SCCM
stichting
coördinatie certificatie
milieu- en arbomanagementsystemen

Certification scheme for occupational health and safety (OH&S) management systems according to ISO 45001:2018

We at SCCM are convinced – and our experience has proven – that any organization, large or small, will achieve better OH&S performance by using the 'plan-do-check-act' approach outlined in the ISO 45001 standard.

Certification scheme for occupational health and safety (OH&S) management systems according to ISO 45001:2018*

N180301, version of 13 March 2018

* This certification scheme is based on the NEN-ISO 45001:2018, the Dutch translation of the international standard ISO 45001:2018. For convenience, in this certification scheme, the term ISO 45001 is used instead of NEN-ISO 45001:2018.

Contents

Annexes

CHAPTER I

Introduction

By entering into an agreement with SCCM (the Association for the Coordination of Certification of Environmental and Occupational Health and Safety Management Systems in the Netherlands), accredited certification bodies can use this certification scheme, which is based on the worldwide standard ISO 45001:2018 (ISO: International Standardization Organization, based in Geneva). The certification scheme was developed by a Central Committee of Experts (CCE) operating within SCCM and has been approved by the board of SCCM. SCCM qualifies as scheme supervisor in conformance with the requirements set by the Council for Accreditation. Certification bodies (CBs) associated with SCCM are obliged to follow the scheme drawn up by SCCM for certification based on the ISO 45001 standard.

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

SCCM concludes agreements solely with certification bodies accredited by the RvA or an accreditation body accepted by the IAF (International Accreditation Forum), which is an MLA (Multilateral Recognition Agreement) partner for ISO 45001. In addition to the ISO 45001 standard, there are specific requirements from the following documents that are of importance for OH&S management systems and accrediting CBs:

- → NEN-EN-ISO/IEC ISO 17021-1: Conformity assessment - Requirements for bodies providing audit and certification of management systems Part 1: Requirements.
- → IAF MD 22 Application of ISO/IEC 17021-1 for the certification of occupational health and safety management systems (OH&SMS).
- → ISO/IEC TS 17021-10: Conformity assessment - Requirements for bodies providing audit and certification of management systems Part 10: Competence requirements for auditing and certification of occupational health and safety management systems ((in development at the moment of publication of this scheme).
- → NPR-ISO/IEC TS 17022: Conformity assessment - Requirements and recommendations for content of a third-party audit report on management systems.
- → IAF MD 1: Certification of multiple sites based on sampling.
- → IAF MD 2: Transfer of Accredited Certification of Management Systems.
- → IAF MD 5: Mandatory document for duration of QMS and EMS audits.
- → IAF MD 11: Audits of integrated management systems.
- → SAP-C006: the CA's Accreditation Protocol specifically for OH&S and safety management systems.
- → Any new guidelines published by the EA and/or IAF related to ISO 45001 certification.

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

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

The certification scheme consists of the following three elements:
→ The interpretation of the ISO 45001 standard (chapter 2)
→ The organization of the certification body (chapter 3)
→ The procedures used by the certification body (chapter 4)

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

The certification scheme of 13 March 2018 is the first version of the certification scheme for ISO 45001:2018 and is unrelated to the certification scheme for OHSAS 18001:2007. The Dutch version of the certification scheme is leading. Certificates based on OHSAS 18001:2007 are valid for a maximum of three years after the date on which ISO 45001:2018 is published. During the transition period, certificates may be issued based on OHSAS 18001:2007, but they will be valid for a shorter period.

To issue certificates based on the SCCM certification scheme, (and thus for SCCM to be listed on the certificate) the SCCM-participating certification bodies must be accredited for ISO 45001:2018.

CHAPTER 2

Guide to and interpretation of ISO 45001:2018

Unless otherwise indicated, the section numbers in this chapter refer to sections in ISO 45001:2018.

SECT. NO.	TITLE OF SECTION IN STANDARD	GUIDE AND INTERPRETATION
	General	Annex A provides a guide to the standard, which is important for a proper understanding of its intention. Several parts of the system use the phrase 'to establish, implement and maintain a process'. If a process is required, it means that the organization must establish how, by whom, and when the activity in question is to be carried out. Although the term 'procedures' is not used in the standard, 'processes' comes very close. The processes do not have to be laid down in writing. For 6.1, 8.1 and 8.2, there must be documentation demonstrating that the processes are being carried out as planned, which can be a reason to document the process itself. Organizations may choose to document processes because it offers the organization an advantage for example when the process is delegated or performed again. A documented process can also simplify both internal and external audits. Annex 1 of this publication has an overview of required documents and records, as well as documents and records recommended by SCCM. In order to evaluate the processes, the standard asks at several points that documents or records be kept and to make it demonstrable that the system works effectively.
4.1	**Understanding the organization and its context**	Understanding context is about identifying high-level important issues that may be of significance for the environmental policy in both the short and (especially) the long term, because they present either opportunities or risks. The idea of this element is not to determine all of an organization's OH&S hazards and risks (this is the subject of section 6.1.2). However, hazards and risks can emerge that require special attention. Section A.4.1 names some examples of issues, but the list is not exhaustive. In addition, the following may be relevant: the technical state of facilities or the compisition of the workforce. Important technological options (important in 6.1.4) also come into the picture when examining the context. ISO 31000 (Risk management) also has examples of issues. The context analysis is essentially the same for both small and large organizations. The circumstances (such as operations, location, etc.) will determine which issues to use for the context analysis. The identified significant issues can result in risks and opportunities. Opportunities can exist at different levels. They can be opportunities to reduce the effect (or the risks) of OH&S hazards (preventive measures). They can also be strategic opportunities, for example, opportunities to introduce new products or services in response to OH&S related developments. Section 9.3 requires that changes in the external and internal relevant issues be considered during the management review. This means that the understanding of the context must be kept up to date. It will only be possible to recognize changes if there is a structured understanding of the context. The standard does not require using documentation or records for the context analysis. The issues that emerge as relevant from the context analysis must be used to determine the scope (4.3) and determine the risks and opportunities (6.1). Documentation makes it easier to demonstrate implementation and the consistent use of the results of the context analysis. Figure 1 in Annex 2 shows the relationship between the context analysis and the determination of risks and opportunities.

4.2 Understanding the needs and expectations of personnel and other interested parties

An understanding of the needs of interested parties (who may also be called stakeholders) must be used in determining the scope (4.3), the risks and opportunities (6.1) and the compliance obligations (6.1.3). This understanding of the needs and expectations is important for determining the criteria used to investigate the OH&S risks on the basis of the identified hazards. This understanding is also important when documenting communication in 7.4.

Every organization has internal and external stakeholders, such as personnel (both in own service or hired), owners, suppliers (including banks and insurers), customers and neighbours. Organizations can also have interested parties farther away, such as sectoral organizations, local interest groups and NGOs.

The number and kind of interested parties will differ for every organization and will depend on factors such as the nature of the organization's operations and its size and ambitions. This understanding of the needs and expectations of interested parties can be built up by both direct contact and desk research.

Understanding of these interested parties and their expectations must be kept up to date so that changes can be evaluated during the management review (see guide to 4.1).
One of the objectives of the OH&S management system is meeting compliance obligations. These are obligations voluntarily entered into (such as covenants, demands from customers, contractual agreements) as well as applicable legislation and regulations. Examples of compliance obligations can be found in subsection A.6.1.3. The expectations of supervisors and others are identified on the basis of 4.2. Supervisors and other interested parties expect that, at a minimum, the organization will comply with applicable legal and regulatory requirements. The obligations arising from this legislation and regulations (and other applicable obligations taken on) are worked out in more detail in 6.1.3. Figure 2 in Annex 2 shows the elements of the standard that are relevant for ensuring compliance.

The strategy and/or guidelines of the parent organization (or concern) that are relevant for OH&S policy are also part of the compliance obligations. The guide to 4.3 (scope) indicates under what conditions a part of the organization can introduce its own OH&S management system on the basis of this standard.

4.3 Determining the scope of the OH&S management system

The scope is partly based on the outcome of the context analysis (4.1) and expectations of interested parties (4.2) and is the basis for determining the policy (5.2) and identifying OH&S hazards and risks (6.1.2). One of the possible outcomes of the management review (9.3) is a need to modify the OH&S management system. This may also entail modifying its scope. Reasons to do this can include changes within the organization itself, or in the context. Determining the scope is a responsibility of top management.
The organization implementing the OH&S management system to be certified can be part of a larger organization, as long as the to be certified organization has its own top management, authorized to implement an OH&S management system. This means that the organization is empowered to formulate its own OH&S policy and has the resources to implement it.

Defining the scope and determining the organizational boundaries may not be used to exclude operations with significant OH&S risks and/or compliance obligations (see A.4.3). These elements are related to the outcome of the context analysis and the credibility of the organization's leadership.

A distinction must be made between the scope based on section 4.3 in the standard and the scope on the certificate. The scope on the certificate is based on the scope determined in its OH&S management system (see chapter 4 of this certification scheme). The scope in the OH&S management system must make it absolutely clear what is and is not covered by the system; it will therefore be more detailed than the scope on the certificate. The scope includes information about, for example, operations, processes (both in-house and contracted out), products/services, address(es) with their physical boundaries, organizational boundaries, legal structure and Chamber of Commerce (in Dutch KvK) registration. In the event the organization participates in other organizations, then stating what is not covered under its OH&S management system will provide clarification.

4.4	**OH&S management system**	Organizations can interpret the elements of the standard at the level appropriate to the nature of their operations, risks, and scope. This involves, among other things, the way elements are interpreted, the degree of detail and of integration with other company functions and processes. This allows the environmental, quality assurance and/or OH&S management systems (or elements of them) to be integrated in a single system. Organizations using ISO 26000 to implement their sustainability policy can, for elements of the OH&S management system (such as 4.1 and 4.2), make use of the processes developed in that framework (the development and implementation of OH&S policy can be considered one of the pillars of sustainability). The standard does not require a manual. To be certified, the organization must provide demonstrable evidence that the system satisfies the requirements in the standard, and that it works. This must be demonstrated by the documented information required in the standard (see Annex 1 of this certification scheme), which also includes the required records. An organization can choose to expand the documented information by also establishing processes (see also this Guide at General).
5.1	**Leadership and commitment of personnel**	The standard defines top management as the person or group of people who directs and controls the organization at the highest level (see definition 3.12). In the event that the organization to be certified is part of a larger organization, top management is the person or group of people who directs that part of the organization (see remark 2 in the definition). Directing means that the top management is authorized to make decisions about establishing and implementing the OH&S policy and allocating the necessary resources. Top management has final responsibility for the operation of the OH&S management system. In order to be able to elaborate the points stated in 5.1, top management will have to be actively engaged, and be sufficiently involved and up to date about the various elements of its OH&S management system that if necessary they can direct and adapt them if needed and make necessary resources available. Top management has explicit responsibility for establishing, implementing and maintaining the policy (5.2), defining responsibilities and authorities (5.3) and the management review (9.3). On the basis of 5.3, the results of the OH&S management system must be reported to top management. Top management must ensure a culture of support for the organization's achieving the results intended with the OH&S management system (5.1 j). The culture is also committed to creating awareness (7.3). The continual improvement of the OH&S management system must be achieved partly by this concern for the culture (10.3 b), which will thereby also need continual attention.
5.2	**OH&S policy**	The OH&S policy must be available as documented information, be communicated within the organization and be available to interested parties. How this is to be done is an element of communication (7.4). The standard requires that the policy provide a framework for establishing the objectives. This means that, in addition to general commitments to continual improvement and meeting compliance obligations, the policy is also sufficiently strategic to allow more tactical and operational OH&S objectives as in 6.2 to be formulated. One way to do this is to document the organization's ambitions with regard to the important issues from the context analysis.
5.3	**Organizational roles, responsibilities and authorities**	In line with the requirements in 5.1 regarding leadership, top management has the responsibility to assign responsibilities and authorities. The 'management representative' in OHSAS 18001 is no longer required. This is part of the responsibility that top management itself must take. Top management must ensure that responsibility, accountability and authority are assigned to relevant positions.
5.4	**Consultation and participation of personnel**	According to definition 3.4, participation is the involvement in the decision-making process(es), and according to definition 3.5, consultation is asking workers for their views before making a decision. Involvement can take the form of (for example) requiring proposals to be agreed on by the works council or an HSE committee. Top management must ensure that a process is established and implemented for safeguarding consultation and participation (5.1 l). Top management must include the commitment to consultation and participation in the organization's policy (5.2). The trends regarding employee consultation and participation must be reviewed during the management review (9.3).

6.1.1 Actions to address risks and opportunities, general

The organization must determine its risks and opportunities. These can be both short- and long-term. Long-term risks and opportunities will mainly be found during the context analysis (4.1 and 4.2). In the short term, risks and opportunities will be mainly related to the hazards that OH&S risks and opportunities entail (6.1.2) and the compliance obligations from 6.1.3. Some of the criteria used in the method for investigating and evaluating the OH&S risks and opportunities come from the results of the context analysis (4.1 and 4.2). Two PDCA cycles can be seen here: an improvement cycle at strategic level and one at operational level (see figure 3 of Annex 2).

Measures aimed at improved control over risks can be viewed as opportunities for improvement. These opportunities result from the context analysis (e.g. technological options) and other processes.

The system of weighing (criteria, scores / weights etc.) must be part of the documented information (see 6.1.2.2) used to determine risks and opportunities. This enables a correct and unambiguous re-evaluation as required in the management review (see 9.3).

In order to be able to determine which risks and opportunities are being addressed, a prioritization must be made with the help of the system.

The documentation required by sections 6.1.1 through 6.1.3 can be combined in a single document. However, the different steps in the process must be traceable.

6.1.2 Identification of hazards and investigation of risks and opportunities

The Dutch Working Conditions Act (Arbowet) requires organizations in the Netherlands with one or more employees to draw up a Risk Identification and Evaluation (RI&E). An identification of hazards and investigation of risks as required by Clause 6.1.2 of ISO 45001 will result in an RI&E which complies with requirements inlegislation and regulations. This does not mean, however, that organizations with an R&E accepted by the authorities have complied with the requirements of Clause 6.1.2 of ISO 45001. The standard demands that the results of the risk assessment and any control measures taken are documented and kept up to date.

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

The description of the scope determines the breadth of the identification of hazards and OH&S risks and opportunities (see 4.3).

Subsection 6.1.2 states that the identification of hazards concerns the workplace. According to the definition, a workplace is a place under the organization's control where a person needs to be or to go by reason of work. According to 6.1.2, this includes locations not under the direct control of the organization. This means that hazards such as travelling for work or working at home must also be taken into account.
By law, both the organization outsourcing an employee and the organization using that employee have a duty of care. This means that the lender organization must have an idea of any relevant risks, must ensure that the employee in question is sufficiently protected and that the employee is aware of any risks. An ISO 45001-certified organization must be able to demonstrate how they ensure the safety of an outsourced employee who they outsource.

In order to interpret the requirements for the purchase of goods and services (8.1.4), subcontractors (8.1.4.2), outsourcing (8.1.4.3) and emergency preparedness and response (8.2), the organization must understand the hazards and risks as well as opportunities associated with these elements.

The organization uses the OH&S risks and opportunities determined according to 6.1.2 to determine in 6.1.1 what risks and opportunities these aspects present to the organization. The outcomes of the context analysis (4.1 and 4.2) are used to determine the criteria for investigating the OH&S hazards and risks and will be prioritized if necessary (A 6.2.1 indicates that the objectives are drawn up for the OH&S risks and opportunities with the highest priority). The identified hazards and OH&S risks and opportunities are used to determine whether legislation and regulations apply (6.1.3), establish objectives (6.2.1), create awareness (7.3), in the necessary monitoring and measurements (9.1.1) and the management review (9.3).

OH&S risks that do not emerge in 6.1.1 as a risk or opportunity for the organization may still require control measures to ensure that a low risk remains low.

		It is important that a distinction be made between the hazard and the OH&S risk that it causes. The risk is a combination of the probability that the hazard will occur and the consequences if it does occur. It must be determined whether these risks are acceptable. If they are not, measures must be taken, since they are a risk for the organization (see 6.1.1). It is essential that the method used by the organization for the identification and evaluation be clear, and that it be used consistently. This means that an organization must include its estimate of both the probability and the consequences of the OH&S hazards identified in the management system. On the basis of 6.1.1, there must be documented information in order to determine if the process of identifying hazards and assessing risks and opportunities has been carried out as planned. The 'probability x consequences' formula may be used in this process. The results, that is, all OH&S risks and opportunities and any necessary prioritization, must also be documented along with the criteria used.
6.1.3	**Determining legal and other obligations**	Section 6.1.3 is used as a basis to further work out and document the legal and other requirements (compliance obligations) identified in 4.2. The organization must establish how the relevant legal and other requirements apply to the organization. This means that it must determine whether the requirements apply to the OH&S risks, down to the level of specific requirements. This elaboration must be done to the level of detail that it is possible to determine whether the compliance obligations are being met. In addition, the elaboration must be such that it works out the details of the requirements in 9.1.2 regarding the evaluation of compliance (see figure 2 of Annex 2 for the relationship between the elements in the standard related to compliance obligations). This means that an OH&S management system requires a degree of detail similar to the examples in the SCCM guide to compliance with legal and other requirements. The documented compliance obligations must be kept up to date. Top management must evaluate any changes in the compliance obligations (see 9.3).
6.1.4	**Planning actions**	The organization must decide on action to take to, among other things, address the OH&S risks and opportunities, requirements arising from legal and other obligations. Examples of actions are: → Organizational and technical control measures aimed at continuously meeting a previously set performance level (see 8); → Measures for improvement, in order to achieve a higher performance level. Measures for improvement may also include research into new technologies, processes or products that may lead to better OH&S performance. Using 6.1.4 as a basis, it must be indicated which control measures are being implemented for the OH&S risks and compliance obligations and/or where they are integrated in its OH&S management system. Where necessary, objectives based on 6.2 can be formulated for these measures. The effectiveness of these measures must be evaluated, as this is part of monitoring and measuring as described in 9.1.1 and 9.1.2. Measures for improvement will be primarily directed at the OH&S risks and/or compliance obligations with higher probability and/or consequences. Objectives and plans as in 6.2 will be primarily formulated for these risks.
6.2	**OH&S objectives and planning to achieve them**	**OH&S objectives can exist at different levels: strategic, tactical and operational (see A.6.2.1). The more strategic OH&S objectives can be included in the OH&S policy (5.2).** **The OH&S policy (5.2) establishes the issues for which objectives are formulated and the level of ambition (within the technological, financial and operational limitations).** **To follow the process of achieving the objectives, it is important that they are 'translated' into objectives at the various levels and/or positions involved in the organization. This integrates them (and the efforts to undertake to achieve them) in the organization's everyday operations.** **For organizations that are a part of a larger organization, the level of the objectives must be in line with the hierarchical position of the top management of the organization to be certified.** **It is important that OH&S objectives are formulated using the SMART system, which makes it possible to follow progress using indicators (see 9.1.1). The objectives must be documented.**
7.1	**Resources**	The responsibility for allocating sufficient resources lies primarily with top management (see 5.1). Top management must make a complete assessment since according to 5.1, the OH&S policy must be compatible with the strategic direction of the organization. One criterion for assessing the availability of resources in the context of the OH&S policy is the occupational hygiene strategy (see 8.1.2) and 'best practices'. The context analysis provides information about technological and other options, such as those used in similar organizations.

7.2 Competence

Competence must be expressed in the knowledge and skills a person needs to have. Education or training helps one acquire competences. The knowledge and skills necessary will depend on the duties and responsibility of an individual. The necessary competences, and their acquisition by individuals, must be established and documented. If someone lacks a required competence, then the organization must take action, for example by providing them with training or employing different people. The training necessary for a given task must be identified.

The requirements regarding competence also relate to temporary or long-term contracted (temporary) personnel whose tasks can influence the organization's OH&S performance.

The requirements regarding competence relate to employees who can influence the identified OH&S risks as well as persons who have responsibilities for its OH&S management system itself (such as internal auditors).

Competence requirements can also emerge from compliance obligations.

7.3 Awareness

Awareness is expressed by a person's attitude and behaviour. It is the products of, for example, the way in which top management interprets showing leadership as required in 5.1, of internal communications about the OH&S policy and OH&S risks or of training and instructions. To achieve this awareness, personnel must be familiar with the policy, OH&S hazards and risks related to their own tasks, their potential contribution to achieving the OH&S performance, and the compliance obligations.
The degree of awareness will be clear from e.g. reports of nonconformities and near-nonconformities, from people addressing others as to their attitude and behaviour, from root-cause analyses of nonconformities, from results of internal audits, and results of measurements and monitoring.

7.4 Communication

Communication involves both receiving and distributing information (see A.7.4). Internal and external communication also includes communications for the purpose of updating the context analysis. Bringing about a dialogue can be important in this process.

The results of the context analysis, in particular 4.2 with regard to interested parties, will provide information for working out the element of communication in more detail. The compliance obligations (6.1.3) may produce reporting obligations, both legally required reports and voluntary contractual obligations (such as Responsible Care).

SCCM expects that if an organization that applies for an initial certificate, it will announce its intention to be certified to the personnel or the representatives of the employees, in order to encourage communication with the competent authority about the functioning of its OH&S management system (see chapter 4 of this certification scheme).

The information the organization communicates must agree with the information obtained using the OH&S management system, and it must be reliable. This indirectly sets requirements for the quality of monitoring, measuring, analysis and evaluation of performance in 9.1.1 and 9.1.2. 'Reliable' information is understood to be complete and relevant, as well as of high quality. Communication must not be misleading.
Complaint handling is part of external communication.

The following clauses in the standard mention particular subjects that must be communicated about, sometimes with a reference to 7.4:

- → In determining how the compliance obligations apply to the organization, it must also determine what must be communicated (see 6.1.3 b);
- → Ojectives (see 6.2.1);
- → Clause 8.1.1 incorporates the requirement to coordinate the relevant elements of the OH&S management system, including communication, in multi-employer workplaces;
- → Clause 8.1.4 contains requirements with regard to the procurement of products and services (including engaging contractors and outsourcing work). Communication with the parties involved is part of these processes;
- → Communication is also a necessary part of emergency preparedness and response (see 8.2.d);
- → The results of monitoring and measurements (see 9.1.1e);
- → The results of the internal audit programme must be reported to management, personnel, representatives of the employees and relevant interested parties (see 9.2.2.d);
- → The relevant results of the management review (see 9.3f);
- → The incidents, nonconformity, measures taken and the evaluation of corrective actions (see 10.2);
- → The results of continual improvement (see 10.3d).

7.5	**Documented information**	Documented information supports the effective implementation of the OH&S management system and is not a goal in itself. The documented information must provide evidence demonstrating that the OH&S management system works properly. Documented information may also be in digital form. It must be clear from the documented information: → what the status and date of revision are; → who has access to it and can modify it; → how long it is retained and how it will be removed and/or destroyed. Since certification has a three-year cycle, the documented information must be kept and be accessible for at least three years. The information must be protected from improper use and/or modification. The rules for access and security can differ for different kinds of information. For example, production figures can be important for the OH&S management system, but at the same time can also be confidential in connection with sensitivity to competition.
8.1	**Operational planning and control**	Operational planning and control involves the operations, products and services established within the scope of the OH&S management system (see 4.3). The risks associated with OH&S hazards, as well as the compliance obligations for which operational planning and control is necessary, in order to achieve the OH&S objectives and/or meet compliance obligations will come from 6.1. Operational control can consist of, for example, technical measures, control instruments, or procedures and operational instructions that are relevant for achieving the OH&S objectives. The details and the severity of the control measures (and possibly measures for monitoring and measurements necessary for control in 9.1) will depend on the scope of the risks and the objectives determined in 6.2.
8.1.3	**Management of Change**	Managing planned or unplanned changes (MoC - Management of Change) is an important element of the OH&S management system which also relates to other elements of the OH&S management system, such as determining the OH&S risks (6.1.2), internal communication (7.4.2), internal audit programme (9.2) and the management review (9.3).
8.1.4	**Purchase**	This element involves controlling the potential consequences of purchased goods (such as materials and facilities) and services for achieving the OH&S performance outcomes. Purchasing is related to: → Identification of hazards and evaluation of risks (6.1); → Change management in the event of changes, whether planned or unplanned, to purchased goods (8.1.3); → On the basis of 8.1.4, the organization will communicate with suppliers (including contractors and parties involved in outsourcing) about the relevant requirements related to possible OH&S risks. These have been identified in 6.1.2, and the details of the communication have been elaborated in more detail in 7.4. Communication about requirements relevant to the OH&S policy can be combined with the activities for operational control. The organization must structure its processes in such a way that it can be assured that contractors meet the requirements of the OH&S management system. In addition to the OH&S risks of the contractors' activities for the contractor's employees, this involves the consequences of the activities on the organization's employees and vice versa (consequences of the organization's activities for the contractor). As indicated in A.8.1.4.2, the degree of control of the OH&S risks will differ from contractor to contractor, and the organization must adapt the control methods to them. For example, if the contractor has an OH&S management system, authority may be delegated. The certified organization remains responsible. The term 'contractor' includes all parties performing work under the control of the organization. According to A.8.1.4.3, the outsourced activities and processes only need concern those activities and processes that are also essential for the OH&S management system. If it is possible for third parties to assume that the outsourced activities or processes are being carried out by the certified organization, it is important to either include them or communicate that they are outside the scope.
8.2	**Emergency preparedness and response**	The potential causes of emergencies and accidents can reside both within and outside the organization (for example, flooding or accidents happening to neighbours. Potentially relevant information related to potential emergencies and accidents can also arise from the context analysis (4.1 and 4.2) and must be included when determining environmental aspects (see 6.1.2). Emergency preparedness and response requests communication with people such as employees, neighbours, government authorities and emergency services. Thus, these parties must be included in plans for communication (see 7.4).

9.1	**Monitoring, measurement, analysis and evaluation**	The certificate holder must measure and monitor in order to provide evidence that its OH&S management system is working properly. The organization itself defines the methods to use and the frequency of measuring and monitoring. The frequency will depend partly on the risks at issue and on any compliance obligations. The minimal frequency with which issues are measured and monitored must be in line with the frequency of the management review, which is usually once a year in connection with the planning and budget cycle. The standard requires that the results of monitoring, measurement, and evaluation be valid, and these must be reproducible to also recognize trends at the management review (see 9.3). The method also includes the way that results of measurements are processed into OH&S information (such as calculation methods). Providing reliable information requires devoting some attention to the necessary administrative capabilities. An organization itself determines the form and frequency with which it determines if it is meeting the requirements arising from its compliance obligations. The frequency depends on the risks associated with particular requirements. If a noncompliance is identified, measures must be taken to control and correct it (see 10.1). In the event of nonconformities, it must determine whether it is necessary to communicate with interested parties such as the competent authority for legal requirements (see 4.2 and 7.4). Having knowledge and understanding of the compliance status means that the organization always has a total overview of the degree to which its compliance obligations are being met and what the strong and weak points of its compliance are.
9.2	**Internal audit**	The internal audits are intended to evaluate whether the OH&S management system meets the requirements in the standard, the organization's own requirements, and that it functions in practice and is maintained. The frequency with which given operations/processes are audited is linked to factors such as the associated risks and opportunities (see 6.1), any changes that need to be addressed, and the monitoring results (see 9.1). The audit programme must be designed so that the organization can make an evaluation of the implementation of its OH&S management system in all operations/processes and any other offices covered by its scope (see 4.3). The audit results must be reported to 'relevant' management. Top management shall assign the responsibilities for reporting on the performance of the management system (see 5.3). If nonconformities are identified during an internal audit, they must be dealt with according to the requirements in 10.2.
9.3	**Management review**	Section 5.1 of the standard asks that the OH&S management system be integrated with other business processes and the organization's strategic direction. For most organizations this is a one-year cycle, and the management review must be linked to this cycle. Given the commitment asked of top management in 5.1, some issues, e.g. those with a higher risk, need more frequent attention from top management in order to steer any developments in a timely manner. The standard requires that a number of issues be at least considered during the management review. It must be demonstrable that top management itself has made an evaluation, in line with the requirements for demonstrating leadership for top management in 5.1. The input for the management review is not defined in 9.3, as it results from the issues mentioned in 9.3 that are to be considered in the management review. Complaints and the organization's responses to them are covered by 'communication with external parties', which is a topic of the management review.
10.1	**Improvement, general**	Opportunities for improvement emerge from the monitoring, measurement, analysis and evaluation (9.1), internal audits (9.2) and the management review (9.3). The management review will also add improvements from the context analysis (4.1/4.2). Improvements can be related to short-term organizational and/or technical measures as well as strategic improvements requiring a longer preparation.
10.2	**Incident, nonconformity and corrective action**	An organization, according to 10.2, must respond to an incident and/or nonconformity and deal with any consequences it has. A root-cause analysis is of great importance in an effective OH&S management system (see 10.2 b). The root-cause analysis can also be related to resources (7.1), competencies (7.2), awareness (7.3) or control of processes (8.1). If a nonconformity is related to compliance obligations, the organization must determine whether it is necessary to communicate with the interested parties involved (such as a supervisor) about the nonconformity, and if necessary to communicate (see also 7.4 and 9.1.1). Nonconformities can be a reason to make changes to the OH&S management system (10.2g). In particular, the need to make changes in the identified risks and opportunities (6.1) must be considered.

10.3	**Continual improvement**	Continual improvement must aim to improve the organization's OH&S performance as laid down in the OH&S policy (5.2). The improvement is a result of taking action that results in a reduction of risks and/or taking identified opportunities. The outcome of the context analysis (4.1 and 4.2) gives a frame of reference for the level of the improvement. The identified technological options and the degree to which these are applied by colleagues and considered the state of the art are also frames of reference. The organization will have to justify its continual improvement process on the basis of the outcomes of the context analysis.

CHAPTER 3

Organization of the certification body

To be accredited to perform certification work, a certification body (CB) must meet the NEN-EN-ISO/IEC ISO 17021-1 standard 'Conformity Assessment - requirements for bodies providing audit and certification of management systems' and other related standards and guidelines as mentioned in the introduction. The ISO 17021 contains both structural and procedural requirements. SCCM can interpret these requirements where necessary and can set additional requirements.

Chapters 1 through 8 and 10 of the ISO 17021-1 contain organizational requirements.

In the event of an accreditation evaluation, the text of the NEN-EN-ISO/IEC ISO 17021-1, along with this certification scheme, is binding.

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

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

Personnel may not have been involved as consultants for the organization to be certified about either its OH&S management system or any other management systems.

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

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

3.1.2 Response to complaints (ISO 17021-1 section 9.6.7)

The CB must inform SCCM as soon as possible, but in any case within two weeks, of complaints submitted by third parties (such as the competent authority) to the CB about a certificate it has issued (i.e. not objections from organizations certified by the CB). SCCM will publish the number and nature of the complaints in its annual report.

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

-

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

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

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

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

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

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

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

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

The following apply to suspension or withdrawal of a certificate:

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

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

- → The name of the organization as it appears on the certificate must correspond with the level of hierarchy at which the management review is performed (such as Organization x, business unit y).
- → The scope on the certificate contains a concise description of the operations of the organization covered by the certificate. The scope must be within the scope established by the organization to be certified (ISO 14001 sec. 4.3). This description may not contain value judgements.
- → Branches of the organization at other addresses and/or cities will be included on the certificate in such a way that they are traceable.
- → If a partial certificate is granted to one part or location covered by a larger concern's certificate, it must be clear for all concerned that this partial certificate is not an independent certification and cannot be seen as separate from the certificate of this larger concern, the number of which must be included on the partial certificate.
- → If there is a need for more detailed information about what the ISO 45001 certificate involves (such as addresses of other sites, names of products or services) the certificate may make reference to an annex, validated by the CB, where this information appears.

3.4.2 Information exchange between a CB and clients (ISO 17021-1 section 8.5)

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

This is not a question of nonconformities identified in internal audits, for example, and which can be solved quickly, but of structural nonconformities which have or can have consequences for achieving the OH&S policy such that complaints from personnel and/or action from the authorities can be expected. See also section 4.5.2, which discusses nonconformities for which a CB must perform an additional interim audit.

CHAPTER 4

Procedures used by the certification body

A CB wanting to be accredited for performing certification must meet the NEN-EN-ISO/IEC ISO 17021-1 standard 'Conformity Assessment - requirements for bodies providing audit and certification of management systems' and other related standards and guidelines as stated in the introduction. The ISO 17021-1 standard contains requirements for both organizational structure and the CB's procedures. SCCM can provide an interpretation of these requirements, where necessary.

Chapter 9 of ISO 17021-1 contains requirements related to the procedures used during the certification process.

In any accreditation assessment, the text of NEN-EN-ISO/IEC ISO 17021-1, along with this document, is binding.

4.1 Preparation for certification (ISO 17021-1 section 9.1)

4.1.1 Application review (ISO 17021-1 sections 9.1.1 and 9.1.2)

The organization to be certified must establish the scope of its OH&S management system (ISO 45001 section 4.3). Chapter 2 of this certification scheme provides a guide to how to do this. A distinction must be made between the scope defined in its OH&S management system and the information on the certificate. A succinct description of the operations and all sites covered by the certificate must appear on the certificate. This information on the certificate comes from the description of the scope within the OH&S management system.

The CB must determine whether the scope is in line with the requirements in the ISO 45001 standard (section 4.3) with regard to incorporating all activities, products and services that the organization can control and influence and that can influence its OH&S performance.

SCCM has further specified the procedures for determining the scope for a number of special situations:
Certification of an activity within a large organization with multiple activities
If within an organization, more than one division, business unit, subsidiary, etc. carry out activities, then a separate activity can be certified if it:
→ has its own management;
→ can pursue its policy and has an independently functioning OH&S management system;
→ has its own production or other facilities, each separately responsible for the observance of legislation and regulations.

Section 3.4.1 of this certification scheme contains indications for the organization mentioned on the certificate.

4.1.2 Audit time (ISO 17021-1 paragraaf 9.1.4 en 9.1.5)

The IAF MD 22 has guidelines for scheduling, using elements of the IAF MD 5 (Duration of QMS and EMS audits).

The following guidelines are important when determining time schedules:

→ The IAF MD 1 (Certification of multiple sites based on sampling) provides possible ways to reduce the amount of time spent by sampling if there is a centrally coordinated OH&S management system which covers several sites with similar activities.

→ The IAF MD 11 (Audits of integrated management systems) provides possible ways to reduce the amount of time spent by combining audits of different management systems.

4.1.3 Personnel involvement

The certification body must inform the organization to be certified, in a timely manner, that it is important to give the representatives of the employees (works council members), advance written notice that a certification audit will be taking place. The function of the written announcement is to offer the personnel the opportunity to indicate in writing points for attention for the certification audit.

An alternative to the written announcement of the certification audit is to interview representatives of the employees (works council members), in any case before initial audits and re-audits.

4.2 Initial certification (ISO 17021-1 section 9.3)

4.2.1 Phase 1 (preliminary) audit (ISO 17021-1 section 9.3.1.2)

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

One element of the preliminary audit is a document audit (see ISO 17021-1 sec. 9.3.1.2). The place where the preliminary audit is to be performed can be determined in consultation with the organization. Annex 1 has a list of documents important for the preliminary audit.

The preliminary audit must determine whether the various elements of the OH&S management system are in place and have been implemented. The quality of implementation is determined during phase 2. The implementation must be complete enough that there can be a finding in the phase 2 audit report about the functioning of its OH&S management system (see 4.3.1 and 4.3.2 of this certification scheme). The purpose of phase 1 is to determine whether the organization is ready for the evaluation of the implementation in phase 2.

The preliminary audit may be combined with audits of other management systems. However, doing so must not jeopardize the quality and depth of the audit. In a combined audit as well, the report must clearly indicate all the aspects relevant to the OH&S management system.

4.2.2 Phase 2 (certification audit) (ISO 17021-1 section 9.3.1.3)

Chapter 2 (interpretation and guide to ISO 14001) explains the relationship between the various elements of the standard. This relationship is evaluated by following audit trails during phase 2.

In addition to the points required by ISO 17021-1, SCCM expects that the certification audit shall also include:

→ an interview with the top management responsible for that site;

→ a tour of the site, including an investigation of the implementation of the OH&S management system on the work floor (among other things by conducting interviews).

4.3 Conducting audits (ISO 17021-1 section 9.4)

4.3.1 Evaluation of compliance with legislation and regulations (IAF MD 22)

According to ISO 17021-1 section 9.4.8.3, the audit report must contain a statement regarding the effectiveness of the OH&S management system as concerns its compliance with legislation and regulations. The following points are important for evaluating whether the OH&S management system is implemented in such a way that the organization is able to comply with legislation and regulations:

- → The CB must evaluate whether the various elements of the ISO 45001 standard that are important for ensuring compliance (including the level of detail of the identified legislation and regulations, the procedure for updating the list of identified legal and other compliance points, identification and communication of incidents, the self-assessment procedure, the procedure for reporting to management) are worked out in sufficient detail that it is possible to ensure compliance.
- → The CB must evaluate the functioning of the elements by using a combination of audit trails in which all the relevant steps for ensuring compliance with particular requirements in legislation and regulations are followed, and by sampling (spot checks) to evaluate compliance with specific requirements from legislation and regulations. The purpose of these evaluations is to understand how the OH&S management system works and not to report on the actual compliance.
- → A properly functioning OH&S management system will provide results indicating the degree of compliance with legislation and regulations. These results must be documented within the OH&S management system.
- → The functioning of the OH&S management system must be the basis for the CB's justified confidence that the organization is indeed in compliance with legislation and regulations.
- → Since the evaluation is based on a spot check and on a limited period of time, having well-grounded confidence does not necessarily mean that compliance with legislation and regulations can be guaranteed.

If the organization needs but does not have a licence for part or all of its activities, it may still be certified if the absence is not due to culpability. The organization's lack of culpability must be obvious from its correspondence with the authorities.

If there are sufficient grounds to do so, the certification body may consult public sources in order to verify whether the information supplied by the organization is correct. Under the Netherland's Open Government Act (Wet Openbaarheid Bestuur), the competent authority's public information sources may be consulted in order to evaluate whether:

- → the organization's records of communication with the government are complete, for example inspection reports made public on the Internet;
- → all sites and facilities of the organization to be certified are also covered by the current licence;
- → here are new developments regarding differences of opinion between the organization and the authorities;
- → the organization cannot be reproached for the fact that permits are lacking.

This opportunity may be taken when it contributes to acquiring justifiable confidence. In principle, the certification body makes use of information supplied by the organization, or available within the organization.

If the CB wishes information from supervisors other than that already in publicly available sources, then in principle the organization itself shall request this information, unless other agreements have been made between the organization and the CB.

The CB must in any case decide against certification, or withdraw the certificate[1] if one or more of the following situations occurs:

- → The procedure and responsibilities laid down in the OH&S management system for applying for permits and/or the required notification or the procedure for handling the continuation of the application or of the required notification, are found not to function[2].
- → The certification body has serious doubts about whether the organization can achieve its intention to comply with legal requirements using its OH&S management system.
- → Procedures for corrective and preventive action are not effective. This is certainly the case if, for example, OH&S requirements for significant OH&S risks have been systematically violated and written agreements with authorities regarding this matter are not available.
- → Procedures for reporting incidents and/or violations of legal requirements to the competent authority do not work properly.

4.3.2 Evaluation of continual improvement

According to ISO 17021-1 section 9.4.8.3, the audit report must contain a statement about the effectiveness of the OH&S management system with regard to the expected outcomes. SCCM considers achieving a continual improvement in OH&S performance to be an expected outcome. The following points are important to consider in evaluating whether the OH&S management system has been implemented such that the organization is capable of continually improving its OH&S performance:

- → The CB must evaluate whether the various elements of the ISO 45001 standard that are important for achieving continual improvement of the OH&S performance connected with the activities of the organization have been worked out so as to enable continual improvement. These elements include identifying opportunities for improvement, involvement of top management in continual improvement, planning improvements and the availability of resources and people, following and if necessary modifying the improvement processes.
- → The CB must evaluate the working of the improvement process through a combination of audit trails in which all the steps relevant for making improvements for particular risks or opportunities, and from spot checks evaluating how particular options for improvement are carried out.
- → If the OH&S management system is functioning properly, the results of the system will show to what degree the OH&S performance is improving. This is then documented within the OH&S management system.

---

[1] Before a certificate is withdrawn, the certification body shall allow the organization concerned a period during which it can repair the nonconformity. The duration of this period depends on the nature of the nonconformity. This period can be considered a suspension if the certification body determines that the certificate must not be used and/or that the certified organization must notify its clients of the nonconformities. If the non-compliances have been repaired within the stated period, the suspension is terminated. If not, the certificate is withdrawn.

[2] This is only the case when the organization's written procedure within the OH&S management system for the application of permits or the notification of changes does not function. The CB determines if procedures are functioning based on the description of activities of the organization, the effect analysis and an inspection of the site.

One or more of the following situations can be grounds for a refusal to grant or withdraw a certificate:
→ The organization has not gained, or has very little, understanding of the opportunities for improving its OH&S performance related to the identified risks and opportunities for improvement.
→ There is no plan for improvement, or the plan is not well founded with respect to content[3].
→ The plans are repeatedly not carried out and no convincing explanations are provided. This refers to the management programmes which include concrete plans for activities as part of the continual improvement process.

SCCM expects that an ISO 45001 certificate will not be issued to organizations with structurally unsafe situations. Certification may only be considered if there is an improvement plan that has been accepted by the stakeholders and is aimed at reducing the hazards and risks in the short term (e.g. within 1 year). Such a certificate must have additional requirements (interim reports on the progress of the improvements and/or an additional audit).

4.3.3 Evaluation of OH&S information

The ISO 45001 standard requires that the methods for monitoring and measurements produce valid results and that the OH&S information communicated is reliable.

The certification audit must focus on the processes related to monitoring and measurements, and how this information is converted into OH&S information. Although the certification process is not focused on making pronouncements about individual figures, it does mean that:
→ during the certification audit, random checks will be performed for a number of important risks to evaluate whether the measuring and recording system produces valid and reliable results;
→ for a number of issues, the procedure for processing the measurements and records, and if appropriate, how they are adapted into OH&S information, will be evaluated;
→ there will be an evaluation of whether the information communicated internally and externally (including reports to the government) agrees with the information obtained in the OH&S management system;
→ it is verified that the system works in such a way that the results are reproducible and that the OH&S information can be compared to previous and/or future periods.

An ISO 45001 certificate means that various elements of the system have been assessed that are important for generating reliable OH&S information. In this sense, it gives a positive value to the information generated using the OH&S management system. However, an ISO 45001 certificate is not a value judgement about the reliability of individual figures, since these are only assessed using spot checks, with the aim of evaluating the system.
An organization that creates an incorrect image by providing incomplete or incorrect OH&S information in its external communications is not meeting the requirements of ISO 45001 with regard to communication.

[3] The evaluation of this part is subjective. Considerations are:
→ The improvement of OH&S performance is best evaluated over a number of years.
→ If an organization has significantly improved its OH&S performance in the recent past, the CB should take this into consideration.
→ If an organization has planned and/or undertaken very little action to improve its OH&S performance, while there have been improvements in technology that many of its competitors have used, the plan is probably not well grounded.
→ The exchange of experiences between CBs will be encouraged, as it is important they come to similar conclusions.

4.3.4 Procedures for OH&S violations and hazardous situations

In the Netherlands, article 3 of the Working conditions Act is relevant as it establishes 'duty of care'. This implies that an entity will do all that can reasonably be expected.

The CB/OH&S auditor may be expected to:

→ report violations of legislation and regulations with life-threatening consequences to both the top management of the organization to be certified and the Works Council (in Dutch OR) or any other body in which the personnel is represented;

→ suspend or withdraw certification if the OH&S management system does not result in violations being prevented or dangerous situations being resolved.
This action should be considered reasonable.

The CB must inform the organization before conducting the audit (for example, in the certification agreement) that the CB will inform the Works Council directly of any serious violations or dangerous situations.

If there is immediate danger to individuals, for example, because of the violation or dangerous situation, then the procedure above will not be adequate. An auditor could be prosecuted for a punishable offence if people are put in danger as a result of the auditor's failure to take action.
In the context of the CB's liability, it is in the first place important that the CB can demonstrate that it has done what reasonably can be expected of it to prevent any potential danger.
The company must decide whether or not to report the violation or dangerous situation to government authorities on a case-by-case basis.

4.3.5 Audit reports (ISO 17021-1 section 9.4.8)

A CB must report the results of the certification audit to the organization to be certified, and in doing so must formulate opportunities for improvement. This is not considered a recommendation to be paid for separately.
The CB is not permitted to make recommendations for altering the OH&S management system and/or to make suggestions for concrete solutions based on the results of this report.

According to SCCM, the report must include sufficient information after the fact to account for its procedures, for example if there are any objections/appeals. The CB must maintain records with information about the audits performed (see ISO 17021-1 section 9.6.8).

ISO 17021 sec. 9.4.8.3 a requires that the audit report contain a statement with a summary of the evidence showing the degree to which the OH&S management system is capable of meeting the applicable requirements and achieving the intended outcomes. 'Outcomes' is understood to mean the intended results that, as explained in A3, are – at a minimum – aimed at improving OH&S performance, meeting compliance obligations and achieving the OH&S objectives. According to SCCM, this statement should focus on achieving the intended results and the functioning of the elements of the OH&S management system that are relevant for ensuring compliance obligations and ensuring an improvement in OH&S performance.
Besides the points above, the report about surveillance audits must pay special attention to the implementation of plans for rectifying nonconformities identified in previous audits.

According to SCCM, in the event of combined systems, the assessment of the OH&S management system based on the ISO 45001 standard must be readable on its own in the report. The result of the application for a certificate for one management system must not affect the result for any other part.

4.4 Maintaining certification (ISO 17021-1 section 9.6)

4.4.1 Surveillance audit (ISO 17021-1 section 9.6.2)

SCCM expects that the following points will be given attention in a surveillance audit, in addition to the elements required by ISO 17021-1:

→ the involvement of top management;
→ the functioning of procedures related to the communications with interested third parties (including correspondence with government authorities);
→ the functioning of processes for the organization's assessment of its own compliance with legislation and regulations, and the outcomes of these procedures;

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

4.4.2 Special audits (ISO 17021-1 section 9.6.4)

A CB must consider an additional (interim) audit during the audit cycle if:

→ the CB is informed of decisions made by supervisors related to enforcement (formulated in an official letter) in which the government has identified a violation of important OH&S regulations;
→ there are other signs that give the CB reason to doubt that OH&S management system is functioning properly.

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

ANNEX I

Documents available for certification

The organization must have and keep the following documents/records available (for a period of three years for recertification).

→ Description of the scope (4.3)
→ OH&S policy (5.2)
→ Distribution of roles, responsibilities and authorities (5.3)
→ Risks and opportunities (6.1.1)
→ The processes and the actions required for addressing the risks and opportunities in 6.1.2-6.1.4 (6.1.1)*
→ The methodology for the assessment of the OH&S risks and the criteria used to determine them (6.1.2.2)
→ Compliance obligations (6.1.3)
→ OH&S objectives and plans to achieve them (6.2.2)
→ Evidence of competences (7.2)
→ Evidence of communications activities (7.4.1)
→ Processes for operational planning and control (8.1.1)*
→ Processes for emergency preparedness and response (8.2)
→ Evidence of results of monitoring, measuring, analysis and evaluation of performance (9.1.1)
→ Evidence of maintenance, calibration or verification of measurements of equipment (9.1.1)
→ Evaluation of compliance (9.1.2)
→ Internal audit programme and results of internal audits (9.2.2)
→ Results of management review (9.3)
→ The background of incidents and nonconformities, measures taken and the results of measures and corrective actions and its effectiveness ((10.2)
→ Evidence of the result of the process to continual improvement (10.3).

Documents/records SCCM recommends be available:

→ Result context analysis (see 4.1 and 4.2)
→ Description of the organization and responsibilities
→ Overview of documented information and records (including any descriptions of processes/procedures other than those more or less required on the basis of 6.1.1, 8,1 and 8.2)

* The documented information must be kept up to date and in the amount necessary to ensure confidence that the processes are carried out according to plan.

ANNEX 2

Explanatory diagrams regarding the OH&S management system

FIGURE 1: RELATIONSHIP OF CONTEXT ANALYSIS, HAZARDS, RISKS ETC./OPERATIONAL AND STRATEGIC IMPROVEMENT CYCLE

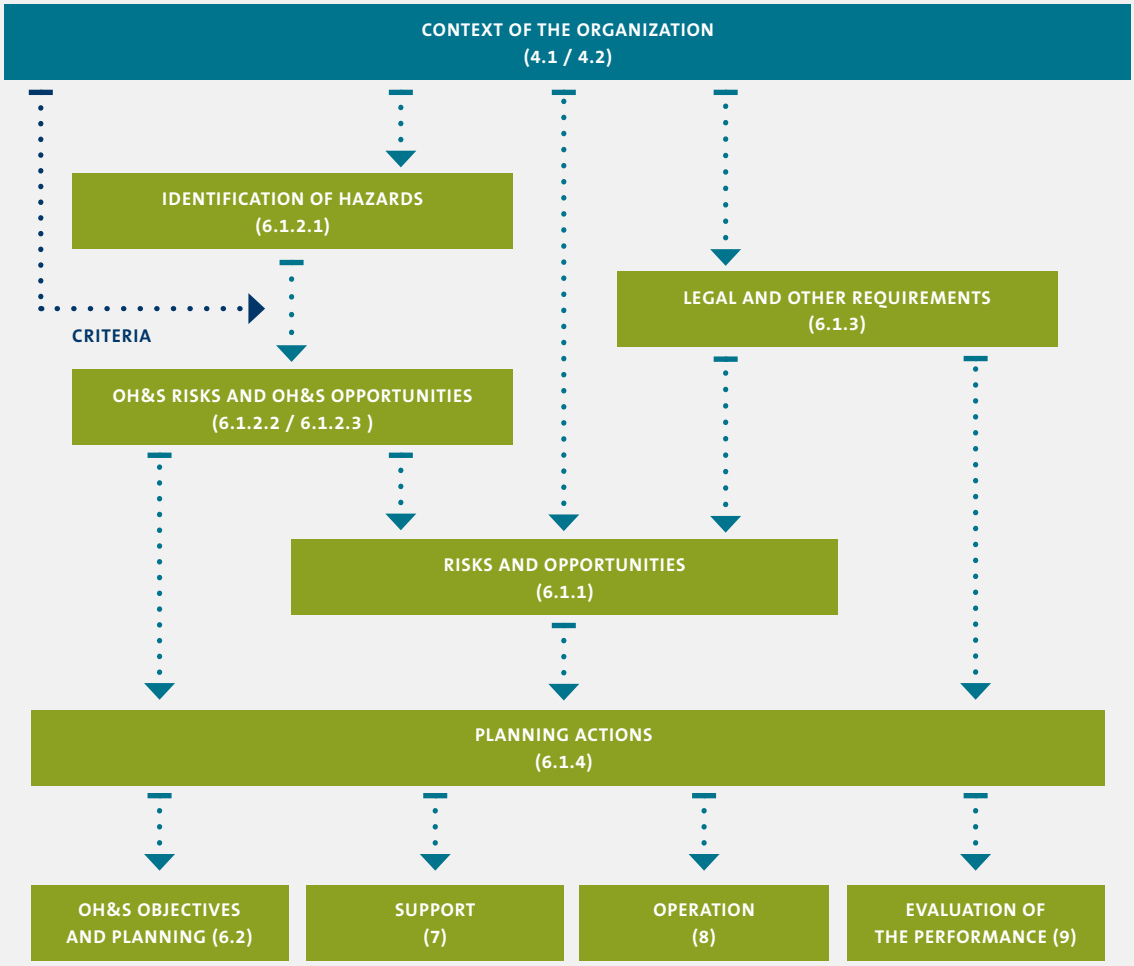


FIGURE 2: RELATIONSHIP OF ELEMENTS OF THE STANDARD RELEVANT FOR COMPLIANCE MANAGEMENT

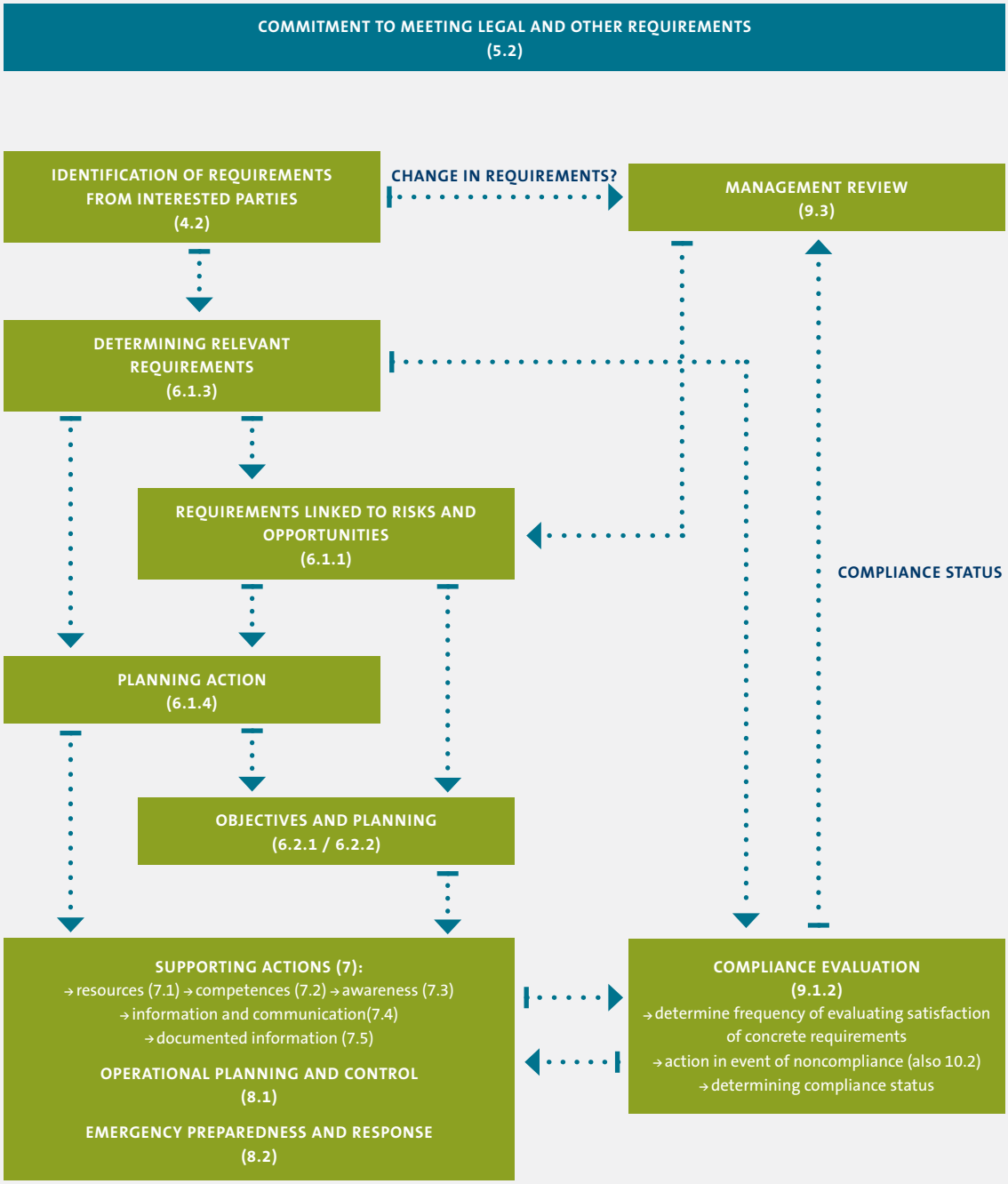
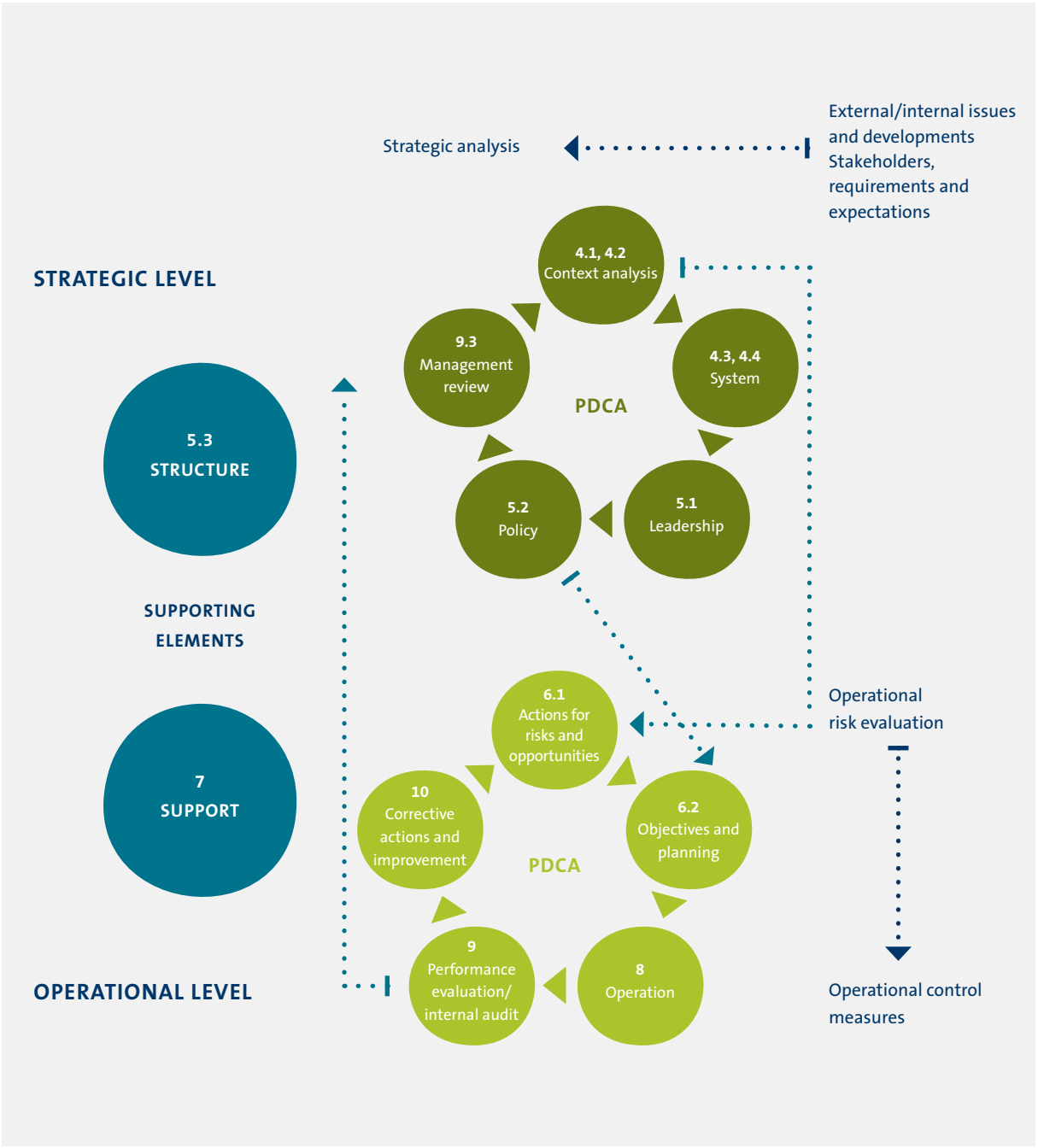


FIGURE 3: PDCA CYCLE AT STRATEGIC AND OPERATIONAL LEVEL (SOURCE: NEN)



ANNEX 3

Definition technical area

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

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

ANNEX 3, TABLE 1: COMBINING SECTORS IN TECHNICAL AREAS

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

39 (A)*	37, 38.1, 38.2, 39	Sewerage, waste collection, treatment and disposal activities, and remediation and other waste management services
Industrial activities with emphasis on physical strain and machine safety. Physical strain and machine safety risks higher than average.		
1 (A)	01, 02	Agriculture and Forestry
1 (B)	03	Fishing and Aquaculture
6	16	Manufacture of wood and wood products
7	17.2	Manufacture of articles of paper and paperboard
14	22	Manufacture of rubber and plastics products
17 (B)	25 (min 25.4), 33.11	Manufacture of fabricated metal products
18	25.4, 28, 30.4, 33.12, 33.2	Manufacture and repair of machinery and equipment
22	29, 30.2, 30.9, 33.17	Manufacture of other transport equipment
24	38.3	Recycling (dismantling and separation)
28	41, 42, 43	Construction
Industrial activities or provision of services with less than average physical strain and less than average safety risks. No OH&S risks higher than average		
9	18	Printing and reproduction of recorded media
19	26, 27, 33.13, 33.14, 95.1	Manufacture of electrical and optical equipment
23	31, 32, 33.19	Manufacturing not elsewhere specified
27	36	Water collection, treatment and supply
29	45, 46, 47, 95.2	Wholesale and retail trade; repair of motor vehicles, motorcycles and personal & household goods. Wholesale of agricultural raw materials, live animals, food, beverages and tobacco
39 (B,C, D, F)	59, 60, 63.9, 79, 91.04, 93, 94, 96, 97, 98, 99	Recreational, cultural and sporting activities Other social services
Provision of service with emphasis on psychosocial workload. Psychosocial risks are beyond average		
35 (B)	80	Security and investigation activities
37	85	Education
38	75, 86, 87, 88	Health and social work
(Administrative) services with limited OH&S risks		
8	58	Publishing activities
30	55, 56	Accommodation and food service activities
31 (A)	53, 61	Post and telecommunication
31 (B)	49, 50, 51, 52	Land transport, pipeline transport, air and space transport, cargo handling and storage
32	64, 65, 66, 68, 77	Financial intermediation, real estate, renting
33	62, 63.1	Information technology
34	71, 72, 74 (min 74.2, 74.3)	Architectural and engineering services
35 (A)	69, 70, 73, 74.2, 74.3, 78, 81, 82	Other professional services
36	84	Public administration and defense
39 (E)	90, 91 (min 91.04), 92	Creative, art, entertainment, gambling, betting and libraries, archives, museums and other cultural activities

* Sectors considered 'complex' in connection with necessary knowledge of legislation and regulations (see annex 4, table 1) – basic knowledge is sufficient for the other sectors

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

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

ANNEX 4

Knowledge of legislation and regulations in the Netherlands

Table 1 shows the legislation and regulations that can apply to organizations with offices in the Netherlands. Summaries of all the legislation and regulations in the list can be found on mijn.sccm.nl. These summaries give an indication of the depth of knowledge auditors must have. It is assumed that auditors know the essence of the legislation and regulations (aim, for whom, what criteria apply, main implications).

ANNEX 4, TABLE 1: OH&S LEGISLATION AND REGULATIONS IN THE NETHERLANDS

SUBJECT	BASIC KNOWLEDGE	SUPPLEMENTARY FOR SPECIFIC SECTORS (SEE TABLE 1)
General	→ Working Conditions Act (Arbowet): - Ch. 1, art. 1 and 2 (definitions and scope) - Ch. 1, art. 3 (OH&S policy) - Ch. 1, art. 5 (risk assessment and evaluation) - Ch. 1, art. 8 (information and instruction) - Ch. 1, art. 10 (prevention of danger to third parties) - Ch. 1, art. 11 (general requirements of employees) - Ch. 3, art. 12 - 15a (cooperation, consultation, works council or representatives and interested employees and organizing expert aid) - Ch. 4, art.17-19 (special requirements such as individual solutions, periodic medical examinations and different employers) → Working Conditions Decree: - Ch. 1 (def. and scope) - Ch. 2 (health care and organization of labour) - Ch. 3 (workplace setup) → Working Conditions Provisions: - Ch. 1 (general provisions) - Ch. 2 (additional requirements for RI&E, experts and OH&S services) → OH&S catalogue of the relevant branch → Working Hours Act (rules for shifts) → Eligibility for Permanent Invalidity Benefit (Restrictions) Act (obligations for sick leave) → Work and Care Act (rules on work and care leave) → Tobacco Act (measures limiting tobacco use and protecting non-smokers) → Works Councils Act (input from employees and civil servants)	→ Working Conditions Provisions: - Ch. 3 specific for construction and extractive industries using drilling - Ch. 4 specific safety for tanker ships and hazardous substances

SUBJECT	BASIC KNOWLEDGE	SUPPLEMENTARY FOR SPECIFIC SECTORS (SEE TABLE 1)
Hazardous substances and biological agents	→ Working Conditions Decree: - Ch. 4 (hazardous substances and biological agents) - Ch. 2, section 2 ('ARIE': additional requirements for RI&E to prevent or limit serious accidents involving hazardous substances) → PGS (Hazardous substances publication series) 15 (storing hazardous substances) → GHS (classification and labelling of hazardous substances)	→ Working Conditions Act: - Art. 6 (preventing/limiting accidents involving hazardous substances - Art. 7 (informing the public) → Working Conditions Decree: - Art. 3.5 (Explosive atmospheres) - Ch. 4, section 5 (asbestos) - Ch. 2, section 5 (safety in enclosed spaces) - Ch. 4 (hazardous substances and biological agents) → REACH (registration, evaluation, authorization and restriction of chemicals within EU → ADR (rules on transporting hazardous substances by road) → BRZO (Hazards of major Accidents Decree) → ATEX (safe work in an explosive atmosphere)
Physical strain	→ Working Conditions Decree: - h. 5 (physical strain, work with screen media, unusual sectors, special categories of employees) → Working Conditions Provisions: - Ch. 5 (computer screens)	
Physiological strain	→ Working Conditions Decree: - Ch. 6 (physiological factors such as temperature, fresh air, lighting, noise, vibration)	→ Working Conditions Provisions: - Ch. 6 (work under overpressure, radiation, artificial optical radiation)
Work equipment/ safety	→ Working Conditions Decree: - Ch. 7 (work equipment and specific work activities) - Ch. 7 (machine safety: shielding and safeguards incl. art. 7.29 on lifting/hoisting equipment) → Working Conditions Provisions: - Ch. 7 (work equipment) - Ch. 8 (safety and health signage)	→ Working Conditions Act: - Art. 3.1-3.5 (electrical facilities) → Working Conditions Decree: - Art. 7.23 and 3.16 (equipment for working at heights and preventing risk of falls) → ATEX (safety in an explosive atmosphere) → Commodities Act (pressure equipment)
Psychosocial strain	→ Working Conditions Act: - Art. 3 (lid 2 OH&S policy on PSA) → Working Conditions Decree: - Ch. 2 section 4 (PSA incl. undesirable behaviour)	
Special situations	→ Working Conditions Act: - Art. 3 and 15 (emergency response officers and emergency organization)	
Other	→ Working Conditions Decree: - Ch. 8 Personal protective equipment and OH&S signage → General conditions from the Decree on fire-safety structures → Driving times decree	

Table 1 lists the main legislation and regulations relevant to ISO 45001 certification in the Netherlands. However, this is only a portion of the body of OH&S legislation and regulations. It is the responsibility of the CB to evaluate whether, in addition to the legislation and regulations in table 1 there are other legislation or regulations which could affect companies working in the technical areas for which accreditation is being requested.

ANNEX 5

Use of the ISO 45001 certification scheme abroad

In theory, the substance of the ISO 45001 certification scheme is the same regardless of an organization's place of business. Thus, the interpretation of the ISO 45001 standard, as well as the organization of the CB and the procedures it uses, are the same worldwide. Exceptions to this are:

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

The following points may be modified.

General

- → If local translations of the ISO 45001 are used, the English version of the ISO 45001 text shall be binding.
- → Insofar as procedures for notifying government authorities of non-compliance are necessary, the CB must make its evaluation in the light of prevailing local conditions. It is essential that the organization be able to demonstrate that sufficient corrective action has been taken to repair and prevent further non-compliance.
- → If adequate legislation and regulations are lacking in the country in question, the organization will have to base objectives and targets on, among other things, the technological options available. These can be derived from any available international guidelines for current technologies. Another possible frame of reference is the usual standard for comparable organizations in the country concerned and, if the organization belongs to an international concern, the usual practice within that concern.

Organization of the certification body

- → 3.3.1: In determining the CB's competency, the specific requirements for certification abroad with regard to language, knowledge of local legislation/regulations and the country's OH&S policy must be kept in mind. The contract review will provide specific requirements.
- → 3.3.1: Members of the audit team must have excellent written and spoken command of the primary language used in the organization. In addition, one member of the audit team must have excellent written and spoken command of the language used on the work floor. If necessary, interpreters may be used.
- → 3.3.1: At least one member of the audit team must be thoroughly acquainted with the relevant local legislation and regulations for the sector concerned and the national OH&S policy related to it.

Procedures used by the certification body

- → 4.3.1: Although the audit of compliance with legislative and regulatory requirements and consulting of public sources of information will depend on local conditions, the basic principles and procedures shall still apply.
- → 4.3.1: The CB's task is to evaluate the functioning of the mechanisms for improvement within the OH&S management system. The level of OH&S performance and/or objectives is the responsibility of the organization itself. In many countries, this level is safeguarded by legislation and regulations and their enforcement. In countries lacking adequate legislation and regulations the organization itself will have a greater responsibility. In this situation, the issuing of an ISO 45001 certificate can carry extra risks for a CB. There are situations conceivable in which a company's OH&S performance is such that a CB will not want its name connected with the company. A CB may set a minimum level for itself, regarding an organization's level of OH&S performance and/or objectives.

Contact

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

Mijn.sccm is the knowledge platform for ISO 45001, OHSAS 18001 and ISO 14001. On mijn.sccm, you'll find a wealth of information including summaries of the most relevant (Dutch) environmental and OH&S legislation and regulations, and semi-annual overviews of updates to legislation and regulations (all summaries in Dutch). Click on mijn.sccm.nl and sign up!

SCCM

PO Box 13507
2501 EM Den Haag

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

Publication SCCM, The Hague, March 2018