Rainforest Alliance

Public Summary Report for Forest Management
2014 Annual audit
Report for:

Fédération des organismes de gestion en commun du BSL
in Saint-Alexandre, Québec, Canada

Report Finalized: November 5th, 2014
Audit Dates: August 26-28, 2014
Audit Team: Nicolas Lecomte, Pascal Audet

Certificate code(s): SW-FM/COC-005447
Certificate issued: July 29, 2014
Certificate expiration: July 28, 2014

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C.P. 278
Lac-au-Saumon (Québec)
G0J 1M0

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

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

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FM-30 June 2013
1. AUDIT PROCESS

1.1. Auditors and qualifications

<table>
<thead>
<tr>
<th>Auditor Name</th>
<th>Nicolas Lecomte, Biol. Ph.D.</th>
<th>Auditor role</th>
<th>Lead Auditor and responsible for environmental aspects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Qualifications:</td>
<td>Nicolas Lecomte is the President of Valeur Nature (a company that focuses in scientific communication and developing ecotourism). He specializes in forest ecology and has a doctorate in environmental sciences from the University du Quebec. Nicolas has also received a baccalaureate in Ecology and Evolution from the University of Western Ontario and a Masters of Advanced Studies from the University of Montpellier II in France in the same discipline. His doctorate focused on the study of forest dynamics in the long-term absence of fire in the West spruce-moss as well as the influence of the severity of the last fire n relation to the evolution of established stands after fire. For the past 10 years, Mr. Lecomte has mainly focused on sustainable forest management. Mr. Lecomte is a commissioner on the Commission of Natural Resources in the Territory of the Bay James, he is administrator in the Economic Development Corporation of Villebois, VAL Paradis and Beaucanton. Mr. Lecomte has been a SmartWood auditor since 2007 and has performed more than twenty audits both in the boreal forests and the deciduous forests of Quebec and Ontario.</td>
<td></td>
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</tr>
<tr>
<td>Auditor Name</td>
<td>Pascal Audet, for. Eng. MBA</td>
<td>Auditor role</td>
<td>Responsible for forestry aspects</td>
</tr>
<tr>
<td>Qualifications:</td>
<td>Pascal has a Master's degree in Business Administration (EMBA) from the University of Sherbrooke. He is the owner and founder of the forest engineering firm Les conseillers forestiers de l'Outaouais (LCFO) since 1997. He is also co-founder and secretary-treasurer of the board of the Coopérative de solidarité Solution Nature since August 2009. Pascal is President of the Association des entrepreneurs en travaux sylvicoles du Québec (AETSQ) since April 2011, for which he was secretary for many years. In 2006, he attended the FSC auditor training workshop, a Rainforest Alliance and SmartWood training. Active in the Outaouais since 1996 and member of the administration council for the Institut québécois d'aménagement des forêts feuillues (IQAFF) for several years, he has extensive forestry experience in Québec's hardwood forests.</td>
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</table>

1.2. Overview of sites visited

<table>
<thead>
<tr>
<th>Type of site</th>
<th># of Sites Visited</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head office</td>
<td></td>
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<tr>
<td>Forest districts</td>
<td>GFAT, SERN, GFK</td>
</tr>
<tr>
<td>Forest sites</td>
<td></td>
</tr>
<tr>
<td>Other sites:</td>
<td></td>
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</table>
# 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>Issue</th>
<th>Comments</th>
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</thead>
<tbody>
<tr>
<td>Changes in the forest management of the FME have occurred since the last audit</td>
<td></td>
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<tr>
<td>Updates to group member list (if yes, see section 2.5 below)</td>
<td></td>
</tr>
<tr>
<td>Changes in the forest management standard used for audit have occurred since the last audit</td>
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<tr>
<td>Stakeholder comments on the forest management of the FME were received</td>
<td>Comment summary and RA response: See below</td>
</tr>
</tbody>
</table>

**Stakeholder Comment:**
The *Syndicat des producteurs forestiers du Bas St-Laurent* made the comment: "Obviously, some regulations are not met. There is wood pulp that comes as sawn timber. An audit is to be done to find the people who do it but there is no reason to think that there is a particular problem with the clusters at that level."

**RA Response:**
*Since the Régie des Marchés Agricoles* is currently investigating such allegations against the applicant, observation 01/13 remains open pending the outcome of the investigation.

**Stakeholder Comment:**
One stakeholder stated that "Efforts are being made by the applicant to apply multi-resource standards and to adapt its forestry practices towards sustainable development practices. There is an opening in the training and in the field implementation. However, I am looking forward to a new declaration of HCV."

**RA Response:**
NCRs 02/14 and 06/14 in relation to environmental monitoring are issued. Corrective actions to address these NCRs are likely to respond to this comment.

### Pesticide Use

- FME does not use pesticides. (delete rows below)
2.2. Conformance with applicable nonconformity reports

The section below describes the activities of the certificate holder to address each applicable non-conformity report (NCR) issued during previous evaluations. For each NCR a finding is presented along with a description of its current status using the following categories. Failure to meet NCRs will result in non-conformances being upgraded from minor to major status with conformance required within 3 months with risk of suspension or termination of the Rainforest Alliance certificate if Major NCRs are not met. The following classification is used to indicate the status of the NCR:

<table>
<thead>
<tr>
<th>Status Categories</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Closed</td>
<td>Operation has successfully met the NCR.</td>
</tr>
<tr>
<td>Open</td>
<td>Operation has either not met or has partially met the NCR.</td>
</tr>
</tbody>
</table>

**NCR #** 01/13  
**Classification of NC:** Major Minor X  
**Standard & 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, 6.3.8 Indicator  
**Report section:** Annexe IV

**Description of Nonconformance 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 indicator 6.3.8.

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 more than 5 pre-commercial thinning and EPB commercial planting  
- Visit to 3 maple improvement cuts not intended for maple syrup production  
- Interview with OGCs

**Corrective action request:** Organization shall implement corrective actions to demonstrate conformance with the requirement(s) referenced above.  
**Note:** Effective corrective actions focus on addressing the specific occurrence described in evidence above, as well as the root cause to eliminate and prevent recurrence of the nonconformance.

**Timeline for conformance:** By the next annual audit
**Evidence provided by organization:**

- FOGC BSL residual structure instruction Version 27-02-2014
- 15 visits to EPB plantation commercial thinning
- 8 pre-commercial thinning,
- 2 maple stands’ improvement cutting
- 3 plantation clearings
- Interview with OGC officials
- Interview with members
- Interview with workers
- Silvicultural prescription

**Finding after reviewing evidence:**

Since the last audit, the applicant amended its guidelines in connection with the partial cuts in pure stands. In the latter, the applicant provides for the detention of several structural elements. Those guidelines are consistent with the requirements of this indicator.

During this audit, the auditors visited a couple of almost pure white spruce stands that had recently suffered a commercial thinning. In these stands, auditors were able to see that the applicant had indeed made efforts to keep companion species, maintain the structural diversity and species present before processing. Moreover, the applicant had, by intervening in heterogeneously within the population, increased variability in stem density within stands especially by sometimes creating gaps that should promote the installation of associated species as intolerant hardwoods.

Also, during this audit, the auditors visited a maple stand used for maple syrup that had undergone partial cut. In this stand, the applicant had left several structural elements (e.g., snags, large conifer stems).

The applicant meets the requirements of the NCR that can be closed.

**NCR Status:**
CLOSED

**Comments (optional):**

**NCR #**
02/13

**Classification of NC :**
Major
Minor
X

**Standard & 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, Indicator 7.3.1

**Report section:**
Section 2.6

**Description of Nonconformance 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:
Organization shall implement corrective actions to demonstrate conformance with the requirement(s) referenced above. 
Note: Effective corrective actions focus on addressing the specific occurrence described in evidence above, as well as the root cause to eliminate and prevent recurrence of the nonconformance.

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

### Evidence provided by organization:
- Records of training and OGCs induction
- Interviews with foresters
- Interviews with forest workers
- Interviews with the owners / operators of machinery
- List of attendance at training

### Finding after reviewing evidence:
Employees met in field interviews have demonstrated adequate knowledge of retention measures and the identification of endangered species protocol. The literature used to confirm that the applicant has provided the necessary training to meet the requirements of this NCR that can thus be closed.

### NCR Status:
CLOSED

### Comments (optional):

### NCR # 03/13

### Classification of NC :
<table>
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### Standard & indicator:
Rainforest Alliance standard locally adapted for the evaluation of forest management in the Great Lakes / Saint-Laurent region, with modifications to accommodate small and low intensity managed forests (SLIMFs) - August 2010, Indicator 8.5

### Report section:
Appendix IV

### Description of Nonconformance and Related Evidence:

#### Summary of the requirement of the standard:
"[...] The managers must provide a public summary of the results of monitoring indicators, including those listed in Criterion 8.2."

#### Summary findings of the auditor (description of non-conformance):
The results of some forestry, economic and social monitoring indicators, 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:
Organization shall implement corrective actions to demonstrate conformance with the requirement(s) referenced above. 
Note: Effective corrective actions focus on addressing the specific occurrence described in evidence above, as well as the root cause to eliminate and prevent recurrence of the nonconformance.

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

#### Evidence provided by organization:
- ObjectifsmgmtFOGC2014-2024.pdf
- Interviews with the OGCs

#### Finding after reviewing evidence:
Since the last audit, the applicant submitted a document entitled « Caractéristiques des ressources naturelles du territoire forestier FSC FOGCBSL BSL 2014-09-12 ». This document is a summary of the current picture with some references to rules in place. This document cannot be considered a summary of the results of environmental monitoring indicators as required by the standard. This portrait has no target in relation to portrait indicators or gap between the targets and the data.
collected. Moreover, the results of several indicators at the intervention level (e.g. the amount of retention after clearcutting) are not found in this summary. Therefore, this NCR remains open and is upgraded to Major.

**NCR Status:** OPEN

**Comments (optional):** Minor non-conformance is upgraded to Major NCR 03/13; the compliance period is 3 months after the finalization of this report. The NCR will be evaluated during a desk audit so that the applicant may demonstrate compliance with the requirements of the indicator.

**NCR #** 04/13  
**Classification of NC:** Major  
**Minor X**

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

**Report section:** Appendix IV

**Description of Nonconformance 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:** Organization shall implement corrective actions to demonstrate conformance with the requirement(s) referenced above. Note: Effective corrective actions focus on addressing the specific occurrence described in evidence above, as well as the root cause to eliminate and prevent recurrence of the nonconformance.

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

**Evidence provided by organization:**
- Consigne structures résiduelles FOGC BSL 2014-09-02.pdf
- Visits of EPB and hybrid poplar stands
- Interviews with applicant

**Finding after reviewing evidence:**
Since the last audit, the applicant has compiled a register of plantations which excludes reforestation sites in white spruce present in the certified territory. The applicant does not consider these sites as plantations and has amended these guidelines during partial cuts in these stands.

During this audit, the auditors visited almost a dozen pure white spruce stands that had recently suffered a commercial thinning. In these stands, auditors were able to see that the applicant had indeed made efforts to keep companion species and to maintain the structural diversity and species present before processing. Moreover, the applicant had, by intervening heterogeneously within the population, increased variability in stem density within stands especially by sometimes creating holes that should promote the installation of associated species as intolerant.
hardwoods. The applicant meets the requirements of the NCR that can be closed.

**NCR Status:** CLOSED

During this audit, the auditors also visited several new conifers reforestation sites. At these sites, the auditors found that the applicant has, in some cases, reforested sites with a variety of softwoods, primarily white spruce mixed with cedar and white pine and also kept some hardwoods islands in the reforestation sites. However, the applicant has not established guidelines regarding these reforestation to prevent these sites from becoming plantations (‘FSC’ definition) in the future. OBS 02/14 is issued because the applicant should establish goals and guidelines that ensure that these areas are regenerated according to the objectives of succession determined in 6.3.1., to continue to meet the requirements of indicator 6.3.15. See OBS 02/14

<table>
<thead>
<tr>
<th>NCR #</th>
<th>Classification of NC</th>
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<tbody>
<tr>
<td>05/13</td>
<td>Rainforest Alliance standard adapted locally for evaluation of forest management in the Great Lakes / Saint-Laurent region, with modifications to accommodate the small and low intensity managed forests (SLIMFs) - August 2010, Indicator 10.4.1</td>
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**Description of Nonconformance 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:**
Organization shall implement corrective actions to demonstrate conformance with the requirement(s) referenced above. Note: Effective corrective actions focus on addressing the specific occurrence described in evidence above, as well as the root cause to eliminate and prevent recurrence of the nonconformance.

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

**Evidence provided by organization:**
- ObjectifsmngtFOGC2014-2024.pdf
- Interviews with the OGCs
- PPMV

**Finding after reviewing evidence:**
Since the last audit, the applicant submitted a document that explains the objectives related to different types of plantations in the certified territory indicating why OGCs rely on plantations and that the installation of plantations will enable them to make term conservation (increasing the amount of old forests in the long term on the certified territory). The paper also justifies the selection of species used in planting. The applicant
intends to provide to owners at the next general meeting this document to be attached to the future plans of the owners. The NCR may be closed but Note 01/14 is issued so that the auditors review during the reassessment audit if the supporting document for the selection of species used in plantation has indeed been attached to the plans of the owners concerned.

**NCR Status:** CLOSED

**Comments (optional):** Note 01/14: Check if the supporting document for the selection of species used in plantation was annexed to the plans of the owners concerned

<table>
<thead>
<tr>
<th>NCR #</th>
<th>06/13</th>
<th>Classification of NC :</th>
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<td>Standard &amp; indicator:</td>
<td>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, Indicator 10.9.2</td>
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<td>Report section:</td>
<td>Appendix IV</td>
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</table>

**Description of Nonconformance 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

**Corrective action request:**
Organization shall implement corrective actions to demonstrate conformance with the requirement(s) referenced above.

Note: Effective corrective actions focus on addressing the specific occurrence described in evidence above, as well as the root cause to eliminate and prevent recurrence of the nonconformance.

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

**Evidence provided by organization:**
- Carte plantations propriétés FSC FOGCBSL.pdf
- Registre plantation fsc.dbf
- Interviews with the applicant

**Finding after reviewing evidence:**
Since the last audit, FOGCBSL gathered all the information related to the plantations on the various properties of the certificate. This information was recorded in a database where you can find each of the plantations, geographic location, date of conversion and the manner and reason for conversion. The applicant also collected plantations in a file where you can find the precise location and other information (e.g. the name of the owner) and produced a map of the area that indicates these plantations.
FOGCBSL meets the requirements of the NCR which is closed.

| NCR Status: | CLOSED |
| Comments (optional): |

### 2.3. New nonconformity reports issued as a result of this audit

<table>
<thead>
<tr>
<th>NCR #</th>
<th>01/14</th>
<th>Classification of NC :</th>
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<tr>
<td>Standard &amp; indicator:</td>
<td>Rainforest Alliance/SmartWood standard locally adapted for assessment of forest management in the Great Lakes/St. Lawrence region, with modifications to accommodate small and low intensity managed forests (SLIMF) - August 2010, Indicator 8.1.2</td>
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<td>Report section:</td>
<td>Annex IV</td>
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#### Description of Nonconformance and Related Evidence:

**Summary of the requirement of the standard:**
The monitoring program is designed to verify that the results of development activities are consistent with the objectives and provide the necessary information to enable the necessary adjustments if targets are not met.

**Summary of the findings of the auditor (description of the noncompliance):**
The applicant has prepared an environmental assessment with multiple values that it considers as his summary of the monitoring results across the FOGCBSL. This environmental assessment is a portrait of the current forest and not a summary of the monitoring results. The monitoring program of the applicant contains no target or comparison of the current state of the forest with the desired future state (e.g., goals, targets, etc.). This monitoring program contrary to the requirements of this indicator does not provide the necessary information to enable the necessary adjustments if targets are not met.

**List of evidence considered:**
- ObjectifsmntFOGC2014-2024.pdf
- PPMV
- Interviews with the OGCs

**Corrective action request:**
Organization shall implement corrective actions to demonstrate conformance with the requirement(s) referenced above.
Note: Effective corrective actions focus on addressing the specific occurrence described in evidence above, as well as the root cause to eliminate and prevent recurrence of the nonconformance.

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

**Evidence provided by organization:**
PENDING

**Finding after reviewing evidence:**
PENDING

**NCR Status:**
OPEN

**Comments (optional):**
In July 2014, the FSC has made a clarification on the notion of recurrence. Registrars must check the history of non-conformance since the issuance of the certificate and if it is determined that the root cause of the detected nonconformity is the same as that which caused the issuance of a minor non-conformance previously, it is considered high and recurrent major with a compliance period of 3 months.
In this case, it’s a minor non-conformance. A non-conformance with indicator 8.1.2 was issued during the assessment audit. That said, it is not the same root cause since the scope of the certificate at that time only
included the OGC GFAT while the current scope is at the FOGCBSL scale.

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<th>NCR #</th>
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<td>Rainforest Alliance/SmartWood standard locally adapted for assessment of forest management in the Great Lakes/St. Lawrence region, with modifications to accommodate small and low intensity managed forests (SLIMF) - August 2010, Indicator 8.1.3</td>
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<td>Report section:</td>
<td>Appendix IV</td>
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**Description of Nonconformance and Related Evidence:**

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

Only applicable to SLIMFs: The Manager performs a regular and consistent monitoring in connection with the operations of harvesting and reforestation.

**Summary of the findings of the auditor (description of the noncompliance):**

Last year’s auditors had noted that OGCs monitoring practices were heterogeneous, which made the analysis of the data more complex. During this audit, the auditors noted that monitoring practices remained heterogeneous. For example, the OGCs visited this year follow the retention after total and partial cut differently. Some OGCs quantify retention after the intervention while others compile no data. This heterogeneity of monitoring approach cannot be considered consistent monitoring as required by this indicator.

**List of evidence considered:**

- Interviews with the applicant
- Field visit
- Operational audit record of several OGCs

**Corrective action request:**

Organization shall implement corrective actions to demonstrate conformance with the requirement(s) referenced above. Note: Effective corrective actions focus on addressing the specific occurrence described in evidence above, as well as the root cause to eliminate and prevent recurrence of the nonconformance.

**Timeline for conformance:**

By the next annual audit.

**Evidence provided by organization:**

PENDING

**Finding after reviewing evidence:**

PENDING

**NCR Status:**

OPEN

**Comments (optional):**

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<td>Rainforest Alliance/SmartWood standard locally adapted for assessment of forest management in the Great Lakes/St. Lawrence region, with modifications to accommodate small and low intensity managed region (SLIMF) - August 2010, Indicator 8.2.7</td>
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<td>Report section:</td>
<td>Appendix IV</td>
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**Description of Nonconformance and Related Evidence:**

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

When monitoring results indicate that a specific conservation attribute is more at risk, the manager reassesses the measures used to maintain or improve this attribute and change the management measures to reverse this trend.

**Summary of the findings of the auditor (description of the noncompliance):**
Since the last audit, the applicant has prepared an environmental assessment with multiple values that it considers its summary of the monitoring results across the FOGCBSL. This environmental assessment is a portrait of the current forest and not a summary of the monitoring results. Performing little monitoring at the certificate scale, the FOGCBSL does not have monitoring results in order to meet the requirements of indicator 8.2.7. This NCR is issued.

List of evidence considered:
- Characteristics of the natural resources of the forest territory FSC FOGCBSL BSL 2014-09-12.pdf
- Interview with the applicant
- PPMV

Corrective action request: Organization shall implement corrective actions to demonstrate conformance with the requirement(s) referenced above. Note: Effective corrective actions focus on addressing the specific occurrence described in evidence above, as well as the root cause to eliminate and prevent recurrence of the nonconformance.

Timeline for conformance: By the next annual audit.

Evidence provided by organization: PENDING

Finding after reviewing evidence: PENDING

NCR Status: OPEN

In July 2014, the FSC has made a clarification on the notion of recurrence. Registrars must check the history of non-conformance since the issuance of the certificate and if it is determined that the root cause of the detected nonconformity is the same as that which caused the issuance of a minor non-conformance previously, it is considered recurrent and upgraded to major with a conformance period of 3 months. In this case, it's a minor non-conformance. A non-conformance with the indicator 8.2.7 was issued during the registration audit. That said, it does not act in the same root since the scope of the certificate at that time only included the OGC SERM while the current scope is at the FOGCBSL scale.

Summary of the requirement of the standard:
A system for continuous monitoring of HCVF values should be part of planning, monitoring and accountability procedures of the manager.

Summary of the findings of the auditor (description of the noncompliance):
For the moment, the applicant makes no accountability in connection with activities within HCVFs. The applicant does not make an annual report on the results of monitoring carried out in HCVFs. This lack of annual monitoring and accountability result in the issuance of the NCR.

List of evidence considered:
- Carte FHVC propriétés FSC FOGCBSL.pdf
- Caractéristiques des ressources naturelles du territoire forestier FSC FOGCBSL BSL 2014-09-12.pdf
- Interview with the applicant
Corrective action request: Organization shall implement corrective actions to demonstrate conformance with the requirement(s) referenced above. Note: Effective corrective actions focus on addressing the specific occurrence described in evidence above, as well as the root cause to eliminate and prevent recurrence of the nonconformance.

<table>
<thead>
<tr>
<th>Timeline for conformance:</th>
<th>By the next annual audit.</th>
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<tbody>
<tr>
<td>Evidence provided by organization:</td>
<td>PENDING</td>
</tr>
<tr>
<td>Finding after reviewing evidence:</td>
<td>PENDING</td>
</tr>
<tr>
<td>NCR Status:</td>
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</table>

**NCR # 05/14**

**Classification of NC :** Major, Minor, X

**Standard & indicator:** FSC-STD-30-005, 6.1 and 8.1

**Report section:** Appendix IV

**Description of Nonconformance and Related Evidence:**

**Summary of the requirement of the standard:**
The group entity must have sufficient human and technical resources to manage and control the group according to the requirements of this standard.

**Summary of the findings of the auditor (description of the noncompliance):**
The group meets the various criteria of group management FSC-STD-30-005, but the information and procedures are not standardized. Sub-entities (OGC) have a lot of latitude and keep their individual ways of doing. Consequently, the reports across the group are incomplete. For example:

- The member compilation by OGC make it difficult to compile the change rate of members. For example, the withdrawal date is not listed for some OGCs. It becomes difficult to follow the rate of annual turnover or to take corrective action.
- Register corrective actions are not consolidated. It is separated by OGC and type of occurrence (Spills, accidents, etc.) This may reduce the quality of remedial or that corrective actions be repeated six times.

Gaps were also observed with respect to monitoring activities of the applicant. It is expected that the group entity visit at least annually a sample of members of the group to confirm continued conformance with all FSC requirements. The collective agreement describes that an annual meeting between members is scheduled to evaluate the issued NCRs, notes, observations and practices in connection with all the P&C. The group has adopted written procedures to carry out monitoring and a control system and an internal audit is conducted annually. However;

- The internal audit in 2014 has not visited the number of sites planned and did not reach the planned objectives since an NCR raised in the context of this audit was also raised during the internal audit conducted by the applicant.
- The internal audit report theoretically presents corrective actions for the group, but they are identified at an OGC, which may suggest to other OGCs that they do not have to implement the correctives covered by the NCRs.
- Written procedures address the requirements of the standard with respect to the internal control system. However, NCR 01/14 that follows two observations and one NCR of the internal audit casts doubt on the effectiveness of the system.

In conclusion, the applicant (FOGCBSSL) consists of six groups of woodlot owners (OGCs) which are each responsible for their operations and that clearly have the resources to manage and control their subgroup. However, the resources devoted to the claimant group is not sufficient to fulfill its responsibilities in the activities of management and supervision as they are necessary to meet the requirements of this
List of evidence considered:
- Internal audit report
- Oil spills report
- Corrective actions record
- Training records of employees
- Request for information response times from auditors
- List of group members

Corrective action request: Organization shall implement corrective actions to demonstrate conformance with the requirement(s) referenced above. Note: Effective corrective actions focus on addressing the specific occurrence described in evidence above, as well as the root cause to eliminate and prevent recurrence of the nonconformance.

Timeline for conformance: By the next annual audit.

Evidence provided by organization: PENDING

Finding after reviewing evidence: PENDING

NCR Status: OPEN

Comments (optional):

2.4. Audit decision

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

<table>
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<tr>
<th>NCR type</th>
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<tbody>
<tr>
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<tr>
<td>Closed</td>
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<tr>
<td>Upgraded to Major</td>
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</tr>
<tr>
<td>New NCRs</td>
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<tr>
<td>New Major NCRs</td>
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<table>
<thead>
<tr>
<th>Certification Recommendation</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>✔ Certification requirement met: client approved for certificate maintenance:</td>
<td>Minor non-conformances upgraded to Major</td>
</tr>
<tr>
<td>☐ Certification requirements not met: major non conformance identified that need to be addressed during 3 months after the final report date</td>
<td></td>
</tr>
<tr>
<td>☐ Certification Suspension required: major non-conformance not addressed.</td>
<td></td>
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