



BOMA Plus – Accredited Vendor Program

Janitorial Service Delivery

November 2022



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1.0 INTRODUCTION

1.1. Background

- 1.1.1. As the commercial real estate industry continues to face new and emerging challenges, the need for transparency in building cleanliness and hygiene has been elevated. Building owners, managers and tenants increasingly look to their janitorial service providers to deliver safe and effective cleaning operations in their buildings to build the confidence that these spaces are safe to occupy.
- 1.1.2. In response to this new demand, BOMA Canada convened a Cleaning Needs Assessment Committee, composed of property managers, cleaning service providers and cleaning industry consultants, to work together in delivering critical, up-to-date information to the membership. Together, the Committee conceived the idea for the BOMA Plus – Accredited Vendor Program for janitorial service providers.
- 1.1.3. This BOMA Plus – Accredited Vendor Program sets the gold standard for janitorial service providers (hereinafter referred to as Service Providers) to ensure they have policies, practices, and procedures to ensure managers and tenants' piece of mind.

1.2. Scope

- 1.2.1. This document specifies the framework and requirements of how Service Providers can attain accreditation.
- 1.2.2. The BOMA Plus – Accredited Vendor Program is applicable to any organization that provides janitorial services to the commercial real estate industry.
- 1.2.3. Any Service Provider that has active operations in Canada is eligible to apply to and achieve accreditation against the BOMA Plus – Accredited Vendor Program.

2.0 TERMS & DEFINITIONS

- 2.1. **Service Provider** – An organization, or in-house department, that performs janitorial services and is being audited against the BOMA Plus – Accredited Vendor Program.
- 2.2. **Conformity** – a fulfillment of a requirement in the audit criteria.
- 2.3. **Nonconformity** – Non-fulfillment of a requirement in the audit criteria.
- 2.4. **Minor Nonconformity** – A nonconformity that does not significantly affect the capability of a Service Provider's program to achieve the intended results of the BOMA Plus – Accredited Vendor Program.
- 2.5. **Major Nonconformity** – A nonconformity that affects the capability of a Service Provider's program to achieve the intended results of the BOMA Plus – Accredited Vendor Program.
- 2.6. **Auditor** – A person who conducts an audit.
- 2.7. **Audit** – A systematic and documented process for obtaining audit evidence and evaluating it objectively to determine the extent to which the audit criteria are fulfilled for the intention of attaining accreditation for the BOMA Plus – Accredited Vendor Program.
- 2.8. **Audit Question** – All the questions outlined in the BOMA Plus – Accredited Vendor Program cloud-based questionnaire.
- 2.9. **Audit Criteria** – A set of requirements listed under each audit question that is used as reference against the audit evidence.



2.10. **Audit Evidence** – Is the information collected from documentation, records, and verification of processes which are compared to the audit criteria and that can be verified.

2.11. **Audit Findings** – Are results of the evaluation of the collected audit evidence against the audit criteria.

Note: Audit findings indicate conformity or nonconformity.

Note: Audit findings can lead to the identification of opportunities for improvement or recording good practices.

2.12. **Audit Conclusions** – A summary of results obtained during an audit after consideration of the audit objectives and all audit findings inclusive of conformity or non-conformity, and a recommendation for BOMA Plus – Accredited Vendor Program accreditation.

2.13. **Documents** – Documents provide written information that are used to support an operational process or requirement (e.g. a procedure that outlines a process, record templates). Documents and record templates can be updated regularly to improve operational processes.

2.14. **Records** – Records are evidence about a past event or proof implementation of a process (e.g. training records, investigation reports, inspection reports). The information recorded in records are permanent, cannot be updated or changed, and have defined retention periods.

2.15. **Verbal Forms** – the following verbal forms are used throughout this document (where appropriate):

2.15.1. “Shall” indicates a requirement.

2.15.2. “Should” indicates a recommendation.

2.15.3. “May” indicates permission.

2.15.4. “Can” indicates a possibility or a capability.

3.0 ACCREDITATION & AUDITS

3.1. General

3.1.1. The BOMA Plus – Accredited Vendor Program consists of four types of audits: an initial accreditation audit, surveillance audits, re-accreditation audits and corrective action audits.

3.1.2. The initial accreditation audit and the re-accreditation audits shall be conducted in three stages:

3.1.2.1. Stage 1 – Service Provider Self-Assessment Questionnaire

3.1.2.2. Stage 2 – Auditor Documentation Review

3.1.2.3. Stage 3 – Auditor Observations, Interviews & Process Validation

3.2. Initial Accreditation Audits

3.2.1. The purpose of the initial accreditation audit is to evaluate a Service Provider against all the requirements in the BOMA Plus – Accredited Vendor Program.

3.2.2. Initial accreditations are valid for three (3) years from the accreditation decision date.



3.3. Surveillance Audits

- 3.3.1. The purpose of a surveillance audit is to validate that the Service Provider is continuing to fulfil the requirements of the BOMA Plus – Accredited Vendor Program.
- 3.3.2. Surveillance audits are not full system audits (i.e., are not performed to the same extent as the initial accreditation audit and re-accreditation audit where all the audit questions are applicable).
- 3.3.3. Auditors shall determine which audit questions and processes need to be verified during surveillance audits and shall be based (at minimum) on the following:
 - 3.3.3.1. Results of previous accreditation audits or internal audits.
 - 3.3.3.2. Previously identified non-conformities to any of the audit questions.
 - 3.3.3.3. Corrective actions from previously identified nonconformities.
 - 3.3.3.4. Audit questions that have legislative components.
 - 3.3.3.5. Changes to the Service Provider’s organization, organizational structure, processes, or risks that could impact their conformance to the audit questions.
- 3.3.4. Surveillance audits shall be conducted at least once every calendar year (i.e., in the first and second years following the initial accreditation decision), except in re-accreditation years.
- 3.3.5. The date of the first surveillance audit following the initial accreditation shall not be more than 12 months from the initial accreditation decision date.
- 3.3.6. If the first surveillance audit cannot be performed within 12 months, the Service Provider shall formally request an extension from BOMA Canada, providing their justification in writing.
- 3.3.7. BOMA Canada may grant a one-time extension to the Service Provider.
- 3.3.8. BOMA Canada’s decision to accept or reject the Service Providers request shall be documented in writing and communicated to the Service Provider.
- 3.3.9. An extension may only be granted for a maximum of sixty (60) calendar days from the original surveillance audit date.

3.4. Re-accreditation Audits

- 3.4.1. The purpose of a re-accreditation audit is to conduct a full audit on the BOMA Plus – Accredited Vendor Program to validate the Service Provider’s conformance to the requirements in the program.
- 3.4.2. Re-accreditation audits shall be conducted in the same manner as the initial accreditation audit, with additional consideration for previously identified non-conformities.
- 3.4.3. Re-accreditation audits revalidate a Service Provider’s accreditation.
- 3.4.4. Re-accreditation audits shall occur every three (3) years prior to the initial accreditation or re-accreditation expiry dates.
- 3.4.5. When re-accreditation activities are successfully completed prior to the expiry date of the existing accreditation, the expiry date of the new accreditation can be based on the expiry date of the existing accreditation.



3.5. Corrective Action Audits

- 3.5.1. The purpose of a corrective action audit is to validate the effectiveness of the action(s) identified in a Service Provider's corrective action plan when a major nonconformity is identified in a previous audit (i.e., initial accreditation, surveillance, or re-accreditation audits).
- 3.5.2. Corrective action audits are not full system audits.
- 3.5.3. Corrective action audits solely focus on the issues that originally results in the major nonconformance.

4.0 AUDIT PROCESS

4.1. Pre-accreditation activities

4.1.1. Service Provider Application

- 4.1.1.1. Service Providers may submit an email request to BOMA Canada (BOMApplus@bomacanada.ca) to register for the BOMA Plus – Accredited Vendor Program audit.
- 4.1.1.2. Service Providers shall ensure that the person sending the online application identifies an authorized representative of the Service Provider that will be the single main point of contact for BOMA Canada and the Auditor.
- 4.1.1.3. Service Providers shall provide the following information when applying:
 - 4.1.1.3.1. Legal name of the organization.
 - 4.1.1.3.2. Head office municipal address.
 - 4.1.1.3.3. Full name, position title and contact information of the authorized representative.
 - 4.1.1.3.4. The number of office locations in Canada, sub-categorized by province and territory, and the respective municipal addresses.
 - 4.1.1.3.5. The estimated number of employees employed by the Service Provider in Canada, sub-categorized by province and territory, for the respective municipal addresses.
 - 4.1.1.3.6. The estimated number of employees shall include those classified as full-time or part-time employees who are:
 - 4.1.1.3.6.1. Permanent,
 - 4.1.1.3.6.2. Temporary,
 - 4.1.1.3.6.3. Causal,
 - 4.1.1.3.6.4. Seasonal,
 - 4.1.1.3.6.5. Students,
 - 4.1.1.3.6.6. Intern, or
 - 4.1.1.3.6.7. Sub-contracted workers (i.e., independent or through an agency).
- 4.1.1.4. Service Providers are responsible for ensuring the information provided is accurate and representative of the time of the application.



4.1.2. Application Review

- 4.1.2.1. BOMA Canada shall conduct a review of the application and supplementary information to ensure that any known difference in the information provided in the application is resolved between BOMA Canada and the Service Provider.
 - 4.1.2.1.1. Any known difference in the information provided shall be communicated by BOMA Canada to the Service Provider.
 - 4.1.2.1.2. Any resolved differences shall be written and communicated between BOMA Canada and the Service Provider.
- 4.1.2.2. Following the review of the online application form, BOMA Canada shall either accept or reject the Service Provider's application.
 - 4.1.2.2.1. BOMA Canada shall formally notify the Service Provider in writing (i.e., email) of their decision and the justification for it (if applicable).
- 4.1.2.3. After the acceptance of a Service Provider's application, the Service Provider shall remit the fees associated for the BOMA Plus – Accredited Vendor Program to BOMA Canada.

4.2. Planning Audits

4.2.1. Auditor Selection

- 4.2.1.1. BOMA Canada shall select an Auditor to conduct the audit after accepting the Service Providers application.
- 4.2.1.2. Auditors shall be approved by BOMA Canada to conduct audits on the BOMA Plus – Accredited Vendor Program.
- 4.2.1.3. Auditors shall be responsible for notifying BOMA Canada in writing (i.e., email) of any conflict of interest with the Service Provider.

4.2.2. Audit Plan

- 4.2.2.1. Auditors shall be responsible for developing audit plans for every audit.
- 4.2.2.2. Auditors shall confirm the accuracy of the details in the plan with the Service Provider.
- 4.2.2.3. The audit plan shall include, at minimum the following:
 - 4.2.2.3.1. The audit objectives;
 - 4.2.2.3.2. The audit scope;
 - 4.2.2.3.3. Audit process;
 - 4.2.2.3.4. Audit requirements;
 - 4.2.2.3.5. Audit schedule;
 - 4.2.2.3.6. Communication methods; and
 - 4.2.2.3.7. Sampling requirements, where applicable.



4.3. Conducting Audit Activities

4.3.1. Opening Meetings

- 4.3.1.1. Auditors shall schedule an opening meeting before beginning the audit.
- 4.3.1.2. Opening meetings can be conducted virtually.
- 4.3.1.3. Opening meetings should be scheduled for no more than sixty (60) minutes in length.
- 4.3.1.4. The opening meeting should be held with the Service Provider’s management team and any personnel that oversee the processes and functions that will be audited.
 - 4.3.1.4.1. The Service Provider is responsible to ensure all those that need to be in attendance attend the opening meeting.
- 4.3.1.5. The objective of the opening meeting is to provide the Service Providers with an overview of the audit activities, including:
 - 4.3.1.5.1. Introduction of all individuals attending the meeting, including an outline of their roles,
 - 4.3.1.5.2. Confirmation of the scope of accreditation as it relates to the Service Provider and the BOMA Plus – Accredited Vendor Program,
 - 4.3.1.5.3. Overview of the audit process relative to the type of audit being performed (i.e., initial accreditation audit, surveillance audit, re-accreditation audit),
 - 4.3.1.5.4. Confirmation of the communication channels between the Auditor and the Service Provider,
 - 4.3.1.5.5. Confirmation of the Service Provider resources that need to be available for the audit,
 - 4.3.1.5.6. Confirmation of matters relating to confidentiality and BOMA Canada’s Privacy Policy,
 - 4.3.1.5.7. Access and overview for documenting the evidence (i.e., cloud-based portal),
 - 4.3.1.5.8. Methods and procedures to be used to conduct the audit based on auditing principles and methodologies,
 - 4.3.1.5.9. Methods of grading the audit findings (i.e., conformities and nonconformities),
 - 4.3.1.5.10. Confirmation that, during the audit, the Service Provider will be kept informed of the audit progress and any concerns.
 - 4.3.1.5.11. Information about the conditions under which the audit may be prematurely terminated (e.g., if the Service Provider does not provide any supporting documentation for review, those that need to be interviewed are not made available, etc.).
 - 4.3.1.5.12. Confirmation of the status of findings (i.e., minor and major non-conformities) from previous audits (where applicable), and
 - 4.3.1.5.13. An opportunity for the Service Provider to ask questions.



4.3.2. Service Provider Self-Assessment Questionnaire (Stage 1 Audit)

- 4.3.2.1. BOMA Canada shall facilitate a cloud-based portal to capture results of the self-assessment questionnaire for the Service Provider.
- 4.3.2.2. The Service Provider shall ensure that all questions within the Service Provider self-assessment questionnaire are completed truthfully and accurately.
- 4.3.2.3. The Service Provider shall ensure that they provide sufficient and detailed information to demonstrate how they conform to the audit criteria for each audit question.
- 4.3.2.4. The Service Provider shall ensure that all appropriate documentation is uploaded and clearly identified with respective sections and page numbers (where applicable).
- 4.3.2.5. Appropriate documentation can include:
 - 4.3.2.5.1. Policies, programs, procedures, work instructions, standards, licences and permits, specifications, pictures and drawings.
 - 4.3.2.5.2. Audit records, inspection records, minutes of meetings, training records.
 - 4.3.2.5.3. Data summaries, analyses and performance indicators.
 - 4.3.2.5.4. Customer feedback surveys and external surveys.
- 4.3.2.6. The Service Provider shall complete the self-assessment within thirty (30) calendar days of receiving access to the dedicated cloud-based portal.
 - 4.3.2.6.1. If a Service Provider cannot complete the self-assessment within the time specified, then the Service Provider can request an extension from BOMA Canada.
 - 4.3.2.6.2. Notification to BOMA Canada shall be made in writing (i.e., email) before the deadline to complete the self-assessment.
 - 4.3.2.6.3. The Service Provider shall provide justification for not being able to complete the self-assessment within the specified deadline.
 - 4.3.2.6.4. BOMA Canada shall provide their acceptance or rejection to the extension request in writing (i.e., email) to the Service Provider, indicating a new deadline to complete the self-assessment (if applicable).
 - 4.3.2.6.5. BOMA Canada shall notify the Auditor of their decision.
 - 4.3.2.6.6. Granting an extension is at the sole discretion of BOMA Canada.
 - 4.3.2.6.7. An extension may only be granted for a maximum of fourteen (14) calendar days from the original due date.
- 4.3.2.7. The Service Provider shall notify BOMA Canada and the Auditor in writing (i.e., email) once the self-assessment is complete.
- 4.3.2.8. BOMA Canada shall send the Service Provider an electronic copy (i.e., pdf) of the completed self-assessment for their record.
- 4.3.2.9. BOMA Canada shall relinquish the Service Provider's access to the cloud-based portal once the self-assessment questionnaire is complete to allow the Auditor to complete their review.



4.3.3. Audit Ready Report

- 4.3.3.1. BOMA Canada shall facilitate sending the auditor an Audit Ready Report and access to the questionnaire in the cloud-based portal to begin the Stage 2 audit.
- 4.3.3.2. The Audit Ready Report shall contain:
 - 4.3.3.2.1. The Service Providers response to each audit question in the self-assessment, and
 - 4.3.3.2.2. The correct file names of any uploaded documents relevant to each audit question.
- 4.3.3.3. BOMA Canada shall ensure the Auditor is granted access to all uploaded documents in the cloud-based portal.

4.3.4. Documentation & Records Review (Stage 2 Audit)

- 4.3.4.1. Auditors shall review the Service Provider's self-assessment responses and all respective documents and records uploaded in the cloud-based portal.
- 4.3.4.2. Auditors should complete their initial review within seven (7) business days of being granted access to the documents and the cloud-based portal.
- 4.3.4.3. If an Auditor cannot meet the review timelines, a mutual agreement on rescheduled dates shall be communicated in writing to BOMA Canada.
- 4.3.4.4. Auditors are responsible for ensuring the audit evidence obtained during the audit is sufficient to make informed decisions on the conformity of each audit question.
- 4.3.4.5. If additional information is required, the Auditor should contact and obtain clarification directly from the Service Provider.
- 4.3.4.6. If Auditors are required to review large volumes of records (e.g., training records, incident reports, etc.) the Auditor shall determine the appropriate type of sampling required to determine the appropriate sample size needed.
 - 4.3.4.6.1. The Auditor should consider the quality of the available data and the format in which the data is presented (e.g., Excel, scanned training certificates, etc.)
 - 4.3.4.6.2. When sampling is required to determine the sample size needed for reviewing conformance to an audit question and audit criteria, the Auditor should attempt to utilize a confidence limit of 95% with a 5% margin of error.
 - 4.3.4.6.3. In the event where the sample size is still not feasible to review, the Auditor should determine the appropriate sample size based on their professional judgement and document their decision in the audit findings for the respective audit question.
- 4.3.4.7. Auditors do not need to determine sample sizes for reviewing documentation such as policies, programs, and procedures.
- 4.3.4.8. If the Auditor's Stage 2 audit of the Service Provider's program does not meet the requirements of the BOMA Plus – Accredited Vendor Program or if the Service Provider has not uploaded the respective documentation, the Auditor shall notify BOMA Canada of the audit conclusions and areas of concern (e.g., any findings classified as major nonconformities).
 - 4.3.4.8.1. BOMA Canada shall review the concerns, evidence, major non-conformities and recommendations with the Auditor.



- 4.3.4.8.2. If BOMA Canada and the Auditor achieve consensus on the Auditor's findings, then the audit shall be stopped.
- 4.3.4.8.3. If BOMA Canada and the Auditor do not come to a consensus, then BOMA Canada shall request the opinion of another qualified person to review the evidence or assign another Auditor to conduct the audit.
- 4.3.4.8.4. If another Auditor is assigned to conduct the audit, the auditor shall begin from Stage 1 of the audit.
- 4.3.4.8.5. BOMA Canada shall formally communicate their decision in writing to the Service Provider and the Auditor.

4.3.5. Interviews & Process Validation (Stage 3 Audit)

- 4.3.5.1. The Auditor may conduct all interviews and process validations through virtual meetings with the Service Provider to validate the implementation and effectiveness of the Service Provider's processes and practices.
- 4.3.5.2. Auditors should refer to the guidance document as reference for which departments to interview.
- 4.3.5.3. Virtual meetings and interviews should be interactive, and the application used for the virtual meeting shall have the capability to share documents and software applications to validate processes and practices.
- 4.3.5.4. The interview and process validation should be completed within seven (7) business days of completing the Stage 2 audit.

4.3.6. Evaluating Audit Evidence, Documenting Audit Findings & Audit Conclusions

- 4.3.6.1. Auditors shall evaluate the audit evidence against each audit question and its respective audit criteria.
- 4.3.6.2. Auditors shall utilize the verification guidance material provided for each audit question to collect and analyze the audit evidence.
- 4.3.6.3. Conformance to an audit question shall only be achieved when the audit evidence satisfies each requirement in the audit criteria.
- 4.3.6.4. For audit questions that are legislative requirements, all the requirements in the audit criteria shall be attained to be classified as a conformity.
- 4.3.6.5. Nonconformances to audit questions occur when one or a set of requirements in the audit criteria is not achieved.
- 4.3.6.6. Auditors shall use the audit criteria and guidance material for each specific audit question to determine conformity.
- 4.3.6.7. Nonconformities could be classified as major in the following circumstances:
 - 4.3.6.7.1. The Auditor does not have sufficient audit evidence to validate a process against specified requirements for the respective audit question and the lack of evidence is considered significant.
 - 4.3.6.7.2. Based on the audit evidence, if the Auditor identifies several minor nonconformities associated with the same requirement or issue, and when evaluated together could demonstrate a systemic failure, the Auditor may constitute it as a major nonconformity.



- 4.3.6.8. All nonconformities shall be discussed with the client to ensure that the audit evidence is accurate and that the nonconformities are understood.
- 4.3.6.9. Auditors shall ensure that the audit evidence and audit findings is documented alongside each audit question in the cloud-based portal.
- 4.3.6.10. Auditors shall document any opportunities for improvement and recommendations for each audit question (where applicable).
- 4.3.6.11. For each audit question and respective audit criteria, Auditors shall:
 - 4.3.6.11.1. Provide a classification of conformity (i.e., conformance or nonconformance).
 - 4.3.6.11.2. For nonconformities, clearly indicate if they are minor nonconformities or major nonconformities.
 - 4.3.6.11.3. Assign opportunities for improvement (if applicable).
 - 4.3.6.11.4. Identify and document which verification technique (i.e., documentation, interviews and/or observations) was used to collect and evaluate the audit evidence to support the declaration of conformity.

4.3.7. **Corrective Action Plans**

- 4.3.7.1. For minor nonconformances identified during an audit, the Service Provider shall analyze the cause of the nonconformity and develop an internal corrective action plan.
 - 4.3.7.1.1. As a best practice, Service Providers should ensure that the actions within the internal corrective action plan have target dates for completion.
 - 4.3.7.1.2. As a best practice, Service Providers should provide the corrective action plans to internal stakeholders within a reasonable time after receiving the final audit report.
 - 4.3.7.1.3. Auditors shall review the effectiveness of the actions during the next scheduled audit (i.e., surveillance or re-accreditation audits).
- 4.3.7.2. For major nonconformities identified during an audit, the Service Provider shall analyze the cause of the nonconformity and develop a corrective action plan.
 - 4.3.7.2.1. Service Providers shall ensure that the actions within the corrective action plan have target dates for completion.
 - 4.3.7.2.2. Service Providers shall send BOMA Canada the corrective action plan within fifteen (15) business days of receiving the final Audit Report.
 - 4.3.7.2.3. Service Providers shall undergo a corrective action audit within a reasonable timeframe based on the time needed to implement all the actions in the corrective action plan.
 - 4.3.7.2.4. Corrective action audits shall not occur more than six (6) months from the date of the previous audit where the major nonconformities(s) were identified.
- 4.3.7.3. Decisions on the Service Provider's BOMA Plus – Accredited Vendor Program accreditation shall be made by BOMA Canada.



4.3.8. Closing Meetings

- 4.3.8.1. Auditors shall ensure that a closing meeting is coordinated with the Service Provider after the Stage 3 audit.
- 4.3.8.2. Closing meetings should occur within seven (7) business days after the audit activities are complete.
- 4.3.8.3. The closing meeting should be held with the Service Provider’s management team.
- 4.3.8.4. The closing meeting can be conducted virtually.
- 4.3.8.5. The closing meeting should be scheduled for no more than sixty (60) minutes in length.
- 4.3.8.6. The objective of the closing meeting is to present the results of the audit to the Service Provider and next steps in the process, including:
 - 4.3.8.6.1. Review of the audit findings,
 - 4.3.8.6.2. Review of observations and opportunities for improvement, and
 - 4.3.8.6.3. Disclosure of the Auditor’s overall recommendation to BOMA Canada.

4.3.9. Audit Report

- 4.3.9.1. BOMA Canada will facilitate the completion of a final audit report based on the audit findings and audit conclusions entered in the cloud-based portal.
- 4.3.9.2. Any modifications or adjustments to the audit findings and audit conclusions in the cloud-based portal shall only be performed by the assigned Auditor.

4.4. Accreditation

4.4.1. Accreditation Decision

- 4.4.1.1. Auditors shall only provide recommendations for accreditation decisions and are not authorized to make accreditation decisions on behalf of BOMA Canada.
- 4.4.1.2. BOMA Canada shall make all decisions for granting or refusing accreditation, suspending or restoring accreditation, withdrawing accreditation or renewing accreditation, and notify the Service Provider of any accreditation decisions in writing.
- 4.4.1.3. BOMA Canada shall conduct an effectiveness review prior to deciding on granting or refusing accreditation, suspending or restoring accreditation, withdrawing accreditation or renewing accreditation.
- 4.4.1.4. An effectiveness review shall include (where applicable):
 - 4.4.1.4.1. A review of the Auditor’s Audit Report, including the audit findings and audit conclusions, and the Auditor’s recommendations for accreditation.
 - 4.4.1.4.2. A review of the corrective action plans for major nonconformities, and the results of the corrective action audit for major nonconformities.
- 4.4.1.5. BOMA Canada may grant the Service Provider a BOMA Plus – Accredited Vendor Program accreditation if the effectiveness review is satisfactory.
- 4.4.1.6. BOMA Canada may suspend a Service Provider’s BOMA Plus – Accredited Vendor Program accreditation if the Service Provider does not satisfy the requirements of the corrective actions plans for major nonconformities.



- 4.4.1.7. If minor nonconformities are identified in an audit, the Service Provider’s BOMA Plus – Accredited Vendor Program accreditation shall remain valid as long as the corrective action plan requirements have been satisfied.
- 4.4.1.8. If major nonconformities are identified in an audit, the Service Provider’s BOMA Plus – Accredited Vendor Program accreditation may be suspended unless the corrective action plan requirements have been satisfied.
 - 4.4.1.8.1. If an Auditor determines that the major nonconformities have been addressed, the Auditor shall document their audit finding in the cloud-based portal and notify the Service Provider and BOMA Canada of the audit conclusion.
 - 4.4.1.8.2. BOMA Canada may reinstate the Service Provider’s BOMA Plus – Accredited Vendor Program accreditation upon a satisfactory effectiveness review.
 - 4.4.1.8.3. The expiry dates on the original accreditation shall not change.
 - 4.4.1.8.4. If an Auditor determines that the major nonconformities have not been addressed by the corrective action plan, BOMA Canada may withdraw the Service Provider’s BOMA Plus – Accredited Vendor Program accreditation.
 - 4.4.1.8.5. Service Providers will need to reapply for the BOMA Plus – Accredited Vendor Program audit to reattain the BOMA Plus – Accredited Vendor Program accreditation if it was withdrawn.
- 4.4.1.9. BOMA Canada may suspend or withdraw a Service Provider’s BOMA Plus – Accredited Vendor Program accreditation if:
 - 4.4.1.9.1. The Service Provider does not allow the surveillance audits or re-accreditation audits to be conducted at the required frequencies.
 - 4.4.1.9.2. The Service Provider voluntarily decides not to meet the requirements set out in the program or not partake in the BOMA Plus – Accredited Vendor Program.

4.4.2. Accreditation Maintenance

- 4.4.2.1. BOMA Canada shall maintain a Service Provider’s BOMA Plus – Accredited Vendor Program accreditation based on demonstration that the Service Provider continues to satisfy the requirements of the surveillance audits and re-accreditation audits.
- 4.4.2.2. The effective date of re-accreditations shall be on or after the re-accreditation decision and the expiry date of the previous certificate.
- 4.4.2.3. BOMA Canada may advertise on its website the names of all Service Providers that have successfully attained the BOMA Plus – Accredited Vendor Program accreditation.
- 4.4.2.4. Service Providers that have their BOMA Plus – Accredited Vendor Program accreditation suspended or revoked, and may be removed from the BOMA Canada website until the accreditation is reinstated by BOMA Canada.



4.5. Appeals Process

- 4.5.1. A Service Provider may appeal BOMA Canada’s accreditation decision by submitting a request in writing to BOMApplus@bomacanada.ca
- 4.5.2. The Service Provider shall submit their appeal within thirty (30) calendar days of receiving BOMA Canada’s accreditation decision.
- 4.5.3. Within fourteen (14) calendar days of receiving the appeal, BOMA Canada shall:
 - 4.5.3.1. Assign a person to oversee the appeals process.
 - 4.5.3.1.1. The person can be an internal representative of BOMA Canada or a contracted third-party.
 - 4.5.3.1.2. The person shall not have had any involvement in the audit or have made the decision on the Service Provider’s accreditation.
 - 4.5.3.2. Send the Service Provider an email acknowledging receipt of the appeal.
 - 4.5.3.2.1. The email receipt shall be sent by a BOMA Canada representative, copying the person assigned to oversee the appeal.
 - 4.5.3.2.2. The email receipt to the Service Provider shall include the following information:
 - 4.5.3.2.2.1. Name of the person(s) assigned to oversee the appeals process, and
 - 4.5.3.2.2.2. An overview of the appeals process and anticipated timelines for completing each process (where applicable).
- 4.5.4. The person(s) overseeing the appeals process shall review the appeal submitted by the Service Provider and conduct an investigation for the purpose of reviewing and validating information regarding the appeal.
- 4.5.5. As part of the appeals investigation process, the person(s) overseeing the appeal shall:
 - 4.5.5.1. Gather and review all information relating to the audit conducted on the Service Provider, including:
 - 4.5.5.1.1. The Service Provider’s completed self-assessment;
 - 4.5.5.1.2. All respective supporting documentation; and
 - 4.5.5.1.3. The Audit Report.
 - 4.5.5.2. Where applicable, obtain and review reports from any previous similar appeals and decisions.
 - 4.5.5.3. Conduct independent interviews with the Auditor and Service Provider for the purpose of obtaining information relevant to the items being disputed in the appeal.
- 4.5.6. The person(s) overseeing the appeal shall:
 - 4.5.6.1. Maintain and provide bi-weekly updates on the appeal progress to the Service Provider,
 - 4.5.6.2. Track and record all communications (verbal and written) and documentation that were reviewed during the investigation, and
 - 4.5.6.3. Analyze all the information gathered during the investigation and document the findings in a formal report.



- 4.5.6.4. The formal report shall include, at minimum the following:
 - 4.5.6.4.1. The Service Provider’s written appeal,
 - 4.5.6.4.2. All evidence reviewed and collected during the investigation,
 - 4.5.6.4.3. An analysis of the information reviewed for the purpose of validating the recommendation for the appeal, and
 - 4.5.6.4.4. A recommendation for the appeal decision.
- 4.5.7. The formal appeals report shall be sent for review and approved by a BOMA Canada senior official that did not partake in the audit or appeal process.
- 4.5.8. The BOMA Canada senior official shall review the appeals report and decide to either accept or reject the appeal.
- 4.5.9. BOMA Canada shall document the appeal decision and formally respond to the Service Provider attaching any applicable supporting documentation.
- 4.5.10. BOMA Canada shall complete the investigation and respond to the Service Provider’s appeal within sixty (60) calendar days from the date the appeal was submitted to BOMA Canada.
- 4.5.11. Any decisions that require action towards a Service Provider’s accreditation shall be taken accordingly by BOMA Canada.

5.0 GENERAL REQUIREMENTS – SERVICE PROVIDERS

5.1. Business Information, Liability and Workers Compensation

- 5.1.1. Service Providers shall maintain government registration to operate a business within Canada or within the specific jurisdiction that it operates within.
- 5.1.2. Service Providers shall maintain provincial workers compensation coverage for all Canadian jurisdictions where the Service Provider operates.
- 5.1.3. Service Providers shall maintain valid liability insurance for the work they perform.
- 5.1.4. Service Providers shall utilize a standard contract template that defines the parameters of work to be performed for its clients.
- 5.1.5. Service Providers shall utilize contract(s) for the parameters of work that are executed by both parties (i.e., the client and the Service Provider).

5.2. Recruitment, Labour Planning and Payment of Wages

- 5.2.1. Service Providers shall document and maintain an up-to-date payment schedule for its employees.
- 5.2.2. Service Providers shall outline and demonstrate a process that ensures that employees who are hired by the Service Provider are paid as per the payment schedule.
- 5.2.3. Service Providers shall demonstrate a process on how worked hours from the operational environments are collected for payment by the payroll system.
- 5.2.4. Payment of wages shall comply with federal and provincial law and include vacation and vacation pay.



- 5.2.5. Service Providers shall demonstrate:
 - 5.2.5.1. A system for ensuring consistent and accurate wage payments (e.g., payroll software, time keeping system); and
 - 5.2.5.2. An authorization process for approving payroll payments; and
 - 5.2.5.3. A work schedule that includes the employee names and scheduled hours of work; and
 - 5.2.5.4. Confirmation that the established payment schedule (frequency of pay) is adhered to; and
 - 5.2.5.5. A process that outlines the steps taken to rectify missed pay dates; and
 - 5.2.5.6. Confirmation that missed wage payments do not exceed 1% of total employee count for the last pay period at the time of audit; and
 - 5.2.5.7. Confirmation that there is no outstanding payment of wages violations for its employees.
- 5.2.6. Service Providers shall have processes and procedures to manage employees including, but limited to:
 - 5.2.6.1. Payment of wages; and
 - 5.2.6.2. Performance and progressive discipline policies; and
 - 5.2.6.3. Recognition and reward programs.
- 5.2.7. Service Providers shall ensure that the recruitment of employees includes, as a minimum, the following elements:
 - 5.2.7.1. A formal hiring process; and
 - 5.2.7.2. Standardized hiring forms; and
 - 5.2.7.3. Offer letters in writing.

5.3. Business Practices and Ethics

- 5.3.1. Service Providers shall ensure that the conditions of employment are clearly defined, do not violate employee rights, and are communicated to employees.
- 5.3.2. Service Providers shall ensure that the rules of conduct are clearly defined, do not violate employee rights, and are communicated to employees.
- 5.3.3. **Job Routine and Position Descriptions**
 - 5.3.3.1. Service Providers shall maintain a bank of job routines or position descriptions for the jobs performed by the Service Provider.
 - 5.3.3.2. Service Providers shall ensure that job routines and position descriptions are updated, as necessary.
Note: Only position descriptions for cleaning services apply, management administrative positions are not a part of this program.
- 5.3.4. Service Providers shall have a documented Code of Ethics.
- 5.3.5. Service Providers shall demonstrate that they are an equal opportunity employer by maintaining a documented anti-discrimination program.



5.3.6. Payment Terms

- 5.3.6.1. Service Providers, where applicable, shall maintain appropriate payment terms to ensure payment is received for work performed.
- 5.3.6.2. Service Providers, where applicable, shall demonstrate explicit payment terms when used in contractual arrangements.
- 5.3.6.3. Service Providers shall ensure that payment terms do not exceed 60 days unless special exemptions apply for longer payment terms.

5.3.7. Customer Service

- 5.3.7.1. Service Providers should have a written program for customer service where staff are required to interact with the public.
- 5.3.7.2. Service Providers shall communicate and/or train employees on the customer service program (at least annually) and maintain a record as outlined in section 5.9 – Communication, Training & Competency.

Note: Customer Service is the only non-mandatory requirement in the program.

5.4. Infection Control & Prevention

- 5.4.1. Service Providers shall maintain a written infection control program that contains (as a minimum) the following elements:
 - 5.4.1.1. A definition for cleaning, sanitizing, and disinfecting; and
 - 5.4.1.2. A sequence of operations to control the risk of infectious disease and cross contamination; and
 - 5.4.1.3. Identification of the required personal protective equipment (PPE) for infection control; and
 - 5.4.1.4. Practices for donning and doffing of PPE; and
 - 5.4.1.5. Operational procedures for Cleaning, Sanitizing, Disinfecting and Sterilizing (if applicable); and
 - 5.4.1.6. A handwashing procedure; and
 - 5.4.1.7. A procedure for washing and reusing microfiber cloths; and
 - 5.4.1.8. Requirements for waste disposal; and
 - 5.4.1.9. Color-coding systems (where re-usable cloths are used); and
 - 5.4.1.10. Describes awareness and/or training requirements, and the frequency of training and/or awareness requirements for the program.
- 5.4.2. The infection control program shall contain the Service Provider’s name and logo and have no specific references to other organizations or companies.
- 5.4.3. The infection control program shall be reviewed and updated (if necessary) at least annually.
- 5.4.4. The infection control program shall be approved for use by a management representative.



- 5.4.5. Service Providers shall train and/or communicate the infection control and prevention program (at least annually) and maintain a record as outlined in section 5.9 – Communication, Training & Competency.
- 5.4.6. Service Providers shall demonstrate the use of a risk assessment tool that includes an objective assessment of infectious control risk that takes into consideration, as a minimum:
 - 5.4.6.1. The susceptibility of occupants in the building to infection; and
 - 5.4.6.2. The probability of being contaminated with an infectious agent; and
 - 5.4.6.3. The potential for exposure to an infectious agent.

Note: the service provider only needs to demonstrate proficiency in the use of the tool provided by BOMA Canada as this is a facility level initiative.
- 5.4.7. Service Providers shall have a written pandemic plan that contains (as a minimum) the following elements:
 - 5.4.7.1. Stages of pandemic and associated response protocols; and
 - 5.4.7.2. Communication protocols for authorities, clients, and employees; and
 - 5.4.7.3. Confirmed case or outbreak procedures e.g., responding to a confirmed case, which include as minimum:
 - 5.4.7.3.1. Notification; and
 - 5.4.7.3.2. Contact Tracing; and
 - 5.4.7.3.3. Disinfection; and
 - 5.4.7.3.4. Communication.
- 5.4.8. The pandemic plan shall contain the Service Provider’s name and logo and have no specific references to other organizations or companies.
- 5.4.9. The pandemic plan shall be reviewed and updated (if necessary) at least annually.
- 5.4.10. The pandemic plan shall be approved for use by a management representative.

5.5. Health & Safety Practices and Procedures

5.5.1. Commitment to Health and Safety

- 5.5.1.1. Service Providers shall have a written health and safety policy that contains (as a minimum) the following elements:
 - 5.5.1.1.1. A commitment to maintaining a safe and healthy work environment; and
 - 5.5.1.1.2. A commitment to preventing injuries and illnesses in the workplace; and
 - 5.5.1.1.3. A commitment to comply with all applicable health and safety legal requirements; and
 - 5.5.1.1.4. A commitment to consult employees on health and safety matters; and
 - 5.5.1.1.5. Responsibilities to report near misses, incidents, and unsafe work conditions; and
 - 5.5.1.1.6. A commitment to investigate all workplace incidents.



- 5.5.1.2. The health and safety policy shall contain the Service Provider’s name and logo, and have no specific references to other organizations or companies.
- 5.5.1.3. The health and safety policy shall be reviewed and updated (if applicable) at least annually.
- 5.5.1.4. The health and safety policy shall be signed by the highest-ranking official of the organization.
- 5.5.1.5. Service Providers shall train and/or communicate the health and safety policy to employees (at least annually) and maintain a record as outlined in section 5.9 – Communication, Training & Competency.

5.5.2. **Personal Protective Equipment (PPE)**

- 5.5.2.1. Service Providers shall have a written personal protective equipment program (PPE) that contains (as a minimum) the following elements:
 - 5.5.2.1.1. Roles and responsibilities for different internal parties within the organization as it relates to the PPE program; and
 - 5.5.2.1.2. A process and/or criteria that identifies how PPE is to be selected for a specific hazard and/or activity being performed; and
 - 5.5.2.1.3. Description of all PPE required for use by the Service Provider, including the respective types, categories and/or classifications (where applicable); and
 - 5.5.2.1.4. Instruction of the proper use, inspection, care, and maintenance for each type of PPE identified (5.5.2.1.3); and
 - 5.5.2.1.5. A statement that the required PPE will be supplied and paid for by the Service Provider; and
 - 5.5.2.1.6. Describes awareness and/or training requirements, and the frequency of training and/or awareness requirements for the program.
- 5.5.2.2. The PPE program shall contain the Service Provider’s name and logo and have no specific references to other organizations or companies.
- 5.5.2.3. The PPE program shall be reviewed and updated (if necessary) at least annually.
- 5.5.2.4. The PPE program shall be approved for use by a management representative.
- 5.5.2.5. Service Providers shall maintain a list of all PPE required respective to the job positions/activities being performed.
- 5.5.2.6. Service Providers shall communicate and/or train employees on the specific PPE they use (at least annually) and maintain a record as outlined in section 5.9 – Communication, Training & Competency.



5.5.3. Workplace Violence and Harassment

- 5.5.3.1. Service Providers shall have a written workplace violence and harassment program that contains (as a minimum) the following elements:
 - 5.5.3.1.1. Definitions for workplace violence; workplace harassment; workplace sexual harassment; unacceptable behaviour; and non-workplace harassment; and
 - 5.5.3.1.2. Roles and responsibilities for different parties within the organization as it relates to violence and harassment; and
 - 5.5.3.1.3. A process for reporting workplace violence and harassment incidents; and
 - 5.5.3.1.4. A process for investigating workplace violence and harassment incidents; and
 - 5.5.3.1.5. Describes awareness and/or training requirements, and the frequency of training and/or awareness requirements for the program.
- 5.5.3.2. The workplace violence and harassment program shall contain the Service Provider's name and logo and have no specific references to other organizations or companies.
- 5.5.3.3. The workplace violence and harassment program shall be reviewed and updated (if necessary) at least annually.
- 5.5.3.4. The workplace violence and harassment program shall be approved for use by a management representative.
- 5.5.3.5. Service Providers shall communicate and/or train employees on the workplace violence and harassment program (at least annually) and maintain a record as outlined in section 5.9 – Communication, Training & Competency.

5.5.4. Risk Management

- 5.5.4.1. Service Providers shall have a written Risk Management program that contains (as a minimum) the following elements:
 - 5.5.4.1.1. Roles and responsibilities for different internal parties within the organization as it relates to the Risk Management program; and
 - 5.5.4.1.2. A criteria used to initiate a risk management; and
 - 5.5.4.1.3. A methodology used to classify and prioritize risks; and
 - 5.5.4.1.4. A standardized risk assessment template used to document the identification of hazards, assessment, and classification of the risks, and identify the respective and control measures; and
 - 5.5.4.1.5. A requirement to retain copies of completed and up-to-date risk assessments.
- 5.5.4.2. The risk management program shall contain the Service Provider's name and logo and have no specific references to other organizations or companies.
- 5.5.4.3. The risk management program shall be reviewed and updated (if necessary) at least annually.
- 5.5.4.4. The risk management program shall be approved for use by a management representative.
- 5.5.4.5. Service Providers shall utilize the standardized risk assessment templates maintain records of all completed risk assessments.



5.5.4.6. Service Providers shall maintain a risk register of current hazardous tasks, categorized, and prioritized by risk, that are inherent to the operations performed by the Service Provider.

5.5.5. Sub-contractor Management

5.5.5.1. Service Providers shall maintain a process for hiring and using subcontractors to perform work that the Service Provider is contractually obligated to perform, and shall include a criteria for subcontractor qualification, subcontractor disqualification and the use of standardized contract templates.

5.5.5.2. Service Providers shall maintain documentation for subcontractors that include, as a minimum: the subcontractor's legal name; registered coverage for workers compensation; liability insurance; and health and safety agreements.

5.5.5.3. Payment terms for compensating subcontractors shall not exceed 60 days unless special exemptions apply for longer payment terms.

5.5.6. Health and Safety Workplace Inspections

5.5.6.1. Service Providers shall maintain a Workplace Inspection program appropriate to the nature and size of operations, that contains (as a minimum) the following elements:

5.5.6.1.1. Inspection frequencies and responsibilities; and

5.5.6.1.2. A requirement for developing and closing out corrective actions; and

5.5.6.1.3. A requirement to communicate the results of the workplace inspection to management and other relevant workplace parties; and

5.5.6.1.4. Standardized inspection forms/reports/checklists to be used; and

5.5.6.1.5. Requirements for retaining completed inspection forms; and

5.5.6.1.6. Describes awareness and/or training requirements, and the frequency of training and/or awareness requirements for the program.

5.5.6.2. The Workplace Inspection program shall contain the Service Provider's name and logo and have no specific references to other organizations or companies.

5.5.6.3. The Workplace Inspection program shall be reviewed and updated (if necessary) at least annually.

5.5.6.4. The Workplace Inspection program shall be approved for use by a management representative.

5.5.6.5. Service Providers shall utilize the standardized forms and retain records of completed workplace inspections.

5.5.6.6. Service Providers shall train and/or communicate the workplace inspection program (at least annually) and maintain a record as outlined in section 5.9 – Communication, Training & Competency.

5.5.7. Health and Safety Committees / Representatives



5.5.7.1. Service Providers shall have a documented H&S Committee/Representative program as appropriate to the nature and size of operations, that contains (as a minimum) the following elements:

- 5.5.7.1.1. Requirements that detail the composition of H&S Committees/ Representatives; and
- 5.5.7.1.2. A process for selecting or appointing H&S Committees members/ Representatives; and
- 5.5.7.1.3. Roles and responsibilities for H&S Committees/ Representatives; and
- 5.5.7.1.4. Training requirements (including accreditation training) for H&S Committee members and representatives; and
- 5.5.7.1.5. H&S Committees/ Representative requirement for completing periodic inspections (minimum monthly); and
- 5.5.7.1.6. A process for making formal recommendations to senior management; and
- 5.5.7.1.7. Frequency of meetings and availability of meeting minutes; and
- 5.5.7.1.8. Requirements for retaining documents for inspections and meeting minutes; and
- 5.5.7.1.9. A requirement to post the names of H&S Committee members / representatives and their work locations.

5.5.7.2. Service Providers shall maintain a list of all H&S Committees and Representatives.

5.5.8. Incident Investigations

5.5.8.1. Service Providers shall maintain an Incident Investigation program as appropriate to the nature and scope of operations, that contains (as a minimum) the following elements:

- 5.5.8.1.1. Roles and responsibilities for different internal parties within the organization as it relates to the incident investigation program; and
- 5.5.8.1.2. Description of the type of incidents that need to be investigated; and
- 5.5.8.1.3. Incident reporting protocols; and
- 5.5.8.1.4. A process for conducting investigations; and
- 5.5.8.1.5. A standardized investigation report template; and
- 5.5.8.1.6. Requirements for retaining investigation reports; and
- 5.5.8.1.7. Describes awareness and/or training requirements, and the frequency of training and/or awareness requirements for the program.

5.5.8.2. The Incident Investigation program shall contain the Service Provider's name and logo and have no specific references to other organizations or companies.

5.5.8.3. The Incident Investigation program shall be reviewed and updated (if necessary) at least annually.

5.5.8.4. The Incident Investigation program shall be approved for use by a management representative.



- 5.5.8.5. Service Providers shall utilize the standardized incident investigation reports identified in the program.
- 5.5.8.6. Service Providers shall train and/or communicate the Incident Investigation program and maintain a record as outlined in section 5.9 – Communication, Training & Competency.

5.5.9. Housekeeping and/or Organizing Program

- 5.5.9.1. Service Providers shall have a written Housekeeping and/or Organizing program, that contains (as a minimum) the following elements:
 - 5.5.9.1.1. Roles and responsibilities for different internal parties within the organization as it relates to the Housekeeping/Organizing program; and
 - 5.5.9.1.2. A requirement to keep all emergency exits clear from obstructions; and
 - 5.5.9.1.3. A requirement for maintaining clearances of walkways; and
 - 5.5.9.1.4. A requirement for returning materials and equipment to their proper storage locations; and
 - 5.5.9.1.5. Describes awareness and/or training requirements, and the frequency of training and/or awareness requirements for the program.
- 5.5.9.2. The Housekeeping/Organizing program shall contain the Service Provider’s name and logo and have no specific references to other organizations or companies.
- 5.5.9.3. The Housekeeping/Organizing program shall be reviewed and updated (if necessary) at least annually.
- 5.5.9.4. The Housekeeping/Organizing program shall be approved for use by a management representative.
- 5.5.9.5. Service Providers shall train and/or communicate the housekeeping/organizing program (at least annually) and maintain a record as outlined in section 5.9 – Communication, Training & Competency.

5.5.10. WHMIS (Workplace Hazardous Materials Information System)

- 5.5.10.1. Service Providers shall maintain a written WHMIS program, that contains (as a minimum) the following elements
 - 5.5.10.1.1. Roles and responsibilities for different internal parties within the organization as it relates to the WHMIS program; and
 - 5.5.10.1.2. Requirements for making Safety Data Sheets (SDS) sheets available to workers and keeping SDSs current; and
 - 5.5.10.1.3. A requirement to ensure that all chemical products are labelled at the workplace; and
 - 5.5.10.1.4. Describes awareness and/or training requirements, and the frequency of training and/or awareness requirements for the program.
- 5.5.10.2. The WHMIS program shall contain the Service Provider’s name and logo and have no specific references to other organizations or companies.



5.5.10.3. The WHMIS program shall be reviewed and updated (if necessary) at least annually.

5.5.10.4. The WHMIS program shall be approved for use by a management representative.

5.5.10.5. Service Providers shall train and/or communicate the WHMIS program (at least annually) and maintain a record as outlined in section 5.9 – Communication, Training & Competency.

5.5.11. Slip and Fall Prevention

5.5.11.1. Service Providers shall have a written Slip and Fall Prevention program that contains (as a minimum) the following elements:

5.5.11.1.1. Roles and responsibilities for different internal parties within the organization as it relates to the Slip and Fall Prevention program; and

5.5.11.1.2. A requirement that spills are cleaned up immediately, using appropriate spill containment material and personal protective equipment; and

5.5.11.1.3. A requirement that environments are kept free of debris that may impede movement or present a slip and fall hazard; and

5.5.11.1.4. Describes awareness and/or training requirements, and the frequency of training and/or awareness requirements for the program.

5.5.11.2. The Slip and Fall Prevention program shall contain the Service Provider's name and logo and have no specific references to other organizations or companies.

5.5.11.3. The Slip and Fall Prevention program shall be reviewed and updated (if necessary) at least annually.

5.5.11.4. The Slip and Fall Prevention program shall be approved for use by a management representative.

5.5.11.5. Service Providers shall train and/or communicate the Slip and Fall program (at least annually) and maintain a record as outlined in section 5.9 – Communication, Training & Competency.

5.6. Quality Control and Continuous Improvement

5.6.1. Service Providers should maintain an externally verified quality management system and produce a valid certificate from a third party e.g., ISO 9001, CIMS.

5.6.2. Where section 5.6.1 is not achievable, Service Providers shall produce a quality manual or individual documents that describe:

5.6.2.1. An organizational chart; and

5.6.2.2. A process for sales and bidding; and

5.6.2.3. A process for employee orientation and training; and

5.6.2.4. A process for supplies and equipment ordering; and

5.6.2.5. A process for quality inspections and/or quality assurance; and

5.6.2.6. A process for correcting deficiencies; and

5.6.2.7. A process for operations; and

5.6.2.8. A continuous improvement process; and

5.6.2.9. A list of forms that support the processes above.



- 5.6.3. Service Providers shall demonstrate quality inspection results that contain:
 - 5.6.3.1. Date of inspection; and
 - 5.6.3.2. An inspection score (quantitative); and
 - 5.6.3.3. Inspection observations (qualitative); and
 - 5.6.3.4. Deficiencies found; and
 - 5.6.3.5. Deficiencies corrected within appropriate timelines.
- 5.6.4. Service Providers shall outline a communication process to ensure that quality results are communicated to applicable staff who have control of the area where the findings were uncovered.
- 5.6.5. The communication process outlined in 5.6.4 must contain as a minimum:
 - 5.6.5.1. A method of how deficiencies are typically recorded e.g., QA inspection, walkthrough building, complaints etc.; and
 - 5.6.5.2. The method of communication to describe the deficiency to the operator responsible for the area e.g., phone, radio, system etc.; and
 - 5.6.5.3. A method describing how completion is recorded and verified e.g., work order tracking system, verbal close out.
- 5.6.6. Service Providers shall demonstrate the ways in which it has continuously improved or evolved within the previous three (3) years. Three (3) continuous improvement initiatives shall be demonstrated in one or more of the following categories to satisfy the requirements of this program:
 - 5.6.6.1. People (e.g., safety); or
 - 5.6.6.2. Equipment (e.g., more innovative/efficient equipment); or
 - 5.6.6.3. Materials (e.g., new cloths); or
 - 5.6.6.4. Environment (e.g., lighting); or
 - 5.6.6.5. Process (e.g., schedule, procedure).

5.7. Procurement and Inventory Planning

- 5.7.1. Service Providers shall have a formal procurement process, including an identification of primary and secondary supplier and/or vendors.
 - 5.7.1.1. The procurement process shall have an established ordering frequency for different site environments.
 - 5.7.1.2. The procurement process shall have a requirement that supplier and vendor partners are commercial suppliers and not consumer suppliers.
- 5.7.2. Service Providers shall maintain a list of essential items that are necessary for operations to continue uninterrupted.
 - 5.7.2.1. Service Providers shall outline a list of alternate items in the event of shortage or lack of availability.
- 5.7.3. Service Providers shall have a written contingency plan in the event of a shortage of essential items necessary for operations.



- 5.7.4. Service Providers shall describe the typical level of inventory maintained at different storage locations including client sites environment. The information shall be categorized as weeks on hand.

5.8. Environmental Commitments and Programs

- 5.8.1. Service Providers shall demonstrate a commitment to the environment by establishing and monitoring environmental targets.
- 5.8.2. Service Providers shall maintain a green building cleaning program or equivalent to support facilities and environmental targets outlined 5.8.1.
- 5.8.3. Service Provider’s green building program shall be supported with detailed procedures and methods.
- 5.8.4. Service Providers shall a minimum 50% target commitment to procure environmentally sustainable chemicals and supplies that have a third-party environmental accreditation.

Note: 5.8.4. must be calculated using dollars spent.

- 5.8.5. Service Providers shall demonstrate its progress for meeting the target specified in section 5.8.4.

5.9. Communication, Training and Competency

- 5.9.1. Service Providers shall maintain records of communication, training, and competency to demonstrate adherence to the requirements of this program.
 - 5.9.1.1. Communication records can include postings, newsletters, e-mails, communication logs, pay stub attachments, bulletin boards, intranet, townhalls, conferences, and other forms as appropriate for the Service Provider.
 - 5.9.1.2. Training and/or competency records shall contain, as a minimum:
 - 5.9.1.2.1. The full name of the person trained; and
 - 5.9.1.2.2. The training topics covered; and
 - 5.9.1.2.3. Course name (if applicable); and
 - 5.9.1.2.4. Date of training; and
 - 5.9.1.2.5. A signature or Record ID (system generated).

5.10. Legal and Other Requirements

- 5.10.1. Service Providers shall not have any outstanding government citations relating to safety and environmental legislation in the previous three (3) years.
- 5.10.2. Service Providers shall not have any environmental violations or enforcement notifications posted on the Government of Canada notifications page in the previous three (3) years (<https://www.canada.ca/en/environment-climate-change/services/environmental-enforcement/notifications.html>).
- 5.10.3. Service Providers shall not of had any fatalities in the previous three (3) years.
- 5.10.4. If a fatality is on record, Service Providers shall demonstrate that all corrective actions as of the results of the incident have been implemented.
- 5.10.5. Service Providers shall maintain a record of screening and background checks (as applicable) for hired employees.



6.0 COMPETENCE & EVALUATION OF AUDITORS

6.1. General

- 6.1.1. BOMA Canada shall select and approve auditors to conduct the audit activities for the BOMA Plus – Accredited Vendor Program.
- 6.1.2. Auditors shall be selected and approved based on a satisfactory evaluation of their personal behaviour and the ability to apply knowledge and skills gained through work experience, education and relevant designations, and the successful completion of the auditor training program (or equivalent).

6.2. Personal Behaviour

- 6.2.1. Auditors shall possess and exhibit satisfactory personal behaviour prior to being approved and during the performance of audit activities.
- 6.2.2. Personal behaviour may be evaluated as part of personal interviews, Service Provider feedback, or auditor evaluations.

Note: Determination of behaviour is situational, and weaknesses may only become apparent in a specific context.

- 6.2.3. Attributes of personal conduct that are important for auditors include the following:
 - 6.2.3.1. Ethical (i.e., fair, truthful, sincere, honest and discreet)
 - 6.2.3.2. Open-minded (i.e., willing to consider alternative ideas or points of views)
 - 6.2.3.3. Diplomatic (i.e., tactful in dealing with people)
 - 6.2.3.4. Collaborative (i.e., effectively interacting with others)
 - 6.2.3.5. Observant (i.e., actively aware of physical surroundings and activities)
 - 6.2.3.6. Perceptive (i.e., instinctively aware of and able to understand situations)
 - 6.2.3.7. Versatile (i.e., adjusts readily to different situations)
 - 6.2.3.8. Tenacious (i.e., persistent and focused on achieving objectives)
 - 6.2.3.9. Decisive (i.e., reaches timely conclusions based on logical reasoning and analysis)
 - 6.2.3.10. Self-reliant (i.e., acts and functions independently)
 - 6.2.3.11. Professional (i.e., exhibiting a courteous, conscientious and generally business-like demeanour in the workplace)
 - 6.2.3.12. Mortally courageous (i.e., willing to act responsibly and ethically even though these actions may not always be popular and may sometimes result in disagreement or confrontation), and
 - 6.2.3.13. Organized (i.e., exhibiting effective time management, prioritization, planning and efficiency).



6.3. Work Experience, Education & Training, and Professional Designations

- 6.3.1. Auditors shall possess and be able to demonstrate their competency through a combination of work experience, education, and relevant professional designations.
- 6.3.2. Auditors shall possess at least eight (8) years of professional-level, broad-scope, industry and auditing experience in the following professional streams: management, science or engineering.

Note: Student, intern, co-op or volunteer experience does not count towards professional-level experience.
- 6.3.3. Auditors shall at minimum, possess a bachelor's degree from a Canadian or internationally accredited university relevant to at least one of the following areas:
 - 6.3.3.1. Management (e.g., systems, internal auditing, risk, quality).
 - 6.3.3.2. Science (e.g., safety, industrial hygiene, environmental, biology, chemistry).
 - 6.3.3.3. Engineering (e.g., chemical, industrial, process,).
- 6.3.4. If Auditors do not meet the educational requirements, BOMA Canada may consider industry-recognized internal or lead-auditor training courses as an alternate method to demonstrate the educational requirements.
- 6.3.5. Training courses may include, but not limited to those accredited by the Internal Register of Certificated Auditors or equivalent:
 - 6.3.5.1. ISO 9001 – Quality Management Systems
 - 6.3.5.2. ISO 14001 – Environmental Management Systems
 - 6.3.5.3. ISO 45001 – Occupational Health and Safety Management Systems
- 6.3.6. Auditors shall possess a Canadian or internationally recognized professional-level designation in the subject areas identified in 6.3.3, including but not limited to the following designations:
 - 6.3.6.1. Environmental Professional (EP® – ECO Canada)
 - 6.3.6.2. Canadian Registered Safety Professional (CRSP® – Board of Canadian Registered Safety Professionals)
 - 6.3.6.3. Certified Safety Professional (CSP® – Board of Certified Safety Professionals)
 - 6.3.6.4. Registered Occupational Hygienist (ROH® – Canadian Registration Board of Occupational Hygienists)
 - 6.3.6.5. Certified Industrial Hygienist (CIH® – American Board of Industrial Hygiene)
 - 6.3.6.6. Professional Engineer (P.Eng® – Provincial or Territorial Regulatory Bodies)
 - 6.3.6.7. Canadian Risk Management (CRM® – Global Risk Management Institute)
 - 6.3.6.8. Certified Quality Auditor (CQA® – American Society for Quality)
 - 6.3.6.9. Certified Internal Auditor (CIA® – The Institute of Internal Auditors)
- 6.3.7. Auditors that have designations not listed in 6.3.6 may be accepted as equivalency-designations at BOMA Canada's discretion.



6.4. Auditor Training

- 6.4.1. Auditors that possess the competence requirements (6.1; 6.2; 6.3) shall be required to complete the BOMA Plus – Accredited Vendor Program training.
- 6.4.2. The training should include the following:
 - 6.4.2.1. Overview of the BOMA Plus – Accredited Vendor Program.
 - 6.4.2.2. Overview of the cloud-based platform used to administer the BOMA Plus – Accredited Vendor Program.
 - 6.4.2.3. Auditing Principles.
 - 6.4.2.4. BOMA Code of Ethics.
 - 6.4.2.5. Competency Examination (Test & Assignment).
- 6.4.3. Auditors shall be evaluated on the content in the training program.
- 6.4.4. Auditors shall achieve a passing score of 85% or higher on the competency examination to become an approved auditor.
- 6.4.5. Auditors shall be responsible for the fees associated with the training program, payable to BOMA Canada.

6.5. Evaluation Methods

- 6.5.1. BOMA Canada shall use the following evaluation methods for the purpose of approving auditors for the BOMA Plus – Accredited Vendor Program:
 - 6.5.1.1. Personal interviews with the auditor to evaluate their personal behaviour and communication skills, and to seek clarification on their background and acquire additional information where necessary; and
 - 6.5.1.2. Review of records to verify the background of the auditor (e.g., analysis of records of education, training, employment, professional credentials, and audit experience); and
 - 6.5.1.3. Evidence that the auditor successfully completed the auditor training program.
- 6.5.2. BOMA Canada reserves the right to request and contact auditor references for the purpose of validating an auditor's qualifications.

6.6. Auditor Evaluations

- 6.6.1. BOMA Canada shall evaluate and approve any person requesting to be an auditor of the BOMA Plus – Accredited Vendor Program.
- 6.6.2. BOMA Canada shall evaluate each auditor against the criteria in sections 6.2 to 6.4, using the methods outlined in section 6.5.
- 6.6.3. Auditor evaluations shall be documented and archived by BOMA Canada.

6.7. Complaints & Reports of Misconduct

- 6.7.1. Upon receipt of a complaint regarding an auditor's personal behaviour or reports of misconduct, BOMA Canada shall immediately initiate an investigation into the allegations.



- 6.7.2. Auditor personal behaviours or reports of misconduct, include, but are not limited to those contravening:
 - 6.7.2.1. The personal behaviours listed in section 6.2,
 - 6.7.2.2. BOMA Canada’s Code of Ethics,
 - 6.7.2.3. BOMA Canada’s Privacy Policy,
 - 6.7.2.4. BOMA Canada’s Workplace Violence & Harassment Policy, or
 - 6.7.2.5. The Human Rights Code.
- 6.7.3. Within fourteen (14) calendar days of receiving the complaint, BOMA Canada shall assign an investigator to conduct a formal investigation.
- 6.7.4. The investigator shall gather and review all information and evidence relating to the complaint, including:
 - 6.7.4.1. Written statements from the complainant(s) and auditor, and
 - 6.7.4.2. Personal interviews from the complainant(s) and auditor.
- 6.7.5. BOMA Canada shall complete the investigation and decide on the status of auditor within thirty (30) calendar days of receiving the complaint.
- 6.7.6. If the investigation findings validate that the auditor contravened any of the requirements, then BOMA Canada may revoke all auditor privileges previously granted.

6.8. Auditor Oversight

- 6.8.1. BOMA Canada may facilitate performance evaluations on all Auditor’s certified to conduct audits on behalf of BOMA Canada.
- 6.8.2. BOMA Canada may facilitate an auditor performance evaluation on every auditor at least annually.
- 6.8.3. If it is not feasible to conduct an auditor performance evaluation annually, then BOMA Canada shall conduct evaluations for at least 30% of the auditors annually, ensuring that all auditors are evaluated over a three (3) year period from the date of being authorized by BOMA Canada.
- 6.8.4. The auditor performance evaluation should include a review an auditor’s completed audit reports, reviewing the Service Provider’s responses, uploaded documentation, the detail and accuracy of the auditor’s documented evidence, classification of conformities and any complaints made against the auditor.
- 6.8.5. BOMA Canada should randomly select no more than three (3) audit reports to conduct a performance evaluation.
- 6.8.6. BOMA Canada shall retain all performance evaluations for as long as an auditor remains an authorized auditor.