

# ACHILLES UVDB VERIFY AUDIT DECLARATION

<b>Supplier Name</b>	Darcy Products Limited.
<b>Supplier ID</b>	00023417
<b>Audit Scope</b>	UVDB Verify B2
<b>Audit Date(s)</b>	17 <sup>th</sup> and 18 <sup>th</sup> August 2021.

The scores outlined below are indicative and may be subject to change prior to the publication of the audit report as a result of the quality checking process.

AMALGAMATED SCORES	MSE Percentage Score	Site Percentage Score
Health & Safety	90%	100%
Environment	100%	100%
Quality	100%	100%
CSR	86%	100%

The below non-compliances have been identified during the audit and discussed as part of the close-out meeting:

Critical Non-Compliances	
Question Number	Finding
None	None

Major Non-Compliances	
Question Number	Finding
None	None



Minor Non-Compliances	
Question Number	Finding
4.4	At the time of the audit of the audit the organisation had not formally documented their recruitment procedure.
8.1	At the time of the audit the organisation did not have access to the pre-employment occupational health assessments.
9.1	At the time of the organisation had not formally documented their security arrangements.
13.3	At the time of the audit the organisation had not obtained confirmation of anti-bribery and corruption compliance.
13.4	At the time of the audit the organisation had not obtained confirmation of modern slavery compliance.

Observations	
Question Number	Finding
7.10 (site)	The organisation to consider reviewing the effectiveness of their accident report system.

PQQ Discrepancies	
Question Number	Finding
None	None

Positive Elements	
Question Number	Finding
None	None

I declare that the information provided to the auditor in response to this UVDB Verify Audit was accurate and correct at the time of the assessment, to the best of my knowledge. In addition, I confirm that I have received a comprehensive opening and close out meeting detailing all findings and acknowledge that the scores recommended maybe subject to change prior to publication:

Management System Evaluation Sign Off			
Auditor Name (Print)	Kassam Mahmood	Signature:	
		Date:	18/08/2021.
Company Representative Name (Print)		Signature:	
		Date:	
Company Representative Position			
Comment(s) by Company Representative:			
Comment(s) by Auditor:	None.		
Site Evaluation Sign Off (Where applicable)			
Auditor Name (Print)	Kassam Mahmood.	Signature:	
		Date:	18/08/2021.
Company Representative Name (Print)		Signature:	
		Date:	
Company Representative Position			
Comment(s) by Company Representative:			
Comment(s) by Auditor:	None.		