**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 trained them on 50001 Ready Navigator EnMS guidance (or optionally ISO 50001 requirements and/or 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: | Director of Engineering |
| ☒ | Roles and responsibilities: | Assigns the audit to the corresponding team member. Reviews the results of the audit. Works with the Energy Team on strategies to improve or correct findings. Follows up with the progress. |

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 internal audit will be carried out by the Energy Team overseen by the EnMS internal audit program manager. The audit plan shown later in this document identifies the responsible parties for the processes to be audited, and the timeline is also shown later in this document. Findings will be documented using the Audit Finding Form and each finding will be labeled as a “nonconformity”, “concern”, or “positive finding”. reviewed during the Energy Team meetings. Nonconformities will be investigated, and a corrective and/or preventative action may be decided upon. A process will be established to determine if the corrective actions are effective. Results will be reviewed in a relevant time frame and all data and templates will be stored on the shared drive and available to all members of the Energy Team. |

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:** Sample Hotel

**Audit Date:** 9/19/21

**Audit Scope:** Context of the Organization

**Audit Criteria:** Implementation of the EnMS is aligned with our written goals and observations to date; demonstrated energy performance improvement; meeting requirements defined in ISO 50001: 2018.

**Audit Objective:** Determine effectiveness of actions taken to implement continuous improvement in the EnMS.

**Audit Team:** Energy Team Leader, Assistant General Manager, Director of Guest Services

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Process or Area to be Audited | Start Time/End Time | Auditor(s) | Requirements (Criteria) to be Audited | Documentation References |
| Task 1: An EnMS & Your Organization | 9/1/21-9/30/21 | Assistant General Manager | ISO 50001: 2018, section 4.1 | Task 1 Playbook |
| Task 2: People & Legal Requirements | 9/1/21-9/30/21 | Assistant General Manager; Director of Guest Services | ISO 50001: 2018, section 4.2 | Task 2 Playbook |
| Task 3: Scope & Boundaries | 9/1/21-9/30/21 | Energy Team Leader | ISO 50001: 2018, section 4.3 | Task 3 Playbook |
| Task 7: Risks to EnMS Success | 9/1/21-9/30/21 | Assistant General Manager; Director of Guest Services | ISO 50001: 2018, section 6.1 | Task 1 Playbook; Task 7 Playbook |

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

|  |  |  |
| --- | --- | --- |
| ☒ | EnMS internal auditor name: | Director of Engineering |
|  | ☒ | The date the auditor trained on 50001 Ready guidance (or optionally ISO 50001 requirements): | 1/27/2021 |
|  | ☒ | The date the auditor trained 50001Ready Navigator EnMS guidance (or optionally ISO 50001 requirements): | 2/25/201 |
|  | ☒ | The date the auditor trained on your organization’s internal audit procedure (or optionally ISO 50001 requirements): | 8/31/2021 |

*[add additional names as necessary]*

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: | Each process is audited annually, following the schedule shown in this document. |

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: | Internal shared drive. (We are working on a method to allow this data to be available to other properties across the brand.) |

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

|  |  |  |
| --- | --- | --- |
| ☒ | Audit results have been documented in the following central location: | Shared drive under Green Team folders |
| ☒ | Audit results have been communicated to management | Once reviewed by the Energy Team Leader, the results and processes will be reviewed and approved by upper management. |
| ☒ | Date communicated: | 9/30/21 |

*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]**2021 | Prepared by:Energy Team Leader | Initial Issue Date: 7/31/21Update Date(s): 8/31/21; 9/30/21 |
| **EnMS Process & Performance** | **Jan** | **Feb** | **Mar** | **Apr** | **May** | **Jun** | **Jul** | **Aug** | **Sep** | **Oct** | **Nov** | **Dec** |
| Context of the Organization | ✹ |  |  |  |  |  |  |  | ∆ | ■ |  |  |
| Leadership |  |  |  |  |  |  |  |  |  | ◆ |  |  |
| Planning: Energy Data Collection & Analysis, Significant Energy Uses |  |  |  |  |  |  |  |  |  |  | ◆ |  |
| Planning: Improvement Opportunities | ◆ |  |  |  |  |  | ✹ |  |  |  |  |  |
| Planning: EnPIs, EnBs, Objectives & Targets |  |  |  |  |  | ✹ |  |  |  |  |  | ◆ |
| Planning: Action Plans |  | ◆ |  |  |  |  |  |  |  |  |  |  |
| Support |  |  | ◆ |  |  |  |  |  |  |  |  |  |
| Operation |  |  |  | ◆ |  |  |  |  |  |  |  |  |
| Performance Evaluation |  |  |  |  | ◆ |  |  |  |  |  |  |  |
| Improvement |  |  |  |  |  | ◆ |  |  |  |  |  |  |
| Click here to enter text. |  |  |  |  |  |  |  |  |  |  |  |  |

**KEY:**

Scheduled ◆ Follow Up ✹

Conducted ∆ Closed-Out ■

Audit Finding Form

|  |
| --- |
| **RECORD OF INTERNAL AUDIT NONCONFORMITY/CONCERN/POSITIVE FINDING** |
| Organization:Sample Hotel | Auditor:Energy Team Leader | Standard:  ISO 50001: 2018, section 4.2 |
| Date:9/19/2021 | Location of Finding:Task 2 Playbook |
| Type of Finding (check one): ☒ Nonconformity ☐ Concern ☐ Positive Finding |
| ***Facts Concerning the Finding\****Statement of Criteria (Requirement):All Interested Parties, their relevance, and needs/expectations are populated in alignment with organizational stakeholders and business strategies.Objective Evidence (Statement of Finding):Review of the people and legal requirements, as identified in the playbook for task 2, found two key stakeholders (interested parties) omitted – 1) the community surrounding the hotel, and 2) state government, along with the requirements imposed by state regulations.*\* Statement of Criteria (Requirement) is not required for positive findings, but should be provided if appropriate.* |
| Documentation Reference:Task 2 Playbook |
| ISO Requirement Reference:Sections 4.2 and 9.1.2 of the ISO 50001:2018 standard. |
| 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: CAR2021-02-01 |
| 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:  9/19/2021 | Issued by:Energy Team Leader |
| Response Due Date:  1/31/22 | Issued to:Assistant General Manager |
| Description of the problem (for corrective action) or opportunity (for preventive action):Evidence:Identified key stakeholders and legal requirements must be comprehensive. Current listing omits two key stakeholders. Corrective action to ensure alignment is crucial to the success of the EnMS.Requirement:To ensure alignment of EnMS with key stakeholders, organizational strategy, and legal requirements, Task 2: People & Legal Requirements shall be reviewed and updated by January 31st after the start of the fiscal year Statement of Nonconformity:Current listing of interested parties omits two key stakeholders |
| 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?)Organizational strategy and legal requirements change based on new business priorities and the regulatory environment. |
| Action needed? ☒ Yes ☐ No |
| Correction (fix now) with completion dates:Corrective action to review and update People & Legal Requirements after the start of the new fiscal year |
| Corrective Action (to prevent recurrence) or Preventive Action (to prevent occurrence) to be taken:To ensure alignment of EnMS with key stakeholders, organizational strategy, and legal requirements, Task 2: People & Legal Requirements shall be reviewed and updated by January 31st after the start of the fiscal year  |
| Estimated completion date:  1/31/22 | Extended completion date (if applicable):Click here to enter a date. |
| Reason for time extension:Click here to enter text. |
| Reviewed by: Energy Team Leader | Date: Click here to enter a date. |
| *This section to be completed by the affected dept. manager - after action is completed.* |
| Action completed by:Assistant General Manager | 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:Revised legal and other requirements to align with updated corporate energy and greenhouse gas emissions policies.  |
| Was the action effective? ☒ Yes ☐ No Explain:Our EnMS is now aligned with latest corporate policies, and we now have clarity to proceed with updating our objectives, targets, and other aspects of the EnMS. |
| Results reviewed by:Energy Team Leader | Date closed: 3/15/2022 |
| Did this CAR/PAR result in changes to EnMS documents?  ☒ Yes ☐ No |
| If yes, which document(s) was (were) changed? Click here to enter text. |

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)** |
| CAR 2021-02-01 | IA | Assistant General Manager | Proactive update of People & Legal Requirements | 9/19/21 | 1/31/22 | Click here to enter a date. | Y |
| 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.