



Audit Report

For

KHARAFI NATIONAL - EGYPT

1st Stage

Audit Date: 14/12/2025

Organization Details

Company:	KHARAFI NATIONAL - EGYPT
Address:	Plot No. 50 North of Kattamia, Sokhna Road, 3rd Settlement, New Cairo, Cairo- Egypt
Contact Person:	Mr.Ahmed Ibrahim Foula
Email:	ahmed5.ibrahim@kharafinational.com.eg
Audit Criteria:	ISO 55001:2014 / ISO 41001:2018
EA Code:	NA
Scope:	PROVIDING AND IMPLMENTING ASSET MANAGEMENT SERVICES FOR UTILITIES OPERATION AND MAINTENANCE OF RESIDINTIAL COMPOUNDS, COMMORCIAL, POWER, WATER AND INDUSTERIAL SECTOR.
No. of Sites:	1

Sites

Site Name	Location
Client	Cairo

Audit Objectives

For Stage 1:

- To review client MS documentation
- To evaluate the client location and site specific conditions and to undertake discussions with the client personnel to determine the preparedness for the stage 2 audit
- To review the client status and understanding regarding requirement of the standard, in particular with respect to the identification of key performance or significant aspects, processes, objectives and operations of the MS
- To collect necessary information regarding the scope of the MS, processes and locations of the client, and related statutory and regulatory aspects and compliance (e.g. quality, environmental, legal aspects of the client operation, associated risks, etc,)
- To review the allocation of resources for stage 2 and agree with the client on details of the stage 2. Evidence of this review shall be available
- To confirm that audit time and planning are considering the complexity of the sites (campus, multiple building...) and processes.
- To evaluate if the internal audits and management review are being planned and performed, and that the level of implementation of the MS substantiates that the client is ready for stage 2.

Auditors

Auditor Name	Role
--------------	------

Adel Belal	Lead Auditor
Hany Gabra	Auditor

Auditee Members

Auditee Name	Position
Mr. Ahmed Ibrahim Foula	QHSE Manager

No. of Man-Days
1.5

Audit Findings

Clause No.	Requirement\\Departement	Evidence	Result
Clause 4.1,4.2	Understanding the organization and its context:	<p>General description of the organization KHARAFI NATIONAL FOR Infrastructure Projects Developments – Construction and Services</p> <p>was formed in 1999 Egypt under the name of Kharafi National for Mechanical and Electrical Works S.A.E. “Egypt National” is one of Khrafa National companies which is part of M. A. Kharafi Group of Kuwait. Egypt National has progressed to become one of the biggest companies for construction of natural gas distribution networks where it has executed a major project in Helwan, El Behera, and El Salam City, 6th of October City and Alexandria in a short period. Egypt National is handling the major electromechanical works in Marsa Alam. The current electromechanical works include: Hotels and tourist resorts, pumping stations, potable water – irrigation and sewage pipelines, diesel generated power stations and airport.</p> <p>- Context of the organization was found explained in QHSE Manual and was observed as conforming with standards requirements. Reflecting the context of the organization for identification of external and internal issues and interested parties.</p> <p>- The organization has determined and developing the strategy of the company in</p>	OK

Clause No.	Requirement\\Department	Evidence	Result
		<p>order to achieve intended results of IMS and is monitoring and reviewing through the business Risk including the possible risk for every department and actions to prevent such risk.</p> <ul style="list-style-type: none"> - The organization Strategic direction that affected its ability to achieve the intended results of IMS and matching with the external and internal issues that relevant with its purpose is verified in more details in their system. - A statement of High-level Structure was mentioned in QHSE Manual. - the following supported by Risk Matrix Analysis <ol style="list-style-type: none"> 1- Internal and external issues was identified (Internal Issue Such as Culture, Knowledge, organization performance), External Issue such as Legal, Political, Economic, Market Issues) update 02/11/2024, as per documented Administration work instructions# AWI- 903, REV 1 dated 16/10/2022 2- Relevant Interested parties found well defined using, for identifying internal and External Parties and their needs, as the Shareholders and, customer their needs and expectation for quality, Price and Delivery for products. update 02/11/2024 as per documented Administration work instructions# AWI- 903, REV 1 dated 16/10/2022. 3- Risk and opportunities that handles all the risk and opportunities, impact and action taken reviewed and evaluated found effectively implemented. 4- The Company has determined that there is no effect for the climate change on its processes So, the climate change is not a relevant issue. 5- There is no Interested Party Requirements related to the climate change. 	

Clause No.	Requirement\\Department	Evidence	Result
C4.3	Scope Validation	<p>The scope validation of PROVIDING AND IMPLMENTING INTEGRATED ASSET MANAGEMENT SERVICES FOR UTILITIES OPERATION AND MAINTENANCE OF RESIDINTIAL COMPOUNDS, COMMORCIAL, POWER, WATER AND INDUSTERIAL SECTOR.</p> <p>The scope validation is conducted at this stage by reviewing the company provided application to GCB, and reviewing, QHSE Procedures, Internal audit records, Management Review Report</p> <p>The following documents and records were checked as an evidence for scope validation.</p> <ul style="list-style-type: none"> - Commercial Register# 138145 Issue# 32315 dated 04/08/2019 as valid until 03/08/2024, last update# 15829 on 31/05/2020 according to law# 159 for year 1981. - Taxes ID# 200-170-279 ,dated 26/07/2021 as valid until 25/07/2026. - Added value taxes Certificate# # 200-170-279, dated 20/10/2020, Validity 19/10/2025, Record# Governmental form (3) DQM, from ministry of finance- Taxation Authority according to law# 67 for year 2016. - Egyptian Federation of Construction Contractors Membership# 22027, dated 08/06/2022 valid until 07/06/2023 according to ministerial decree# 299 for year 2019. <p>More details of Documents and Records to validate the Scope explained in the audit notes</p> <p>Exclusions: No Exclusion</p>	OK

Clause No.	Requirement\\Departement	Evidence	Result
C4.4	Managment System proceeses	<p>General level of conformance to all requirements of standards such as information and data requirements was found to be adequate and the implementation and effectiveness was found to be good except for the areas identified as Findings</p> <ul style="list-style-type: none"> - The organization has identified legal and other requirements related to their scope. - Coordination with interested Parties such as facility owners and end users found effectively implemented as per contract and contingency plan - Responsibilities and authorities of each personnel were defined, documented and communicated through job description which were distributed to all personnel. - Internal audit results that found accepted after discussing the corrective action that found closed effectively. - Management Review meeting found planned once per year such as written in the manual. Agenda found recorded such as process performance discussed and agreed with Top Management, such as changes in significant, risk and opportunities, Facility management objectives, 	OK

Clause No.	Requirement\\Department	Evidence	Result
5.1	Top Management	<p>Asset Management System Manual, Issue# 0/REV.01, dated 30/10/2022 was observed as conforming to standards requirements reflecting the context of the organization and processes flow interactions regarding interested parties was verified in different documented controlled procedures and found effectively implemented for all the defined processes all procedures are referenced in applicable clauses of the Manual. Interactions between the processes are clearly described in the process map. Interaction and description of main elements of the standards is described in both manual and documented procedures established by the company. The manual includes all reference to documented procedures and the documented scope of the Asset Management System.</p> <ul style="list-style-type: none"> • Achievement of Policy commitments and Objectives: The IMS Policy# IMSM Att.2A Rev.2, dated 10/10/2022, authorized and signed by top management were observed as appropriate to the purpose of the organization, includes a commitment to Satisfy the applicable requirement, requirement of the demand organization, requirements of user of the facility and the facility itself and commitment to continually improve effectiveness of FMS management system. Policies provided framework for establishing and reviewing AMS objectives as the policy stated also the company overall goals from which other departmental objectives were established, Understanding of AMS policy within the organization was verified and observed as adequate. It is observed that the policy is periodically reviewed during the management review meetings, for continuing adequacy. 	OK

Clause No.	Requirement\\Departement	Evidence	Result
6.1	Risk and opportunities:	<p>Action to address Risk address and opportunities was implemented as per documented Procedure# AWI- 903, REV 00, dated 17/05/2020, for business risk and opportunities and related issues found defined in a separate controlled sheet for each process, risk and operation control found determined regarding interested parties and their needs.</p> <p>The following documented information were verified:</p> <ul style="list-style-type: none"> - Documented Procedure# AWI- 903, REV 1, dated 16/10/2022, for business risk and opportunities - Business risk module for Operation department including Internal issue, External issue, related interested parties, risk assessment and control, update 02/11/2024, Record# AWI 903 Att.2 REV.1 16 Oct 2022. - Business risk module for Procurement department including Internal issue, External issue, related interested parties, risk assessment and control, 02/11/2024, Record# AWI 903 Att.2 REV.1 16 Oct 2022. - Process approach including input, output, resources, control and KPI's was defined for all process such as QC and Engineering. 	OK

Clause No.	Requirement\\Department	Evidence	Result
6.2	Objectives	<p>The organization has established documented procedure# AWI 110, REV. 03, dated 16/10/2022 for handling QHSE Objectives, targets and programme. QHSE objectives at various functional areas were reviewed and observed as consistent with QHSE policy. Objectives were established on the defined KPI's and monitored on semi annual basis with actions from top management. The company established objectives with a high level of commitment. Top management objectives that are achieved through setting some detailed specific KPI's for various functions and levels in the organization. All these objectives and KPI's are measured by the HSE section, analyzed and reports submitted to relevant personnel, The Following documented information were verified:</p> <ul style="list-style-type: none"> - Documented procedure# AWI 110, REV. 03, dated 16/10/2022 Objectives, targets and programme. - List of 2024 Objectives, Target and program including 3 objectives , Record# AWI 110, Att.t# 2, REV.15 04 Apr.2022. - Follow up 2023 objective was achieved by end of 2023 such as: <ul style="list-style-type: none"> ? Reuse of draft paper for printing. ? Depend mainly on the soft copy form for saving data instead of hard copies ? Depending mainly on emails as formal correspondence method with other cost centers instead of letters - Follow up 2024 objective is planned to be achieved by end of 2024 such as EMAAR -Marassi - Sidi Abdul Rahman FM Service for Desalination and Sewage Treatment Plant : <ul style="list-style-type: none"> ? Replacing of the feed pumps of STPS2 plant with larger capacity from 135m³/hr to 165m³/hr. ? Decreasing printed paper from 16 to 12 pack/year 	OK

Clause No.	Requirement\\Department	Evidence	Result
6.3	Planning of Change	Planning of change was implemented according to Organization Conceptual framework management of change as per mentioned in IMS Management Manual article# 8.2. page 23, that handling the planning of change where the need of change to the Facility Management System considering the purpose of change, the FMS integrity, the resource availability and assigned responsibly and Authority for each process owner.	OK
9.3	Management review	<p>Procedure was established, and implemented that details the management review frequency once/year, review agenda and review outputs. Minutes of management, review meeting was reviewed and observed as meeting the review input and output requirements of the standards and the procedure. The action items with assigned responsibilities and target dates were clearly recorded in the minutes of management review meeting. Last management review conducted was in 06/11/2024 attended by all senior managers and the management representative and covered all inputs as per the company IMS. The following documented Information were verified:</p> <ul style="list-style-type: none"> - Management Review# Agenda, Email dated 30/10/2024. - Management Review MOM# 7/QHSE-MOM/2024, dated 06/11/2024, including Management Review output and recommendation approved by Mr. Executive manager including the actions, the responsibilities were assigned with time frame, Record# AWI 106 attachment# 4 Rev.# 4 dated 08/12/2019 was reviewed. 	OK

Clause No.	Requirement\\Department	Evidence	Result
7.5	(ASSET MANAGEMENT SYSTEM) Documentation:	<p>Documentation: The organization had developed and effectively implemented & maintained all AMS documented Information as per the requirements of the standards as well as those determined by the organization. All processes have documented procedures covering the steps of the process, responsibilities and authorities and other documentation elements.</p> <ul style="list-style-type: none"> Control of documented Information and data: The document control system implemented in the organization was observed as adequate. The organization established documented procedure# AWI 101, REV 12, dated 20/07/2020 for Company procedures and instructions preparation and control, documented procedure# AWI 211, REV 6, dated 12/02/2015 for documents/Drawing Control that handling all control of documents and data , Both hard copy and soft copy documents have been controlled with an efficient system and documented procedure# AWI 109, REV 15, dated 26/07/2020 for record Control, QHSE department is responsible for the control of (ASSET MANAGEMENT SYSTEM) information and data requirement process. Control of external origin documents was verified. The updating for the external documents is the responsibility of the of engineering and admin department and controlled according to the procedure. Obsolete documents were removed from points of use and one copy retained with QHSE department for reference, however, it was adequately identified. <p>ASSET MANAGEMENT SYSTEM documents were approved from relevant personnel, have issue number and date and are reviewed periodically for adequacy as per the requirements of the control of documents procedure. The retention time and method of disposition of each record were defined. The identification, storage, protection and retrieval of records were</p>	OK

Clause No.	Requirement\\Department	Evidence	Result
		<p>verified. Records are either kept hard copies, soft copies or on the different data bases.</p> <p>The following documented Information were verified:</p> <ul style="list-style-type: none"> - Documented procedur# AWI 101, REV 12, dated 20/07/2020 for Company procedures and instructions preparation. - Documented procedur# AWI 211, REV 6, dated 12/02/2015 for documents/Drawing Control. - Documented procedur# AWI 109, REV 15, dated 26/07/2020 for record Control - Documents/Drawings Rigister (Shop drawing for project# 0089200) attahement# AWI 211, Att 01, Rev. 2 dated 18/02/2015 was reviewed as adequately updated. - ASSET MANAGEMENT SYSTEM documented Information and data Retention Log Record# AWI 109 Att 02 Rev. 02 dated 26/07/2020. - Identification Label for Archived documented information and data Record# AWI 109 Att 04 Rev. 01 dated 26/07/2020 - ASSET MANAGEMENT SYSTEM documented information and data list was reviewed as adequately updated per Record# AWI 109 Att 06 Rev. 0 dated 16/06/2013. - Disposition of Archifed documented information and data at H/O and Airport, Record# AWI 109, Att.5, REV 01 , dated 26/07/2020. - Asset Rigester for project# 008010400 for Cairo Airport Terminal Building# 2 Faality Management Service including Typy, Model, Name and Identification serial number, Record# AWI 905, Att.5, REV 0 , dated 16/10/2022. 	
5.2	ASSET MANAGEMENT SYSTEM Policy	was communicated towards the company overall through the check boards and through the company intranet.	OK
9.2	Internal audit	Documented Administrative Work Instruction# DWI 251, Rev.16 dated 01/09/2020 for Internal Management System Audit was established, documented and observed as meeting the requirements	OK

Clause No.	Requirement\\Department	Evidence	Result
		<p>of the standards. The internal audits Cycle once/ year were conducted by independent auditors. Competencies of internal auditors were verified. It was observed that importance of the processes and previous internal/ external audit findings were considered during the audit planning. The audit findings/ nonconformity reports were observed with verification results of correction and corrective actions efficiency. It was observed that actions were taken without undue delay. The records related to internal audits were reviewed. The last internal audit was conducted during 12/02/2024-09/10/2024 that covered all FM Projects, and as a result there was raised 6 NCR were cleared by 09/10/2024</p> <p>The following documented Information were verified:</p> <ul style="list-style-type: none"> - Documented Administrative Work Instruction # DWI 251, Rev. # 16 dated 01/09/2020 for Internal Management System Audit. - IMS internal audit Program, dated 25/12/2023. - Audit Check list, Record# DWI 251 Att. 3 Rev.01 01 Sep 2020. - IMS internal audit report Ref# 40/IN.A/2024, dated 09/10/2024 for operation (Facility Management of MIVIDA, New Cairo- Egypt as One NCR was raised, Record# DWI 251 Att. 2 Rev.08 20 July 2020 - IMS internal audit report Ref# 10/IN.A/2024, dated 03/04/2024 for Central bank - 5th Settlement - FM & 1 IK Services of Central Bank of Egypt Building in 90th in 5th Settlement as No NCR was raised, Record# DWI 251 Att. 2 Rev.08 20 July 2020 - IMS internal audit report Ref# 03/IN.A/2024,dated 12/02/2024 for Emaar-Cairo-M.E.P Maintenance Service for Marassi community Area as No NCR was raised, Record# DWI 251 Att. 2 Rev.08 20 July 2020 	

Clause No.	Requirement\\Department	Evidence	Result
10.2	Non-conformances, Correction and Corrective action	Corrective and Preventive Actions Documented Procedure # AWI 241 REV. 05 dated 22/05/2022 was established, and implemented & preventive actions were verified during the audit in various functional areas. The resulting data is analyzed for continual improvement purposes Non- Conformity Report# 008005000/IN.A-NCR/01/2024 dated 09/10/2024 for Mivida Project, as for missing of objective and KPIs, the report including root cause analysis, Correction, and recommended corrective Actions is cleared on 07/11/2024, Record# DWI251 Att.1 Rev. 11 01 Nov. 2020.	OK

Strength Point

System established and Implemented for 3 years.
Management system Highly Integrated for ISO 55001 & 41001.

Area for Improvement

NA

Observation

NA

Minor NCR

NA

Major NCR

NA

Team Leader Recommendations

The audit team conducted a process-based audit focussing on objectives required by the standard. The audit methods used were interviews, observations, sampling of activities and review of documentation and records.

The audit team concludes that the organization has established and maintained its management system in line with the requirements of the standard and demonstrated the ability of the system to achieve requirements for products and/or services within the scope and the organization's policy and objectives.

Therefore the audit team recommends that, based on the results of this audit and the system's demonstrated state of development and maturity, that this management system certification be Recommended to proceed for 2nd, Stage Main Audit to ISO 55001:2014 & ISO 41001:2018 .

This report is confidential and distribution is limited to the audit team, the company ,the GCB Certification office and EGAC (if sampled).

Disclaimer Statement

The judgment of the management system is **based on the sample shown during the audit time.**

Lead Auditor Name:

Adel Belal

Signature