

Re Accreditation Audit for

Village of Point Edward

1632365-02

Audited Address: 135 Kendall Street, Point Edward, Ontario, CAN, N7V 4G6

Start Date: May 07, 2019 End Date: May 07, 2019

Type of audit - On-site Verification Audit

Issue Date: May 10, 2019 Revision Level: *Final*

BACKGROUND INFORMATION

SAI Global conducted an audit of Village of Point Edward beginning on May 02, 2019 and ending on May 02, 2019 to DRINKING WATER QUALITY MANAGEMENT STANDARD VERSION 2 - 2017.

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.

Standard:	DRINKING WATER QUALITY MANAGEMENT STANDARD VERSION 2 - 2017
Scope of Certification:	Drinking Water
Drinking Water System Owner:	Village of Point Edward
Operating Authority:	Village of Point Edward
Owner:	Village of Point Edward
Population Services:	2100
Activities:	Distribution
Drinking Water Systems	MOE # 210000924

Total audit duration:	Person(s): 1	Day(s): 0.63
Audit Team Member(s):	Team Leader	Janet McKenzie

Other Participants:

Definitions and action required with respect to audit findings

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. 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 90 days for initial certification and within 60 days for surveillance or re-certification audits, 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 initial certification, failure to close out NCR within the time limits means that the Certification Audit may be repeated.

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 proposed correction and corrective action plans; 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.

Audit Type and Purpose

On-site Verification Audit:

An onsite audit to assess whether a QMS has been implemented for the subject system that meets the "DO" requirements of the DWQMS V2.

Audit Objectives

The objective of the audit was to determine whether the drinking water Quality Management System (QMS) of the subject system conforms to the requirements of the Ontario Ministry of the Environment & Climate Change (MOECC) Drinking Water Quality Management Standard (DWQMS V2).

The audit was also intended to gather the information necessary for SAI Global to assess whether accreditation can continue or be offered or to the operating authority.

Audit Scope

The facilities and processes associated with the operating authority's QMS were objectively evaluated to obtain audit evidence and to determine a) whether the quality management activities and related results conform with DWQMS V2 requirements, and b) if they have been effectively implemented and/or maintained.

Audit Criteria:

- The Drinking Water Quality Management Standard Version 2
- Current QMS manuals, procedures and records implemented by the Operating Authority
- SAI Global Accreditation Program Handbook

Confidentiality and Documentation Requirements

The SAI Global stores their records and reports to ensure their preservation and confidentiality. Unless required by law, the SAI Global will not disclose audit records to a third party without prior written consent of the applicant. The only exception will be that the SAI Global will provide audit and corrective action reports to the Ontario Ministry of the Environment. For more information, please refer to the SAI Global Accreditation Program Handbook.

As part of the SAI Global Terms, it is necessary for you to notify SAI Global of any changes to your Quality Management System that you believe are significant enough to risk non-conformity with DWQMS V2: For more information, please refer to the SAI Global Accreditation Program Handbook.

Review of any changes

Changes to the Operating Authority since last audit include: new council members as of January 2019

EXECUTIVE OVERVIEW

The results of this onsite verification audit (Stage 2) indicate that the management system does not fully meet the requirements of the standard based on the area(s) of non-conformance identified during the audit and as documented in the attached Non-conformance Report(s). As discussed during the closing meeting a recommendation for certification to the standard and to the scope of certification identified in this report is on hold pending the receipt, review and acceptance of the corrective action taken. For re-certification, failure to address the nonconformances within the 60 day timeframe may lead to suspension.

Recommendation

The results of this audit indicate that the management system does not fully meet the requirements of the standard based on the area(s) of non-conformance identified during the audit and as documented in the attached Non-conformance Report(s).

A recommendation for (re-)certification to the standard and to the scope of certification identified in this report is on hold pending the receipt, review and acceptance of the corrective action taken.

Opportunities for Improvement:

The following opportunities for improvement have been identified.

- Consider documenting the reasoning/rationale for decisions made regarding the assignment of CCPs.
- Ensure that all records pertaining to DWQMS activities are available for review upon request (ie. Readily accessible).

It is suggested that the opportunities for improvement be considered by management to further enhance the Operating Authority's Quality Management System and performance.

Management System Documentation

The management systems operational plan(s) was reviewed and found to be in conformance with the requirements of the standard.

Management Review

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.

Corrective, Preventive Action & Continual Improvement Processes

The Operating Authority is not implementing an effective corrective and preventive action process for the continual improvement of the management system. Details are provided in NCR No.

Summary of Findings

1. Quality M	anagement System	Conforms		
2. Quality M	anagement System Policy	Conforms		
3. Commitm	ent and Endorsement	Conforms		
4. Quality Management System Representative		Conforms		
5. Documen	t and Records Control	OFI		
6. Drinking-\	Vater System	Conforms		
7. Risk Asse	essment	Conforms		
8. Risk Asse	essment Outcomes	OFI		
9. Organizat	ional Structure, Roles, Responsibilities and Authorities	Conforms		
10. Compete	ncies	Conforms		
11. Personne	el Coverage	Conforms		
12. Commun	ications	Conforms		
13. Essential	Supplies and Services	Conforms		
14. Review a	nd Provision of Infrastructure	Conforms		
15. Infrastruc	ture Maintenance, Rehabilitation & Renewal	Conforms		
16. Sampling, Testing and Monitoring		Conforms		
17. Measurement & Recording Equipment Calibration and Maintenance		Conforms		
18. Emergency Management		Conforms		
19. Internal Audits		Conforms		
20. Manager	nent Review	Conforms		
21. Continua	I Improvement	Minor NCR#1		
Major NCR #	 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 with a corrective action request has not been remedied. 			
Minor NCR #	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 requirement, but there is an opportunity for improvement.			
Conforms	Conforms to requirement.			
NANC	Not applicable/Not Covered during this audit.			
****	Additional comment added by auditor in the body of the report.			

PART D. Audit Observations, Findings and Comments

DWQMS Reference:	1 Quality Management System
Client Reference:	The Corporation of the Village of Point Edward Water Distribution System Operational Plan, revision 9, Jan 30, 2019.
Details: Conforms	

DWQMS Reference:	2 Quality Management System Policy
Client Reference:	Element 2 QMS Policy, Jan 30, 2019
Details: Conforms	

DWQMS Reference:	3 Commitment and Endorsement
Client Reference:	Element 3 Commitment & Endorsement of Village of Point Edward's QMS and Operational Plan
Details: Conforms	

DWQMS Reference: 4 Quality Management System Representative		
Client Reference:	Element 4 QMS Representative	
Details: Conforms		

DWQMS Reference:	5 Document and Record Control
Client Reference:	Procedure A: Document and Records Control, rev 12, June 2018
Details: Opportunity for Improvement – Ensure that all records pertaining to DWQMS activities are availab for review upon request (ie. Readily accessible).	

DWQMS Reference:	6 Drinking Water System			
Client Reference:		Element 6 Drinking-Water System		
Details: Conforms				

DWQMS Reference	7 Risk Assessment
Client Reference:	Procedure B: Risk Assessment and Risk Assessment Outcomes, rev 6, June 2018
Details: Conforms	

DWQMS Reference:	8 Risk Assessment Outcomes	
Client Reference:	Element 8: Table 1 - Risk Assessment Table, rev 13, Jan 2019	
Details: Opportunity for Improvement – Consider documenting the reasoning/rationale for decisions made regarding the assignment of CCPs.		

DWQMS Reference:	9 Organizational Structure, Roles, Responsibility and Authorities					
Client Reference:	Element 9 Authorities	Organizational	Structure,	Roles,	Responsibilities	and
Details: Conforms						

DWQMS Reference:	10 Competencies
Client Reference:	Element 10 - Competencies
Details: Conforms	

DWQMS Reference:	11 Personnel Coverage
Client Reference:	Procedure C – Personal Coverage, rev 6, June 2018
	On-call schedule (calendar of various colours for each WO), 2019
Details: Conforms	

DWQMS Reference:	12 Communications
Client Reference:	Procedure D: Communications
	Emails with letter for Essential Suppliers/service companies, 2019
Details: Conforms.	

DWQMS Reference:	13 Essential Supplies and Services
Client Reference:	Procedure E: Essential Supplies and Services, rev 7, Jan 2019
	Document # 12-09, List of Essential Supplies and Services for V.Pt. Edward, rev 9, Jan 2019
Details: Conforms	

DWQMS Reference:	14 Review and Provision of Infrastructure
Client Reference:	Procedure F: Review and Provision of Infrastructure, rev. 6, Jan 2019
	Village of Pt. Edward 2019- Year Recommended Capital /Major Mntc from 2019-2024 (unused at time of audit)
	Management Review minutes, Jan.3/19
Details: Conforms	

DWQMS Reference:	15 Infrastructure Maintenance, Rehabilitation and Renewal
Client Reference:	Village of Pt. Edward 2019- Year Recommended Capital /Major Mntc from 2019-2024 (unused at time of audit)
	Operational Plan, rev 11, Jan 2019 -Section 15 Infrastructure Maintenance, Rehabilitation and Renewal
	SOP #12-10 Pre planned water interruptions, rev 3 Dec 10/15 SOP #06-10 Work Orders, rev 3, Dec 18/17 SOP #01-10 Watermain Breaks, rev7, Jan 29/19

Details: Conforms

DWQMS Reference:	16 Sampling, Testing and Monitoring
Client Reference:	Procedure G: Sampling, Testing and Monitoring, rev 11, Jan 2019 SOP 17-10 Adverse Water Quality Incident, rev 6, Jan 2019
Details: Conforms	

DWQMS Reference:	17 Measurement and Recording Equipment Calibration and Maintenance
Client Reference:	Procedure H: Equipment Calibration and Maintenance, rev6, June 2018
Details: Conforms	

DWQMS Reference:	18 Emergency Management
Client Reference:	Procedure I: Emergency Management, rev.11, Dec2017
	Test scenarios for 2017 (loss of LAWSS water supply) and 2018 (accident shearing off fire hydrant)
	Emergency Contact List, rev 2019
	SOP 17-10 Adverse Water Quality Incident, rev 6, Jan 2019
Details:Conforms	

DWQMS Reference:	19 Internal Audits
Client Reference:	Internal Audit Report 2018, conducted by QMS Rep
	Internal Audit Report 2018, conducted by OCWA Dec 2018
	Internal Pre-assessment report, conducted by SAI Global, 2018
Details: Conforms	

DWQMS Reference:	20 Management Review
Client Reference:	Procedure K: Management Review, rev 5, June 2018
	Management Review QMS minutes, January 3, 2019
Details: Conforms	

DWQMS Reference:	21 Continual Improvement
Client Reference:	Procedure J: Internal Audit, rev 6, Jan 25/19 Internal Audit Report 2018, conducted by QMS Rep Internal Audit Report 2018, conducted by OCWA Internal Pre-assessment report, conducted by SAI Global Element 21A "Summary Table of Action Items", August 2018
Details: Minor non-conformance – The process for managing internal audit action items, and other corrective/preventive actions, is not consistent with Procedure J, section 5.5 or the table Element 21A	

"Summary Table of Action Items", August 2018.

Details regarding the personnel interviewed and objective evidence reviewed are maintained on file at SAI Global.

This report was prepared by:

Janet McKenzie SAI Global Management Systems Auditor

The audit report is distributed as follows:

- SAI Global
- Operating Authority
- Owner
- MOECC

Notes

Copies of this report distributed outside the organization must include all pages.