

SE Report

# SkyKick LLC

**Management System Certification**

**ISO/IEC 27001:2013**

Audit Start - End date	2023/06/27 - 2023/06/30
Project Number	PRJN-267215-2021-MS-C-NLD
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Reported date	2023/07/03

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## Introduction

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This report summarizes the results and conclusions from the performed audit. The audit is performed as a formal part of the certification process with the aim to obtain or maintain certification of the management system. The key objective of a management system audit is to determine the conformity of the management system with the standard. Additionally to evaluate the effectiveness of the management system to ensure your organization is capable to achieve specified objectives and meet applicable statutory, regulatory and contractual requirements.

### **DNV**

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As a world-leading certification body, DNV helps businesses assure the performance of their organizations, products, people, facilities and supply chains through certification, verification, assessment, and training services. Partnering with our customers, we build sustainable business performance and create stakeholder trust.

## General information

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### Scope of certification

10000482117-MSC-UKAS-NLD(Issued/Current) - ISO/IEC 27001:2013:  
Providing sales, software development, maintenance and support activities of cloud software including project management and integration services. This is in accordance with the Statement of Applicability version 2, dated 19 May 2022.

### Scheme and Accredited Legal Entity

ISO/IEC 27001:2013:UKAS  
DNV Business Assurance UK Limited  
4th Floor, Vivo Building, 30 Stamford Street, London, SE1 9LQ, United Kingdom

### Statement of confidentiality

The contents of this report, including any notes and checklists completed during the audit will be treated in strictest confidence, and will not be disclosed to any third party without your written consent, except as required by the appropriate accreditation authorities.

### Disclaimer

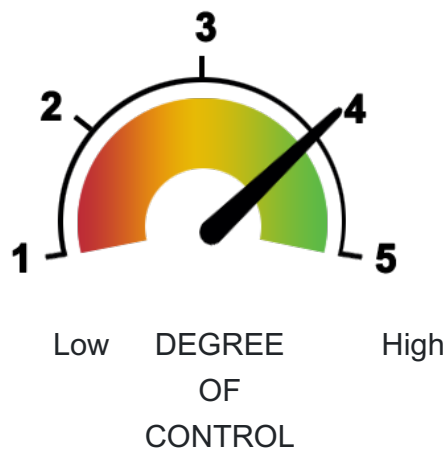
A management system audit is based on verification of a sample of available information. Consequently there is an element of uncertainty reflected in the audit findings. An absence of nonconformities does not mean that they do not exist in audited and/or other areas. Prior to awarding or renewing certification this report is also subject to an independent DNV internal review which may affect the report content and conclusions. An independent DNV internal review is also executed in case of major nonconformities raised during a periodic audit which may affect the conclusion and follow-up process indicated in this report.

## Focus Area results

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### Focus Area 1

Integrated management system for informational security and ICT services



### Positive indications

The audit findings (noteworthy efforts) affirmatively indicate that the organization has committed significant resources to frequent consultations with a law firm, ensuring comprehensive adherence to a multitude of laws, legislations, and standards. This commitment extends to ensuring that information security and data privacy protection measures comply with requirements from various countries, including those imposing restrictions on data transfers. The organization demonstrates a robust and mature approach to compliance, showcased by an effectively integrated management system.

### Main areas for improvement

The organization is showing impressive commitment and effort in further integrating various frameworks and ISO standards into their existing integrated management system. The progress is already tangible, with well-developed processes becoming evident as a result of these continuous integration efforts.

## Other results

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Key points observed during the audit not included in the Focus Areas.

### Positive indications

A key positive outcome from the IT security audit is the evident progress the organization has made in refining its incident management processes. By adopting PagerDuty and instituting a unified terminology, as presented in June 2023, the organization has streamlined its incident severity categorization, thereby improving overall response effectiveness. The organization's efforts in training and awareness are commendable. There is a demonstrated consistency in the use of training materials, including quizzes, and a systematic approach to analyzing the resulting data, with a special emphasis on positive responses. A noteworthy highlight is the comprehensive participation of all employees in training and the successful completion of quizzes, specifically those concerning the Acceptable Use Policy. With this policy included in the guide and the quiz completed by 256 individuals, it demonstrates the organization's successful efforts in this area.

### Main areas for improvement

The organization should maintain diligent monitoring of employee on-site schedules. With most employees currently operating remotely, the building's physical security and emergency evacuation procedures, managed by the building owner, are adequate. However, should the trend shift towards a greater on-site workforce in the future, it would be prudent for the organization to develop its own procedures for evacuation drills. While the frequency of these drills can be moderate, perhaps as infrequent as once every three years, their presence would still contribute to enhanced safety standards.

## Audit findings and compliance status

<b>Number of nonconformities identified during this audit</b>	<b>0</b>
Number of category 1 (major) nonconformities:	0
Number of category 2 (minor) nonconformities:	0
<b>Number of observations identified during this audit</b>	<b>0</b>
<b>Number of opportunities for improvement identified during this audit</b>	<b>1</b>
The status of corrective actions for nonconformities from previous audit was reviewed.	
<b>Number of nonconformities still not closed from previous audits</b>	<b>0</b>

### Notes

1. For details of nonconformities, observations and opportunities for improvement, see List of findings
2. See definitions of findings in Annex B

## Conclusions

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- The audit was carried out without use of remote auditing techniques.
- The key audit objectives were achieved and the audit plan was followed without major changes.
- The general conclusions and key findings were presented, discussed and agreed at the closing meeting.
- There are no major changes affecting the management system since last audit.
- Nonconformities were not identified during the audit. The management system is considered effective and in compliance with the standard, based on the audit sample taken.
- The organization will be recommended for certification by the team leader.
- Due to the positive result of the audit there is no need for a follow-up audit.
- The appropriateness of the certification scope (and boundaries) was evaluated by considering factors such as the organizational structure, site(s), processes and products/services. The conclusion is that the certification scope (and boundaries) needs to be amended due to the following reasons: New revision of the Statement of Applicability due to integration of ISO 27701
- The audit did not identify any issues that impact the periodic audit programme for the current certification cycle.
- Based on consideration of the status of relevant factors such as number of personnel, geographical locations, processes and products, and complexity level of the organization, the conclusion is that there is no need to review the audit time.
- Based on evaluation of the commonality of processes performed and the management system used on each of the sites, including the central office authority and ability to exercise control when needed in any site, the conclusion is that the organization is eligible for a site sampling approach.



## Next audit

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**Audit start date** 2023/08/20

## Annex A - Auditor statements

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### Verified elements of the standard

Effectiveness of processes for management review

### Objective evidence and result

The minutes from the management review 03/09/2023 ISMS Management Review Meeting and associated documentation were assessed. The process is considered to be effective and no nonconformities towards the requirements of the standard were identified.

Effectiveness of processes for internal audits

The programme for internal audits for the period 2022-2023, and records from performed audits were assessed. The process is considered effective and no nonconformities towards the requirements of the standard were identified. The following records were assessed as basis for the conclusion: Audit plan 2023 Feb 08, 23 Internal audit; Rolling audit H1 2023; Rolling audit H2 2023; Audit report April 14, 2023 Ver. 3.0; SK-Internal audit workbook; Skykick LLC - audit of; Seattle location 3.0 4/6/2023; Audit report SEA ISO 27001 Skykick-IA-02-01 1.0 February 23, 2023.

Effectiveness of processes for handling of nonconformities (including incidents and customer and/or stakeholder complaints)

Records of nonconformities including related corrections, cause analysis and corrective actions were assessed. The process is considered to be effective and no nonconformities towards the requirements of the standard were identified. The following records were assessed as basis for the conclusion: Status .io v 1.6.4 Incident commander - PagerDuty Roles Deputy and Scribe; Utilizing Pager Duty for Incident Management; Unifying terminology for incident management June 2023.

Effectiveness of process for determining and addressing risks and opportunities relevant for the management system

The process is considered to be effective and no nonconformities towards the requirements of the standard were identified. The conclusion is based on interviews with relevant managers and verification of the following activities and records: SCF RMM - SK Risk Management Workbook Information assets; SK CCM4 Control Domains Ownership and Maturity, Maturity of domains; Risk matrix - 1-6; SK-ISO-27.03 Informational security & Privacy Risk Management SK-ISO27-08 2.0 March 29, 2023; Weighted average risk CTO offices 2/17/2023.

<p>Effectiveness of the processes to establish objectives, planning of actions and evaluation of progress and results</p>	<p>The process is considered to be effective and no nonconformities towards the requirements of the standard were identified. The conclusion is based on interviews with relevant managers and verification of the following records: Key Objectives: FY23 Q2 - QPP Tool 30 Mar 2023; Goal/ Key results FY23 Q2 QPP tool Quarterly goal alignment full day meeting.</p>
<p>Effectiveness of the management system to ensure the organization is capable to meet applicable legal and contractual requirements</p>	<p>The processes established to ensure fulfilment of requirements is considered effective and no nonconformities towards the requirements of the standard were identified. The conclusion is based on interviews with relevant personnel, and verification of the following activities and records: Legal &amp; Terms folder and subfolder in the Sharepoint. Denton (law firm) 2023 support for the legal requirements. Applicable laws and regulations: Title, Territory, Law type (relevant for the context (privacy or commercial or privacy), Scope.</p>
<p>Effective control of the use of certification marks and reference to certification</p>	<p>The use of certification marks and other references to the certification were assessed. Certification marks are used on the company website. Current use is in line with the given guideline.</p>

Additional for multi-site certification based on a site sampling approach:

Effectiveness of the central unit's ability and authority to collect and analyse key data from all sites and to initiate change if required

The following key elements were assessed to conclude on the central unit's authority and ability to exercise effective control: Management system changes, management review, complaints, evaluation of corrective actions, internal audit planning and evaluation of the results, changes to risks/aspects and associated impacts for the management system (ISMS and PIMS) and different legal requirements. The Periodic Audit Plan has been updated including any changes to multi-site sampling based on the above as well as relevant additional items identified in: IAF MD1:2018 6.1.2.4. The following records were reviewed: SK-CP-02.01 Global Employee Privacy Policy Rev 2.0 3/31/2023 Privacy Policy for employees BV and LLC Data protection officer email and other contacts; SK-CP-00.00 Corporate Policies and Procedures: Data protection officer responsibilities in 3.2.3; SK-ISO-27.01 Information Security & Privacy Management System Scope; 3.0 March 29, 2023 (annual review); SK-ISO-27.02 Information Security & Privacy Policy Integrated 3.0 March 29, 2023 (annual review); Data privacy process diagram rev. V4, June 2021; Vendor review process 4/24/2023 Business system criticality 3 tiers from 1 to 3. Satisfactory control was demonstrated and no nonconformities were identified.

Effectiveness of the process for information security risk assessment and risk treatment

The report from the risk assessment dated March 29, 2023 as well as the SK-ISO-27.03 Informational security & Privacy Risk Management SK-ISO27-08 2.0 March 29, 2023: Thread catalogue; Risk Catalogue; Control Catalogue CSA CCM V4; SCF RMM - SK Risk Management Workbook Information assets.

and the Statement of Applicability SK-ISO-27.00 version 4.0 dated March 29, 2023 was reviewed. No non-conformities towards the requirements of the standard were identified.

## Annex B - Handling of findings

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### Definition of findings

#### Major nonconformity (Category 1)

A nonconformity that affects the capability of the management system to achieve the intended results.

Nonconformities could be classified as major in the following circumstances:

- if there is a significant doubt that effective process control is in place, or that products or services will meet specified requirements
- a number of minor nonconformities associated with the same requirement or issue that demonstrates a systemic failure and thus constitute a major nonconformity

#### Minor nonconformity (Category 2)

A nonconformity that does not affect the capability of the management system to achieve the intended results

#### Observation

An observation is not a non-conformance, but something that could lead to a non-conformance, if allowed to continue uncorrected; or an existing condition without adequate supporting evidence to verify that it constitutes a non-conformance.

#### Opportunity for improvement

Opportunities for improvement relates to areas and/or processes of the organization which may meet the minimum requirement of the standard, but which could be improved.

### Conditions for handling of nonconformities

The standard deadline to respond to nonconformities is maximum 90 days. Within this timeframe the following is expected to be performed by the organization:

- Immediate action(s) to eliminate the non-conforming situation (if relevant for the nonconformity).
- Root cause analysis to identify corrective actions to prevent recurrence of the nonconformity.
- Implement corrective actions and verify the effectiveness of action(s).

- Fill in the pertinent part of the “List of Findings” and submit to DNV’s team leader with relevant supporting documentation as evidence (when applicable).

Within the maximum timeframe and as a prerequisite before a certificate can be issued the following conditions apply:

- Major nonconformities: Evidence of root cause analysis and effectively implemented corrections and corrective actions shall be provided.
- Minor nonconformities: Preferred and normal status is the same as for major nonconformities. However, DNV’s team leader may also accept a plan for implementing identified corrective actions. The implementation of planned actions will at latest be verified during next audit.

There is no obligation to investigate or respond formally to an observations or opportunity for improvement. However, to support an effective certification process DNV recommends that observations are also considered and responded to by the organization.

DNV will normally perform an on-site follow-up when major nonconformities are issued. For minor nonconformities follow-up is normally performed as a desk review based on received documentation.

Insufficient response to nonconformities or lack of corrective actions may result in suspension or withdrawal of a certificate.

#### **Response deadline for re-certification**

Where the certificate expires within the 90 day period a shorter deadline will be set to ensure proper follow-up and renewal of the certificate within the expiry date. This is to provide for the continual validity of certification. If the expiry date is exceeded without the process being finalised, the current certificate is not allowed to be extended and will in effect be suspended until renewal of the certificate.



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