Gas Industry Guidance Document – GIG

Gas Industry Registration Scheme (GIRS)

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Document History

1) Rev 1 issued to the GIRSAP members for approval 12.09.08

Format changes
Replacement categories of qualification from GNO to NCO (G)
New entrant competency and training requirements redefined
The term UIP changed throughout the document to Provider

2) Rev 2 May 2010

Changes made: -

1. Terminology changed from systems and procedures to 'procedures and processes' (to align with terminology in updated WIRS and NERS) and some wording repositioned
2. Documentation required to support procedures and processes specified in definitions and, where documentation needed, in the requirements
3. (Section 3.2) Project Management enhanced to detail quality and supervisory arrangements required for Project Managers
4. Requirements for checking Technical Advisor competencies specified in Sections 4.2.2 and 4.2.3
5. Editing of Section 4.2.3 (CCCR Competences) to cover transfer to NCO(G) registrations and to reinforce need for trainees to hold EU Skills registration
6. Method statements become a standalone section (Section 6)
7. Work control and management (excluding method statements) now becomes Section 7 (with subsequent sections renumbered)
8. Human Resources and Training now combined in new Section 12
9. Duplication in risk management requirements between former Section 2 and 7 removed. Elements are now all in Section 2
10. Accreditation management arrangements (in Appendix 1) updated to provide further information on how surveillance visits and re-accreditations are managed
11. Corrections made to text and document references

3) Rev 3.1 September 2011

Changes made: -

1. Section 3.7 (Audit Scope) – reference to ISO10011 changed to ISO19011:2002.
2. Section 8.1 (Technical Audit) – role of technical auditor and 'best practice' note amended
3. New section 1.9 added (Use of GIRS Scheme Registration Mark)

4) Rev 4.1 May 2012

Changes made: -

1. Section 3.3 (CCCR Scope) – reference to GL/6 wording corrections
2. Section 3.7 (Audit Scope) – reference to ISO19011 changed to 2011 version
3. Section 4.0 (Competency) – re-write to include replacement design qualification option and a number of updates and clarifications
4. Section 6.2 (Method Statements) – reference to ISO10011 changed to BS EN ISO19011:2011
5. Section 10.1 (Library) – general update
6. Section A1.3.3 – requirement for demonstration of design scope

Note - Significant changes in Version 4.1 are highlighted in yellow

5) Rev 5.0 March 2016

Changes made: -

1. Section 2.1 Addition of requirement to inform LR Accreditation body that the provider is to cease trading
2. Section 3.3 (CCCR Scope) – addition of Permitry requirements for Medium/Intermediate pressure testing work
3. Section 4.1 (4) Addition of the requirement to hold a Gas SHEA card.
4. Section 4.2.3 Competences to include pressure testing and associated safety elements
5. Section 6.3 Assessment of risk to determine maintenance frequencies of equipment
6. Section 7.1.10 Requirement to quarantine equipment.
7. Section 7.1.10 Breathing Apparatus added to equipment list
8. 8.1 Audit - minor format change
9. Appendix A1.8 – Addition of the requirement to inform parties of a Major Technical or Safety deficiency

6) Rev 5.1 August 2019

1. Section 1.1 Accredited Provider added to the definitions
2. Section 1.1 Cross Country Pipelines added to the definitions
3. Section 2.1 requirement to confirm to LR those responsible for ensuring the delivery of accredited scopes of work to the scheme requirements annually
4. Section 2.1 requirement for the provider to ensure compliance with LR Surveillance visit schedule.
5. Section 2.1 requirement to ensure all high-risk activities are subject to a surveillance visit at least once throughout the accreditation period
6. Section 3.3 clarification that CCCR does not include the construction of mains with a Maximum Operating Pressure in excess of 2 bar
7. Section 3.5 Clarification that CNRB also includes the construction of pipeline in excess of 2 Bar but below 7 bar.
8. Section 4.2 Designer changed to Design Engineer
9. Section 4.2.4 Requirement that relevant staff and operatives need to be able to demonstrate an understanding of the IGEM/GL/5 process etc.
10. Section 4.2.4 Includes the requirement for SHEA Cross country pipelines
11. Section 4.2.5 competency requirements for Hot works described
12. Section 5.3 facility for developers groundworkers to lay service pipe - audit requirements increased
13. Section 7.17 Requirement for site verbal instructions and agreement to be retained Site diaries day books
14. Section 8.1 Clarification of audit requirements
15. Section 10.1 Additional standards and specifications referenced
16. Appendix A.1.7 clarification that the GT has the right to refuse to adopt any infrastructure if it is not fit for purpose
17. Section A1.3.3 wording change from Design Approval to Design Appraisal

7) Rev 5.2 June 2020

1. 4.1 Requirement to confirm the competence of the TA to the adopting utilities at least annually added.
2. 4.1 requirement to confirm general competencies to the adopting utilities at least annually added
3. 4.2.2 requirement to document PI arrangements when a consultant TA is appointed
4. 4.2.3 requirement to document PI arrangements when a consultant TA is appointed.
5. 4.2.3. The fact that Adopting Utilities shall seek confirmation annually the requirement for TA Competency assessment is adhered to added.
6. 4.2.4. clarification that the need to employ a Technical Advisor and Supervisors with the competencies and qualifications detailed in section 4.2.3 also applies to CNRB Providers.
7. 7.1.7 requirement for the provider to retain records of the 10% AE audits carried out by a contracted AE resource.
8. 7.1.7 requirement for any contracted AE to be available for the duration of all authorised procedures.

8) Rev 5.3 January 2021

1. BIM - Building Information Modelling added to definitions
2. 3.8 New Scope Construction of Multi Occupancy Buildings added (CMOBs).
3. 3.9 New Scope Design of Multi Occupancy Buildings added (DMOBs).
4. 4.2.6 Competency arrangements for CMOBS described.
5. 4.2.7 Competency arrangements for DMOBs described.
6. 6.2 Clarification that DMOB design companies shall have a documented method statement/procedure for the DMOB Activities carried out.
7. 6.2 Additional method statements required for providers with CMOB scope.
8. 9.2 Confirmation of the MOB records to be retained to BIM level 2

9) Rev 5.4 June 2021

1. Section 4.2 revised to reflect the changes to the available Design Qualifications

10) Rev 5.4.1 November 2021

1. Removal of Lloyd's Register references following the change of name to LRQA

11) Rev 5.4.2 November 2022

1. 1.1 Definition of Flowstopping added
2. 1.1 Definition of the reporting period added
3. 1.4 Wording added to reflect new reporting regime
4. 3.3 Wording amended to clarify that Mains Disconnections are not a contestable activity
5. 3.5 Wording amended to clarify the Service disconnections defined as non-routine in IGEM/GL/6 require CNRB Scope
6. 3.6 Iris Stop replaced with Flow Stopping
7. 4.2.4 Clarification of EUSR Category registration required
8. Throughout the document, commas have been added and spaces removed

12) Rev 5.4.3 September 2023

1. 4.2.3 SCO reviewing manager requirements added
2 4.2.4 SCO reference to Reviewing manager added.
3 4.2.5 SCO reference to Reviewing manager added.

13) Rev 5.4.4 June 2025

1. 6.2 Deployment of Breathing Apparatus and the completion of face fit tests added.

Contents

Appendices

1. Introduction and Purpose

The purpose of this document is to provide details for Utility Infrastructure Providers (Provider) of the requirements they need to meet for accreditation under the Gas Industry Registration Scheme (GIRS).

The document details the assessment criteria against which providers will be measured in respect of key safety, quality, environmental, competency and technical issues covering the various scopes of registration established by the Scheme Advisory Panel. The registration scopes are detailed in Section 3.

The aim of GIRS is to facilitate competition in the provision of new infrastructure connections in the gas utility sector. The Registration scheme assessment process seeks appropriate evidence that providers wishing to perform the activities for which they seek accreditation understand and comply with all the necessary technical and legislative requirements to satisfy the gas industry criteria for adoption of the installed assets, provided that compliance is demonstrated by means of a thorough assessment of the provider's procedures and processes prior to work commencing and a technical audit of work in progress.

An essential feature of the accreditation process is to provide assurance that the practices and procedures against which accreditation is awarded are consistently applied and maintained. Hence work being carried out and supporting procedures are regularly checked throughout the accreditation period.

In addition to specifying the technical requirements this document outlines (in Appendix 1) the process for accrediting providers under the scheme and details what needs to be done to maintain accreditation.

Road Map for Users

This GIRS Scheme Requirements document and IGEM/TD/101 are intended to supplement, but not amend, abridge or override any relevant legislation, or technical standards covering the construction of new assets and their adoption by the adopting (gas transporter) utility.

1.1 Definitions - Explanation of Terminology

Accreditation – see Appendix 1 for details of the accreditation process and the arrangements covering the granting of 'Partial' and 'Full' accreditation.

Accreditation Body – an organisation which undertakes the assessment of the competence of providers in accordance with the Scheme and has been approved for doing so by the Scheme Advisory Panel.

Accreditation Certificate – a certificate awarded to a provider by the Accreditation Body for a scope(s) of work assessed under the Scheme.

Accreditation Period – 'Partial' accreditation validity is for a term of 1 year and 'Full' accreditation validity is for a term of 3 years.

Accredited Provider - An organisation, which has been assessed in accordance with the Scheme, as competent and has been issued with a valid and current Accreditation Certificate

Adopting Utility – The company which will be adopting the constructed asset.

Assessment – Objective and detailed evaluation of the provider to determine their capability in accordance with the Scheme criteria.

BIM - Building Information Modelling. BIM Level 2 certification is the non UKAS Accredited Scheme and BS EN ISO19650 - 2 is the UKAS Accredited system.

Competency – A combination of qualifications, training, knowledge, experience, aptitude and fitness for the job.

Contestable Work – Is work which the adopting (gas transporter) utility allows Utility Infrastructure Providers to do for subsequent adoption.

Cross country pipelines - Are linear assets which traverse significant distances over third party land, they are generally remotely located and are remotely operated.

Deficiency – The identified absence of, or a failure to implement or maintain, one or more of the specified criteria. These may be characterised as major, minor or observations as defined within Section 1.3.

Licences to practise – generic term meaning those documented qualifications, authorisations, etc. for which the individual's possession is deemed to be mandatory before a person can perform the associated activity

Procedure – a specified way of carrying out a process or activity.
Where specified procedures shall be documented, such procedures shall be version controlled with the approver/authoriser of each document identifiable. The media used for documented procedures shall enable the information to be readily accessible by those working on associated activities.

Process – a set of interrelated activities for transforming inputs into outputs.

Project Management – A scope of work performed by a provider who seeks to subcontract scopes of work for which it is not accredited, to a provider which is accredited to perform the subcontracted work.

Reporting Period - The period following the last UIP Forum meeting

Scheme – The general requirements of GIRS as defined in this document.

Scheme Advisory Panel – Governing Body for the scheme. Known as GIRSAP (or GIRS Advisory Panel).

Utility Infrastructure Provider (Provider) – A company meeting the requirements for accreditation and which has been assessed as competent in accordance with the scheme requirements.

1.2 Mandatory/Non-Mandatory Terms

In this document the following terms have the stated meanings.

Shall:	Indicates a mandatory requirement
Should:	Indicates a strong preference and is used to denote best practice or where a new requirement is being introduced
May:	Indicates an option which is not mandatory

1.3 Definitions of Major and Minor Deficiencies

Major Deficiencies occur where there is:-

- objective evidence which demonstrates that an element from the scheme requirements has not been documented or implemented or maintained
- significant safety implications
- multiple minor deficiencies in a specific category
- significant numbers of minor deficiencies
- action not taken to close previously identified minor deficiencies
- failures in meeting requirements for keeping the adopting utility informed about works programme
- incomplete documentation for the completion file and late delivery of these files
- contestable works performed which are outside the provider's registered scope
- non-compliant use of persons on contestable work

Minor Deficiencies occur where there is: -

- objective evidence that there is a weak element within the management systems, procedures and processes and controls for the effective implementation and maintenance of the scheme requirements
- isolated cases of non-conformance to procedures
- isolated instances of failure to comply with Health & Safety procedures
- isolated instances of failure to comply with good safety/working practice
- limited shortfalls in established documented management and H&S systems and procedures
- failure in observing customer care protocols

Observations are made where: -

- the accreditation body identifies potential improvements for the provider
- an indicator of a potential weakness is identified which the accreditation body may wish to examine at their next assessment visit

1.3.1 LRQA Reporting Requirements

All Major and Minor Deficiencies identified during the reporting period are reported to GIRSAP, on a provider-by-provider basis at the appropriate advisory panel meeting.

1.4 Abbreviations

CDM	-	Construction, Design and Management Regulations
CITB	-	Construction Industry Training Board
COSHH	-	Control of substances hazardous to health
CPCS	-	Construction Plant Competence Scheme

EUS	-	Energy and Utility Skills
GIG	-	Gas Industry Guidance
GIRS	-	Gas Industry Registration Scheme
GIRSAP	-	Gas Industry Registration Scheme Advisory Panel
GNO	-	Gas Network Operations
GT	-	Gas Transporter
HSE	-	Health and Safety Executive
HSWA	-	Health and Safety at Work Act
IGEM	-	Institution of Gas Engineers and Managers
IGT	-	Independent Gas Transporter
LRQA	-	LRQA EMEA
MOP	-	Maximum operating pressure
NRO	-	Non-Routine Operations
NRSWA	-	New Roads and Street Works Act
NVQ	-	National Vocational Qualification
PE	-	Polyethylene
OFGEM	-	Office of Gas and Electricity Markets
PPE	-	Personal Protective Equipment
Provider	-	Utility Infrastructure Provider (UIP)

2. Responsibilities

Accreditation is a demonstration that the procedures processes and competencies have been established by a provider to ensure consistent delivery of the accredited scopes of work to the GIRS scheme requirements in accordance with industry good practice and the adopting utility requirements.

An essential feature of the approval process is the assurance that procedures and practices against which approval has been awarded is consistently applied and maintained by the provider. This is verified through an ongoing surveillance audit programme which checks, over the period of accreditation, work carried out and supporting procedures.

2.1 Provider Responsibilities

Accredited providers shall:

1. maintain an effective management structure to consistently deliver accredited scopes of work to the scheme requirements.
2. provide the Accreditation Body with an annual return confirming those responsible for ensuring the delivery of accredited scopes of work to the scheme requirements.
3. clearly define the scope of the services they provide.
4. be pro-active in monitoring the quality of their work without reliance on the Accreditation Body or the Adopting Utility.
5. arrange with the Accreditation Body for visits to be done in accordance with the agreed surveillance programme, failure to do so without consultation will result in the accreditations held being downgraded to Partial in accordance with Appendix A.1.3.4 below.
6. Ensure, so far as is reasonably practicable, that all high-risk activities (e.g. IP connections or gas riser construction) carried out by the provider are subject to a surveillance visit at least once during the accreditation period
7. ensure deficiencies identified by the accreditation body are closed out within agreed time scales.
8. notify the Accreditation Body of the following:
    - changes to key personnel
    - changes to ownership
    - HSE notices issued on them
    - award of the first contract for a scope of work for which partial accreditation is currently held
    - their intention to cease trading as a provider whether voluntary of enforced.

2.2 Risk Management

Providers should establish a risk management process which evaluates on going risk to their accreditation status. This process should cover requirements from IGEM/GL/4 Gas system assets - risk management.

Subcontracted aspects of Providers accredited scopes of work should be incorporated into their risk management process.

Examples of where risks to accreditation can arise are:

- reliance on scheme accreditation as the sole indicator of contractors ongoing competence (as the checks done on providers are limited in number and may only periodically sample the work elements being sub-contracted)
- Inadequate checking of sub-contracted activities or not ensuring that scheme requirements delegated to others are being adequately performed.

2.3 Accreditation Body Responsibilities

In operating the scheme, the Accreditation Body shall: -

1. conduct evaluations against the scheme requirements in a technically competent and objective manner
2. adopt a pragmatic but consistent approach to the maintenance of scheme standards
3. plan audit visits which, over time, cover the scope of accreditation
4. endeavour to respect provider business constraints
5. maintain minimum assessor competency requirements as defined by the Scheme Advisory Panel
6. ensure any information determined in respect of the provider commercial business interests is treated in confidence and not passed to any third party except to meet the direct requirements of the operation of the scheme
7. to raise the awareness of adopting utility companies of imminent changes in status of accredited providers

3. Scopes

Accreditation can be gained in any of the scopes detailed in this section. The accreditation covers new gas infrastructures MOP up to 7 barg installed by providers, which are to be adopted by host (gas transporter (GT)) utilities.

Providers shall ensure that in performing work for which accreditation has been granted they strictly adhered to the competency requirements detailed in Section 4.

3.1 Design

For the design scope category providers shall have documented procedures and processes which ensure that gas networks are designed to industry standards, adopting utility specific requirements and which incorporate the requirements of Health and Safety Legislation and the standards of the Institution of Gas Engineers and Managers (IGEM).

Design processes and procedures should cover the complete life cycle of the design process from engagement of the client to the completion of the handover pack to the constructor.

3.2 Project Management

This registration scope is for providers who do not themselves carry out construction activities but who manage this work by subcontracting such activities to providers with the required GIRS construction accreditation.

For the project management scope providers are required to have documented procedures and processes and technical competencies in place to effectively manage the subcontract relationship and the quality of the work performed. They also have to ensure effective channels of communication, change controls and interfaces are maintained within the contractual chain involving, as applicable; clients, developers, designers, constructors and adopting utility companies. The processes and procedures shall define responsibilities for the listed aspects throughout the project life cycle.

Providers shall ensure that their quality control and supervisory arrangements are sufficient to ensure that the work is constructed to the required quality standards and that all adopting utility requirements are satisfied. The adequacy of these arrangements should be checked through a risk-based evaluation.

3.3 Construction/Commissioning/Connections (Routine) - CCCR

This scope covers:-

- the installation, connection of gas mains and services, including associated installations in full technical compliance with the scheme and adopting utility requirements.
- service alterations and disconnection on services of MOP not exceeding 75 mbar and on pipework not exceeding 63mm diameter.

Connections included in this category are

a) service type connections of diameter up to and including 63mm PE and 50mm steel with a MOP <2 bar and

b) those that generally fall within the scope of Section 4.2 of IGEM/GL/6 (Edition 3) specialist connections and the construction of pipelines with a Maximum Operating Pressure in excess of 2 bar are not included (see definition of specialist connections below).

Providers with this accreditation shall: -

- have a documented process for preparing and authorising permitry compliant with IGEM/GL/6 Ed3 for pressure testing of infrastructure designed to operate at a pressure greater than 75mbar.
- have a documented process for interfacing with a provider holding GIRS design accreditation.

It is not necessary for the accreditation body to witness the making of routine connections before this scope can be awarded.

Under this scope providers may undertake PE branch saddles where the branch connection on to a PE Main does not exceed 125 mm diameter.

Note: Providers who hold accreditation in the CCCR construction category and who subcontract work to GIRS accredited providers are not also required to hold project management accreditation but where such providers also operate as a Project Manager, they shall adhere to the requirements specified for the project management scope.

Note: Disconnections of Mains is not a contestable activity but may be agreed with the network owner where the main is a single fed supply to a brownfield site being re-developed. Written agreement needs to be obtained from the network owner prior to contracting for such activities.

3.4 Service Alterations and Disconnections

This restricted accreditation scope is for providers who perform service alterations and disconnection on services of MOP not exceeding 75 mbar and on pipework not exceeding 63mm diameter.

For this scope providers require the input of a technical advisor for the following activities:

- Competency assessment
- Approval of method statements
- Periodic technical audits

Providers with this accreditation shall have a documented process for interfacing with a provider holding GIRS design accreditation.

3.5 Connections (Non-Routine) Basic – CNRB

This scope covers the making of connections and service alterations and disconnections defined as Non-Routine activities within IGEM/GL/6 Edition 3, as well as the construction of networks with an operating pressure exceeding 2 bar and with a maximum operating pressure of 7 bar. Work in this scope needs to be evaluated separately to work done under the Construction Commissioning and Connections (Routine) scope.

Operations under this scope category are (depending on operating pressure and diameter of main) Top Tee connections, valving, squeeze-off operations, under pressure connections to a Metallic

main (all Sizes) and under pressure PE branch connections to PE Mains (with a branch size up to and including 125 mm).

For this scope providers will be expected to comply with the requirements of IGEM/GL/6 (Ed 3) and to have Policies and Procedures in place that enable them to nominate Authorising Engineers and Competent Persons, prepare and approve NROs and to be able to gain the approval of GTs to connect to their Networks. They will need to demonstrate that they have a suite of documentation and a record system that records all NROs that are carried out.

For this scope the providers shall:

- hold full accreditation for Construction/Commissioning/Connections (Routine)
- demonstrate that they have experience of performing connections in this scope category
- have the non-routine operation successful audited on site by the Accreditation body

3.6 Specialist Connections

For this scope providers shall either hold CCCR and CNRB accreditation or work under contract to a provider that holds these accreditations. Any provider that does not hold CCCR and CNRB will be expected to demonstrate that they have complied with the requirements of those scopes that relate to the work they are doing, and they shall produce method statements for the work categories they undertake.

This scope is subdivided into the following connection types covered by IGEM/GL/6 Edition 3

- Specialist Connections – Flow Stopping
- Specialist Connections - Stopple
- Specialist Connections - Hot welding
- Specialist PE Branch Connections

Each of the above detailed connections types requires individual accreditation.

The assessment process for Flow Stopping, Stopple and Hot Welding connections will be provided on application to the Accreditation Body.

Specialist PE Branch Connections

Connections in this category are those PE branch connections on PE mains where the diameter of the branch is greater than 125mm. Specialist Connections providers who are accredited for this category of connection are automatically qualified for performing PE branch connections which fall within the CCCR category.

For the Specialist PE Branch Connections scope providers shall either hold CCC(R) and CNRB accreditation or work under contract to a provider that holds those accreditations. Any provider that does not hold CCC(R) and CNRB will be expected to demonstrate that they have complied with the requirements of those scopes that relate to the work they are doing, and they shall produce method statements for the work categories they undertake.

3.7 Audit

Note - Internal auditing for the purposes of managing design or construction activity is already included in the other scopes and does not require separate audit accreditation.

This scope is for companies who perform third party audits.

Providers with this accreditation scope shall demonstrate a documented methodology for their audit process that conforms to the ISO Guidelines for auditing quality systems (BS EN ISO19011:2011) and includes: -

- comprehensive checklists,
- a guide to the use of the checklist,
- guidance to auditors,
- generic competency profile of auditors which should incorporate a formal audit qualification and an appropriate technical qualification

3.8 Construction Multi-Occupancy Buildings (CMOBs)

This scope covers the installation Risers, Laterals and Manifolds in Multi Occupancy Buildings in full technical compliance with the scheme and adopting utility requirements. Supplies to external meter boxes at the perimeter of the building are not included in this scope and are covered in the CCCR accreditation scope above.

Providers with this accreditation shall: -

- have a documented process for constructing riser and manifold systems compliant with the latest version of IGEM/G/5 including:
    - Defined competencies for those involved in the construction and management of such installations.
    - Clear guidance on material specifications to be used.
    - A documented process for interfacing with a provider holding GIRS MOB design accreditation.
    - A documented process for interfacing with the Building Responsible Person.
    - An understanding of BIM level 2 requirements for records
    - A robust inspection regime for pre-construction, construction and commissioning.
    - A documented process for ensuring firestopping and ventilation requirements are met.
    - A process to ensure copies of construction records are made available to the Principal Designer for the development or, in the case of replacement infrastructure, the Responsible Person for the Building.

3.9 Design of Multi-Occupancy Buildings (D-MOB)

This scope is for those providers designing risers and manifolds for the supply Multi Occupancy Buildings. Supplies to individual meter boxes at the perimeter of the building are not included in this scope, however, designers of such installations are reminded of the need to recognise the risk hierarchy defined in IGEM/G/5 and the need to identify suitable mitigation measures for the specific building being supplied.

For the design of Multi-Occupancy Buildings scope category providers shall have documented procedures and processes which ensure that riser and manifold systems are designed to industry standards, adopting utility specific requirements and which incorporate the requirements of Health and Safety Legislation and the standards of the Institution of Gas Engineers and Managers (IGEM).

Design processes and procedures should cover the complete life cycle of the design process from engagement of the client to the completion of the handover pack to the constructor.

Design procedures shall include as a minimum:

- Defined competencies for those involved in the design of such installations.
- Clear guidance on material specifications and jointing techniques to be used.
- Clear guidance on methods of support and restraint.
- Clear guidance on the principles of isolation
- Clear guidance on the ventilation requirements
- Clear guidance on the requirements of approved document B
- A documented process for interfacing with a provider holding GIRS Construction MOB accreditation.
- An understanding of BIM level 2 requirements for records
- A documented process for defining firestopping and ventilation requirements.

4. Role Competency Requirements

4.1 General Competency Requirements

Providers shall ensure that personnel responsible for design, project management, construction, testing and commissioning and auditing activities carried out under this scheme are competent to do so and meet both the general and role specific competency requirements.

Providers shall, where the post holder's activities can materially affect work activities carried out under this scheme or there are role specific requirements in this scheme; -

1. have a documented process for determining competency and document minimum competency requirements comprising training, experience, and qualification for operational and management positions.

2. assess, by a suitably competent person, and document the competency of persons performing roles for which competencies have been set.

3. review, by a suitably competent person, ongoing competencies at least annually. These competency reviews shall be documented and recorded.

4. ensure that the minimum documented competencies are satisfied, and that staff are trained, qualified and, where appropriate, EUSR registered for the work they carry out. including the appropriate Gas SHEA card.

5. establish and maintain sufficient current, valid, credible, and authentic evidence to demonstrate that individuals are competent to do work within the accredited scope (s).

6. ensure that role holders perform competently.

7. have a training programme in place which is adequate to close any competency gaps.

8. maintain a robust process to ensure that the renewal of time limited qualifications is completed before the expiry of validity. (It is a requirement that all operatives with such time limited 'licences to practise' e.g. CITB, CPCS, NRSWA, EUSR etc. shall have valid evidence of in date qualifications on site at the time of any audit).

9. Adopting Utilities shall be provided with demonstrable evidence confirming competence of the Technical Advisors engaged by the Provider at least annually or when the Technical Advisor is changed.

10. Competence review information shall be provided to the Adopting Utilities at least annually; However, out of date competence certification must be advised to the Adopting Utilities immediately

Best practice is demonstrated when role specific competency requirements are built up from job descriptions which are broken down into job related tasks against which personnel can be assessed.

Role specific competencies are best summarised in a matrix detailing the minimum requirements for each grade and showing the actual level of competence for each role holder. Such a matrix

should be supported with evidence confirming, as appropriate, qualifications, training, knowledge, experience, aptitude, and fitness for the job.

4.2 Role Specific Competency Requirements

4.2.1 Design

Persons engaged on the design of gas infrastructure shall be able to provide evidence of competence incorporating the necessary skills, knowledge and understanding of the design activity. This may be achieved through an appropriate combination of education, training and practical experience relating to the design activity undertaken. Two approaches are acceptable:

1. The designer holds a formal qualification and the grade of Incorporated Engineer or higher, recorded and recognised by IGEM.
2. A design review and approval process is established by the Provider that requires the design process to be overseen by a suitable experienced IGEM Incorporated Engineer or higher, who performs a risk based percentage review and signs off designs completed by the design engineers provided that each design engineer holds either the City & Guilds 5831-80 qualification in Gas Network Design or the NVQ Level 4 Gas Network Engineering Management Design Qualification which are no longer available but are still recognised, or the new EUSR Endorsed qualification in Gas Network Design. Either of these should incorporate the following unit combinations as a minimum:

- NVQ Level 4 Gas Network Engineering Management Design Qualification

  Three Mandatory Units

  Unit 16 - Create designs
  Unit 17 - Evaluate designs
  Unit 18 - Complete designs

  And additional either:

  Unit 20 - Identify client requirements
  Or Unit 21 - Establish a design brief

OR

- City & Guilds 5831-80 qualification in Gas Network Design

  Three Mandatory Units

  Unit 302 – Create designs for gas pipelines
  Unit 304 – Evaluate designs for gas pipelines
  Unit 307 – Complete designs for gas pipelines

  And additionally, at least one optional unit selected from the four listed below

  Unit 301 – Establish a strategy for the design process for gas pipelines

Unit 308 – Produce specifications for gas pipelines
Unit 309 – Identify the requirements of gas clients
Unit 310 – Establish a design brief for gas pipelines

- EUSR Endorsed GIRS 2 qualification in Gas Network Design

The qualification consists of the following mandatory units of competence which together make up the GIRS vocational award.

Unit 302. – Create designs for pipelines
Unit 304. – Evaluate designs for pipelines
Unit 307. – Complete designs for pipelines
Unit 309. – Identify the requirements of clients.

Whichever of the approaches are adopted designer competency reviews shall be undertaken by an engineer who shall have appropriate competencies and, as a minimum hold the grade of Incorporated Engineer, recorded, and recognised by IGEM. Where a Provider has a single Designer this competency review shall be carried out by an external engineer who, as a minimum, holds the grade of Incorporated Engineer, recorded, and recognised by IGEM.

4.2.2 Project Management

Those involved in delivering works as project managers shall have the technical competency to manage the interfaces with GIRS Providers (CCCR) and the adopting GTs to ensure that the works constructed are to specification for adoption in line with the adopting utility and industry standards.

Project Management Providers shall appoint a suitably qualified Technical Advisor to oversee the process and they shall demonstrate competence which incorporates both design and construction and be qualified to a minimum level of Incorporated Engineer, as recognised by IGEM or an equivalent Professional Institution.

The Technical Advisor may be an employee of the provider or employed on a consultancy basis. If employed on a contract basis then their responsibilities shall be clearly defined within the contract of employment and the arrangements for Professional Indemnity Insurance shall be recorded

Technical Advisor competency reviews shall be undertaken by an engineer who shall have appropriate competencies and, as a minimum, hold the grade of Incorporated Engineer. Where a Provider has a single Technical Advisor and no other Incorporated Engineer their competency review shall be carried out by an external engineer who holds the grade of Incorporated Engineer as a minimum.

The Technical Advisor shall be responsible for overseeing the role competency process. Records shall be kept of all competency assessments together with the supporting evidence obtained during the competency interview and these should be reviewed and updated at least annually.

Those responsible for project management site supervision/delivery co-ordination should hold appropriate technical qualifications and shall demonstrate the level of competence as defined in section 4.2.3 of this document or alternatively have more than 5 years performing that role in another utility sector and have attended an EUSR recognised managers course on the laying of gas mains and services.

Until such time as someone responsible for project management site supervision/delivery co-ordination has been assessed as competent to perform the role unsupervised by the Technical Advisor, and the decision documented, their technical audit function shall be overseen by the Technical Advisor, or someone assessed as being competent by the Technical Advisor.

4.2.3 Construction, Connection & Commissioning (Routine) - CCCR

Persons engaged in the construction of gas infrastructure shall be able to provide evidence of competence incorporating the necessary skills, knowledge and understanding of the construction phase including pressure testing and associated safety procedures.

This may be achieved through an appropriate combination of education, training, knowledge and practical experience relating to the construction activity undertaken. Formal qualifications may include those that facilitate EUSR registration and/or appropriate professional membership of IGEM or equivalent institution.

Technical Advisor – A Technical Advisor shall be appointed by the provider to oversee the competency assessment process, approve, and carry out annual reviews of the method statements and perform periodic technical audits. The Technical Advisor may be an employee of the provider or employed on a consultancy basis and shall have an appropriate level of operational experience within the gas industry and be qualified to a level of HNC/HND/NVQ level 4 or equivalent and hold membership of an appropriate professional institution to at least Engineering Technician level. When employed on a Consultancy basis, the arrangements for Professional Indemnity Insurance shall be recorded.

Technical Advisor competency reviews shall be undertaken by an engineer who shall have appropriate competencies and, as a minimum, hold the grade of Incorporated Engineer. Where a Provider has a single Technical Advisor and no other Incorporated Engineer their competency review shall be carried out by an external engineer who holds the grade of Incorporated Engineer as a minimum. The Adopting Utilities shall seek confirmation annually that this requirement is adhered to.

The Technical Advisor shall be responsible for overseeing the competency process. Records shall be kept of all competency assessments together with the supporting evidence obtained during the competency interview and these should be reviewed and updated at least annually.

SCO Reviewing Manager – The SCO Reviewing Manager is responsible for nominating staff for SCO roles and provides competency confirmation to the Responsible Engineer. The Reviewing Manager is responsible for ensuring that the performance monitoring requirements are undertaken. The Reviewing Manager can be the Technical Advisor, or a person deemed competent by the Technical Advisor to fulfil the role.

The Reviewing Manager shall satisfy themselves of the quality of recent SCO work and SCO documentation authorised by an Authorising Engineer. Where the Reviewing Manager of the Authorising Engineer has insufficient competence to validate SCO documentation, the Reviewing Manager shall be assisted by a Technical Advisor or other Authorising Engineer with suitable experience, who has been deemed to have the appropriate skill and competence.

Where the Authorising Engineer does not have a line manager, the Employer shall ensure that monitoring is undertaken in accordance with these requirements.

Supervisors – shall possess relevant education, training and appropriate practical experience and have been assessed as competent. Relevant qualifications may include Gas Network Engineering Management NVQ Level 4 (GNEM) or Network Construction Operations NCO (Gas). These qualifications facilitate EUSR registration in the Utility Network Construction Supervisor (UNCS (gas)) category if required. Experienced Supervisors may also be registered if they are able to demonstrate evidence to meet the criteria shown on the EUSR website.

Operatives – For the construction of new gas assets Providers shall only use operatives who are EUSR registered in the appropriate category i.e. Assistant, Service Layer or Main Layer (three size bands). To become registered an individual must hold one of the following qualifications at the relevant level. NCO (G) /GNE/Gas Network Operations or equivalent.

Trainees - new entrants shall complete an appropriate induction programme and be EUSR registered as Trainees before they are allowed to work on site (third person). Registration as a trainee includes having successfully completed the Utility SHEA (Gas) Course and the Fundamental Safety Course (typically 5 days) and being registered for the relevant NVQ Level 1 qualification. Operatives starting as NCO (G) Trainee shall complete the NVQ Level 1 qualification and be registered as an NCO (G) Assistant before they participate as a member of a team (second person). The process from registration as trainee to registration as an NCO (G) Assistant is not fixed and will depend upon individual capability and speed of learning. However, this typically is achieved within 6 months.

Full details of the requirements for EUSR registration are available on the website www.eusr.co.uk

4.2.4 Connections Non-Routine Basic - CNRB

Providers shall have a competency process to demonstrate that all personnel involved in the preparation, authorisation, and completion of all NROs are competent for the role they are to undertake. They shall employ a Technical Advisor, SCO reviewing Manger and Supervisors with the competencies and qualifications detailed in section 4.2.3 and who shall also be able to demonstrate training and knowledge of activities being undertaken.

All relevant staff and operatives need to be able to demonstrate an understanding of the IGEM/GL/5 process as well as an awareness of the processes associated with Hydrostatic, Pneumatic testing and cross-country pipeline construction etc. as required.

Relevant Operatives shall hold the appropriate category of EUSR registration and shall provide evidence that they have a record of working on pipelines with a Maximum Operating Pressure of 7 bar and/or carrying out connections in this scope.

For Cross country pipelines, all staff and operatives should be registered for SHEA Cross-country pipelines

4.2.5 Specialist Connections

Under this accreditation scope providers shall demonstrate that they employ competent personnel for the specific category being undertaken. They shall employ a Technical Advisor and Supervisor with the competencies and qualifications detailed in section 4.2.3 and who shall also be able to demonstrate training and knowledge of activities being undertaken.

Providers shall employ Team Leaders and Assistants who are competent in doing specialist connections.

Currently there is no specific category of 'Team Leader – Specialist Activities' within the EUSR registration category and until this change the following shall be used to assess competency.

Team Leader – EUSR registered with the appropriate NCO (G) category as a Mains or Service Layer to the appropriate pipe diameter category, have available records of training and successful assessment by the manufacturer of the specialist equipment to be used, together with a portfolio of successful 'on-site' operations that have been completed (a minimum of six different sites should be available as well as witness statements)

Assistant – EUSR registration with the NCO (G) Assistant category, and hold witness statements of work that have been carried out in assisting Team Leaders for the Specialist category of works (for a minimum of six different sites)

Competency Process.

The competency process shall include documented evidence of interviews held with the Technical Advisor, SCO reviewing Manger, Supervisor, Team Leader and Assistants to establish their competency.

Hot Works

The provider shall ensure that they have a competency regime in place to ensure that hot works operatives have the necessary skills, qualifications and experience to undertake the works whether they are direct labour, or sub-contracted.

The welders are required to have successfully completed the Welder Approval tests as specified by the adopting utility company. This may include trade tests to adequately demonstrate proficiency. Approval validity ranges from 6 to 12 months.

Full records of all welder qualification tests shall be authenticated by a certified Welding Inspector and retained.

All inspection and examination shall be carried out by personnel certified at the appropriate level in the BGAS Inspector Approval Scheme which is administered by The Welding Institute (TWI).

A Technical Advisor, Supervisor Authorising Engineer and Competent person holding the requisite experience needs to be in place to oversee the welding works. The Technical Advisor may be an external appointment.

A training regime shall be in place to ensure that qualifications are kept current and robust records shall be retained.

It should be noted that for all adopting GTs, the requirement is likely to be that for "hot works" the NRO/permit to work is submitted by the company holding the Hot Works accreditation scope

4.2.6 Construction Multi Occupancy Buildings (CMOB)

Persons engaged in the construction of Multi Occupancy Buildings shall be able to provide evidence of competence incorporating the necessary skills, knowledge and understanding of the construction

phase including pressure testing, ventilation requirements, fire protection and associated safety procedures.

This may be achieved through an appropriate combination of education, training, knowledge and practical experience relating to the construction activity undertaken. Formal qualifications may include those that facilitate EUSR registration and/or appropriate professional membership of IGEM or equivalent institution.

Providers shall employ Technical Advisors, Supervisors and operatives with the competencies and qualifications detailed in section 4.2.3 and who shall also be able to demonstrate training and knowledge of the MOB activities being undertaken.

4.2.7 Design Construction Multi Occupancy Buildings (DMOB)

Persons engaged on the design of gas infrastructure shall be able to provide evidence of competence incorporating the necessary skills, knowledge and understanding of the design activity. This may be achieved through an appropriate combination of education, training and practical experience relating to the design activity undertaken.

The competency requirements included in 4.2.1 above shall be met. In addition, Designers will be able to demonstrate an understanding of the requirements of Approved Document B Fire Safety and BS 8313-1997 Code of Practice for Accommodation of Building Services in Ducts

4.2.8 Audit

Persons undertaking audits as defined in Section 3.7 shall have a generic competency profile for auditors which should incorporate a formal audit qualification and relevant education, training and practical experience in auditing gas operations. Qualifications may include those for supervisors and operatives mentioned in section 4.2.3.

Auditing arrangements shall have regard to the requirements of IGEM/GL/4 Gas system assets - risk management.

4.2.9 Administration

Although formal qualifications are not generally required for administrative posts, measures of performance should be in place which ensures that the quality of the administration service is satisfactory and complies with the requirements specified for the work being done.

5. Sub-Contracted Work

5.1 Sub-contracting arrangements

Where a provider sub-contracts work for which they are accredited, the work to be sub-contracted shall either be:

- undertaken by a provider who has a current Accreditation for the sub-contracted scope of work
- undertaken by a provider who has Partial Accreditation for the scope of work to be subcontracted and that work is used as the basis to achieve Full Accreditation.
- on the basis of 'labour only,' - subject to compliance with section 5.2
- be undertaken by a specialist subcontractor in the performance of the following activities:
    - directional drilling
    - reinstatement
    - specialist provider who are registered for non-routine operations undertaking their specialist activities under contract to providers who hold construction, commissioning, and connections (routine) accreditation.

5.2 'Labour Only' Sub-contractors

Where 'labour only' subcontractors are used the provider shall clearly define responsibilities in respect of the labour only relationship which shall comply with the following:

1. subcontract personnel shall be fully integrated into the providers Health, Safety, Quality and Environmental and competency systems which include being fully inducted and working strictly in accordance with the providers' safety systems and method statements.
2. document the PPE requirements of the labour only contractor (which shall be consistent with their own PPE standards) and ensure the requirements are implemented and that the PPE is maintained in good condition.
3. document the approved tools and equipment requirements and ensure that the requirements are implemented.
4. ensure that calibrated equipment falls within provider's calibration regime or is verified by the provider to be managed within an effective calibration management process. In the event that calibrated tools and equipment are sourced from a hire company then the order shall be placed with a hire company on the provider's approved supplier list.
5. all materials shall be purchased by the provider.
6. the Accredited provider shall demonstrate effective management control process and structure to control on/off site activities.

5.3 Ground Workers

Ground workers are contractors, who work directly on-site for developers and who may have a basic level of competence to excavate trenches, lay ducts, backfill and potentially lay continuously coiled dead service pipe of not exceeding 32mm diameter.

The Accredited Provider may agree with a developer to install new infrastructure in trenches excavated and re-instated by ground workers. This is recognized custom and practice and is acceptable provided the following procedure is implemented by the accredited provider:

Where ground workers are used; -

1. the provider shall have a documented procedure which details the specification for excavations, laying ducts and backfill
2. the procedure shall be cross referenced in the contract with the developer
3. the specification shall be presented to the Site Manager at the pre-start site meeting and this shall be documented
4. the provider shall implement an audit regime to ensure that the ground workers adhere to the specification and appropriate codes of practice and evidence of the audits carried out are retained
5. the provider shall be responsible for the integrity, jointing, connection, and commissioning of all pipe work

6. Methods of working

6.1 Compliance with specification

Work undertaken shall be to the standards and specification required by the adopting utility and in accordance with the working methods described in any method statements and work instructions.

6.2 Method Statements

For the scopes of work undertaken Providers shall have documented method statements detailing how the work is to be undertaken to the standards set by the adopting utility. These shall provide a full description of how the work is to be undertaken, the standards to which the installation will comply, the material specification and how these criteria will be measured on site.

Providers shall:

1. identify, in addition to those method statements prescribed below, those activities that require documented method statements providing guidance/instruction to operatives and ensure that adequate method statements are available for all relevant activities
2. ensure, where adopting utilities require a variation to standard methodology not covered by a method statement, that the specific procedures are documented, and that confirmation of acceptance is received from the adopting utility in advance of work commencing.
3. support, where appropriate, each method statement with a risk assessment identifying the risks associated with the work and the risk mitigating measures to be employed.
4. document responsibilities for the preparation and regular review of method statements and risk assessments which shall be undertaken by the Technical Advisor.
5. review, at least annually, method statements for continued validity against current H&S legislation and technical requirements.

As a minimum provider carrying out work under the scopes detailed below shall have the specified method statements and/or procedures.

Construction, Commissioning, Connection (Routine) – CCCR

Providers with CCCR scope shall have method statements for the following activities.

- Signing and guarding excavations and traffic management
- Safe working in vicinity of buried plant
- Excavating procedures
- Materials handling, storage, inspection, and quality control (QC)
- Laying of PE mains
- Laying PE Services
- Moling
- Electrofusion of PE pipe
- Butt fusion of PE pipe
- Making connections
- Pressure Testing including the type of equipment/calibration regime
- Laying steel pipe
- Steel welding and quality control

- Corrosion protection
- Dealing with defective materials
- Purging and commissioning of mains and services
- Installation of gas equipment e.g. pressure reduction equipment
- Preparation of as-laid drawings
- Managing gas escapes and incidents
- Environmental assessments
- Waste Management
- Deployment of Breathing Apparatus and the completion of face fit tests

Specialist Connections
Providers with a specialist connections scope shall have method statements that detail the specialist activity being undertaken.

Audit
Providers with audit scope shall demonstrate a documented methodology for the audit process that conforms to BS EN ISO19011:2018 and IGEM/GL/4 Gas system assets - risk management. Providers should include comprehensive checklists and a guide to the use of the checklists to their auditors.

Design
Providers with design accreditation (Including Design MOBs) shall have a documented method statement/procedure specifying their design practices from receiving information from the client to handover of construction pack to the constructor.

Project Management
Providers with project management scope shall ensure that the method statements of the contractors they employ deliver work to the scheme requirements. This may be achieved either by benchmarking against internal documentation or by documented, formal review of the contractor's method statements by the Technical Advisor.

Providers with project management scope shall also have a documented method statement/procedure specifying the project management role and which assigns responsibilities throughout the project life cycle from inception to hand over to a GT.

Construction MOBs

Providers with CMOB scope shall have method statements for the following activities:

- Construction of Screwed, Welded, and other mechanical Joints
- Securing the infrastructure to the fabric of the building including clear guidance on support and restraint.
- Construction arrangements for dealing with thermal expansion / contraction.
- Construction arrangements for timber framed construction.

6.3 Assessment of risk

Providers shall have adequate procedures for assessing risk covering all key operations. These shall identify associated risks, preventative measures, management system procedures and methods of communication.

Providers shall complete generic and/or project specific and site-specific risk assessments as appropriate and these should be communicated to all relevant staff in advance of the work commencing.

Providers:

1. should retain for an appropriate time all risk assessments including those prepared by operatives on site immediately prior to carrying out works
2. shall have available risk assessments for ensuring compliance with legal and other requirements e.g. COSHH, environmental issues, manual handling, confined spaces, PPE, working at heights etc.
3. shall use a risk-based approach to determine the frequency of maintenance for items of plant and equipment, where the maintenance schedule cannot be determined from manufacturer's instructions

7. Work Issue and Control

7.1 Work Control and Management

7.1.1 Work Control and Management

Providers shall have procedures and processes for managing work from inception through to adoption by the adopting utility.

These procedures shall:

1. recognise adopting utility and industry specific requirements
2. provide effective interfaces with other providers adopting utilities and developers
3. ensure technical compliance from support sections within the provider
4. establish and maintain information, in a suitable medium (e.g. paper or electronic format) that describes the core elements of the processes and their interactions

7.1.2 Adopting Utility Requirements

Providers shall establish procedures which ensure compliance with technical specifications and requirements for notices and communication specific to the adopting utility areas in which they operate.

Providers should also know how to access the sector specific requirements of those adopting utility companies who operate in areas where the provider is not currently active.

7.1.3 Tendering, Planning and Construction

Documented procedures and processes should be established to control the technical elements of Tendering, Planning, and Construction elements of work carried out under this scheme. These shall include processes for contract variation pre and post contract letting (including delegations of authority) and, where appropriate, feedback into the design process.

7.1.4 Work Instructions

Providers shall have a process in place for the issue of documented work instructions.

Written work instructions shall; -

1. clearly describe the full extent of work to be carried out including layout and, as necessary, specification
2. detail the limits of the work to be carried out
3. include the name of the recipient and the issuer and should include a facility for sign off on completion by the recipient
4. provide sufficient detail for work completed to be matched to a work instruction
5. once signed off, be retained by the provider for an appropriate time

Work packs produced for issue to operatives shall include appropriate documentation which shall, when relevant, include.

- work instructions
- method Statements & Risk Assessments (including site specific)
- appropriate drawings including utility drawings
- assembly drawings/specifications
- environmental consents
- wayleave and easement routes
- proposed route plans and access arrangements

7.1.5 Work Scheduling

A process shall be in place for work scheduling which shall ensure that adequate numbers of experienced/trained staff are allocated to effectively schedule work.

In work scheduling; -

- the methodology shall be defined (i.e. tee cards, white boards, software etc).
- all associated/inter-related activities should be co-ordinated by the work scheduling activity e.g. order of materials, provision of work packs, transport etc.
- providers shall ensure that suitably trained and experienced resources are available to meet the work schedule programme and the effectiveness of the work scheduling process should be regularly reviewed

7.1.6 Issue of Work

The issue of work shall be a formal arrangement which shall include procedures for the handover of work from any design/planning functions to the construction function.

In issuing work:

1. method statements/risk assessments shall be briefed and available to all appropriate staff
2. handover meetings should be formal and documented
3. adequate arrangements shall be in place for the handover and continuity of projects in the event of planned or unplanned absences

7.1.7 Site Supervision

Site supervision and the supervision of operatives and sub-contractors shall be at a level to ensure compliance with safety and technical requirements.

Site supervision arrangements shall ensure that:

1. qualified Supervisors, as defined in Section 4, shall be appointed to site supervision responsibilities for all accredited scopes of work
2. effective communications exist between supervisors and operatives
3. progress of work is recorded

4. relevant on-site verbal instructions and agreements are recorded and retained in line with the UIPs quality management system (site diaries, day books etc.)
5. Where a contracted third part undertakes the role of Authorising Engineer, the requirements for Adopting Utilities shall be adhered to and records of the 10% site audits to be undertaken on authorised procedures retained by the provider.
6. Where a contracted third part undertakes the role of Authorising Engineer, they shall be available for the duration of all authorised procedures.

7.1.8 Variations

Providers shall have documented procedures which detail how variations to the work are to be managed. These shall detail levels of empowerment and specify, in a format appropriate for operatives, which types of variation need to be referred back to the designer.

7.1.9 Adoption of assets

Providers shall have procedures for the formal handover of assets for adoption by the adopting utility. These procedures shall recognise staged completion and provide all the information required by the adopting utility including as-laid drawings, test certificates, Construction (Design and Management) Regulations (CDM) files and records of connected properties.

7.1.10 Equipment

Providers shall hold or have ready access to sufficient equipment to enable the timely and satisfactory completion of works under this scheme.

Providers shall:

1. ensure that such equipment as necessary meets documented specifications and standards and is used in accordance with industry requirements
2. establish procedures to satisfactorily manage the storage, issue, inspection, maintenance and re-calibration of equipment, including the quarantine of equipment that is out of date/specification
3. ensure that hired equipment is appropriate for the application including having valid calibration

Equipment is any non-consumable object used in the process of carrying out work under this scheme and includes, but is not limited to:

- test and measuring equipment
- electrofusion and butt fusion equipment
- Breathing Apparatus
- lifting equipment
- access equipment
- portable electric tools, leads, transformers, generators etc.
- mobile Plant
- light plant and tools.

7.2 Approved Suppliers and Procurement

7.2.1 Suppliers

Materials, goods, and services shall only be procured from suppliers/subcontractors which the provider has approved.

Providers shall:

1. maintain a list of all approved suppliers/sub-contractors and make the list available to all relevant staff
2. have controls to prevent procurement outside of the approved supplier system or the provision of substitute materials
3. have a procedure detailing the process for introducing new suppliers/sub-contractors onto the approved list
4. have a procedure which determines the assessment/audit process to verify the ongoing suitability of existing suppliers/subcontractors. The level of assessment/audit should be determined by the criticality of the supplier/sub-contractor as determined by a risk framework process
5. highlight, where appropriate, for inclusion within the management process risk register where the procurement function identifies that materials, goods and service can only be procured from a single source

7.2.2 Specifications

Providers shall establish and maintain procedures to ensure that all materials, goods and services are procured and delivered to the correct specifications/requirements of the adopting utility.

The procedures shall ensure that:

1. only appropriately trained and competent staff undertake the technical aspects of the procurement function
2. the material specifications and requirements of those adopting utility companies (where the provider is active) are understood
3. material schedules produced include correct technical specification details to enable accurate purchase orders to be raised
4. purchase orders clearly identify the materials or services required and, when appropriate, refer to the relevant technical specification
5. delivery instructions confirm that materials to the required technical standard have been provided

7.2.3 Goods Receipt and Storage

Goods receipt systems shall ensure received goods comply with purchase requisition technical specifications and that any non-conforming product is quarantined and not accepted into stock.

Providers shall:

1. ensure that suitable storage is available at depots and/or onsite

2. make instructions available to all staff responsible for storage of equipment or materials with special storage requirements
3. ensure that materials are stored in accordance with industry specific best practice and any adopting utility requirements
4. maintain records, as appropriate, of stored equipment

8. Audit

Providers should regularly undertake audit checks of activities which form a scheme requirement. These include activities performed either directly by the Provider or which the Provider has delegated to others.

8.1 Technical Audit

Providers shall have a documented audit procedure and a risk-based rationale regarding the levels of audit for particular work activities.

The audit procedure shall:

1. check that the works are constructed in compliance with the appropriate industry agreed standards
2. Providers shall demonstrate that each team is subject to a Technical Audit every month (Subject to Workload). This being carried out (if they have been assessed as being technically competent) by their First Line supervisor and validated by periodic audits (typically being carried out at random, quarterly) by a Technical Advisor
3. plan audits to ensure, as far as is reasonably possible (given any workload volume constraints), that over a documented period the full range of activities performed by each operative (direct labour and subcontract labour) are audited
4. ensure that identified deficiencies are closed-out within reasonable time periods
5. make available internal technical audit reports, on request, to the accreditation body and adopting utility

Providers with project management accreditation shall have a technical audit regime independent to that used by their contractors.

8.2 Health, Safety, Quality and Environmental Audit

As part of an overall risk-based audit programme providers shall carry out site-based Health, Safety, Quality and Environmental Audits.

Providers:

1. should ensure that the frequency of these audits is determined using a risk-based approach and is sufficient to provide reasonable assurance that required levels of performance are achieved
2. shall record, the results of such audits, analyse for trends, and use for management review of performance
3. shall address all deficiencies identified through the audit process or other investigations
4. shall carry out such audits in addition to any inspections carried out as part of routine site supervision

9. Contract Document and Record Control

9.1 Documentation and Document Control Procedures

Providers shall establish and maintain procedures for controlling all documents, data and information required by the scheme accreditation so that:

1. these documents, data and information can be located and accessed by authorised personnel
2. these documents, data and information are periodically reviewed, revised as necessary, and approved for adequacy by authorised personnel
3. current versions of relevant documents, data and information are available at all locations where operations are performed
4. obsolete documents, data and information are promptly removed from all points of issue and points of use
5. archival documents, data and information retained for legal, knowledge preservation purposes etc. are suitably identified
6. these documents, data and information are secure and, if in electronic format, are adequately backed up and recoverable.

9.2 Records

Providers shall establish and maintain procedures for the identification, maintenance and disposal of records. These records should be legible, identifiable and traceable to the activities involved. The records should be readily retrievable and protected from loss or damage.

Records per project/contract should include but not be limited to:

- designs
- contracts, drawings.
- technical, construction and maintenance manuals
- inspection, commissioning, and calibration records
- As Laid records
- audit results and any resulting corrective actions
- standards and specifications (industry, BSI, ISO etc).
- health, safety, environment, and quality.
- training and competency records
- customer complaints
- For Design and Construction of MOBs, records are required compliant with BIM Level 2/ISO19650 series

10. Legislation, Standards and Guidance

10.1 Reference Library

Providers shall have access to appropriate legislation, standards, and guidance documents.

As a minimum, this should include:

- Energy Utility Skills Competency guidance
- GIG/2
- IGE/TD/101
- IGEM/TD/3, IGE/TD/4 and IGEM/TD/13 as appropriate
- IGEM/G/8 as appropriate
- IGE/GM/8 as appropriate
- IGE/GL/1, GL/2, GL/5 and GL/8 as appropriate
- IGE/SR/18 and SR/22
- IGEM/SR/25 and SR/28 as appropriate
- IGE/G/5
- IGEM/GL/4 and GL/6
- BS 6400 - 1 and BS 6400 - 2 as appropriate
- Gas Act, HSWA, NRSWA and Environmental Protection Act (EPA)
- Pipeline Safety Regulations (PSR) and Gas Safety Management Regulations (GS(M)R)
- HS(G)47
- The Gas Safety (Installation and Use) Regulations 1998 (GS(I&U) R)
- Material Specifications
- Traffic Management Act 2004
- New Roads and Streetworks Act
- NJUG Guidance
- NJUG Specifications for Reinstatement of Openings in Highway

Technical Advisors should ensure that reference libraries, for paper copies and electronic/on-line referencing, are kept up to date and that all information is current.

Additional legislation, standards and guidance documents may be required dependant on the scopes held such as ‘BS 6990 -1989 Welding on steel pipelines containing process fluids or their residuals’ to address the inclusion of Hot Works and BS8313 Code of practice for accommodation of building services in ducts to address the construction of risers in multi occupancy buildings

11. Quality and Safety Systems

11.1 Quality Management System

Providers shall demonstrate that they have an appropriate Quality Management System which covers the requirements of their accreditation.

Through their Quality Management Systems, the provider shall demonstrate that they have a good understanding of the requirements for constructing new utility infrastructure in accordance with the scheme.

The accreditation body will take credence of any accredited quality management systems where these systems fully cover the scheme activities.

11.2 Customer Complaints

Providers shall maintain a schedule of customer complaints and make this available to the accreditation body along with all investigations and details of action taken following complaints.

11.3 Health, Safety, Quality and Environmental Systems

Providers shall demonstrate appropriate Health, Safety, Quality and Environmental provision that provide clear direction for the organisation to follow.

Providers: -

1. shall establish a management structure to deliver these provisions which clearly allocates key safety responsibilities between managers, staff and contractors.
2. shall ensure that the organisation's Health, Safety, Quality and Environmental policies are communicated to all employees and sub-contractors.
3. should ensure that health, safety and environmental performance is measured against targets and that Health, Safety, Quality and Environmental policies are regularly reviewed and in the light of measured performance updated as required.
4. shall, where improvement needs are identified, ensure that timely and effective corrective action is taken, and that staff are briefed on any lessons learnt.

11.3.1 CDM Regulations

Adequate procedures shall be in place to ensure compliance with the CDM Regulations both when the provider has significant duty holder responsibilities under the Regulations or where the provider is operating on a site controlled by others.

The procedures shall ensure that: -

1. staff given responsibilities under the Regulations shall be suitably trained and experienced.
2. when simply working as a contractor on a site to which the Regulations apply the providers' operatives and sub-contractors co-operate with those holding significant duties under the Regulations.

11.3.2 COSHH Regulations

Providers shall establish adequate procedures to ensure compliance with COSHH Regulations.

The procedures shall ensure that: -

1. responsibilities for COSHH compliance and for the preparation of COSHH assessments are clear.
2. a register of substances used by the provider and covered by the COSHH Regulations is available
3. those responsible for preparing COSHH assessments are adequately trained.
4. operatives using substances covered by the COSHH regulations have assessments or datasheets available and that they are adequately trained in order to avoid danger.
5. providers shall, as required, hold valid certification for the carriage and disposal of hazardous substances.

11.3.3 PPE and Other Safety Equipment

Providers shall establish procedures for the identification, provision, control and use of PPE.

The procedures shall ensure that: -

1. records are maintained for the issue of PPE and its condition is monitored.
2. high visibility clothing is provided by the provider to operatives and used by operatives to meet the requirements of NRSWA and other recognised standards or good working practices.
3. emergency equipment such as fire extinguishers and first aid kits for vehicles and such other emergency equipment as demanded by the work being carried out is provided by the provider maintained and stored in serviceable condition and within its service date.

11.3.4 Safety Briefings

Providers shall establish a procedure for providing routine and ad hoc H, S&E briefings to operatives. Records of briefings, including subject matter and attendees, should be maintained.

11.3.5 Accident and Incident Investigation and Reporting

Providers shall have a documented procedure in place for the investigation and reporting of accidents and incidents.

This procedure should, with respect to work carried out under the accredited approval; -

1. allocate responsibility for accident investigation and reporting.
2. establish the makeup of formal panels of enquiry into serious accidents or incidents.
3. require that root causes are sought and disseminated.
4. require that the client, adopting utility and accreditation body are informed of serious accidents or incidents.

12. Human Resources Procedures and Training

12.1 Human Resource Procedures

Providers shall have HR procedures detailing recruitment, selection, interview and appointment criteria.

12.2 Job Descriptions

Job descriptions shall be available for all personnel where the post holders' activities can materially affect work activities carried out under this scheme. As required for the accreditation scope this includes Designers, Project Managers, Technical Advisors, 1st line Managers (Supervisors), Team Leaders and Assistants etc. for all activities carried out under this scheme.

Job descriptions should detail:

1. responsibilities with respect to Health, Safety, Environment and Quality
2. minimum training/experience/qualification criteria for each post responsible for providing elements of the new assets

Where advisors are appointed on a contract basis to support activities their role and the activities they perform should be documented and details of the terms and duration of their contract shall be provided to the Accreditation Body.

12.3 Training Policy

Providers should have comprehensive training records for individuals at all levels and a training policy to train, refresh and update staff as required

The training policy:

1. should only procure formal technical and operational training from industry recognised training providers. Other training may be procured from bona fide training providers or from in house resources
2. shall ensure that where training is provided to a person by the provision of personal supervision that such personal supervision is provided only by a person with suitable knowledge and experience
3. should indicate circumstances where personal supervision is an appropriate form of training and, if so, detail its provision in terms of duration, number of occasions of provision, and the like. The receipt of personal supervision should be recorded in training records.
4. shall identify and comply with any specific training requirement of adopting utility companies where the provider is active.
5. should ensure that employees have sufficient knowledge and training to be aware of and know how to deal with unexpected dangers arising from their activities or from the environment within which their activities take place

12.4 Induction Training

Providers shall have procedures to ensure that its employees and, where appropriate, its contractors and suppliers, especially when the activity is new to them, are aware of:

1. the standards and requirements to maintain scheme compliance
2. the importance of compliance with all work instructions, safety rules, design and construction manuals and drawings, and other relevant policies and procedures
3. their roles and responsibilities in achieving compliance with the organisation's policies and procedures
4. the potential consequences of departing from work instructions, method statements, safety rules, design and construction manuals and drawings, and other relevant policies and procedures.

Appendices

Appendix 1 Accreditation management arrangements

Compliance with the requirements specified in this document will enable providers to gain and maintain scheme accreditation. This section provides guidance on how scheme accreditation operates and the actions that will be taken in the event of non-compliance with the scheme requirements. The actual contractual terms and conditions will be those issued by the Accreditation Body when a formal quotation is sent to the providers

A1.1 Accreditation Process Overview

Once a provider has been assessed as satisfactorily performing the activities for which approval is sought a certificate of accreditation will be awarded which details the scope of approved activities. At this stage the name of the provider, along with the scope of works for which they are approved, will be added to the list on the accreditation body website. Once they achieve Full accreditation, the provider will be able to display the quality mark associated with the scheme.

A1.2 Approval Process

The approval process has 2 key stages. These are gaining.

a) Partial accreditation

and b) Full accreditation.

To assist providers preparing for assessment, especially those who are new to scheme accreditation in any utility sector, a desktop review or gap analysis is usually undertaken.

Having gained Full accreditation, the work and processes of the provider are monitored by means of regular surveillance visits.

A1.2.1 Partial Accreditation

For Partial Accreditation the procedures, processes and documentation of the provider are assessed for completeness and compliance with the requirements of the scheme. Where such procedures and documentation are already in place, their implementation will be assessed. Subject to the outcome of this assessment Partial Accreditation may be awarded entitling the provider to tender and obtain work which can then be used to demonstrate site activities during an assessment for Full Accreditation.

Where a provider has yet to fully recruit staff at the Partial accreditation stage they shall, as a minimum, have appointed a technical advisor and be able to demonstrate that their recruitment strategy will ensure that competent personnel will be in place before any work is commenced.

For the assessment provider should ensure that the Accreditation Body's representatives have access to those parties responsible for direct delivery of the work within the company and those who support the activity together with related processes, documentation and equipment.

The extent of assessment will be determined by the Accreditation Body having regard to the range, scale and geographical spread of work for which accreditation is sought.

Following an assessment Providers will be given a month to provide whatever evidence is needed to close-out any identified deficiencies. After this period the Accreditation Body will issue a report concluding the evaluation and summarising the findings. At this stage the need for any further evaluation time to review deficiency close-out will be identified.

Partial accreditation remains valid for 1 year by which time it should be upgraded to full accreditation by means of an on-site assessment. Where this is not possible the provider will be subject to a surveillance visit to establish that the required procedures, processes and competencies remain in place. If these requirements are not demonstrated the Partial accreditation will lapse.

The provider with Partial accreditation shall inform the accreditation body as soon as any work which requires accreditation is obtained so that an assessment for Full Accreditation can be arranged. Where the Accreditation Body identifies that a Provider with Partial Accreditation has been carrying out work without notifying the Accreditation Body their accreditation will be terminated.

When a provider demonstrates that they meet the requirements for Partial accreditation the Accreditation Body will issue a Certificate of Partial Accreditation; such certificates will remain the property of the Accreditation Body and shall be returned to them on their request.

Major deficiencies identified at the Full evaluation stage can lead to the Accreditation Body terminating the Partial accreditation of the provider.

A1.2.2 Full Accreditation

The Full Accreditation of the provider is dependent on satisfactory technical an assessment of activities for which accreditation is sought.

To achieve Full Accreditation for any particular element of the requested scope then those elements shall be carried out by the provider (or managed by the provider if appropriate to the provider's scope) and witnessed and assessed by the accreditation body. In order to progress from Partial Accreditation to Full Accreditation, providers shall make each activity available for assessment at the first possible opportunity.

Where work covering the full range of the scope requested is not witnessed the Accreditation Body will restrict any accreditation to the scope of work reviewed.

Award of Full Accreditation requires that procedures and processes assessed for Partial Accreditation, but previously untried, are fully implemented and are operating effectively. Provider shall also demonstrate a full understanding of the specific adopting utility requirements, specification details and contact arrangements.

The provider shall be fully prepared for the assessment by the Accreditation Body's representative, and shall ensure the availability of appropriate personnel, documentation and site activities. Facilities and access to sites shall be arranged by the provider in order that the Accreditation Body can witness all appropriate work activities.

Subject to satisfactory performance throughout the accreditation process Full Accreditation will remain valid for 3 years after which time a reassessment will be carried out.

Following an assessment Providers will be given a month to provide whatever evidence is needed to close-out any identified deficiencies. After this period the Accreditation Body will issue a report concluding the evaluation and summarising the findings. At this stage the need for any further evaluation time to review deficiency close-out will be identified

Following completion of the assessment, and on acceptance of the ongoing surveillance program, the Accreditation Body will issue an Accreditation Certificate which will be valid for the term of the accreditation. The certificate will remain the property of the Accreditation Body and shall be returned to them on their request.

A1.3 Monitoring of Accredited Providers

Having gained accreditation, the quality of work and the adherence to process will be monitored through routine surveillance visits. The accreditation body will also respond to any reports of non-compliance received from GTs and to this end the GT will conduct its own audits and the results of such audits, which identify non-conformances, should be communicated to the GIRSO on the basis of 2 audit reports per year per Provider.

Surveillance visits and any extra visits needed to investigate substantiated reports of non-compliance will be chargeable to the provider

A1.3.1 Surveillance Visits

The Accreditation Body shall verify through surveillance visits and periodic reassessment that the provider has established, implemented and maintained procedures, processes and competencies which provide for a consistent quality of the delivered product/service and which conform both in terms of quality and safety to industry good practice. The Accreditation Body will apply a robust, consistent and transparent assessment regime which will focus on criteria to ensure that; -

1. individual competence is achieved and maintained to levels defined in Section 4.
2. Processes are established and maintained to ensure that client requirements are accurately translated into Work Instructions.
3. appropriate equipment is safely operated by trained and competent operatives
4. site based activities are performed competently, safely and in full compliance with company documented procedures and processes.
5. interfaces with all stakeholders (especially developers and adopting utility companies) are managed in accordance with the scheme requirements.
6. installation specifications are compliant with the requirement of adopting utilities
7. procedures are in place to ensure that assets installed are accurately recorded and, following completion of the work, as laid drawings are issued to the adopting utility in a timely manner or in the case of an ongoing site, the completed as laid drawings are retained and made available on site until completion when they are issued to the adopting utility within agreed time frame.
8. (where required) for compliance with adopting utility procedures for control of connections that there is an auditable trail of connection activity by Authorising Engineer/Competent Person
9. (where required) technical advisors are active in assessing competences and monitoring technical standards

A1.3.2 Surveillance Visit Programme

Each approved activity scope shall be subject to audit, as a minimum annually with the first surveillance visit held within 6 months of accreditation being awarded.

Periodicity of surveillance will be based on:

- Scopes of accreditation
- Provider's previous experience in this field
- Assessed performance
- Complaints
- Results of internal and external audits

The following table indicates typical frequency of visits based on number of employees, including support staff and subcontractors (excluding any who hold their own accreditation), who are engaged in the activity being accredited.

No of employees	Frequency of visits
>50	Quarterly
<50 >20	4 monthly
<20	6 monthly
Design Providers only <10	annually

A1.3.3 Surveillance Visit Arrangements

Arrangements for routine surveillance visits will be agreed between the accreditation body and the provider in accordance with the surveillance schedule specified at the time of accreditation. Should the volume of the provider's work, or scope of the provider's accreditation, change during the accreditation period then the surveillance visit programme shall be revised accordingly.

Where concerns about the compliance of a provider are made to the accreditation body by adopting utilities or others additional investigation surveillance visits will be immediately arranged. If the non-compliance issue investigated is confirmed the provider will be required to cover the cost of the investigation.

The accreditation body will routinely (normally annually) advise providers of the surveillance visit schedule (covering site and office activities) that needs to be witnessed.

Providers shall arrange with the Accreditation Body for surveillance visits to be undertaken no later than a month after the month specified in the schedule.

In order that work activities can be assessed providers shall make reasonable provision for contestable work to be available for surveillance. Where it is necessary to change pre-arranged visits providers should give a minimum of 5 working days notice to the accreditation body.

Providers shall ensure that site work made available is sufficient for an assessment of the full scope of their accreditation and the work being carried out is related to the actual construction of the asset (e.g. excavation only site works will not be sufficient as excavation is only an element of the tasks in constructing new infrastructure assets).

Where a surveillance visit is cancelled within the notice period an abortive visit charge based on the charge for a surveillance visit will be made. Where the planned activities are not being carried out at the time of the visit the Accreditation Body will make a charge for a further visit to assess the activities.

At least annually whilst undertaking surveillance visits the Accreditation Body expects to meet with any nominated technical advisors and authorising engineers to ensure that they are taking active responsibility for the duties which are assigned to their roles.

During the accreditation period the Accreditation Body expects to see all the accredited scopes being demonstrated and will reduce accreditation to 'partial' for any scopes that are not witnessed over a 12 month period unless the nature of the work covered by the scope is such that the type of work is only done 'infrequently'. Where work can be classed as 'infrequent' the Accreditation Body may, taking into account the general compliance of the Provider, relax the frequency they expect to view such work. This arrangement will only be allowed when the Provider agrees to notify the Accreditation Body every time work on the 'infrequently' performed scope is being done. The demonstration of design scope shall include asset owner design appraisal and handover to construction, work pack, etc.

A1.3.4 Non-Compliance with Surveillance Visit Schedule

Other than for scopes of work which are done infrequently (see Section A1.3.3) in the event that the Providers programme of work does not incorporate any work meeting the requirements for a surveillance visit for a period which extends beyond one month of the surveillance visit due date then the accreditation status of the Provider shall be downgraded to Partial. Under these circumstances the surveillance visit programme shall be suspended and annual (on the anniversary of the last surveillance visit) visits arranged to ensure that competency and procedures/processes, against which the initial accreditation was awarded, are maintained.

As required for all holders of partial accreditation Providers who have had their accreditation status downgraded must notify the Accreditation Body of their intention to start any work relating to their accreditation so that a surveillance visit can be arranged. Subject to the surveillance visit confirming that work is being done in accordance with the scheme requirements, and that the required systems and procedures are in place, then full accreditation shall be reinstated, and ongoing surveillance visits re-established.

If a Provider considers that their ongoing workload is less than that used to determine the surveillance visit programme, they should notify the Accreditation Body and ask for the programme to be re-assessed. However, as a minimum, to retain their accreditation Providers shall present (unless it is infrequently carried out) each scope of their accredited activities for surveillance audit annually.

A1.3.5 Surveillance Visit Payments

Providers will be charged for surveillance visits carried out in accordance with the agreed programme or any which are subsequently arranged to close-out major deficiencies or the suspension/removal of accreditation.

Providers shall pay all such charges promptly. Where any payments to the Accreditation Body become overdue the Accreditation Body is unable to commit to doing further visits. When this arises, the accreditation will initially be suspended for 1 month and if the payment has not been made by the end of the period of suspension the accreditation will be cancelled

A1.4 Investigations and Removal of Accreditation

Accreditation shall be subject to cancellation or amendment by the accreditation body if a provider

- is found to have made false claims within the application for accreditation which are considered to impact on the integrity of the provider
- does not rectify, to the satisfaction of the accreditation body, the required remedial action within the agreed time scales to rectify a major or series of minor deficiencies.
- implementation of corrective action is subsequently found to have been inadequate to prevent a reoccurrence at any location of recently identified deficiencies.
- is found to continually fail to maintain safe systems of working and has working practices which result in the workforce or members of the public being exposed to danger or serious risk of injury through the use of faulty workmanship/working practice and faulty materials or materials not conforming to recognised standards.
- becomes bankrupt or insolvent.
- claims to have been approved for work not included at the time in the scope of their approval.
- commits a breach of any of the obligations imposed by the adopting utility.
- undertakes work below the standard required and demonstrates a lack of commitment to achieve the required standard or is unable to continue to comply with the criteria set out in the scheme requirements.
- makes use of the Scheme and /or the Quality mark or logo in a manner which, in the opinion of the accreditation body, is likely to bring the accreditation body or scheme into disrepute.
- carries out work with Partial accreditation without arranging for the Accreditation Body to undertake a full assessment
- fails to make arrangements for surveillance visits in accordance with the agreed programme (unless section A1.3.4 applies)
- fails to incorporate into their procedures and working practices any changes made to the scheme by the Scheme Advisory Panel within an agreed time period.
- notifies the accreditation body that they no longer wish to be accredited for scopes of work.

A1.4.1 Investigations

Where the accreditation body is notified that unsatisfactory work or non compliance with the scheme requirements has occurred and the matter is disputed by the Provider, the accreditation body shall carry out an investigation.

When an investigation is being carried out, the Provider shall provide facilities for the accreditation body to do inspections, including checking any test equipment and providing access to the work. The Provider shall also provide all relevant documentation relating to the work and shall ensure that the supervisor responsible for the work is available to visit the work and meet with the accreditation body.

Where an investigation finds that the Provider has not complied with the scheme requirements, including doing work to the standards of the adopting utility, the Provider shall meet the costs incurred by the accreditation body in carrying out the investigation and any follow-up work, including verification close-out of remedial actions.

The accreditation body shall notify adopting utilities or others with an interest in the matter, the outcome of any investigation.

A1.4.2 Removal of Accreditation

The accreditation body shall notify the provider in writing of the intention to cancel certification, fully detailing such reasons for its action. Normally, unless the nature of the non-conformance merits immediate action or is a reoccurrence of a recently closed deficiency, this will be in 2 stages. Firstly, the provider will be notified that their accreditation is being suspended and given a limited time to address the non-conformances giving rise to the suspension. If the non-conformances are not satisfactorily addressed during the allotted time period and steps are not taken to prevent a reoccurrence the accreditation will be cancelled.

Once accreditation has been cancelled then re-accreditation will be subject to a full re-assessment of the provider.

A1.5 Appeals, Complaints and Disputes concerning Accreditation

If the provider wishes to object to action taken, including withdrawal of accreditation, by the accreditation body they shall, within twenty-one days of the issue of the notification to them, give notice in writing to the accreditation body of their objections setting out clearly the grounds for an appeal.

Any such appeal will be assessed by a panel within the accreditation body, independent of those members of the Accreditation Body associated with the original withdrawal action.

The results of the review will be communicated to the provider in writing, detailing clearly the basis for the decision.

If the decision is not to the satisfaction of the provider then they can appeal to the Scheme Advisory Panel which will be furnished with the basis for the original accreditation withdrawal and the

findings of the appeals review. The Scheme Advisory Panel shall be the final arbiter of all such appeals.

The provider and accreditation body shall bear their own costs associated with any appeal, regardless of the outcome.

Re-instatement of accreditation will be effected under the conditions prescribed by the accreditation body's review or that of the Scheme Advisory Panel, should the finding be that the accreditation withdrawal was not warranted.

Alternatively, if the appeals process finds the accreditation withdrawal to be the correct course of action then re-instatement of the provider would entail a full re-evaluation.

A1.6 Re-certification

At the end of the 3-year full accreditation period a reassessment covering all required scopes of accreditation shall be undertaken.

The scale of this reassessment will take account of the performance of the provider during the period of accreditation. If the provider has performed satisfactorily over the accreditation period their accreditation is likely to be reviewed with minimum examination. However, if the work carried out by the provider is limited, or if a number of audit reports identify major deficiencies or a growing trend of minor deficiencies, an appropriately more in depth level of re-assessment will be required.

The extent of the renewal assessment will take account of recently witnessed work with any scopes not seen during the previous 12 month period required to be seen during the re-assessment process. Where this cannot be arranged the level of accreditation, subject to satisfactory verification of systems and procedures, will reduce to 'Partial'. However, where one of the scopes being re-assessed covers work that may be infrequently carried out (see Section A.1.3.3) then, provided the Provider has agreed this with the accreditation body and has notified all instances of the work being done, the accreditation body will take account of surveillance visits over the 3 year certification period. In such the accreditation body may re-certify at the 'Full' level without witnessing work being done.

The Accreditation Body shall give each Provider 3 months notice of the expiry of their accreditation. If the Provider does not put in place adequate accreditation renewal arrangements or allow adequate time for the required renewal assessment to take place, the accreditation will be terminated.

The reaccreditation assessment will take account of scopes viewed over the preceding 12 months and also consider whether any infrequently performed scopes have been satisfactorily demonstrated during the accreditation period. Where scopes are not witnessed during the re-accreditation, or there is not adequate evidence to support the award of 'Full' accreditation, these scopes may only be awarded 'Partial' status.

Following an assessment Providers will be given a month to provide whatever evidence is needed to close-out any identified deficiencies. After this period of time the Accreditation Body will issue a report concluding the accreditation. At this stage the need for any further evaluation time to review deficiency close-out will be identified.

Having being satisfactorily reassessed and a surveillance programme agreed the provider will be accredited for a further 3 years.

A1.7 Adopting Utility Requirements

It should be noted that adopting utility companies have the right to insist on defective work being corrected and the right to refuse to adopt any infrastructure if it is not fit for purpose even though the work may have been carried out by an accredited provider

A1.8 Notifications to Adopting Utility Companies

The accreditation body will notify those adopting utility companies in whose areas a provider is known to be active when action is taken to amend, suspend or terminate accreditation. Other information on accreditation status will be shown on the scheme specific website maintained by the accreditation body.

In the event that a Major Deficiency is issued to a UIP for a non-conformance that may impact the integrity of the network or for a significant safety issue, the accreditation body will notify the relevant Distribution Network Owner /GT/ iGT.

A1.9 Use of GIRS Scheme Registration Mark

On gaining accreditation providers will be issued with the GIRS Scheme Registration Mark (which incorporates the LRQA Approval Mark). Guidance on the use of this Mark will be provided when it is issued and the Mark shall only be used in the as issued configuration and can be displayed by accredited providers on their stationery, publicity material, company buildings, flags, vehicles, and so on. It can be reproduced in any single colour.

Correct use of a GIRS Mark is a contractual obligation and a GIRS accreditation certificate can be withdrawn if a provider misuses a GIRS Scheme Mark and continues to do this after attention has been drawn to the misuse. Also, if GIRS accreditation is withdrawn from a provider, they must stop using the GIRS Scheme Mark and, where necessary, withdraw any material carrying the Mark.

Appendix 2 Guidance on Project Management Function

A2.1 Requirement to Hold Project Management Scope

The project management scope is for providers who do not themselves carry out construction activities but who manage this work by subcontracting such activities to providers with the required construction accreditation.

Many different types of project management company exist; ranging from those who simply introduce constructors to the client (developer or whoever) to those who have a detailed involvement in controlling construction activities. Nevertheless, there are minimum requirements expected of providers with project management accreditation which need to be established and maintained throughout the accreditation period. Whilst these are detailed throughout the main body of the scheme requirements this summary provides an overview of the project management scope requirements to aid companies in preparing for accreditation assessments and ongoing surveillance visits.

Notes

1. *There is not normally a requirement for providers who simply introduce contractors to the client and where the construction providers does all the liaison with the host utility and the on-site liaison with the client to be accredited as project managers.*

2. *Where a provider holding construction accreditation operates as a project manager (employing a provider with the required construction accreditation rather than doing the work under their direct supervision) they must demonstrate compliance with the project management scope requirements.*

A2.2 Requirements of the Project Management Scope

Although they employ an accredited provider to undertake construction work project management providers need to get involved in many technical aspects of new infrastructure delivery. Hence, they need to be able to demonstrate utility sector specific technical understanding and competence alongside their project management capability.

A2.3 Scheme Project Management Responsibilities

For the project management scope providers are responsible for:-

- ensuring that the constructed assets are to the standards required by the host utility
- providing clear instructions, which fully detail the technical requirements, to their contractor
- appointing construction providers who are competent in doing the work using criteria which do not simply rely on their accreditation
- giving technical direction and guidance to their contractor
- ensuring that work done by their client/developer meets the requirements of the host utility
- meeting the notice and communication requirements of the host utility
- providing, to the specified timescale, all the information required by the host utility on adoption of mains, services and meter installations

- managing variations and ensuring that they are involved in agreeing all changes
- ensuring that there is good communication between all parties.

A2.4 Requirements of an Accredited Project Manager

To be awarding project management accreditation providers need to demonstrate that they have;-

- systems and procedures in place which competently manage work from receipt of design through to handover/adoption and which assigns responsibilities throughout the project life cycle
- a thorough understanding of host utility requirements
- arrangements in place to access the required technical standards
- a clearly defined interface between themselves and their contractor such that it is obvious who is responsible for each element of the scheme requirements.
- a technical advisor who has been given a clear and workable remit to ensure technical compliance.
- staff appointed (or, at the partial stage, plans to appoint staff) who have been assessed as having the required technical understanding to oversee work issue, delivery and on-site audits
- a training and development plan for their staff
- arrangements to cover any competency gaps amongst their staff until such time as training has been delivered and competency re-assessed
- agreed working methods with their contractors covering all aspects of the work being done
- arrangements which meet all CDM requirements
- documentation covering all stages of the project
- adequate interface arrangements with other stakeholders including the developer/client and the host utility
- audits and checks being routinely done covering the work of the project manager and of their PROVIDER contractor
- follow through and close-out arrangements for identified deficiencies
- identification of compliance risks, covering the aspects of work they do themselves or which their contractor does on their behalf, and have taken appropriate action to mitigate these risks
- regular reviews meetings with their contractor.

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