

Management System Assessment Report

Aerem Limited

02 February 2026



Headquarters

Company	Aerem Limited
Physical Address	123B Dominion Road Mount Eden Auckland 1041 NZ
Postal Address	163 Stoddard Road Mt Roskill Auckland 1041 NZ
Register Information	Legal Name - Aerem Limited Trading Name - Aerem Environmental
Client No	18933
WPF No	119595
Report Issued By	
Non-conformances to be actioned by	Minor non-conformances action plan accepted by
Report Issued	10.03.2026

COMB-AUDIT

Revalidation Assessment (RA)

Management System Standards	STANDARD	REGISTRATION NUMBER	EXPIRY
	ISO 14001:2015	516	19.04.2026
	ISO 9001:2015	3229	19.04.2026
	ISO 45001:2018	812	19.04.2026
Assessment Due Date & Frequency	19.02.2026 - 12 Months		
Actual Date(s) of Assessment	02.02.2026 - 3 days		
Program Authorized Representative	Julie Saia 022 017-7690 julie@aerem.co.nz cc ben@aerem.co.nz / kieran@aerem.co.nz		
Assessment Team	ROLE	NAME	EMAIL
	Assessment Co-ordinator	Ehtesham Khan	Ehtesham.Khan@telarc.co.nz
Scope Statement	Provision of Environmental Consultancy and testing for Asbestos, Asbestos Surveys, Asbestos Clearances, Asbestos Laboratory Analysis, Mould and Soil consultancy/analysis		

Assessment Units

AeremEnvironmental - Aerem Limited

Physical Address	123B Dominion Road Auckland 1041 NZ
Number of Personnel	5
Local Authorized Representative	Julie Saia
Assessment Unit Status	Registered Operative
Scope Statement	Provision of Environmental Consultancy and testing for Asbestos, Asbestos Surveys, Asbestos Clearances, Asbestos Laboratory Analysis, Mould and Soil consultancy/analysis

ASSESSMENT OBJECTIVES

The purpose of this assessment was to determine the capability and effectiveness of your organisation's management system and commitment to ensure continual compliance with customer, statutory and regulatory requirements; meeting its specified objectives; and conformity of the management system to stated criteria. Where applicable the assessment identified areas of potential improvement of the management system.

EXECUTIVE OVERVIEW

Assessment Outcome

The purpose of this audit was to assess the effectiveness of Aerem Limited's Integrated Management System (IMS) against ISO 9001, ISO 14001, and ISO 45001, and to determine how well the organisation continues to meet customer, statutory, and regulatory requirements. The assessment reviewed documentation, interviewed key personnel, and evaluated processes across quality, environmental, and health & safety functions to confirm ongoing conformity and identify opportunities for improvement.

Aerem Limited is an environmental consultancy based in Auckland, providing asbestos surveying, asbestos clearances, laboratory analysis, mould assessments, and soil consultancy services. The organisation operates with a small but technically competent team and maintains a mature IMS supported by structured procedures, defined roles, and a strong focus on technical capability, compliance, and service quality. The scope of certification covers all consultancy and testing services delivered from its Dominion Road facility.

The audit highlighted several strong points, including clear leadership commitment, well-maintained policies, structured competency frameworks, and robust calibration and equipment maintenance processes. Evidence such as the IMS Manual, training and competency records, calibration registers, environmental strategy plans, and documented risk assessments demonstrated a well-controlled system. Worker participation processes, internal communication mechanisms, and the organisation's strategic planning framework further reinforced the strength and maturity of the IMS. Historical non-conformances have been effectively addressed, showing a commitment to continual improvement.

One minor non-conformance was raised relating to the absence of a completed 2025 legal and other requirements compliance review, indicating a gap in scheduled evaluation activities. Opportunities for improvement were also identified, including implementing regular toolbox meetings, enhancing management system training, defining psychosocial risks more clearly, developing a standardised emergency drill report template, and establishing an annual calendar of key IMS activities. These improvements would support stronger planning, communication, and system resilience.

Thank you to the Aerem Limited team for their cooperation, professionalism, and openness throughout the assessment. The organisation's willingness to provide evidence promptly and engage constructively contributed significantly to the effectiveness of this audit.

Recommendation

The recommendation from this assessment, for the standard(s) and scope detailed in this report, is that your certification continues.

Assessment recommendations are always subject to the Telarc Certification Authority for review and final decision.

HISTORIC NON CONFORMANCES

HNC.1 The organization failed to demonstrate evidence of conducting internal audits covering all applicable requirements of the management systems within the past year." (NC Closed EHK 04.02.2026)

NON CONFORMANCES

NC.1	The organisation has not ensured that legal and other applicable requirements are reviewed and evaluated at planned intervals. The absence of a completed 2025 compliance review
TYPE: MINOR	
<p>Observation: During the audit it was noted that the organisation had not completed its scheduled review of legal and other applicable requirements for the year 2025.</p>	
<p>Process and Subprocesses:</p> <ul style="list-style-type: none"> AU1 - AeremEnvironmental / Performance Evaluation / Evaluation of Compliance <p>Clause of the standard:</p> <ul style="list-style-type: none"> 9.1.2 Evaluation of compliance(ISO 14001:2015(EMS)) 9.1.2 Evaluation of compliance(ISO 45001:2018(OHS)) 	
<p>Approved Action Plan: The Director will be responsible to: Conduct the overdue 2025 legal compliance review, ensuring all obligations are evaluated and evidence is recorded. Implement a compliance review schedule integrated into the IMS calendar to ensure annual reviews are completed on time. Assign a responsible person (e.g., Compliance Manager / IMS Coordinator) to oversee completion and maintenance of the compliance review. Introduce a documented sign-off process to verify that each annual review has been completed and approved by management. Record the completed review and upload it to the IMS as controlled documented information. by Benjamin Alfor, done by 31.03.2026</p>	
<p>Actions Taken:</p> <p>Evidence Uploaded:</p>	
<p>Response Status: Minor NC – Action to be taken as per approved action plan. Results to be reviewed at the next audit. Certification can be continued.</p>	

OPPORTUNITIES FOR IMPROVEMENT

- OI 1** The organisation could consider implementing regular toolbox meetings to strengthen day-to-day communication, reinforce key safety messages, and support ongoing worker engagement.
- OI 2** Consider whether providing additional management system training or awareness sessions for staff would enhance understanding of roles, responsibilities, and system requirements.
- OI 3** The organisation may wish to clearly define psychosocial risks and outline how these will be identified, assessed, and managed as part of the overall risk management framework.
- OI 4** Consider developing a standardised emergency drill report template to document the scenario tested, effectiveness of the response, key findings, and opportunities for improvement.
- OI 5** The organisation could consider establishing an annual calendar of key activities, tasks, plant maintenance, and other planned events to support forward planning and resource allocation.

Conformance Data - COMB-AUDIT

Throughout the certification period, the organization has effectively established and implemented an integrated management system, nurturing strong interrelationships between processes. Telarc Audits over the past three years consistently underscored well-controlled and robust processes, driven by continuous improvement efforts and alignment with quality, health, safety, environmental systems, and business requirements, fully supporting the scope of certification.

Aspect/Audit Date	20.03.2023	07.02.2024	14.04.2025	02.02.2026
	Empty	Review Visit 1 (RV1)	Review Visit 2 (RV2)	Revalidation Assessment (RA)
Context of the organization (interested parties & scope)	Compliant	Compliant	Compliant	Compliant
Leadership (commitment, policy, roles & responsibilities)	Compliant	Compliant	Compliant	Compliant
Planning (risks & opportunities, objectives & plans)	Minor NC x1	Compliant	Compliant	Compliant
Support (planning, control & records)	Compliant	Compliant	Compliant	Compliant
Operation - Products & Services (planning, control & records)	Compliant	Compliant	Compliant	Compliant
Performance evaluation (monitor/measure, audit, review)	Compliant	Compliant	Minor NC x1	Minor NC x1
Improvement (including non-conformance & corrective actions)	Compliant	Compliant	Compliant	Compliant
Compliance with Certification Conditions (cert mark, ST&C, etc.)	Compliant	Compliant	Compliant	Compliant

SPECIFIC AUDIT INFORMATION**Aerem Limited****Context of Organisation**

Aerem Limited operates within a set of internal and external conditions that influence how effectively it can deliver safe, high-quality, and environmentally responsible consultancy and testing services. Internally, the organisation's capability is shaped by its technical expertise in asbestos, mould, and soil consultancy, the competence of its people, the availability of resources, and the maturity of its operational processes. Externally, Aerem Limited is influenced by regulatory obligations, client expectations, market competition, environmental conditions, and broader economic factors. These combined elements form the environment in which the Integrated Management System functions and guide how the organisation plans, manages risk, and continually improves.

Aerem Limited recognises that its ability to operate effectively depends on understanding the expectations of the people and organisations that interact with or influence its work. These interested parties shape how the Integrated Management System is designed and maintained. Management expects reliable performance information and alignment with strategic goals. Clients expect accurate, timely, and compliant consultancy and testing services. Employees rely on a safe workplace, clear communication, and opportunities to develop competence. Suppliers and subcontractors must provide compliant materials, equipment, and services that do not compromise quality, safety, or environmental performance. Regulators expect full compliance with New Zealand legislation, while certification bodies require ongoing conformity with ISO 9001, ISO 14001, and ISO 45001. Insurers, banks, and the public also influence how Aerem Limited manages risk, reputation, and sustainability. These expectations are monitored through audits, reviews, communication processes, and operational controls, ensuring the organisation remains aligned with legal, contractual, and social obligations.

Sources of Evidence / Audit Trails

- Interview with the management team
- QA-MAN02 – Integrated Management System Manual Version 4.0, issued 28/08/2025 – Section 6
- List of Interested Parties v.2 Version 2
- Strategic Plan (Referenced in QA-MAN02 Section 6)
- QA-MAN02 – Integrated Management System Manual Version 4.0, issued 28/08/2025
- Strategic Plan (Referenced in QA-MAN02 Section 6)

Climate-related risks are integrated into Aerem Limited's planning because they can affect service delivery, environmental performance, and business continuity. Natural disasters such as storms or flooding may disrupt operations, damage assets, or delay project work. The organisation also recognises that its activities contribute to carbon emissions through vehicle use, energy consumption, and procurement choices. This has led to actions such as reducing fuel consumption, improving scheduling, using energy-efficient equipment, and preferring local suppliers to minimise transport impacts. Waste generation, especially hazardous waste from sampling and asbestos-related work, is another climate-linked concern, prompting recycling initiatives and waste-minimisation planning. These risks and opportunities are documented in the

Risks & Opportunities Register and are used to guide environmental objectives, resource planning, and operational controls in line with ISO 14001's requirements for climate-related considerations.

Sources of Evidence / Audit Trails

- Interview with the management team
- Risks & Opportunities Register v.1
- QA-MAN02 – Integrated Management System Manual Version 4.0, issued 28/08/2025
- QM-FM21 – Risk Register (Environmental Aspects & Impacts)
- QA-ENVS01 – Environmental Strategy Plan

The Integrated Management System applies to all consultancy and testing services provided by Aerem Limited, including asbestos surveying, clearances, laboratory analysis, mould assessments, and soil consultancy. It covers all operational locations, employees, subcontractors, and supporting processes involved in delivering these services. The system does not include design and development activities, as these are not part of the organisation's service model. The boundaries of the system are defined through documented information such as the IMS Manual, Interested Parties Register, Risks & Opportunities Register, legal compliance records, environmental and health & safety procedures, and management review outputs. These documents collectively demonstrate how the organisation determines its scope, manages compliance obligations, and maintains control over its processes.

Sources of Evidence / Audit Trails

- QA-MAN02 – Integrated Management System Manual Version 4.0, issued 28/08/2025
- Organisational Profile (QA-MAN02 Section 1) Version 4.0, issued 28/08/2025
- Process Documentation (Policies, SOPs, Registers)
- QA-SOP31 – Control of Documented Information

Leadership

Aerem Limited's directors demonstrate leadership commitment by ensuring that the Integrated Management System is aligned with the organisation's strategic direction and is fully embedded into business processes. They provide the resources needed for effective implementation, communicate the importance of meeting system requirements, and support people at all levels to contribute to the IMS. Leadership monitors performance, promotes continual improvement, and ensures that the system achieves its intended outcomes across quality, environmental, and health & safety areas. Their involvement is visible through policy approval, participation in management reviews, oversight of objectives and targets, and direction provided to operational teams.

Sources of Evidence / Audit Trails

- QA-MAN02 – Integrated Management System Manual Version 4.0, Date of Issue: 28/08/2025

Aerem Limited has established Quality, Environmental, Health & Safety, and Drug & Alcohol policies that reflect the organisation's commitment to compliance, risk management, and continual improvement. These policies are included within the IMS Manual and are reviewed annually by the Senior Management Team

to ensure they remain relevant and effective. The policies guide operational behaviour, set expectations for employees and subcontractors, and support compliance with ISO 9001, ISO 14001 and ISO 45001. They are communicated through meetings, toolbox talks, and internal communication channels to ensure all workers understand their responsibilities and the implications of not conforming to the IMS.

Sources of Evidence / Audit Trails

- QA-MAN02 – Integrated Management System Manual Version 4.0, 28/08/2025
- QA-POL02 - Health and Safety Policy_V4 - Dated 01/09/2025
- QA-POL03 - Quality Policy_V4. - Dated 01/09/2025
- QA-POL04 - Environmental Policy_V4
- Policy Communication Records

Roles and responsibilities are clearly defined, documented, and communicated throughout the organisation to ensure effective operation of the IMS. The directors assign accountability for key functions, including reporting on system performance, managing compliance obligations, and implementing operational controls. The IMS Manual outlines how responsibilities flow from top management to operational staff, ensuring clarity on who is responsible for quality, environmental management, health and safety, training, document control, subcontractor management, and incident reporting. This structure ensures that all personnel understand their authority to act, escalate issues, and contribute to the effectiveness of the management system.

Sources of Evidence / Audit Trails

- Roles & Responsibilities - Office Administrator
- Roles & Responsibilities - Hazardous Materials Consultant
- Organisational Chart (Figure 5) QA-MAN02 Version 4.0

Aerem Limited promotes active worker involvement in health and safety matters through structured consultation and participation processes. Workers are engaged through toolbox talks, meetings, safety updates, and communication channels outlined in QA-SOP41. The organisation encourages employees to raise concerns, report hazards, participate in risk assessments, and contribute to improvements. Health and safety committees, incident investigations, and feedback mechanisms ensure workers have a voice in decisions that affect their wellbeing. This approach aligns with ISO 45001 requirements by ensuring workers are consulted on changes, involved in hazard identification, and supported to participate meaningfully in the OH&S management system.

Sources of Evidence / Audit Trails

- QA-SOP41 – Communication & Participation Procedure
- Staff Meeting Minutes - 2/12/2025

Planning

Aerem Limited's business strategy is shaped by its internal and external environment, as reflected in the Strategic Plan, SWOT Analysis, and IMS Manual. The organisation aims to strengthen technical capability,

maintain regulatory compliance, improve service quality, and expand its consultancy and laboratory services. Strategic goals include stabilising the laboratory team, improving national service coverage, enhancing customer satisfaction, and investing in staff development. The 2026 Company Objectives translate these strategic directions into practical actions such as implementing new software systems, updating occupational hygiene standards, improving risk management performance, and reducing energy and fuel consumption. These goals ensure the Integrated Management System supports long-term growth, operational efficiency, and continual improvement across quality, environmental, and health & safety performance.

Sources of Evidence / Audit Trails

- QAFM27-2 SWOT Analysis 2026 Version 1 (2026)
- Company Objectives 2026 Version 1
- QA-MAN02 – IMS Manual Version 4.0, 28/08/2025

Aerem Limited sets annual objectives and targets that align with its policies and support continual improvement. These objectives cover quality, environmental, and health & safety performance and are reviewed during six-monthly management reviews. The 2026 Company Objectives demonstrate measurable targets such as improving audit scores, increasing staff competency, reducing customer complaints, enhancing laboratory capability, and improving environmental awareness. Each objective includes defined actions, monitoring methods, and responsible personnel, ensuring they meet ISO requirements for being specific, measurable, achievable, realistic, and time-bound. These objectives guide operational planning and ensure the organisation maintains compliance with ISO 9001, ISO 14001 and ISO 45001.

Sources of Evidence / Audit Trails

- Company Objectives 2026 Version 1
- QA-MAN02 – IMS Manual Version 4.0, 28/08/2025

Aerem Limited identifies and evaluates risks and opportunities through its Risks & Opportunities Register, SWOT Analysis, and Strategic Plan. These cover internal and external factors that may affect service quality, environmental performance, and worker health and safety. Key risks include natural disasters, regulatory changes, serious incidents, waste generation, laboratory integrity, and reputational impacts. Opportunities include process improvements through compliance software, expansion into contaminated land services, strengthening business relationships, and meeting emerging regulatory requirements. Each risk or opportunity includes actions, responsible persons, and required resources, ensuring they are integrated into planning and decision-making. This approach ensures the organisation can prevent undesired effects, enhance beneficial outcomes, and maintain compliance with ISO planning requirements.

Sources of Evidence / Audit Trails

- Risks & Opportunities Register v.1 Version 1
- QAFM27-2 SWOT Analysis 2026 Version 1

Aerem Limited identifies health and safety hazards through structured processes outlined in QA-SOP53, supported by on-site risk assessments, incident reporting, and worker participation. Hazards are assessed

using a defined risk matrix, and controls are selected based on the hierarchy of controls. Workers contribute to hazard identification through toolbox talks, site assessments, and feedback mechanisms. The IMS Manual outlines how risks are monitored, reviewed, and controlled, including health monitoring, emergency preparedness, subcontractor evaluation, and incident investigations. This systematic approach ensures that OH&S risks are identified, assessed, and controlled in accordance with ISO 45001 requirements, with documented evidence such as risk assessments, PPE checks, and site-specific controls.

Sources of Evidence / Audit Trails

- QA-SOP53 – Hazard Identification & Risk Assessment
- On-Site Risk Assessment (Job 4140) QA-FM22, Issued 21/07/2021
- QA-MAN02 – IMS Manual Version 4.0, 28/08/2025

Aerem Limited identifies and manages its environmental aspects and impacts through the Environmental Management section of the IMS Manual and the QM-FM21 Risk Register. Key aspects include waste generation from sampling materials, hazardous waste from asbestos activities, fuel consumption from vehicle use, water consumption, and energy use. The organisation applies the waste hierarchy, promotes recycling, and ensures hazardous waste is disposed of appropriately. Environmental impacts are assessed to determine significance, and controls are implemented such as reducing fuel use through improved scheduling, using energy-efficient equipment, preferring local materials, and monitoring water consumption. These aspects and impacts inform environmental objectives, operational controls, and continual improvement actions, ensuring alignment with ISO 14001 requirements and supporting Aerem Limited's commitment to minimising its environmental footprint.

Sources of Evidence / Audit Trails

- QM-FM21 – Environmental Risk Register
- QA-MAN02 – IMS Manual Version 4.0, 28/08/2025
- QA-ENVS01 – Environmental Strategy Plan
- Waste Management and Recycling Practices

Aerem Limited maintains a structured process for identifying, accessing, and complying with legal and other requirements relevant to its quality, environmental, and health & safety obligations. The Legal & Other Requirements Register (QA-RG13) documents applicable legislation, codes of practice, standards, and client-specific requirements. Examples include the Health and Safety at Work Act 2015, Asbestos Regulations 2016, hazardous substances regulations, environmental guidelines, and laboratory standards such as ISO 17025. The IMS Manual confirms that legal requirements are reviewed regularly, integrated into operational procedures, and communicated to workers. Compliance is monitored through audits, management reviews, and updates to procedures and risk assessments. This ensures Aerem Limited maintains conformity with ISO 9001, ISO 14001 and ISO 45001 by embedding legal obligations into planning and operational controls.

Sources of Evidence / Audit Trails

- QA-RG13 – Legal & Other Requirements Register
- QA-MAN02 – IMS Manual Version 4.0, 28/08/2025

- Internal & External Audit Reports Dates vary – Evidence of compliance evaluation.

Support Processes

Aerem Limited maintains a structured competency framework covering laboratory, environmental consultancy, asbestos, mould, and health & safety functions. Competence is determined through formal qualifications, internal training logs, technical audits, method-witness audits, and annual performance reviews. Training requirements are defined in QA-SOP07 (Laboratory Training & Competency) and QA-SOP61 (Environmental Consultancy Training & Competency), ensuring personnel are competent before performing technical tasks such as fibre counting, bulk analysis, asbestos clearances, mould assessments, and pump calibration. Awareness is reinforced through toolbox talks, internal meetings, and communication procedures (QA-SOP41). Induction processes ensure all new staff understand policies, hazards, emergency procedures, and their responsibilities under the IMS.

Sources of Evidence / Audit Trails

- IP402 Certificate – Surveying & Sampling Strategies for Asbestos in Buildings – A.G – Dated 02/09/2025
- IP404 Certificate – Air Monitoring & Clearance Inspections – A.G – Dated 27/03/2025
- Asbestos Assessor Licence Approval Letter – A.G – Dated 06/08/2025
- IP404 Certificate – Air Monitoring & Clearance Inspections – C.Ah – Dated 02/12/2025
- IP402 Certificate – Surveying & Sampling Strategies – J.Sa – Dated 02/09/2025
- Asbestos Assessor Course Certificate – J.Sa – Dated 27/09/2024
- FAAM Membership Certificate – J.Sa – Dated 10/09/2025
- IP402 Certificate – Surveying & Sampling Strategies – K.H – Dated 29/07/2025
- IP404 Certificate – Air Monitoring & Clearance Inspections – K.H – Dated 02/09/2025
- PTA National Asbestos Program Participation – J.S, J.Sa, B.A, K.H, C.Ah – Round 44 – Dated 2025
- Evacuation Warden Course Certificate – J.S – Dated 13/09/2022
- First Aid Revalidation Certificate – J.S – Dated 16/07/2025

Infrastructure supporting service delivery—including microscopes, HEPA vacuums, Waysafe cabinets, rotameters, pumps, and laboratory equipment is maintained through a controlled calibration and maintenance register (QA-RG02). Equipment is assigned to responsible personnel, with calibration dates, next-due dates, and service notes recorded. Damaged or out-of-service equipment is tagged, removed from use, and scheduled for repair or replacement. Environmental consultancy equipment (e.g., high-flow pumps, static pumps) undergoes periodic conformance checks by external calibration providers such as Tecknosys and Casella.

Sources of Evidence / Audit Trails

- Laboratory Equipment Calibration Register – Multiple Items – Various Dates (2022–2026)
- Waysafe Cabinet Testing – J.S – Dated 23/01/2026
- HEPA Vacuum Testing – ARENZ – Various Dates (2025–2026)
- Electrical Testing Bookings – J.S – Dated 05/06/2025 & 11/06/2025

Calibration activities follow ISO 17025 principles and manufacturer requirements. Pumps (Apex2, Vortex3, HFAS-L2), rotameters (EN-ROT001), HEPA vacuums, and laboratory microscopes undergo scheduled calibration, verification, or service checks. Calibration forms (QA-FM18) document flow rates at low/medium/high settings, 10-minute stabilisation periods, and pass/fail criteria. External calibration certificates from Casella and Tecknosys confirm traceability to national standards. Equipment failing calibration is removed from service and sent for repair.

Sources of Evidence / Audit Trails

- Pump Calibration Forms – Completed by A.G – Dated 19/12/2025 (Multiple Sessions)
- Casella Vortex3 Pro Calibration Certificates – Serial 2814491 – Dated 15/12/2021
- Casella Vortex3 Pro Calibration Certificates – Serial 2814510 – Dated 16/11/2021
- Tecknosys High-Flow Sampler Conformance Certificates – B20174, B20184 – Dated 22/08/2023
- Tecknosys High-Flow Sampler Conformance Certificates – B20203, B20205, B20200 – Dated 15/09/2023
- Tecknosys Calibration Certificate – Sample Pump 1521876 – Dated 07/07/2025

Aerem Limited implements a structured health monitoring program aligned with ISO 45001 and WorkSafe NZ requirements. Employees involved in asbestos, mould, and hazardous materials work undergo annual lung function testing and medical assessments. Records show baseline lung function tests for multiple staff, including notes on respiratory conditions, smoking/vaping status, and follow-up requirements. QA-SOP12 governs the process, ensuring monitoring is risk-based, confidential, and reviewed by management.

Sources of Evidence / Audit Trails

- Baseline Lung Function – A.G – Dated 11/04/2025
- Baseline Lung Function – C.Ah – Dated 13/10/2025
- Baseline Lung Function – E.P – Dated 13/10/2025
- Baseline Lung Function – J.S – Dated 28/01/2026

Organisational knowledge is maintained through controlled procedures, training booklets, technical audits, calibration registers, method-witness audits, and documented IMS processes. Knowledge is captured through internal audits, incident investigations, training logs, and continual improvement actions. QA-SOP31 and the IMS Manual (QA-MAN02) ensure knowledge is retained, updated, and accessible to staff. Senior staff (KTPs, Quality Manager, Operations Manager) are responsible for transferring technical knowledge to trainees.

Sources of Evidence / Audit Trails

- IMS Manual – QA-MAN02 – Version 4.0 – Dated 28/08/2025
- Training & Competency SOP – QA-SOP07 – Version 4 – Dated 03/09/2025
- Environmental Consultancy Training SOP – QA-SOP61 – Version 1 – Dated 21/09/2022
- Environmental Consultancy Training SOP – QA-SOP61 – Version 2 – Dated 16/09/2025

Internal communication occurs through toolbox talks, safety meetings, training sessions, email updates, and the Safety Committee. QA-SOP41 defines communication channels, responsibilities, and consultation requirements. External communication includes client reporting, laboratory certificates, calibration reports, WorkSafe notifications (where applicable), and contractor engagement. Communication ensures workers are informed of hazards, changes, incidents, and system updates.

Sources of Evidence / Audit Trails

- Communication & Participation Procedure – QA-SOP41 – Version 4 – Dated 11/09/2025
- Safety Committee & Internal Communication Requirements – As per SOP41
- WorkSafe NZ Assessor Licence Approval Letter – A.G – Dated 06/08/2025

Documented information is controlled under QA-SOP31, ensuring documents are approved, reviewed, version-controlled, and accessible. The IMS Manual, SOPs, training records, calibration registers, certificates, and forms are maintained in SharePoint and Teammate. Obsolete documents are removed from circulation and archived. Records such as calibration certificates, training logs, and health monitoring results are retained according to defined retention periods.

Sources of Evidence / Audit Trails

- Control of Documents Procedure – QA-SOP31 – Version 4.0 – Dated 10/09/2025
- Fibre Counting Data Sheet – QA-FM03 – Version 4 – Effective 15/10/2025
- Fibre Counting Training Record – QA-FM06 – Version 4 – Effective 15/10/2025
- Laboratory Calibration Registers – Coverslips, Slides, Cassettes – Various Dates (2021–2025)

Use of ISO certification marks and contractor pre-qualification logos (e.g., SiteWise Gold, IMPAC Prequal) is controlled to prevent misuse. Logos are used only in approved contexts such as reports, templates, and marketing materials. Certification marks are not applied to products or services in a way that implies product certification. The IMS Manual outlines compliance with certification body rules.

Operational Processes

The remediation management process begins with a clear understanding of the client's requirements and the conditions present at the site. Tendering activities focus on ensuring that the scope of work is accurately defined, risks are identified, and the proposed methodology aligns with regulatory expectations and industry best practice. Each tender is reviewed to confirm that the contractor's proposed controls, sequencing, and resources are suitable for the type of remediation required. This ensures that the work can be delivered safely, efficiently, and in accordance with ISO 9001, ISO 14001 and ISO 45001 Clause 8 operational planning and control requirements.

Plan evaluation involves assessing the adequacy of the remediation plan before any work begins. This includes reviewing the contractor's work procedures, environmental controls, waste-handling processes, and health and safety measures. The evaluation ensures that the plan addresses foreseeable hazards, environmental impacts, emergency arrangements, and monitoring requirements. Once confirmed as suitable, the plan is communicated to relevant personnel to ensure consistent implementation throughout the project.

Sources of Evidence / Audit Trails

- Remediation plans and tender documents (various dates)
- Job-specific scopes of work and contractor submissions (2025–2026)
- Internal review records and approval emails (2025–2026)

Laboratory analysis activities follow a structured process to ensure accuracy, repeatability, and compliance with accredited methods. Samples received from site are registered, assigned unique identifiers, and processed using validated analytical techniques. Analysts follow strict chain-of-custody requirements and maintain full traceability from receipt through to reporting. This aligns with Clause 8 requirements for controlled operations, competence, and monitoring of process outputs.

Quality assurance measures are embedded throughout the analytical workflow. Equipment calibration, slide verification, peer review, and technical sign-off ensure that results are reliable and defensible. Reports are issued only after technical checks confirm that the analysis meets internal quality criteria and relevant regulatory standards. This ensures that clients receive accurate information to support decision-making and risk management.

Sources of Evidence / Audit Trails

- Chain of Custody forms (19/01/2026, 20/01/2026, 29/12/2025, 02/02/2026)
- Certificates of Analysis (multiple: 6656-01, 6665-01, 6730-01, 6741-01, 6745-01, 6749-01)
- Calibration records (19/12/2025)
- Analyst sign-off sheets (2025–2026)

Mould and soil consultancy work involves assessing environmental conditions, identifying contamination risks, and providing clear recommendations to restore safe conditions. The process begins with a site inspection, moisture mapping, sampling, and evaluation of building or soil conditions. Findings are interpreted against recognised guidelines and industry standards to ensure that the assessment is technically sound and aligned with Clause 8 requirements for operational control and environmental protection.

Reporting consolidates all observations, laboratory results, and professional interpretations into a structured document. The report outlines the extent of contamination, contributing factors, and recommended remediation actions. Quality checks ensure that the report is accurate, consistent, and suitable for client use. This process supports informed decision-making and ensures that environmental and health risks are appropriately managed.

Sources of Evidence / Audit Trails

- Mould Assessment Report (Report ID 4077, issued 15/12/2025)
- Soil/Asbestos Survey Report (Report ID 3874, issued 10/09/2025)
- Laboratory results attached to mould and soil reports (2025–2026)

SITE VISIT:

Job ID - 3435 - Four Stage Clearance

The control air-monitoring programme was undertaken for the Auckland War Memorial Museum under Job ID 3435, with the report issued on the following day. The monitoring covered multiple public-facing and

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back-of-house areas within the Main Building, including reception zones, entryways, memorial halls, elevators, waste routes, airlocks, and the decontamination unit. According to the report, 105 air tests were completed, with all results recorded as “Passed <0.01 fibres/ml” . The monitoring was carried out between 29th Feb and 2nd March 2026, with quality control completed.

Key project details include:

Assessor: J.A (Aerem Environmental)

Project Type: Class A – Control Air Monitoring (Roof Void)

Client: Auckland War Memorial Museum

The inspection process involved daily sampling across numerous building locations, with each test documenting cowl number, flow rate, sampling duration, and site position. For example, the report notes “Monitoring Carried Out: Control... Number of Air Tests: 105... Air monitoring results do not exceed 0.01 fibres/ml” . All samples were analysed using PCM, with no exceedances detected throughout the monitoring period.

The report provides comprehensive inspection logs, photographic evidence, and laboratory certificates, confirming that airborne fibre concentrations remained below regulatory thresholds and that the monitored areas were safe for continued occupancy.

Job ID - 3435 - Air monitoring

The organisation demonstrated effective implementation of its asbestos-management controls, with Aerem Environmental conducting Class A control air monitoring across multiple operational zones of the Auckland War Memorial Museum. Evidence reviewed, including inspection logs, calibrated sampling records, laboratory certificates and assessor documentation, confirmed that monitoring activities were planned and executed in accordance with established procedures and regulatory requirements. All 105 air samples recorded fibre concentrations below the <0.01 f/mL clearance criterion, indicating that containment measures and negative-pressure systems were functioning as intended. Sampling equipment operated at the specified 8 L/min flow rate, and traceability was maintained through documented cowl numbers, sample identifiers and analytical records. The monitoring programme provided objective verification that airborne asbestos levels remained within acceptable limits throughout the works in the roof-void area.

Sources of Evidence / Audit Trails

- Control air-monitoring results – 29th Feb to 2nd March 2026
- Inspection logs for all monitored locations – 29th Feb to 2nd March 2026
- Sampling records including cowl numbers, flow rates and durations – 29th Feb to 2nd March 2026
- Laboratory certificates (PCM analysis) – issued 28 Feb 2026
- Photographic evidence within inspection sections – 29th Feb to 2nd March 2026
- Assessor documentation (J. Andrews) – QC completed 28 Feb 2026
- Site location logs covering all building zones – 29th Feb to 2nd March 2026
- Quality-control sign-off – 28 Feb 2026

Contractor management ensures that external providers meet the organisation's quality, safety, and environmental expectations. Contractors undergo pre-qualification to verify competence, licensing, and capability. Before work begins, contractors receive relevant project information, including hazards, environmental requirements, and operational controls. This aligns with Clause 8 requirements for controlling externally provided processes and ensuring conformity of outputs.

During project delivery, contractor performance is monitored through site checks, communication, and review of documentation. Any non-conformances are addressed promptly to maintain compliance and ensure safe and effective service delivery. This structured approach ensures that contractor activities integrate seamlessly with organisational processes and regulatory obligations.

Sources of Evidence / Audit Trails

- Contractor pre-qualification records (2025–2026)
- Tender submissions and evaluation notes (2025–2026)
- Site induction and communication records (2025–2026)

Emergency preparedness and response processes ensure that health, safety, and environmental risks are effectively managed during unexpected events. Procedures are established to guide workers in responding to incidents such as asbestos fibre release, chemical spills, equipment failure, or medical emergencies. These procedures are aligned with ISO 45001 and ISO 14001 Clause 8 requirements for emergency planning and environmental protection.

Training, drills, and communication ensure that workers understand their roles and can respond effectively. Emergency equipment is maintained, and site-specific risks are considered when planning work. After any incident or drill, the response is reviewed to identify improvements and strengthen future preparedness.

Sources of Evidence / Audit Trails

- Emergency Response Plan (QA-SOP2, current version 2025)
- Training records and emergency drill logs (2025–2026)

Performance Evaluation

A compliance register of requirements is reviewed annually which is in the Integrated Manual the of the management system. Compliance obligations were seen to be reviewed at the recent management review meeting. A review was undertaken of quantities allowable noted on the compliance location certificate and seen to be within range. However During the audit it was noted that the organisation had not completed its scheduled review of legal and other applicable requirements for the year 2025. NC.1

Sources of Evidence / Audit Trails

- Compliance Register

All Aerem Limited employees involved in hazardous materials and asbestos assessment activities are required to undergo annual health monitoring. The type of health check is tailored to the nature of each employee's work. The process is defined in QA-SOP12 – Health Monitoring, which outlines the organisation's approach to ensuring appropriate medical surveillance.

Health check records were reviewed and confirmed to have been completed in accordance with WorkSafe guidance. Assessments included hearing tests, lung function testing, and spirometry. Results from the 2025 medicals were examined, with no abnormalities identified.

Aerem Limited has introduced a Customer Feedback Form (Ref: FS 00037) to support the collection of client feedback. Only a small number of responses have been received to date, with overall feedback indicating satisfactory performance.

Sources of Evidence / Audit Trails

- QA-SOP12 – Health Monitoring
- Health Checks 2025
- Customer Feedback Form (Ref: FS 00037)

Aerem Limited has trained internal auditors and conducts audits at planned intervals to evaluate compliance with legislative requirements and the expectations of interested parties. To support the monitoring of health, safety, environmental, and quality obligations, the organisation maintains a compliance register (RG 11 – *Aerem Limited Register*), which is reviewed annually by Senior Management.

Operational activities are audited annually against key pieces of legislation and the work procedures applicable to Aerem Limited. As this internal audit programme is newly established, the company engaged an external consultant to complete a full internal audit covering the requirements of the relevant standards and organisational procedures. This approach has helped ensure a comprehensive baseline assessment of system effectiveness.

Sources of Evidence / Audit Trails

- audit-report-ISO Audit - 2025

Aerem Limited has established a annual review the performance of its integrated management systems. The management review process considers a broad range of inputs, including the status of actions from previous reviews, changes to internal and external issues relevant to the management system, and performance information such as trends in nonconformities, corrective actions, monitoring and measurement results, and internal audit outcomes.

The most recent Management Review was conducted on 21/01/2026.

Sources of Evidence / Audit Trails

- management Review 21/01/2026

Improvements

Aerem Limited maintains a structured approach to continual improvement by focusing on enhancements to the Integrated Management System that reflect the scope of business activities and their impact on both internal and external stakeholders. Information gathered through management reviews, internal and external audits, surveys, incident investigations, customer requests, and other improvement initiatives is used to inform consultation and guide the implementation of system improvements. Opportunities for improvement are identified across operational and administrative functions, arising either from gaps observed within the organisation or from feedback provided by external stakeholders.

ASSESSMENT OPENING AND CLOSING MEETING

The assessment commenced with an opening meeting and concluded with a closing meeting. The objectives of the assessment and the subsequent findings were discussed and questions answered.

Attendee Name	Role	Opening	Closing
Ehtesham Khan	Assessment Co-ordinator	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Julie Saia	Authorised Representative	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Benjamin Alford	Director	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

REPORT CONSIDERATIONS

Have there been any deviations from the original assessment plan or any significant issues impacting the client and its operation?	No	
Have there been any significant changes that affect the management system of the client since the last audit took place?	No	
Was the audit conducted as a combined or integrated audit?	Combined	Please indicate change within the Executive Summary and/or the Context section of the report.
Was the organization effectively controlling the use of marks and/or any other reference to certification?	Yes	
Does the management system of the organization continue to meet the applicable requirements and meet the expected outcomes?	Yes	
Does the scope of certification continue to be appropriate to the activities/products/services of organization?	Yes	
Were the objectives of the visit as defined in the Audit Programme/Plan fulfilled during the visit?	Yes	
Management legally responsible for occupational health and safety, are to attend the closing meeting. Justification in case of absence shall be recorded. Ref IAF MD22 G9.4.7.1 Justification for key personnel non-attendance at Audit Closing Meeting	Yes	

NEXT ASSESSMENT

Your assessment cycle and preliminary audit plan for the next audit is detailed below. Before the date of the assessment you will be sent an audit plan but a level of flexibility can always be accommodated and we can include any specific area, which you would like us to cover in greater detail. This can either be arranged prior or agreed on the day.

Forecasted days for the job (figures only show on-site days, off-site days not included)				
Programme	Assessment Units	2026	2027	2028
		Revalidation Assessment (RA)	Review Visit 1 (RV1)	Review Visit 2 (RV2)
COMB-AUDIT				
	1-AeremEnvironmental	3	1.5	1.5

Processes scheduled for the next assessment				
Process	AeremEnvironmental			
Climate Change Risks	<input checked="" type="checkbox"/>			
Context and Interested Parties	<input checked="" type="checkbox"/>			
Leadership Commitment	<input checked="" type="checkbox"/>			
Policies	<input checked="" type="checkbox"/>			
Consultation & Participation (OH&S)	<input checked="" type="checkbox"/>			
Business Strategy & Goals	<input checked="" type="checkbox"/>			
Objectives and Targets	<input checked="" type="checkbox"/>			
Risks & Opportunities	<input checked="" type="checkbox"/>			
Hazard & Risk Identification (OH&S)	<input checked="" type="checkbox"/>			
Soil Sampling & Environmental Assessment	<input checked="" type="checkbox"/>			
Legal & other Requirements	<input checked="" type="checkbox"/>			
Change Management	<input checked="" type="checkbox"/>			
Organisational Knowledge	<input checked="" type="checkbox"/>			

Induction, Training, Awareness & Competence	<input checked="" type="checkbox"/>			
Communication - Internal & External	<input checked="" type="checkbox"/>			
Documented Information & Control	<input checked="" type="checkbox"/>			
Use of Logos & Certification marks	<input checked="" type="checkbox"/>			
Remediation Management (tendering, plan evaluation)	<input checked="" type="checkbox"/>			
Emergency Preparedness & Response (OH&S and EMS)	<input checked="" type="checkbox"/>			
Evaluation of Compliance	<input checked="" type="checkbox"/>			
Internal Audit	<input checked="" type="checkbox"/>			
Management Review	<input checked="" type="checkbox"/>			
Non-conformances, Corrective Actions, Incidents and Complaints	<input checked="" type="checkbox"/>			

BACKGROUND INFORMATION

This report relates to the assessment undertaken by Telarc to determine the status and level of compliance of the management system against its internal requirements and those of the nominated Standard/s and scope indicated at the beginning of this Report. Unless stated otherwise this assessment covers a sample only of the management system.

The assessment was carried out in accordance with internationally recognised management system auditing practices defined in ISO 17021 and is subject to Telarc Limited (Telarc) Standard Terms and Conditions available from www.telarc.co.nz. In particular compliance with all legal requirements, including those relating to the Health and Safety at Work Act, is the responsibility of our organisation. Any comment relating to legal requirements, such as Health and Safety, does not represent an exhaustive report on our compliance with such legal requirements

Please note that this report is subject to independent review and approval. Should changes to the outcomes of this report be necessary as a result of the review, a revised report will be issued and will supersede this report. The report is in two sections:

Executive Overview

This section gives a brief summary of the assessment including comments regarding system compliance (strengths), weaknesses, opportunities for improvement and instances of non-conformance that require correction.

Specific Audit Information (including the detail of any findings that require action)

This section gives a brief summary of the assessment including comments regarding system compliance (strengths), weaknesses, opportunities for improvement and instances of non-conformance that require correction.

Please read this following section as it includes instructions for responding to this report:

Please note: Follow-up activities may incur additional charges.

Definitions and action required with respect to assessment findings

Major Non Conformance:

Based on objective evidence, the absence of, or a significant failure to implement and/or maintain conformance to requirements of the applicable standard. Such issues may raise significant doubt as to the capability of the management system to achieve its intended outputs.

NOTE: The "applicable Standard" is the Standard which Telarc are issuing certification against, and may be a Product Standard, a management system Standard, a food safety Standard or another set of documented criteria.

Action required: This category of findings requires Telarc to issue a formal NC; to receive and approve client's proposed correction and corrective action plans; and formally verify the effective implementation of planned activities. Correction and corrective action plan should be submitted to Telarc as required. Follow-up action by Telarc must 'close out' the NC or reduce it to a lesser category within 30 days or as otherwise agreed with the Assessment Coordinator for recertification assessments.

If significant risk issues (e.g. safety, environmental, food safety, product legality/quality, etc.) are detected during an assessment these shall be reported immediately to the Client and more immediate or instant correction shall be requested. If this is not agreed and cannot be resolved to the satisfaction of Telarc, immediate suspension shall be recommended.

In the case of an already certified client, failure to close out NC within the time limits means that suspension proceedings may be instituted by Telarc.

Follow-up activities may incur additional charges.

Minor Non Conformance:

This is a non-conformity that does not affect the capability of the management system to achieve the intended results.

Action required: Telarc requires the client to formulate a corrective action plan for approval at the time of the assessment and will follow up the client's corrective action at the next planned assessment. Lack of client attention to such issues implies that a corrective action system is not working effectively, and could result in a Major NC being raised at a later date.

Opportunity for Improvement (OI):

A documented statement, which may identify areas for improvement however shall not make specific recommendation(s).

Action required: Client may develop and implement solutions in order to add value to operations and management systems. Telarc is not required to follow-up on this category of assessment finding.

TELARC TRAINING & SUPPORT SERVICES

Training courses: <http://telarc.org/training-and-courses>

General information: info@telarc.co.nz

Customer services call free on 0800 004 004

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TELARC USE ONLY
CLIENT CHANGES & CERTIFICATION RECOMMENDATION

COMPANY NAME	Aerem Limited
Division (if Applicable)	
<p>SCOPE OF CERTIFICATION Goods or services supplied under the control of the management system constituting the applicant's scope of certification.</p>	No Changes
<p>CLIENT DETAILS Contacts, client addresses, site details, etc. updated NB: Accounts need to be advised of changes in client details, contact and address details for updating accounts records</p>	No Changes
<p>ANZSIC CODES 20X42 Construction Trade Services HC 60600 OHSMS ISO 45001 - Australia & New Zealand 7822H Surveying Services 4210A Asbestos - Asbestos assessment and removal</p>	No Changes
<p>NUMBER OF PERSONNEL Record the number of personnel at each site visited. Update number of personnel in ELK if required:</p>	No Changes
<p>AUDIT FREQUENCY CHANGES / SPECIAL ASSESSMENT NB: Changes in audit frequency need to be approved by the appropriate manager.</p>	No Changes
<p>AUDIT TIME AND/OR SAMPLING Changes in audit time or site sampling need to be updated In the audit planning calculator and reflected in the Elk fee profile.</p>	No Changes
<p>PROCESS CHANGES Advise changes to the processes/sub-processes that have been included in this audit.</p>	<p>Update name of process to: Context and Interested Parties Update name of process to: Climate Change Risks Update name of process to: Policies Update name of process to: Roles, Responsibilities & Authorities Update name of process to: Aspects & Impacts The process Infrastructure - Plant & Equipment Maintenance was removed. Update name of process to: Induction, Training, Awareness & Competence Update name of process to: Infrastructure - Plant & Equipment Maintenance Update name of process to: Calibration of Pumps, HEPA, Rotameters Update name of process to: Health Monitoring Program Update name of process to: Organisational Knowledge Update name of process to: Remediation Management (tendering, plan evaluation) The sub-process was removed. Update name of process to: Laboratory Analysis Update name of process to: Mould & Soil Consultancy & Reporting The sub-process was removed. The sub-process was removed. Update name of process to: Site Visits - Asbestos Update name of process to: Contractor Management Update name of process to: Emergency Preparedness & Response The process Non-conformances, Corrective Actions, Incidents and Complaints was removed. The process Improvement Focus was removed.</p>

COMPLIANCE STANDARD Advise changes to the standard or opportunities for extending scope or programs	No Changes
OTHER CERTIFICATIONS HELD OR PLANNED	No Changes

RECOMMENDATION & DECLARATION To be completed by Assessment Coordinator

I **confirm** that the organisation has been assessed in accordance with Telarc policies and procedures for compliance with the nominated standard(s); that all instances of **Major Non Conformance** reported have been resolved; and that appropriate action has been taken with regards to all other registration conditions.

I **declare** that I, and so far as I am aware, the audit team, have no conflict of interest nor have I or they acted as a consultant for this client in the last two years. I **also confirm** that I, and so far as I am aware all members of the audit team, have not been subject to an approach to accept a bribe or other attempt to influence the results of this audit or the contents of this audit report, nor has anyone asked for or solicited any bribe, gift or other material benefit in order to alter the findings of this audit report.

I therefore recommend that registration be continued, granted or transitioned.

ASSESSMENT COORDINATOR: <i>Eltesham Khan</i>	DATE: 10.03.2026
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