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**UAB Laivsta**
Klaipeda

Project: **4096-1**

This report applies to:
**VCA Petrochemie 2017/6.0**

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## 1. Company details and principles of the audit

| Description | Current information | Mutation / change |
|---|---|---|
| Organisation | UAB Baltijos investicinė kompanija | UAB Laivsta |
| Chamber of Commerce | 140865689 | 304472720 |
| Contact person | Mr. V. Rekštys | Mr. A. Murauskas |
| Address | Gamïklos iela 2A<br>LT-96155 Klaipeda | Gamïklos G. 2A<br>LT-96155 Klaipeda |
| Phone number | +37046296326 | +37061932427 |
| E-mail address | vaidotas.rekstys@litana-group.com | Arnas.murauskas@litana-group.com |
| E-mail for invoices | vaidotas.rekstys@litana-group.com | Arnas.murauskas@litana-group.com |
| Consultant | dhr. W. van Pelt | |
| Audit criteria | VCA Petrochemie 2017/6.0<br>Processes and documentations prepared by the client within the framework of the management system which is to be certified. | |
| Type audit | Recertification audit | |
| Start of audit | 10-07-2025 (see the realized audit plan for further details) | |
| Audit concerns | Audit of a single system | |
| Expiry date certificate | 15-08-2028 | |
| Next audit | 08, 09 and 10 July 2026 (with other Lithuanian companies). | |

The audit conclusions in this report, including the appendices, are based on a sample of available information during the audit, therefore EBN Certification cannot guarantee a similar conclusion for a different composition of the sample.

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## 2. Auditteam

| | |
|---|---|
| Lead auditor(s) | Corné Franken (incl. project visit 2 d.d. 18-07-2025) |
| Other team members | Kees Bode – team member (project visit 1 d.d. 18-07-2025) |
| Attendent | Mr. A. Murauskas – HSE specialist<br>Mr. V. Rekštys – HSE management/project leader |

* Agreed with the customer that there is no attendent added to the audit team.

## 3. Audit objectives

| Audit objectives |
|---|
| • Confirm that the management system continuously meets the requirements and is effective.<br>• Confirm that the management system remains relevant and applicable to the scope of the certification.<br>• Assess whether all audit criteria requirements are continuously being met. |

## 4. Management summary and Audit Result

| Management summary + company tour / work location(s) / project visit(s) |
|---|

- • No deficiencies were identified during the phase 2 assessment. There are no additional questions in the VCA P score that are not scored. The process and effectiveness of internal audits and management review are demonstrably satisfactory, as demonstrated by:
- • The internal audit(s) and the management review conducted on July 4, 2025 (see also the verification matrix in the appendix). - Based on the results of, among other things, the internal audit and management review, it has been established that these activities are carried out in a controlled manner and have led to continuous improvement.
- • The organization has demonstrated a management system capable of achieving the intended results, as demonstrated by: an annual system-wide internal audit, management review, and 2024/2025 annual action plan with the resulting report, in which the external MVK/HVK of ImproCon was also involved. • Achieved goals:
- • The IF target for the period from 2024 up to and including the external audit has been achieved (IF of 0), reported 0 times with and without absence, and information is included in the VM 11-1. The safety system is controlled through introductions, workplace inspections, correct tools, and TBM will definitely be implemented. In the coming period, the (VG) target is maintaining/implementing the VCA P standard 2017/6.0. Competencies and skills are included in the assessments of (operational) managers, Tra's, awareness and behavior program, WPI's including evaluation, TBM, overview (regular), and reports are available. The use of subcontractors and/or temporary workers, as intended by VCA, is not yet applicable.
- • Including the results as recorded in the management review of the management system, as mentioned in the summary below. • Goals achieved in the last 12 months of VCA P implementation:
- • Prepare for recertification of the VCA P VCA system, continue implementation, report incidents with and without absence, employees familiar with the VGM policy (introduction/information - TBM).
- • Aim for 0 VGM incidents = 0 incidents in 2024;
- • Aim for 0 accidents with absence = 0 in 2024;
- • Aim for 0 accidents without absence = 0 in 2024;
- • Aim for sufficient reporting of unsafe situations = 4 in 2024;
- • Internal/external complaints = 0 in 2024;
- • Train employees to report (near) accidents and minor accidents (following near misses).
- • Initiate a VGM awareness program such as applying LMRA, reporting VGM incidents, and shadowing WPIs. • Extra attention to ear protection, drug and alcohol protection;
- • Striving for zero complaints.
- • Based on operational process monitoring and evaluation of the relationship between standard requirements, the management system meets the applicable requirements. This is demonstrated by:
- • Annual evaluation of the Risk Assessment & Evaluation (RI&E) including the Action Plan (PvA), which includes verification of whether the Occupational Health and Safety legislation and guidelines are still up-to-date (including the policy statement). Assessment/evaluation (review) of the RI&E and environmental aspects/topics (where relevant) are explained in the verification matrix appended to the final report.
- • The following corrective measures have been taken to address deficiencies from previous audits:
- • No deviations were identified during the previous audits.
- • It has been demonstrated that UAB Laivsta's management system is up-to-date and has been effectively implemented for at least three years under the VCA P (Safety, Health and Environment Act).

• Points of concern and/or significant changes have been identified that impact the audit program. The holding structure has been changed. Within VCA(P), the only operating company that will continue after recertification is UAB Laivsta. The text in the final report has been amended accordingly. The address remains the same, as the entire organization will continue to

exist; however, it will no longer be VCA(P) certified. All relevant changes have been implemented. The manual has been updated to reflect the name of the only operating company to be certified (UAB Laivsta) – other names have been removed. This action has also been implemented with the Risk Inventory and Evaluation (RI&E) and approved by ImproCon's HVK. Scope activities remain the same as in the work order used in this audit report.

**Positive findings:**

The management (VCA) is very well-informed, and especially the efforts of the VGM officer and the external safety expert. Together, they generally achieve the intended objectives, despite the ongoing human effort. The 2025 target remains as described in the 2024 objectives. During a meeting, the VGM coordinator again discussed and explained the importance of a proper workplace inspection. The main point is that the purpose of a workplace inspection is to identify deviations in workplace conditions and employee behavior/actions in a timely manner, and to implement corrective measures aimed at preventing accidents/VGM incidents.

**Opportunities:**

The target deviations for 2025 remain as described in the 2024 target. It is important to continue to persevere and improve in all aspects of the HSE. More external support from the HSE expert. Communication (language barriers) should be addressed in maintenance meetings with clients and discussed with contractors on construction sites.

## Summary of evidence regarding stakeholder requirements

The management system has proven effective in meeting the standard, legal, and other requirements.

- Legislation:
- The Working Conditions Act and the Well-being Act fall within VCA-P certification (Netherlands and Belgium).
-
- Other requirements:
-

Mandatory minimum VCA certification for client(s), qualified electricians, welders, and scaffolders.

## Desired result

Based on the interviews, presented record and observations during the project visits, it is concluded that the organization has the capability to meet the applicable requirements and achieve the desired result

Achieved Goals of the Management System:
This year, everyone again achieved their targets – an IF of 0 – and identified areas for improvement from various WPIs, as indicated in the trend analysis: good housekeeping, critical resources, personal protective equipment, first aid, and other observations.

| Summary of evidence regarding the management review and internal audit program |
|---|
| The internal audit program has been fully implemented and has proven to be an effective tool for maintaining and improving the management system.<br><br>Internal audit(s) carried out:<br>July 7th, 2025, covering the entire VCA P system. An action plan is included in the comprehensive management review. |
| The management review process has proven capable of ensuring that the management system remains suitable, adequate, and effective. The auditor's confidence is based on the implementation of measures from the management review conducted on July 7th 2025.<br><br>See also the verification matrix, which is attached as an appendix to this report. |

## 5. Audit Findings and Conclusions

The audit team conducted an audit focused on significant aspects, potential risks, and objectives. The audit methods included interviews, observation of activities, and review of documents and records.

| | Yes | No |
|---|---|---|
| The audit objectives stated at the beginning of this report have been achieved. | ☒ | ☐ |
| The management system documentation complies with the standard requirements and provides sufficient structure to support the implementation and maintenance of the management system. | ☒ | ☐ |
| The organization has demonstrated effective implementation, maintenance, and improvement of its management system and is capable of achieving its policy objectives and the intended outcomes of the management system. | ☒ | ☐ |
| The organization has demonstrated that objectives and goals are established and monitored, and has shown that progress in achieving them is tracked. | ☒ | ☐ |

| | N/A | Yes | No |
|---|---|---|---|
| For multi-site certification: the management system is centrally managed and sufficiently implemented at all locations. | ☒ | ☐ | ☐ |
| This audit was (partially) conducted using remote auditing techniques in accordance with MD 4:2018. The use of remote auditing techniques contributed effectively to the execution of the audit. | ☒ | ☐ | ☐ |

## 6. Non-conformities

| | | |
|---|---|---|
| Number of non-conformities | **0** | (see also non-conformity forms attached as a separate appendix to this report) |
| The results of the previous audit of this system have been reviewed, specifically to ensure that appropriate corrective and preventive measures have been implemented to address identified non-conformities. This review has shown that:<br><br>no non-conformities were identified during the previous audit. | | |

| Unresolved issues: |
| --- |
| |

## 7. Advice of Lead Auditor / Team leader:

| |
| --- |
| Based on the audit results and the current level of the management system, the lead auditor, on behalf of the audit team, recommends:<br>Positive for recertification |

## 8. Certification Scope

| Scope of the certification according to the contract |
| --- |
| Performing electrical works, scaffolding, pipes installation, steel structures production and welding works in Belgium and the Netherlands. |
| The scope as established is suitable for the organization.<br>(Construction) welding work on the Eemshaven project seen in the workshop. Pipe installation is part of the work of electricians pulling cables (in cable trays) on the Eemshaven project (1). scaffolding seen at Equans Antwerp (project 2). |
| Locations / operating companies to which the system being certified applies:<br>n/a |

## 9. Significant Changes to the Management System and/or Organization

| |
| --- |
| The following significant changes were assessed with respect to the previous audit:<br>Points of concern and/or significant changes have been identified that impact the audit program. The holding structure has been modified. Within VCA(P), the only operating company that will continue after recertification is UAB Laivsta. The text of this has also been changed in the final report. The address has remained the same, as the entire organization will continue to exist; however, it will no longer be VCA(P) certified. All relevant adjustments have been implemented. The manual has been updated to reflect the name of the only operating company to be certified (UAB Laivsta) – other names have been removed. This action has also been addressed with the RI&E and approved by ImproCon's HVK. Scope activities will remain the same as in the work order applicable in this audit report. |
| **Assessment of the need for stage 1** |
| It has been determined that a stage 1 audit is not necessary |

## 10. Sector number

The sector code in which the organization can be classified according to the guidelines:

| | According to quote | Actual* |
|---|---|---|
| IAF Code | 17, 28 | |
| NACE Code | 25.11, 25.62, 43.21, 43.22, 43.99 | |
| Environmental complexity | | |
| Quality risk category | Midden | |
| Health & Safety risk category | Medium | |
| Energy complexity | | |

* To be filled in only if there are changes

## 11. Number of employees and simultaneous projects

| Employees | According to quotation | Actual* |
|---|---|---|
| Total | 49 | 33 |
| Operational | 6 | 27 |
| Non-operational | 43 | 6 |
| Permanent employees | 49 | 33 |
| Temporary employees | 0 | 0 |

* To be filled in only if there are changes

| Projects | According to quotation | Actual* |
|---|---|---|
| Number of simultaneous projects | 2 | 2 |

* To be filled in only if there are changes

## 12. Shift work and audit time

| Shift work |
|---|
| There are no shifts. |

| Planned audit time (in man-days) | | Actual (only in case of a change in audit time) |
|---|---|---|
| Initial stage 1 | 0.75 MD | MD |
| Initial stage 2 | 4.5 MD | MD |
| Surveillance audit 1 | 3.75 MD | MD |
| Surveillance audit 2 | 3.75 MD | MD |
| Recertification audit | 4.5 MD | 4,25 MD |

## Evaluation audit time

There has been a deviation from the planned audit time due to:

Adjusting the time allocation has been discussed with the EBN office and approved. However, an additional 0.5 MD for project visits due to the expanded scope of activities was not entirely necessary. An additional 0.25 MD for one additional project visit to ultimately assess the entire scope is applicable in this case.

| Discount elements | |
|---|---|
| The following discount elements have been applied to the offered audit time: | **n.v.t.** |
| The discount elements are not applicable to the assessed scheme(s). | |

## 13. Use of Logos and Certificates

☒ It has been determined that certification documents and logos are not (yet) used.

☐ Certification documents and logos are used on:

- ☐ Website
- ☐ Letterhead, print materials, and/or digital correspondence, including email
- ☐ Company vehicles / company assets
- ☐ Other, e.g.:

| Conclusion: |
|---|
| Certification documents and logos are not applied correctly; a non-conformity has been issued for this. |

## 14. Realised audit plan/audit program

| Deviations from the audit plan (see separate appendix of the audit plan) |
|---|
| The following deviations from the audit plan have occurred:<br>Due to the closure of several operating companies within the Holding, less time was required. |

| Deviations from the audit program |
|---|
| The audit has been carried out according to the audit program.<br>All elements included in the recertification. |

## 15. Overview of Auditees and Visited Projects

| Name | Job title | Location |
|---|---|---|
| Mr. O. Arup | General director | Kleipeda |
| Mr. V. Smilgys | HSE manager/supervisor | Klaipeda/project 2 |
| Mr. Murauskas | HSE officer | Kleipeda |
| Mr. Chr. Francis | Welder | Workshop Kleipeda |
| Mr. G. Grigorescu | welder | workshop Kleipeda |
| Mr. R. Zima | Foreman Elekctrician | Project 1 Eemshaven |
| Mr. R. Nairc | Elekctrician | Project 1 Eemshaven |
| Mr. A. Shason | Elekctrician | Project 1 Eemshaven |
| Mr. B. Beishenaliev | Elekctrician | Project 1 Eemshaven |
| Mr. A. Timosenko | scaffolder | Equans 2 Antwerpen |
| Mr. E. Gabalis | Scaffolder (ass) | Equans 2 Antwerpen |

| Project name | Location | Reviewed aspects |
|---|---|---|
| Mean Office UAB Laivsta | Kleipeda (Lt) | Reassessment of the implementation/evaluation of the SCC P system documents through file review and interviews with field staff. |
| Client: Mercure | Kleipeda (Lt) | activities: welding and assembly work (preparation for the new Eemshaven pipeline installation project) |
| Client: Mercure | Eemshaven | Activities: cable pulling for maintenance, installation of junction boxes, and on-site solutions in the factory (electricians); |
| Client: Rquans | Antwerpen | Project 2 activities: scaffolding/construction project Equans Antwerp |

## 16. Stage 1 Assessment

| Standard | | | Focus area | Finding |
|---|---|---|---|---|
| VCA/VCU | 14001 | 9001 | | |
| ☐ | ☐ | ☐ | Area of application and scope | N/A |
| ☐ | ☐ | ☐ | Policy statement | N/A |
| ☐ | ☐ | ☐ | Compliance obligations and evaluation | N/A |
| ☐ | ☐ | ☐ | Objectives and plan of action | N/A |
| ☐ | ☐ | ☐ | Evidence of communication activities | N/A |
| ☐ | ☐ | ☐ | Processes related to operational planning and control | N/A |
| ☐ | ☐ | ☐ | Procedures for reporting, responding to, and investigating emergencies/incidents | N/A |
| ☐ | ☐ | ☐ | Internal audit program and internal audits | N/A |
| ☐ | ☐ | ☐ | Results of management review | N/A |
| ☐ | ☐ | ☐ | Context analysis | N/A |
| ☐ | ☐ | ☐ | Addressing risks and opportunities | N/A |
| ☐ | ☐ | ☐ | Organizational chart and job descriptions | N/A |
| ☐ | ☐ | ☐ | Documented information and manual | N/A |
| ☐ | ☐ | ☐ | Environmental aspects and their associated environmental impacts, significant environmental aspects, and criteria for determining them | N/A |
| ☐ | ☐ | ☐ | Continuous improvement | N/A |
| ☐ | ☐ | ☐ | Tour of a location of the company | N/A |
| ☐ | ☐ | ☐ | Stakeholders analysis | N/A |
| ☐ | ☐ | ☐ | RI&E (Risk Inventarisation & Evaluation) | N/A |
| ☐ | ☐ | ☐ | Task risk analysis (TRA) procedures, workplace inspections, evaluation of subcontractors, non-native speaker | N/A |
| ☐ | ☐ | ☐ | Program for improving VGM (Safety, Health and Environment) awareness and behaviour. | N/A |
| | | | | N/A |
| | | | | N/A |