

# ISO 14001 EXPECTATIONS

## Introduction

This document identifies AQA International's expectations for clients seeking registration to ISO 14001. It is organized into the following sections:

- I. Stage 1 Readiness Review Expectations
- II. Stage 2 Conformance Audit Expectations
- III. Surveillance Audit Expectations
- IV. Nonconformance Response Expectations

## I. Stage 1 Readiness Review Expectations

The Stage 1 Readiness Review is usually performed on-site to determine if the organization is ready to proceed to the Stage 2 conformance audit. Prior to the Stage 1 Readiness Review clients are requested to complete AQA form EF-019 to depict how the client's environmental management system (EMS) addresses ISO 14001 requirements and send it to the auditor along with the EMS manual and procedures. The lead auditor will review documents and complete the EF-019 during the audit. General expectations of Readiness to proceed to Stage 2 include:

1. Address of **all requirements of ISO 14001**, including **all documented procedures** required by the standard.
2. The completion and record of **at least one (1) management review** which includes an assessment of the environmental management system's suitability and effectiveness.
3. The completion and record of **at least one (1) full internal audit cycle** in which every element of the standard has been audited.
4. At least **three (3) months** of the records required by the standard.

Please contact AQA to reschedule the audit if any of these expectations cannot be fulfilled by the audit date.

AQA has noticed that there are certain elements of the standard that suppliers are more likely to not address properly. These items are discussed below for the purpose of assisting suppliers in preparing for documentation reviews and audits. Any examples are intended to clarify meaning, not stipulate preferred methods to address an element. *All AQA clients must implement the procedures and methods that best fit their business practices while meeting the standard.*

Environmental aspects and documentation are the cornerstone for conducting an ISO-14001 audit. The environmental aspects are reviewed to determine if they are appropriate and to identify which activities are most significant. Next, documentation is reviewed to determine if all requirements of ISO 14001 have been addressed.



### 4.2 Environmental Policy

The environmental policy is the guiding EMS document and needs to address the organization's commitments to prevention of pollution, compliance with regulations, and establishing environmental objectives and targets. Additionally, the policy needs to address the commitment to internal and external communication processes and to continual environmental improvement

### 4.3.1 Environmental Aspects

The identification of environmental aspects is an ongoing process which is the cornerstone or driver for the environmental management system. The aspects process needs to consider both the negative and beneficial aspects and a process for identifying those aspects with the potential for significant impact. The aspects identification process must be broader than compliance with applicable regulations. They may include such items as use of raw materials, reduction of waste materials, energy conservation and process efficiency improvements. A procedure for evaluating the environmental impacts of new projects should also be addressed.

### 4.3.2 Legal and Other Requirements



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To achieve and maintain regulatory compliance, an organization needs to identify and understand its regulatory requirements applicable to its activities, products or service. Therefore, the organization needs to have determined that required permits or licenses are in place and that a process is developed to review and update changes to regulatory requirements and file permit applications when due. Additionally, the organization needs to identify its other environmental requirements they subscribe to, i.e., customer requirements, industry standards, etc.

### 4.4.2 Competence, Training and Awareness

Employees whose job function could have a significant impact upon the environment must be trained and aware of the environmental aspects of their job. A process to determine competency must be established.

### 4.4.3 Communication

The organization needs to develop communication processes for communicating EMS information to its employees, suppliers or contractors and have external communication processes established that address requests or questions from interested parties concerning its significant environmental aspects. Records of communications with interested parties need to be available.

### 4.4.7 Emergency Preparedness and Response

The organization needs to have procedures developed for responding to emergency situations that may develop as related to the identified significant aspects. The procedures need to address the periodic testing of emergency preparedness and response procedures and address the process for conducting reviews and initiating preventive actions when required.

### 4.5.1 Monitoring and Measurement

The organization needs to have documented procedures to monitor and measure the key characteristics of its operations and activities. This includes information tracking conformance with its objectives and targets. Monitoring equipment must be calibrated with records available.

A process and schedule for performing environmental compliance assessments for determining compliance with legal requirements.

## II. Stage 2 Conformance Audit Expectations

The auditor will assess conformance to ISO 14001 and client is adherence to its own policies, objectives and procedures. This assessment will be performed by observations, interviews and record review.

## III. Surveillance Audit Expectations

All EMS processes may not be audited every surveillance. The auditor will assess:

1. Effective implementation of corrective actions in response to previous nonconformances
2. Efforts made toward *continuous improvement and prevention of pollution*.
3. A comprehensive list, or equivalent control system, identifying the nature of all revisions to the EMS manual and procedures.

## IV. Nonconformance Response Expectations

AQA Clients are required to transfer each AQA identified nonconformance to their internal corrective action form and system. Failure to submit an acceptable response utilizing their corrective action form and system by the established due date may have a negative impact on new or existing registrations.



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### Acceptable Client Corrective Action Responses Must Include:

#### 1. The results of an investigation to determine the root cause or most basic cause(s) of the nonconformance.

If the root cause is not determined, it is unlikely the corrective actions will prevent recurrence of the nonconformance. In fact, a good test to determine if you have properly identified the root cause is to ask, “If we eliminate this cause, will the nonconformance happen again?” If the answer is no, then the root cause is properly identified. If the answer is yes or maybe, then the root cause needs to be further analyzed. It often takes asking “why did the potential root cause occur” several times to reach a root cause upon which corrective actions can be based to prevent recurrence

Below are some root causes that are usually inadequate and should be rarely used:

- “Operator error” or “Oversight on the part of the operator”,
- “Poor training” or “Training not effective ”,
- “Didn’t understand the requirement” or “Not aware of the requirement”
- “Isolated occurrence”

Use of these root causes may result in AQA asking for further clarification or investigation because they are not specific and lend themselves to narrow corrective actions that may not prevent recurrence of the nonconformance. When these are encountered, “why” should be asked at least once more to determine an underlying or more basic cause. For example, if asked why an operator error occurred, it may be determined to have been caused by the operator inadvertently selecting the wrong switch that looked similar and was close to the correct switch. This root cause would lend itself to mistake proofing that would separate or distinguish the switches to prevent recurrence.

Root causes must also be sought over which management has control. A root cause of “severe weather” does not support preventing recurrence of the nonconformance where-as root causes of inadequate contingency planning or leaking trucks do support preventing recurrence of the nonconformance.

#### 2. Corrective actions including both:

- Corrective actions taken to determine the extent of, contain and correct (i.e. fix) the specific nonconformance
- Corrective actions taken in response to the root cause(s) to eliminate recurrence of the nonconformance. These corrective actions focus on changing a process to eliminate the root cause and thus eliminate recurrence of the nonconformance.

Often, corrective actions are submitted that fix the specific nonconformance but do not address the root cause to prevent recurrence of the nonconformance.

#### 3. Verification that corrective actions have been implemented.

The client must verify corrective actions have been implemented and submit this verification, along with evidence of implementation (procedures, records, pictures, control plans, etc.) to AQA. Usually, corrective actions that have not been implemented are not acceptable. Corrective actions that, by nature, require more time to implement may be accepted for future verification if accompanied by specific target dates and adequate justification.

### Examples of Good Root Cause and Corrective Actions:

#### **Nonconformance, Root cause and corrective action**

**Nonconformance:** Several new employees have no records showing that they are competent.

**Root Cause:** These employees were determined to be competent during on the job training. Human resource manager had been keeping these records but the procedure was recently changed for supervisors to keep these records. This change was not properly communicated to supervisors. No acknowledgement of procedural changes is required.

**Corrective action:**

Verified that on-the-job training records were on file with the Human Resource Manager for all new employees hired before the procedure was changed to have the supervisor keep these records. On-the-job training has been verified for all new employees hired after the procedure was changed and records are attached. The training procedure has been revised to require a procedure (new or revision) sign off for all affected people indicating that they are properly trained to the revision. Attached are the revised training procedure and the sign off sheet for all affected people. An audit has been scheduled for August 2005 to evaluate the effectiveness of training to new procedures and procedure revisions.



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### Examples of Poor Root Cause and Corrective Actions:

<b>Nonconformance, Root cause and corrective action</b>	<b>Reason for NOT being acceptable</b>
<p><b>Nonconformance:</b> Annual audit plan does not provide objective evidence to support how the audits are planned according to environmental importance of the activity</p> <p><b>Root Cause:</b> Not all the key points of internal auditing were grasped</p> <p><b>Corrective Action:</b> Retraining is to be held for the internal auditor whose qualifications shall be conferred with by the management. The internal auditing plan for the year 2005 is to be formulated to ensure that the planned arrangements are prioritized per environmental importance.</p>	<p><b>Root Cause</b> does not identify the underlying cause of the nonconformance.</p> <p><b>Corrective action</b> fixes the 2005 audit plan, but needs to be verified as complete or have a target date established for completion.</p> <p><b>Corrective action</b> of retraining of internal auditor suggests that the initial training was not effective. This should be examined as part of the root cause.</p>
<p><b>Nonconformance:</b> Monitoring equipment in use is found to be out of calibration.</p> <p><b>Root Cause:</b> Person responsible for calibration of equipment forgot to calibrate this equipment</p> <p><b>Corrective action:</b> Equipment is now calibrated.</p>	<p><b>Root Cause</b> doesn't address why the system allows equipment to go without calibration.</p> <p><b>Corrective Action</b> fixes "equipment", but is not clear if all out of calibrated equipment was identified and fixed.</p> <p><b>Corrective Action</b> does not make any change to prevent it from recurring.</p>