

	<p align="center">Work Instruction</p>	<p align="center">Group Capital</p>
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1. Introduction

This document outlines the process to be followed and the requirements for the Environmental Audits conducted on the Medupi Power Station project.

2. Supporting Clauses

2.1 Scope

This document describes the processes employed in planning, performing, and reporting of Environmental Audits by the Team Medupi and the Environmental Control Officer (ECO) on the Medupi Power Station project.

Environmental Audits covered within this are:

- Audits of identified processes, work instructions, or risk; and
- Environmental compliance of the Project including Principal Contractors, in line with legal requirements.

This Work instruction is applied by the Team Medupi (TM) Environmental Department and the ECO.

Principal Contractors, Suppliers or Consultants are not required to comply with the specific requirements of this Work instruction. It is however, issued to Principal Contractors for Information

2.1.1 Purpose

The purpose of this work instruction is to describe the processes employed in planning, performing, and reporting of Environmental Audits by the TM Environmental Department and ECO on the Medupi Power Station project.

Environmental Audits undertaken on the Medupi Power Station project have the following objectives:

- To evaluate environmental performance and environmental management practices against legal and other requirements.
- To determine conformance to the Environmental Management System (EMS) and compliance to legal requirements as defined in the scope; and
- To proactively identify areas of non-conformity and non-compliance with the view to address such prior to incident, investigation, or litigation. In this sense it should be viewed as means of implementation of Preventive Action.

2.1.2 Applicability

This document shall apply throughout Medupi Power Station Construction activities, excluding activities handed over to the client, Generation.

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2.1.3 Effective date

Authorization date will be the effective date

2.2 Normative/Informative References

Parties using this document shall apply the most recent edition of the documents listed in the following paragraphs.

2.2.1 Normative

- [1] 348-961711 Project Execution Plan
- [2] 348-883902 Project Quality Plan
- [3] 348-653867 Development and Change of Medupi QMS Documents
- [4] 348-883808 Document and Record Management Work instruction.
- [5] 348-868846 Medupi Environmental Policy
- [6] 348- 882048 EMS Scope and Manual
- [7] 348 – 681011 The Environmental Management Plan for the Medupi Coal-fired Power Station in the Lephalale Area, Limpopo Province – The Construction Phase
- [8] 348-63648 Project Environmental Audit Programme
- [9] 348-10094354 PC Environmental Audit Programme
- [10] 348-882478 HSE Audit Report (Template)
- [11] 348-717685 Work instruction for the handling of Environmental Non-conformities and Corrective and Action
- [12] 348-10100726 Nonconformity and Corrective Action Form

2.2.2 Informative

- ISO 9001: Quality Management System - Requirements
- [13] ISO 14001: Environmental Management System

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2.3 Definitions

Term	Explanation
Audit	Systematic, independent and documented process for obtaining audit evidence and evaluating it objectively to determine the extent to which the audit criteria are fulfilled.
Auditee	Organization being audited
Auditor	Person with the competence to conduct an audit
Audit Checklist	A "questionnaire" indicating specific requirements and acts as record of Audit. It ensures that an audit is conducted in a systematic and comprehensive manner and that adequate evidence is obtained.
Audit Client	Person/Organisation requesting the Audit, if such is not the Auditee
Audit Finding	Results of the evaluation of the collected audit evidence against audit criteria
Conformance	Meeting of requirements.
Good practice/Highlight	Good practice involves a procedure, methodology, or arrangement that is considered best practice that can be disseminated to other parts of the organisation. All such instances can be shared as organisational experience for the continual improvement of the management system.
Lead Auditor	Person responsible for successful completion of the Audit Process
Non-conformity	Failure to comply with/and or deviate from any stipulated environmental requirements
Opportunity for Improvement	When the auditee is implementing measures to comply with environmental requirements or partially met the requirements.

2.4 Abbreviations

Abbreviation	Explanation
ECO	Environmental Control Officer
EMP	Environmental Management Plan
EMS	Environmental Management System
GCD	Group Capital Division
ISO	International Standards Organisation
KPI/KPA	Key Performance indicators/Key Performance areas
MS- Teams	Microsoft Teams
PC	Principle Contractor
NCA	Nonconformity and Corrective Action Form

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QMS	Quality Management System
SHEQ	Safety, Health, Environment and Quality
TM	Team Medupi

2.5 Roles and Responsibilities

a) Responsible

Those who do the work to achieve the task. There is at least one role with a participation type of responsible, although others can be delegated to assist in the work required.

b) Accountable (also approver or final approving authority)

The one ultimately answerable for the correct and thorough completion of the deliverable or task, and the one who delegates the work to those responsible. In other words, an accountable must sign off (approve) work that responsible provides. There **must** be only one accountable specified for each task or deliverable.

c) Consulted (sometimes counsel)

Those whose opinions are sought, typically subject matter experts; and with whom there is two-way communication.

d) Informed

Those who are kept up to date on progress, often only on completion of the task or deliverable; and with whom there is just one-way communication.

Table 1: RACI Matrix

Process Step	TM Construction Manager	TM Departmental Manager	TM Contracts Manager	TM SHE Manager	Environmental Practitioners	Principal Contractors	ECO
Compile and distribute Audit Program	I	I	I	A	R	I	R
Maintain Audit Register	I	I	I	A	R	I	R
Notify Auditee	I	I	I	A	R	I	R
Undertake Document Review			I	A	R	I	R
Compile Audit Protocols (Checklists)			I	A	R	I	R
Undertake Audit fieldwork (including Opening and Closing Meetings)	I	I	I	A	R	I	R
Compile and distribute Audit Report (including PCA forms)	I	I	R	A	R	I	R
Audit finding follow-up	I	I	I	A	R	I	R

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2.6 Related/Supporting Documents

The following quality records are utilised to record necessary process data required to verify process conformity/compliance:

- Environmental Audit Programme, Environmental Audit Plan and Notification
- Audit Checklist
- Audit attendance registers
- Nonconformity and Corrective Action Forms or NCA Register
- Environmental Audit Report

3. Document Content

3.1 Process Map/Flow Chat

Not compiled.

3.2 Auditor Competence

- The (Lead) Auditor should have knowledge and experience of ISO 14001 and ISO 19011.
- Where knowledge and experience are lacking, training interventions shall be applied.
- Environmental Practitioners and ECO's, acting as Auditors, shall be competent in line with requirements of Section 4, Part 9 of the Employer Policies and Work instructions.

3.3 Environmental Auditor responsibilities

- TM Environmental Department is responsible for auditing principal contractors against the Operational Controls whenever the need arises and in-line with the Audit programme.
- The ECO is responsible for auditing principal contractors against the EMP as per audit programme/schedule.
- The ECO also audit the project on legal requirements (e.g. Environmental Authorisations/Permits/Licences/EMP) on an annual basis or as required.

3.4 Process description

3.4.1 Audit Scheduling

- TM Environmental Department and the ECO shall prepare an Audit Programme prior to the start of each financial year. This shows all the Environmental Audits planned for the project during the particular financial year. This Programme also includes all planned external audits which have an influence on the EMS.
- Environmental audits on contractors by TM environmental department & ECO shall be documented on audit programme template (348-10065383) whereas environmental audits on TM shall be recorded on audit programme template (348-10061454).
- The Audit Programme shall be updated as required and communicated to relevant contract managers to issue to their respective contractors.

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- The Programme shall be made available to the Medupi Risk and Assurance Manager.

3.4.2 Audit Notification and Preparation

- The relevant Auditee shall be notified at least 1 (one) week in advance of the audit.
- Formally distribute the specific Environmental Audit Plan/Schedule via relevant Contract Manager to the Auditee.
- Obtain Auditee applicable work documents.
- Perform Document Review to prepare audit activities and establish an overview of the extent of the documentation to detect possible gaps.

Note: The ECO shall utilise their own templates (with their company logo) for Audit Notification, Environmental Audit Finding Sheet and Audit Report.

3.5 Conducting the Audit Activities

- An Opening Meeting shall be held with the Auditee's management and/or those responsible for the functions/processes to be audited.
- The following are some, but not limited list of items discussed at the Opening Meeting, which is chaired by the (Lead) Auditor:
 - Introduction of the Audit Team and their roles.
 - Confirmation of the audit type, objective, scope and criteria.
 - Confirmation of the Audit Plan and Schedule.
 - Confirmation of communication channels.
 - Confirmation of previous audit findings status if applicable.
 - Confirmation of the language to be used during the audit.
 - Explanation of audit method and sampling.
 - Explanation of method of reporting and follow-up protocols; and an opportunity for the auditee to ask questions.
- The (Lead) Auditor undertakes the audit (document review and fieldwork), following guidance from the Audit Checklist or the methodology followed. The fieldwork consists of observations and interviews of sampled activities and persons at the relevant work areas. The fieldwork shall focus on finding evidence of conformity/compliance to relevant requirements, as listed in the Audit Checklist or relevant to the audit scope.
- All findings (good practices, opportunities for improvement and non-conformances/conformities) shall be listed on the Audit Report where applicable.
- All non-conformities/compliances (including those identified during Document Review) shall be recorded on the Nonconformity and Corrective Action Form (348-10100726) or the relevant Auditors NCR Forms e.g. Peer Review Audits NCR forms
- A Closing Meeting shall be held, attended by the Auditee and Client management and those responsible for the functions/processes to be audited.
- Opening and closing meeting may be conducted via MS-Teams.
- The following should be discussed as a minimum at the Closing Meeting:
 - Present the summary of findings and explains the steps to close-out the findings.
 - Arrangements and logistics of reporting and follow-up; and

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- Attendance registers shall be kept as records.

3.5.1 Audit Reporting

The (Lead) Auditor shall complete the Audit Report and the following sections reflected as a minimum:

- Audit number.
- Audit scope.
- Auditee organisation name.
- Auditee name(s).
- Client organisation name.
- Date(s) of audit.
- Names of the Auditor(s).
- Executive Summary.
- Listing of audit non-conformities/compliances.
- Listing of identified Good Practices and Opportunities for Improvement.

The (Lead) Auditor shall attach the relevant Preventative and Corrective Action Form, which shall become a part of the Audit Report in case the non-conformities/compliances are raised manually. The draft audit report shall be submitted to the Auditee for comment within 14 days. The Auditee has 10 working days to comment. The Final Audit Report shall be issued within 10 working days after commenting period. If any delays experienced, the reasons should be communicated to the auditee.

3.5.2 Audit follow-up and closure

- Audit findings, listed in the relevant Nonconformity and corrective Action reports shall be followed up as per the requirements listed in the work instruction for Handling of HSE Non-conformities and Corrective Action (348-717685)
- Opportunities for Improvement shall not be followed up upon but shall be used as input to the next audit of the Auditee.

4. Process for Monitoring

4.1 Key Performance Areas and Indicators

The following Key Performance Areas / Indicators (KPA's / KPI's) shall be measured, analysed, and reported. The Process Owner shall be accountable and assign the responsibility at the frequency as indicated below, documented as part of the QMS measurement, analysis, and improvement initiative.

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Table 2: KPAs/KPIs

Key Performance Area	Key Performance Indicator	Target	Measure Frequency	Responsible	Record
Environmental audits undertaken	All Audits undertaken as required	75% Audits conducted as per Audit schedule	Quarterly	Environmental Practitioners and ECO as per allocated Unit Area	Audit Reports
	Audit findings raised and cleared within timeframe stipulated	60 days or as per proposed corrective action target completion date	60 days	Environmental Practitioners and ECO as per allocated Unit Area	Closed NCA and updated action plan register
ISO 14001 conformity	Number of major external findings	Not more than 2 Major findings	Monthly report	Environmental Practitioners	Audit Reports
Revision of Document	Revision requirements in line with Medupi Work instructions 348-653867 "Development and Change of Medupi QMS Documents" and 348-883808 "Document and Record Management"	Revise 100% of the documents that are due for review (Three Yearly)	Monthly	Environmental Manager	New revised document

4.2 Document Review and Self-Assessment

4.2.1 Document Self-Assessment

The "Process Owner" identified on the front page of this document along with departmental personnel and the project QMS Engineer shall undertake a "self-check" review of the process defined in this document at six monthly intervals, commencing from the effective date of this document, to check:

- the process / work instruction operational integrity
- process efficiency
- the level of stakeholder knowledge and implementation.

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Participants and results of the “self-check” review shall be documented by the Process Owner in the “Self-Assessment Checklist” (**Template No. 348-655890**) included as an Appendix to this work instruction which shall be submitted via SharePoint to Medupi Documentation Department Help Desk by the Process Owner once completed.

Process Owner shall proceed with any revision requirements in line with Medupi Work instructions, 348-653867 “Development and Change of Medupi QMS Documents” and 348-883808 “Document and Record Management”.

4.2.2 Review Period

All EMS documents shall undergo a 3-yearly compulsory revision.

4.3 Training Requirements

No project specific training required to implement the process documented in this document beyond normal job function.

5. Acceptance

This document has been seen and accepted by:

Name	Designation
N. Khuzwayo	Safety, Health & Environmental Manager
Z. Shange	General Manager-Medupi GCD
L. Ndlovu	Quality Assurance Manager

6. Revisions

Date	Rev.	Compiler	Remarks
June 2028	10	N. Nengobela	Three (3) yearly review. Replaced PCAR with NCA. Replaced Preventative and corrective action report with Nonconformity and Corrective action. Move document to new template. Included definition of conformity & highlight/good practice
May 2023	9	M.Boshomane	Revision to move document to Rev5 template as well as to address the latest peer review audit findings
March 2021	8	M. Boshomane	Three yearly review with changes to audit reporting section. Changed 3 days to 10 days for commenting period and 10 days to finalize. Inclusion of MS Teams as part of communication as part of Covid 19 management.

7. Development Team

The following people were involved in the development of this document:

- Ndivhuho Nengobela

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- Dovhani Mudzielwana
- Sakutanya Mamabolo
- Humbelani Magau

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Appendix A – Process Self-Assessment Checklist

	MEDUPI POWER STATION PROJECT			Template Identifier	348-655890	Rev	2
				Document Identifier	348-10034274	Rev	0
				Effective Date	February 2025		
				Next Review Date	February 2030		
TITLE: Document Self-Assessment Checklist							
Discipline: Environmental Management			Applicable Document No.: 348-275284			Self-Assessment Date: DD / MM /YYYY	
Item No	Ref Section	Self-Assessment Question	Compliant			Comment	
			Yes	Part	No		
1	5.3.1	Does an Audit Programme of the current financial year exist?					
2	5.3.2	Audit Notification and Preparation					
3	5.3.2	Are auditees notified at least 1 (one) week advance of the audit using the HSE Audit Plan and Schedule?					
4	5.3.2	Are the HSE Audit Plan and Schedule formally distributed via Document Control to the Auditee?					
5	5.3.2	Is a copy of the Audit Checklist available?					
6	5.3.2	Was Auditee applicable work documents obtained?					
7	5.3.2	Was document reviews undertaken and findings recorded on audit checklist?					
8	5.3.3	Was opening meeting held?					
9	5.3.3	Was the following discussed? Confirmation of the Audit Plan and Schedule,					

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10.1	5.3.3	Feedback on the source Document Review,				
10.2	5.3.3	Confirmation of communication channels,				
10.3	5.3.3	Confirmation of scope and resource requirements, and				
10.4	5.3.3	An opportunity for the auditee to ask questions.				
11	5.3.3	Was the audit fieldwork conducted, following guidance from the Audit Protocol?				
12	5.3.3	Are all non-conformities recorded on the Nonconformity and Corrective Action form?				
13	5.3.3	Are all Opportunities for Improvement listed on the Audit Report?				
14	5.3.3	Was closing meeting held? Each individual audit non-conformity (listed on the Nonconformity and Corrective Action form)				
14.1	5.3.3	A summary of Auditee conformity				
14.2	5.3.3	Arrangements and logistics of reporting and follow-up				
15	5.3.4	Was the audit report completed by the Lead auditor?				
16	5.3.4	Was the relevant Corrective and Preventive Action Forms attached as part of the audit report?				
17	5.3.4	Was the formal Audit Report signed by the Lead auditor and Environmental Manager?				
18	5.3.4	Was the audit report made available to the Auditee and Client within 10(ten) working days of completion of the Audit Fieldwork?				
19	5.3.5	Audit follow-up and closure				
20	5.3.5	Were all the relevant Nonconformity and Corrective Action reports followed up?				
21	5.3.5	Has the audit been listed as closed on the Audit Programme?				

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Comments:				
Self-Assessment by:	Name:	Position:	Revision Required? (Yes / No)	Planned Revision Date:
Attendees:				

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