DNV Id No:

10129500

Job Id:

2012975

Revision No:

2 (2024-12-06)

Particulars of Audit:

|  |  |  |
| --- | --- | --- |
| Company Name:Company identification number:DNV Station:Place of audit:Audit started:Audit completed:Lead auditor:Audit team:Company AuditsThis is to confirm: | Nordkapp Maritime Fagskole |  |
|   |  |
| Tromsø |  |
| Nordkapp(NOR,Norway)-Head Office |  |
| 2024-12-06 |  |  |
| 2024-12-06 |  |  |
| Nilssen, Olaf Rune |  |  |
|   |   |  |  |  |
|  |  |  |  |  |
| That the following have been carried out:Certificates |  |  |  |  |  |
| Certificate Name Flag |  | Endorsed | Issued/ Extended | New expiry date | UTN |
| Maritime training provider certificate |  |  | Full Term | 2029-10-31 | n2012975-lll |
| Audits |  |  |  |  |  |
| Audit Code | Audit Name |  |  | Flag | Result |
| MTP.R | Maritime academy renewal |  |  |  | Complete |
| MTP.A | Maritime academy annual |  |  |  | Complete |

 Flag state authorisation(s) were verified

 Corrective actions from previous audits were verified

Non-Conformities, Conditions, Observations and Memoranda

Non-conformity(NC), Observation(OB)

|  |  |  |
| --- | --- | --- |
| NC 26 | Severity: Normal | Deleted |

Issued: 2020-10-21

Chapter: 2.1.9 Non-conformities, unintentional events and complaints

The organization shall establish documented procedures for reporting and dealing with non-conformities and unintentional events. The organization shall plan and implement a monitoring, measurement, analysis and improvement process needed to ensure conformity of the quality management system with defined standard(s).

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The organization shall initiate actions to eliminate the cause of potential non-conformities in order to prevent their occurrence (preventive actions). A documented procedure shall be established to:

* determine potential non-conformities and root causes
* evaluate actions to prevent occurrence of non-conformities
* determine and implement action required
* record action taken
* review preventive action taken.

The organization shall initiate action to eliminate the root cause of non-conformities in order to prevent recurrence (corrective actions). A documented procedure shall be established to:

* review non-conformities
* investigate the root cause
* evaluate actions to prevent recurrence
* determine and implement action required
* record action taken
* review corrective action taken.

The organization shall establish effective arrangements for handling complaints. Responsibility for reviewing, handling and follow-up of complaints shall be defined. Records are to be kept and status and results are to be reviewed regularly and used as input for the management review.

Objective Evidence:

It could not be verified that the organization has defined the terms related to non-conformity handling in their management system. This includes among others the definition of non-conformity, observation, rootcause etc. The organization must ensure that recorded non-conformities and observations are given the correct analysis as required. Ref. is also made to procedure `Avviksbehandling id: 1.2.5.

In addition; In order to prevent recurrence it is suggested that the company also includes external given observation in their non-conformity handling system Delta.

|  |  |  |
| --- | --- | --- |
| NC 27 | Severity: Normal | Deleted |

Issued: 2020-10-21

Chapter: 2.1.4 Responsibility and authority The organization shall:

* ensure that customer requirements are determined and met with the aim of enhancing customer satisfaction
* identify and document interested parties/stakeholders, including their expectations and concerns- identify legal, ethical, regulatory and approval requirements that apply to the operations and act in accordance with these.

The organization shall define and document the tasks, responsibility, authority and the interrelation of all personnel who manage, perform and verify work affecting the quality of the organization's activities, particularly for personnel with the responsibility for:

-resource management

-initiating action to prevent the occurrence of non-conformities

-identifying and recording deficiencies related to training

-initiating, recommending or providing solutions through designated channels -verifying the implementation of solutions -controlling the processes.

The organization shall identify associated risks and external factors which may influence the quality of the training products and services and take measures to mitigate and manage them. This shall include risks related to the organization and operational environment and risks related to specific learning programmes.

The organization shall determine and maintain the competence necessary to meet current needs and anticipate changes in required competence as a result of new ventures, products and markets, ensuring the ability of the organization to deliver training products and services in line with market expectations.

Objective Evidence:

It could not be verified that the organization has identified, and documented interested parties/stakeholders both internal and externally. (e.g. authorities, customers, developers, suppliers, industry associations) including their expectations and concerns (risks).

|  |  |  |
| --- | --- | --- |
| NC 28 | Severity: Normal | Deleted |

Issued: 2020-10-21

Chapter: 2.1.7 Management Review

Top management shall review the management system at defined intervals to ensure its: - continuing suitability

* adequacy
* effectiveness in satisfying the requirements of this standard- effectiveness in satisfying the management s policy and objectives - assessment of opportunities for improvement.

Management reviews shall be performed at least annually, and documented information maintained. Reviews shall consist of well-structured and comprehensive evaluations which include, but are not limited to:

* considerations for up-dating the management system in relation to internal and external changes- internal and external audit reports
* recommendations for improvement
* feedback from trainees, customers, authorities and other interested parties/stakeholders
* process performance and conformity of training
* status of preventive and corrective actions and effectiveness
* follow-up actions from previous management reviews
* incidents, accidents and near-misses
* performance of external service providers
* suitability of resources / equipment
* effectiveness of actions to address risks

Output from the management review shall include decisions and actions related to:

* improvement of the effectiveness of the management system and its processes
* improvement of teaching, curriculum, equipment and facilities related to trainees and statutory requirements
* reducing risks related to health, safety and environment- resource needs.

Objective Evidence:

It could not be verified that management review input and output is according to the requirements in the new revised standard. This includes among other internal and external expectations and concerns/issues. Stakeholders/interested parties, e.g.

|  |  |
| --- | --- |
| OB | Imposed |

Top management shall have routines in place to manage changes to the organization, processes and operations in a way that the quality and safety of the services are not negatively affected.

Narrative Report

The purpose of the management system audit was to assess the ability of the organisation to meet the provisions of DNV-ST-0029 Maritime Training Providers and verify that these are implemented and understood at all relevant levels within the organisation.

The following elements were verified and relevant samples reviewed:

* The organisation's KS system documentation, with emphasis on compliance with the DNV standard. - Discussions and interviews with personnel at all levels within the organisation, holding responsibility for functions within the KS system. (See audit plan for details).
* Records of internal audits, management reviews, handling of non-conformities and effectiveness of corrective and preventive actions.

-Examination of the records of the company to determine how mandatory compliance with rules and regulations is complied with.

-Internal audit processes, management reviews, handling of non-conformities, effectivness of corrective and preventive actions.

KS system was found to comply with the DNV Standard 0029 and relevant flag states` requirements.

The audit was based upon a sampling process. When no non-conformities or other findings have been identified in a certain area this does not mean that none exist.

The organisation is responsible for determining and initiating (if any) corrective actions needed to address any non-conformity and its cause, as applicable.

We would like to thank the organisation for the cooperation and hospitality.

for

DNV

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Nilssen, Olaf Rune

Auditor

