Quality Manual

Sustainably and efficiently satisfy our customers

apave

Quality policy

Apave, an International Group, established more than 150 years ago, is spécialized in technical, human, environmental and digital management risks protection. This perennity has been made possible thanks to our constant dedication to providing our customers the best independent third party services, adapting to an economical and technical environment in constant evolution.

Thanks to the quality management, the skills of our staff, the efficiency of our organization, based on the quality system rules, we make the commitment to offer our customers, in all domains and in all places, adapted services, in accordance with the applicable standards, and respectful of our rules of ethics and deontology.

For this purpose, each year at all levels we:

- Ensure the technical quality of our services
- Improve the quality of service, and all that accompanies the technical act
- Perpetuate our continuous improvement process
- Harmonize practices, organizations, tools and services in a concern for simplicity

We ask each Apave employee to be a key actor in this policy, by his daily actions, his professionalism and his team spirit and adaptation.

In order to implement this policy, the Executive Management allocates the necessary resources and means.
The QHSE management is in charge of verifying the declination of the major guidelines of the quality policy at all levels

Philippe Maillard
CEO

The purpose of this manual

This Quality Manual defines the Apave's Quality Management System.
It sets out the principles related to the organization and resources, enabling the implementation of our quality policy by all Apave employees.

The entities concerned

The Quality Manual defines the general provisions applicable to the France Division, composed of the following entities :

- Apave (SA)
- Apave Exploitation France SAS
- Apave Infrastructure et construction SAS

In this Manuel, "Apave" means Apave (SA) and the 2 subsidiaries Apave SAS.

Where relevant, some other Apave Group subsidiaries may also apply the provisions of this Quality Manual.

Standards concerned

The quality manual is based upon :

- ISO/CEI 17020,
- ISO/CEI 17025,
- ISO 9001.

The others standards are :

- ISO/CEI 17065
- ISO/CEI 14065,
- Qualiopi standard
- Etc.

Contents

1 • Management ..... page 5

1.1 Activities and organization ..... page 6
1.2 Independence, impartiality, confidentiality ..... page 9
1.3 Quality system ..... page 10
1.4 Measurement and improvement ..... page 13

2 • Documentation ..... page 15

3 • Resources ..... page 19

3.1 Methodological resources ..... page 20
3.2 Human resources ..... page 22
3.3 Material resources ..... page 25
3.4 External resources ..... page 27

4 • Services ..... page 28

4.1 Services ..... page 29
4.2 Realization ..... page 30

5 • Practical information ..... page 30

5.1 Management of the Quality Manual ..... page 31
5.2 Definitions and Abbreviation ..... page 31
5.3. Index of quoted procedures ..... page 31
5.4 Main modifications ..... page 31

Appendices

A – Processes steering table ..... page 32
B - ISO 17020, ISO 17025 and ISO 9001 compliance matrix ..... page 33

Management

1. Management

1.1. Activities and organization

General presentation of Apave

Apave purpose is to act "as as trusted partner to make the world safer, more sustainable and source of shared progress."

Apave's vocation is to support its clients to improve safety of people and goods, protect the environment, control digital risks and optimize the performance of their facilities.

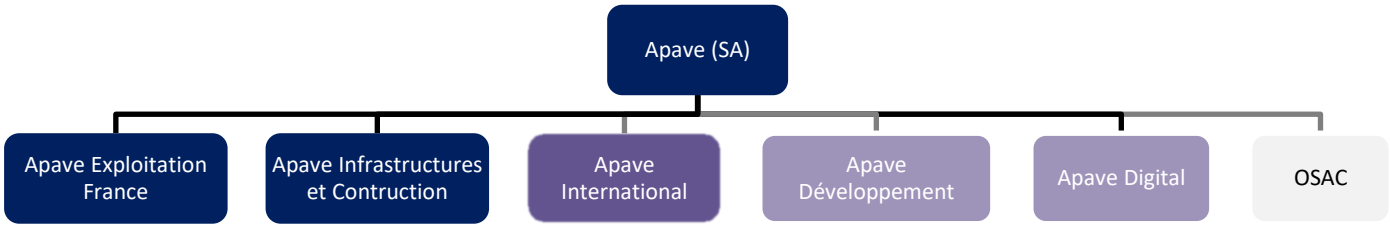
Apave deploys its offer covering the following areas :

- Electricity,
- Mechanical,
- Pressure,
- Infrastructures and Construction,
- Environment Energy
- Quality Health and safety,
- Professional Training.

- 200 000 clients
- Involvement in all industry sectors, in particular: industry, services and leisure, property, energy, distribution…
- In France and in International: 12400 employees, including 9000 engineers and technicians
- Inspection, Technical Support, Consultancy, Tests and measurements, Training
- 130 agencies
- 18 laboratories and test centres
- 170 training centres
- A dozen subsidiaries in France
- 45 subsidiaries abroad

To find out more : www.apave.com

Apave Group



Apave (SA) is the parent company of the AEF (Apave Exploitation France SAS) et AICF (Apave Infrastructure et Construction France SAS) subsidiaries; its sole shareholder is the Gapave association.
Apave International is Apave (SA) subsidiary for international services.
OSAC is a subsidiary dedicated to the technical control of civil aviation safety.
Apave Development is a holding company that gathers other subsidiaries dedicated to specific services or markets.
All of these entities and their subsidiaries constitute the Apave group.

History

Originally, Apave entities were created as regional associations between 1867 and 1885, each grouping together industrialists wanting to ensure jointly the risk prevention of steam appliances, as well as that the economy in the production and use of energy..

Then Apave developed and extended its activities to all risk management areas. Apave entities became inspection and prevention (risk management) bodies.

They merged and created SA or SAS (French limited companies), called CETE Apave and common bodies (Apave Groupe and CETEN Apave International).

In the years 2010 - 2011, Apave carried out a structuring of the Group. The Apave have separated the associations (law 1901) of the operational Apave SAS or SA. The company Apave (status SA) became the parent company of its operating subsidiaries (Apave SAS) and the 4 associations, devoid of any operational activity, became its shareholders.

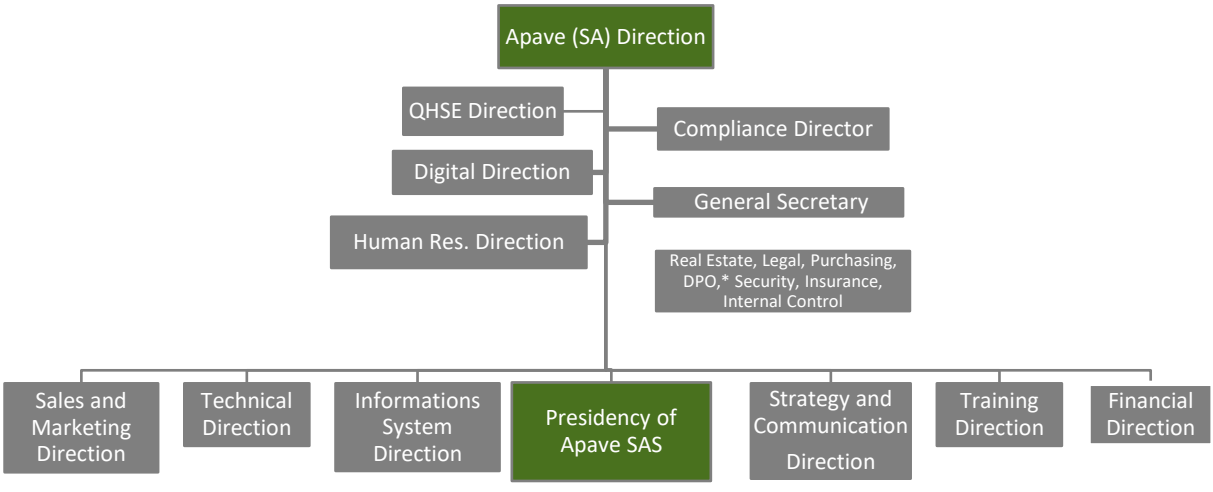
In 2016, the four Apave associations merged into the Gapave association, also devoid of any operational activity, and henceforth single shareholder of Apave.

Since 2021 July, APAVE SA have 3 shareholders :

- Gapave association, major shareholder,
- PAI Partners
- Majors managers and administrators, via Apa-Invest

In 2022, Gapave evolved to become a recognized public utility foundation.
As of december 31, 2022, with separating activities of technical control of construction requirements, employees and activities from those 4 opérationnals Apave SAS, have been transferred in 2 news juridical entities : AEF (Apave Exploitation France) and AICF (Apave Infrastructures et Construction).

Apave (SA) Organisation Chart



Governance

Apave (SA) defines the rules within the group and provides the necessary support to subsidiaries.
Each Apave SAS subsidiary is responsible for performance of services in its territory, and has the necessary resources, in accordance with quality and technical rules defined by Apave.
Apave SAS subsidiaries rest to functional Directions of Apave.

Responsabilities

There are two types of responsibilities:

- Those linked to a function: defined in the PGQ Organization
- Those linked to a role for which "organizational qualification" is defined (see section 3.2).

Each employee concerned is informed of his attributions.

Quality responsabilities

The entire staff applies the rules of quality system, participates in the achievement of quality objectives and is personally part of continuous improvement.

Apave (SA) Management appoints a QHSE Director, responsible for:

- defining, in application of the relevant standards, a quality system suitable for all activities and markets taking into account efficiency, clarity and simplicity,
- steering the quality management system into a continuous improvement dynamics
- Plan and deal with internals audits
- ensuring that the Quality Management System is implemented and updated to comply with the relevant standards and the commitments of the Apave Management
- appointing if necessary, a National Quality Referent on a particular topic.

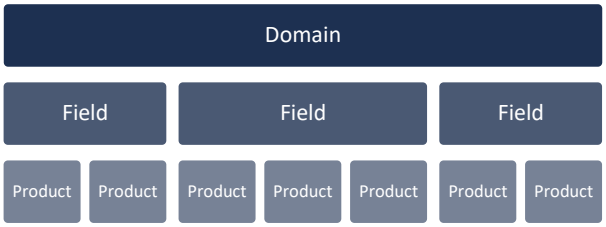
The management of each entity appoints a Quality Health, safety and Environment Manager in charge of :

- ensuring the implementation and monitoring of Apave quality and HSE system in its subsidiary,
- ensuring the registration and processing of non conformity, effective implementation of corrective actions and the continuous improvement management,
- preparing the management review and deploy quality objectives and associated indicators.

The QHSE Managers rely on a network of QSSE Coordinator (CQSSE) and quality animators (AQSSE) in agencies.

Technical responsabilities

Technical responsibilities are structured in relation to the nomenclature o
Apave products. The products are grouped into a set of fields, the fields being themselves grouped into domains, according to the following principle :



In the Technical Direction, The Domain Group Responsibles, are in charge of :

- The definition, design, maintenance and dissemination of the products of their domain,
- Monitoring the quality of services, with the assistance of Technical Animators
- Assistance in the elaboration of national contracts, if required,
- Representation of Apave with external bodies and the management of external recognitions required

They coordinate the work of the Domain Group Delegated Responsible and Technical Field Responsibles and Technical Animator.

Technical Animators are qualified and designated in each Operations Direction for each domain. They are responsible for their domain and agency within their scope for :

- Verification of compliance with the Quality and Technical Group rules,
- Follow-up of the monitoring process in terms of quality of services, in connection with the Domain Manager Group and the CQSSE,
- Deployment of technical documentation,
- Monitoring the qualification of inspectors.

They can rely on Technical Referent.

PGQ Organisation
CENTAUREE

1.2. Independence, impartiality, confidentiality

The trust that our customers and prescribers place in us is based upon our competence and ethics.

Apave group entities are third parties, i.e. structures whose functioning is independent of the parties involved, by their statutes, and by the nature of their financial resources.

The sole shareholder of Apave is Gapave, an association without any link with customers.

Apave SAS subsidiaries, whose capital is 100% owned by Apave, have therefore the same degree of independence.

The potential risks of conflict of interest due to related organizations (e.g. subsidiaries) or due to activities are analyzed on a ongoing basis. In case of risk, appropriate provisions are set up to preserve the impartiality (e.g. minimum delay between two incompatible services).

The Fraud Risk is analysed in the GQP "Deontology" and preventive actions are defined.

Our organization and the implementation of the code of ethics allows us to ensure:

- only impartiality compatible services are carried out,
- the confidentiality of information collected is guaranteed.

The entire staff applies the code of ethics, the anti-corruption code, which among others include the rules on impartiality, integrity and confidentiality.

PGQ Deontology
Code of ethics and code of anti-corruption

Business Continuity Plan

Apave's activities are intellectual, therefore essentially based on its human resources and on the competence of the stakeholders. In case of unforeseen circumstances, crisis or disaster, the continuity of Apave's business is ensured via:
- a system of technical qualifications, defined at a group level and envolving 6000 engineers and technicians in France; this system makes it possible to compensate the absence of stakeholders;
- a system of substitution for management and technical functions, again defined at a group level,
- a documentary system ensuring the availability of methods and tools,
- an archiving system that ensures the retention of the key records of the company.
A crisis unit can be created to take the necessary decisions.

1.3. Quality system

Apave processes

The process control tools identified in this manual are shown in Appendix A.

Risks and Opportunities

The risks and opportunities likely to have an influence on the quality of Apave's activities, the satisfaction of its customers and other parties concerned, are identified, regularly analyzed and the appropriate actions are implemented and their effectiveness verified; this exam is Management Review input.

Communication

The Strategy and Communication Direction is responsible for :

- defining et implementing the group's communication strategy
- coordinate the definition of the Group's strategy and steer its implementation and effectiveness, with change support systems when necessary.

Cooperation

Apave is involved in sharing experiences on standardization with other technical bodies, such as: CEOC, COPREC, EUROLAB, AQUAP, AGERFOP, standardization organisations (AFNOR, ISO)... Besides, when an entity holds an agreement or a notification, it participates in the cooperation cells as required by the authorities granting approvals and notifications.

Listening to customers and stakeholders

Apave's stakeholders are mainly:

- The customers for whom these activities are carried out and who are at the origin of the foundation of the Apave;
- Regulatory authorities, public, originators and various prescribers ... which define the requirements relating to Apave's activities;
- Employees who carry the Apave know-how.

Listening to customers is based primarily on the exploitation of the following elements:

- Customer feedback
- Business contacts
- Audits and customer evaluations, claims processing
- Customer satisfaction surveys

The information relating to the interested parties is reviewed continuously (taking into account the elements of regulatory watch, customer returns ...) or punctually (development of activities in relation with new interlocutors ...).

Recognitions

Apave determines and manages the recognitions (agreements, accreditations, certifications...) necessary to undertake and develop its activities and chooses the relevant recognition level (Apave SA or SAS).

Apave manages numerous certifications on behalf of Apave SAS subsidiaries:

- being a direct bearer of recognition (Cf. contract between Apave and its subsidiaries),
- or by coordinating the recognition of Apave subsidiaries.

When the recognition specifies sites or agencies, the offers concerned by this recognition must be issued from these sites.

All external recognitions are managed by QHSE Direction and Quality Managers, using the ARGOS database, from apave.com website.

apave.com

Assurances

Apave et ses filiales Apave SAS, pour les activités qui engagent leur responsabilité civile :

- Sont garanties par la souscription de contrats d'assurance,
- Peuvent présenter, à des clients ou prescripteurs qui en feraient la demande, une attestation de l'assureur précisant les limites de la garantie.

Insurances

For activities that engage civil responsibility, Apave and its Apave SAS subsidiaries:

- are guaranteed by the underwriting of insurance contracts,
- may present, to clients or specifiers who so request, a certificate from the insurer specifying the limits of the guarantee.

Context and issue

Apave operates in a context of globalized exchanges where customers and principals rely on recognized European and international standards.
The professional context requires third-party organizations to be impartial and to master technical risks, both to gain the confidence of the government and parastatals, to provide their customers with the solutions they need to improve the protection of people, property and the environment.

Management Review and planification

	Management Review AEF or AICF	Group Management Review
allows to ensure that	the state, adequacy of the quality system in relation to the Group's quality objectives and policies .	the state, adequacy and effectiveness of the quality system in relation to the Group's quality objectives and policies .
held annually	by the subsidiary Management, in the presence of the QHSE Manager	by the Apave CEO, in the presence of the QHSE Director
inputs	• results of internal and external audits, • feedback from customers and stakeholders, complaints and appeals, • status of corrective and preventive actions, • quality monitoring indicator • changes that may affect the management system,	• management reviews of Apave SAS subsidiaries, • group level data related to the monitoring and improvement process, issues, risks and opportunities • achievement of group quality objectives and actions, including those from previous reviews • changes that may affect the management system, • review of impartiality. • Specific management review (training, nuclear, test and measurement…)
Outputs	• The need for change to the system efficiency, • proposal for the next period, as well as any resources to be put in place.	• A conclusion on the system efficiency • The need for change to the system efficiency, • The decisions and actions for the next period, relating to the group quality objectives to be broken down by each subsidiary, quality actions and internal audits guidelines as well as any resources to be put in place.
Report	The report is established by the QHSE Manager and approved by the SAS Director.	The report is established by the QHSE Director and approved by the CEO. It is disseminated to the QHSE Coordinators and Managers. They are in charge of informing all the staff concerned.

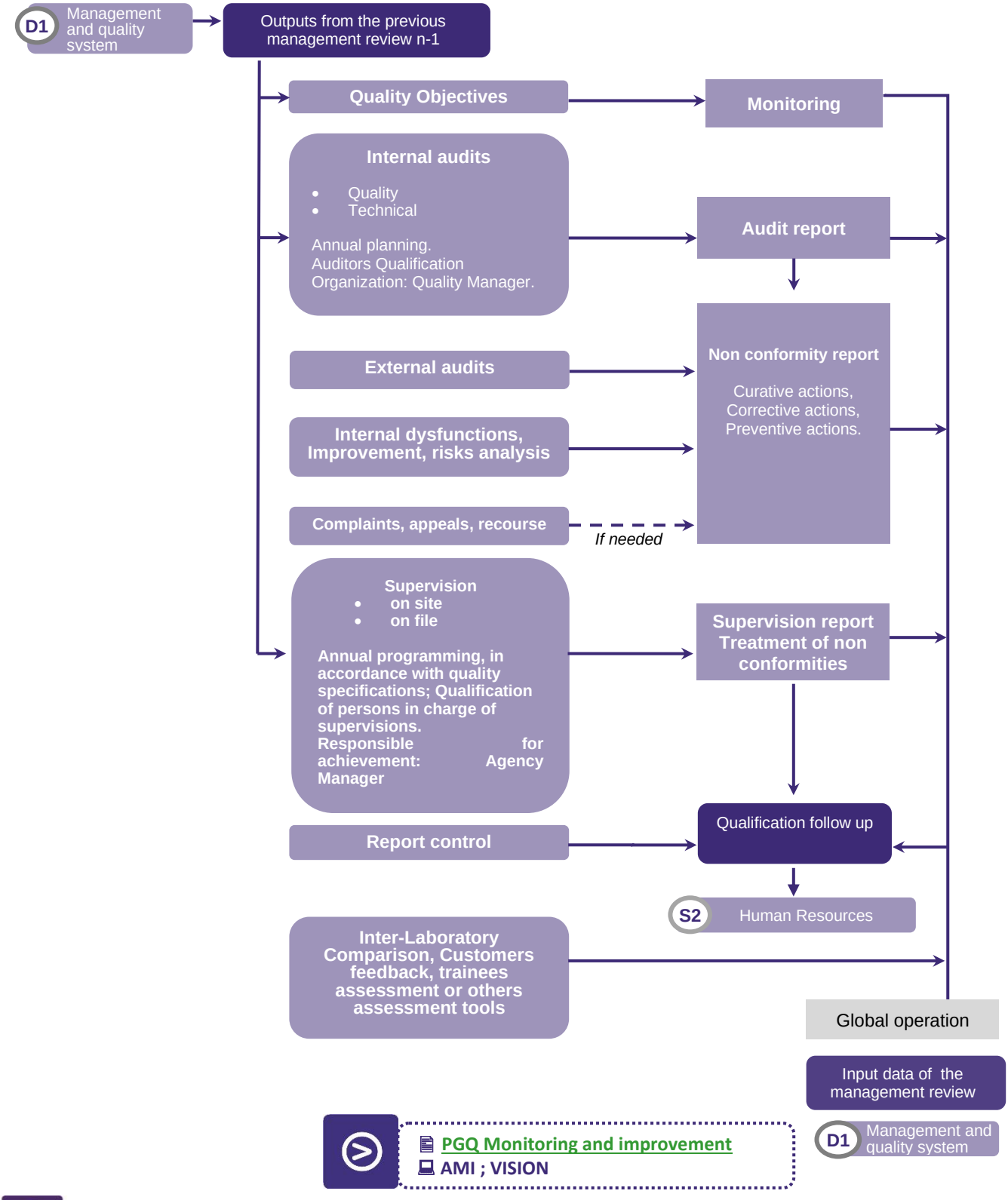
Action Plans are established as needed, and in particular:

- to implement the Management Review meetings decisions,
- as a consequence of monitoring and improvement activities (§ 1.4).

1.4. Measurement and improvement

OBJECTIVE

Implement reliable tools for alerting and improving our quality system; monitor the quality of services and the skills of inspectors



Non conformity reports

Anyone can initiate a non conformity report corresponding to an internal dysfunction, an improvement or as part of a quality objective monitoring or a risk analysis. These reports also make it possible to record and address internal or external audits non conformity .

The receiver of the non conformity report defines the action plan :

- curative action(s),
- cause analysis,
- corrective action(s), to avoid the renewal of the non conformity report,
- preventive action(s), where appropriate.

The Quality animator is in charge of monitoring the implementation of the action plan.
The CQSSE and QHSE Manager (or a designated person) closes the non conformity report after verifying the implementation of the action plan and the effectiveness of the corrective actions (if any).

The non conformity that has an impact on the Group provisions is handled by Apave (SA) (QHSE Board, Domain Group Managers…).

Complaints and appeals

A complaint (or an appeal), whatever the reception mode (written, oral, email…), is recorded by the receiver.

The following steps of analysis and treatment are implemented and recorded under the responsibility of the responsible of the head of the structure concerned :

- collection and verification of information needed to decide whether the complaint or appeal is founded or not,
- definition and implementation of actions to address the complaint or appeal
- response to the complainant.

The decision to be served on the complainant is taken, or reviewed and approved by at least one person not directly involved in the performance of the service that is the subject of the complaint or appeal.

If necessary, the person concerned may:

- acknowledge receipt of the complaint or appeal,
- inform the complainant of the progress of the analysis and / or treatment and results,
- inform the complainant of the end of treatment.

These steps can be done at the same time.

A non conformity report form is opened, if the complaint or the appeal is founded and highlights a non conformity from the rules of the quality system. The treatment of the non conformity report form is identical to that of an internal discrepancy.

PGQ Monitoring and improvement
ORPHEE ; AMI

Documentation

2. Documentation

There are 2 main kinds of document :

- quality document,
- technical documents.

Quality Documents

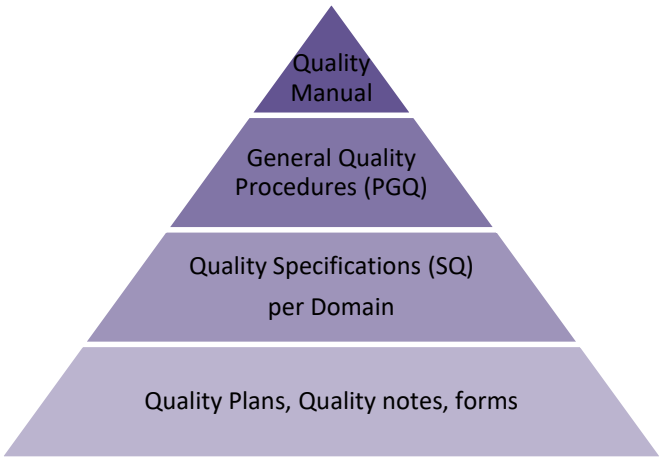
The General Quality Procedures (PGQ) complete the provisions of the Quality Manual and are mandatory for the Apave SAS subsidiaries.

The Quality Specifications (SQ) define for each domain the specific provisions applicable to this domain as well as the human, material and methodical resources required.

The Quality Plans define the provisions specific to a particular service / a particular repository; they are established at group level.

The quality notes define a punctual provision available for particular topic.

The quality documents are complemented by computerized application tools, forms and records.
Examples : tools for qualification management, discrepancies management, material resources management.



QUALITY DOCUMENTS	Apave		Subsidiary		
	Direction and DQHSE	RDG	Direction and RQSSE	DO or Agency	Employees
Quality Manual and PGQ	●				
Quality Specifications		●			
Group Quality Plan	●	●			
Quality notes, quality forms	●	●	●		

● Issuer
— User

DQHSE: Quality Health Safety and Environment Director
RDG: Domain Group Responsible
QM: Quality Manager
DO : Operational Direction

* Customers Quality Plan are established and release like others contractual documents.

Technical Documents

The technical documents are specific to each domain; they are necessary to master the products and services.

They include :

- methodological documentation (including technical notes, report formats and templates when they are not integrated into a tool, any internal training documents),
- descriptive cards of services, tools (used to perform the service, to prepare the report …)
- standards,
- other general technical documents,
- documents related to internal metrology

Technical documents are completed by application tools, forms and records.

The technical documents are developed and updated as described in § 3.1.
.

TECHNICAL DOCUMENTS	Apave		Subsidiary		
	Direction and DQHSE	RDG	Direction and QM	Material Responsable or Technical leader	Employees
- Methodological Documents - Technical notes - Descriptive cards of services - Tools - Others technical documents					

PGQ Control of documents and Methodological Resources
GOOGLE DRIVE ; CENTAUREE ; NOMADD

Provision and appropriation of technical and quality documents

Apave insures :

- the availability of documents (database and products tools),
- the information of the people concerned (including Technical Animators and QHSE Coordinators),
- the cancellation and archiving of documents.
- Each subsidiary redistributes the information to the final recipients according to the group's instructions.

The PGQ Documentary System and Method Resources also defines the provisions concerning the distribution of documents outside the group.

Records and archiving

The records result from the implementation of technical and quality documents. Examples: business case, customer deliverable, supervision reports.

They can exist in different formats (paper, computer, photos ...).

Proper records management is essential in our service activities. The documents kept and available are the only material elements attesting to the completion of the service.

The traceability of our actions allows us, if necessary, to provide proof of the completion of our services.
Examples: audits, litigation clients.

Archiving of records and documents is described in the relevant PGQ. It describes the practical arrangements for filing and archiving, electronic archiving and destruction of archives.
Archiving documents and records times are defined:

- in PGQ Control of documents for documents and general records,
- If necessary in the other Quality documents (quality plan...) for specific records, durations and / or references.

PGQ Control of documents and Methodological Resources

Resources

3.Resources

3.1. Methodological Resources

OBJECTIVE

Define all necessary provisions for the provision of the services

The stages of development of methods are detailed according to:
- external requirements (e.g. standards),
- the internal impact and the need for control (depending on the service and personnel involved, complexity, novelty...).

D1 Management and quality system → Decision to develop a new product

R1 Sales → Client request for a specific service

The development decision is made by Apave.

The inputs are variable : needs of the market, the client request, the specifications, the file detailing the service offering, demands or evolutions in rules, internal demands...

Definition of the resource requirements

- Human Resources
e.g. skills, content of internal training programme
- Material Resources
e.g. equipment, consumer goods, hardware and software
- External Resources
e.g. partnerships, skills that the entity's personnel do not have
- Technical documentation

Validation

No → In case of non-validation, specific provisions are implemented.

Yes

Preparation of resources

- Recruitment /training
- Creation/acquisition
- Characterisation of products or services to be purchased
- Design of technical documents

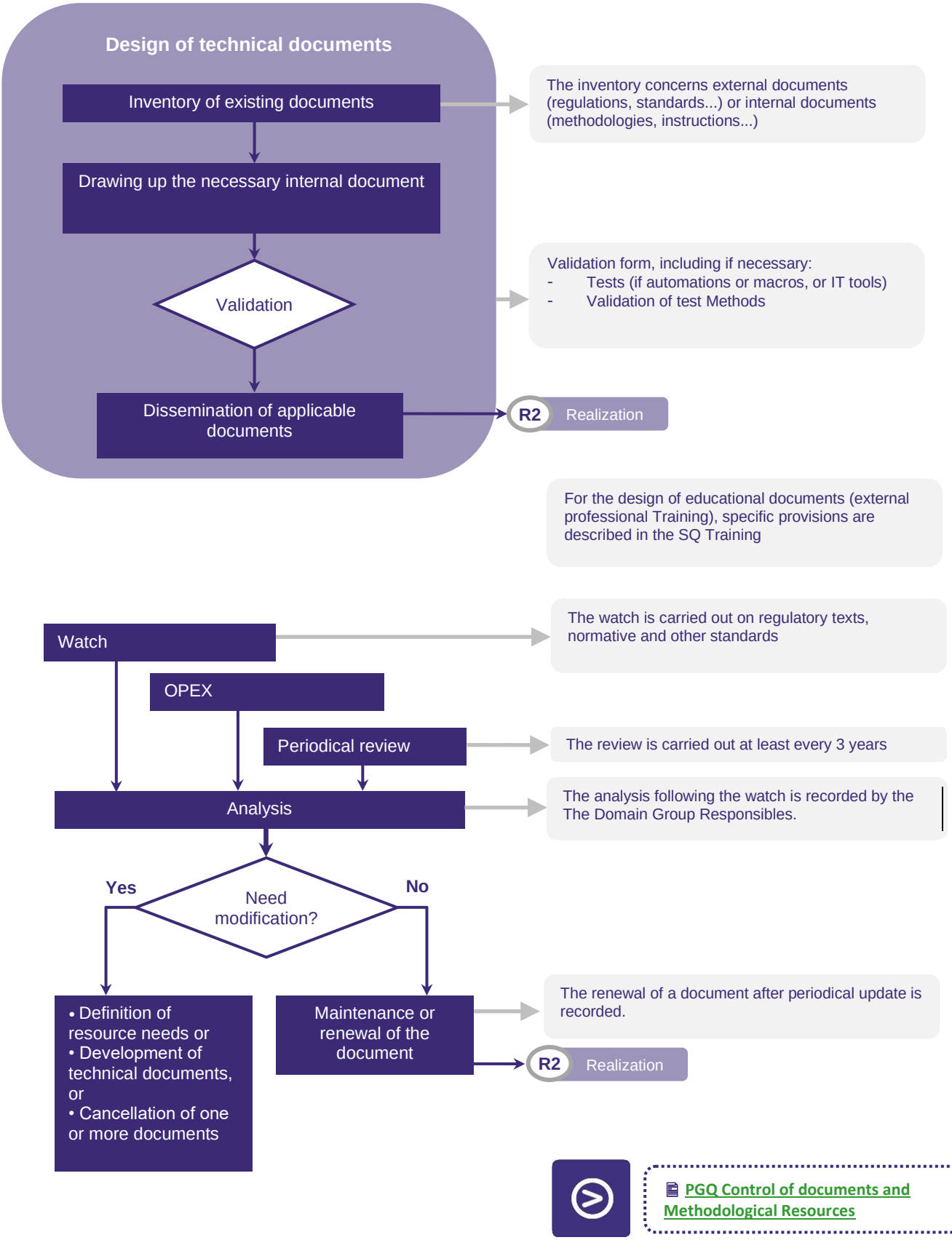
S2 Human resources

S3 Material resources

S4 External resources

C.f. continuation of § 3.1

Available resources → R2 Realization



PGQ Control of documents and Methodological Resources

3.2. Human resources

OBJECTIVE

Have sufficient and competent personnel to provide the services requested by our clients.

Competence is the ability to perform a service or ensure a role. It is attested:
- by a certification issued by an external body, or
- by a qualification that may be associated with one or several knowledge (s).

D1 Management and quality system

S1 Methodological resources

Definition of needs

Recruitment

The essential stages are:
- Choice of internal or external recruitment,
- Evaluation of the initial prerequisites
- Contractualisation and commitment on ethics
- Welcome newcomer.

Creation of the personal technical file

Qualification / Certification

Prerequisites check

Equivalent Experience?

Yes

No

Theoretical and/or practical training

Process's Adaptatio

Supervised service

Person Certification

Qualification + Knowledge(s)

Qualification: recognition of the know-how

We distinguish:
- The **technical qualifications** required performing the services for our customers; technical qualifications are managed by the Technicals Animators. The qualification criteria are defined in the quality specifications or quality plans.
- The **organizational qualifications** needed to perform specific tasks within the quality system. They are defined in the PGQs. Examples: internal quality auditor, charged for supervision...

Training can be integrated. In this case, it includes theory and practice in internal training centers.

Qualification sheet

Record in OMEGA

In parallel with the qualifications, we define "knowledge", corresponding to technical knowledge on an Apave service object.
The methods of acquiring knowledge are defined in each Specification or Quality Plan.
Knowledge is managed by Technical Animators and recorded in Omega.

Authorization

Authorization: operation whereby the Agency Manager recognizes that the physical and behavioral skills of an employee with a technical qualification, and security clearance required, enable him to achieve a given service.

Adapted resources

R2 Realization

Any

Authorization title

Qualification : recognition of the know-how

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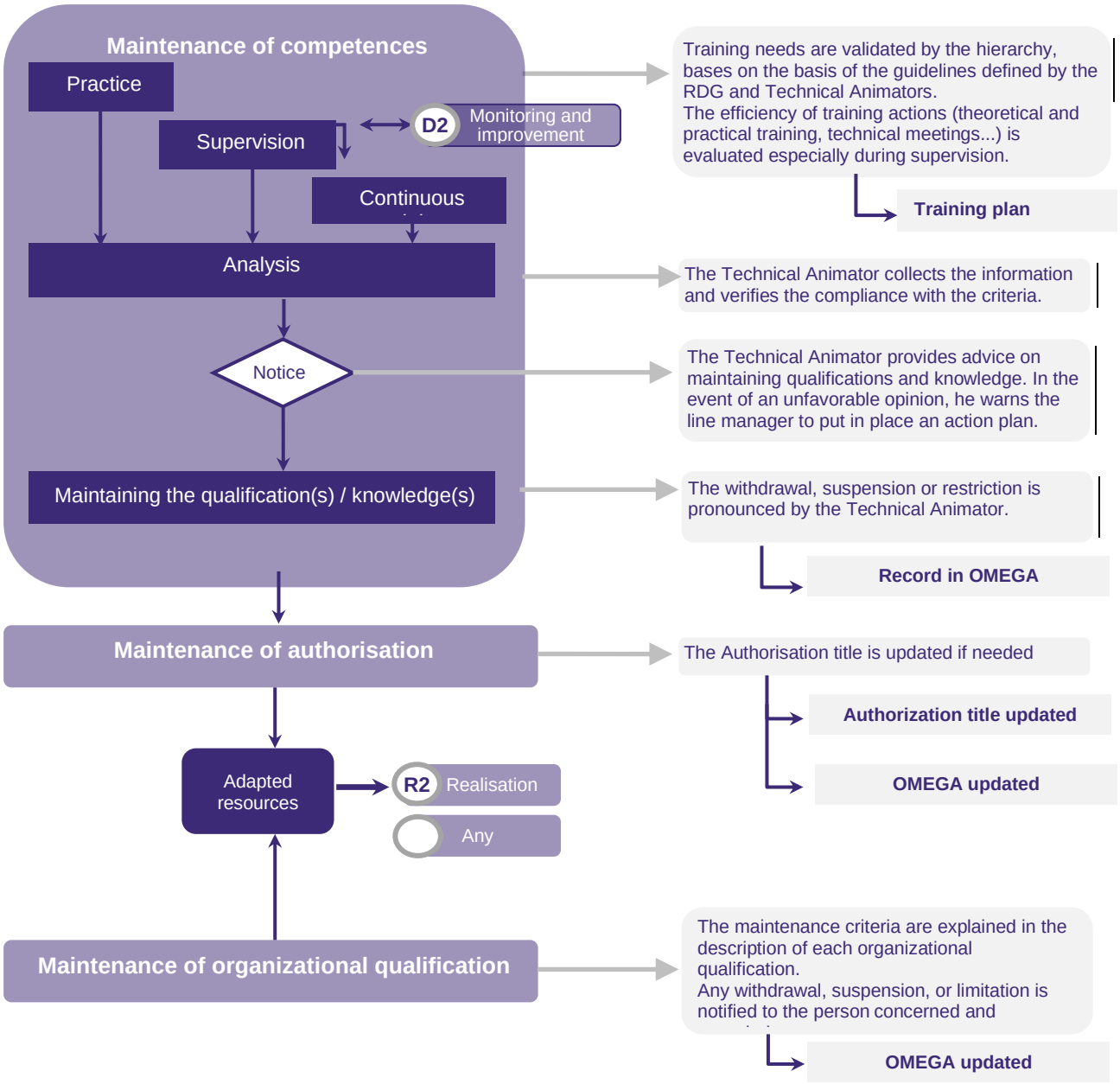


THE TOOLS

The **training plan** (or "skills development plan) is established annually on the basis of the needs collection organized by the HR and Campus. It is implemented in agencies after approval by the subsidiary's general management. Campus is in charge of all training (internal and external) for employees.

The DTI (Individual Technical File) of an employee contains the information relating to its academic and university training, courses followed before and since the entry at Apave, languages practiced and professional experiences. It serves as a database for editing CVs, for a particular need (missions, tender ...).

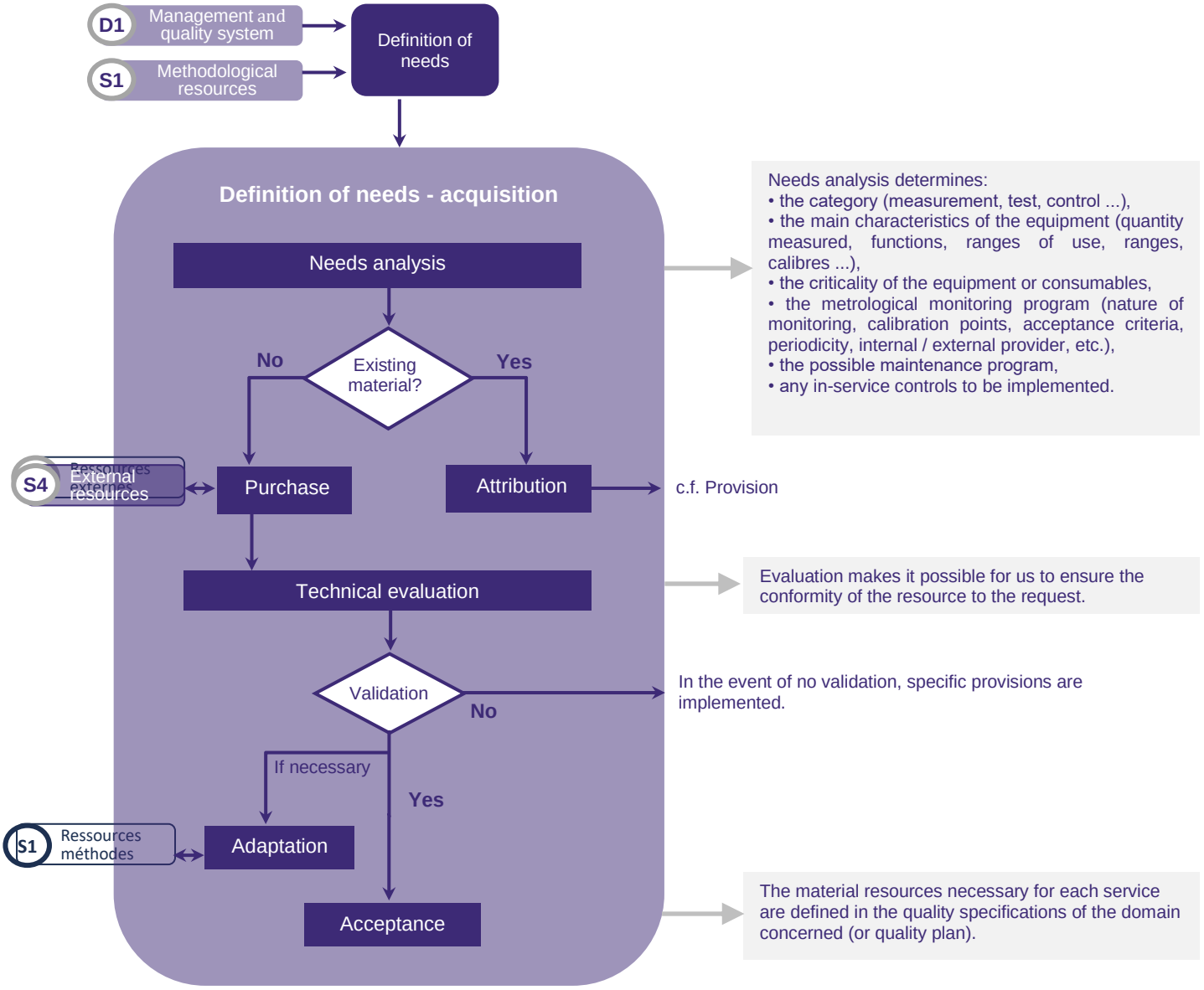
The agency manager is responsible for the constitution and annual update of the DTI.

PGQ Human resources
OMEGA ; RHEXIS

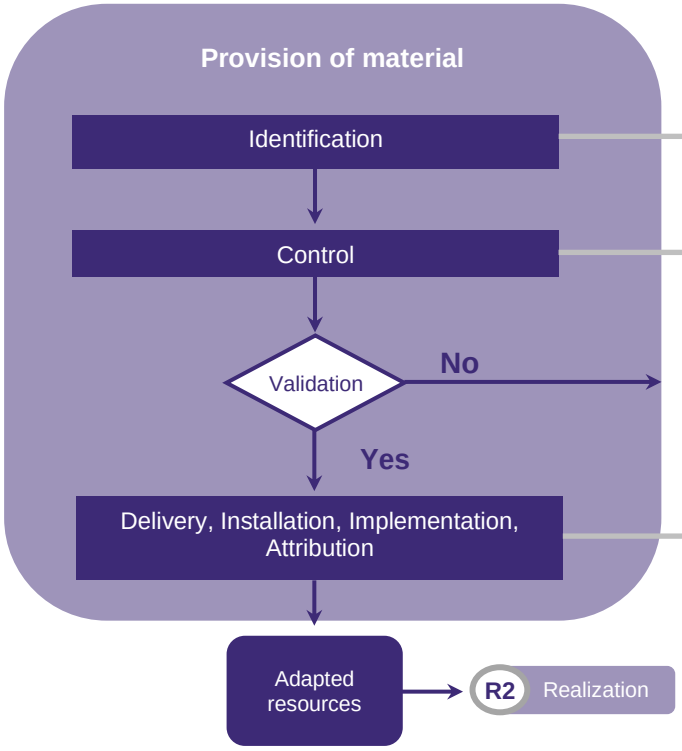
3.3. Material resources

OBJECTIVE

Have the relevant material resources in sufficient number to provide the service



PGQ Material resources
Quality Specifications

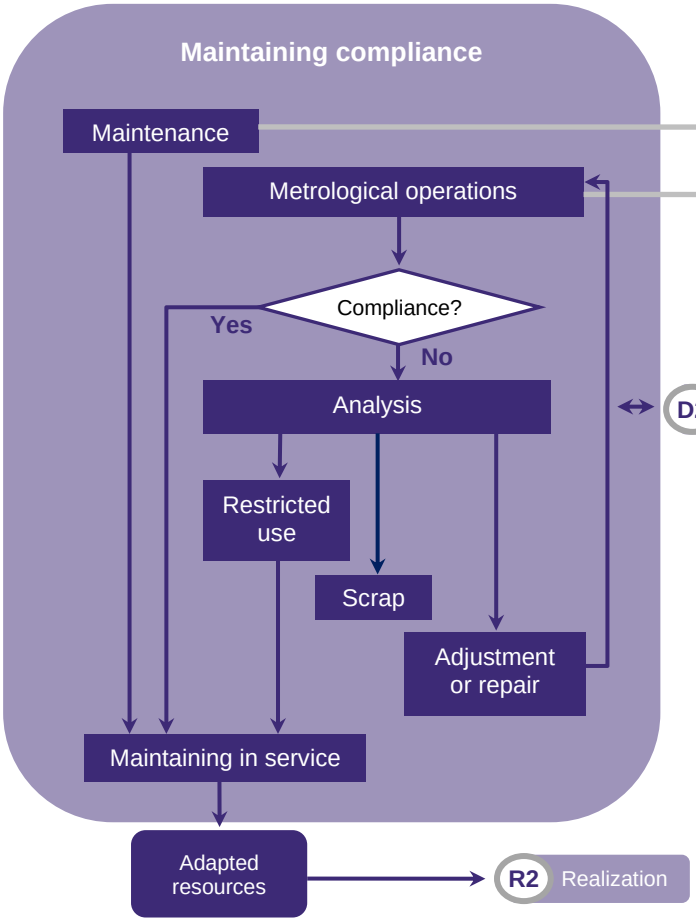


Identification of intervention equipment (excluding tools and accessories) and critical consumables. Creating Life sheet if necessary.

Example: checking metrological documents, metrological operation…

In case of non validation, specific measures will be implemented. Examples: supplier return, repairs

At this stage information or user training may be necessary.
If necessary, access and use can be limited.



The maintenance may include cleaning, consumables replacement, preventive maintenance or inspection before use.

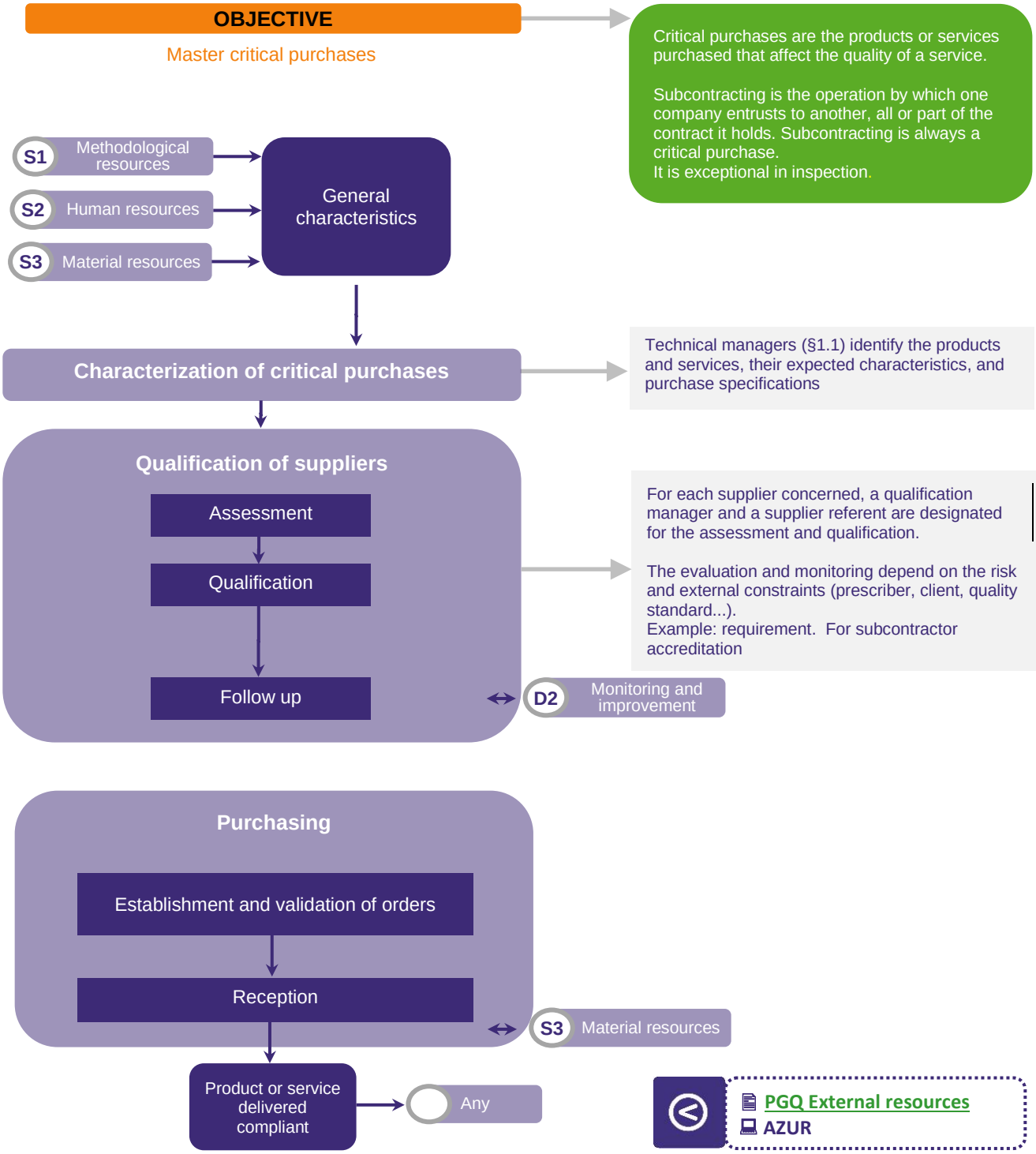
The metrological operations (calibration, verification ...) are performed in accordance with quality specifications. They may be carried out internally or externally. They are recorded in the Life sheet.

D2 Monitoring and improvement

In the event of an anomaly, the impact on measurements previously performed with the device is analyzed.

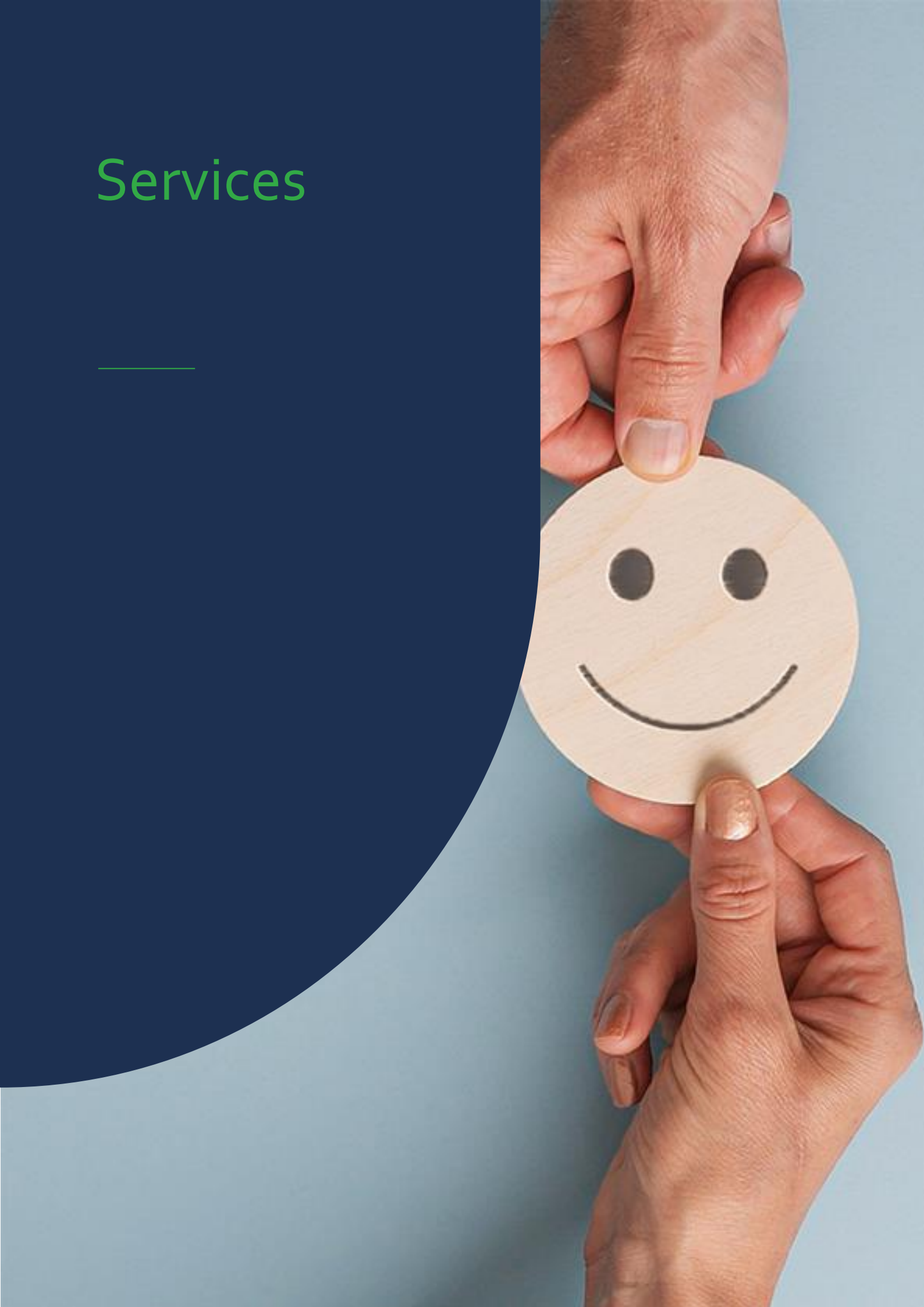
PGQ PGQ Material resources
DECA

3.4. External resources



Operations performed by an entity for another entity are not considered as subcontracting, but as internal operations if they both apply the Apave quality manual and therefore share the same quality management system. These operations do not need supplier qualification. However, they are subject to a very precise definition of tasks to be fulfilled and conditions of execution. It's the same for the use of staff of another Apave subsidiary.

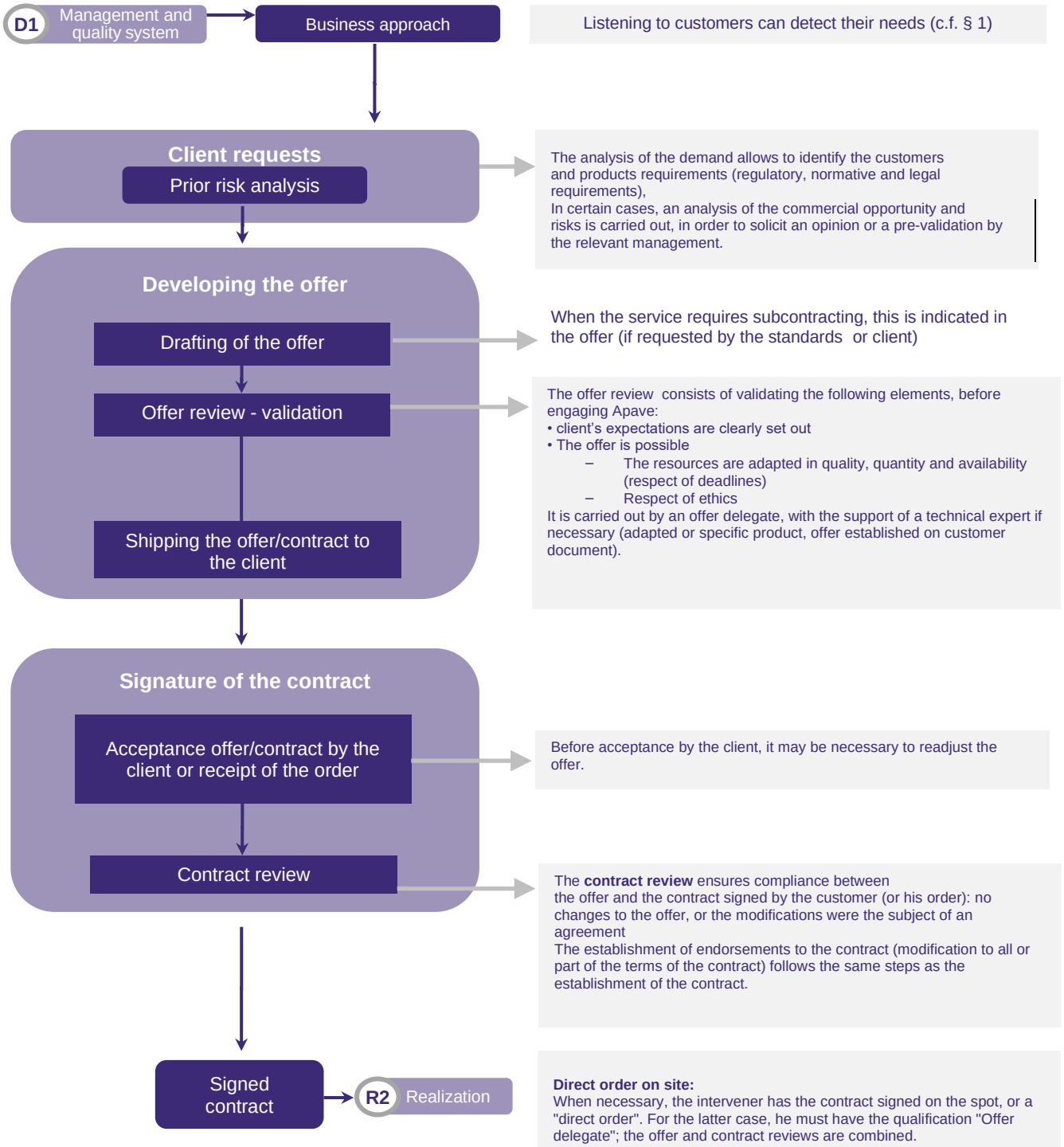
Services



4. Services

OBJECTIVE

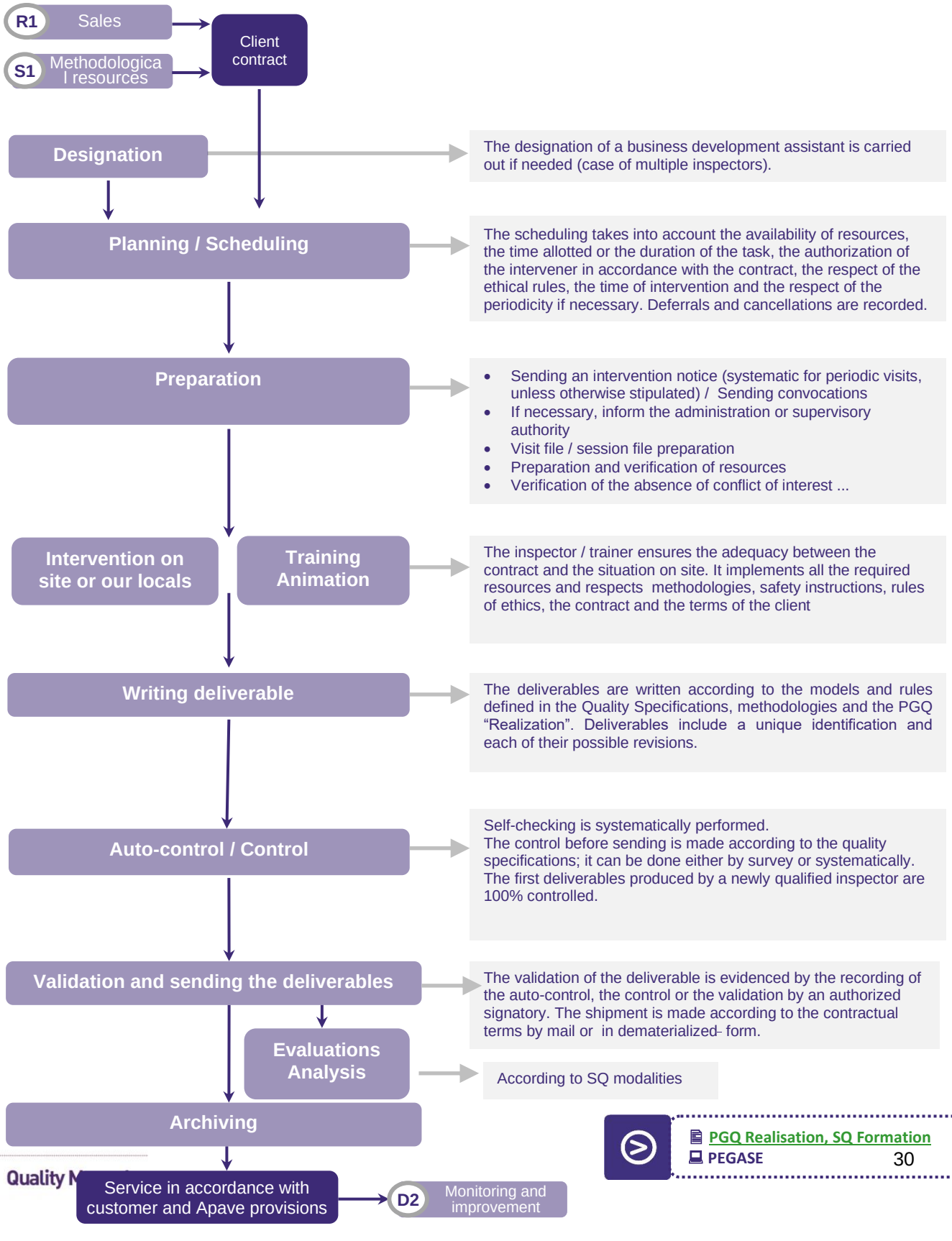
Transform the client's need into a contract, in compliance with the company objectives.



4.2 Realization

OBJECTIVE

Satisfy the clauses of the contract



5.Practicals Informations

5.1. Management of the Quality Manual

Validation, dissemination and archiving are carried out according to the provisions of the PGQ "Control of documents - Methods Resources".

5.2. Definitions and abbreviations

The terms used are defined in the PGQ.

C/R : A report
DO : Operationals Manager
DTI : Individual Technical File (Dossier Technque Individuel)
PGQ : General Quality procedure (Procédure Générale Qualité)
QHSE : Quality, Health, Safety, Environment
RDG : Group Domain Manager
HR : Human Ressources
SQ : Quality specification (Spécification Qualité)

5.3 Index of quoted procedures

- PGQ Organization
  pages 7 and 8
- GQ Monitoring and improvment
  pages 13, 14
- PGQ Control of documents and methodological resources
  pages 16 to 21
- PGQ Human resources
  pages 22, 23
- PGQ Material resources
  pages 24, 25
- PGQ External resources
  page 26
- PGQ Sales
  page 28
- PGQ Realization
  page 29
- PGQ Deontology
  page 9

The main IT tools associated are also mentioned in the Quality Manual.

5.4 Main modifications

The changes concern the reorganization of the quality and technical functions as well as various updates (Apave SA organization chart, sales process, quality policy ...).

Annex A • Processes steering table

Informative appendix

	Added value (or objective)	Process	Supplier process	Inputs	Outputs	Client process
D1	define and set up an organization consistent with the policy and strategy	Management and quality system	All activities	decisions of management reviews	All activities	
D2	Implement reliable tools for alerting and improving our quality management system	Monitoring and improvement	Management and quality system	Outputs from the management review, period n-1	Inputs from the management review, period n	Management and quality system
S1	Define all the provisions necessary for the performance of services	Methodological resources	- Management and quality system -Sales	Decision to develop a new product Client demand for a specific service	Available resources	Realization
S2	Have sufficient and competent staff to perform the services ordered by our external and internal customers	Human Resources	- Management and quality system - Methodological resources	Definition of needs	Adapted resources	All activities
S3	Have sufficient material resources in sufficient number to provide the services	Material resources	- Management and quality system - Methodological resources	Definition of needs	Adapted resources	All activities
S4	Master the purchased products and services	External resources	Methodological , Human and material resources	Features of the product or service	Product or service delivered according to the features	All activities
R1	Transform the customer's need into a contract, in compliance with the rules of the company	Sales	Management and quality system	Business process	Signed contract	Realization
R2	Satisfy the clauses of the contract	Realization	- Sales - Methodological resources	Contract	Service compliant to client and Apave requirements	Monitoring and improvement

Annex B • Compliance matrix

ISO 17020

ISO 17020 : 2012	Quality Manual	PGQ	Tools, others documents
Introduction			
1 Scope			
2 Normative references			
3 Terms and definitions	5.2.		Glossary
4 General requirements			
4.1 Impartiality and independence	1.2.	Deontology	Code of ethics
4.2 Confidentiality	1.2.	Deontology	Code of ethics
5 Structural requirements			
5.1 Administrative requirements	1	Organization	Status
5.2 Organization and management	1	Organization	Organization chart
6 Resources requirements			
6.1 Personnel	3.2.	Human resources Monitoring and improvement	Quality specifications OMEGA, VISION
6.2 Facilities and equipments	3.3	Material resources	DECA Quality specifications
6.3 Subcontracting	3.4.	External resources	AZUR
7 Process requirements			
7.1 Inspection Methods and procedures	4	Methods resources Sales ; Realization	CENTAUREE, NOMADD PEGASE, OFFER-ORDER…
7.2 Handling inspection items and samples	4.2	Realization	
7.3 Inspection records	4.2	Realization	Quality specifications
7.4 Inspection records and inspection certificates	4.2	Realization	Quality specifications
7.5 Complaints and appeals	1.4	Monitoring & improvement	ORPHEE, AMI
7.6 Complaints and appeals process	1.4	Monitoring & improvement	ORPHEE, AMI
8 Management system requirements			
8.1 Options	1	(*)	
8.2 Management system documentation	2	Control of documents Organisation	Quality policy
8.3 Control of documents	2	Control of documents	GOOGLE DRIVE
8.4 Control of records	2	Control of documents	
8.5 Management review	1.3		
8.6 Internal audits	1.4	Monitoring & improvement	Quality specifications
8.7 Corrective actions	1.4	Monitoring & improvement	AMI
8.8 Preventive actions	1.4	Monitoring & improvement	AMI
Appendixes			
Appendix A (normative) Independence requirements for inspection bodies	1	Deontology	
Appendix B (informative) Optional elements of inspection reports and certificates		Realization	

(*) : Apave a choisi l'option A pour son système de management de la qualité.

ISO 17025

ISO 17025 : 2017		Quality Manual	PGQ	Tools, others documents
	Introduction			
1	Scope			
2	Normative references			
3	Terms and definitions	5.2	All	
4	**General requirements**			
4.1	Impartiality	1.2	Deontology	Code of ethics
4.2	Confidentiality	1.2	Deontology	Code of ethics
5	**Structural requirements**			
6	**Resources requirements**			
6.1	Generality	3		
6.2	Personnel	3.2	Human resources	Quality specifications, Quality Plan, OMEGA, VISION
6.3	Facilities and ambient conditions	3.3	Material resources	Quality specifications
6.4	Equipments	3.3	Material resources	DECA
6.5	Metrological traceability	3.3	Material resources	DECA
6.6	Products and services provided by external providers	3.3	External resources	AZUR
7	Process requirements			
7.1	Review of requests, tenders and contracts	4.1	Sales	CENTAUREE, OFFER-ORDER…
7.2	Test and calibration methods and methods validation	3.1	Control of documents, Methods resources	Quality specifications
7.3	Sampling	4.2	Realization	Quality specifications
7.4	Handling of test and calibration objects	4.2	Realization	Quality specifications
7.5	Technical recording	2	Control of documents	Quality specifications
7.6	Measurement uncertainty evaluation	4.2	Realization	Quality specifications, Quality Plan
7.7	Ensure the validity of the results	1.4 et 4.2	Realization; Monitoring	AMI, VISION
7.8	Report of the results	4.2	Realization	
7.9	Complaints	1.4	Monitoring & improvement	ORPHEE, AMI
7.10	Unconformity work	1.4	Monitoring & improvement	AMI
7.11	Mastery of data and information management	2	Control of documents	GOOGLE DRIVE, CENTAUREE, NOMADD
8	Management system requirements			
8.1	Options	1	(*)	
8.2	Management system documentation	1	Control of documents	Quality Policy, GOOGLE DRIVE
8.3	Control of system documents management	2	Control of documents	GOOGLE DRIVE
8.4	Control of records	2	Control of documents	Quality specifications, Quality Plan
8.5	Actions to take on risks and opportunities	1.3	Monitoring & improvement	
8.6	Improvement	1.4	Monitoring & improvement	AMI
8.7	Corrective actions	1.4	Monitoring & improvement	AMI
8.8	Internal audits	1.4	Monitoring & improvement	AMI, Quality Specifications
8.9	Management reviews	1.3		
Appendixes				
Appendix A : Metrological traceability		3.1	Material resources	DECA
Appendix B : Management system options			(*)	

(*) : Apave chose option A for its system of quality management.

ISO 9001

ISO 9001 : 2015	Quality Manual	PGQ	Tools, others documents
4 Context of the Organization			
4.1 Understanding the organization and its context	1.3		D1
4.2 Understanding the needs and expectations of interested parties	1.3		D1, R1
4.3 Determining the scope of QMS	0 ; 1		D1
4.4 Quality Management System and its processes	1.3		D1
5 Leadership			
5.1. Leadership and commitment	0; 1.1; 1.3	Policy	D1
5.2 Policy	0	Policy	D1
5.3 Organizational roles, Responsibilities and authorities	1.1	Organization	D1
6 Planning			
6.1 Actions to address risks and opportunities	1.3		D1
6.2 Quality objectives and planning to achieve them	1.3		D1
6.3 Planning of changes	1.3		D1
7 Support			
7.1 Resources	3	Human, Materials and External Resources	S2, S3, S4
7.2 Competence	3.2	Human Resources	S2
7.3 Awareness	0; 1.1; 1.2	Organization	D1
7.4 Communication	1.1		D1
7.5 Documented information	2	Control of documents, Methods resources	S1
8 Operation			
8.1 Operational planning and control	3.1; 4.2	Control of documents, Methods resources	S1, S2, S4
8.2 Requirements for products and services	1.3; 4.1	Sales	R1
8.3 Design and development of product and services	3.1	Control of documents, Methods resources	S1
8.4 Control of externally provided processes, products and services	3.4	External Resources	S4
8.5 Production and service provision	4.2; 1.2	Realisation, Ethics	R2
8.6 Release of products and services	4.2	Realisation	R2
8.7 Control of nonconfoming outputs	1.4	Monitoring & improvement	D2
9 Performance Evaluation			
9.1 Monitoring, measurement, analysis, and evaluation	1.4	Monitoring & improvement	D2
9.2 Internal Audit	1.4	Monitoring & improvement	D2
9.3 Management review	1.3		D1
10 Improvement			
10.1 General	1.4	Monitoring & improvement	D2