

Audit Report

Re Accreditation Audit for

Township of South Stormont

1632707-02

Audited Address: 2 Mille Roches Rd, Long Sault, Ontario, CAN,
K0C1P0

Start Date: Nov 23, 2022 End Date: Nov 23, 2022

Type of audit -
On-site Verification (Stage 2) audit

Issue Date: December 2, 2022

Revision Level: *Final*

BACKGROUND INFORMATION

SAI Global conducted an audit of Township of South Stormont beginning on Nov 23, 2022 and ending on Nov 23, 2022 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 Treatment and Distribution Processes	
Drinking Water System Owner:	Township of South Stormont	
Operating Authority:	Township of South Stormont	
Owner:	Township of South Stormont	
Population Services:	3555	
Activities:	Distribution	
Drinking Water Systems	Long Sault-Ingleside Distribution	
	St. Andrews- Rosedale Water Distribution	
	Newington Water Distribution	
Total audit duration:	Person(s): 1	Day(s): 1.00
Audit Team Member(s):	Team Leader Ryan Bournier	

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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 recertification 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

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, Conservation and Parks (MECP). 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: none

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 extending the data review period closer to the date of the Management Review, Risk Assessment and Internal Audits.
- Ensure hard copies of QMS Review reports are available for review at the time of the audit (Infrastructure review from 2022 was not available at the Township Office where the audit was held).
- Consider rewording the risk assessment procedure to allow for the comprehensive risk assessment to replace the annual review every 36 months.
- Consider documenting how additional operator support is obtained through contract Operators during staff shortages.
- When the Operational Plan is reviewed with staff, ensure it is noted appropriately on the General Communications Record (SYS-F2).
- Consider requesting regular updates on how the contract operator fulfills the sampling requirements listed in MDWL and O. Reg 170-/03.
- Consider establishing a procedure for verifying handheld instruments before use.
- Consider updating the Internal Audit frequency to reflect Version 2 of the DWQMS (each calendar)

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. NCR 2022-01, and 2022-02.

Summary of Findings

1. Quality Management System	OFI
2. Quality Management System Policy	Conforms
3. Commitment and Endorsement	Conforms
4. Quality Management System Representative	Conforms
5. Document and Records Control	OFI
6. Drinking-Water System	Conforms
7. Risk Assessment	OFI
8. Risk Assessment Outcomes	Conforms
9. Organizational Structure, Roles, Responsibilities and Authorities	Conforms
10. Competencies	Conforms
11. Personnel Coverage	OFI
12. Communications	OFI
13. Essential Supplies and Services	Conforms
14. Review and Provision of Infrastructure	Conforms
15. Infrastructure Maintenance, Rehabilitation & Renewal	Conforms
16. Sampling, Testing and Monitoring	OFI
17. Measurement & Recording Equipment Calibration and Maintenance	OFI
18. Emergency Management	Conforms
19. Internal Audits	OFI
20. Management Review	Conforms.
21. Continual Improvement	2 Mn (NCR 2022-01, NCR 2022-02)
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:	SYS-OP (Rev. 13, 23-Sep-2020)
Details: <i>(personnel interviewed, procedures, activities and records observed)</i> Opportunity for Improvement Consider extending the data review period closer to the date of the Management Review, Risk Assessment and Internal Audits. Presently the Operating Authority is using the previous calendar year, which if the review is conducted in December, could leave as much as 23 months between the date the data was collected or record was generated and the information was reviewed.	

DWQMS Reference:	2 Quality Management System Policy
Client Reference:	SYS-OP (Rev. 13, 23-Sep-2020)
Details: <i>(personnel interviewed, procedures, activities and records observed)</i> Conforms. Verified the Operating Authority manages the QMS to meet the commitments listed in the QMS Policy.	

DWQMS Reference:	3 Commitment and Endorsement
Client Reference:	SYS-OP (Rev. 13, 23-Sep-2020)
Details: <i>(personnel interviewed, procedures, activities and records observed)</i> Conforms. Interview the Director of Public Works to verify Top Management's commitment to maintaining and improving the QMS. The Director noted that council receives duty of care training to ensure Council is aware of their requirements.	

DWQMS Reference:	4 Quality Management System Representative
Client Reference:	SYS-OP (Rev. 13, 23-Sep-2020)
Details: <i>(personnel interviewed, procedures, activities and records observed)</i> Conforms. Verified the QMS Representative role is fulfilled by the Public Works Supervisor (Mark Zoppas) with administrative support from the Public Works Coordinator.	

DWQMS Reference:	5 Document and Record Control
Client Reference:	QMS SYS-P1 (V3, 28-Feb-2013) QMS-SYS-P2 (V3, 28-Feb-2013)
Details: <i>(personnel interviewed, procedures, activities and records observed)</i> Opportunity for Improvement	

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Ensure hard copies of QMS Review reports are available for review at the time of the audit (Infrastructure review from 2022 was not available at the Township Office where the audit was held).

Additional evidence of conformity obtains through an interview with the Public Works Coordinator noted that updates to documents performed by bringing in binders and updating at the Township Office. Electronic versions of documentation are located on SharePoint. Changes updated through the document change form and save draft version with QMS approvals. Access to read/write versions are managed through Microsoft ID.

DWQMS Reference:	6 Drinking Water System
Client Reference:	SYS-OP (Rev. 13, 23-Sep-2020)
Details: <i>(personnel interviewed, procedures, activities and records observed)</i>	
Conforms.	
Interviews with the Public Works Supervisor, Operations Team Lead and Director of Public Works verified the system description for the three distribution systems was current.	

DWQMS Reference	7 Risk Assessment
Client Reference:	QMS SYS-P8 (V6, 23-Jul-2020)
Details: <i>(personnel interviewed, procedures, activities and records observed)</i>	
Opportunity for Improvement	
Consider rewording the risk assessment procedure to allow for the comprehensive risk assessment to replace the annual review every 36 months.	
Verified the Annual risk assessments completed for May 2022 and July 2021 for Long Sault/Ingleside, St, Andrews and Newington Distribution Systems	

DWQMS Reference:	8 Risk Assessment Outcomes
Client Reference:	SYS-OP (Rev. 13, 23-Sep-2020)
Details: <i>(personnel interviewed, procedures, activities and records observed)</i>	
Conforms.	
Interviewed staff displayed good awareness of the established CCP [Chlorine Residual and Main Breaks (except Newington)] and response, reporting and monitoring procedures.	

DWQMS Reference:	9 Organizational Structure, Roles, Responsibility and Authorities
Client Reference:	SYS-OP (Rev. 13, 23-Sep-2020)
Details: <i>(personnel interviewed, procedures, activities and records observed)</i>	
Conforms.	
Verified the roles and responsibilities were current for:	
<u>Director of Public Works</u>	
<ul style="list-style-type: none">• Oversight• Capital Planning	

Public Works Supervisor (QMS Rep)

- Repairs on watermains and sewers; Most work done by Township Staff;
- Paperwork delegated to the Public Works Coordinator; Organizational

Team Lead (Operator)

- Responds to complains,
- Broken mains and organize associated work
- Maintenance work

DWQMS Reference:	10 Competencies
Client Reference:	SYS-OP (Rev. 13, 23-Sep-2020)
<p>Details: <i>(personnel interviewed, procedures, activities and records observed)</i></p> <p>Conforms.</p> <p>Public Works Supervisor and Coordinator maintain the training programs and records and suggests training. Operators get a notice of license expiry and Coordinator maintains training records. Reviewed training records with the PW coordinator.</p> <p>Operator certificates verified for each Operator in the system. Several copies of the Operational Plan available (Garage, Supervisors, one at City Hall, and PW Coordinator copy) to ensure awareness. No additional training for QMS Operators. .</p>	

DWQMS Reference:	11 Personnel Coverage
Client Reference:	SYS-OP (Rev. 13, 23-Sep-2020)
<p>Details: <i>(personnel interviewed, procedures, activities and records observed)</i></p> <p>Opportunity for Improvement</p> <p>Consider documenting how additional operator support is obtained through contract Operators during staff shortages.</p> <p>The Public Works Supervisor noted they are trying to keep water staff at four (Supervisor, team Lead and 2 operators). Supervisor is available as ORO; After hours number available for On-call Operator. In the event of staff shortages, Operating Authority would reference Caneau.</p>	

DWQMS Reference:	12 Communications
Client Reference:	SYS-P9 (v3, 28-Feb-2013)
<p>Details: <i>(personnel interviewed, procedures, activities and records observed)</i></p> <p>Opportunity for Improvement</p> <p>When the Operational Plan is reviewed with staff, ensure it is noted appropriately on the General Communications Record (SYS-F2).</p> <p>Conformity was verified to the communications procedure for the following stakeholders:</p> <p>Owner – Performed through the Management Review communication. (QMS Rep and Director). Unexpected costs are communication through Key Information Reports.</p> <p>Staff – Review of OP and associated procedures provided on Master Document Review Form; in 2019. Staff meeting for review held 22-Oct-2020; 24-May-2022;</p> <p>Suppliers - Meeting with Caneau Operations Group discussing operations, QMS status, internal</p>	

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auditing services; Verified notification letter sent to all suppliers 8-Jun-2020.

Public – QMS Policy posted at the Township Office. With OP available upon request;; Door to Door communication during an event

DWQMS Reference:	13 Essential Supplies and Services
Client Reference:	QMS SYS-P7 (v4, 28-Feb-2013) QMS SYS-T3 (v7, 8-July-2020)
Details: <i>(personnel interviewed, procedures, activities and records observed)</i> Conforms The Public Works Office maintains and inventory of parts. Crane Supply performs an inventory on components and verify supply levels. Responding operator is responsible for replenishing supplies used. Alternate supplies can be obtained from local Operating Authorities if required in emergencies. Parts sprayed using hypochlorite to ensure they are disinfected.	

DWQMS Reference:	14 Review and Provision of Infrastructure
Client Reference:	QMS SYS-p3 (V4, 31-May-2019)
Details: <i>(personnel interviewed, procedures, activities and records observed)</i> Conforms. Annual leak detection, monitor closely breaks, and reports from Caneau on flushing, which are covered under infrastructure budgets. Looking at using pressure valves to connect Ingleside and Long Sault. Capital projects are reviewed and prioritized based on risk to the system. Infrastructure review forms (QMS-SYS-F3) provided for June 2021 and June 2020. The Public Works Supervisor noted the infrastructure review was completed for 2022 (see the associated OFI under Element 5) Maintenance issues communicated from Water Staff to the Director during Infrastructure review.	

DWQMS Reference:	15 Infrastructure Maintenance, Rehabilitation and Renewal
Client Reference:	SYS-OP (Rev. 13, 23-Sep-2020) QMS SYS-P4 (V4, 31-May-2019)
Details: <i>(personnel interviewed, procedures, activities and records observed)</i> Conforms. Maintenance recorded on daily sheets; React to complaints. Pick trouble areas for maintenance and valve exercising. Flushing program performed by Caneau. Long term plan established through the capacity allocation study and Asset management Plan and through water and wastewater rate study. Monitoring the areas which have been problematic within the system to identify areas where projects need to be moved forward.	

DWQMS Reference:	16 Sampling, Testing and Monitoring
Client Reference:	SYS-P5 (V4, 31-May-2019)

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Details: (personnel interviewed, procedures, activities and records observed)

Opportunity for Improvement

Consider requesting regular updates on how the contract operator fulfills the sampling requirements listed in MDWL and O. Reg 170-/03.

Caneau performs all sampling; Caneau provides monthly reports Call in Caneau for emergency sampling.

Sampling table for 2022 (QMS-SYS-T4A, Ver. 8, 3-May-2022) – Caneau Sampling Schedule

DWQMS Reference:	17 Measurement and Recording Equipment Calibration and Maintenance
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Client Reference:	QMS SYS-P6 (V3, 28-Feb-2013)
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Details: (personnel interviewed, procedures, activities and records observed)

Opportunity for Improvement

Consider establishing a procedure for verifying handheld instruments before use.

The Public Works supervisor noted that online and handheld analyzers calibrated annually (allowing for 2 months deviation), which are organized by Caneau. Devices are only used by South Stormont staff members at watermain breaks or maintenance activities.

DWQMS Reference:	18 Emergency Management
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Client Reference:	QMS SYS-P10 (v7, 31-May-2019)
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Details: (personnel interviewed, procedures, activities and records observed)

Conforms.

Conformance verified as follows:

QMS Representative Responsibility

Communications and notifications; mobilizing and assigning response.

Main Break

The team lead noted they must determine if it is a main break; Notify Caneau and Public Works Supervisor; perform locates; throttle back and organize a crew. The Operator would also reference procedures in binder.

Testing

Review of preparedness performed by HR (Municipal Emergency exercise). Tabletop exercise three years ago (approximately) with Cornwall and Stormont, Dundas and Glengarry.

Emergency Response Training

Emergency Management reviews completed June 8, 2022; 21-Sep-2021

DWQMS Reference:	19 Internal Audits
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Client Reference:	QMS (V4, 31-May-2019)
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Details: (personnel interviewed, procedures, activities and records observed)

Opportunity for Improvement

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Consider updating the Internal Audit frequency to reflect Version 2 of the DWQMS (each calendar)

The most recent audit was performed by Bill Bryce, with significant experience in water utility and knowledge of the system. The director noted the auditor had direct involvement in the development of other QMS.

Internal Audit report provided for August 24, 2022, reviewing the 2021 calendar year by Bill Bryce with closing meeting held September 20, 2022. Verified audits completed for previous calendar years, as reviewed during previous surveillance audit reports.

DWQMS Reference:	20 Management Review
Client Reference:	QMS SYS-P12 (Rev. 31-May-2019)
Details: <i>(personnel interviewed, procedures, activities and records observed)</i>	
Conforms.	
The Director identified he is largely involved in document preparation for the Management Review. Large amount of discussion surrounding operations budgeting and development planning. Review the Top Management Review meeting minutes to verify it was completed August 31, 2020, 6-Dec-2021 with the Director of Public Works, Manager of Publics and Team Lead in attendance.	
Please see finding under Element 1 related to data review periods.	

DWQMS Reference:	21 Continual Improvement
Client Reference:	QMS SYS-P13(V1, 31-May-2019)
Details: <i>(personnel interviewed, procedures, activities and records observed)</i>	
Minor Non-Conformity (NCR 2022-01)	
The consideration of many Opportunities for Improvement were not documented in the Management Review Minutes (e.g. 2019 Onsite verification OFI, 2020 and 2021 Internal Audit OFI).	
Minor Non-conformity (NCR-2022-02)	
The Continual Improvement procedure does not describe how the effectiveness of action items are assessed.	
The following evidence of conformity was collected during the audit:	
<u>Corrective Action Request</u>	
PW Coordinator identified work has started to add BMP to Management Review (Due November 2022) Assessment 2022 NC under Element 21 was completed during the Internal Audit Closing meetings.	
CARs in progress for 2022 Internal Audit Findings.	
<u>Preventive Actions</u>	
See finding under Element 20 related to discussing preventive actions.	
<u>General Improvement</u>	
QMS Representative valve exercising is largest improvement (automated valve exerciser)	
Director identified Creating Capacity Allocation Policy and Master Servicing study.	
Uncommitted Reserve Capacity -	

Audit Report

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

This report was prepared by:



Ryan Bourner
SAI Global Management Systems Auditor

The audit report is distributed as follows:

- SAI Global
- Operating Authority
- Owner
- MOECC

Notes

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