



Lloyd's
Register

Certificate Renewal - SS1

Interim report for:

GKN Aerospace Engine Systems

LR reference:	UQA4001960 / 3879906
Assessment dates:	03-November-2020 - 04-November-2020
Reporting date:	07-November-2020
Client address:	1150 West Bradley Avenue, El Cajon CA 92021, US
Assessment criteria:	ISO 14001:2015, OHSAS 18001:2007
Assessment team:	Bharat Arora
LR Client Facing Office:	UQA USA OU

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Attachments:

UQA4001960_APP_GKN_EMS_SMS.doc

This report was presented to and accepted by:

Name: David Gillis
Job title: Director HSE

01. Executive report

Assessment outcome:

This visit was to assess the compliance of the management system of GKN Aerospace Engine Systems against ISO 14001:2015, OHSAS 18001:2007 as defined in the audit planning documentation. The outcome of the visit is recorded below.

LR completed a one (1) day, remote, Surveillance Visit #1 (SV1) to verify the effectiveness of the management system and to assess the conformance of the management system of GKN Aerospace Engine Systems of 1150 West Bradley Avenue, El Cajon CA 92021, United States). No minor nonconformances and zero (0) major nonconformances were raised during this remote visit

Due to the current Covid-19 pandemic, this visit was done remotely in accordance with LR procedures and MD4 requirements. The company has been informed and agreed with the remote audit. Information and communication modes were determined and verified prior to the audit with the client. Relevant data and documented information were provided and clarification were made by verbal communication and email during the audit. GKN Aerospace Engine Systems has been assured of the data protection and confidentiality for the information provided.

The remote audit approaches, audit plan, condition for recommendation and final outcome of the audit were explained to the company's representative. The effectiveness of the management system was confirmed through the remote assessment process, and an extension to the next regular visit is justified and recommended

The site is recommended for continued certification to ISO 14001:2015 and OHSAS 18001:2007

Continual improvement:

The client has demonstrated an improving and maintained management system, that supports the business to deliver its policy commitments and goals. The processes for system and business evaluation are well illustrated within the management review and internal audit planning. Delays in audits due to resource changes and the pandemic are noted and are to be assessed for effectiveness at the remainder of the assessment in Jan 2021. The site shows improvement in the integration of audits for EHS management system. Additionally, enhanced reporting of EHS incidents is noted as well as enhanced alignments



Areas for senior management attention:

No areas of concern have been identified during this assessment that require the attention or input of senior management

02. Assessment findings

Where scheme requirement differs to the standard definition below, the scheme definition will take preference

Major Nonconformity

The absence of, or the failure to implement and maintain, one or more management system elements, or a situation which would, on the basis of the available objective evidence, raise significant doubt of the management to achieve: The policy, objectives or public commitments of the organization, compliance with the applicable regulatory requirements, conformance to applicable customer requirements, conformance with the audit criteria deliverables.

Minor Nonconformity

A finding indicative of a weakness in the implemented and maintained system, which has not significantly impacted on the capability of the management system or put at risk the system deliverables, but needs to be addressed to assure the future capability of the system.

Reference number	2816448_SBCBAY07	Assessment Criteria (Clause)	ISO 14001:2015 (7.2), OHSAS 18001:2007 (4.4.2)
Grade	Minor NC	Issue Date	14-November-2019
Status	Open	Process / Aspect	Competence, training and awareness
Location(s)	1150 West Bradley Avenue, El Cajon, US		
Statement of Non Conformity	Process Competence, training and awareness is not fully effective Although a comprehensive EHS training matrix "EC-EF 005__BEP_Training_Matrix_for_El_Cajon_04.28.15_2071" for employees exist but all records of completion of training for contractors and employees was available as per training Matrix.		
Requirement	<p>7.2 Competence The organization shall:</p> <ul style="list-style-type: none"> a) determine the necessary competence of person(s) doing work under its control that affects its environmental performance and its ability to fulfil its compliance obligations; b) ensure that these persons are competent on the basis of appropriate education, training or experience; c) determine training needs associated with its environmental aspects and its environmental management system; d) where applicable, take actions to acquire the necessary competence, and evaluate the effectiveness of the actions taken. <p>NOTE Applicable actions can include, for example, the provision of training to, the mentoring of, or the reassignment of currently employed persons; or the hiring or contracting of competent persons. The organization shall retain appropriate documented information as evidence of competence.</p> <p>4.4.2 Competence, training and awareness The organization shall ensure that any person(s) under its control performing tasks that can impact on OH&S is (are) competent on the basis of appropriate education, training or experience, and shall retain associated records. The organization shall identify training needs associated with its OH&S risks and its OH&S management system. It shall provide training or take other action to meet these needs, evaluate the</p>		



<p>Requirement</p>	<p>effectiveness of the training or action taken, and retain associated records.</p> <p>The organization shall establish, implement and maintain a procedure (s) to make persons working under its control aware of:a) the OH&S consequences, actual or potential, of their work activities, their behaviour, and the OH&S benefits of improved personal performance; b) their roles and responsibilities and importance in achieving conformity to the OH&S policy and procedures and to the requirements of the OH&S management system, including emergency preparedness and response requirements (see 4.4.7); c) the potential consequences of departure from specified procedures.</p> <p>Training procedures shall take into account differing levels of: a) responsibility, ability, language skills and literacy; and b) risk.</p>
<p>Evidence</p>	<p>Reviewed 25 training records for different position in ARBU & ASBU (Chemical Processor, Clean; Welders, Engineering Manufacturing, fabrication, Maintenance; supervisors, Managers), Contractors),</p>
<p>Proposed correction, corrective action and timescales</p>	<p>CAR # EMS-011 generated March 2, 2020</p> <p>1) Meet with designated Training personnel from Buildings which are performing well in the completion of EHS Training and benchmark program strengths including training delivery and records management processes (Aviation Repair Building #1) (Completion Date: 6/30/2020)</p> <p>2) Develop reporting capability of Training Manager to assist in the monitoring of EHS Training Completion. (Completion Date: 6/30/2020)</p> <p>3.) Establish cross functional team to consolidate EHS, quality and operations training needs into one system, identify model processes for the management of training records and entry into to training manager, and monitoring of training completion. (Completion Date: 6/30/2020)</p> <p>4) Implement model process in Building#4 (Chemical Milling) and the Building#6 Model Line (Completion Date: 10/31/2020)</p> <p>5) Implement the improved standardized process across all buildings (Completion Date: 1/30/2021)</p>
<p>Correction</p>	<p>Correction and corrective actions appear appropriate</p>
<p>Root Cause analysis</p>	<p>Status of EHS training completion is not being adequately monitored or communicated to Management</p>
<p>Corrective action</p>	<p>Open - 1 April 2020 - MRR</p>
<p>LR has reviewed and verified the implementation of actions taken.</p>	<p>Date of closure</p>



Reference number	2816448_SBCBAY08	Assessment Criteria (Clause)	ISO 14001:2015 (9.1.2), OHSAS 18001:2007 (4.5.2)
Grade	Minor NC	Issue Date	14-November-2019
Status	Open	Process / Aspect	EHS Compliance Obligation & Evaluation of Compliance.
Location(s)	1150 West Bradley Avenue, El Cajon, US		
Statement of Non Conformity	Compliance evaluation not completed as per your procedure; ISO 14001:2015 and OHSAS 18001:2007		
Requirement	<p>ISO 14001:2015</p> <p>9.1.2 Evaluation of compliance The organization shall establish, implement and maintain the process (es) needed to evaluate fulfilment of its compliance obligations. The organization shall:</p> <ul style="list-style-type: none">a) determine the frequency that compliance will be evaluated;b) evaluate compliance and take action if neededc) maintain knowledge and understanding of its compliance status. <p>The organization shall retain documented information as evidence of the compliance evaluation result(s).</p> <p>OHSAS 18001:2007</p> <p>4.5.2 Evaluation of compliance</p> <p>4.5.2.1 Consistent with its commitment to compliance (see 4.2c)], the organization shall establish, implement and maintain a procedure(s) for periodically evaluating compliance with applicable legal requirements (see 4.3.2). The organization shall keep records of the results of the periodic evaluations.</p> <p>4.5.2.2 The organization shall evaluate compliance with other requirements to which it subscribes (see 4.3.2). The organization may wish to combine this evaluation with the evaluation of legal compliance referred to in 4.5.2.1 or to establish a separate procedure (s). The organization shall keep records of the results of the periodic evaluations.</p>		
Evidence	Review of records of Compliance evaluation, last compliance evaluation was done in 2015 and procedure states compliance		



Evidence	evaluation will be done every three years.	
Proposed correction, corrective action and timescales	CAR # EMS 012 generated March 2, 2020 1. Conduct Compliance Audit/Evaluation of Compliance using a 3rd Party. 2. Verify HSE Audit Agenda for 2020-2021 with Corporate EHS. 3. Ensure that annual internal audit schedule includes bi-annual evaluation of compliance conducted by Corporate or a 3rd Party.	
Correction	Correction and corrective actions appear appropriate	
Root Cause analysis	Changes in the HSE audit agenda planned by Corporate EHS resulted in the EL Cajon facility not receiving an assessment or follow-up assessment during 2019.	
Corrective action	Open - 1 April 2020 - MRR	
LR has reviewed and verified the implementation of actions taken.	Date of closure	

03. Assessment summary

Visit generic objective:

This was a Certificate Renewal - SS1 visit, conducted against objectives previously notified to the client. The objectives of the next visit, including any applicable visit specific objective (theme / focus), are confirmed in the audit plan attached to this report.

Client attendees at the opening and closing meeting:

Nov 4 2020 Opening and Closing meetings as per Assessment Plan

Visit specific objective:

The re-assessment of the implementation of the management system based on the results of the certificate renewal visit. This is to re-confirm conformity with certification requirements such as the assessment criteria and certification scope in order to verify the effectiveness of the management system

Introduction:

This report details the one (1) day SV1 assessment against the requirements of ISO 14001:2015, and OHSAS 18001:2007. During the assessment the 1150 West Bradley Avenue, El Cajon CA facility was remotely visited and evaluated for system implementation and effectiveness

At the time of this assessment, the COVID-19 global pandemic was ongoing. LR, with agreement from the client, completed this visit remotely. Note that the remainder of the assessment will be completed on-site in Jan 2021 thereby avoiding risks associated with the use of remote viewing technology. The main tool used to complete the onsite review of GKN 1150 West Bradley Avenue, El Cajon CA was Skype, whereby the client was able to complete video conferencing and utilized the Teams platform for document and record sharing. Supplementary documents and procedures were also communicated via email



<p>Assessment of: Remote - Context Changes – Interested Parties, Needs & Expectations, Scope</p>	<p>Auditee(s): Carl Vickers - Director of Operations; Carrie Onderko – Regional HSE Director; David Gills Director EHS; Peg Hopkins - PHI Environmental Consulting, Ron Toth - PHI Environmental Consulting, Elizabeth Castaneda, Jessica Mclellan EHS Engineer Daniel Nguyen EHS Engineer Jim McGhee Debbie Klement Tanya Saleh</p>	<p>Assessor: Bharat Arora</p>
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Audit trails and sources of evidence:

ED-4.1-01_Context_of_the_Organization - Internal_and_External_Risks_and_Opportunities_9/28/2020
ED-4.2-01_EI_Cajon_Interested_Parties

Business reorganization – David Gills Director EHS, Multi Site Central Office Function - Melissa Boychak appointed EHSM Central Office Function Management Representative (October 2020) GKN Engines East - Melissa Boychak named Regional Director, HSE , GKN Aerospace NA East (January 2020) Kevin Vicha named COO GKN Aerospace NA East replacing Sebastien Aknouche (January 2020) Merissa Hamadovic named Human Resources Coordinator GKN Aerospace East (January 2020) Dan Preli named Environmental Manager, GKN Aerospace Global HSE (March 2020); Eric Schessl named HSE Lead GKN Aerospace New England (October 2020)GKN Engines. GKN Engines West - Carrie Onderko named Regional Director, HSE, GKN Aerospace NA West (April 2020) EI Cajon David Gillis named EHS Manager, EI Cajon (Feb 2020)

Think Safe Program implemented at all sites Q4 = “Think Contractor” Q3 = “Working in Pandemic”; Q2 “Think Electricity”

No LTIs - El Cajon, CA = 0; Mexicali, MX = 1; Muncie, IN = 1; Newington = 1
Contained releases = 4 Corrective Actions.

COVID 19 – Temperature check by security for all employees/ contractors; updated cleaning for PPE, start and end shift cleaning, Since March 2020 = 30 incidents related to Covid-19 as of 11/4/2020 six people out for observation and one fatality, well planned Contact Tracking process team of three personnel, masks are mandatory (mandatory Mask policy July 23 2020) & 6 ft minimum maintained, Risk Assessment for COVID 19 is also done monthly.

Consultation/Participation of Safety Committee – planned monthly, periodic meeting currently do Skype meeting, Workplace inspections Changes to EHS, PPE, Social Distancing and only business critical activities contractor/visitors.

Checked Form 029 Incident Investigation Report 07/07/2020

GKN Aerospace Engine Systems 0013447-0013448-OHSAS-EMS-ENGUS-UKAS (CTA1)... 7.5 -01 Rev 211//2020
EHSD-7.5-01_El_Cajon_Central Function Scope_and_Documentation_Matrix

All Buildings- Significant Hazards – 9/24/2020 & Building_1- Significant Hazards and Risks-Compliance Obligations and All Buildings-GKN El Cajon- Significant Aspects- 9/24/2020 & Building_1- Significant Aspects and Compliance Obligations

Significant Hazards - Newington 10/14/2020 & Significant Aspects & Compliance Obligations 10/16/2020

Scope - The Management of the Manufacturing of Prototype and Production O.E.M.Diffusers, Combustion Cases, Compressor Blades, Vanes, Blisks, Integrally Bladed Rotors (IBRs), and General Components for Aerospace and Industrial Gas Turbines

Evaluation and conclusions:

Review of procedures, documentation, and interview demonstrated an effective process for context of the organization changes. Overall, discussions, observations and examples reviewed did not reveal any nonconformance to procedures or the ISO 14001:2015, and OHSAS 18001:2007 requirements

Areas for attention:

No issues or non-conformities are noted

<p>Assessment of: "REMOTE" Management Review; Internal Audits; Continual Improvement, Significant Aspects & Hazards</p>	<p>Auditee(s): Carl Vickers - Director of Operations; Carrie Onderko – Regional HSE Director; David Gills Director EHS; Peg Hopkins - PHI Environmental Consulting, Ron Toth - PHI Environmental Consulting, Elizabeth Castaneda, Jessica Mclellan EHS Engineer Daniel Nguyen EHS Engineer Jim McGhee Debbie Klement Tanya Saleh</p>	<p>Assessor: Bharat Arora</p>
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Audit trails and sources of evidence:

- Management Review Procedure, EP-0 9.3 & ESP-4.6 - states minimum annually reviews (11/22020).
- Discussed with David Gills HSE Director and Carl Vickers – Director of Operations who leads Tier 3 meetings every day with all employees and values stream managers, fosters HSE culture, resource support. Checked the agenda of the Tier 3 meeting.
- GKN_Aerospace_Engine_Systems_EPW_Management_Review; GKN_Aerospace_Engine_Systems_EPW_Management_Review OCT2020 - APPENDIX ABCD;
- GKN_Engine_Products_Multisite_EAST_Management_Review_Meeting_Minutes-2019- 11_02_2020; GKN_Engine_Systems_NA_East -Management_Review-and Appendices 2020 -11_02_20-FINAL and reviewed the GKN_EPW-Multisite_Management_Review_Meeting_Minutes-2020 Final
- Internal Audit procedure central system audit EP 092 & RSP -4.5.5 Internal health & Safety Audit (annually)

- Checked the audit plan for and internal audit report EF-9.2.2.-01 Checklist 10/26 -20/29 Oct 2020 for El Cajon no NCR and EF-9.2.2.-02 10/10/2020 for OHSAS 18001:2007 Checklist 10/26 -20/29 Oct 2020 integrated audit. "LOTO Training CAR & Document Review OFI"
- Every site conducts Process audits also. El Cajon, CA Week of 10/12; Manchester, CT Week of 9/14 Mexicali, MX Weeks of 09/28 through 10/22; Muncie, IN Week of 10/5; Newington, CT Week of 10/12; North Charlestown, NH Week of 9/28; Multi Site System Audit Week of 10/26
Manchester Internal audit concern log with Corrective actions. Level 2 reviewed CAR's - EMS-011 03/02/2020 HSC -11
- This item of all other sites will be reviewed at the remainder of the surveillance visit in April 2021

Currently use CAR Database, and all findings are classified as CAR, consider classifying the finding of internal audit as NCR, Observation, concern

Continual Improvement procedure EP -10.1 checked the Continuous Improvement projects & Management of change database

- Storm Water Capture Treatment System Installation
- Chem Mill Expansion Upgrade of Facility
- Toyoda 5 Axis machining center Installation
- Mitsui # 5 Installation
- Mitsui# 6 Installation
- AV&R Robotic Benching for Blades #3z
- New Age Oven and Canopy
- PTR EB Weld Room Construction and Machine Installation
- Robotic Plasma Spray Booth #5
- Hot Expander Install
- Faccin Rolls
- Final Bench Dust Collector Installation

Reviewed the Continual Improvement Action plan for improving "Energy Reduction". Ranking = Feasibility + Cost = Total

Reviewed El Cajon, CA- Significant Env Aspects-11_05_2020

Building 4/5/8/9/ El Cajon, CA- Significant Env Aspects-11_05_2020- Painting/Coating; Solvent, Welding, Emissions

Acid Etch & Clean, Adhesive/Sealants, Alkaline Cleaning, Blasting Steel shot and/or Al oxide Waste, Chem-mill Acid (filter press) Haz Waste

Painting/Coating Waste, Acid Etch & Clean - (Acid spill non air release), Chem-mill Acid (filter press) Discharge

Energy Usage - Facility wide, Coolant Waste, Steam Cleaning - Discharge

Diesel Fueling Spills, Storage of Scrap metal, coolant run-off

Machining Operations - Haz Waste, Contractors/Construction Activities

Emissions, Forklift Emissions, AC & Heating, Landscape - Irrigation,

El Cajon, CA- Significant Hazards-Risks-11_05_2020

Building 1/3/4/5/6/8/9/ Hazards - Ergonomic / Awkward Position, Machinery in Motion, Fall of Material & Person,

Forklift Truck /Powered Vehicle, Electrical, Fire / Explosion, Radiation, Manual Handling - Lifting, Pushing, Hazardous Substance - HexCr, Flammable Substance, Hazardous Substance - HF, Sudden Release of Pressure, Confined Space, Infectious Disease

Manchester, CT- Significant Hazards-Risks-11_05_2020; Manchester,CT- Significant Env Aspects-11_05_2020; Mexicali, MX- Significant Env Aspects-11_05_2020; Mexicali,MX- Significant Hazards-Risks-11_05_2020; Muncie-IN- Significant Env Aspects-11_05_2020; Muncie-IN- Significant Hazards-Risks-11_05_2020; Newington, CT- Significant Env Aspects-11_05_2020; Newington, CT- Significant Hazards-Risks-11_05_2020; North Charlestown, NH- Significant Env Aspects-11_05_2020; North Charlestown, NH-Significant Hazards-Risks-11_05_2020

Evaluation and conclusions:

Review of procedures, documentation, and interview demonstrated an effective process for Management Review; Internal Audits; Continual Improvement. Overall, discussions, observations and examples reviewed did not reveal any nonconformance to procedures or the ISO 14001:2015, and OHSAS 18001:2007requirements

Areas for attention:

OFI – Currently use CAR Database, consider classifying the finding of internal audit as NCR, Observation, Concern. Management Review; Internal Audits; Continual Improvement

<p>Assessment of: Remote - Complaints /Communication; Objectives and Planning; Management of Change</p>	<p>Auditee(s): Carl Vickers - Director of Operations; Carrie Onderko – Regional HSE Director; David Gills Director EHS; Peg Hopkins - PHI Environmental Consulting, Ron Toth - PHI Environmental Consulting, Elizabeth Castaneda, Jessica Mclellan EHS Engineer Daniel Nguyen EHS Engineer Jim McGhee Debbie Klement Tanya Saleh</p>	<p>Assessor: Bharat Arora</p>
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Audit trails and sources of evidence:

Communications board & monitors records of communications with records. OSHA 300 log posted.

Hazard Communication Program, ELM 4.03 Rev E 11/4/2020

Regulator violations

- Minor Violations - inspection in April & May 2020 Air Permit maintenance (Failure of reporting on time).
- On site sewer connection high pH reading composite sample
- Hazardous waste – Routine inspection Dec 2 2019 violations to Hazardous waste labelling
- Failed to submit risk management plan
- Engineering inspection of tank systems was not submitted on time

No complaints from neighbors or stakeholders. employee complaints and issues form last Management Review (Nov 2, 2020) with active response

Site noted regular communication with customers

Covid-19 communications to customers from queries, customers requested response - site noted response from corporate entities however no specific Covid-19 questions directly related to in scope activities of the site.

Objectives/ Planning

- 1% Reduction in Water usage from last year YTD 0.06%
- 10% Reduction in Energy usage from last year YTD -8.99%
- 25% Reduction in Landfill Waste generated from last year YTD = 26.9%
- Achieve - 100 % Compliance with all Environmental Regulatory Requirements by following the BEPs (Best EHS Practices) in my area.
- Reduce Lost Time Accidents (LTA) to Zero
- Reduce GKN Total Injury Rate - (Site Target Set by Corporate)
- Increase 'Hazards Solved" per associate
- See also notes in Management Review regarding health & safety objectives and performance

Verified the "Actions Plans" for all objectives ECEF 079 Injury Rate reduction and Hazard Solved, Migration to ISO 45001:2018 objectives. Last updated 10/30/2020, ECEF 051 Reduction in Energy usage.

Management of change. EP-06-1.2-02 (EMS & OHS)

- Develop standard work around management of change, as example: succession planning, evacuation rosters, develop robust process to vet new process/ new machines and change in process/machines planning sessions awaiting feedback from OPP and ILDP to move forward with development plans
- Management of Change - form & SNK CMV-150 EC-EF103 Hazard Assessment new machine install all Industrial Engineering project maintained on "F" drive. Checked Hazardous approval form EC-EF-09 for product SKU 155 10/20/2020 approval by EHS review by SDS PPE, regulations, permits, by Jessica McClellan. No discharge to sewer.
- MOC process and application of MOC will be reviewed in during SS2 April 2021.



Non-conformity and Corrective Action,

- MANCHESTER, CT: STATUS OF CORRECTIVE ACTION REQUESTS (CARs):
CARs CLOSED DURING 2020 2 Environmental & 2 Health & Safety
CURRENTLY OPEN CARs 1 Environmental, Health & Safety & 2 Health & Safety
- MUNCIE, IN STATUS OF CORRECTIVE ACTION REQUESTS (CARs):
CARs CLOSED DURING 2020 3 Health & Safety 1 Environmental
CURRENTLY OPEN CARs 2 Environmental 2 Health & Safety
- NORTH CHARLESTOWN, NH: STATUS OF CORRECTIVE ACTION REQUESTS (CARs):
CARs CLOSED DURING 2019 1 Environmental 1 Health & Safety
CURRENTLY OPEN CARs 1 Environmental 2 Health & Safety

Incident Investigation procedure BEP 100 Emergency Response Flow Chart (2011) & Procedure - EF 128 Injury investigation ESP 4.5.3 (OHSAS 18001:2007) EP 08.2 Emergency Response procedure (ISO 14001:2015)
Reviewed HSE A3 Practical Problem Solving - noted incident form Fire in dust collection system also checked the EF-0029 Employee Accident (laceration) 07.09/2020.

Evaluation and conclusions:

Interview and documentation review demonstrated processes are effectively managed for complaints / communication, objectives and planning, and management of change. Overall, discussions, observations and examples reviewed did not reveal any further nonconformance to procedures or the ISO 14001:2015, and OHSAS 18001:2007 requirements

Areas for attention:

OFI - Consider completing the standard work around "Management of Change" for succession planning, evacuation rosters.

Assessment of:	LR Assessment Notes	Auditee(s):	NA	Assessor:	Bharat Arora
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Audit trails and sources of evidence:

- A. The start and end date of the assessment and the total number of assessment days.
- B. The attendees at the opening and closing meetings. If no top managers attend, this may be mentioned in the Executive Report.
- C. The number of employees at each location.
- D. The name(s) of the guide(s) during the assessment.
- E. The start and finish times for each assessor for each day of the assessment and the location if it was a multi-site assessment.
- F. Number of shifts at each location. Justification must be documented if all shifts are not assessed.
- G. Any changes to the planned assessment program.
- H. Any change to planned future surveillance days. Any significant change in the number of employees could affect the number of days required for future assessments, in which case a CIF should be completed including the recommended duration and justification for the change.
- I. Details of any required Follow-Up assessment or a Remote Nonconformance Review (RNR). The assessor must determine the number of RNR's required. While for single standards, this would be one RNR, for integrated certifications, more than one review will be necessary (e.g., TS16949, AS9100, FSSC 22000 along with QMS would be one review and EMS and/or OHSAS would be a second review). i. NOTE: With regard to multi-site assessments, RNRs are only applicable when the headquarters is not reviewed every six months and the findings meet remote review criteria. (also see Office Actions – Planning.)
- J. Complexity – for EMS and SMS assessments only.
- K. Justified exclusions from the Standard (reference the clauses of the Standard).
- L. Correct use, or non-use, of the LRQA and accreditation marks.
- M. If the entire clause, including sub-clauses, of the Standard were not assessed during a visit, those subclauses not audited (only of the clauses audited during the visit) must be recorded (applicable to SV/CRP visits only).
- N. Any additional information.

Evaluation and conclusions:

- A & E – Nov 4, 2020, 1 audit day (remote)
- B - see introduction section
- C & F - NA - remote assessments - to be completed in remainder of assessment.
- D – Randy Olms
- G - no changes - note that file completed remotely
- H - none
- I - None.
- J - low complexity
- K - none
- L - NA



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M - NA

N - Note remote assessment of 1 day completed. Remainder of audit to be completed on-site in April 2021.

Areas for attention:

NA



04. Next visit details

Standard(s) / Scheme(s)	ISO 14001:2015	Visit type	Certificate Renewal		
Audit days	3.50 DAY	Due date	April, 2021		
Team					
Site	Audit days	Delivery Method	Remote Effort	Activity codes	
1150 West Bradley Avenue,El Cajon,US	3.5 DAY	Onsite	0 DAY	066202,280101	

Standard(s) / Scheme(s)	OHSAS 18001:2007	Visit type	Certificate Renewal		
Audit days	5.50 DAY	Due date	April, 2021		
Team					
Site	Audit days	Delivery Method	Remote Effort	Activity codes	
1150 West Bradley Avenue,El Cajon,US	5.5 DAY	Onsite	0 DAY	066202,280101	

Standard(s) / Scheme(s)	ISO 45001:2018	Visit type	Certificate Renewal+Migration		
Audit days	2.50 DAY	Due date	April, 2021		
Team					
Site	Audit days	Delivery Method	Remote Effort	Activity codes	
1150 West Bradley Avenue,El Cajon,US	2.5 DAY	Onsite	0 DAY	045001,066202,280101	



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05. Appendix

1. Audit Programme/Plan GKN Aerospace Engine Systems of 1150 West Bradley Avenue, El Cajon CA 92021, United States

Both the audit plan and the programme are dynamic and must be in line with the client's developments. Any (last minute) changes are possible with valid reasons e.g. organisational changes, processes, management review results etc. Prior to the closing meeting the audit team should (re)confirm the programme and identify any changes, E.g. to the management system, extent, time or dates of the audit, competences...

Visit Type	Certificate Renewal	SS1 Remote *	SS2 On-Site	SMS NST	
Due Date	Oct 2020	Nov 2020	Jan 2021	Jan 2021	
Start Date		4 Nov	10 Apr 2018	TBD	
End Date	Jan 2021	4 Nov	Jan 2021	TBD	
Audit Days	10	1	9	2.5	
Separate assessment plan?	Y	Y	N	Y	
Any change in workforce numbers that may impact visit duration (if yes add new number)	N	NA	N	N	
Where identified above see separate current assessment plan for further detail.					
Process / aspect / theme / location					
<i>Final selection will be determined after review of management elements and actual performance</i>					
Opening meeting	✓	✓*	✓	✓	
Closing meeting	✓	✓*	✓	✓	
Changes to organizational context ⁽¹⁾	✓	✓*	✓	✓	
Management Review	✓	✓*	✓	✓	
Internal Audits	✓	✓*	✓	✓	
Continual Improvement	✓	✓*	✓	✓	
Management of change	✓	✓*	✓	✓	
Corrective action	✓	✓*	✓	✓	
Preventive Action ⁽²⁾	✓		✓	✓	
Complaint Management	✓		✓	✓	
Use of Logo (LRQA & Accreditation Marks)	✓		✓	✓	
Performance against the client management system objective	✓		✓	✓	
Planning for Actions	✓		✓	✓	
Compliance Obligations	✓		✓	✓	
Interested Parties, External Communication	✓		✓	✓	
Resources, Roles, Authority	✓		✓	✓	
Consultation, Participation, Internal Communication	✓		✓	✓	
Document and Records Control, Documented Info	✓		✓	✓	
Competence and Awareness	✓		✓	✓	
Monitoring, Measuring, Analysis	✓		✓	✓	
Operational Control			✓	✓	

1: Complete the list of organisation (parts), departments and/or processes of the different locations

2: Required for Annex SL based Standards

3: Not required for Annex SL based Standards

Scope

Any revised scope will be as agreed in formal correspondence between LRQA and the client or defined in section 4 of the previous LRQA visit report.

Scope	The Management of the Manufacturing of Prototype and Production O.E.M. Diffusers, Combustion Cases, Compressor Blades, Vanes, Blisks, Integrally Bladed Rotors (IBRs), and General Components for Aerospace and Industrial Gas Turbines
Exclusion	Design and Development of Products

Visit start time (approximate)	8AM	Visit end time (approximate)	4PM
The actual start and finish times for the visit will be agreed at the pre-visit contact with the assessor and recorded in the report introduction.			

Additional information

Opportunities for improvement

If we identify opportunities to improve your already compliant system, we will either record them in the process table applicable to the area being assessed or in the Executive summary of the report if they can deliver improvement at a strategic level.

Confidentiality

We will treat the contents of this report, together with any notes made during the visit, in the strictest confidence and will not disclose them to any third party without written client consent, except as required by the accreditation authorities.

Sampling

The assessment process relies on taking a sample of the activities of the business. This is not statistically based but uses representative examples. Not all of the detailed nature of a business may be sampled so, if no issues are raised in a particular process, it does not necessarily mean that there are no issues, and if issues are raised, it does not necessarily mean that these are the only issues.

Legal entity

The accredited legal entity and client facing office that has provided the assessment service in this report is referenced in the applicable agreement for this service.

Generic audit objectives and team responsibilities

The generic audit objectives and team responsibilities are included in the Client Information Note 'Assessment Process'. Any visit specific objectives for the next visit will be recorded in the report of the previous visit and will be addressed through the visit plan for that visit. The assessment standard and roles of the audit team are defined in the assessment visit confirmation sent to the client.

Audit Criteria

The audit criteria consist of the assessment standard and the client's management system processes and documentation.

Additional observers

Any additional observers will be as formally communicated to the client.

2. Separate Assessment Plan

Assessment type Assessment criteria ON-SITE Surveillance Visit (SV1)

Note: if the visit involves more than one team member and/or is more than one day duration, an additional plan detailing the activities of each member of the team on each day will be required.

(Date **Mon**, Day 1)

Introductory meeting with management to explain the scope of the visit, assessment methodology, method of reporting and to discuss the company's organisation (approximately 30 minutes). The Team Leader will agree a time to meet with top management to discuss policy and objectives for the management system.

LRQA team briefing for a team of two or more assessors or (experts).

<Name> (Team Leader)

<Name>

Discussion of all outstanding issues from previous visits.

Discussion of all outstanding issues from previous visits

Site Tour

Site Tour

Lunch.

Lunch.

Environment & OHS Policy & Management Review,
Changes in organizational context, environmental aspects and Hazard identification, risk assessment and controls

Aspects/Impacts & Hazards/Risks

Logo/Mark usage

Previous Findings Closure

Previous Findings Closure

Report writing.

Report writing.

Close.

Close.

(Date **Tue** Day 2)

Review of findings from previous day. Review of the assessment plan for the day.

Risks & Opportunities

Corrective Action

Internal Audits

HS Objectives and Action Planning

Previous Findings Closure

Lunch

Lunch

Emergency Preparedness and Response

Management of Change

Report writing.

Report writing.

Close

Close

(Date **Wed** Day 3)

Review of findings from previous day. Review of the assessment plan for the day.

Compliance Obligation & Evaluation of
Compliance Environment & Safety.

Environmental Programs - Air
Emissions, Storm Water,
Wastewater, Waste management,
Recycling, Resource conservation-
water/electricity, Spill Prevention,
Hazardous Chemicals

Lunch

Lunch

Resources, roles, responsibility,
accountability and authority;
Competence, training and awareness

Incident investigation corrective
action and preventive action

Review of day's findings

Review of day's findings

Preparation of final report

Preparation of final report

Close of Day..

(Date **Thur** Day 4)

Review of findings from previous day. Review of the assessment plan for the day.

Leadership Commitment and
Engagement,

Purchasing /Supplier Qualification/
Contractors/Visitors

Lunch

Lunch

Safety Programs - Confined Space,
Lock out Tag Out/Electrical, Hearing
Protection, Machine Guarding, Work at
Heights/Fall Protection, Industrial
Hygiene - Medical Clinic, Radiation
safety

Permits, Air Emissions SPCC,
SWPP, Waste Management

Review of day's findings

Review of day's findings

Preparation of final report

Preparation of final report

Close of Day.

(Date **Fri** Day 5)

Review of findings from previous day. Review of the assessment plan for the day.

Consultation and participation of
workers

Lunch

Operational planning and control -
Manufacturing processes - process
safety; Eliminating hazards and
reducing Environment and OH&S risks

Review of day's findings

Preparation of final report

Closing meeting with management to present a summary of findings and recommendations.

Note; Information on the objectives of the various visits can be found in the Client Information included in the report or on our website www.lrqqa.com. Furthermore on the website there are Client Information Notes available for the various visit types. The audit criteria and team members date and locations are also stated on the front page of the report. Scope of certification and roles and responsibilities of the audit team members are expressed in the Audit Program Plan.

3. Report Considerations

LRQA Report considerations		
Have there been any deviation from the original assessment plan:	NA	If yes detail these in the introduction section of the report along with the reasons for the deviations
Have there been any significant issues impacting on the audit programme:	NA	If yes detail these in the introduction of the report and amend the APP
Have there been any significant changes that affect the management system of the client since the last audit took place:	NA	If yes detail these within the executive summary section of the report
Have any unresolved issues been identified during the assessment:	No	If yes detail these within the executive summary section of the report
Was the audit undertaken a combined or integrated audit:	NA	If yes confirm what type of audit and the standards covered in the introduction to the report.
Was the organisation effectively controlling the use of the certification documents and marks:	NA	If no document within the reporting table covering the mandatory elements
If applicable has the organisation taken effective corrective action regarding previously identified nonconformities:,	Yes	Record outcome in the findings log against the relevant findings.
Does the management system of the organisation continue to meet the applicable requirements and meet the expected outcomes:	NA	If no details reasons within the executive summary of the report
Does the scope of certification continue to be appropriate to the activities/products/services of organisation:	NA	If no then document the actions necessary in relation to the scope in the executive summary of the report and amend the APP as required.
Were the objectives of the visit as defined in the APP fulfilled during the visit:	NA	If no detail the reasons and any necessary actions in the executive summary of the report and amend/update the APP