Inclusive Quality Framework for Cleaning Services

Designing Work Environments That Support Inclusive Employment

AMSI STANDARD CLS1
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Introduction

AMSICLS1 establishes a robust, standards-based model for improving both service quality and workplace inclusion in the cleaning services industry. Many individuals with intellectual and developmental disabilities (IDD) are entering or seeking employment in this field—but without consistent frameworks, both employers and support service providers often face challenges in ensuring long-term success.

Cleaning service employers and employment support providers need clear, shared expectations for delivering high-quality services while fostering inclusive work environments. **AMSICLS1** bridges this gap by defining measurable quality objectives that benefit all stakeholders—individuals with IDD, support staff, supervisors, and certifiers.

Built on AMSI's broader commitment to voluntary consensus standards, AMSICLS1 ensures that:

- Individuals with IDD are supported to perform cleaning tasks confidently and independently.
- Employers and support staff understand their roles and expectations in maintaining quality and inclusion.
- Service quality is integrated with inclusion—not treated as a separate issue.

Whether an individual with IDD is receiving accommodations or working as a valued employee, AMSICLS1 provides a practical, transparent framework to define, support, and sustain inclusive employment.

Purpose & Scope

The cleaning services industry is one of the most common entry points into competitive integrated employment for individuals with IDD. Yet many organizations lack consistent standards to support quality service delivery while promoting inclusion.

AMSICLS1 addresses this need by offering a shared framework that strengthens both the operational quality of cleaning services and the inclusive conditions in which those services are delivered. It is specifically designed for:

- **Employers** aiming to improve consistency, retention, and inclusivity in cleaning operations.
- **Employment support service providers** helping individuals with IDD obtain and maintain employment.

- **Support staff and job coaches** who assist individuals on the job with training, feedback, and accommodations.

This standard defines the organizational systems, supports, and accommodations that allow individuals with IDD to succeed. It transforms isolated competencies into reliable, auditable processes that are embedded in everyday work.

By enhancing existing frameworks (e.g., CIMS 3000) with a focus on inclusion, **AMSI CLS1** ensures individuals with IDD are not only placed in jobs, but supported to grow and contribute meaningfully in them.

Strategic Foundation & Compliance

AMSI CLS1 builds on foundational frameworks such as:

- **ISO 9001** – Quality Management
- **ISO 14001** – Environmental Management
- **ISO 45001** – Occupational Health & Safety
- **CIMS 3000** – Cleaning Industry Management Standard

However, AMSI CLS1 goes beyond technical compliance. It incorporates inclusion and support for individuals with IDD into every layer of organizational performance.

It strengthens these frameworks by providing:

- **Practical tools** such as SOP templates, staffing calculators, competency logs, and document registers.
- **Transparent support processes** for supervision, accommodation, and workplace coaching.
- **Continuous improvement cycles** based on performance data, audit results, and feedback from individuals with IDD and their support teams.

In doing so, AMSI CLS1 ensures that cleaning services meet professional standards **and** create workplaces where individuals with IDD can succeed long term.

Structure: Chapters & Quality Factors

AMSI CLS1 is organized into ten chapters, each addressing a critical **Quality Factor** necessary to deliver reliable services and maintain inclusive employment

practices. These chapters guide organizations in building systems that are both high-performing and person-centered.

Each chapter includes:

- **Indicators** – measurable aspects of performance
- **Objectives** – specific goals for service and inclusion
- **Metrics** – ways to assess success
- **Probes** – required forms of evidence
- **Annexes** – templates, checklists, and tools
- **Implementation Notes** – day-to-day guidance for staff

The ten Quality Factor chapters are:

1. Management & Leadership
2. Service Delivery
3. Human Resources & Training
4. Health, Safety & Environment
5. Procurement & Equipment Performance
6. Quality Assurance & Continuous Improvement
7. Risk Management & Emergency Response
8. Governance & Management Review
9. Training, Communication & Change Management
10. Documentation & Record Control

Together, these chapters provide a **scalable and auditable framework** that links job expectations, operational systems, and individualized supports into one cohesive standard.

Why It Matters

AMSI CLS1 is more than a quality guideline—it is a tool for building real, measurable inclusion in one of the most widely accessible employment sectors for individuals with IDD.

By defining clear expectations and structured supports, AMSI CLS1 ensures that:

- **Employers and cleaning organizations** have a consistent model for quality and inclusive staffing.
- **Support agencies and job coaches** can align their services with workplace needs.

- **Individuals with IDD** gain access to stable employment, clear job roles, and a supportive work environment.
- **Auditors and reviewers** can verify both service performance and the presence of inclusion practices.

AMSI CLS1 supports AMSI's broader goal:

To ensure that inclusion is not just a value—but a structured, supported, and measurable part of service and employment systems.

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Chapter 1 – Management & Leadership

Quality Factor 1: Management & Leadership

Indicator 1.1 – Strategic Planning & Future Vision

Objective 1.1.1 – Mission & Vision Visibility

- **Metric:** 100% of executive-level strategic documents (policy manuals, board handbooks, intranet pages) clearly include current mission and vision statements.
- **Probes:** Audit checklist of key documents; note presence/absence of mission & vision language.
- **Responsible:** Executive Team / Corporate Communications
- **Reporting Cycle:** Quarterly audits; results integrated into executive dashboard

Objective 1.1.2 – Comprehensive Strategic Plan

- **Metric:** Annual strategic plan includes strategic direction, contingency planning, and staffing/resource allocation, with documented leadership approval.
- **Probes:** Strategic plan document; signatures; formal approval records.
- **Responsible:** Executive Team / Strategic Planning Office
- **Reporting Cycle:** Submission in Q4 to executive leadership

Objective 1.1.3 – Regular Strategic Review

- **Metric:** Strategic plan reviewed and updated at least once every 12 months; review documented via meeting minutes.
- **Probes:** Meeting minutes; version control logs noting updates.
- **Responsible:** Executive Team
- **Reporting Cycle:** Annual reviews; summarized in annual report

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Indicator 1.2 – Organizational Structure & Accountability

Objective 1.2.1 – Role & Reporting Clarity

- **Metric:** Org chart reflects 100% of active positions and is maintained quarterly.
- **Probes:** Version-controlled org chart compared with HR position listings; timestamp reviews.

- **Responsible:** HR / Operations
- **Reporting Cycle:** Quarterly updates; tracked in HRIS

Objective 1.2.2 – Documented Job Responsibilities

- **Metric:** ≥95% of staff have current, signed job descriptions.
- **Probes:** Personnel files with active job descriptions; supervisor sign-offs.
- **Responsible:** HR Manager
- **Reporting Cycle:** Semi-annual reviews; summary report to leadership

Objective 1.2.3 – Accountability Framework

- **Metric:** 100% of core organizational processes have a RACI (or equivalent) chart.
- **Probes:** Process documents showing assigned Responsible, Accountable, Consulted, and Informed roles.
- **Responsible:** Process Owners / Quality Assurance
- **Reporting Cycle:** Annual audit; updated with new or modified processes

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Indicator 1.3 – Leadership Training & Competency Development

Objective 1.3.1 – Leadership Training Completion

- **Metric:** ≥90% of managers complete at least 16 hours of leadership training each year.
- **Probes:** Attendance records; LMS logs; certificates.
- **Responsible:** Training Manager / HR
- **Reporting Cycle:** Annual summary; mid-year progress check

Objective 1.3.2 – Curriculum Review

- **Metric:** Leadership training curriculum formally reviewed and revised at least once per year.
- **Probes:** Curriculum version control logs with review dates.
- **Responsible:** Training Manager
- **Reporting Cycle:** Annual review documented in training governance records

Objective 1.3.3 – Individual Development Plans (IDPs)

- **Metric:** ≥90% of managers have documented, annually updated IDPs.
- **Probes:** IDP forms in HR files; supervisor sign-off.
- **Responsible:** HR Manager / Supervisors
- **Reporting Cycle:** End-of-year review; monitored in performance review cycle

Indicator 1.4 – Communication & Stakeholder Engagement

Objective 1.4.1 – Internal Communication Effectiveness

- **Metric:** ≥90% of staff confirm receipt of quarterly organizational updates via acknowledgment or surveys.
- **Probes:** Email receipts; signed acknowledgment forms; internal survey results.
- **Responsible:** Corporate Communications / HR
- **Reporting Cycle:** Quarterly surveys; results included in executive reporting

Objective 1.4.2 – Client Engagement Consistency

- **Metric:** ≥95% of active clients have at least one documented service review or engagement per month.
- **Probes:** Service logs; meeting minutes; CRM entries.
- **Responsible:** Account Managers / Client Services
- **Reporting Cycle:** Monthly summary; aggregated quarterly

Objective 1.4.3 – Issue Escalation Compliance

- **Metric:** 100% of internal incidents and client complaints escalated per procedure within 24 hours.
- **Probes:** Incident logs; timestamped escalation records.
- **Responsible:** Quality Manager / Operations Manager
- **Reporting Cycle:** Monthly compliance report; reviewed in governance meeting

Implementation Notes

- **Strategic Oversight:**
    - Use a quarterly audit schedule to verify mission/vision inclusion and update executive dashboards accordingly.
    - Conduct annual strategic plan reviews and ensure meeting minutes reflect key decisions and updates.
- **Organizational Structure Management:**
    - Maintain org chart in HRIS; schedule quarterly reconciliation with current staff listings.
    - HR to consolidate signed job descriptions on a semi-annual basis and report gaps to leadership.
- **Training Governance:**
    - Training Manager to track managerial training hours via LMS; schedule mid-year progress checks.

- - Curriculum updates to be managed through a training governance committee; document version changes.
  - **Development Planning:**
    - Supervisors to conduct IDP planning as part of annual reviews; store signed copies in employee files.
    - HR to flag any missing or outdated IDPs before review cycle closure.
  - **Communication Protocols:**
    - Corporate Communications to prepare quarterly messages, track acknowledgment receipts, and report reach.
    - Client Services to log monthly service reviews, escalate issues within 24 hours, and track compliance via CRM.
  - **Monitoring & Review:**
    - Include chapter KPIs in quarterly leadership meetings to identify trends, gaps, and corrective actions.
    - Use a documented action plan system to address any under-performance or non-compliance and track resolutions within defined timelines.
  - **Continuous Improvement:**
    - Update tools (org charts, job descriptions, training materials, communication protocols) as business needs evolve.
    - Record revisions, notify impacted stakeholders, and include changes in next strategic planning cycle.

Chapter 2 – Service Delivery

Quality Factor 2: Service Delivery

Indicator 2.1 – Standardized Cleaning Procedures

Objective 2.1.1 – Develop Site-Specific SOPs

- **Metric:** 100 % of client sites have tailored SOPs.
- **Probes:** SOP repository, revision logs, client sign-off records.
- **Responsible:** Operations Manager / QA Team
- **Reporting Cycle:** Quarterly completeness audits; annual SOP review

Objective 2.1.2 – Ensure Staff Adherence to SOPs

- **Metric:** ≥95 % of audited tasks comply with SOPs.
- **Probes:** Spot-check forms, deviation logs, time-stamped photo evidence.
- **Responsible:** QA Team / Site Supervisors
- **Reporting Cycle:** Monthly spot checks; quarterly summaries

Indicator 2.2 – Service Consistency & Quality Control

Objective 2.2.1 – Complete Scheduled Inspections

- **Metric:** ≥95 % of monthly inspections conducted.
- **Probes:** Inspection logs, scorecards, escalation docs.
- **Responsible:** QA Team
- **Reporting Cycle:** Monthly inspection report

Objective 2.2.2 – Address Non-Conformances Promptly

- **Metric:** ≥90 % of issues resolved within 5 days.
- **Probes:** NCM forms, CAP documentation, closure evidence.
- **Responsible:** Site Supervisors / QA Team
- **Reporting Cycle:** Weekly logs; monthly compliance reviews

Indicator 2.3 – Performance Metrics Tracking

Objective 2.3.1 – Track Task Efficiency

- **Metric:** Cleaning times within ±10 % of SOP benchmarks.
- **Probes:** Time logs/workflow data, benchmarks, exception reports.
- **Responsible:** Operations Manager
- **Reporting Cycle:** Weekly summaries; monthly dashboard

Objective 2.3.2 – Control Cost per Area Cleaned

- **Metric:** Cost/sq ft within ±10 % of budget.
- **Probes:** Financial reports, area mapping, variance analysis.
- **Responsible:** Finance Manager / Operations
- **Reporting Cycle:** Monthly financial dashboard

Indicator 2.4 – Client Satisfaction & Feedback

Objective 2.4.1 – Distribute Satisfaction Surveys

- **Metric:** ≥90 % client response rate quarterly.
- **Probes:** Survey logs; raw response data.
- **Responsible:** Account Managers
- **Reporting Cycle:** Quarterly survey summaries

Objective 2.4.2 – Respond to Client Issues Promptly

- **Metric:** 100 % of client issues logged and acknowledged within 24 h.
- **Probes:** CRM incident records with timestamps; resolution docs; escalation logs.
- **Responsible:** Account Managers / Quality Manager
- **Reporting Cycle:** Monthly issue resolution summary

Objective 2.4.3 – Maintain High Satisfaction Levels

- **Metric:** Average score ≥ 4.5/5.
- **Probes:** Quarterly survey scores; trend charts; client comments.
- **Responsible:** Account Managers / Executive Team
- **Reporting Cycle:** Quarterly satisfaction dashboard

Indicator 2.5 – Hazard Communication & Chemical Safety (OSHA HAZCOM)

Objective 2.5.1 – SDS Accessibility

- **Metric:** 100 % of chemicals have current SDS onsite and digitally accessible.
- **Probes:** SDS binder audits; digital SDS database; inventory match.
- **Responsible:** Quality Manager / Site Supervisor
- **Reporting Cycle:** Quarterly SDS availability audit

Objective 2.5.2 – Proper Chemical Labeling

- **Metric:** 100 % of chemical containers labeled per GHS.
- **Probes:** Container label checklists; photos; inventory reconciliation.
- **Responsible:** Site Supervisor / Operations
- **Reporting Cycle:** Quarterly labeling compliance report

Objective 2.5.3 – Hazard Communication Training

- **Metric:** 100 % staff trained on HAZCOM/GHS upon introduction to hazardous chemicals and annually thereafter.
- **Probes:** LMS training logs; sign-off sheets; training materials.
- **Responsible:** Training Manager / Quality Manager
- **Reporting Cycle:** Bi-annual training audit

Objective 2.5.4 – Hazard Assessments & Controls

- **Metric:** 100 % of sites with documented hazard assessments and implemented controls.

- **Probes:** Hazard assessment forms; PPE logs; control checklist.
- **Responsible:** Quality Manager / Health & Safety Officer
- **Reporting Cycle:** Annual hazard review

Objective 2.5.5 – Spill Response & Emergency Preparedness

- **Metric:** 100 % of spill drills completed annually; 100 % of staff trained.
- **Probes:** Drill logs; attendance records; evaluation forms.
- **Responsible:** Quality Manager / Site Supervisor
- **Reporting Cycle:** Annual spill response report; quarterly follow-up

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Indicator 2.6 – Staffing & Resource Planning

Objective 2.6.1 – Staffing Based on Verified Workload

- **Metric:** 100 % of client sites have documented staffing plans tied to workload analysis and budget.
- **Probes:**
  - **Annex U2 – Staffing & Workload Analysis Template** (area, frequency, task times, calculated FTEs)
  - Historical service logs; roster plans; budget references
- **Responsible:** Operations Manager / Finance Manager
- **Reporting Cycle:** Annual staffing plan review; adjustments post-contract or scope changes

Objective 2.6.2 – Utilization Monitoring & Adjustment

- **Metric:** ≥90 % of staffing utilization within ±10 % of plan.
- **Probes:** Time-tracking logs; variance analysis; adjustment proposals
- **Responsible:** Site Supervisors / Operations Manager
- **Reporting Cycle:** Monthly utilization report

Annexes

Annex A – Bathroom Sanitization SOP

Step	Procedure Details	Frequency
2. Apply disinfectant	Spray approved disinfectant on all surfaces	Daily
3. Scrub surfaces	Scrub toilet bowls, sinks, and walls	Daily

| 4. Rinse and wipe | Rinse surfaces and dry with clean towels | Daily |
| 5. Restock supplies | Replenish soap, toilet paper, and hand towels | Daily |

Annex B – Floor Care & Maintenance SOP

Floor Type	Cleaning Method	Frequency
Tile	Wet mop with neutral cleaner	Daily
Carpet	Vacuum with HEPA filter	3x/week
Wood	Dust mop and damp mop	2x/week
Concrete	Scrub with auto scrubber	Weekly

Annex C – HAZCOM Quick Reference Guide

Chemical Name	Hazard Class	PPE Required	SDS Location
Disinfectant A	Corrosive	Gloves, goggles	Binder Shelf 1
Glass Cleaner B	Flammable	Gloves	Binder Shelf 1
Floor Stripper C	Irritant	Gloves, goggles, apron	Binder Shelf 2

Annex U2 – Staffing & Workload Analysis Template

Area/Task	Frequency (per week)	Time per Visit (min)	Total Weekly Time (hrs)	FTEs Required (hrs ÷ 40)
Lobby cleaning	7	30	3.5	0.09
Restroom – full clean	14	45	10.5	0.26
…	…	…	…	…

Implementation Notes

- **SOP Integration:** Maintain SOPs (Annexes A–C) by client, updated if scope changes.
- **Staffing Plans:** Use Annex U2 to calculate and document FTE needs by task. Adjust quarterly after site reviews or contract change.
- **Monitoring Utilization:** Compare planned vs actual staffing monthly; include variance in operations dashboard.

- **CIMS Compliance:** This addition meets CIMS requirement for data-driven staffing plans (Sec 2.1.3.4), linking workload analysis with budgets.
- **Ongoing Refinement:** Reassess staffing post-client feedback, audit anomalies, or scope expansion. Update Annex U2 accordingly.

Chapter 3 – Human Resources & Training

Quality Factor 3: Human Resources & Training

Indicator 3.1 – Recruitment & Onboarding

Objective 3.1.1 – Recruit Qualified Candidates

- **Metric:** ≥95% of hires meet job qualification criteria and comply with EEO nondiscrimination standards.
- **Detailed Probes:**
  - Resumes, screening forms, interview notes, and EEO-compliant evaluation forms
  - Documentation of background/reference checks, ensuring fairness
- **Responsible:** HR Manager / Hiring Supervisors
- **Reporting Cycle:** Ongoing; quarterly HR review

Objective 3.1.2 – Effective Onboarding

- **Metric:** ≥90% of new hires complete onboarding within 30 days.
- **Detailed Probes:**
  - **Annex D – Onboarding Checklist**
  - LMS/HR logs
  - Supervisor and new-hire sign-off
- **Responsible:** HR & Training Coordinators
- **Reporting Cycle:** Monthly onboarding summary

Indicator 3.2 – Competency & Training

Objective 3.2.1 – Mandatory Compliance Training

- **Metric:** 100% of applicable staff complete required training (e.g., HAZCOM, PPE, EEO awareness).
- **Detailed Probes:** Annex E attendance logs; LMS certificates

- **Responsible:** Training Manager
- **Reporting Cycle:** Bi-annual audit

Objective 3.2.2 – Technical & Soft Skills Training

- **Metric:** ≥90% of staff receive ≥8 hours of development training annually.
- **Detailed Probes:** LMS attendance logs; course materials
- **Responsible:** Training Manager / Supervisors
- **Reporting Cycle:** Annual training report

Objective 3.2.3 – Competency Verification

- **Metric:** ≥90% pass post-training assessments.
- **Detailed Probes:** Annex F forms; supervisor field checklists
- **Responsible:** Training Team / Supervisors
- **Reporting Cycle:** Module-level assessment and quarterly roll-up

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Indicator 3.3 – Individual Development Planning

Objective 3.3.1 – Individual Development Plans (IDPs)

- **Metric:** ≥90% of staff have documented, signed IDPs.
- **Detailed Probes:** Annex G forms; supervisor sign-off
- **Responsible:** HR Manager / Supervisors
- **Reporting Cycle:** Annual review in performance cycle

Objective 3.3.2 – IDP Progress Tracking

- **Metric:** ≥75% of goals achieved within 12 months.
- **Detailed Probes:** IDP progress logs; performance review notes
- **Responsible:** Supervisors / HR Manager
- **Reporting Cycle:** Semi-annual progress updates

Indicator 3.4 – Performance Management & Retention

Objective 3.4.1 – Annual Performance Reviews

- **Metric:** 100% of employees receive at least one annual review.
- **Detailed Probes:** Completed review forms; HRIS records
- **Responsible:** Supervisors / HR Manager
- **Reporting Cycle:** Annual summary report

Objective 3.4.2 – Staff Retention & Engagement

- **Metric:** Annual turnover ≤ 20%; engagement surveys conducted.
- **Detailed Probes:** Turnover logs; annual engagement survey results; Annex H exit interview forms
- **Responsible:** HR Manager
- **Reporting Cycle:** Quarterly retention & engagement summary

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Indicator 3.5 – ADA Accommodation & EEO Compliance

Objective 3.5.1 – Respond to ADA Accommodation Requests

- **Metric:** 100% of accommodation requests are reviewed and resolved within 14 calendar days in compliance with EEO/ADA standards.
- **Detailed Probes:**
    - Documentation of accommodation requests and responses
    - Job Hazard Analyses confirming safety
    - Signed correspondence and modification records
- **Responsible:** HR Manager / Safety Officer
- **Reporting Cycle:** Quarterly accommodation summary

Objective 3.5.2 – Ensure Nondiscriminatory Workplace Practices

- **Metric:** Zero verified EEO/ADA violations or complaints.
- **Detailed Probes:** Employee complaints logs; investigation and resolution documentation; training attendance logs
- **Responsible:** HR Manager
- **Reporting Cycle:** Annual EEO compliance report

Annexes

- **Annex D – Onboarding Checklist**
- **Annex E – Training Attendance & Certificate Log**
- **Annex F – Post-Training Assessment Form**
- **Annex G – Individual Development Plan (IDP)**
- **Annex H – Exit Interview Form**
- **Annex O – ADA Accommodation Request & Job Hazard Analysis**

Implementation Notes

- **Document Management:** Store all annexes (D–H, O) in HRIS/shared drive with version control; maintain awareness of updates.
- **EEO Training:** Ensure inclusion of EEO and ADA training in onboarding and compliance modules; track completion.
- **Accommodation Process:** HR to log and respond to accommodation requests within 14 days. Use Annex O and conduct a job hazard analysis before implementation.
- **Data Monitoring:** Use dashboards to track onboarding rates, training hours, IDP adoption, annual reviews, accommodations, and turnover/engagement trends.
- **Audit & Reporting:**
    - Quarterly reviews for onboarding, training, IDP progress, and accommodation compliance
    - Annual reviews for performance cycle and EEO violation assessments
- **Continuous Improvement:** Update HR processes and documentation based on audit results, accommodation outcomes, and EEO insights. Schedule refresher training annually.

Chapter 4 – Health, Safety & Environment

Quality Factor 4: Health, Safety & Environment (HSE)

Indicator 4.1 – Workplace Safety & Environment (OSHA General Duty & Standards)

Objective 4.1.1 – Maintain Safe and Clean Work Areas with Chemical Safety

- **Metric:** 100 % of work areas comply with OSHA 29 CFR 1910.22—clean, orderly, hazard-free—and ensure proper storage, labeling, and spill readiness for cleaning chemicals.
- **Probes:**
    - Combined safety/housekeeping walkthrough checklists
    - Chemical storage audit logs (sealed containers, secondary containment, compatible segregation)
    - Spill station checks (spill kits, PPE, SDS access)
    - Label and SDS verification (GHS compliance)
- **Responsible:** Safety Officer / Site Supervisor
- **Reporting:** Weekly inspections; monthly HSE dashboard

Objective 4.1.2 – Provide Reasonable Accommodation for Employees with Disabilities (including IDD)

- **Metric:** 100 % of accommodation requests resolved within 14 days, consistent with ADA and EEO guidance, with no safety compromise following hazard analysis.
- **Probes:**
  - ADA/EEO accommodation request forms and responses
  - Job Hazard Analyses demonstrating safety
  - Accommodation implementation records (adjusted PPE, modified schedule/tasks)
- **Responsible:** HR Manager / Safety Officer
- **Reporting:** Quarterly accommodation summary in occupational health records

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Indicator 4.2 – Chemical & Biological Hazard Control

Objective 4.2.1 – Comply with HAZCOM & Chemical Safety

- **Metric:** 100 % compliance (SDSs, labeling, training, hazard assessments, spill logs) as per Chapter 2.
- **Probes:** SDS logs, container inspections, training records, hazard assessments, drill logs
- **Responsible:** Quality & Safety Manager
- **Reporting:** Quarterly HAZCOM audit

Objective 4.2.2 – Use Safer Cleaners

- **Metric:** ≥80 % of cleaning products meet safety/environmental certification (e.g., EPA DfE).
- **Probes:** Procurement files; certified product lists
- **Responsible:** Procurement Manager
- **Reporting:** Annual sustainability report

Indicator 4.3 – Equipment & Mechanical Safety

Objective 4.3.1 – Safe Operation of Cleaning Equipment

- **Metric:** Zero incidents from equipment misuse.
- **Probes:** Equipment training logs; maintenance/inspection records
- **Responsible:** Operations Manager / Safety Officer
- **Reporting:** Monthly equipment safety audit

Objective 4.3.2 – Lockout/Tagout (LOTO) Compliance

- **Metric:** 100 % LOTO compliance per OSHA 29 CFR 1910.147.
- **Probes:** LOTO permits; repair logs; training records
- **Responsible:** Maintenance Manager / Safety Officer
- **Reporting:** Annual LOTO safety audit; ongoing LOTO audit log

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Indicator 4.4 – Environmental Management

Objective 4.4.1 – Waste Segregation & Disposal

- **Metric:** 100 % correct sorting of general, recyclable, and hazardous waste.
- **Probes:** Waste segregation logs; disposal receipts/certificates
- **Responsible:** Facilities / Operations
- **Reporting:** Quarterly environmental audit

Objective 4.4.2 – Water & Energy Use Efficiency

- **Metric:** Year-over-year reduction in water and energy usage.
- **Probes:** Utility bills; usage trend reports
- **Responsible:** Facilities Manager / Sustainability Lead
- **Reporting:** Semi-annual environmental performance reviews

Objective 4.4.3 – EMS Compliance (ISO 14001 Alignment)

- **Metric:** Maintain or obtain ISO 14001 alignment/certification.
- **Probes:** EMS audit reports; management review minutes
- **Responsible:** Sustainability Officer / Operations
- **Reporting:** Annual EMS audit

Indicator 4.5 – Green Cleaning Tracking

Objective 4.5.1 – Green Cleaning Execution

- **Metric:** ≥80 % of core cleaning operations use environmentally certified green products (EPA DfE, Green Seal, UL EcoLogo).
- **Detailed Probes:**
  - **Annex N5 – Green Cleaning Usage Log** (documents area cleaned, product code, certification, staff signature, date)
  - Daily/service logs indicating green vs conventional use

- o Procurement report matching green usage to certified stock
- **Responsible:** Procurement Manager / Site Supervisors
- **Reporting Cycle:** Monthly green cleaning compliance report

Objective 4.5.2 – Green Cleaning Training & Effectiveness

- **Metric:** 100 % of cleaning staff receive green-cleaning training within 60 days of product introduction.
- **Detailed Probes:**
    - o **Annex N6 – Green Cleaning Training Log** (date, staff, product, trainer, signature)
    - o LMS records; training materials reflecting green practices
- **Responsible:** Training Manager / Site Supervisors
- **Reporting Cycle:** Quarterly green training audit

Annexes

Annex I – Site Safety & Chemical Storage Audit Checklist

- Check housekeeping (floors, exits, lighting)
- Verify chemical cabinets are locked, labeled, and sealed
- Confirm secondary containment and PPE presence
- Verify spill kit accessibility and SDS availability
- Record issues and corrective actions

Annex J – HAZCOM & SDS Compliance Log

Chemical	Manufacturer	GHS Label OK? (Y/N)	SDS in binder?	Digital SDS accessible?	Last Training	Notes

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Annex K – Equipment Inspection & Maintenance Record

Date	Equipment	Condition	Maintenance Done	Next Due	Operator Initials

Annex L – Waste, Water & Energy Usage Log

- Waste segregation records: dates, volumes, disposal types
- Utility usage summaries (monthly billing data)
- Trend charts and comments

Annex M – Lockout/Tagout (LOTO) Permit Templates

- Job description requiring LOTO
- Equipment ID
- Authorized personnel and duration
- Hazard description
- Lockout steps and verification

Annex N – Safer/Cleaner Chemical Product List

- Product name l Certification (e.g., EPA DfE) l Date Approved

Annex O – ADA Accommodation Request & Job Hazard Analysis Form

- Employee name/date/role
- Description of requested accommodation
- Job Hazard Analysis (list tasks, hazards, required controls)
- Feasibility determination (yes/no)
- Agreed accommodation plan
- Sign-offs (employee, HR, Safety)

Annex N5 – Green Cleaning Usage Log

Date	Area / Task	Product Code	Certification (e.g., EPA DfE)	Volume Used	Staff Initials	Notes
2025-06-01	Main lobby daily clean	DFE-123	EPA DfE	1.2 oz	J. Smith	—

Annex N6 – Green Cleaning Training Log

Date	Staff Name	Product(s) Covered	Trainer Name	Signed (Y/N)	Proof of Completion (LMS Date)
2025-06-03	A. Johnson	DfE disinfectant	L. Martinez	Y	2025-05-30

Implementation Notes

1. **Track Product Usage**
   Incorporate Annex N5 into daily logs; employees must declare green cleaning usage, signed off per shift.
2. **Training Green Practices**
   Every new green product triggers instructor-led/LMS training documented via Annex N6 within 60 days of initial use.
3. **Monitor Compliance**
   Align usage logs (Annex N5) with procurement data to ensure ≥80 % of cleaning tasks use certified green products.
4. **Audit and Feedback**
   Conduct monthly reviews (by Safety/QA teams) of logs to identify deviations, provide refresher training, or remove untrained staff from green product use until training is completed.
5. **Governance & Reporting**
   Add green cleaning metrics to monthly environmental reports and quarterly management reviews.
6. **Continuous Improvement**
   Use data to evaluate product effectiveness and update procurement choices or training content.

Chapter 5 – Procurement & Equipment Performance

Quality Factor 5: Procurement & Equipment Performance

Enhancing operational efficiency, cost control, supplier governance, and regulatory compliance—now including contractual risk coverage.

Indicator 5.1 – Supplier & Product Qualification

Objective 5.1.1 – Supplier Vetting & Approval

- **Metric:** 100% of new suppliers pass a defined vetting process.
- **Probes:** Supplier questionnaire (certifications, safety, environment), approval logs, onboarding meeting records.
- **Responsible:** Procurement Manager
- **Reporting Cycle:** Quarterly supplier approval report

Objective 5.1.2 – Product Performance & Compliance

- **Metric:** ≥95% of procured equipment and chemicals meet defined specifications (e.g., EPA DfE).
- **Probes:** Spec sheets, test logs, certificates of analysis.
- **Responsible:** Procurement & Operations Managers
- **Reporting Cycle:** Quarterly product performance review

Objective 5.1.3 – Green Spend Compliance

- **Metric:** ≥75% of annual cleaning product spend meets environmental certification standards (Green Seal, UL EcoLogo, EPA Safer Choice).
- **Probes:** Categorized invoices, Annex T budget/actual cost analysis.
- **Responsible:** Procurement Manager / Sustainability Lead
- **Reporting Cycle:** Annual environmental spend compliance report

Objective 5.1.4 – Contractor Compliance Verification *(New)*

- **Metric:** 100% of contractors hold current licensure, insurance, and EHS certification.
- **Probes:**
  - Copies of insurance certificates (liability, workers' comp)
  - License status documentation
  - EHS training/compliance proof (e.g., background check, OSHA 10/30)
- **Responsible:** Procurement Manager / Compliance Officer
- **Reporting Cycle:** Quarterly contractor compliance report

---

Indicator 5.2 – Lifecycle & Maintenance Management

Objective 5.2.1 – Planned Maintenance Schedules

- **Metric:** 100% of key equipment is under scheduled maintenance.
- **Probes:** Maintenance logs, scheduling system outputs.
- **Responsible:** Maintenance Manager
- **Reporting Cycle:** Monthly maintenance report

Objective 5.2.2 – Repair & Replacement Strategy

- **Metric:** ≤5% equipment downtime due to delayed repairs; replacements per lifecycle plan.
- **Probes:** Repair logs, EOL notifications, replacement approvals.
- **Responsible:** Operations Manager / Maintenance Manager
- **Reporting Cycle:** Quarterly downtime & replacement report

---

Indicator 5.3 – Cost Efficiency & Budgeting

Objective 5.3.1 – Budget Compliance in Procurement

- **Metric:** Procurement spend within ±10% of forecast.
- **Probes:** PO-level budget vs. actual cost reports, variance analysis.
- **Responsible:** Procurement Manager / Finance
- **Reporting Cycle:** Monthly procurement dashboard

Objective 5.3.2 – Total Cost of Ownership (TCO)

- **Metric:** Annual TCO remains within budget.
- **Probes:** TCO worksheet including acquisition, maintenance, utilities, disposal.
- **Responsible:** Finance / Procurement
- **Reporting Cycle:** Annual TCO report

Indicator 5.4 – Supplier Performance & Relationship Management

Objective 5.4.1 – On-Time Delivery & Quality Rate

- **Metric:** ≥95% of orders delivered on time and meet quality specs.
- **Probes:** Delivery records linked to POs, inspection reports.
- **Responsible:** Procurement Manager
- **Reporting Cycle:** Monthly delivery performance report

Objective 5.4.2 – Supplier Scorecard Reviews

- **Metric:** Semi-annual analysis and review of key suppliers using scorecards.
- **Probes:** Scorecards covering delivery, quality, responsiveness, cost; review meeting minutes.
- **Responsible:** Procurement / Operations Managers
- **Reporting Cycle:** Bi-annual supplier performance review

Annexes

Annex P – Supplier Qualification Questionnaire & Approval Form

Field	Details
Company Name	_____
Contact Info	_____
Safety Certifications	☐ OSHA
Environmental Certifications	☐ EPA DfE
Insurance Liability	☐ Provided
Client References	☐ Verified
Evaluator	_____
Date	_____
Approval	☑ Approved ☐ Not Approved (Reason: _____)

Annex Q – Product Testing & Performance Log

Date	Product	Test Type	Result (P/F)	Notes	Tester
_____	_____	_____	_____	_____	_____

Annex R – Equipment Maintenance Schedule & Log

Interval	Equipment	Task Description	Parts Used	Technician	Next Due
Weekly/ Month _____	_____	_____	_____	_____	_____

Annex S – Repair Request & Downtime Record

Report Date	Equip. ID	Issue Description	Downtime Start	Downtime End	Cause	Cost	Resolved By
_____ _____	_____ _____	_____ _____	_____ _____	_____ _____	_____ _____	_____ ____	_____ _____

Annex T – Procurement Budget vs Actual Tracker

PO #	Description	Budget Cost	Actual Cost	Variance (%)	Notes
_____ _	_____ _____	_____ _____	_____ _____	_____ _____	_____ _____

Annex U – Total Cost of Ownership Worksheet

Equipment	Purchase Cost	Maintenance Cost	Utility Cost	Disposal Cost	Total TCO
_____ ___	_____ _____	_____ _____	_____ _____	_____ _____	_____ ___

Annex V – Supplier Scorecard

Supplier	On-Time (%)	Quality Defects (%)	Responsiveness (1–5)	Cost Competitiveness (1–5)	Overall Rating
_____ _____	_____ _____	_____ _____	_____ _____	_____ _____	_____ _____

Annex W5 – Contractor Compliance Log

Contractor Name	License Type	License #	Expiry Date	Insurance Type (Liability/WC)	Policy #	Expiry Date	EHS Compliance (Yes/No)	Last Verification Date	Notes

Implementation Notes

- **Contractor Screening:**
  Require Annex W5 during onboarding and annually; flag expiring documents 60 days in advance.
- **Continuous Oversight:**
  Combine W5 results with supplier scorecards (Annex V) to monitor overall contractor performance.
- **Budget Alignment:**
  Drive green spend analysis via Annex T and monitor TCO via Annex U.
- **Governance Reporting:**
  Include procurement cost vs budget, contractor compliance, green spend, and TCO in quarterly operations reviews.
- **Continuous Improvement:**
  Use contract or product performance trends to revise procurement policy, adjust sourcing strategies, and update annex forms.

Chapter 6 – Quality Assurance & Continuous Improvement

Quality Factor 6: Quality Assurance & Continuous Improvement

Indicator 6.1 – Internal Audits & Inspection Programs

Objective 6.1.1 – Audit Coverage

- **Metric:** 100 % of sites receive scheduled quality audits at least quarterly.
- **Probes:**
  - Annex W – completed audit forms
  - Audit schedule log with dates and site coverage
- **Responsible:** Quality Manager
- **Reporting Cycle:** Quarterly internal audit report

Objective 6.1.2 – Non-Conformance Handling

- **Metric:** ≥90 % of identified non-conformances closed within 30 days.
- **Probes:**
  - Annex X – NCR forms with root-cause analysis and CAP tracking

- **Responsible:** Quality Manager / Site Supervisors
- **Reporting Cycle:** Monthly NCR status summary

Indicator 6.2 – Client Feedback & Service Reviews

Objective 6.2.1 – Client Satisfaction Monitoring

- **Metric:** Quarterly client satisfaction surveys achieved with ≥80 % response rate.
- **Probes:**
  - Annex Y – distributed survey template and compiled summary report
- **Responsible:** Quality Manager / Client Services
- **Reporting Cycle:** Quarterly service quality report

Objective 6.2.2 – Customer Issue Resolution

- **Metric:** 100 % of complaints acknowledged within 24 h and resolved within 7 days.
- **Probes:**
  - CRM logs
  - Annex X – marked as "Client Issue" for tracking
- **Responsible:** Client Services / Quality Manager
- **Reporting Cycle:** Monthly complaint resolution report

Indicator 6.3 – Continuous Improvement Initiatives

Objective 6.3.1 – CI Project Implementation

- **Metric:** ≥2 improvement projects launched and completed annually per unit.
- **Probes:**
  - Annex Z – CI project plan with baseline, milestones, outcomes
- **Responsible:** QA Team / Ops Managers
- **Reporting Cycle:** Annual CI summary

Objective 6.3.2 – Capturing Best Practices

- **Metric:** SOPs or training updated within 2 months after incident, audit, or client input.
- **Probes:**
  - Updated documents with version log
  - Annex Z – completion timestamp noted
- **Responsible:** Quality Manager / Training Manager

- **Reporting Cycle:** Ongoing; semi-annual update report

Indicator 6.4 – Performance Metrics & Dashboards

Objective 6.4.1 – KPI Dashboard Deployment

- **Metric:** Weekly real-time dashboards active with top KPIs (safety, quality, audit, client, equipment, procurement).
- **Probes:**
  - Annex AA – dashboard layout snapshot and KPI definitions
  - Access logs
- **Responsible:** Quality Manager / Operations Manager
- **Reporting Cycle:** Weekly dashboard review record

Objective 6.4.2 – Management Review Meetings

- **Metric:** Quarterly strategic reviews with attendance, agenda, and action item records.
- **Probes:**
  - Annex AB – minutes and action log
- **Responsible:** Executive Team / Quality Manager
- **Reporting Cycle:** Quarterly strategic report

Annexes

Annex W – Internal Quality Audit Checklist

Fields include:
- Site details, auditor, date
- Sections for housekeeping, SOP compliance, HSE checks, equipment function
- Findings categorized by criticality
- Space for corrective action recommendations and target dates

---

Annex X – Non-Conformance & Corrective Action Report (NCR)

NCR #	Date	Site	Non-Conformance Description	Root Cause	Corrective Action	Responsible	Due Date	Closure Date	Verification

Annex Y – Client Survey Template & Summary

Survey Sections:
• Cleanliness quality (1–5)
• Response satisfaction (1–5)
• Staff professionalism (1–5)
• Open comments

Summary Table:

Question Avg Score Response Rate Top Praise Top Concern

Annex Z – CI Project Plan Template

Project Title	Start/End Dates	Project Lead	Baseline Metric	Target Outcome	Status	Remarks

Sections:
• Scope / objectives
• Steps / timeline
• Outcome measure
• Lessons learned

Annex AA – KPI Dashboard Layout

Widgets include:
• Audit scores
• NCR closure %
• Client satisfaction avg
• HSE incidents
• Equipment downtime %
• Green spend %
• Procurement cost variance

Each widget includes KPI name, formula, target threshold, update frequency.

Annex AB – Management Review Agenda & Minutes

Agenda Template:
• Review KPIs
• Audit & NCR status
• Client feedback
• CI project reviews
• Resource/budget updates
• New business

Minutes Template:
• Meeting date/time/location
• Participants
• Discussion summary per agenda item
• Decisions & assigned actions
• Due dates and owners

Implementation Notes

- **Audit Execution:** Use Annex W to complete audits quarterly and upload findings to central QA database.
- **NCR Process:** Log and manage each non-conformance via Annex X; track closure in monthly reports.
- **Client Engagement:** Deploy Annex Y surveys quarterly; analyze feedback and route issues into NCR or CI workflows.
- **Continuous Improvement:** Launch CI efforts with Annex Z; publish results and incorporate learning into SOPs/training.
- **KPI Dashboards:** Build and update dashboards weekly via Annex AA; conduct reviews to signal trends immediately.
- **Strategic Governance:** Host quarterly sessions using Annex AB agendas and minutes; escalate key decisions to leadership.
- **Cross-Functional Collaboration:** Ensure QA, Ops, HR, Finance, Safety, Procurement, and Sustainability teams contribute data feeds.
- **Ownership Accountability:** Clearly assign responsibility for each KPI and action item; monitor in dashboards and minutes.
- **Evolution and Refinement:** Annual review of processes and annex formats to incorporate insights and regulatory changes.

Chapter 7 – Risk Management & Emergency Response

Quality Factor 7: Risk Management & Emergency Response

Indicator 7.1 – Risk Identification & Assessment

Objective 7.1.1 – Hazard & Risk Assessments

- **Metric:** 100% of sites conduct annual risk assessments encompassing safety, chemical, environmental, and operational risks.
- **Probes:**
    - **Annex AC – Site Risk Assessment Template** (covers hazard categories, risk rating, control measures, review dates)
    - Completed site walkthrough checklists
- **Responsible:** Safety Manager / Site Supervisors
- **Reporting Cycle:** Annual risk assessment report

Objective 7.1.2 – Risk Register Maintenance

- **Metric:** Risk register updated quarterly with risk severity, likelihood, and controls documented.
- **Probes:**
    - **Annex AD – Risk Register Template** (risk ID, description, rating, owner, mitigation, status, next review)
    - Version logs and update records
- **Responsible:** Risk Manager / Safety Manager
- **Reporting Cycle:** Quarterly update report

Indicator 7.2 – Emergency Planning & Response

Objective 7.2.1 – Emergency Response Plan (ERP)

- **Metric:** 100% of sites maintain a site-specific ERP covering fire, chemical spill, medical, threats, and disasters.
- **Probes:**
    - **Annex AE – ERP Template** (site layout, emergency roles, evacuation route, contact list, equipment locations, testing schedule)

- o Sign-off and distribution logs
- **Responsible:** Safety Manager / Site Managers
- **Reporting Cycle:** Annual ERP review

Objective 7.2.2 – Emergency Drills & Training

- **Metric:** At least one fire-and-spill drill per year per site, with 100% staff participation.
- **Probes:**
  - o **Annex AF – Emergency Drill Attendance & Evaluation Log** (date, drill type, attendance, observed issues, corrective actions)
- **Responsible:** Safety Manager / Training Coordinator
- **Reporting Cycle:** Annual drill report

Indicator 7.3 – Incident Reporting & Investigation

Objective 7.3.1 – Timely Incident Reporting

- **Metric:** 100% of incidents reported within 24 hours.
- **Probes:**
  - o **Annex AG – Incident Report & Investigation Form** (incident details, witness, immediate action, severity rating)
  - o Timestamped incident log
- **Responsible:** Site Supervisors / Safety Manager
- **Reporting Cycle:** Monthly incident log review

Objective 7.3.2 – Incident Investigation & Learnings

- **Metric:** Investigation and corrective plan completed within 7 days for all reportable incidents.
- **Probes:**
  - o Annex AG with root-cause, corrective actions, owner, due and completion dates
  - o Follow-up verification notes
- **Responsible:** Safety Manager / Quality Manager
- **Reporting Cycle:** Monthly investigation summary

Indicator 7.4 – Business Continuity & Recovery

Objective 7.4.1 – Business Continuity Planning (BCP)

- **Metric:** All sites have documented BCPs identifying critical processes, recovery objectives, and backup arrangements.
- **Probes:**
  - o **Annex AH – BCP Template** (critical functions, RTO/RPO, recovery site, backup contacts)
- **Responsible:** Risk Manager / Site Management
- **Reporting Cycle:** Annual BCP review

Objective 7.4.2 – BCP Testing & Validation

- **Metric:** Annual tabletop exercises covering at least two disruption scenarios with participation documented.
- **Probes:**
  - o **Annex AI – BCP Exercise Log & After-Action Summary** (date, scenario, attendees, findings, improvement actions)
- **Responsible:** Risk Manager / Operations Manager
- **Reporting Cycle:** Annual continuity exercise report

Annexes

Annex AC – Site Risk Assessment Template

Hazard Category	Identified Hazard	Risk Rating (L×I)	Existing Controls	Additional Actions	Owner	Due Date	Review Date

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Annex AD – Risk Register Template

Risk ID	Description	Likelihood	Impact	Rating	Control Measures	Owner	Status	Next Review

---

Annex AE – Emergency Response Plan Template

Sections include:

- Site Emergency Contact List
- Evacuation Routes & Assembly Points (maps)

- Roles & Responsibilities (Incident Commander, First Aid, Evacuation Lead)
- Emergency Equipment Locations (alarms, extinguishers, spill kits)
- Response Procedures by Scenario
- Communication Protocols
- Training & Drill Schedule

Annex AF – Emergency Drill Attendance & Evaluation Log

Drill Date	Type (Fire/Spill)	Number of Staff Present	Drill Duration	Observations & Issues	Corrective Actions

---

Annex AG – Incident Report & Investigation Form

Fields include:

- Incident Date/Time/Location
- Reporter & Witnesses
- Incident Description & Immediate Handling
- Severity Level
- Root Cause Analysis
- Corrective Action Plan: Task, Responsible, Due Date
- Verification of Implementation

Annex AH – Business Continuity Plan (BCP) Template

Sections include:

- Critical Business Functions
- RTO / RPO Objectives
- Recovery Strategies (Alternate Location, Remote Ops)
- Key Contacts & Roles
- Resource Requirements
- Plan Approval

Annex AI – BCP Exercise Log & After-Action Summary

Exercise Date	Scenario Description	Attendees	Successes / Gaps	Actions Identified	Owner	Due Date

Implementation Notes

- **Annual Risk Assessments:** Use Annex AC to assess hazards. Update risk register (Annex AD) post-assessment and after any incident.
- **Emergency Planning & Drills:** Develop ERPs with Annex AE and distribute. Conduct drills using Annex AF; correct issues promptly.
- **Incident Processes:** Report within 24 hours using Annex AG. Investigate and close actions within 7 days; review in safety meetings.
- **Business Continuity:** Maintain and review BCPs via Annex AH annually. Validate through tabletop exercises using Annex AI, applying lessons learned.
- **Governance & Reporting:** Include risk and incident data in monthly/annual reports. Escalate severe risks and unresolved actions.
- **Cross-Functional Integration:** Involve Safety, Risk, Operations, and IT/HR teams. Share findings and updates internally.
- **Continuous Improvement:** Analyze exercise and incident findings to refine plans. Update SOPs, drills, and BCPs based on insights.

Chapter 8 – Governance & Management Review

Quality Factor 8: Governance & Management Review

Indicator 8.1 – Governance Structure & Accountability

Objective 8.1.1 – Defined Governance Bodies

- **Metric:** 100 % of quality, HSE, procurement, and risk functions have documented governance committees with defined charters.
- **Detailed Probes:**
  - **Annex AC – Governance Committee Charter Template** (purpose, membership, meeting frequency, responsibilities, reporting)
  - Approved charters with signatures
- **Responsible:** Executive Team / Corporate Secretary
- **Reporting Cycle:** Annual governance report

Objective 8.1.2 – Role Clarity & RACI Alignment

- **Metric:** 100 % of core processes have updated RACI matrices.
- **Detailed Probes:**
    - **Annex AD – RACI Matrix Template** (process name, Responsible, Accountable, Consulted, Informed)
    - Signed RACI documents
- **Responsible:** Quality Manager / Process Owners
- **Reporting Cycle:** Annual update or upon process change

Indicator 8.2 – Management Reviews & Strategic Oversight

Objective 8.2.1 – Regular Management Meetings

- **Metric:** Quarterly management review meetings held, covering quality, HSE, procurement, risk, and client feedback.
- **Detailed Probes:**
    - **Annex AE – Management Review Agenda & Minute Template** (agenda items, attendance, decisions, actions)
    - Meeting records signed by attendees
- **Responsible:** Executive Team / Quality Manager
- **Reporting Cycle:** Quarterly meeting summary

Objective 8.2.2 – Data-Driven Decision-Making

- **Metric:** ≥90 % of decisions are supported by data such as KPIs, dashboards, or audit findings.
- **Detailed Probes:**
    - Meeting minutes with clear KPI references or attachments
    - Follow-up action item logs with status
- **Responsible:** Quality Manager / Operations Manager
- **Reporting Cycle:** Quarterly follow-up review

Indicator 8.3 – Policy & Compliance Review

Objective 8.3.1 – Policy Review & Revision

- **Metric:** Annually review and update 100 % of organizational policies.
- **Detailed Probes:**
    - Version-controlled policies with review dates and approval signatures

- o **Annex AF – Policy Review Log Template** (policy name, owner, review date, changes made, approved by)
- **Responsible:** Corporate Secretary / HR / Quality Manager
- **Reporting Cycle:** Annual review report

Objective 8.3.2 – Regulatory Compliance Validation

- **Metric:** Zero critical or major non-conformities in regulatory or certification audits.
- **Detailed Probes:**
  - o Audit reports and closure records
  - o Certification documentation
- **Responsible:** Compliance Officer / Dept Heads
- **Reporting Cycle:** Annual compliance summary

Indicator 8.4 – Performance Evaluation & Continuous Governance

Objective 8.4.1 – Governance KPI Dashboard

- **Metric:** Dashboard tracking audit compliance, management review frequency, action closure rates, and compliance status is updated quarterly.
- **Detailed Probes:**
  - o Dashboard screenshot or system link
  - o KPI definitions and update logs
- **Responsible:** Quality Manager / Corporate Secretary
- **Reporting Cycle:** Quarterly dashboard review

Objective 8.4.2 – Action Closure Rates

- **Metric:** ≥90 % of corrective/preventive actions decided in governance meetings are closed within assigned timelines.
- **Detailed Probes:**
  - o Action item tracker with status updates and closure evidence
- **Responsible:** Assigned Action Owners / Quality Manager
- **Reporting Cycle:** Quarterly action review

Annexes

Annex AC – Governance Committee Charter Template

Sections:

1. **Purpose & Scope** – Define why the committee exists
2. **Membership** – Roles, responsibilities, terms
3. **Meeting Schedule** – Frequency, quorum, location
4. **Responsibilities** – Oversight duties, reporting lines
5. **Deliverables** – Documents, dashboards, reports
6. **Review & Amendments** – Charter update frequency

Annex AD – RACI Matrix Template

Process Name	Responsible	Accountable	Consulted	Informed
e.g., Onboarding Process	HR Manager	Director of HR	Training Manager, IT	All Staff Database
…	…	…	…	…

Annex AE – Management Review Agenda & Minute Template

Agenda Items:

- KPI Dashboard Review
- Audit & NCR Status
- Client & Safety Updates
- CI Projects Progress
- Risk & Environmental Issues
- Resource/Budget Status
- Action Items

Minutes Required:

- Date/Time; Attendees; Summary Notes per Agenda; Decisions & Assigned Owners; Deadlines

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Annex AF – Policy Review Log Template

Policy Name	Owner	Last Review Date	Changes Made	Approved By	Next Review Date

Quality Management Policy	Quality Manager	2025-01-10	Added KPI metrics section	VP Quality	2026-01-10
…	…	…	…	…	…

Implementation Notes

- **Governance Charter Management:**
  Customize Annex AC for each governance group. Review charters annually or after significant change.
- **RACI Enforcement:**
  Complete Annex AD for key processes. Update when responsibilities or organizational structure changes.
- **Consistent Reviews:**
  Schedule quarterly meetings and use Annex AE templates to ensure structured discussion and action-logging.
- **Policy Maintenance:**
  Track all policies using Annex AF to ensure annual revision and compliance.
- **Data-Informed Leadership:**
  Ensure dashboards and KPIs feed directly into governance discussions, enabling informed decision-making.
- **Action Tracking:**
  Monitor action list, requiring ≥90 % closure within deadlines; escalate delays during quarterly governance review.
- **Regulatory Compliance:**
  Document audit results and corrective actions clearly, aiming for zero major findings.
- **Continuous Improvement in Governance:**
  Annually review governance model effectiveness and update committee charters, dashboards, or policy review protocols as needed.

Chapter 9 – Training, Communication & Change Management

Quality Factor 9: Training, Communication & Change Management

Indicator 9.1 – Training Effectiveness & Coverage

Objective 9.1.1 – Mandatory Training Completion

- **Metric:** 100 % of employees complete required training (e.g., HSE, chemical handling, EEO, SOPs) by assigned due dates.
- **Probes:**
    - **Annex AG – Training Matrix** (tracks roles, modules, assigned/due dates, completion status, version, notes)
    - LMS reports and certificates of completion
- **Responsible:** Training Manager / HR
- **Reporting Cycle:** Bi-annual training audit

Objective 9.1.2 – Competency Verification

- **Metric:** ≥90 % of employees pass post-training quizzes or practical assessments.
- **Probes:**
    - **Annex AH – Post-Training Quiz & Skills Checklist** (records quiz scores, practical outcomes, evaluator)
    - Supervisor competency sign-offs
- **Responsible:** Training Manager / Supervisors
- **Reporting Cycle:** Quarterly competency summary

Indicator 9.2 – Communication Program & Internal Awareness

Objective 9.2.1 – Communication Reach & Engagement

- **Metric:** ≥90 % open/read rate on internal communications (email, bulletins, intranet).
- **Probes:**
    - **Annex AI – Communication Log** (date, channel, audience, subject, open/read stats, notes)
- **Responsible:** Corporate Communications / HR
- **Reporting Cycle:** Quarterly communication effectiveness report

Objective 9.2.2 – Communication Clarity & Satisfaction

- **Metric:** ≥80 % positive agreement ("clear and useful") on staff surveys.
- **Probes:**
    - **Annex AJ – Communication Effectiveness Survey** (questions, avg score, % positive, comments)
- **Responsible:** HR / Corporate Communications
- **Reporting Cycle:** Annual survey summary

Indicator 9.3 – Change Management & Adoption

Objective 9.3.1 – Structured Change Planning

- **Metric:** 100 % of significant changes (process, system, policy) follow documented Change Management Plans.
- **Probes:**
  - **Annex AK – Detailed Change Management Plan** (below)
- **Responsible:** Change Owner / Change Agent
- **Reporting Cycle:** Approved at designated project milestones

Objective 9.3.2 – Adoption Monitoring

- **Metric:** ≥85 % of staff report successful adaptation within 3 months post-change.
- **Probes:**
  - **Annex AL – Post-Change Readiness Survey** (awareness, training, adoption score, feedback)
- **Responsible:** Change Agent / Training Manager
- **Reporting Cycle:** One survey administered 3 months after rollout

---

Annexes

Annex AG – Training Matrix

Role / Employee Name	Training Module	Assigned Date	Due Date	Completed (Y/N)	Completion Date	Material Version	Notes
Floor Staff	HAZCOM	2025-01-01	2025-03-01	Y	2025-02-25	v2.5	Retaken due to lapse
Supervisor	Leadership Training	2025-03-15	2025-04-15	N	—	v1.2	Rescheduled

---

Annex AH – Post-Training Quiz & Skills Checklist

Employee	Module	Date	Quiz Score (%)	Practical Pass (Y/N)	Evaluator	Comments
J. Doe	Chemical Handling	2025-02-20	88	Y	J. Smith	Demonstrated safe use

Annex AI – Communication Log

Date	Channel	Audience	Subject	Open Rate (%)	Read Rate (%)	Notes
2025-03-01	Email	All Staff	New PPE Update	92	88	FAQs included; intranet link clicked 120x

Annex AJ – Communication Effectiveness Survey

Question	Avg Score	% Positive (4–5)	Key Comments
"Communications are clear/useful."	4.2	82 %	"Include more case examples."

Annex AK – Detailed Change Management Plan

1. Change Identification & Scope

Field	Details
Title	_____
Description and Purpose	_____
Category	□ Process □ System □ Policy □ Other: _____

2. Stakeholder Mapping

Name	Role	Impact Level	Influence Level
Jane Doe	Site Supervisor	High	Medium
…	…	…	…

3. Communication Plan

Message	Audience	Channel	Responsible	Timing
SOP updates	All staff	Email/Intranet	Change Lead	2 weeks pre-go/live
Training briefing	Supervisors	Meeting/LMS	Training Manager	1 week pre-launch

4. Training & Competency

Required Modules	Delivery Mode	Deadline
Refer to Annex AG	[Insert mode]	[Insert deadline]

5. Risk Assessment & Mitigation

Risk Description	Likelihood	Impact	Mitigation Strategy
Low adoption rate	Medium	High	Assign change champions, refresher sessions

6. Schedule & Milestones

Milestone	Date	Owner
Communication sent	2025-06-01	Change Lead
Training complete	2025-06-10	Training Team
Go live	2025-06-15	Project Owner
Post-change review	2025-09-15	Change Agent

7. Success Metrics

Adoption Rate ≥85% (tracked via Annex AL)
SOP incident reduction ≥10%

8. Approvals

Role	Name	Date
Change Owner	_____	//____
Sponsor	_____	//____
Communications Lead	_____	//____

Annex AL – Post-Change Readiness Survey

Employee Name	Change Initiative	Aware (Y/N)	Training Completed (Y/N)	Adoption Score (1–5)	Feedback
J. Doe	New SOP Digital System	Y	Y	4	"Interface could improve."

Implementation Notes

- **Training Compliance:**
  Track and prompt action on overdue modules tracked in Annex AG and AH.
- **Internal Communication Engagement:**
  Review engagement metrics in Annex AI quarterly; refine messaging for higher impact.
- **Feedback Integration:**
  Analyze survey findings in Annex AJ to improve communication clarity and usefulness.
- **Structured Change Management:**
  Deploy Annex AK for every significant change; track all activities and follow milestones and sign-offs.
- **Post-Change Evaluation:**
  Use Annex AL to assess adoption and inform further improvement within 3 months post-change.
- **Governance Reporting:**
  Include training, communication, and change adoption results in quarterly governance reviews.
- **Continuous Improvement:**
  Regularly refine training material, communication practices, and change management processes based on collected data and lessons learned.

Chapter 10 – Documentation & Record Control

Quality Factor 10: Documentation & Record Control

Indicator 10.1 – Document Management & Control

Objective 10.1.1 – Document Version Control & Registration

- **Metric:** 100 % of policies, SOPs, forms, and templates are catalogued in a controlled register with version history.
- **Probes:**
    - **Annex AK10 – Document Control Register** (detailed table below)
    - Document metadata (version, author, approval dates) in the system
- **Responsible:** Document Control Coordinator / Quality Manager
- **Reporting:** Quarterly document status audit

Objective 10.1.2 – Access Management & Usability

- **Metric:** 100 % of staff can access current versions; obsolete versions are restricted.
- **Probes:**
    - Access matrix by role/function
    - System logs and retrieval test records
- **Responsible:** IT Manager / Document Control Coordinator
- **Reporting:** Semi-annual access compliance report

Indicator 10.2 – Record Retention & Disposal

Objective 10.2.1 – Formal Retention Scheduling

- **Metric:** All record types assigned approved retention periods.
- **Probes:**
    - **Annex AL10 – Record Retention Schedule** (detailed table below)
    - Signed retention policies
- **Responsible:** Compliance Officer / Document Control
- **Reporting:** Annual retention compliance report

Objective 10.2.2 – Secure Record Disposal

- **Metric:** 100 % of obsolete documents securely disposed as per schedule.
- **Probes:**

- o Disposal logs or shredding/deletion certificates
- o Inventory of disposed vs. retained records
- **Responsible:** Document Control / Records Clerk
- **Reporting:** Annual disposal summary

Indicator 10.3 – Record Accuracy & Integrity

Objective 10.3.1 – Record Completeness & Legibility

- **Metric:** ≥95 % of audited records are complete, legible, and tamper-free.
- **Probes:**
  - o Audit findings from sample reviews (training matrices, NCRs, logs)
  - o Corrective action follow-up records
- **Responsible:** Quality Manager / Audit Team
- **Reporting:** Annual record audit report

Objective 10.3.2 – Backup & Business Continuity Storage

- **Metric:** 100 % of electronic records backed up daily; critical papers stored securely.
- **Probes:**
  - o Daily backup logs
  - o Quarterly recovery testing reports
  - o Physical record logs
- **Responsible:** IT Manager / Records Manager
- **Reporting:** Quarterly backup & recovery report

Annexes

Annex AK10 – Document Control Register

Doc ID	Title	Version	Author	Approval Date	Next Review Date	Document Owner	Storage Location/ Link
SOP–B1	Bathroom Sanitization SOP	v3.2	Ops Manager	2025-05-10	2026-05-10	Quality Manager	SharePoint > SOPs > Bathroom Sanitization

| FORM–W5 | Contractor Compliance Log | v1.0 | Procurement Manager | 2025-06-15 | 2026-06-15 | Compliance Officer | SharePoint > Procurement > Logs |
| POLICY–DC | Document Control Policy | v2.1 | Doc Control Coord. | 2025-03-01 | 2026-03-01 | Document Control Lead | SharePoint > Policies |

How to use this annex:

- Each new or revised document is assigned a unique Doc ID and entered here.
- Updates require new version number, approval date, and next review date.
- Storage link directs users to the current document.

Annex AL10 – Record Retention Schedule

Record Type	Retention Period	Format	Storage Location	Disposal Method
Training Records	7 years	Digital	LMS archive	Secure deletion
Audit & Inspection Reports	5 years	Digital/Paper	QMS folder	Shredding/digital deletion
Incident Reports	7 years	Digital	SharePoint > Safety	Secure deletion
Contractor Compliance Logs	7 years after contract end	Digital/Paper	Procurement/audit folder	Shredding & file purge
SOPs / Policies	Life + 2 years	Digital	Document Library	Archive then purge

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Implementation Notes

- **Central Document Repository:**
  Adopt a system (e.g., SharePoint) where storage links in Annex AK10 always redirect to the latest version. Restrict access based on roles; archive old versions with metadata.

- **Review Cadence:**
  Use the "Next Review Date" column to schedule review activities. Evidence review or revision to maintain version currency.
- **Access Management:**
  Map access permissions to staff roles. Conduct periodic retrieval tests to ensure no obsolete content is accessible.
- **Retention Enforcement:**
  Use Annex AL10 to guide scheduled deletions. Generate reminders and log disposal activity with signature.
- **Record Quality Control:**
  Incorporate record checks into internal audits. Address discrepancies via corrective action and training refreshers.
- **Backup Strategy:**
  Ensure backups are performed daily with offsite redundancy. Conduct quarterly recovery tests and log results.
- **Audit Compliance Readiness:**
  Print or export Register and Retention Schedule for auditors. Ensure traceability from review dates to disposal documents.

Special Note

AMSI (2025). *Inclusive Quality Framework for Cleaning Services (CLS1 Standard).* American Support Standards Institute. www.amsi-inc.org

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