Public Summary Report for Forest Management
2013 Annual audit
Report for:
Fédération des organismes de gestion en commun du BSL
in
Saint-Alexandre, Quebec, Canada

Report Finalized: December 2nd 2013
Audit Dates: September 3-6, 2013
Audit Team: Nicolas Blanchette, Dominic Lessard

Certificate code(s): SW-FM/COC-005023
Certificate issued: July 29, 2011
Certificate expiration: July 28, 2015

Organization Contact: Mario Turbide
Address: 108, rue du Noviciat, C.P. 278
Lac-aup-Saumon (Québec)
G0J 1M0

The only official version of this report is the French version. The report below is a translation of the French.

NOTE: More detailed public summary available in French at http://info.fsc.org/
1. AUDIT PROCESS

1.1. Auditors and qualifications

<table>
<thead>
<tr>
<th>Auditor’s name</th>
<th>Qualification</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nicolas Blanchette</td>
<td>Ing. F, M.Sc., MBA</td>
<td>Lead and forester</td>
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<tr>
<td>Dominic Lessard</td>
<td>Ing. F</td>
<td>Ecologist</td>
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</table>

1.2. Overview of sites visited

<table>
<thead>
<tr>
<th>Type of site</th>
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<tbody>
<tr>
<td>Head office</td>
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<td>Forest districts</td>
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<tr>
<td>Forest sites</td>
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<td>Other sites:</td>
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## 2. AUDIT FINDINGS AND RESULTS

### 2.1. Changes in the forest management of the Forest Management Enterprise (FME) and/or standard and stakeholder issues

<table>
<thead>
<tr>
<th></th>
<th>Issue</th>
<th>Comments</th>
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<tbody>
<tr>
<td>□</td>
<td>Changes in the forest management of the FME have occurred since the last audit</td>
<td>No changes</td>
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<tr>
<td>□</td>
<td>Changes in the forest management standard used for audit have occurred since the last audit</td>
<td>No changes</td>
</tr>
<tr>
<td>✓</td>
<td>Stakeholder comments on the forest management of the FME were received</td>
<td>Comment summary and RA response:</td>
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<tr>
<td></td>
<td>Comment:</td>
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<td></td>
<td>A stakeholder shared his concerns about the respect of the joint management plan of forest producers in the Lower St. Lawrence region and related regulations by some forestry group members.</td>
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<td></td>
<td>RA response:</td>
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<td></td>
<td>The auditors have the responsibility to assess whether the applicant's practices are consistent with the principles and criteria of the standard. Some of the issues raised concerns with the payment of duties, taxes and other charges. The auditors found non-conformances in previous audits in connection with the sale of forest biomass without paying duties to the Syndicat des Producteurs de Bois du Bas-St-Laurent (SPBSL). The group acknowledged these irregularities by writing to SPBSL and paid their dues. The auditors found that the applicant had complied with the requirements (Criterion 1.2) and closed the non-conformance. However, other potential irregularities were presented to the auditors by the stakeholder. A member of FOGCBSL was warned by the SPBSL because of those irregularities. For now, the documentary evidence provided during audit does not allow auditors to conclude that illegal acts were committed by a group member. Observation 01/13 is issued suggesting that the applicant and its members continue to work with the relevant authorities to demonstrate its compliance with the laws and regulations, including compliance with the joint management plan and related regulations.</td>
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</table>
2.2. Conformance with applicable corrective actions

The section below describes the activities of the certificate holder to address each applicable corrective action issued during previous evaluations.

<table>
<thead>
<tr>
<th># NCR</th>
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<td>Standard &amp; requirement:</td>
<td>Indicator 4.2.1, Rainforest Alliance standard adapted locally for evaluation of forest management in the Great Lakes/Saint-Laurent region, with modifications to accommodate forests of small and low intensity managed (SLIMFs) - August 2010.</td>
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<tr>
<td>Section of the report:</td>
<td>Section IV</td>
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**Description of non-conformance and related evidence:**

All workers comply with all relevant provincial health and safety requirements.

**Finding**

The field visit revealed that the helmet was not worn by equipment operators when circulating on foot on the site and that this requirement was unknown to them. In addition, first aid kits were not readily available in the cabins of machinery contrary to article 4 of the "Règlement sur les normes minimales de premiers secours et de premiers soins", which dictates that the first aid kits should be located as close as possible to the workplace and available at all times. According to a judgment of the courts, given the nature of operations, first aid kits must be on or inside the equipment.

Finally, a fire extinguisher had not been checked since March 2010 and their health and safety surveillance form does not ensure to check if fire extinguishers have been verified in the last twelve months.

**Evidence**

- Field observation
- Interview

**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:**

By the next annual audit

**Evidence provided by the organization:**

- Tracking Form SST
- Internal Audit Report
- Training
- Interviews with staff
- SST evaluation machinery

**Findings following evaluation of evidence:**

The auditors found that the follow-up activities made by the members were adequate. Efforts have been made to relate the health and safety requirements to staff. Field visits have shown a good level of compliance with the requirements in regards to health and safety.

Observation 02/13 is issued suggesting improved monitoring of non-conformances raised during internal evaluations.

**NCR Status:**

CLOSED

**Comments (optional):**

OBS. 02/13: FOGCBSL should work to improve monitoring of non-compliances with OHS requirements observed in the field by staff.
# NCR: 02/12 | NC Classification: | Major | Minor X
--- | --- | --- | ---
Standard & requirement: | Indicator 6.3.1, Rainforest Alliance standard adapted locally for evaluation of forest management in the Great Lakes / Saint-Laurent region, with modifications to accommodate the forests of small and low intensity managed (SLIMFs) - August 2010 |

Section of the report: Section 2.5

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

Indicator 6.3.1 requires that in considering the results of assessments in 6.1, the manager determines the future of the desired long-term forest that maintains, improves or restores the natural conditions in natural forests on the:

a. Diversity of forest types  
b. Diversity of successional stages  
c. Distribution of age classes, including over-mature forests  
d. Diversity of forest structure (eg. horizontal, vertical and owner)  
e. Connectivity  
f. Degree of disturbance to the landscape scale (eg. watershed)

The applicants have identified short and medium term objectives for the desired future forest condition. At the moment this can only be considered as long term goals that restore (in the case of the certificate) natural forest conditions.

*For example, the applicants overall objective is to maintain in terms of stage of development 30% of the land in forest regeneration, pre-mature and mature and 10% in overripe. This represents the goals that are found in the outer range of natural variability of this territory and thus short-and medium-term do not recover all natural conditions. That said, they cannot be considered as long-term goals as required by this indicator.*

So there is no objectives for this certificate (related variables indicator) in the long term that are consistent with the various reports on the state of the natural forest (6.1.3).

The NCR is issued.

Associated evidence (s):  
Protection and Enhancement Plan of the Agency (PPMV)

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:**

By the next annual audit

Evidence provided by the organization:  
- New Protection and Enhancement Plan of the Agency (PPMV) for development of forests of the Lower St. Lawrence (version septembre 2013)  
- PPMV Document de stratégie (version septembre 2013)

Findings following the evaluation of evidence:  
The future of the long-term desired forest condition was determined from a simulation performed by the Agency under the new allowable cut. The results of this analysis are presented in the document "PPMV Document de stratégie." Nine scenarios were modeled, but the scenario 8 is one from which a realistic picture of the future forest could be determined. Please note that the applicant does not have to justify its targets in relation to the natural and historical variability since the indicator 6.1.3 does not apply to small forests (SLIMFs).
a. Diversity of forest types: Table 3.13 (p.34) shows the picture of the desired composition of the Bas-St-Laurent (BSL) region in 50 years. The proportion of conifer forests in the territory increased from 52-59%, while the proportion of hardwood declines from 47% to 40%.

b. Variety of evolutionary stages: Table 3.20 (p.41) shows the expected proportion of developmental stages (Regeneration, Young, Mature, overmature) for each spatial units BSL.

c. Distribution of age classes: Table 3.14 (p.35) shows the distribution of age classes expected in 50 years. The applicant’s target is to increase the proportion of forests over 80 years of age from 4% (currently) to over 33%.

d. Diversity of structure: The Agency drew a picture of the stand structural diversity for each type of coverage and has set a goal of increasing heterogeneity in stand structure. Table 3.16 (p.37) shows the distribution of areas treated by partial cuts until 2022. Monitoring sheets of PPMV have been planned to monitor this indicator for each publication of the new ten-year inventory.

e. Connectivity: No connectivity analysis of private forest BSL is included in the PPMV. The applicant has been able to demonstrate that the current management strategy keeps the degree of connectivity of the territory since the proportion of forests as a whole is growing at BSL. Observation (OBS 6.3.1/13) suggests quantitative analysis to be performed.

f. Degree of disturbance across the landscape: New PPMV includes an analysis of the degree of disturbance watershed (method of equivalent area). All watersheds are above the minimum threshold of 50% set in the plan.

Thus, the new PPMV meets the requirements of Indicator 6.3.1. The NCR can be closed.

### NCR Status:
CLOSED

### Comments (optional):
OBS 04/13: The PPMV should include a quantitative analysis to ensure that the development of private forests in the Lower St. Lawrence does indeed not compromise the connectivity of protected areas and major critical habitat in the region.

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Standard & requirement: 6.3.9 Indicator, Rainforest Alliance standard adapted locally for evaluation of forest management in the Great Lakes region / Saint-Laurent, with modifications to accommodate the forests of small and low intensity managed (SLIMFs) - August 2010

Section of the report: Section 2.5

Description of non-conformance and related evidence:
### Requirements of the standard referred to by the NCR
For clearcuts and other cuts of final harvest in natural forests, (...)

- The remaining structure is distributed at all scales in the harvest area. Area where the crop is an aggregation of small plates cutting trees and residual islets should be well distributed in and between the cutting plates.
- The amount of residual structure (...) represents approximately the proportion of living left by natural disturbances identified in 6.1.3 tree.

### Finding
The procedures for all mosaic cutting patterns (CMO) do not meet the requirements of the indicator. Although three CMO leave residual retention structure in cut blocks, this is not done systematically. In addition, retention is not necessarily provided for areas of less than 5 ha.

### Related evidence
- Field visits
- CMO procedures
- Interviews

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

### Timeline for conformance:
By the next annual audit

### Evidence provided by the organization:
- Consigne structures résiduelles FOGC BSL 2013.pdf
- Interview with employees with the responsibility of identifying and leaving residual structures retention
- Interview with officials from CMOs
- Visits of over 20 final cuts made in 2012-2013

### Findings following the evaluation of evidence:
The applicant has developed guidelines for retention for final cuts in natural forests which is common for all mosaic pattern cutblocks (CMOs) in the Bas St-Laurent. The details of these guidelines are shown in the document "Consigne structures résiduelles FOGCBSL 2013.pdf." It defines the ideal composition of a retention patch, maximum size, number of blocks to be left depending on the size of the cutting area, and how they must be identified in the field. This point is a significant improvement compared to what had been observed during the last annual audit. This rule is an obligation for cuts over 5 ha and is suggested as a guideline for smaller cuts. Considering most of the final cuts in private forests (over 90%) are less than 5 ha, the application of this retention procedure is only guaranteed in 10% of the cases.

Field visits of cuts over 5 ha revealed that the retention of residual structures and wildlife trees is not systematic and in cuts less than 5 ha, retention was rare. The guideline to leave some form of retention was therefore not followed. Finally, an operator interviewed was not aware that retention was suggested for the type of work he was doing (see NCR 7.3.1/13).

The indicator requires the retention of residual structure at all scales to be well distributed inside and outside the cut blocks. Although the requirements are quantified in the standard for cuts of more than 5 ha, the indicator still requires retention, regardless of the size of the area, which is representative of natural disturbances. Thus, the NCR issued in 2012 cannot be closed and is upgraded to MAJOR.
NCR Status: OPEN
Comments (optional):

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<td>04/12</td>
<td>6.7.4 Indicator, Rainforest Alliance standard adapted locally for evaluation of forest management in the Great Lakes region / Saint-Laurent, with modifications to accommodate the forests of small and low intensity managed (SLIMFs) - August 2010.</td>
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Section of the report: Section IV

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

Requirements of the standard referred to by the NCR

Equipment with leaks are repaired or removed from the forest.

**Finding**

During the field visit, a leaking skidder was parked in the forest. The auditors were also notified of the situation by a third party.

**Evidence**

- Interview
- Machinery with leak

**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:**

By the next audit

Evidence provided by the organization:

- Field visit
- Review of machinery
- Tracking Form SST
- Interview with staff

Findings following the evaluation of evidence:

No problematic machinery was observed during field visits. The operators interviewed have demonstrated adequate knowledge of procedures related to the management of hazardous products. Some machinery was undergoing repairs during the field visit. The personnel responsible for carrying out the monitoring of compliance with requirements mastered the procedures and requirements to be enforced. The NCR can be closed.

NCR Status: CLOSED
Comments (optional):
strategies for the implementation of FSC standards applicable.

**Finding**

It is not intended by the group entity to ensure that the training is discussed throughout the FOGCBSL or if the training provided by members is adequate or if it was given to the relevant people.

**Evidence**

Interviews

Pooling 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:**

By the next annual audit

**Evidence provided by the organization:**

FOGCBSL Group Procedures October 2013

Minutes of meetings of the group FOGCBSL

**Findings following the evaluation of evidence:**

The agreement provides that the group training needs are discussed at the annual meeting of the group. Members must present their training needs in-house. The group ensures that the training is given by qualified persons. The NCR can be closed.

**NCR Status:**

CLOSED

**Comments (optional):**

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<td>06/12</td>
<td>FSC-STD-30-005, 2.1</td>
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**Description of non-conformance and related evidence:**

Requirements of the standard referred to by the NCR

The group entity shall clearly define and document the division of responsibilities between the entity and the group members.

**Finding**

Aside from the administrative role which is to be more clearly defined, FOGCBSL has no responsibility defined in connection with the certificate management and conformance with FSC criteria and indicators. The auditors concluded that the responsibilities and sharing between the members and the FOGCBSL require clarification especially regarding the mechanism of decision-making (ie d. Issue of internal non-conformance decision across the group)

**Related evidence**

Interviews

Group 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:**

By the next annual audit

**Evidence provided by the organization:**

FOGCBSL Group Procedure October 2013

**Findings following the evaluation of evidence:**

The group procedure of the FOGCBSL defines the roles and responsibilities of the entity, of the group and its members. The group is
an association of the group members (OGC) of the FOGCBSL that adhere to the FSC certification.

Under the agreement, the grouped OGCs are committed to meet several requirements including the organization of group meetings, conducting internal audits, monitoring of non-conformances issued internally and externally and identification of training needs. It also specified that each OGC is responsible for the approval of their documents. The representative of the group oversees the application of procedures, respect of standard by the OGC and performs internal audits.

Procedures describe OGC members’ responsibilities in terms of forest management and forest owner manager.

The procedures:
- Specify OGC responsibilities as managers of lot owners’ forests.
- Define responsibilities of stakeholders to achieve the internal audit and ensure the implementation of corrective actions issued.
- Outline the responsibilities of the group, of individual OGCs and their associated private lot owners.

Thus, the NCR can be closed.

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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 staff of the group entity and group members must demonstrate knowledge of the procedures and the FSC group.

**Finding**
The requirements of this standard are not controlled by members and FOGCBSL.

**Related evidence**
- Interviews
- Group agreement

**Corrective Action Request:**
The organization shall implement corrective actions to demonstrate its conformance with the requirements listed above.

**Timeline for conformance:**
- By the next annual audit

**Evidence provided by the organization:**
- FOGCBSL Group Procedure October 2013
- Interviews

**Findings following the evaluation of evidence:**
- Interviews with OGCs and review of the new version of the procedures demonstrates that staff understand the requirements of the group standard. The application of the requirements of the standard remains to
be refined as shown by the non-conformance issued in connection with group procedures (see section 2.7).

**NCR Status:** CLOSED

**Comments (optional):**

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

Requirements of the standard referred to by the NCR
The group entity must hold, implement and maintain written procedures for group membership procedures.

I. Organizational structure;
II. Responsibilities of the entity and group members, including key activities to fulfill these obligations (e.g., developing management, sales and marketing plans, FSC products, harvesting, reforestation, monitoring, etc.).
V. Clear description of the process to achieve any corrective action request (CAR) issued internally or by the registrar, including timelines and consequences if the CARs are not met;
VII. Complaints procedure for members of the group.

**Finding**
I-defined organizational structure is incomplete. The operation of the group entity with these members must be specified. II-The responsibilities of the group entity and the annual delegate are not defined. V-There are no clear procedures on how internal audit are carried out by the group entity (FFMEBSL) or the achievement of any request for corrective action issued internally. VII-group agreement is not specific enough regarding the handling of complaints. The procedures must describe how the group entity will respond to complaints, how soon and how he is going to follow up.

**Related evidence**
Pooling 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:**
By the next annual audit

**Evidence provided by the organization:**
Group Procedure FOGCBSL October 2013
Interviews

**Findings following the evaluation of evidence:**
The Group Procedures describe who is part of what and states that FOGCBSL has no responsibility in the management of FSC group activities in relation to members.

It is stated that the group agrees on how to fix a non-conformance report or on the possibility of excluding an OGC from the group stating that decisions are taken by vote. It is described how the group will proceed in case of a tie. A new group representative is appointed annually in having the responsibility to ensure implementation of procedures, general compliance with the FSC standard and perform internal audits. There is a mechanism for managing complaints that would come from members of the group, other OGCs, an owner or the
The procedures clearly describe the process to achieve any non-conformance (NC) issued internally or by the certification body, including timelines and consequences if the NC are not met.

For these reasons, the NCR can be closed.

### NCR Status:
CLOSED

### Comments (optional):

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<td>FSC-STD-30-005, 5.1</td>
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### Description of non-conformance and related evidence:

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

The group entity shall identify the personnel responsible for each procedure and the qualifications and training required for their implementation.

#### Finding

The staff in charge has not been identified for all procedures of group management and forest management.

#### Related evidence

Group 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:**
By the next annual audit

**Evidence provided by the organization:**
FOGCBSL group procedures October 2013
Interviews

**Findings following the evaluation of evidence:**
FOGCBSL’s 2013 group procedure describes the responsibilities of the group and the representative of the group. Qualifications or training required for the application procedures is also specified. The NCR can be closed.

### NCR Status:
CLOSED

### Comments (optional):

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

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

IV. List of names and addresses of members, and the dates of membership and withdrawal of the
formula group, the reasons for withdrawal and the type of tenure;

V. Records demonstrating the implementation of any system of internal control or monitoring. Such records include internal audits, non-conformities identified during these audits, the actions taken to correct such non-conformities;

VII. Records of the total annual production and annual FSC FSC sales across the group.

Finding
The lists of owners and certified lots submitted is incomplete. The accession date is missing. There are no records of implementation of any system of internal control or monitoring as required by this standard. There are no production records total annual FSC and FSC annual sales across the group.

Related evidence
Group agreement
Monitoring of the allowable cut

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: By the next annual audit

Evidence provided by the organization:
- List of FSC certified properties
- FOGCBSL Internal Audit Plan 2013
- FOGCBSL Internal Audit Report 2013
- Monitoring of the allowable cut -FOGCBSL Group 2013

Findings following the evaluation of evidence: The standard requires to keep track of membership. For FOGCBSL, the procedure aims to monitor the OGCs that are part of the group and monitor the membership of private woodlot owners that are part of each OGC.

The list of certified properties provided by FOGCBSL meets the requirements of FSC-STD-30-005. It includes a monitoring sheet to record dates of withdrawal of areas from the group and reasons for removal (I). The list of members of the FOGCBSL is included in the group management procedures.

The applicant has complied with the VI element providing the 2013 internal audit report and the evaluation plan. The applicant also provided documentation on the actual total amount of FSC products marketed.

Thus, FOGCBSL complies with the requirements of the Indicator. The NCR can be closed.

NCR Status: CLOSED
Comments (optional):

# NCR | 13/12 | NC Classification: | Major | Minor X
---|---|---|---|---
Standard & requirement: | FSC-STD-30-005, 6.2
Section of the report: | Annex VII

Description of non-conformance and related evidence:

Rainforest Alliance Forest Management Annual Audit Report - this version is a translation. The official version of this report is the French version.
### Requirements of the standard referred to by the NCR

The group entity shall indicate in its procedures the limit number of members that can be supported by the management system as well as human and technical capabilities of the group entity.

**Finding**

The procedures in place do not provide for this requirement.

**Related evidence**

**Group agreement**

<table>
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<tr>
<th>Corrective Action Request:</th>
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**Timeline for conformance:** By the next annual audit

**Evidence provided by the organization:** FOGCBSL group procedure October 2013

**Findings following the evaluation of evidence:**

- The maximum number of forest management members is eight, which is the total number of OGC that are part of the FOGCBSL. The procedures also specify the maximum number of properties managed by each group member that can be part of the certificate. Thus, the applicant has complied with the requirements of the Indicator.

**NCR Status:** CLOSED

**Comments (optional):**

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<th>14/12</th>
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<td>Section of the report:</td>
<td>Annex VII</td>
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</table>

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

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

I. Written monitoring and control description;
II. Regular visits (at least annually) to a sample of members of the group to confirm continued compliance with the location of all the requirements of the FSC standard forest management applicable and any additional requirement of group membership.

**Finding**

System monitoring and control is not documented.

**Related evidence**

**Group agreement**

<table>
<thead>
<tr>
<th>Corrective Action Request:</th>
<th>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.</th>
</tr>
</thead>
</table>

**Timeline for conformance:** By the next annual audit

**Evidence provided by the organization:** FOGCBSL group procedure October 2013 Internal Audit Plan 2013

**Findings following the evaluation of evidence:**

- The group has adopted written procedures to carry out monitoring and surveillance activities. An internal audit is planned to be conducted annually. The first was conducted in 2013.
The applicant complies with the requirements I and II of Article 8.1 of the FSC-STD-30-005.

### NCR Status: CLOSED

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

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

The group entity shall define the criteria to be followed for each internal audit function and group characteristics, risk factors and the local context.

**Finding**

The internal audit procedures do not address the criteria to be followed by group characteristics, risk factors and the local context.

**Related evidence**

**Group agreement**

**Interview**

**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:**

By the next annual audit

**Evidence provided by the organization:**

FOGCBSSL group procedure October 2013

Internal Audit Plan 2013

**Findings following the evaluation of evidence:**

The latest version of the procedures includes establishing criteria for sampling sites to visit during the internal audit. Note that the internal audit done in 2013 was made before the update of this procedure. Sampling was therefore not carried out according to the characteristics of the group, risk factors and the local context. However, since the applicant has now complied with the requirements considering the verification audit of major non-conformity came to the conclusion that the procedures in place are sufficient to implement an effective system of internal control that ensures that all members reach applicable requirements, the NCR can still be closed.

**NCR Status:** CLOSED

**Comments (optional):**
during the visits and to monitor implementation.

Finding
The procedures do not provide for the issuance of the report of non-conformance or corrective action requests. The group entity has no role in relation to the internal audit.

Related evidence
Group 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: By the next annual audit

Evidence provided by the organization: FOGCBSL group procedure October 2013
Internal Audit Plan 2013 FOGCBSL

Findings following the evaluation of evidence: It is provided in the FOGCBSL Group Procedures that the group will implement corrective actions to restore compliance before the next annual audit. Procedures clearly outline the process to achieve any non-compliance (NC) issued internally or by the registrar, including timelines and consequences if the NC are not met.

The NCR can be closed.

NCR Status: CLOSED

Comments (optional):

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<td>FSC-STD-30-005, 8.8</td>
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</table>

Standard & requirement:

Section of the report: Annex VII

Description of non-conformance and related evidence:
Requirements of the standard referred to by the NCR
Additional follow-up visits should be scheduled when potential problems occur, or if the group entity receives information from stakeholders regarding alleged violations of the FSC requirements by group members.

Finding
The procedures do not provide for such visits if ever any problems or complaints surface.

Evidence
group agreement
Interviews

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: By the next audit

Evidence provided by the organization: FOGCBSL group procedure October 2013

Findings following the evaluation of evidence: The group agreement provides for additional follow-up visits if ever potential problems occur, or if the group receives information from stakeholders regarding alleged violations of the FSC by its members.
2.3. New corrective actions issued as a result of this audit

<table>
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Section of the report: Section 2.5

Description of non-conformance and related evidence:

Requirements of the standard referred to by the NCR
For clearcuts and other cuts of final harvest in natural forests, (...)

c. The remaining structure is distributed at all scales in the harvest area. Area where the crop is an aggregation of small plates cutting trees and residual islets should be well distributed in and between the cutting plates.
e. The amount of residual structure (...) represents approximately the proportion of living left by natural disturbances identified in 6.1.3 tree.

Finding
The procedures for all mosaic cutting patterns (CMO) do not meet the requirements of the indicator. Although three CMO leave residual retention structure in cut blocks, this is not done systematically. In addition, retention is not necessarily provided for areas of less than 5 ha.

Related evidence
- field visits
- CMO procedures
- Interviews

Summary of 2013 Annual Audit Findings:
Field visits of cuts over 5ha revealed that the retention of residual structures and wildlife trees is not systematic and no retention is planned in cuts less than 5ha. The guideline to leave some form of retention was therefore not followed and an operator interviewed was not aware that retention was suggested for the type of work he was doing (also see NCR 7.3.1/13).

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: Within three months of the finalization of this report (March 2, 2013)
<table>
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<tr>
<td>Section of the report:</td>
<td>Annexe IV</td>
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</table>

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

**Summary of the requirement of the standard:**
"In the context of partial cuts made in natural forests [...] maintains sufficient residual structures in terms of quantity and distribution on the cut block in order for them to perform their ecological functions. Specific targets for various structural components are identified and documented, and consider the following: a.) vertical and horizontal structural diversity b). wildlife habitat, c). woody debris"

**Summary findings of the auditor (description of non-conformance):**

a). No vertical and horizontal diversity nor diversity of species and snags is present in thinning of white spruce plantations treated with herbicides in the past. The high homogeneity of these populations, combined with the system of successive cuts, creates populations whose characteristics are very different from natural stands of white spruce in the region. Either these stands fit the definition of a plantation as defined by FSC or the applicant considers these stands as natural forests. If so, it must find a way to introduce diversity so that they meet the requirement of 6.3.8 indicator.

b). The field visits revealed that retention was often absent as a result of improvement of maple stands not managed to produce maple syrup treatments. Retention of softwoods and snags is not systematic to meet the requirements of Indicator 6.3.8.

**List of evidence considered:**
- Setpoint residual structures FOGC BSL 2013.pdf
- Field visits of 5 pre-commercial thinning and commercial planting
- Visit to 3 cuts in maple stands not intended for maple syrup production
- Interview with OGCs

**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:**
By the next annual audit

<table>
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Rainforest Alliance Forest Management Annual Audit Report - this version is a translation. The official version of this report is the French version.
### Description of non-conformance and related evidence:

**Summary of the requirement of the standard:**

"The manager ensures that workers receive adequate training to ensure that they meet the requirements of this standard, especially in the implementation of ecosystem-based management and the identification of species at risk."

**Summary findings of the auditor (description of non-conformance):**

Interviews with technical personnel, forestry workers and operators (multi-fonctionnelles) revealed a lack of knowledge with respect to retention guidelines and endangered species.

**List of evidence considered:**

- Document training induction of OGCs
- Interviews with forest technicians
- Interviews with forest workers of OGCs
- Interviews with the owners / operators of machinery

**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:**

By the next annual audit

**Evidence provided by the organization:**

PENDING

**Findings following the evaluation of evidence:**

PENDING

**NCR Status:**

OPEN

**Comments (optional):**
Summary findings of the auditor (description of non-conformance):
The results of some indicators for monitoring of forest, economic and social natures are included in the annual reports of the OGCs, but environmental indicators are absent. No summary is available.

List of evidence considered:
- Annual Reports of OGCs
- Interviews with the OGCs

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:
By the next annual audit

Evidence provided by the organization:
PENDING

Findings following the evaluation of evidence:
PENDING

NCR Status:
OPEN

Comments (optional):

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Standard & requirement:
Indicator 10.1.1, Rainforest Alliance standard adapted locally for evaluation of forest management in the Great Lakes region / Saint-Laurent, with modifications to accommodate the forests of small and low intensity managed (SLIMFs) - August 2010.

Section of the report:
Section 2.7

Description of non-conformance and related evidence:
Summary of the requirement of the standard:
"The plantation management objectives (...) will be explicitly defined in terms of development and clearly demonstrated in the implementation of the plan"

Summary findings of the auditor (description of non-compliance):
The old white spruce plantations treated with herbicides in the past are managed as plantations within the meaning of FSC, but they are not included in the declaration of areas in planting JMOs. Either the applicant officially declared these stands as plantations and continues to develop as it does now, or it clearly states that the objective of development is a gradual return to the natural forest. In the latter case, it will ensure to change its practices in order to introduce a variety of species and structures in pre-commercial and commercial thinning to meet the requirements of Criterion 6.3.8.

List of evidence considered:
- Visits of commercial and pre-commercial thinning of old plantations
- Registry of plantation areas
- Interviews with the JMOs

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:
By the next annual audit

### Evidence provided by the organization:
PENDING

### Findings following the evaluation of evidence:
PENDING

### NCR Status:
OPEN

### Comments (optional):

### # NCR 05/13  
### NC Classification: Major Minor X

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<tr>
<td>Section of the report:</td>
<td>Section 2.7</td>
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### Description of non-conformance and related evidence:

**Summary of the requirement of the standard:**
"The management plan shall include a justification for the selection of all species used in plantations, including explaining why they are appropriate for the site and the justification for the use of non-native species"

**Summary findings of the auditor (description of non-conformance):**
The OGCs took great care in choosing the quality of species used (choice of clone for example) in plantations. However, the standard requires that the management plan includes the justification of the choice of species planted. Neither the PPMV nor the management plans include a justification for the selection of species used in planting. This justification must explain why the species used are appropriate and why native species were discarded.

**List of evidence considered:**
- PPMV
- Example of a private lot management plan.
- Interviews with the OGCs

**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:**
By the next annual audit

### Evidence provided by the organization:
PENDING

### Findings following the evaluation of evidence:
PENDING

### NCR Status:
OPEN

### Comments (optional):
# NCR 06/13  
**NC Classification:** Major  
Minor X  

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</table>
| Section of the report: | Section 2.7  

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

**Summary of the requirement of the standard:**
"For plantations established in areas converted from natural forests after 1994, justification for the conversion must be documented."

**Summary findings of the auditor (description of non-conformance):**
Some OGCs have no record of conversion to plantations. Although several elements required by the indicator are available on the internet site of the Regroupement des Sociétés d’aménagement forestier du Québec (RESAM), some elements were not available for review during the audit. The decision to consider these populations as plantations and reason and justification for the conversion were not available for all OGCs. In addition, this information should be organized and presented to the auditors as a registry, which was not the case.

This record shall include at least the following elements:
- Geographical information (location, size, owner, etc ...)
- History of land use
- Previous forest inventories
- Date of conversion
- Manner and due to the conversion

**List of evidence considered:**
- Interviews with the OGCs

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:** By the next annual audit

**Evidence provided by the organization:** PENDING

**Findings following the evaluation of evidence:** PENDING

**NCR Status:** OPEN

**Comments (optional):**

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2.4. **Audit decision**

The table below gives an overview of the NCRs status for 2013 after the current audit.

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<td>Upgraded to Major</td>
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<tr>
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<td>Certification requirement met: client approved for certificate maintenance:</td>
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<td>Certification requirements not met: major non-conformances identified that need to be addressed during 3 months after the final report date</td>
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<tr>
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