

NQA MANAGEMENT SYSTEMS SURVEILLANCE PROCESS AUDIT REPORT

PALLETLINE Ltd.

VISIT NUMBER:

673949

DATE OF OPENING MEETING:

01/10/2024

THIS REPORT HAS BEEN PREPARED BY:

FIELD OPERATIONS MANAGER:

Sam Johnson

CONTACT NUMBER:

07957279624

EMAIL:

Samantha.johnson@nqa.com

APPLICABLE STANDARD:

ISO 50001:2018





Client Informat	ion				
Primary Contact:	Ken Bell				
Address:	The Palletline Centre Starley Way Birmingham B37 7HB				
Contact Tel:	07795 114732				
Contact Email:	kenb@palletline.com				
Billing Contact:	As above				
Billing Tel:	As above				
Billing Email:	As above				_
Audit Conducted at:	Head Office (multi-site certification)	Participating / Temporary Site (multi-site certification)		Single Site Certification	⊠
Audit Conducted as:	Fully On-Site ⊠	Blended (On-Site / Remote)		Fully Remote	
		•		•	
System integration (integrated audits only):		N/A			
Additional information (if required):					
Certificate expiry date	e(s):	14/10/2025			
Required changes to or NQA Codes applied		No changes requ	uired		

	At this location	Across all locations (Multisite)
Total employees	145	Not applicable
Repetitive or parallel workers	>75%	Not applicable
		·
Energy engaged employees	7	Not applicable
Energy consumption	5.01GWh	Not applicable
Energy uses	4	Not applicable
Energy sources	4	Not applicable

The date of the next audit is:

10/09/2025 to 11/09/2025

Version 24 Page 2 of 18



Audit Information

Total audit duration (in days):	1.0 Duration conducted remotely (in days):
Scope of certification:	The provision to its member of comprehensive hub and spoke based distribution network for the delivery of palletised goods in UK and Ireland.
	Scope is appropriate.

Confirmation that audit objectives have been fulfilled: All objectives met.

NQA Audit Team		Client	Position	Attendance
Lead Assessor	Sam Johnson	Richard Southern	Head of Hubs	Opening and Closing
		Ken Bell	HSEQ Manager	Opening and Closing
		Rob Carney	Facilities Manager	Opening and Closing
		Liam Pegg	H&S Coordinator	Opening and Closing

Details of Changes				
Type of action or change required	Action Required	Notes		
Client Name Change:				
Change of Address:				
Scope Change:				
Contact Change:				
Number of Employees Change:				
Major NCs Raised:				
Special Visit Recommended:				
Remote Audit Issue:				
Other:				

Version 24 Page 3 of 18



Executive Summary

This audit was undertaken fully on site.

The system has been found to be suitable and it is providing the required level of control. The organisation's context is well defined, leadership has been effectively demonstrated and commitment levels are fully evident.

This is reflected in the levels of compliance with requirements and operational control evident at the organisation during the audit process.

The availability of documented information to demonstrate that the system is well implemented and well understood throughout the organisation is acceptable.

This audit has involved a review of system administration activities, a review and sample of site activities at the Palletline Centre, as well as review of site related records. An observation of night shift working would be required at the next visit which is recertification.

It was fully evident that the key policy commitments are being adhered to.

Grateful thanks are passed to Ken and the team for their time, assistance and attendance during this audit.

It should be noted that this audit report is based on a sample basis, a fully comprehensive audit has not been undertaken.

Major 0 Minor 0 NCs 0	OFIs	0	AoCs	N/A
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Is there any conflict of interest which exists between the Auditor(s) and the client and are there any situations known to them that present themselves, or NQA, with a potential conflict of interest in respect to the audit undertaken.

Version 24 Page 4 of 18



Audit Conclusion

- This visit was Satisfactory: Continuation or granting of certification is recommended
- No findings have been identified

Audit Follow-up Actions

The following post-audit action shall be taken by the client: No action required.

Please note that certification will not be granted, reissued or revised until all outstanding Non-Conformance responses have been submitted, and in the case of Major Non-Conformances, the evidence of corrective action has been provided to, and accepted by, NQA.

For Recertification Audits Corrective Actions must be provided to CAPS@NQA.com
before the expiration of the current certificate

For further information, useful guidance and further support for responding to audit findings, please visit https://www.nqa.com/en-qb/clients/non-conformities

Management system performance, such as trends in audit findings that require further investigation at the next recertification audit.

Mandatory completion at the Head Office Audit of Surveillance Year 2

This is Surveillance Year 2. There are no trends identified.

Version 24 Page 5 of 18



Audit Findings

Ref No.	Clause No.	Details of any finding(s) raised.	Type (Major NC, Minor NC, OFI or AoC)	
		Nil findings		
		End of Findings		
Note	Note: Responses to findings must be sent using the Corrective Action Plan form, as applicable, to caps@nqa.com within the timeframes stated on Page 5.			

Version 24 Page 6 of 18



	Closure of Findings from Previous Audit: Report No. 673947 Dated 02/10/2023					
Ref No.	Detail o	of finding and client action:		Outcome (Closed or Escalated)		
	Clause	Summarise Action(s) Taken to Prevent Recurrence	Category			
NC 1	10.2	Changed the action tracker, with immediate response required. Reviewed the team strengths and will continue without any consultant support now. All IMS requirements are now covered through the internal team. Close out.	Minor NC	Closed		
		are now covered through the internal team. Close out.				

Version 24 Page 7 of 18



Opening and Closing Meetings

Opening and closing meetings were performed in accordance with Form 335. The objective of the audit was to confirm that the management system had been established and implemented in accordance with the requirements of the audit standard ISO 50001:2018. The company have three certified management systems standards (9001, 14001, 45001 from another accredited management systems certifications.

Discussed awareness of the audit plan, approach to audit and remote audit working arrangements during the day in line with availability of personnel. Confirmed no changes to system scope which is fully integrated however all other core standards are assessed by another CB. There have been no energy related incidents, complaints, prosecutions or enforcements since the previous audit.

No unusual operations scheduled during this audit.

No changes to company operations since previous audit.

Discussed and justified any exclusions – all elements of operations are included however just for the one site in Birmingham at present.

No changes of significance to the management structure since previous audit in relation to the IMS. Reviewed previous report.

Findings closed out as per previous page.

Process/audit area:	Organisational Context (External / Internal issues /interested parties / boundaries and scope / process identification) Leadership (Process based approach, risk based thinking, policy, identification of roles and responsibilities)
Auditees:	Ken Bell, Richard Southern, Liam Pegg, Rob Carney
Method of Audit	On-site
	114

Evidence to support audit conclusion:

A discussion was held regarding the changes to the context of the organisation since the previous visit and there have been none of any significance. Register of the needs and expectations of interested parties is available Issue 06 dated 24/02/2024. This also details the consideration given regarding the effects of climate change. Interested parties include member bodies, service users (inputting and receiving), Employees,

Commitment to this standard and continual improvement from the senior management and this is evident through discussion with the above auditees. Changes have been made and investment shown where possible including renovation of the office space and replacement of light fittings. The company have also embarked upon a Net Zero project.

General roles and responsibilities are defined with procedure MSP01.

The review of the Energy Policy was conducted dated on 02/01/2024 and is at Issue 14 and endorsed by Graham Leitch (Group MD). The policy fully complies with the standard requirements and is available to all interested parties upon request. Policies and Environmental Process Sheets *EPC01-07 which includes Energy are on display on company noticeboards around the premises. These sheets also form part of the induction process. Date of issue 02/01/2024 review date 04/01/2025.

Conclusion of the overall effectiveness of the process: Process / Audit Area is satisfactory

Version 24 Page 8 of 18



Process/audit area:	Performance Evaluation and Improvement Processes
Auditees:	Ken Bell
Method of Audit	On-site

Evidence to support audit conclusion:

Management Review

A meeting was minuted on 21/05/2024 and was attended by the MD, FD, HSEQ Manager, Facilities Manager, General Manager Business Information, Network / Operations Director, Head of IT, and Head of Hubs. There were no apologies required with full attendance. One action from the last meeting was reviewed.

Register of External issues Issue 10 considered. Effects of climate change have been added to the register as per ISO amendment. Energy costs have stabilised. Palletline Birmingham P70 have been added to the list of interested parties (the old QC building is now occupied by them at Starley Way). They are an independent entity run under the banner of Palletline Logistics. Reviewing the use of Hydrogen in the fleet once the next contract is coming to an end.

Internal issues Issue 08 considered – no change relating to Energy.

Needs and expectations of interested parties Issue 06 considered – no change relating to Energy.

Legal requirements – Issue 8 dated 18/09/2023 reviewed no change relating to Energy.

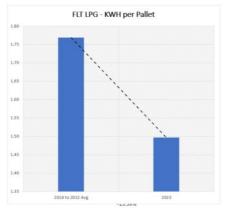
No nonconformance identified in the evaluation of compliance by external consultant. (review due September 2024 – see below).

Risks and opportunities Register Issue 02 – no change relating to Energy.

Customer satisfaction – none related to Energy.

Objectives see MSD17 – see below monitoring and measuring from the minutes.

Performance and conformity – no systemic NC in last 12 months. Change to calendar year reporting is recorded in the management review for energy performance as per last year minutes. Energy performance is recorded in the meeting minutes. The reason for the reduction in LPG resulted from the change in lift trucks as shown per pallet.



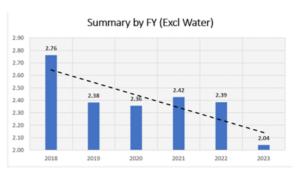
Version 24 Page 9 of 18



The annual energy usage is tabulated as pictured below.

Calendar Year	Total KWH's	CHUB Volume	Unit KWH's
2018	6,955,952	2,517,725	2.76
2019	5,508,657	2,312,379	2.38
2020	6,049,776	2,567,050	2.36
2021	6,760,063	2,787,755	2.42
2022	5,887,158	2,468,080	2.39
2023	5,013,816	2,457,027	2.04

3yr Average	2.39
2023	2.04
Var	-0.35
Var %	-14.62%



Ye	Year on Year Movements											
	Year	FLT Fuel	Company Cars	Shunter/Buggy Fuel	Water Rates	Gas	Electric	Total KWH's	Total KWH's (Excl Water)	CHUB Volume	Unit KWH's	Unit KWH's (Excl Water)
	2023	3,677,033	44,737	513,990	3,915	287,707	490,350	5,017,731	5,013,816	2,457,027	2.04	2.04
		4,506,122	58,409	588,237	3,554	252,101	482,290	5,890,712	5,887,158	2,468,080	2.39	2.39
	Var	-829,088	-13,672	-74,247	361	35,605	8,060	-872,981	-873,342	-11,053	-0.34	-0.34
	% Var	-18.40%	-23.41%	-12.62%	10.16%	14.12%	1.67%	-14.82%	-14.83%	-0.45%	-14.44%	-14.45%

During the meeting, the group discussed all aspects of the site's energy usage. A comparison between 2022 and 2023 figures was considered and it was agreed that the figures were encouraging. The overall KWH per pallet moved has reduced significantly YOY. The table above clearly demonstrates that a saving of 14.45% was made over the previous 12-month period.

The management team discussed that more is needed to be done over the next period, as the new trucks are lighter and more efficient than their previous models however their efficiency would reduce over time.

Environmental aspects – use of energy (LPG) is identified as significant. No incidents relating to energy usage was recorded.

Internal audit – 2023 plan had been completed successfully with the use of an external consultant. 2024 is documented and is on track (at the time of the management review) and is being completed without the use of external consultancy support. Two NC's raised to date which are recorded on the tracker. External audit result from 2023 was reviewed. The audit was positive, review of finding was conducted.

Performance of external providers – no awareness of any issues. The move from Still to Linde has resulted as planned in more efficient and reliable trucks. The introduction of the fleet has been the biggest reason for the improvement in the sites' energy usage.

Energy – new FLTs has been the biggest improvement in the sites energy usage. Management system / Policy review – considered to be OK. No changes required.

Evaluation of compliance discussed and no issues identified.

Opportunities identified as follows:-

- New lift truck mounted scanning system has now gone live resulting in reduction of travelling distance around sure, increased fluidity of traffic movement results in greater productivity
- Currently looking at addition of lux sensor controls on the hubs lighting system
- Suitability of solar panels (PAS2060 review)
- Hydrogen lift trucks is being explored further

Next meeting due May 2025.

Version 24 Page 10 of 18



Internal Audits

Procedure MSP04 refers Issue 6 dated October 2022. IA programme is in place which is an integrated system for 2024. The programme is based upon the MSP 01-18 and MSD11-13 plus evaluation of compliance. All the programme is completed to date.

Sampled IMS Internal audit reports:-

- 2403 dated 30/04/2024 conducted by Rob Carney auditee LP and KB MSP11,12,17 No Energy related Findings
- 2404 dated 06/08/2024 conducted by Ken Bell auditee LP, HS and RC MSP18 No Findings

Non Conformity and Corrective Action

There has been no negative findings raised for this standard in the internal audit or in business as usual process. The actions tracker MSD19 Issue 02 would be utilised if required. It has been utilised for other disciplines.

Inspections

Security Officer Energy Saving Checksheet (inspections):-

- Saturday 24/02/2024 RJ (Security Officer) one computer in main office on for update closed and reported to Liam/Ken
- Saturday 07/09/2024 RJ laptop in H&S office on checked and update is running closed and reported to Liam/Ken
- Saturday 01/06/2024 RJ training room window left open closed and reported to Liam/Ken

Daily safety walkaround in use by KB and/or LP. This covers environmental issues which could be energy related if needs be however there has not been any to report recently. Sample daily safety audit 30/09/2024

Communication – last H&S meeting on a quarterly basis which does cover any management system issue. Seen minutes of the last meeting of this nature on 09/09/2024 which comprises senior management and representatives from site, and discusses energy performance / strategy to continual improve. The energy usage statistics and forecast are presented. All standards are represented within this forum. Next meeting is planned for November 2024.

Objectives

Documented through MSD 17 which is an integrated approach.

Good update and progress maintained in relation to the 50001 objectives in place. These are as documented:-

palletline		Objectives & Targets Action Plan							
Politor		Date		Doc referen		oc reference			
	01			29.03.19			MSD17		
Objective/Target	How		Resource allocation	Responsib	ility	Target completion	Method	l of evaluation	Reviews/Updates
Target zero prohibition notices Maintenance of H&S me system. Annual review of		-	HSEQ Department	Ken Bel	İ	June 2025 (or in line with calendar year reporting)	Number of prohibition notices		
To reduce electricity consumption by at least 1% YOY	Replacement of energy efficient alternatives at equipment end of life		Finance	Facilities Ma	nager	June 2025 (or in line with calendar year reporting)	comparis	nent by kwh and son to previous years	
To reduce usage of LPG for FLTs by 1% YOY	Algorithm in software to make wage FLT movements more efficient		Finance	Ops Finan Analyst		June 2025 (or in line with calendar year reporting)	comparis	ment by m ³ and son to previous years	
50,000 square foot warehouse – planning is in to replace QC.	Planning application s	submitted.	CAPEX approval. Management planning.	Senior Managem	ent	2025/26	Co	mpletion	

Conclusion of the overall effectiveness of the process: Process / Audit Area is satisfactory

Version 24 Page 11 of 18



Process/audit area:	Planning and Support Processes
Auditees:	Liam Pegg, Rob Carney, Ken Bell
Method of Audit	On-site
Evidence to cuppert and	it conclusion.

Evidence to support audit conclusion:

Risks and Opportunities

No change to this register since the previous audit (not related to Energy MSD07). MSP18 was updated in October 2022 following on from an audit finding regarding risks and opportunities.

Compliance Obligations and Compliance Evaluation

MSD10 Issue 09 dated July 2024 details the register of applicable energy obligations. No additions or deletions were required/ Comprehensive document which includes the current compliance evaluation status of the company in the third column. This was last updated and evaluated by the team in July 2024.

Energy Review, Baseline, ENPIs, Purchasing, Design, Maintenance

Procedures MSP18 Energy Processes Issue 05 dated October 2022 refers. During the last twelve months, there have been no changes to any design or maintenance process or indeed any relevant purchasing. The plans for changes in the next period of review were discussed.

Total energy consumed kWh for 2023 is 5,013,816. See management review.

The sources of energy are Electricity, Gas, LPG, Diesel. Water usage is also tracked. The uses of the energy are heating, lighting, IT, mobile plant.

Gas 2030 vs average baselines are graphically represented. Electricity 2030 vs average baselines are graphically represented.

Communications

Most communications revolve around the H&S Meeting. See above. There has been no formal training in this past year. The annual refresher training has been delivered along with induction where applicable e.g. sample CP Day FLT Operative 21/02/2024 and CP Night FLT Operative 30/04/2024. No internal or external communications relating to energy observed. The awareness of requirements of this standard is demonstrated strongly in the energy engaged team.

Documented Information

Policy statement endorsed by Group MD Graham Leitch dated 02/01/2024 and is at Issue 14. No changes required at this time and all core commitments are included. Document control was demonstrated utilising the register of the MSD below on Register for ISO 50001 Processes Issue 03 dated 02/01/2024 - sample:-

- EPC 02 review due 02/01/2025 WEEE
- EPC 06 review due 02/01/2025 General Energy Saving

Register of Management System Documents in place for all MSD's – MSD00 – MSD16 inclusive.

Conclusion of the overall effectiveness of the process: Process / Audit Area is satisfactory

Version 24 Page 12 of 18



Process/audit area:	Site Tour and Process Audits: Operational Controls, Resources, Energy Users, Emergency Preparedness, Compliance Obligations, Documented Information				
Auditees:	Ken Bell, Liam Pegg, Rob Carney				
Method of Audit	On-site				
Evidence to support audit conclusions					

Evidence to support audit conclusion:
A site tour was conducted at this visit.



This took in the following locations and discussion:-

- Hub operations
- Lighting
- Old QC area which is now occupied by a member operator
- Noticeboard area
- Potential renovation of office block awaiting sign off and potential for energy savings here
- Capex agreed for light fittings in different format of banks and reduction in wattage
- Increasing electric trucks, reduction in engine size on FLT
- · Company hybrid cars increasing
- Use of Hydrogen in FLT in 2-3 years' time
- Solar panels potential on roof is in the budget for 2025
- The company continues to review constantly the improvement of energy usage and design ideas going forward and this is refreshing to observe.

Conclusion of the overall effectiveness of the process: Process / Audit Area is satisfactory

Version 24 Page 13 of 18



Use of Registration Marks and Logos	
Use of Registration Mark (if used) is in accordance with the Rules of Registration	Yes
No use of logo confirmed at this visit.	

Example of the current NQA logos:

ISO 9001 (UKAS Accredited)



ISO 9001 (UKAS Accredited) with 'UKAS Tick and Crown'



More information can be found at: https://www.nqa.com/en-gb/clients/logo-library

If there are inaccuracies, errors or queries regarding this report or audit findings, please contact NQA Head Office on 0800 052 2424 within five working days of the closing meeting.

End of Audit

Version 24 Page 14 of 18



AUDIT REPORT PART C - AUDIT PLAN

Client Name: Palletline Limited

Location address or post code: B37 7HB

This plan relates to the forthcoming: Recertification visit

Applicable standard(s) or supporting criteria: ISO 50001:2018

Site Scope: The provision to its members of comprehensive hub and spoke based distribution network for the delivery of palletised goods in the UK and

Ireland.

Date	10 th and 11 th September 2025				
Role	Lead Auditor	Method	Lead Auditor	Method	
Role		On-site			
Time	Location / Department / Function	Time	Location / Department / Function	On-site	Indicative Records / People Required
TBC	Opening Meeting / Changes	TBC	Planning Processes		
TBC	Leadership and Context	TBC	Design, Procurement and		
			Maintenance Processes		
TBC	Performance Evaluation and	TBC	Document Control and Purchasing		
	Improvement				
TBC	Lunch	TBC	Lunch	On-site	
TBC	Site Tour – significant uses and	TBC	Competence, Communication and		Plan in night shift observation during recertification visit.
	improvements – follow up		Awareness		
TBC	Recertification	TBC	Report Writing followed by		
			Closing Meeting		
TBC	End of Audit	TBC	End of Audit		

Version 24 Page 15 of 18



AUDIT REPORT PART C - AUDIT PLAN

The objectives of the audit will be:

- To confirm that the management system had been established implemented and maintained in accordance with the requirements of the audit standard.
- To evaluate the ability of the management system to ensure the client organisation meets applicable statutory, regulatory and contractual requirements. Note: A management system certification audit is not a legal compliance audit.
- To evaluate the effectiveness of the management system to ensure it is continually meeting its specified objectives
- To identify as applicable, areas of the management system for potential improvement.

The audit scope describes the extent and boundaries of the audit, such as physical locations, organisational units, activities and processes to be audited.

Where the initial or re-certification process consists of more than one audit (e.g. covering different locations), the scope of an individual audit may not cover the full certification scope, but the totality of audits shall be consistent with the scope in the certification document.

Rescheduling

In the event that rescheduling cannot be avoided, or unforeseen circumstances arise, please contact NQA as soon as possible. Please note that cancellation fees may apply. Rescheduling may also result in the suspension or expiry of certification if audits are not undertaken within prescribed timeframes. Information related to rescheduling is detailed on your audit confirmation and in the NQA Rules Related to Registration available on the NQA website.

Remote Audits

Where elements of the audit are to be conducted remotely this is detailed on the audit plan. NQA will plan to deliver the audit using the tools outlined below. If you anticipate issues facilitating an audit using the listed tools, please contact your auditor at your soonest convenience.

- Video conferencing via Microsoft Teams (hosted by NQA)
- Document transmittal via email or screen share using Microsoft Teams
- Video calls using either Microsoft Teams or equivalent technology (such as Zoom, WhatsApp, FaceTime)
- Alternative platforms can be supported subject to prior arrangement with the NQA Lead Auditor and technology compatibility



AUDIT REPORT PART D - AUDIT MATRIX

Relevant Standard/Supporting Documentation:

ISO 50001:2018

- This audit programme is to be prepared by the Lead Auditor at the completion of the Stage 2 audit or the Recertification audit. It should be replicated in all subsequent surveillance visit reports.
- Where an element(s) of the programme cannot be completed at a given visit the programme shall be amended and up-issued accordingly to ensure coverage at the following visit.
- Site visits are to be included in the programme with a clear indication as to the processes intended to be sampled.

Type of visit	Stage 1	Stage 2	Surveillance 1	Surveillance 2	Recertification		
Visit Due Date (MM/YY)			October 2023	October 2024	October 2025		
Mandatory Elements / Selected Processes	Processes / elements to be audited are to be indicated as to be conducted either Remotely or Onsite. All processes are to be audited during a three-year certification cycle excluding the recertification visit.						
Context of the organization			Complete, remote	Complete, on-site	Planned, on-site		
Leadership			Complete, remote	Complete, on-site	Planned, on-site		
Planning			Complete, remote	Complete, on-site	Planned, on-site		
Support			Complete, remote	Complete, on-site	Planned, on-site		
Performance evaluation			Complete, remote	Complete, on-site	Planned, on-site		
Improvement			Complete, remote	Complete, on-site	Planned, on-site		
Use of marks and references to certification / Client website			Complete, remote	Complete, on-site	Planned, on-site		
Site Tour			Complete, remote	Complete, on-site	Planned, on-site		
Operations Processes (specify detail from scope)							
Palletised Freight Process				Complete, on-site	Planned, on-site		
Design Procurement			Complete, remote	Complete, on-site	Planned, on-site		
Maintenance			Complete, remote	Complete, on-site	Planned, on-site		
Processes for review at work sites (Specify)							
Not Applicable							
Non-Core Shifts to be Audited (non-core shifts to be audited minimum of 1 per cycle)							
Night Shift Working					Planned, on-site		
Client Locations to be visited (Specify)							
Official Educations to be visited (openity)							

Version 24 Page 17 of 18

ONGOING SUPPORT SERVICES



Training promotions and complimentary e-learning

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Support through free webinars

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PR and marketing support

Help to promote your press releases, blogs and case studies along with complimentary vehicle stickers for vans and HGV's. Use the NQA Certified logo to promote your certification.



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Trusted partners

Our Associate Partner Programme is designed to put you in touch with third party independent consultants and software providers that can support you through every step of your certification journey.





NQA certified clients are authorized and encouraged to use NQA logos to promote their certification achievements.

Access all NQA logos here:

https://www.nqa.com/en-gb/clients/logo-library

