

Mr Ian Bryer  
Vehicle Certification Agency Dangerous Goods  
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**Direct Dial:** +441784 428883  
**Email:** alex.penfold@ukas.com  
**Date:** 16 August 2024  
**Cust No.** 28283

Dear Mr Bryer

**Carriage of Dangerous Goods and transportable pressure equipment Regulations 2009  
(as amended)**

An initial assessment was carried out by the United Kingdom Accreditation Service (UKAS) on

Timesace Limited  
Unit 2, Brunel Way  
Stephenson Industrial Estate  
COALVILLE  
LE67 3HF

as to its ability to carry out the duties of an Approved/Notified Body <delete as applicable> under the terms of the above Regulation.

The assessment was carried out under accreditation in accordance with ISO/IEC 17020:2012 and taking into account UKAS GEN 5 and/or EA-2/17 (as applicable).

In accordance with ISO/IEC 17011, an independent review and decision for accreditation has been successfully undertaken. The scope of accreditation in support of Appointed Body status is as defined in accreditation schedule issue 001 dated 15 August 2024.

UKAS therefore recommends that Timesace Limited continues to be appointed by the Secretary of State as an Approved Body under the terms of the Guidelines for the additional activities detailed above.

As an accredited Conformity Assessment Body, the organisation is subject to surveillance and reassessment activities in accordance with UKAS standard assessment procedures. Should any change in the organisation's status be noted, UKAS will inform you accordingly.

A copy of our Assessment Summary Report (AR), a copy of the Improvement Action Report (IAR) which describes any non-compliances and observations that were raised during the assessment and a copy of the Accreditation Certificate and Schedule of the organisation are attached. Satisfactory responses to these reports have now been received.

Yours sincerely,

A handwritten signature in black ink that reads "Alex Penfold". The signature is stylized with a large, sweeping loop at the beginning.

Alex Penfold  
Operations Accreditation Specialist

cc Mr Tim Jeffery, Timesace Limited

Encs:

- Assessment Report (AR)
- Improvement Action Report (IAR)
- Accreditation Certificate
- Accreditation Schedule

# Certificate of Accreditation



## Timesace Limited

Inspection Body No. 28283

**is accredited as a Type C body in accordance with International Standard ISO/IEC 17020:2012 - Conformity assessment - Requirements for the operation of various types of bodies performing inspection**

This accreditation demonstrates technical competence for a defined scope specified in the schedule to this certificate, and the operation of a management system (refer joint ISO-ILAC-IAF Communiqué dated September 2013). The schedule to this certificate is an essential accreditation document and from time to time may be revised and reissued.

The most recent issue of the schedule of accreditation, which bears the same accreditation number as this certificate, is available from [www.ukas.com](http://www.ukas.com).

This accreditation is subject to continuing conformity with United Kingdom Accreditation Service requirements.

A handwritten signature in black ink, appearing to read "Matt Gantley", is positioned above a horizontal line.

**Matt Gantley**, *Chief Executive Officer*  
United Kingdom Accreditation Service

Initial Accreditation: 15 August 2024  
Certificate Issued: 15 August 2024



Scan QR Code to  
verify

# Schedule of Accreditation

issued by

## United Kingdom Accreditation Service

2 Pine Trees, Chertsey Lane, Staines-upon-Thames, TW18 3HR, UK

 <b>28283</b> <b>Type C</b> <b>Inspection Body</b>  Accredited to ISO/IEC 17020:2012	<b>Timesace Limited</b>	
	<b>Issue No: 001    Issue date: 15 August 2024</b>	
	<b>Unit 2 Brunel Way</b> <b>Stephenson Industrial Estate</b> <b>Coalville</b> <b>LE67 3HF</b>	<b>Contact: Wez Belton</b> <b>Tel: +44 (0)1530 831147</b> <b>E-Mail: enquiries@timesace.co.uk</b> <b>Website: www.Timesace.co.uk</b>
<b>Inspection performed at/from the locations specified below</b>		

### Locations covered by the organisation and their relevant activities

Location details		Activity	Location code
<b>Address</b> Unit 2 Brunel Way, Stephenson Industrial Estate, Coalville LE67 3HF	<b>Local contact</b> Wez Belton	<b>Inspection Activities:</b> Periodic in-service inspection	A
<b>Address</b> Hilltop Industrial Estate Unit 1 Ashcourt Off Walker Road LE67 1UD	<b>Local contact</b> Wez Belton	<b>Inspection Activities:</b> Transport Sales Admin(contract review)	B



28283

Type C  
Inspection Body

Accredited to  
ISO/IEC 17020:2012

**Schedule of Accreditation**  
issued by  
**United Kingdom Accreditation Service**  
2 Pine Trees, Chertsey Lane, Staines-upon-Thames, TW18 3HR, UK

**Timesace Limited**

**Issue No:** 001    **Issue date:** 15 August 2024

**Inspection performed at/from main address only**

**DETAIL OF ACCREDITATION**

Field of Inspection	Type and Range of Inspection	Methods and Procedures	Location Code
Carriage of dangerous goods and transportable pressure equipment regulations 2009(as amended)  Regulation 14  Old pressure receptacles*  *Note: The inspections of the above items are subject to legislative requirements including the appointment of 'persons' to carry out inspections. Reference should be made to the VCA Dangerous Goods Office for information on this and listings of bodies recognised under UK legislation.	Periodic in-service inspection	BS EN ISO 18119:2018+A1:2021  Seamless steel cylinders only	A
END			

<b>Name &amp; Address of Organisation</b>	Timesace Limited Unit 2, Brunel Way Stephenson Industrial Estate COALVILLE  LE67 3HF	<b>Type of Assessment</b>	Initial
		<b>UKAS Reference Number</b>	28283
		<b>Date(s) of Assessment</b>	06/02/2024 07/02/2024
<b>Assessment Location(s)</b>	Primary Address Unit 2, Brunel Way Stephenson Industrial Estate COALVILLE LE67 3HF	<b>Project References</b>	319148-02-01
<b>Assessment Standard / Criteria</b>	ISO 17020:2012	<b>Schedule Issue No(s)</b>	001
<b>Name &amp; Role of UKAS Assessment Team</b>	Lawrence Sweenie (AM ISO 17020 2012); Lawrence Sweenie (TA ISO 17020 2012); Natasha Dyer (LA ISO 17020 2012)	<b>Date(s) of Assessment Plan</b>	05/01/2024
		<b>No. of (M) Findings: Action Mandatory</b>	9 – LS 16 - ND
<b>Name of Organisation Representative(s)</b>	Tim Jeffery	<b>No. of (M) Findings: Require Evidence to UKAS</b>	9 – LS 15 - ND
<b>Report Issued By</b>	Lawrence Sweenie	<b>No. of (R) Findings: Action Recommended</b>	1 – LS 3 - ND
<b>Report Issued Date</b>	05/03/2024	<b>Method of Reviewing Evidence</b>	Site Visit
<b>Report Acknowledged By</b>	Tim Jeffery	<b>Quote for Reviewing Evidence</b>	0.5 - LS 1 Day - ND Quote to follow
<b>Report Acknowledged Date</b>	TBC	<b>Agreed Action Completion Date</b>	07/05/2024
<b>Report Acknowledged Method</b>	Email	Please return evidence via UKAS Portal	

<b>AREAS SAMPLED AT ASSESSMENT (marked as 'X')</b>			
<b>ORGANISATION</b>		<b>IMPARTIALITY &amp; INTEGRITY</b>	
Legal Status	<b>X</b>	Independence, Impartiality & Integrity	<b>X</b>
Liability Cover (CB / IB only)	<b>X</b>	Confidentiality	<b>X</b>
Management of Finances (CB/IB only)	<b>n/a</b>	<b>EVALUATION PROCESSES</b>	
Resources	<b>X</b>	Design & Development of Methods / Schemes	<b>X</b>
Organisation Structure	<b>X</b>	Enquiries, Tenders, Contracts	<b>X</b>
Responsibility & Authority	<b>X</b>	Planning & Resource Allocation	<b>X</b>
<b>MANAGEMENT</b>		Testing/ Calibration/ Inspection/ Audit *	
Management System Including Documented Policies & Procedures	<b>X</b>	Reports & Certificates	<b>X</b>
Roles & Responsibilities for Quality	<b>X</b>	Decisions/ Opinions	<b>n/a</b>
Control of Documents and Records	<b>X</b>	Certification & Maintenance of Certification (CB only)	<b>n/a</b>
Management of Sub Contractors and Purchases	<b>X</b>	<b>TECHNICAL COMPETENCE</b>	
Service to Clients (Test / Cal only)	<b>N/A</b>	Personnel	<b>X</b>
Handling of Complaints / Appeals / Disputes	<b>X</b>	Methods / Schemes	<b>X</b>
Control of Nonconforming Items Dealing with Corrective & Preventive Actions and Improvements	<b>X</b>	Facilities / Equipment (Test/Cal/IB only) / Environmental conditions (Test/Cal only)	<b>X</b>
Internal Audit and Management Review	<b>X</b>	Assurance of Quality of test / calibration Cooperation (IB only)	<b>X</b>
Supervision & Monitoring of Staff	<b>X</b>	Witnessed Activities	<b>X</b>
Conditions for Granting & Maintaining Certification (CB only)	<b>n/a</b>	<b>*OTHER (specify)</b>	

\*Delete as applicable

## Executive summary

This report details the initial assessment of “Timesace Limited”, referred to within this report as the IB (Inspection Body) being accredited to ISO/IEC 17020:2012 as a type C inspection body for In-service Inspection of Old Pressure Receptacles And Transportable Pressure Receptacles.

The assessment was undertaken at the premises of “Unit 2, Brunel Way, Stephenson Industrial Estate, Coalville, LE67 3HF”, and were subject to thorough examination and report in accordance with the assessment plan dated 05/01/2024.

The IB operates and maintains a well-documented quality management system with a suitable level of competence in the standard ISO 17020:2012. Selected technical elements were assessed, and the IB were able to demonstrate it continues to retain the required competence for the performance of the accredited inspection activities. Various topics are highlighted in this report and are considered the areas for improvement and need to be addressed where indicated.

Notably, the IB’s approach to preventative actions is extensive, and their commitment to impartiality and confidentiality is commendable.

Whereas, the IB will need to address the issues raised within the “Internal Audits” section as this will be crucial for the IB to strengthen its internal auditing processes and ensure continued adherence to this standard.

The assessment was undertaken using a sampling approach which may not have detected all non-compliances, the IB is reminded that it is the responsibility of an accredited organisation to ensure the requirements of accreditation are continually fulfilled.

UKAS express their gratitude in view of the full cooperation, hospitality, and assistance provided by the staff associated with the assessment process.

### Recommendation

It is recommended that a grant of Accreditation in accordance with the requirements of ISO/IEC 17020:2012 is to be offered subject to the satisfactory closure of the mandatory findings that require evidence to be supplied within the agreed timescale.

*Where necessary, for mandatory findings not requiring evidence, a statement of the action taken to clear the findings will be required. This should be within the same timescale agreed.*

It is also recommended to the United Kingdom competent authority that, subject to the satisfactory development and implementation of suggested actions, Timesace Limited be granted temporary appointment as an Approved Body status for the following:

Directive
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The Carriage of Dangerous Goods and Use of Transportable Pressure Equipment 2009 (as amended)
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## Health and Safety Considerations

The assessment was delivered in alignment with UKAS H&S Management system and subject to risk identification and mitigation included with 'HSE 1005 Company Risk Assessment for Working on Third Party Sites'. No additional risks were identified by the client on attendance nor considered through dynamic site assessment.

Relevant risks were considered and shared with the assessment team. There were no significant issues to report.

## SCOPE

The assessment was conducted in line with the UKAS assessment plan dated 05/01/2024 against the requirements of ISO/IEC17020: 2012 and included:

- Assessment for the purposes of UK Notified Body
- Interviews with top management and key operational staff.
- Review and agreement of a schedule of accreditation
- Sampling of issued reports / certificates

Persons involved in the assessment process were:

Natasha Dyer - Lead Assessor: UKAS

Lawrence Sweenie - Technical Assessor: UKAS

Tim Jeffery – Contract technical manager

Fred Ayres – Contract Quality Manager & Deputy Technical Manager

Wez Belton – General Manager

Russell Jago – Senior Examiner

The IB has obtained a temporary letter of appointment from the VCA, dated 19<sup>th</sup> July 2023 for the inspection of transportable pressure equipment for the carriage of dangerous goods and use of transportable pressure equipment regulations 2009. The appointment is due to expire on the 18<sup>th</sup> July 2024.

## ORGANISATION

### Structural requirements

### Administrative requirements

Timesace Limited is registered with companies' house, under 03934476, dated 28 February 2000. These details match those in the UKAS Customer Agreement, signed on 10/05/2023. OAMPS (UK) Ltd insurance is provided on, Policy No. P/CCO/10594, with cover of up to £5,000,000 for any one claim for public and products insurance, and £10,000,000 for employers' liability insurances. This expires on 13<sup>th</sup> April 2024. The IB consulted a broker (Wilson Organisation) to ensure that the level of cover adequately reflects their inspection activities.

Professional indemnity insurance is provided on policy number PL-PSC-100032223245/00 with a cover of up to £1,000,000 with Hiscox Insurance which expires 12<sup>th</sup> April 2024. A broker was also consulted to ensure the level of cover is adequate.

An organisational chart within “Quality System Policy Manual, issue 5” was presented detailing high-level structure, and how the IB sites within the organisation. The IB has suitable clauses within “Quality System Policy Manual, issue 5” describing the contractual conditions under which it provides inspection and for which it is competent. The IB has adequately defined the activities for which they have been appointed by the VCA but will need to consider updating their scope once they have been granted accreditation.

The IB demonstrated effective operation and compliance to the standard in this area.

## Organisation and management

The IB is currently in the process of building its website, which will feature information about their accreditation. This will be accomplished through the inclusion of the UKAS Inspection logo and a direct link to the IB's certificate of accreditation. Additionally, updates to the services list are planned, with cylinder testing being added to the homepage. The website will also provide links to important documents such as the VCA certificate, arrowhead certificate, and customer portal. Moreover, the technical page of the website will detail the standards adhered to by the IB, with specific reference to ISO 17020, ensuring transparency and clarity regarding the IB's operations and quality standards.

The IB's Organisation Chart within “Quality System Policy Manual, issue 5” describes the responsibilities and reporting structure of the IB.

The IB has completed approximately 4000 reports to date, 291 of which are specifically for TPD cylinders.

The IB has sufficient personnel to ensure that the IB maintains its capabilities to undertake inspection activities. This is demonstrated through a capacity plan that the IB uses to plan and manage their work.

Customer enquiries are initially directed through the sales office before being reviewed by the technical manager. Upon approval by the technical manager, requests are added to the IB's action list with assigned supply dates. The live "testing sheet" is used to determine current production status and job allocation. With the understanding that the inspection body can handle around 50-70 inspections daily, the technical manager ensures that committed capacity can be met effectively.

Tim Jeffery, is appointed as the Contracted Technical Manager and evidence has been provided to support Tim's competence and experience in the form of a CV which matches the requirements listed on the job description. Tim's specific responsibilities have also been defined and documented in “T2-A-042”, however the qualifications section has been cut off and does not adequately finish the requirements for qualifications and does not list desired experience. **See finding NC-1470633.**

Fred Ayres is appointed as the Deputy Technical Manager and Quality Manager. Evidence has been provided to support Fred's competence and experience in the form of a CV which matches the requirements listed on the job description. Fred's specific responsibilities have also been defined and documented in “T2-A-042”.

## MANAGEMENT

### Management system requirements

## Option B

The IB has selected to operate under Option B of ISO/IEC 17020:2012 for their management system. Upon review of the management system, it is concluded that it is consistently fulfilling the requirements of this international standard.

### Management system documentation

The IB has top management commitment who has established, documented and maintained policies that fulfil the requirements of this standard.

However, no-one has been appointed to report to top management regarding the performance of the management system. **See finding NC-1470697.**

The primary controlling document is the Quality Manual, "Quality System Policy Manual" issue 5, which references the system of documentation management and defines the hierarchy of documents supporting the policies and procedures of the IB's management system.

The Manual was reviewed during the assessment and was seen to address all the requirements of ISO/IEC 1702: 2012.

All QMS documents are stored and maintained via a local folder Management System and all were readily available for inspection at the assessment.

The IB demonstrated effective operation and compliance to the standard in this area.

### Control of documents

The IB operates within an Option B management system, wherein ISO 9001 documents are managed by a contracted quality manager from XBS, Daryl Alder. Daryl Alder is responsible for overseeing the ISO 9001 system, ensuring compliance with relevant standards, and managing the documentation process. The documents are then shared with the Technical Manager who incorporates these documents into the 17020 requirements, amalgamating both sets of standards. The documents are initially stored on a USB drive, and read-only versions are subsequently saved on the IB's local server. Additionally, a hard copy folder is maintained by the General Manager to facilitate access for staff members. Moreover, to ensure data integrity, the USB drive is regularly backed up on an external hard drive. Local copies of procedures are set to read-only mode, with write access restricted to the author. The Technical Manager shares read-only versions of documents with the general and deputy managers for reference. If the General Manager or Deputy Manager propose changes to the documents, they are required to annotate the hard copy with the suggested amendments, including the date and a signature. These annotated copies are then forwarded to the Technical Manager for review prior to finalising and publishing the updated procedures.

The document control procedure, T2-A-01, states that documents undergo review every two years as specified by the register of procedures and forms "F011, rev3."

During the assessment, it was noted that the internal audit plan was scheduled for review in January 2022, and is therefore overdue for review. **See finding NC-1470707.**

Nonetheless, all other registered management system documents were found to be within their review period.

The management review procedure was sampled and found to have undergone review in March 2023, resulting in revision 2, which aligns with the register of procedures and forms.

In addition to internal documents, the IB incorporates external references such as the UKAS RG series and international standards. These documents are catalogued in a technical document spreadsheet, which is subject to annual review by the Technical Manager to ensure accuracy and relevance.

To maintain document integrity, outdated revisions are archived and marked with a "superseded" watermark. Technical procedures undergo review by both the Technical and Deputy Managers to ensure accuracy and compliance.

The IB employs a systematic approach to document control which ensures compliance. Therefore all documents, internally and externally, seen at this assessment were seen to be suitably controlled and approved for use.

### **Control of records**

Records are managed and retained electronically as described in above section "Control of Documents".

The IB's procedure for control of records is "T2-A-01", which defines the requirements for the storage, protection, retrieval, retention time and disposition of documents, however the identification on records has not been defined as the naming convention for the records (F series) has not been documented. **See finding NC-1470767.**

The protection of records has been listed via a table in "T2-A-01" which identifies which records are to be kept where and who is responsible, however the protection of personnel records has not been defined. **See finding NC-1470770.**

Retention periods for quality documents are also outlined in "T2-A-01", via a table identifying the storage location and minimum required retention period as a minimum of 15 years.

### **Management**

### **review**

The last IB's management review was conducted in accordance with IB procedure "T2-A03", issue 2, 21/03/2023, the most recent being held on 29/01/2024 and covered inputs, except for appeals. Customer feedback is discussed which included complaints, however appeals are not specifically discussed. **See finding NC-1470779.**

The outputs have not been defined as part of the agenda, management review minutes or procedure. As a result of the management review, decisions or actions relating to the specific standard requirements have not been documented. **See finding NC-1470784.**

The minutes of meeting for 29/01/2024 full year management review were reviewed and there was evidence of a suitable narrative on the performance of the quality management system which was seen to give a comprehensive overview of the system status. Appropriate personnel were also present including the Managing Director, Quality Manager, Technical Manager, Deputy Technical Manager and General Manager.

**Internal** audits  
The procedure for internal auditing is “T2-A-09”.

As an Option B, the IB has implemented an auditing system to ensure compliance with ISO 9001 requirements. As part of their strategy, they have contracted an external auditor, Daryl Alder from XBS, to conduct annual audits specifically against ISO 9001 standards. Additionally, the IB internally audits all other quality procedures, including those for 17020 and inspection, with audits conducted by the technical manager and quality manager/deputy technical manager. Daryl Alder’s competence was confirmed with the presentation of his IRCA/RAB approved ISO 9001 auditor transition course which was achieved on 18<sup>th</sup>-19<sup>th</sup> November 2003. However, the IB did not have this certificate on file and had to request this from Daryl during the assessment. **See finding NC-1470974.**

Technical procedures undergo quarterly audits, with plans to reduce frequency to twice a year. Audits are planned using separate spreadsheets for ISO 9001 audits (F091) and inspection body audits (F091a). The IB have stipulated in their procedure that quality personal can audit technical procedures. Although the current quality personnel within the IB are technically competent, this may not always be the case. **See recommendation NC-1470796.**

Recent audits have revealed areas for improvement. Daryl Alder's audits have not identified any findings against the QMS, and they have overlooked critical clauses such as impartiality, confidentiality, and appeals from the audit plan which are not present in ISO 9001. **See finding NC-1470967.**

Furthermore, the level of commentary provided by Daryl has been minimal, lacking specific references to internal procedures and containing scarce details in the management review section. **See finding NC-1470969.**

Fred Ayres has been appointed as an auditor, and although Fred has extensive experience in auditing, and a training record was presented (TR 0.05) which provided evidence of Fred’s auditing training, the IB lacked demonstrable evidence of Fred’s qualification to the international standard.

**See finding NC-1470971.**

Although the responsibility of auditing was within Fred Ayres’ job description, The IB could not present a defined criteria or specific responsibilities for internal auditors. The IB have not reviewed requirements for education, training, technical knowledge, skills and experience required for personnel involved in auditing activities **See finding NC-1470972.**

Non-conformances have been identified in the text without specific reference numbers, creating a challenge in tracking and addressing them. For instance, in section 7.1.5, which covers monitoring and measuring, a comment referencing a "PSW" (problem-solving worksheet) is made, yet the text does not elaborate on any non-conformance. Moreover, the PSW mentioned is not linked to the audit report, and the audit report number is absent from the PSW, leading to a loss of traceability.

In the case of Report 07-23C, conducted by Fred Ayres, one non-conformance (NC 046) was identified. Although the NC was mentioned in the audit summary, the report itself lacked the NC reference number. Additionally, when the non-conformance was supposed to be transferred to a PSW, the absence of the audit report number on the PSW further highlights the traceability issue. **See finding NC-1470978.**

While the IB has established auditing procedures to uphold quality standards, recent audits and reviews have revealed several deficiencies. These include oversight in critical audit areas, and traceability issues with non-conformance reporting. Addressing these issues will be crucial for the IB to strengthen its internal auditing processes and ensure continued adherence to this standard.

### **Corrective actions & Preventive actions**

The IB's corrective actions procedure, "T2-A-10", defines that corrective and preventive actions must be documented through a Problem Solving Worksheet (PSW). Upon the identification of non-conformities (NCs), they are transferred to a PSW for root cause investigation. Subsequently, the investigation details are logged into the Non-Conformance Report (NCR)/Improvement register, and a monthly meeting is held to track unresolved NCs. The General Manager is responsible for allocating NCs to appropriate staff members for action. The IB allows a 7-day window for response to NCs, with a defined action plan.

Internal audit "2401a" was sampled which reviewed procedure TR 4.01 & TR 5.01. The findings had a root cause investigation undertaken and the actions had been seen to have been suitably closed out through the IB action tracking system.

The audit highlighted a discrepancy between prescribed procedures and actual practices. While the procedure mandates identifying failures with red tape, the prevalent practice involves writing "failure" and the reason directly on the cylinder. The root cause investigation detailed that it was due to deviation from the original procedure as a result of minimal rejects, however the investigation lacked detail as a further "5 why" analysis was conducted but remained unrecorded and the impact and extent had not been considered. **See finding NC-1471146.**

The IB has some disparity between staff members who complete the PSWs, with instances of misclassification between corrective and preventative actions. Additionally, there's inconsistency in the use of "findings" and "recommendations" boxes. The IB needs to standardise the process for PSW completion to ensure clarity and accuracy in documenting corrective and preventive actions. **See recommendation NC-1471138.**

While the IB conducts monthly meetings to address open non-conformances, the effectiveness of closed non-conformances is not discussed. **See finding NC-1471151.** The IB's preventive actions procedure, "T2-A-101," offers a clear and descriptive framework for identifying, addressing, and monitoring potential issues. It outlines a systematic approach, including root cause analysis, quantification of problems, suggestion and implementation of preventive actions, and ongoing monitoring and review. The IB say they are reviewing the effectiveness of the actions at the management review, however upon review on the minutes from the latest management review it can be seen that the effectiveness is not efficiently been discussed. **See earlier finding NC-1471151.**

A preventive action was identified within PSW Report 104. A non-conformance was categorised as a preventive action as proactive measures were taken to prevent potential procedural errors. The IB identified a typo error within Procedure TR5.01 which stated "what type of elimination" instead of "what type of lamination." This error could have led to confusion, misinterpretation or implementation of the procedure. The typo error was fixed, therefore preventing future non-conformances. The details outlined in PSW Report 104 were also consistent with those recorded in the IB's register.

This highlights a systematic and thorough approach to documenting preventive actions within the quality management system.

## **IMPARTIALITY & INTEGRITY**

### **General requirements**

#### **Impartiality and independence**

Tim Jeffery is a contracted Technical Manager for Timesace and three other companies. He maintains full transparency with these companies, ensuring they are aware of his affiliations. When a new business opportunity arises, Tim notifies all relevant parties to conduct a risk analysis. Each business is approached with the understanding of his involvement with other companies, which is reinforced through signed non-disclosure and impartiality agreements.

To maintain separation of work and to prevent inadvertent mixing work-related materials, a different storage drive is used for each business, and each adopts distinct naming conventions for documents. Tim also ensures professional boundaries are kept by avoiding discussions of other businesses outside the workplace.

Tim started working for Timesace in June 2021, but as the business was in its infancy of working towards as an ISO 17020 system, a 2 year plan was put in place to ensure the business was compliant, and as a result this included implementing an impartiality policy. This impartiality policy was then seen to have been signed by Tim Jeffery on 20/03/23 and an employee and temporary worker confidentiality statement was also signed on the 20/03/23.

The impartiality policy states that all impartiality risks must be declared, and this has been evidenced by Tim Jeffery's disclosure of his interest in another inspection company and associated employment details in the F022 Impartiality register. The risk register was reviewed and an entry was examined. The risk identified was "cylinder inspection personnel having interests in customers business", and the mitigation was "All employees will sign an impartiality statement when they must declare, family or business interests in Timesace customer's businesses. Any risks are flagged to the technical authority for review." This is coupled with the risk register (F022) which details that staff members with identified risks of personal relationships will not complete inspections on those products.

Risks are discussed and reviewed during the annual management review, which ensures the adequacy of existing control measures, and whether there are any outstanding control measures that need to be actioned. The management review minutes were reviewed and were deemed adequate to meet the requirements of the standard. However the IB may wish to consider adding a further level of mitigation by recalculating their risk score before and after mitigation. **See recommendation NC-1471236.**

It was logged in the risk assessment form that staff will not receive any form of incentivized rates for accepting coercive pressures to accept cylinders, and there was no evidence that staff of the IB were under any undue commercial or other pressures affecting the outcome of inspection activities.

Employees are made aware of what to do in the case of risks to impartiality and will notify their managers if such risk arises. Their manager will then inform the technical manager

who will log it on the risk register and discuss possible mitigations.

The IB also has top management commitment to impartiality via a signed Quality policy by Richard Foulkes, Director, on the 16th November 2023.

The IB continues to meet the relevant criteria for a Type C inspection body as there was good evidence of safeguards against risks to impartiality and integrity in daily operations and there was no evidence displayed during the assessment that would demonstrate a lack of integrity.

The IB demonstrated effective operation and compliance to the standard in this area.

### **Confidentiality**

The Company acknowledges client confidentiality and Intellectual Property rights at all times; this is detailed in “Employee and Temporary Worker Confidentiality Statement” and in Procedure “Procedure for impartiality control and confidentiality of operations – T2-A-021”. Each inspector signs/acknowledges a Confidentiality and Impartiality Statement and there is also a clause within the terms and conditions of the employee’s contract.

The IB make note that unless required by law, they will act impartiality with the access to entrusted information for the business and operations procedures, and will not divulge information to any other parties or persons of a confidential or trade law secret during and after the employment.

A confidentiality statement was reviewed on customer contract and was deemed adequate to meet the requirements of the standard.

The IB demonstrated effective operation and compliance to the standard in this area.

## **EVALUATION PROCESSES**

### **Process requirement**

#### **Complaints and appeals & Complaints and appeals process**

The IB has established procedures to effectively manage and address any appeals or complaints. These procedures are consolidated into a single document "T2-A-07" for transparent management. During the assessment, the IB demonstrated a clear understanding of the distinctions between complaints and appeals, indicating a strong understanding for handling such issues.

Responsibility for coordinating activities related to processing complaints and appeals, as well as closing out these matters, lies with an appropriate designated individual within the IB. However, it was noted that the IB's procedure lacks explicit provisions for acknowledging the receipt of complaints or appeals, where possible. **See finding NC-1470908.**

No complaints or appeals have been received by the IB within the past year, so no investigations pertaining to these matters were available for review.

The IB demonstrated effective operation and compliance to the standard in this area.



## Subcontracting

The subcontracting procedure, "T2-A-05", employs a flow chart to determine the suitability of suppliers for approval and use. This chart identifies a series of identification checks, such as verifying if suppliers hold ISO 9001 accreditation, have completed the supplier evaluation form (F054), and ensured goods verification.

For new suppliers, a supplier evaluation form (F054) is sent via email which upon completion, is printed and filed in the office. Subsequently, suppliers undergo review and are assigned a risk rating before being included in the approved supplier and sub-contractor list (F052). This list contains supplier details, products/services, last review date, relevant notes, and risk rating.

The list is then reviewed annually at the management review. During the meeting they check when last time was checked, any missing suppliers, anyone on list who shouldn't be and needs to be reviewed.

## TECHNICAL COMPETENCE & EVALUATION PROCESSES

*Conducted by Technical Assessor, Lawrence Sweenie.*

Personnel, Facilities and Equipment, Inspection Methods and Procedures, Handling Inspection Items and Samples, Inspection Reports and Inspection Certificates.

## ORGANISATION

### Structural requirements

#### Organisation and management

The IB are operating under a temporary letter of appointment from The VCA for the Carriage of Dangerous Goods and Transportable pressure Equipment Regulations 2009 (as amended). This is valid until the 18th of July 2024.

The Inspection body is part of an Identified legal entity and the organisation structure within the Quality System Policy Manual was presented for review. The structure is set up in such a way as to separate the Inspection activities for the cylinder maintenance and preparations activities.

The IB has 2 qualified Inspectors and since July 2023 Timesace have inspected 291 'old' Pressure receptacles, this approximates to 5% of all cylinders that pass through the facility. This is deemed to be sufficient resource to carry out these inspections.

The IB has determined that the external Consultant will operate as the technical manager. The TM operates under a daily rate and has no set number of hours within the contract. On discussion, an approximation of 3 days per months was the average workload for the IB. Mr Jeffery's contract was reviewed and this was noted to be renegotiated on an annual basis. The IB presented T2-A-042 in which the job descriptions for both the TM and DTM.

It was noted that the present revision of the TM job description roles and responsibilities was incomplete, with the description cut off in mid-sentence. In addition, the information as to the roles and responsibilities is fragmented, being documented in several areas. **[recommended finding NC-1470635 refers].**

The Deputy technical manager is named on his contract of employment, and it is envisaged that he will be employed for 1 day per week. This contract is reviewed on an annual basis.

## TECHNICAL COMPETENCE & EVALUATION PROCESSES

### Process requirement.

#### Inspection methods and Procedures

The IB has a procedure for the inspection of Seamless steel cylinders. This was reviewed and it was noted that the procedure reference multiple other procedures covering the specific steps of cylinder inspection. However, an out-of-date harmonised standard was referenced in the procedure (BS EN ISO 18119:2018+A1:2021). **[Mandatory finding refers]**.

The procedure laid out the roles and responsibilities of the inspectors and the steps required for successful completion of an inspection. In addition, there are clear instructions as to how to refer any anomalies to the IB's technical authorities for disposition.

The procedure describes the correct procedures for: de-valving, cylinder thread inspection, external visual inspection, internal visual inspection, and supplementary tests within the body of the procedure. For other steps it directs the inspector to the correct separate, appropriate procedure. Which were sampled and deemed appropriate.

The IB clearly state that they will not process Acetylene Cylinders.

The Procedure describes the failure mechanisms and rejection criteria, and these are enhanced with photographs of the defect mechanisms.

The procedure for rendering unserviceable was sampled and it was noted that the use of PPE is described, however there was no specific equipment mentioned and this is not in compliance with 7.1.9 **[Mandatory finding NC-1471176 refers]**. The procedure describes the plasma burning of the cylinder and how to record the failed cylinders. The IB collect all unserviceable cylinders for collection by a scrap contractor, (Allsops). The cylinders are then reduced to strips of metal by the scrap contractor. The scrap contractor then supplies a weigh bridge ticket and a certificate of destruction listing all stillage serial numbers of the destroyed cylinders.

The IB's inspection procedures are readily available to the inspection body and are maintained up to date. The quality manager reviews the suitability of the documentation, along with the TM to ensure that the technical content is correct.

The IB sales team review any order and check to see that is within the abilities of the IB to carry out. Once it becomes an order it will be checked and then input into the production sheet. It will then be checked against the IB's action list to verify that the IB have the competence to carry out the task. If the requirement is deemed to be a filling and test job, a batch card will be generated and passed to the operation department for processing. 2 batch cards were sampled to verify compliance with the IB own set procedures. It was noted

that the work order system is reviewed at the annual management review and if necessary corrective action taken. It was noted however that the live batch sheet utilised as the standard on the computer system is not reflected in procedure T2-A-130 revision 0 **[Mandatory finding NC-1471232 refers]**.

During the inspection process, data is entered into the DAYCOTS computer software package through the testing stages. This information is then used to provide the certificates and reports for the cylinder inspection. Then generation of the certificates is a 3-stage approval process to issue the certificates.

The inspection records are internally traceable to the inspector who carries out the work and is retained in the DAYCOTS system.

Several inspection certificates were supplied as examples. These were noted to supply the information required in clause 7.4.2 a through g. The information was well laid out and easy to read and understand. There were facilities to indicate pass or failure and the reasons for failure. The procedure for report generation has no reference as to how any additions or corrections are made. The IB carry out these changes but there is no formal description of how to carry the practice out. **[Mandatory finding NC-1471264 refers]**.

## Resource requirements

### Personnel

The Technical competence for the TM was reviewed. He presented a CV describing his experience within the cylinder manufacturing and inspection industry over a number of years. His contract with Timesace appoints him as the technical authority for CDG.

The IB competence specification is lacking in detail, it refers to UKAS RG3 and does not reference UKAS RG0 which is more aligned for competence requirements. The IB have a working practice and record the actions however there is no completed documentation **[Mandatory finding refers 1470635]**.

The Training of the inspectors identifies them as either Category 6 or Category 5 with fully qualified inspectors identified as UKAS RG3 category 5. Each employee follows a training plan that is created by the General manager. The Employee progresses from non-inspection (general workshop) activities. There is a requirement for a minimum of 9 months' workshop experience prior to basic inspection role training. After 1 year of experience after sufficient experience and training the employee will be signed off as a competent Category 5 inspector.

The inspectors require to have a visual acuity test carried out on an annual basis, the test for certificate for R. Jago, dated 24/1/24, was presented as evidence.

Each section of the inspection procedure is broken down and presented in the training Matrix. Each section describes the competence requirements for that particular activity. Each has an individual procedure that the inspectors have to be trained on and pass an exam where they are quizzed by both the TM and the DTM to ensure impartiality and independence. A record of each training session and examination is retained in their training records and 2 inspectors records were reviewed as evidence.

Each trainee has a mentored working period in each inspection activity and the supervisor allocates a nominated qualified person to oversee their training. The nominated supervisor will consult with the TM, DTM, QM or senior examiner to complete the training of the inspector. The competence is assessed by a series of measures to include but not limited to, discussion, observation and examination. The inspectors are requalified on a Bi-annual basis as specified in the training procedure. The fully qualified inspectors are monitored on a monthly basis on a range of 1 – 4, cylinder inspections. (the cylinders are inspected in a batch of 4 cylinders) The records demonstrate that the IB are controlling the monitoring procedures in accordance with the Standard.

## Facilities and Equipment

The IB has 2 buildings on site for the inspection of cylinders. One is for receiving, de-valving and valve inspection, the second building is where the inspection takes place. The equipment in the inspection bays are sufficient to carry out inspections 4 at a time. This piece of test equipment determines the amount of inspection throughput. All of the equipment is suitably guarded, and the procedures highlight the requirement for working safely.

The equipment is only useable by suitably trained and qualified operators and the IB's procedures reflect this. The IB operate a planned preventive maintenance system and the schedule was presented by the IB as evidence. The maintenance is carried out in accordance with the documented procedures and OEM recommendations. At present the GM has the responsibility to carry out all of the PPM checks necessary.

The IB have a calibration programme for all equipment that has an influence on the inspection results. The IB has master instruments that are sent off for calibration at accredited calibration laboratories on an annual basis and the working instruments are verified against the master gauges on a monthly basis. This programme allows traceability back to national standards. There are daily checks for all equipment to ensure that there has been no measurement drift since the last daily check. **[Mandatory finding NC-1470856 refers]**

Equipment	Last Calibrated	Next calibrations	Certificate Number	Serial Number
Master Pressure gauge 23904576/1 0-700 bar	19/12/2023	18/12/2024	Pennine # 062464-1 UKAS # 0361	
Static Torque Meter Norbar 5021	14/2/2023	27/9/2024	Norbar # 276932 UKAS # 0256	
Dino Argio Weigh Scales 0722351203	24/9/2023	23/9/2024	Precision Balance Services R10U000405 UKAS # 0459	#

It was demonstrated by the IB that they are in control of their calibration programme for equipment that influences the results of the inspection. It was noted when sampling the

calibration certificates of the above equipment that on receipt by the IB the certificates are checked by the TM to ensure suitability for use.

### Subcontracting

The IB have stated that they do not subcontract any of the inspection activities, however they do contract out the shot blasting of the cylinders to Chesterfield cylinders and Central Cylinder Testing. The IB have indicated that within the next three months the Shot blasting equipment they have purchased will be up and running in their own facilities. The equipment is in place but not yet commissioned.

The IB have indicated that they will inform the client of the need to subcontract any activities by formal written notice, however there is no evidence of a written procedure or terms and conditions entry. **[Mandatory finding NC-1470867 refers].**

The IB have an approved supplier list and each supplier is re-evaluated on a annual basis. The IB's Quality manager sends out evaluation forms to the suppliers and these are retained in hard copy in a locked office and only. The Procedure for the control of external providers T2-A-05 is not fit for purpose. It is limited in its scope and only for use with Inspection companies not external suppliers **[Mandatory finding NC-1470900 refers].**

### Witness Assessment

Witnessed Activity (test/calibration/ inspection/ audit*)	Performed By	Technical Assessor	Comments
67 Litre Seamless Steel cylinder Manufactured to BS5045 serial # CTCO 6525653 dated 1968			
<ul style="list-style-type: none"> <li>• Cylinder correctly Identified from Works order W00299</li> <li>• Degas procedure completed</li> <li>• Blocked valve test carried out</li> <li>• Cylinder de-valved</li> <li>• External visual inspection completed</li> <li>• Internal inspection completed</li> <li>• Neck thread inspected</li> <li>• Cylinder moved to Hydraulic test and filled with water               <ul style="list-style-type: none"> <li>○ Hydraulically tested and held at pressure for 30 s</li> <li>○ No pressure drop noted</li> <li>○ Pressure released</li> <li>○ Water drained</li> </ul> </li> <li>• Cylinder dried using warm air               <ul style="list-style-type: none"> <li>○ Internally checked to ensure dried correctly</li> </ul> </li> <li>• Form F044 Revision 0 was reviewed on the wall of the painting booth it was noted that the form refers to UKAS document RG1 which is not appropriate for the IB scope of work <b>[Mandatory finding refers]</b></li> <li>• Valve refitted correctly</li> <li>• Retest stamping completed in accordance with the requirements of ISO 13769               <ul style="list-style-type: none"> <li>○ Ib Stamp then YYYY/MM</li> </ul> </li> </ul>			

- Records updated
- The Witnessed assessment was noted to be carried out competently in accordance with the IB own set procedures and the requirements of the ISO standards

## Next Steps

The next step of the assessment process is the evaluation of the evidence submitted to clear the findings identified at this visit.

*Where findings require mandatory action and evidence is not required by UKAS, it is expected that such actions will be undertaken by the IB as agreed. This should be within the same timescale, and completion should be confirmed as part of the submitted evidence on the relevant improvement action summary forms.*

- To implement all mandatory improvement actions within the agreed timescale.
- Documentary evidence of the implementation of all mandatory improvement actions is to be submitted to UKAS by the agreed date.
- Evidence should be submitted via the UKAS assessment portal.

*The IB is advised that if corrective action evidence supplied does not clear the nonconformities raised within two submissions of evidence, that a review will be carried out with the expectation that an extra visit may be necessary to review actions taken and their implementation within the organisation.*

## References

ISO/IEC 17020:2012

## UKAS Publications

The current versions of these documents are available from the UKAS website

- |               |  |
|---------------|--|
| <b>GEN 1</b>  | General Principles for the Assessment of Conformity Assessment Bodies by the United Kingdom Accreditation Service (Edition 3, January 2021)  |
| <b>GEN 4</b>  | UKAS Policy and General Guidance on the Implementation and Management of Flexible Scopes of Accreditation (Edition 1, October 2019)  |
| <b>GEN 6</b>  | Reference to Accreditation and Multilateral Recognition Signatory Status by UKAS Accredited Bodies (Edition 1, October 2021)   |
| <b>TPS 68</b> | UKAS Policy on Accreditation of Infrequently Performed Conformity Assessment Activities (Edition 2, June 2020)   |
| <b>TPS 41</b> | UKAS Policy on Metrological Traceability (Edition 6, December 2022)  |
| <b>TPS 47</b> | UKAS policy on participation in proficiency testing (Edition 5, January 2023)  |
| <b>TPS 53</b> | Management system requirements of laboratories (ISO/IEC 17025 and ISO 15189) and inspection bodies (ISO/IEC 17020) - Statements for use on test, examination, calibration and inspection reports/certificates (Edition 3, December 2021) |

## Inspection Recommendation and Guidance Publications

- |             |   |
|-------------|---|
| <b>RG 0</b> | Guidelines on the competence of personnel undertaking engineering inspections (Edition 3, December 2018)                                      |
| <b>RG 1</b> | Accreditation for In-service Inspection of Power Presses and Other Specified Machines and their Safeguarding Systems (Edition 4, August 2019) |

<b>RG 2</b>	Accreditation for In-Service Inspection of Pressure Systems/Equipment (Edition 5, December 2018)
<b>RG 3</b>	Accreditation for In-Service Inspection of Transportable Pressure Receptacles (Edition 4, December 2018)
<b>RG 4</b>	Accreditation for the Inspection of Local Exhaust Ventilating (LEV) Plant (Edition 4, December 2018)
<b>RG 6</b>	Accreditation for In-Service Inspection of Lifting Equipment (Edition 4, November 2019)
<b>RG 8</b>	Accreditation of Bodies Surveying for Asbestos in Premises (Edition 5, September 2021)
<b>RG 9</b>	Accreditation of Bodies Undertaking Legionella Risk Assessment Activities (Edition 4, March 2022)
<b>RG 101</b>	Accreditation for the Inspection of Electrical Equipment and Installations in Potentially Explosive Atmospheres (Edition 2, April 2019)
<b>RG 102</b>	Accreditation for the Inspection of Non-Public High Voltage Electrical Systems (Edition 2, November 2019)
<b>RG 105</b>	Accreditation for the Inspection of Low Voltage Electrical Installations and Associated Electrical Equipment (Edition 2, April 2019)
<b>RG 201</b>	Accreditation of Bodies Carrying out Scene of Crime Examination (Edition 2, August 2015)

### Relevant European and International Publications

**EA-2/13** EA Cross Border Accreditation Policy and Procedure for EA Members

**EA-2/15** EA Requirements for the Accreditation of Flexible Scopes

**EA-3/01** EA Conditions for the use of Accreditation Symbols

**ILAC-P9** ILAC Policy for Participation in Proficiency Testing Activities

**ILAC-P10** ILAC Policy on Traceability of Measurement Results

**ILAC-P15** Application of ISO/IEC 17020:2012 for the Accreditation of Inspection Bodies

**ILAC-P19** Modules in a Forensic Science Process

**ILAC-P27** Guidance on measurements performed as part of an inspection process

Recommendations provided by the Assessors are not mandatory and are proposed for consideration.




**END OF REPORT**

 2024 Initial Assessment Timesace(28283) IAR CLEARED

## Executive Overview

This is an example paragraph to get you started. Please click 'edit' and start modifying this element.

## Report Overview

 Sections	17
 Requirements Answered	2 / 17
 Observations	0
 Images	1
 Attachments	33
 Recommended Actions	0
 Non-Conformances	28

## Scoring Summary:

Section Name	Section Score
<b>Assessment 1890027 - ISO 17020 2012</b>	
Select the requirements to be assessed	0.0 / 0
Management system: 8.3 Control of documents (Option A)	0 / 0
Evaluation Processes: 7.1 Inspection Methods (General)	0 / 0
Evaluation Processes: 7.4 Inspection reports and inspection certificates	0 / 0
Technical Competence Personnel: 6.1.4 Duties and Responsibilities	0 / 0
Technical Competence Facilities and Equipment: 6.3 Subcontracting	0 / 0
<b>Assessment 1890025 - ISO 17020 2012</b>	
Select the requirements to be assessed	0.0 / 0
Organisation details: 5.2 Organisational structure and top management including Key Personnel	0 / 0
Management system: 8.2 General management system documentation	0 / 0
Management system: 8.3 Control of documents (Option A)	0 / 0
Management system: 8.4 Control of records (Option A)	0 / 0



Management system: 8.5 Management review (Option A)	0 / 0
Management system: 8.6 Internal audits (Option A)	0 / 0
Management system: 8.7 Corrective actions (Option A)	0 / 0
Management system: 7.5 Complaints and appeals	0 / 0
Impartiality & Integrity: 4.1 Impartiality & Independence	0 / 0
Technical Competence Facilities and Equipment: 6.3 Subcontracting	0 / 0

### Assessment Summary:

Assessment ID	Assessment Name	Completed On	Auditor	Asset
1890027	ISO 17020 2012	07/Feb/2024, 11:53	Lawrence Sweenie	UKAS > T > 28283: Timesace Limited
1890025	ISO 17020 2012	07/Feb/2024, 11:32	Natasha Dyer	UKAS > T > 28283: Timesace Limited

### Scoring Breakdown:

Colour	Score Name	Score Weight	Score Count
ISO/IEC 17020:2012 (Ver: 2)			
●	Additional Blank Requirements	0.0	0
●	All Standard Requirements	0.0	2
●	Evaluation Processes	0.0	0
●	Impartiality & Integrity	0.0	0
●	Management System	0.0	0
●	Organisation details	0.0	0
●	Reference Documents	0.0	0
●	Technical Competence Facilities and Equipment	0.0	0
●	Technical Competence Personnel	0.0	0
●	NA	0.0	0
Unscored			
●	Unscored		15

### Non-Conformance Breakdown:

Response	Draft	Open	In Progress	In Review	Closed	Reopened	TOTAL
Unscored	-	-	-	-	28	-	28

## Non-Conformances:

Assessment - 1890027 ISO 17020 2012

Section 7 - Management system: 8.3 Control of documents (Option A)

Meta Details		NC	Clause	Additional Standard Assessed	Proposed Corrective Action	Proposed CA provided by
NC ID	1470635	It is recommended that the roles and responsibilities for the TM be presented in one place. At present these roles and responsibilities are described in multiple sections of the quality manual	R		R	R
Requirement	8.3 Control of documents (Option A)					
Assessor	Lawrence Sweenie					
Response	Unscored					
Assignee	Tim Jeffery					
Due Date	26/Apr/2024					
Non-Conformance Categories	<b>Recommended</b>					
Status	<b>CLOSED</b>					

Section 20 - Evaluation Processes: 7.1 Inspection Methods (General)

Meta Details		NC	Clause	Additional Standard Assessed	Proposed Corrective Action	Proposed CA provided by
NC ID	1471135	The Operating procedure T2-A-135 Rev 0 is referencing an out of date standard. It is referencing BSEN ISO 18119:2018, when it should be referencing BSEN ISO 18119:2018+A1:2021	7.1.1	BSEN ISO 18119:2018+A1:2021	Review and update the procedure	Fred Ayres
Requirement	Inspection Methods (General) 7.1 - Type(s) of Inspections; Level of activity					
Assessor	Lawrence Sweenie					
Response	Unscored					
Assignee	Tim Jeffery					
Due Date	25/Apr/2024					
Non-Conformance Categories	<b>With Evidence</b>					
Status	<b>CLOSED</b>					

NC ID	1471232					
Requirement	Inspection Methods (General) 7.1 - Type(s) of Inspections; Level of activity	The live batch sheet utilised as the standard batch control on the computer system is not reflected in procedure T2-A-130 revision 0 . The documents are different.	7.1.5.c 8.3.2.a		Review and update the forms	Wez Belton
Assessor	Lawrence Sweenie					
Response	Unscored					
Assignee	Tim Jeffery					
Due Date	26/Apr/2024					
Non-Conformance Categories	With Evidence					
Status	CLOSED					
NC ID	1471190					
Requirement	Inspection Methods (General) 7.1 - Type(s) of Inspections; Level of activity	Form F044 attached on the paint booth wall refers to UKAS document RG1 which is not appropriate for cylinder inspection.	7.1.1 & 8.3.2.a		Review and Update Form F044 appropriately	Fred Ayres
Assessor	Lawrence Sweenie					
Response	Unscored					
Assignee	Tim Jeffery					
Due Date	26/Apr/2024					
Non-Conformance Categories	With Evidence					
Status	CLOSED					

NC ID	1471176	Procedure T2-A-111 rejecting cylinders & rendering failed cylinders unserviceable does not specify the PPE required whilst destroying the cylinder	7.1.1 & 7.1.9	Review and update procedure	Wez Belton
Requirement	Inspection Methods (General) 7.1 - Type(s) of Inspections; Level of activity				
Assessor	Lawrence Sweenie				
Response	Unscored				
Assignee	Tim Jeffery				
Due Date	26/Apr/2024				
Non-Conformance Categories	With Evidence				
Status	CLOSED				

Section 23 - Evaluation Processes: 7.4 Inspection reports and inspection certificates

Meta Details		NC	Clause	Additional Standard Assessed	Proposed Corrective Action	Proposed CA provided by
NC ID	1471264	The IB procedure T2-a-148 does not describe how additions or changes to a certificate or report are carried out.	7.4.5		Review and update procedure	Fred Ayres
Requirement	Inspection reports and inspection certificates 7.4					
Assessor	Lawrence Sweenie					
Response	Unscored					
Assignee	Tim Jeffery					
Due Date	26/Apr/2024					
Non-Conformance Categories	With Evidence					
Status	CLOSED					

Section 27 - Technical Competence Personnel: 6.1.4 Duties and Responsibilities

Meta Details	NC	Clause	Additional Standard Assessed	Proposed Corrective Action	Proposed CA provided by
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NC ID	1470856	The IB have a system for tagging and removing defective equipment from service, however there is no evidence of a procedure where the IB examines the effect of the defects on previous inspections and where necessary, take appropriate corrective action	6.2.14	1. Amend and review procedure T2-A-151	Wez Belton
Requirement	Duties and Responsibilities 6.1.4				
Assessor	Lawrence Sweenie				
Response	Unscored				
Assignee	Tim Jeffery				
Due Date	25/Apr/2024				
Non-Conformance Categories	With Evidence				
Status	CLOSED				

Section 41 - Technical Competence Facilities and Equipment: 6.3 Subcontracting

Meta Details		NC	Clause	Additional Standard Assessed	Proposed Corrective Action	Proposed CA provided by
NC ID	1470867	The IB cannot provide evidence of a written procedure to inform their clients of an intention to subcontract any of the inspection activities.	6.3.2		Update procedure and terms and conditions to include the requirements	Fred Ayres
Requirement	Subcontracting Informing Clients, Determination of conformity, Records 6.3					
Assessor	Lawrence Sweenie					
Response	Unscored					
Assignee	Tim Jeffery					
Due Date	25/Apr/2024					
Non-Conformance Categories	With Evidence					
Status	CLOSED					

NC ID	1470900	<p>The procedure for the controls of external vendors is not fit for purpose. It lacks clarity as to who and how a vendor/supplier is verified as competent.</p>	6.3.4	Review and update the flow chart.	Wez Belton
Requirement	Subcontracting Informing Clients, Determination of conformity, Records 6.3				
Assessor	Lawrence Sweenie				
Response	Unscored				
Assignee	Tim Jeffery				
Due Date	03/May/2024				
Non-Conformance Categories	With Evidence				
Status	CLOSED				

Assessment - 1890025 ISO 17020 2012

Section 4 - Organisation details: 5.2 Organisational structure and top management including Key Personnel

Meta Details		NC	Clause	Additional Standard Assessed	Proposed Corrective Action	Proposed CA provided by
NC ID	1470633	<p>The job description for the Technical Manager does not fully list the required qualifications and desired experience. No evidence required as the updated document was presented at the time of the assessment, however the root cause, extent and impact will still need to be submitted.</p>	5.2.3 & 8.2.3		Qualifications and Experience to be updated in document T2-A-042 .	TJ
Requirement	Organisational structure and top management including Key Personnel 5.2					
Assessor	Natasha Dyer					
Response	Unscored					
Assignee	Tim Jeffery					
Due Date	24/Apr/2024					
Non-Conformance Categories	Without Evidence					
Status	CLOSED					

Section 6 - Management system: 8.2 General management system documentation

Meta Details	NC	Clause	Additional Standard Assessed	Proposed Corrective Action	Proposed CA provided by
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NC ID	1470697	The IB has not appointed a member of management to report to top management on the performance of the management system.	8.2.3		Review document T2-A-042	TJ
Requirement	General management system documentation 8.2					
Assessor	Natasha Dyer					
Response	Unscored					
Assignee	Tim Jeffery					
Due Date	24/Apr/2024					
Non-Conformance Categories	With Evidence					
Status	CLOSED					

Section 7 - Management system: 8.3 Control of documents (Option A)

Meta Details		NC	Clause	Additional Standard Assessed	Proposed Corrective Action	Proposed CA provided by
NC ID	1470707	The register of procedures and forms does not accurately reflect the most current revision and date for document F091.	8.3.2		Review document F091 and update register of procedures and forms	TJ
Requirement	8.3 Control of documents (Option A)					
Assessor	Natasha Dyer					
Response	Unscored					
Assignee	Tim Jeffery					
Due Date	24/Apr/2024					
Non-Conformance Categories	With Evidence					
Status	CLOSED					

Section 8 - Management system: 8.4 Control of records (Option A)

Meta Details	NC	Clause	Additional Standard Assessed	Proposed Corrective Action	Proposed CA provided by
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NC ID	1470767	The IB has not suitably defined what identification method they will use for documents and records	8.4.1		Review and define controls for the method of identifying documents and records.	Tim Jeffrey
Requirement	Control of records (Option A) 8.4					
Assessor	Natasha Dyer					
Response	Unscored					
Assignee	Tim Jeffery					
Due Date	24/Apr/2024					
Non-Conformance Categories	With Evidence					
Status	CLOSED					
NC ID	1470770	The protection of personnel records has not been defined in the control of records procedure (T2-A-01).	8.4.1		Review and update control of records procedure (T2-A-01)	TJ
Requirement	Control of records (Option A) 8.4					
Assessor	Natasha Dyer					
Response	Unscored					
Assignee	Tim Jeffery					
Due Date	02/May/2024					
Non-Conformance Categories	With Evidence					
Status	CLOSED					

Section 9 - Management system: 8.5 Management review (Option A)

Meta Details	NC	Clause	Additional Standard Assessed	Proposed Corrective Action	Proposed CA provided by
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NC ID	1470784	The IB have not defined the outputs of the management review and have not included decisions or actions relating to the specific standard requirements.	8.5.3		Review decision and actions as a result of the management review.	Tim Jeffery
Requirement	Management review (Option A) 8.5 - Planning, Review Inputs, Review outputs					
Assessor	Natasha Dyer					
Response	Unscored					
Assignee	Tim Jeffery					
Due Date	25/Apr/2024					
Non-Conformance Categories	With Evidence					
Status	CLOSED					
NC ID	1470779	The IB does not list appeals as an input for their management review meeting nor is there evidence that it has discussed during the latest meeting held on 29/01/24	8.5.2 (g)		Review inputs for management review	Tim Jeffery
Requirement	Management review (Option A) 8.5 - Planning, Review Inputs, Review outputs					
Assessor	Natasha Dyer					
Response	Unscored					
Assignee	Tim Jeffery					
Due Date	25/Apr/2024					
Non-Conformance Categories	With Evidence					
Status	CLOSED					

Section 10 - Management system: 8.6 Internal audits (Option A)

Meta Details	NC	Clause	Additional Standard Assessed	Proposed Corrective Action	Proposed CA provided by
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NC ID	1470978	The IB have not accurately documented in their procedure what process they follow when reporting non conformance within audit reports	8.6.1	Review procedure T2-A-09 so that it reflects the process being followed by auditors.	TJ
Requirement	Internal audits (Option A) 8.6 - Audit Program & Audit Frequency, Audit Records, Effectiveness of Audits				
Assessor	Natasha Dyer				
Response	Unscored				
Assignee	Tim Jeffery				
Due Date	25/Apr/2024				
Non-Conformance Categories	With Evidence				
Status	CLOSED				
NC ID	1470972	The IB have not defined the criteria for internal auditors	8.6.5 & 6.1.1	Review requirements for education, training, technical knowledge, skills and experience required for personnel involved in auditing activities	TJ
Requirement	Internal audits (Option A) 8.6 - Audit Program & Audit Frequency, Audit Records, Effectiveness of Audits				
Assessor	Natasha Dyer				
Response	Unscored				
Assignee	Tim Jeffery				
Due Date	25/Apr/2024				
Non-Conformance Categories	With Evidence				
Status	CLOSED				

NC ID	1470971	At the time of assessment, the IB could not present a qualification or certificate of competency for Fred Ayres' knowledge of ISO 17020.	8.6.5 (a)		Fred Ayres to receive internal training to prove his competency of ISO 17020.	TJ
Requirement	Internal audits (Option A) 8.6 - Audit Program & Audit Frequency, Audit Records, Effectiveness of Audits					
Assessor	Natasha Dyer					
Response	Unscored					
Assignee	Tim Jeffery					
Due Date	25/Apr/2024					
Non-Conformance Categories	With Evidence					
Status	CLOSED					
NC ID	1470969	The audits conducted by the IB lack sufficient detail, particularly in the Management Review section	8.6.3		Another ISO 17020 audit will be conducted	TJ
Requirement	Internal audits (Option A) 8.6 - Audit Program & Audit Frequency, Audit Records, Effectiveness of Audits					
Assessor	Natasha Dyer					
Response	Unscored					
Assignee	Tim Jeffery					
Due Date	25/Apr/2024					
Non-Conformance Categories	With Evidence					
Status	CLOSED					

NC ID	1470967	The IB have not planned or conducted audits on all requirements of the standard.	8.6.1		An all inclusive ISO 17020 audit to be conducted	TJ
Requirement	Internal audits (Option A) 8.6 - Audit Program & Audit Frequency, Audit Records, Effectiveness of Audits					
Assessor	Natasha Dyer					
Response	Unscored					
Assignee	Tim Jeffery					
Due Date	25/Apr/2024					
Non-Conformance Categories	With Evidence					
Status	CLOSED					
NC ID	1470796	The IB may wish to consider re-phrasing Section 1.1 of the Internal Audits procedures "T2-A-09" which stipulates that technical procedures can be audited by quality personnel.	8.6.5 (a)		N/A	N/A
Requirement	Internal audits (Option A) 8.6 - Audit Program & Audit Frequency, Audit Records, Effectiveness of Audits					
Assessor	Natasha Dyer					
Response	Unscored					
Assignee	Tim Jeffery					
Due Date	06/May/2024					
Non-Conformance Categories	Recommended					
Status	CLOSED					

Section 11 - Management system: 8.7 Corrective actions (Option A)

Meta Details	NC	Clause	Additional Standard Assessed	Proposed Corrective Action	Proposed CA provided by
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NC ID	1471151					
Requirement	Corrective actions (Option A) 8.7 - determining the causes of nonconformity; correcting nonconformities; timeliness of corrective actions; effectiveness of corrective actions	The IB are not reviewing the effectiveness of their corrective actions	8.7.4 (g)		Include effectiveness check as part of the Monthly review and include an effectiveness check box in the NCR / Improvement register	TJ
Assessor	Natasha Dyer					
Response	Unscored					
Assignee	Tim Jeffery					
Due Date	02/May/2024					
Non-Conformance Categories	With Evidence					
Status	CLOSED					
NC ID	1471146					
Requirement	Corrective actions (Option A) 8.7 - determining the causes of nonconformity; correcting nonconformities; timeliness of corrective actions; effectiveness of corrective actions	The IB must explore more various potential root causes for NC 103, as well as consider the full impact and extent of the issue.	8.7.2		Review procedure T2-A-10 & PSW template	TJ
Assessor	Natasha Dyer					
Response	Unscored					
Assignee	Tim Jeffery					
Due Date	02/May/2024					
Non-Conformance Categories	With Evidence					
Status	CLOSED					

NC ID	1471138					
Requirement	Corrective actions (Option A) 8.7 - determining the causes of nonconformity; correcting nonconformities; timeliness of corrective actions; effectiveness of corrective actions					
Assessor	Natasha Dyer	The IB may wish to consider re-aligning the team's process in the use of the Problem Solving Worksheet (PSW)	8.7.4 (a)		N/A	N/A
Response	Unscored					
Assignee	Tim Jeffery					
Due Date	06/May/2024					
Non-Conformance Categories	<b>Recommended</b>					
Status	<b>CLOSED</b>					

Section 14 - Management system: 7.5 Complaints and appeals

Meta Details		NC	Clause	Additional Standard Assessed	Proposed Corrective Action	Proposed CA provided by
NC ID	1470908					
Requirement	Complaints and appeals 7.5 - Complaints, Appeals, Independence of process					
Assessor	Natasha Dyer	The IB does not document within their procedure that they will acknowledge receipt of complaints/appeals	7.6.3		Review procedure T2-A-07	TJ
Response	Unscored					
Assignee	Tim Jeffery					
Due Date	25/Apr/2024					
Non-Conformance Categories	<b>With Evidence</b>					
Status	<b>CLOSED</b>					

Section 15 - Impartiality & Integrity: 4.1 Impartiality & Independence

Meta Details	NC	Clause	Additional Standard Assessed	Proposed Corrective Action	Proposed CA provided by
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NC ID	1471236				
Requirement	Impartiality & Independence 4.1 - Stating; The IB provides type A/B/C inspection services / Relationship to parties involved / Relationship to items inspected / Legal entity activities / Links to and activities of Separate legal entities	The IB may wish to consider including additional severity and likelihood risk calculations before mitigations are put in place to demonstrate effectiveness of measures.	4.1.4	N/A	N/A
Assessor	Natasha Dyer				
Response	Unscored				
Assignee	Tim Jeffery				
Due Date	06/May/2024				
Non-Conformance Categories	<b>Recommended</b>				
Status	<b>CLOSED</b>				

Section 41 - Technical Competence Facilities and Equipment: 6.3 Subcontracting

Meta Details		NC	Clause	Additional Standard Assessed	Proposed Corrective Action	Proposed CA provided by
NC ID	1470974	The IB did not hold on file the competency certificate of their external auditor, Daryl Alder	6.3.4		Retain a copy of all external suppliers competency certificates.	Tim Jeffery
Requirement	Subcontracting Informing Clients, Determination of conformity, Records 6.3					
Assessor	Natasha Dyer					
Response	Unscored					
Assignee	Tim Jeffery					
Due Date	25/Apr/2024					
Non-Conformance Categories	<b>With Evidence</b>					
Status	<b>CLOSED</b>					

Assessments included in this report

ISO 17020 2012

Assessment ID: 1890027 Asset: UKAS > T > 28283: Timesace Limited Assessor: Lawrence Sweenie Submitted: 07/Mar/2024, 08:44:08

**1** Select the requirements to be assessed

Started: 06/Feb/2024 at 08:57 Finished: 06/Feb/2024 at 08:57 Time Taken: 0 secs Total Score: 0/0 (0%)

Select the requirements to be assessed	<b>Response:</b> All Standard Requirements
--	---

**7** Management system: 8.3 Control of documents (Option A)

Started: 06/Feb/2024 at 11:07 Finished: 06/Feb/2024 at 11:07 Time Taken: 0 secs



### 8.3 Control of documents (Option A)

Non-Conformance ID:1470635

CLOSED

Assignee: Tim Jeffery Due: 26/Apr/2024

#### Non-Conformance:

It is recommended that the roles and responsibilities for the TM be presented in one place. At present these roles and responsibilities are described in multiple sections of the quality manual

#### Clause:

R

#### Proposed Corrective Action:

R

#### Proposed CA provided by:

R

#### Non-Conformance Categories:

Recommended

#### Reporting Assessor:

Lawrence Sweenie

#### Approval Level 1 - Verification Comment: - 09/Feb/2024, 08:53 by Lina Freeman

No comment added

#### Approval Level 1 - Verification Comment: - 22/Apr/2024, 09:10 by Lawrence Sweenie

RECOMMENDED - NO ACTION NECESSARY

#### Approval Level 2 - Verification Comment: - 22/Apr/2024, 09:10 by Lawrence Sweenie

Concur with assessors comments

#### Reopen 1 - 09/Feb/2024, 10:39

Closed in error

#### Corrective Action Images and Attachments



Revised Quality Manual with sec 2.4.2.3 to 2.4.3.9 "personnel responsibilities" removed as duplicated in T2-A-041

Timesace Quality Manu...

#### Corrective Action:

1. Check that the responsibilities stated for Technical Manager, Quality Manager, Senior Inspector and Inspectors in the QM are covered and not contradicted by proc T2-A-041. Action TJ DONE
2. Remove duplicated text from Quality Manual. Action TJ DONE
3. Re-issue Quality Manual. Action DA DONE

#### Root Cause:

It was thought best that the Quality Manual provided an "Overview" of responsibilities and procedure T2-A-041 provided the detail. However, this has led to some duplication.

#### Impact & Extent:

This also affected documentation of the roles of, Quality Manager, Senior Inspector and Inspectors. There is no impact as the responsibilities stated in both documents (QM & T2-A-041) were not contradictory

## 20 Evaluation Processes: 7.1 Inspection Methods (General)

Started: 07/Feb/2024 at 09:25 Finished: 07/Feb/2024 at 11:28 Time Taken: 2hr, 3min, 8sec

Inspection Methods (General) 7.1 - Type(s) of Inspections; Level of activity

Non-Conformance ID:1471135

CLOSED

Assignee: Tim Jeffery Due: 25/Apr/2024

**Non-Conformance:**

The Operating procedure T2-A-135 Rev 0 is referencing an out of date standard. It is referencing BSEN ISO 18119:2018, when it should be referencing BSEN ISO 18119:2018+A1:2021

**Clause:**

7.1.1

**Additional Standard Assessed:**

BSEN ISO 18119:2018+A1:2021

**Proposed Corrective Action:**

Review and update the procedure

**Proposed CA provided by:**

Fred Ayres

**Non-Conformance Categories:**

With Evidence

**Reporting Assessor:**

Lawrence Sweenie

**Approval Level 1 - Verification Comment: - 22/Apr/2024, 09:04 by Lawrence Sweenie**

Procedure T2-A-153 has been updated to adequately reflect the required ISO standard.

RCA and E&I statements reviewed and found acceptable

FINDING CLEARED

**Approval Level 2 - Verification Comment: - 22/Apr/2024, 09:05 by Lawrence Sweenie**

Concur with assessors comments

Corrective Action Images and Attachments



Procedure T2-A-135 showing BS EN SO  
18119:2018 amended to BS EN ISO  
18119:2018+A1:2021

T2-A-135 Rev 1 Seamle...

**Corrective Action:**

1. Amend procedure T2-A-135 to reference BS EN ISO 18119:2018+A1:2021. Action TJ DONE
2. Check all other procedures for reference to BSEN ISO 18119:2018 and amend to BS EN ISO 18119:2018+A1:2021 Action TJ DONE

**Root Cause:**

The procedures had not been updated as the new edition of the standard is not mandatory until 01/01/2025

**Impact & Extent:**

It has been identified that a total of 5 procedures needed to be amended. T2-A-135 (Inspection), T2-A-134 (Devalve), T2-A-140 (Assembly), T2-A-147 (Records), T2-A-150 (PT&I). The changes in the new edition of the standard have been checked and confirmed that none affect any of the processes or procedures at Timesace. The impact is therefore nil.

Non-Conformance ID:1471232

CLOSED

Assignee: Tim Jeffery Due: 26/Apr/2024

**Non-Conformance:**

The live batch sheet utilised as the standard batch control on the computer system is not reflected in procedure T2-A-130 revision 0 . The documents are different.

**Clause:**

7.1.5.c 8.3.2.a

**Proposed Corrective Action:**

Review and update the forms

**Proposed CA provided by:**

Wez Belton

**Non-Conformance Categories:**

With Evidence

**Reporting Assessor:**

Lawrence Sweenie

**Approval Level 1 - Verification Comment: - 22/Apr/2024, 09:29 by Lawrence Sweenie**

The evidence was reviewed an found acceptable  
RCS & E&I statements were reviewed and found acceptable  
FINDING CLOSED

**Approval Level 2 - Verification Comment: - 22/Apr/2024, 09:30 by Lawrence Sweenie**

Concur with assessors comments

## Corrective Action Images and Attachments



Revised Batch Card now at Rev1 status.

**Non-Conformance ID:**1471190

**CLOSED**

**Assignee:** Tim Jeffery **Due:** 26/Apr/2024

**Non-Conformance:**

Form F044 attached on the paint booth wall refers to UKAS document RG1 which is not appropriate for cylinder inspection.

**Clause:**

7.1.1 & 8.3.2.a

**Proposed Corrective Action:**

Review and Update Form F044 appropriately

**Proposed CA provided by:**

Fred Ayres

**Non-Conformance Categories:**

With Evidence

**Reporting Assessor:**

Lawrence Sweenie

**Corrective Action:**

Make the new document a controlled document and assign it a new revision number. Action WB/TJ DONE

**Root Cause:**

The document was developed by the operations team without recognizing it was a controlled document.

**Impact & Extent:**

The original works order format (F130 Rev0) was revised and used from 1st September 2023, therefore all works orders created from this date are to the new format. There is no impact as non of the key information has changed.

**Corrective Action:**

1. Amend Certificate Templates. Action TJ DONE
2. Re-issue Certificates to RJ, RM, DG. Action TJ DONE

**Root Cause:**

Typo -Should have stated RG0  
Typo not identified by Technical Manager when issued.  
Limited time to be identified between first issue and external audit.

**Impact & Extent:**

The typo affected authorisation certificates for all 3 inspectors. (Russel Jago, Reece Minto & Danny Goodhead.  
The impact is nil as it was just a Typo. The selection, training and authorisation was in accordance with RG0 & RG3.

**Approval Level 1 - Verification Comment: - 22/Apr/2024, 09:14 by Lawrence Sweenie**

Evidence provided was reviewed and found acceptable  
RCA and E&I statements found acceptable  
FINDING CLEARED

**Approval Level 2 - Verification Comment: - 22/Apr/2024, 09:27 by Lawrence Sweenie**

Concur with assessors comments

Corrective Action Images and Attachments



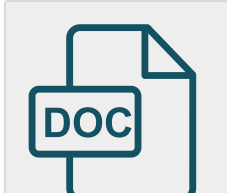
Amended Certificate for Danny Goodhead

F044 Danny Goodhead ...



Amended Certificate for Reece Minto

F044 Reece Minto 2403...



Amended Certificate for Russ Jago

F044 Russ Jago 240324...

**Non-Conformance ID:1471176**

**CLOSED**

**Assignee:** Tim Jeffery **Due:** 26/Apr/2024

**Non-Conformance:**

Procedure T2-A-111 rejecting cylinders & rendering failed cylinders unserviceable does not specify the PPE required whilst destroying the cylinder

**Clause:**

7.1.1 & 7.1.9

**Proposed Corrective Action:**

Review and update procedure

**Proposed CA provided by:**

Wez Belton

**Non-Conformance Categories:**

With Evidence

**Reporting Assessor:**

Lawrence Sweenie

**Approval Level 1 - Verification Comment: - 22/Apr/2024, 09:13 by Lawrence Sweenie**

the evidence provided was reviewed and found to be satisfactory  
RCA and E&I statements found acceptable  
FINDING CLEARED

**Approval Level 2 - Verification Comment: - 22/Apr/2024, 09:13 by Lawrence Sweenie**

Concur with assessors comments

Corrective Action Images and Attachments

**Corrective Action:**

1. Review PPE requirements for scrap cutting and provide info to TJ. Action WB DONE
2. Amend procedure T2-A-111 with the above. Action TJ DONE
3. Review all processes to determine where anything other than standard PPE is required. Action WB DONE – Confirmed to be Painting only.
4. Amend procedures accordingly. Action TJ DONE – Procedure T2-A-138 "Painting" checked and painting specific PPE already specified in sec 2.11

**Root Cause:**

Method of scrap cutting was not decided upon at point in time when procedure was written.  
Detailed PPE requirement was not spotted at an omission at subsequent procedure review.  
We had not scrapped cylinders at the time of writing procedure.  
We had not bought cutting equipment at the time of writing OP.

**Impact & Extent:**

Timesace started cutting scrap cylinders in September 2023. Despite the necessary PPE not being specified in the procedure the current scrap cutting operative was a time served maintenance technician so was well aware of the necessary PPE for using the equipment. The impact is therefore nil.



Amended scrap cutting procedure T2-A-111 now detailing PPE specific to the operation.

### 23 Evaluation Processes: 7.4 Inspection reports and inspection certificates

Started: 07/Feb/2024 at 11:53 Finished: 07/Feb/2024 at 11:53 Time Taken: 0 secs

#### Inspection reports and inspection certificates 7.4

Non-Conformance ID:1471264 CLOSED Assignee: Tim Jeffery Due: 26/Apr/2024

##### Non-Conformance:

The IB procedure T2-a-148 does not describe how additions or changes to a certificate or report are carried out.

##### Clause:

7.4.5

##### Proposed Corrective Action:

Review and update procedure

##### Proposed CA provided by:

Fred Ayres

##### Non-Conformance Categories:

With Evidence

##### Reporting Assessor:

Lawrence Sweenie

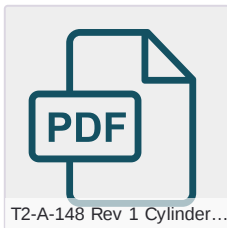
##### Approval Level 1 - Verification Comment: - 22/Apr/2024, 09:34 by Lawrence Sweenie

The IB procedure T2-a-148 amendments were reviewed and found to be acceptable  
RCA and E&I statements were reviewed and found acceptable  
FINDING CLEARED

##### Approval Level 2 - Verification Comment: - 22/Apr/2024, 09:35 by Lawrence Sweenie

Concur

#### Corrective Action Images and Attachments



Amended procedure T2-A-148 with "Amending a Certificate" section added.

##### Corrective Action:

1. Amend procedure T2-A-148. Action TJ DONE
2. Re-issue procedure T2-A-148. Action RJ

##### Root Cause:

This was an omission due to the volume of procedures that needed to be created and documented in a short space of time. Issue identified at first UKAS audit prior to internal document review.

##### Impact & Extent:

There has only been 1 certificate amendment necessary to date since commencing inspection activities. There is no impact as creating an amendment was already part of the database functionality and the necessary staff knew how to create a certificate amendment, it just had not been documented.

27 Technical Competence Personnel: 6.1.4 Duties and Responsibilities

Started: 06/Feb/2024 at 15:26 Finished: 06/Feb/2024 at 15:26 Time Taken: 0 secs

Duties and Responsibilities 6.1.4

Non-Conformance ID:1470856 CLOSED Assignee: Tim Jeffery Due: 25/Apr/2024

Non-Conformance:

The IB have a system for tagging and removing defective equipment from service, however there is no evidence of a procedure where the IB examines the effect of the defects on previous inspections and where necessary, take appropriate corrective action

Clause:

6.2.14

Proposed Corrective Action:

- 1. Amend and review procedure T2-A-151

Proposed CA provided by:

Wez Belton

Non-Conformance Categories:

With Evidence

Reporting Assessor:

Lawrence Sweenie

Corrective Action:

- 1. Amend text in proc T2-A-08 to include "and failures" state that a PSW (F101) must be completed. Action TJ DONE

Root Cause:

Word erroneously omitted from the Sec. 2.2 of procedure T2-A-08. The statement in the text should have read "in the case of adjustments OR FAILURE". Human error

Impact & Extent:

There is no extent or impact as the procedure flow chart already stated "Management must consider the validity of previous test results" and this had been occurring

Approval Level 1 - Verification Comment: - 22/Apr/2024, 08:52 by Lawrence Sweenie

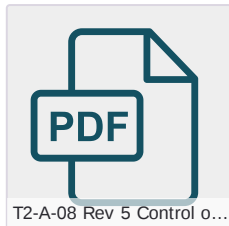
The evidence provided has been reviewed and deemed acceptable. The RCA and E&I statements were found suitable

Finding Closed

Approval Level 2 - Verification Comment: - 22/Apr/2024, 08:52 by Lawrence Sweenie

Concur with assessors comments

Corrective Action Images and Attachments



Procedure T2-A-08:- Sec 2.2 wording amended to "or failure".

41 Technical Competence Facilities and Equipment: 6.3 Subcontracting

Started: 06/Feb/2024 at 15:36 Finished: 06/Feb/2024 at 16:07 Time Taken: 31min, 1sec

**Subcontracting**

Informing Clients, Determination of conformity, Records 6.3

**Non-Conformance ID:**1470867

CLOSED

**Assignee:** Tim Jeffery **Due:** 25/Apr/2024

**Non-Conformance:**

The IB cannot provide evidence of a written procedure to inform their clients of an intention to subcontract any of the inspection activities.

**Clause:**

6.3.2

**Proposed Corrective Action:**

Update procedure and terms and conditions to include the requirements

**Proposed CA provided by:**

Fred Ayres

**Non-Conformance Categories:**

With Evidence

**Reporting Assessor:**

Lawrence Sweenie

**Corrective Action:**

1. Amend procedure T2-A-05 to document process for sub contract inspection should it be required. Action FA DONE.

**Root Cause:**

1. Why was subcontracting not considered when preparing the Quality System
2. Why was the potential need for subcontracting not addressed when examining future potential capacity limitations.
3. Why were clients additional potential requirements not foreseen when developing resources.
4. Why was the potential for the loss of key staff not considered when capacity issues addressed.
5. Why was equipment temporarily unfit for purpose not addressed when developing the Quality System.

**Response**

1. Timesace previously used an inspection body to retest all their cylinders prior to the application to obtain inspection body status. The company objective was to eliminate the need send their cylinders to another company for inspection.
2. The potential need for subcontracting not considered as effort and resources were being channelled into gaining approval status to carry out inspections in house.
3. Having subcontracted inspection prior to applying for inspection body status the potential client requirements had been addressed and factored into the inspection capability and capacity needs.
4. The development of the inspection capability including the need and requirement for the cover of key staff in the event of unplanned incapacity was addressed by training needs assessment to ensure all key aspects of inspection are covered on a three to one basis.
5. Where possible key spares for plant and equipment have been identified. Together with inspection equipment and is available to minimise downtime and loss of capacity.

**Impact & Extent:**

The omission of subcontracting has had no effect on the inspection capability as all work has been carried out within the inspection body capacity to meet the customer requirements.

**Approval Level 1 - Verification Comment: - 22/Apr/2024, 08:56 by Lawrence Sweenie**

The updated document was reviewed and the addition of the requirement to inform the client of subcontracting was noted and accepted.

RCA & E&I statements found acceptable

FINDING CLEARED

**Approval Level 2 - Verification Comment: - 22/Apr/2024, 08:56 by Lawrence Sweenie**

Concur with assessors comments

Corrective Action Images and Attachments



Sec 2.2 added to procedure T2-A-05 to specify actions to be taken in the event of sub contracting inspection operations.

T2-A-05 Rev 3 External ...

**Non-Conformance ID:**1470900

CLOSED

**Assignee:** Tim Jeffery **Due:** 03/May/2024

**Non-Conformance:**

The procedure for the controls of external vendors is not fit for purpose. It lacks clarity as to who and how a vendor/supplier is verified as competent.

**Clause:**

6.3.4

**Proposed Corrective Action:**

Review and update the flow chart.

**Proposed CA provided by:**

Wez Belton

**Non-Conformance Categories:**

With Evidence

**Reporting Assessor:**

Lawrence Sweenie

**Corrective Action:**

- 1. Correct the flowchart on procedure T2-A-05, Action DA DONE
- 2. Add text to procedure T2-A-05 to provide more detail for the process. Action FA/TJ DONE

**Root Cause:**

The procedure was originally documented for ISO 9000 and consisted of a flowchart only. The flowchart on procedure T2-A-05 which defines the process was amended to include cylinder inspection but during amendment some lines were erroneously omitted or deleted. This had not been identified on checking the document. Insufficient time between issue and external audit to allow the procedure to be reviewed internally. There was no text describing the process. This was not deemed necessary at the time.

**Impact & Extent:**

Although the process was poorly documented, the personnel applying the process knew the requirements of the process and had been correctly applying this to suppliers and sub-contractors as evidenced by the approved suppliers list. The impact is therefore nil.

**Approval Level 1 - Verification Comment: - 22/Apr/2024, 09:09 by Lawrence Sweenie**

The updated documents provided as evidence were reviewed and these were found to comply with the standard. The E&I and the RCA statements were reviewed and found to be acceptable. FINDING CLEARED

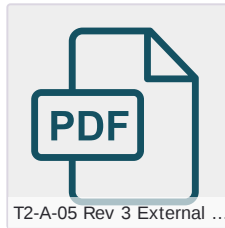
**Approval Level 2 - Verification Comment: - 22/Apr/2024, 09:09 by Lawrence Sweenie**

Concur with assessors comments

Corrective Action Images and Attachments



Approved Suppliers List evidencing that although the process was poorly documented, there was a process and it was being followed.



Amended procedure T2-A-05 showing corrected flowchart and supplementary text to better define the process.

ISO 17020 2012

Assessment ID: 1890025 Asset: UKAS > T > 28283: Timesace Limited Assessor: Natasha Dyer Submitted: 07/Feb/2024, 12:01:31

**1** Select the requirements to be assessed

Started: 06/Feb/2024 at 08:56 Finished: 06/Feb/2024 at 08:56 Time Taken: 0 secs Total Score: 0/0 (0%)

Select the requirements to be assessed

**Response:**

All Standard Requirements

**4** Organisation details: 5.2 Organisational structure and top management including Key Personnel

Started: 06/Feb/2024 at 11:00 Finished: 06/Feb/2024 at 11:04 Time Taken: 3min, 52sec



Organisational structure and top management including Key Personnel 5.2

Non-Conformance ID:1470633

CLOSED

Assignee: Tim Jeffery Due: 24/Apr/2024

**Non-Conformance:**

The job description for the Technical Manager does not fully list the required qualifications and desired experience. No evidence required as the updated document was presented at the time of the assessment, however the root cause, extent and impact will still need to be submitted.

**Clause:**

5.2.3 & 8.2.3

**Proposed Corrective Action:**

Qualifications and Experience to be updated in document T2-A-042 .

**Proposed CA provided by:**

TJ

**Non-Conformance Categories:**

Without Evidence

**Reporting Assessor:**

Natasha Dyer

**Approval Level 1 - Verification Comment: - 18/Apr/2024, 13:55 by Natasha Dyer**

The impact, extent and root cause of the finding have been suitably investigated and can now be closed.

**Approval Level 2 - Verification Comment: - 22/Apr/2024, 08:49 by Lawrence Sweenie**

Concur with assessors comments

**Corrective Action:**

Format of the document was amended to show hidden text.

**Root Cause:**

The text was on the word document but formatted in a text box. When additional text was added the box was not enlarged sufficiently for the text to be visible on the printed format.  
Unusual method of formatting word document by the Quality Manager and implications not realised by the Technical Manager who amended the document.  
Missing text was not identified as document was checked in "edit format" rather than "Print format".

**Impact & Extent:**

Other procedures may be formatted the same way.  
There is no impact as no subsequent recruitment of Technical Manager and any missing text on other procedures would have been identified during training.

**6** Management system: 8.2 General management system documentation

Started: 06/Feb/2024 at 12:03 Finished: 06/Feb/2024 at 12:03 Time Taken: 0 secs

General management system documentation 8.2

Non-Conformance ID:1470697

CLOSED

Assignee: Tim Jeffery Due: 24/Apr/2024

**Non-Conformance:**

The IB has not appointed a member of management to report to top management on the performance of the management system.

**Clause:**

8.2.3

**Proposed Corrective Action:**

Review document T2-A-042

**Proposed CA provided by:**

TJ

**Non-Conformance Categories:**

With Evidence

**Reporting Assessor:**

Natasha Dyer

**Approval Level 1 - Verification Comment: - 18/Apr/2024, 13:58 by Natasha Dyer**

Evidence provided has demonstrated appropriate corrective action, and the impact, extent and root cause of the finding have been suitably investigated and can now be closed.

**Approval Level 2 - Verification Comment: - 22/Apr/2024, 08:50 by Lawrence Sweeney**

Concur with assessors comments

Corrective Action Images and Attachments



Technical Manager job description which has been amended to include responsibility for reporting effectiveness of the Quality System to top management.

**Corrective Action:**

1. Document Technical Manager as responsible for reporting system effectiveness to top management by inclusion of this responsibility on TM job description. DONE RF/TJ

**Root Cause:**

This was an oversight when the roles and responsibilities procedure T2-A-042 was written.

**Impact & Extent:**

There have been 2 Management reviews since Timesace commenced inspecting cylinders. The impact is nil as the Technical Manager has reported on the effectiveness of the Management system for both of these meetings and the meeting prior to Timesace commencing inspection.

**7** Management system: 8.3 Control of documents (Option A)

Started: 06/Feb/2024 at 12:11 Finished: 06/Feb/2024 at 12:11 Time Taken: 0 secs

### 8.3 Control of documents (Option A)

Non-Conformance ID:1470707

CLOSED

Assignee: Tim Jeffery Due: 24/Apr/2024

#### Non-Conformance:

The register of procedures and forms does not accurately reflect the most current revision and date for document F091.

#### Clause:

8.3.2

#### Proposed Corrective Action:

Review document F091 and update register of procedures and forms

#### Proposed CA provided by:

TJ

#### Non-Conformance Categories:

With Evidence

#### Reporting Assessor:

Natasha Dyer

#### Approval Level 1 - Verification Comment: - 18/Apr/2024, 13:59 by Natasha Dyer

Evidence provided has demonstrated appropriate corrective action, and the impact, extent and root cause of the finding have been suitably investigated and can now be closed.

#### Approval Level 2 - Verification Comment: - 22/Apr/2024, 08:50 by Lawrence Sweenie

Concur with assessors comments

#### Corrective Action Images and Attachments



F011 "Register of documents" showing latest revision status of F091 "Quality System Internal Audit Schedule"



F091 "Quality System Internal Audit Schedule" showing latest revision status (bottom of page)

#### Corrective Action:

1. Provide TJ with the reviewed version of form F091. DONE DA- Provided as Evidence at Audit
2. Update the review register F011. DONE TJ – Provided as Evidence at Audit

#### Root Cause:

Form had been reviewed by DA at the start of the year, but had not been forwarded to TJ Close proximity of date that form was reviewed and date of audit.

#### Impact & Extent:

None as the audit schedule was for the Quality System internal audits which is the responsibility of DA, who had reviewed the form.

## 8 Management system: 8.4 Control of records (Option A)

Started: 06/Feb/2024 at 13:27 Finished: 06/Feb/2024 at 13:30 Time Taken: 3min, 22sec

Control of records (Option A) 8.4

Non-Conformance ID:1470767

CLOSED

Assignee: Tim Jeffery Due: 24/Apr/2024

**Non-Conformance:**

The IB has not suitably defined what identification method they will use for documents and records

**Clause:**

8.4.1

**Proposed Corrective Action:**

Review and define controls for the method of identifying documents and records.

**Proposed CA provided by:**

Tim Jeffery

**Non-Conformance Categories:**

With Evidence

**Reporting Assessor:**

Natasha Dyer

**Corrective Action:**

1. Document procedure and form numbering system in Document Control procedure T2-A-01. Action TJ DONE

**Root Cause:**

The numbering system is sequential, so it was not thought necessary to document this.

**Impact & Extent:**

There is no extent nor impact as new procedures and documents have been numbered correctly in accordance with sequential system.

**Approval Level 1 - Verification Comment: - 18/Apr/2024, 14:00 by Natasha Dyer**

Evidence provided has demonstrated appropriate corrective action, and the impact, extent and root cause of the finding have been suitably investigated and can now be closed.

**Approval Level 2 - Verification Comment: - 22/Apr/2024, 08:50 by Lawrence Sweenie**

Concur with assessors comments

Corrective Action Images and Attachments



Amended procedure T2-A-01 documenting document numbering system - See sec 2.5

Non-Conformance ID:1470770

CLOSED

Assignee: Tim Jeffery Due: 02/May/2024

**Non-Conformance:**

The protection of personnel records has not been defined in the control of records procedure (T2-A-01).

**Clause:**

8.4.1

**Proposed Corrective Action:**

Review and update control of records procedure (T2-A-01)

**Proposed CA provided by:**

TJ

**Non-Conformance Categories:**

With Evidence

**Reporting Assessor:**

Natasha Dyer

**Corrective Action:**

1. Identify/list personnel records held by Timesace, where they are located, how they are controlled and who has access. Action RF DONE

2. Amend procedure T2-A-01 to include the above. Action TJ DONE

**Root Cause:**

Not identified as being necessary for inclusion and reference in an ISO 17020 Quality System.

**Impact & Extent:**

The extent is that no personnel records have historically been listed in the quality procedure. The impact is nil as there is a system for dealing with personnel records, it's just never been included in the Quality System procedures.

**Approval Level 1 - Verification Comment: - 19/Apr/2024, 14:29 by Natasha Dyer**

The protection of personnel records has been suitably considered, and the impact, extent and root cause of the finding have been suitably investigated and can now be closed.

**Approval Level 2 - Verification Comment: - 22/Apr/2024, 08:57 by Lawrence Sweenie**

Concur with assessors comments

Corrective Action Images and Attachments



Amended procedure T2-A-01 now including Personnel records and personal information.

**9** Management system: 8.5 Management review (Option A)

**Started:** 06/Feb/2024 at 13:41 **Finished:** 06/Feb/2024 at 13:51 **Time Taken:** 10min, 22sec

Management review (Option A) 8.5 - Planning, Review Inputs, Review outputs

Non-Conformance ID:1470784

CLOSED

Assignee: Tim Jeffery Due: 25/Apr/2024

**Non-Conformance:**

The IB have not defined the outputs of the management review and have not included decisions or actions relating to the specific standard requirements.

**Clause:**

8.5.3

**Proposed Corrective Action:**

Review decision and actions as a result of the management review.

**Proposed CA provided by:**

Tim Jeffery

**Non-Conformance Categories:**

With Evidence

**Reporting Assessor:**

Natasha Dyer

**Corrective Action:**

1. Amend proc T2-A-03 Management Review to include specific outputs. Action TJ DONE

**Root Cause:**

It was believed that as Timeasce are already IAO 9001 accredited and therefore adopting "Option B" as stated in ISO 17020, the specifics for Management Review as stated in ISO 17020 was not applicable.

Lack of knowledge/understanding by Technical Manager or UKAS auditor.

**Impact & Extent:**

Although not specifically listed as output headings the management review minutes of 29/01/24 do include the necessary outputs stated in ISO 17020 as follows;

- a)Improvement of the effectiveness of the management system and its processes was recorded under heading "Continual Improvement".
- b) Improvement of the inspection body related to the fulfilment of this international standard is recorded under the heading "non-conformity and corrective actions" and "continual improvement", but not under the heading of "Improvement if the inspection body to ISO 9001 & ISO 17020". It is recommended that this is recorded under the heading "Improvement of effectiveness to ISO standards".
- c)Resource needs are reported under the heading "Resource Needs"

This has been the case for all Management Review undertaken at Timesace. The impact is nil as the necessary outputs were documented under different headings.

**Approval Level 1 - Verification Comment: - 18/Apr/2024, 14:22 by Natasha Dyer**

Evidence provided has demonstrated appropriate corrective action, and the impact, extent and root cause of the finding have been suitably investigated and can now be closed.

**Approval Level 2 - Verification Comment: - 22/Apr/2024, 08:51 by Lawrence Sweenie**

Concur with assessors comments

Corrective Action Images and Attachments



Amended Management Review procedure now listing necessary outputs in sec 4 (a-c).

Non-Conformance ID:1470779

CLOSED

Assignee: Tim Jeffery Due: 25/Apr/2024

**Non-Conformance:**

The IB does not list appeals as an input for their management review meeting nor is there evidence that it has discussed during the latest meeting held on 29/01/24

**Clause:**

8.5.2 (g)

**Proposed Corrective Action:**

Review inputs for management review

**Proposed CA provided by:**

Tim Jeffery

**Non-Conformance Categories:**

With Evidence

**Reporting Assessor:**

Natasha Dyer

**Corrective Action:**

1. Appeals against inspection decisions to be reviewed and discussed at the monthly review meeting on 01/03/24. Action TJ/WB/FA DONE:- It was confirmed that there had been no appeals over the last 12 months.
2. Amend proc T2-A-03 Management Review to specify inclusion of appeals as an agenda item. Action TJ/DA DONE

**Root Cause:**

Complaints AND appeals were discussed at the Management Review Meeting. However, as there were no appeals made within the period, there was nothing to discuss and it was not believed necessary to minute this. The Management Review Procedure T2-A-03 was written for the ISO 9001 Quality System and the omission of an Agenda Item which included Appeals had not been identified when reviewed for suitability for ISO 17020.

**Impact & Extent:**

Appeals have been discussed at all previous Management Review Meetings since January 2023, but as there haven't been any, it has not been minuted. The impact is therefore nil.

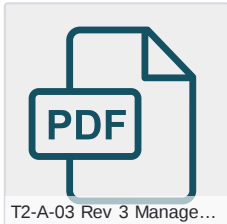
**Approval Level 1 - Verification Comment: - 18/Apr/2024, 14:21 by Natasha Dyer**

Evidence provided has demonstrated appropriate corrective action, and the impact, extent and root cause of the finding have been suitably investigated and can now be closed.

**Approval Level 2 - Verification Comment: - 22/Apr/2024, 08:50 by Lawrence Sweenie**

Concur with assessors comments

Corrective Action Images and Attachments



Amended Management Review Procedure now includes Appeals as an Agenda item.

**10**

Management system: 8.6 Internal audits (Option A)

**Started:** 06/Feb/2024 at 14:18 **Finished:** 06/Feb/2024 at 17:53 **Time Taken:** 3hr, 35min, 1sec

Internal audits (Option A) 8.6 - Audit Program & Audit Frequency, Audit Records, Effectiveness of Audits

Non-Conformance ID:1470978

CLOSED

Assignee: Tim Jeffery Due: 25/Apr/2024

**Non-Conformance:**

The IB have not accurately documented in their procedure what process they follow when reporting non conformances within audit reports

**Clause:**

8.6.1

**Proposed Corrective Action:**

Review procedure T2-A-09 so that it reflects the process being followed by auditors.

**Proposed CA provided by:**

TJ

**Non-Conformance Categories:**

With Evidence

**Reporting Assessor:**

Natasha Dyer

**Corrective Action:**

1. Procedure T2-A-09 to be amended to add detail of how PSW numbers are generated and recorded. Action TJ DONE

**Root Cause:**

Omission from procedure  
Was not deemed necessary to document as part of the procedure.

**Impact & Extent:**

The procedure already stated that process T2-A-10 was to be followed when reporting non-conformances, but did not state how they were referenced. The procedure now documents how non conformance (PSW) reference numbers are generated and recorded on the Internal Audit Report. There is no impact as the process hasn't changed – only now documented in the procedure.

**Approval Level 1 - Verification Comment: - 19/Apr/2024, 14:18 by Natasha Dyer**

Updated procedure T2-A-09 now accurately reflects the process being followed by the IB. The impact, extent and root cause of the finding have been suitably investigated and can now be closed.

**Approval Level 2 - Verification Comment: - 22/Apr/2024, 09:05 by Lawrence Sweenie**

Concur with assessors comments

Corrective Action Images and Attachments



T2-A-09 sec 1.7 added to define creation & documenting PSW reference numbers.

Non-Conformance ID:1470972

CLOSED

Assignee: Tim Jeffery Due: 25/Apr/2024

**Non-Conformance:**

The IB have not defined the criteria for internal auditors

**Clause:**

8.6.5 & 6.1.1

**Proposed Corrective Action:**

Review requirements for education, training, technical knowledge, skills and experience required for personnel involved in auditing activities

**Proposed CA provided by:**

TJ

**Non-Conformance Categories:**

With Evidence

**Reporting Assessor:**

Natasha Dyer

**Corrective Action:**

1. Add statement of required training and authorisation criteria in proc T2-A-09. Action TJ DONE

**Root Cause:**

This was an omission. It was stated in the training procedure T2-A-041 that all personnel must be trained and qualified prior to executing procedures in accordance with company training procedure. The company training procedure stated that personnel must be trained and competency tested prior to authorisation. It was believed that this was sufficient

**Impact & Extent:**

The extent and impact is nil as both DA & TJ have received internal Training and certification and FA received internal training and authorisation on form TR0.05.



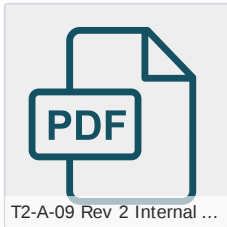
**Approval Level 1 - Verification Comment: - 19/Apr/2024, 14:16 by Natasha Dyer**

Section 2.2 of procedure T2-A-09 has demonstrated appropriate corrective action, and the impact, extent and root cause of the finding have been suitably investigated and can now be closed.

**Approval Level 2 - Verification Comment: - 22/Apr/2024, 08:59 by Lawrence Sweenie**

Concur with assessors comments

Corrective Action Images and Attachments



Procedure T2-A-09 amended to specify training and qualification requirements.



TR05:- Internal Audit Competency Test and Training Record Sheet

**Non-Conformance ID:1470971**

**CLOSED**

**Assignee:** Tim Jeffery **Due:** 25/Apr/2024

**Non-Conformance:**

At the time of assessment, the IB could not present a qualification or certificate of competency for Fred Ayres' knowledge of ISO 17020.

**Clause:**

8.6.5 (a)

**Proposed Corrective Action:**

Fred Ayres to receive internal training to prove his competency of ISO 17020.

**Proposed CA provided by:**

TJ

**Non-Conformance Categories:**

With Evidence

**Reporting Assessor:**

Natasha Dyer

**Corrective Action:**

1. Obtain review evidence of FA 17020 Experience prior to employment at Timesace. Action TJ
2. Check & Review FA Timesace Training records. Action TJ
3. Create & Issue FA certificate of competence as Quality & Deputy Technical Manager Action TJ

**Root Cause:**

Fred Ayres and his experience was well known to the Timesace Technical Manager as they had worked together on and off since 1987. There was not a documented procedure for reviewing experience, training and authorisation of a Quality & Deputy Technical manager. This was not understood to be necessary when the procedures were written.

**Impact & Extent:**

The extent is confined to the position of Quality Manager and Deputy Technical Manager as there was a documented procedure for training, reviewing & authorising inspectors. It was confirmed that all inspectors at Timesace had been authorised. There is no impact as CV and training records proved that FA had the necessary competence to fulfil the role of Quality & Deputy Technical Manager.

**Approval Level 1 - Verification Comment: - 19/Apr/2024, 14:14 by Natasha Dyer**

It was concluded that impact was minimal due to extensive experience of Fred Ayres but the submission of a 17020 competence certificate ensures the IB's compliance with sub clause 8.6.5 (a). The impact, extent and root cause of the finding have been suitably investigated and can now be closed.

**Approval Level 2 - Verification Comment: - 22/Apr/2024, 08:59 by Lawrence Sweenie**

Concur with assessors comments

Corrective Action Images and Attachments



Certificate of Competence for F. Ayres

**Non-Conformance ID:1470969**

**CLOSED**

**Assignee:** Tim Jeffery **Due:** 25/Apr/2024

**Non-Conformance:**

The audits conducted by the IB lack sufficient detail, particularly in the Management Review section

**Clause:**

8.6.3

**Proposed Corrective Action:**

Another ISO 17020 audit will be conducted

**Proposed CA provided by:**

TJ

**Non-Conformance Categories:**

With Evidence

**Reporting Assessor:**

Natasha Dyer

**Corrective Action:**

- 1. Communicate finding to Internal Auditors and request more detail. Action TJ DONE
- 2. Clause 8.5 (Management Review) to be re-audited. Action TJ DONE

**Root Cause:**

20 years' experience of the auditor deemed that sufficient detail had been provided as auditing can only ever be a "sampling" exercise.

**Impact & Extent:**

To some extent, this issue relates to every internal audit that has been conducted at Timesace. However, the frequency of the audits of inspection procedures means that although detail may be lacking, the frequency means that issues are very unlikely to have been missed.

**Approval Level 1 - Verification Comment: - 19/Apr/2024, 14:12 by Natasha Dyer**

Internal audit report provided demonstrates that all subclauses of the standard for section 8.5 have been reviewed and the auditor has provided thorough details of procedures and supporting documents that have been reviewed. The impact, extent and root cause of the finding have been suitably investigated and can now be closed.

**Approval Level 2 - Verification Comment: - 22/Apr/2024, 08:58 by Lawrence Sweenie**

Concur with assessors comments

Corrective Action Images and Attachments



Internal Audit Report - Including thorough audit of ISO 17020 Management Review clauses.

2403a Internal Audit Re...

**Non-Conformance ID:1470967**

**CLOSED**

**Assignee:** Tim Jeffery **Due:** 25/Apr/2024

**Non-Conformance:**

The IB have not planned or conducted audits on all requirements of the standard.

**Clause:**

8.6.1

**Proposed Corrective Action:**

An all inclusive ISO 17020 audit to be conducted

**Proposed CA provided by:**

TJ

**Non-Conformance Categories:**

With Evidence

**Reporting Assessor:**

Natasha Dyer

**Corrective Action:**

- 1. Add procedures that cover Quality Management clauses in ISO 17020 that are additional to the clauses in ISO 9001 to internal audit schedule Form F091a. Action TJ DONE
- 2. Conduct an Internal Audit of additional clauses. Action TJ DONE

**Root Cause:**

It was believed that the internal audits for the ISO 9001 quality system covered the necessary Quality system clauses in ISO 17020.

This had not been identified as an issue by the Technical Manager.

**Impact & Extent:**

This situation has been the case since commencing cylinder inspection at Timesace in June 2023. The impact is negligible because due to the "vertical" nature of the audits that HAVE been conducted all of the additional aspects of ISO 17020 had been audited, but perhaps not as thoroughly as would have been the case if they were audited as a separate entity.

**Approval Level 1 - Verification Comment: - 19/Apr/2024, 14:10 by Natasha Dyer**

The evidence provided has demonstrated appropriate corrective action as both documents provided demonstrate that the missing clauses have now been audited. The impact, extent and root cause of the finding have been suitably investigated and can now be closed.

**Approval Level 2 - Verification Comment: - 22/Apr/2024, 08:56 by Lawrence Sweeney**

Concur with assessors comments

Corrective Action Images and Attachments



Full ISO 17020 Internal Audit Report



Form 91A Inspection Internal Audit schedule now amended to include ISO 17020 clauses (highlighted blue) which were not part of the Quality System Internal Audit schedule (Form 91).

**Non-Conformance ID:1470796**

**CLOSED**

**Assignee:** Tim Jeffery **Due:** 06/May/2024

**Non-Conformance:**

The IB may wish to consider re-phrasing Section 1.1 of the Internal Audits procedures "T2-A-09" which stipulates that technical procedures can be audited by quality personnel.

**Clause:**

8.6.5 (a)

**Proposed Corrective Action:**

N/A

**Proposed CA provided by:**

N/A

**Non-Conformance Categories:**

Recommended

**Reporting Assessor:**

Natasha Dyer

**Corrective Action:**

Recommendation Only

**Root Cause:**

Recommendation Only

**Impact & Extent:**

Recommendation Only

**Approval Level 1 - Verification Comment: - 09/Feb/2024, 08:53 by Lina Freeman**

No comment added

**Approval Level 1 - Verification Comment: - 22/Apr/2024, 11:42 by Natasha Dyer**

Recommendation only. Finding can be closed.

**Approval Level 2 - Verification Comment: - 15/May/2024, 14:36 by Lawrence Sweeney**

Concur

**Reopen 1 - 09/Feb/2024, 10:37**

Closed in error

**11** Management system: 8.7 Corrective actions (Option A)

**Started:** 07/Feb/2024 at 09:28 **Finished:** 07/Feb/2024 at 09:57 **Time Taken:** 29min, 25sec

Corrective actions (Option A) 8.7 - determining the causes of nonconformity; correcting nonconformities; timeliness of corrective actions; effectiveness of corrective actions

Non-Conformance ID:1471151

CLOSED

Assignee: Tim Jeffery Due: 02/May/2024

**Non-Conformance:**

The IB are not reviewing the effectiveness of their corrective actions

**Clause:**

8.7.4 (g)

**Proposed Corrective Action:**

Include effectiveness check as part of the Monthly review and include an effectiveness check box in the NCR / Improvement register

**Proposed CA provided by:**

TJ

**Non-Conformance Categories:**

With Evidence

**Reporting Assessor:**

Natasha Dyer

**Corrective Action:**

1. Document method of review in procedure T2-A-10 Action TJ DONE
2. Amend flowchart in proc T2-A-10. Action DA DONE

**Root Cause:**

The effectiveness was being reviewed at monthly review, but not documented. No procedure stating how review is to be recorded or means of recording review date.

**Impact & Extent:**

This situation has existed for all problem solving worksheets created to date (nos 1 – 138). There is no impact as the effectiveness has been reviewed, but not documented.

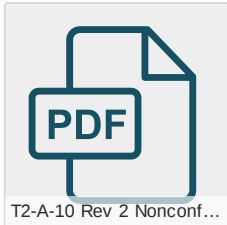
**Approval Level 1 - Verification Comment: - 19/Apr/2024, 14:38 by Natasha Dyer**

Impact was considered minimal as effectiveness was being reviewed, but not documented. Updated procedure T2-A-10 has demonstrated appropriate corrective action, and the impact, extent and root cause of the finding have been suitably investigated and can now be closed.

**Approval Level 2 - Verification Comment: - 22/Apr/2024, 08:58 by Lawrence Sweenie**

Concur with assessors comments

Corrective Action Images and Attachments



Amended procedure T2-A-10 documenting effectiveness review

T2-A-10 Rev 2 Nonconf...



Amended PSW Register (Form 102) showing new column for recording review date.

F102 Rev2 Non Conform...

Non-Conformance ID:1471146

CLOSED

Assignee: Tim Jeffery Due: 02/May/2024

**Non-Conformance:**

The IB must explore more various potential root causes for NC 103, as well as consider the full impact and extent of the issue.

**Clause:**

8.7.2

**Proposed Corrective Action:**

Review procedure T2-A-10 & PSW template

**Proposed CA provided by:**

TJ

**Non-Conformance Categories:**

With Evidence

**Reporting Assessor:**

Natasha Dyer

**Corrective Action:**

1. Conduct more thorough root cause analysis of PSW103 Action FA DONE
2. Amend PSW (Form 101) to include 5 why's for root cause analysis and "Extent & Impact" Section. Action TJ DONE
3. Amend Proc T2-A-10 accordingly. Action TJ DONE

**Root Cause:**

PSW (Form 101) did not have a section for Extent and Impact, so it was not documented

**Impact & Extent:**

Although not documented on the form, the extent and impact of all findings raised were discussed at the Timesace monthly review meetings. At these meetings the proposed corrective actions are discussed and assigned timescales for their completion which are relative to the impact of the issue. The impact is therefore nil. Although the issue concerns all findings raised to date, the possible extent of the issue is also discussed at the monthly review meetings and actions determined to deal with the possible extent of the issue.

**Approval Level 1 - Verification Comment: - 19/Apr/2024, 14:34 by Natasha Dyer**

The supplementary root cause analysis for PSW#103 with accompanying updated Problem Solving Worksheet and Procedure (T2-A-10) has demonstrated appropriate corrective action, and the impact, extent and root cause of the finding have been suitably investigated and can now be closed.

**Approval Level 2 - Verification Comment: - 22/Apr/2024, 08:57 by Lawrence Sweenie**

Concur with assessors comments

Corrective Action Images and Attachments



Supplementary Root Cause Analysis, Extent & Impact for PSW#103

PSW 103 Supplimentary...



Original PSW#103

103 PSW Failure ID.pdf



Amended PSW (Form 101) showing 5 Whys and Extent & Impact added

F101 Rev3 Problem Sol...



Amended procedure T2-A-10 documenting 5 why's & Extent & Impact sections.

T2-A-10 Rev 2 Nonconf...

Non-Conformance ID:1471138

CLOSED

Assignee: Tim Jeffery Due: 06/May/2024

<p><b>Non-Conformance:</b> The IB may wish to consider re-aligning the team's process in the use of the Problem Solving Worksheet (PSW)</p> <p><b>Clause:</b> 8.7.4 (a)</p> <p><b>Proposed Corrective Action:</b> N/A</p> <p><b>Proposed CA provided by:</b> N/A</p> <p><b>Non-Conformance Categories:</b> Recommended</p> <p><b>Reporting Assessor:</b> Natasha Dyer</p>	<p><b>Corrective Action:</b> Recommendation Only</p> <p><b>Root Cause:</b> Recommendation Only</p> <p><b>Impact &amp; Extent:</b> Recommendation Only</p>
<p><b>Approval Level 1 - Verification Comment: - 09/Feb/2024, 08:53 by Lina Freeman</b> <i>No comment added</i></p>	
<p><b>Approval Level 1 - Verification Comment: - 22/Apr/2024, 11:43 by Natasha Dyer</b> Recommendation only. Finding can be closed.</p>	
<p><b>Approval Level 2 - Verification Comment: - 15/May/2024, 14:37 by Lawrence Sweenie</b> Concur</p>	
<p><b>Reopen 1 - 09/Feb/2024, 10:40</b> Closed in error</p>	

**14** Management system: 7.5 Complaints and appeals

**Started:** 06/Feb/2024 at 16:15 **Finished:** 06/Feb/2024 at 16:15 **Time Taken:** 0 secs

Complaints and appeals 7.5 - Complaints, Appeals, Independence of process

Non-Conformance ID:1470908

CLOSED

Assignee: Tim Jeffery Due: 25/Apr/2024

**Non-Conformance:**

The IB does not document within their procedure that they will acknowledge receipt of complaints/appeals

**Clause:**

7.6.3

**Proposed Corrective Action:**

Review procedure T2-A-07

**Proposed CA provided by:**

TJ

**Non-Conformance Categories:**

With Evidence

**Reporting Assessor:**

Natasha Dyer

**Approval Level 1 - Verification Comment: - 18/Apr/2024, 14:28 by Natasha Dyer**

Evidence provided has demonstrated appropriate corrective action, and the impact, extent and root cause of the finding have been suitably investigated and can now be closed.

**Approval Level 2 - Verification Comment: - 22/Apr/2024, 08:56 by Lawrence Sweenie**

Concur with assessors comments

Corrective Action Images and Attachments



Proc T2-A-07 Amended:- Sec. 6.4 and 7.2 added to reference acknowledgement of complaint. Sec 6.26 & 7.6 added to inform customer of results of investigation/action.

**Corrective Action:**

1. Procedure T2-A-07 to be reviewed & updated to include acknowledgement of receipt of complaint, DONE TJ
2. Sales Administrators to be trained in amended procedure. Action FA: DONE

**Root Cause:**

Omitted from procedure.

High work volume due to the number of procedures written in short space of time for first approval as Inspection body/service.

Very limited number of staff to write procedures due to staff lack of experience with ISO 17020

**Impact & Extent:**

The procedure covered all complaints, but was purely a lack of documenting the process. Feedback to the customer was actually occurring without the requirement being documented. Therefore the impact is nil.

15 Impartiality & Integrity: 4.1 Impartiality & Independence

Started: 07/Feb/2024 at 11:32 Finished: 07/Feb/2024 at 11:32 Time Taken: 0 secs

Impartiality & Independence 4.1 - Stating; The IB provides type A/B/C inspection services / Relationship to parties involved / Relationship to items inspected / Legal entity activities / Links to and activities of Separate legal entities

Non-Conformance ID:1471236

CLOSED

Assignee: Tim Jeffery Due: 06/May/2024

**Non-Conformance:**

The IB may wish to consider including additional severity and likelihood risk calculations before mitigations are put in place to demonstrate effectiveness of measures.

**Clause:**

4.1.4

**Proposed Corrective Action:**

N/A

**Proposed CA provided by:**

N/A

**Non-Conformance Categories:**

Recommended

**Reporting Assessor:**

Natasha Dyer

**Corrective Action:**

Recommendation Only

**Root Cause:**

Recommendation Only

**Impact & Extent:**

Recommendation Only

**Approval Level 1 - Verification Comment:** - 09/Feb/2024, 08:53 by Lina Freeman

No comment added

**Approval Level 1 - Verification Comment:** - 22/Apr/2024, 11:43 by Natasha Dyer

Recommendation only. Finding can be closed.

**Approval Level 2 - Verification Comment:** - 15/May/2024, 14:37 by Lawrence Sweenie

Concur

**Reopen 1 - 09/Feb/2024, 10:41**

Closed in error

**41** Technical Competence Facilities and Equipment: 6.3 Subcontracting

**Started:** 06/Feb/2024 at 17:47 **Finished:** 06/Feb/2024 at 17:47 **Time Taken:** 0 secs



Subcontracting  
Informing Clients, Determination of conformity, Records 6.3

Non-Conformance ID:1470974

CLOSED

Assignee: Tim Jeffery Due: 25/Apr/2024

**Non-Conformance:**

The IB did not hold on file the competency certificate of their external auditor, Daryl Alder

**Clause:**

6.3.4

**Proposed Corrective Action:**

Retain a copy of all external suppliers competency certificates.

**Proposed CA provided by:**

Tim Jeffery

**Non-Conformance Categories:**

With Evidence

**Reporting Assessor:**

Natasha Dyer

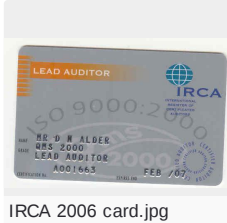
**Approval Level 1 - Verification Comment: - 19/Apr/2024, 14:17 by Natasha Dyer**

The evidence provided has demonstrated appropriate corrective action, and the impact, extent and root cause of the finding have been suitably investigated and can now be closed.

**Approval Level 2 - Verification Comment: - 22/Apr/2024, 09:04 by Lawrence Sweenie**

Concur with assessors comments

Corrective Action Images and Attachments



External Quality Auditor Competency Evidence.

**Corrective Action:**

1. Credentials were provided and reviewed by UKAS during the audit.

**Root Cause:**

DA was appointed as Quality Manager prior to ISO 17020 approval. DA's credentials were checked and filed by Director of the business. Director was not available to provide information during the audit.

**Impact & Extent:**

This situation only exists for the contract Quality Manager employed prior to ISO 17020 accreditation. Subsequent contractors TJ & FA have information readily available on file. There is no impact as DA's qualifications were assisted and deemed more than adequate for the role of Quality Manager and Internal Auditor.