

Internal Audits – Audit Report Attachment

2018 Internal Audit Report– Summary of Findings

Schedule for Internal Audit:

System(s) Audited	Location & Auditee Personnel	Date / Time	Auditor(s)
Dunnville Drinking Water Distribution	Supervisor of Compliance, Water and Wastewater Operations ➤ Audit Location: Kohler Office ○ Jim Matthews	22-Oct-18 09:00am	Jessica Ignaszak, QMS Rep Joe Kuriger, QMS Lead
Caledonia/Cayuga Drinking Water Distribution	Manager of Water and Wastewater Operations ➤ Audit Location: Kohler Office ○ Jeff Oakes	22-Oct-18 2:00pm	
Nanticoke Drinking Water Distribution	<u>Area 2 W & WW Staff</u> ➤ Audit Location: Kohler Office ○ Derek Gatto (Operator)	23-Oct-18 08:30am	
	<u>Area 1 W & WW Staff</u> ➤ Audit Location: Hagersville Shop ○ Jason Richard (Operator)	23-Oct-18 1:30pm	

Introduction: To conduct an internal audit of staff knowledge of the County's Quality Management System and the Operational Plan required under the Drinking Water Quality Management Standard (DWQMS).

Audit Objectives and Scope: The objective of this audit is to determine whether the drinking water Quality Management System (QMS) of the above identified systems conform to the requirements of the MOE's Drinking Water Quality Management Standard (DWQMS). The auditors' role is to find gaps between what is documented in the plan and answers provided during staff interviews or facility document and record review.

Audit Method: Divide the Public Works, Water and Wastewater Operations Division into two manageable groups and conduct on site staff interviews. Two auditors will perform all individual audits ensuring to document all responses provided.

Only the Elements that have been audited are included within the Audit Notes.

Audit Results: A summary of all discussion topics, questions asked and answers provided will be compiled into the Audit Notes together with the audit team's observations / non-conformance findings. These results will be provided to all staff as part of the Internal Audit Report. Discussions around resolutions to identified "opportunity for improvement", "minor or major non-conformance findings" will take place at the Senior Management Debrief scheduled for November 1st, 2018.

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OPERATING AUTHORITY: Corporation of Haldimand County		
AUDIT TYPE: Annual Internal Audit		
DRINKING WATERWORKS SYSTEMS WITHIN THE QMS OPERATIONAL PLAN:		
a. Caledonia and Cayuga Distribution System b. Dunnville Drinking Water System c. Nanticoke Drinking Water System		
REQUIREMENT ↓	QMS OPERATIONAL PLAN→	(a, b, c)
1. Quality Management System		N/A
2. Quality Management System Policy		C
3. Commitment and Endorsement		C
4. Quality Management System Representative		C
5. Document and Records Control		Mn
6. Drinking-Water System		NA
7. Risk Assessment		OFI
8. Risk Assessment Outcome		OFI
9. Organizational Structure – Roles, Responsibilities & Authorities		OFI
10. Competencies		OFI
11. Personnel Coverage		C
12. Communications		C
13. Essential Supplies and Services		OFI
14. Review and Provision of Infrastructure		C
15. Infrastructure Maintenance Rehabilitation & Renewal		C
16. Sampling, Testing and Monitoring		OFI
17. Measurement & Recording Equipment Calibration & Maintenance		C
18. Emergency Management		Mn
19. Internal Audit		NA
20. Management Review		C
21. Continual Improvement		C

Mj	Major non-conformity. The auditor has determined one of the following: a) A required element of the DWQMS has not been incorporated into a QMS; b) A systemic problem with a QMS is evidenced by two or more minor non-conformities; or c) A minor non-conformity identified in a corrective action request has not been remedied
Mn	Minor non-conformity. In the opinion of the auditor, part of a required element of the DWQMS has not been incorporated satisfactorily into a QMS
OFI	Opportunity for improvement. Conforms to the requirement, but there is an opportunity for improvement.
C	Conforms to requirements.
n/a	Not applicable to this audit.
+	Additional comments added by audit team in the body of the report.

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5	DOCUMENT AND RECORD CONTROL Minor Non-Conformance Staff are unaware of a significant number of documents accessible to them. This means the review process is not being followed as most documents have an annual review requirement. Examples are SOP's, risk assessment documentation, essential supplies and services list.
7	RISK ASSESSMENT Opportunity for Improvement The County's operations staff are not aware of this document. It has been updated as of 2018 and all staff need to be aware of the risks and their associated critical control points. A workshop was held with operations staff to review the document and ranking process. Staff who were not in attendance of the workshop need to have the outcome reviewed with them.
8	RISK SSESMENT OUTCOME Opportunity for Improvement Same opportunity available as Element 7. Element 8 is applied in conjunction with element 7 and refers specifically to the actual risk assessment document (schedule C).
9	ORGANIZATIONAL STRUCTURE, ROLES, RESPONSIBILITIES AND AUTHORITIES Opportunity for Improvement There is an opportunity to improve the structure for all personnel that directly affect drinking water. It is not clearly defined what the roles and responsibilities of the distribution operators are. These roles need to be clearly defined. Staff with roles that directly impact the drinking water should have input to their defined roles within the DWQMS plan.
10	COMPETANCIES Opportunity for Improvement There is an opportunity to improve the competencies listed for staff that directly impact the County's drinking water. They are not clearly defined for operators and management staff. Key Staff should participate in revisions to ensure what is in the plan is accurate an reflects current process.
13	ESSENTIAL SUPPLIES AND SERVICES Opportunity for Improvement Operations staff are unaware of this document. This should be reviewed with staff as the supply of equipment is critical to delivering safe drinking water.
16	SAMPLING, TESTING AND MONITORING Opportunity for Improvement There is an opportunity to improve staff awareness regarding content in Element #16. Staff are not aware of the sampling, testing and monitoring SOPs listed in the element. This documentation needs to be reviewed annually and updated as needed.
18	EMERGENCY MANAGEMENT Minor Non-Conformance Additional emergency training for staff is encouraged, which should include mock disasters and how to effectively respond to a potential emergency. It is stated in the plan that every other year training is given to operations staff and this is not currently being done. The Emergency Response Guidance Document should be reviewed annually (as per Table #1) and updated accordingly. The review should include all water and wastewater staff.

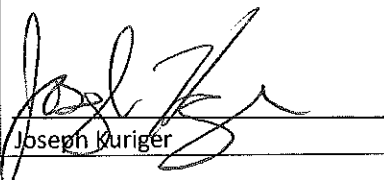
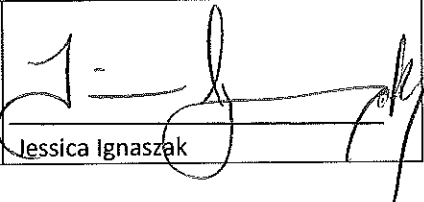
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General Audit Notes:

The scope of this audit included an onsite review of QMS, SOP and call Binders. Interview style questions were asked of the Area Supervisor and CIOC based on these documents. The purpose was to determine if the binders are being used and reviewed.

Most information was up to date but showed an opportunity for improvement to ensure up to date and consistent information is being used by all areas.

Audit Report Auditor Approval	 Joseph Kuriger	 Jessica Ignaszak
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