SCCM
stichting
coördinatie certificatie
milieu- en arbomanagementsystemen

Certification scheme for occupational health and safety (OHS) management systems according to OHSAS 18001

We at SCCM are convinced – and our experience has proven – that any organization, large or small, will achieve better OHS performance by using the 'plan-do-check-act' approach outlined in the OHSAS 18001 standard.

Certification scheme for occupational health and safety (OHS) management systems according to OHSAS 18001*

Translation of N110830, version of 13 March 2018
Replaces the version of 7 February 2013

* This certification scheme is based on the Dutch translation by the Dutch Normalisation Institute (NEN) of 'OHSAS 18001: 2007 occupational health and safety management systems specification' published and updated by BSI in London.

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CHAPTER I

Introduction

By entering into an agreement with SCCM (the Association for the Coordination of Certification of Environmental and Occupational Health and Safety Management Systems in the Netherlands), accredited certification bodies can use this certification scheme, which is based on the worldwide standard OHSAS 18001:2007 (OHSAS: Occupational Health and Safety Assessment Series). The certification scheme was developed by a Central Committee of Experts (CCE) operating within SCCM and approved by the board of SCCM. SCCM qualifies as scheme supervisor in conformance with the requirements set by the Council for Accreditation. Certification bodies (CBs) associated with SCCM are obliged to follow the scheme drawn up by the CCE for certification based on the OHSAS 18001 standard.

The Dutch Council for Accreditation (RvA) is a body designated by the Dutch government to supervise the functioning of the certification and inspection bodies. Certification bodies complying with the requirements set by the RvA can be accredited by the RvA. If a CB develops a certification scheme, it must involve the relevant interested parties (stakeholders). Using a central scheme manager obviates the need for each CB to develop its own separate scheme. This also promotes a uniform interpretation of the standard underlying the scheme, and a central scheme manager has added value as an information provider to both CB auditors and organizations wishing certification.

SCCM concludes agreements solely with RvA-accredited certification bodies. In addition to the OHSAS 18001 standard, there are requirements from the following documents that are of specific importance for OHS management systems and accrediting CBs:

- NEN-EN-ISO/IEC ISO 17021-1: Conformity assessment - Requirements for bodies providing audit and certification of management systems Part 1: Requirements.
- ISO/IEC TS 17021-10: Conformity assessment - Requirements for bodies providing audit and certification of management systems Part 10: Competence requirements for auditing and certification of occupational health and safety management systems (in development at the moment of publication of this scheme).
- IAF MD 22 Application of ISO/IEC 17021-1 for the certification of occupational health and safety management systems (OH&SMS).
- IAF MD 1 (Certification of multiple sites based on sampling).
- IAF MD 2 (Transfer of Accredited Certification of Management Systems).
- IAF MD 5 (IAF Mandatory document for duration of QMS and EMS audits), Guideline for determining auditor time by the International Accreditation Forum (IAF)
- EA-7/04, a clarification of the European co-operation for Accreditation on legal compliance within the ISO 14001 standard.
- SAP-C006 (the CA's Accreditation Protocol specifically for OHS and safety management systems).
- Any new guidelines published by the EA and/or IAF related to OHSAS 18001 certification.

This requirement concerns the most recently published version of the above documents, keeping in mind possible transition periods. As far as these documents are freely available, the latest versions can be found on our website, www.sccm.nl. References to sections of ISO 17021-1 are based on ISO 17021:2015.

SCCM's aim is to prepare a high-quality certificate with a broad support base that adds particular value to the relationship between the certified organization and those around it (the government, customers, suppliers and its neighbours). To achieve this broad base, SCCM's Central Committee of Experts (CCE) includes representatives of trade and industry (including trade organizations), the various authorities and other concerned parties.

The certification scheme consists of the following three elements:
→ The interpretation of the OHSAS 18001 standard.
→ The organization of the certification body.
→ The procedures used by the certification body.

A number of passages in this document state that SCCM 'expects' that something will be done. This means that SCCM urgently recommends the action but will waive the requirement if there is good reason to do so.

Chapter 2 is SCCM's interpretation of the OHSAS 18001 standard.
Chapter 3 describes the requirements set by SCCM for the organization of the certification body.
Finally, Chapter 4 outlines further requirements and interpretations concerning the working methods of the certification bodies. The requirements in both chapters 3 and 4 are based on the NEN-EN-ISO/IEC 17021-1, IAF MD 22, IAF MD 5, IAF MD 11 and EA-7/04.

OHSAS 18001 is a specification for an occupational health and safety (OHS) management system. An OHS management system relates to care for the health, safety and well-being of individuals working under the authority of the certified organization. Various sources of danger can lead to risky working conditions, including:
→ physical strain;
→ physiological strain;
→ mechanical safety;
→ psycho-social strain;
→ unusual situations such as explosions.

Occupational health and safety policy will particularly relate to external safety for companies involved with hazardous substances. Given the overlaps between the OHS management system and the 'safety management system' that certain categories of company are legally required to have, this point will be discussed in detail.

Relationship of OHS management system and safety management system
The consequences of major accidents can extend beyond worker safety, and can also affect people outside of the site, and the environment. These areas are covered by the term 'external safety'. In the Netherlands, separate laws and regulations exist for this area, requiring certain categories of company to implement a 'safety management system' (veiligheidsbeheerssysteem). An OHS management system and a safety management system overlap if they both identify hazards that may result in major accidents.

The relationship between OHS and safety management systems will be discussed in this OHSAS 18001 certification scheme. Annex 2 discusses how to deal with the requirements an organization may have arising from the Seveso III Guideline (implemented in the Netherlands by the Decree on Risks of Serious Accidents or BRZO) during certification of the OHS management system.

This certification scheme replaces the version of 7 February 2013. The reason for the release of a new version is the implementation of:
→ a new version of the ISO 17021-1;
→ the IAF MD 22.
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CHAPTER 2

Interpretation of the OHSAS 18001 standard

This certification scheme is based on the Dutch version of OHSAS 18001:2007 OHS management systems specification published and updated by BSI in London (published in a Dutch-language version by NEN in Delft). OHSAS stands for Occupational Health and Safety Assessment Series. Guidelines for implementation have also been worked out in OHSAS 18002, in which the principles underlying OHSAS 18001 are described and the purpose, characteristic input, processes and characteristic output of each part of the specifications are discussed. SCCM considers the substance of OHSAS 18002 as a correct interpretation which must be used as such. The OHSAS 18002 has not yet been updated to reflect the OHSAS 18001:2007. The relevant portions of the OHSAS 18002:2000 will apply until the new version of the OHSAS 18002 has been published.

This chapter will discuss sections of OHSAS 18001 which may in practice give rise to questions about their interpretation, and/or need to be looked at in the Dutch context. The principle is that the international context must not be lost sight of. The use of this certification scheme outside of the Netherlands is discussed in Annex 5.

The standard remains the point of departure; the interpretations do not replace it. The organization to be certified can follow the interpretation in this certification scheme or opt for an interpretation which as a minimum provides a comparable result.

2.1 Subject, scope and general requirements (chapter 1)

OHSAS 18001 is a standard for a management system of which the cycle `plan-do-check-act' is the essence. In addition to requirements for this cycle, OHSAS 18001 imposes requirements on the results of the management system:
→ The organization commits itself to comply with applicable OHS legislation;
→ The organization commits itself to continual improvement of its OHS performance.

OHSAS 18001 is concerned with the hazards and risks to occupational safety and health connected with an organization's operations. Various hazards can be identified as constituting possible risks. The consequences of major accidents as defined in European (Seveso III) and national legislation (BRZO) are one possible hazard. Annex 2 indicates how these should be dealt with by organizations to which they apply.

It is frequently indicated in OHSAS 18001 that the organization must have procedures. Sometimes the standard indicates that procedures must be 'established and kept up to date', sometimes 'laid down' or 'laid down (in writing if desired)'. SCCM expects that all procedures that must be laid down in writing and/or in electronic form are documented. It is also recommended that any procedures which must be laid down are documented in writing and/or electronically. This benefits the quality of the management system and makes it easier for the organization to convince the CB that procedures are in place.

2.1.1 General requirements (art. 4.1)

The scope of an OHS management system can the organization as a whole or specific business units or operations of the organization (although the OHSAS 18002 advises against this). If an organization does choose to certify only parts of itself, SCCM attaches the condition that the management of the business unit or activity also have the means to develop and implement their own OHS policy (see OHSAS 18001 section 4.2).

2.2 Occupational health and safety policy (art. 4.2)

The goal in formulating OHS policy is to lay down the general direction and principles for which the organization can be called to account. The nature of the organization and its most important OHS aspects must come to the fore in its OHS policy. This is a short document with general objectives for the coming years, which must be concrete enough to provide a framework for specifying measurable objectives for elements of the policy.

The OHS policy involves all personnel having access to the workplace (including sub-contractors and visitors). It can also involve personnel working under the organization's authority on its premises or those of third parties. Furthermore, OHS policy relates to hazards and risks arising for personnel of organizations, contracted by the organization to be certified, providing services falling within the scope of the OHSAS 18001 management system at other locations. These can be services contracted by the organization (for example, if a certified window-washing company hires another window-washer as a sub-contractor). Hazards and risks associated with contracting out work fall outside of the scope (for example, if an iron foundry outsources parts of its production to another iron foundry).

2.3 Planning (art. 4.3)

2.3.1 Planning for identification of hazards, risk assessment and risk management (art. 4.3.1)

SCCM expects that in the procedures it is to draw up, the organization will lay down how the identification of hazards, risk assessment and control measures will be kept up to date in the event of changes in organization, activities and/or installations. It must be ascertained at least once a year that the identification of hazards, risk assessment and risk management has been brought completely up to date.

According to OHSAS 18002:2000, the organization must be completely aware of all current significant OHS hazards in its sphere of influence. As indicated in 2.2, the scope of the OHS policy is limited to the personnel working directly under the organization's authority and/or persons present on the site of the organization.

The Dutch Working Conditions Act (Arbowet) requires organizations in the Netherlands with one or more employees to draw up a Risk Identification and Evaluation (RI&E). In SCCM 's opinion, an identification of hazards and a risk assessment as required by Clause 4.3.1 of OHSAS 18001 will result in an RI&E which complies with requirements in legislation and regulations. This does not mean, however, that organizations with an RI&E accepted by the authorities have complied with the requirements of Clause 4.3.1of OHSAS 18001. The standard demands that the results of the risk assessment and any control measures taken are documented and kept up to date.

As a minimum, the hazards in the following areas must be considered in the identification:
→ Physical strain in the workplace (posture, repetitive movements, falls etc.)
→ Physiological strain (climate, air quality, radiation, sound, light, vibration etc.)
→ Mechanical safety (equipment being used, material lying about)
→ Psycho-social strain (pressure, intimidation etc.)
→ Unusual situations (fire, explosions, nuclear hazards, hazardous substances, falling materials, etc.).

OHSAS 18001 indicates that the identification of hazards is related to the work environment. The definition of work environment covers all locations where work-related operations are carried out under the organization's authority. It can also include such situations as work-related travel or working at home.

Both the company supplying a worker and the company using that worker have a legally established 'duty of care'. This means that the company supplying the employee must have an idea of potential risks involved, that it must ensure that the employee is sufficiently protected and that the employee is aware of any risks. An OHSAS 18001-certified organization must be able to demonstrate how they have ensured the safety of the employee.

An important criterion in the CB's assessment is that during the identification a distinction has been made between the hazard and the risk arising from that hazard. The risk is a combination of the chance of the hazard occurring and the consequences if it does occur. It must be determined whether the risks are acceptable. If they are not acceptable, measures must be taken. It is essential that the method used by the organization in identifying risks is clear and used consistently. This means that an organization must lay down its estimate of both the chances and the effect of the OHS hazards identified in its management system.

In determining the possible ways for controlling risks, the principle of eliminating the hazard must be preferred over reducing the risk. The use of personal protection may be necessary but is not a structural solution. The order of preference in determining control measures is: elimination, substitution, technical/technological measures and as a last resort, personal protection.

2.3.2 Legal and other requirements (art. 4.3.2)

As a minimum, the following legislation and regulations must be considered relevant [in the Netherlands]:
→ Arbowet (Working Conditions Act).
→ Machinery Directive.
→ Seveso III directive and the national-level implementation.
→ Covenants between the Ministry of Social Affairs and Employment and industry.
→ CPR (Committee for the Prevention of Disasters) guidelines.
→ Policy rules and standards (such as 'Arbo'-mandated instructions in the Netherlands).
→ European directives.

Other relevant requirements include those in:
→ Catalogue of OHS regulations for a particular sector (Dutch 'arbocatalogus');
→ Insurance conditions;
→ Requirements of the mother corporation;
→ Relevant environmental requirements.

An organization operating in a sector where there is an approved 'arbocatalogus' must have identified the appropriate catalogue and involved its content when:
→ identifying hazards and risks;
→ identifying possibilities for reducing OHS hazards and risks. The organization must consider solutions from the document. Other solutions may be chosen if they are equivalent.

2.3.3. Objectives and programmes (art. 4.3.3)

Objectives must logically follow from, in particular, the identification and assessment of hazards and risks, applicable legal and other requirements, current performance and the views of interested parties.

The organization must be able to demonstrate to what degree the objectives are compatible with the views of the interested parties, in particular personnel representatives. Where the objectives are not compatible with these views, the reasoning on which the choice for other objectives is based must be documented.
Where possible, objectives must be 'SMART' formulated (Specific, Measurable, Acceptable, Realistic to achieve and Time-bound with a deadline).

Various levels can be distinguished in the objectives:
→ policy objectives (for example, % absence from illness rate, numbers of accidents);
→ policy objectives per department etc. (for example % absence from illness rate in department A, numbers of accidents in department A);
→ elaboration of policy objectives for important parameters (for example % sick days due to RSI, number of accidents due to falling);
→ objectives directed at measures (e.g. % of personnel have had RSI training).

It is important that the subjects for which objectives are formulated are well defined. Using generally accepted definitions makes it is possible to compare OHS performance between organizations.

In the context of this part of OHSAS 18001, formulating policy objectives and working out their main parameters are most important. Objectives directed at measures will be found in the programmes for OHS management.

It must be periodically (as a rule, annually) determined during the management review if the policy objectives need to be modified in the light of the commitment to continual improvement. It is recommended to distinguish between objectives for the short, medium and long terms. The development of the level of the objectives must make it clear that a process of improvement is taking place.

OHS management programmes characteristically are for the short term, and therefore are primarily focused on improving OHS performance. The choice of subjects must follow logically from the identification and assessment of hazards and risks.

The control of measures already implemented is not a part of the programmes for OHS management. The activities aimed at control, which are not limited in duration, are elaborated in section 4.4 (implementation and operation) of the OHSAS 18001.
SCCM expects that the programmes for OHS management are updated at least once a year.

2.4 Implementation and operation (art. 4.4)

2.4.1 Resources, roles, responsibility, accountability and authority (art. 4.4.1)

This point in the standard needs no further explanation.

2.4.2 Competence, training and awareness (art. 4.4.2)

This point in the standard needs no further explanation.

2.4.3 Communication, participation and consultation (art. 4.4.3)

The organization must have procedures for providing information about OHS hazards to interested parties. These include, in addition to personnel or their representatives:

→ involved government authorities (Labour inspectorate, fire department, public health authority, municipality, province);
→ customers,
→ suppliers;
→ sub-contractors;
→ trade unions.

2.4.4 Documentation (art. 4.4.4)

Although it is not explicitly required by the ISO 18001 standard, SCCM expects that the organization to be certified generally documents the procedures necessary to comply with the standard. Documenting procedures (in hard copy and/or electronic form) usually enhances the quality of the management system. In addition, a lack of documented procedures can mean that the CB will need more time to determine if procedures actually exist and are used in practice.

2.4.5 Control of documents (art. 4.4.5)

This point in the standard needs no further explanation.

2.4.6 Operational control (art. 4.4.6)

Where necessary, the procedures and criteria needed for carrying out work must also be in the work instructions.

2.4.7 Emergency preparedness and response (art. 4.4.7)

Requirements in applicable legislation and regulations must be taken into account (such as the nation-wide implementation of the Seveso III directive).
The hazards and risks of possible 'domino effects', failure of safety provisions etc, in emergencies under both normal and abnormal operating conditions, must be taken into account.

2.5 Checking and corrective measures (art. 4.5)

2.5.1 Performance measurement and monitoring (art. 4.5.1)

Measuring and monitoring performance includes:

→ Evaluation of compliance with legislation and regulations;
→ Efficient use of inspections of premises and workplace;
→ Results of inspections;
→ Results of investigations / inspections of safety behaviour, culture and employee satisfaction survey;
→ Effective use of results of internal and external audits;
→ Implementation of legally required inspections and measurements;
→ The degree to which programmes (standard section 4.3.3) have been implemented (including the RI&E action plan);
→ Use of health and hygiene research;
→ Monitoring and modelling (calculation) of worker exposures to e.g. radiation, noise, heat, vibrations, stress, etc.
→ Benchmarking with regard to models for a safe workplace environment within the branch (for example, the requirements in the 'arbocatalogus') or other branches with comparable risks/hazards;
→ Reporting incidents and accidents;
→ Monitoring absences due to illness;
→ Monitoring absences due to occupational illnesses;
→ Action based on observations by third parties.

2.5.2 Evaluation of compliance (art. 4.5.2)

An organization must periodically evaluate its compliance with each and every applicable requirement in OHS legislation and regulations, and its awareness of its compliance status. The organization must use the OHS management system to identify its compliance status. According to SCCM this evaluation has a different purpose than the internal audit and management review. The performance of this evaluation must be verifiable. A 'compliance audit' is an instrument for evaluating compliance. The internal audit must evaluate the actual functioning of the procedure for evaluating compliance. The results are incorporated in the management review.

The frequency with which a compliance audit is conducted will depend on the chances of a non-conformity with a legal requirement occurring and its potential impact on OHS performance. This will differ for every requirement. The higher the risks associated with a given requirement, the more frequent the evaluation must be, and the more rigorous the method. The organization must determine this for the different legal requirements. Certain requirements may not have to be evaluated every year, for example, in the case of facilities not subject to change and for non-conformities not having direct impacts on OHS performance. Ultimately, the organization must be able to make a substantiated statement about its own compliance during the annual management review.

2.5.3 Investigating accidents, incidents, nonconformities and corrective and preventive measures (art. 4.5.3)

If the organization is required by legislation or regulations to report accidents or incidents to the competent bodies, procedures must be in place for making and following up these reports.

2.5.4 Control of records (art. 4.5.4)

This point in the standard needs no further explanation.

2.5.5 Internal audit (art. 4.5.5)

According to SCCM the ISO 19011 standard must be the basis of performing an audit. This guideline covers the principles of auditing, the audit programme, the elements (activities) of an audit and the competence and assessment of auditors. As also indicated in the ISO 19011 standard, this guideline must be flexibly conceived of; its use will depend on the sort of audit and the scope and complexity of the organization.

The auditors can be qualified on the basis of either experience or education and training.

The frequency and intensity with which parts of the standard and/or given hazards and risks are internally audited must be laid down in the audit programme.

Internal audits must be performed periodically. At least once per year, the certification body must carry out an inspection to ascertain that the system is functioning properly. SCCM assumes that both the implementation of the various sections of the standard and the functioning of the system in relation to the major OHS hazards and risks will be assessed at least once a year during an internal audit. No exceptions may be made to this minimum frequency except in cases where allowed by the nature and scope of the risks, the registered incidents and previously found nonconformities. The frequency chosen must be well grounded.

Section 4.2.1 indicates which requirements the CB must set for performing the internal audit cycle in an initial assessment.

2.6 Management review (art. 4.6)

The standard states that the management review must be performed at 'intervals to be set by management'. The frequency will depend on the nature of the risks and hazards and the readiness of the management system. SCCM expects a minimum frequency of once per year, since this dovetails with customary reporting and planning periods.

In light of the obligation to continual improvement, it is important that those performing the management review are up to date on important developments within and outside of the organization that are relevant for interpreting OHS policy. This understanding is necessary for developing a vision of the process of continual improvement. Since most improvements are not achievable in the short term, it is important that this vision involve a longer period than one year. How longer-term objectives will be translated into more concrete objectives for the short term can be determined during the management review.

CHAPTER 3

Organization of the certification body

To be accredited to perform certification work, a certification body (CB) must meet the NEN-EN-ISO/IEC ISO 17021-1 standard 'Conformity Assessment - requirements for bodies providing audit and certification of management systems'. The ISO 17021-1 contains both structural and procedural requirements. IAF MD 22 provides a specification of parts of the ISO 17021-1. SCCM can interpret these requirements where necessary and can set additional requirements.

Chapters 1 through 8 and 10 of the ISO 17021-1 contain organizational requirements. The most important requirements from these chapters are summarized in this chapter of the certification scheme. Any interpretations or additions by SCCM are in text boxes.

In the event of evaluation by the Council for Accreditation (CA) the text of the NEN-EN-ISO/IEC ISO 17021-1 (and not its translation into this certification scheme), along with the text in boxes in this document, is binding.

3.1 Principles and general requirements (ISO 17021-1 chapters 4 and 5)

The aim of ISO 14001 certification is to give all interested parties the confidence that the environmental management system meets all the requirements. The value of certification is determined by the confidence of parties in, among other things, the impartiality and competence of the certification body.

The following aspects play an important part with regard to confidence in the certification body.

3.1.1 Impartiality (ISO 17021-1 sections 4.2, 5.2 and 5.3)

A CB's impartiality can be at issue in several ways, for example if it has an interest in the organization or people within it, or too-close contact with them from an earlier assignment. The ISO 17021-1 recognizes the potential threat to impartiality posed by the fact that a CB is paid by the organization to be certified.

It is therefore essential that a CB can use objective evidence to make its decisions as to whether or not requirements are being met. The decisions made on the basis of this evidence must not be influenced by other interests or parties.

The requirements for a CB include the following:

- → It must have a publicly accessible statement in which the CB's management assures its commitment to impartiality and objectivity.
- → The CB must identify, analyze and document all potential threats to its impartiality. These threats can relate to both the organization and people within it. Action must be taken to eliminate or minimize potential threats. All information must be submitted to a committee created by the CB in which all interested parties are represented (see ISO 17021-1 section 6.2).
- → The CB must regularly evaluate its financing and income sources to demonstrate to this committee that there is no commercial, financial or other pressure influencing its impartiality.

→ The CB, or a division within the same legal entity, may not offer or provide consultancy services in the area of management systems.
→ The CB or a division within the same legal entity may not offer or perform internal audits for clients being certified. Clients for whom the CB has performed internal audit services shall not be certified by this CB for two years afterwards.
→ The CB shall not contract certification work to consultancy firms working with management systems.
→ It may not use personnel who have been involved as consultants with regard to management systems for the company to be certified during the 2 years prior to certification work.

Personnel may not have been involved with the organization to be certified as consultants about either its environmental management system or any other management systems.

If an employee has worked for the CB for less than two years, or works part-time for the CB, the CB must make sure that this person is not, and has not been, involved with the organization to be certified (for example as a consultant or internal auditor).

Performing a 'pre-audit' is not considered consultancy as long as it only involves an evaluation of the implemented system, and no advice is given about rectifying eventual violations or non-compliance.

→ The CB must require both in-house and external personnel to inform the CB of situations that may possibly constitute a conflict of interest with them or the CB.

3.1.2 Competence (ISO 17021-1 section 4.3)

Competence is the demonstrated capacity to apply knowledge and skills. It is a basic requirement for personnel entrusted with performing certification work. Section 3.3 has more information on the required competence.

3.1.3 Responsibility (ISO 17021-1 section 4.4)

The client organization, not the certification body, has the responsibility for meeting the requirements for certification in the OHSAS 18001 standard. The certification body has the responsibility to assess sufficient objective evidence upon which to base a certification decision.

Since every audit is based on sampling, a CB cannot guarantee 100% conformity.

3.1.4 Openness (ISO 17021-1 section 4.5)

A CB must provide public access to information about the audit and certification process and the status of issued certificates (including suspensions, withdrawal and changes of scope). The requirements are elaborated in section 3.4.

3.1.5 Confidentiality (ISO 17021-1 section 4.6)

To gain the privileged access to information that is needed for the certification body to assess conformity to requirements for certification adequately, it is essential that a certification body keep confidential any proprietary information about a client.

3.1.6 Response to complaints (ISO 17021-1 sections 4.7 and 9.8)

Effective responsiveness to complaints is important for creating confidence in certification, as well as for the protection of both certified organizations and other users of certification.

The requirements for a CB include the following:

→ It must have a publicly accessible complaint procedure.
→ The complaint procedure contains at least the following: a description of the process of receiving, evaluating and investigating the complaint; the tracking and documenting of the complaint, and the action taken in response; and ensuring that corrective action will be taken.
→ The decision in response to the complaint must be taken by a person (or persons) not previously involved with the subject of the complaint.
→ If possible, persons submitting complaints must be kept informed about the receipt of the complaint, handling process and the outcome.
→ The CB must determine if, and to what degree the complaint and resolution are made public, in consultation with the client and the complainant.

To provide confidence in certification, a CB must provide information about the conclusions of certain audits (such as those done in response to complaints) to interested parties, as far as confidentiality permits.

The CB must inform SCCM within two weeks, of complaints submitted by third parties (i.e. not objections from organizations certified by the CB) about a certificate it has issued. SCCM will report the number and nature of the complaints in its annual report.

3.1.7 Legal aspects (ISO 17021-1 sections 5.1 and 5.3)

A CB must meet the following legal requirements:

→ The CB must be an independent legal entity or a clearly defined part of a legal entity, so that it can be legally responsible for its activities.
→ The CB must have a contract with its clients on the basis of which the agreements about performing certification work are also legally enforceable, also in the case the CB has multiple offices or the client organization has multiple certified sites covered by the same contract.
→ The CB must evaluate the risks associated with performing certification work and take measures (such as insurance or financial reserves) to cover any liabilities.

3.2 Organizational structure of the CB (ISO 17021-1 chapter 6)

3.2.1 Organizational structure and top management (ISO 17021-1 section 6.1)

The certification body shall document its organizational structure, showing duties, responsibilities and authorities (of personnel, management and committees). If the certification body
is a part of a legal entity the structure shall include the line of authority and the relationship to other parts within the same legal entity.
The ISO 17021-1 section 6.1.2 lists nine areas for which top management is responsible.

3.2.2 Committee for safeguarding impartiality (ISO 17021-1 section 6.2)

→ The structure of the CB must be such that it safeguards the impartiality of the various certification activities. A committee must be appointed for this purpose, and the various stakeholders must be invited to take part.
→ The committee assists and advises in developing the policies relating to impartiality of and creating confidence in its certification activities. The committee shall prevent any commercial or other considerations from standing in the way of its working impartially.
→ At least once a year, the committee performs an assessment of the CB's impartiality in its performing audits, certification and its internal decision-making processes.

→ The CB must document the composition, tasks and responsibilities, competence, authorities and competence of the committee members. The committee must have the right to undertake independent action, for example, by informing authorities, accreditation bodies and stakeholders, if management does not respect the committee's recommendations. In doing so, however, the committee shall take into consideration the confidentiality requirements in 8.5.

Every CB must have its own committee. The committee's work is independent of the work of SCCM.

3.3 Personnel within the CB (ISO 17021-1 section 7)

3.3.1 Competence of management and personnel (ISO 17021-1 section 7.1)

→ The CB must have a process for ensuring that personnel have relevant knowledge for the various kinds of management systems in the geographic areas where it operates.
→ The CB shall determine the competence necessary for all relevant technical areas, and for each function in the certification activity.
→ The CB shall determine the means for demonstrating competence to perform particular functions.

IAF MD 22 (or ISO 17021-10) specifies the competence requirements set in ISO 17021-1. A CB can use its own system to define the management of competences.

ISO 17021-1, IAF MD 22 and ISO 17021-10 use the term 'technical area', which is defined in annex 3.

Annex 4 defines the knowledge of legislation and regulations for certification in the Netherlands necessary for the different certification positions.

A CB must have a written analysis of the necessary competence at the various levels of the organization for the technical areas in which it wishes to be active.

A CB must have available the expertise to carry out a contract review and must be able to demonstrate it is capable of performing the following:
→ Defining the operations and processes of the organization wanting certification;
→ Defining the OHS hazards and risks connected with the processes of the organization to be certified.
→ Define to what degree the necessary expertise is actually available.

Annex A lists the personnel charged with the contract review and scheduling. A CB must determine which competence these personnel must have. Personnel making this determination must in any case have sufficient knowledge of the OHS hazards and risks that apply to the applicant's sector.

3.3.2 Personnel involved in the certification activities (ISO 17021-1 sections 7.2 and 7.4)

The requirements in ISO 17021-1 include the following:
→ The CB must have personnel within its own organization with sufficient competence to organize the certification of environmental management systems.
→ The CB must have enough available auditors (internal or external), including technical experts and audit team leaders, to perform the range of audit activities and all of the certification work.
→ The CB must have a defined process for selecting, training and formally authorizing auditors and technical experts used in certification activities.

→ The CB must have a demonstrably effective auditing process, including the use of auditors and audit team leaders with general auditing skills and knowledge as well as skills and knowledge for auditing in specific technical areas.
→ The CB must ensure that auditors are kept up to date about all certification requirements, audit standards and other relevant requirements. The CB must identify its training needs and offer training opportunities.
→ Auditors and technical experts may only be used in areas for which they have demonstrated competence.
→ The group or individual that takes the certification decision must understand the OHSAS 18001 standard and its certification requirements and shall have demonstrated competence to evaluate the audit processes and conclusions of the audit team.
→ The CB must have documented procedures for monitoring and measuring the performance of both individual auditors and other personnel. The methods for doing so include evaluating audits, periodically observing audits in practice and asking clients for feedback.
→ The CB must maintain records for auditors, management and administrative personnel with information about, among other things, relevant qualifications, training, experience, competence and all relevant consulting activities.

3.3.3 Use of external auditors and outsourcing (ISO 17021-1 sections 7.3 and 7.5)

→ The CB shall have external auditors and technical experts sign a written agreement committing themselves to the CB's policy and procedures. The agreement shall address the aspects of confidentiality and independence from commercial and other interests. The statement shall require external auditors and experts to inform the CB of existing or former contacts with an organization they are assigned to audit.
→ The CB has a process describing the conditions under which services may be outsourced. Outsourcing may be understood to mean subcontracting to another organization to provide part of the certification activities on behalf of the certification body. The CB will draw up a legally enforceable contract for each body that provides outsourced services, which includes the agreements on such matters as confidentiality and possible conflicts of interest. This does not apply to external auditors and experts who are under contract.
→ Decisions about awarding, maintaining, renewing, restricting, suspending or withdrawing a certificate cannot be outsourced.
→ The CB remains responsible for all activities outsourced and must ensure that both the body that provides outsourced services and the individuals working for it meet the requirements of the CB and of ISO 17021-1, also with regard to competence, impartiality and confidentiality.
→ The CB has documented procedures for qualification and monitoring of all bodies to which it outsources services which it uses for certification activities. The CB shall ensure that information about the competence of auditors and technical experts is kept up to date.

3.4 Information exchange between CB and third parties (ISO 17021-1 chapter 8)

3.4.1 Publicly accessible information (ISO 17021-1 sections 8.1, 8.2, 8.3 and 8.4)

→ The CB shall make information publicly available (or provide it on request) about the certification process, certification activities and geographical locations where certification activities are being provided.
→ The certificate includes the name of the certified organization and location of its head office, dates of granting and expiration, unique identification code, scope of the certificate, name and address of the CB, the standard used as the basis for the certificate and the name of the accreditation body.
→ The CB must ensure that information about certificates that have been granted, suspended or withdrawn is publicly accessible.
→ The CB shall make maintain and make publicly accessible (or provide upon request) a directory of valid certificates. As a minimum, the list shall show the name, standard, scope and geographical location (such as city and country) for each certified client.
→ If requested, the CB shall provide information to demonstrate the validity of a certificate it has issued.

The CBs must include on the certificate the fact that the certificate was issued on the basis of the SCCM certification scheme. A copy of the certificate or a modified certificate must be provided to SCCM immediately. SCCM publishes the certificates on the Internet.

The following apply to suspension or withdrawal of a certificate:

- → SCCM shall be informed immediately if a certificate has been suspended, and will indicate the suspension on its Internet database.
- → If the CB suspends a certificate, it will inform SCCM of the suspension as soon as possible, but in any case within 1 week. SCCM will remove the certificate from its directory of certified organizations.

The information on the certificate must make it clear to potential users which organization is certified for what activities, and must not be misleading. In particular:

- → The name of the organization as it appears on the certificate must correspond with the level of hierarchy at which the management review is performed (such as Organization x, business unit y). The name of the organization on the certificate may have a lower hierarchical level but not a higher one.
- → The scope contains a concise description of the operations of the organization covered by the certificate. This description may not contain value judgements. It is recommended that it be made clear whether all or some of the organization's operations are covered by the certificate.that the branch certificarte is part of the concern certificate and not a individual certificate.
- → Branches of the organization at other addresses and/or cities will be included on the certificate in such a way that they are traceable.

A branch certificate issued for a branch or office which is part of a concern certificate, states the concern certificate which it is part of (by stating the name of the concern and if necessary the certificate number(s) of the concern certificate). For all readers it must be clear that the branch certificate is part of the concern certificate and not an individual certificate.

- → If there is a need to indicate in more detail what the OHSAS 18001 certificate relates to (such as addresses of branch offices or names of products or services) there can be a reference on the certificate to an annex, certified by the CB, with this information.

3.4.2 Confidentiality (ISO 17021-1 section 8.5)

- → The CB shall have a policy, arrangements and legally enforceable contracts to safeguard the confidentiality of the information it has acquired at all levels of the organization.
- → The CB shall inform the client in advance about information it intends to make public. All other information will be treated as confidential.
- → Unless required by the international standard, information about a particular client or individual may not be given to third parties without written permission from the client or individual concerned. If the CB is legally required to pass confidential information on to third parties, it will inform the client or individual in advance, unless this violates the law.
- → Information about the client from sources other than the client (for example, complaining parties, enforcement authorities) shall be treated as confidential information, in accordance with the CB's policy.

3.4.3 Information exchange between a CB and its clients (ISO 17021-1 section 8.6)

The CB must provide clients with the following information:

→ a detailed description (including normative requirements) of the various steps in the certification process (application, initial audits, surveillance audits, decision-making process, changes of scope, suspension and withdrawal of certificates; complaint procedures and recertification) including the costs of the activities.

→ changes in the requirements for certification. The CB shall monitor compliance with the new requirements by all certificate holders.

The CB must arrange with certificate holders that they immediately provide all information that could influence the functioning of their environmental management system or their compliance with the OHSAS 18001 standard. These include the following changes:

→ legal, commercial or organizational status or ownership;

→ organization and management (for example, key management positions or technical staff);

→ contact address and sites;

→ scope of operations under the certified management system;

→ major changes in the management system or processes.

The organization with a certified OHS management system management system is responsible for continuing to comply with all requirements. If this is no longer the case, the organization itself must report this to the CB.

This is not a question of nonconformities identified in internal audits, for example, and which can be solved quickly, but structural nonconformities which will require long-term solutions, or incidents with a high effect score in the risk matrix (and which must be reported to bodies such as the General Inspection Service). See also section 4.6, which discusses nonconformities for which a CB must perform an additional interim audit.

3.5 Management system within the CB (ISO 17021-1 chapter 10)

The CB must have a management system meeting the ISO 9001 standard or the requirements as they appear in section 10.3 of the ISO 17021-1. The management system must aim to meet the requirements of chapters 5-9 of ISO 17021-1 and demonstrate their application.

CHAPTER 4

Procedures used by the certification body

A CB wanting to be accredited for performing certification must meet the ISO 17021-1 standard ('NEN-EN-ISO/IEC ISO 17021-1 Conformity Assessment - requirements for bodies providing audit and certification of management systems'). The ISO 17021-1 standard contains requirements for both organizational structure and the CB's procedures. SCCM can provide an interpretation of these requirements, where necessary.
Chapter 9 of ISO 17021-1 contains requirements related to the procedures used during the certification process. The most important requirements from these chapters are summarized in this chapter of the certification scheme. Any interpretations or additions by SCCM are in text boxes.
In any assessment by the Council for Accreditation (CA), the text of the NEN-EN-ISO/IEC ISO 17021-1, in connection with the text in boxes in this document, is binding.

4.1 General requirements (ISO 17021-1 section 9.1)

The certification process consists of an initial audit (which has two phases), surveillance audits in the first and second years and a re-assessment in the third year before the certificate expires. The three-year cycle begins with the decision to certify (or re-certify).
The details of the audit programme and the adjustments to the programme will vary depending on the size of the client's organization, the scope and complexity of the management system, products and processes, as well as on the basis of the demonstrated level of effectiveness of the management system and the results of previous audits. These audits may also be audits done by the certification body for other areas.

4.1.1 Audit plan and audit team (ISO 17021-1 sections 9.1.2, 9.1.3, 9.1.6, 9.1.7, 9.1.8 and 9.1.9)

The following apply with regard to the audit plan:

- → The CB will ensure that an audit plan is drawn up for each audit to provide the basis for the planning and carrying out of the audit activities. This involves all the audits mentioned in 4.2, 4.3, 4.4 and 4.5. The audit plan is based on a documented approach of the CB. As a minimum, the audit plan will contain the objectives, criteria and scope of the audit, the amount of time to be spent, and the dates and locations to be inspected.
- → The CB will inform the client of the names (and backgrounds, if it so desires) of the members of the audit team. The client must be given sufficient time to respond so that the CB has sufficient time to change the members of the team, if there is a good argument for doing so.
- → The audit plan and the dates agreed for the audit will be communicated to the client in advance.

> The CB must submit an audit plan in writing (by post, fax or e-mail) to the organization to be certified at least one week before an audit is held.

The CB has a process for selecting and appointing the audit team, including the audit team leader, which takes into account the competence necessary to achieve the objectives of the audit. In addition to the audit plan, factors must be considered such as whether audits are being combined, and the language and culture and involvement of auditors in previous audits.

In selecting the members of the audit team, the CB must use the qualifications based on the competence analysis performed for the client concerned.

The tasks to be given to the audit team shall be defined and made known to the client, and shall require that the audit team:

→ examine and verify the structure, policy, processes, procedures, records and related documents of the client's organization that are relevant for the management system;
→ determine that these elements meet all requirements relevant for the scope agreed for certification;
→ determine that the processes and procedures have been established, implemented and maintained effectively, to provide a basis for confidence in the client's management system; and
→ communicate with the client about the activities performed, as well as any inconsistencies found between the client's policy, objectives and targets and the results of the audit.

The CB shall have a documented description of the procedure for performing on-site audits for the client in accordance with the guidelines from ISO 17021-1. In addition to on-site visits, electronic files may be read from off-site; this may also be considered 'on-site.

According to IAF MD 5: 2009, 80% of the time must be spent 'on site'. Modern means of communication make it possible to use methods of investigation in which specific parts of the audit can be done off-site. When more than 20% of the time is spent off-site, the CB must be able to substantiate which parts are involved and that the audit method in the situation concerned is justified (for example because the CB has a good knowledge of the OHS management system and the situation is stable).

If the CB identifies one or more nonconformities, the CB must demand that the client analyzes the cause of the nonconformity and describes the correction and corrective action that has been or will be taken.

4.1.2 Audit time (ISO 17021-1 sections 9.1.4 and 9.1.5)

IAF MD 22 contains guidelines for the determination of time schedules, these are based on the IAF MD 5 (Duration of QMS and EMS audits).

The following guidelines are important when determining time schedules:

→ The IAF MD 1 (Certification of multiple sites based on sampling) provides possible ways to reduce the amount of time spent by sampling if there is a centrally coordinated OHS management system which covers several sites with similar activities.
→ The IAF MD 11 (Audits of integrated management systems) provides possible ways to reduce the amount of time spent by combining audits of different management systems.

4.1.3 Audit reports (ISO 17021-1 section 9.1.10)

The CB shall provide a written report of every audit, based on the requirements in ISO 17021-1. The audit team may indicate opportunities for improvement but may not suggest particular solutions. The audit report remains the property of the CB.

A CB must account for the results of the certification audit to the organization to be certified, and in doing so must formulate opportunities for improvement. This is not considered a separate recommendation and should not be invoiced as such. The CB is not permitted to make recommendations based on the results of this report for altering the OHS management system or to make suggestions for concrete solutions.

According to SCCM, the report must include sufficient information after the fact to account for its procedures, for example if there are any objections/appeals. The CB must maintain records with information about the audits performed (see ISO 17021-1 section 9.9).

In summary, the audit team's internal report must contain the following information, according to SCCM:
- → information about the certified organization.
- → an account of the investigation (such as approach, subjects investigated, time spent, audit team, etc.).
- → the degree of compliance with the requirements in the OHSAS 18001 standard. Nonconformities must be explained.
- → a summary of the most important findings, both positive and negative, with respect to the implementation and effectiveness of the OHS management system.
- → the degree to which the internal audits can be relied upon.
- → a summary of the document audit from the preliminary audit.
- → the final evaluation by the audit team.

The surveillance audit report must pay special attention to the rectifying of previously identified nonconformities, in addition to the points above.

In the event of combined systems, the assessment of the OHS management system based on the OHSAS 18001 standard must be readable on its own in the report, according to SCCM. The result of the application for a certificate for one management system must not affect the result for any other part.

4.1.4 Decision making (ISO 17021-1 sections 9.1.14 and 9.1.15)

Before the CB takes the decision to certify, it must establish that:
- → the audit team has supplied sufficient information in the light of the requirements set and the scope of the certification;
- → the effectiveness of correction and corrective actions has been reviewed and accepted.

The CB must ensure that the committee or person responsible for the certification decision has not been involved in performing the audit.

4.1.5 Involvement of personnel

The CB must inform the organization to be certified in a timely manner of the importance of informing the works council/personnel representative in advance (if desired, in writing) of a certification audit. The function of announcing the audit is to offer personnel the opportunity to put forward points for attention for the certification audit.
An alternative for the announcement of the certification audit is to interview members of the works council, at least with initial and re-evaluation audits.

4.2 Procedure with regard to assessment of compliance with legislation and regulations and continual improvement

4.2.1 Compliance with legislation and regulations

The organization's OHS policy has committed it to compliance with applicable legislation and regulations. The procedures to follow when the CB identifies a non-compliance with elements of relevant legislation/ regulations will depend on the nature of the violation:

- If it involves a violation of 'absolute' obligations, the organization may not be certified before the violation is rectified or agreements have been made with the competent authority about its rectification.
  For example, if accidents resulting in injury are not being reported, certification cannot take place until this situation has been rectified. The same is true if the organization does not have an approved RI&E (unless it has been exempted for this approval).
- For other subjects, the organization's management must have agreement with the personnel representatives about policy regarding that particular subject.

4.2.2 Review of continual improvement

The organization shall be investigated as to whether it:

- understands its significant OHS hazards and risks;
- understands its available options for reducing these hazards and risks;
- has a plan in which the application or non-application of the identified options in the future is explained;
- carries out the plans it has made.

The organization must be able to demonstrate that the views of personnel representatives and, where appropriate, the government authority have been considered when objectives were formulated. If the objectives are compatible with the views of the personnel representatives, and where appropriate, the government authority, the CB may assume that the level of improvement is adequate. If the objectives formulated by the organization are at a lower level, the CB must ask the company's top management to justify its policy.
The organization must also indicate to what degree it has implemented the state-of-the-art technology used in similar situations. SCCM considers it undesirable to issue an OHSAS 18001 certificate to an organization that neither has any agreement with interested parties nor uses state-of-the-art technology.

SCCM expects that an OHSAS 18001 certificate will not be issued to organizations maintaining inherently unsafe situations. Certification can only be considered if there is a plan for improvement that has been accepted by the interested parties that aims for a short-term (within, say, one year) reduction of the hazards and risks to an acceptable level. Additional conditions must be attached to this type of certificate (e.g. an interim report or audit on the progress of improvements).

4.2.3 Procedures for dealing with incomplete or incorrect OHS information

SCCM considers it an undesirable situation if an organization creates an incorrect image of its OHS performance by not providing complete information. Not fully informing the public damages the value of the OHSAS 18001 certificate. If a CB determines that, whether deliberately or not, an organization is creating a better image of itself with respect to occupational health and safety than is the case, SCCM expects that:

- → The CB shall determine whether the incomplete providing of information conflicts with the organization's formulated OHS policy. If it does so, this constitutes a nonconformity.
- → If the organization's own OHS policy does not constitute a nonconformity, the CB must bring the incomplete providing of information to the attention of the organization's top management.
- → If during a subsequent audit, the CB finds that the organization has not made improvements, it can conclude that the organization has deliberately, and with the knowledge of its top management, presented a better picture than is the case. The CB must then consider whether it wishes its name connected to an OHSAS 18001 certificate for this organization.

4.2.4 Procedures for significant exceedances/violations and dangerous situations

A CB must:

- → report serious exceedances, violations or life-threatening situations to both the management and the works council (or other organ in which personnel is represented) of the organization to be certified;
- → investigate whether the organization is complying with legal requirements for reporting unusual incidents, and point out any deviations to the organization;
- → investigate the degree to which the serious exceedances/violations or dangerous situations are connected to defects in the OHS management system;
- → suspend, or not renew, an OHSAS 18001 certificate as long as any exceedances/violations have not been rectified.

Before performing the audit (for example in the certification contract), the CB must inform the organization that the CB will directly inform the works council of serious violations or dangerous situations.

4.3 Initial certification audit (ISO 17021-1 section 9.2)

The initial certification audit is performed in two phases: stage 1 audit (preliminary audit) and stage 2 audit (certification audit). An application from the client must be processed before the audit process can be started.

4.3.1 Application process and review (ISO 17021-1 sections 9.2.1 and 9.2.2)

The CB must require the following information from the applicant:

- → the desired scope of the certificate;
- → the most important characteristics of the organization: name, address(es), significant aspects of process and operations and legal obligations;
- → general information relevant to the field about the organization's activities, personnel, technical resources, positions, and any relation to a larger corporation to which it may belong;
- → the use of consultants in relation to the management system.

The application must ask if, (and if so, what kinds of) hazardous materials are used in the process.

Before the audit process can begin, the CB must review the application to ensure that:
→ the information available about the client and its OHS management system are sufficient to conduct an audit;
→ the CB has the competence and the ability to perform the certification activities;
→ the scope of certification sought, the client's sites, the time required for performing the audits and other matters which can have an influence on certification activities (language, safety conditions, threats to impartiality) have been taken into account.

Based on the review of the application, the CB must determine the competences that must be included in the audit team and decision makers. The audit team must be composed of members (and technical experts if necessary) who between them have the necessary competence.

4.3.2 Stage 1 (preliminary) audit (ISO 17021-1 section 9.2.3.1)

The preliminary audit (stage 1 audit) shall be performed:
→ to audit the client's management system documentation;
→ to evaluate the location and location-specific conditions and, through discussions with personnel, to determine whether the organization is ready for stage 2;
→ to determine whether the requirements of the standard have been understood by the client and that the standard has been implemented, particularly with regard to identification of the significant OHS aspects, processes, objectives and operation of the management system;
→ to collect the necessary information with regard to the scope of the management system, processes and site(s) of the client, as well as related legislation and regulations and compliance with them (for example, OHS hazards and risks or legal aspects of the client's activities etc.);
→ to assess whether the audit time allowed and the composition of the audit team are appropriate, and determine the details for stage 2 with the client;
→ to build a foundation for planning stage 2 of the audit by gaining a sufficient understanding of the client's management system and the activities at the site in relation to potential significant OHS hazards and risks;
→ to evaluate whether the internal audits and the management system assessment are being planned and performed, and that the degree of implementation of the management system indicates that the client is ready for certification.

Audit findings from stage 1, including areas in which a nonconformity may be found in stage 2, shall be documented and communicated to the client in writing. The findings in stage 1 can be grounds for the CB to modify its agreements for stage 2. Any changes will be communicated to the client. The CB's conclusions and measures from stage 1 for planning and implementation of stage 2 will be identified in the CB's file on this client. The CB is free to report in any way it likes as long as the requirements of 17021 (9.1.10.2.i) are satisfied. The findings, audit evidence, nonconformities (and resolutions) from stage 1 must be in the full report of stages 1 and 2, so that it can be demonstrated that stage 1 was carried out in accordance with the requirements (in section 9.2.3.1.

According to SCCM, the CB must determine whether the area of application chosen by the organization corresponds with the factual situation.

It is recommended that at least one part of the stage 1 audit be performed on the premises of the client.

The initial audit consists of a preliminary audit and the certification audit performed on the premises of the organization, unless an alternative can be defended. This can be done in some cases when certifying very small organizations.

One element of the preliminary audit is a document audit (see ISO 17021-1 section 9.2.3.1.1). The place where the preliminary audit is to be performed can be determined in consultation with the organization. Annex 1 has a list of documents important for the preliminary audit.

According to SCCM, in exceptional cases an alternative setup may be considered. In certain cases (for example, very small organizations with average/low/limited complexity) it may not be necessary to perform the on-site visit in stage 1 (preliminary audit). The various elements of the preliminary audit must still be performed under any alternative setup of the preliminary audit.

If the total certification process will take two to three person-days, the time for an on-site audit is out of proportion with the total time required, and an alternative plan may be considered for organizations with average/low/limited complexity.

The preliminary audit must determine whether the OHS management system has been implemented long enough to ascertain that it operates properly. The internal audits are one way to measure this. The organization must demonstrate that it has procedures for performing internal audits and that they work properly, i.e. that it is clear how internal audits are implemented (for example in planning, programme and composing the audit team). In any case an internal audit must have been performed for all important OHS aspects and organizational elements for which the implementation of all the elements in the standards was assessed. It must be visible from the results of the internal audits that a process of improvement has been started and that the results are used in the management review.

The preliminary audit may be combined with audits of other management systems. If parts of the preliminary audit are combined, it must not jeopardize the quality and depth of the audit. In a combined audit, the report must clearly indicate all the aspects relevant to the OHS management system.

4.3.3 Stage 2 (initial certification audit) (ISO 17021-1 section 9.2.3.2)

The goal of the stage 2 audit is to evaluate the implementation of the client's management system, including its effectiveness. The stage 2 audit is performed at the site of the client. The stage 2 audit includes at least the following:

- → information and evidence related to conformity to all requirements in the applicable management system standard or another normative document;
- → performance monitoring, measuring, assessment and reporting against key objectives and targets (consistent with the expectations in the applicable management system standard or other normative document);
- → the client's management system and performance with regard to legal compliance;
- → operational control of the client's processes;
- → internal audit and management review;
- → management responsibility for the client's policies;
- → links between the standard's requirements, policy, performance objectives and targets (consistent with the requirements in the management system standard or other normative document), applicable legislation and regulations, responsibilities, competence of personnel, operations, procedures, data about performance and internal audit findings and conclusions.

Reporting requirements are usually contained in legislation and regulations. OHS information is being demanded more and more often in aggregate form, for example in a social annual report. The certification audit must focus on the monitoring and measuring procedures necessary for tracking compliance with OHS objectives and targets (OHSAS 18001 art. 4.5.2). This does not mean that figures must be assessed separately. It does mean that:

- during a certification audit, sampling for a number of key characteristics of the OHS policy will assess how and under what circumstances measurements and recordings are made.
- the way in which the measurements and records for a number of areas are processed and if applicable, processed into OHS information will be assessed.
- the way in which reports are drawn up for bodies such as covenants will be assessed, for example whether the system is such that it is reproducible and the OHS information can be compared with previous and future periods. What is being assessed is the system, and not individual figures in the first place.

An OHSAS 18001 certificate means that various elements have been assessed which are important for generating reliable OHS information and in this sense gives a positive value to the information generated using the OHS management system. However, an OHSAS 18001 certificate is not a judgement of the value of the reliability of individual figures, since these are assessed at random.

SCCM expects that in addition to the points named in ISO 17021-1, the certification audit also includes:

- an interview with the management responsible for the site;
- an assessment of the comprehensiveness and reliability of the measurement and recording system;
- an inspection of the site, including an investigation of the implementation of the OHS management system on the work floor (including interviews);
- an evaluation, done at random, of requirements in legislation and regulations within the elements of the OHS management system which are being evaluated.

4.3.4 Initial certification audit conclusions and granting of certificate (ISO 17021-1 sections 9.2.4 and 9.2.5)

The audit team shall analyze all information and evidence gathered during the stage 1 and 2 audits, to assess the audit findings and establish conclusions of the audit.

In making a decision on certification the audit team must provide the CB with at least the following information:

- the audit reports (which include the findings, proof of audit, nonconformities (and rectifications) from stages 1 and 2);
- comments on nonconformities and, where applicable, the correction and corrective actions taken by the client;
- verification of the information provided by the client in the application;
- a recommendation about whether or not to grant the certificate, together with any conditions and observations.

The CB makes the certification decision on the basis of an evaluation or the audit findings and conclusions and all other relevant information (such as public information and the client's response to the audit report).

4.4 Surveillance activities (ISO 17021-1 section 9.3)

4.4.1 General (ISO 17021-1 section 9.3.1)

The CB shall develop its surveillance activities so that all representative activities and functions within the scope of the management system are assessed on a regular basis. Changes to the client and its management system will be taken into account.

Surveillance activities in any case consist of on-site audits in which the client's management system is assessed as to compliance with specific requirements from the OHSAS 18001 standard.

Other surveillance activities can be:
→ auditing by the CB of the certified client for aspects of certification;
→ assessment of the client's communications regarding its activities (for example, promotional materials, website);
→ requesting the client for documents and records (paper or electronic), and
→ all other means of monitoring the client's performance.

4.4.2 Surveillance audit (ISO 17021-1 section 9.3.2)

Surveillance audits are performed on the site of the client, but are not necessarily full system audits and shall be planned along with other surveillance activities so that the CB maintains confidence that the certified system remains continually in compliance with the requirements. The programme for the surveillance audits will include at least the following subjects:
→ the internal audit and management review;
→ check of activities related to nonconformities from the previous audit;
→ complaint handling;
→ effectiveness of the management system in relation to the client's objectives;
→ progress of the activities planned focused on continual improvement;
→ continuing operational control;
→ assessment of changes;
→ use of identifying marks or other references to the certificate.

Surveillance audits are performed at least once a year. The date the first surveillance audit after initial certification is performed shall not be later than 12 months from the last day of the stage 2 audit.

SCCM expects the following points to be given attention in a surveillance audit:
→ The consequences of changes to the scope of the OHS management system.
→ An interview with the manager(s) responsible for the site.
→ The functioning of procedures related to the communications with interested third parties;
→ The functioning of procedures for periodically evaluating and assessing compliance with legislation and regulations (including correspondence with government authorities).

Surveillance audits can be combined with audits of other management systems. However, this must not jeopardize the quality and depth of the audit. In a combined audit, the report must clearly indicate all the aspects relevant to the OHS management system.

4.4.3 Maintaining certification (ISO 17021-1 section 9.3.3)

The CB shall maintain certification if the client has proved continual compliance with the requirements in the standard. The decision can be based on a positive conclusion by the audit team leader, without an additional independent decision-making procedure, provided that:

→ the CB has a system in which the audit team leader must report to the CB about the necessity to begin an independent decision-making procedure for every nonconformity or other situation that could lead to suspension or withdrawal of the certificate;

→ competent personnel of the CB are monitoring the surveillance activities, including monitoring of the auditors' reporting, to confirm that the certification activity is progressing effectively.

4.5 Recertification (ISO 17021-1 section 9.4)

4.5.1 Recertification audit planning

The purpose of the recertification audit is to confirm that the requirements of the standard are continually being met, the management system is effective and is applicable to the scope of certification.

The recertification audit assesses the performance of the management system during the entire period of certification, and includes the review of the reports of previous surveillance audits.

In situations where significant changes have been made in the management system, the client or the context in which the management system is operating (for example, changes in legislation), a stage 1 audit (preliminary audit) may be necessary for recertification audit activities.

In the case of multiple sites or certification of a management system for multiple standards by the same CB, care will be taken in the audit planning for adequate coverage of audits over the sites, to ensure confidence in certification.

4.5.2 Recertification audit

The recertification audit includes an on-site audit addressing at least the following:

→ The effectiveness of the management system as a whole, in the light of internal and external changes and the continued relevance and applicability within the scope of the certificate.

→ Demonstrated commitment to maintaining and improving the effectiveness of the management system in order to enhance the performance of the whole.

→ The contribution of the certified management system to the achievement of the organization's policy and objectives.

If nonconformities or a lack of evidence for conformity are identified during a recertification audit, the CB shall set a time limit for modification or taking corrective measures. These measures must have been implemented before the certificate expires.

4.5.3 Information for renewing the certificate

The CB shall base decisions about renewing the certificate on the results of the recertification audit, as well as on the results of the review of the system during the certification period and on complaints from users of the certificate.

4.6 Special audits (ISO 17021-1 section 9.5)

The following interim audits can be distinguished:

→ Audits resulting from an application for expansion of the scope by an organization with an existing certificate. Using the application as a basis, the CB must determine what audit activities are necessary. These activities can be combined with a surveillance audit.

→ Short-notice audits can be planned in connection with the handling of complaints, investigating changes and as the result of suspensions. The conditions for these audits will be explained to the client beforehand.

A CB must perform an additional interim audit extra if:

→ In the meantime, the CB has been informed of a renewal decision taken by the competent authority (formulated in an official or administrative letter) in which the authorities have identified exceedances or violations of important OHS requirements.

→ There are other signals which give the CB reason to doubt the proper functioning of the OHS management system.

An interim audit does not always have to be performed at the site of the certified organization. The CB can sometimes make a judgement by requesting the relevant information.

4.7 Suspension, withdrawal or reducing the scope of certification (ISO 17021-1 section 9.6)

The CB must have a policy and documented procedures for suspending, withdrawing or reducing the scope of certification, in which the subsequent actions by the CB will be elaborated.

The CB must suspend a certificate if, for example:

→ the client's management system persistently or essentially does not meet the requirements, including the requirements for effectiveness of the management system;

→ the client does not allow conducting of surveillance audits and re-audits at the required points;

→ the client voluntarily requests a suspension.

In a suspension, the certificate for the client's management system is temporarily invalid. The CB must have enforceable agreements with the client that the client will not use the certificate for promotional purposes during the period of suspension and after withdrawal. The CB will make an overview of suspended certificates accessible to the public.

The CB must fix the period of time in which the cause of the suspension must be remedied. In most cases this period will not be longer than six months. Failure to remedy the cause must result in withdrawal.

The CB must inform every party requesting information about the status of a certificate, and/or if there has been a suspension, withdrawal or reduction of the scope.

According to SCCM, the internal audit system must have been implemented in such a way that the degree of implementation of the OHS management system can be assessed based on the internal audit reports. The results of the internal audits must also be available for the management review.
Essential aspects of the OHS management system relate to compliance with legislation and regulations and the continual improvement of OHS performance. SCCM has worked out in more detail the way in which these aspects must be dealt with in the assessment.

4.8 Appeals (ISO 17021-1 section 9.7)

The CB shall have a documented process for receiving, evaluating and making decisions about appeals.
The description of this process shall be made accessible to the public.

The following apply with regard to the process for handling appeals:
→ The persons involved with handling appeals must not have been involved in the audit or the decision making.
→ Submitting an appeal must not have negative consequences for the party as to its further handling.
→ The CB shall acknowledge receipt of the appeal and keep the submitting party informed of the progress and outcome.
→ The decision about the appeal must be taken or approved by a person or group not involved with its handling.

4.9 Records of applicants and certificate holders (ISO 17021-1 section 9.9)

The CB shall maintain records about the audits and other certification activities of all its certified clients and clients for whom certificates have been suspended or withdrawn. The records of certified clients must consist of at least:
→ application by the client and reports of the initial, surveillance and recertification audits;
→ certification agreement;
→ justification of the methods used for sampling;
→ justification for determining time schedules;
→ verification of correction and corrective actions;
→ information about complaints and appeals and subsequent correction/corrective actions;
→ committee deliberations and decisions, insofar as applicable;
→ documentation of the certification decisions;
→ certification documents including the scope of certification;
→ related documents necessary to support confidence in the certificate such as the competence of auditors and technical experts.

The CB must keep the records in such a way that confidentiality is maintained. The records will be kept for the duration of the current audit cycle plus one complete audit cycle.

ANNEX I

Documents for the preliminary audit (stage 1 audit)

The organization to be certified is expected to have the following documents available for the preliminary audit:

- → OHS management system manual with the procedures in effect. An index showing which sections of the documentation refer to the relevant requirements in OHSAS 18001 is appreciated.
- → A description of the business processes on the site and an inventory and evaluation of the associated OHS hazards and risks.
- → A plan in which the concept of continual improvement is made concrete and measurable.
- → An overview of applicable legislation and regulations and any other requirements the organization subscribes to (including government-sponsored OHS 'catalogues', covenants, agreements with trade unions and other agreements with government authorities).
- → Records of accidents and incidents, and follow-up reports about accidents and incidents, which help to assess the degree of compliance with legal accident/incident requirements.
- → Correspondence with relevant authorities (for example, labour inspectorates).
- → The internal audit reports.
- → The management review reports.
- → The company emergency response plan.
- → A list of hazardous materials present.
- → An overview of any special experts (in radiation, high-tension power, biological agents, etc.) who must be present in the organization.

ANNEX 2

Procedures for companies with obligations in the framework of BRZO/ARIE

This annex is a supplement to the relevant sections from the main text of the OHSAS 18001 certification scheme.

1 Principles

- → The Seveso III directive is implemented in the Netherlands by the Besluit Risico Zware Ongevallen (BRZO), the Hazards of Major Accidents Decree. BRZO must be read as the obligations on a Member State for implementing the Seveso III when applying the OHSAS 18001 certification scheme within the European Union.
- → The scope of the OHSAS 18001 standard is workplace safety within the organization. This scope partially overlaps with the scope of the safety management system (veiligheidsbeheerssysteem or VBS) that some companies are legally obliged to introduce. The safety management system is aimed at controlling risks to the safety of persons both inside and outside the organization (or 'establishment' in Dutch law) and to the environment from release of hazardous substances.
- → Given the different scopes and details of the requirements of the two management systems, the presence of an OHSAS 18001 certificate does not necessarily mean that the government's requirements for a safety management system are also being met.
- → An organization with a certified OHSAS 18001 system must commit itself to complying with legislation and regulations and to set up its system in such a way that this compliance can be achieved. Compliance with legislation and regulations in the framework of BRZO/ARIE (Aanvullende Risico-Inventarisatie en -Evaluatie, or 'supplementary risk identification and evaluation') is included in this requirement (with the exception of the risks which only have consequences for the environment).
- → A CB does not evaluate the quality of, for example, a safety report, ARIE evaluation or safety management system. It evaluates whether procedures for complying with obligations, documents and/or systems are present and accepted by the government (whether or not under certain conditions) and whether mechanisms for improvement (in particular those focussed on the conditions set) are working.

2 Interpretation of OHSAS 18001

Subject, scope and general requirements

Organizations can determine themselves if the OHSAS 18001 system is to be used for implementing the obligations (or parts of them) arising from the BRZO. If the OHSAS 18001 system is not used (for example as a basis for the safety management system), there must be a reference in the OHSAS 18001 system to the documents on the basis of which the CB can determine which legal obligations the organization has that are relevant for OHS policy and how these have been interpreted.

Occupational health and safety policy

Companies to which BRZO applies must draw up a statement signed by the management expressing the main objectives and principles of the policy for prevention of major accidents, and showing its commitment to carrying out this policy and responsibility for its execution. This policy statement may be integrated in the policy statement for the OHSAS 18001 management system.

Planning

There are various risk categories within the group of companies covered by the BRZO. All companies must draw up and employ a 'PBZO' document (Preventiebeleid Zware Ongevallen or Major Accident Prevention Policy). Companies in the 'high' risk category must also draw up a safety report (veiligheidsrapport or VR) which must then be approved by the government. An identification and evaluation of the hazards from major accidents connected with hazardous substances is an element of both the PBZO and VR. SCCM expects that:

→ a company is using the PBZO and VR as a basis for identifying and evaluating OHS hazards associated with major accidents due to or involving hazardous substances.
→ criteria for assessing hazards and risks in worker safety and major accidents are not in conflict with each other.
→ the OHS management system based on OHSAS 18001 is used to take measures and to monitor results in OHS.
→ the OHS management system includes procedures for updating the PBZO and VR (at least once every 5 years, and more frequently if there is reason for doing so).

SCCM expects that companies with an OHS management system based on the requirements from the planning section in OHSAS 18001 have already identified hazards and formulated objectives such that the requirements from the government for the substance of the PBZO document or an ARIE (with the exception of the risks which only have consequences for the environment) are being met. The requirements set for a VR are more far-reaching than those from the OHSAS 18001 standard for identifying and weighting of risks. When assessing a VR, the government can thus not judge by the presence of an OHSAS 18001 certificate alone.

The company must have formulated objectives which expressly include control of identified hazards and risks. Consequently, in the OHS management programme section, measures must be laid down which must be taken in order to achieve the formulated objective.

3 Organization of the certification body

In working out the competence needed for certification work in the technical area(s) in which there are companies with obligations under the BRZO/ARIE regulations, the CB must ensure there is sufficient knowledge of and experience with chemical and/or process technology in the audit team.

4 Procedures used by the certification body

During an initial audit and reassessment of the management system the following must be established whether:

→ the tasks and responsibilities have been laid down with respect to carrying out requirements arising from legislation and regulations in the framework of BRZO/ARIE.
→ there is a guarantee for drawing up and updating the VR/ARIE.
→ the government has accepted the methods with which the company is carrying out its obligations with regard to the safety management system, whether or not under conditions, and that there are no enforcement actions in progress or announced with regard to this element.
→ the company's personnel representative agrees to the action plan drawn up based on any conditions for acceptance formulated by the government.
→ the execution of the action plan has been guaranteed.
→ the hazards and risks arising from VR/ARIE must (with the exception of the risks which only have consequences for the environment) also be linked to the identification of hazards and risks within the OHS management system.
→ the management system has a guarantee that provisions (organizational and otherwise) made to avoid the hazards and risks identified in the VR/ARIE are actually carried out.

Non-fulfilment of one or more of the above points must in theory be considered a serious violation, and it must be rectified before certification (or re-certification) can take place.

Surveillance audits must determine whether:
- → there has been adequate response to correspondence from government authorities regarding obligations based on the BRZO/ARIE.
- → the execution of the action plan has been guaranteed.
- → there have been hazards and risks resulting in major accidents and/or near-accidents. If these hazards and risks have been present, it must be determined if an adequate evaluation of the functioning of the Safety Management System (VBS) has taken place and eventual preventive and corrective measures have been taken.

Non-fulfilment of one or more of the above points must in theory be considered a serious violation, which must be solved in the short term or the certificate will be suspended.

ANNEX 3

Definition of technical area

The ISO 17021-1 uses the term 'technical area'. This is defined as 'an area characterized by commonalities of processes relevant to a specific type of management system'. Thus, a 'technical area' can consist of one or more sectors according to the EA or NACE codes, for which similar competence is necessary (with regard to the OHS aspects of these sectors). A technical area can also consist of a part of a sector. Next, the subjects for a technical area are specified with which officials must be familiar. The classification according to technical areas is separate from the classification according to complexity used to determine time schedules according to IAF MD 22 and IAF MD 5.
Criteria in determining the technical areas are the similarity in activities, products and services, as well as the related OHS aspects.

In table 1 SCCM has indicated to what extent sectors can be combined to make up a technical area. SCCM does not allow sectors to be combined more than indicated in table 1. A CB can, however, choose to work out parts of a technical area separately.

ANNEX 3, TABLE 1: COMBINING SECTORS IN TECHNICAL AREAS

IAF-CODE	NACE-CODE REV. 2**	SECTOR
Industrial and other activities with major internal and external OH&S risks; hazardous materials, physical strain, explosions		
2*	05, 06, 07, 08, 09	Mining and quarrying
5 10* 12* 13*	15.11 19.10 en 19.20 20.x (min 20.13) 21.x (min 21.20)	Tanning and dressing of leather Manufacture of coke, refined petroleum products Manufacture of chemicals and chemical products Manufacture of basic pharmaceutical products and pharmaceutical preparations
11*	20.13, 21.20, 24.46, 38.12, 38.22	Processing of nuclear fuel (including processing of radioactive materials and handling radio-active waste)
25*	35.11	Production of electricity
25, 26	35 (min 35.11)	Electricity, gas, steam and air conditioning supply
Industrial and other activities with OH&S risks beyond average. Physical strain and machine safety risks higher than average.		
3 4 5 7* 15 16	10, 11, 12 13, 14 15 (min 15.11) 17.1 23 (min 23.5 en 23.6) 23.5, 23.6	Food Products, beverages and tobacco Textiles and textile products/washing and (dry) cleaning Leather and leather products / repair Manufacture of pulp, paper and paperboard Manufacture of other non-metallic mineral products Manufacture of concrete, cement, lime, plaster and related articles
17 (A)*	24 (min 24.46)	Manufacture of basic metals (except processing of nuclear fuel)
20	30.1, 33.15	Shipbuilding / Repair and maintenance
21	30.3, 33.16	Manufacture, repair and maintenance of air and spacecraft and related machinery
39 (A)*	37, 38.1, 38.2, 39	Sewerage, waste collection, treatment and disposal activities, and remediation and other waste management services
Industrial activities with emphasis on physical strain and machine safety. Physical strain and machine safety risks higher than average.		
1 (A)	01, 02	Agriculture and Forestry

1 (B)	03	Fishing and Aquaculture
6 7 14 17 (B) 18 22	16 17.2 22 25 (min 25.4), 33.11 25.4, 28, 30.4, 33.12, 33.2 29, 30.2, 30.9, 33.17	Manufacture of wood and wood products Manufacture of articles of paper and paperboard Manufacture of rubber and plastics products Manufacture of fabricated metal products Manufacture and repair of machinery and equipment Manufacture of other transport equipment
24	38.3	Recycling (dismantling and separation)
28	41, 42, 43	Construction
Industrial activities or provision of services with less than average physical strain and less than average safety risks. No OH&S risks higher than average		
9 19 23 27 29 39 (B,C, D, F)	18 26, 27, 33.13, 33.14, 95.1 31, 32, 33.19 36 45, 46, 47, 95.2 59, 60, 63.9, 79, 91.04, 93, 94, 96, 97, 98, 99	Printing and reproduction of recorded media Manufacture of electrical and optical equipment Manufacturing not elsewhere specified Water collection, treatment and supply Wholesale and retail trade; repair of motor vehicles, motorcycles and personal & household goods. Wholesale of agricultural raw materials, live animals, food, beverages and tobacco Recreational, cultural and sporting activities Other social services
Provision of service with emphasis on psychosocial workload. Psychosocial risks are beyond average		
35 (B) 37	80 85	Security and investigation activities Education
38	75, 86, 87, 88	Health and social work
(Administrative) services with limited OH&S risks		
8 30 31 (A) 31 (B) 32 33 34 35 (A) 36 39 (E)	58 55, 56 53, 61 49, 50, 51, 52 64, 65, 66, 68, 77 62, 63.1 71, 72, 74 (min 74.2, 74.3) 69, 70, 73, 74.2, 74.3, 78, 81, 82 84 90, 91 (min 91.04), 92	Publishing activities Accommodation and food service activities Post and telecommunication Land transport, pipeline transport, air and space transport, cargo handling and storage Financial intermediation, real estate, renting Information technology Architectural and engineering services Other professional services Public administration and defense Creative, art, entertainment, gambling, betting and libraries, archives, museums and other cultural activities

* Sectors in which additional knowledge of legislation and regulations is needed beyond the basic level (see annex 4, table 1)

** Eurostat: NACE Ref. 2 Statistical classification of economic activities in the European Community 2008, ISBN 978-92-79-04741-1 / ISSN 1977-0375

For every organization to be certified, a CB must evaluate if the activities and processes and the necessary competence correspond with the competence identified for the technical area covering the organization and for which the CB is accredited. It may also be the case that an organization's activities are covered by more than one technical area.

ANNEX 4

Knowledge about OHS legislation and regulations in the Netherlands

Table 1 shows the legislation and regulations that can apply to organizations with offices in the Netherlands. A summary of all the legislation and regulations in the list can be found on www.sccm.nl. These summaries give an indication of the depth of knowledge auditors must have. It is assumed that knowledge is at the level of familiarity with the essence of the legislation and regulations (purpose, for whom, what criteria apply, main implications). An '(-)' after the item indicates that a limited summary is enough.

ANNEX 4, TABLE 1: OHS LEGISLATION AND REGULATIONS IN THE NETHERLANDS

SUBJECT	BASIC KNOWLEDGE	SUPPLEMENTARY FOR SPECIFIC SECTORS (SEE ANNEX 3, TABLE 1)
General	**Working Conditions Act (Arbowet)**: → Ch. 1, art. 1 and 2 (definitions and scope) → Ch. 1, art. 3 (OHS policy) → Ch. 1, art. 5 (risk identification and evaluation) → Ch. 1, art. 8 (information and education) → Ch. 1, art. 10 (preventing danger to third parties) → Ch. 1, art. 11 (general obligations for employees) → Ch. 3, art. 12 - 15a (cooperation, consultation, works council or representatives and interested employees and the regulating of expert assistance) → Ch. 4, art.17 - 19 (special obligations such as personal approach, personal OHS exam (AGO) and multiple employers) **Working Conditions Decree (Arbobesluit):** → Ch. 1 (definitions and scope) → Ch. 2 (care, organization of work; OHS and illness policies) → Ch. 3 (workplace setup) **Working Conditions Regulations (Arboregeling):** → Ch. 1 (general definitions) → Ch. 2 (additional requirements for RI&E, experts and OHS depts.) Requirements (Arbocatalogus) of sector Arbeidstijdenwet (rules for time spent working) Gatekeeper (Poortwachter) Improvement Act (employer obligations in case of illness) Work and Care Act (rules around work and care leave) Tobacco Act (measures limiting tobacco use and protecting non-smokers) Works Councils Act (employees/officials' right to participation)	**OHS regulations:** → Ch. 3 specific to drilling in construction, processing and mining → Ch. 4 specific to safety on tanker ships and hazardous substances

SUBJECT	BASIC KNOWLEDGE	SUPPLEMENTARY FOR SPECIFIC SECTORS (SEE ANNEX 3, TABLE 1)
Hazardous substances and biological agents	**Working Conditions Decree:** → Ch. 4 (hazardous substances and biological agents) → Ch. 2, section 2 ('ARIE', additional requirements for RI&E to prevent and reduce major accidents with hazardous substances) PGS 15 (storing hazardous substances) GHS (separating and labelling hazardous substances)	**Working Conditions Act:** → Art. 6 (preventing and reducing accidents involving hazardous substances → Art. 7 (informing the public) **Working Conditions Decree:** → Art. 3.5 (Explosive atmosphere) → Ch. 4, section 5 (asbestos) → Ch. 2, section 5 (safety in enclosed workspaces) → Ch. 4 (hazardous substances and biological agents) → REACH (registration, evaluation and authorization of chemicals within the EU → ADR (rules for road transport of hazardous substances) → BRZO (Hazards of Major Accidents Decree) → ATEX (working safely in an explosive atmosphere)
Physical strain	**Working Conditions Decree:** → Ch. 5 (physical strain, computer monitors, special sectors and categories of employees) **Working Conditions Regulations:** → Ch. 5 (computer monitors)	
Physiological strain	**Working Conditions Decree:** → Ch. 6 (physiological factors such as temperature, ventilation, lighting noise, vibrations)	**Working Conditions Regulations:** → Ch. 6 (working under pressure, radiation, artificial optical radiation)
Equipment / safety	**Working Conditions Decree:** → Ch. 7 (equipment and specific activities) → Ch. 7 (machine safety: screening and protective devices incl. art. 7.29 for lifting/hoisting equipment) **Working Conditions Regulations:** → Ch. 7 (equipment) → Ch. 8 (safety and health signs)	**Working Conditions Act:** → Art. 3.1 - 3.5 (electrical installations) **Working Conditions Decree:** → Art. 7.23 and 3.16 (high equipment and preventing falls) → ATEX (safety in an explosive atmosphere) → Commodities Act Decree (pressure equipment)
Psycho social work strain (PWS)	**Working Conditions Act:** → Art. 3 (clause 2 OHS policy on PWS) **Working Conditions Decree:** → Ch. 2 section 4 (PWS incl. undesirable behaviour)	
Unusual situations	**Working Conditions Act:** → Art. 3 and 15 (company emergency personnel and organization)	
Other	**Working Conditions Decree:** → Ch. 8 Personal protection and OHS signs General requirements from the Decree regarding fire safety in construction work Driving hours decree	

Table 1 comprises the most important legislation and regulations for OHSAS 18001 certification in the Netherlands. However, this is only a part of the whole of OHS legislation and regulations. It is the CB's responsibility to determine which subjects apply to the technical areas for which it is applying for accreditation.

An auditor's education can be used to evaluate his or her knowledge. Table 2 indicates the level that may be expected from several of the best-known programmes and/or systems in the Netherlands. Auditors can raise their qualification level by taking additional study programmes or training courses and/or gaining work experience for the various OHS areas.

TABLE 2:

Level of expertise to be expected after completion of Dutch professional study course(s) which are the basis for an official personal registration or certification in that area (5=high, 4=above average, 3=average, 2=low).
The expertise level of an individual auditor can be higher, depending on preparatory and additional courses of study). The study course may be assumed to cover basic knowledge starting at level 3.

	OHS AREAS				PROCESSES			
	Physical strain	Physio-logical strain	Machine safety	Psycho-social strain	Unusual situations	Chemical processes	Physical processes	Mechanical processes
High-level safety* (SVK level 3)	4	4	5	3	5	4	4	5
Middle-level safety* (SVK level 2)**	3	3	3	3	3	2	3	3
Occupational hygiene (SAH)*	4	5	3	3	5	3	5	3
Labour and organization expert* (SRAO)	3	3	2	5	2	2	3	3
Ergonomics (SRE)*	5	2	3	3	2	2	2	3
Social medicine* (SGRC)	3	3	2	5	3	2	3	2

* SCCM considers the study programmes which can be used as a basis for an official registration/certification scheme in the area concerned to be accredited programmes. The abbreviation in parentheses is the Dutch registration or certification scheme which serves as a reference. Several of these are managed by the SKO foundation (see www.skocert.nl I)

** Only if a preparatory programme at 'HBO' (higher professional education) level has been completed.

According to SCCM, an auditor cannot build up competence without having relevant work experience. SCCM expects that an OHSAS 18001 auditor (with or without experience as a management system auditor) needs a minimum of two years of work experience in positions where they have gained experience relevant to evaluating OHS management systems. OHSAS 18001 auditors not yet qualified as auditors of management systems need five years' work experience to qualify. The number of years necessary can be reduced (by a maximum of one year) if a relevant post-secondary continuing-education course has been taken. The number of years is a guideline; it can be deviated from if an auditor is demonstrably qualified. This is considered a basic condition for eligibility for an audit qualification path.

ANNEX 5

Use of the OHSAS certification scheme outside the Netherlands

In theory, the substance of the OHSAS 18001 certification scheme is the same regardless of an organization's place of business. Thus, the interpretation of the ISO 14001 standard, as well as the organization of the CB and the procedures it uses, are the same worldwide. Exceptions to this are:

→ interpretations and procedures designed for specifically Dutch situations;
→ points for attention in the organization and procedures having to do with their familiarity with and conditions in the other country/countries.

The following points may be modified.

Interpretation of OHSAS 18001

→ If local translations of the OHSAS 18001 are used, the English version of the OHSAS 18001 text shall be binding.
→ 2.1, 2nd paragraph. OHS hazards and risks resulting from major accidents can occur everywhere. The reference to European legislation and regulations is only applicable when the certification scheme is being used in an EU member state. Outside the EU, the CB will have to assess whether national legislation around major accidents is applicable. Annex 2 is not applicable outside of the EU.
→ 2.3.1, 3rd paragraph: In the Netherlands an organization can use the identification of hazards, risk assessment and risk management as the basis for an RI&E as prescribed by the Working Conditions Act. This is not applicable elsewhere.
→ 2.3.1, 4th paragraph: The CB must consider the role of local conditions (such as climate conditions, labour relationships etc.) in evaluating hazards.
→ 2.3.2: The examples are consistent with the situation in the Netherlands. The CB must be familiar with local legislation and regulations.
→ 2.4.3: Which interested authorities are involved depends on the local situation. The CB must have an understanding of the government bodies responsible for enforcing legislation and regulations relevant for the implementation of an OHSAS 18001 system.
→ 2.4.7, 1st line: 'such as the nation-wide implementation of the Seveso III directive' is only applicable in EU member states. Outside the EU, this must be replaced by any applicable legislation and regulations aimed at preventing and controlling major accidents.

Organization of the certification body

→ 3.1.1: In determining the CB's competency for certification work, the specific requirements for certification abroad with regard to language, knowledge of local legislation/regulations and the country's OHS policy must be kept in mind.
→ 3.1.2: The documentation of the contract review must show which specific requirements the performance of a certification audit abroad sets for the audit team.
→ 3.4: Members of the audit team must have excellent written and spoken command of the primary language used in the organization. In addition, one member of the audit team must have excellent written and spoken command of the language used on the work floor. If necessary, interpreters may be used.

→ 3.4: At least one member of the audit team must be thoroughly acquainted with the relevant local legislation and regulations for the sector concerned and the national OHS policy related to it.
→ 3.4/annex 4, table 2: is only intended as an evaluation of study courses accredited in the Netherlands. The CB is responsible for determining the level of competence of each individual auditor in the various OHS areas, based on education and experience.

Procedures used by the certification body

→ 4.6.1: Although the audit of compliance with legislative and regulatory requirements and consulting of public sources of information will depend on local conditions, the basic principles and procedures shall still apply, with the exception of the presence of an approved RI&E.
→ 4.6.2: The CB's task is to evaluate the functioning of the mechanisms for improvement in OHS management system. The level of OHS performance and/or objectives is the responsibility of the organization itself. In many countries, this level is safeguarded by legislation and regulations and their enforcement. In countries lacking adequate legislation and regulations the organization itself will have a greater responsibility. In this situation, the issuing of an OHSAS 18001 certificate can carry extra risks for a CB. There are situations conceivable in which a company's OHS performance is such that a CB will not want its name connected with the company. A CB may set a minimum level for itself, regarding an organization's level of OHS performances and/or objectives.

Contact

Please do not hesitate to contact us if you have any questions. We will gladly help companies, organizations, consultants, supervisory bodies, certification bodies and other stakeholders.

SCCM

P.O. Box 13507
2501 EM The Hague

T +31 (0)70 362 39 81
E info@sccm.nl
I www.sccm.nl

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