Gap Analysis Guidance

ISO 45001:2018 Self-assessment

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standard against your organization's existing management system. Each question in the checklist refers to a requirement that must be met in order to comply with ISO 45001:2018.

The gap analysis checklist is divided into seven sections, which reflect the contents of ISO 45001:2018. The requirements of ISO 45001:2018 are paraphrased, and the user must take care to review the ISO 45001:2018 standard to understand all specific requirements.

The 'Comply' box should be ticked when the objective evidence demonstrates conformity. The 'NC' box should be ticked if the objective evidence demonstrates a nonconformity. An 'Opportunity for Improvement' (OFI) may exist in the same question but an OFI may not be issued for an issue which does not conform.

Ref		(Gap Finding		Action Plan	(if OFI or NC)	Notes			
~~	Gap Analysis Question	Comply OFI [1]		NC [2]	Improvements Needed ^[OFI 1]	Corrective Action Needed ^[NC 2]	Objective Evidence & Comments			
1	Has your organization determined the external and internal issues (values, culture, knowledge and performance) that affect the ability to achieve intended results?									
2	Has your organization considered international, national, regional or local issues arising from legal, technological, competitive, market, cultural, social and economic environments?									

Each question in the gap analysis checklist should be assessed by auditor for conformance to the requirements of ISO 45001, along with the auditor's knowledge of your organization's products, services, processes, and facilities; they will be able to make a judgement on conformity, using the criteria set out in the table below:

Finding	Meaning	Description
Commbu	Complies with	The organization has objective evidence to support the question, and/or
Comply	stated requirements	The organization has a documented procedure or process
		The organization has objective evidence, but procedure or process needs improvement, and/or
OFI	Improvement actions are needed to comply	The organization has objective evidence, but no documented procedure or process, and/or
		The organization has a documented procedure, but is lacking some objective evidence to support the question
		The organization has no objective evidence to support the question, and/or
NC	Nonconformance	The organization is lacking a documented procedure or process, and/or
		The organization is lacking objective evidence to support compliance

1.4.2 Part B - Findings List

Part B comprises the gap analysis findings list which details the gaps and proposed remedial actions that are required to close the identified gaps between ISO 45001 and your current management system. It provides a clear description of the resources, tasks and processes required, and an indicative timing and sequencing of key tasks and responsibilities.

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Gap Analysis Findings List – Part B

Implementation Plan

Where gaps have been identified these should be included in the findings list. This plan should detail the gaps and the actions to be taken (what, when and by whom) to correct and implement the outstanding QMS components. The plan should define responsibilities of different departments and personnel and set target dates for the completion of tasks. Once approved, the Management Representative should control, review and update the plan as documentation and the implementation process proceeds.

Clause 4 - Context of the Organization

				Action Plan (if OFI or NC)										
8	Clause Ref	Description of Gap Identified	Proposed Remedial Action	Improvements Needed ^[OFI 1]	Corrective Action Needed [NC 2]	Process Owner	Date Completed							
3														
3														
							7							
3														

1.4.3 Part C – Gap Analysis Action Plan

Part C comprises a basic Gantt Chart that illustrates the work to be completed over a period of time in relation to the time planned for the work. It includes two sections, the left-hand side outlines a list of tasks from Part B, while the right side has a timeline with schedule bars that visualize work.

9	Record the acti	ual date the activity is complete	d in Column L, days overdue	are shown in Column M										We	Week 3 Week 4						Week 5		
					76								M	r w	T F	s s	М 1	r w T	F	SA	1 T	WTF	
Activity	ISO 14001 Clause Ref.	Description of Gap Identified	Proposed Remedial Action	Responsibilities & Resources	-	Start Date	Planned Finish Date	Duration (Days)	Activity Progress %	Indicator	Actual Date Completed	Days	08-May-23	10-May-23	12-May-23	13-May-23 14-May-23	15-May-23	17-May-23	19-May-23	21-May-23	23-May-23	24-May-23 25-May-23 26-May-23	
1						03-May-23		44	100	77	04-Jul-23	1											
2						11-May-23	10-Jul-23	43	75	->	09-Jul-23	-1											
3						17-May-23	17-Jul-23	44	50	9	20-Jul-23	3	П										
4						23-May-23	24-Jul-23	45	25	20	17-Jul-23	-7	П	П									
5						30-May-23	30-Jul-23	44	5		05-Aug-23	6						Ш					
6								0	,			0		П			П	П	П		П		
7								0				0					П		П		П		
8								0				0	П	П	П		П	П	П		П		
9								0				0											
10								0				0		П									
11								0				0								0 0			
12								0				0		П	П		П	П	П		П		
13								0				0											
14								0				0		П			П						
15								0			200	0											
16						1		0				0			П		П				П		

These results of the gap analysis should be transferred from Part B to the action plan in Part C for implementation. Set a completion date for having each action completed, fill the start and end date in the action plan.

Set a date for a meeting or two to assign responsibilities for the findings list.

- 1. Review the gap analysis findings;
- 2. Transfer the identified gaps into single rows below, from Row 14 onwards;
- 3. Enter start date in Cell N13 Please note: the date must be a Monday;
- 4. Set the 1st planned start date in Cell G14;
- 5. Set the planned finish date in the adjacent Cell H14;
- 6. The duration (in days) is shown in Cell I14 and duration bars from Column N onwards are shaded based on the dates entered;
- 7. Do not enter data in Columns I, K and M, or N onwards (except Cell N14);