 Brest (France) E-mail: c.hubert@braspenning-group.com Mobile:+33 783324033
KAP-Advies (external consultant) Mr. Daniël Timmermans Mobile: +31 6 13235514 d.timmermans@kap-advies.nl	**KAP-Advies (external consultant)** Mr. Roel Joziasse Mobile: +31 6 30737231 r.joziasse@kap-advies.nl	
LRQA The Netherlands (lead auditor LRQA) **Mr. Harry Hoogenberg** External Lead Auditor Mobile: +31 (0)6 2008 7880 harry.hoogenberg@lrqa.com	**LRQA The Netherlands (auditor LRQA)** **Mr. Dylan van Zanten** External (Lead) Auditor Mobile +31 (0)6 81444999 dylan.vanzanten@lrqa.com	
LRQA Sweden **Mrs. Ella Vronskaya (lead auditor LRQA)** External (Lead) Auditor Tel: +46 (0)76 190 91 49 Ella.Vronskaya@lrqa.com	**LRQA France** **Mr. Ahmed Khedher (lead auditor LRQA)** External (Lead) Auditor Tel: 330624021323 ahmed.khedher@lrqa.com	

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Assessment plan CTA Braspenning Curaçao RQA9432401

Assessment type	Assessment norm
Chance to Approval (CTA)	**ISO 9001:2015**

Assessment team	Assessment datum(s)	Versie plan
Harry Hoogenberg en Eric Maes	**17 april 2025**	**1.0**

(Dag 1) donderdag 17 april 2025 (onsite)			
08.30	Openingsvergadering met het management waarbij een uitleg wordt gegeven over de omvang van de audit, de audit methodiek en rapportage. Tevens zal de bedrijfsorganisatie en het assessmentprogramma worden besproken.		
Harry Hoogenberg (Teamleider)		Eric Maes	
09.00	**Locatie management (General manager)** Vaststellen scope voor certificering en andere contractuele onderdelen. o.a. ontwikkelingen, context van de organisatie (externe en interne issues en behoeften en verwachtingen van belanghebbenden), beleid, risico's en kansen, doelstellingen en KPI's, communicatie, rapportages, afwijkingen, klanttevredenheid, middelen en infrastructuur, directiebeoordeling e.d.		
10.00	**QHSE management** o.a. ontwikkelingen, doelstellingen, KPI's en registraties/rapportages, interne planning en de uitvoering van interne audits, klanttevredenheid, registratie van afwijkingen en opvolging van afwijkingen, communicatie en afstemming met Damen, middelen en infrastructuur, communicatie, continu verbeteren.	10.00	**Rondgang werf en werkzaamheden (conserveren en steigerbouw)** o.a. beheersing van werkzaamheden, werkvergunningen, housekeeping, kwaliteitsaspecten, opslag en gebruik van gevaarlijke stoffen (o.a. verf en oplosmiddelen), afstemming werkzaamheden met opdrachtgever
11.00	**HR** o.a. functieomschrijvingen, rollen en verantwoordelijkheden, opleiding en training (incl. kwalificaties van medewerkers), evaluaties, competenties e.d.		
12.00	Lunch.		

13.00	**Inkoop** o.a. eisen aan leveranciers, leveranciersbeoordeling, inkoop van goederen, middelen en persoonlijke beschermingsmiddelen, Safety Data Sheets van gevaarlijke stoffen, communicatie en afwijkingen.	13.00	**Quotation process and calculation** o.a. calculaties (conserveren en steigerbouw), communicatie met klant, afwijkingen, doelstellingen e.d.
14.00	- Voorbereiden van de eindrapportage - Maken van vervolgafspraken - Opstellen auditplan volgend bezoek - Bijwerken APP (Audit Programma/Plan) - Controle en eventueel aanpassen van manday justification - Opstellen rapportage overwegingen - Uitwerken interview/gesprekken en rapportage - Plan van aanpak eventueel geconstateerde Non Conformities	14.00	**Werkvoorbereiding** o.a. planning van werk en medewerkers, kwaliteitscontroles en rapportages, metingen, afwijkingen
15.00	Opvolging audit leads en open einden, rapportage en voorbereiden eindbespreking met het management.		
16.30	Eindbespreking met het management waarbij een samenvatting wordt gegeven van de bevindingen en de aanbevelingen.		
17.00	Einde		

Assessment plan Braspenning Sterrenbeheer (RQA9432401)

Visit ISO	Visit VCA	Assessment standard
Surveillance 1	Focus Visit	**ISO 9001, ISO 14001, ISO 45001 And VCA****

Assessment team	Assessment dates	Issue date
Harry Hoogenberg (TL ISO Standards), Dylan van Zanten (TL VCA)**	**19 – 23 January 2026**	**January 2026**

(Day 1) 19 January 2026 (T.T. Melissaweg 10, 1033 SR Amsterdam)		
	Harry Hoogenberg (Team Leader)	**Dylan van Zanten**
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 30 minutes). The Team Leader will agree a time to meet with top management to discuss policy and objectives for the management system.	
09.30	**Local/Site Management:** e.g. changes in context of the organisations context (external and internal issues and needs and expectations of interested parties), leadership, policy, goals and objectives, non conformities and incidents, communication and roles and responsibilities.	
10.30	**General management system elements:** - internal audit planning and internal audits - management review - emergency preparedness and response - continual improvement and results of internal inspections and safety walks - non conformance and incidents	
12.15	Lunch	

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13.15	**Production Braspenning Indoor** (blasting and coating) + general tour of environmental and quality aspects.	13.15	**QHSE (focus on local legislation and requirements)** e.g. Leadership and worker participation, Hazard identification (incl. environmental aspects) and assessment of risks and opportunities, competences and training, determination of legal and other requirements, monitoring, measurement, analysis and performance evaluation, evaluation of (legal)compliance.
14:00	**Location Damen Shiprepair & Conversion, Amsterdam** Yard and workshop tour / Operational planning and control	14:00	**Human Resources / HRM** e.g. education and training, competencies and skills, induction of new employees, communication, etc.
15.00	Report writing.		
17.00	Close		

(Day 2) 20 January 2026 (**Professor Gerbrandyweg 25, 3197 KK Rotterdam)**		
	Harry Hoogenberg (Team Leader)	**Dylan van Zanten**
09.00	Review of findings from previous day. Review of the assessment plan for the day.	
09.30	**Local/Site Management:** e.g. changes in context of the organisations context (external and internal issues and needs and expectations of interested parties), leadership, policy, goals and objectives, non conformities and incidents, communication and roles and responsibilities.	
10.45	**General management system elements:** - internal audit planning and internal audits - emergency preparedness and response - continual improvement and results of internal inspections and safety walks - non conformance and incidents	

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12.00	Lunch
13.00	**Yard and workshop tour / Operational planning and control** e.g. control of pre-treatment and preservation of steel constructions and the execution of scaffolding, control of occupational health and environmental risks, awareness, housekeeping, occupational health & environmental observations, inspections by management, inspections of equipment and tools, storage and use of hazardous substances (e.g. paint and solvents)
15.00	Report writing.
16.00	Closing meeting with local/site management (Incl. QHSE Manager and person responsible for monitoring the health and well-being of employees) to present a summary of findings and recommendations.
17.00	Close

(Day 3) 21 January 2026 (Rittehem 500, Rittehem Damen Shiprepair Vlissingen)			
Harry Hoogenberg (Team Leader)		**Dylan van Zanten, TL VCA****	
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 30 minutes). The Team Leader will agree a time to meet with top management to discuss policy and objectives for the management system.		
09.30	**Local/Site Management:** e.g. changes in context of the organisations context (external and internal issues and needs and expectations of interested parties), leadership, policy, goals and objectives, non conformities and incidents, communication and roles and responsibilities.	09.30	**Local/Site Management:** e.g. changes in context of the organisations context (external and internal issues and needs and expectations of interested parties), leadership, policy, goals and objectives, non conformities and incidents, communication and roles and responsibilities.

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10.30	**Yard and workshop tour / Operational planning and control** e.g. control of pre-treatment and preservation of steel constructions and the execution of scaffolding, control of occupational health and environmental risks, awareness, housekeeping, occupational health & environmental observations, inspections by management, inspections of equipment and tools, storage and use of hazardous substances (e.g. paint and solvents)	10.30	**Yard and workshop tour / Operational planning and control** e.g. control of pre-treatment and preservation of steel constructions and the execution of scaffolding, control of occupational health and environmental risks, awareness, housekeeping, occupational health & environmental observations, inspections by management, inspections of equipment and tools, storage and use of hazardous substances (e.g. paint and solvents)
12.15	Lunch		
13.15	**General management system elements:** - internal audit planning and internal audits - management review - continual improvement and results of internal inspections and safety walks - non conformance and incidents	13.15	**PPE** Procurement and inspection of materials, work equipment and personal protective equipment
		14:00	**Emergency preparedness and response** e.g. Emergency response plan and drills
15.00	Report writing.		
17.00	Close		

(Day 4) 22 January 2026 (T.T. Melissaweg 10, 1033 SR Amsterdam)			
Harry Hoogenberg (Team Leader) Braspenning (location Landskrona/Sweden)		**Dylan van Zanten TL VCA****	
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 30 minutes). The Team Leader will agree a time to meet with top management to discuss policy and objectives for the management system. **Sweden Remote**		
09.30	**General management system elements Sweden Remote** - internal audit planning and internal audits	09.30	**Workplace inspection** Planning, control and trend analysis

The generic audit objectives and team responsibilities are included in the Client Information Note 'Assessment Process'. The roles of the audit team are defined in the assessment visit confirmation to the client by LRQA. The current scope is included in the APP. Any revised scope will be as agreed in formal correspondence between LRQA and the client or defined in section 4 of the previous LRQA visit report.. Any additional observers will be as formally communicated to the client in writing. The audit criteria consists of the assessment standard and the client's management system processes and documentation.

	- management review - emergency preparedness and response - continual improvement and results of internal inspections and safety walks - non conformance and incidents	10.30	**Reports and registrations** Investigation of incidents, near-accidents and near misses.
12.15	Lunch		
13.15	**Quotation process and calculations / work preparation Sweden Remote** e.g. quotation processes, internal agreements, authority and translation of customer requirements into internal requirements and instructions and communication, inspection plans. - Indoor - Scaffolding - Coating	13.15	**Outstanding VCA Points** e.g. Leadership and worker participation, Hazard identification (incl. environmental aspects) and assessment of risks and opportunities, competences and training, determination of legal and other requirements, monitoring, measurement, analysis and performance evaluation, evaluation of occupation health care
14:00	**NC Follow up Sweden Remote** Root cause analysis, corrective actions, an d preventive measures, as well as evaluating the effectiveness of the measures		
15.00	Report writing.		
17.00	Close		

(Day 5) 23 January 2026 REMOTE		
	Harry Hoogenberg (Team Leader)	**Dylan van Zanten VCA****
09.00 – 12.30	Finalize reporting, prepare audit plan for next visit, update APP for upcoming certification cycle, report considerations, upload report into LRQA system and other administration.	

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Contact details for external audit Braspenning (general)

General contact: **Braspenning Sterren Beheer (The Netherlands)** **Mrs. Jolande Rollema** t.t. Melissaweg 10 1033 SR Amsterdam Tel: +31 (0) 20 - 6304320 Mobile: +31 (0)6-23902280 j.rollema@braspenning-group.com	**Braspenning (location Landskrona/Sweden)** Mr. Stefan Visser Profilgatan 23 261 35 Landskrona, Sweden) Mobile: +46 730783347 s.visser@braspenning-group.com	**Braspenning (location Brest/France)** Mr. Cedric Hubert 6 Rue de Porstrein, 29200 Brest (France) E-mail: c.hubert@braspenning-group.com Mobile:+33 783324033
KAP-Advies (external consultant) Mr. Daniël Timmermans Mobile: +31 6 13235514 d.timmermans@kap-advies.nl	**KAP-Advies (external consultant)** Mr. Roel Joziasse Mobile: +31 6 30737231 r.joziasse@kap-advies.nl	**Braspenning Curaçao** @@@ @@@
LRQA The Netherlands (lead auditor LRQA) **Mr. Harry Hoogenberg** External Lead Auditor Mobile: +31 (0)6 2008 7880 harry.hoogenberg@lrqa.com	**LRQA The Netherlands (auditor LRQA)** **Mr. Dylan van Zanten** External (Lead) Auditor Mobile +31 (0)6 81444999 dylan.vanzanten@lrqa.com	

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Assessment process: Management systems service outline

CLIENT INFORMATION NOTE

Overview

For the assessments undertaken by LRQA the objectives of these audits are:

- the determination of the conformity of the client's management system, or parts of it, with audit criteria;
- the determination of the ability of the management system to ensure the client meets applicable statutory, regulatory and contractual requirements; NOTE: management system certification audit is not a legal compliance audit.
- the determination of the effectiveness of the management system to ensure the client can reasonably expect to achieve its specified objectives;
- as applicable, identification of areas for potential improvement of the management system.

The details of the objectives for each type of assessment are contained in the section related to the relevant assessment types below.
Where applicable to an assessment, the roles of the personnel involved will be as follows:

- the Team Leader is responsible for the whole assessment process and the production of the audit plan. They are responsible for managing the members of the team, including allocating activities to the team members to ensure that the audit plan can be completed, the compilation of the assessment report and audit findings and making the recommendations in relation to your certification
- the Team members undertake the assessment process under the direction of the Team Leader; they undertake the detailed assessment work in accordance with the audit plan producing a report of the work they have undertaken, including any findings, for inclusion within the overall assessment report.
- a Technical Expert will be used on an assessment where the specialist knowledge is required to supplement that of the assessment team. Whilst they will act as advisors to the assessment team they will not undertake any assessment work.
- an Assessor under training (AUT) may be included within the audit team, they will perform the duties of either a team member or team leader under the direction of the Team leader.
- the Team Leader will ask that you appoint personnel from your organization who will act as guides for the assessment team.
- from time to time the audit Team may be accompanied by an observer. An observer is not part of the audit team and will not influence or interfere with the conduct of the audit. An observer can be from LRQA, an accreditation body or regulator, or from another interested party who wishes to witness the audit.

The planning department of your LRQA office will inform you of the makeup of any assessment team in advance of the audit, including where applicable any Technical experts, and if they will be accompanied by any observers.

The accreditation requirements define that there are four elements to the assessment process:

- assessment of the system design and definition
- assessment of the client's system self-governance
- planning of the implementation visit
- assessment of system implementation.

We combine these elements to meet market requirements. However, any combination of assessment must allow you, the client, time to correct any major non-conformity before the next assessment.
We normally conduct the initial certification assessment of a management system in two stages - Stage 1 and Stage 2.

Assessment Structure

In a Stage 1 audit we address the following elements:

- an assessment of the design and definition of the system to confirm conformity with certification requirements such as the assessment standard(s) and certification scope
- an assessment of the self-governance

undertaken by you, the essential indicators, including internal audits and management review and, for EMS and OHS, the process for the assessment of risk
- a confirmation of the contractual arrangements, including definition of approval scope, and identifying the planning, logistics, sampling etc. that will be used during the Stage 2 visit.
- a Stage 1 audit may be undertaken remotely where risk and scheme requirements are justified.

A Stage 2 visit consists of:

- an assessment of the implementation of the management system to confirm conformity with certification requirements such as the assessment standard(s) and certification scope.

Interval between Stage1 and Stage 2 Assessment

We recommend that the interval between Stage 1 and Stage 2 assessment is a minimum of six weeks and no longer than three months. In planning the two assessments, we will consider:

- your needs to resolve, before the Stage 2 audit, any areas of concern that may be identified during the Stage 1 audit, and
- the continued relevance of our work undertaken at the Stage 1 audit.

If an interval longer than three months is planned, we may need to revisit some of the areas assessed at the Stage 1 audit. An interval less than six weeks may not provide you with adequate time to address any concerns from the Stage 1 audit.

Stage 1 Assessments

The Stage 1 audit of a client's management system may be undertaken remotely (off-site) or on-site depending upon the associated scheme requirements (for example: ISO 9001 or AS9100) or client request.

The Objective of the Stage 1 Assessment

This will be communicated to you within the Client Information Note (CIN) sent to you in advance of Stage 1 audit the assessor shall review the system to determine that it fulfils the requirements of the assessment criteria and covers the activities detailed within the assessment scope.

The assessor shall then interview the senior management of the company to determine that they have undertaken the following:

- determined the context of their organization including the identification of any interested parties
- strategic analysis
- identified the risks that could impact upon their business and the ability of the management system to deliver on their strategic goals
- that they have determined the scope of the management system based upon the context in which the system will operate
- that they have identified any applicable legal, statutory or regulatory requirements that the system has to address

The assessor will then use the information gathered as a result of these interviews to review the design of the system, to determine if the client has addressed the potential risk within the system and to determine if the needs of their stakeholders have been addressed.

In addition, the assessor shall review and confirm the contractual arrangements. This includes any changes required as a result of the outcome of the Stage 1 audit (including changes to the scope of assessment, duration of the Stage 2 audit, and duration of subsequent surveillance audits). The assessor shall also determine the planning, logistics, sampling, etc. that will be used during the Stage 2 audit.

During the Stage 1 Audit

For all assessments

Our assessor will undertake the following:

a) evaluate conditions relating to your location and site- specific considerations and carry out discussions with your personnel to determine your preparedness for the Stage 2 audit

b) review your status and understanding regarding requirements of the standard, in particular with respect to the determination of the context of your organization, the identification of key performance indicators or significant aspects, processes, objectives and operation of the management system

c) collect the information needed regarding the scope of your management system, processes and location(s) of your organization, and related statutory, regulatory aspects and compliance, for example, quality, environmental, legal aspects of your operation, associated risks, etc.

d) confirm that you have relevant procedures in place to identify legal requirements and to ensure that you comply with your commitment to legal compliance through monitoring of legal and regulatory compliance

e) review the allocation of resources for Stage 2 and agree with you the details of the Stage 2 audit

f) provide a focus for planning the Stage 2 audit by gaining sufficient understanding of your management system and site operations in the context of possible significant aspects

g) confirm that your management system documentation is in place with clear links to any related management systems in operation

h) evaluate your planning of internal audits and management reviews and how you perform them - and that the level of implementation of the management system substantiates that your organization is ready for the Stage 2 audit.

The assessor will also address the following product specific items:

For EMS assessments

Our assessor will identify your:

- continual improvement process to enhance your system and thus improve your performance, and
- process to ensure your commitment to prevention of pollution.

Our assessor will either report key elements of the continual improvement and prevention of pollution processes in our audit report, or provide a reference to specific procedure(s) or document(s) from your system. This is to enable us to assess the ISO 14001 requirement for continual improvement and prevention of pollution at each surveillance assessment.

For ISMS assessments

Our assessor will confirm that:

- the physical and logical boundaries of the scope are defined in your system, and
- that a risk assessment has been conducted, identifying:
- the threats to assets
- vulnerabilities and impacts on the client,
- the degree of risk has been determined.

Our assessor will review the justification for any exclusion of ISO/IEC 27001 Annex A controls with you. You should document the justification in your Statement of Applicability.

For OHS assessments

Our assessor will confirm that:

- there is an effective internal audit process in place which takes into account the OHS risks associated with the various components of your activities
- you are consistent in establishing and maintaining procedures for hazard identification, risk assessment and risk control.

Closing the Audit - all sectors

Our assessor will:

- document and communicate the Stage 1 audit results to you, including identifying any areas of concern that will result in nonconformity that needs to be corrected before the end of the Stage 2 audit
- consider the interval between Stage 1 and Stage 2 assessment including:
- your needs and ability to resolve areas of concern identified during the Stage 1 audit, and
- whether our work completed during the Stage 1 audit will still be relevant at the time of the Stage 2 audit.

If you determine that you can take any required corrective action within the planned interval, the assessor will consider whether extra duration is required at the Stage 2 audit to verify the corrective action taken.

If the interval between assessments is extended to:

- between three and six months, we will need to:
- identify the changes that you need to make to your system, including the need for records
- review the changes to determine the need for a further assessment, or to extend the Stage 2 audit, to verify that the design, definition and operation of the system now conforms with certification requirements such as the assessment standard(s) and certification scope
- greater than six months, a second Stage 1 audit is normally required. We may also need to revise our arrangements, duration and / or timing, for the Stage 2 audit.

The Objective of the Stage 2 Audit

The objective of this assessment is to confirm conformity of your management system with certification requirements, such as the assessment criteria and certification scope, any applicable statutory, regulatory and contractual requirements and to ensure that the system is meeting its specified objectives. The assessor will also address all issues outstanding from previous assessment (such as the Stage 1 audit) and any changes to your organisation or system that impacts on the potential approval.

The assessor will use the LRQA Assessment methodology to help you manage your systems and risks to improve and protect the current and future performance of your organisation.

Stage 2 Audit

Parts of the management system that were assessed during the Stage 1 audit and were determined to be fully implemented, effective, and in conformity with requirements, may not need to be re-assessed during the Stage 2 audit. However, our auditor must confirm that those parts of the management system already assessed continue to conform to certification requirements. If so, our auditor will include a statement to this effect in the Stage 2 audit report. Our auditor will state that conformity was established during the Stage 1 audit.

Stage 2 audits must have an audit plan. The plan follows the requirements in ISO/ IEC 17021 and takes into account the information obtained during the Stage 1 audit.

The Stage 2 audit:

- takes place in full or in part at the site(s) of your organization
- evaluates the implementation and effectiveness of your management system.

Our assessment team:

- conducts the Stage 2 audit to gather objective evidence that your management system conforms to the assessment standard and other certification requirements
- assesses a sufficient number of examples of your activities in relation to the management system to get a sound appraisal of the implementation,
- including effectiveness, of the management system
- assesses a sufficient number of your staff,

- including senior management and operational personnel, of the assessed facility, to provide assurance of the implementation and understanding of the system throughout your organization
- analyses all information and objective evidence gathered during the Stage 1 and Stage 2 audits to determine the extent of fulfilment with all certification requirements and decide on any nonconformity with the requirements of the scheme.
- may propose opportunities for improvement but shall not recommend specific solutions.

The Stage 2 audit includes an examination of your management system including at least the following:

a) information and evidence about conformity to all requirements of the applicable normative document

b) performance monitoring, measuring, reporting and reviewing against key performance objectives and targets

c) your management system and performance as regards legal compliance

d) operational control – including shift considerations

e) internal auditing and management review

f) management responsibility for your policies

g) links between the normative requirements, policy, performance objectives and targets, any applicable legal requirements, responsibilities, personnel competence, operations, procedures, performance data, and internal audit results.

Action undertaken after the completion of a Stage 2 audit includes at least the following:

- a record of any identified and agreed nonconformities
- the assessment report.

Surveillance Audit

The objective of surveillance audit is to determine:

- if the client's management system continues to meet the assessment criteria and certification scope,
- and that any applicable statutory regulatory and contractual requirements are being achieved and to ensure that the system is meeting its specified objectives.

To address all issues outstanding from previous assessments and any changes to your organisation or system that impact on the approval.

The assessor will use the LRQA Assessment methodology to help you to manage your systems and risks to improve and protect the current and future performance of your organisation.

Activities

Selecting the areas to be audited

Our assessor selects the areas/ departments of your organization for the audit based on information gained from the initial conversation with your senior management. The information gained during this conversation along with any issues identified during previous visits audits will determine the focus for the assessment which our assessor then addresses in the processes selected for the audit.

In the initial discussions with you, our assessor will also identify the areas for the next audit and the processes to be covered. We will confirm this at the next assessment.

Review of essential indicators

During the annual audit cycle, the essential indicators of the effectiveness of system implementation will be reviewed as part of the opening conversation with your senior management and during the assessment of the processes targeted for the audit.

These indicators include:

For all product types:

- internal audits and management review
- the review any changes that may impact on the context of the organization.
- progress of planned activities aimed at continual improvement
- effectiveness of the management system with regard to achieving your objectives
- review of any changes
- management of complaints
- a review of actions taken on nonconformities
- identified during the previous audit.

For OHS, ISO 14001 and other EMS assessments:

- the process to ensure your EMS policy commitment to prevention of pollution
- the system for monitoring legal compliance
- the process for reviewing and updating OHS risk assessments to reflect changing operations, hazards and controls
- OHS "plant shutdown" or "turnaround" activities to ensure that they have been addressed within the lifecycle of the approval.
- management of risk associated with shift work

For ISMS assessments:

Confirmation that:

- you have updated your Risk Assessment and your Statement of Applicability to reflect any changing threats, vulnerabilities and impacts
- the risk treatment plan is reviewed for progress with actions, and that security incidents are managed effectively
- management review includes consideration of effectiveness measurements.
- Also, if there are any changes to your ISMS infrastructure, organisation structure or activities which impact

on the Risk Assessment or Statement of Applicability, then we must make an agreement with you to review the changes before they are incorporated into the scope of approval. Our auditor will arrange for a review, either by a special surveillance visit or by adding additional time to the next surveillance audit.

- If changes are identified which significantly affect your information security management system and an acceptable risk assessment has not been conducted, our assessor must consider suspending the approval.

Review of logos

During the audit, our assessor will review your use of the permitted LRQA and accreditation logos against the relevant LRQA and accreditation rules. Failure to comply constitutes a breach of the approval contract and may result in a non- conformity report.

Certificate renewal

The Objective of the Certificate renewal planning is to review the system and the performance of your organisation during the previous certification cycle, to see how you plan to move forward in the future and to plan the Certificate renewal audit (recertification) while confirming continued compliance with the assessment criteria and certification scope, any applicable statutory, regulatory and contractual requirements and to ensure that the system is meeting its specified objectives. To address all issues outstanding from previous assessments and any changes to your organisation or system that impact on the approval.

The assessor will use the LRQA Assessment methodology to help you manage your systems and risks to improve and protect the current and future performance of your organisation.

Planning for the Certificate renewal

We conduct Certificate renewals on a three-yearly basis, planned at the previous surveillance audit and agreed with you.

The Certificate renewal planning process contains three steps: Review, Preview, and Planning.

Review

This step includes the review of past performance such as:

- trend information on complaints and other performance indicators
- system documentation improvements
- Improvement Log projects
- lessons learned from audits
- trends in our findings.

Based on this review of past performance, our assessor will identify any potential risks in the present management system regarding successful implementation of the strategies and objectives.

Preview

The aim of the preview is to align our assessment activities with your strategy and objectives. The assessor will use the conversation with senior management to understand your longer term expectations, for example, strategy issues such as business and operational risks, competitive issues, changes to internal and external environment, etc. Our assessor will establish, through the interview, whether these expectations, objectives, and strategies will impact your management system or the stakeholders of your organisation.

We will use the preview stage to identify further themes that can be used in the coming Certificate renewal audit and for the next three-year cycle.

Planning

- The next step is planning the Certificate renewal audit. In this part of the assessment, our auditor will:
- identify any aspects of the system that have not been appropriately addressed during the surveillance cycle, and plan how to review these
- use the information gained during the review and preview stages to support the planning process
- if appropriate, consider how best to give focus to any themes identified (including the improvement tracking log)
- identify the areas, departments, processes and activities to be assessed including shift coverage
- agree with you sensible durations for each of these, commensurate with risk
- try to identify the best use of resources, and avoid duplication
- add appropriate time for reporting, consolidating and presenting reports
- consolidate the information into an audit plan.

Our assessor will allow time for discussion with all relevant managers and for a review of records for all relevant departments.

The Objective of the Certificate renewal Audit

This audit is used as the re -assessment of the implementation of the management system based on the results of the Certificate renewal planning. This is to re-confirm conformity with certification requirements such as the assessment criteria and certification scope, any applicable statutory, regulatory and contractual requirements and to ensure that the system is meeting its specified objectives. To address all issues outstanding from previous assessments and any changes to your organisation or system that impact on the approval.

The assessor will use the LRQA Assessment methodology to help you manage your systems and risks to improve and protect the current and future performance of your organisation.

Conducting Certificate renewal Audits

We conduct the Certificate renewal audit similarly to a Stage 2 initial assessment. In addition, we include a review of your system documentation to ensure that it:

- continues to suit your company, and
- complies with the certification requirements and the scope of certification, including continual improvement.

Changes to your approval

For any increase or decrease in your certificate scope of approval, please submit a formal request for the change. LRQA will review the request to consider:

- additions or changes to competency requirements for the audit team(s)
- additions or reductions in assessment duration requirements

You will be notified of any changes by an amended contract.

We will undertake a separate document review audit (Stage 1) if the change requested has meant a major change or addition to your documented system.

The change to approval audit will be performed in line with our process for Stage 2 assessments, although a formal audit plan may not be required. If no document review (Stage 1) has been undertaken, time will be allowed during the assessment for the team leader to review relevant documentation and to agree a plan for any additional assessment activities.

Such assessments may be carried out as separate audits or may be combined with a scheduled (Surveillance or Certificate renewal) audit.

LRQA will issue an amended certificate(s), using the same expiry date as on the current certificate.

The objective of this is the assessment of the implementation of the management system for an additional site or activity, which expands the existing scope of approval. To address all issues outstanding from previous assessments and any changes to your organisation or system that impact on the potential approval.

Reporting

The reporting process for all our assessments is similar. We complete assessment reports to record findings, progress against the audit plan, positive comments, and also points of clarification or interpretation. We record assessment findings in a Findings Log, and identify them as Major Nonconformity or Minor Nonconformity. We define these finding terms as follows:

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. Generally, a major nonconformity will be a systematic

failure that:

- is already affecting system effectiveness or deliverables
- puts at risk the capability of the management system
- requires immediate containment
- requires immediate root cause analysis and corrective action.

Our team leader will make arrangements with you for follow up audit activity.

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.

Generally, a minor nonconformity will be a weakness in an internal facing process or procedure; or a finding where any further deterioration of control could reasonably be considered likely to result in the system becoming ineffective. Requires root cause investigation and corrective action.

If raised at an assessment which results in a certificate being issued, then the assessor will ask you to indicate the corrective action that you will take. This corrective action plan will form part of the independent review by our office before your certificate is issued. If raised at a surveillance visit, although you need to take corrective action within an appropriate time after the visit, you do not normally need to provide us with details of the action until we next audit you.

In both cases, at the next audit the assessor will review the action you have taken and fill in the corrective action review section in the report.

Please keep copies of all our audit reports for three years. In exceptional circumstances, we may ask you to provide copies of previous reports.

Suggestions for improvements that could be made to a compliant management system that would improve the efficiency of the processes undertaken we will record in either:

- the executive summary, for strategic improvement suggestions, or
- the body of the report, for improvement suggestions that relate to a particular area.

Follow up of Major non-conformities

If the time required to address the major nonconformity(s) will exceed 6 months from the end of the Stage 2 audit, then we must re-assess the entire system. We call this form of corrective action verification audit a ‘Complete re- assessment’.

If a Major Nonconformity(s) raised at the recertification audit which cannot be addressed by the organization within 6 months of the end of the audit, the client shall be informed that a full Stage 2 audit will be required to be conducted in-order that the recertification can be granted.

Follow up and Special Surveillance Audits

The objective of a follow up audit is to review the effectiveness of the correction and corrective action taken after the raising of a Major Nonconformity at a Stage 2 or Certificate renewal. The objective of a special surveillance audit is to review the effectiveness of the correction and corrective action taken after the raising of a Major Nonconformity at a Surveillance audit.

In the event of complaints against your organisation that is within the scope of this approval, or in the event that you

notify LRQA of significant changes which are likely to affect the management system's compliance with the criteria referred to and the approvals issued under your approval, LRQA will carry out either an unannounced or a short notice audit of your organisation for the purposes of investigating the complaint or reviewing the changes made.

Sampling

It is important to remember that even though a management system requirements gap or non-conformity may not have been identified in an area of activity, it does not necessarily mean that there are no management system requirement gaps which may lead to a non- conformity. As assessment work is based on sampling techniques, statistically there is always a possibility that issues will not be identified during an assessment. You should always remember this when you audit your own management system.

Certification decision

Following an audit where an assessor makes a recommendation in relation to your certification, accreditation rules require that this recommendation will be subject to an independent review or certification decision, only following this decision will certification be either granted, renewed, extended, reduced, suspended or withdrawn.

Confidentiality

We will not knowingly pass on any of the information we gather about your organisation (including the contents of reports) to any other person or organisation without your permission (except, as required, by the accreditation body).

Further information

To find out more about how LRQA can help you to increase performance and reduce risk, please visit our website LRQA.com - from here you can also visit one of our country specific websites to find out about LRQA in your country.

Please see related Client Information Notes in this series for details about the full Assessment process, such as CIN Remote Assessment (Non Food), Stage 1 Assessments, Stage 2 assessments etc.

Get in touch

Visit **www.lrqa.com/uk** for more information

LRQA
1 Trinity Park
Bickenhill Lane
Birmingham
B37 7ES
United Kingdom

YOUR FUTURE. OUR FOCUS.