**Date last modified/updated:** Click here to enter a date.

**Who last modified/updated:** Click here to enter text.

**This part of the Navigator Playbook is completed when you have:**

1. **Appointed an EnMS internal audit program manager.**
2. **Developed a documented internal audit procedure that addresses the responsibilities, planning, and conducting of EnMS internal audits, as well as the reporting of audit results.**
3. **Identified personnel to serve as EnMS internal auditors and train them on 50001 Ready Navigator EnMS guidance (or ISO 50001 requirements), internal auditing of ISO 50001 (including auditing of energy performance improvement), and your internal audit procedure.**
4. **Conducted regularly scheduled EnMS internal audits to identify areas of success and areas in need of improvement.**
5. **Recorded the results of your organization’s internal audits.**
6. **Ensured that internal audit results are reported to relevant management.**
7. Appoint an EnMS internal audit program manager:

|  |  |  |
| --- | --- | --- |
|  | Audit program manager name: | Our EMS Coordinator leads our internal audit program. |
|  | Roles and responsibilities: | Audit program manager establishes an audit timeline, establishes an audit team and delegates interview and process review responsibilities. They also establish an audit and non-conformity documentation system, utilizing EnMS documentation best practices. |

1. Develop a documented internal audit program that addresses the responsibilities, planning, and conducting of EnMS internal audits, as well as the reporting of audit results:

We have developed a documented internal audit procedure for our facility, with roles and responsibilities assigned to relevant personnel, and have detailed it below:

|  |
| --- |
| The audit consists of reviewing documents and records for all of the processes established in the EnMS, and then interviewing staff implementing and or impacted by these different aspects of the EnMS. If interviews and quantitative analysis show alignment between documented goals and plans and action ‘on the ground’. Two audit team members attend each group interview session to make sure conversations can be documented thoroughly.  Responsibilities are assigned as follows:  Contracting Professional—procurement policy and analysis review  Facilities Manager C—EnPI/EnB calculation and improvement opportunity action plan verification  EHS Manager—communication system and integration of EnMS into strategic planning and general operations  Business Operations Liaison—policy, objectives, and targets |

Our internal audit program includes:

Purpose of the audit program

Auditor training requirements

Planning and scheduling audits

Criteria and scope for each audit

Process for selecting auditors

Conducting internal audits, including audit methods

Recording the audit results

Communicating the results to relevant management

Retaining records

Collecting and analyzing trend data on audit results

Our internal audit process clearly communicates expectations by addressing:

What needs to be done

Who needs to participate in it

What records will be obtained

Internal Audit Plan Template

**Organization:** Click here to enter text.

**Audit Date:** Click here to enter text.

**Audit Scope:**  This audit covers the entire EnMS scope and bounds.

**Audit Criteria:**  clear alignment with written goals and observed behaviors; quantitative proof of performance improvement based on goals for specific parts of the system

**Audit Objective:**  Determine effectiveness of actions taken to implement continuous improvement energy management system

**Audit Team:**  Contracting Coordinator, facilities manager C, EHS manager; one implementation from each roll-up to support activities

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Process or Area to be Audited | Start Time/End Time | Auditor(s) | Requirements (Criteria) to be Audited | Documentation References |
| Data Collection and Initial Analysis |  | Facilities Manager C | -Data written about is collected per methods outlined in EnMS records  -Data analysis methods utilized match those described in records | Playbook Tasks 8, 9, 11 |
| EnPI and EnB calculation |  | Facilities Manager C | -methods used to calculate and monitor performance indicators and baselines align with those described in records | Playbook Task 11  EnPI Tool Record |
| Policy; progress towards Objectives and Targets |  | Business Operations Director | Desired progress aligns with observed (calculated) changes energy performance since implementation/most recent audit | Playbook Tasks 5, 12, 21 |
| Internal and External communications |  | EHS Manager | -Systems described align with those observed  -frequency of communications aligns with that described  -impacted staff (tied to SEUs, design, or procurement) are aware of EnMS objectives and policy, and where to find said information  -training effectiveness is analyzed and trainings are improved/refined based on observed competency, per documented training analysis plans | Playbook task 16, 14, 15, 18, 19 |

1. Identify personnel to serve as EnMS internal auditors and train them on 50001 Ready Navigator EnMS guidance, internal auditing of ISO 50001, and your internal audit procedure:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | EnMS internal auditor name: | | | Director of Business Operations | |
|  | The date the auditor trained on 50001 Ready guidance (or ISO 50001 requirements): | | Click here to enter text. |
|  | The date the auditor trained on internal auditing of ISO 50001: | | Click here to enter text. |
|  | The date the auditor trained on your organization’s internal audit procedure: | | Click here to enter text. |

1. Conduct regularly scheduled EnMS internal audits to identify areas of success and areas in need of improvement:

|  |  |  |
| --- | --- | --- |
|  | The internal audit schedule has been established. The audit frequency is: | This audit occurs annually, and every second audit features additional interviews to ensure comprehensive understanding of efficacy of the system over time. |

Our audit program manager has prepared an internal audit program that:

Addresses auditing of both energy performance and the management system.

Considers significance of process controls.

Considers previous audit results.

1. Record the results of your organization’s internal audits:

|  |  |  |
| --- | --- | --- |
|  | Audit results have been documented in the following central location: | We document audit results in a designated folder stored in our EnMS document drive in our document-sharing software. This is read only for the organization. |

1. Ensure that internal audit results are reported to relevant management:

|  |  |  |
| --- | --- | --- |
|  | Audit results have been documented in the following central location: | See above. |
|  | Audit results have been communicated to management | We communicate results in our annual review meeting. |
|  | Date communicated: | Click here to enter a date. |

*Use the following templates to help develop your organization’s audit schedule, record your audit findings, record corrective/preventative actions, and communicate results.*

Internal Audit Schedule Template

*Note: This is a template for an annual Internal Audit Schedule for an organization that conducts EnMS internal audits on a monthly basis. Internal audits must be conducted at planned intervals, such as monthly, quarterly, annually or at some other frequency consistent with the organization’s needs. The organization must define the intervals for conducting their internal audits.*

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **EnMS Internal Audit Schedule: [Year]** | | | | Prepared by: | | | | Initial Issue Date:  Update Date(s): | | | | |
| **EnMS Process & Performance** | **Jan** | **Feb** | **Mar** | **Apr** | **May** | **Jun** | **Jul** | **Aug** | **Sep** | **Oct** | **Nov** | **Dec** |
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**KEY:**

Scheduled ◆ Follow Up 🟓

Conducted ∆ Closed-Out ■

Audit Finding Form

|  |  |  |  |
| --- | --- | --- | --- |
| **RECORD OF INTERNAL AUDIT NONCONFORMITY/CONCERN/POSITIVE FINDING** | | | |
| Organization:  Click here to enter text. | Auditor:  EHS Manager | | Standard:  50001 Ready: Tasks 14, 15 |
| Date:  Click here to enter text. | Location of Finding:  Stored in document sharing platform; online suggestion form is on Sustainability main page. | | |
| Type of Finding (check one):  Nonconformity  Concern X Positive Finding | | | |
| ***Facts Concerning the Finding\****  Statement of Criteria (Requirement):  Method for collecting suggestions from interested parties  Objective Evidence (Statement of Finding):  Catalog of form responses documenting suggestions and responses how these were considered in EnMS processes. Use has exceeded expectations and augmented opportunities to integrate energy conservation into organization culture.  *\* Statement of Criteria (Requirement) is not required for positive findings, but should be provided if appropriate.* | | | |
| Documentation Reference:  “Getting it Done” sections of Task 14 and 15. | | | |
| ISO Requirement Reference:  N/A. We are only pursuing 50001 Ready Recognition. | | | |
| Auditee Signature:  Click here to enter text. | | Auditor Signature.  Click here to enter text. | |
| *Auditee signature indicates that facts concerning the nonconformity are correct.* | | | |

Corrective Action/Preventive Action Request (CAR/PAR) Form

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **EnMS CORRECTIVE ACTION/PREVENTIVE ACTION REQUEST** | | | | | |
| TRACKING NUMBER: | | | | | |
| Type (check one): | Corrective Action | | | Preventive Action | |
| Source (check one): | Internal Audit Finding  Monitoring and Measurement  Energy Assessment  Legal Noncompliance  Noncompliance with Other Requirement Subscribed To  External Audit  Management Review  Other (specify): | | | Employee Suggestion  Management Review  Data Analysis  Other (specify): | |
| Date:  Click here to enter text. | | Issued by:  Facility Manager C | | | |
| Response Due Date:  Click here to enter a date. | | Issued to:  Facility Manager A | | | |
| Description of the problem (for corrective action) or opportunity (for preventive action):  Evidence:  Insufficient documentation justifying why some EnPIs are not normalized to support different EnMS policy goals and objectives.  Requirement:  EnPIs must be normalized in 50001 Ready.  Statement of Nonconformity:  Add clarification to EnPI selection and more detail to objectives and targets to clarify why the EnMS tracks overall natural gas consumption. | | | | | |
| ***Investigation and Action***  *This section to be completed by the affected department manager.* | | | | | |
| Root cause of the actual or potential problem: (How/Why did this happen?)  Insufficient documentation and follow-up with documentation of initial policy/objective conversations relative to those that occurred later. | | | | | |
| Action needed? X Yes  No | | | | | |
| Correction (fix now) with completion dates:  Expand current documentation of discussions when reviewing audit results. Identify whether EnPIs, policy, and or objectives must evolve to better reflect system goals. | | | | | |
| Corrective Action (to prevent recurrence) or Preventive Action (to prevent occurrence) to be taken:  Review documentation policy. Was this a mis-application of the policy or a lack of clarity in the documentation requirements? | | | | | |
| Estimated completion date:  Click here to enter a date. | | | Extended completion date (if applicable):  Click here to enter a date. | | |
| Reason for time extension:  Click here to enter text. | | | | | |
| Reviewed by:  Click here to enter text. | | | | | Date:  Click here to enter a date. |
| *This section to be completed by the affected dept. manager - after action is completed.* | | | | | |
| Action completed by:  EnMS leader. We added additional clarification to our policy and objectives, and our documentation guidelines to ensure this does not occur again. We have also established a short Documentation Guidelines Review training for Energy Team members. | | | | | Date completed:  Click here to enter a date. |
| ***Follow-Up and Closure***  *This section is to be completed by issuer after action is completed.* | | | | | |
| Results of action taken:  All EnMS team members trained on this issue. | | | | | |
| Was the action effective? X Yes  No  Explain:  Clarified reasons for each EnPI and how they relate to federal regulation in addition to site EnMS objectives. | | | | | |
| Results reviewed by:  Top Management | | | | | Date closed:  Click here to enter a date. |
| Did this CAR/PAR result in changes to EnMS documents?  X Yes  No | | | | | |
| If yes, which document(s) was (were) changed?  Our documentation guidelines in Task 16 worksheet and our energy policy, Task 5, and our EnPIs in Task 11. | | | | | |

Corrective Action/Preventive Action Request (CAR/PAR) Tracking Log

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **CAP/PAR #** | **Source\*** | **Assigned to:** | **Short Title/Description** | **Issue Date** | **Due Date** | **Extension**  **Due Date**  **(if applicable)** | **Closed?**  **(Y/N)** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter a date. | Click here to enter a date. | Click here to enter a date. | Click here to enter text. |
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\*Source:

IA = Internal Audit

EnA = Energy Assessment

ExA = External Audit

LN = Legal Noncompliance

MM = Monitoring and Measurement

MR = Management Review

ON = Noncompliance with Other Energy Requirement Subscribed To

O = Other

Top Management Approval

|  |  |  |
| --- | --- | --- |
|  | Date approved: | Click here to enter a date. |
|  | Who approved: | Click here to enter text. |

Comments

Click here to enter text.