FSG Certification Ltd Quality Assurance Manual

Contents

SECTION 1: OUR COMPANY

1.1 Introduction

FSG Certification Ltd is the owner and operator of sustainability certification schemes that assess organisations against defined and publicly available certification requirements. FSG Certification is responsible for scheme development and maintenance, certification governance, certification decisions, issuing certification, surveillance, and suspension or withdrawal where required.

Monitoring and evaluation of compliance with FSG Certification scheme requirements is undertaken by Agent4Change, a legally separate independent third-party organisation. This separation supports the independence and impartiality of the monitoring process.

FSG Certification's certification processes are designed and operated in alignment with the principles and applicable requirements of ISO/IEC 17065. FSG Certification does not claim accreditation to ISO/IEC 17065 unless and until such accreditation is formally obtained.

SECTION 2: OUR VISION AND MISSION

2.1 Vision

FSG Certification envisages a world where individuals, governments, companies, corporations, and educational institutions operate with sustainable practices and appreciate the ways in which we are all interconnected.

2.2 Mission

Our mission is to provide impartial, evidence-based certification that enables organisations to demonstrate conformity with defined sustainability requirements and build trust with stakeholders.

2.3 Quality Management

FSG Certification demonstrates to its customers, that by adopting the principles and intent of sound quality management practices, our company can continuously improve and expand our business standing and reputation.

FSG Certification aims to be respected by our customers for our attitude and conduct, the quality of our work and services, and for the value-for-money we provide.

FSG Certification also seeks to have a working environment and culture in which employees are happy, motivated, enthusiastic, and take pride in their company.

2.4 Code of Ethics

FSG Certification believes that sustainable success can only be achieved through a consistent and passionate adherence to a strong set of values. These values are described below:

Our Customers

Our customers provide our livelihood.
Our customers are the focus of everything we do.
We understand our customers' needs and consistently deliver better solutions than our competitors.
We conduct our business affairs to the highest ethical standards ensuring there is no conflict of interest and work diligently to be a respected member of the business community.

Our People

Our leadership and management philosophies and strategies are designed to facilitate the realisation of each person's full potential.
We treat each other fairly and with respect for individual dignity.
We adhere to the highest standards for the safe operation of our business and the protection of our people.
We accept the highest level of personal responsibility for our actions and the consequences that flow from them.

Our Community

We understand the needs and aspirations of our community and participate in initiatives to foster its ongoing development.

2.5 Code of Practice

Our Code of Practice summarises our operational policies and our commitment to quality customer service. FSG Certification is committed to the provision of a high standard of quality.

- Compliance with all national and state regulatory and legislative requirements.
- Implementation, monitoring and maintaining effective financial management procedures.
- Maintenance of secure, accurate and confidential HR, customer and financial records.
- Advertising and marketing of its services openly, honestly and with integrity
- Recruitment of employees on the basis of access and equity.
- Induction of new recruits to the organisation's policies, procedures and practices, and to their own roles and responsibilities.
- Prohibiting discrimination in any form towards any employee or client organisation.
- Management of on-going development and performance of employees.

2.6 Legislative and Regulation

FSG Certification ensures that all staff and client organisations are aware of and comply with the following legislative and regulatory requirements:

- Consumer Protection and Sustainability Claims
- Children First Act 2015

- Safety, Health and Welfare at Work Act 2005
- Irish Human Rights and Equality Commission Act 2014
- General Data Protection Regulation (GDPR)
- Employment Equality Acts 1998–2015

Consumer Protection and Sustainability Claims

FSG Certification recognises the requirements of Directive (EU) 2024/825 on empowering consumers for the green transition (ECGT), which amends Directive 2005/29/EC on unfair business-to-consumer commercial practices and Directive 2011/83/EU.
FSG Certification's certification schemes are designed to support the transparency and credibility requirements applicable to sustainability labels, including independent third-party monitoring, publicly available scheme requirements, competent and impartial monitoring, fair and non-discriminatory access, and appropriate governance of certification marks.
FSG Certification will monitor applicable Irish implementing legislation and other relevant consumer-protection legislation and update its certification processes where necessary.

EEO, Discrimination and Harassment

FSG Certification is an Equal Opportunity Employer. FSG Certification believes that all employees are entitled to be treated on the basis of their ability and merit, and to work in an environment which is free from discrimination and harassment of any description.
FSG Certification is committed to achieving equal employment opportunity for all employees. Through this, the full potential of employees can be developed, and the overall effectiveness of the company increased.

FSG Certification is also committed to ensuring fair and equitable access to its certification services. Access to our Hospitality and Environmental certification processes shall not be conditional upon:

- The size of the client organisation.
- Membership of any association, group, or organisation.
- The number of certifications already issued by FSG Certification.

FSG Certification shall ensure that all applicants are treated equally and that certification requirements are applied consistently and without discrimination.
Certification decisions shall be based solely on objective evidence of conformity with the applicable certification criteria.

Health and Safety

In order to meet all Occupational Health, Safety and Welfare requirements, FSG Certification has implemented a health and safety statement and commitment to ensure Health and Safety remains a priority for the organisation, management, and staff.

Safety audits are used to help identify the issues that need to be addressed. Accordingly, our system procedures and work instructions include requirements to minimise or eliminate any unsafe practices that may have detrimental effects.

Management has the authority and responsibility to ensure that we meet all Occupational, Health & Safety regulations. The management of FSG Certification encourages all staff and client organisations to support the Coordinator.

All staff and client organisations are provided with Health & Safety information at induction and throughout the period of employment with FSG Certification Limited. Apprentices and trainees are provided with the relevant personal protective equipment at induction.

FSG Certification believes that safety in the workplace is everyone's responsibility.

Child Protection

Child Protection Children First Act 2015 makes it an offence for a Prohibited Person to apply for, undertake, or remain in child-related employment. A Prohibited Person is a person convicted of committing a serious sex offence or a Registrable Person. A Registrable Person is one who has been found guilty of the following: murder, sexual offences, indecency, kidnapping, child prostitution and child pornography.

FSG Certification is aware of its obligations as an employer under the Children First Act 2015 Act. All staff and client organisations are required to complete a garda vetting form and process which is stored in personnel files.

SECTION 3: ORGANISATIONAL STRUCTURE

3.1 Leadership Team

Raquel Noboa

CEO

Patrick Flanagan

Quality Assurance Director

3.2 Organisational Flow Chart

3.3 Roles and Responsibilities

3.3.1 CEO

The CEO is the person responsible for ensuring that the management, administrative and quality assurance systems and for ensuring all certifications are properly maintained. They are responsible for:

- Appointment and contractual oversight of external certification service providers, including the independent third-party monitoring provider.
- Ensuring that FSG Certification has documented evidence that personnel performing monitoring, auditing, review and certification decision activities meet applicable competence requirements.
- Ensuring appropriate separation between scheme ownership, commercial activities, independent monitoring/auditing, review and certification decision-making.

The CEO shall not influence audit findings or certification decisions on commercial grounds.

3.3.2 Certification Manager

The Certification Manager is responsible for the following

- Applications for certification are sent to FSG in accordance with specified procedures.
- All documentation related to certification is completed.
- All interested parties are notified of certification dates well in advance.
- Certificates are properly issued to client organisations.
- Invoices are paid within agreed payment terms.

3.3.3 Agent4Change (Third party auditors)

Auditor/Assessor

Agent4Change is contracted by FSG Certification Ltd to provide independent third-party monitoring and evaluation of conformity with FSG Certification scheme requirements. Agent4Change is a legally separate entity from FSG Certification Ltd and Fifty Shades Greener Ltd.

The contractual arrangement does not transfer scheme ownership or responsibility for certification governance to Agent4Change. FSG Certification retains responsibility for the certification scheme and certification issued under it.

Agent4Change shall operate independently of commercial considerations relating to FSG Certification or Fifty Shades Greener and shall ensure that assigned auditors meet documented competence, confidentiality and impartiality requirements.

FSG Certification retains the right to review the competence and performance of the contracted monitoring provider but shall not influence individual audit findings or recommendations.

The Auditor/Assessor shall:

- evaluate objective evidence against the applicable certification requirements;
- document audit findings and any non-conformities;
- prepare an Audit Report;
- make a recommendation regarding conformity where required;
- maintain confidentiality;
- declare any actual, potential or perceived conflict of interest before accepting an assignment; and
- have no commercial interest in the outcome of the certification decision.

3.3.4 Review/Decision Maker

The Reviewer/Decision Maker conducts an independent review of the audit report, supporting evidence, findings and recommendation before making the final certification decision.

The Reviewer/Decision Maker:

- shall not have participated in the audit/evaluation being reviewed;
- shall be competent to understand the applicable certification requirements and evaluate the sufficiency of the audit evidence;

- shall declare any actual, potential or perceived conflict of interest;
- shall make the certification decision solely on objective evidence of conformity;
- shall record the decision and rationale on the Certification Decision Record; and
- shall not be influenced by commercial, financial or training relationships involving the applicant.

Where independence or impartiality cannot be demonstrated, another competent Reviewer/Decision Maker must be appointed.

3.3.5 Impartiality Lead

- Does not have any direct involvement in the Certification Evaluation and Review process.
- Ensures Impartiality processes and procedures are followed and documented.
- Leads the Impartiality Committee
- Convenes the Impartiality Committee when complaints, risks or concerns related to impartiality are raised internally or externally.
- Documents the meetings and decisions of the Impartiality Committee.
- Communicate decisions to the CEO.
- Will provide formal notice of outcome/end of appeal process to appellant

3.3.6 Impartiality Committee

This committee is formed for each client, and will consist of:

I. Impartiality Lead (Convenor)
II. A member of the FSG Certification Team that is not performing certification for the client.
III. An external representative with no commercial interests in FSG Certification

No members of the impartiality committee will be involved in the initial assessment and review process.
The committee will review risks, concerns or complaints related to impartiality and advise what course of action to take which may include termination of certification, re-certification or no action.

3.3.7 Client Organisations

Client Organisations are business that applied for certification.

Client organisations must:

- Confirming to certification manager and assessor that they understand the scope and Terms and Conditions of the certification.
- Discuss and agreeing evaluation plans with their assessors.
- Identifying possible sources of evidence.
- Maintain and present all documentary evidence in a well organised way.
- Ensuring that the evidence is adequate to present for evaluation.
- Appoint a representative to discuss their evidence.
- Make the necessary accommodations for evaluation and surveillance.

3.3.8 Related Organisations and Impartiality

FSG Certification Ltd and Fifty Shades Greener Ltd are separate legal entities. Fifty Shades Greener Ltd provides sustainability training and education services. FSG Certification Ltd operates certification schemes. Purchase or completion of training or consultancy from Fifty Shades Greener Ltd is not a prerequisite for certification and shall not provide preferential treatment or advantage within the certification process.

Personnel involved in selling or delivering training or consultancy to a client shall not influence the independent audit findings or certification decision relating to that client.

Relationships between directors, employees, contractors and related organisations shall be considered within FSG Certification's impartiality risk assessment and appropriate controls applied.

3.4 Management System Review

The management system is reviewed as required as part of regular meetings. The purpose of the Management System Review is to assess the suitability and effectiveness of our system, and to determine whether any changes in policy, procedure, methods or objectives are considered necessary to meet current and future needs.

Records of these meetings are maintained as part of our Records Management System .

Input

- The CEO develops an agenda prior to the managers' meeting, which includes, amongst other issues: Action items arising from earlier meetings.
- Results of Management System Reviews.

- Customer feedback.
- Departmental performances.
- Status of any new or outstanding problems and their solutions.
- Suitability of our quality system and any need for change.
- Validity of existing policies and procedures.

Output

Minutes of meetings are taken, and responsibility for actions is allocated together with a time frame for action. Actions are monitored and reviewed at subsequent meetings.

General

The documented management system used throughout FSG Certification consists of three basic levels:

Level 1:	Our Company Manual documents our background, policies, and responsibilities, and explains the various controls in place to ensure that we conform to relevant industry criteria and continually meet our stakeholder requirements.
Level 2:	Procedures that describe how the various FSG Certification processes are performed.
Level 3:	Checklists, handbooks, forms and other documentation which provide guidance for implementing specific activities.

Management System Control

The effective implementation of the management system is monitored by internal audits.

3.5 Business Planning and Marketing

FSG Certification's business strategy is developed and driven by our commitment to meet our stakeholder demands. The fundamental elements of this process are that we:

- Select our markets.

- Identify our potential customers.
- Establish the needs of our customers.
- Develop and deliver quality products and services to our customers.
- Check that our customers are happy with our products and services.
- Modify our products and services to better meet our customers' needs as appropriate.

3.6 Financial Management

Our objective is to ensure that pricing of services by FSG Certification produces an operational surplus and a good value for money for our client organisations. Whilst FSG Certification is a company, it must not operate at a loss, and in order for us to remain in business prices must cover costs, be competitive, and produce a surplus.

SECTION 4: STAFF

4.1 Human Resources

It is the responsibility of FSG Certification to recruit, select, train, develop, and maintain quality staff who are satisfied and motivated to achieve company goals. FSG Certification supports and encourages the personal growth and development of all our employees.

4.2 Staff Recruitment

FSG Certification regards the use of appropriately trained staff to be essential in maintaining the high standard of services.
All staff receive instruction in the operation of the management system and the principles embodied in the company's policies during their initial induction process.
All required skills are identified and documented.
Management is responsible for reviewing the level of staff competence within the company, and for identifying where additional training may be required. Training needs are discussed as part of FSG Certification meetings.

Competence is demonstrated by the ability to do the job through:

- Experience and/or
- Qualifications and/or
- Two verifiable references.
- CV.

Documentary evidence of experience and/or auditing and/or qualifications is maintained.

4.2.1 Recruitment of Staff and Policy and Procedures

The recruitment and selection process is of paramount importance in order to recruit staff with the necessary skills and attributes to enable the FSG Certification to fulfil its corporate aims and objectives. The Recruitment and Selection Policy and Procedures aims to provide clear guidance to managers in relation to both the selection and appointment of staff. This policy promotes and supports good practice for those with responsibility for recruitment.

This policy and procedures aim to achieve the following objectives:

- Recruit staff with the appropriate skills, both technical and personal, in order to meet the FSG Certification 's current and future needs.

- To ensure that staff appointed to posts involving certification responsibilities are qualified to carry out duties or work towards an appropriate certification.

- Work to a fair and effective recruitment procedure, which is consistent with employment legislation and the FSG Certification Equality and Diversity Policies and Practices.
- Develop and enhance the public image of FSG Certification,
- Internal candidates or those personally known to the interview panel, must not be treated preferentially to as all other candidates.
- This policy and associated procedures apply to all members of staff.

Additional guidance on the procedures to be followed in the recruitment of atypical and casual staff is provided separately.

1. Justification for Recruitment

Before recruitment begins, the following will be given consideration:

- Is there a need to create a vacancy?
- Does the role require changes in duties and responsibilities?
- Is it appropriate to evaluate the grade of the post?
- Could the work be accommodated in other ways?
- What terms and conditions are being offered for the post? Are they appropriate and consistent with the rest of the FSG Certification staff?
- Are there any staff 'at risk'? Staff at risk within the organisation must be given first consideration for any vacancy prior to an external / internal advertisement being placed.
- Managers should consider widening the diversity of the team, which could include consideration of part-time working / job share / positive action initiatives.

2. Filling the Vacancy

The following documentation must be completed for recruitment to all posts:

- Job Description
- Person Specification

3. Advertising

It is normal practice for all vacancies to be advertised. Staff who have been identified to be 'at risk' may be considered for vacant posts prior to internal / external advert should they meet all the essential criteria of the vacancy.

4. Enquiries

All enquirers will receive a recruitment information pack detailing the requirements of the post. Wherever possible, this will be provided in electronic format and in alternative formats where requested.

5. Selection

Shortlisting:

Candidates will only be shortlisted for interview if they meet all the essential criteria defined in the person specification. If the number of candidates meeting the essential criteria is excessive, further selection must be undertaken utilising the desirable criteria to achieve a workable shortlist. (Suggest no more than 6).

Interviewing

All candidates will be asked a standard format of questions, which will have been decided prior to the interviews. All questions must relate to the job requirements and the candidate's suitability to undertake the role.

Skills assessment

As part of the selection process, FSG Certification may wish candidates to partake in a series of skills tests. These tests must be directly related to the role in question and must be measurable against objective criteria. Candidates must be informed of the details in the letter inviting them for interview. Details of any skills tests, including the criteria to be measured and the method of measuring, must be provided in advance to the CEO. Skills tests should be held in accessible rooms, where required, and where requested by a disabled candidate.

6. Appointment

A formal offer of appointment is to be made / confirmed in writing or via email and will be conditional upon receipt of references which satisfy FSG Certification requirements: medical assessment, satisfactory evidence of eligibility to work, and other appropriate checks.

7. Confidentiality

All application details are treated with the utmost confidentiality. It is the responsibility of the CEO to ensure that suitable arrangements are made for confidentiality to be maintained.

8. Documentation

At all stages of the recruitment process, it is the responsibility of the CEO to ensure that notes are kept detailing the reasons for selection or rejection of candidates. These notes could be called upon as evidence to the fairness of the process, either through an internal assessment or to support an external investigation. The notes should therefore be relevant to and necessary for the process itself.

9. Feedback

All applicants may receive formal written communication informing them of the status of their application, upon request. Feedback will be provided by the CEO at the request of any applicant at any stage of the recruitment process.

4.2.2 Auditor Qualification Verification Policy and Procedure

FSG Certification shall maintain documented criteria for determining the competence required of persons undertaking monitoring/audit activities.

Evidence of competence may include:

1. relevant education or professional qualifications;
2. sustainability/environmental knowledge relevant to the scheme;
3. auditing or assessment training;
4. relevant audit/assessment experience;
5. sector-specific knowledge where required;
6. understanding of FSG Certification standards and evidence requirements;
7. understanding of impartiality, confidentiality and conflicts of interest;
8. continuing professional development.

Please review our Auditor Competence Matrix for further details HERE.

4.3 Communication Flow Chart and Policy

4.3.1 Communication Requirements

The CEO will communicate with each staff member in order to determine their preferred frequency and method of communication. This feedback will be maintained by the CEO. Standard communications will be in accordance with the Communication Matrix; however, depending on the

identified staff communication requirements, individual communication is acceptable and within the constraints outlined.

In addition to identifying communication preferences, communication requirements must identify the possible communication channels. If project information is communicated via secure means or through internal company resources, all relevant staff members, internal and external, must have the necessary access to receive communications.

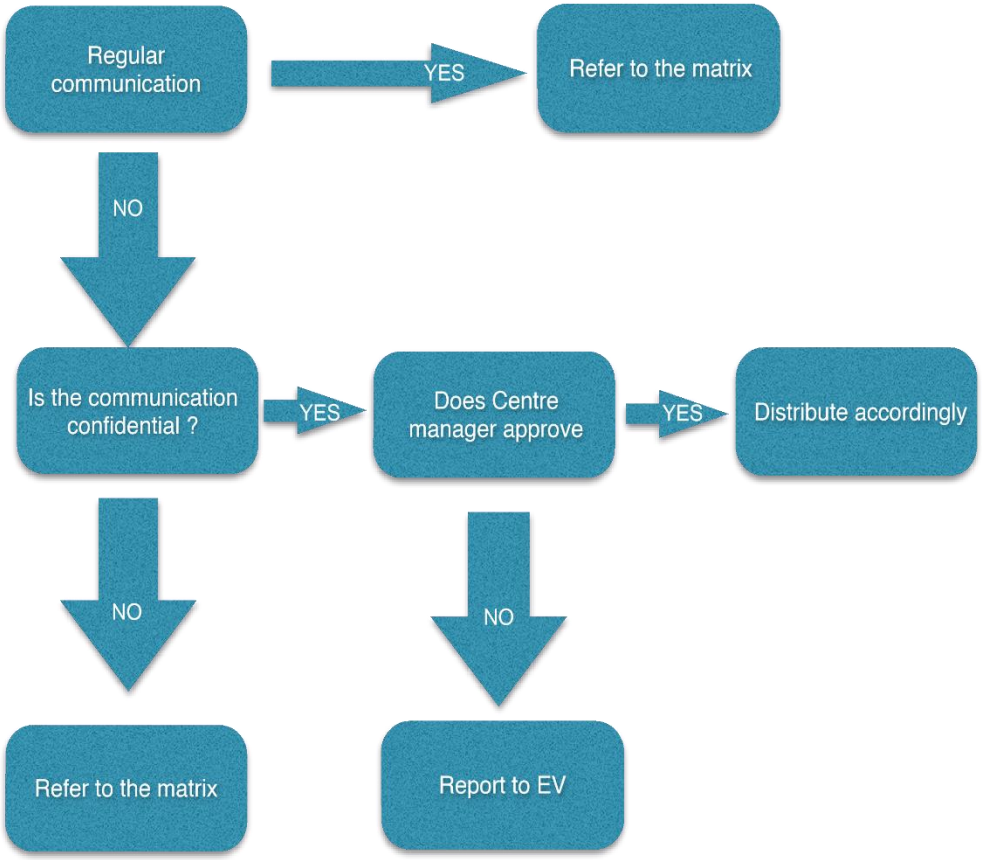
Once all staff members have been identified and communication requirements are established, the team will maintain this information in the Register and use this, along with the project communication matrix, as the basis for all communications. Communications between FSG Certification and Agent4Change concerning individual audits shall relate to scheduling, scope, evidence transfer, clarification of scheme requirements and administrative matters. FSG Certification personnel shall not instruct an auditor to alter findings or recommendations for commercial reasons.

4.3.2 Communication Matrix

Communication Type	Objective of Communication	Medium	Frequency	Audience	Deliverable	Format
Program of the day	Introduce the program of the day. Review objectives and management approach.	• Face to Face • Email	Once a day	• Auditor • Assesor • Client Organisaton • Certification Manager	• Agenda • Meeting Minutes	• Soft copy archived on productive software.
Program of the week	Introduce the program of the week. Review objectives and management approach.	• Face to Face • Conference Call • Email	Weekly	• CEO • Auditor • Assessor • Certification Manager	• Agenda • Meeting Minutes • Weekly schedule	• Soft copy archived on productive software.
Program of the month	Report the status of the Certification progress,	• Face to Face	As Needed	• CEO • Auditor • Assessor • Certification Manager	• Agenda • Meeting Minutes	• Soft copy archived on productive software.

	outcomes, costs and issues.					
Issues and appeals	To be reported to the CEO and Certification Manager.	• Face to Face • Conference Call • Phone • Email	As needed	• CEO • Auditor • Assessor • Certification Manager • Client Organisation	• Slide updates • Project schedule	• Soft copy archived on productive software. • Hard copy to be printed and recorded

4.3.3 Communication flow chart



4.3.4 Communication Standard

FSG Certification will utilise standard organisational formats and templates for all formal communications. Formal project communications are detailed in the project's communication matrix and include:

- Meetings: project teams will utilise FSG Certification standard templates for meeting agendas and meeting minutes. Additionally, any slides presented will use the FSG Certification slideshow template.
- Program of the day, week and month will utilise Productive software. This software allows to every person involved in the project to view, add, and record information. Additionally, a face-to-face meeting will be conducted.
- Project Status Reports: the Certification Manager will use FSG Certification standard templates for meeting agendas and meeting minutes. Additionally, the standard project status report document, available on the share drive, will be used to provide project status.
- Informal project communications should be professional and effective but there is no standard template or format that must be used.

4.3.5 Communication Escalation Process

Efficient and timely communication is the key to successful project completion. As such, it is imperative that any disputes, conflicts, or discrepancies regarding project communications are resolved in a way that is conducive to maintaining the project schedule, ensuring the correct communications are distributed, and preventing any ongoing difficulties. In order to ensure projects, stay on schedule and issues are resolved, FSG Certification will use its standard escalation model to provide a framework for escalating communication issues. The table below defines the priority levels, decision authorities, and timeframes for resolution.

Priority	Definition	Decision Authority	Timeframe for Resolution
Priority 1	Major impact to business operations. If not resolved quickly there will be a significant adverse impact to schedule or candidates welfare.	CEO	Within 4 hours
Priority 2	Major impact to business operations. If not resolved quickly there will be a significant adverse impact to schedule or clients welfare	CEO	Within one business day
Priority 3	Slight impact which may cause some minor scheduling difficulties .	Certification Manager	Within two business days
Priority 4	Insignificant impact to project but there may be a better solution.	Certification Manager	Work continues and any recommendations are submitted via the project change control process

4.4 Continual Development of Staff Policy

- FSG Certification shows commitment to the development of its staff through encouraging an environment conducive to development.
- All staff development activities will be conducted in accordance with FSG Certification 's Equal Opportunities Policy.

- All staff have equitable access to staff development opportunities appropriate to their role and aligned to their objectives.
- All internal training activities will support the need to heighten awareness of equality and diversity issues. Where relevant, this will be reflected in the design, content and delivery of each activity. Where a staff development activity is commissioned from an external provider, the training specification supplied by FSG Certification will include the need to heighten awareness of equality and diversity issues and meet the needs of all attendees.
- FSG Certification is subject to several statutory regulations, and it must ensure that staff are trained to levels appropriate to their roles to perform legally in the best interest of themselves, of others, and of FSG Certification. Participation in certain staff development activities will therefore be mandatory.
- To gain the most benefit, FSG Certification 's staff development processes need to be closely aligned to other planning and review cycles, including staff induction at individual, departmental and university level; performance review programmes; and the annual planning cycle.
- Funding and/or study leave for the purpose of staff development must be approved by the appropriate Head of Department or nominee. In the minority of cases such approval may require consultation with HR Policy.
- CEO is expected to encourage and support all staff (regardless of job role, grade and work patterns) to take advantage of internal and external staff development opportunities relevant to their identified development needs. It is FSG Certification 's expectation that all departments participate in appropriate staff development activity.
- FSG Certification also recognises that, for its Staff Development Policy to be effective, staff must take responsibility for their own development. In addition to undertaking mandatory and relevant training, defined nationally and locally, and as requested for a particular role, they are expected to avail themselves of the development opportunities provided to enable them to keep their skills updated and respond flexibly to change.

4.5 Staff Disciplinary Policy and Procedures

FSG Certification has rules governing the personal conduct of their employees.

Infraction of FSG Certification rules shall be regarded as a cause for disciplinary action.

All disciplinary action taken must be properly documented as described in the procedure outlined below.

If the employee requests representation, the employee must be allowed to be accompanied by a union representative at any stage of the disciplinary process. Requests for representation may be denied when the employee is assured no discipline will result from the discussion.

Types of disciplinary action:

- Verbal warning - notification and warning to employee.
- Written reprimand - formal notification in writing to employee.
- Suspension - loss of work and wages for a specified number of hours or days.
- Discharge - termination of employment.

Progressive discipline: FSG Certification promotes a policy of progressive or corrective discipline, i.e. discipline shall gradually increase depending upon the severity and/or frequency of the infractions.

Normally, disciplinary action begins with a verbal warning for the first offense and culminates with discharge only after repeated attempts to correct employee's behaviour have failed.

Serious infractions may warrant immediate imposition of a written reprimand, suspension or discharge, as appropriate.

Determination of action: Supervision will determine the action appropriate to the infraction up to and including termination, taking into consideration the severity of the offence, mitigating circumstances, previous infractions, etc.

Assistance in determining the appropriate action may be received through CEO.

Approval for discharge must be obtained from CEO.

Appeals of discipline: Grievance procedures are detailed in the individual Collective Bargaining Agreements.

Procedure

Investigation (verbal warning, written reprimand, suspension):

Supervisor:

- Investigate facts surrounding the cause for possible disciplinary action.
- Review employment record.

- Prior to taking disciplinary action, particularly in cases involving suspension or discharge, the matter should be discussed with FSG Certification Human Resources Employee Relations.
- Meet with employee prior to determination of action to be taken. Arrange for union representative to be present, if requested by employee.
- Determine an appropriate action following progressive discipline, where appropriate. If verbal warning, written reprimand, suspension, or discharge is to be imposed, see appropriate procedure outlined below.

Disciplinary Action - Verbal Warning

Supervisor:

- Meet with employee to discuss his/her action(s) which may be cause for discipline.
- Notify employee of right to representation and allow for union representative to be present at disciplinary interview, if requested by employee.
- Inform employee of specific problem.
- Tell employee how behaviour can be improved and what is expected.
- Warn employee that failure to correct behaviour will result in further disciplinary action.
- The department should process a Notice of Disciplinary Action form, noting the action taken. (For a notation of a verbal warning, only complete Section I specifying why the disciplinary action was taken.)

Disciplinary action - Written Reprimand:

Supervisor:

- Meet with employee to discuss his/her action(s) which may be cause for discipline.
- Notify employee of right to representation and allow for union representative to be present at disciplinary interview if requested by employee.
- Inform employee of specific problem.
- If an investigation produces a cause for discipline, prepare a Notice of Disciplinary Action form. Include the following:
- Indicate it is a written reprimand.
- A statement of the problem including specific reasons for the reprimand.
- Summary of previous discussions and/or discipline, if any.
- A summary of what corrective action is expected of employee.
- A warning that failure to correct behaviour will result in further disciplinary action, up to and including discharge/termination.

- Meet with the employee to present the written reprimand and notify employee of his/her right to representation.
- Allow for a union representative to be present, if requested by employee.
- Discuss written reprimand with employee. Sign the written reprimand and ask the employee to sign, acknowledging receipt. If employee does not wish to sign, this should be indicated.
- Distribute original and copies as set out on the Notice of Disciplinary Action form.

Disciplinary action - Suspension:

Supervisor:

- Meet with the employee to discuss his/her action(s) which may be cause for discipline.
- Notify the employee of right to representation and allow for union representative to be present at disciplinary interview, if requested by employee.
- Inform employee of specific problem.

If investigation produces cause for action, prepare Notice of Disciplinary Action form. Include the following:

- Indicate the employee is suspended from duty.
- Issue a statement of the problem, including specific reasons for suspension.
- Issue a summary of previous discussions and/or discipline, if any.
- Issue a summary of what corrective behaviour is expected of employee.
- Issue a warning that failure to correct behaviour will result in « further disciplinary action up to and including discharge.

If an employee is being suspended without pay pending an investigation, the Notice of Suspension. Pending Investigation form is to be used. Do not use the Notice of Disciplinary Action form to place an employee on suspension pending an investigation.

Meet with the employee to present suspension. Notify the employee of right to representation and allow for union representative to be present if requested by the employee.

- Discuss suspension with employee. Sign the suspension and ask employee to sign acknowledging receipt. If employee does not wish to sign, so indicate.
- Distribute original and copies as set forth on the Disciplinary Action form.

Notify FSG Certification Human Resource Records or Payroll Office as follows:

- For hourly employees, no time is submitted to Payroll Office on labour time report, or
- For salaried employees, circle the personnel action codes for leave of absence/ suspension, indicate that the leave/suspension is without pay, and submit the Personnel Action Notice (PAN) form to FSG Certification Human Resources Information Systems.
- The PAN form should be accompanied by the Notice of Disciplinary Action form.

Disciplinary action - Discharge:

Supervisor:

- Meet with the employee to discuss his/her action(s) which may be cause for discharge.
- Notify the employee of right to representation and allow for union representative to be present at disciplinary interview if requested by the employee.
- Contact FSG Certification Human Resources Employee Relations for approval of discharge.
- Prepare PAN form, sign and obtain signature of departmental administrator, and hand delivers to FSG Certification Human Resource Records. FSG Certification Human Resource Records will prepare an authorisation slip for an immediate, final salary cheque. The Supervisor hand-delivers the authorisation slip to the Payroll Office and receives employee's final salary cheque. (This may be delayed by one business day if the request is received to late by the Payroll Office to process.)
- Meet with the employee to explain discharge. Notify the employee of the right to representation, and allow for representative to be present, if requested by employee. • Discuss the discharge with the employee. Sign Notice of Disciplinary Action form and ask the employee to sign acknowledging receipt. If the employee does not wish to sign, so indicate. (NOTE: If the employee is unavailable, a notice of discharge letter is to be mailed to the employee's last address of record by Certified Mail, Return Receipt Requested.)

Include the following:

- Indicate employee is discharged.
- Issue a statement including specific reasons for the discharge.
- Issue a summary of previous discussions and/or disciplinary action(s).

SECTION 5: EQUAL OPPORTUNITY AND PROCEDURE

5.1 Introduction

All employees and candidates are entitled to access employment, promotion, training and transfers based on merit, and will be assessed based on their skills, qualifications, abilities, prior work performance and attitude.
All human resource policies and practices are based on the merit principle. This means selecting and/or rewarding the best person in each situation; it does not mean there will be favouritism or quotas.
Under state anti-discrimination laws, discrimination in employment on the following grounds is against the law:

- age
- Aids/HIV status
- colour
- criminal record
- impairment
- marital status
- medical record
- parental status
- political opinion
- pregnancy
- race
- religion
- sex
- sexual harassment
- sexual preference
- social origin
- trade union activity

FSG Certification management ensures that all employees are treated equitably and are not subject to discrimination or harassment. They also ensure that those who make complaints, or who are witnesses to complaints, are not victimised in any way. Incidents of discrimination, victimisation and/or bullying are not tolerated. If anyone believes that discrimination, harassment or bullying in relation to their employment with FSG Certification has occurred, the issue should be raised with the relevant manager. In the case of suggestions of inappropriate action by a manager, the issue/s should be raised with the CEO.

The person with whom the problem has been raised must:

- Advise the CM, in writing, of the complaint/problem.

- Investigate the matter promptly, confidentially and impartially.
- Ensure that the complainant is kept fully informed of all actions.

• If the matter is proved, ensure that rectifying action is taken.

Where harassment is involved, any action taken by Sample Group Training must involve the preliminary approval of the CM as it may involve termination of employment or, if the harassment continues, may pose a threat to continued employment.

The existence of this Policy, and it's likely effect on employment, if breached, must be brought to the notice of all current employees and raised with all new employees, by managers and supervisors.

5.2 Access and Equity

FSG Certification is committed to the goals of equal opportunity in employment. All members of the management team support these goals, which are also a legal requirement in all workplaces.

FSG Certification (FSG Certification) is committed to ensuring fair and equitable access to its certification services.

Access to the certification process shall not be conditional upon:

- The size of the client organisation.
- Membership of any association, group, or organisation.
- The number of certifications already issued by FSG Certification.

FSG Certification shall ensure that all applicants are treated equally and that certification requirements are applied consistently and without discrimination.

Certification decisions shall be based solely on objective evidence of conformity with the applicable certification criteria.

FSG Certification aims to provide a work and training environment for staff, and trainees that embraces equity, fairness and respect for social and cultural diversity. Furthermore, we foster a culture that is free from unlawful discrimination, harassment and vilification as determined by legislation.

FSG Certification depends on the continued co-operation of all staff members to implement its goals of equal opportunity and affirmative action in employment. The CEO is responsible for the implementation of the Access and Equity Policy.

FSG Certification is committed to promoting equality and diversity and promoting a culture that actively values difference and recognizes that people from different backgrounds and experiences can bring valuable insights to the workplace and enhance the way we work. FSG Certification aims to be an inclusive organisation, where diversity is valued, respected, and built upon, with an ability to recruit and retain a diverse workforce that reflects the communities it serves.

This policy pursues and builds on the statutory position to ensure effective policies and practice of promoting equality.

FSG Certification aims to proactively tackle discrimination or disadvantage and aims to ensure that no individual or group is directly or indirectly discriminated against for any reason with regard to employment or accessing of its services.

FSG Certification is also, however, mindful of the provision in discrimination law for the rare circumstances when an organisation may need to justify discrimination rather than have a disproportionate effect. This could be, for instance, where there is a conflict with other legislation that FSG Certification has to comply with or between service needs. In such circumstances FSG Certification is committed to following the required proper assessment and objective justification for any decision in order to demonstrate that the provision, criterion, or practice is a proportionate means of achieving a legitimate aim.

The Definition of Equality and Diversity:

Equality can be described as breaking down barriers, eliminating discrimination and ensuring equal opportunity and access for all groups both in employment, and to goods and services; the basis of which is supported and protected by legislation.

Diversity can be described as celebrating differences and valuing everyone. Each person is an individual with visible and non-visible differences and by respecting this everyone can feel valued for their contributions which is beneficial not only for the individual but for the Company.

Equality and Diversity are not inter-changeable but inter-dependent. There can be no equality of opportunity if difference is not valued and harnessed and taken account of.

Scope

This policy applies to direct employees of FSG Certification and all external contractors or third parties, on the basis of a specification set by FSG Certification that these contractors or third parties are responsible for adhering to the Company's Equality and Diversity Policy whilst providing services on behalf of the Company. The policy applies also to sub-contractors.

FSG Certification Policy Statement

FSG Certification is committed to ensuring that:

1. Existing members of staff, job applicants, or other workers are treated fairly in an environment which is free from any form of discrimination with regard to nine of the protected characteristics which are:
   - Age
   - Disability
   - Gender reassignment
   - Marriage and civil partnership
   - Pregnancy and maternity
   - Race (includes color, nationality, and ethnic origins)
   - Religion and or belief
   - Sex
   - Sexual orientation

2. Existing members of staff, job applicants, or other workers are treated fairly in an environment which is free from any form of discrimination with regard to: caring responsibilities, part-time employment, membership, or non-membership of a trade union, or spent convictions.

3. All employment-related policies, practices and procedures are applied impartially and objectively.

4. Equality of opportunity is available to all and to provide all staff with the opportunity to develop and realise their full potential.

5. The Company works towards achieving a diverse workforce at all levels.

6. Employees of the company can work in an atmosphere of dignity and respect.

FSG Certification will not tolerate processes, attitudes or behaviors that amounts to direct discrimination, associative discrimination, discrimination by perception, indirect discrimination including harassment (harassment by a third party), victimisation and bullying through prejudice, ignorance, thoughtlessness, and stereotyping.

Practical Support for a Diverse workforce:
As an employer committed to diversity and equality, FSG Certification recognises that its success depends on creating a working environment which supports the diverse make-up of its staff with supporting policies and procedures to create a framework of assistance.

The company is committed to ensuring that equality considerations which affect its staff or could cause disadvantage them are removed.

Library Policies:
All FSG Certification policies are designed to promote equal opportunity and protection against discrimination for all employees.

Policy Review and Monitoring
The Company undertakes monitoring that not only meets statutory requirements but also aims for best practice. This is used to inform and improve our employment practices. If through monitoring any discrimination is identified, FSG Certification will take corrective action to eliminate it.

The company may also be required to report the progress on equality and human rights to the Equality and Human Rights Commission.

Types of Discrimination
Discrimination may take seven main forms and is defined in law along with the protective characteristics associated with each provision as listed below:

- **Direct Discrimination:** occurs when someone is treated less favorably than another person because of a protected characteristic. Relevant protected characteristics include age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage & civil partnership, pregnancy, and maternity. For example, a manager does not select a pregnant woman for promotion even though they meet all of the competencies because they are pregnant. This is probably direct discrimination and cannot be justified.

- **Associative discrimination:** occurs when someone discriminates against someone because they associate with another person who possesses a protected characteristic. Relevant protected characteristics include age, disability, gender reassignment, race, religion or belief, sex, sexual orientation. An example of this is when a manager does not give a job-applicant the role, even though they have met all of the competencies for the role, just because the applicant tells the employer they have a disabled partner. This is probably associative discrimination because of disability by association.

- **Discrimination by perception:** occurs when someone discriminates against an individual because they think they possess a particular protected characteristic. It applies even if the person does not actually possess that characteristic. Relevant protected characteristics include age, disability, gender reassignment, race, religion or belief, sex, sexual orientation. An example of this is when a manager selects a person for redundancy because they incorrectly think they have a progressive condition (i.e. that they are a disabled person). This is probably discrimination by perception because they believe the individual is disabled.

- **Indirect discrimination:** occurs when a seemingly neutral provision, criterion or practice that applies to everyone places a group who share a characteristic e.g. a type of disability at a particular disadvantage. Indirect discrimination may be justified if it can be shown that the provision, criterion, or practice is a proportionate means of achieving a legitimate aim. An example of this is when an employer decides to apply a "no hats or headgear" rule to staff. If this rule is applied in exactly the same way to every member of staff, then staff who may cover their heads as part of their religion or cultural background (such as Sikhs, Jews, Muslims, and Rastafarians) will not be able to meet this requirement of the dress code and may face disciplinary action as a result. Unless the employer can objectively justify using the rule, this will be indirect discrimination. Relevant protected characteristic include age, marriage and civil partnership, race, religion or belief, sex, and sexual orientation. In addition, the Act extends protection against unjustified indirect discrimination to gender reassignment and disability.

- **Dual Discrimination:** occurs when someone is treated less favorably because of a combination of two relevant protected characteristics. This means that it will be possible for an applicant to claim that they have been treated less favorably not just because of their race but also because of their gender. For example, because the individual is an Asian woman. Relevant protected

characteristic include age, disability, gender reassignment, race, religion or belief, sex, and sexual orientation. (At present this new concept has not been implemented).

- **Detriment arising from a disability arises when you treat a disabled person unfavorably because of something connected with their disability:** This type of discrimination is unlawful where the employer or other person acting for the employer knows, or could reasonably expected to know, that the person had a disability. This type of discrimination is only lawful if the action can be justified and the employer can show that is a proportionate means of achieving a legitimate aim. An example of this when an employer imposes a "no beards" rule as a part of a dress code and tells staff they will be disciplined if they do not comply. The employee is a disabled person who has a skin condition which makes shaving very painful. They have been treated unfavorably (threat of disciplinary action) because of something arising from their disability (their inability to shave). Unless the employer can objectively justify the requirement, this may be a detriment arising from a disability. It may also be a failure to make a reasonable adjustment.

- **Victimisation:** occurs when an employer is treated unfavorably, disadvantaged, or subjected to a detriment because they have made or supported a complaint of discrimination or raised a grievance under the Equality Act, this policy, or the Harassment, Bullying and Discrimination policy or because they are suspected of doing so. (However, an employee is not protected from victimization if they have maliciously made or supported an untrue complaint). An example, of this is when an employee requests to work flexibly and their manager refuses their request because they supported a colleague in a complaint of discrimination.

- **Third party harassment:** occurs when an employee is harassed by someone who does not work for the employing organisation such as a customer, visitors, client, contractor, or visitors from another organisation. The employer will become legally responsible if they know an employee has been harassed on two or more occasions by someone and it may also be different individuals each time and fails to take reasonable steps to protect the employee from further harassment.

For definitions of 'disability', 'harassment', 'bullying', 'positive action', and 'vicarious liability' see Appendix I.

Complaints of Discrimination:

FSG Certification takes all claims of discrimination very seriously and will take appropriate action against those concerned.

Responsibility:

All staff have a responsibility to guard against any form of discrimination and avoid any action which goes against the spirit of this policy. Thus, staff at all levels must ensure that there is no discrimination in any of their decisions or behaviour. This includes the provision that all staff must:

- Report any suspected discriminatory acts or practices.
- Not induce or attempt to induce others to practice unlawful discrimination.
- Co-operate with any measures introduced to ensure equality of opportunity.
- Not victimize anyone as a result of them having complained about, reported, or provided evidence of discrimination.
- Not harass, abuse, or intimidate others.

The FSG Certification Operations Board is responsible for:

- Providing leadership on the equality and diversity strategy and policy, acting as overall champions to ensure the policy is implemented.
- Communicating the strategy and policy, internally and externally

Managers at all levels are responsible for:

- Implementing the policy as part of their day-to-day management of staff and in applying employment policies and practices in a fair and equitable way
- Ensuring equality and diversity issues are addressed in performance.
- Ensuring all staff act in accordance with the equality and diversity policy providing necessary support and direction.
- Effectively manage and deal promptly when investigating issues relating to potential discrimination, including those matters concerning members of the public who come into contact with FSG Certification Medical.
- Ensuring all policy or service decisions that will change provisions, practices or policies and affect the workforce are Equality Impact Assessed as required.

Each employee is responsible for:

- Implementing the policy in their day-to-day work and their dealings with colleagues, service users and other staff.
- Ensuring their behaviour is appropriate to the policy and that they treat people with respect and dignity.
- Not discriminating against other employees or service users.
- Notifying their manager of any concerns with regard to the conduct of other employees, service users, the public or third parties.

SECTION 6: DISABILITY DISCRIMINATION

6.1 Introduction

The Disability Equality Duty requires colleagues to have due regard to the need to:

- Promote equality of opportunity between disabled client organisations and other people.
- Eliminate discrimination that is unlawful under the Equality Act 2010.
- Eliminate harassment of disabled client organisations that is related to their disability.
- Promote positive attitudes towards disabled client organisations.
- Take steps to meet the needs of disabled client organisations, even if this needs more favourable treatment.

6.2 Policy

FSG Certification seeks to proactively promote equality of opportunity between disabled people and other people in all its functions. It pays due regard to the Equality Act and acts within the law to ensure equality of opportunity. College policies and procedures are upheld to ensure that disabled people receive equal opportunity relevant to their particular situation.

The Equality Act defines a disabled person as someone who has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities. The definition includes a wide range of impairments such as dyslexia, autism, speech and language impairments, and Attention Deficit Hyperactivity Disorder. FSG Certification will ensure that its attitude is conducive to disclosure, and will ensure client organisations feel comfortable about acknowledging an impairment or health condition. Any information will be used sensitively and confidentially and used to improve opportunities/outcomes for them.

In the event of evacuation of the building, tutors will personally allocate themselves to ensure disabled persons in their classes are helped to the meeting point.

6.3 Implementation

On a continual basis, FSG Certification will analyse:

- Whether there are areas of the curriculum to which disabled client organisations have limited or no access.
- Whether there are parts of FSG Certification to which disabled client organisations have limited or no access.
- Whether different forms of communication are made available to enable disabled client organisations to express their views and hear the views of others.

This enables FSG Certification to make judgements about the significance of its policy, and helps determine where FSG Certification needs to set priorities.

6.4 Complaints of Discrimination

FSG Certification will treat seriously all complaints of unlawful disability discrimination on any forbidden grounds made by employees, client organisations or other third parties and will take action where appropriate. All complaints will be investigated in accordance with the organisation's grievance or complaints procedure, and the complainant will be informed of the outcome in line with these procedures. We will also monitor the number and outcomes of complaints of disability discrimination made by staff, client organisations, and other third parties.

6.6 Monitoring

FSG Certification will monitor and record equal opportunities information about disabled representative of client organisations on the basis of their individual disability.
We will store disability information as confidential personal data and restrict access to this information. Disability information will be used exclusively for the purposes of equal opportunities monitoring and will have no bearing on opportunities or benefits.

6.7 Reasonable Adjustment

We recognise that reasonable adjustments or special considerations may be required at the time of assessment where a representative of a client organisation:

- Have a permanent disability or specific learning needs.
- Have a temporary disability, medical condition or learning needs.
- Are indisposed at the time of the assessment.

The provision for reasonable adjustments and special consideration arrangements is made to ensure that client organisations receive recognition of their achievement so long as the equity, validity and reliability of the assessments can be assured. Such arrangements are not concessions to make certification easier for client organisations, nor advantages to give client organisations a head start.

There are two ways in which access to fair assessment can be maintained:

- Through reasonable adjustments.
- Through special consideration.

SECTION 7: COMPLAINTS AND PROCEDURE

7.1 Purpose of this procedure

At FSG Certification we are committed to providing a pleasant work environment for all employees and client organisations. We acknowledge, however, that employees and client organisations can sometimes feel aggrieved about a matter which appears to be discriminatory or constitutes harassment. An employee or client organisation can make a complaint about any decision, behaviour, act or omission that he/ she feels is discriminatory or constitutes harassment.

The purpose of this document is to provide a procedure by which employees/client organisations can have such complaints addressed.
If you feel that you are being harassed or discriminated against, this complaints handling procedure is available to you so your concerns can be addressed.

7.2 Key elements of our complaints handling procedure

The following are the key elements of our complaints handling procedure:

Impartiality. If you make a complaint, it will be investigated in a fair and impartial manner. No judgments or assumptions will be made, and no action will be taken until the investigation is complete. If a complaint is made against you, your rights will be protected, and you will be given an opportunity to tell your side of the story.

Confidentiality. You can feel secure that if you do make a complaint, it will remain confidential. The only people who will have access to information concerning the complaint will be the person making the complaint and the person investigating.

No repercussions. You can also rest assured that if you make a complaint, you will not suffer in any way as a consequence. FSG Certification 's authorities will ensure that a person who makes a complaint is not victimised in any way.

Expedience. Each complaint will be investigated within as short a period as possible. All complaints should be finalised within one month.

7.2.1 What to do if you have a complaint.

7.2.2 Approach the person involved.

In many situations, the most appropriate thing to do first is to tell the person who is the cause of the complaint how you feel. If the complaint is about their behaviour, tell them that it is offensive/ hurtful/not acceptable. If it is about a work decision, tell them why you think it is discriminatory or constitutes harassment. Telling the person will give them a chance to stop or change what they are doing.

7.2.3 Go to the Certification Manager

If you don't feel as if you can approach the person directly, then go and explain the problem to the Certification Manager. This person has been trained to be the first point of contact for those with complaints. The name of the Certification Manager is listed in this policy. The Certification Manager will inform you of your options and what will happen if you decide to make a formal complaint. Nothing will be done in relation to the complaint without your agreement.

7.3 What happens next?

Once you have made the complaint to the Certification Manager he/she will then consider whether there are any reasons why he/she should not proceed to deal with the complaint. For example, the person you complained about may be a personal friend. If there is such a reason which indicates it is inappropriate for the internal verifier to deal with your complaint, it will, with your consent, be referred to another appropriate person.

The Certification Manager will then interview you. During this interview a number of things will be explained to you, such as what will happen if the complaint is found to be supported or not by the evidence. You will also be told where you can go for assistance if you are not happy with the way the school/college is dealing with the complaint. The Certification Manager will then take a written record of the complaint.

The Certification Manager will talk to the person of whom the complaint is made to hear their side of the story. Any witnesses will also be interviewed. These interviews will be conducted separately and impartially. The importance of confidentiality will be stressed to all parties and they will be warned of

the consequences if there is a breach of confidentiality (e.g possible defamation action, initiation of a complaint for harassment).

The Certification Manager will then inform you what the other party said and discuss what should be done to sort out the problem. You should inform the Certification Manager what action you would like to be taken, e.g. a written apology from the person, a written warning, etc.

7.3.1 Review

If the complaint remains unresolved it will be reviewed by the CEO who will make a final decision as to the outcome of the complaint. (Note that this review step will only be possible if the CEO has not been acting as the Complaints Officer.)

7.3.2 Possible Remedies

If the complaint is proved, the following remedies may apply :

- A written apology
- An official warning
- Counselling
- Action
- Dismissal

If the complaint is unproved (not enough evidence), possible solutions are:

- Relevant training for all staff; and/or
- Monitoring of behaviour of employees

If the complaint is proved not to have happened at all, the following are possible outcomes:

- Counselling for the person who made the complaint.
- A written apology
- An official warning
- Disciplinary action
- Dismissal

The internal verifier will ensure that whatever the situation, it is promptly acted upon. He/she will also assess the effectiveness of the outcome from time to time.

7.4 Complaints Policy and Procedure

7.4.1 Overview

FSG Certification views complaints as an opportunity to learn and improve for the future, as well as a chance to put things right for the person who has made the complaint.

Our policy is:

- To provide a fair complaints procedure which is clear and easy to use for those wishing to make a complaint.
- To publicise the existence of our complaints procedure so that people know how to contact us to make a complaint.
- To make sure everyone at FSG Certification knows what to do if a complaint is received
- To ensure all complaints are investigated in a fair and prompt manner.
- To ensure that complaints are, wherever possible, resolved and that relationships are repaired.
- To gather information which helps us to improve what we do.

Definition of a Complaint

A complaint is any expression of dissatisfaction, whether justified or not, about any aspect of FSG Certification.

Where Complaints Come From

Complaints may come from clients and must be received in writing and addressed to our administrative department.

Confidentiality

All complaint information will be handled sensitively, informing only those who need to know, and following any relevant data protection requirements.

Responsibility

Overall responsibility for this policy and its implementation lies with the CEO.

7.4.2 Complaints Procedure of FSG Certification

Contact Details for Complaints:

Written complaints must be e-mailed to Business@fiftyshadesgreener.ie

Resolving Complaints

Stage one:

In many cases a complaint is best resolved by the person responsible for which the complaint refers. They may be able to resolve it swiftly and should do so where possible and appropriate. Whether or not the complaint has been resolved, the complaint information should be passed to IV within 3 days. On receiving the complaint, the Certification Manager records it in the complaints log. If it has not already been resolved, the IV will delegate **an impartial individual** (i.e. a person not involved in the complaint) to investigate it and to take appropriate action.

If the complaint relates to a specific person, they should be informed and given a fair opportunity to respond.

Complaints should be acknowledged by the person handling the complaint within a week. The acknowledgement should state who is dealing with the complaint and when the complainant can expect a reply. A copy of this complaints procedure should be attached.

Ideally, complainants should receive a reply within 14 days. If this is not possible because, for example, an investigation has not been fully completed, a progress report should be sent with an indication of when a full reply will be given.

Whether the complaint is justified or not, the reply to the complainant should describe the action taken to investigate the complaint, the conclusions from the investigation, and any action taken as a result of the complaint.

Stage Two

If the complainant feels that the problem has not been satisfactorily resolved at Stage One, they can request that the complaint is reviewed at board level. At this stage, the complaint will be passed to CEO

The request for Board level review should be acknowledged within 8 days of receipt. The acknowledgement should state who will deal with the case and when the complainant can expect a reply.

The CEO may investigate the facts of the case themselves or delegate a suitably senior person to do so. This may involve reviewing the paperwork of the case and discussing with the person who dealt with the complaint at Stage One.

If the complaint relates to a specific person, they should be informed and given a further opportunity to respond.

The person who dealt with the original complaint at Stage One should be kept informed.

At this stage, complainants should receive a definitive reply within four weeks. If this is not possible because for example, an investigation has not been fully completed, a progress report should be sent with an indication of when a full reply will be given. Whether the complaint is upheld or not, the reply to the complainant should describe the action taken to investigate the complaint, the conclusions from the investigation, and any action taken as a result of the complaint. The decision taken at this stage is final, unless the board decides it is appropriate to seek external assistance.

7.5 Complaints Contact Office and Complaints Officers

Details of the officers with whom you can discuss your complaint :

Raquel Noboa, CEO: info@fsgcertification.com

7.6 Appeals for Client Organisations

7.6.1 Appeals to Certification Decisions

Client Organisations should appeal, in the first instance, to the CEO regarding any assessment, internal quality assurance, or qualification achievement issues.

Appeals

A client organisation may appeal a certification decision, including a decision to refuse, suspend, reduce, or withdraw certification.All appeals will be presented to the Impartiality Committee of the Certification Body. The Committee will examine evidence from the Client Organisation and the lead auditor involved. The case decision will be made and formally communicated by the Chairperson of the Impartiality Committee or on their behalf by a director of the Certification Body. This decision is

final and should be accepted by all parties involved. No person involved in the original audit, review or certification decision shall decide the appeal.

Complaints

If a Client Organisation has a complaint, it should be addressed to the CEO of the Certification Body. Where the complaint involves a CEO, it should be addressed to the Chairperson of the Impartiality Committee (details of which can be obtained directly from the Certification Body upon request). The complaint will then be reviewed and investigated. Evidence will be examined from the complainant. Any decision made, or action taken, will be formally communicated by either a director or the Chairperson of the Impartiality Committee. Such decisions are final and should be accepted by all parties

SECTION 8: MALPRACTICE POLICY AND PROCEDURE

FSG Certification treats all cases of suspected malpractice very seriously and will investigate all suspected and reported incidents of possible malpractice.* The purpose of this Policy (and Procedure) is to set out how allegations of malpractice in relation to all certifications are dealt with. The scope of the policy is to provide:

- A definition of malpractice.
- Examples of client organisation and malpractice and maladministration.
- Possible sanctions that may be imposed in cases of malpractice.

*The term 'malpractice' in this policy is applicable to both malpractice and maladministration.

8.1 Introduction

For the purpose of this document 'malpractice' is defined as:

Any act, or failure to act, that threatens or compromises the integrity of the certification process. This includes maladministration and the failure to maintain appropriate records or systems; the deliberate falsification of records or documents for any reason connected to the award; acts of plagiarism or other misconduct.

8.2 Malpractice by Client Organisations

Some examples of client organisation malpractice are described below. These examples are not exhaustive and all incidents of suspected malpractice, whether or not described below, will be fully investigated, where we find there are sufficient grounds.

- Producing false evidence or making false claims.
- Impersonating another client organisation

8.3 Malpractice by FSG Certification or external auditing team

Examples of malpractice by auditor/assessors, reviewer/decisions makers and other officers, are listed below. These examples are not exhaustive and all incidents of suspected malpractice, whether or not described below, will be fully investigated where we find there are sufficient grounds.

- failure to declare conflicts;
- breach of confidentiality;
- falsification or manipulation of findings;
- failure to follow scheme requirements;
- accepting inducements;
- inappropriate commercial influence;
- failure to maintain independence.

8.4 Possible malpractice sanctions

Following an investigation, if a case of malpractice is upheld, FSG Certification may impose, where relevant, one or more sanctions, or other penalties, on the individual(s) concerned. Any sanctions imposed will reflect the seriousness of the malpractice that has occurred.

Listed below are examples of sanctions that may be applied to a client organisation, or to a auditor/assesor, reviewer/decision maker, or other officer who has had a case of malpractice upheld against them. Please note that this list is not exhaustive and other sanctions may be applied on a case-by-case basis.

- Termination of certification
- Termination or suspension of employee or contractor.

8.5 Reporting a suspected case of malpractice

This process applies to, auditors/assessors, reviews/decisions makers, or other officers and client organisations, and to any reporting of malpractice by a third party or individual who wishes to remain anonymous. Any case of suspected malpractice should be reported in the first instance to CEO.

A written report should then be sent to the person identified in 3.3., clearly identifying the factual information, including statements from other individuals involved and/or affected, any evidence obtained, and the actions that have been taken in relation to the incident.

Suspected malpractice must be reported as soon as possible to the person identified in 3.3., and at the latest within two working days from its discovery.

Wherever possible, a client organisation suspected of malpractice should be warned immediately that their actions may constitute malpractice, and that a report will be made to the management team,

In cases of suspected malpractice by FSG Certification auditors/assessors, reviews/decisions makers or other officers, and any reporting of malpractice by a third party or individual who wishes to remain anonymous, the report made to the person in 3.3 should include as much information as possible, including the following:

- The date, time and place the alleged malpractice took place, if known.
- The name of the auditors/assessors, reviews/decisions makers or other person(s) involved.
- A description of the suspected malpractice.
- Any available supporting evidence.

In cases of suspected malpractice reported by a third party, or an individual who wishes to remain anonymous, FSG Certification will take all reasonable steps to authenticate the reported information and to investigate the alleged malpractice.

8.6 Administering suspected cases of malpractice.

FSG Certification will investigate each case of suspected or reported malpractice relating to certifications, to ascertain whether malpractice has occurred. The investigation will aim to establish the full facts and circumstances. We will promptly take all reasonable steps to prevent any adverse effect that may arise as a result of the malpractice, or to mitigate any adverse effect, as far as possible, and to correct it to make sure that any action necessary to maintain the integrity of certification and reputation is taken.

FSG Certification will acknowledge all reports of suspected malpractice within five working days. All of the parties involved in the case will then be contacted within 10 working days of receipt of the report detailing the suspected malpractice. We may also contact other individuals who may be able to provide evidence relevant to the case.

The individual(s) concerned will be informed of the following:

- That an investigation is going to take place, and the grounds for that investigation, details of all the relevant timescales and dates, where known.
- That they have a right to respond by providing a personal written response relating to the suspected malpractice (within 15 working days of the date of that letter).
- That, if malpractice is considered proven, sanctions may be imposed either by FSG Certification , (see section 6, below) reflecting the seriousness of the case.

- That, if they are found guilty, they have the right to appeal.

Where more than one individual is contacted regarding a case of suspected malpractice, for example in a case involving suspected collusion, we will contact each individual separately and will not reveal personal data to any third party unless necessary for the purpose of the investigation.

The individual has a right to appeal against a malpractice outcome if they believe that the policy or procedure has not been properly followed or has been implemented to their detriment.

Records of all malpractice cases and their outcomes are maintained by FSG Certification for a period of at least five years and are subject to regular monitoring and review.

SECTION 9: SECURITY GUIDELINES AND PROCEDURES FOR DATA PROTECTION

9.1 Introduction

- Ensure that all of FSG Certification's computing facilities, programmes, data, network and equipment are adequately protected against loss, misuse or abuse, and that this protection is cost-effective.
- Ensure that all users are aware of and fully comply with this policy statement and all associated policies and are aware of and work in accordance with the relevant procedures and codes of practice.
- Ensure that paper records are kept securely and managed effectively.
- Ensure that all users are aware of and fully comply with the relevant UK and European Union legislation.
- Create an awareness at FSG Certification that appropriate security measures must be implemented as part of the effective operation and support of information management systems.
- Ensure that all users understand their own responsibilities for protecting the confidentiality and integrity of the data they handle.
- Ensure that information is disposed of in an appropriately secure manner when it is no longer relevant or required.
- This policy applies to all staff and client organisations of FSG Certification and all other computer, network or information users authorised by FSG Certification or any department thereof. It relates to their use of any FSG Certification -owned facilities (and those leased by or rented or on loan to FSG Certification), centrally managed or otherwise; to all private systems (whether owned, leased, rented or on loan) when connected to the FSG Certification network; to all FSG Certification-owned or licensed data and programmes (wherever stored); and to all data and programmes provided to FSG Certification by sponsors or external agencies (wherever stored). The policy also relates to paper files and records created for the purposes of FSG Certification business.

9.2 Responsibilities for Information Security

All who make use of FSG Certification's systems and information have responsibility for protecting those assets. Individuals must, at all times, act in a responsible and professional way in this respect and will refrain from any activity which may jeopardise security.

The Information Services Governance Committee (CEO) is responsible for defining an information security policy and for ensuring it is discharged by all departments and divisions through the respective Head of Department. The policy will normally apply to associated bodies, including FSG Certification owned companies.

Staff are required to implement this policy in respect of both paper and electronic systems operated by their Departments or Divisions and are responsible for ensuring that staff and client organisation, client organisations and other persons authorised to use those systems are aware of and comply with this and associated codes of practice. They are required to appoint a custodian for each system, and a departmental network administrator, whose duties and training requirements are set out in codes of practice associated with the information security policy. Heads of Department should ensure adequate supervision of security (in consultation with the FSG Certification Information Security Group), through departmental computing support staff and client organisation, or otherwise. The roles of custodians and departmental network administrators may be shared across smaller departments whenever appropriate, but the Head of Department remains responsible for ensuring the roles are fulfilled.

Operational responsibility for records management is delegated to the examination Manager, who is responsible for the development of procedures, advice on good practice, and promotion of compliance with the FSG Certification Records Management Policy, which applies to all records in any format.

It is the responsibility of each individual to ensure his/her understanding of and compliance with this policy and any associated procedures or codes of practice.

Staff and client organisation with supervisory responsibility should make their supervised staff and client organisation(s) aware of best practice.

9.3 Compliance with Legislation

FSG Certification, each member of staff and client organisation(s), have an obligation to abide by all legislation and the relevant legislation of the European Union. Of particular importance in this respect are Children First Act 2015, Safety, Health and Welfare at Work Act 2005
Irish Human Rights and Equality Commission Act 2014, General Data Protection Regulation (GDPR). This policy satisfies the Data Protection Act's requirement for a formal statement of FSG Certification 's security arrangements for personal data. The requirement for compliance devolves to all users defined in (1.4) above, who may be held personally responsible for any breach of the legislation.

9.4 Risk Assessment and Security Review

Custodians should adopt a risk-based approach to assessing the value of information handled, its sensitivity and the validity of security controls in place or planned. Without proper assessment of the value of information assets, and the consequences (financial, reputational and otherwise) of loss of data or disruption to service, efforts to improve security are likely to be poorly targeted and ineffective. Similarly, periodic review is necessary to take into account changes in technology, legislation, business requirements and priorities; in which case security arrangements should be revised accordingly.

Heads of Department should establish effective contingency plans appropriate to the outcome of any risk assessment. They are also required to re-evaluate periodically the security arrangements for each information management systems at least once every three years, and additionally in response to significant departmental changes (such as turnover of key staff members/client organisations, commissioning of new systems etc.). A formal report must be submitted to the Information Services Governance Committee.

9.5 Breaches of Security

Any individual suspecting that the security of a computer system has been, or is likely to be, breached should inform the CEO immediately. The CEO will advise the rest of staff and client organisations on what steps should be taken to avoid incidents or minimise their impact, and identify action plans to reduce the likelihood of a recurrence.

In the event of a suspected or actual breach of security, FSG Certification CEO may, after consultation with the relevant Custodian or Head of Department, require that any unsafe systems, user/login names, data and/or programs be removed or made inaccessible.

Where a breach of security involving either computer or paper records relates to personal information, the FSG Certification Data Protection Officer must be informed, as there may be an infringement of the GDPR which could lead to civil or criminal proceedings. It is vital, therefore, that users of FSG Certification 's information systems comply.

9.6 Policy Awareness and Disciplinary Procedure

A summary of this policy statement will be given to all new members of staff and client organisations by to all new client organisations by the Certification Manager. Existing staff and client organisations of
FSG Certification, authorised third parties and contractors given access to the FSG Certification network, will be advised of the existence of this policy statement and the availability of the associated procedures, codes of practice and guidelines, which are published on the FSG Certification website. Failure of an individual client organisation or member of staff to comply with this policy may lead to the instigation of disciplinary procedures and, in certain circumstances, legal action may be taken. Failure of a contractor to comply could lead to the cancellation of a contract.

Those requiring information, explanation or training about any aspects of the policy which relate to computer security should discuss their needs with the FSG Certification Information Security Group. Questions about the creation, classification, retention and disposal of records (in all formats) should be taken to the Records Manager. The FSG Certification Information Security Group and the Data Protection Officer will, in the first instance, be responsible for interpretation and clarification of the information security policy.

9.7 Supporting Policies, Procedures and Code of Practice

Supporting policies, procedures and codes of practice amplifying this policy statement are published with it and are available on the FSG Certification website. Staff and client organisations, contractors and other third parties authorised to access the FSG Certification network to use the systems and facilities identified in paragraph (1.4) of this policy, are required to familiarise themselves with these policies and to work in accordance with them. Guidance notes will also be published to facilitate this.

Additional related Personal data must be stored securely. If such data is held on mobile devices (e.g. laptops) or removable media, it must be strongly encrypted in compliance with the Data Protection Policy and the Corporate Digital Data Ownership and Access Policy. Other forms of sensitive business data, intellectual property, etc. should, similarly, be strongly encrypted.

Any outsourced IT support must be subject to a written contract which must comply with the guidelines in Security Considerations in Outsourced IT Arrangements.

9.8 Status of the Information Security Policy

This policy statement does not form part of a formal contract of employment with FSG Certification, but it is a condition of employment that employees abide by the regulations and policies made by FSG Certification. Likewise, these policies are an integral part of the regulations for client organisations.

9.9 Hardcopies

FSG Certification stores and files all hardcopies of relevant documents in a safe and lockable cabinet within a secured office

9.10 Data Protection policy

FSG Certification is committed to compliance with all relevant EU and Irish law in respect of personal data, and the protection of the "rights and freedoms" of individuals whose information we collect and process in accordance with the (GDPR). We are committed to protecting and respecting personal data. We wish to be transparent on how we process personal data and demonstrate that we are accountable with the GDPR in relation to our processing of the data.

The GDPR describes how organisations must collect, handle and store personal information. These rules apply regardless of whether data is stored electronically, on paper or on other materials. To comply with the law, personal information must be collected and used fairly, stored safely and not disclosed unlawfully.

Privacy Policy - Data Protection Principles

The GDPR is underpinned by six important principles requiring that personal data be:

1. **Processed lawfully, fairly and in a transparent manner;**
2. **Collected for specified, explicit and legitimate purpose;**
3. **Adequate, relevant and limited to what is necessary;**
4. **Accurate and where necessary, kept up to date;**
5. **Retained only for as long as necessary;**
6. **Processed in an appropriate manner to maintain security.**

The GDPR and this policy are applicable to all personal data processing functions, including those performed on customers', clients', employees', suppliers' and partners' personal data, and any other personal data the organisation processes from any source.

Partners and any third parties, and who have or may have access to personal data, will be expected to have read, understood and to comply with this policy.

No third party may access personal data held by FSG Certification without having first entered into a data confidentiality agreement, which imposes obligations on the third party no less onerous than those to which we are committed, and which gives us the right to audit compliance with the agreement.

1. **Personal data must be processed lawfully, fairly and in a transparent manner**
   FSG Certification will not process any personal data unless there is a legal basis to do so (under GDPR) such as consent or it is necessary for the performance of a contract.
   Therefore, processing will be lawful if:
   1. The processing is necessary for the performance of a contract to which the data subject is party or in order to take steps at the request of the data subject prior to entering into a contract; or
   2. the data subject has given consent to the processing of his or her personal data for one or more specific purposes (e.g., for marketing purposes).

2. **Personal data can only be collected for specific, explicit and legitimate purposes**
   Data obtained for specified purposes must not be used for a purpose that differs.

3. **Personal data must be adequate, relevant and limited to what is necessary**
   The *Data Protection Officer (Raquel Noboa)* is responsible for ensuring that FSG Certification do not collect information that is not strictly necessary for the purpose for which it is obtained.

The Data Protection Officer will ensure that, on an annual basis all data collection methods are reviewed by internal audit to ensure that collected data continues to be adequate, relevant and not excessive.

4. **Personal data must be accurate and kept up to date with every effort to erase or rectify without delay**

   Data that is stored by the data controller must be reviewed and updated as necessary. No data should be kept unless it is reasonable to assume that it is accurate.

   The Data Protection Officer is responsible for ensuring that all staff are trained in the importance of collecting accurate data and maintaining it.

   It is also the responsibility of the data subject to ensure that data held by FSG Certification is accurate and up to date. Completion of a registration or application form by a data subject will include a statement that the data contained therein is accurate at the date of submission.

   The Data Protection Officer is responsible for ensuring that appropriate procedures and policies are in place to keep personal data accurate and up to date taking into account, the volume of data collected, the speed with which it might change and any other relevant factors.

   On at least an annual basis, the Data Protection Officer will review the retention dates of all the personal data processed by FSG Certification, by reference to the data inventory, and will identify any data that is no longer required in the context of the registered purpose.

5. **Personal data must be kept in a form such that the data subject can only be identified for as long as is necessary for processing.**

   Where personal data is retained beyond the processing date, it will be minimised, encrypted/pseudonymised, in order to protect the identity of the data subject, in the event of a data breach.

6. **Processed in an appropriate manner to maintain security**

   In determining appropriateness, the Data Protection Officer, should also consider the extent of possible damage or loss that might be caused to individuals (e.g., staff or customers) if a security

breach occurs, the effect of any security breach on FSG Certification itself, and any likely reputational damage, including the possible loss of customer trust.

When assessing appropriate technical measures, the Data Protection Officer will consider the following:

- Password protection;
- Automatic locking of idle terminals;
- Removal of access rights for USB and other memory media;
- Virus checking software and firewalls;
- Role-based access rights including those assigned to temporary staff;
- Encryption of devices that leave the organisations premises such as laptops;
- Ability to restore the availability and access to personal data in a timely manner in the event of a physical or technical incident;
- Regularly testing, assessing and evaluating the effectiveness of technical and organisational measures in order to ensure the security of the processing;
- Security of local and wide area networks;
- Privacy enhancing technologies such as pseudonymisation and anonymisation; and
- Identifying appropriate international security standards relevant to FSG Certification

Data Subject Access Requests

All individuals who are the subject of personal data held by FSG Certification are entitled to:

- Ask **what information** the company holds about them and why;
- Ask **how to gain access** to it;
- Be informed about **how to keep it up to date**;
- Be informed about how the company is **meeting its data protection obligations**.

Should an Individual contact the company requesting this information, this is called a Subject Access Request.

Subject Access Requests from individuals should be made by email, if possible, addressed to the Data Protection Officer at info@fsgcertification.com. The Data Protection Officer/ can supply a standard request form, although individuals do not have to use this.

We will aim to provide the relevant data within **30 days**. Where we are unable to provide the requested data to the data subject within 30 days, we will advise the data subject and provide the reason why.

We will always verify the identity of anyone making a subject access request before handing over any information.

Security of Data

All Employees/Staff are responsible for ensuring that any personal data that FSG Certification holds and for which we are responsible, is kept securely and is not, under any conditions, disclosed to any third party unless that third party has been specifically authorised by FSG Certification to receive that information and has entered into a confidentiality agreement.

All personal data should be accessible only to those who need to use it.

All personal data should be treated with the highest security and must be kept:

- in a lockable room with controlled access; and/or
- in a locked drawer or filing cabinet; and/or
- if computerised, password protected;

Care must be taken to ensure that PC screens and terminals are not visible except to authorised employees/staff of FSG Certification.

Manual records or company laptops may not be left where they can be accessed by unauthorised personnel and may not be removed from business premises without explicit *(written)* authorisation. As soon as manual records are no longer required for day-to-day client support, they must be removed from secure archiving in line with our policies, provided that this removal does not infringe our other legal responsibilities and obligations.

Processing of personal data 'off-site' presents a potentially greater risk of loss, theft or damage to personal data. Staff must be specifically authorised to process data off-site.

SECTION 10: INDUCTION PROCEDURES

10.1 For Employees

All employees are introduced to FSG Certification 's policies and procedures via a 4hr information session which covers such items as:

- What are the FSG Certifications
- Certfication Handbook – policies and procedures.
- Roles and responsibilities of the FSG Certification
- Roles and responsibilities of the host employer and workplace supervisor.
- Roles and responsibilities of the apprentice/trainee.
- Code of Conduct.
- H&S and safe work practices.
- Personal protective equipment kit and how to use, clean and store such equipment.
- Wages, time-sheets, leave entitlements and procedures.
- Absenteeism.
- Suspensions.

FSG Certification endeavours to have all apprentices and trainees placed at the earliest possible convenience, with a host employer. We aim to monitor and supervise the training at all times so as to facilitate a timely and successful completion of their training.

SECTION 11: RECORD MANAGEMENT

Benefits of managing records:

- Save storage space in your office.
- Allows easy, efficient access to information.
- Comply with legislation and Information Governance requirements

11.1 Responsibilities

- Encourage use of a central filing system rather than each member of staff having their own set of files.
- Ensure that all staff understand their responsibilities for record keeping and filing: this should be covered in Information Governance requirements in their job description.
- Ensure that an explanation of the local filing system is included in local induction procedures.
- Allocate overall responsibility for management of the filing system to one or two individuals. Although all staff must be responsible for their own filing into the filing system, it is useful to ensure that there is overall management of the filing area to avoid chaos.

11.2 Storage of Records

- Ensure that all staff who need to access the records are able to do so
- Keep the records in a secure area (e.g. locked filing cabinet or locked store) if they contain sensitive or confidential material.
- The storage area should be clean, tidy, and away from water threats (e.g. sinks, toilets, pipes, radiators) and fire hazards (e.g. electronic equipment, kitchen equipment).
- Do not leave records on the floor. This is a health and safety hazard, leaves the records in greater danger (e.g. if there is a flood) and encourages pests.
- Ensure that the storage area complies with manual handling and health and safety requirements.
- Keep reference/library material (e.g. publications, magazines, manuals, reading / for information), separate from Trust records.

- Space taken up by files can be reduced in various ways. For example: removing papers from lever arch files and using treasury tags or plastic binders (archive clips) to secure the papers. If boxes are used, use the same size of box to make the best use of space.

11.3 Titling and Naming Files

To establish a standardised process for managing and tracking revisions and versions of all certification documents.
This SOP applies to all program-related documents including but not limited to project plans, reports, proposals, technical documents, and meeting minutes.

- Have a documented, consistent titling system which all staff understand. The naming/titling system should be clear enough to enable a new member of staff to easily locate the relevant file after a short explanation.
- File records in a sensible order, e.g. alphabetical or chronological. It is often useful to have a combination of the two systems, e.g. complaints A-Z 2005, complaints A-Z 2006, etc. If only alphabetical filing is used, the file system can become too large and it is often difficult to identify and extract the older records when the time has come to destroy them.
- If reference codes are used, ensure that the codes are logical and that there is a document which enables you link the reference code to a full explanatory file title (e.g. Tender 00/04, SUI 255, Complaint SA/54). It is a good idea to include the year in reference codes, as this will enable you to easily separate out the older records. For example, Tender 05/04 is the 5th tender in 2004.
- Mark file titles clearly on file covers.
- Include covering dates of the record.
- If the filing system is subject based, keep an electronic list of files on the shared drive. Ensure that staff know where it is and keep it updated. This should list file titles, covering dates, location (e.g. shelf number), and retention/action date.
- Do not use 'miscellaneous' or 'general' as file titles. Records in such files are effectively lost as the description is meaningless.

11.4 Version Control of Programme Documentation

Responsibilities:

- All team members are responsible to adhere to this SOP.

- Document Controllers are responsible for implementing the version control system, monitoring document updates, and maintaining archival records.

Procedure:

1. **Document Creation and Initial Versioning:**
    - Upon creation, every document must be assigned a unique identifier and an initial version number (e.g., 1.0).
    - The document creator must record the date of creation and a brief description of the document in a document log.
2. **Document Updates and Version Increment:**
    - Any modification to a document should be recorded with an incremented version number (e.g., V 1.1, V 1.2 for minor changes; V 2.0 for major changes).
    - The individual making the changes must document the nature of changes, date of revision, and their name in the document's revision history log.
3. **Review and Approval:**
    - Revised documents must be reviewed and approved by the designated authority before being circulated or utilised.
    - The reviewer's name and the date of approval should be recorded in the document's revision history.
4. **Document Distribution and Access:**
    - All finalised documents should be distributed to relevant stakeholders and stored in a centralised document management system with restricted access based on roles and responsibilities.
5. **Archiving and Retrieval:**
    - All superseded versions of documents must be archived in the document management system for future reference and audit purposes.
    - A retrieval process should be established for accessing archived documents.
6. **Training and Compliance:**
    a. Provide training to all team members on the version control SOP.

b. Regularly audit project documentation to ensure compliance with the SOP.

7. **Continuous Improvement:**

- Regularly review and update this SOP to reflect best practices and organisational changes.

11.5 Tracking of File Location

- When files are removed from the filing system by a member of staff, ensure that this is recorded so that the location of records can be tracked. For example, leave pre-printed forms in the filing area which staff can complete when they remove a file, stating the name of the file, who removed the file and the date. This form should then be put in place of the file itself on the shelf. When the file is returned, the form of paper can be removed from the shelf. If an audit trail of access is required, file the pieces of paper together.
- If a more formal method of tracking/loaning files is required, the Modern Records Management team can offer advice.

11.6 Disposal of Records

- Files should be closed when the activity to which they relate has been completed. It is a good idea to open new files for each year. If a file becomes too large, close the file and create a second volume, but clearly label the files as volume 1 and volume 2.
- In order to keep control of the storage area, it is important to regularly and routinely review and extract those records which can be destroyed or which can be sent to the Trust Records Centre for long-term storage. This can be done annually or, if storage space is very limited, monthly may be possible for some records.

SECTION 12: QUALITY ASSURANCE

12.1 Quality Assurance Policy for Certification

FSG Certification Ltd is committed to maintaining a certification system that is impartial, evidence-based, transparent, consistent and capable of demonstrating that certification decisions are made on the basis of objective evidence.

FSG Certification is responsible for the governance, integrity and continued operation of its certification schemes. FSG Certification remains responsible for the integrity and governance of certification activities, including where specific activities are outsourced.

Outsourcing independent monitoring and evaluation to Agent4Change does not transfer FSG Certification's responsibility for certification issued under its schemes.
FSG Certification's certification processes are designed and operated in alignment with the principles and applicable requirements of ISO/IEC 17065. FSG Certification does not claim accreditation to ISO/IEC 17065 unless and until such accreditation is formally obtained.

The quality assurance system is designed to ensure that:

- certification scheme requirements are clearly defined and consistently applied;
- certification requirements are publicly available;
- certification schemes are open on transparent, fair and non-discriminatory terms to organisations willing and able to meet the applicable requirements;
- scheme requirements are developed and periodically reviewed in consultation with relevant experts and stakeholders;
- evaluation and monitoring of compliance is conducted by a competent and independent third party;
- evaluation and certification decision-making are appropriately separated;
- certification decisions are based solely on objective evidence of conformity;
- personnel performing certification activities are competent for the functions assigned to them;
- conflicts of interest and risks to impartiality are identified, documented and managed;
- certification is subject to ongoing surveillance where applicable;
- non-conformity, suspension, withdrawal and recertification are managed consistently;
- complaints and appeals are handled fairly and independently;
- appropriate records are maintained to demonstrate the basis for certification decisions; and

- the effectiveness of the certification management system is periodically reviewed and improved.

12.2 Certification Scheme Governance

FSG Certification Ltd is the owner of its certification schemes and is responsible for:

- establishing the scope and purpose of each certification scheme;
- developing and maintaining certification requirements;
- defining eligibility requirements;
- establishing evidence and audit requirements;
- defining certification levels or classifications where applicable;
- maintaining certification mark rules;
- establishing surveillance and recertification arrangements;
- establishing suspension and withdrawal requirements;
- maintaining complaints and appeals procedures; and
- ensuring that certification scheme requirements remain appropriate, relevant and capable of objective evaluation.

Certification scheme requirements shall be developed and periodically reviewed in consultation with relevant experts and stakeholders.

FSG Certification shall retain appropriate records of stakeholder and expert consultation, including:

- persons or stakeholder groups consulted;
- the expertise or interest represented;
- certification requirements reviewed;
- feedback received;
- decisions made;
- changes introduced; and
- the rationale where feedback is not incorporated.

Final responsibility for the content and approval of certification scheme requirements remains with FSG Certification Ltd as scheme owner.

12.3 Application and Contract Review

Organisations seeking certification must submit an application in accordance with the requirements of the applicable certification scheme.

Before an evaluation is commenced, FSG Certification shall review the application to confirm:

- the organisation falls within the scope of the certification scheme;
- the applicable certification requirements have been identified;
- the organisation understands the scope and terms of certification;
- sufficient information is available to plan the evaluation;
- any known impartiality or conflict-of-interest risks have been identified;
- appropriate competent evaluation resources are available; and
- the certification activity can be undertaken in accordance with FSG Certification procedures.

Certification shall not be conditional on the purchase of sustainability training or consultancy services from Fifty Shades Greener Ltd or any other related organisation.

All applicants shall be treated consistently and without discrimination.

12.4 Independent Evaluation and Monitoring

Evaluation and monitoring of compliance with FSG Certification requirements is undertaken by Agent4Change, an independent third-party organisation legally separate from FSG Certification Ltd and Fifty Shades Greener Ltd.

Agent4Change is responsible for assigning suitably competent auditors to undertake certification evaluations in accordance with:

- the applicable FSG Certification standard;
- FSG Certification audit procedures;
- agreed evidence requirements;
- confidentiality requirements;
- impartiality and conflict-of-interest requirements; and
- any applicable scheme-specific instructions.

Before accepting an audit assignment, the assigned auditor must declare any actual, potential or perceived conflict of interest. An auditor must not undertake an evaluation where their independence or impartiality could reasonably be questioned.
The auditor shall:

- review objective evidence;
- assess conformity against the applicable certification requirements;

- document findings;
- identify non-conformities where applicable;
- prepare an Audit Report;
- make a recommendation regarding conformity where required; and
- submit the audit report and supporting records for certification review.

The auditor does not make the final certification decision. FSG Certification shall not instruct or pressure an auditor to alter findings or recommendations for commercial, financial or reputational reasons.

12.5 Control of External Certification Service Providers

FSG Certification shall maintain a documented agreement with Agent4Change covering the outsourced evaluation and monitoring activities.

The agreement shall address, as applicable:

- scope of activities;
- legal and operational independence;
- competence requirements;
- auditor approval and authorisation;
- confidentiality;
- conflicts of interest;
- impartiality;
- data protection;
- evidence handling;
- audit methodology;
- audit reporting;
- access to records;
- complaints and malpractice;
- performance monitoring; and
- termination or suspension of the external provider arrangement where requirements are not met.

Before appointing or continuing to use an external certification service provider, FSG Certification shall satisfy itself that the provider has the competence, resources and governance arrangements necessary to perform the assigned activities.
The use of an external monitoring or audit provider does not transfer scheme ownership or overall responsibility for certification to that provider.

12.6 Auditor Competence

FSG Certification shall define and maintain documented competence criteria for auditors undertaking certification evaluation and monitoring activities.

Auditor competence shall be determined through appropriate evidence, which may include:

- relevant education or professional qualifications;
- sustainability or environmental knowledge relevant to the scheme;
- audit or assessment training;
- relevant professional experience;
- relevant audit experience;
- sector knowledge where applicable;
- FSG Certification scheme-specific training;
- understanding of evidence requirements;
- understanding of impartiality and conflicts of interest;
- understanding of confidentiality obligations; and
- continuing professional development.

Auditors may only conduct FSG Certification audits independently where their competence has been reviewed and approved in accordance with the FSG Certification Auditor Competence and Authorisation Procedure.

Auditor competence shall be periodically reviewed and may be reassessed where concerns arise regarding performance, consistency, impartiality or technical competence.

12.7 Certification Review

Following completion of the evaluation, the Audit Report and supporting evidence shall be subject to an independent certification review.

The Reviewer shall:

- review the audit report;
- confirm that the applicable certification requirements have been addressed;
- review identified non-conformities;
- assess whether the evidence is sufficient to support the auditor's recommendation;
- identify any areas requiring clarification or additional evidence; and
- confirm that the audit was undertaken in accordance with the applicable certification procedure.

The Reviewer shall not have participated in the audit or evaluation being reviewed.
The Reviewer must be competent to understand the applicable certification standard and assess whether sufficient objective evidence exists to support a certification decision.

12.8 Certification Decision

The certification decision shall be made by a competent Reviewer/Decision Maker who has not participated in the audit or evaluation of the client organisation.

The Reviewer/Decision Maker shall:

- consider the audit findings and supporting evidence;
- consider the outcome of the certification review;
- confirm that any required non-conformities have been appropriately resolved;
- make a decision to grant, refuse, maintain, renew, suspend, reduce or withdraw certification as applicable;
- document the decision and rationale on the Certification Decision Record; and
- declare any actual, potential or perceived conflict of interest before making the decision.

Certification decisions shall be based solely on objective evidence of conformity with the applicable certification requirements.

No person involved in selling or delivering training or consultancy to an applicant shall influence the certification decision relating to that applicant.

Where the independence or impartiality of a proposed decision maker cannot be demonstrated, another competent Reviewer/Decision Maker shall be appointed.

12.9 Certification Issuance

Where certification is approved, FSG Certification Ltd shall formally issue the applicable certificate and authorise use of the corresponding certification mark.

The certificate shall identify, where applicable:

- the certified organisation;
- the certification scheme;
- the certification level or scope;
- the certification reference number;
- the applicable certification standard or version;
- the date of certification;
- the certification expiry or validity period; and
- any limitations or conditions applying to the certification.

Certified organisations may use the certification mark only in accordance with the applicable Certification Mark Rules. Certification does not authorise organisations to make environmental or sustainability claims outside the verified scope of certification.

12.10 Surveillance and Continued Conformity

Certification is not treated as a one-off activity. Certified organisations are required to continue meeting the applicable certification requirements throughout the certification period.

FSG Certification may undertake surveillance activities including:

- requests for updated documentary evidence;
- follow-up review of corrective actions;
- additional independent evaluation;
- physical or remote audits where appropriate;
- review of material changes within the certified organisation;
- review of complaints or information that may affect continued certification; and
- review of use of the certification mark.

The frequency and nature of surveillance shall be determined by the applicable certification scheme and may be adjusted where risks or concerns are identified.

Where surveillance identifies a failure to continue meeting certification requirements, appropriate corrective action, suspension or withdrawal procedures shall be initiated.

12.11 Non-Conformities and Corrective Action

Where an evaluation identifies a failure to meet a certification requirement, the finding shall be documented as a non-conformity in accordance with the applicable certification procedure.
The client organisation shall be informed of:

- the nature of the non-conformity;
- the evidence supporting the finding;
- any required corrective action;
- the timeframe for response; and
- the consequences of failure to resolve the non-conformity.

Certification shall not be granted or maintained where outstanding non-conformities prevent conformity with the applicable certification requirements.
Corrective actions must be supported by appropriate objective evidence and verified before the relevant non-conformity is closed.

12.12 Suspension, Withdrawal and Reduction of Certification

FSG Certification may suspend, withdraw or reduce the scope of certification where appropriate.
Reasons may include:

- failure to continue meeting certification requirements;
- failure to resolve non-conformities within the required timeframe;
- refusal to participate in required surveillance;
- provision of false or misleading evidence;
- misuse of the certification mark;
- misleading environmental or sustainability claims linked to the certification;
- a material change affecting conformity;
- serious breach of certification terms;
- failure to maintain impartiality or integrity of the certification process; or
- voluntary request by the certified organisation.

Where certification is suspended, withdrawn or reduced, the client shall be formally notified.
The client shall cease or amend use of the applicable certification mark in accordance with the Certification Mark Rules.
FSG Certification shall update relevant certification records and, where applicable, the public certification register.

12.13 Recertification

Where certification is time limited, a recertification process shall be completed before expiry where the organisation wishes to continue holding certification.

Recertification may include:

- review of updated evidence;
- independent audit or assessment;
- review of previous non-conformities;
- review of surveillance outcomes;
- review of changes within the organisation;
- certification review; and
- a new certification decision.

Recertification shall not be automatic. A new certification decision must be supported by sufficient current evidence that the applicable certification requirements continue to be met.

12.14 Complaints

FSG Certification shall maintain a documented procedure for receiving, investigating and resolving complaints relating to:

- certification activities;
- external auditors;
- certification personnel;
- use of certification marks;
- certified organisations; and
- the conduct or impartiality of the certification process.

Complaints shall be handled impartially and by persons who are not directly involved in the matter being complained about wherever possible.

Where a complaint concerns Agent4Change or an assigned auditor, the matter shall be investigated in accordance with FSG Certification's complaints procedure and the contractual arrangements governing external certification services.

Appropriate corrective action shall be taken where a complaint is substantiated.

12.15 Appeals

A client organisation has the right to appeal a certification decision, including a decision to:

- refuse certification;
- grant certification at a different level than anticipated;
- suspend certification;
- reduce the scope of certification;
- withdraw certification; or
- refuse recertification.

Appeals shall be considered by a person or panel independent of the original evaluation and certification decision. No person involved in the original audit, review or certification decision shall decide the appeal. The appeal decision and rationale shall be documented and formally communicated to the appellant.

12.16 Impartiality

FSG Certification shall actively identify, assess and manage risks to impartiality.
Impartiality risks may arise from:

- ownership;
- governance relationships;
- shared directors;
- financial relationships;
- commercial pressure;
- related legal entities;
- training or consultancy relationships;
- personal relationships;
- previous employment;
- auditor-client relationships; or
- other interests that could influence or appear to influence certification activities.

FSG Certification recognises Fifty Shades Greener Ltd as a related legal entity.

The purchase of training, education or consultancy services from Fifty Shades Greener Ltd is not a condition of certification and provides no preferential treatment within the certification process.

Personnel involved in selling or delivering training or consultancy services to an applicant shall not influence independent audit findings or certification decisions.
All relevant certification personnel and external auditors shall declare actual, potential or perceived conflicts of interest.
Where an impartiality risk cannot be adequately controlled, the affected person shall not participate in the relevant certification activity.

12.17 Internal Audit

FSG Certification shall conduct periodic internal audits of the certification management system to determine whether:

- documented procedures are being followed;
- certification requirements are applied consistently;
- auditor competence records are complete;
- impartiality controls are effective;
- certification decision records are complete;
- external provider controls are operating as intended;
- surveillance is conducted appropriately;
- suspension and withdrawal procedures are followed;
- complaints and appeals are handled correctly;
- document control requirements are maintained; and
- corrective actions arising from previous audits have been implemented.

Persons conducting internal audits should, where practicable, be independent of the activity being audited. Internal audit findings shall be documented and corrective actions tracked to completion.

12.18 Management Review

FSG Certification management shall periodically review the effectiveness and continued suitability of the certification management system.
Management review shall consider, as applicable:

- internal audit findings;
- certification activity and outcomes;
- auditor and Reviewer/Decision Maker performance;
- Agent4Change performance;
- complaints and appeals;

- impartiality risks;
- conflicts of interest;
- non-conformities;
- suspensions and withdrawals;
- surveillance outcomes;
- stakeholder feedback;
- changes in legislation;
- changes to certification standards;
- competence requirements;
- customer feedback;
- risks and opportunities;
- corrective actions; and
- opportunities for improvement.

Management review outputs shall include:

- decisions and actions;
- responsibilities;
- target completion dates;
- required changes to certification procedures;
- training or competence requirements;
- changes to external provider arrangements where necessary; and
- changes to certification schemes where required.

Records of management review shall be maintained.

12.19 Continuous Improvement

FSG Certification shall use information generated through audits, complaints, appeals, certification decisions, stakeholder consultation, surveillance, management review and changes in legislation or recognised practice to continually improve its certification system.

Where weaknesses are identified, appropriate corrective or preventive actions shall be implemented and their effectiveness reviewed.

Changes affecting certification requirements shall be subject to appropriate document control, stakeholder consultation where required, approval, communication and implementation arrangements.

SECTION 15: HEALTH AND SAFETY

15.1 Goals

This policy:

- Shows the commitment of FSG Certification 's management and workers to health and safety.
- Aims to remove or reduce the risks to the health, safety and welfare of all workers, contractors and visitors, and anyone else who may be affected by our business operations.
- Aims to ensure all work activities are done safely.

15.2 Responsibilities

The CEO or Certification Manager is responsible for providing and maintaining:

- A safe working environment.
- Safe systems of work.
- Plant and substances in safe condition.
- Facilities for the welfare of all workers and client organisations
- Any information, instruction, training and supervision needed to make sure that all staff and client organisations are safe from injury and risks to their health.

Workers are responsible for :

- Ensuring their own personal health and safety, and that of others in the workplace
- Complying with any reasonable directions (such as safe work procedures, wearing personal protective equipment) given by management for health and safety

Clients are responsible for :

- Ensuring their own personal health and safety, and that of others in the workplace
- Complying with any reasonable directions (such as safe work procedures, wearing personal protective equipment) given by management for health and safety.

We expect visitors and contractors to:

Comply with our internal health and safety policy.

Application of this policy:

We seek the co-operation of all workers, customers and other persons. We encourage suggestions for realising our health and safety objectives to create a safe working environment with a zero accident rate.

This policy applies to all business operations and functions, including those situations where workers are required to work off-site.