

# Audit Report

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12 Month Surveillance Audit for

Corner Brook Pulp And Paper Limited  
Client Representative: Mr. Faron Knott

011643-08

Audited Address: 1 Mill Road, Corner Brook, Newfoundland, CAN,  
A2H 6J4

Start Date: Jun 25, 2018 End Date: Jun 26, 2018

Type of audit: Single management system

Issue Date: July 24, 2018

Revision Level: *Final*

### BACKGROUND INFORMATION

SAI Global conducted an audit of Corner Brook Pulp And Paper Limited beginning on Jun 25, 2018 and ending on Jun 26, 2018 to ISO 14001:2015.

The purpose of this audit report is to summarise the degree of compliance with relevant criteria, as defined on the cover page of this report, based on the evidence obtained during the audit of your organization. This audit report considers your organization's policies, objectives, and continual improvement processes. Comments may include how suitable the objectives selected by your organization appear to be in regard to maintaining customer satisfaction levels and providing other benefits with respect to policy and other external and internal needs. We may also comment regarding the measurable progress you have made in reaching these targets for improvement.

SAI Global audits are carried out within the requirements of SAI Global procedures that also reflect the requirements and guidance provided in the international standards relating to audit practice such as ISO/IEC 17021-1, ISO 19011 and other normative criteria. SAI Global Auditors are assigned to audits according to industry, standard or technical competencies appropriate to the organization being audited. Details of such experience and competency are maintained in our records.

In addition to the information contained in this audit report, SAI Global maintains files for each client. These files contain details of organization size and personnel as well as evidence collected during preliminary and subsequent audit activities (Documentation Review and Scope) relevant to the application for initial and continuing certification of your organization.

Please take care to advise us of any change that may affect the application/certification or may assist us to keep your contact information up to date, as required by SAI Global Terms and Conditions.

This report has been prepared by SAI Global Limited (SAI Global) in respect of a Client's application for assessment by SAI Global. The purpose of the report is to comment upon evidence of the Client's compliance with the standards or other criteria specified. The content of this report applies only to matters, which were evident to SAI Global at the time of the audit, based on sampling of evidence provided and within the audit scope. SAI Global does not warrant or otherwise comment upon the suitability of the contents of the report or the certificate for any particular purpose or use. SAI Global accepts no liability whatsoever for consequences to, or actions taken by, third parties as a result of or in reliance upon information contained in this report or certificate.

Please note that this report is subject to independent review and approval. Should changes to the outcomes of this report be necessary as a result of the review, a revised report will be issued and will supersede this report.

<b>Standard:</b>	ISO 14001:2015
<b>Applicable codes:</b>	0811 0851 2411 / A02.0 A02.0 DD20.1
<b>Scope of Certification:</b>	All Woodlands operations in the Forest Management Districts No. 5,6,9,10,14,15 and 16 including management planning, road construction and maintenance, harvesting operations, transportation of fibre, silviculture and support services.
<b>Dependency:</b>	Not Applicable
<b>Permissible exclusions:</b>	None
<b>Number of Staff:</b>	200
<b>Number of Shifts:</b>	
<b>Activities performed at each shift:</b>	<b>Timber harvesting, processing, hauling, access construction and maintenance, silviculture (seasonal)</b>
<b>Total audit duration:</b>	<b>Person(s): 2      Day(s): 3.00</b>
<b>Audit Team Member(s):</b>	Team Leader    Rod Seabrook
<b>Audit Team Member(s):</b>	Team Member    François Grimard

**Other Participants: None**

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### Definitions and action required with respect to audit findings for Surveillance Audits

#### Major Non-conformance:

Based on objective evidence, the absence of, or a significant failure to implement and/or maintain conformance to requirements of the applicable standard. Such issues may raise significant doubt as to the capability of the management system to achieve its intended outputs (i.e. the absence of or failure to implement a complete Management System clause of the standard); or

A situation which would on the basis of available objective evidence, raise significant doubt as to the capability of the Management System to achieve the stated policy and objectives of the customer.

NOTE: The "applicable Standard" is the Standard which SAI Global are issuing certification against, and may be a Product Standard, a management system Standard, a food safety Standard or another set of documented criteria.

Action required: This category of findings requires SAI Global to issue a formal NCR; to receive and approve client's proposed correction and corrective action plans; and formally verify the effective implementation of planned activities within 60 days. Correction and corrective action plan should be submitted to SAI Global prior to commencement of follow-up activities as required. Follow-up action by SAI Global must 'close out' the NCR or reduce it to a lesser category within 60 days from the last day of the audit.

If significant risk issues (e.g. safety, environmental, food safety, product legality/quality, etc.) are detected during an audit these shall be reported immediately to the Client and more immediate or instant correction shall be requested. If this is not agreed and cannot be resolved to the satisfaction of SAI Global, immediate suspension shall be recommended.

In the case of an already certified client, failure to close out NCR within the time limits means that suspension proceedings may be instituted by SAI Global.

Follow-up activities incur additional charges.

#### Minor Non-conformance:

Represents either a management system weakness or minor issue that could lead to a major nonconformance if not addressed. Each minor NC should be considered for potential improvement and to further investigate any system weaknesses for possible inclusion in the corrective action program

Action required: This category of findings requires SAI Global to issue a formal NCR; to receive and approve client's root cause analysis, proposed correction and corrective action taken or planned to be taken; and formally verify the effective implementation of planned activities at the next scheduled audit.

#### Opportunity for Improvement:

A documented statement, which may identify areas for improvement however shall not make specific recommendation(s).

Action required: Client may develop and implement solutions in order to add value to operations and management systems. SAI Global is not required to follow-up on this category of audit finding.

## EXECUTIVE OVERVIEW

The objective of this audit was to determine continuing compliance of your organization's management system with the audit criteria; and it's effectiveness in achieving continual improvement and system objectives.

### Changes to the audit plan and the reasons for the change

- The field audit day was moved to Wednesday June 27 due to weather and staff availability

### Significant issues impacting on the Audit Programme

- None

### Site(s) description: activities/processes at each site

- Forest management planning
- Forestry Operations (road construction & maintenance, harvesting, forwarding, processing, hauling, silviculture)

### Interrelationship between sites (dependency)

- Not applicable

The objectives of the audit were achieved

## Overall Recommendation

Corner Brook Pulp and Paper continues to manage its environmental responsibilities in a systematic manner that contributes to the environmental pillar of sustainability. The intended outcomes of the environmental management system, as listed below, are being achieved in a manner consistent with the company's Forest and Environmental Policy.

- enhancement of environmental performance;
- fulfilment of compliance obligations;
- achievement of environmental objectives

Audit recommendations are always subject to ratification by SAI Global certification authority.

### For the following standard: 14001:2015

Based on the evidence verified and findings of this audit, the management system is in need of immediate attention and rectification. Non-conformance has been identified suggesting a lack of effective system implementation in accordance with minimum requirements of the standard. Refer to Non Conformance report No. 2018-01

### Non-Conformances (NCRs):

All of the applicable requirements of the ISO 14001:2015 were audited and considered to be adequately implemented with the exception of the non-conformances identified below.

NCR No.	Level	Clause	Description	Final CAR Due Date:
2018-01	Minor	8.2	Emergency response equipment on the float truck at Lynx pond lacked evidence of current inspection	08/25/2018

### Opportunities for Improvement:

The following opportunities for improvement have been identified.

- Consider whether action needs to be taken to address the perched outlet end of the 1600 mm culvert installed on Lynx Pond road
- Consider whether rehabilitation of borrow pits should be added as an item to be checked during #3 inspections
- Consider listing the contents of the MSDS binders at the front of each binder
- Consider testing a rupture seal kit to determine whether it's contents are still functional after the "Use Before" date
- Consider whether the fuel hose with the deteriorating outer cover located on the troop carrier in Lynx pond should be replaced
- Consider clarifying with NFLD DNR whether loading and hauling are permitted activities during the timing restriction period for core pine marten areas
- Consider presenting a summary of the status of completed #2 inspection reports during Quarterly meetings
- Consider evaluating the relevance of simplifying the management of the non-compliances

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- Consider evaluating the relevance of communicating to short term service providers CBPP requirements on used oil disposal;
- Consider evaluating the needs of restoring the vegetation on an unused section of road recently built at Angle Pond..
- Consider evaluating reloading with gravel material and stabilizing with geotextile and vegetation the approaches of the wooden bridge at Angle Pond.
- Consider adding sections in the emergency response test report where conclusions could be summarized by topics such as: Communications, Safety material used, Global preparedness.

It is suggested that the opportunities for improvement be considered by management to further enhance the company's Management System and performance of the business.

### ***Audit Trail Summary Management System***

#### **Review of any changes including documentation**

There has been no significant change to the organization scope and structure since last audit.

The management system manual revision was reviewed and found to be in conformance with the requirements of the standard.

#### **Use of marks and/or any other reference to certification**

The use of the StandardsMark and claims of certification appear to be in accordance with the guidelines available via the SAI Global website.

#### **Actions taken on previous audit issues**

The client has implemented the corrective and preventive actions identified in NCR-2017-01 (ISO 14001:2004 and NCR-2017-01 (ISO 14001:2015) and corrected the deficiencies associated with the non-conformances. No evidence of re-occurrence was apparent during the audit.

#### **Management Responsibilities, Commitment and Performance Monitoring**

There continues to be a satisfactory level of input and support from top management to ensure the management system provides the intended controls, customer satisfaction and improvement opportunities. The health and performance of the system continues to be monitored via KPI's and related targets. The stated objectives are being met.

#### **Management Review**

Meeting(s) verified dated: May 3, 2017, June 28, 2017, October 18, 2017, January 18, 2018, February 1, 2018, and May 3, 2018

Records of the most recent management review meetings were verified and found to meet the requirements of the standard. All inputs were reflected in the records, and appear suitably managed as reflected by resulting actions and decisions.

**Internal Audits**

Internal audits are being conducted at planned intervals to ensure conformance to planned arrangements, the requirements of the standard and the established management system.

Examples verified included: 2017 internal audit was conducted in 2 phases. Part I April 24 – May 5, 2017 (interviews, document review and field tour (Lynx Pond); Part II June 23, 2017 (Road building operations)

**Corrective and Preventive Action & Continual Improvement Processes**

The company is implementing an effective process for the continual improvement of the management system through the use of the policy, objectives, audit results, data analysis, the appropriate management of corrective and preventive actions and management review.

***Audit Trail Summary EMS/RC/e-S/RIOS/R2***

**Site Inspection**

The audit team toured the site and concluded that the conditions of the site reflect an effectively implemented management system.

**Risks (including Aspects and Footprint)**

Based on the results of this audit, the Corner Brook Pulp And Paper Limited management system has established, implemented and maintained procedures for the identification, evaluation, upkeep, control and monitoring of risks.

Examples of Risks Audited: Soil and water contamination, leaving merchantable wood in harvest area, sedimentation, turbidity, temperature (water), rutting, compaction and erosion.

**Compliance Evaluation**

Corner Brook Pulp And Paper Limited has implemented processes for periodically evaluating its fulfilment of compliance obligations.

Legal compliance review conducted on 3 year cycle – is conducted in addition to #2 inspections – last Feb/Mar and Jun 2016 – list of legs/regs checked in audit report Section 11 – deficiencies rated from 0 to 3 (lowest to highest) – CARs prepared to address deficiencies –e.g. re: not reporting oil leaks – now reported monthly by contractor – CBPP now provides monthly report to Environment and Conservation Dept. e.g. Dec 2017

***Audit Trail Summary Processes***

<b>Process: Leadership, Planning and Support</b>
<b>Auditees:</b>
Records/Objective Evidence:  The Forest and Environmental policy is signed by the Vice President and General Manager and is dated September 2017. It is made available publicly through the website (in the 2017 environmental progress report) Ref: EMS / SFM Handbook - Manual # 1 Section 3, Version No.: 3  Ref: Manual 1 Section 7 Version 3 Roles and responsibilities for individual positions covering areas including environment, safety, training, quality, planning, and operations are described in the procedure for Leadership, Resources, Roles

Responsibility and Authority. Also included are the role of the Woodlands Management Committee and the EMS Management Review Committee. Individuals are in place and fulfilling their roles as described.

Responsibilities associated with individual procedures within the EMS are described within each procedure and overall responsibilities are listed by position in Manual 1 Section 7. Responsibilities of contractors and other suppliers are also described. Responsibilities are also listed for the Woodlands Management Committee and EMS Management Review Committee.

Responsibilities for the achievement of the SFM performance requirements (VOITs) are stated in the SFM Plan. Resourcing of the EMS appears to be adequate. SFM requirements assessed through internal audits and reported to top management during quarterly management reviews.

Documentation: EMS / SFM Handbook - Manual # 1 Section 8

The Woodlands Management Committee (WMC) is responsible for the identification of training requirements. It is the WMC's responsibility to ensure that employees have obtained the knowledge and skills necessary to perform their job function in a competent manner while maintaining Company policies, rules, and all legislated requirements relating operations and training.

Training skills matrix identifies the training and skills required for persons performing tasks on the organization's behalf in the implementation of the EMS/SFM. The Safety & Training Coordinator is responsible for the development and implementation of training and programs identified by the WMC as well as monitoring training records and ensuring they meet the requirements of the Environmental Management System.

A software (Intalex) is used to manage training needs (training profile for each job position).

Another software (Safety Smarts) is used to manage training programs and records.

2 types of training: Kruger's general orientation training and Job site orientation (done by contractors); General environmental awareness is done once (on hiring)

Job site orientation allows operators to review SOPs

Training records for Kruger staff are available at the Corner Brook office;

Training records for field operators are available at the contractor's set up and at the safety & training supervisor's office in Corner Brook where they are sent once a year by the contractors.

The field audit found that personnel was competent in all areas pertaining to their roles and responsibilities (field visit in Districts 15 – PCT in Whitewash Road sector and 16 – harvesting in Angle Pond sector) :

Overall good knowledge of FM/Environmental policy, environmental risks, SOP's, ER Plan, Species at risk, etc.

Excellent knowledge and implementation of safety procedures.

Evidence of training was provided for all the employees met during the field visit (orientation forms signed by employees available on site at the contractor's set up/service truck).

Interviews:

Safety & Training Coordinator

Administrative assistant

3 operators and 1 supervisor in District 15.

5 operators and 1 supervisor in District 16.

Documentation:

Intalex (HR software)

Pre-work forms

Employee work site orientation checklist / form

Pre-shift safety chat

EMS / SFM Handbook - Manual # 1, Section 8 - Competence and Awareness (Training)

Training Needs Matrix : 11.1 Training Needs Matrix v2.xlsx.



Processes are in place and functioning for both internal and external communications. Internal communications take place principally through email, meetings and reports. Communications with contractors is through contract requirements, training and regular discussions with company staff.

The company website provides the general public and other interested parties with access to a variety of information and reports including the SFM Plan, Five Year Plans and maps, SFM Indicator reports, and external audit reports – see <http://www.cbppl.com/>

The Public Advisory Committee plays a key role in providing input and advice to the company. The public advisory group also has a website that provides information to the public. – see <http://www.cbpplpac.ca/>

Records of input from stakeholders are retained including responses.

References/documentation:

- Manual 1 Section 9 covers procedures for internal and external communications
- Communications processes include communications with stakeholders in FM planning process (see records) and CSA/FSC public participation and communication processes
- Viewed External Communications log; Kruger website; SFM Plan June 2018; SFM Indicator Report 2017
- PAC meeting minutes
- Annual Environmental Progress Report 2017
- Operations meeting minutes
- MOU's with stakeholders
- Agreement Verification letters
  
- CBPPL website - <http://www.cbppl.com/>
- PAC website - <http://www.cbpplpac.ca/>

SEAs are communicated externally through the Environmental Progress Report (see 2017 Report page 8) available to the public at <http://www.cbppl.com/publications/>

CBPPL has developed a Forestry and Environment Policy that describes the company's commitment to responsible and sustainable practices including compliance to legal requirements, prevention of pollution and continual improvement in sustainable forest management and environmental performance. The company has four environmental objectives, targets and programs associated with managing their significant environmental aspects (and one about improving documentation). In response to NCR-2017-01 raised during the transition audit, CBPPL has developed a linkage document developed to confirm that risk and opportunities of environmental aspects, issues, needs and expectations of interested parties and compliance obligations, have been taken into consideration when developing the environmental objectives.

There are 3 Levels of Documentation

Level 1 - describes the Environmental Management System and provides direction to the development of the system.

Level 2 - provides information on how the system is implemented.

Level 3 - provides the supporting reference materials.

The EMS is described and managed through a series of manuals including Manual 1 which provides an overview of the company and the management system. Documents, including records, are managed and retained in support of the management system. Documentation was found to be current and records complete.

Ref:

EMS / SFM Handbook - Manual # 1 Section 10 Version 2



Procedure EMS / SFM Handbook - Manual # 1 Section 11 Version 2 applies to documents managed under ISO 14001 and CSA Z809. Most documentation is managed electronically although some documents are managed in hard copy form. Electronic versions of the documents are described as being controlled while printed copies are uncontrolled. CBPPL staff provide current versions of documents for updating of field binders. The procedure describes the process as follows :  
The EMS documents reside permanently on a network drive on a file server located in the Data Processing department of CBPPL. The file server's network name is "cbsgroups". The document itself is located on a mapped network drive called "groups on 'cbsgroups' " under the "Woodlands" folder in another folder called "EMS". The "Woodlands" folder is accessible to everyone in the Woodlands group but the file itself is read-only access.

Documents are systematically reviewed (3-year cycle) to confirm their relevancy. Dates of publication and revision are listed on the document.

No issues with uncontrolled documents / no obsolete documents found during the field visits. All relevant documents were found in Service trucks (Districts 15 and 16).

The following documents were verified:

EMS Compliance no.1 inspection, MR-FMR-01; 2018-05-22

Environmental focus audit form

Harvesting adjacent to sensitive areas, version 2, May 2018

Winter road construction v2, Jan 2008

Emergency Response plan, 2018

All SOP's available in both service trucks (FMD 15 and 16).

The controlled documents are readily available through the electronic network.

Documents are periodically revised as indicated by the revision dates at the end of procedures.

In 2017, documentation has been reviewed and re-coded accordingly to the clause numbers of the new ISO 2015 standards.

Ref.

EMS / SFM Handbook - Manual # 1 Section 11 Version 1

Procedure EMS / SFM Handbook - Manual # 1 Section 16 describes the process to control environmental records.

All records needed for the completion of the audit were traceable and available. Table 16.1 - Environmental records – show Document names, Location, Person Responsible and Retention Times and record type.

Record verified

Procedure EMS SFM Handbook Manual 1, Section 16- Version 1

External Communication Record

PAC meeting minutes

Emergency response test reports

Harvest Area Completion NO.3 inspection - completed

Minutes of Management review quarterly meetings

Internal audit report

Audit action plans

Most if not all records are stored on the CBPPL' server under the "Woodlands" folder.

All records listed above verified; no issue found.

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### **Summary and Conclusions:**

Activities associated with the processes were assessed in relation to specific standard requirements and

relevant procedures. Through interviews with personnel and review of relevant records it was determined that the process is consistently applied and effective in meeting the established process objectives.

**Process: Operations**

**Auditees:**

**Records/Objective Evidence:**

Procedure EMS / SFM Handbook - Manual # 1, 12 - Operational Planning and Control 8.1.docx, Version No: 2, 2018

Environmental Work Instruction Manual, Manual # 6).

Each work instruction is documented.

Activities audited in Districts 15 (Whitewash Road) and 16 (Angle Pond):

- PCT operation
- Road construction/maintenance (bridge)
- Harvesting
- Supervision (Monitoring)
- Species at risk (bird's nest) and HCV protection measures (Caribou leave areas)
- Training
- Emergency response plan
- Hazardous waste material disposal
- General implementation and respect of SOPs
- Inspection log (HR-FRM-05 v2)
- Service truck
- Fuel supply (external supplier)

Employees interviewed during the field audit (18 operators/supervisors) demonstrated good knowledge of operational control procedures applicable to their operations.

Overall good knowledge of FM/Environmental policy, environmental risks, SOP's, ER Plan, Species at risk, etc. Excellent knowledge and implementation of safety procedures.

+++ Safety: Pre-shift safety chats, Operator's awareness of species at risk and protection measures.

Ref.

Manual # 1, 12 - Operational Planning and Control 8.1.docx, Version No: 2,

Environmental Work Instruction Manual.

Each work instruction is documented

Emergency Preparedness and Response procedure, Version 2, 2018

Emergency Response Plan June 2017, reviewed May 2018

List of emergency situations:

- Emergency Response procedures for fire
- Emergency Response procedures for oil/fuel spills
- Emergency Response procedures for siltation
- Emergency Response procedures for Transportation hazard
- Emergency Response procedures for Power line contact
- Emergency Response procedures for Lost employee
- Emergency Response procedures for fatality/serious injury

Schedule of periodic testing developed

Marshalling/muster points established for operations

Internal and external contact lists maintained

A standard emergency response procedure has been defined by the organization listing what needs to be done in the case an emergency situation does occur> Internal and external contact lists are maintained. Forms that must be filled out are also included in the emergency response procedure.

Employees interviewed (15) during the field audit demonstrated good understanding of the emergency preparedness and response procedures established by the organization, including the location of the closest emergency muster/marshalling points. All operators and supervisors were able to explain how they would react in case of an emergency and where they could find relevant information such as the list of emergency phone numbers to be used to contact the appropriate authorities. The emergency response manual was accessible and available on site, stored in the service truck/trailer.

Relevant emergency equipment such as fire extinguishers, portable water pumps, spill kits, stretcher, first aid kit and FM radios were available and functional where required.

Schedule of periodic test have been reviewed.

Last test of emergency plan held on May 30, 2018 (siltation).

Ref.

Emergency response procedure in place Manual # 1, Section 13, Version No.: 2

Emergency Response Plan Version 8 – current June 12018

EMR Test- Sedimentation May 2018

NWFR Fire Feb 2018

ER test schedule 2018 v2.docx

NC – Emergency response equipment on the float truck (Licence # CAI 747)at Lynx pond lacked evidence of current inspection

**Summary and Conclusions:**

Activities associated with the processes were assessed in relation to specific standard requirements and relevant procedures. Through interviews with personnel and review of relevant records it was determined that the process is not consistently applied and effective in meeting the established process objectives.- See NCR-2018-01

**Process: Performance Evaluation**

**Auditees:**

**Records/Objective Evidence:**

EMS/SFM (CSA/FSC) Monitoring Plan – Version 5

- Indicator monitoring detailed in SFM Plan
- Compliance inspections (1, 2 & 3 reports)
- #1 completed by contractors and reported at monthly meetings -- e.g. Northwest Aug 2017; Majors Logging Aug 2017
- #2 reports completed by CBPP – 1 to 2 per year – e.g. Major’s Logging Aug 2017 – needs improvement noted re: cutoff required; erosion control measure required on trail - noted as a deficiency – correction documented during Dec 11, 2017; NW Logging inspection Sep 2017
- H&S inspections 1-2 per year – attached to #2 environmental inspection – verified for Major’s Logging August 2017
- #3 reports – completed CBPP when required - is final inspection on harvest area – e.g. Major’s Logging Kennedy Lake Sep 14, 2017 – no deficiencies reported
- External OHS inspections – conducted by Province – e.g. Jul 7, 2016 – multiple issues identified and order issued
- Utilization surveys – annual – winter stump survey e.g. Feb, Mar 2017
- Internal audit – annual – conducted Apr/May/Jun 2017 – 3 major NCs identified; multiple minor NCs identified – recommendations prepared – action tracker completed for NCs - reviewed actions to address NCs from internal audit – evidence presented that all actioned except one issue re: no smoking

sign on fuel tank

- Legal compliance review conducted on 3 year cycle – is conducted in addition to #2 inspections – last Feb/Mar and Jun 2016 – list of legs/regs checked in audit report Section 11 – deficiencies rated from 0 to 3 (lowest to highest) – CARs prepared to address deficiencies –e.g. re: not reporting oil leaks – now reported monthly by contractor – CBPP now provides monthly report to Environment and Conservation dept. e.g. Dec 2017
- Road inspections – completed on inspection form – checking conditions within ROW – e.g. utilization, no grub zone infractions, fuel and oil stains – buffer zones – e.g. report Oct 11, 2017 for Fallow – Kevin Robertson

Procedure EMS / SFM Handbook - Manual Section 15 - Nonconformity and Corrective Action 10.1, 10.2.docx

Processes are in place to identify, review, report and respond to non-conformances. Sources of non-conformances include environmental inspections, audits, inspections by regulatory agencies, and management review.

The Woodlands Management Committee reviews and approves all incidents and may require an investigation to be conducted. Corrective/preventive actions are developed, implemented and tracked. A sample of non-conformances (internal/external audits, incident reports) and their associated action plans were reviewed and found to be complete and appropriate. Actions to address the non-conformances were found to be effectively implemented.

Ref:

Records of environmental inspections

Internal audit record

Corrective Action Requests

EMS 13- incident report

Management review

Inspection no. 1 and 2 (EMS compliance) and 3 (harvest area completion)

Examples of forms and reports used to raise, analyze, track, correct and record non-compliances and corrective action plans:

- Environmental Incident Report
- Incident Investigation Form
- Incident Investigation Report
- Corrective Action Request
- Incident Follow-up Forms
- Preventive Action Log
- Internal / external audit records of NC
- EMS weekly and quarterly meetings reports

- Internal audit – annual – conducted Apr/May/June 2017 – 3 major NCs identified; multiple minor NCs identified – recommendations prepared – action tracker completed for NCs - reviewed actions to address NCs from internal audit – evidence presented that all actioned except one issue re: no smoking sign on fuel tank

- Legal compliance review conducted on 3 year cycle – is conducted in addition to #2 inspections – last Feb/Mar and Jun 2016 – list of legs/regs checked in audit report Section 11 – deficiencies rated from 0 to 3 (lowest to highest) – CARs prepared to address deficiencies –e.g. re: not reporting oil leaks – now reported monthly by contractor – CBPP now provides monthly report to Environment and Conservation dept. e.g. Dec 2017

EMS/SFM Manual 1 Section 18

Interviewee: Woodlands Manager

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Last quarterly management review conducted May 3, 2018 – notes lack of quorum during Feb Quarterly management review

Review items considered as per Standard requirements

Detailed minutes taken – action items developed and assigned with time lines

Interview with Woodlands Manager indicates strong leadership is provided and support for the EMS/SFM systems – gaps in staffing are being addressed and resources are provided to support the systems

### **Summary and Conclusions:**

Activities associated with the processes were assessed in relation to specific standard requirements and relevant procedures. Through interviews with personnel and review of relevant records it was determined that the process is consistently applied and effective in meeting the established process objectives. – See NCR-2018-01

This report was prepared by:  
Rod Seabrook  
SAI Global Management Systems Auditor

**END OF REPORT**