

UK CAST STONE ASSOCIATION

OPERATING STANDARD

- AUDIT DOCUMENT



OPERATING STANDARD - AUDIT DOCUMENT:

Company Name:

Main Company Address:

Town:

County:

Post Code:

Plant Location Address:

Town:

County:

Post Code:

Contact Name:

Telephone Number:

Email Address:

Notes:

United Kingdom Cast Stone Association
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 Registered in England: 09420314. VAT: GB 686 3207 17

SECTION 1:	COMPANY INFORMATION	Yes	No
A:	Is Total Cast Stone Turnover > £350 000?	<input type="checkbox"/>	<input type="checkbox"/>
B:	Has company manufactured cast stone for > 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
C:	Job Size? Max. £: Min. £:		
D:	Types of products produced?		
SECTION 2:	DRAWINGS	Yes	No
A:	Is there a facility for the preparation of detailed drawings of any element?	<input type="checkbox"/>	<input type="checkbox"/>
Unit Drawings			
B:	Are drawings prepared in such a manner that you can determine the shape and size of the units required for the project?	<input type="checkbox"/>	<input type="checkbox"/>
C:	Are finishes, fixings, structural reinforcing shown?	<input type="checkbox"/>	<input type="checkbox"/>
Setting Plans			
D:	Are drawings prepared in such a manner that you can determine layout and location of the units?	<input type="checkbox"/>	<input type="checkbox"/>
SECTION 3:	RECORDS	Yes	No
A:	Are procedures for control of documents and records available?	<input type="checkbox"/>	<input type="checkbox"/>
B:	Are customer records current and on file, ready to reference projects?	<input type="checkbox"/>	<input type="checkbox"/>
C:	Is there a list of approved raw material suppliers and agreed material specifications?	<input type="checkbox"/>	<input type="checkbox"/>
D:	Are supplier certificates of conformity available to relevant BS EN Standards?	<input type="checkbox"/>	<input type="checkbox"/>
E:	Are current production planning records available?	<input type="checkbox"/>	<input type="checkbox"/>
SECTION 4:	ISSUING OF SHOP FLOOR INSTRUCTIONS	Yes	No
A:	Is there a controlled method of issuing shop floor instructions to production?	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 5:	MOULDS	Yes	No
A:	Is the standard of the moulds sufficient to produce a quality product?	<input type="checkbox"/>	<input type="checkbox"/>
B:	Are procedures used to check alignment and other physical qualities of the mould?	<input type="checkbox"/>	<input type="checkbox"/>
SECTION 6:	RAW MATERIAL STORAGE	Yes	No
Cement			
A:	Are bins/storage areas arranged to prevent cement contamination and effects from weather conditions?	<input type="checkbox"/>	<input type="checkbox"/>
B:	Where Bulk Cements are used, can compliance to the Environmental Protection Act Regulations be demonstrated?	<input type="checkbox"/>	<input type="checkbox"/>
Aggregates			
C:	Are bins/storage areas arranged to prevent aggregate contamination and effects from weather conditions?	<input type="checkbox"/>	<input type="checkbox"/>
Reinforcing / Handling Steel			
D:	Is steel from a CARES registered source? (Certification scheme for manufacturing and supply of reinforcement steel.)	<input type="checkbox"/>	<input type="checkbox"/>
E:	Is the method of steel storage adequate to prevent contamination?	<input type="checkbox"/>	<input type="checkbox"/>
SECTION 7:	BATCHING	Yes	No
A:	Is batching controlled to prevent contamination of different mixes?	<input type="checkbox"/>	<input type="checkbox"/>
B:	Can all the raw materials be consistently batched and mixed?	<input type="checkbox"/>	<input type="checkbox"/>
Scales / Volumetric Dispensers			
C:	Are the scales / volumetric dispensers checked for accuracy in accordance with calibration schedule?	<input type="checkbox"/>	<input type="checkbox"/>
Mix Moisture			
D:	Are measures in place to control moisture content?	<input type="checkbox"/>	<input type="checkbox"/>
Mix Life			
E:	Are procedures in place to control life span of mix?	<input type="checkbox"/>	<input type="checkbox"/>
Mix Designs			
F:	Are documented Mix Designs available?	<input type="checkbox"/>	<input type="checkbox"/>

G:	Is an integral Waterproofer Admixture used for Semi-dry production method?	<input type="checkbox"/>	<input type="checkbox"/>
H:	Can compliance to established maximum Pigment addition rates be demonstrated?	<input type="checkbox"/>	<input type="checkbox"/>
SECTION 8: CASTING			
A:	Is casting protected from extremes of weather, e.g. direct sun, wind, & cold temperatures?	<input type="checkbox"/>	<input type="checkbox"/>
B:	Are systems in place for correct steel cover within product to be maintained?	<input type="checkbox"/>	<input type="checkbox"/>
Where Backing Mix is Used -			
C:	Is a correct method of bonding achieved?	<input type="checkbox"/>	<input type="checkbox"/>
SECTION 9: CURING			
A:	Is the Curing process carried out in a controlled environment, as a minimum be covered or ideally in a dedicated curing chamber, for a minimum post casting period of 8 hours?	<input type="checkbox"/>	<input type="checkbox"/>
B:	Are the cast stone surfaces prevented from drying out as a consequent of drying air movement, for a minimum post casting period of 8 hours?	<input type="checkbox"/>	<input type="checkbox"/>
C:	Are the cast stone surfaces protected from low temperatures, for a minimum post casting period of 8 hours?	<input type="checkbox"/>	<input type="checkbox"/>
D:	Is the cast stone protected from the elements for the following 3 - 4 days?	<input type="checkbox"/>	<input type="checkbox"/>
SECTION 10: FINAL PRODUCT			
A:	Is the product consistent in texture & colour, whilst free of obvious imperfections?	<input type="checkbox"/>	<input type="checkbox"/>
B:	Are Finished Units identifiable?	<input type="checkbox"/>	<input type="checkbox"/>
C:	Does product meet UKCSA specification for Tolerances?	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 11: PACKAGING		Yes	No
A:	Is suitable internal packaging used to protect faces?	<input type="checkbox"/>	<input type="checkbox"/>
B:	Is product protected from the elements?	<input type="checkbox"/>	<input type="checkbox"/>
C:	Are the contents of finished packs readily identifiable?	<input type="checkbox"/>	<input type="checkbox"/>
SECTION 12: STORAGE		Yes	No
A:	Does stockyard facility have adequate storage for minimum of 3 weeks production?	<input type="checkbox"/>	<input type="checkbox"/>
B:	Is finished product stored off the ground on pallets and on level areas?	<input type="checkbox"/>	<input type="checkbox"/>
SECTION 13: QUALITY CONTROL / TESTING		Yes	No
A:	Is there a documented quality control programme in place?	<input type="checkbox"/>	<input type="checkbox"/>
B:	Are approved samples for colour & texture available?	<input type="checkbox"/>	<input type="checkbox"/>
C:	Is UKCSA Standard capillary absorption (CAT) testing documentation available, including 3 rd party test reports, and at a frequency of quarterly for semi-dry and annually for wet-cast manufacturing methods?	<input type="checkbox"/>	<input type="checkbox"/>
D:	Is UKCSA Standard cube compressive strength testing documentation available, including 3 rd party test reports, and at the required frequency* for the cast stone manufacturing method?	<input type="checkbox"/>	<input type="checkbox"/>
<p>*Cube Compressive Strength Testing frequency to be as follows:</p> <p>Initial Testing Requirement (and after subsequent substantial changes in mix design): 12 sets of weekly compressive strength tests per each different manufacturing method (semi-dry, backing mix, wet-cast., FRCS).</p> <p>Subsequent Test Frequency Requirements: Up to £1million turnover in a manufacturing method - monthly set of compressive strength tests for that manufacturing method. Between £1 million - £3million turnover in a manufacturing method – fortnightly sets of compressive strength tests for that manufacturing method. Over £3million turnover in a manufacturing method - weekly sets of compressive strength tests for that manufacturing method.</p>			

SECTION 14: QUALITY ASSURANCE		Yes	No
A:	Is a documented Quality Management System in place?	<input type="checkbox"/>	<input type="checkbox"/>
B:	<p>Is a Factory Production Control document available stating the process control measures, including personnel responsible, how they do it and frequency, with appropriate records? For items such as:</p> <ul style="list-style-type: none"> • Materials. • Mix Design. • In process quality checks. • Finish product sampling & testing. • Responsibility. • Records. 	<input type="checkbox"/>	<input type="checkbox"/>
SECTION 15: ENVIRONMENTAL		Yes	No
A:	Is an Environmental Policy Statement in place?	<input type="checkbox"/>	<input type="checkbox"/>
B:	<p>Does the documented Environmental Management System (EMS) identify the environmental aspects arising from the activities and products? In particular aspects arising from:</p> <ul style="list-style-type: none"> • Use of cement. • Use of aggregates. • Use of chemicals / additives. 	<input type="checkbox"/>	<input type="checkbox"/>
C:	<p>Does the documented Environmental Management System (EMS) determine significant environmental impacts of the activities and products? In particular:</p> <ul style="list-style-type: none"> • Cement production - contributes to CO2 emissions. • Extraction of aggregates – Use of natural resources. • Chemicals / Additives – Effect on life, if spillages occur. • Positive Impacts. • Creation / management of Wildlife Habitat. • Providing an alkali effluent to neutralise acidic water in sewer. 	<input type="checkbox"/>	<input type="checkbox"/>
D:	<p>Does the EMS take account of the following Local Authority, Legislative, Regulatory and Voluntary Requirements:</p> <ul style="list-style-type: none"> • Environmental Protection Act – Integrated Pollution Prevention Control Permit (where issued for process). • Water Resources Regulations – Abstraction Licences and Consents to Discharge (where issued for process). • Environment Alliance Guidelines - Pollution Prevention Guidelines 2 (Above Ground Oil Storage Tanks: PPG2). 	<input type="checkbox"/>	<input type="checkbox"/>
E:	Is Authorisation of Prescribed Process available?	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 16: PERSONNEL		Yes	No
A:	Does the production plant management have experience and knowledge for the operation to produce quality cast stone as required by the UKCSA Specification?	<input type="checkbox"/>	<input type="checkbox"/>
B:	Are Personnel training records documented?	<input type="checkbox"/>	<input type="checkbox"/>
C:	Are there systems in place for the induction of new employees?	<input type="checkbox"/>	<input type="checkbox"/>
SECTION 17: LIABILITY INSURANCE		Yes	No
A:	Is Insurance up-to-date with current certificate displayed?	<input type="checkbox"/>	<input type="checkbox"/>
B:	Does minimum level of cover exceed £3 Million?	<input type="checkbox"/>	<input type="checkbox"/>
SECTION 18: HEALTH & SAFETY		Yes	No
A:	Is a documented Health & Safety Policy and Health & Safety Management System in place?	<input type="checkbox"/>	<input type="checkbox"/>
B:	Does the documented Health & Safety Management System detail the Management Structure and detail responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>
B:	Is Health Surveillance carried out at regular intervals?	<input type="checkbox"/>	<input type="checkbox"/>
C:	Can compliance to HSE HAVS guidelines be demonstrated?	<input type="checkbox"/>	<input type="checkbox"/>
D:	Can compliance to HSE Manual Handling Regulations be demonstrated?	<input type="checkbox"/>	<input type="checkbox"/>
E:	Can compliance to the Noise at Work Act be demonstrated?	<input type="checkbox"/>	<input type="checkbox"/>
F:	Have risk assessments and appropriate measure been carried out to control the risk of Respirable Silica in the workplace?	<input type="checkbox"/>	<input type="checkbox"/>
G:	Is appropriate Personal Protective Equipment in use?	<input type="checkbox"/>	<input type="checkbox"/>
H:	Have Risk Assessments been carried out?	<input type="checkbox"/>	<input type="checkbox"/>
I:	Are Safe Systems of Work documented?	<input type="checkbox"/>	<input type="checkbox"/>
J:	Are documented Accident Reporting procedures in place?	<input type="checkbox"/>	<input type="checkbox"/>
K:	Is a COSSH Register available?	<input type="checkbox"/>	<input type="checkbox"/>
L:	Does the location have Trained First Aid Personnel?	<input type="checkbox"/>	<input type="checkbox"/>
M:	Are Forklift Truck Operators licensed?	<input type="checkbox"/>	<input type="checkbox"/>
N:	Does a general authorised users' list exist for the necessary equipment??	<input type="checkbox"/>	<input type="checkbox"/>

CONCLUDING REMARKS:

CONFIDENTIALITY STATEMENT:

When this document is completed as part of an UKCSA Membership Application the information remains confidential between the Applicant and the Executive Committee of the United Kingdom Cast Stone Association (UKCSA).

Signed By:
Signature:

Print Name:

Dated: