

	<p style="text-align: center;">Procedure</p>	<p style="text-align: center;">Medupi Power Station Project</p>
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Title: **Medupi Handling of Environmental Non-conformities and Corrective and Preventive Action Procedure**

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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 Preventive 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 and Preventive actions appropriately and in a timely manner.
- Keep/Supply records of evidence of applicable Corrective and Preventive 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 and Preventive Action, so as to ensure compliance with applicable Statutory, Client and international standard requirements.

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

Date of authorisation of this document.

2.2 Normative/Informative References

2.2.1 Normative

Document Title	Document Number
Execution Plan	200-5919
Project Quality Plan	200-1679
Development and Change of Medupi QMS Documents	200-5665
Document Management Procedure	200-1680

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Document Title	Document Number
OHSAS 18001, Occupational Health and Safety Management Systems, Requirements	OHSAS 18001
SANS/ISO 14001, Environmental Management Systems, Requirements with guidance for use	ISO 14001
SANS/ISO 9000, Quality Management Systems – Fundamentals and Vocabulary	ISO 9000
Medupi Environmental Policy	200-73979
EMS Manual and scope	200-73791
Procedure for the Identification and Assessment of Environmental Aspects and Impacts	200-73795
Environmental Legal and other requirements	200-73977
Environmental Audit Procedure	200-38428
ESKOM Procedure for the Effective Management of Safety, Health and Environmental related Incidents	32-95
Safety, Health, Environment and Quality (SHEQ) Policy	32-727
National Environmental Management Act	Act No. 107 of 1998
Procedure for Audit Reporting and Categorization of Control, Audit Findings and Audit Report Ratings	32-172
HSE Preventive and Corrective Action Register (Template)	200-39011
Preventive and Corrective Action Request (Template)	200-39012
Medupi Power Station, s.4 Employer Policy and Procedures – Part 9; Safety, Health and Environmental Requirements Schedule	200-10609
Procedure for Visible Felt Leadership and Behaviour-based Safety Observations	200-39574
Environmental Incident Management Procedure	200-10506
WISPA HSE – PCAR Management Module User Guide	-

2.2.2 Informative

- ISO 9001:2015
- ISO 14001:2014

2.3 Definitions

Term	Definition
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.
(Potential) Non-conformity	Failure to comply with/and or deviate from any stipulated environmental requirement(s). Non-conformities can be identified through the following means: <ul style="list-style-type: none"> i) Any Audit finding whether Internal or External that relates to Environmental, ii) Non-conformities identified through inspections,

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	<ul style="list-style-type: none"> 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, vii) Results from Management Review Meetings where applicable
Corrective Action	Action to eliminate the cause of a detected nonconformity or other undesirable situation.
Preventive Action	Action to eliminate the cause of a potential nonconformity or other undesirable potential situation. Preventive action is taken to prevent occurrence whereas Corrective Action is taken to prevent recurrence .
Originator	Person initiating a formal Preventive and/or Corrective Action process.
Respondent	Person responsible to undertake root cause identification and actions to eliminate root cases. A Respondent may be representative of TM or Contractor.
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.
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.
Observation	Site evaluation of compliance or non-compliance to environmental requirement(s).
Long term actions	Correction actions with target dates which requires longer than 60 days implementation

2.4 Abbreviations

Abbreviation or Acronym	Description
HSE	Health, Safety and Environment
OHSAct	Occupational Health and Safety Act, No. 85 of 19
EMS	Environmental Management System
TMM	Team Medupi
I&AP(s)	Interested and Affected Party(ies)
PCA(R)	Preventive and Corrective Action (Request)
VFL	Visible Felt Leadership

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RCAT	Root Cause Analysis Technique
ECO	Environmental Control Officer
WMCO	Waste Management Control Officer
EM	Environmental Manager
WISPA	Web Integrated System of Process and Applications

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

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Verify closure of all PCAR's	I	C,I			C,I	A,R
Keep records of evidence of applicable Corrective and Preventive Actions	I	C,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	R		C		C	

2.6 Related / Supporting Documents

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

- [1] Preventive and Corrective Action Register (200-39011)
- [2] Completed Preventive and Corrective Action Request Forms (200-39012) Rev 3
- [3] WISPA HSE PCAR Management system

The retention and storage of records generated as a result of this document shall follow the process defined in the PWI 200-1680" Document and Record Management"

3. Procedure

3.1 Inspections

3.1.1 Contractor inspections

- Principal Contractors shall conduct monthly 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.
- Principal Contractors must submit all completed inspection reports together with the Monthly Environmental Compliance Reports as per the annual environmental calendar.

3.1.2 TM Environment Inspections

- Planned environmental inspections on Principal Contractors will be conducted by TM Environmental Practitioners/ECO's.
- The inspections will be recorded on an Environmental Inspection Form (200-80955) by TM Environmental Department.
- The observations will be recorded based on following severity criteria:
 - Critical – are observations that require immediate attention and must be appropriately addressed within 24hrs. These are typically issues that if not addressed immediately will lead to major pollution of the environment and/or a legal contravention.

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- Moderate - are observations that must be appropriately addressed according to agreed time frames but within 7days. These are typically issues that if not addressed timeously could lead to pollution of the environment and/or a legal contravention.
- Minor - are observations that must be appropriately addressed according to agreed time frames but within 14days. These are typically issues that if not addressed timeously may lead to pollution of the environment and/or a legal contravention.
- Inspection report detailing the observations made during the inspections will be issued within 24hrs.
- Each inspection shall be preceded by the verification of previous observations raised.
- Observations raised during the inspections that have not been addressed within the required timeframes will be raised as a PCAR.

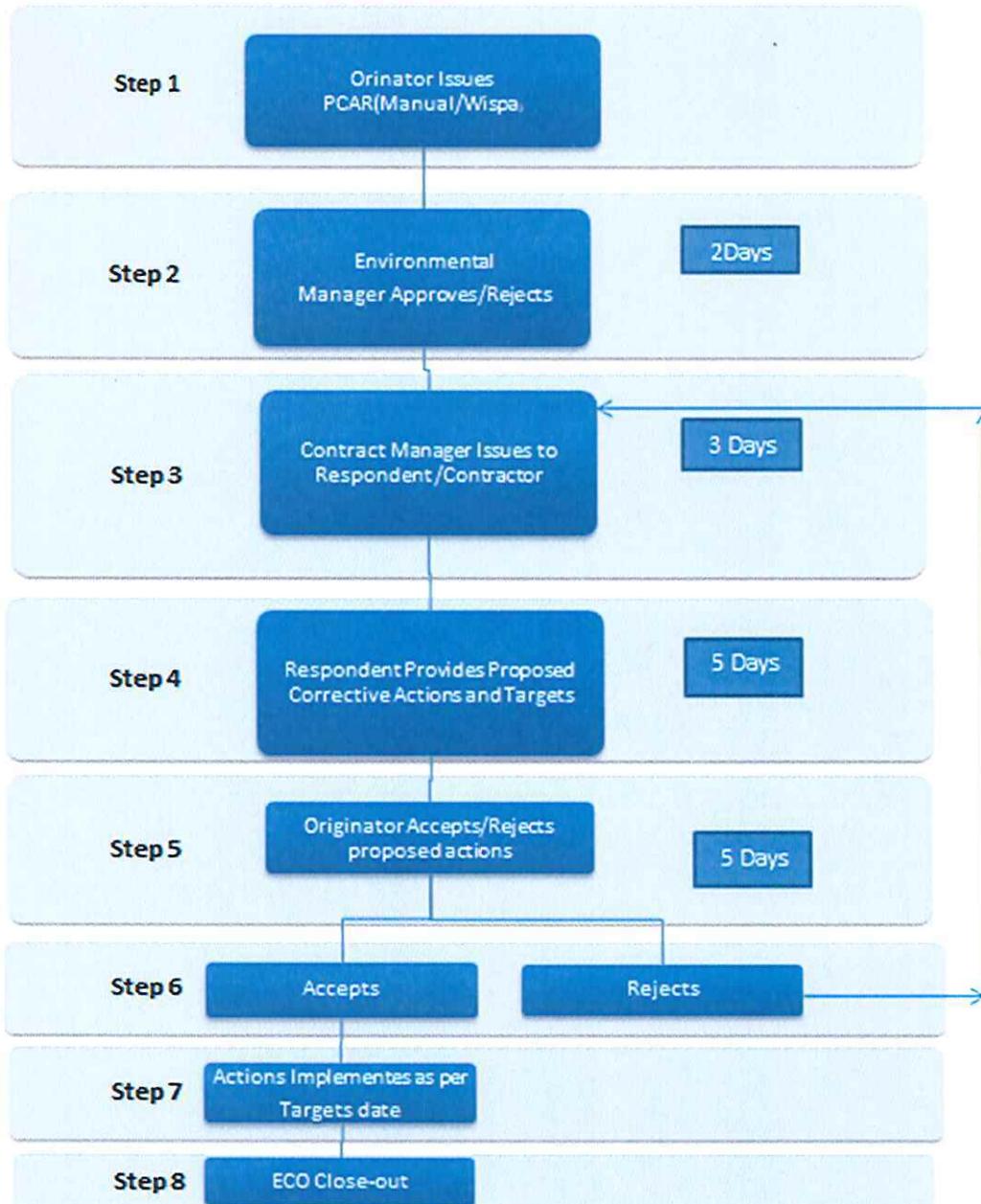
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3.2 Recording and Registration

Figure 1-PCAR Process Flow



- A (Potential) Non-conformity (ies) is/are detected through means identified per Section 3.2 of this document.
- Details of the relevant (Potential) Non-conformity are recorded on the either PCAR Form (200-39012, Rev 3) or Wispa HSE - PCAR system which can be accessed on www.medupiwispa.co.za. Detailed information must be provided to enable effective analysis and action by the Respondent.

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- For manual PCARs, the originator shall provide relevant information on the PCAR Form to the originator / Environmental co-ordinator so that such non-conformity shall be captured on the PCA Register. The PCAR recorded on WISPA HSE will automatically be captured with WISPA register.
- Once the PCAR form has been completed/loaded on WISPA, 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. A PCAR registered via WISPA will automatically be submitted to the Environmental Manager (EM) or a delegate who will either accept or reject the PCAR. Once the EM has accepted the PCAR it will be submitted to the relevant Contracts Manager who will issue it to the Respondent with the exception of contractors that are not on WISPA
- Where such Respondent is internal to Team Medupi, such issue shall be done via e-mail, copied to the Team Medupi Environmental Manager.

3.3 Identification of Root Cause and appropriate Action

- A Root Cause identification activity shall be undertaken and these root causes completed on the PCA form or and/or WISPA - PCAR system

Note: Where the respondent is internal to Team Medupi, 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 shall be identified that are appropriate in addressing the actual impact/risk effect.
- 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 PCAR form or PCAR on WISPA, including which items of evidence shall be available and a Target Date for completion.
- The Respondent shall return the completed PCAR form manually or on WISPA to the Originator within five (5) working hours of receipt and following the applicable Document Control process.
- Where the Respondent does not provide the completed PCAR form within the required timeframe, the Originator shall escalate such to the TM Environmental Manager.
- The Originator shall review the completed PCAR form or PCAR on WISPA with the view to confirm whether;
 - 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/Preventive Actions;
 - Appropriateness of the target 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 PCAR form and PCAR on WISPA, such will be returned to the Respondent to update within five (5) days.

3.4 Action and Review

- The Respondent undertakes the agreed Actions and submits record of such actions to TM Environmental Department/WISPA.

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- The Originator reviews the Actions undertaken, within five (5) days of the last target date. 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 PCAR form and/or PCAR on WISPA.

3.5 Overdue's and Escalations

- PCAR's will be escalated or regarded as overdue based on the scenarios outlined on figure 6 below. Once the 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 Project Director and the Contracts Manager (in the case of Contractors) within ten (10) days.

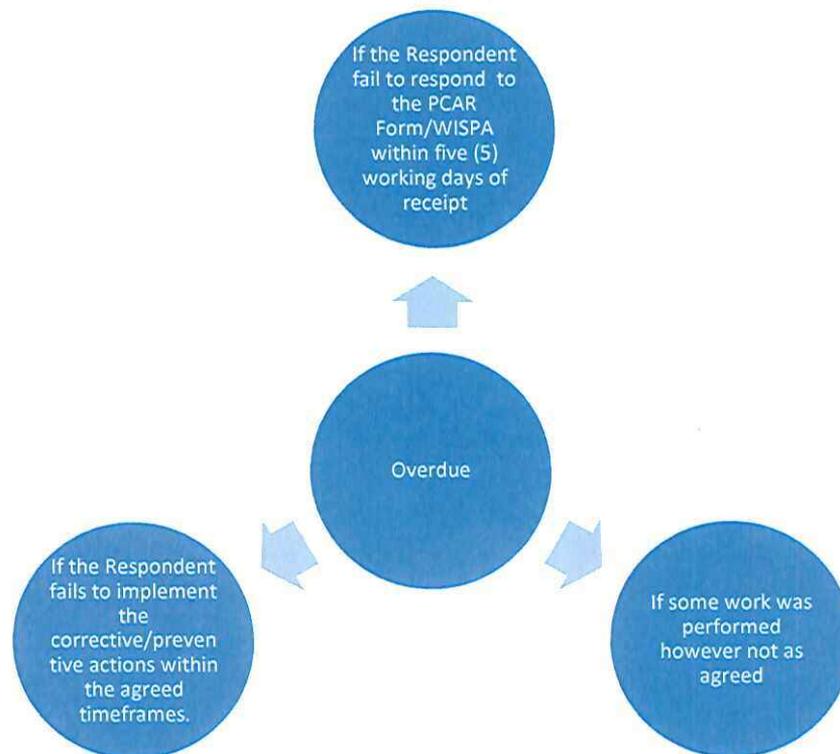


Figure 2-Overdue Findings Process

- Should the respondent still fail to adhere or respond to the above mentioned escalation process the matter will be escalated to the Project Director and EMC.

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3.6 Process for requesting Extension

- Where the contractor /TM respondent is aware that the timeframes to implement preventative/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 target dates must be signed off by the highest level of authority from the Contractors side and accepted by the Environmental Manager and 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.

3.7 Closure of PCAR

- All PCAR'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 PCAR form shall be completed by signature and/or closes the PCAR form or on WISPA.
- The ECO will also verify closure of all PCAR's by accepting or rejecting such. If the ECO finds that the closed PCAR does not sufficiently address the (potential/actual) non-conformity he/she can reject and request such PCAR to adequately address the non-conformity. Reasons for rejection must be provided by the ECO. Once satisfied that the PCAR adequately address the non-conformity he/she will close it and communicate with Originator.
- The completion of the PCAR form shall be communicated to the relevant HSE Administrator so that the PCA Register may be updated to reflect status "Closed".
- Records of Corrective and Preventive Action shall be utilised as input to EMS Management Review

3.8 Reporting on the status of Audit Findings

- The Originator should track PCAR's and submit the status to the TM Environmental Manager on a monthly basis.
- 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.

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	Measure Frequency	Responsible	Record
Effective Preventive and Corrective Action	Reduction in recurrence of non-conformity	In line with Management Review	Environmental Practitioners/ ECO's	PCARs raised and PCA Register
	Reduction in occurrence of non-conformity	In line with management Review	Environmental Practitioners/ECO's	PCARs raised and PCA Register
	Preventive and Corrective Action undertaken by due date	Monthly	Environmental Practitioners/ECO's	PCARs raised and PCA Register
ISO 14001 conformity	Zero (0) major internal or external findings in relation to this Procedure	As per audit schedule	Environmental Practitioners	PCARs raised and PCA Register
	Planned Continual Improvement of the TM EMS, through input to Management Review	In line with management Review	Environmental Practitioners	Management Review Minutes
Document control	Retain and store records generated as a result of this document as defined in the Procedure 200-1681 "Control of Records".	Annually or as required	Environmental Practitioners	As generated by the procedure
Revision of Document	Revision requirements in line with Medupi Procedures PPZ 200 5665 "Development and Change of Medupi QMS Documents" and PPZ 200 1680 "Document Control"	Annually or as required	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:

- 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" (*QMS Template No. QMS PTZ 200 - 75592*) included as an Appendix to this procedure which shall be issued to medupiga@eskom.co.za by the Process Owner once completed.

Process Owner shall proceed with any revision requirements in line with Medupi Procedures

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PPZ 200 5665 "Development and Change of Medupi QMS Documents" and PPZ 200 1680 "Document and Record Management"

4.2.2 Revision Period

All QMS documents shall undergo a three yearly revision.

4.3 Training Requirements

Personnel implementing this Procedure require training in WISPA HSE PCAR Management system and on its operational requirements Acceptance.

5. Acceptance

This document has been seen and accepted by:

Name	Designation
M Boshomane	Senior Advisor Environmental
David Pretorius	Senior Advisor Quality Assurance
S Mamabolo	Senior Advisor Environmental
N Nengobela	Senior Advisor Environmental
D Mudzielwana	Senior Advisor Environmental
C Teffo	Officer Environmental Management
D Van Rooy	Officer Environmental Management
J Koekemoer	Officer Environmental Management
M Sebonego	Officer Environmental Management
S Linda	Environmental Control Officer
C Makgoba	Environmental Control Officer
L Mathavha	Lead ECO
L Koekemoer	WMCO – Waste Management Control Officer
S Nemutanzhela	Environmental Co-ordinator

6. Revisions

Date	Rev.	Compiler	Remarks
2018/01/28	07	M Boshomane	Annual Review
2015/04/21	06	L Ramono	Document changed to incorporate the manner in which preventative actions will be identified and reviewed for effectiveness, based on finding in DQS first maintenance audit.
2014/09/02	05	N Nengobela	Annual Review

7. Development Team

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

- M Boshomane

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- S Mamabolo
- M Sebonego

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Appendix A – Process Self-Assessment Checklist

Discipline: Environmental Management		Applicable Document No.: PPZ 200 – 38426 Rev 07			Self Assessment Date: / /	
Item No	Ref Section	Self-Assessment Question	Compliant			Comment
			Yes	Part	No	
1	5.2.1.1	Do Principal Contractors conduct monthly environmental inspections to ensure that the system for implementation of the Environmental Specification is operating effectively?				
2	5.2.1.1	Do Principal Contractors submit all completed inspection reports together with the Monthly Environmental Compliance Reports as per the annual environmental calendar?				
3	5.2.1.2	Are inspections recorded on an Environmental Inspection Form (200-80955) by TM Environmental Department?				
4	5.2.1.2	Are observations recorded based on following severity criteria: -Critical, Moderate, Minor				
5	5.2.1.2	Is TM Environmental Department's inspection report detailing the observations made during the inspections issued within 24hrs?				
6	5.2.1.2	Are observations raised during the inspections that have not been addressed within the required timeframes being raised as a PCAR?				
7	5.2.2	Are details of the relevant Non-conformity recorded on the PCAR Form or Wispa HSE - PCAR system?				
8	5.2.1	Is relevant information on the PCA form provided to the HSE Administrator so that such non-conformity may be captured on the PCA Register?				
9	5.2.2	Is the PCA form issued to the identified Respondent, formally through the relevant Project Contracts Manager and Document Controller?				
10	5.2.3	Is Root Cause identification activities been undertaken and have these root causes been completed on the PCAR form or Wispa HSE - PCAR system?				
11	5.2.3	Have the Respondent returned the completed PCAR form or Wispa HSE - PCAR system to the Originator within 5 Days of receipt and following the applicable Document Control process?				

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12	5.2.3	Have the Originator reviewed the completed PCAR form or PCAR on WISPA to confirmed the following (Within 5(five) days of return by the Respondent):				
13	5.2.3	<ul style="list-style-type: none"> The identified Root Cause(s) are accurate in relation to the stated non-conformity 				
14	5.2.3	<ul style="list-style-type: none"> The identified Actions would address the identified root causes effectively and efficiently. 				
14	5.2.3	<ul style="list-style-type: none"> A Risk Assessment has been undertaken, covering the proposed Corrective/Preventive Actions. 				
16	5.2.4	<ul style="list-style-type: none"> Have the Originator reviewed the Actions undertaken, within 5 days of the last target date? 				
17	5.2.4	<ul style="list-style-type: none"> Whether Actions have been taken 				
18	5.2.4	<ul style="list-style-type: none"> Whether the Actions have been successful in addressing the initial root causes. 				
19	5.2.4	Where found that Actions have not been undertaken or are ineffectual, has:				
20	5.2.4	<ul style="list-style-type: none"> This been escalated to the respective TM Environmental Manager and the Contracts Manager (in the case of Contractors) who will institute contractual measures? 				
21	5.2.4	<ul style="list-style-type: none"> Should the Principal Contractor fail to implement corrective actions, it will be escalated to the TM Construction Manager? 				
22	5.2.4	<ul style="list-style-type: none"> Should the Principal Contractor still fail to implement corrective actions, the ECO will escalate the non-conformance to the EMC? 				
23	5.2.4	<ul style="list-style-type: none"> In the case of Internal (i.e. TM) Non-conformities, does this get escalated to the respective TM Environmental Manager and the Project Director? 				
24	5.2.4	Does the ECO verify closure of all PCAR's by accepting or rejecting such? Once PCAR adequately address the non-conformity does he/she close it and communicate with Originator?				
25	5.2.4	Has the completion of the PCAR form been communicated to the relevant HSE Administrator so that the PCA Register may be updated to reflect status "Closed"?				

CONTROLLED DISCLOSURE

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

CONTROLLED DISCLOSURE

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