**ISO 50001:2018 CLIENT GAP ANALYSIS TOOL**

**Instructions For Use**

This gap analysis document provides a simple framework for evaluating your energy management system against the requirements of ISO 50001:2018. It is to be used in conjunction with the NQA ISO50001:2018 Gap Guide.

The tool is split into two tables:

* **Part 1: New concepts** – highlighting the new concepts introduced in ISO 50001:2018 and the related clauses, processes & functional activities
* **Part 2: Requirements** – highlighting new and amended clauses between ISO 50001:2011 and ISO 50001:2018

Please complete each table by recording the evidence acquired from one full internal audit against the requirements of ISO 50001:2018.

If you are unable to provide evidence of compliance, you may not be ready to complete the transition to ISO 50001:2018. In this case, please inform NQA that you need additional time to prepare for the transition – we will work with you to select a mutually agreeable date to complete the transition.

**Please ensure that this completed document and relevant internal audit records are available to your auditor at the opening meeting of your transition audit**.

Sections marked as ***(Assessor to Complete)*** will be completed by the assessor during the transition audit.

|  |  |
| --- | --- |
| **Client name:** |  |
| **Certificate number:** |  |
| **Date of completion:** |  |

**Part 1: New Concepts**

**Tip:** Ensure that these new concepts are implemented in a manner that supports the *Process Approach* and *Risk Based Thinking*.

| **New Concepts** | **Phase** | **Clause** | **Activity** | **Evidence of Compliance** | ***(Assessor to Complete)***  ***Has the Client demonstrated that they have met the requirements of this clause?*** | | ***(Assessor to Complete)***  ***Comments if required*** |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | ***Yes*** | ***No*** |  |
| Organization and its context | Plan | 4.1,  4.2. | Has the organisation identified both internal and external issues and interested parties that are relevant to and/or support the strategic direction of the organization? |  | **√** | **X** |  |
|  | Plan  Check | 4.1,  4.2,  5.1,  9.3. | Is the strategic direction being assessed, reviewed and aligned with the energy policy and objectives by top management? |  |  |  |  |
|  | Plan | 4.3. | Is there authority to control energy efficiency, energy use and energy consumption within the scope boundaries? Are any energy types in use outside of the system scope? |  |  |  |  |
|  | Plan | 4.3. | Has the scope of the system been documented and made available to interested parties? |  |  |  |  |
|  | Plan | 5.2,  6.1,  6.2,  9.3. | Is the strategic direction being utilised as an input to the Energy Policy /Objectives / Risk Management and Management Review processes? |  |  |  |  |
|  | Plan | 4.2. | Have compliance obligation (mandatory and voluntary) been identified as part of needs and expectations |  |  |  |  |
| Leadership | Plan | 5.2. | Does the Policy statement commit to availability of information, commitment to satisfy legal requirements and continual improvement in energy performance? |  |  |  |  |
| Planning to address Energy Risk & Opportunities  For multi-sites, this will include all processes at all locations. | Plan | 6.1,  6.2. | Has a risk management approach to achieving improved energy performance been identified?  For multi-sites, consider if there are EnMS requirements unique to individual locations. |  |  |  |  |
|  | Plan | 4.4,  6.3. | Have these risks been considered/addressed when establishing the EnMS and when planning for change to the EnMS?  For multi-sites, consider if there are risk related requirements unique to individual locations. |  |  |  |  |
|  | Plan | 6.1.1 | Has risk process identified threats and opportunities? Have internal/external issues and the needs /expectations of its interested parties been taken into account?  For multi-sites, consider if there are risk related requirements unique to individual locations. |  |  |  |  |
|  | Plan | 6.1.2. | Have actions been identified to address risks and opportunities. Are there plans to evaluate their effectiveness? |  |  |  |  |
|  | Plan | 6.6 | Have plans been drawn up detailing how the key characteristics identified are to be measured, monitored and analysed? |  |  |  |  |
|  | Do | 8.1. | Are identified risks considered during planning for change, and following unintended change? |  |  |  |  |
|  | Do | 8.1. | Are outsourced SEUs or processes fully controlled? |  |  |  |  |
|  | Check | 9.1.1. | Does performance evaluation cover the performance of the EnMS itself? |  |  |  |  |
|  | Act | 10.1. | Following corrective action is there evidence that changes have been made to the EnMS if necessary? |  |  |  |  |
| Improvement | Act | 10.2 | Is continual improvement in energy performance demonstrated?  **Failure to demonstrate this with objective evidence means that transition cannot be recommended.** |  |  |  |  |

**Notes:**

**Part 2: ISO 50001:2018 Requirements**

Tip: ensure that you can demonstrate that each requirement of ISO 50001:2018 has been addressed within the EnMS.

Multi-site organisations should ensure that the requirements have been considered for all relevant locations, especially where such locations have unique circumstances or energy uses/sources.

| **ISO 50001:2018** | **ISO 50001:2011 Cross Reference and the significant changes from the 2011 version** | **Evidence to support compliance** | ***(Assessor to Complete)***  ***Has the Client Demonstrated they have Met the requirements of this clause?*** | | ***(Assessor to Complete)***  ***Comments if Required*** |
| --- | --- | --- | --- | --- | --- |
|  | | | ***Yes*** | ***No*** |  |
| **4.1** Understanding the organization and its context | **New Requirement** |  |  |  |  |
| **4.2** Understanding the needs and expectations of interested parties | **New Requirement** |  |  |  |  |
| **4.3** Determining the scope of the energy management system | **4.1** - Has the scope been documented and made available to external interested parties?  Is there authority to control energy efficiency, energy use and energy consumption within the scope boundaries? Are any energy types in use outside of the system scope? |  |  |  |  |
| **4.4** Energy management system. | **4.1** - Have the knowledge gain in 4.1 and 4.2 been taken into account when the EnMS has been established? |  |  |  |  |
| **5.1** Leadership and commitment | **New Requirement** |  |  |  |  |
| **5.2** Energy Policy | **4.3** - Is the policy appropriate to the purpose and context of the organization and does it support the strategic direction of the company? Does the Policy statement commit to availability of information, commitment to satisfy legal requirements and continual improvement in energy performance? |  |  |  |  |
| **5.3** Organizational roles,  responsibilities & authorities | **4.2.2** - Have the responsibilities for maintaining the EnMS have been determined? Has an energy management team been set up? |  |  |  |  |
| **6.1** Actions to address risks and opportunities | **New Requirement** |  |  |  |  |
| **6.2** Energy objectives and planning to achieve them | **4.4.6** - The term target has been retained - must consider identified risks & opportunities, SEUs as well as being monitored, communicated and updated |  |  |  |  |
| **6.3** Energy Review | **4.4.3** - Now includes a requirement to estimate future energy uses and consumption. |  |  |  |  |
| **6.4** Energy performance Indicators | **4.4.5** - Must be set out in such a way as to enable the organization to demonstrate energy performance improvement |  |  |  |  |
| **6.5** Energy baseline | **4.4.4** - Baseline to be normalised taking into account the relevant variables that were identified in the energy review |  |  | |  |
| **6.6** Planning for collection of energy data | **New Requirement** |  |  | |  |
| **7.1**.Resources | **4.2.1** - Have resource needs been determined and provided? |  |  | |  |
| **7.2** Competence | **4.5.2** - Persons now need to be competent if they can affect the organisation’s energy performance. Action must be taken to allow necessary competence to be acquired. |  |  | |  |
| **7.3** Awareness | **4.5.2** - No changes to this section in real terms - mainly rewording. |  |  | |  |
| **7.4** Communication | **4.5.3** - Has a communication strategy been determined and communicated? Has external communication taken into account for compliance obligations? |  |  | |  |
| **7.5** Documented information | **4.5.4** - The terms ‘documents’ and ‘records’ have been replaced by ‘documented information’. Documentation now required in order to demonstrate a suitable, adequate and effective EnMS. Consider documentation of external origin. |  |  | |  |
| **8.1** Operational planning and control | **4.5.5** - Must include consideration of planned changes and mitigation of effects of unplanned changes. Outsourced process and SEUs to be controlled. Define operating criteria and controls. |  |  | |  |
| **8.2** Design | **4.5.6** - No significant change, energy performance improvement is required in design of new or modified SEUs |  |  | |  |
| **8.3** Procurement. | **4.5.7** -No significant change, specification for energy performance of procured equipment and services shall be communicated including purchase of energy. |  |  | |  |
| **9.1.1** Monitoring, measurement, analysis and evaluation | **4.6.1** – Is there a flow down from risk identification to what needs to be measured and monitored and then evidence that this data is not just being collected but also evaluated. Use of appropriate KPIs. Also monitor effectiveness of EnMS. |  |  | |  |
| **9.1.2** - Evaluationof compliance with legal and other requirements | **4.6.2** -No significant change. Documentation to be retained on results of evaluation and any subsequent actions taken. |  |  | |  |
| **9.2** Internal audit | **4.5.5** - Audits to ensure system is effectively implemented. Audit results to be reported to relevant management. Audits to demonstrate whether or not EnMS is improving energy performance. |  |  | |  |
| **9.3** Management review | **4.6** - Note the inclusion of a review of any changes to internal and external issues as well as the effectiveness of actions taken to address identified risk and opportunities. |  |  | |  |
| **10.1** Nonconformity and corrective action | **4.6.4** - Does the organization have a closed loop process from the corrective action process back to risk identification and review. |  |  | |  |
| **10.2** Continual improvement | **New Requirement**  The EnMS needs to be continually improved in order to enhance effectiveness.  The organization **SHALL** demonstratecontinual energy performance improvement. |  |  | |  |

**Areas for further investigation:**