



Report

Stage 1

ISO 45001:2018 Off-Site STAGE 1 Remote audit for 483538

Due to COVID-19 restrictions the regular Stage 1 audit could not be done as originally scheduled and planned.

Assmang (Pty) Ltd - Beeshoek Iron Ore Mine

**R385 Postmasburg
Postmasburg, Northern Cape 8420 South Africa**

Single site

Audit date:

From: 23 Oct 2020 to: 23 Oct 2020

REF No.: 483538

1. Overall evaluation

Evaluation of the organization's readiness for the Stage 2 audit:

Generally ready, additional activities necessary

The SHERQ (OH&S) management system do have some minor issues/concerns to be addressed and more attention required in 4.1 & 4.2 to ensure readiness.

The stage 1 audit was based on information provided and reviewed, including

- the scope of the management system along with its processes, essential equipment used and location(s)
- applicable statutory and regulatory requirements
- reviewing the organization's status and understanding regarding the requirements of the standard
- identification of objectives, processes and operations of the management system

The above stated recommendation regarding the organization's readiness for registration or upgrade is limited to the information collected and was not based on a full audit of the management system. The information in this report should assist the organization in determining any actions needed prior to the stage 2 audit and whether to proceed with the stage 2 audit as currently scheduled.

DQS and the audit team appreciate the support and open sharing of relevant information in order to determine readiness for a full system audit on site.

Please contact DQS customer service or your assigned auditor for any question or concern you might have for your management system certification.

In chapter 2 we provide detailed evaluation information, as well as any need for action to ensure conformity to standard requirements. Such action items shall be addressed prior to the planned system audit (stage2) on site.

2. Results of readiness review

2.1 Context of the organization

	Ready	Action required
The organization has determined external and internal issues relevant to its purpose and strategic direction. (4.1)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
The organization has determined relevant needs and expectations of interested parties. It met applicable statutory and regulatory requirements. (4.2)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
The organization has determined its management system scope considering applicable compliance obligations, activities and functions. (4.3)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
The organization has implemented a management system, including the processes needed with interactions and suitable performance indicators. (4.4)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

The "POLICY MANUAL" Document Number: SI_STR_14082017_12821, rev. 2.46, dated 8/17/2020, serves as reference to each sub-clause of the relevant standard, with just the relevant paragraph and page number documented as the first bullet-point.

4.1
A comprehensive "Company overview" of this mine [in Parr. 4.1, page 5, of the "Policy Manual"] include reference to the history, the current, operations/activities and the company contact details.

With reference to the internal- and external issues on and or to this organization are covered in Parr. 4.1, page 6 of the "Policy Manual" and refers to "issues" such as

- * Internal context - [Strategic direction, processes, people, systems, knowledge, values, culture, infrastructure, equipment, performance, products and services, environmental aspects and emergency situations];
- * External context - [Political, environment, social, technological, economical, legal, cultural, competitive, standards and interested parties' requirements].

A "SWOT" and a "Mine Pastel analysis" references to in this paragraph 4.1 of the said "Policy Manual" are available on pages 27 & 28 of this manual. It was evident that the concerns recorded during the "GAP-Assessment" that "the Internal- and external issues could or may have on the organization are comprehensively and sufficiently addressed with regards to "Quality" with limited or no reference to the possible impacts to Health and Safety", had not yet been addressed and serious consideration in this regard on the way forward could only be beneficial to the organization.

4.2
Addressed in Parr. 4.2 of the "Policy Manual", page 6. During the GAP-Assessment the following comment on this clause was recorded:

- * In this Paragraph, (pg. 7), you only refer to "Quality" issues. Add in reference to requirements regarding Occ. Health & Safety and environment. [E.g.: "..... mine's ability to consistently provide products and services that meet customer and applicable statutory/regulatory requirements"] and
- * The same paragraph refers only to "Requirements that become compliance obligations", what about "Other requirements", as per 45001 standard requirement?

None of the above issues have been addressed to date, although the provided "Policy Manual" for this audit is a revised version of the one presented during the GAP-Assessment.

In an Excel spreadsheet provided ["SWOT_-log-Beeshoek"] only three (3) of the seven (7) determined interested parties, as documented table-format on page 7 of the "Policy Manual" had been risk assessed and it could be remembered and considered that each risk derived from a specific need and or expectation of an interested party have to be separately risk assessed and not as a grouping.

It could also be considered to not only refer to "Legal" as a reference where a specific need or expectation of an interested party have been determined as becoming a legal obligation, to rather elaborate and be more specific to which legislation are referred to.

4.3

Documented and addressed as "Determining The Scope of The Sherqms" in paragraph 4.3 in the "Policy Manual", page 8.

Rewording of the very 1st sentence of this paragraph could be considered, to align the wording of the scope with the scope as indeed indicated on the DQS certificates.

The documented "Areas of responsibility" are well described with defined reference to whether included or excluded from the scope.

4.4

The "SHERQ Management System and Its Processes" are addressed in paragraph 4.4 of the "Policy Manual".

The "PDCA"-cycle presentation on page 9 of the "Policy Manual" only refers to quality related outputs of of the "Results of the IMS".

The already mentioned "Policy Manual" is evident of a documented SHERQ Management System. There are, however, some actions required to ensure readiness for certification audit

2.2 Leadership

	Ready	Action required
Top management demonstrates leadership and commitment with respect to the management system, including a) accountability for system effectiveness b) ensuring integration of requirements into business processes (5.1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Policy and objectives are established; they are compatible with the context and strategic direction of the organization. (5.2)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Organizational structure is defined, including roles, responsibilities and authorities relevant to the system. (5.3)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Processes for consultation and participation of workers at all applicable levels are established, implemented and maintained. (5.4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

The "POLICY MANUAL" Document Number: SI_STR_14082017_12821, rev. 2.46, dated 8/17/2020, serves as reference to each sub-clause of the relevant standard, with just the relevant paragraph and page number documented as the first bullet-point.

5.1

Management commitment statement as in "Integrated Policy Statement" made available and also addressed in paragraph 5.1, page 10, of the "Policy Manual".

This organization also maintains management representatives' appointments for all the certified standards to ensure none of the responsibilities are left behind and management are committed to participate actively in initiatives to ensure continual improvement.

The concerns recorded during the GAP-assessment with regards to this clause have been addressed.

5.2

Paragraphs 5.2.1 & 5.2.2 of the "Policy Manual" sufficiently address the requirements of the relevant standard and is accompanied by a shorter version (Integrated Policy Statement), document number SI_STR_17022017.

A signed version of the "Integrated Policy Statement" was available, signed by the Senior General Manager and two (2) members of the "H&S Committee".

The concerns recorded regarding this policy during the GAP-Assessment [and not yet addressed to date] were and still are

- * The requirement of this standard, 5.2(e), not included in the "Integrated Policy Statement".
- * The requirement of this standard, 5.2(f), not included in the "Integrated Policy Statement".

It was, however, noted these required inclusions into the "Integrated Policy Statement" will be addressed and approved during the Management Review Meeting, scheduled for towards the end of November 2020, for reasons as documented in 9.3, elsewhere in this report.

5.3

Documented information that roles, responsibilities and authorities are documented, communicated and understood through job profiles, process descriptions, modifiers, meeting actions, appointment letters, legal appointments and service level agreements were randomly sampled, with positive results.

A documented procedure for "SHERQ Organizational Structure, Roles, Responsibilities and Authorities", document number SP_SIP_21022017_11678, version 2.0, dated 03/01/2020 was made available. Revising paragraph 3 of this procedure could be considered, to replace the current references to "OHSAS 18001" with reference to ISO 45001:2018 and allocate the relevant clauses correctly. [also could revise Parr. 5.3, for the same reasons above]

This above mentioned procedure is different from the one provided for the earlier GAP- Assessment, noted the change in version number and dates reflected in the "header" of this procedure.

Organizational structure in flow diagram format sampled included

- * Organogram - Technical Services - Jun 2020

5.4

The concerns recorded during the GAP-assessment with regards to this clause have been addressed.

Consultation and participation of workers are addressed in Parr. 5.4 on page 11 of the "Policy Manual" and supportive documents provided were

- * Doc. No. SP_SIP_20022017_11639, "Communication and consultation", version 4.0, dated 07/11/2019.
- * Doc. No. SP_SIP_20022017_11638, "Communication and crisis communication policy", version 3.0, dated 1/11/2018.

Other documented evidence of communication and consultation received included

- * H S Meeting Minutes - 11/08/2020
- * HS Minutes of the meeting - 18 August 2020
- * Flashes for the week 28 Sept - 04 Oct 2020
- * Flashes for the week 31 Aug - 06 Sept 2020

2.3 Planning and support

	Ready	Action required
The organization has determined risks and opportunities considering interested parties and scope of the management system. Suitable action has been planned to address such risks and opportunities (6.1) Processes for hazard identification are established, implemented and maintained (6.1.2) Processes for assessment of OH&S opportunities/risks and other opportunities/risks for the OH&S management system are established, implemented and maintained. (6.1.2)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Processes for determination of legal requirements and other requirements are established, implemented and maintained. (6.1.3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Objectives (measurable) have been established at all relevant functions, levels and processes. (6.2)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Necessary internal and external resources are determined for establishing and implementing the management system effectively. (7.1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The organization retain appropriate documented information as evidence of competence. (7.2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The organization established the processes needed for the internal and external communications relevant to the OH&S management system. (7.4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Documented information is determined and controlled, enabling effective deployment of the management system and its processes. (7.5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

6.1

Addressed in the "Policy Manual", paragraph 6.1, page 11.

6.1.2

"Hazards identification and assessment of risks and opportunities" is addressed in Parr. 6.1.2, page 11 of the revised "Policy Manual", however noted that value added information have been removed, comparing to the "Policy Manual" that was provided for the recent GAP assessment.

Other documented information on Hazards identification and assessment of risks and opportunities made available, were

- * Job Plan and Task Risk Assessment Procedure
- * RSK_TEC_03102018_14485 for Risk Management.
- * Doc. No. RSK_G_13062017_12557, version 2.3, dated 6/13/2017, for "Operational Risk Assessment".
- * Doc. No. RSK_TEC_03102018_14485, version 1.0, dated 1/11/2019, for "Technical Services: SHERQ Risk Management".

No documented reference to "Hierarchy of Controls" in neither "Operational Risk Assessment" nor "Technical Services: SHERQ Risk Management". This was recorded as a concern during the recent GAP-assessment and to date not yet addressed. The comments under 4.2 [the 3rd paragraph] in this report needs to be considered and read with this clause 6.1.2.

6.1.3

Compliance obligations and other requirements are referenced to in paragraph 6.1.3 of the "Policy Manual" on page 13 and a documented "SHERQ Procedure for compliance with occupational health and safety legal requirements", document No. SP_TEC_21022017_11879, version 2.0, dated 10/4/2017 [well overdue on the documented requirements revision frequency for this document].

frequency for this document].

"Technical Services" [as documented in the "header" of this document] Document Number: SP_TEC_21022017_11671, for "Compliance Obligations" was available as well and do include reference to compliance evaluation.

An electronic version of the legal register [Legal register done by Libryo (Sabinet)] is available when on-site. The latest documented Legal Evaluation compliance Audit available is dated 02 April 2020.

A Screen-print of electronic version of where legal register is available and regarded as in place as there are no changes in this regard from the previous standard and that Beeshoek are certified.

6.2

Paragraphs 6.2.1 & 6.2.2 on page 14 of the "Policy Manual" refers.

Document SP_SIP_21022017_11677 is the procedure for "SHERQ objectives and targets", version 2.0, dated 2/21/2017 [overdue on the required frequency of revision].

Document F_SIP_16022017_9859 – dated 2019 include set objectives for 2020., however, it does not reflect the requirements of the relevant standard with regards to "program to achieve this set objectives", nor what the required resources are to achieve this objectives.

7.1

"Resources" are sufficiently addressed in paragraph 7.1 of the "Policy Manual" and is in compliance with the requirements of the relevant standard.

7.2 & 7.3

Sufficiently addressed in paragraphs 7.2 & 7.3 in the "Policy Manual", when read with "SP & COP Competency Matrix Procedure", document No. P_HUM_02062017_12540 and in compliance with the requirements of the relevant standards.

Supportive documents provided include

- * Doc.SP_HUM_19022017_11017 for "PERFORMANCE MANAGEMENT, CAREER PATH AND SUCCESSION PROCEDURE"
- * Document Number: SP_HUM_19022019_14568 "INDIVIDUAL DEVELOPMENT PLANS"

7.4

Communication to both Internal- and external stakeholders are summarized in the "Policy Manual", paragraph 7.4 and its sub-clauses, starting on page 17 and referencing to a procedure in this regard.

Procedure for "Communication and consultation", doc. no. SP_SIP_20022017_11639, version 4.0, dated 7/11/2017 was provided as well, together with sufficient documented information to demonstrate internal/ external communication. Could be beneficial to the organization to consider revising paragraph 3 of this procedure [OHSAS 18001:2007].

7.5

This clause is addressed in the "Policy Manual", paragraph 7.5 and address all requirements of the relevant standard and could be read with Doc. SP_SIP_12092017_13004, version 1.5, dated 1/8/2018, for "DOCUMENTED INFORMATION".

During this assessment several documents were made available and from that noted the following that The organization could consider attending to.

- * standardizing the "header"-format for documents/procedures.
- * replace references to "OHSAS 18001" with ISO 45001 and its relevant clause reference.
- * Last revision dates are not always a true reflection of the content of the procedure [last reviewed 2018 but content refer to ISO 45001?]

2.4 Operation

	Ready	Action required
All operational processes are determined to meet product and service requirements. Specific requirements are planned and controlled effectively. (8.1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Processes to prepare for and respond to potential emergency situations, as identified in 6.1.2.1 are established, implemented and maintained. (8.2)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

8.1

Operational planning and control and its related requirements are referenced to in the "Policy Manual", Parr. 8.1 on page 18, with supportive procedure, doc. no. SP_SIP_21022017_11672.

8.1.1

Organograms for each of the six departments [supervised by the Senior General Mine Manager] with the supporting units to each of them, with a detailed description of each.

Several Standard Operating Procedures [SOP], mandatory Code of Practices [COP] and risk assessment [to mention a few] are in place for the effective control of this organization' operations and activities; and include procedures such as

- * SP-ENG-Generic - Raising and lowering of persons by means of a lifting machine SP_ENG_18022017_10431
- * F-ENG-SHERQ–Permit 3 – Work in elevated positions - F_ENG_16022017_10088
- * SP-ENG-Generic - Lockout code (Permits) - SP_ENG_18022017_10434
- * SP-ENG-Generic - Lock-out code (apparatus and equipment) SP_ENG_18022017_10433
- * SP-ENG-Maintenance Support - Configuration Change - SP_ENG_18022017_10449
- * SP-MIN-Drill & Blast – Procedure for Blasting Operations - SP_MIN_19022017_11211

8.1.2

* Refer to comments in 6.1.2 elsewhere above in this report.

8.1.3

Doc. SP_ENG_18022017_10449, "Maintenance Support configuration change" was the available procedure provided and it could be considered to correct the reference "OHSAS 18001 – 4.3.1 Hazard identification, risk assessment and determining control" to the the relevant ISO 450-01 standard reference clause in Parr. 3.

"Management of change" are also addressed in the "Policy Manual", Parr. 3.1.3 on page 19.

8.1.4

Contractors on site are treated and dealt with as employees and to comply with this organizations standards, rule and regulations. Further documented information applicable to contractors/service providers made available were

- * "Contractor Management Guideline", Document Number: SP_HUM_07032017_12120, version 5.0, dated 8/13/2020.
- **"SHERQ contractor safety files minimum requirements", Document Number: SI_STR_17022017_10354, version 3.0, dated 11/21/2018.
- * "SHERQ guidelines", Document Number: SP_STR_17022017_10355, version 5.0, dated 3/20/2020, for the Management of Contractor Safety within the working environment of Assmang Beeshoek.

Procurement is addressed in Parr. 8.1.4 of the "Policy Manual", page 19. Of the procedures and other corporate standards as guidelines available were

- * Stores procedure SP_FIN_19022017_10861
- * Return to supplier SP_FIN_19022017_10855
- * General conditions of purchase SP_FIN_27022017_12009
- * Stores Purchasing SP_FIN_19022017_10874

8.2

Information documented regarding emergency preparedness and response in the "Policy Manual" are very limited and only refers to the Emergency preparedness and response Code of Practice. Doc. No. L_TEC_17022017_10252, "Mandatory Cod of Practice - Emergency Preparedness and Response", which addresses all the requirements of the relevant standard.

Documented evidence of an emergency mock drill conducted on 21 August 2019 was provided, no further documented information of an emergency mock drill conducted over the last 12 months period.

One of the concerns recorded during the GAP-assessment have been addressed and completed, however, the concerns regarding no mock drills conducted had to date not yet being addressed.

2.5 Performance evaluation and improvement

	Ready	Action required
The organization evaluates the performance and effectiveness of their management system. (9.1)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Internal audit program: - is planned and deployed, covering all standard requirements - is carried out by competent personnel - identified nonconformities are being closed effectively. (9.2)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Management review: - includes all input required - includes all output required, including decisions and full system evaluation - confirms system conformity to standard requirements (9.3)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
The organization reacts on non-conformities and if applicable takes action to control and correct it. (10.2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

9.1

Limited information on Monitoring, measurement, analysis and evaluation and its related requirements in the "Policy Manual", Parr. 9.1 on page 24, with supportive procedure, doc. no. P_SIP_21022017_11675, "Monitoring and measurement".

Doc. No. SP_SIP_21022017_11675 - "Monitoring and measurement", version 3.0, dated 1/8/2020, could be revised to

- * correct the reference to "OHSAS 18001:2011 clause 4.5.1" [Parr. 3].
- * ensure all the requirements of the relevant standard are addressed in this procedure. [Re: ISO 45001:2018, clause 9.1.1 (a to e)].

Document Number: SP_OPS_20022017_11570 "Calibration And Verification Of Plant Equipment", version 4.0, dated 5/28/2020

9.1.2

No reference to 9.1.2 in the "Policy Manual" under "Performance evaluation (Clause 9)", however, well addressed in Parr 5.3, page 6 of doc. SP_TEC_21022017_11671 for "Compliance Obligations"

9.2

Internal Audits and its related requirements are referenced to in the "Policy Manual", Parr. 9.2 on page 24, with supportive procedure, doc. no. P_SIP_20022017_11635, "SHERQ audits".

No documented evidence of of an Internal audit conducted on the Management system with ISO 45001:2018 as criteria.

Cognizance taken of the impact that the recent COVID-19 restrictions had on this operation and still have as some of the critical staff are still only working from home and this could not conducted the initial process of implementing migration documents and or requirements as originally scheduled [internal audit was scheduled for June 2020, however, now scheduled for 26 - 30 October 2020, awaiting the results of the Stage 1 assessment, and accepted as such by the auditor.

9.3

Management Review and its related requirements are referenced to in the "Policy Manual", Parr. 9.3 on page 24, with supportive procedure, doc. no. SP_SIP_21022017_11672, "Management review.

No documented evidence of of an Management Review Meeting conducted on the Management system with ISO 45001:2018 as an inclusion in the inputs.

Cognizance taken of the impact that the recent COVID-19 restrictions had on this operation and still have as some of the critical staff are still only working from home and this could not conduct a Management Review Meeting as every process had been delayed , however, now postponed to 11 November 2020, awaiting the results of the Stage 1 assessment and the results of the scheduled internal audit, schedule for early November 2020 and accepted as such by the auditor.

Sufficient description of the process of Management Review, and reference to a procedure "Management review SP_SIP_21022017_11672"

A revised "Management review meeting agenda" include the requirements of the new ISO 45001 standard.

10.2

Very limited information documented on Incident, non-conformity and corrective action, and its related requirements, in the "Policy Manual", Parr. 10.2 on page 25.

Supporting documented information in this regard perused and evaluated include

- * "SHERQ NCR Reporting Procedure", doc. No. SP_TEC_21022017_11878, version 4.0, dated 9/18/2020.
- * "SHERQ accident - NC investigation corrective and preventive action implementation", version 2.0, dated 8/21/2020.

Documented information on incident/accident investigations received, include

- * Safety Incident IOD - 14619
- * Safety Incident IOD - 15215
- * Section 11.5 Investigation Report 17 August 2020 EXC08
- * Section 11.5 Investigation Report 31122019 CB014 Signed

3. Further audit results

3.1 Working shifts

Does the organization work in multiple shifts? Yes No

Is any part of this audit based on remote auditing? No Yes

3.2 Further locations of certificate scope

There are no further locations, which impact the audited management system and its output.

4. Next steps

4.1 Next regular audit planning

Type of audit: Stage 2 Audit

Planned date for next audit: 14 Dec 2020 - 18 Dec 2020

For 26 audit day(s) in total, performed by 5 auditor(s). For applicable standards calculated as 100% value of IAF mandatory document for audit duration.

No relevant changes for the planned stage 2 audit and related resources were identified.

All relevant processes have been identified; they were recorded in the audit planning tool of DQS. A sample of these processes will be audited during the next audit.

No additional expert will be required for stage 2 audit.

5. Audit and Certification Data

5.1 Certification data

Current scope of certification/registration	ISO 45001:2018: Mining, supply of iron ore and training services.
Primary IAF / EA code	EAC02 EAC37

5.2 Audit data

Name of the organisation(client):	Assmang (Pty) Ltd - Beeshoek Iron Ore Mine
Division	
Main address:	R385 Postmasburg, Postmasburg, Northern Cape 8420 South Africa
Ref. No.:	483538
Audit order number (PO):	PO21 978-229
Audit type:	Stage 1 audit
Date of audit:	23 Oct 2020 to 23 Oct 2020
Total number of employees of ref.no. above:	1035

5.3 Contact data

Top management:	Maryka Burger
Function:	Senior General Manager
Telephone:	053 311 6506
E-Mail:	Maryke.Burger@assmang.co.za
Top management:	Mbuyi Mbele
Function:	Manager Technical Services
Telephone:	053 311 6358
E-Mail:	Mbuyisele.Mbele@assmang.co.za
Management Representative:	Kobus Harding
Function:	Chief Safety Officer
Telephone:	053 311 6504
E-Mail:	Kobus.Harding@assmang.co.za
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Lead Auditor: Jan F. Strydom

This report was provided to the management of the audited organization on 29 Oct 2020

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