

**Q-P-06**

# **Procedure Manual**

## **Certification Process**

Approved by: Johann van der Merwe

Signed:



Dated: 12<sup>th</sup> October 2018

Revision: 002



# PROCEDURE MANUAL

<b>Description:</b> Certification Process	<b>Reference Number:</b> Q-P-06
<b>Cross Reference:</b> 17021:2015 Clause 8.1.1	<b>Effective Date:</b> 12-10-2018

## 1.0 Scope

To define the Certification Process – General of SHEQ National CERT

## 2.0 References:

ISO 19011:2018  
ISO 17021:2015  
ISO 17021-2: 2016  
ISO 17021-3: 2017  
ISO 17021-10:2018  
IAF Relevant Publications  
SANAS Relevant Publications

## 3.0 Requirements and Responsibilities:

It is a responsibility of the Managing Director to ensure that the following requirements are complied with:

### **CERTIFICATION PROCESS**

#### **Pre Certification activities**

#### **Application**

SHEQ National CERT (Pty) Ltd require an authorized representative of the applicant organization to provide the necessary information to enable it to establish the following:

1. the desired scope of the certification;
2. relevant details of the applicant organization as required by the specific certification scheme, including its name and the address(es) of its site(s), its processes and operations, human and technical resources, functions, relationships and any relevant legal obligations;
3. identification of outsourced processes used by the organization that will affect conformity to requirements;
4. the standards or other requirements for which the applicant organization is seeking certification;
5. whether consultancy relating to the management system to be certified has been provided and, if so, by whom.

The Certification Director shall review the completed questionnaires and supplementary information (e.g., previous registration certificates and audit reports) to ensure that the information about the applicant organisation and its management system is sufficient for the programming of the audit, to confirm that the SHEQ NATIONAL CERT regulations related to registration have been provided to the applicant organisation, that any known differences in understanding between SHEQ NATIONAL CERT and the applicant organisation have been resolved, to confirm that SHEQ NATIONAL CERT has the competence and ability to perform the certification activity.

The Certification Director shall also ensure the scope of certification sought and the locations of the applicant organisation's operations, time required to complete the audits and any other points influencing the certification activity (e.g., language, safety conditions, threats to impartiality) are taken into account. When the use of Computer Assisted Auditing Techniques is considered for part of the audit, the application review shall include verification that the client organisation has the necessary infrastructure to support this approach.

The justification for the decision to undertake or refuse the audit is recorded.

### **Audit programme**

The Certification Director is responsible for development of and consequent adjustments to the audit programmes for the full certification cycle, and the SHEQ NATIONAL CERT Schedule of Audits. This includes relevant updates.

The following shall be taken into consideration: the size of the client's organisation, the scope and complexity of its management system, products and processes, and conclusions of any previous audits.

The audit programmes includes stage 1, stage 2 and transfer audits (for new clients), surveillance audits in the first and second years of the cycle, and recertification audits in the third year prior to expiration of registration. The three-year certification cycle begins with the certification or recertification decision.

Where certification or other audits already granted to the client are taken into account, the Certification Director justifies and records any adjustments to the audit programme.

### **Determining audit objectives, scope and criteria**

The audit objectives are determined by SHEQ National CERT (Pty) Ltd. The audit scope and criteria, including any changes, are established by SHEQ National CERT (Pty) Ltd after discussion with the client. The audit objectives include determination of the conformity of the client's management system, or parts of it, with audit criteria; evaluation of the ability of the management system to ensure that the client's organisation meets applicable statutory, regulatory and contractual requirements; evaluation of the effectiveness of the management system to ensure that the client's organisation is continually meeting its specified objectives; and, as applicable, identification of areas for potential improvement of the management system.

## **Audit plan**

Audit team leaders are responsible for establishing audit plan for each audit identified in the audit programme with the exception of special audits for which an Audit Plan does not need to be completed. Audit Plan provides the basis for agreement regarding the conduct and scheduling of the audit activities. The Audit Plan are updated and send to the Certification Director who will distribute the Audit plan to the clients

## **Audit team selection and assignments**

The Certification Director shall use the relevant Auditor Appointment in the Personnel Database for selecting and appointing an appropriate audit team, including the audit team leader, taking into account the competence needed to achieve the objectives of the audit. If there is only one auditor, the auditor must have the competence to perform the duties of an audit team leader applicable for that audit.

The necessary knowledge and skills of the audit team leader and audit team members may be supplemented by technical experts who would operate under the direction of the auditors.

The audit team leader, in consultation with the audit team, shall assign to each team member responsibility for auditing specific processes, functions, sites, areas or activities.

Such assignments take into account the need for competence, and the effective and efficient use of the audit team, as well as different roles and responsibilities of auditors, auditors-in-training and technical experts. Changes to the work assignments may be made as the audit progresses – in order to ensure achievement of the audit objectives.

## **Witness Audits**

Witness Auditors are entered on the Audit plan and declared to the client where Witness Audits are to be performed.

## **Determining audit time**

In determining the audit time (auditor-days), the Certification Director considers the requirements of the relevant management system standard, size and complexity of organisation, whether it is a highly regulated organisation, any outsourcing of any activities included in the scope of the management system, the results of any prior audits, number of sites and multi-site considerations, the risks associated with the products, processes or activities of the organisation, and whether audits are combined or integrated. When Computer Assisted Auditing Techniques are used, they may be considered as partially contributing to the total on-site auditor time.

The following guidance documents shall be used in determining the audit time: IAF MD 5 - IAF Mandatory Document for Duration of QMS and EMS Audits (<http://www.iaf.nu/>), IAF MD 1 - IAF Mandatory Document for the Certification of Multiple Sites Based on Sampling, IAF ID 4:2008 – IAF Mandatory Document for the use of Computer Assisted

Auditing Techniques (“CAAT”) for Accredited Certification of Management Systems (<http://www.iaf.nu/>), and EA-7/05 - EA Guidance on the Application of ISO/IEC 17021: 2006 for Combined Audits ([www.european-accreditation.org/](http://www.european-accreditation.org/)).

The audit team leader may, after a visit to the client’s site doing an assessment suggest to an Certification Director a reduction or increase in the allocated auditor-days.

Reduction in auditor-days can be justified in the case of simple processes, shift work, repetitive work, small/compact work areas. Increase in auditor-days can be justified when very large areas are to be audited and some audit time is taken up by travelling. This decision shall be approved by the accredited office.

The time that would be spent by technical experts, observers and auditors-in-training shall not be taken into consideration when establishing audit time.

The Certification Director shall record the determined audit time and the justification for the determination in the Audit Planning; Contract Review and Audit Record database. .

The auditor-day allocation shall be reviewed and approved by the Managing Director each time the auditor-days are calculated/modified by the Certification Director. The Audit Planning; Contract Review and Audit Record database shall be updated accordingly.

### **Multi-site sampling**

The Certification Director shall establish a sampling programme where multi-site sampling is utilised for the audit of a client's management system covering the same activity in various location. IAF MD1 - IAF Mandatory Document for the Certification of Multiple Sites Based on Sampling (<http://www.iaf.nu/>) shall be used.

### **Multiple management systems standards**

When certification to multiple management system standards is being provided by SHEQ National CERT (Pty) Ltd, the planning for the audit ensure adequate on-site auditing to provide confidence in the certification

In determining the audit time, SHEQ National CERT (Pty) Ltd consider the following aspects:

1. the requirements of the relevant management system standard;
2. complexity of the client and its management system;
3. technological and regulatory context;
4. any outsourcing of any activities included in the scope of the management system;
5. the results of any prior audits;
6. size and number of sites, their geographical locations and multi-site considerations;
7. the risks associated with the products, processes or activities of the organization;

8. whether audits are combined, joint or integrated.

### **Communication during the audit**

During the audit, the audit team shall periodically assess the audit progress and exchange information. The audit team leader shall reassign work as needed between the audit team members and periodically communicate the progress of the audit and any concerns to the client. Where the available audit evidence indicates that the audit objectives are unattainable or suggests the presence of an immediate and significant risk (e.g., safety), the audit team leader must report this to the client and to the SHEQ NATIONAL CERT Managing Director or, if that's not possible, to the other members of the SHEQ NATIONAL CERT Management to determine appropriate action. Such action may include reconfirmation or modification of the audit plan, changes to the audit objectives or audit scope, or termination of the audit. The audit team leader shall record the outcome of the action taken in the relevant Audit Report.

### **Observers**

Observers can be members of the client's organisation, SHEQ NATIONAL CERT Provisional Auditors, consultants, witnessing accreditation body personnel, regulators or other justified persons.

The presence and justification of observers during an audit activity shall be agreed to by the Certification Director and client prior to the conduct of the audit. The audit team shall ensure that observers do not influence or interfere in the audit process or outcome of the audit.

### **Guides**

Each auditor must be accompanied by a guide, unless otherwise agreed to by the audit team leader and the client. The responsibilities of a guide can include establishing contacts and timing for interviews, arranging visits to specific parts of the organisation, ensuring that rules concerning safety and security procedures are known and respected by the audit team members, witnessing the audit on behalf of the client, and providing clarification or information as requested by an auditor.

Guides are assigned to the audit team to facilitate the audit. The audit team shall ensure that guides do not influence or interfere in the audit process or outcome of the audit.

### **Collecting and verifying information**

During the audit, information relevant to the audit objectives, scope and criteria (including information related to interfaces between functions, activities and processes) shall be collected by appropriate sampling and verified to become audit evidence. Methods to collect information include interviews, observation of processes and activities, review of documentation and records. This information shall be recorded in the Auditors notes and typed into the relevant Auditor report.

In determining the level of sampling the auditor shall take into account that some procedures may operate in more than one department of the organisation. A sufficient number of samples must be taken. Typically this will not be less than 3 but will depend on the complexity of the process/facility. During recertification audits providing that confidence in an activity/process has been established by successful review during the previous two years, it is appropriate to reassess that activity/process utilizing a small sample.

### **Identifying and recording audit findings**

Audit findings detailing nonconformities and Observations, shall be recorded by the auditor in the relevant Audit Reports. These include Audit Records and Audit Findings.

Nonconformity shall be recorded against a specific requirement of the audit criteria. The finding shall contain a clear statement of the nonconformity and identify in detail the objective evidence on which the nonconformity is based. Nonconformities shall be discussed with the client to ensure that the evidence is accurate and that the nonconformities are understood. The auditor must refrain from suggesting the cause of nonconformities or solution to the problem.

Where only Minor nonconformities and/or Observations have been identified, the auditor shall inform the client of a recommendation to proceed to stage 2 in the certification process or recommendation for registration/continuing registration to be made. The positive recommendation is subject to approval by the auditor of the corrections, root cause analysis and corrective actions for all Minor findings recorded by the client in the Audit Nonconformity Reports incorporated into the relevant Audit Reports. These reports should be completed by the client preferably before the end of the audit, and not later than 10 working days after the last day of the audit. The corrections and corrective actions shall be reviewed by the auditors and a feedback to the clients shall be provided within 2 working days after each submission.

If Major nonconformity(ies) is(are) identified, a positive recommendation cannot be made. Audit Nonconformity Reports should be finalised preferably before the end of the audit and not later than 10 working days from the end of audit (approval by the auditor is essential). A special audit or a (second) stage 1 audit (in case of stage 1 and transfer audits) shall be scheduled. The audit team leader shall draw the client's attention to their right to appeal procedure Q-P-07 Handling of Representations and Appeals and F6-006 Agreement for Systems Certification

### **Preparing audit conclusions**

Prior to the closing meeting the audit team shall:

1. review the audit findings, and any other appropriate information obtained during the audit, against the audit objectives and audit criteria and classify the nonconformities;
2. agree upon the audit conclusions, taking into account the uncertainty inherent in the audit process;
3. agree any necessary follow-up actions;
4. confirm the appropriateness of the audit programme or identify any modification

required for future audits

If there is a need to amend the (proposed) scope of registration, as stated in the questionnaires and F6-006 Agreement for Systems Certification, to amend the proposed number of auditor-days for consequent audits or surveillance frequency, or make any other changes to the SHEQ NATIONAL CERT documentation. In the event of the proposed changes to the wording of the scope of registration the audit team leader shall make it clear to the client that these are recommendations only. However, if the changes to the scope affect the allocation of the SHEQ NATIONAL CERT Code or changes in employee numbers affect auditorman-day allocation, the audit team leader shall inform the client that a contract review is necessary, and a new quote might have to be generated.

### **Stage 1 audits**

The objectives of stage 1 are to:

1. review the client's management system documented information;
2. evaluate the client's site-specific conditions and to undertake discussions with the client's personnel to determine the preparedness for stage 2;
3. review the client's status and understanding regarding requirements of the standard, in particular with respect to the identification of key performance or significant aspects, processes, objectives and operation of the management system;
4. obtain necessary information regarding the scope of the management system, including:
  5. the client's site(s);
  6. a) processes and equipment used;
  7. b) levels of controls established;
  8. c) applicable statutory and regulatory requirements;
9. and agree the details of stage 2 with the client;
10. provide a focus for planning stage 2 by gaining a sufficient understanding of the client's
11. management system and site operations in the context of the management system standard or other normative document;
12. evaluate if the internal audits and management reviews are being planned and performed, and that the level of implementation of the management system substantiates that the client is ready for stage 2.

The Stage 1 audit is performed to audit the client's management system documentation, to evaluate the client's location and site-specific conditions and undertake discussions with the client's personnel to determine the preparedness for the stage 2 audit, to review the client's status and understanding regarding requirements of the standard(s), in particular with respect to the identification of key performance metrics, significant aspects, hazards and risks, and processes (as applicable), as well as operation of the management system, to collect necessary information regarding the scope of the management system, processes and locations, and related statutory and regulatory aspects and compliance, to review the allocation of resources for stage 2 audit, to evaluate if the internal audits and management review are being planned and performed, and that the level of implementation of the management system



substantiates that the client is ready for the stage 2 audit.

Audit team leader shall recommend the suitable interval between stage 1 and stage 2 audits and record this recommendation in the relevant Audit Report. In determining the suitable interval between stage 1 and stage 2 audits, consideration shall be given to the needs of the client to resolve areas of concern identified during the stage 1 audit.

## **Stage 2 audits**

The purpose of the stage 2 audit is to evaluate the implementation, including effectiveness, of the client's management system. It includes the following:

1. information and evidence about conformity to all requirements of the applicable management system standard;
2. performance monitoring, measuring, reporting and reviewing against key performance objectives and targets (consistent with the expectations in the applicable management system standard);
3. the client's management system and performance as regards legal compliance;
4. operational control of the client's processes;
5. internal auditing and management review;
6. management responsibility for the client's policies;
7. links between the normative requirements, policy, performance objectives and targets (consistent with the expectations in the applicable management system standard), any applicable legal requirements, responsibilities, competence of personnel, operations, procedures, performance data and internal audit findings and conclusions.

The audit team analyses all information and audit evidence gathered during the stage 1 and stage 2 audits to review the audit findings and agree on the audit conclusions.

The independent reviewer makes the certification decision on the basis of an evaluation of the audit findings and conclusions and any other relevant information (e.g., public information, comments on the audit report from the client).

## **Surveillance audits**

Audit team leader plans surveillance audits in such a way that representative areas and functions covered by the scope of the management systems are monitored on a regular basis, and changes in the client's management system are taken into account.

Surveillance audits are conducted on-site, although up to 30% of the audit time may be allocated for off-site auditing.

Each surveillance for the relevant management system standard include:

1. internal audits and management review;
2. a review of actions taken on nonconformities identified during the previous audit;
3. complaints handling;
4. effectiveness of the management system with regard to achieving the certified

client's objectives and the intended results of the respective management system (s);

5. progress of planned activities aimed at continual improvement;
6. continuing operational control;
7. review of any changes;
8. use of marks and/or any other reference to certification

Surveillance audits are conducted every 12 months. The date of the first surveillance audit following initial certification shall not be more than 12 months from the last day of the stage 2 audit. All elements of the company's management systems and all processes/areas/sites are re-assessed over a two-year period. This is followed by a recertification audit in the third year.

Where a visit to site to check, for example, installation or construction work, is required to cover the scope of registration, the audit team leader shall ensure that the visit to site is undertaken no later than the second surveillance audit. This is important because it is unlikely that there will be sufficient time during the recertification audit to allow travel to and from a site.

### **Recertification audits**

A recertification audit is planned and conducted to evaluate the continued fulfilment of all the requirements of the relevant management system standard. The purpose of the recertification audit is to confirm the continued conformity and effectiveness of the management system as a whole, and its continued relevance and applicability for the scope of certification.

The recertification audit considers the performance of the management system over the preceding three year period, and includes the review of previous surveillance audit reports.

Recertification audit activities may need to have a stage 1 audit in situations where there have been significant changes to the management system, the client, or the context in which the management system is operating (e.g., changes to legislation).

The recertification audit include an on-site audit that addresses the following:

1. the effectiveness of the management system in its entirety in the light of internal and external changes and its continued relevance and applicability to the scope of certification;
2. demonstrated commitment to maintain the effectiveness and improvement of the management system in order to enhance overall performance;
3. the effectiveness of the management system with regard to achieving the certified client's objectives and the intended results of the respective management system (s).

Audit team leader must ensure that all clauses of the standard are reassessed during the recertification audit.

In case of multiple sites, the audit team leader shall ensure that an organisation's Head

Office is visited again during the recertification audit.

### **Transfer audits**

A company currently registered with an accredited certification body is permitted to transfer its registration to another body of its choice. A transfer of such a registration is done in recognition of an existing and valid management system certification granted by an accredited certification body. IAF MD 2 - IAF Mandatory Document for the Transfer of Accredited Certification of Management Systems (<http://www.iaf.nu/>) shall be used. Only registrations issued by certification bodies who are signatories to the International Accreditation Forum (IAF) Multilateral Recognition Arrangements (MLA) shall be eligible for transfer. Where unaccredited registrations are held, the organisations shall not be eligible for transfer and shall be treated as new clients.

Where the visit is deemed satisfactory, the assessor recommends registration. Upon approval by independent reviewer, a SHEQ NATIONAL CERT certificate shall be issued for the length of time of the original certification period.

### **Special audits**

The following are the types of special audits shall be scheduled by the Certification Director:

#### **Clearance of Major nonconformities**

Special audits to clear Major nonconformities are scheduled to take place not later than 90 calendar days from the last day of the audit during which Major findings were raised, and, in case they follow recertification audits, before the certificate expiry date. Special audits can be done on-site or off-site as desktop audits. Motivation for off-site audits shall be supplied by the audit team leader in sections "Comments and conclusion" of the relevant Audit Report. During special audits downgrading of Major findings to Minor findings/Observations shall not be permitted. In the event when the corrections and corrective actions have not been effectively implemented, the recommendation for (continued) registration shall not be made. Second special audit or withdrawal of registration shall be recommended by the audit team leader.

#### **Extensions to scope**

In response to an application for extension to the scope of a certification already granted, the Managing Director shall undertake a review of the application and determine any audit activities necessary in order to decide whether or not the extension may be granted. This may be conducted in conjunction with a surveillance audit or as a separate special audit.

#### **Short-notice audits**

It may be necessary for SHEQ National CERT (Pty) Ltd to conduct audits of certified clients at short notice or unannounced to investigate complaints, or in response to changes, or as follow up on suspended clients.

In such cases:

1. SHEQ National CERT (Pty) Ltd describe and make known in advance to the certified clients the conditions under which such audits will be conducted;
2. SHEQ National CERT (Pty) Ltd exercise additional care in the assignment of the audit team because of the lack of opportunity for the client to object to audit team members.
3. The Certification Director may schedule audits of certified clients at short notice to investigate complaints or in response to changes, or as a follow up on suspended clients. In such cases the Certification Director shall describe and make known in advance to the certified clients in writing the conditions under which these short-notice audits are to be conducted and shall exercise additional care in the assignment of the audit team because of the lack of opportunity for the client to object to the audit team members.

### **Clearance of concerns identified during review of the audit reports**

Independent reviewer may recommend a special audit to clear concerns identified during review of the audit reports/packs.

### **Suspending, withdrawing, extending certification or reducing the scope of certification**

Registration certificates issued by SHEQ NATIONAL CERT can be subject to changes, extension, suspension, cancellation or withdrawal. While changes and cancellations are usually at the client's request; suspensions and withdrawals, are typically the result of breaches of F6-006 Agreement for Systems Certification.

### **Cancellation of registration**

The Certification Director shall ensure that requests from clients regarding cancellation of registration are received in writing, except in the case of non-payment of fees (in this situation a client's action in not paying the fees is taken as evidence of the decision to cancel registration).

Upon receipt of a cancellation request, the Certification Director shall deactivate the client on the Audit Record database and send a cancellation of registration letter to the client. In case the certificate issued to the client has not expired yet, the letter shall advise the client that the SHEQ NATIONAL CERT certificate must be returned to SHEQ NATIONAL CERT. It is the responsibility of the Certification Director to ensure that certificate is returned.

The Certification Director shall update the client files to record site closures, mergers or other changes in the status of a certificate where such changes will result in the cancellation of an issued certificate.

### **Certification Cycle**

The validity of the Certificate is based on the Audit Cycle which determined by the

date of the last day that the Certification or Re Certification Audit was done

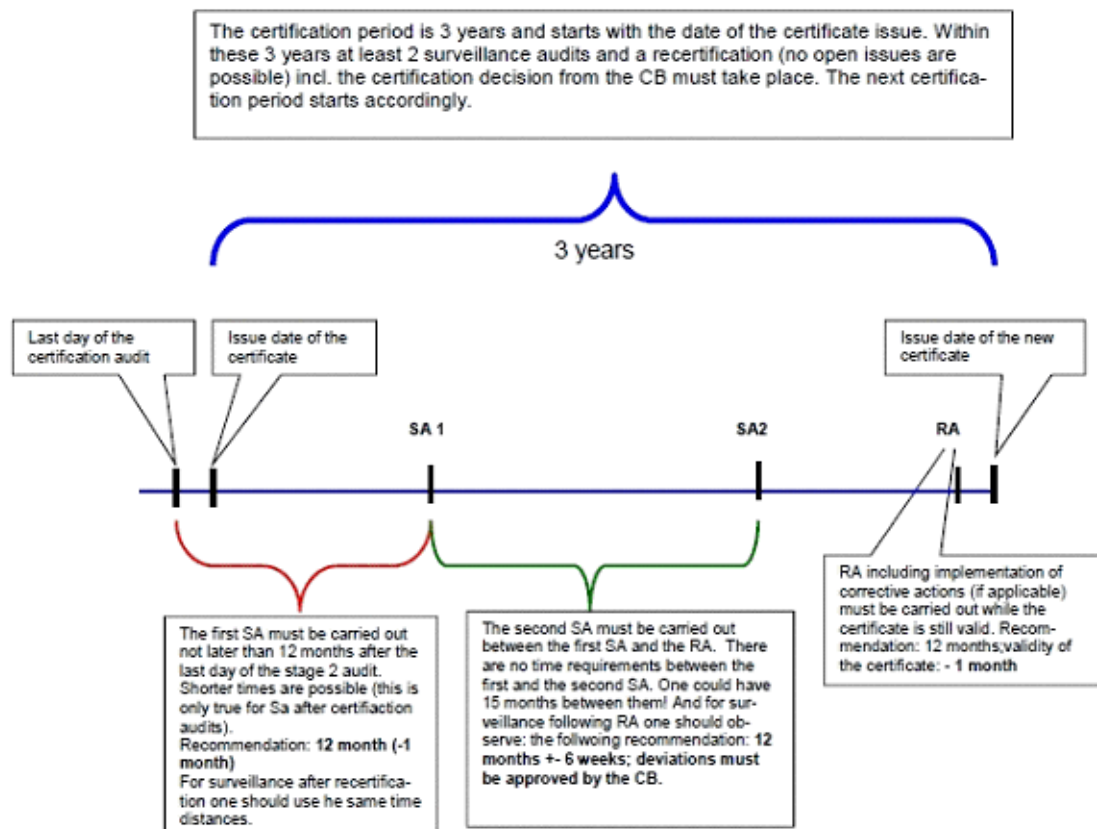
Based on this the rolling date are the last day that the Certification or Re Certification Audit was done.

The company have + 60 days and minus 30 days from this rolling date to schedule the surveillance audit..

The validity of the Certificates is based on the Audit Cycle and not the Certificate Cycle.

The last possible date for the surveillance audits is therefore the -30- day date determined from the last day that the Certification or Re Certification Audit was done.

If the audit cycle goes over this date and the certificates are suspended for 30 days and after that cancelled if the surveillance audit did not take place



### Certificate suspension

Under suspension, the client's management system certification is temporarily invalid.

Registration may be temporarily suspended for a variety of reasons including:

1. the client's certified management system has persistently or seriously failed to

- meet certification requirements, including requirements for the effectiveness of the management system;
2. the certified client does not allow surveillance or recertification audits to be conducted at the required frequencies;
  3. the certified client has voluntarily requested a suspension.

The Certification Director's reports of overdue audits and other requests to suspend a client's registration shall be reviewed by the SHEQ NATIONAL CERT Managing Director, and a decision be made regarding the suspension. In cases of persistent breach by the client of the F6-006 Agreement for Systems Certification or prolonged delays to the performance of audits the client may be considered for immediate withdrawal.

Once a suspension decision has been made by the Managing Director, the clients shall be advised of their suspension in writing by the Certification Director. Under such a suspension, the Certification Director shall advise the client that they must not make any claims to the effect that their system is certificated. The Certification Director may also place notice on SHEQ NATIONAL CERT website that the client's certification is in suspension, and take any additional actions he/she feels appropriate to advise other interested parties.

On a monthly basis the Certification Director shall review the status of each client whose certificate is in suspension, to ensure that the period of suspension has not exceeded its maximum period (i.e., 6 months) and send a reminder on at least a two-monthly basis, to reiterate to the client their continued suspended status. Should the maximum suspension period be approached, the client shall also be advised and when exceeded withdrawal of certification shall commence.

### **Certificate withdrawal**

Each party may terminate the Agreement on giving 30 days written notice to the other party. The decision shall be conveyed by a recorded delivery. The decision shall be deemed to become effective at the expiration of fourteen days after the date of dispatch of the recorded delivery.

Withdrawal of a certificate due to SHEQ NATIONAL CERT's failure to conduct an audit within the timeframe carries with it the potential for a high degree of customer dissatisfaction, if certification body is at fault. If SHEQ NATIONAL CERT's fault is suspected, a Non Conformance report must be issued.

Details of the reason for withdrawal and evidence of approval by the Managing Director shall be included by the Certification Director into records.

If a formal appeal is made, then the Q-P-07 Handling of Representations and Appeals procedure shall be invoked.

### **Extending certification**

A justification for extension of certification may be submitted by the client, the audit team leader or the Certification Director to the Managing Director for approval. If

justification is rejected and the audit does not take place, the certification shall be suspended (see sub-section "Certificate suspension"). The extension shall not be granted for more than three months.

### **Reducing the scope of certification**

Audit team leader's request to reduce the client's scope of certification, when the client has persistently or seriously failed to meet the certification requirements for certain parts of the scope of registration, shall be first approved by the independent reviewer and then by the SHEQ NATIONAL CERT Managing Director. Details of the reasons for reduction and evidence of approval by the SHEQ NATIONAL CERT Managing Director shall be included by the Certification Director into the client files.

Upon request by any party, the Certification Director shall state in writing the status of certification of a client's management system as being suspended, withdrawn or reduced.

### **Website Publications**

The following procedures are publically available on the on the [www.sheqnationalcert.co.za](http://www.sheqnationalcert.co.za) website:

- Q-P-06 -Certification Process
- Q-P-17 - Use of Company Marks and Logos
- Q-P-07 Handling of Representations and Appeals
- Q-P-08 - Handling of Complaints

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