 Eskom	Work Instruction	Group Capital
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Title: **Medupi Handling of Environmental Non-conformities and Corrective Action**

Document Identifier: **348-717685**

Alternative Reference Number: **200-38426**

Area of Applicability: **Medupi Power Station Project**


Functional Area: **Environmental Management**

Revision: **9**

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Disclosure Classification: **Controlled Disclosure**

Compiled by	QA, Interface & Governance Review	Functional Responsibility	Authorised by
			
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04/07/2025			
Date:	Date: 07.07.2025	Date: 07/07/2025	Date: 2025/07/10

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1. Introduction

This process applies to all Environmental non-conformities that are/or may be detected on the Medupi construction site, as well as areas and activities deemed to form part of such, under relevant Contractual arrangements.

This Procedure shall be implemented by the Medupi Project Team, the ECO and supported by Principal Contractors.

Principal Contractors shall undertake the following activities in support of this Procedure:

- Respond to Nonconformity and Corrective Actions within the stipulated timeframe and in the stipulated format within the confines of the relevant contract.
- Complete thorough identifications of root causes of non-conformities.
- Apply Corrective actions appropriately and in a timely manner.
- Keep/Supply records of evidence of applicable Corrective Actions
- Make resources available for physical or administrative review of actions undertaken, so as to prevent occurrence or recurrence of the identified non-conformity.

2. Supporting Clauses

2.1 Scope

2.1.1 Purpose

The objective of this procedure is to define the handling of actual or potential Environmental non-conformities and subsequent Corrective Action, so as to ensure compliance with applicable Statutory, conformance to Client (Generations) requirements, international standard requirements as well as conformance to the relevant Eskom procedures and standards.

2.1.2 Applicability

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

2.1.3 Effective date

The effective date shall be the date of authorisation of this document.

2.2 Normative/Informative References

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

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- [4] 348-883808 Document and Record Management Work Instruction
- [5] 348-860846 Medupi Environmental Policy
- [6] 348-882048 EMS Manual and scope
- [7] 348-860848 Environmental Audit Work instruction
- [8] 32-95 ESKOM Procedure for the Effective Management of Safety, Health and Environmental related Incidents
- [9] 32-727 Safety, Health, Environment and Quality (SHEQ) Policy
- [10] National Environmental Management Act No. 107 of 1998
- [11] 32-172 Procedure for Audit Reporting and Categorization of Control, Audit Findings and Audit Report Ratings
- [12] 348-10100726 Preventive and Corrective Action Request (Template)

2.2.2 Informative

- [13] ISO 9001:2015 Quality Management Systems
- [14] ISO 14001:2015 Environmental Management System
- [15] ISO 45001:2018 Occupational Health and Safety Management System

2.3 Definitions

Term	Explanation
Adhoc/surprise Inspections	An unannounced evaluation exercise to determine whether the activities and/or facilities conform to environmental requirements and standards, this will typically be conducted by the ECO's to enhance external confidence in the inspection process.
Contractor (Principal Contractor)	An employer who performs construction work and includes principal contractors. Contracted companies are specifically viewed as employers in their own right, as per the OHSAct.
Corrective Action	Action to eliminate the cause of a detected nonconformity or other undesirable situation.
Long term actions	Correction actions with target dates which requires longer than 60 days implementation
Observation	Site evaluation of compliance or non-compliance to environmental requirement(s).
Originator	Person initiating a formal Preventive and/or Corrective Action process.
Planned/Formal Inspection	A formalised evaluation exercise to determine whether the activities and/or facilities conform to environmental requirements and standards as agreed between the Contractors Environmental practitioner and TM environment/ECO.

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Term	Explanation
(Potential) Non-conformity	<p>Failure to comply with/and or deviation from any stipulated environmental requirement(s). Non-conformities can be identified through the following means:</p> <ul style="list-style-type: none"> i) Any Audit finding whether Internal or External that relates to Environmental, ii) Non-conformities identified through inspections, iii) Any non-compliance to HSE Employer Policies and Procedures referred to in the contract, i) Root causes identified through Incident Investigations, ii) Trends identified through Visible Felt Leadership, iii) Any Legal non-compliance, iv) Results from Analysis of Data, v) Non-conformities identified through any other Monitoring and Measurement activity (i.e. deviations from applicable standards), vi) Any complaint/feedback from an external Interested and Affected Party, <p>Results from Management Review Meetings where applicable</p>
Preventive Action	<p>Action to eliminate the cause of a potential nonconformity or other undesirable potential situation.</p> <p>Preventive action is taken to prevent occurrence whereas Corrective Action is taken to prevent recurrence.</p>
Respondent	<p>Person responsible to undertake root cause identification and actions to eliminate root cases. A Respondent may be representative of TM or Contractor.</p>

2.4 Abbreviations

Abbreviation/ Acronym	Explanation
HSE	Health, Safety and Environment
OHSAct	Occupational Health and Safety Act, No. 85 of 19
EMS	Environmental Management System
TM	Team Medupi
I&AP(s)	Interested and Affected Party(ies)
NCA	Nonconformity and Corrective Action
VFL	Visible Felt Leadership
RCAT	Root Cause Analysis Technique
ECO	Environmental Control Officer
WMCO	Waste Management Control Officer
EM	Environmental Manager

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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/Activity	TM SHE Manager	Environmental Practitioners	HSE Administrator(s)	Project Contracts Manager	Respondents	ECO
Compile NCA Requests	A,I	R	I	I		R,I
Complete and Maintain NCA Register	A	R	R	I		I
Issue NCA Requests to Contractors (where applicable)	I,A	R,C,I		A,R		R,C,I
Issue NCA Requests internally (within TM)	A,I	R				R,C,I
Review identified Root Causes of non-conformities	C,I,A	R,I	I			A,R,I
Review whether Corrective Actions have been undertaken and are effective.	A	R		C,I	I	R,I
Respond to Corrective Actions within the stipulated timeframe and in the stipulated format	I	I,C		C,I	R,A	I,C
Complete thorough identifications of root causes of non-conformities	C	I		C	R,A	I

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Process Step/Activity	TM SHE Manager	Environmental Practitioners	HSE Administrator(s)	Project Contracts Manager	Respondents	ECO
Verify closure of all NCAs	I,A	C,I,R	I		C,I	A,R
Keep records of evidence of applicable Corrective Actions	I,A	C,I,R	I		R,A	I
Make resources available for physical or administrative review of actions taken, so as to prevent occurrence or recurrence	I	I,C			R,A	I
Records to be utilised as Input to Management Review	A	R	C		C	

2.6 Related/Supporting Documents

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

- i) Nonconformity and Corrective Action Register (348-10052686)
- ii) Completed Nonconformity and Corrective Action Request Forms (348-10100726)
- iii) GCD Breaches Register (240-84458888)

Documented information generated as a result of this document shall follow the process defined in the 348-883808" Document and Record Management"

3. Document Content

3.1 Process Map/ Flowchart

Not compiled.

3.2 Inspections

3.2.1 Contractor inspections

- Contractors Environmental/HSE Practitioners must conduct regular environmental inspections to ensure that the system for implementation of the Environmental Specification is operating effectively. It is the Principal Contractors responsibility to ensure that all sub-contractors conform to the environmental requirements and standards.
- Contractors shall submit all completed inspection reports together with Monthly Environmental Compliance Reports.

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3.2.2 TM Environment Inspections

- TM Environmental Practitioners/ECO's shall conduct regular environmental inspections of the site and surrounding areas in order to monitor compliance with Construction Environmental Management Plan (348-681011) and other applicable environmental requirements.
- The inspections shall be recorded on an Environmental Inspection Form (348-611838) or email by TM Environmental Practitioners. The ECO's shall use their own template to record observations made during the site inspection.
- Each inspection shall where applicable be preceded by the verification of previous observations raised.
- Observations raised during the inspections that have not been addressed within the required timeframes shall be raised as NCA.

3.3 Recording and Registration

- A (Potential) Non-conformity (ies) is/are detected through inspections, audits etc.
- Details of the relevant (Potential) Non-conformity (ies) are recorded on the NCA Form (348-10100726). Detailed information must be provided to enable effective analysis and action by the Respondent.
- Once the initiator/originator completed NCA form, it should be issued to the identified Respondent within five (5) days. Where such Respondent is a Contractor, such issuance shall be done through the relevant Contracts Manager.
- Where such Respondent is internal to Team Medupi, such issue shall be done via e-mail, copied to the Team Medupi Health, Safety and Environmental Manager.
- Issued NCA shall be captured on the NCA Register (348-10052656).

3.4 Identification of Root Cause and appropriate Action

- A Root Cause identification activity shall be undertaken and these root causes completed on the NCA form.

Note: Where the respondent is internal to Team Medupi, 5Whys or RCAT shall be used for the root cause identification process. Where the respondent is within a Contractor organisation, a recognised root cause analysis process shall be used for the root cause identification process.

- Immediate actions/corrections shall be identified that are appropriate in addressing the actual impact/risk effect.
- Corrective Actions shall be identified that are appropriate in addressing the particular root cause(s) to prevent re-occurrence or occurrence, as per the identified actual or potential non-conformance. Such Actions shall be recorded on the NCA form including which items of evidence shall be available and a completion date.
- The Respondent shall return the completed NCA form manually to the Originator within five (5) working days of receipt and following the applicable Document Control process.
- Where the Respondent does not provide the completed NCA form within the required timeframe, the Originator shall escalate such to the TM Environmental Manager.
- The Originator shall review the completed NCA form with the view to confirm whether:

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- Appropriate root cause analysis process was used in the root cause identification.
- The identified Root Cause(s) are accurate in relation to the stated non-conformity.
- The identified Actions would address the identified root causes effectively and efficiently.
- A Risk Assessment has been undertaken, covering the proposed Corrective Actions.
- Appropriateness of the completion dates.
- Such review shall take place within five (5) days of return by the Respondent.
- *Note: The particular Contract Manager shall be consulted in cases with Cost and Schedule implications through application of Corrective and/or Preventive Action.*
- Where the Originator does not accept the proposed corrective actions submitted on NCA form, such will be returned to the Respondent to update within five (5) days.

3.5 Action and Review

- The Respondent undertakes the agreed Actions and submits record of such actions to TM Environmental Department.
- The Originator reviews the Actions undertaken, within five (5) days. Such review should ascertain
 - Whether Actions have been taken
 - Whether the Actions have been successful in addressing the initial root causes.
 - Outcomes of this review shall be captured on the applicable NCA form.

3.6 Overdue and Escalations

- NCA shall be escalated or regarded as overdue based on the scenarios outlined on **figure 1** below. Once the initiator/originator becomes aware that one of the scenarios depicted on the figure below has not been met, he/she should escalate the matter to the General Manager and/or the Contracts Manager (in the case of Contractors) within ten (10) days.

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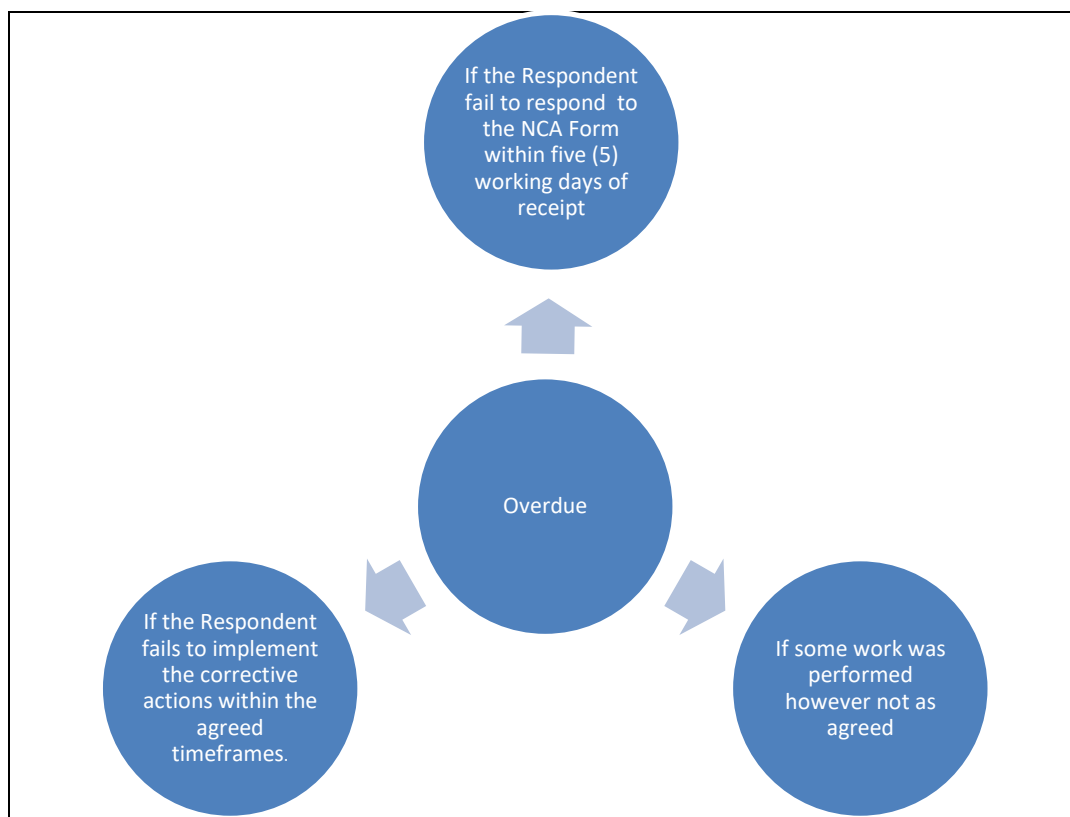


Figure 1-Overdue Findings Process

- The initiator/originator to ensure timeframes for sending out NCA as well responding to proposed corrective actions are handled within the stipulated timeframes to prevent delays.
- Should the respondent still fail to adhere or respond to the above-mentioned escalation process the matter will be escalated to the General Manager/Contract Manager.

3.7 Process for requesting Extension

- Where the contractor /TM respondent is aware that the timeframes to implement corrective actions will not be met, and that extension or change of dates will be unavoidable, the respondent should request an extension of due dates through a motivation letter submitted to TM Environment through the Contracts Manager at least 14 days prior to the due date. The motivation letter requesting for an extension of the completion dates must be signed off by the highest level of authority from the Contractors side and accepted by the Environmental Manager and/or Contracts Manager.
- For findings reported to GCD SHE, once change of dates has been approved internally, motivation must be submitted to their office as per GCD reporting requirements outlined in procedure 32-172.

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3.8 Closure of NCA

- All NCA's should be closed within 60 days of receipt by the respondent except for the long-term actions where these have been agreed between the respondent and the environmental practitioner.
- Where found that Actions have been undertaken and these effectively address root causes the NCA form shall be completed by signature and/or closes the NCA form.
- The completion of the NCA form shall be communicated to the relevant HSE/System Administrator so that the NCA Register may be updated to reflect status "Closed".
- Records of Corrective Action shall be utilised as input to EMS Management Review

3.9 Reporting on the status of Audit Findings

- The Initiator/Originator shall track NCA's and submit the status to the TM Environmental Manager on a monthly basis.
- The Breaches register is used as a reporting tool to head office/Construction SHEQ department on a monthly basis.
- Progress on the actions relating to findings close-out is tracked monthly basis and recorded on the Breaches register.
- All overdue actions plans where dates have been extended are also recorded
- A motivation to request extension of target dates and action plan with reasons for requesting extension of dates to be signed by the General Manager Projects and further approved by GCD SHEQ and Sustainability.
- Breaches register as well as the related action plan form part of both the Business Review meetings as well as the Management Review meeting discussions
- The tracking of the Engineering and Construction related findings and progress on the breaches register to also align with the monthly OMAC report to ensure the latest version of dates and progress.
- On a monthly basis Assurance managers perform a follow-up from business units on the status of findings (Assurance Report).
- On a quarterly basis a status update with regards to all audit findings, audit project scheduled and results from follow-up must be reported to the Audit and Risk Committee by the Assurance department.

3.10 Nonconformity raised by external auditors, Eskom GC-GSHEQ, or any other stakeholder

A nonconformity raised by an external auditor, GC-GSHEQ or any other stakeholder shall be recorded on either the relevant Auditor's NCR Forms or an action plan or an internal NC form.

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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.

Table 2: KPA's/KPI's

Key Performance Area	Key Performance Indicator	Target	Measure Frequency	Responsible	Record
Effective Corrective Action	Reduction in recurrence of non-conformity	10%	In line with Management Review	Environmental Practitioners/ ECO's	NCAs raised and NCA Register
	Reduction in occurrence of non-conformity	10%	In line with management Review	Environmental Practitioners/ECO's	NCAs raised and NCA Register
	Corrective Action undertaken by due date	80%	Monthly	Environmental Practitioners/ECO's	NCAs raised and NCA Register
ISO 14001 conformity	The number of major internal or external findings in relation to this Procedure as stipulated in the Group GCD KPI's for each financial year	No more than 2 major NC	As per audit schedule	Environmental Practitioners	NCAs raised and NCA Register
Document control	Retain and store records generated as a result of this document as defined in the Procedure 348-883808 "Control of Records".	100% storage of maintained and retained documented information	Annually or as required	Environmental Practitioners	As generated by the procedure

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Revision of Document	Revision requirements in line with Medupi Procedures 348-653867 "Development and Change of Medupi QMS Documents" and 348-883808 "Document Control"	100% review of documents due for review. Three (3) yearly review	Annually or as required	Environmental Manager	New revised document
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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:

- a) the process / procedure operational integrity
- b) process efficiency
- c) the level of stakeholder knowledge and implementation.

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 procedure 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 Procedures 348-653867 "Development and Change of Medupi QMS Documents" and 348-883808 "Document and Record Management".

4.2.2 Revision Period

All QMS 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:

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Name	Designation
Z.Shange	General Manager
L. Ndlovu	Quality Assurance Manager
N. Khuzwayo	Project Health, Safety and Environmental Manager

6. Revisions

Date	Rev.	Compiler	Remarks
July 2025	09	N Nengobela	Three yearly review. New document template. Included recording and reporting (NCA) process flow. Replace PCAR with NCA. Remove ECO as the verifier of closure of NCA. Included NCs raised by external auditor, GC-GSHEQ or any other stakeholder.
March 2022	08	M.Boshomane	Three Yearly review including minor administrative changes as well as addressing TN 06 and TN07 of ISO14001:2015 conducted 14-15 September 2021.New Document template Rev.05 effected
January 2018	07	M Boshomane	Annual Review

7. Development Team

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


- Ndivhuho Nengobela
- Sakutanya Mamabolo
- Dovhani Mudzielwana
- Humbelani Magau
- Pauline Malindi

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Appendix A – Process Self-Assessment Checklist

	MEDUPI POWER STATION PROJECT			Template Identifier	348-655890	Rev	3
				Document Identifier	xxxx	Rev	xx
				Effective Date	February 2025		
				Next Review Date	February 2030		
TITLE: Document Self-Assessment Checklist Handling of Environmental Nonconformity and corrective action							
Discipline:		Applicable Document No.: 348-717685				Self-Assessment Date: DD / MM /YYYY	
Item No	Ref Section	Self-Assessment Question	Compliant			Comment	
			Yes	Part	No		
1	3.1.1	Do Principal Contractors conduct monthly environmental inspections to ensure that the system for implementation of the Environmental Specification is operating effectively?					
2	3.1.1	Do Principal Contractors submit all completed inspection reports together with the Monthly Environmental Compliance Reports as per the annual environmental calendar?					
3	3.1.2	Are inspections recorded on an Environmental Inspection Form (348-611838) or via email by TM Environmental Department?					
4	3.1.2	Is TM Environmental Department's inspection report detailing the observations made during the inspections issued within 24hrs?					

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5	3.1.2	Are observations raised during the inspections that have not been addressed within the required timeframes being raised as a NCA?				
6	3.1.2	Are details of the relevant Non-conformity recorded on the NCA Form?				
7	3.1.2	Is relevant information on the NCA form provided to the HSE/System Administrator so that such non-conformity may be captured on the NCA Register?				
8	3.1.2	Is the NCA form issued to the identified Respondent, formally through the relevant Project Contracts Manager and Document Controller?				
9	3.1.2	Is Root Cause identification activities been undertaken and have these root causes been completed on the NCA form?				
10	3.1.2	Have the Respondent returned the completed NCA form to the Originator within 5 Days of receipt and following the applicable Document Control process?				
11	3.2	Have the Originator reviewed the completed NCA form(Within 5(five) days of return by the Respondent):				
12	3.2	The identified Root Cause(s) are accurate in relation to the stated non-conformity				
13	3.2	The identified Actions would address the identified root causes effectively and efficiently.				
14	3.2	A Risk Assessment has been undertaken, covering the proposed Corrective/Preventive Actions.				
15	3.2	Have the Originator reviewed the Actions undertaken, within 5 days of the last target date?				
16	3.2	Whether Actions have been taken				

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Medupi Handling of HSE Non-conformities and Corrective and Preventive Action

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17	3.2	Whether the Actions have been successful in addressing the initial root causes.				
18	3.5	Where found that Actions have not been undertaken or are ineffectual, has:				
19	3.5	This been escalated to the respective TM Environmental Manager and the Contracts Manager (in the case of Contractors) who will institute contractual measures?				
20	3.5	Should the Principal Contractor fail to implement corrective actions, it will be escalated to the TM Construction Manager?				
21	3.5	In the case of Internal (i.e. TM) Non-conformities, does this get escalated to the respective TM Environmental Manager and the Managing Director?				
22	3.7	Does the ECO verify closure of all NCA's by accepting or rejecting such? Once NCA adequately address the non-conformity does he/she close it and communicate with Originator?				
22	3.7	Has the completion of the NCA form been communicated to the relevant HSE/System Administrator so that the NCA Register may be updated to reflect status "Closed"?				
Comments:						
Self-Assessment by:		Name:	Position:		Revision Required? (Yes / No)	Planned Revision Date:
Attendees:						

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