

Quality Manual

For

PA Group Limited

**The Granary
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Amendment Procedure:

Replace entire manual. Claim back the older versions. QM will log issuance and return in the Document Issue Register.

Changes made since the last version is explained at the top of each page containing changes.

Amendment Checks

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1 Introduction

Scope of Quality Manual and Quality System

1.1 This Quality Manual specifies the policies and procedures of PA Group Limited required to be followed in order to meet the requirements for accredited work detailed in the standards of the International Standards Organization. Particle has established and aims to maintain and continuously improve its management systems (ISO 9001-14001-17020-17025)

1.2 This Quality Manual will also detail certain requirements of the accrediting body UKAS (United Kingdom Accreditation Service) that are required to be documented in this manual along with confirmation of LRQA & BSI

1.3 The work which is accredited:

Accredited to **ISO 17025**;

Sampling of Asbestos Containing Materials
Identification of Asbestos in Bulk Materials

Accredited to **ISO 17020** as inspection body Type C: *(as defined in paragraph 4.2.3 of ISO 17020)*;
Surveying for Asbestos Containing Materials.

ISO 14001: 2004

Environmental Management System of work undertaken away from PA Group premises. Prevention of fibers release during surveys.

Minimize energy consumption through sensible use of energy in office related activity (e.g. minimize :Computer usage, Lighting & Paper usage)

Minimize the use of cars to get to site, and propose the use of public transports when appropriate.

To minimize waste as far as practically possible (using less paper and less disposable tools whilst surveying/air testing (wet wipes, plastic bags, coveralls etc.)

To conform with its environmental policy and conform to environmental standards.

ISO 9001:2000 the company policies and procedures have been designed to meet the standard

1.3.1 Work which PA Group (PAG) is not accredited

- i. Asbestos Removal (Impartiality Policy) – *PAG has a full HSE license for asbestos removal. These works are not accredited of form any part of any UKAS accreditation. PAG separates the removal operations within the organization and removal works are handled as a separate stream of works internally. The projects are managed by the contracts manager only and all documentation produced is via Asbestos Removal Manager Pro a dedicated asbestos removal database to ensure compliance at all stages and not to get confused with other accredited works. ACT is still utilized to log the initial enquiry and track the project including contract reviews and risk assessment information but this is as standard practice not part of any UKAS accreditation. However ACT therefore services as a defined traceable route to ensure compliance in a similar way to any UKAS accreditation but purely for transparency.*

As we survey and analyse samples under ISO 17025 & ISO 17020 we aim accurately report survey findings, extent and analysis results. As such any conflicts that may benefit our removal services do not occur. We report accurately and provide competitive fair services for remediation.

Our marketing literature states all our services but identifies specifically which are UKAS and which are any other accrediting body. External correspondence clearly states if clarification regarding accredited services and if required to contact PAG or see UKAS website.

PAG works in accordance with its inspection body works, laboratory and its HSE removal license are impartially handled at all stages. Both internally and to any given client. PAG aims to ensure and maintain this impartiality at all times to any given party.

- ii. Health and Safety Consultancy

The accreditations require all activities associated with the above work to have procedures and quality assurance measures to ensure that a high standard of work is carried out and that communications, records and other factors associated with the work do not adversely affect the results obtained or the ability to access and appraise the work and results obtained.

- 1.4 All staff engaged in any work covered by the PA Group Limited Quality System are required to follow the relevant procedures. Staff must also ensure that work carried out by sub-contractors is carried out to the same standards and requirements.
- 1.5 Compliance with a number of regulatory and safety requirements not covered by the applied international standards is also applicable to the above listed work and must also be complied with.

Terms and definitions

- 1.6 As far as possible and where applicable the terms and definitions used in all PA Group Quality System documentation including this Quality Manual are used as defined or implied applied in ISO 17025, ISO 17020, ISO 9001 and ISO 14001.
- 1.7 Important definitions relating to the above standards worked are given here.
- **Inspection:** Examination of a product design, product, service, process or plant and determination of their conformity with specific requirements or, on the basis of professional judgment, general requirements
 - **Inspection body:** Body that performs inspection.

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2 Quality Policy Statement

The following statement has been made by Head of Laboratory as undersigned.

- 2.1 The Management of PA Group (PAG) is committed to achieve and maintain a high standard of quality in all aspects of work in service to its clients. PA Group Limited is also committed to achieve and maintain a high standard of professionalism toward the full achievement of its environmental policies, that are all aimed to prevent and/or control pollution to the surrounding environment during/after its routine work.
- 2.2 PA Group Limited provides a high standard of service and is open and receptive to client feedback and comments regarding their requirements and the quality of service. PA Group Limited now has accreditation for ISO 14001 and states the laboratories commitment to comply fully with the ISO 17025 & ISO 17020 standard.
- 2.3 The objectives of the Quality Systems are:
- To inform all staff of what, when and how they are required to carry out our procedures to meet the needs of the quality system in order to maintain and control high standards of service in all aspects of work.
 - To ensure that all aspects of work are monitored by audits, checks and performance tests as well as daily alertness and dedication to quality issues by members of staff. (Appendix C for ISO 14001)
 - To allow management of PA Group Limited to be informed of events affecting quality client feedback, observations and actions undertaken which in turn enables managerial review policies and procedures to maintain a high standard of quality.
 - To have at all times an appointed Quality Manager who, irrespective of other duties, will have defined authority and responsibility for quality assurance within the inspection body. This person will at all times have direct access to top management.
 - To prevent pollution and minimize consumption during normal working tasks in order to meet the company environmental targets and requirement of ISO 14001 (see section 2.6.2)
 - To communicate externally our environmental aspects and environmental policy by published the stated document on our web site. Also potential sub contractors must adhere and comply with our EMS and therefore have a copy sent to them before appointment. Internally significant environmental aspects will be communicated through memos and general meeting. Memos and electronic meeting minutes will be saved on the communication electronic folder.
 - To enhance customer satisfaction through the effective application of the system including processes and continual improvements.
 - Up date training and audits will constantly be performed in all the company activities so that the service provided meet the customer needs at all the time whilst meeting regulatory compliance.
 - The company will aim to continuously improve the knowledge and the skill of their operatives through training and awareness courses.

- 2.4 All persons carrying out any of the procedures (or parts of procedures in joint work with others) contained anywhere in PA Group Limited Quality System (refer to '4.2 Quality System') are given the full training required. Staff are at all times required to be familiar with and to have immediate access to the quality documentation and must use it as the guide and rule to the procedures they are carrying out.
- 2.5 PA Group Limited will comply with all the requirements of ISO 14001 and the other applicable legal requirements to prevent pollution and to continuously improve its own environmental policy (See environmental policy)
- 2.6 PA Group has clearly defined its environmental aspects and how to monitor them. Details of the above are contained in the **Environmental Aspect form**. PA Groups Environmental objectives and targets are based on the original individuation of such Aspects and their impact on the environment. (Appendix D)
- 2.7 PA Group Limited will communicate its environmental aspect and environmental policy externally to customers and general public by means of publishing them on its web-site.
- 2.8 The overall responsibilities of achieving targets and objectives rest with the senior management and more specifically: Managing Director, Technical Director and Quality Manager. The following of environmental procedures and Management directives should be followed by all the operatives. The environmental objectives have to be followed in full once identified in a timely manner (e.g. Monitoring targets and Objectives monthly through audits). Every year an environmental objective should be fixed and target met within that specific year.
- 2.8b PA Group Limited commit to fully comply with the requirements of ISO 9001 to achieve continuous improvement.

2.9 Quality Objective (ISO 9001)

To conduct at least three audits per operative per year.

To reduce the number of external complaints from the previous year.

To seek systematic feedback from customers.

To better the operatives professional qualifications by booking them on at least one course per year.

To raise at least three preventive actions.

To undergo a managerial review at least once per year.

To re-design and ameliorate the quality system continuously in order to achieve total Compliance.

To audit all of the above in order to test and measure the effectiveness and reliability of the stated.

2.6.2 *Environmental Objectives*

The objective of the company environmental policy are as follow:

- To establish and maintain at all the time an environmental management system to meet the requirement of ISO14001
- To create awareness amongst staff of environmental issue relating to our business in the fortnightly general meeting
- To minimise our electricity consumption
- To promote the use of public transport instead of cars, to get to site
- All company cars (owned/leased) will have their emission levels regulated by the EURO 4 directive
- To minimise the use of Papers consumption
- To recycle papers
- To minimise the risk of asbestos contamination, in form of fibre released in the atmosphere
- To minimise Asbestos Waste

2.6.3 *Environmental Targets*

In order to met the above objectives PA Group Limited will oblige to met the following target **(at alternative years)**

- Reduce electricity consumption by 2% (Annually)
- Reduce Paper consumption by 1% (Annually)
- To promote the use of public transports for al the jobs located within the M25 area. Cutting therefore on annual carbon emission caused by the use of cars to get to site
- Make sure that on the agenda of every general meeting there will be at list one environmental aspects related to our business (fortnightly)
- To conduct at list two unplanned audit on surveyors on top of the original Audit schedule. This will test the knowledge and capability of our surveyors, and will be indicative if further training is needed. A well train surveyor should work in accordance to internal and external policies/standards and avoid dispersion of fibre into the environment. (Monthly)

2.6.4 *PA Target for 2006-2007 (July 06-July 07):*

To conduct at list two unplanned audit on surveyors on top of the original Audit schedule, to test if safety procedure on site are applied.

2.6.5 Responsibility and timeframe for the achievement of the objectives and targets are in the Annual Program form

Signed



Chris Miller-Hanna
Managing Director & Head of Laboratory

Changes: Paragraph 3.2.2 was adjusted to omit some specific job role description already covered in Section 4.

3 Organisation and Management

3.1 Legal entity and administrative requirements of laboratory

3.1.1 PA Group Limited is a private company with Managing Director Mr. C Miller-Hanna being the highest authority in the company. PA Group Limited is not part of a larger organisation and is fully independent from any other company or organisation.

3.1.2 PA Group Limited is:

1) a body that performs inspection as an Inspection Body Type C (as defined in ISO 17020) which inspects on behalf of third party clients as applied specifically to asbestos surveys (inspections). Note that the entire company of PA Group Limited is the inspection body.

2) a testing laboratory carrying out bulk sampling for asbestos containing materials, identification of asbestos in these materials and air testing for airborne asbestos fibres. All these activities are part of the same single organisation. Apart from any temporary site laboratories which may from time to time (with no controlling function other than to manage the work on the site) the sole office and address and phone number (as required by Annex D of ISO 17020) is as given on the cover page of this manual.

3.1.3 The inspection activities and (when part of the same contract) associated sampling and testing activities will at all times be covered by adequate liability insurance as required by **paragraph 3.4 of ISO 17020:1998**.

3.1.4 The inspection activities and (when part of the same contract) associated sampling and testing activities will at all times have documentation describing the conditions on which it does business. *This is a requirement of paragraph 3.5 of ISO 17020: 1998*

3.1.5 The laboratory (PA Group Limited) has independently audited accounts as required in paragraph **3.6 of ISO 17020: 1998**.

3.1.6 Management arrangements need to ensure that safety incidents related to the scope of UKAS accreditations that are reported by clients or other parties such as enforcing authorities, are recorded, investigated and appropriate corrective action taken and inform UKAS when required under **UKAS document E2 paragraph 4.3.1 h)**

3.2 Responsibility of laboratory to meet requirements

3.2.1 Activities are carried out in a way that meet the requirements of the standards ISO 17025 and ISO 17020 along with ISO 14001 & 9001 and the needs of the client and regulatory authorities.

3.2.2 As required by clause 6.1 of ISO 17020, the organisation must ensure that the inspection body part of it has the capability to perform its technical functions required for inspection / survey in a way that is satisfactory. The needs of the surveying operations or the testing operations must not be in conflict and therefore sufficient resources are employed.

3.2.3 There must be a sufficient **number of staff** with the range of expertise required in order that all functions are carried out at all times. Inspection body operations and the testing/sampling operations must each have sufficient staff with the required qualifications, training and experience.

3.2.4 UKAS Requirements

PA Group Limited must inform UKAS without delay of changes in any aspect of the Inspection Body's or testing laboratories status or operation that may affect the accreditation status with respect to any accredited activities. Examples of reasons to notify include changes to:

- Legal, commercial or organisational status
- Organisation and management (Head of Laboratory, Technical Manager or Quality Manager).
- Policies or procedures, where appropriate
- Premises
- Personnel, equipment, facilities, working environment or other resources where significant

Any of Head of Laboratory, Technical Manager or Quality Manager may forward the information to UKAS and Quality Manager at the earliest possible date. The Quality Manager must be informed.

One months notice to UKAS is required in advance of relinquishing accreditation.

3.3 Management of different laboratory working environments

- 3.3.1 Work is carried out in the laboratories permanent facilities, at stationary site laboratories and in mobile laboratories. The PA Group Quality system recognises the need to cover aspects of operating in different laboratory formats and geographical locations. This is achieved by consideration of coverage of these aspects by all applicable parts of the system. These are chiefly training, proficiency testing and audits.
- 3.3.2 Environmental security applies to all working environments including administrative. Confidentiality to clients must be maintained. Validity of records as may be affected by unauthorised access must be considered. Similarly condition of samples and of test equipment and calibrating equipment needs not to be affected by use or play by persons not authorised to use or handle them.
- 3.3.3 Environmental security is dealt with by physical means linked with access permission and also by briefing staff (and other persons if given access such as service engineers and cleaners). This briefing is:
- Do not handle critical items i.e. testing equipment, and any paperwork.
 - Cleansers are specifically instructed not to move any paperwork or equipment on desks, floor areas or anywhere else, and to only clean clear areas.
 - Calibration items are further stored within cupboards / drawers in the permanent lab facilities.
 - For mobile labs the analyst in charge takes on cleaning, and locking up. Calibration items are not stored in mobile labs except the working stage micrometers.
 - Managing Director controls main office building access via alarm code allocation.
- 3.3.4 Visitors are not left unattended at any time.

3.4 Management of non-accredited activities and independence from them

- 3.4.1 PA Group activities that are not accredited are compatible and complementary to the accredited activities. They are provision of training in the same areas of work for which this laboratory is accredited and provision of related testing and consultancy work such as smoke testing of enclosed asbestos work areas and general asbestos works supervision. Conflicts of interest are avoided by keeping staff with functions within accredited work areas available to carry out and / or control such work as required by those functions for a sufficient proportion of the time and also by planning so that they available when required to fulfill those functions.
- 3.4.2 The inspection body and other activities shall be independent of each other in that they are not adversely affected by the resource or other needs of the others. The activities and the quality checks and audits and other procedures required for each may must be carried out by the same or some of the same staff but for each activity (the inspection body activities, the testing laboratory activities and any others must have adequate provision of functions resources for its own needs. (Refer also to description of the role of Quality Manager in Staff Roles and Responsibilities, **Section 4.1**).
- 3.4.3 PA Group undertake asbestos removal works under there full HSE license. All removal works will be kept separate from accredited works. PAG will ensure both clients and internal staff are fully aware of the differences in the services and which activities are accredited by UKAS. This will be demonstrated by document control and standard comments where applicable.

Changes made in this issue: sentence to clarify end of training by Qualifying Audit add at paragraph h

4.1 Staff Organisation

4.1.1 Policies to ensure staff work to the required standards.

- a) Senior positions (Head of Laboratory, Technical Manager and Quality Manager) are granted on the basis that they have the authority and resources needed to carry out their duties.
- b) All staff must have knowledge and appreciation of the Quality Statement in **Section 2** of this manual and of the quality system policies and procedures in order that the policies and procedures are adhered to. Staff must be alert to departures from the quality system policies, procedures and standard of work, and must report or deal with these as appropriate to their role. Involvement in conflicting work (working for other companies or self employed activities that have conflicting interests) is to be avoided as is drug or alcohol abuse, or any other aspects of lifestyle that may affect quality of work including overtiredness. Similar considerations apply to the health and safety obligations of all staff.
- c) Pay and contracts take into consideration the need for all personnel to be free from commercial, or other pressures that may adversely affect their work. Staff employment contracts aim to prevent staff from accepting inducements offered by clients. Where staff allow themselves to be influenced by commercial pressure or inducement or are not performing to the standard of general conduct required then Managing Director is informed and appropriate action and disciplinary measures will be applied.
- d) Confidential information and proprietary rights of clients must remain protected and not compromised by the advent of work or quotations for work carried out. Results and findings of the work are a matter for the client to communicate with any third parties they wish (within the realms of their own legislative or legal requirements). This requirement must also be met by any sub-contractors engaged by PA Group Limited in any work undertaken.
- e) Care must also be exercised in the method of transmissions of results and in use of electronic storage.
- f) PA Group Limited is not part of any other organisation or trading partnership.
- g) Management through to testing and inspection staff work in close communication and weekly staff meetings are held. In addition management meetings held at least once a month involve both top management and the key quality management staff. These meetings allow the quality manager to witness any commercial considerations, motivations, general staff requirements and particular names of staff proposed for use in particular projects including intentions to use subcontracting staff. Additional meetings are called for any urgent issues.
- h) No work is carried out by any staff unless they have first been trained to the in-house procedures (**see 5.2**). Supervision is given in all technical areas in the final stages of training until competence is fully assured through witnessing procedures being carried out correctly without the aid of the trainer. This assessment must cover the most difficult situations for the work that may be encountered in practice. Final assessments take the form of audit ('Qualifying Audit').
- i) The laboratory must at all times have an appointed Quality Manager who implements the quality policies and procedures so as to insure they are applied at all times. This includes special planning for situations where Quality Manager is absent both for annual leave and sick leave.
- j) A Technical Management must also be continuously defined and available. Technical management has overall responsibility for the technical operations and the provision of the resources needed to ensure the required quality of laboratory operations.
- k) A Head of Laboratory is the continuously appointed position at the top of the quality management. This person has the ability to authorise resources including acquisition of staff where required in the interests of quality.
- l) Deputies are appointed as described in **4.1.2.4** so that there is a 'stepping in' ability whenever an absence occurs for what ever reason.

Changes in this issue: P402 option for Technical Manager minimum qualifications now removed due to new requirements to cover air testing part of Technical Managers scope. Experience in air testing and identification added in line with similar statement for survey (inspection)

4.1.2 Staff roles and responsibilities

4.1.2.1 Head of Laboratory

The head of the laboratory is currently the Managing Director having overall control and authority on all company operations including employment, financial structure, resources and discipline. The Managing Director reports to no higher authority. Head of Laboratory ensures provision for Managerial and Technical Requirements as defined in the quality system. Head of laboratory has had working experience in all areas of the companies accredited activities and may from time to time hold current authorisation to carry out work as member of Technical Staff, i.e. to carry out technical work as per compliance with section 4.4 of ISO 14001.

4.1.2.2 Technical Manager

From **ISO 17025 paragraph 4.1.5h** the company is required to have Technical Management with overall responsibility for the technical operations and for provision of the resources needed to ensure the required quality of laboratory operations. Technical management is represented by Technical Manager, with Head of Laboratory, Quality Manager, Deputy Technical Manager and Deputy Quality Manager also providing important and useful back-up membership of the overall Technical Management.

In relation to inspections for asbestos containing materials (surveying) and in accordance with **paragraph 6.3 of ISO 17020** PA Group Limited Ltd as inspection body has an appointed Technical Manager responsible for the inspection activities being carried out in accordance with ISO 17020, and who must be qualified and experienced in the operation of the companies inspection activities. Such position appointment must be a permanent employee.

Currently there is one Technical Manager (TM) for PA Group Limited who leads the technical management of both ISO 17025 (testing) and ISO 17020 (inspection / survey) requirements.

Minimum qualifications for Technical Manager of testing and inspection body activities:

- 1.The British Institute of Occupational Hygienists (BIOH) Certificate of Competence in the subject Asbestos and other Fibres.
2. Experience of 6 months in surveying buildings followed by at least five Type 2 or 3 surveys of which at least two should be Type 3 surveys for asbestos during which competence should be assessed by a fully qualified surveyor.
3. Experience in carrying out air testing and asbestos fibre identification to PA Group Limited standard . (though not necessarily currently authorised).
4. A good understanding of Environmental Management Systems (ISO 14001) and pollution control and prevention.

Changes on this page since last version: Paragraph at foot of page added for Preventive Action 30032003-01. Documents review reasoning and methodology part repeated now referred to relevant section. Similar referring out in QMs role list. Latter list expanded to include Annual review, training and general internal enquires.

4.1.2.3 Quality Manager

The Quality Manager has direct access to both Technical Manager and Head of Laboratory on all matters affecting any work within the quality system.

The position of Quality Manager is appointed continuously at all times. The deputising staff of Technical Manager and Deputy Quality Manager covers absence of the Quality Manager in the first instance.

Quality Manager is the designate for fulfillment of **ISO 17020 paragraph 7.4** and also for the fulfillment of **sub-paragraph 4.1.5 i of ISO 17025, and 4.4.1 of ISO 14001 point a,b.**

Quality Manager is responsible for the day-to-day operation and control of the Quality System procedures to ensure that all the requirements of the quality system and for the accuracy of results and reporting of those results is controlled and maintained to the required high standards. This includes ensuring that events, facilities and processes used in providing the results are controlled in a way that enables the quality objectives and system requirements to be achieved. Quality Manager oversees that the requirements of **ISO 17020 paragraph 6.6** are met, namely that staff training, technical knowledge, experience and education are addressed and attended to appropriately.

Quality Manger oversees all the requirements in this quality manual and the referred to procedures manuals are carried out.

Tasks such as training and audits may be delegated with Quality Manager having overall responsibility. Quality Manager reviews all audit reports and training sheets to seek and assign appropriate actions. Other tasks may similarly be delegated.

Quality Manager must be familiar with the external standards and procedures applicable to the accredited areas of work within the scope given in **Introduction (Section 1)**.

Quality Manager is familiar with all parts of the Quality Manual and ensures all quality system manuals are reviewed as per **Document Review section** in this manual.

Quality Manager acts on any non-conformities or complaints reported to him / her and any arising out of audits or checks. Quality Manager has authority to stop any technical staff from continuing with their work until the concern that created the stoppage is resolved through appropriate action.

An outline of Quality Managers Qualifications & Experience

1. Two years industry experience
2. UKAS Assessors Course ISO 17025 (not mandatory)
3. P401 – Bulk Analysis Certificate
4. ISO 14001 & ISO 9001 basic
5. UAKS Laboratory Management ISO 17020 (not mandatory)
6. Auditing 14001 EMS
7. ISO 9001 Internal Quality Auditor

An outline of Quality Managers scheduled tasks

8. Take part in the Annual Managerial Quality System Review as per **Section 4.14**
9. Annual review of the Quality Policies in this Quality Manual against the external standards, and the accrediting bodies requirements.
10. Annual document reviews as per **Section 4.3**
11. Annual review of all forms, workbooks and worksheets associated with the implementation and carrying out of the accredited methods and quality system requirements.
12. Audits. All audits are scheduled by Quality Manager in advance and carried out as per **Section 4.13**
13. Sample testing re-checks and survey inspection re-surveys as per **Section 5.9**
14. Equipment calibrations, servicing and checks
15. On-going training reviews of all staff for staff in training and also for update requirements of all staff.
16. General internal work method and quality system requirement advise to all staff as and when required.

Quality Managers **Microsoft Outlook Tasks** is currently used for scheduling of items 1, 2, 3, 5 and 6 of the above list. Office based tasks are largely recorded and stored in electronic form within a specifically assigned and secured section of the company computer server reserved for Quality.

Maintenance of tasks schedules requires those tasks dependant on other persons for completion, for example counting of check slides, to be commenced at the start of the period in which they may be carried out.

4.1.2.4 Deputy Quality Management

Quality Manager must so far as possible plan for absences for all staff scheduled to undertake any tasks or functions in Quality Assurance (for example, Quality Managers own absence, sick leave of auditors and so on). In his envisaged absence Quality Manager will inform deputies of what they are required to do and ensure that they are capable. The work of the Quality Manager and its scheduling will be done in a way that permits continuation by a deputy or replacement. The Technical Manager covers any duties that the Deputy Quality Manager is not fully authorised or competent to carry out and the Technical Manger will oversee that the day-to-day tasks that are assigned to the Deputy Quality Manager are carried out.

In the absence of the Technical Manager the Deputy Technical Manager assumes the role.

4.1.2.5 Auditors

This refers to the specific job function and is not a primary job title. Minimum criteria for authorisation to audit a particular activity are all of the following:

- All the qualifications and/or experience required for staff carrying out the activity being audited
- The auditor must him/herself have been subjected to at least two audits for the activity with no outstanding non-conformities or re-check audits required to be checked on their own work in that activity
- Trained in auditing by a person authorised to train for audits. (Still currently shown as authorized in the authorizations register)
- Authorisation to audit is given upon qualifying Audit by the Quality Manager or the Technical Manager
- Some Audit can be Carried out by experienced and qualified sub contractors, upon request of the Quality Manager

4.1.2.6 Trainers

Minimum criteria for authorisation to train staff for a particular activity are all of the following:

- Trainer must at least have the same qualifications and/or experience as required for the staff being trained
- The trainer must him/herself have at least six months work experience in the area of training and knowledge of our environmental policies.
- For internal trainers: currently authorised to train; granted by Quality Manager or Technical Manager
- For external trainers: be qualified by and organization recognized as acceptable to our accreditors (UKAS). Currently this applies to all trainers approved by BOHS (British Occupational Hygiene Society). For environmental awareness the trainer should have at list an introduction to ISO 14001.

Where experience with another laboratory is being counted then Quality Manager will decide on an amount of experience needed for working to PA Group Limited standard procedures. The Quality Manager will monitor progress and quality of training via communication with the trainee, and possibly with some training time given by Quality Manager or other proven trainer. Any inadequacies or gaps in the training apparent from any trainer will be covered before training is declared completed.

Changes made in this issue: BIOH approved training recognised as part of bulk sampling and air testing training process. Repetition of contract review procedure under Project Controller deleted. Information Technology Manager role description deleted since role is no longer required. Experience is gained under supervision clarified in 2.

4.1.2.7 Technical Staff (Surveyors, Bulk Samplers, Air Testers, Asbestos Identification Analysts)

Minimum qualifications for Technical Staff engaged in inspection body activities (those staff referred to as Surveyors) are:

1. The British Institute of Occupational Hygienists (BIOH) Proficiency Certificate in Building Surveys & Bulk Sampling for Asbestos (P402), or Certificated to 'BIOH Asbestos and other Fibres' with aural (also known as 'Stage 2').
2. Experience of 6 months in surveying buildings followed by at least five Type 2 or 3 surveys of which at least two should be Type 3 surveys for asbestos during which competence should be assessed by a fully qualified surveyor. Experience is only gained under supervision.

For the testing and sampling activities (where the sampling is not within the inspection body activity) the minimum qualifications is as for inspection body except that stage 2 of BIOH is not essential.

For air testing a variety of sites and types of tests need to be covered in on-site practical training. BIOH training received may be detailed in the training record but this generally will only serve as a fraction of the overall training time due to the practical experience training required.

When training is complete the Analyst will be sent to a BIOH P403 AND P404 Asbestos Fire Counting course. This represents the minimum qualification for undertake for air testing.

Air testing related just to Environmental sustainability test for the laboratory area, can be carried out by any person trained up by PA Group Limited standards for, this specific task. However Unusual results must be communicate promptly and they must be double checked by qualified analysts.

For air testing in general and stage 4 clearance, all of the above apply, further to an attendance to a P404 Asbestos Clearance course to be join to the above stated P403 Asbestos Fibre Counting. A qualification of a BIOH Asbestos and other Fibres' certificate Part 1 or with aural (also known as 'Stage 2') will dispense an attendance to both BIOH P403 Asbestos Fibre Counting course and P404 Asbestos Clearance course

For bulk sampling Quality Manager or Technical Manager will ascertain the type of sampling carried out in their course and record any shortages in knowledge they may have in their knowledge in the candidates personal training record. This gap can then be addressed by one or more further accompanied training exercises as required. An audit to witness the candidate sampling to PA Group Limited will then be conducted at the earliest opportunity. Authorisation for bulk sampling may then follow (see section on Authorisation for general polices). Any shortcoming in knowledge or ability found in the audit will be addressed and a further check audit carried out. . Authorisation will be granted upon successful completion of BIOH P401 identification of Asbestos in bulk samples normally taken after successful completion of the internal training. In the lack of time between the completion of internal training and attendance of the BIOH P401 identification of Asbestos in bulk samples the Bulk Id analyst must work under supervision. This means that all the results coming from the lab must be double-checked by another analyst holding a P401

Authorisations Register is in computer location **paserver / 7.QA Records/Authorisations**

All Technical staff have a duty to follow the internal and external documented procedures and policies that apply to their work at all times, which is imparted to them both in training and by specification to them in their contract of employment.

Persons who directly manage or control the work of Technical Staff are also Technical Staff members and need to be fully aware of the procedures for the work and of appropriate scheduling and planning procedures.

4.1.2.8 Project Controller

This is a title assigned to each individual project in the Quotes and Projects spreadsheet. Project Controller is responsible for Project work Implementation and Contract Reviews.

4.1.2.9 Non-technical Staff

These are persons who do not carry out any technical work but are employed in a supporting role. These are

1. Receptionist—role: answer phone calls, maintain and order stationary, other similar office duties.
2. Data input staff---role: type in data from survey worksheets to form reports. (These are always checked by the surveyor and a signatory for correct transfer of data.)
3. Marketing----role: arrange meetings for technical staff.
4. Wages / accounts staff---role: to calculate wages and send invoices.

4.1.2.10 Organisational Chart

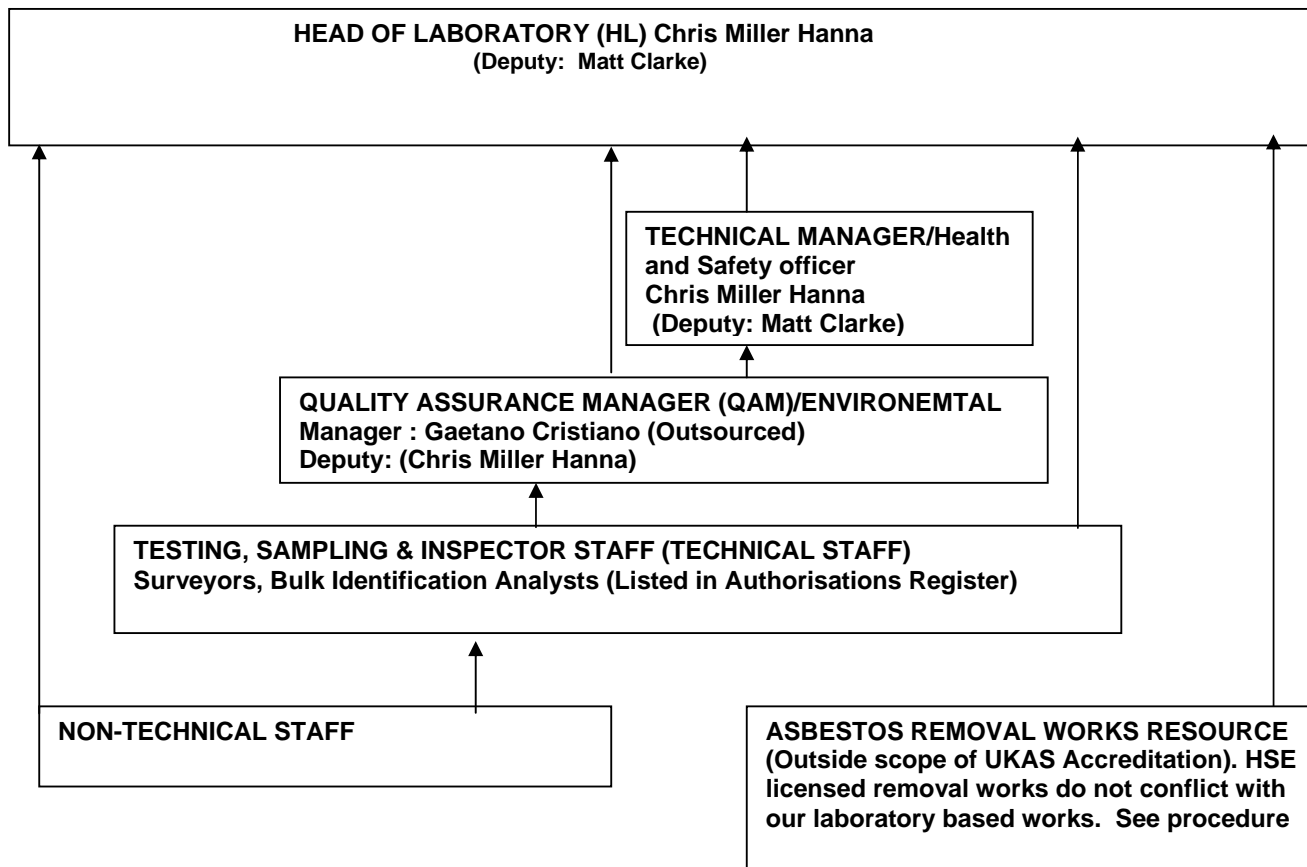
The chart below shows all positions in the company and how they relate to each other and to management in the context of work under and controlled by the quality system. Note that 'the company' as represented by the chart is entirely the same for the testing and the inspection body activities, including all positions, functions, titles and reporting to structure. All members of the Technical Staff are surveyors in the inspection body and no surveyors are not members of the technical staff.

Note that Deputy Technical Manager, Technical Manager and Head of Laboratory are whilst so authorised (refer to authorizations register) also members of Technical Staff with regard to accredited work (testing, sampling, surveying and all required related procedures under Technical Staffs roles and responsibilities) and in connection with all such work they as Technical Staff report up to Quality Manager on tasks that Quality Manager requires Technical Staff to carry out. However at any point in time at least one of, Technical Manager, Deputy Technical manager and Head of Laboratory is responsible for monitoring and ensuring that the Quality Manager is carrying out his/her job. At most times this is most closely checked by Technical Manager. Likewise Head of Laboratory and Technical Manager oversee Deputy Technical Managers function and again similarly Head of Laboratory oversees the Technical Managers function.

The arrows indicate the reporting to routes. When a deputy is deputizing they assume in the chart below both their own box and that of the role they are deputizing and all the links to and from those boxes.

The staff functions indicated in the chart below are the functions that apply to both the inspection body and the testing laboratory staff at the same time. In addition, the persons actually allocated to these functions at any one time are precisely the same persons in relation to both testing laboratory and inspection body. In other words the two bodies overlap with no difference as to staff boundary. If this situation changes then the differences must be noted here. (It may then be appropriate to have tow separate charts.).

ORGANISATION AND REPORTING DIRECTIONS IN CONNECTION WITH ALL WORK METHODS



4.2 Quality System

- 4.2.1 PA Group Limited has a documented and implemented Quality System for which the constant objective is to satisfy the requirements of international standards ISO 17025 and ISO 17020. All such documentation as described in this section is part of the quality system.
- 4.2.2 **Quality Policy Statement (section 2 of this manual)** contains the foundation policies formed by executive management to which the Quality Manual and the entire design and operation of the quality system must adhere. Quality Policy Statement follows the requirements listed for it in **paragraph 4.2.2 of ISO 17025** and may not be altered without reference to such requirements.
- 4.2.3 **Quality Manual for PA Group Limited** is the primary document detailing the policies on all aspects within the scope of the Quality System. Both a Quality Policy Statement and a Quality Manual describing the quality policies of PA Group Limited Ltd must exist in order to comply with the needs of PA Group Limited and to comply with both ISO 17025 and ISO 17020.
- 4.2.4 Procedures manuals issued to all staff engaged in accredited sampling, testing and surveying carried out by PA Group Limited are listed below and are part of the quality system:

Surveying for Asbestos Containing Materials.

Procedures Manual: Identification of Asbestos

The staff engaged in accredited work must always have a copy of the relevant procedure to available refer to at the site of the work.

The procedures and format of these manuals and of paperwork used and all policies associated with these manuals must be in accordance with this Quality Manual, which is their governing document.

- 4.2.5 The procedures for work provided to clients (surveying, sampling and testing) are primarily based on Health and Safety Executive Guidance notes. The procedures manuals add detail to the procedures described in the HSE documented methods. Examples of such further detailing required mainly relates to the PA Group Limited selected numbering systems for samples, the specific choice of equipment selected and tested for use and any reporting formats aspects not specified in the guidance notes. Details from documents other than the HSE guidance is included where required such as Health and Safety advice.
- 4.2.6 The records of all the accredited work carried out and of the associated and general quality procedures and documents are all also part of the quality system.

4.3 Document Control

4.3.1 General

Document control applies to all documents that are used by the Quality System or any work within the scope of accreditation held. All such documents are known as 'controlled documents' and every publication, check list and form will display a unique document registration which incorporates the date of issue to users. The registration is known as 'Document Registration' for documents (publications that are for information and not used for filling in records), and 'Form Registration' for forms (which are used to record information that become records of that information). The registration is either preceded by one of these titles or by the ® symbol.

Please note the following difference between document control and control of records:

Issue of documents and forms is controlled by computer system access permissions, which is set and maintained to mirror authorisations of each person. This is carried out by the Technical Manager who is authorised 'Administrator'. The computer system program only allows Administrator' to carry out access permissions setting. The program recognises 'Administrator' by a unique password held only by Technical Manager and Head of Laboratory. The computer system program implements all computer file access authorisations by use of individual password access. The Quality Manager and Technical Manager are responsible for agreeing access changes where appropriate.

Before issuance of any new editions of manuals, the page numberings as well as spelling and cross references must be carefully checked in order to avoid complete re-issue for minor reasons.

Document control concerns the issuance of the correct and current documents, such as standards, training syllabuses, blank forms or workbooks.

Quality Manager maintains the issue record which makes document control effective and also of the document review schedules. Quality Manager has overall responsibility for overseeing authorisation of compilation of documents and forms applicable to accredited work. The control of masters and review of templates and documents are the overall responsibility of the Quality Manager. Persons who compile and authorise are shown in table 4.3.2.2.b. Some computer spreadsheets are in use and these are both controlled documents and controlled records at the same time. The formatting of spreadsheets used must comply with the documents control requirements of this section whilst the ongoing and ultimate archiving must adhere to the control of records section later in this manual.

Control of Records is dealt with in 4.12 ----concerns the controlled storage and movement of records, which are the records of all the work and communications relating to any work in the scope of accreditation. (Examples are test reports, letters to clients, quotations, planning and meetings records relating to the work and any syllabuses or documents that are being kept as a record of what document applied at the time of the work).

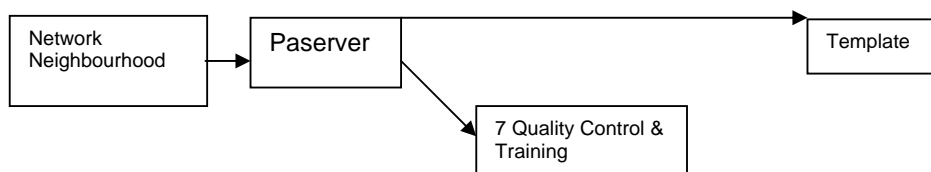
4.3.2 Document approval and issue

4.3.2.1 The master versions of all templates are stored in secured access areas of the base laboratory computer system.

4.3.2.2 a) Issue and availability documents and forms

All required documents and forms must be available to the persons who require them. Quality Manager is responsible for carrying out issue and distribution of documents and forms, and for collecting superceded and obsolete issues. Quality Manual must be immediately available for all management, quality staff and project controllers. **Control of all issues is made effective by use of Document Issue Records which include one for sites to ensure that all sites storing documents for use are updated promptly.**

Chart 4.3.2.2 Template Map (PA Group Limited computer server)



4.3.2.2 b) DOCUMENT REVIEW

External documents are checked at least annually for current version being up to date. This is done by using information from or contacting the supplier of the document. The schedule and record for this is kept in the Document Issue and Review File.

For UKAS documents the check is at least every six months, but normally is done at least every quarter. This is instigated by Quality Manager using his / her task schedule. UKAS publication is now published on the UKAS website and not sent in hard form. The review is carried out by printing off the latest version and carefully comparing relevant latest document titles, numbers, versions and issue dates with those held. When completed Quality Manager signs the printed document.

Internal documents: All are reviewed at least annually for appropriateness of use, layout and content. They may be for example be modified to accommodate difficulties or errors made in use or to accommodate system design modifications. The standards to which the quality system is applied and policies within the quality system must be observed before making changes. The review is also to check compliance with the standard. It must be carried out by a person knowledgeable and experienced about the work and current quality procedures. Schedules and records for reviews are kept in electronic folder Document Review' in 'QA Current Records'. Quality Manager implements reviews and persons or positions who issued or previously reviewed a document will often review the same documents. The issuing function (person) is displayed at the foot of all documents and forms except display on labels is optional. Further specific requirements of the review may apply, check this section and the review forms used. The review schedules and forms are kept as electronic records only, but are kept in year labeled batches for the requisite records storage period (refer to Control of Records). Record location is Paserver \7QA\ Document Review

Review of **audit programmes** must include a review of the coverage of all aspects of the current ISO 17025 and ISO 17020 standards and the usability of the scheduling process itself.

Documents held in **electronic** only format will be included in the lists in 'Document Review' file. The document review file will contain or point to the schedules for the reviews.

Table 4.3.2.2.b Document Compilation and Authorisation

DOCUMENT GROUP	FUNCTIONS THAT MAY COMPILE	FUNCTIONS THAT MAY AUTHORISE
QUALITY POLICY STATEMENT	Managing Director, Technical Manager, Quality Manager	Managing Director
QUALITY MANUAL & PROCEDURES MANUALS	Quality Manager	Quality Manager Only
Worksheets for Technical Work on site including Training	Deputy Technical Manager, Quality Manager	Quality Manager Only
Electronic templates non-inspection body work (except contract and client communications)	Quality Manager	Quality Manager Only
Electronic templates for contracts, client communications, and inspection body reports	Technical Manager, Quality Manager, Deputy Quality Manager	Quality Manager Only
GWS Work Diary and Quotes and Projects spreadsheet	Head of Laboratory, Technical Manager or Quality Manager	Head of Laboratory, Technical Manager or Quality Manager
Inspection body only: report format Instructions and or templates for reports and quotations / contracts	Technical Manager, Quality Manager, Deputy Quality Manager	Quality Manager Only
Testing work only: templates or format instructions for quotations / contracts	Technical Manager, Quality Manager, Deputy Quality Manager	Head of Laboratory, Technical Manager or Quality Manager

4.3.2.2 c Obsolete forms. Obsolete blank forms are removed from points of use and destroyed. This is carried out by Quality Manager.

4.3.2.2 d Obsolete documents. One copy of each obsolete document is kept and clearly marked as obsolete or superseded as appropriate. Quality Manager ensures this is completed by using the document issue registers and recording return and destruction or transfer to archive as is the case for each document.

Change since last issue: compare with previous

4.3.2.1 Document and form identification

Documents must be uniquely identified with date of issue and version number. In the case of forms this is normally using the form / document registration system given in **Appendix B**. The system is also used for documents produced from templates (such as survey and test reports).

In addition all documents and forms are to include the following:

- The issuing authority
- Page number
- Total number of pages or the words 'End page' to signify the end of the document.

The above policy applies also to all forms and documents that are electronic only in format and use, including forms in a database or spreadsheet program (e.g. Excel).

Where possible templates should also display their storage location.

The table below shows the particular configurations of the above requirements applied to the various documents.

Table 4.3.2.1 Identifying requirements for documents

Type of Document	Unique Identification Format	Format of display of Compiler/Authoriser	Format of number of pages display
Quality Manual and Asbestos Identification Manual	Individual pages to display Title of Document, No. & title of section, page issue number (historic issue count for that page), date of issue.	Font or second page to show function of compiler and authoriser of issue	Numbered as page number within the section. 'Page x of y' where x is the sequential page count and y is the total number of pages in the section
Surveying and Sampling of ACMs procedures manual and Fibres in Air procedures manual	Front or second page to show date of issue and edition number or version number,	Font or second page to show function of compiler and authoriser of issue	Simple sequential numbering with font cover being page 1, and page numbers identified at subject starts in the Contents page.
Forms, worksheets and Registered Documents, including all reports and registers	Form / document registration	'Issued by' (unique job function or job function and name or initials)	'Page x of y Page(s)' where x is the sequential page count and y is the total number of pages in the section. Alternatively, if the above is not possible then use sequential numbers within each section but list all sections in Contents.

4.3.2.2 Use of letter headed paper

Select paper for all controlled quality system documents and forms as follows:

If the document bears a UKAS logo then 'letterhead' is selected in 'Paper Source' option within the print command. In all other cases of documents for internal issue 'Plain Paper' is selected.

Documents and records for external issue use letterhead paper.

4.3.3 DOCUMENT CHANGES

4.3.3.1 Review of changes to documents

Changes to all documents and forms relating to any accredited activities are reviewed by the Quality Manager (any staff member may carry out an initial review or comment on use of the document / form and then forward this on to the Quality Manager). Approval of all documents for accredited work areas is carried out by the Quality Manager. Any altered documents must show that they are a new issue by one of two means. 1) For Quality Manual and Procedures Manuals each page shows issue date, 2) For all other documents and forms a new Form/ Document Registration Number is applied containing a date section that indicates the start date of authorisation of use. Any given document specific type may only be issued once within each calendar day. Using this system means that a further 'revision number' is not required.

4.3.3.2 Notification of changes to users

Altered sections and or wording will be brought to the attention of all persons who may use the documents or forms to the extent considered necessary by the Quality Manager and in accordance with the procedure below.

Quality Manual and procedures manuals: this will be done by summarising the changes on the page changed when explanation is required or underlining sentences that were altered for comparison with the previous sentence or for extensive re-writing in the page the entire page will be instructed as 'Read entire page and compare with previous page for changes' placed at the top of the page.

Worksheets and reports templates: the changes are not shown on the sheets as this would make confusing and disruptive to usability. Changes are shown by informing users with a separate memorandum or document as appropriate to the scale of the changes. For spelling corrections and other very minor punctuation changes information is only required if interpretation or understanding is affected by the change (at the discretion of Quality manager).

External Documents: Quality Manager will review all changes made. Where details have not been supplied by the external issuer, or they are not regarded sufficient by Quality Manager (or reviewer approved by the Quality Manager at the time of re-issue), then the reviewer will compile and publish a document detailing the changes. The review of the external document will include an analysis of the effects of changes to the quality system and procedures and changes required to the quality system operation must be assessed. For significant changes, up-date training may need to be set for all staff requiring it.

4.3.3.3 Amendments by hand are not permissible for any document or form recognised by the Quality System because templates and masters originate from the computer system.

4.3.3.4 Documents maintained in computer systems are made by assigning each separate document a separate computer file, which contains all of the document and nothing additional to the document. These files each have their own unique reference. Once the file is located the print command can be pressed to obtain a copy of the document. However it is first necessary to select either plain or standard PA Group Limited Letterhead paper.

4.4 Contract Reviews

4.4.1 Policy

Contract review serves the purpose of ensuring that client requests or tenders lead to appropriate provision, management and control of the work. Extent of review will depend on size and complexity of the work. All projects containing any accredited work (excluding removal contracts) containing sub-contracted air testing work must have a Pre-Contract Review. A pre- contract review may have the form of a Purchase order, a telephone conversation sheet or a letter or e-mail from the client attesting the willingness of the client to undertake the job. A pre- contract review can also be in the form of electronic record in the Quote and Project spreadsheet used by PA Group Limited and this will substitute all of the above

All Asbestos Survey work should also have to Mid-Contract Review and Post-Contract Review although this is not a must. A contract review can be telephone conversation sheet or a letter from the client attesting the satisfaction or the dissatisfaction of the job done by PA. A contract review can also be in the form of electronic record in the Quote and Project spreadsheet used by PA Group Limited. A questionnaire issued by PA at the end of the job may also take form of the final contract review

The clients requirements and methods to be used to meet those requirements must be adequately defined, documented and understood. From July 2007 ACT database should substitute the old compliance system

The ACT database is robust contacts database specifically tailored to our needs and in turn the needs of ISO standards. All client and project information is tailored within sequentially number opportunities. Each stage of any given project is named and can be tracked accordingly from initial enquiry through to invoicing and all stages in between. ACT then has a separate tab for quality, pre, mid & post contract reviews. Each section is completed individually as the appropriate juncture and then amended as required. The contract reviews mimic our standard paper hard copies and are completed in the same manner simply electronically.

4.4.2 Person responsible for procedure

This will be the project controller as entered in the Enquiry Projects spreadsheet / database unless otherwise stated against the review.

4.4.3 Procedure

Project controller must ensure adequate resource of personnel and equipment can be provided **before** agreeing with the client to do the work. Where appropriate the process involves verification with a project manager regarding resources. It also requires checking with the individual operatives proposed to be used in case they have been booked for work with other Project Mangers or have other leave or other engagements not yet showing in diaries or worksheets.

Capability and expertise level (specific qualifications in most cases) must be ascertained and checked for the particular type of work. In addition, complex sites may require more than one operative (particularly applicable to surveys).

For routine work such as type 2 surveys, all commissioning staff are readily aware of their limited staff list that can do the work and no specific records for this type of check within review is required except for recently authorised staff, in which case a review of the site type in relation to the staffs experience will may call for a second member to attend or only the appropriate staff to be sent.

Capability, availability and specifications of equipment must also be checked in contract reviews.

Consider format of reports and registers, provision of plans, working in occupied premises or out of hours,.

Methods to be worked to and any terms and conditions and limitations of scope known to PA Group Limited that will apply to the contract must be made known to the client before they are invited to consider acceptance of the offer.

The contract shall be acceptable to both the client and the laboratory before the laboratory agrees to do the work. Resolutions of any differences may not be deferred for agreement with the client to after the work is agreed.

4.4.4 Contract reviews of the subcontracted work

The sub-contractor is to be accredited to the same standard as PA Group Limited for the work to be carried out unless no such sub-contractor can be found available. Refer to Subcontracting section of this manual.

PA Group Limited should subject the sub-contractor to a contractual agreement designed to ensure that the clients requirements and agreed provisions are met with reference to or re-iteration of the PA Group Limited to client contract requirements.

4.4.5 Changes to agreement or conditions

All requests by PA Group Limited or by the client for any changes must be recorded in the project files and the requirements of the change reviewed as for Pre-contract review before the changes are agreed to. (Includes that staff and all types of resource will still be available to meet the requested change). Records of agreements with the client to such changes are to be kept.

Changes in this issue: contract review to be indicated in Q&P spreadsheet.

4.4.5 Recording Contract Review

From June 2007 PA Group Limited will be using ACT database for recording of contract compliance. Since the system will be up and running in July, the complete procedure can not be fully described at this stage. Prior to May /June 2007 the below reported procedure have been applied to the contract compliance.

Completion of reviews is indicated in the Project Related Notes column of the Quotes and Projects Spreadsheet. Alternatively refer to another file where the review is kept (appropriate for lengthy reviews).

More lengthy reviews and minutes of meetings where they constitute the review may be kept in the project folder (either in the paper file or the electronic project file).

Completion should be recorded as follows although this is not a strict standard internal procedure :

Either write/add standard template form of the review stating: eg 'Mid-contract review: etc or use 'C1' etc as below.

'CM1' is inserted to indicate pre-contract review only so

'CM2' is inserted to indicate Pre-contract and mid-contract review completed

'CM3' is inserted to indicate pre, mid and post contract reviews completed

In all cases follow with initials of the reviewer e.g. C1-CMH

For different reviewers of different reviews detail as for example, C1-CMH, C2-NJW, C3-NJW

Where more than one person is involved in one review only the lead reviewers initials need be recorded.

Post Contract review can be conducted by the Quality Manager or the Managing Director, where needed.

4.4.6 Planning of inspection / survey in accordance with MDHS 100

This is instructed to surveyors within the procedures manual for surveying.

4.5 Subcontracting

- 4.5.1 Inspection or survey work to ISO 17020 may only be subcontracted at any time to a laboratory or individual accredited to ISO 17020 (EN45004). Such use must be in accordance with ISO 17020 section 14 and to the contract review procedures.
For testing work the sub-contractor must be accredited to ISO 17025 and their schedules of accreditation must specifically apply to the work type being considered.
Accreditation is checked using the UKAS website www.UKAS.org, or by asking the lab. to send a copy of their schedules. For all labs registered you will need to check with them that they are still accredited for the work concerned at the time of agreement with them to use their services. **PA Group Limited does not Audit its Subcontractors.**
Sub-contractors approved by the above process are added to the **hard copy file named Subcontractor Register that exist for everybody within the company to source**
- 4.5.2 Whenever a subcontractor is used the client must be informed in writing that a subcontractor is being used and for what. The clients approval should also be gained and preferably in writing where possible. If not gained in writing then record the agreement in writing for the project file with date, contact name and project number.
- 4.5.3 PA Group Limited is responsible to the client for the sub-contractors work except in the case where the client or a regulatory authority specifies which subcontractor is to be used.
- 4.5.4 **Subcontractor Register** must show all sub-contractors used for any type of accredited work . The register must also be reviewed and updated periodically in order to re-assess the continued approval of accreditation status and use of each sub-contractor listed. This will be at least annual, but more often wherever appropriate such as due to changes in accreditation standards or in externally documented methods for the work.
- 4.5.5 **Any project using a sub-contractor must be reflected in the entry for that project in the Quotes and Projects spreadsheet, and the sub-contractors work and the resource it represents will be considered in contract review.**
- 4.5.6 Work must be assigned to the subcontractor with sufficient detail and in sufficient time that they are able to supply the clients request and meet the terms of the PA Group Limited contract or work agreement with the client. It will be necessary to ensure that the subcontractor will be have the resource and capability to carry out the work *before* the subcontractor is granted the work. Furthermore it is also necessary that PA Group Limited includes any intended subcontractor(s) own assessment of ability to do the work to the required standards and timescales within the review of the contract or work agreement.
When work is ordered and agreed with the subcontractor the requirements of the contract should be made conditions of their employment.
- 4.5.7 The above actions must be backed up by full support by PA Group Limited in providing any information regarding job locations and procedures that they require in order to fulfil their obligations.
- 4.5.8 The subcontractors sampling and/or test paperwork may be submitted to the client provided it complies with the accreditation standard for the work. If however the sub-contractors data or findings are to be included in a PA Group Limited document of any kind (report, certificate, letter, telephone conversation or electronic forms included) then a disclaimer must be made to clarify that the work was carried out by a subcontractor, or in the case of a joint effort will clarify which element were contributed by who.
- 4.5.9 If accreditation is available but not held by PA Group Limited then use of an accredited sub-contractor should be the preferred choice. The status of accreditation of the party that carried out the work or a statement that accreditation is not available must be included with the work in whatever format or medium the results or findings are transferred to the client. Clarity as to what work if any was carried out by PA Group Limited and what was carried out by a subcontractor must be stated at the time of reporting work results or findings.
- 4.5.10 All subcontractor used by PA Group Limited must be aware of our Environmental policies procedures to avoid pollution during surveying /air testing, according to ISO 14001.
- 4.5.11 If sole trader a Subcontractor must provide a minimum of an update C.V plus relevant qualification to work with asbestos (e.g.P402). insurance details are also a must. If the subcontractor is used for air testing work, he must supply a Face test certificate for R.P.E.
- 4.5.12 Sub Contractor must adhere to our Environmental Policy, a copy of which should be sent to them upon appointment.

4.6 Purchasing Services and Supplies

SELECTION OF SUPPLIER AND SUPPLIES

4.6.1 It is policy to use, as far as possible, suppliers certified by a third party to a recognised international standard such as **ISO 9000** or an equivalent. This applies to products used that may affect the results or other aspects of quality of work in relation to the stated method(s) of that work.

For items returned from Calibration, items are only accepted if the item has both a calibration label attached to it (and conforming to **UKAS publication LAB 5, Section 4**) and a certificate (also conforming to **LAB 5**).

4.6.2 The manufacturer's standard needs to be one that ensures consistency of product and notification to PA Group Limited of any changes. Any such changes will mean that tests need to be carried out on the revised specification.

4.6.3 Suppliers and supplier information is detailed in **Supplies Register (Electronic File)** which gives the item specification requirements and generally also the item or catalogue number. For items not possessing a catalogue item the precise description and critically identifying specifications are quoted as given under the product listing within the register. For testing and any other supplied critical in terms of may affect results or work methods, satisfactory item types and specifications are continued from one order to the next. Where a change to this is to be made then the new material specification received should be tested. Suppliers will generally be able to supply a small sample supply for this purpose.

4.6.4 A further requirement is that for some items, re-occurring checks are required after periods of storage to ensure the items are still fit for use. Such checks will be recorded in the Supplies Suitability Checks file within Current Records (electronic). Currently this applies to: Cargille refractive index liquids.

PRODUCTS THAT NEED TESTING FOR ALL DELIVERIES		
PRODUCT	APPLICATION	TEST REQUIRED
Cargille Liquids	Asbestos Identification	Check of clarity on delivery and at regular intervals as indicated on the form for this purpose
PRODUCTS THAT NEED TESTING IF NEW PRODUCT SPECIFICATION IS SUPPLIED		
PRODUCT	APPLICATION	TEST REQUIRED
Microscope	Bulk Identification	HSG 248 Asbestos: The analysts' guide for sampling, analysis and clearance procedures

PLACING THE ORDER

4.6.5 Following the policy and procedures outlined in page 1 of this section, the order is placed for items of known and tested specification within the PA Group Limited purchase order system. This system identifies a unique number and specifications are carefully noted. Any additional specification requirement may also be emphasised by specification on the order form.

4.6.6 The order forms used are in the form of a sequentially numbered spreadsheet holding all data.

RECEIPT OF GOODS AND SERVICES

4.6.7 For goods critical to testing or sampling standards the precise type and catalogued item number must be checked and this is recorded by approval signature of Quality Manager or his/her assigned deputy or receiver on the delivery note. The goods may be received by the person who ordered the goods provided that the Quality Manager authorised that person to order those goods. Checks on receipt are:

- Item supplied is the item ordered, both by appearance and by reading the item description and item catalogue number from the item individual boxes or packaging immediate to the items. Also check that the dispatch note agrees with what has been supplied.
- All the items supplied are of the same specification and that they match the order.
- No breakages or other signs of deterioration from expected condition. Return any defective goods (this also applies to equipment belonging to PA Group Limited which has been calibrated for which return to a an approved repairer may first be required before returning it again for calibration). Record any such findings on the dispatch note and attach to the purchase order, or record on the purchase order if no dispatch note exists. Also inform the Quality Manager who will record the event as a non-compliance except where the event is very minor and is not likely to re-occur (Quality Manager decides this).
- Only when the above is satisfactory, sign the dispatch note (refer also to 'Particular Requirements' on page 2 of this section).
- Only when the receipt of goods has been signed as satisfactory to this procedure by the receiver may the goods be used.
- Non compliant or unsatisfactory supply is dealt with using the standard non-conformity reporting and action follow-up system.

THE RECORDS AND THE REGISTER

4.6.8 The Supplies Register contains the 'critical' supplies and all have been assessed through testing and by enquiry into standards applied by the suppliers. This register also contains items that are not critical, therefore clear indication as to which products require testing will be indicated in the **Supplies file pages**. This list is reviewed annually during the **General Annual Audit of Supplies**. Minor reviews take place every six months, although this is optional

If a supplier provides an alternative item to that requested on the official purchase order form, the Quality Manager will return it or assess the item for suitability before its use is permitted. A record of this assessment will be kept in the '**Supplies Register**'

- 4.6.9 The record of who carried out the tests must appear on the documentary evidence of the test, which will be then kept in the equipment file.
- 4.6.10 Refractive index fluids used for asbestos identification are checked on supply for visual clarity and absence particulates visually for the purpose of receipt approval and (also checked for deterioration in use every two months). Both these checks are recorded on the 'Refractive Index Liquid Checks' forms kept and then kept in the file 'Supplies Suitability Tests'.
- 4.6.11 Reference standards materials for identification of asbestos are obtained only from a supplier who has tested the materials using a variety of techniques as required for a very positive ascertainment of the named type of the asbestos fibres and should include x-ray diffraction crystallography techniques. These are subject to testing prior to general use as a reference (provisional receipt acceptance may be based on the information given on the labels of the individual containers). The test requires identification using the labs, normal test procedures and verification of properties and dispersion colours obtained against those given in HSG 248 Asbestos: The analysts' guide for sampling, analysis and clearance procedures

Any differences here should be queried with the supplier and may be acceptable for reasons given such as variety of asbestos provided that a record of this is made in the Procedures Manual: Indemnification. In this case a cross reference must be made to the particular bottle by way of details given on label such as location of origin or suppliers part number, special marking to clearly identify it may be recommended. In such cases it will generally be necessary to ensure the laboratory also has a supply of any other strain giving a different colour. {It is anticipated that this policy and procedure will only apply where availability of different strains is desirable for improved ability of the lab. to correctly identify asbestos and its named type.}

4.7 Service to the Client

4.7.1 The laboratory encourages cooperation with clients or their representatives in accordance with their requests for monitoring the laboratory's performance in relation to the work performed, provided that the confidentiality to the client can be ensured.

This cooperation includes.

- a) Providing the client or the client's representative reasonable access to relevant areas of the base or on-site laboratories or other place of work for the witnessing of sampling, testing or related activities such as survey or plan preparation.
- b) Preparation, packaging, and dispatch of samples needed by the client for verification purposes.

4.7.2 PA Group Limited recognises the value of the maintenance of good communication, advice and guidance in technical matters, and opinions interpretations based on results. Communication with the client, especially in large assignments, is maintained throughout the work. This is an audited aspect .The Project Manager or designate should inform the client of any delays or major deviations in the performance of the tests and/or calibrations.

4.7.3 Feedback, both positive and negative, is requested from clients by contact between project controller or project manager with the client. Other team members may be delegated this task for simpler projects. Any complaints may be logged and dealt with within the project but should also be notified to the Quality Manager to enable procedures to be investigated and reviewed as required and as decided by Quality Staff. (QM, HL, TM).

4.8 Complaints

- 4.8.1 In the event that a complaint is lodged from clients, enforcing authorities or others, it is the policy of the company to fully investigate. The complaint is recorded on a Non-Conformity Report, which is a Registered Form. The written letter fax or record of telephone conversation or other format (or copy of) will be kept with the non-conformity report. The Quality Manager receives the complaint communication and non-conformity report from any person in the company including by the Quality Manager his/her self.
- 4.8.2 Cause analysis must be carried out by a member of the Quality Management (Head of Laboratory or Technical Manager, Quality Manager, Deputy Technical Manager or if none of these are available by Deputy Quality Manager).
- 4.8.3 Corrective Action will generally be appropriate. In any case Cause Analysis will be carried out and recorded on the non-conformity report.
- 4.8.4 All complaints whether originating internally or externally are treated in the same way as for non-conformities in the first instance and the Quality Manager or Technical Manager will inspect the recorded findings and any cause analysis so far carried out and will decide whether or not the case represents a non-conformity with the Quality System.
- 4.8.5 **Quality Manager may decide to record the event as a non-conformity as described in section 4.9.**

4.9 Non-conformities

- 4.9.1 Whenever any aspect of testing and or sampling work or other requirement documented by the Quality System is not conformed then this should be reported to the Quality Manager.

Quality Manager creates a Non-Conformity Report in the Corrective Action database (located at network location Paserver\7QA\Current Records). All applicable sections are filled in. The Quality Manager maintains the database contents and oversees the operability of the programme.

- 4.9.2 Reportable non-conformity is any errors found in any situation such as an error noticed by another member of staff, complaints from clients or other source. This includes failures of equipment, reagents, calibration or laboratory condition. Assignment of Corrective Action is almost always applicable. Refer to Corrective Actions procedure in **4.10**.
- 4.9.3 In the case of complaints from clients the Managing Director should be informed. In all cases the Quality Manager must be informed
- 4.9.4 The complaint letter or transmission should be cross-referred in the Non-Conformity Report together with the information that will enable it to be re-found for assessment.
- 4.9.5 Non-conformities and complaints should be reported and processed quickly.
- 4.9.6 Non-conformities may include members of staff not carrying out their duties. Where this is within the Quality Management any member may inform but a more senior member investigates and decides on actions. The Managing Director will report where appropriate.

4.10 Corrective Action

4.10.1 General

Corrective action follows non-conformity reporting (as appearing in a non-conformity report as described in **4.8 and 4.9** or as appearing in an audit report or Managerial Review) and is applied when the analysis of the non-conformity indicates possible reoccurrence or there is general doubt about the compliance of operations with documented in-house procedures.

Cause(s) are determined and action is decided upon. Corrective action aims to reduce the likelihood or re-occurrence.

The Corrective Action Report is used to document the decided corrective action to take place, any reasoning and other helpful information and cross references and timescales and findings during carrying out of corrective action together with final summary that closes the case. The Non-Conformity report is the report of the finding of the non-conformity and precedes the Corrective Action Report.

4.10.2 Selection and implementation of corrective action

The Quality Manager normally makes his/her recommendation known and records it on the Non-Conformity report. Managing Director, Technical Manager or Quality Manager can decide that a Corrective Action is required, and that person will select and implement the action(s) most likely to eliminate the problem to prevent reoccurrence.

Cause Analysis. Details of employees, activities, documents, procedures, records, results and reports examined should be investigated and recorded. A member of Quality Management staff, or Managing Director carries this out. Cause analysis is documented on the Non-Conformity report, and aims to permit the correct corrective action to be decided on (see next section in this manual). The corrective action and timescale allocated for discharge will be appropriate to the seriousness and the risk of the non-conforming work identified to the quality of results, service or other factor covered by any quality system section.

Where investigations reveal deficiencies in company procedure the appropriate quality system documentation (manuals) will be up-dated and all relevant employees informed. Additional audit(s) in the area(s) of deficiency may be appropriate, as directed by the Technical Manager or Quality Manager.

4.10.3 Monitoring of corrective actions

Corrective actions are to include planning and scheduling for follow-up monitoring. These are pre-assigned to the persons(s) required to do the monitoring or checks. These follow-up checks or some of them may be in the form of audits which are additions to the existing Audit Programme unless the audits happen to be pre-scheduled for the desired time period, though additional audits may be appropriate. If a non-audit check is to be carried out then details are written of checks made and findings in the monitoring section of the corrective action report. If space is insufficient then clear reference as to where continuation is should be made. This may be on the reverse side of the sheet. If an audit or number of audits is/are scheduled as a means of carrying out and recording such monitoring then the monitoring space on the corrective action report must refer to the schedule and location on the schedule of such and audit and name the audit type (specific audit procedure name).

The additional audits may be check audits wherein the relevant parts of the full audit procedure are carried out and these check audits may be programmed more than once in advance in order to prevent re-occurrence or obtain improved evaluation of any further action that may be required.

Quality Manager is responsible for finalising and verifying audits including associated corrective actions being complete.

4.11 Preventive Action

- 4.11.1 Preventative action is not applicable to situations where problems have already been encountered for which non-conformity reporting or possible corrective action are the appropriate routes. The objective of prevention action work is to actively seek action that should reduce likelihood of one or more non-conformities occurring. It aims to identify and minimise risk before a Non-Conformity event. The application should not be limited and should cover all managerial and technical requirements. Trend analysis may be used or general common sense and experience that may be an useful tool to envisage future non conformities.
- 4.11.2 When preventive action is to be used, action plans are recorded on a Preventative Action Report obtained from **paserver / 7/ QA Records / Preventative Actions**. Following assignment of actions, which detail who will do them and by when, effectiveness of the actions is monitored and also recorded on the Preventative Action Report.
- 4.11.3 A minimum of 3 Preventive action per year should be identified.

Changes since last issue: increase of record retention time from seven years to 12 except for sir test only records. Note that in practice all records are likely to be stored for 12 years or more.

4.12 Control of Records

4.12.1 GENERAL

- 4.12.1.1 Procedures for identification, collection, indexing, access, filing, storage, maintenance and disposal of records must be maintained.
- 4.12.1.2 Please read all parts of 4.12 before applying parts of it. All of this section applies to all records of work of types that were quoted in the UKAS schedules of accreditation at the time they were carried out and also including all related Quality System Procedures (checks, audits, training and all others). Quality System records are given the same retention times and corrections to text methods as for all other technical and inspection work. The control of records applies also to all plans and maps whether supplied by the client or drawn up by staff.
- 4.12.1.3 All records shall be held secure and in confidence, stored and retained in such away that they are readily retrievable in facilities that provide a suitable environment to prevent damage, deterioration or loss. Provided these conditions are assured some records may be stored in electronic form but must conform to the requirements of this section.
- 4.12.1.4 Retention time of records of personnel health and medical effects will be kept as required by law for 40 years. These will be required to be kept in paper form when the information was written, recorded or received in paper form.
- 4.12.1.5 All other records will be kept for minimum of **twelve** years for survey and bulk identification worksheets, reports and associated contractual and documentation records. For air testing worksheets, reports and paperwork, the minimum period is currently set as seven years. The reason for the longer period of survey and related work is that prosecution for survey work can go back as far as twelve years. Any records that were created and first written directly into electronic form may be stored in electronic only form provided that the same control measures are applied as for paper records.
- 4.12.1.6 Hand recorded notes must be kept in storage even if completely typed into electronic form. Exemptions may apply where the hand written notes are scanned in and in doing so are wholly represented as they are in original form. Reports and registers typed from workbooks may be retained in their electronic form so long as they are securely and retrievably stored.

4.12.2 TECHNICAL AND QUALITY RECORDS

- 4.12.2.1 Our aim is to retain sufficient information relating to observations made and all derived data to facilitate, an audit trail and tracing of relevant staff records and calibration records and if possible, identification of factors affecting the uncertainty. The person or persons responsible for every record of work (technical and quality work) must be identified on the record in each case.

Observations will always be recorded at the time they are made and are to be identifiable to the task to which they relate. This is achieved by specifying specific worksheets to be used for each individual task (applies to all areas of technical and quality assurance work).

- 4.12.2.2 When mistakes occur in records, each mistake is to be crossed out, not erased, made illegible or deleted, and the correct value entered alongside. All such alterations to records shall be signed or initialed by the person making the correction. The same method is used for electronic records, with the signed initials represented by typed initials in a different font or font style to the that of the new text.
- 4.12.2.3 Technical records also include worksheets and all communications regarding surveying and also of all job and project contractual communications with clients and so storage and retrieval policies as above equally apply to these.

Changes in this issue. -----Re-written sentences or paragraphs are shown by bold print---compare with previous.

4.12.2.4 REFERENCING TO BE APPLIED TO RECORDS FOR BOTH TESTING AND INSPECTION / SURVEY ACTIVITIES

The requirements indicated below must be followed for all sampling and testing with additional requirements to these for surveying given in table 4.12.2.5. The detailed instruction on format and sequence of reference contents for sampling and testing work must be given in the relevant procedures manuals.

Table 4.12.2.4

TABLE SHOWING THE COMPULSORY REFERENCING TO BE APPLIED TO THE WORK ITEMS AND RECORDS INDICATED

<p>PAPERWORK AND ITEMS REQUIRING RECORD REFERENCES AND OR FILING FORMAT OR OTHER INSTRUCTIONS</p>	<p>REFERENCING AND INSTRUCTIONS TO BE APPLIED</p>
<p>Quotes information including client requests</p>	<p>Quote number takes the format yyyy-Qxxx-JCU Where yyyy is the year, Qxxx the next number available in the Quotes Reference column in the Quotes and Projects computer spreadsheet, JCU the initials of the issuer</p>
<p>All work in one project or one phase of a project ('Project' may be regarded as synonymous with 'Contract' for this purpose).</p>	<p>Project Number. This is obtained from the Project Number column in the Quotes and Projects computer spreadsheet. This number is the main file locator reference, whilst the individual documents within the project will also have their own unique reference such as report number..</p>
<p>Sampling and Testing Worksheets and Reports compiled containing information transferred from worksheets</p>	<p>Each batch of samples is assigned a unique reference number which will be given in the procedures manual relating to the sampling. The policy requirement is that the batch number is unique for each site attended by PA Group Limited.</p>
<p>Samples</p>	<p>Each individual sample is assigned a unique reference number which will be given in the procedures manual relating to the sampling. The policy requirement is that the number is unique for each individual sample taken by PA Group Limited.</p>
<p>Quality Assurance Records</p>	<p>Record subject is clearly indicated by title. Person or to the particular item to which the record will relate must be clearly indicated. Storage is immediately by subject. Examples are a) RICE round, b) personal training record. The round or the person represents a batch, the batch is kept in tact for the life of the records. All batches within a subject are stored as calendar year batches for all QA records except for training records which remain filed by persons currently employed (in ring binders with QM), or persons not currently employed (in archive QA box marked 'QT'. Archive dating / referencing reflects the above method.</p>
<p>Surveying worksheets, reports and Plans and film or digital camera discs and any other recording media (all deemed to be records).</p>	<p>Applied to the record (document) as a reference to that record. Worksheet sampling reference formed on the first day of visit to the site with that date used within the number. The number format will be ddmmyyyy/ JCU/ A (date/ surveyors initials/sequential visit letter ref).</p>
<p>Incidence number</p>	<p>A unique reference number, similar to sample reference as described in table 4.12.2.4 but applied to all recorded incidents of materials recorded on site. Thus a location of a material assumed to be of the same content (whatever the result will later be found as) as that of another but not sampled at this second location will still have an incidence number but not a sample reference (as no sample taken). At the report stage, following analysis of the referred to sample this may become a presumed to contain or presumed not to contain asbestos sample (depending on the result),</p>

Changes made in this issue: responsibility for carrying out and control of storage of work records change from Quality Manager to Office Manager.

4.12.3 STORAGE SYSTEM FOR RECORDS

Records are:

1. Forms and worksheets with added data gained from their use or associated by cross referencing, including for example all contract and communications records, all test reports, equipment maintenance records, accounts and personnel records. **OR**

2. Documents that were not templates to be filled in but used for instruction or reference including Quality Manual, Procedures Manuals, training syllabuses, audit procedures, audit programmes and Audit Key sheets.

4.12.3.1a WORK IN PROGRESS STORAGE: TECHNICAL RECORDS

The person responsible for carrying out work in progress filing is the team personal assistant for the project, and may be instigated by the PA or by the Project Controller (who is identified against the project in the Quotes and Projects spreadsheet ('Q & P')). Team Project Manager has final overall responsibility for ensuring both filing and contract reviews are carried out.

Quotes: are stored in suspension files cabinets for quotes on second floor of head office.

When a quotation for work becomes an agreement for PA Group Limited to carry out work then the file is assigned a Project Number and the suspension file is moved over to the cabinets for live projects, also on second floor.

Some large projects cannot be kept in a single file, so are subdivided further into a number of suspension files or kept in ring binders. Their location is given in a column at or toward the end of the Quotes & Projects spreadsheet whilst the project is still live, after which they are filed as per all other archived projects.

Existence and status of projects and project numbers must always be visible in the Quotes and Projects spreadsheet.

4.12.3.1 b ARCHIVE STORAGE OF RECORDS

Once records are to be removed from the work in storage location(s), they become known as 'Archive'.

Retrieval of any items is controlled so that the future retrievability of the files is maintained.

Office manager maintains the records locations tracking file(s) in computer server location pasql / Archive. Thus the records can be retrieved by use of those files. Any methods, if require, for the storage process itself is also kept at the same computer server location, and is updated and maintained appropriately by the Office administrative staff.

Quality Manager maintains the QA Records (audit, training records, goods checks and so on) as stated in **4.12.3.1 c.**

Only one copy of any document has to be kept, however where they are cross-referenced, extra copies may be attached or kept in the same file as the documents cross referencing them since those versions can be considered as part of the record that makes the cross-reference.

Records are only obsolete after the expiry of the minimum storage period required for them as described above. Care in disposal must be taken to ensure no misuse of information and to ensure the protection of the data information of all parties including clients business and personal information, employees personal information and others.

4.12.3.1c QUALITY ASSURANCE RECORDS

1. All quality records are related and the adequacy of quality assurance in one area affects the requirement or adequacy of quality assurance in another area. These records are kept as 'QA Records' batched by calendar year for ease of location against date periods required.
2. Exceptions to calendar year storage are the Supplies Register and Training Records.

Training records are kept as current for all currently employed staff until that person leaves the company, when they may then go to the archive storage box 'QT1' (only one exists at the time of writing, but a 'QT2' box would be created if volume of records required it). All records for one individual are kept together—the individuals records may go in and come out of the archive box and into the current file as and when the person leaves the company and re-joins.

Current Quality records are either kept in paper form in QA library (Quality Managers office shelves / cupboards) or stored electronically at paserver / 7 QA /Records.

Change made in this issue—references to Air Diary deleted or referred to Q&P its successor as appropriate. Affected text area shown as bold. Project number year end and start dates have changed (last paragraph on this page).

4.12.3 TECHNICAL RECORDS

Quotes and Projects spreadsheet

Only maintained in electronic form as the company's prime multiple index of all work carried out. The multiple index property is achieved by use of a programme that allows searching from one or more types information in order to retrieve other information or cross references to other information (depending on the particular source required).

Its minimal content is the following:

- Site address or a reference name for a group of site addresses

- Client name (the company or organisation or individuals name)

- Unique project or quote reference

- Any references to other information not obtained via use of the project or quote number or adjacent columns of the spreadsheet,

Bulk Diary

For all surveys and bulk sample work visits 'Bulk Diary' will record all sites that were visited, even if no samples were taken. Bulk Diary is stored in Pasql / Operations / Bulk Diaries and then found as one diary per calendar month referenced by Year followed by month number (so that the window indexes them in chronological order). They are electronic spreadsheets.

Recording to these files are made direct to the spreadsheets as copy of information on the worksheets. Storage of printed versions of these 'diaries' is not appropriate except for temporary tracking or problem solving purposes.

These diaries are controlled worksheets and subject to document reviews and inclusion of use in audits. It is the responsibility of all persons carrying out asbestos identification to enter the information.

Listings of other work type sites

These are found in the files for the projects files. General review across project for which project involved which types of work (e.g. air testing) is commenced from Quote and Projects spreadsheet with the use of data filter to aid this.

All other technical records

These are stored in paper form. These paper records represent copies of reports and information that were sent to clients and of all associated work that formed these as required by the client and as required by the Procedures Manuals applicable to the work contained.

Serving only as back-up information some data is additionally stored electronically. Such data has restricted access, with some people having no access, fewer are only permitted to read information and minimal number of users may edit the information (this is very rarely carried out in practice). Currently this data is contained in the following:

- Bulk Reports** (word files) accessible by only Technical Manager and Quality Manager for reading and editing. Note that the original data is held on the hand-written worksheets kept with the copies of reports sent.

- Asbestos Manager data.** Data entry staff only may access this information (read and edit functions are co-current). The purpose of this storage is firstly to permit production of reports and other representations of survey data and secondly to allow up-date surveys to up-date the data set held for a given site or area of a site and thereby allow an updated register or report of findings to be produced.

- Project electronic folders** stored in 0-Projects area of the network in project number order and in year lots where the years were 1st April to 31st March until 2003 when a short year of 1st April to 2nd November was applied, then the year switched to run 3rd November 2003 to 30th September 2004 and subsequently 1st October to 30th September each year. The year number is advanced at the start (so in January 2004 the project and quote numbers are 2004 and so on.

Changes since last issue: Re-survey and survey audits clarified / corrected. Immediate action may be taken by the auditor. Cross subject audit table scrapped since each subject has now been separately made parallel or vertical as required in the late 2002 revisions of all audit procedures. Paragraphs 4.13.10 and 4.13.11 were added. The audit list has been added.

4.13 Audits

4.13.1 All aspects of the quality system are audited within each calendar year with some audits being carried out more often where appropriate. In particular survey / inspection audits are carried out more regularly. Survey re-inspection termed in this system as 'Re-survey' are not audits but are an activity which must be carried out in addition to audits. Re surveys procedure is detailed in **5.9.11**.

4.13.2 **Audits** are used as prevention tools to test effectiveness of surveying procedures and techniques. Along with awareness and training they are an effective way to prevent pollution to the surrounding environment, by continuously testing capability and conformity to procedures/standards by the operatives.

List of all audit procedures

AUDIT TITLE	Audit No.	AUDIT TITLE	Audit No.	AUDIT TITLE	Audit No.
Scope of Quality Manual	UM1	System Design for Factors Affecting Results	UL1	Air Testing	UW1
Organization and management	UM2	Personnel	UL2	Bulk Sampling	UW2
General staff organization policy	UM3	Accommodation and environment	UL3	Identification of Asbestos	UW3
Staff roles and responsibilities	UM4	Test method selection and validation	UL4	Survey	US1
Quality System	UM5	Uncertainty of measurement	UL5		
Document Control	UM6	Control of data	UL6		
Project Planning and Reviews	UM7	Equipment	UL7		
Subcontracting	UM8	Measurement Traceability	UL8		
Purchasing	UM9	Sampling	UL9		
Service to the client	UM10	Handling of Test Items	UL10		
Complaints	UM11	Assuring the Quality of Test Results	UL11		
Non-conformity and Corrective Action	UM12	RICE results trend analysis	UL12		
Preventative Action	UM13	Reporting The Results	UL13		
Control of Records	UM14	Air Testing Lab Facilities	<u>UL14</u>		
Audits	UM15				
Management Review	UM16				

- 4.13.3 Planning and implementation of audits is the responsibility of the Quality Manager. The audits are scheduled in advance of their occurrence. This is done by marking up the programmes in accordance with the audit KEY. Procedures are given on the specific audit forms in most cases, otherwise refer to the associated procedures or policy in the procedures manual or quality manual for the subject concerned (for these a general audit form is used). Refer to 'Quality System Audits' (templates set stored in manual form electronically). Print off the forms as and when required rather than re-copy previous copies in order to ensure you are using the latest version.
- 4.13.4 Audits cover all aspects of ISO 17020-9001 and ISO 17025 and most of ISO 14001 by covering all areas of this Quality Manual. Annual reviews of manuals and of audits include this aspect.
- 4.13.5 Design of audits gives consideration to the necessary degree of parallel or vertical coverage.
- 4.13.6 Audits are carried out as far as possible only by staff independent of the audited activities and must be authorised (Refer to Authorisations Register in Quality Managers network folder). Quality procedures themselves as carried out by Quality Manager will need to be carried out by a person suitably knowledgeable about procedures and their aims and objectives.
- 4.13.7 When audit findings cast doubt on the effectiveness of the operations or on the correctness or validity of the sampling or test results then Corrective Action will be carried out (**see 4.9**).
- 4.13.8 Follow-up check audits and /or other monitoring checks will verify and record the implementation and effectiveness of the corrective action taken. Check audits required are scheduled on the appropriate audit programme (refer to Key sheet for the programme.)
- 4.13.9 For re-check audits it may be necessary to make special visits to site or storage to complete them..
- 4.13.10 Quality Manager receives all completed audits and will decide what if any corrective actions are to be carried out. Timely return of audits is important to avoid delay in any required actions. Also timely return will enable Quality Manager to account for what audits have been carried out and which are still required. Immediate sensible correcting actions regarding the actual work audited may be decided by the auditor.
- 4.13.11 All completed audit sheets are kept in the audits file, kept with Quality Manager (**File 'U'**). In addition, in the case of audits used for final training verification a copy is ALSO placed in the training file (**'T1' OR 'T2'etc**).
- 4.13.12 Forms to use are available from the Quality Manager (source is paserver / QA Records / Audits / Audit Templates. Many audits have specific forms with the audit procedure integral with the audit report form. For some audits this is not yet developed and a general audit form having form registration U2 is used.
- 4.13.13 Due to the salutary and random nature of Asbestos Bulk Sampling, the audit programmed will be scraped, because it is impossible to foresee if and when PA will undertake a bulk sampling job within the year. Bulk Sampling will be tested along surveying in a specific site or alternatively undergo this procedures in house. The Audit sheet will therefore specify if a particular Audit is related to a survey inspection or a bulk sampling exercise/inspection.
- 4.13.14 Audit for Air testing personnel should follow the audit programmed as far as possible. If no site is available for auditing personnel, an exercise will be held in house or in a mobile van facility. This will test abilities and effectiveness. In this case those exercises will be considered as Audits
- 4.13.15 Audits for Environmental Management will be aimed to prevent spread /releasing of Asbestos fibers to the environment, they are to be carried out on all aspects of PA Group Limited activity. The Audits for internal Environmental Management are: US2, US3,US4, US5.

4.14 Quality System Review

- 4.14.1 A managerial Review of the Quality System is carried out annually. It assesses all parts of the Quality System requiring review guidance to which is maintained in the agenda below. The review is carried out by as a minimum attendance Managing Director, Technical Director and Quality Manager. It is instigated by Quality Manager but Technical Manager and Head of Laboratory should also anticipate it and call for it if they have not been informed sufficiently in advance of its occurrence. The planning or the review is carry out by the Quality Manager, who must include any topics forwarded by Technical Manager of Head of Laboratory. The Management of Particle has agreed to undergo managerial review every June.
- 4.14.2 The annual review purpose is to review effectiveness of operation and control of quality in all aspects for all subjects across the quality system.
- 4.14.3 The review agenda will be as below until if required revised on this page:

Item no. Item subject

1. QA System.
2. Training.
3. Change in circumstances including development in legal and other requirement related to environmental aspects
4. Extent to which objective and target have been met.
- 5 Audits.
- 6 Non Conformities - Corrective and Preventive Actions.
- 7 Assessment of External bodies / Internal Performances.
- 8 Complaints.
- 9 Contract Review.
- 10 Client Feed back.
- 11 Environmental performances of the organisation.
- 12 Setting and achievements of environmental objectives and targets.
- 13 Developments of legal requirements to met Particle Environmental Aspects.
- 14 Improvements.
- 15 Changing Circumstances.
- 16 Communication from/to external parties.
- 17 Appraisals.
- 18 Resources.
- 19 Evaluation and compliance to standards and current legislation.
- 20 Follow up action from previous review
- 21 Any other matters.

4.14.4 Findings from management reviews and the actions that arise from them are recorded and placed in the Quality System Reviews file.

Results of the Review should feed into the laboratory (managerial) planning system and should include the goals, objectives and action plans for the coming year.

The actions are delegated in the meeting by joint agreement of Quality Manger and other attendees and timescales are set at this time also. .Within 24 hours of the completion of each Managerial Review Meeting the audits and all other tasks are placed on schedules. Primarily the Quality Manager monitors the progress of the actions taking place but Technical and Executive Management oversee that actions are being instigated, and will themselves decide on new actions required if there are problems with this instigation.

4.15 Cooperation

As required by ISO 17020 section 16, PA Group Limited is expected, for the inspection (surveying for asbestos containing materials) activities of the company, to participate in an exchange of experience with other inspection bodies and in the standardization processes as appropriate. It is policy of PA Group Limited to carry this out.

As at the above date of issue two laboratories have been met and extensive exchange of sampling and surveying in-house determined methods has taken place. It is intended that further consultations with these labs will take place. It is also intended that other laboratories will be contacted for further cooperation action.

Standardization guidance initiated by the issue of MDHS 100 and as may be seen in seminars, accreditation body courses and communications and other committees will be attended sufficiently to facilitate best practice standardization. Records of Cooperation Actions and intended adjustments to procedures and paperwork are kept in the file 'Document Review'

Quality Manager is responsible for ensuring cooperation takes place and that the records and conclusions from exchanges is kept.

Cooperation Actions findings are to be a Managerial Review input source.

5.1 Training & Competence

5.1.1 General Policies

All staff are fully trained in the areas for which they are required to work.

Trainers must be authorised as described in 4.1.2.6 of this manual.

Overall implementation of training requirements is the responsibility of Quality Manager.

Any staff employing or training staff are responsible for ensuring that the requirements of this section (and of the referred to UKAS documents) are followed, and that all the required training forms are completed as training progresses. New staff employment and training proposals must be notified to the Quality Manager well in advance of commencement of training.

Training resources: The directors must ensure sufficient resource and planning and training time is permitted in order that training or update training is carried out as stipulated in this section.

The required qualifications must be evident before commencing work. Written documentation for this evidence is required to be in the training records before training will be deemed completed by Quality Manager.

AN AUDIT WILL BE CARRIED OUT FOR FINAL VERIFICATION OF COMPETENCY. USE THE LATEST VERSION OF THE AUDIT REPORT FORM. COPIES OF THIS AUDIT WILL BE KEPT BOTH IN THE INDIVIDUALS TRAINING FILE AND THE AUDIT FILE.

Quality Policy Agreement. Staff involved in inspection or bulk sampling must sign an agreement that they will comply with the quality policies of PA Group Limited. This is generally incorporated within staff contracts, and a separate agreement form exists in case of any instances where contract has not incorporated it, or work is to commence prior to contract completion.

Trainees new to the work field. Subjects being taught pre-consideration of training planning should include accounting for level of mathematics, science and also to written and spoken English levels, and the training time programmed accordingly.

Update training is given to staff who have not been engaged in an area of work with PA Group Limited for more than one year, and possibly a shorter period if changes in procedure have occurred. Changes to procedures made in the period of the candidates absence is assessed along with the amount of auditing they have missed. For testing subjects the amount of performance testing they have missed is also assessed and re-testing is required in order to qualify their competence. Use the 'Update Training Plan' forms. For EMS 14001 the staff will brief at the company meeting that take place fortnightly on the company environmental issues and monitoring. Feedbacks from operative on how to improve our EMS will be welcomed.

Update training and verification must be applied to even the most experienced staff. If their experience is relevant and up to date then the time it will take will be achieved more quickly than for completely new candidates. It is only by allowing the person to operate the method in question that their ability to carry out the procedures to the procedures manuals and relevant external documents can be assessed and finally verified.

The appropriate training syllabus and training record forms are to be used. Obtain these from Current Templates (in paserver) from the Quality Manager.

The trainee must be allowed to carry out the work / method but closely supervised by the trainer. Where appropriate (new staff in particular) the trainer will first demonstrate the method by carrying it out and talking it through for the first few sites work. The trainer always takes full responsibility for all the work until the trainee has been recognised as competent by the Quality Manager.

Staff not yet authorised may carry out work if accompanied by an authorised person who will closely work with them. The authorised person takes full responsibility for the conduct of the work carried out.

Supervised work training must be administered over a number of sites of different types and working environments. As training progresses less input support by the trainer / supervisor will be required but a trainer / supervisor must remain with the trainee until the Quality Manager recognises the candidate as competent. All site type work training and update training must be done on site. Whilst training the operative should be told about environmental procedure and environmental awareness while carrying out specific duties on site in compliance with our internal EMS

Competency maintenance. Update training may be required in order to maintain competency when the required qualification level of syllabus is changed, thus competency is not necessarily permanent once gained. Similarly method changes may also add to further training and testing and / or auditing to verify competency again.

PA Group Limited will provide external and internal training on **ISO 14001 EMS awareness** to all of his technical staff. The staff should be at all time clear on the role and responsibility in archiving the EMS, the policy and the requirements and the importance to conform to environmental legislations and standards. Awareness on EMS issue will be test internally every six months, and training will be reviewed yearly. The operatives should be aware of EMS roles & responsibility within the company and the consequences of departure from specified procedures.

5.1.2 TRAINING RECORDS

All records and certificates relating to the training are kept for each individual. Quality Manager maintains these files (currently two ring binders for all current staff, and bound records for all staff who have left (the latter stored in the training archive box 'QT1')

Before any training commences

1. Assign three initials and give these to Quality Manager who will put them in the initials column of the Authorisations Register (Paserver \ 7 \ QA Records \ Authorisations Register).
2. Submit copies of any certificates for qualifications that are required for training records.(certificates must be in Quality Managers possession, along with completed training forms, before he/she can authorise the candidate).
3. Take a copy of the training workbook(s) and forms required. (From Quality Manager or print form paserver / QA Records / Training / Training Workbooks).
4. The keeping of academic certificate is optional, the Asbestos related certificate or other work related training must be at all the time available in the training records.
5. The training records will be audited quarterly from April 2008.

5.1.3 SUBCONTRACTED STAFF

Refer to Section 4.5 of this manual. Please note that there are two categories of sub-contracted personnel recognised by this Quality System.

1. Subcontracted firms, organizations (may include sole traders) who are employed by PA Group Limited to use their own equipment, procedures manuals and / or paperwork, and who's competency declaration, auditing and any other required quality checks has been carried out by themselves or their own organizations.
2. Subcontracted individuals who are employed to use PA Group Limited worksheets for submission into reports to be issued by PA Group Limited. These persons have been trained and audited to the PA Group Limited system of work.
3. PA Group Limited does not Audits its Sub-Contractors

5.1.4 TRAINING IN TECHNICAL SUBJECTS

All the requirements of 5.1.1, 5.1.2 and 5.1.3 must be followed in addition to the details in this sub-section.

Asbestos Identification.

The overall method is one to one training wherein the trainee is closely worked with on many samples and only very gradually are they permitted to work more on their own as they prove that they can identify the asbestos fibre types, and also the material types. Upon the end of the training, the bulk ID analyst must attend a British Institute of Occupational Hygiene P401 Asbestos Identification Course. This is the minimum qualification in order to undertake the role. The trainee must also complete one round AIMS successfully to then be put on to the system for analysis of bulk samples.

Proof of competence is individually found for every material type listed in the training syllabus and or training record sheet. Due to the very large number of materials in existence authorisation is given in stages for groups of materials. Rare materials are verified with someone who has the knowledge of what it is and what it is likely to contain. Thus even fairly experienced analysts continue to learn over time. The chief reasons for this technique of high material coverage are 1) Some materials have very small trace amounts for which it may be necessary to know that content is expected in order to find it 2) Some materials types are not clear from their appearance and will require confirmation from someone who knows the correct material type classification.

Currently our in-house analyst for bulk ID is Gaetano Cristiano. He is fully qualified and is also our part time Quality Manager. Because of this fact he has not been audited himself for some time. PAG has now implemented a system where an external competent person will audit Gaetano quarterly. This will simply be demonstrated on a training record for Bulk ID for Gaetano.

Surveying for Asbestos Containing Materials. Site based activities are trained on site only. On site training is given for all new surveyors even if they have more than six months experience in doing them elsewhere as it is necessary to ensure they can survey using PA Group Limited particular procedures for recording information. Ability in MDHS 100 Types 2 and 3 surveys must be proven before each can be authorised. Types of site also may apply if training is limited in premises type. If authorisation is granted for one or two building types only, then training and authorisation with particular focus on the type of site not yet covered must be applied before lone working on such sites. A qualifying audit at the end of the six month period will grant authorization upon successful passing of the stated. A qualifying audit may be carried out and recorded in an Audit sheet, or can be visual, more specifically a competent person will follow the trainee for the all day and that will feed back to the technical manager or the quality manager on the sustainability of the person to work unsupervised. No other qualifying audit or visual inspection are required during the training and after the final qualifying audit, normal Quarterly Audit will follow after that.

For trainees with less than six months the training process is continued for the minimum period permitted for survey / inspection staff. They are not permitted to attend any sites on their own until they have a full six months experience and authorisation by Quality Manager. This time period is set by **UKAS publication RG8**. All staff being considered for survey work must obtain the Qualifications required in **UKAS publication RG8**. That they do these courses and pass them and hold certificates on file as evidence are part of PA Group Limited training policy for surveying and strictly no person may be authorised to do any surveys unless they have both the qualifications and experience required by **RG8**.

A Certificate of Competence is issued to all the people that have been working in the asbestos field for five years continuously. PA Group Limited will issue this certificate upon a minimum working period of 2 years with the company, along with previous experience from other asbestos companies (at least 3 years). The Certificate of Competence will substitute the training record when issued.

All the staff trained for surveying and air testing must be aware of the PA Group Limited environmental policies as per ISO 14001. Training to ISO 14001 requirements must be provided. Awareness of ISO 14001 will be provided during general company meeting with fortnightly periodicity.

Quality Manager

Work experience and training in Quality Management under the close supervision of a person experienced as Quality Manager is given over a suitable period of time. Typically this begins with involvement of staff in internal proficiently testing, and assistance to the Quality Manager during Management Requirements Audits.

Detailed familiarity and experience with all the accredited work areas for which their Quality Management will cover is required.

A good overlap period is desirable with the departing Quality Manager and or other persons familiar with parts of the Quality System operation giving supervision and guidance on how the quality system records and instigation systems currently work. If the trainee Quality Manager finds the need to make sub-lists or otherwise do things differently because the system is not clear then a best solution can be found as opposed to the creation of two parallel systems.

An outline of Quality Managers Qualifications & Experience

- 17. Two years industry experience
- 18. UKAS Assessors Course ISO 17025 (not mandatory)
- 19. P401 – Bulk Analysis Certificate
- 20. ISO 14001 & ISO 9001 basic
- 21. UAKS Laboratory Management ISO 17020 (not mandatory)
- 22. Auditing 14001 EMS
- 23. ISO 9001 Internal Quality Auditor

All other training, experience and duties of the quality manager are stated within section 4.1.2.3.

Technical Manager

Must have experience in carrying out and in training for all the currently accredited work areas under the scope of the Technical Manager function.

Must also demonstrate sound knowledge and appreciation of Quality System requirements and principles.

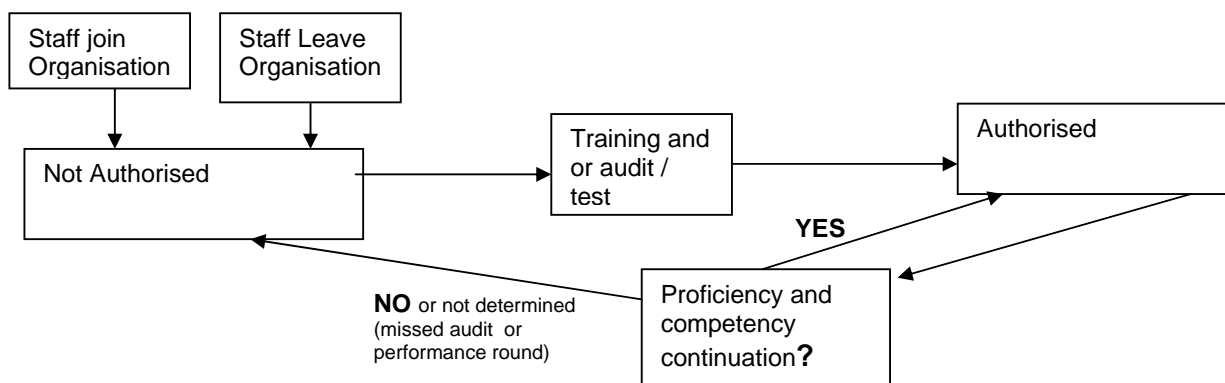
Technical Manager may not be so positioned that commercial interests could override the importance of any quality aspects.

Must have full knowledge and understanding of the external legislation applicable to all the work within the scope of the Technical Manager function.

Must be able to carry out the job role (find description via Contents page).

Must have agreement with the Managing Director before appointment.

Flow chart to illustrate the training to authorisation processes



Changes made in this issue: minor grammatical adjustment only.

5.2 Authorisation

5.2.1 Granting Authorisation.

To be authorised to carry out work on behalf of PA Group Limited the staff member must have attained:

- a) The required level of competence for that work as defined by PA Group Limited quality system. This includes recognition and recording of competence by the Quality Manager, in addition to necessary qualifications.
- b) Current ability and fitness for the work concerned. This will include successful completion of any qualifying performance test or audit required for the type of work together with the holding of correct equipment and any other required means to carry out the work required. (*Each procedures manual contains a list of equipment required for the work to those procedures.*)
- c) *Training and Qualifications are kept in the training records folders. In absence of a training records following lost of records or incomplete recording of experience a certificate of Competence will be issued that along with an up dated Curriculum Vitae will surrogate the training records. In order to a certificate of competence to be issued, a person must work to PA Group Limited standard for at least three consecutive years .*
- d) **Successful completion of an audit. This must be accomplished before any unaccompanied work is permitted.**

The audit programme will be updated to include the staff on the schedule.

5.2.2 Continuation of authorisation

Authorisation can be removed at any time for a number of reasons..

Missed Audit: The staff concerned has not carried out any work when an audit was due. Authorisation is removed until combined work re-start with audit is successfully completed.

Missed performance round. The staff concerned has not carried out a performance test round within the due period. Authorisation is removed until successful completion of a round of the type missed.

Non-conformity found. Whether in an audit, a check or incidental finding, any non-conformities will either be rectified immediately or the staff performing a non-conformity will be temporarily suspended from authorisation until the problem is rectified. In some cases this may be a specific de-authorisation such as restricted typed of site or restricted types of test.

Leave from employment. Short or long term leave may often mean that missed audit and or performance rounds applies. In addition, any leave may also mean that procedural changes made during the staff absence may require notification and verification of understanding by that staff before authorisation is re-granted.

Competency Requirement changes: Competency and authorisation are removed at the same time if the required level of training or examination pass is revised to take the staff outside the new required competency requirements. In most other cases competency is retained whilst authorisation may be periodically granted, later removed and again later re-authorised

5.2.3 Authorisation Register

This details which staff are currently authorised for each activity. This is maintained by Quality Manager on the 'paserver' quality records within the computer network

5.3 Accommodation and Environment

Policy and procedure arrangement

The procedures manuals should contain the necessary aspects that staff need to follow in order to satisfy the requirements of this section.

Quality Manager has monitors policies and procedures are followed.

Conditions requirements:

- Testing, filter mounting and calibration areas are to be maintained free of dust.
- Temperature must be comfortable
- Absence of stray light or vibrations that could interfere with fibre counting or identification
- Avoidance of cross contamination.
- Sampling analysts must ensure that bulk sampling tools are to be kept clean and that they provide themselves with cleaning materials (e.g. wet wipes).
- Bulk identification requires one sample to be open at a time and general clean and safe practice.

Environmental security.

Applies to all locations used for any managerial function, storage of records or any testing or sampling preparation work or storage of equipment. Environmental security must be applied to the permanent facilities. The users of the buildings and the vehicles are the persons responsible.

The following times should be reviewed for environmental security following any changes to personnel structure and management or building security arrangements.

Day time unoccupied

Day time occupied (regarding both welcome and unwelcome visitors)

Night time

Vacation periods and weekends

The following types of premises should be considered against each of the above time periods

All office areas and all entrances and exits at the head offices

Any regional offices

Records must be held secure for retention of traceability and for retention of confidentiality on behalf of clients and all personnel concerned. For equipment it is required to prevent equipment and media conditions and settings and numbering to be secure.

For on-site offices in buildings it is policy that as far as possible they are treated as for vehicles, in that the user cleans and maintains the interior, keeping access solely with members of staff, or at least in their presence and control. Head office cleaning: this is carried out by a contract cleaner, except the Bulk Laboratory which is cleaned by a technical staff member appointed by Quality Manager.

Changes of use of areas and of items stored

Vigilance for change of use of a laboratory even if minor should be considered. For example, if a person is authorised to enter a given area, their entry may become inappropriate if the use of that area changes—even if as examples it is just storage of a newly added chemical or type of equipment for which they have not been made aware of the use or hazard regarding either safety or security of condition of the item.

5.4 Test Methods

5.4.1 Requirements for the procedures manuals

5.4.1.1 Sampling and surveying methods will comply in methodology with the Health and Safety Executive Guidance Note that applies. The procedures manuals are a further aid to understanding how to carry out those methods and also give the PA Group Limited chosen ways of complying with the method where there is more than one way possible (numbering system of samples and report layout are examples). Compilation and changes to methods must refer to these external documents of the methods used, and also to the all UKAS documents that relates to asbestos listed in the UKAS Website

WORK	HSE method used (refer to 5.4.2 for full quotation)	Main other external documents complied with
Identification of asbestos fibres	4.6.12 HSG 248 Asbestos: The analysts' guide for sampling, analysis and clearance procedures	Refer issue record for Bulk Lab
Surveying and sampling for asbestos containing materials (Note only the sampling element is a Test Method)	MDHS 100	DETR (Annex 3 only as compulsory)

5.4.1.2 Deviations in work method are sometimes unavoidable, or may be permissible in certain tests that were not strictly required by regulation. Where these occur they are recorded in the report and where possible communicated with the client in advance of the work.

5.4.1.3 Health and Safety Act and the Approved Code of Practice: 'Management of Health and Safety at Work' together with the companies safety management plan in the Health and Safety Policy for PA Group Limited also require a safety aspect of inclusion in method instruction. The Health and Safety Policy is issued to all staff and gives the instructions required, but the main concerns occurring within a method are mentioned for improved communication that safety procedure needs to be referred to and applied. Third party consideration should also be made to carrying out of the methods. *(ISO 17020 cross reference: 10.8)*

5.4.1.4 All samples taken in relation to any work area must have a reference number that uniquely identifies that particular sample. Procedures Manuals must instruct this and detail the numbering systems and where to place numbers. For surveys **paragraph 68 of MDHS 100** is to be followed in considering survey procedure, survey training, survey audits (**see Section 4.13**) and re-surveys (**see section 5.9**) carried out as quality checks, **4.13 Audits**.

Observations and or data obtained in the course of all work including inspections shall be recorded at the time of making them as the work progresses. Information to record is given in the respective external procedures.

5.4.2 Selection of Methods

5.4.2.1 In all cases the methods selected for accredited sampling are those given by the external documents proved by the Health and Safety Commission / Executive. PA Group Limited does not devise or develop any of its own test or sampling methods. Methods proposed by clients, their agents or members of staff are not accepted.

5.4.2.2 The primary external document used for survey / inspection is MDHS 100: Methods for the Determination of Hazardous Substances: 'Surveying, sampling and assessment of asbestos-containing materials' Published by Health and Safety Executive, July 2001. This is the document upon which the methods in the procedures manual must be based.

5.4.2.3 The primary external document used for Identification of Asbestos is **HSG 248 The Analyst Guide** This is the document upon which the methods in the procedures manual must be based.

5.4.3 Correctness and Reliability

5.4.3.1 Many factors determine the correctness and reliability of sampling and testing performed and the main factors currently known are given in the Table 5.1.2 which is reviewed at least annually against any changes in procedures or findings regarding accuracy of results and the other factors shown. The review will include possible additions to the list of factors.

5.4.3.2 Currently PA Group Limited is engaged in one type of test work. These are:

1. Identification of asbestos in bulk materials.

The tests will be associated with sampling prior to the tests in one of the following two ways

- a) Conduction of the tests for clients where the clients have taken the samples (in this case PA Group Limited generally does not have any control of sampling quality and sampling factors that can influence validity or accuracy of the final results.
- b) Conduction of the tests for clients where PA Group Limited has taken the samples and therefore have more control of sampling factors that can influence validity or accuracy of the final results

Table 5.1.2 Factors affecting measurement, indication of extent to which the factors contribute to the uncertainty of measurement and cross reference to further policy and calculation of the uncertainty and to actions required.

Factors which may affect correctness and reliability of tests/calibrations	Section which covers the factor	Uncertainty of measurement and action required for the uncertainty
Human factors	(see 5.2 Personnel Training and Authorisation)	Not quantifiable but all training, re-training and authorisation must aim to minimise uncertainty of measurement from this factor.
Accommodation and environmental conditions	(See 5.3)	Control tests establish the environmental impact on results. A measurement of the same type as the field of test to be conducted is normally carried out and the affect of this result is to directly adds or subtract from the final value and thus can be ascertained as a percentage of the final result.
Test and calibration factors and method validation	(See 5.4)	5.4.6 deals with quantitative estimates of uncertainty whilst 5.5 concerns handling and procedural factors that need to be adhered to in order to control and minimise uncertainty
Equipment	(See 5.5)	
Measurement Traceability	(See 5.6)	Maximum tolerances of calibrating equipment and of master calibrations are pre-set policies and these can be directly used to obtain quantifiable limits of detection which in turn can be used as factors with uncertainty measurement
Sampling	(See 5.7)	1) Quantity of asbestos. Sampling technique, quantity of sample, avoidance of cross-contamination, representative ness of sample are the four main factors which can affect the acquisition of result types 1 and 2.
Handling of test & calibration items	(See 5.8)	For bulk samples the four factors mentioned above for 5.7 apply on this aspect.. Also handling at the laboratory by the identification analyst must be considered as must requirement to be able re-analyse samples in storage for quality control and validity of result enquiries.

5.4.4 **Uncertainty of Measurement**

Air Testing N/A

Other Factors

5.4.4.1 No other factors are known to affect the certainty of measurement to an extent that would alter validity of the uncertainty of measurement statement quoted in HSG 248.

Changes made since last issue: Network server used now specified as PASQL. Type of transmissions now specified in 3. and format agreed with Approved Compiler rather than Quality Manager specifically. Document control reference in 3 now specifically referred to the document control section. Signature policy added to 7 with checking placed in 7 instead of in 3. Listing of programmes used now replaced with policy for these in 4. Final paragraph about emails was deleted as is now covered by the revised policy statements on this page.

In 9 the statement of method was converted to policy in 10 and paragraph 10. Previous para. 11 now covered by 9. Technical Manager changed to Office Manager in 11.

5.4.5 Control of Data

Formats used for recording, presenting and storage

PA Group Limited keeps copies of test work, reports and communications relating to testing and sampling. For inspection body activities some information is stored on computers as the prime master source for reference to reports sent and results found (particularly for materials assessments and general asbestos survey information which may be held on a database or in an electronic spreadsheet). For air testing work paper records are the prime method of record storage and electronic versions may not exist for these.

The PA Group Limited network server PASQL is used to hold electronic records. In some cases paper reports may not be produced if this is agreed with the client at the time of quotation for the project or specific site visit(s).

Policy is to use software that is commercial of-the-shelf (e.g. word processing, spreadsheet, database and plan drawing).

If any new software with validation requirement (refer to ISO 17025 5.4.7) is intended for use, then authorisation will conform to Section 4.6 Purchasing Services and supplies, and may require testing and validation before use. Note that modifications applied to off the shelf or existing in use software will also need validation.

Transmission of data

Checking by approved signatory applies as for paper reports. (If the transmission is an unaltered copy of the paper copy then completed signatory on the paper copy BEFORE transmission will suffice.

For fax transmissions the fax machine will display the number dialed and this is checked before the send button is pressed.

Permanence and security of records and data

Data in computer storage is controlled by access by permissions. Permissions structure is set up for each individual staff member as appropriate. The appropriateness is authorised by Quality Manager.

Policy is for the computer server (and any other computer areas) to be accessed via a password unique to the user. Staff should not share passwords unless the case is specifically authorised by Quality Manager

Computers and automated equipment are maintained to ensure proper functioning and are provided with the environmental and operating conditions necessary to maintain the integrity of test and calibration data. This is undertaken by Office Manager who will also use appropriate professional services when required.

All records of all types stored on the PA Group Limited computer server system are backed up every night onto disc.

5.5 Equipment

- 5.5.1 Requirements in this section apply to equipment and consumables for which the specification and or condition have an effect on the results or any required quality system outcome.
- 5.5.2 All equipment required for sampling, calibration and surveying must meet required specifications. All new equipment is assessed for ability to meet requirements before use. When any established product specification (any physical or chemical change to the product supplied) is changed by the manufacturer with the old type no longer available, or a new supplier or product type variation is to be found then a test sample should be obtained before placing a normal order quantity, and the tests must show as satisfactory against the requirements for its use before any are used.. Refer to the file 'Supplies Suitability Tests' for consumable items and 'Equipment Checks' file for equipment. The testing of items of equipment is carried out by the Quality Manager or any person approved by the Quality Manager to do so. The record of who carried out the tests must appear on the documentary evidence of the test, which will be then kept in the equipment file.
- 5.5.3 Equipment and media (Including chemicals) used and other supplies are maintained, serviced and stored so that they continue to meet the requirements and accuracy required of them. Replacement batteries or other components need to be checked and replaced as necessary by the persons using the equipment. All tests of equipment after supply are recorded in the Equipment Checks' file. For consumables any failures are treated using the non-conformity reporting procedures. Quality Manager decides on where and how all supplies and equipment are stored and that such locations are traceable and accounted for inclusions in audits.
- 5.5.4 Only persons authorised to carry out tests and calibrations may use equipment and their ability and sense of responsibility in using and checking and overseeing maintenance of the equipment is a requirement of their training and authorisation.
- 5.5.5 Master Calibrations records are kept in File E2 'Equipment Checks'. Calibration frequency of Master Calibrating Equipment is specified in this Quality Manual whilst for working equipment calibrated using those masters, the frequency is stated on the forms used for the calibration. Forms and records that are not kept in File E2 are stored electronically in **paserver / 7 / QA Records / Equipment / Calibration and Checks**
- 5.5.6 The Quality Manager is responsible for overseeing that all test equipment is maintained, serviced and calibrated on time and will carry these operations out if not carried out by the authorised equipment users. Individual surveyors are responsible for survey and inspection equipment, however this is checked in regular audits.
- 5.5.7 Instructions on use of equipment are given in the procedures manuals. The source material for any such instruction is the instructions supplied with the equipment kept in File E3.
- 5.5.8 Each item of equipment used for testing and calibration significant to results are uniquely identified by serial numbers. Where the manufacturer does not supply serial numbers they are given a unique reference number by the Quality Manager, which is marked as securely as practicable.
- 5.5.9 Whenever practicable, all equipment under the control of the laboratory and requiring calibration shall be labeled, coded or otherwise identified to indicate the status of calibration, including the date when last calibrated and the date or expiration criteria when recalibration is due. Labeling of RI liquids and other reagents to be checked including any expiry dates,
- 5.5.10 Equipment that has been subjected to overloading or mishandling, gives suspect results, or has been shown to be defective or outside specified limits, must be taken out of service. It will be isolated to prevent its use or clearly labeled or marked as being out of service until it has been repaired and shown by calibration or test to perform correctly. Quality Manager must be informed so that the equipment register can be updated. The effect of the defect on tests will be assessed and the 'Control of nonconforming work' procedure will be invoked if the results have been affected..(Inspection body cross ref.9.14).

- 5.5.11 When, for whatever reason, equipment goes outside the direct control of the laboratory, the laboratory will ensure that the function and calibration status of the equipment are checked and shown to be satisfactory before the equipment is returned to service. This includes in particular, checking that a calibration label has been securely placed on the equipment and that the calibration certificate is present and cross references to the serial number of the equipment. If either of these are not correct the carrying out of the service and the quality of the service might be questionable and the equipment may have to be re-sent or sent to a different calibration establishment.
- 5.5.12 No calibrations of equipment will lead to use of correction factors, either the equipment can be properly adjusted to give a true reading or it is discarded. This is a policy of PA Group Limited.
- 5.5.13 Test equipment and calibration equipment should not be adjusted in a way that would invalidate the test and/or calibration results. This is the responsibility of users and persons carrying out calibrations. Unauthorised persons may be not be permitted to alter or adjust the equipment.
- 5.5.14 The fume cabinet for Bulk ID will be tested for face velocity on a monthly basis by an approved external contractor to achieve the required reported result of <0.5m/s using a calibrated anemometer.

5.5.15 Equipment required for survey/ inspection for asbestos containing materials in buildings

The list of required equipment must be given in the procedures manual for surveying 'Surveying and Sampling for Asbestos Containing Materials'.

It is the duty of the allocated user to maintain the equipment (**to be stated in procedures manual**).

Using audit results and also by taking note of comments from the staff using equipment, Quality Manager ensures the continued suitability of facilities and equipment.

Change made in this issue: First sentence referred to significant affect, now reads having an effect.

5.6 Measurement Traceability

5.6.1 GENERAL

All equipment used for tests and calibrations, having an effect on the accuracy or validity of the result of the test, calibration or sampling is calibrated before being put into use.

5.6.2 CALIBRATIONS AND CHECKS

- b.) UKAS documentation or otherwise the HSE Guidance for the work undertaken gives guidance on calibration frequency. However, manufacturer recommendation must also be considered since required frequency depends on nature of the particular equipment as well as extend of use and storage and handling conditions. Wherever thought appropriate calibration frequency appraisal can be carried out by analysing results from at least three successive calibrations for the same equipment item, looking for variance and any trends in deviation.
- c.) Where any known adverse handling or other event has occurred that may affect the calibration then re-calibration is promptly carried out.
- d.) Calibration certificates received from external suppliers should be checked for correct contents and details of uncertainty of calibrations. Calibration labels should be checked as accurate and correct.

Calibration frequency may be reduced only if the all the following conditions are met.

- ii) The equipment is well kept and infrequently used (once per month or less)
- iii) A minimum of three calibrations have been carried out to provide data for appraisal
- iv) An appraisal has been carried out and this clearly shows that differences between the calibrating authority's standard and the laboratory master are within the allowable difference and that there are no trends that suggest the master could approach it limits of error of 5% of reading.

Changes made in this issue: Barometer does not need to be sent to a UKAS lab for calibration. Page generally re-written for improved clarity.

5.6.3 CALIBRATION: MASTERS AND WORKING EQUIPMENT

- 5.6.3.1 Where appropriate equipment is calibrated to nationally recognised sources or standards.
- 5.6.3.2 UKAS document Lab 30 gives necessary guidance. Current calibration method and frequency is given by the table below.
- 5.6.3.3 Master calibrating equipment is only used to calibrate the working calibrations equipment. Their lower frequency of use and careful storage, free from bumping and other adverse conditions permit a lower frequency of calibration than frequencies required for the working calibrating equipment taken to sites. Master calibrating equipment is not used to directly set any test equipment. Master calibration equipment is calibrated externally by organisations specifically accredited by UKAS.
- 5.6.3.4 Master Calibrating Equipment: there are working calibrating or setting devices calibrated against the masters.

5.6.4 REFERENCE STANDARDS

The reference standards for calibration are determined by the National Physical Laboratory for the measurements calibrated by equipment used by PA Group Limited. These are at least the national standard in SI for the units concerned and may also be international standards.

5.6.5 REFERENCE MATERIALS

In the work carried out by PA Group Limited the use of reference materials only applies to Identification of Asbestos Fibres in Bulk Materials.

- 5.6.5.1 The reference standards used by PA Group Limited are at all times available to persons authorised to carry out identification of asbestos. As a minimum the set of reference standards will always include one standard sample of each fibrous asbestos type regulated by HSG 248 The Analyst Guide.
- 5.6.5.2 The reference standards are used
- a) To provide a comparison standard against which any samples may be compared. To verify that the set up of the laboratory used for identification of asbestos is capable of correctly and confidently analysing each of the different types.
 - b) To establish the colors and properties attributed by the laboratory set-up in relation to the regulated types of asbestos.
 - c) To allow assessment of any changes in or doubts about the set-up of the equipment, the agents used of other factors.
- 5.6.5.3 The current standards stocked, and details of how they were assessed by the supplier are detailed in 'Procedures Manual: Identification of Asbestos'.

5.6.6 INTERMEDIATE CHECKS

- 5.6.6.1 Whenever there is any possibility or suspicion that the reference standards may have been contaminated or affected in any other way that would affect their analysis at all then those standards are replaced. No attempt is made to clean or separate the fibres from contaminants.
- 5.6.6.2 The bulk laboratory has monthly static air monitoring undertaken to assess the air borne fibre levels by an independent UKAS accredited laboratory as stated on PAG approved sub contractor list. The results assuming satisfactory will be scanned and stored electronically. Any unsatisfactory results the lab will be cleaned filters checked and re-tested until satisfactory. No analysis would be undertaken until a satisfactory result is achieved.

5.6.7 TRANSPORT AND STORAGE

- 5.6.7.1 The reference standards are kept in screw top containers in which they were originally supplied. These containers have a double sealed top arrangement. Loss of either top will require replacement of the missing item promptly with regard to 5.6.6.1 above. As an intermediary measure the container should in such an instance be placed in a further clean container. Such outer containment is also used if ever the samples need transporting from the bulk analysis laboratory (such as for a move of premises). The original labels must be on the containers and never replaced at any time. If identity of any samples becomes uncertain it is replaced.

5.6.8 ENVIRONMENTAL ASPECT

PA Group Limited is committed to avoid spreading asbestos fibers into the air and the safety procedures will be meticulously applied to accommodate the requirement of **ISO 17020 & 14001**

Changes since last previous version: addition of the text shown in bold.

5.7 Sampling

- 5.7.1 The laboratory has sampling plans and procedures for sampling appropriate to the tests carried out and these are detailed in the procedures manuals. In all cases, the procedures manuals containing sampling conform to a Health and Safety Executive Guidance Notes publication and sampling requirements including details such as unique number referencing, and minimum contents of reports will conform to that guidance as well as to such requirements in ISO 17025 and **paragraphs 10.6 and 11.1** of ISO 17020.
- 5.7.2 It is policy of PA Group Limited to have the layout and contents of the procedures manuals which detail sampling procedures compliant with section **5.7 of ISO 17025** and that their compliance is made clear within the procedures manuals. **In particular the documented methods must be followed, and observations made in the course of all sampling, inspection and assessment will be made at the time of that work using the workbooks or worksheets provided for the purpose by the internal issuing authority.** (ISO 17020 cross reference: 10:6)
- 5.7.3 Where the client requires deviations, additions or exclusions from the documented sampling procedure, these are detailed within the appropriate worksheets and the reports derived from those worksheets. This procedure is set by inclusion of request of this information within the worksheet templates.
- 5.7.4 The procedure for recording data and operations relating to sampling that forms part of the testing or calibration undertaken is in all cases carried out on worksheets which are controlled documents. The worksheet layout and section and box headings and instructions on the reports provide a procedure for the recording information.

Changes made in this issue: minor simplifications of text in places with no changes in policy or methods accepted as stated in this header. Paragraph 5.8.4 was derived from the second sentence in the previous 5.8.3. Subsequent paragraph numbers were increased to accommodate. Extended sample retention at client request has now been re-called since this can be conditional on storage fee provision (unless other legal reason applies).

5.8 Handling of Test Items

5.8.1 Test items handled by PA Group Limited are samples for identification of asbestos fibres. All samples, whether taken by a client or their delegate or by PA Group Limited will be marked with details and numbers to uniquely identify them so that there is no possibility of them being confused with any other item. Samples are given a permanent unique reference number and stored in suitable containers as specified below.

TEST METHOD	STORAGE METHOD
Identification of Asbestos	Each sample placed in at least two layers of sealed airtight containment.

5.8.2 Before referencing samples or allocating them for testing the type of test required should first be checked if not already clearly stated. The unique reference number given to all samples will also be of a format which is a unique format for the type of sample and of the type of test carried out on it. The numbers are allocated by the sampling analyst or for client taken samples by the person performing the testing. Numbering formats are specified in the procedures manuals.

5.8.3 Where a sample supplied by a client does not conform to the normal requirements for testing the details of this must be clearly recorded on the worksheets and report, together with a statement as to the affect of the occurrence on the validity or accuracy of the test result.

5.8.4 The client should be informed before testing is carried if the clients numbering appears to skip in sequence or other factor exists which could lead to any ambiguity in relating results to samples, incase the client wishes to amend any errors in their submissions of samples or the information supplied.

5.8.5 Minimum storage period for all samples is six months. Period of retention will be increased if required for reasons such as longer-term comparative or legal usefulness. The conditions of storage must permit the re-testing of samples without risk of loss of quality except in the case of storage of filters for fibre counting for extended periods of time.

5.9 Assuring Quality of Work

Introduction to this section

PA Group Limited has procedures to monitor the quality of survey inspections and of test results. The resulting data is used to assess performance. Trend analysis is used to identify potential deviance from the acceptance criteria before it occurs. Quality Manager has overall responsibility for organising and maintaining the system

This section covers all quality assurance monitoring and testing other than by audit.

All the data, graphs, conclusions and investigations relating to the internal scheme are documented and recorded. Quality Manager is responsible for ensuring the correct operation of the scheme. For the paper records, the relevant ring binder held by Quality Manager is quoted in this section for the various types of checks. The electronic records that are kept for part of these operations are kept at **paserver / 7/ QA Records / Performance**.

5.9.1 'FIBRE QC' (ISO 17025 ref: 5.9a).

N/A

b) Qualification of slides to enter scheme.

1) N/A

c) Allocation and counting of slides

N/A

d) Performance criteria and actions

N/A

e) Evaluation

N/A

5.9.2 REPLICATE FIBRE COUNTS (ISO 17025 ref: 5.9c)

a) N/A

5.9.3 REGULAR INTER-LABORATORY COUNTING EXCHANGE SCHEME (RICE) (ISO 17025 ref: 5.9b)

N/A

5.9.4 'BULK QC' (ISO 17025 ref: 5.9a)

All personnel carrying out asbestos identification must participate. Quality Manager administers the samples. The reference samples include all of the six main asbestos types together with other fibrous substances and various manufactured materials containing asbestos in sufficient number to prevent analysts memorising the results. The scheme is administered in a way that ensures analysts examine a variety of samples within one year. Allocation is by a table of months of the year against analysts initials. Refer to ring binder 'Bulk QC'.

Each person routinely carrying out asbestos identification examines two samples each month. Results are recorded on 'Internal ID Round' sheets. The samples comprise two reference samples having established results from a pool of reference samples.. Allocation is effected by using 'ID the ALLOCATION SHEET' kept in the file which is filled out at the start of the year so that each analyst has receives a good variety of the samples in the set. For new analysts starting in the year the schedule is filled out to the end of the calendar year.

The reference samples in the set have numbers for recognition within the scheme operation. The numbers are changed to samples 1 and 2 for each analyst preceded by the analysts initials (e.g. 'MHD1' and 'MHD2'). The allocation sheet is referred to in order re-convert the references.

Quality Manager receives completed sheets and checks that results have not been altered and are on the submitted sheets as on the identification worksheets. If results have been altered then new extra samples will be re-allocated by the Quality Manager. The person making the alteration must be investigated for reasons and actions using the standard non-conformity route.

Failure to correctly identify the asbestos constituents of any sample will result in review by the Quality Manager. All failures to detect both primary and secondary components of what ever type or quantity is regarded as critical and will always require immediate suspension of the analysts from analysis of work samples until a return to satisfactory performance is assured. Criteria of 'satisfactory' must be strict. In addition a cause analysis regarding deviations found will be carried out in all cases and recorded within the non-conformity system (as well as providing a mechanism for instigation of action this aids reviews of training and authorisation processes). All analysts will be more closely monitored following training or re-training than for consistently good performers. A review of the system and frequency of checks may also be appropriate after any errors are identified.

5.9.5 REPLICATE ASBESTOS IDENTIFICATION (ISO 17025 ref: 5.9c)

The records for replicate fibre counts are kept in a section of the **ring binder 'Replicate Tests, P5'**

Two samples are selected at random by the Quality Manager from work samples analysed recently (within up to 31 days or since the last round date which ever is most recent) Analysts do not re-check their own work in this exercise

In the event of any dispute over the content of a sample, the sample in question will be analysed by a third analyst on the authorised list to decide content.

These records are kept in the ring binder '**Routine Work Checks**'.

5.9.5.1 Internal RI Liquids are checked monthly for performance. Each RI liquid is mounted using single component asbestos samples. These are recorded on the 'PAG-Cargile Liquids Expiry dates & Monthly Checks' spreadsheet.

5.9.6 ASBESTOS IN MATERIALS SCHEME, AIMS (ISO 17025 ref: 5.9b)

This is the externally administered and supplied asbestos identification scheme in which all analysts employed by PA Group Limited participate. Currently only one result set is to be submitted by each laboratory, thus a central conclusion between analysts has to be found. This should normally be achieved simply by verifying that all authorised analysts participate and their all their results are the same.

AIMS samples received are handed to the Quality Manager who allocates them for analysis in accordance with the instructions sent. **An instigation sheet for notification, instigation and completion of the task is started and kept up to date until the round is competed.**

Following analysis carefully inviduated by Quality Manager to prevent conferring between analysts the results are checked against each other.

Quality Manager is also responsible for ensuring that analysis is carried out within the time required.

A second person will check the individual results and check that the results written on the form provided reflect the general findings of the laboratory and also to check for any transcription errors at any stage of the paperwork.

Score is evaluated for each round in turn against the score criteria given for that round by AIMs scheme. Here it is applied to individuals rather than to the laboratory. The score is then subtracted from 100 so that in-house score magnitude is proportional to performance. Once three rounds results have been obtained graphical plots to show any trends are created. The records for this are kept in electronic folder Performance within QA Current records.

Changes from last version: re-survey reports are now stored in their own ring-binder and not with the routine checks on sample analysis, and re-survey frequency monitoring mechanism is now added.

5.9.7 RE-SURVEY (ISO 17020 ref: 6.4).

1. In accordance with paragraph 68 of MDHS100, re-inspection and if necessary corrective action, is carried out on work in progress so that the corrections required can be applied before reporting to the client. This is generally achieved by the re-surveyor surveying the same site as the original surveyor (or section of the site for the purpose of sufficient assessment of work quality). This can be done by the second surveyor re-starting the survey at say 30 minutes after the original surveyor using his/her own site workbook to record findings. Samples should also be taken, sufficient only to detect errors.
2. Frequency is targeted at a minimum of 1 re-survey per surveyor out of all the surveys undertaken by PA Group Limited in one calendar year. Resurvey may come in the form of re-inspection of Type 2, 3 or Bulk Sampled site.

Site attendance numbers can be monitored using Bulk Dairy and additional re-survey visits to those carried out in audit can be programmed.

3. Mistakes found are remedied at the time of the visit.
4. The findings of the re-surveys are recorded on the Re-Survey Report form provided by Quality Manager. When completed the report is handed to the Quality Manager.
5. The Auditor should evaluate and objectively determine the extend to which the environmental policy of the survey and other criteria have been applied against the internal and ISO 14001 Requirements. (3.14)
6. Quality Manager generally decides if non-conformity is appropriate, and is responsible for managing any such corrective action requirements.
7. The Re-Survey report is stored in a section of the **P4 ring binder 'Re-Surveys'**.

8.0 People authorized to re-survey are :

Chris Miller Hanna Type 1,2 and 3.

Joe Nason Type 1,2 and 3.

Matt Clarke Type 1,2 and 3.

Gaetano Cristiano Type 1,2 and 3

5.10 Reporting the Results

5.10.1 GENERAL

All information in reports and data sent to clients must be reported accurately, clearly and objectively, and procedures manuals instructions must lead staff to correct reporting for the particular field of work. A registration controlled current version of the report template must be available to the users with instruction on where to obtain them and how to use them in the procedures manuals. The templates must be designed to be adaptable within the scope of permissible client variation in requirement or sub-types of the work (for example, type 1, type 2 or type 3 survey). For all fields of work the common minimum information is listed below. Simplified formats are not used at present (refer to current UKAS guidance on this specific topic if this is required).

Each test report will include the following information:

- a) Clear title of document. As far as possible this will be indicative of the of the overall subject and content of the document, using as far as possible the industry known terms (such as given in recognised external method documents used and / or the UKAS schedule description of the work accredited..
- b) The name and address of the laboratory (PA Group Limited), and the location where the tests were carried out.
- b) Unique identification of the test report using a 'Report Number'. Every page in all documents each display their page number and the total number of pages in the document. Each page must be secured reliably to the front page displaying the report number, otherwise each page will need to display Report Number as well as the page numbers.
- d) Name and address of the client
- e) Identification of the method(s) used with reference to the main external governing document.(e.g. MDHS100).
- a) A description of, the condition of and clear identification of the item(s) sampled and tested and details of environmental conditions during sampling that may affect the interpretation of the test results
- b) Date(s) of performance of the testing. Date of sampling or date of receipt of samples if supplied by the client
- c) Factors and considerations covered in any sampling plan (strategy) are reported to show what was actually carried out. Any sampling plan documented should be referred to when it is relevant to the validity of the test result. In all cases include Location of sampling, including any diagrams, sketches or photographs.
- d) The test results and their units of measurement
- e) Name(s) of person(s) performing the work
- f) Where relevant, a statement to the effect that the results relate only to the items tested.
- g) The name and signature(s) and function of the person authorising the test report.
- h) Deviations from, additions to, or exclusions from the test method, and information on specific test conditions, such as environmental conditions.
- i) Disclaimers. There are some that are standard for a particular work area and may be included in the template used to compile the finished report. There are some that may be a hand written where they are case determined. The topic is dealt with in section 6.
- j) Accreditation bodies marks and number and statement as to what work is and what is not accredited, Refer to Department of Trade and Industry publication URN98/887 or later version, and to UKAS publications LAB 1 and TPS39 (located in QA library in 'UKAS Documents' files (two of).
- k) Any other requirements specified by the quoted test method being followed (refer to 'Reporting of Results' or similar sections in such documents.
- l) For Asbestos Survey reports **also see 5.10.9** and the procedures manual.
- m) ONLY REPORTS BEARING THE POSTSCRIPT (T) ARE ISSUED TO CLIENTS WHEN THEY HAVE BEEN CHECKED AND SIGNED BY AN AUTHORISED SIGNATORY'. There is no authorised signatory space or requirement on these '(s)' version reports.

Changes made in this issue: amendment in first paragraph for distinction between inspection and testing. Reports not having any specific PA Group Limited policy impositions were removed from 5.10.3.4. In 5.10.3.5 the bold text was added.

5.10.2 OPINIONS AND INTERPRETATIONS

When opinions and interpretations are included, the basis upon which the opinions and interpretations have been made are given within the report. In the case of test results (under ISO 17025), the parts of the report that constitute opinions and interpretations in the report must be made clear, and that such are outside the scope of UKAS accreditation also made clear. For inspection (survey) opinions and interpretations are covered by the scope of accreditation to ISO 17020.

5.10.3 FORMAT OF REPORT TEMPLATES

- 5.10.3.1 A general specification of worksheets is that they request and facilitate the recording of all relevant data, and presented it in as clear and useful way as possible.
- 5.10.3.2 The worksheet layout and section and box headings and instructions on the reports create the procedure for the recording.
- 5.10.3.3 The headings of reports sent to clients are standardised as one heading per type of report where 'type' here refers to the type of testing being reported. All test reports issued by PA Group Limited are therefore titled by one of the categories below.

Table 5.10.3.3 Titles of Reports specified by testing type category

TEST CATEGORY OR TYPE	TITLE OF REPORTS SENT TO CLIENTS
Bulk sampling of asbestos containing materials and /or identification of asbestos in bulk materials	'Determination of Asbestos'
All non-accredited testing and sampling types	<i>Various titles which must not be the same as either of the above two titles</i>
Survey of premises for asbestos containing materials (Note that for samples taken, a Determination of Asbestos Content' as for bulk sampling is included as a section within this Survey report.	'Survey of Asbestos Materials at...'

5.10.3.4 Table 5.10.3.4 Reports specific specifications

TITLE OF REPORTS SENT TO CLIENTS	
'Determination of Asbestos Content'	For samples taken by client versions---the words Trace, Minor, Medium, Major to be in Arial font 9 Bold or larger and percentages to which these terms relate to be given in Arial font 9 or larger.

- 5.10.3.5 Electronic transmission of results will only take the form of copy in whole of the standard written and typed reports, which have been signed by and authorised signatory, **unless alternative carriage formats of results have been approved and added to controlled templates formats lists. At the date of issue of this page no such formats exist, but are permissible if agreed well in advance of use with Quality Manager (UKAS advise may be required as part of the approval process).**

5.10.4 AMENDMENTS TO REPORTS OF WORK CARRIED OUT

- 5.10.4.1 Material amendments to any report must only be in the form of a further complete report that includes the statement 'Supplement 1 to Report No. [number as per original report]'.
- 5.10.4.2 The above is for the first amendment. For the second amendment this will be 'Supplement 2 to Report No....and so on for subsequent amendments.
- 5.10.4.3 Amendments will meet the same requirements as for original versions of reports.

5.10.5 AUTHORISATION AND SIGNING OR REPORTS

- 5.10.5.1 **ALL REPORTS** must be signed by an Authorised Signatory who must be a person on the current Authorisation Register for Signatories which is kept in QA Library by the Quality Manager. This library version is the official authoritative and signed version and the authorisation and in the event of differences with the electronic version, the paper version is overriding. The electronic version is available to Head of Laboratory, Technical Manager and Quality Manager. (In the case of air test reports the analyst(s) who carried out the work also sign the reports in the space marked for this purpose).
- 5.10.5.2 Signatories are signing for the following checks having been made as a minimum:
- Information has been correctly transferred from the worksheets
 - The information required on reports has been included correctly
 - Spellings and grammar are correct
 - Degree of completeness of locations and addresses is sufficient (this is a check on use of the worksheet as well as report)
 - All sections required to be filled in relating to test and sampling data is completed according to procedures manuals
 - The report will make sense to the client regarding use of wording and inclusion of explanations of any deviations or special conditions
 - Diagrams where included are clear, fully labeled with location and the plan can be located within the context of the building or site
 - Any supplementary paperwork that the report being signed refers to also needs to be checked.
 - The results and any interpretations appear to be correct—if there is any doubt—for instance unusual sample content arising from bulk analysis (identification) then check that the sample has already been counter-checked by a second authorized analyst—if not get the sample checked before allowing the report to be signed since it may be an important error. Other examples of error spotting are potentially many, and general vigilance is required.**

5.10.6 REPORTS FOR WORK CARRIED OUT BY SUBCONTRACTORS

- 5.10.6.1 Work carried out by subcontractors must be either
- Reported by submission of the subcontracting firms own test reports. Or:--
 - By inclusion of results in PA Group Limited reports with a disclaimer on the report that a sub-contractor carried out the work. If the latter option is to be taken then the Quality manager must be consulted in order to obtain from the Quality Manager an agreeable phrase and location for such a disclaimer since previously and currently this option has not been used. Accreditation or other guidance notes may need to be consulted first.

5.10.7 ELECTRONIC TRANSMISSION OF TEST REPORTS

- 5.10.7.1 Reports may currently be transmitted electronically simply because the process and suitable format security needs to first be reviewed by Quality Manager and Technical Manager before this can be authorised. Review is currently scheduled but is anticipated during the year 2007. (Quality Manager will refer to 5.10.7.1 of ISO 17025.)
- 5.10.7.2 All data and presentation format must give the client the correct reporting to the same standards of all printed reports. All applicable conditions and requirements of the Quality System must be applied from use of officially issued controlled templates for presentation and or packaging the information, ability of clients to interpret information and to fulfill contract agreement on the format and extent of information supplied. All such reporting or transmission of data relating to any accredited activities must be first checked for every individual site visited (as by and authorised report signatory as indicated by Authorisations Register (maintained by Quality Manager). Technical Manager will have responsibility for ensuring that the machines, and transfer media used and security of information is appropriate to the clients needs and Data Protection act Requirements.
- 5.10.7.3 The persons and addresses to which any transmissions are sent will be derived from the originating client placing the order or contract for the work (i.e. it must be with their permission and to the person(s) that they have specified only).

5.10.8 FORMAT OF REPORTS

- 5.10.8.1 The format shall be designed to accommodate each type of test carried out and to minimise the possibility of misunderstanding or misuse. Quality Manager has responsibility for ensuring this. Format is specified in **4.3.2.3** of this manual and in **4.3** Document Control generally. See also **5.10.3** about format. Format designs must comply with all of section 5.10 Reporting the Results.
- 5.10.8.2 Headings must be standardized as far as possible. This should be suited the purpose and subject, where the subject is generally closely related to the recognised wording of the primary standards (where applicable) used as work methods for the determination or similar of the parameters recognised as being measured or ascertained by the same standards.

In line with general PA Group Limited policy for signing of reports, the reports are checked by a person other than the person who originally carried out the work or compiled the report. The purpose of this is to provide an audit type check on the work of analysts on a continuous basis and to provide a check on correct reporting to the precise level required. Due to the existence of such checks it may be desired that the final report bearing postscript '(T)' to the report number may have small corrective modifications. (Examples to illustrate include, correct spelling or postcode in the address, and correct number of decimal places to numerical values and clarity of key symbols used in the diagram of area tested). It is for the very reason that modification of this nature are possible that the '(S)' and '(T)' system is used by PA Group Limited. The two corresponding reports for a given site and sampling exercise may be regarded as a pre-arranged amended report issue system or as two different documents, with the '(S)' copy being a type of worksheet that may be issued to clients.

5.10.9 SURVEY REPORTS

5.10.9 GENERAL

Survey reports will conform to all the same requirements of ISO 17025 as for all other applicable reports. In addition requirements of ISO 17020 and guidance note MDHS 100 must also be followed. This requires extra standards requirements reviews when survey report templates and usage protocols are carried out.

In addition to the main standards and guidance other advisory and legislative considerations which have to be taken into account in order to arrive at a best practice approach and in order to meet the expectations of clients and their subsequent users or survey information. This concept can be generalized as providing the required information.

If the inspection commissioned by the client could not be carried out in full or in part, a written notification to that effect shall be given to the client.

5.10.10 EXTERNAL DOCUMENTS USED

The following document is the current primary protocol leading to survey report content and format--*MDHS 100: Methods for The Determination of Hazardous Substances: Surveying, sampling and assessment of asbestos-containing materials (issued by the Health & Safety Laboratory on behalf of The Health & Safety Executive), July 2001*

Other documents used for surveys report production:

'**Control of Asbestos at Work Regulations**' are used to guide recommended actions based on findings and also in reference to material type terminology.

5.10.11 REPORTING REQUIREMENTS

The final survey report, depending on the type of survey undertaken, may contain the following sections:

- General site and survey information
- Survey report
- Bulk analysis report
- Material assessment report
- Photographs (**instructions on handling images and not to materially alter them is required to be given in the relevant procedures manuals**).

General site and survey information should include:

- The name and address of the organisation carrying out the survey
- The names of the surveyors
- The name and address of the person who commissioned the survey
- Date of report
- Date of survey
- Purpose aims and objectives of the survey
- Description of areas included in the survey
- Description of areas excluded from the survey
- Survey method(s) used such as MDHS100
- Type of survey undertaken as defined in MDHS 100
- Any variations or deviations from the method
- Agreed exclusions and inaccessible areas
- Marked up plans (see paragraph 65 of MDHS 100)

For type 1 and 2 surveys the following descriptions should also be used

- Accessibility
- Amount of damage or determination
- Surface treatment (or state untreated)
- Material assessment score high, medium, low or very low (or equivalent system that can be equated to this four zone system)

For type 2 and 3 surveys, accreditation details of the all parties involved in Surveying , Bulk Sampling and Identification analysis. (see paragraph 66 of MDHS 100).

Change made in this issue: para 6.2.2. amended to reflect the distinction between testing and surveying / inspection.

6 Disclaimers and Claimers

6.1 GENERAL DEFINITIONS WITHIN PA GROUP LIMITED QUALITY SYSTEM

Disclaimer: a statement which clarifies instances where a general claim or possible implication of any kind may not apply to the particular case. Examples are statement about work methods applied, standards applied, accreditation scope or indirect implication of any of these either in the document where the disclaimer is required or in other paperwork including marketing literature that may give rise to ambiguity or generalizations that may not apply to subsequent reports or claims.

Claimer: This is a required additional statement to clarify areas that any other statement or implication may otherwise lead to misinterpretation. In this way it is similar to a disclaimer and very often claimers and disclaimers exist in the same sentence or paragraph in order to clarify which areas of work have what condition or status applied. Possible uses are wide in scope and important examples include statement of what work reported in a report (or other transmission) is accredited and what is not, which areas or aspects of work were carried out by a subcontractor, which by a client and which by PA Group Limited.

6.2 DISCLAIMERS REQUIRED

- 6.2.1 Accreditations that are available for the type of work carried out but for which accreditation is not held must be disclaimed so as not to imply by association with the UKAS logo and or with information about what PA Group Limited is accredited for.
- 6.2.2 'Opinions and Interpretations are Outside the scope of UKAS accreditation'. This is the precise phrase which must be applied to all test reports. (Not applicable to survey / inspection).
- 6.2.3 For all bulk sample analysis reports (Determination of Asbestos) the particular opinion area of material type (as oppose to asbestos fibre type) is based on appearance and estimated percentage content (that is, intuitive and comparative knowledge rather than using any accredited measurement or technique) is disclaimed as 'References to the type of material is based solely upon appearance and asbestos content of the material(s) inspected and samples taken'. Note that '..and samples taken...' is included to help clarify situations where items are not sampled but reported as being compared to (and referenced to) samples that were taken. The opinion as to what the material type is for a non-sampled material is based on the appearance both in situ and under stereo microscopic examination and estimated content of a sample that was taken and in addition the in situ appearance only of the sample that was not taken,
- 6.2.4 Priority Assessment is outside the scope of PAG intended accreditation as is stated on each survey report sent out by the company.

Changes made in this issue: subject headings added to paragraphs to facilitate consideration of subjects when reading other sections.

6.3 DISCLAIMERS AND CLAIMERS ADDED BY USERS OF TEMPLATES

SUBCONTRACTED WORK

- 6.3.1 If any of the work for which PA Group Limited is accredited or applying for accreditation is carried out by a sub-contractor then a note should be added to the text of the report (not to areas that are not normally filled in (i.e. not in boxes present on the template with standard disclaimers) stating clearly what work was carried out by PA Group Limited, which work was carried out by a subcontractor (the word 'Subcontractor' must appear in the statement).

SAMPLES TAKEN BY CLIENTS

- 6.3.2 If samples are taken by a client this must also be made clear in the box provided on the test reports and a reference to the statement should also be made on the first page in the Deviations box near the foot of the page. For all bulk analysis reports samples taken by client is indicated by inclusion on the template specific for samples taken by client cases, so use of the correct template in that case is sufficient.

Prevention of Pollution on SAMPLES TAKEN BY CLIENTS

- 6.3.3 It is Company procedure and ISO 14001 (**requirement paragraph 3.18**) prevention of pollution, that the client will minimize exposure to other people and the surrounding environment when sending a sample either by post or by courier. It is policy of PA Group Limited limited to inform client over the phone on how to seal the suspected asbestos containing material before it get sent in, avoiding therefore any adverse environmental impacts

Cross references from sections of ISO 17020 to sections of this Quality Manual.

ISO 17020	QUALITY MANUAL	ISO 17020	QUALITY MANUAL
1	1	9.1	5.5.2
2	1	9.2	5.5
3.1	3.1.1	9.3	5.5 & 5.6
3.2	3.1.1	9.4	5.5.11
3.3	1	9.5	5.5.6
3.4	3.1.2	9.6	5.6
3.5	3.1.3	9.7	5.6
3.6	3.1.4	9.8	5.6
4.1	4.1.1 b	9.9	Not relevant
4.2	3.4	9.10	Not relevant
5	3.3	9.11	4.6
6.1	3.2.3	9.12	Not applicable
6.2	4.1.2 (4.1.2.10 in particular)	9.13	3.3
6.3	4.1.2.2	9.14	5.5.10
6.4	4.13.1	9.15	5.5.9
6.5	4.1.2.4	10.1	5.4
6.6	4.1	10.2	4.4, 5.4
7.1	2	10.3	5.4.2
7.2	4.2	10.4	4.2.4 & 4.3
7.3	4.2	10.5	4.4
7.4	4.1.2.3	10.6	5.7.2
7.5	4.2.1, 4.2.7 and 4.2.8	10.7	4.13 & 5.10.53
7.6 a	4.2.4	10.8	5.4.1.3
7.6 b	4.3.1 and 4.3.2	11.1	5.4.1.4 & 5.81
7.6 c	4.3.2.2 d	11.2	*
7.6 d	4.3.3.2	11.3	4.4
7.7	4.13	11.4	*
7.8	4.7, 4.8, 4.9, 4.10	12	4.12
7.9	4.14	13.1 & 13.2	5.10
8.1	3.2.3 & 5.1.1	13.3	5.10.5.3
8.2	5.1.3	13.4	5.10.4
8.3	5.1	14	4.5.1
8.4	5.1.3	15.1	4.9 and 4.10
8.5	4.1.1	15.2	4.9 and 4.10
8.6	4.1.1	15.3	4.9 and 4.10
		16	4.15

* Procedures Manual: Surveying and Sampling for ACMS

Cross references ISO 17020 Annex D to Quality Manual.

ISO 14001 Annex E Listing	QUALITY MANUAL
General information (name, addresses, phone-numbers, etc and legal status. 3.16 ISO 14001	1.2
Management statement assigning the person designated in 4.4 ISO 14001	2.3 (iv)
Management statement on its policy and objectives for and commitment to quality 1 & 3.11 of ISO14001	2
Description of the inspection body's areas of activity and competence Section 1 ISO 14001	1.3
Information on the inspection body's relationship to its parent or associated organisations (where applicable)	Not applicable
Organisation chart(s). ISO 14001	4.1.2.10
Relevant job descriptions. ISO 14001	4.1.2
Policy statement on qualification and training personnel. ISO 14001	2.4
Procedures for control of documents. ISO 14001	4.12
Procedures for internal audits. ISO 14001	4.13
Procedures for feedback and corrective action. ISO 14001	4.7 & 4.10
Procedures for management review of the quality system. ISO 14001	4.14
Other procedures and instructions or references to other procedures or instructions that are required in this standard. ISO 14001	Appendix A
Distribution list of the Quality Manual. ISO 14001	4.3.1

Cross references ISO 17020 Annex D to Quality Manual.

ISO 17020 Annex D Listing	QUALITY MANUAL
General information (name, addresses, phone-numbers, etc and legal status)	Front cover and 3.1
Management statement assigning the person designated in 7.4 of ISO 17020	2.3 (iv)
Management statement on its policy and objectives for and commitment to quality	2
Description of the inspection body's areas of activity and competence	1.3
Information on the inspection body's relationship to its parent or associated organisations (where applicable)	Not applicable
Organisation chart(s)	4.1.2.10
Relevant job descriptions	4.1.2
Policy statement on qualification and training personnel	2.4
Procedures for control of documents	4.12
Procedures for internal audits	4.13
Procedures for feedback and corrective action	4.7 & 4.10
Procedures for management review of the quality system	4.14
Other procedures and instructions or references to other procedures or instructions that are required in this standard	Appendix A
Distribution list of the Quality Manual	4.3.1

Changes since last issue: Addition of example form registrations use.

Appendix B FORM REGISTRATIONS

1. To apply a registration first quote it as 'Form registration' or use ® symbol (press the Control and Alt and 'R' keys together----does not work in Excel).
2. Start the registration number with a letter code taken from table B1.
4. Add one or two further if required to create sub-set subjects.
5. After this put a space and then the date from which the sheet may be used (this is the issue date and the version number and hence only one version can be issued on any one date). The date format is always ddmmyy. The date is followed by a small 'e' if the version is updated with a change of minor significance for which both the e and the without e versions may be in use at the same time. This is generally done when the change is more useful to the job or purpose for which the change is made than for the other current users and permits a faster on-stream time of the improved template.
6. A small 'e' is added at the end of the date section if the updated template is for improvement of use of a not significant nature. This allows both the latest date without an e and the latest date with an e to be in use at the same time. The purpose of this is to allow improvements to be put in that may not otherwise be achieved since expiry of the older versions will occur through natural consumption of the old forms or work sheets. With staff at various locations in UK and abroad strict date and time replacement is only vital with more significant reasons for the change.
7. The letter p or X is added to new templates on and after the date of 14th January 2005 to indicate paserver only template, or paserver and external template holders exist. For X templates updates need to be made to all persons of site offices holding templates. This controlled by regarding the template as document so that it will appear in the document issue register (templates tab within) and treated accordingly as per Documents Control principles.

Table B1 Letters used for Form and Document Registrations. in accordance with document control policies (Section 4.

A Air	L Tally or summation	T Training
B Bulk	M Managerial and policy documents	U Audit
C Client	N Non-conformity	V Review
D Asbestos Identification	P Performance	W Worksheet
E Equipment	.p paserver only template	X External or mixed sub-group use (e.g. air and bulk)
F Fibre Counting	Q Quality Assurance Procedure	Z Authorisation
G Geographic location, lab or issuee	R Register or list	
K Completion / close-out	S Survey	

Example form registration

®**UM1 120105** Audit Managerial type 1, 12th January 2005 version (and issued on that date).

Note that the forms are grouped and also electronic template filed in the same groups and using same lettering. Paper records kept in ring binders are also marked using the general codes. Hence any form starting with 'U' will be found as template in 'Audits' folder of QA Records. The ring binder for Audits is marked with a large 'U' so that all completed forms in 'U' will be found there.

®**S 151003** A simplified registration is used for survey report since no other surveying application will register as 'S' only. This registration denotes survey Microsoft word report template, version dated 15th October 2004. If the template is converted into two versions, one for Type 2 and one for Type 3 then the registrations could become S2 310104 and S3 310104 This reserves S1 for Type 1 whether or not one exists on 31st January 2004.

The same codes are used in some spreadsheet and database applications for organised linked referencing.

Further examples are

GB1; Bulk lab number one.

EP; Equipment Performance check or result

Legal and other Requirements

PA Group Limited will ensure to apply and maintain all the legal and other requirements posed by the legislative bodies. (where and when they apply).

REFERENCE READING MATERIAL FOR WORKING WITH ASBESTOS

Acts of Parliament, Regulations, HSE Publications for Working with Asbestos

MDHS 97	Methods for Sampling for Surface Contamination (2002)
HSG 53	Respiratory Protection Equipment at Work ~ A Practical Guide (2005)
MDHS 87	Fibres in Air; Guidance on the Discrimination Between Fibre Types in Samples of Airborne Dust on Filters Using Microscopy (1999)
MDHS 100	Surveying, Sampling and Assessment of Asbestos-containing Materials (2001)
HSG 210	Asbestos Essentials: Task Manual (2001)
HSG 213	Introduction to Asbestos Essentials (2001)
HSG 227	A Comprehensive Guide to Managing Asbestos in Premises (2002)
HSG 247	Asbestos: The Contractors Guide for Asbestos Removal (2005)
HSG 248	Asbestos: The Analysts' Guide for Sampling Analysis and Clearance Procedures (2005)
INDG 188	Asbestos Alert for Building Maintenance, Repair and Refurbishment Workers (2004)
INDG 223	A Short Guide to Managing Asbestos in Premises 2003 (rev 3)
INDG 255	Asbestos Dust Kills; Keep Your Mask On 2003 (rev 1)
INDG 289	Working with Asbestos in Building 2001
INDG 401	The Work at Height Regulations 2005 – a brief guide (2005)
GIS 1	Heat stress in the workplace. What you need to know as an employer.
MS 13	Asbestos: Medical Guidance Notes (4th edition 2005)
L5	COSHH (fourth edition): Control of Substances Hazardous to Health Regulation 2002: Approved Code of Practice and Guidance
L21	Management of Health and Safety at Work: Management of Health and Safety at Work Regulations 1999: Approved Code of Practice and Guidance
L22	Safe Use of Work Equipment: Provision and Use of Work Equipment Regulations 1992: Approved Code of Practice and Guidance
L24	Workplace Health Safety and Welfare: Workplace Health Safety and Welfare Regulations 1992: Approved Code of Practice and Guidance
L25	Personal Protective Equipment at Work: Personal Protective Equipment at Work Regulations 1992: Guidance on Regulations
L143	Working with materials containing asbestos. HSE 2006.
Occupational Circular 282/28	Fit Testing of Respiratory Equipment Facepieces

REGULATIONS

1983/1649	Asbestos (Licensing) Regulations 1983
1998/3233	Asbestos (Licensing) (Amendment) Regulations 1998
2006/2739	Asbestos (Licensing) Health and Safety CAR Regulations 8 2006
1985/2042	Asbestos Products (Safety) Regulations 1985
1987/2042	Asbestos Products (Safety) (Amendment) Regulations 1987
1992/3067	Asbestos (Prohibitions) Regulation 1992
1999/2373	Asbestos (Prohibitions) (Amendment) Regulation 1999
2003/1889	Asbestos (Prohibitions) (Amendment) Regulation 2003
2004/568	Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations 2004
2005/1732	Carriage of Dangerous Goods and Use of Transportable Pressure Equipment (Amendment) Regulations 2005
2002/1689	Chemicals (Hazard Information and Packaging for Supply) Regulations 2002
1997/1713	Confined Spaces Regulations 1997
1994/3140	Construction (Design and Management) Regulations 1994
2000/2380	Construction (Design and Management) (Amendment) Regulations 2000
2007/	Construction (Design and Management) (Amendment) Regulations 2007
1996/1592	Construction (Health, Safety and Welfare) Regulations 1996
2006/1380	Contaminated Land (England) Regulations 2006
2006/2675	Control of Asbestos Regulation 2006.
1990/556	Control of Asbestos in the Air Regulations 1990
2005/1643	Control of Noise at Work Act 2005
2002/2677	Control of Substances Hazardous to Health Regulations 2002
2004/3386	Control of Substances Hazardous to Health (Amendment) Regulations 2004
2005/1093	Control of Vibration at Work Regulations 2005
1999/1	Environmental Impact Assessment (Scotland) Regulations 1999
1991/2839	Environmental Protection (Duty of Care) Regulations 1991
1991/472	Environmental Protection (Prescribed Processes and Substances) Regulations 1991
2005/894	Hazardous Waste (England & Wales) Regulations 2005
2005/3026	Environmental Protection Act 2005
70/156/CEE	EURO 4 Directive
1996/1513	Health & Safety (Consultation with Employees) Regulations 1996
2005/676	Health and Safety (Fees) Regulations 2005
2002/2174	Health and Safety (Miscellaneous Amendment) Regulations 2002
1996/341	Health and Safety (Safety Signs and Signals) Regulations 1996
2002/1559	Landfill (England and Wales) Regulations 2002
2004/1375	Landfill (England and Wales) (Amendment) Regulations 2004
2005/1640	Landfill (England and Wales) (Amendment) Regulations 2005
2003/235	Landfill (Scotland) Regulations 2003
2003/343	Landfill (Scotland) (Amendment) Regulations 2003
2005/895	List of Wastes (England) Regulations 2005
1998/2307	Lifting Operations and Lifting Equipment Regulations 1998
1999/3242	Management of Health and Safety at Work Regulations 1999
1992/2793	Manual Handling Operations Regulations 1992
1992/2966	Personal Protective Equipment at Work Regulations 1992
2002/1144	Personal Protective Equipment at Work Regulations 2002
2000/1973	Pollution Prevention and Control (England and Wales) Regulations 2000
2002/323	Pollution Prevention and Control (Scotland) Regulations 2002
1998/2306	Provision and Use of Work Equipment Regulations 1998
1995/3163	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995
1999/2978	Road Vehicles (Brake Linings Safety) Regulations 1999
2003/3314	Road Vehicles (Brake Linings Safety) (Amendment) Regulations 2003
1977/500	Safety Representatives and Safety Committees Regulations 1977

1999/293	Town and Country Planning (Environmental Impact Assessment) (England and Wales) Regulations 1999
1989/1156	Trade Effluents (Prescribed Processes and Substances) Regulations 1989
1994/1056	Waste Management Licensing Regulations 1994
2005/735	Work at Height Regulations 2005
1998/1833	Working Time Regulations 1998
1999/3372	Working Time Regulations 1999
2001/3256	Working Time (Amendment) Regulations 2001
2002/3128	Working Time (Amendment) Regulations 2002
2003/1684	Working Time (Amendment) Regulations 2003
1992/3004	Workplace (Health, Safety and Welfare) Regulations 1992

Acts of Parliament

ACTS

- Health and Safety at Work, etc Act 1974
- Environmental Protection Act 1990
- Environment Act 1995
- Water Industry Act 1991
- Pollution Prevention and Control Act 1999
- Water Act 2003
- Finance Act 2000
- Hazardous Waste (England & Wales) Regulations 2005

The Environmental Agency Pollution Prevention Guidances (PPG) Notes are available from the two links below supplied for consultation on Environmental legal requirements:

http://environment-agency.resultspage.com/search?p=Q&ts=english&mainresult=mt_mainresult_yes&w=PPG
<http://www.environment-agency.gov.uk/business/444251/444731/ppg/>

QUALITY MANUAL FOR PA GROUP LIMITED Version 1	Appendix C
Appendix D 1. Monitoring & Emergency Preparedness and response	Page 1 of 2

1. Monitoring & Procedures.

In accordance with Hazardous Waste regulation PA Group Limited will keep a log of waste produced in its laboratories. PA Group Limited is registered with the Environmental Agency as an Asbestos Waste producer and is currently keeping a log of monthly Kg of asbestos waste produced. The environmental agency should be informed if the monthly waste exceeds 200 Kg. The procedures for monitoring the waste disposal is to weigh the asbestos waste bag on a scale and record the weight of each bag produced.

PA Group Limited has established and maintained a procedure to monitor and measure on a regular basis the environmental impact of our activities. The procedure will be to air monitor a random chosen site prior and after an asbestos survey, to measure the Asbestos fibre release in the air. Physical damage to structure that could potentially be detrimental to premises occupiers will also be monitored. A minimum of 2 environmental monitoring unplanned audits per surveyor per year should be checked as a minimum requirement alongside the normal scheduled audits. **ISO 14001 4.5.1.** A matrix chart from all these audits should be kept so that the Management has a real snapshot of any problem related to operative not following procedures and therefore polluting the surrounding environment. The procedure of monitoring the Environmental impact of surveying for asbestos that are not up to standard, and as a consequence potentially dangerous for the surrounding environment, is to conduct unplanned monthly audits on top of the scheduled one.

The Operation Manger will encourage operative to use public transports for all the jobs located within the M25. All the company cars leased or purchased will be in accordance with EURO 4 Directive. The operation manger will keep a log of all the people he will persuade not to use company/private vehicles for reaching job locations. This log will tell us if we succeed in limiting car gas emission by encouraging operatives to use public transport

For electricity consume we will look at our quarterly electricity bills and compare with the next once to compare any energy saving. We will save energy trough switching off all computers at night, use lighting only when necessary and try to minimize all the energy relater activity we are involved in as a business. The improvement should be notice quarterly by bill comparison

PA Group Limited procedure to monitor paper usage consumption is to encourage people to use paper just for work usage and not for personal purposes. We currently recycle paper. In the office there are color coded bins with the sign: Recycling Paper. The papers is dispose in the industrial estate in apposite recycling bins, and subsequently collected by the council.

2. Emergency Preparedness and response

PA Group Limited has established different procedures to identify potential emergency situations and potential accidents that can have impacts on the environment and how to respond to them. The procedures have been introduced into the surveying and air testing procedures. **ISO 14001 4.4.7.**

3. Identification of Environmental aspect associated with PA Group Limited services.

The Quality Manager along with the technical Manger have identify the significant (and only) aspects related to our business that may have an adverse effect to the environment. The procedure of identify new significant aspects rests with the Environmental Manager that annually will review the aspect register to see if legislation have changed and if there are new activity undertaken by PA that may have aversive effect on the environment. If PA will start new endeavors the Environmental manager should promptly modify the aspect register to accommodate new requirements and legislations. (Please see Environmental Aspect on our Web – site)

Accidental Release of Asbestos. Emergency procedure

In case of accidental release of asbestos the operative should make sure that he/she will decontaminate on situ. Disposal of P.P.E and R.PE in waste asbestos bags and a shower in the decontamination unit are the first steps. If there are no decontamination facilities, the operative should be suspend from activities, since as per our procedures, an analyst will not start working prior to a detailed risk assessment being filled a decontamination unit (containing a shower) properly built if necessary. If the decontamination unit is not required and the risk assessment state that there is no risk for the operatives and the environment, a minimal exposure due to released of fibre should be reported to the office. If the release of asbestos is about the control limit the HSE should be informed first, the head office afterwards. The HSE number is 0845 345 0055

PA Target for 2008-2009 (Jan 08-Jan 09):

- a) To conduct at list two unplanned audit on surveyors on top of the original Audit schedule, to test if safety procedure on site are applied.

Due to the nature of our business this Target has to be met and repeated every year alongside alternative ones.

PA Target for 2008-2009 (Jan 08-Jan 09):

- a) To conduct at list two unplanned audit on surveyors on top of the original Audit schedule, to test if safety procedure on site are applied.
- b) To reduce Energy consumption by 2%* (we moved to serviced office and this monitoring will be a difficult target to met)

PA Target for 2008-2009 (Jan 08-Jan 09):

- a) To conduct at list two unplanned audit on surveyors on top of the original Audit schedule, to test if safety procedure on site are applied.
- b) Co cut paper waste /usage by 2%

PA Target for 2008-2009 (Jan 08-Jan 09):

- a) To conduct at list two unplanned audit on surveyors on top of the original Audit schedule, to test if safety procedure on site are applied.
- b) To encourage the usage of public transports instead of cars. We aim of limiting the use of cars for work purposes by 35%

* At present, PA Group Limited is paying its electricity bills along with other offices based in the Industrial Estate. A cumulative bill showing Kilo Watts and prices is shared between the business within the estate. In the next few month PA will be relocating, and a bill form Gas a company showing energy consumption should be available. Without a starting point (present energy Consumption in Kilowatts) it is not possible for us understanding how much we should cut our energy consumption of.