ISO 14001:2016
Environmental Management System

Top Tier Manual

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Local Owner:	Bryan Taylor	Review Date:	Jun 2026
Business Owner:	Arren Kinder		

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Foreword

Safran Landing Systems Services (UK) Ltd (SLSS) is part of the Aerospace Equipment Division of SAFRAN with a floor space of approximately 60,000 sq. Ft employing around 229 people.
Originally trading as Dowty Rotol Limited, later to be renamed Dowty Aerospace Gloucester, formed in 1960 by the amalgamation of Dowty Equipment and Rotol Ltd.

In 1990 Dowty Aerospace Gloucester was restructured into autonomous business units and Dowty Aerospace Aviation Services was formed as one of these units.
In 2005 SAFRAN acquired the Repair and Overhaul business and renamed Dowty Aerospace Aviation Services - Gloucester to Messier Services (UK).

In June 2004 the Customer Support Centre was re-located to the MS(UK) on Meteor Business Park, this ensures a good synergy between Landing Gear Build and Spares procurement.
At present the Company undertakes the repair and overhaul of Aircraft Landing Gear Airframe/Engine Accessory, Flap System, electromechanical and hydraulic system components and associated equipment.

Introduction

Safran Landing Systems Services (UK) Ltd (SLSS) has documented and implemented an Environmental Management System (EMS) complying with ISO 14001:2016. The purpose of this Management System is to enable the organisation to proactively improve its Environmental performance in reducing the Environmental impact of activities carried out by staff, visitors and contractors on site. This system is structured to define the minimum standard of managing Environmental aspects that have a direct impact and/or an indirect impact on the environment and may have an impact on operations. An EMS complying with ISO 14001:2016 consolidates and enhances current programs in place and future programs that may be developed to ensure that Environmental performance continually improves. The EMS has been created with the use of current programs, policies and procedures. This document outlines the Environmental Management System established at the Gloucester Operations and provides a guide to other documents that form the basis of the day-to-day activity.

1. Scope

The scope of this Management System is to identify the procedures in place to manage the Environmental Aspects and risks within all the Safran Landing Services Systems (UK) Ltd (SLSS) sites and covers activities involving working processes and procedures carried out by staff working for Safran Landing Services Systems (UK) Ltd (SLSS). This management system does not cover working procedures or activity not associated with SLSS or required to provide services to support the site.

2. Normative References

There are no normative references applicable to this standard; there is no other standard or document that contains requirements in addition to those included in the main text (clauses 4 to 10).

3. Terms and Definitions

Definitions

“Acceptable risk”	Risk that has been reduced to a level that can be tolerated
“accident”	An incident that has given rise to harm
"Controlled copy"	The issue of a document that will be updated whenever it is revised.
"Controlled issue"	The issue of a document where proof of receipt is sought
“Corrective action”	Action to eliminate the cause of a problem or issue
“hazard”	Source, situation or act with potential for harm to persons
“incident”	Events which can lead to harm
“Management manual”	The documented Environmental system including other documented procedures
“Management procedures”	The procedures documenting the Environmental systems
“Management system”	The defined methods, practices and organisation to meet the Environmental requirements. The term EMS Management System is synonymous
“EMS”	Environmental Management Systems
“Preventive action”	Action to eliminate the cause of a potential problem or issue
“risk”	Combination of the likelihood and severity of an event
“Risk assessment”	Process of evaluating risk
“The standard”	BS EN ISO 14001:2016

Note: The words “shall” "must" and "will" denote a mandatory requirement and "should" denotes a recommendation. The word "may" denotes permission and is neither a recommendation nor a requirement.

4. Context of the Organisation

4.1. Understanding the organization and its context

Addressing everyday legal and operational Environmental operations is not enough to ensure that the EMS will achieve its intended outcomes. The standard requires organisations to move beyond this, and to identify, review and keep updated, internal and external issues that are relevant to the organisation's purpose, and issues that may affect their ability to achieve the EMS intended outcomes. SLSS have considered various methods to identify external issues such as, for example, using a PESTEL method to identify **P**olitics, **E**conomics, **S**ociety, **T**echnology, **E**conomic, **L**egislation. natural surroundings, that can represent a threat or opportunity to the effective operation of the organisation's EMS.

Internal issues may be related to governance, strategies, culture, activities, products and services, workers' participation and consultation, capabilities, or other issues that might constitute a strength or weakness of the organisation's EMS.

These interested Parties can then be Assessed using SWOT Analysis methods

SWOT Analysis	
Strength	Weakness
Opportunities	Threats

The HSE Supervisor is to liaise with the Senior Management Team in complying with this requirement. This is to be considered as part of the review of strategic and business process elements of the organisation.

HS&E\BSI\SWOT-General-2025 Nov
HS&E\BSI\Political Factors PESTEL 2025

4.2. Understanding the needs and expectations of workers and other interested parties

SLSS identified that the first step is to determine the organisation's "interested parties" as defined in clause 3.2 of the standard. "Workers" are the key interested party and the main focus of ISO 14001:2016. Interested parties can be considered to fall into either of 2 categories, Internal and External interested parties.

Examples of other interested parties are:

Regulatory authorities,
Suppliers,
Contractors,
Subcontractors,
Workers representatives,
Trade unions,
Owners,
Customers,
Medical and other community services,
and NGOs.

The second step was to determine which of those interested parties were "relevant" to the OH&SMS.

The third step was to determine which needs and expectations of those "relevant" interested parties are "relevant" to the EMS.

Aspects & Impacts\Register of Needs and Expectations of Interested Parties 25-26
Aspects & Impacts\Context & Interested Party Analysis 2025

This clause required SLSS to determine, review and regularly monitor information on the “relevant” needs and expectations of “relevant” interested parties.
The term “relevant” has to be read as “pertinent to the EMS”, and it is the organisation, not the auditor, who decides what is relevant and what is not.

These relevant needs and expectations come in two types:

a) those that are obligatory (e.g. law, regulations, international treaties accepted locally, mandates from upper levels of the organisation)
b) those that an organisation voluntarily agrees to comply with (e.g. the organisation’s own standards, industry standards, contracts, agreements with workers or their representatives, codes of practice)

All these needs and expectations are called “legal requirements and other requirements”. Some of these requirements may result in risks and opportunities to organisations.
In Section 6.1, SLSS had to determine which requirements posed a potential risk or opportunity and to take action to address them, including maintaining documented information.

As in clause 4.1, the standard does not require organisations to keep contextual information documented. However, SLSS has deemed it reasonable to choose to maintain this information in documented form.

Aspects & Impacts\Register of Needs and Expectations of Interested Parties 25-26

4.3. Determining the scope of the EMS management system

When designing the EMS Management System SLSS had to define its scope, which sets its boundaries, its organisational functions, and the activities, products and services within the organisation’s control or influence that can have an impact on its Environmental performance.

When defining the scope of its Environmental Management System, an organisation needs to:

a. consider the internal and external issues it faces as part of the context
b. take into account the legal requirements and other requirements
c. take into account planned or performed work-related activities

In order for SLSS to interpret correctly the text of the paragraph above, Annex A3 clarifies that the term “consider” means that it is necessary to think about the issue but it can be excluded; on the other hand “take into account” means that it is necessary to think about the issue, and it cannot be excluded.

The scope of the EMS Management System had to be documented.

4.4. EMS management system

SLSS has established this EMS Management Manual, integrated procedures and forms to enable the implementation of an ISO 14001:2016 compatible Environmental management system.

As an organisation the following steps have been taken to ensure compliance:

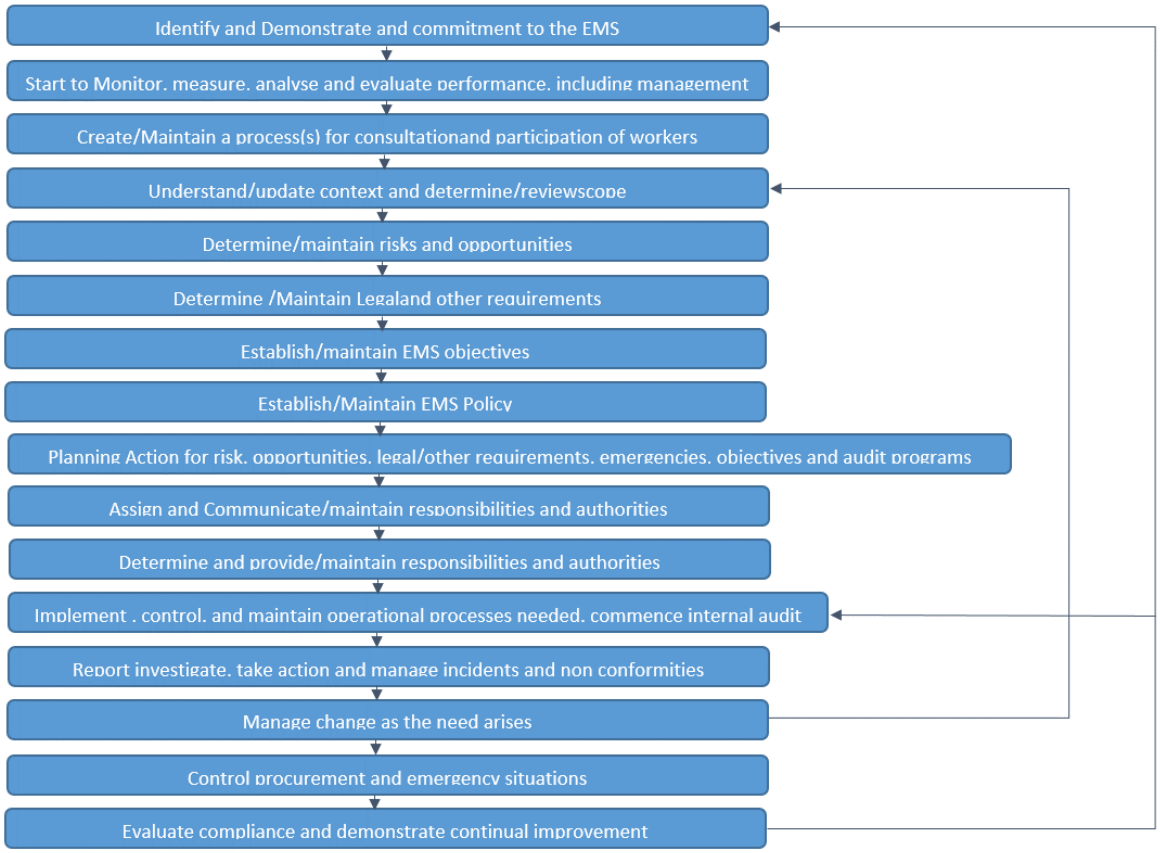
a) All requirements of ISO 1400:2016 have been specified within this document to ensure that all personnel concerned with its operation are aware of the requirements.

b) The Managing Director shall take the lead to ensure that the Environmental management system is fully implemented by all personnel.

c) Regular management review meetings will be held to review the implementation of the requirements and identify any actions that are required to maintain and improve the system.

The scope to which this EMS management system will be applied is defined as all operations which it conducts at and from the address stated in section 1

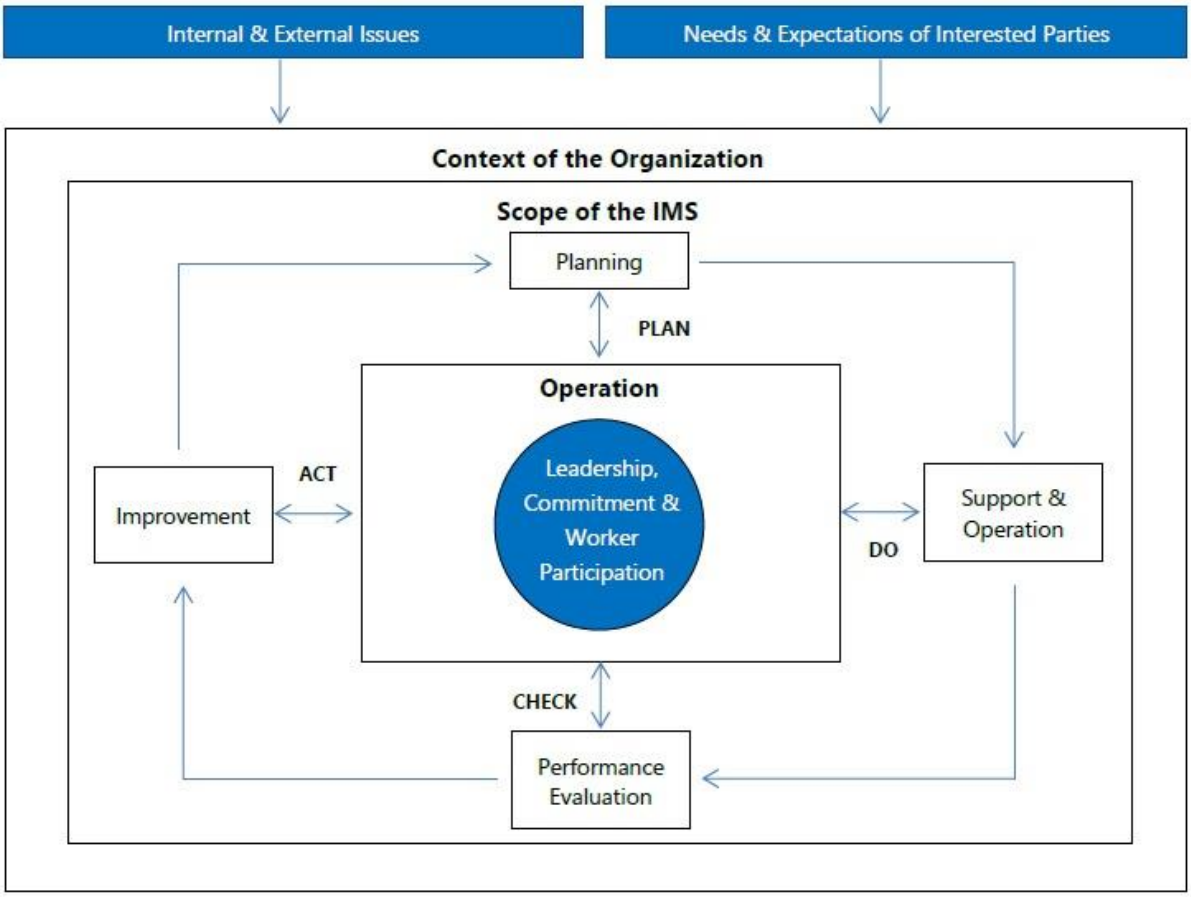
The organization has determined the needs and expectations of 'interested parties' with regard to the EMS. This means that the system cannot operate in isolation – those who have an interest in the outcomes of the EMS – workers, shareholders, legal authorities, contractors, etc have to be considered.



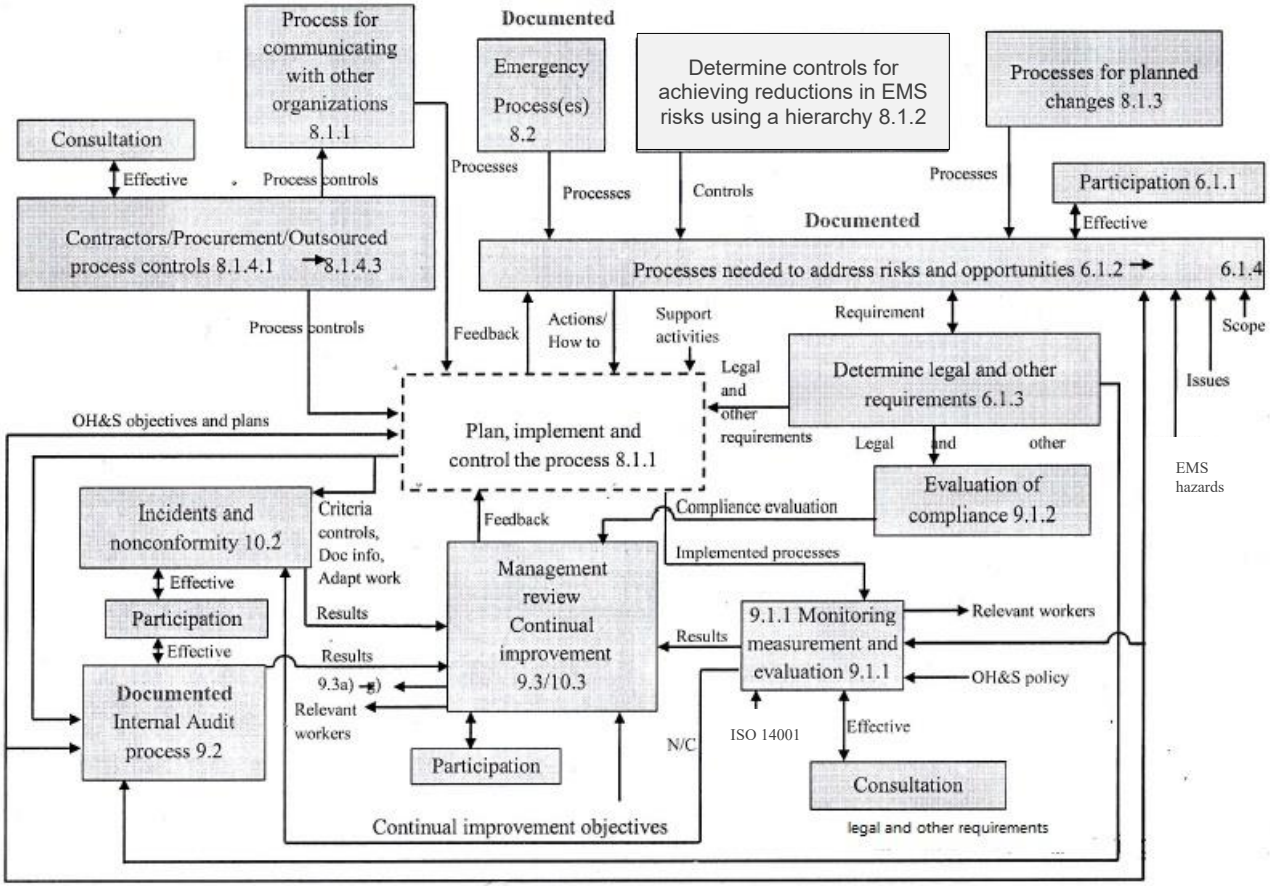
SLSS has established, implemented, maintained and must continually improve an Environmental management system, including the processes needed and their interactions, in accordance with the requirements of ISO 14001:2016.
For the Environmental Management System, the organization has decided how it will fulfill the requirements of ISO 14001:2016, including the level of detail and extent to which it will:
Integrate requirements of the Environmental management system into its various business operations, such as design & development, procurement, human resources, sales, and marketing, etc.
Incorporate the issues associated with its context (4.1), its interested party requirements (4.2) and the scope (4.3) of its Environmental Management system. SLSS Makes use of policies and processes developed by other parts of the organization such as corporate EMS policies, document management system, competency programs, procurement controls, etc. Document the process properly, including

updates, and make it available to all involved. The EMS management system should be viewed as an organizing framework that should be continually monitored and periodically reviewed to provide effective direction for an organization's responses to changing internal and external issues. The Environmental management system should be aligned and integrated with other business processes to ensure that EMS performance is not compromised in order that other business objectives can be achieved, the organization must consider the application of a PDCA approach towards its EMS management system as follows:

- **Plan** – decide what the organization wants to achieve (considering internal and external issues, the needs of interested parties, and risks and opportunities) and put in place the necessary processes and resources.
- **Do** – put the plans into action.
- **Check** – monitor and measure processes and performance against requirements and what you want to achieve.
- **Act** – take actions to deal with nonconformities and to improve EMS performance.


Internal & External Issues
Needs & Expectations of Interested Parties
Context of the Organization
Scope of the IMS
Planning
PLAN
Operation
Leadership, Commitment & Worker Participation
Improvement
ACT
Support & Operation
DO
CHECK
Performance Evaluation

EMS-Process


Process for communicating with other organizations 8.1.1
Documented
Emergency Process(es) 8.2
Determine controls for achieving reductions in EMS risks using a hierarchy 8.1.2
Processes for planned changes 8.1.3
Consultation
Effective
Process controls
Processes
Processes
Controls
Processes
Participation 6.1.1
Effective
Contractors/Procurement/Outsourced process controls 8.1.4.1 → 8.1.4.3
Documented
Processes needed to address risks and opportunities 6.1.2 → 6.1.4
Process controls
Feedback
Actions/ How to
Support activities
Requirement
Scope
Issues
Legal and other requirements
Determine legal and other requirements 6.1.3
OH&S objectives and plans
Plan, implement and control the process 8.1.1
Legal and other
Evaluation of compliance 9.1.2
EMS hazards
Incidents and nonconformity 10.2
Criteria controls, Doc info, Adapt work
Feedback
Complience evaluation
Implemented processes
Effective
Participation
Effective
Results
Management review Continual improvement 9.3/10.3
Results
9.1.1 Monitoring measurement and evaluation 9.1.1
Relevant workers
OH&S policy
Documented Internal Audit process 9.2
Results
9.3a) – g)
Relevant workers
N/C
ISO 14001
Effective
Participation
Consultation
Continual improvement objectives
legal and other requirements

5. Leadership and worker participation

5.1. Leadership and commitment

Top management within SLSS are required to demonstrate that they engage in key EMS management system activities. They are required to develop, lead and promote a culture of safety at work, and protect workers from reprisals when reporting incidents. This requirement means that there is a need for top management to be actively involved and demonstrate their commitment. All managers must to be able to demonstrate their commitment to EMS. ISO 14001:2016 in all aspects of their role. Managers should remember that issues such as stress can affect all parts of the organisation. This is not something the nominated management representative can necessarily take on board.
Managers within SLSS carry out I for Environment campaigns at regular intervals wherever possible with Near misses and deviations added to the reporting system on fabriq.

● Home | fabriq

The SLSS approach to ensure integration of the requirements into business processes of the EMS management systems.

5.2. Environmental policy

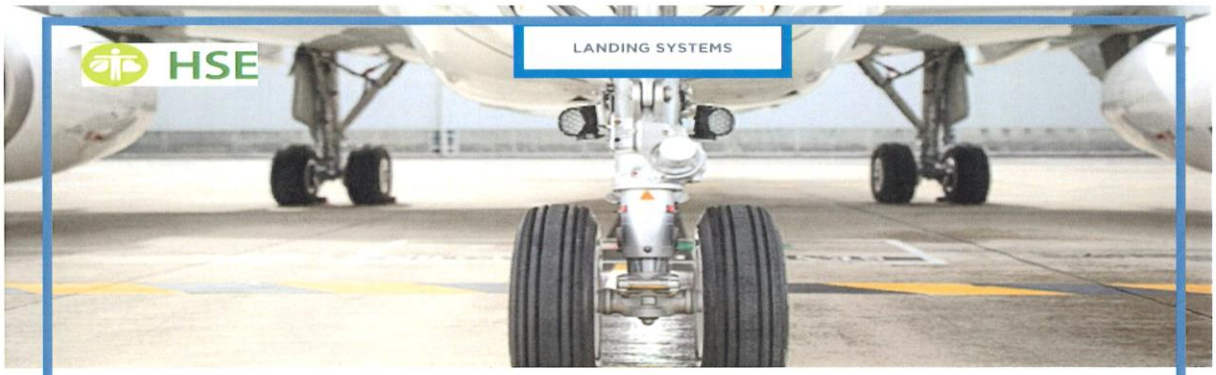
The company's EMS policy is documented and is designed to reflect the health and safety needs and responsibilities of the company's activities and supports the SAFRAN group Environmental policy.

In particular the policy indicates the organisation's commitment to act in a responsible manner having regard to its effect on the environment and the communities in which the company operates. The Company accepts that it has obligations both moral and legal to eliminate or minimise its environmental impact to prevent pollution and avoid waste.

The Managing Director ensures that the policy is made known to all personnel including persons working under the control of the company and is available to interested parties upon request.

This policy is available on the company intranet, noticeboards and in the HS&E folders on the S drive:

HS&E\2.1 Management Commitment and leadership\2026 EMS policy scan



GLOUCESTER OEM & MRO

ENVIRONMENTAL POLICY

The Managing Director and Senior Management Team of Safran Landing Systems Gloucester accepts their obligations both moral and legal to eliminate or minimise any environmental Impact related to it's activities

It is the policy of SAFRAN Landing Systems Gloucester to conduct its activities in a responsible manner, having regard to their effect on the environment and the communities in which the company operates. SAFRAN Landing Systems Gloucester accepts its obligations, both moral and legal, to eliminate or minimise environmental impact, to prevent pollution and avoid waste, whilst pursuing its business objectives.

This shall be achieved through:

- The operation of a documented and reviewed Environmental Management System (EMS) which makes environmental awareness and good practice across all activities a key value of the company culture.
- Commitment to a continual improvement approach, through the application of the 'Plan-Do-Check-Act' cycle to all facets of environmental improvement. To pursue objectives through the application of best available technology and good planning, management and review procedures.
- Commitment to comply with national, regional and local environmental legislation, SAFRAN Group Environmental and Energy policies and objectives, as well as other requirements (e.g. shareholders)
- Commitment to identification and control of substances hazardous to the environment via the selection of safer alternative materials/processes wherever possible to reduce impact and protect local water courses
- Commitment to reduce climate change impact by improved energy efficiency and the use of low carbon technology.
- The identification of significant environmental impacts from site activities and the setting of clear objectives for their improvement appropriate to the level of control or influence over them.
- Commitment by all employees to work within the scope of the EMS. This will include the reporting & investigation of accidents and incidents and then the application of knowledge gained from training to ensure full environmental awareness and control to prevent abnormal situations and site activities recurring.
- Development of products and associated processes of manufacture/repair that will reduce environmental impact over their life cycles.
- The management and development of new and existing site processes and activities to prevent pollution and reduce waste in order to maximise the use of resources.
- The use of competent contractors and sub-contractors that shall operate in line with the EMS and conform to the current issue of "Safe Working Procedures for Contractors" issued by the Company. They will be Encouraged to follow the principles of good environmental management including Reduction of Energy use and active Carbon reduction programmes.
- Appropriate monitoring of site activities and processes to establish compliance with relevant legislation and highlight the need for timely corrective action that will remove or reduce environmental impact.
- Clear communication and availability of this policy to all employees and interested parties.

Arren Kinder
Managing Director
Safran Landing Systems Services UK Ltd

Alex Ball
Managing Director
Safran Landing Systems UK Ltd

5.3. Organizational roles, responsibilities, accountabilities and authorities

Roles and responsibilities are detailed in WP0113 with a copy available to staff on the company intranet and on the HSE Storage drive:

WP0113 Organisational Roles Responsibility and Authorities 2025

The following personnel are based within or working from the company offices.

Managing Director

The Managing Director is responsible for ensuring that the strategy and organisation of SLSS is defined and implemented to ensure effective implementation of the EMS management System. They shall assign the responsibility and authority for ensuring that the Environmental management system conforms to the requirements of the HS&E management systems

The Managing Director maintains an Organisation Chart of his direct reports

GLS Organisational Chart-

Senior Management Team (SMT)

The SMT is responsible for establishing Environmental objectives and targets.

Energy and Carbon\Consumption & Forecasting\GLS MRO Energy Consumption & Forecasting

The SMT reviews performance against objectives and targets monthly at policy deployment.

HS&E Management - Policy - Procedures - Forms - Management Review\2025 Management Review

HS&E Department

The HS&E department has the responsibility of identifying major HS&E programmes and activities (other than those set by Safran) and to allocate appropriate resources, including human (specialized skills if necessary), technological and financial.

The HS&E department is responsible for the initial assessment of all Environmental, COSHH and aspects and impacts risk assessments and the assigning of any significant risks with the assistance of the departmental manager or nominated risk assessor.

The HS&E department is responsible for the day-to-day maintenance of the EMS.

HS&E Supervisor

The HS&E Supervisor will report on the performance of the EMS at the Management Review as a basis for improvement.

Departmental Managers

Departmental Managers are responsible for the assessment of all planned improvements/activities for subsequent potential Environmental risks.

Each manager is responsible for providing support to planned HS&E management related activities, including development and monitoring or HS&E performance targets, identification of risk, containment of environmental problems or reduction of hazards, implementation of corrective and preventative actions and verification of these actions.

Document local owners

Document Local Owners are responsible for ensuring revised documentation is updated and made available to all employees on request.

Employees

Employees at all levels of the Organization are responsible for the identification and performance of HS&E management equipment Systems, including compliance with Health, Safety and Environmental policies relating to their job functions,
Employees are responsible for checking that equipment they are responsible for is suitable and sufficient and in a safe manner any failures to meet these criteria must be reported to their manager.

5.4. Participation and consultation

The Managing Director shall ensure participation and representation of the workforce regarding Environmental matters by identifying Environmental worker representatives. The worker representatives will form part of the HSE Committee and be particularly involved in the following activities: incident investigation, review of the Environmental policy, procedures and objectives as well as hazard identification, Env. risk assessment and the appropriate precautions to be taken. Minutes of the HSE Committee meetings are held on the Storage drive:

Employee Communication and Consultation 2025 HSE Committee Meeting Minutes

Where necessary the Managing Director will authorise an approved member of staff to discuss with relevant external parties and contractors any pertinent Environmental matters.

6. Planning

6.1. Actions to address risks and opportunities

6.1.1. General

Health and Safety and Environmental will be an integral part of all planning as part of the Change Management Process. All changes that have the potential to include or create risk will be reviewed against a set of criteria with regard to mitigating the risk, this procedure is captured by WP0161 which can be viewed on the company intranet site:

Change Management\Procedure\WP0161 Change Management

6.1.2. Hazard identification and assessment of EMS risks

The Managing Director shall ensure that all hazards associated with its activities are assessed for risk so that precautions can be identified and actioned before work commences. The Risk Assessment Form I will be used for this purpose.

4.13 Environmental Aspects\Significant Environmental Impacts 2025

Note: The following aspects will be considered for risk assessment form preparation:

a) Routine and non-routine activities
b) Hazards originating externally to the workplace
c) Work operations including contractor activities
d) Use of infrastructure, equipment and materials
e) Whenever change occurs to systems, processes equipment, personnel, materials etc.
f) Changes in legislation
g) Emergency situations & potential incidents e.g. fire, accidents
h) Contractors and visitors to the workplace
i) The capabilities of personnel including human behaviour

6.1.3. Determination of applicable legal requirements and other requirements

The HSE Supervisor acting for the Managing Director determines all relevant health & safety legislation with reference to:

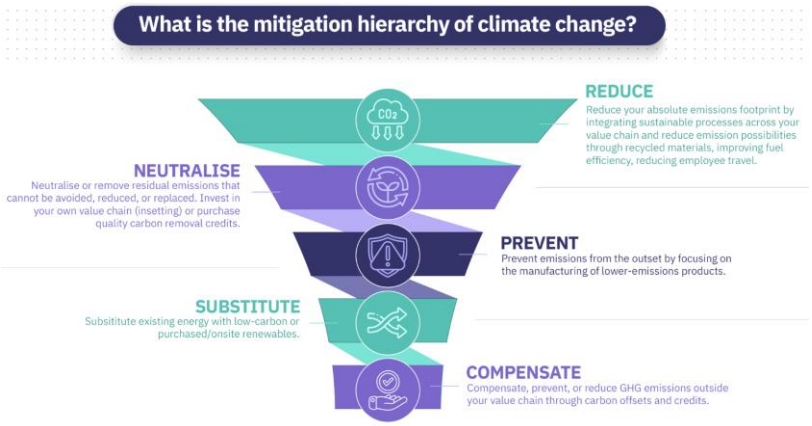
HSE website (http://www.hse.gov.uk/legislation/index.htm),
Legislation Update Service https://product.legislationupdateservice.co.uk/index.php
and any other service where required.

New and updated legal requirements shall be recorded within the Environmental Legislation section of the management review meeting to ensure that they are reviewed regularly.

The management review meeting minutes are communicated to all personnel and other relevant parties requiring knowledge of the relevant legal requirements.

6.1.4. Planning to take action

SLSS Uses the Hierarchy of Change when planning actions to reduce or eliminate Environmental risk within the business



6.2. EMS objectives and planning to achieve them

SLSS will set out and review its health & safety and Environmental objectives and targets on a regular basis within the health safety & Environmental programme section of the management review meeting. Details of program dates and responsibilities will be defined. The health safety & Environmental objectives will be aimed at relevant functions and levels within the business.

When setting objectives and targets the company will ensure that they are consistent with the OH&S and EMS policy and take into account, financial, operational and business requirements as well as technological options.

In order to determine whether or not the objectives and targets are being met they will be measured, where practical, to allow progress to be monitored.

\WP0109 HSE Monitoring Measurement Analysis and Evaluation.doc

7. Support

7.1. Resources

The resources within the SLSS site confines are to be assessed annually to ensure adequate levels of cover are provided, in addition Safran Group provide support resources to ensure adequate technical and logistical provision is in place.
Requirements to meet the resource requirements can be requested from Safran Group under CAPEX expenditure.

HS&E\2.5 Change Management\CER CAPEX File\Capex Info\MRO GLS MTP2022-26 CAPEX - 220624 - post arbitration

7.1.1. Control of Personnel

All personnel working within the Scope of the EMS are to be suitably controlled through works procedures and the normal Management structure. All operations that have a potential impact are to be assessed and a safe system of work put in place to ensure control systems are in operation, including training and competence.

7.1.2. Indicators of EMS monitoring and measuring resources

Monitoring is carried out Monthly, and Annually on key performance indicators that form part of the HSE Monitoring system. These are then reported to both Senior Management and Group HSE structure for analysis.

7.1.3. Organizational knowledge, relevant to the EMS

Staff operating within the scope of the EMS are to be employed and trained to a suitable and sufficient level to be able to operate. This training is controlled through the HR department in line with the skills matrix.

glo-mroweb-MROTrainingMatrix.

7.2. Competence

SLSS ensures that only personnel with suitable qualification and experience are employed on work tasks which have the potential to cause harm and will take action to ensure that training requirements are met, and that the effectiveness of training to meet requirements is monitored. All personnel are appraised with respect to competence.

SLSS will ensure that all persons understand the importance of their training and experience and how they can work effectively to ensure safe working, they will also ensure that personnel are aware of the health and safety consequences of their work activities and the benefits of following safe working practices.

It is ensured that records of training, education, qualification and experience are maintained. Hardcopies of training certificates are held by the Quality department.

7.3. Awareness

Staff on site are to be aware of the HSE & EMS through access to company intranet, and company notice. Company Briefings are held on a regular basis with all staff attending. The frequency of briefings is sufficiently suitable to ensure staff are kept up to date and include any relevant information pertaining to the HS&E key measures.

P:\Briefdata\Company Briefs\2026

7.4. Communication

7.4.1. General

The Compliance Manager under the authority of the Managing Director will ensure that all personnel including contractors are made aware of issues regarding Health Safety and

Environmental. They will also form the responsible person chain for receiving, recording and responding to any health and safety communications.

7.4.2. Internal communications

Internally within SLSS there is a detailed Communications section on the company H&S Webpage and on company notice boards. This communication is enforced through a monthly Company Brief carried out by the Managing Director covering HS&E aspects.

7.4.3. External Communication

External communication from SLSS involve a detailed Communications plan covering communications to Safran companies in line with Safran Standards. In addition to Safran communications, SLSS communicates it's Chemical risk via the public notice approach controlled by the Environment Agency Webpage. This communication is enforced through an Annual leaflet to adjacent sites within the Staverton Area.

HS&E\4.13 Environmental Aspects\communications

7.5. Documented information

7.5.1. General

Documents that are necessary to meet the requirements of this Environmental management manual shall be maintained as evidence of compliance.

Documentation specifically retained as evidence is:

a) The EMS policy included within Appendix B
b) The EMS objectives recorded and maintained within the minutes of the Management Review Meeting
c) The scope of the EMS management system is defined within section 1.2
d) A description of the main elements of the EMS management system is set out

7.5.2. Creating and updating

Documents required by this manual are updated and re-approved to ensure that they are current.

7.5.3. Control of documented Information

Documents required by this management manual are approved for issue and reviewed and updated as necessary. The revision status and page numbering of documents is included to ensure that incorrect documents are not inadvertently used. Superseded documents shall be marked as such or removed to avoid inadvertent use.

Pertinent documents at the correct versions will be made available for use and it will be ensured that they are identifiable and legible.

The organisation shall maintain records as evidence that the requirements of this EMS management manual have been met. The records will be maintained so that they can be located and referred to easily.

These records include but are not limited to:

- Management Review Meeting Minutes
- Audit / Inspection Report
- Non-conformance Reports (and related documentation)
- Risk Assessments
- EMS Meeting Minutes
- Communication records
- Training records

8. Operation

8.1. Operational planning and control

8.1.1. General

The Managing Director shall ensure that the controls and any necessary operating criteria are stipulated where the risk assessment process has identified precautionary measures to be implemented .

Where necessary to ensure compliance with safe working practices documented procedures will be prepared, implemented and maintained to define the working methods to be employed.

8.1.2. Eliminating hazards and reducing EMS risks

SLSS carry out a site wide system of Risk /Reviews and assessments to ensure compliance with safe working practices and documented procedures. These risks are then reviewed using the Hierarchy of control to mitigate and reduce risk with solutions implemented and maintained to define the working methods to be employed.

8.1.3. Management of change

SLSS consider all changes to the business in line with Safran Standards 2.5 and WP161 Change Management Procedure to ensure that a consistent approach is adopted that identifies risks before they are put in place with the ability to manage or mitigate any risks identified.

2.5 Change Management\Procedure\WP0161 Change Management

8.1.4. Outsourcing

Where operations are outsourced the level of outsourcing is to be in line with the processes and procedures that operate on site with a review carried out prior to any outsourcing. All outsourcing is subjected to Supplier / Contractor Approval procedures which enables Safran to review Environmental aspects of Outsourcing prior to engagement.

8.1.5. Procurement

Operational controls shall be specifically considered when considering the purchase of goods, equipment and services.
SLSS procurement process only enables approved suppliers or contractors to engage with SLSS programs, these approved suppliers are required to provide Environmental credentials prior to acceptance onto the approved contractor database.

8.1.6. Contractors

Contractors are managed in line with WP144 Occupational Health and Safety Procedure for Contractors
All contractors are required to submit Risk assessments and Method statements to enable environmental aspects to be considered by SLSS teams.
Contractors are required to attend an induction prior to attendance on site with Environmental requirements outlined prior to site access.

\WP0144 Occupational Health and Safety Procedure for Contractors.doc
HS&E\Induction\Induction Slides\HSE Contractor Induction

8.2. Emergency preparedness and response

The company has identified the potential emergency situations and incidents pertaining to its business operations and undertaken appropriate risk assessments. Where required they are regularly reviewed and tested.

Emergency Management\Exorcise\GLS Site Crisis Management exorcise Manual v4.doc

Where necessary documented procedures have been prepared, implemented and maintained to define the emergency response.

SLSS is a lower Tier Control of Major Accidents and Hazards (COMAH) site and as part of it's legal requirements has produced a Major Accident Prevention Plan (MAPP).

WP0079 Fire and Emergency Evacuation Procedure
COMAH\WP0061 operational procedure\WP0061 COMAH OPERATIONAL PROCEDURE
WP0173 HSE Emergency Preparedness and Response
Hydrogen Cyanide \ WP0139 Hydrogen Cyanide Toxic Gas Emissions

9. Performance evaluation

9.1. Monitoring, measurement, analysis and evaluation

9.1.1. General

All Monitoring measurement, analysis and evaluation is to be carried out in line with WP109 HSE Monitoring Measurement Analysis and Evaluation and Safran HSE Standards

\WP0109 HSE Monitoring Measurement Analysis and Evaluation.doc

9.1.2. Evaluation of compliance

Conformance with legislation is reviewed in accordance with section 6.1.3 and evidence of evaluation is maintained through the management review process. Legislation is reviewed on a rolling Annual basis with monthly updates received on changes to legislation

Legislation Update Service https://product.legislationupdateservice.co.uk/index.php

9.2. Internal Audit

An internal audit programme is devised on an annual basis ensuring that all parts of the management systems (as defined within this EMS management manual) are reviewed to ensure that they continue to meet the requirements of ISO 14001:2016.

The internal audits are undertaken by appropriately trained and / or capable auditors and recorded on an Audit / Inspection Form together with any audit findings on a Non-conformance Report. Audit findings are then captured on a SAFRAN approved platform Fabriq, actions are then tracked through departmental QRQC reviews.

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Note: Internal Audits are supplemental to Inspections and are directed towards ensuring that the systems defined in this manual are implemented correctly.

9.2.1. Internal Audit planning

Internal Audits are carried out to ensure compliance against EMS standards and carried out to a pre agreed schedule covering all aspects of the EMS, this audit schedule is managed through the Compliance department and forms part of the general compliance audit schedule.

9.2.2. Preparation and conducting an internal audit

All Audits are carried out by the compliance team with agreement of departmental teams where required and as part of a structured schedule, all aspects of the audits are formatted in line with Safran auditing standards

9.2.3.Results presentation and Audit report

Audit results are reviewed by the compliance department and audit findings transmitted to associated departments and management teams, Audit reports form part of the Management Review agenda, audit findings are managed to closure via approved applications – fabriq.

9.2.4.Internal Audit programme analysis and improvement

Audit programmes are reviewed annually to identify and discrepancies in coverage and to improve effectiveness against site requirements, the audit process forms part of the site wide continual improvement process

ISO – HS&E Management - Policy - Procedures - Forms - Internal Audit Schedule Toolkit Audit Schedule and toolkit 2025-26

9.3. Management Review

Management review meetings are undertaken to the requirements of ISO 14001 and 45001 and all pertinent aspects are reviewed and actions taken as required.

The meeting is undertaken at least annually in accordance with the agenda outlined in Appendix A 9.3. The meeting is attended by the Managing Director and any other interested parties.

The management review meeting is used as the pivotal means of ensuring that the company's systems are fully implemented and effective.

HS&E Management - Policy - Procedures - Forms - Management Review\2025 Management Review

10. Improvement

10.1. General

10.2. Incident, nonconformity and corrective action

10.2.1. Incidents

All personnel are required to record all incidents on a Non-conformance Report (Appendix G) which shall be passed to the HSE Supervisor for processing. Alternatively, Staff can raise an incident through the fabriq portal available through the Intranet. The HS&E Supervisor will define a suitable corrective action and record actions on the form. The form will be used to monitor progress until the non-conformance report can be signed off as closed.

The following (although not limited to) are to be considered incidents for the purposes of reporting:

- Accident
- Near misses
- Deviations
- Environmental spill
- Any situation that may lead to harm which is not subject to a current risk assessment

In order to achieve continual improvement, the causes of health safety and environmental incidents that become known will be investigated and action taken to avoid recurrence completed in a timely manner.
The structured Accident Investigation procedures is in place that involves staff from relevant areas of the business and subject matter experts

S:\HS&E\2.4 Investigations and Analysis\MS(UK)1052 Accident-incident-Investigation Corrective Action Report 4 5 2A template.doc

10.2.2. Nonconformity and corrective action

All incidents, near misses, external party issues, results of inspections and results of audits are recorded on a Non-conformance Form. The HS&E Supervisor shall take responsibility for ensuring that a corrective action is added to the form and communicated to all relevant personnel. He will ensure that the corrective action takes account of the root cause of the non-conformance.

The HSE Supervisor will progress the corrective action to a conclusion and ensure that the Non-conformance Report is effectively closed and review its effectiveness. Where necessary the HS&E Supervisor will ensure that the issue is subjected to a revised risk assessment.

SSLS understands that it is preferable and more effective to prevent health safety and environmental problems occurring. Acting in a proactive way is preferable to acting reactively. The Managing Director in consultation with other parties will therefore take opportunities to reflect on situations and take preventive action wherever possible. All preventive action will be recorded on a Non-conformance Report for implementation of a corrective action.

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10.3. Continual Improvement

SLSS Operate a continual improvement procedure with a Continual Improvement Manager controlling the system, all projects and programmes must be controlled through the change management process and be reviewed against continual improvement in line with company aims. All staff are encouraged to raise improvement ideas on an annual basis so are encouraged to forward energy saving or environmental improvement proposals through the improve application on the Smartsheet portal.

Home - Improve

10.3.1. Breakthrough projects

SLSS is a maintenance and overhaul facility with reliance on CAA and FAA for build criteria so most new programmes and projects are reviewed against these guidelines with minimal scope for Breakthrough projects, in the event of any project they would all have to adhere to the change management procedure and be reviewed in advance for Suitability. SLSS have a technical document review process for changes, and should a breakthrough project be identified this is required to be reviewed under this process, aspects considered would include compliance to CAA, FAA and quality specifications including customer requirements. All changes involving Chemistry would be reviewed in line with Safran guidelines and REACh approvals. SLSS does not hold IPR for its products or services and operates under external specification, these are reviewed against Environmental impacts for specific location with conflicts identified to the IPR owners and a concession process engaged.

https://content.sls.collab.group.safran/qua/s02/mro/QA_Homepage/Forms_Homepage/Forms/MS (UK)1307 HSE Change Management Checklist GATE 4D

10.3.2. Small steps improvements

All programmes aim to improve the business through stepped improvements these should be in line with the business goals and guidelines.
Small step improvements are subject to Management of change criteria that review both legal requirements and Strategic programs ensuring compliance with Safran obligations and commitments.

2.5 Change Management\Procedure\WP0161 Change Management

Appendixes – available on request