Audit Report

AS/NZS ISO 9001:2008

RRW and Co Pty Ltd trading as National On Site Training

AUDIT D E T A I L S			
Invoice Reference Number	**Certificate Number**	**Review Date/s**	**Review Time Hours**
S12627	158	10th April 2015	6 hours

R E V I E W TYPE				
Stage 2 ☐	Surveillance ☒	Re-Certification ☐	Scope Change ☐	Follow-up ☐
Location(s)/Sites sampled for review				
167 Logan Road, Woolloongabba, Qld				

Audit Team Leader	**Client Contact**
Michael Menso	Anthony Barber
Audit Team Members	
Nil	

Audit criteria
The standard noted above plus the client's management system documentation.

Capability Statement (Including ANZSIC Codes) to appear on the Certificate Schedule		
Site location:	**Scope:**	**ANZSIC Codes:**
167 Logan Road, Woolloongabba, Qld	Training and assessment services. Radiation safety services (ionising radiation and laser radiation).	7855, 8432, 8440

Entry / Exit Meeting Attendees			
Name	**Position**	**Name**	**Position**
Michael Menso	Sci Qual Auditor		
Anthony Barber	Finance and QA		

Summary of Findings

Changes since the last audit

- Since the last audit business conditions have continued to be challenging. Participant numbers have remained low. There are five current full time staff and two contract / casual trainers.
- The proportion of radiation related consulting and auditing has increased to approximately 30% of turnover.
- Government VET sector reporting requirements have increased. The company is currently commissioning and tailoring the aXcelerate program which is a web based student management system.
- The management system has been subject to review and changes made since the last surveillance audit have been 'cosmetic'. No changes have occurred to the functionality of the management system.
- The Business scope statement as confirmed on reference to the renewal form remains unchanged.

Review of Nonconformities, Observations and / or Improvements raised at the previous audit

One improvement opportunity was raised at the previous surveillance audit conducted on the 24th of April 2014.

Clause 4.2.3 Control of documents: The business plan has no record of review. It was written and approved in 2004. The standard states; A documented plan shall be established to define the controls needed to review and update as necessary and reapprove the document as current.

Follow-up evidence:

The Business Plan written in 2004 and reviewed in 2014 was not an operational business plan and was therefore not included within the management system. Quality objectives, course planning and general business planning is undertaken and is subject to document control.

STATUS @ 10 April 2015: The above improvement opportunity has been closed.

Nonconformities raised at this audit

- Nil

Observations

- Nil

Improvement Opportunities identified at this audit

Improvement Opportunity #1/2015: 5.5 Responsibility, Authority and Communication

- An opportunity exists to review position descriptions to ensure they reflect current requirements.

Improvement Opportunity #2/2015: 7.6 Control of Monitoring and Measuring Equipment

- An opportunity exists to include the detection equipment identification on radiation safety reports.

Positive findings

- While the NOST management system is mature, company management and staff have not allowed the system to stagnate.
- The consistent management of jobs and in particular completion reviews is a particular strength of the management system.

Recommendations

- As no major nonconformities were raised, continued certification is recommended.
- The ongoing routine surveillance interval is 12 months.

Notes

- The management and staff of NOST are congratulated on maintaining a compliant and effective management system over a many years. The audit found staff at all levels actively participate in its ongoing maintenance and improvement.

AUDIT RESULT CLASSIFICATIONS & ACTIONS REQUIRED BY CLIENT

Major Nonconformity (NCR)
The absence of or the failure to implement and maintain, one or more required management system elements, or a situation which would, on the basis of available objective evidence raise significant doubt as to ability of the management system to achieve its intended outputs including meeting the Organisation's policy commitments (e.g. failure to provide goods or services of the required quality, failure to comply with applicable legal obligations, failure to prevent environmental or OH&S harm, etc.,).

Initial or continued management system Certification cannot be recommended if any major nonconformity is outstanding. Failure to adequately address a major nonconformity so that it may be closed or at least downgraded within three months shall initiate a process to suspend, withdraw or reduce the scope of an existing Certification.

If a major NCR is raised, a Corrective Action Plan (CAP) must be returned to Sci Qual International Pty Ltd within a maximum of one month from the audit date. A follow-up audit may be required within three months from the date the NCR was raised, to verify the effectiveness of the corrective actions. This will enable either the NCR to be closed or reduced to a Minor.

Minor Nonconformity (NCR)
An isolated or spasmodic non-conformity that is not classified as a major nonconformity and which if not addressed in a timely manner has the potential to become a major nonconformity. The corrective actions must be completed within a maximum of 12 months. The effectiveness of the Client's correction and corrective actions shall be evaluated by Sci Qual International at their next audit.

Observation
An isolated or spasmodic issue that if not addressed could lead to a future nonconformity. An example could be that the auditor has observed deterioration in the level of attention the client is applying in specific areas that while still compliant needs some attention. The client is expected to address these issues.

Improvement Opportunity
Identification of an opportunity to add value for the client by suggesting ways that may improve how the business operates. The client is not required to act on these improvement opportunities.

Actions Required by Client

Causal factors
The underlying root causes of the nonconformity are to be determined in a timely manner by the Organisation after they have first taken more extensive samples of their management system than were possible during the limited Sci Qual International audit in order to identify if similar issues exist elsewhere in other parts of their management system. Records of the Organisation's investigation and root cause analysis shall be made available to Sci Qual International at their next audit.

Initial or continued management system certification cannot be recommended while any major NCR is outstanding. Failure to adequately address a major NCR within three months shall initiate a process to withdraw or reduce the scope of an existing certification.

Corrective actions to prevent recurrence
After they have completed investigations to identify the causal factors, the organisation must determine the corrective actions required to eliminate the underlying root causes of non conformity. This will reduce the potential for recurrence.

The various corrective actions shall be taken in a time scale commensurate with the risk while ensuring that the actions are completed in time to provide evidence of the outcome for the next Sci Qual International audit.

Corrective action effectiveness verification date
The long-term effectiveness of the corrective actions taken to prevent the recurrence of the non conformity must be verified by the organisation. This can be done via a rigorous independent internal audit or by some other means. Verification must be prior to the next Sci Qual International audit or within 12 months of the date that the minor nonconformity was first raised, whichever is the later date.

R e p o r t F i n d i n g s

The following elements are mandatory at all surveillance audits as required by ISO 17021:2011 Clause 9.3.2.1

a) internal audits and management review,
b) a review of actions taken on nonconformities identified during the previous audit,
c) treatment of complaints,
d) effectiveness of the management system with regard to achieving the certified client's objectives,
e) progress of planned activities aimed at continual improvement,
f) continuing operational control,
g) review of any changes, and
h) use of marks and/or any other reference to certification.

Not all of the above requirements are specifically covered by clauses in the standards

The options for reporting conclusions are as follows:

- Satisfactory
- Major nonconformity Ref #
- Minor nonconformity Ref #
- Improvement opportunity Ref #
- Observation Ref #
- Not applicable
- Not verified.

4 – Quality Management System

4.1 General Requirements

Areas visited and Objective evidence sampled

The company has continued to maintain its quality management system. The system is responsive to changing needs, for example the current aXcelerate implementation project has been commenced in response to additional Government reporting obligations.

Conclusion

Satisfactory

- No examples of nonconformities were identified in the sample examined.

4.2 Documentation

Areas visited and Objective evidence sampled

Documentation relevant to the management system is managed electronically. Hard copy information such as student assessments and registration documentation is scanned. NOST maintains a document filing discipline which is consistent for all jobs, including radiation safety audits and consultancy. All documentation required during the audit was available, and appropriately indexed within the company intranet.

Conclusion

Satisfactory

- No examples of nonconformities were identified in the sample examined.

5 – Management Responsibility

5.1 Management Commitment

Areas visited and Objective evidence sampled

Management has stated a commitment to the quality management system in the quality manual and has consistently demonstrated commitment. This is evidenced by:

- Continued positive audit findings over successive certification cycles
- Managing Director's hands on involvement in the system and assessment of customer satisfaction
- Confirmation through AQTF external audit process
- Improvement initiatives such as the scanner test / validation process and the aXcelerate program.

Conclusion

Satisfactory

- No examples of nonconformities were identified in the sample examined.

5.2 Customer Focus

Areas visited and Objective evidence sampled

The Director reviews the outcome of every job undertaken. The audit sampled hard copy student feedback forms prior to scanning and found that all had been reviewed by the trainer and the Director. The Director also reviews enquiries from current and potential customers.

Conclusion

Satisfactory

- No examples of nonconformities were identified in the sample examined.

5.3 Quality Policy

Areas visited and Objective evidence sampled

The Quality Policy is included in the Quality Manual, (07.03.2013). The policy has been reviewed through the management review process and remains appropriate to the needs of the business.

Conclusion

Satisfactory

- No examples of nonconformities were identified in the sample examined.

5.4 Planning

Areas visited and Objective evidence sampled

NOST complies with the Australian Quality Training Framework (AQTF) which requires the company to set formal standards for each course. Staff interviewed advised that the Director has established and communicated quality objectives in relation to the delivery of training programs, including but not limited to:

- trainer performance
- certificate response times
- catering
- dispute resolution.

Conclusion

Satisfactory

- No examples of nonconformities were identified in the sample examined.

5.5 Responsibility, Authority and Communication

Areas visited and Objective evidence sampled

Sighted position descriptions for Trainer / Consultant, Finance and Quality Assurance – Both documents were reviewed 4th October 2007, however they remain generally applicable. The Position Description for Finance and Quality Assurance includes some out of date references.

Internal communication includes post course and post job (radiation safety) reviews and daily staff interactions. Email communications are retained through maintenance of a strict naming convention.

Conclusion

Improvement Opportunity #1/2015

- An opportunity exists to review position descriptions to ensure they reflect current requirements.

5.6 Management Review

Areas visited and Objective evidence sampled

An Electronic Management Review Diary is maintained on the intranet. All company personnel participate in the management review process. Diary entries for 23.01.2015 and 23.09.2014 were checked. Actions arising such as the scanner test process were verified.

Conclusion

Satisfactory

- No examples of nonconformities were identified in the sample examined.

6 – Resource Management

6.1 Provision of Resources

Areas visited and Objective evidence sampled

No evidence of inadequate resource provision was noted, e.g. personnel, materials, training consumables.

Conclusion

Satisfactory

- No examples of nonconformities were identified in the sample examined.

6.2 Human Resources

Areas visited and Objective evidence sampled

Internal training and competency development / review are required by AQTF. The Training and Professional Development Schedule was verified for two NOST employees, one contract trainer and one casual trainer. Performance reviews are formally undertaken on an annual basis.

All staff members have individual professional development plans in place.

Conclusion

Satisfactory

- No examples of nonconformities were identified in the sample examined.

6.3 Infrastructure

Areas visited and Objective evidence sampled

NOST delivers training using both client provided premises and those at the NOST office. The company does not provide venue specifications to clients; however allocated trainers are responsible for ensuring that training venues are adequate. Inspection of training facilities at the NOST office confirmed that the training room has disabled access, is adequately lit, and rest rooms and break out areas are conveniently located.

No adverse feedback from students in relation to the venue was observed. Comments regarding limited food choices were noted.

Conclusion

Satisfactory

- No examples of nonconformities were identified in the sample examined.

6.4 Work Environment

Areas visited and Objective evidence sampled

Office infrastructure appears adequate, for example:

- Adequate lighting, workspaces and equipment
- Electrical circuit protection (RCD)
- Security.

Conclusion

Satisfactory

- No examples of nonconformities were identified in the sample examined.

7 Product Realisation

Important Note - relating to Section 7

1. Elements reviewed where Scope Reduction Permitted is ONLY within Section 7.1 – 7.6
2. Indicate where Scope Reduction has been applied if any.
3. Note these are mandatory for Certification and Re-Certification Audits.
4. Minimum of two selected Elements for Surveillance Audits ONLY **unless it is critical to the Surveillance Programme**.

7.1 Planning of Product Realisation

Areas visited and Objective evidence sampled

Planning of work is undertaken as follows:

- establishment of quality objectives – each course requirement, radiation safety audit /consultancy scope of work defined and documented in control sheet
- any relevant requirements are listed in the relevant control sheet
- required course assessments are identified within each course module
- records for each contract are collated, scanned and retained.

Conclusion

Satisfactory

- No examples of nonconformities were identified in the sample examined.

7.2 Customer-Related Processes

Areas visited and Objective evidence sampled

The following contracts were reviewed:

14314 – Safety – Mining Supervisor Competencies 1 December 2014. Evidence reviewed confirmed that customer requirements were assessed, confirmed with the customer and that NOST was capable of meeting customer requirements, e.g.:

- Contract Control – administration control sheet in each file (precourse, post course and contract closure checklist)
- Trainer contract control sheet
- Enrolment form – matched with certificates issued
- Feedback forms
- Certificate Requisition forms – matched with certificates issue
- Group assessments.

14351 – RRTO Standard 11 Induction (Conducted by contract trainer)

- Verified content of file is in accordance with control sheet requirements.

15146 – Consulting Radiation audit – Foss Pacific (Townsville) – Training contract form is used for consistency of management. Training specific requirements are not relevant. Traced back to actual audit checklist. Audit checklist includes relevant client details, e.g. equipment identification / source, location.

Conclusion

Satisfactory

- No examples of nonconformities were identified in the sample examined.

7.4 Purchasing

Areas visited and Objective evidence sampled

Purchasing for NOST includes logistics (travel, accommodation), consumables, office equipment, IT products, catering and contract trainers. Process for assessment of new course management software involved assessment of options, verification of vendor capability, and trialling of product. Contract trainers have long association with the company and are managed as ‘internal’ trainers.

Conclusion

Satisfactory

- No examples of nonconformities were identified in the sample examined.

7.5 Production and Service Provision

Areas visited and Objective evidence sampled

Service delivery is controlled primarily through the appointment of competent personnel. While training procedures are provided in accordance with AQTF requirements and radiation safety audits are undertaken and reported using Queensland Health prescribed checklists, it is the competence of NOST personnel that is most significant in the achievement of desired client and regulatory outcomes.

The company has developed internal procedures, including:

- Flow charts and trainers' guides. These documents define the control of course planning, delivery, post course administration
- Radiation safety consultancy procedures, e.g. Procedure for Handling Liquid Radioisotopes – 12.04.2012; Radiation Wipe Testing 12.04.2012.
- Radiation Safety and protection Plan.

Conclusion

Satisfactory

- No examples of nonconformities were identified in the sample examined.

7.6 Control of Monitoring and Measuring Equipment

Areas visited and Objective evidence sampled

Monitoring and measuring equipment is used, but is limited to radiation detecting equipment.
Calibration processes for this equipment is defined within legislation. The calibration status of NOST equipment was verified - RAM GAM-1 – calibration label 16 May 2014. Radiation Science @ Qld Health.

It was noted that the actual equipment used is not noted on reports which means that traceability of equipment in the event that an item was to be found out of calibration may be problematic.

Conclusion

Improvement Opportunity #2/2015

- An opportunity exists to include the detection equipment identification on radiation safety reports.

8.0 Measurement, Analysis and Improvement

8.1 General

Areas visited and Objective evidence sampled

NOST has implemented a range of monitoring analysis and improvement processes, including:

- Job control sheets – feedback from students, assessment results
- External audits – 3rd party certification, AQTF
- Government reporting – RTO, Radiation Safety
- management diary
- internal audits.

Conclusion

Satisfactory

- No examples of nonconformities were identified in the sample examined.

8.2.1 Customer Satisfaction

Areas visited and Objective evidence sampled

The company reviews every feedback sheet provided by each participant, and reviews every job at completion.

Conclusion

Satisfactory

- No examples of nonconformities were identified in the sample examined.

8.2.2 Internal Audit

Areas visited and Objective evidence sampled

Sighted audits conducted March 2014. Audit was conducted by a competent auditor. Procedure PO17 Internal quality audits requires audits to be conducted annually. Findings were reviewed – verified in subsequent management diary.

Recent AQTF audit undertaken (March 2015) with no process deficiencies noted.

Conclusion

Satisfactory

- No examples of nonconformities were identified in the sample examined.

8.2.3 Monitoring and Measurement of Processes

Areas visited and Objective evidence sampled

Processes are monitored on an ongoing basis through conduct of:

- Internal audits
- External audits
- Use of the Management Diary.

Conclusion

Satisfactory

- No examples of nonconformities were identified in the sample examined.

8.2.4 Monitoring and Measurement of Product

Areas visited and Objective evidence sampled

Processes are monitored on an ongoing basis through conduct of:

- Course reviews
- Use of feedback from external parties, e.g. clients, AQTF, industry association
- Verification of compliance with procedures, e.g. Radiation Safety and protection Plan
- Director reviews of every contract upon completion.

Conclusion

Satisfactory

- No examples of nonconformities were identified in the sample examined.

8.3 Control of Non-Conforming Product

Areas visited and Objective evidence sampled

Noncompliances are raised in the management diary - managed and monitored by the Director. No outstanding of current noncompliances were noted.

Conclusion

Satisfactory

- No examples of nonconformities were identified in the sample examined.

8.4 Analysis of Data

Areas visited and Objective evidence sampled

Data is collated and presented annually to the government. Reporting requirements have continued to change – new aXcelerate program is designed to accommodate data analysis in order to meet government reporting requirements.

Conclusion

Satisfactory

- No examples of nonconformities were identified in the sample examined.

8.5.1 Continual Improvement

Areas visited and Objective evidence sampled

Evidence of continual improvement noted in the management diary. Specific current examples include the aXcelerate and scanner validation projects.

Conclusion

Satisfactory

- No examples of nonconformities were identified in the sample examined.

8.5.2 Corrective Action

Areas visited and Objective evidence sampled

A flow chart for corrective / preventive action has been developed. No outstanding actions were noted or recorded in the management diary. This was verified through discussion with employees.

Conclusion

Satisfactory

- No examples of nonconformities were identified in the sample examined.

8.5.3 Preventive Action

Areas visited and Objective evidence sampled

A flow chart for corrective / preventive action has been developed. No outstanding actions were noted or recorded in the management diary. This was verified through discussion with employees.

Conclusion

Satisfactory

- No examples of nonconformities were identified in the sample examined.

Scope Reduction Approved	YES ☐	NO ☒
If Yes Please Specify below		
Permissible Exclusions applicable to the Organisation under ISO 9001:2008 are noted below.		

~~7.1 Product Realisation~~	~~7.2 Customer Related Processes~~	~~7.3 Design & Development~~
~~7.4 Purchasing~~	~~7.5 Production & Service Provision~~	~~7.6 Control of Monitoring & Measuring Equipment~~

Future Audit Programme Part 1

Sites to be visited each year	
Year 1 Current Year 2015	167 Logan Road, Woolloongabba, Qld
Year 2 2016	167 Logan Road, Woolloongabba, Qld
Year 3 2017	167 Logan Road, Woolloongabba, Qld

Future Audit Programme Part 2 and Next Audit Plan

Date Audit Plan Issued	15 April 2015
Next Audit Start Date	April 2016 (Recertification)
Audit Objectives	The objective of the Re-Certification audit is to verify that the management system has been effectively implemented and maintained in compliance with the requirements of the Audit Standard(s) for the Organisation's approved scope of assessed capability.
Certification Scope	Training and assessment services. Radiation safety services (ionising radiation and laser radiation).
Auditor(s)	Michael Menso who shall be responsible for the entire Audit Process.

Audit Programme for 3 year audit cycle (Certification/Recertification + 2 years of Surveillance)

The plan should show an **P** for those areas planned to be covered and when completed this should be changed to an **C** thereby highlighting any differences from original plan and what still needs to be covered at next audit	Recertification 2013	Surveillance 2014	Surveillance 2015	Recertification 2016	Follow Up/Scope Change
Management Systems – General Requirements	C	C	C	P	
Documentation	C	C	C	P	
Management Commitment	C	C	C	P	
Customer Focus	C	C	C	P	
Quality Policy	C	C	C	P	
Planning	C	C	C	P	
Responsibility, authority & communication	C	C	C	P	
Management Review	C	C	C	P	
Resource Management	C	C	C	P	
Human Resources	C	C	C	P	
Infrastructure	C	C	C	P	
Work Environment	C	C	C	P	
Planning of Product Realisation	C	C	C	P	
Customer Related Processes	C	C	C	P	
Design & Development	C	C	C	P	
Purchasing	C	C	C	P	
Production & Service Provision	C	C	C	P	
Control of monitoring and measuring equipment			C	P	
Measurement Analysis & Improvement	C	C	C	P	
Customer Satisfaction	C	C	C	P	
Internal Audit	C	C	C	P	
Monitoring & Measurement of Processes & Product	C	C	C	P	
Control of Non Conforming Product	C	C	C	P	
Analysis of data	C	C	C	P	
Continual Improvement	C	C	C	P	
Corrective Action	C	C	C	P	
Preventive Action	C	C	C	P	

Next Audit Plan

A	B	C	Requirement
Day / date & time	**Site/ Department/ Area/Activity/ Process**	**Auditor(s)**	
TBC	Client dept	Michael Menso	***Entry Meeting with management team*** *Audit objectives; Assessment process; Sci Qual International regulations; Guides role; Proposed scope of assessed capability; Confidentiality; Reporting process; Q&A*
TBC	Client dept	Michael Menso	***Brief site orientation tour***
TBC	Client dept	Michael Menso	4.1 General Requirements 4.2 Documentation Requirements
TBC	Client dept	Michael Menso	5.1 Management Commitment 5.2 Customer Focus
TBC	Client dept	Michael Menso	5.3 Quality Policy 5.4 Planning-Quality Objectives and QMS planning 5.5 Responsibilities / Authorities defined and communicated 5.6 Management Review
TBC	Client dept	Michael Menso	6.1 Provisions of Resources 6.2 Human Resources 6.3 Infrastructure 6.4 Work Environment
TBC	Client dept	Michael Menso	7.1 Planning of product realisation 7.2 Customer related process 7.3 Design and development 7.4 Purchasing 7.5 Production and service provision 7.6 Control of monitoring and measuring equipment
TBC	Client dept	Michael Menso	8.1 Measurement, Analysis and Improvement 8.2.1 Customer Satisfaction
TBC	Client dept	Michael Menso	8.2.2 Internal Audit
TBC	Client dept	Michael Menso	8.2.3 Monitoring and Measurement of Processes 8.2.4 Monitoring and Measurement of Product
TBC	Client dept	Michael Menso	8.3 Control of Non-conforming Product
TBC	Client dept	Michael Menso	8.4 Analysis of Data 8.5.1 Continual Improvement
TBC	Client dept	Michael Menso	8.5.2 Corrective Action 8.5.3 Preventive Action
TBC	Client dept	Michael Menso	**Daily debrief / review of findings with Guides & Report preparation**
TBC	Client dept	Michael Menso	**Exit Meeting with senior management** Audit summary & outcome

Please note that audit duration shown in the next audit plan is based on information applicable and observed at the time of this audit. It is subject to review and change during the planning review that will be undertaken prior to the next audit.

OTHER INFORMATION

Confidentiality

Information obtained from the Organisation and reviewed in the course of producing this Report will be treated as confidential. It will not be used for any purpose other than for the production of this Report.

When auditing electronic based systems, the auditors may assess a number of the elements via the internet under passwords provided by the organisation for this purpose and under strict security protocols. Where passwords are obtained and used they are to be removed by the client following the audit and a new password obtained for each audit. Under no circumstances are files to be down loaded unless the client approves the down load. The security of the information and the validity and the methods of establishing the electronic record will be assessed to ensure it has been either scanned from an original document or established under password protection. Electronic based systems must be backed up in an effective manner with some method of ensuring that data is not lost. Offsite back ups are usually required.

Disclaimer

This report has been prepared by Sci Qual International Pty Ltd for the purpose of determining the Standard implementation of the Organisation's Management Systems to the above standards at nominated Sites**.**

Due to the sampling nature of auditing, some deficiencies may exist that were not detected at the time of the Audit.

The contents of this Report are intended only for use in determining whether the organisation's management system meets the requirements of the above standards.

Whilst every effort has been made to ensure the accuracy of this Report, Sci Qual International Pty Ltd will not be held responsible, and extends no warranties as to the suitability of such information or for the consequences of its use. Likewise, neither Sci Qual International Pty Ltd nor the Auditor will be held responsible for actions taken by third parties as a result of information contained in this Report.

Audit Procedure

This Audit was conducted in accordance with Sci Qual International's procedures. These are based on JAS-ANZ accreditation requirements, including the current version of ISO 17021. The focus of the assessment was an extensive review against the audit criteria. The findings are recorded on an exception basis.

Record of Audit

This Report contains a summary of all Audit findings. Details of documentation reviewed, persons interviewed and other observations, which may have been noted on the day of the Audit, will be contained within the Auditor's notes. These notes if retained will be on file at Sci Qual International Pty Ltd Head Office.

Multi-Site Sampling

Where the Organisation implements a multi-site management system the auditor has reviewed the performance of the management system across these sites and confirms that the organisation continues to be eligible for Multi-Site Sampling as agreed in the quotation and original contract review.