Assessment Report

Scotia Double Glazing Limited

Assessment dates	02/02/2021
Assessment Location(s)	Kilmarnock (000)
Report author	Richard Edmond
Assessment Standard(s)	ISO 14001:2015

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Executive summary

The organisation demonstrated the overarching strategic direction of the business and its management system that is largely designed to deliver the intended outputs of:

Managing increasing turnover.
New factory unit opening in May.
Managing the risk of a second closure of construction sites.
Reduced small trades work due to covid.
Restarting internal staff training.

This was evidenced via:

Carbon Footprint of 59 tonnes of CO2 produced per £1 million turnover compared to the 2019-2020 figure of 58 tonnes.
The number of skips collected from Head Office/Factory in the last year is down slightly on the year before.
PVC Recycling: In 2019-20 was 100%
Improvements achieved in yard housekeeping and oil storage.
No reportable incidents, complaints, regulatory communications or prosecutions.

A clear line of sight is apparent between strategy and performance KPIs being achieved.

There are however further possible opportunities to improve performance, hence the identified non-conformance has been raised, associated with:

Introducing a secondary containment system (drip trays) for FLT fuel storage.

This remote audit has been conducted using information and communication technologies including Teams, WhatsApp & Email. The planned audit objectives have been achieved, there were no connectivity issues which adversely affected the audit.
The audit effectively covered the areas set out in the previous audits visit plan.

Changes in the organization since last assessment

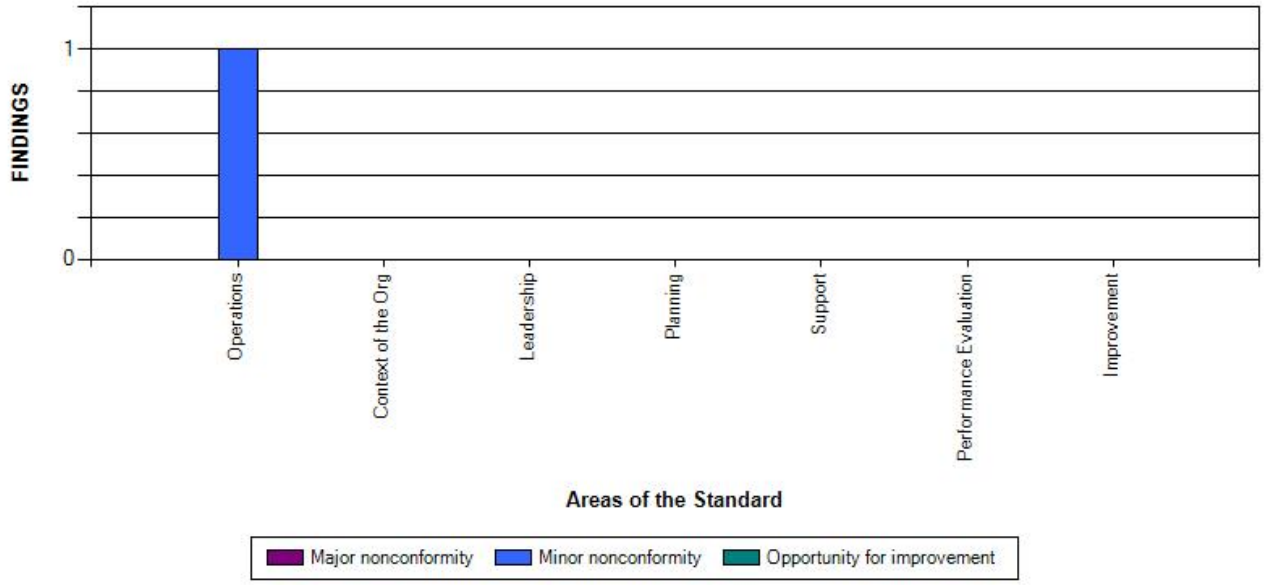
There is no significant change of the organization structure and key personnel involved in the audited management system.

No change in relation to the audited organization's activities, products or services covered by the scope of certification was identified.

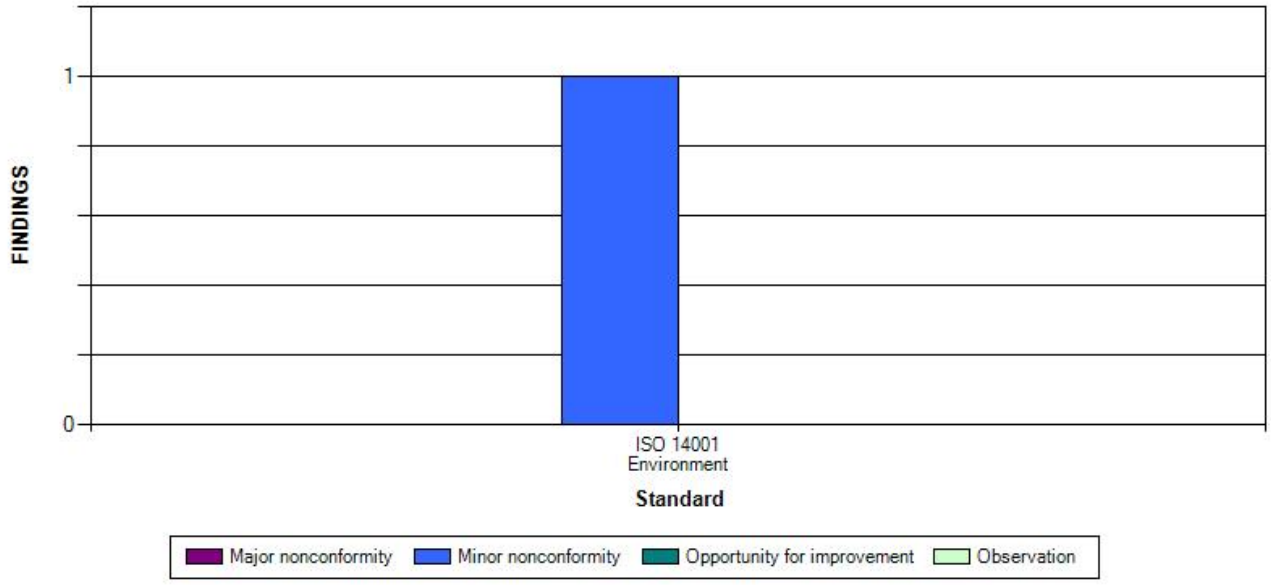
There was no change to the reference or normative documents which is related to the scope of certification.

NCR summary graphs

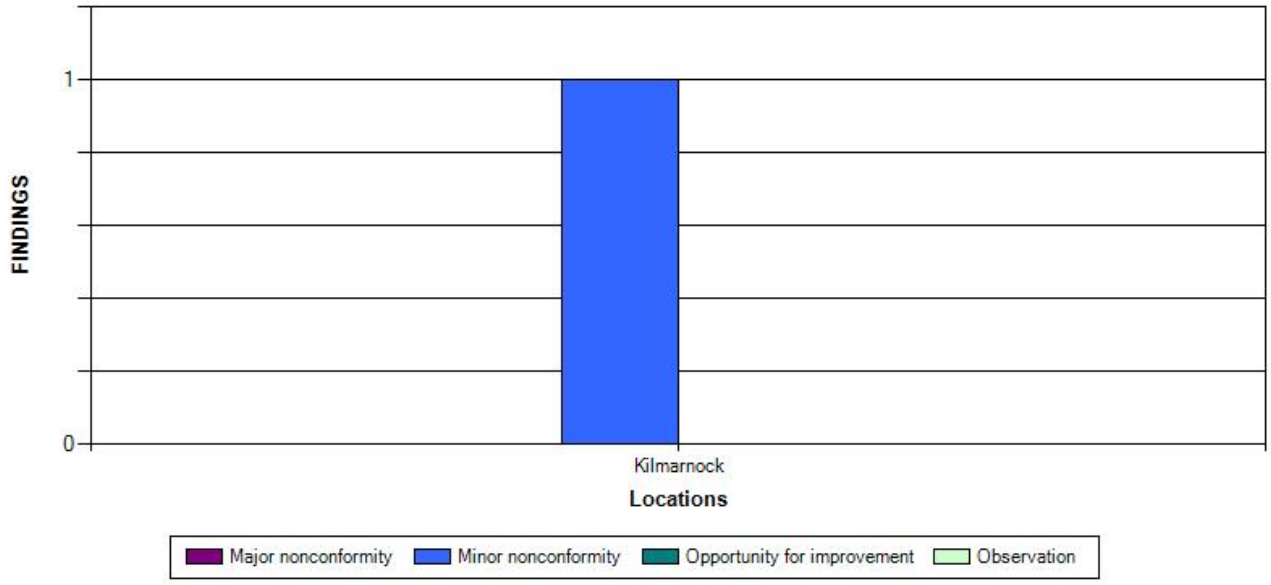
Areas of the standard(s) where BSI recorded findings



Which standard(s) BSI recorded findings against



Where BSI recorded findings



Your next steps

NCR close out process

Corrective actions with respect to nonconformities raised at the last assessment have been reviewed and found to be effectively implemented.

A minor nonconformity requiring attention was identified. This, along with other findings, is contained within subsequent sections of the report.
A minor nonconformity relates to a single identified lapse, which in itself would not indicate a breakdown in the management system's ability to effectively control the processes for which it was intended. It is necessary to investigate the underlying cause of any issue to determine corrective action. The proposed action will be reviewed for effective implementation at the next assessment.

Please refer to Assessment Conclusion and Recommendation section for the required submission and the defined timeline.

Assessment objective, scope and criteria

The objective of the assessment was to conduct a surveillance assessment and look for positive evidence to verify that elements of the scope of certification and the requirements of the management standard are effectively addressed by the organization's management system; that the system is demonstrating the ability to support the achievement of statutory, regulatory and contractual requirements and the organization's specified objectives as applicable with regard to the scope of the management standard; to confirm the ongoing achievement and applicability of the forward strategic plan and where applicable to identify potential areas for improvement of the management system.

The scope of the assessment is the documented management system with relation to the requirements of ISO14001:2015 and the defined assessment plan provided in terms of locations and areas of the system and organization to be assessed.

Criteria;
ISO14001:2015
Scotia Double Glazing Ltd management system documentation

Statutory and regulatory requirements

The organisation has arrangements in place with different agencies and other external sources of information who provide guidance on current and changing statutory and regulatory requirements. It was advised that there have been no recent, current or pending prosecutions for infringements of statutory and/or regulatory requirements in relation to the scope of its certifications, suggesting the process for identifying such requirements is effective.

Assessment participants

Name	Position	Opening meeting	Closing meeting	Interviewed(processes)
Bradley Harrison	Consultant	X	X	X
Ryan McCarvel	Frame Cutting Supervisor			X

Assessment conclusion

BSI assessment team

Name	Position
Richard Edmond	Team Leader

Assessment conclusion and recommendation

The audit objectives have been achieved and the certificate scope remains appropriate. The audit team concludes based on the results of this audit that the organization does fulfil the standards and audit criteria identified within the audit report and it is deemed that the management system continues to achieve its intended outcomes.

RECOMMENDED - Corrective Action Plan Required ('Minor' findings only): The audited organization may be recommended for certification / continued certification, based upon the acceptance of a satisfactory corrective action plan for all 'Minor' findings as shown in this report. Effective implementation of corrective actions will be reviewed during the next surveillance audit.

You are required to identify the cause and implement corrections and corrective actions required to address all nonconformities before your next BSI assessment relating to the certificate against which the nonconformities were raised.

Use of certification documents, mark / logo or report

The use of the BSI certification documents and mark / logo is effectively controlled.

Findings from previous assessments

Finding Reference	1942108-202008-N1	**Certificate Reference**	EMS 573774
Certificate Standard	ISO 14001:2015	**Clause**	8.1
Category	Minor		
Area/process:	Operational Controls		
Details:	Operational planning and control		
Objective Evidence:	Fuel for FLTs in stored in Jerry cans required to be held on a drip tray to prevent accidental loss of fuel to the environment.		
Cause			
Failure to understand oil storage legislation			
Correction/containment			
Oil storage improved.			
Corrective action			
Jerry cans moved to a more secure location.			
Closed?:			
Yes			

Finding Reference	1942108-202008-N2	**Certificate Reference**	EMS 573774
Certificate Standard	ISO 14001:2015	**Clause**	8.1
Category	Minor		
Area/process:	Operational Controls		
Details:	Operational planning and control		
Objective Evidence:	In the yard area there was evidence of windblown pvc swarf and paper cardboard arising from the open skips.		
Cause			
Failure to manage effectively			
Correction/containment			
Ownership of waste management controls delegated.			
Corrective action			
Yard and waste houskeeping significantly improved.			
Closed?:			
Yes			

Findings from this assessment

Management System:

Elements assessed: EMS changes/amendments.
Emergency Preparedness
EMS Reviews
Corrective and preventive actions
Environmental Aspects
Incidents
Internal audits
Evaluation of compliance
Legislation / Regs / Other requirements
Objectives . Management plans

Evidence witnessed:

CAPs relating to NCs raised at the previous assessment.
Management Review minutes dated 26/1/21
Objectives and targets relating to; Maintaining compliance, reducing wastes, increasing recycling and lowering their carbon footprint.
System audit report 28/7/7/20.
IMS Manual issue 20.
Scotia Double Glazing Waste carrier licence SWE/018802 exp 6/10/22.
14001 Audit checklist.
E2 Legislation register 28/7/20.
Aspect and impact register
Factory skills matrix.
Fire Risk Assessment 21/2/20.

Planned objectives have been fully realised.

Methods for confirming process effectiveness:

Management review conducted at six monthly intervals.
Management review addresses all the required inputs & outputs of the standard.
Internal audits carried out as per the schedule
Actions taken in response to non-conformances identified internally are tracked through to verifiable closure at the next audit.
Tracking of performance against objectives and targets
Significant aspects are correctly identified as; Energy consumption and waste.
Documents controlled effectively.
Life cycle approach evidenced within the aspects register considering energy and waste management.
Verification of compliance is conducted and documented on the list of legislation conducted 28/7/20 and evidences the level of compliance and methodology of achieving compliance in an effective manner.
No reportable incidents, complaints, regulatory communications or prosecutions.

Results:
Carbon Footprint of 59 tonnes of CO2 produced per £1 million turnover compared to the 2019-2020 figure of 58 tonnes.
The number of skips collected from Head Office/Factory in the last year is down slightly on the year before.
PVC Recycling: In 2019-20 was 100%

The organisation has established effective systems to manage the EMS.

Planned results have been achieved.

Site tour and operational controls:

Activities reviewed: Site Tour (Virtual) , Operational controls

Evidence witnessed:

Oil storage and yard housekeeping improved from previous assessment.
Discussions with organisations personnel.
Wastes segregated.
Yard storage.
Material storage.
Covid Signage throughout the factory.
Covid entrance controls, records and sanitiser station.
Staggered breaks to allow canteen to reopen.
Hand sanitiser facilities throughout the factory.

Planned objectives have been fully realised.

Methods for confirming process results are:

Housekeeping and oil storage improvements.
Management walk rounds.
Fire Risk assessment 21/2/21.
Factory skills matrix maintained.

Results:

Planned objectives have been fully realised.

The organisation has generally established effective systems to manage operations.

Planned results have been achieved

There are however further possible opportunities to improve performance, hence the identified non-conformance has been raised, associated with:

Storage of diesel for forklifts on a secondary containment system.

Minor (1) nonconformities arising from this assessment.

Finding Reference	2018292-202102-N1	**Certificate Reference**	EMS 573774
Certificate Standard	ISO 14001:2015	**Clause**	8.2
Category	Minor		
Area/process:	Site tour and operational controls		
Statement of non-conformance:	Emergency preparedness and response		
Clause requirements	The organization shall establish, implement and maintain the processes needed to prepare for and respond to potential emergency situations identified in 6.1.1. The organization shall: -prepare to respond by planning actions to prevent or mitigate adverse environmental impacts from emergency situations; -take action to prevent or mitigate the consequences of emergency situations, appropriate to the magnitude of the emergency and the potential environmental impact;		
Objective Evidence	Forklift diesel fuel should be stored on secondary containment system such as a drip tray.		
Cause			
Correction/containment			
Corrective action			

Next visit objectives, scope and criteria

The objective of the assessment is to conduct a surveillance assessment and look for positive evidence to verify that elements of the scope of certification and the requirements of the management standard are effectively addressed by the organization's management system; that the system is demonstrating the ability to support the achievement of statutory, regulatory and contractual requirements and the organization's specified objectives as applicable with regard to the scope of the management standard; to confirm the ongoing achievement and applicability of the forward strategic plan.

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Please note that BSI reserves the right to apply a charge equivalent to the full daily rate for cancellation of the visit by the organization within 30 days of an agreed visit date. It is a condition of registration that a deputy management representative be nominated. It is expected that the deputy would stand in should the management representative find themselves unavailable to attend an agreed visit within 30 days of its conduct.

Next visit plan

Date	Auditor	Time	Area/process	Clause
5th August 2021	Richard Edmond	09:00	Opening meeting and buisiness update	
		09:30	EMS changes/amendments	
			Emergency Preparedness	
			Top Management Interview/ Risks threats opportunities/ continual improvements	
			EMS Reviews	
			Corrective actions	
			Environmental Aspects	
			Incidents	
			Internal audits	
			Site visits (to be established)	
		12:30	Lunch	
		13:00	Evaluation of compliance	
			Legislation / Regs / Other requirements	
			Site Tour, Operational control	
			Objectives . Management plans	
		14:30	Report preparation	
		16:00	Closing meeting	

Appendix: Your certification structure & ongoing assessment programme

Scope of certification

EMS 573774 (ISO 14001:2015)
The manufacture and installation of windows, doors and the installation of roofline products

Assessed location(s)

The audit has been performed at Central Office.

Kilmarnock / EMS 573774 (ISO 14001:2015)

Location reference	**0008913820-000**
Address	Scotia Double Glazing Limited Unit 2 Moorfield Park Kilmarnock KA2 0FJ United Kingdom
Visit type	Continuing assessment (surveillance)
Assessment reference	3277733
Assessment dates	02/02/2021
Deviation from audit plan	No
Total number of Employees	180
Effective number of Employees	150
Scope of activities at the site	Main certificate scope applies.
Assessment duration	1 day(s)

Certification assessment programme

Certificate number - EMS 573774
Location reference - 0008913820-000

		Audit 1	Audit 2	Audit 3	Audit 4	Audit 5	Audit 6	Audit 7
Business area/location	**Date (mm/yy):**	08/20	02/21	08/21	02/22	08/22	02/23	08/23
	Duration (days):	1.0	1.0	1.0	1.0	1.0	1.0	1.0
EMS changes/amendments		X	X	X	X	X	X	X
Emergency Preparedness		X	X	X	X	X	X	X
Top Management Interview/ Risks threats opportunities/ continual improvements		X		X		X		X
EMS Reviews		X	X	X	X	X	X	X
Corrective actions		X	X	X	X	X	X	X
Environmental Aspects		X	X	X	X	X	X	X
Incidents		X	X	X	X	X	X	X
Internal audits		X	X	X	X	X	X	X
Site visits (to be established)				X		X		
Environmental Specialist							X	
Evaluation of compliance		X	X	X	X	X	X	X
Legislation / Regs / Other requirements		X	X	X	X	X	X	X
Site Tour, Operational control		X		X	X		X	X
Objectives . Management plans		X	X	X	X	X	X	X
Environmental Training			X		X		X	
Strategic Review								X

Expected outcomes for accredited certification

What accredited certification to ISO 14001 means

The purpose of ISO 14001:2015 is to provide organizations with a framework to protect the environment and respond to changing environmental conditions in balance with socio-economic needs. ISO 14001:2015 helps an organization achieve the intended outcomes of its environmental management system, which provide value for the environment, the organization itself and interested parties. Consistent with the organization's environmental policy, the intended outcomes of an environmental management system include:
— enhancement of environmental performance;
— fulfilment of compliance obligations;
— achievement of environmental objectives

What accredited certification to ISO 14001 does not mean

1) ISO 14001 defines the requirements for an organization's environmental management system but does not define specific environmental performance criteria.
2) Accredited certification to ISO 14001 provides confidence in the organization's ability to meet its own environmental policy, including the commitment to comply with applicable legislation, to prevent pollution, and to continually improve its performance. It does not ensure that the organization is currently achieving optimal environmental performance.
3) The ISO 14001 accredited certification process does not include a full regulatory compliance audit and cannot ensure that violations of legal requirements will never occur, though full legal compliance should always be the organization's goal.
4) Accredited certification to ISO 14001 does not necessarily indicate that the organization will be able to prevent environmental accidents from occurring.

Definitions of findings:

Nonconformity:

Non-fulfilment of a requirement.

Major nonconformity:

Nonconformity that affects the capability of the management system to achieve the intended results. Nonconformities could be classified as major in the following circumstances:

- If there is a significant doubt that effective process control is in place, or that products or services will meet specified requirements;
- A number of minor nonconformities associated with the same requirement or issue could demonstrate a systemic failure and thus constitute a major nonconformity.

Minor nonconformity:

Nonconformity that does not affect the capability of the management system to achieve the intended results.

Opportunity for improvement:

It is a statement of fact made by an assessor during an assessment, and substantiated by objective evidence, referring to a weakness or potential deficiency in a management system which if not improved may lead to nonconformity in the future. We may provide generic information about industrial best practices but no specific solution shall be provided as a part of an opportunity for improvement.

How to contact BSI

'Just for Customers' is the website that we are pleased to offer our clients following successful registration, designed to support you in maximising the benefits of your BSI registration - please go to www.bsigroup.com/j4c to register. When registering for the first time you will need your client reference number and your certificate number (43200912/EMS 573774).

Should you wish to speak with BSI in relation to your certification, please contact your local BSI office – contact details available from the BSI website:

https://www.bsigroup.com/en-GB/UK-office-locations/

Notes

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This audit was conducted through document reviews, interviews and observation of activities. The audit method used was based on sampling the organization's activities and it was aimed to evaluate the fulfilment of the audited requirements of the relevant management system standard or other normative document and confirm the conformity and effectiveness of the management system and its continued relevance and applicability for the scope of certification.

As this audit was based on a sample of the organization's activities, the findings reported do not imply to include all issues within the system.

Regulatory compliance

BSI conditions of contract for this visit require that BSI be informed of all relevant regulatory non-compliance or incidents that require notification to any regulatory authority. Acceptance of this report by the client signifies that all such issues have been disclosed as part of the assessment process and agreement that any such non-compliance or incidents occurring after this visit will be notified to the BSI client manager as soon as practical after the event.