**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.**

**This document is an example of how to complete Playbook Task 22. All blue text should be replaced with your organization’s information, assessments, and/or decisions.**

1. Appoint an EnMS internal audit program manager:

|  |  |  |
| --- | --- | --- |
| ☒ | Audit program manager name: | Director of Engineering |
| ☒ | Roles and responsibilities: | Assigns the audit to a team member, who collaborates with the Energy Team on strategies to enhance performance and address identified issues. Follows up on 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 Energy Team will conduct the internal audit under the supervision of the EnMS Audit Program Manager. The audit plan, as shown later in this document, identifies the responsible parties for the processes to be audited and outlines the corresponding timelines. Findings will be documented using the Audit Finding Form, and each finding will be labeled as a “nonconformity”, “concern”, or “positive finding”, and reviewed during the Energy Team meetings. A nonconformity will be investigated, and corrective or preventive action may be taken. A process will be established to determine if the corrective actions are adequate. Results will be reviewed within a relevant timeframe, and all data and templates will be stored in Engineering and made 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:** Data Center D

**Audit Date:** 9/1/24

**Audit Scope: D**emonstrated energy performance improvement; meeting requirements in ISO 50001: 2018.

**Audit Criteria:**

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

**Audit Team:** Audit Program Manager, Energy Team Leader, Assistant General Manager

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Process or Area to be Audited | Start Time/End Time | Auditor(s) | Requirements (Criteria) to be Audited | Documentation References |
| Task 1: EnMS & Your Organization | 9/1/24-9/30/24 | Energy Team Leader, Assistant General Manager | ISO 50001: 2018, section 4.1 | Task 1 Playbook |
| Task 2: People & Legal Requirements | 9/1/24-9/30/24 | Energy Team Leader, Assistant General Manager | ISO 50001: 2018, section 4.2 | Task 2 Playbook |
| Task 3: Scope & Boundaries | 9/1/24-9/30/24 | Energy Team Leader, Assistant General Manager | ISO 50001: 2018, section 4.3 | Task 3 Playbook |
| Task 7: Risks to EnMS Success | 9/1/24-9/30/24 | Energy Team Leader, Assistant General Manager | 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: | Energy Team Leader |
|  | ☒ | The date the auditor trained on 50001 Ready guidance (or optionally ISO 50001 requirements): | 6/27/24 |
|  | ☒ | The date the auditor trained 50001 Ready Navigator EnMS guidance (or optionally ISO 50001 requirements): | 7/25/24 |
|  | ☒ | The date the auditor trained on your organization’s internal audit procedure (or optionally ISO 50001 requirements): | 8/31/24 |

*[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, as outlined in the schedule provided 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 the 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: | Engineering |

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

|  |  |  |
| --- | --- | --- |
| ☒ | Audit results have been documented in the following central location: | Engineering |
| ☒ | Audit results have been communicated to management | Once reviewed by the Audit Program Manager, the results and processes will be reviewed and approved by upper management. |
| ☒ | Date communicated: | 9/30/24 |

*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]**2024 | Prepared by:Energy Team Leader | Initial Issue Date: 1/1/24Update Date(s): None |
| **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:Data Center D | Auditor:Energy Team Leader | Standard:  ISO 50001: 2018, section 4.2 |
| Date:9/30/24 | 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, revealed one key stakeholder to be omitted: the 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](https://www.iso.org/standard/69426.html). |
| 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: CAR2025-02-01 |
| 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:  1/5/2025 | Issued by:Energy Team Leader |
| Response Due Date:  1/12/25 | 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 and thorough. The current listing omits one key stakeholder. 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:The current listing of interested parties omits one key stakeholder |
| 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 evolve in response to new business priorities and the changing 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:  1/31/25 | 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:10/2/24 |
| *This section to be completed by the affected dept. manager - after action is completed.* |
| Action completed by:Assistant General Manager | Date completed:10/20/24 |
| ***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 policies.  |
| Was the action effective? ☒ Yes ☐ No Explain:Our EnMS is now aligned with the latest corporate policies, and we now have the clarity to proceed with updating our objectives, targets, and other aspects of the EnMS. |
| Results reviewed by:Energy Team Leader | Date closed: 11/20/24 |
| 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)** |
| CAR2025-02-01 | IA | Assistant General Manager | Proactive update of People & Legal Requirements |  10/20/24 |  11/20/24 |  | 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. |
| 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. |

\*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: | 11/21/24 |
| ☒ | Who approved: | General Manager |

Comments

Click here to enter text.