# Annex C: Surveillance Plan

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| **Surveillance Plan ISO 45001:2018** | | | | | | |
| **1**: Initial Audit  **2:** Surveillance 1 Audit  **3**: Surveillance 2 Audit  **4**: Recertification Audit | | **Plan** | | | | |
| **1**  **(202X)** | | **2**  **(202X)** | **3**  **(202X)** | **4**  **(202X)** |
| **4 Context of the organization** | | | | | | |
| **4.1** | Understanding the organization and its context |  | |  |  |  |
| **4.2** | Understanding the needs and expectations of interested parties |  | |  |  |  |
| **4.3** | Determining the scope of OH&S management system |  | |  |  |  |
| **4.4** | OH&S management system |  | |  |  |  |
| **5 Leadership** | | | | | | |
| **5.1** | Leadership and commitment |  | |  |  |  |
| **5.2** | OH&S policy |  | |  |  |  |
| **5.3** | Organizational roles, responsibilities and authorities |  | |  |  |  |
| **5.4** | Consultation and participation of workers |  | |  |  |  |
| **6 Planning** | | | | | | |
| **6.1** | Actions to address risks and opportunities |  | |  |  |  |
| **6.2** | OH&S objectives and planning to achieve them |  | |  |  |  |
| **7 Support** | | | | | | |
| **7.1** | Resources |  | |  |  |  |
| **7.2** | Competence |  | |  |  |  |
| **7.3** | Awareness |  | |  |  |  |
| **7.4** | Communication |  | |  |  |  |
| **7.5** | Documented information |  | |  |  |  |
| **8 Operation** | | | | | | |
| **8.1** | Operational planning and control |  | |  |  |  |
| **8.2** | Emergency preparedness and response |  | |  |  |  |
| **9 Performance Evaluation** | | | | | | |
| **9.1** | Monitoring, measurement, analysis and evaluation |  | |  |  |  |
| **9.2** | Internal audit |  | |  |  |  |
| **9.3** | Management review |  | |  |  |  |
| **10 Improvement** | | | | | | |
| **10.1** | General |  | |  |  |  |
| **10.2** | Incident, nonconformity and corrective action |  | |  |  |  |
| **10.3** | Continual improvement |  | |  |  |  |
| **11 Additional requirements** | | | | | | |
|  | **Use of logo** |  | |  |  |  |
|  | **List of documents included in the audited MS** |  | |  |  |  |
| Notes and comments: | | |  | | | |

*For completed visits, mark “X” in the box for each clause/process covered.*

*For planned visits, mark “O” in the box for each clause/process to be covered.*