Corrective Action Verification Audit (CVA) Report

Organization: Fédération des organismes de gestion en commun du BSL
Cert/Ver/Val Code: SW-FM/COC-005023
Report Date: September 19th, 2013

I. AUDIT PROCESS

Auditor, Qualifications: Nicolas Blanchette, ing.f., M.Sc., MBA. Forest engineer since 1996, Nicolas specializes in forest management and forest certification public consultation. He gained profound knowledge of FSC certification through his implication with this organisation in New-Brunswick, at the FSC international office in Mexico, and since 2001, as coordinator of the Quebec initiative for the development of the FSC standard. Nicolas is responsible for the development of the Boreal and mixed standards in Quebec. He successfully followed the SmartWood auditor training and has been working as chain of custody and forest management auditor in Quebec since 2003.

Audit Date(s): August 16 to September 16, 2013
CVA Type: Desk review ☐ On-site ☒ Location(s):
Audit Overview: The client provided evidence on August 16, 2013. The preliminary results were discussed during the 2013 annual audit which took place in the week of September 2, 2013 and a few adjustments were made to procedures. The final findings were written in order to close the report on September 16, 2013.

Changes to Scope since last Audit: None.

II. NON-CONFORMITY REPORT (NCR) EVALUATION

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<th>NC Classification:</th>
<th>Major X</th>
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<td>Standard &amp; requirement:</td>
<td>FSC-STD-30-005, 3.2</td>
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<td>Section of the report:</td>
<td>Annex VII</td>
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Description of non-conformance and related evidence:
Requirements of the standard referred to by the NCR
The procedures of the group entity should be sufficient to implement an effective system of internal control that ensures that all members reach the applicable requirements.

Finding
The procedures are not sufficient for the implementation of an effective system of internal control. The group entity must have a written control system to monitor. It must define how the internal audit process will determine the requirements of the standard to check how the sampling sites will be established websites, etc.

**Relate evidence**
- Group membership agreement

**Corrective Action Request:**

The organization shall implement corrective actions to demonstrate its conformance with the requirements listed above.

Note: Effective corrective actions focus not only on the particular situation described above, but also the root cause in order to prevent recurrence.

**Timeline for conformance:**

3 months after the final report

**Evidence provided by the organization:**

- FOGCBSL group procedure
- 2013 internal audit report
- 2013 internal audit plan

**Findings following the evaluation of evidence:**

The federation (FOGCBSL) groups six management agencies together (OGC), each consisting of several members. This is a Type II group certificate.

Since the 2012 audit, FOGCBSL amended their group procedure to include an internal control system. It is stated that at the beginning of each season, the group is committed to conduct an internal audit. It is planned that all the principles of the Great Lakes – St. Lawrence standard (GLSL) be audited within a five year cycle. In addition, all requirements will be audited during reassessment. The 2013 internal audit evaluated several criteria of the GLSL standard, including some that the group has identified as needing to be evaluated each year, in accordance with Article 8.2 of the FSC-STD - 30-005.

Regarding sampling, the procedure requires that two members be audited annually. The number of OGCs and number of members to be sampled is determined with the same formula, which is \(0.6 \times \text{square root of the total number of members} \) (which meets the Type I sampling, which is sufficient for a Type II group). In their sampling, the audit team differentiates two categories of private forests (i.e. Less than and more than 1000ha ) from community managed forests. The sites are selected from the list of ongoing work. The selection is made randomly by an OGC member not audited from a complete list of past and recent work. The risk factors considered in determining the sites to visit include among others the arrival of new staff, natural disasters, results of previous internal audits, etc. Additional follow-up visits may be scheduled when potential problems occur or if FOGCBSL receives information from stakeholders regarding alleged violations of the FSC by its members.

Thus, it has been demonstrated that the group procedure addresses all the standard requirements regarding the internal control system, and the evaluation method is adapted suitably depending on the characteristics of the group, the risk factors specific to the activities of members and according to the peculiarities of the region. The NCR can be closed.

**NCR Status:** CLOSED

**Comments (optional):**

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**Section of the report:** Annex VII

### Description of non-conformance and related evidence:

**Requirements of the standard referred to by the NCR**

The group entity shall provide each member of the documentation, or access to this documentation, specifying the terms and conditions of membership of the group. The documentation shall include among others:

V- Explanation of any obligation related to group membership, such as:
   a. data collection for monitoring purposes;
   c. requirements to comply with the corrective actions issued by the registrar or the group entity

### Finding

V-The internal audit system was not in place before the preparation of the audit and was incomplete during the audit. The group entity and the members did not provide all the necessary information in time for the audit. In addition, evidence and practices of FME are heterogeneous, which greatly increases the effort required by the Registrar to carry out the external audit. The data collected for the audit and provided to the Registrar were incomplete.

### Related evidence

Group membership agreement
Documentary evidence

### Corrective Action Request:

The organization shall implement corrective actions to demonstrate its conformance with the requirements listed above.  
**Note:** Effective corrective actions focus not only on the particular situation described above, but also the root cause in order to prevent recurrence.

### Timeline for conformance:

3 months after the final report

### Evidence provided by the organization:

FOGCBSL’s 2013 group procedure
Minutes from the April 12, 2013 meeting
Interviews

### Findings following the evaluation of evidence:

The group membership agreement specifies the compilation of data by the OGC to be shared between members and the group manager. The documentation shared includes among other information, list of third parties, monitoring of the respect of annual allowable cutting, the list of certified properties, the annexes of the certifying body and other data when deemed necessary.

It is also specifies that the group members agree on how they want to adapt their operations to comply with the non-compliance issued during the audit of the certifying body and also the implementation of corrective actions issued during internal audits. The minutes of the meeting of April 12, 2013 and interviews with the applicant demonstrate that this requirement has been met.

The company has demonstrated that the group entity now provides to each member, relevant documentation and clear terms of membership. This non-conformance can be closed.

### NCR Status:

CLOSED

### Comments (optional):

NCRs Closed: ☒ No follow-up required related to closed NCRs

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**III. CONCLUSIONS**
IV. OPEN NCRs
Newly issued or upgraded NCRs:
None.

V. AUDIT REPORT APPROVAL

Note: a formal Q-09 Report Review and Approval (RRA) Checklist conducted by an independent, authorized reviewer is required when the CVA results in certificate/verification/validation issuance or suspension/termination, or when there is a change in scope. In all other cases, the report may be approved with the 2nd checkbox below by an authorized RRA reviewer which may be the CVA auditor, or by a Senior Auditor.

☐ Refer to separate Q-09 RRA Checklist
✓ Report approved by way of this checkbox
Approved by: Christine Korol
Date: September 19, 2013
✓ Salesforce has been completed with applicable files uploaded, and is updated based on any changes to the Organization details or other areas relevant to the CVA.