Public Summary Report for Forest Management 2019 Annual audit
Report for:

Syndicat des Producteurs Forestiers du Sud du Québec in Sherbrooke, Québec, Canada

Report Finalized: November 19, 2018
Audit Dates: September 17-21, 2018
Audit Team: Yves Bouthillier
Certificate code(s): RA-FM/COC-004614
Certificate issued: January 15, 2015
Certificate expiration: January 14, 2020
Organization Contact: Olivier Côté
Address: 4300, boul. Bourque Sherbrooke, Québec J1N 2A6

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/
1. AUDIT PROCESS

1.1. Auditors and qualifications

<table>
<thead>
<tr>
<th>Auditor Name</th>
<th>Yves Bouthillier</th>
<th>Auditor role</th>
</tr>
</thead>
</table>

Qualifications: Forest Management Associate for the Rainforest Alliance, Yves is a biologist and an FSC Senior Forest Management Lead Auditor (ISO 19011). Since January 2014, he led more than 5 audits as Lead Auditor and completed 11 audits as auditor. Yves holds a master in Earth sciences from the Research Centre on Water, Earth, and the Environment of the INRS University. The subject of his master's project in forest ecology was the evaluation of the effect of lake-level variations on the growth of riparian forests near the La Grande hydroelectric complex. He completed a baccalaureate in biology, focus on conservation and environment at Laval University with courses on forest ecology and GIS. He is a member of the Association des biologistes du Québec. Yves is bilingual (French and English).

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>1</td>
</tr>
<tr>
<td>☐ Forest districts</td>
<td></td>
</tr>
<tr>
<td>☒ Forest sites</td>
<td>24</td>
</tr>
<tr>
<td>☐ Other sites:</td>
<td></td>
</tr>
</tbody>
</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>
</tr>
</thead>
<tbody>
<tr>
<td>☒ Changes in the forest management of the FME have occurred since the last audit</td>
<td>The number of forest management plans (PAF) increased during the last year, from 104 new PAFs of less than 1,000 ha (see details Section 3.2). Lots of the same area category have also been removed from the scope of the certificate mainly because of the ownership transfer or expired management plans.</td>
</tr>
<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>
<td></td>
</tr>
<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>

P Stakeholder comment: A stakeholder communicated some concern regarding treatments taken with technical aid for gathering timber, particularly clearcuts.

RA Response: The audit team visited several completed prescriptions on the certified territory which were taken with technical aid for gathering timber, including clearcuts. The clearcuts visited on the certified territory presented retention and residual structure levels meeting the requirements of indicators 6.3.8 and 6.3.9 of the applicable FSC standard.

2.2. Excision of areas from the scope of certificate

☒ Not applicable. Check this box if the FME has not excised areas from the FMU(s) included in the certificate scope as defined by FSC-POL-20-003.

2.3. 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:
### Status Categories

<table>
<thead>
<tr>
<th>Status</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>

<table>
<thead>
<tr>
<th>NCR #</th>
<th>Classification of NC :</th>
<th>Major</th>
<th>Minor X</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/18</td>
<td>Rainforest Alliance Locally adapted Standards for Assessing Forest Management in the Great Lakes/Saint-Lawrence region with modifications to accommodate the Small and Low Intensity Forests (SLIMF) – April 2014, indicator 4.2.1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Standard & indicator: | Rainforest Alliance Locally adapted Standards for Assessing Forest Management in the Great Lakes/Saint-Lawrence region with modifications to accommodate the Small and Low Intensity Forests (SLIMF) – April 2014, indicator 4.2.1 |
| Report section:      | Appendix IV |

### Description of Nonconformance and Related Evidence:

**Standard Requirement:**
All forest workers comply with all relevant provincial occupational health and safety requirements.

**Finding:**
A forestry worker's tree feller did not contain the 9-kg extinguisher required by the procedures and the regulation. Interviews demonstrated a misunderstanding on the extinguishing power requirements for the tree fellers equipped with an automatic extinguishing system.

**Evidence:**
- Interviews
- Field visits
- INS-06-04
- Annexe 7 – Document de connaissance – mesures de protection (p.64)

**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:**
Within 12 months following report finalization

**Evidence provided by organization:**
- Field visits and feller inspection
- Interviews with employees and workers

**Finding after reviewing evidence:**
The audit team visited several sites under operations with fellers needing a manual extinguisher of 9 kg. All fellers had one and interviews with the staff implicated in the operations, including operators, demonstrated adequate knowledge for manual extinguishers.

This NCR is closed.

**NCR Status:**
CLOSED

### NCR # 02/18

<table>
<thead>
<tr>
<th>Classification of NC :</th>
<th>Major</th>
<th>Minor X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rainforest Alliance Locally adapted Standards for Assessing Forest Management in the Great Lakes/Saint-Lawrence region with modifications to accommodate the Small and Low Intensity Forests (SLIMF) – April 2014, indicator 6.2.5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**NCR Status:**
CLOSED

**Comments (optional):**
**Description of Nonconformance and Related Evidence:**

**Standard Requirement:**
Special guidelines are applied to protect rare and unusual species.

**Finding:**
Butternut stems observed on GFSTF and AFAS sites were marked as wildlife trees and were maintained in forest stands without being evaluated as provided for in the procedures of Appendix 7 entitled “Annexe 7 Document de connaissance – mesures de protection”. Interviews with the technician and forest engineer as well as those of other joint management groups (OGCs) have demonstrated their misconceptions of these procedures to manage this threatened species and respect sound practices. Furthermore, the technicians did not inform the SPFSQ of the presence of this threatened species to update the database on threatened or vulnerable species (EMVS) and the CDPNQ (Centre de données sur le patrimoine naturel du Québec).

**Evidence:**
- Interviews
- Field visits
- Annexe 7 – Document de connaissance – mesures de protection (p.64)
- Canada’s Species at Risk Act

**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:**
Within 12 months following report finalization

**Evidence provided by organization:**
- Field visits
- Interviews with employees (technicians, foremen, operators)
- Annexe 7 – Document de connaissance – mesures de protection (p.64)
- Field inventory of a lot with butternut (July 2017)
- Communications between the organization and the CDPNQ

**Finding after reviewing evidence:**
Since the last audit, the organization sent a reminder to managers on the requirements related to the identification and maintenance of the butternut, according to the crown dieback percentage method. Interviews carried out during the audit with managers and forest technicians, responsible for, among other things, marking according to the MSCR method and the supervision during operations, demonstrated a sufficient level of procedures to apply when butternut stems or stands are identified, according to their dieback level. Furthermore, the applicant forwarded to the CDPNQ an occurrence of butternut on the certified territory. The CDPNQ provided an acknowledgement of receipt.

This NCR is closed.

**NCR Status:**
CLOSED

**Comments (optional):**
<table>
<thead>
<tr>
<th>NCR #</th>
<th>03/18</th>
<th>Classification of NC :</th>
<th>Major</th>
<th>Minor X</th>
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<tbody>
<tr>
<td>Standard &amp; indicator:</td>
<td>Rainforest Alliance Locally adapted Standards for Assessing Forest Management in the Great Lakes/Saint-Lawrence region with modifications to accommodate the Small and Low Intensity Forests (SLIMF) – April 2014, indicator 6.3.1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Report section:</td>
<td>Appendix IV</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

**Description of Nonconformance and Related Evidence:**

**Standard Requirement:**
In consideration of the assessment results in 6.1, the manager has determined a long-term desired future forest condition that maintains, enhances or restores natural conditions in natural forests relating to elements a to f listed in indicator 6.3.1.

**Finding:**
This NCR concerns Forêt Hereford Inc. (FHI). Objectives for FHI for long-term desired future forest condition were not defined as required by indicator 6.3.1.

**Evidence:**
- Interview
- Field visits
- Hereford forest management plan
- Annexe 9 – Document d’analyse de la mosaïque forestières et des habitats fauniques
- Estrie private forest protection and enhancement plans (PPMV)
- Forestry landscape history assessment factsheet of the Hereford community forest

**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:**
Within 12 months following report finalization

**Evidence provided by organization:**
- Report from the CERFO for the FHI (2017-04-10)
- Planification intégrée 2017-2022 FHI
- Interviews with employees

**Finding after reviewing evidence:**
The organization presented the 2017 report from the CERFO for the FHI, which describes the natural forest portrait, the gaps between the latter and the actual forest and the medium and long term objectives in line with the decrease of these gaps. This document serves as the foundation of the 2017-2022 FHI integrated planning, which contains among other things ecosystem restoration objectives and a long-term forest resource planning and the maintenance or restauration of ecological functions (2.1, 2.2, 4.1, 6.1, 6.2)

This NCR is closed.

<table>
<thead>
<tr>
<th>NCR #</th>
<th>04/18</th>
<th>Classification of NC :</th>
<th>Major</th>
<th>Minor X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard &amp; indicator:</td>
<td>Group Certification, Ind. 5 – Group Records</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Report section:</td>
<td>Appendix VII: Conformance with group certification</td>
<td></td>
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</tr>
</tbody>
</table>

**Description of Nonconformance and Related Evidence:**

**Standard Requirement:**

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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.
The group entity shall maintain complete and up-to-date records covering all applicable requirements of this standard.

Finding:
Document ENR-03-01 does not allow to view and understand the changes in the number of members and woodlots from one year to the next. The number of new members and excluded members does not explain the total number joining the group.

Evidence:
- Interviews
- ENR-03-01

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: Within 12 months following report finalization

Evidence provided by organization:
- INS-05-01 Élaboration du PAF 3.3 (2018-08-07)
- Certified group PAF registry

Finding after reviewing evidence:
Since the last audit, the applicant updated its monitoring procedure for valid certified forest management plans (PAF) and those due for renewal in the next year. Thus, the manager has one (1) year from the PAF end date to implement the PAF updated, according to the FSC standard. To maintain a certified property within the ENR-03-01 certified members registry, during the renewing period, the owner must send a written mandate to the OGC to renew its PAF in the next year. The PAF registry of the certified group was updated to highlight the PAFs due for renewal.

This NCR is closed.

NCR Status: CLOSED

Comments (optional):

2.4. New nonconformity reports issued as a result of this audit

<table>
<thead>
<tr>
<th>NCR #</th>
<th>01/19</th>
<th>Classification of NC :</th>
<th>Major</th>
<th>Minor X</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard &amp; indicator:</td>
<td>Rainforest Alliance Locally adapted Standards for Assessing Forest Management in the Great Lakes/Saint-Lawrence region with modifications to accommodate the Small and Low Intensity Forests (SLIMF) – April 2014, indicator 4.2.1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Report section:</td>
<td>Appendix IV</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Description of Nonconformance and Related Evidence:
Standard Requirement:
All forest workers comply with all relevant provincial occupational health and safety requirements.

Finding:
The root cause of this NCR is different than NCR 01/18 under the same indicator which was issued in 2017 (manual extinguishers missing in fellers and lack of knowledge from operators on the requirements of manual extinguishers). Some shortcomings regarding health and safety provincial requirements were observed:
- Padlocking – For several inspected machines, the padlocking procedure was not in the cabin, although the operator generally knows how to do it (RSSTAF, 41)
First aid training – On 2 sites visited with 2 workers (feller and forwarder), none had a valid OHS training.

Manual felling:
- 2 out of the 4 chain saws inspected had not chain catcher
- 2 out of the 4 fellers met had no pressure bandage in their helmet
- 2 out of the 4 fellers met had no first aid kit nearby
- 1 out of the 4 tractors inspected had no protection cage/grills

Evidence:
- Interviews
- Field visits
- Regulation respecting occupational health and safety in forest management (RSSTAF)
  - CNESST – Santé en forêt (2e édition)
  - CNESST – Transport en forêt (2e édition)
  - CNESST – Abattage manuel (2e édition)

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:
Within 12 months following report finalization

Evidence provided by organization:
PENDING

Finding after reviewing evidence:
PENDING

NCR Status:
OPEN

Comments (optional):

NCR # | Classification of NC |
--- | --- |
02/19 | Major |

Standard & indicator:
Rainforest Alliance Locally adapted Standards for Assessing Forest Management in the Great Lakes/Saint-Lawrence region with modifications to accommodate the Small and Low Intensity Forests (SLIMF) – April 2014, indicator 6.7.1

Report section:
Appendix IV

Description of Nonconformance and Related Evidence:

Standard Requirement:
Standard Operating Procedures (SOPs) are in place and implemented regarding safe handling and disposal of chemicals, liquid and solid non-organic wastes including fuel and oil. These SOP’s reflect best management practices and at a minimum ensure compliance with all regulatory guidelines.

Finding:
Some shortcomings were observed regarding the management of hazardous and chemical products in the forest.
- For both pick-ups with fuel tanks inspected during the audit, the nozzle / pouring spout was lying around at the bottom of the box;
- For a feller inspected, the spill kit had no bag (in the machine or nearby);
- One of the 3 tractors of the manual fellers visited had no spill kit.

Evidence:
- Interviews
- Field Visits
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: Within 12 months following report finalization

Evidence provided by organization: PENDING

Finding after reviewing evidence: PENDING

NCR Status: OPEN

Comments (optional):

2.5. Audit decision

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

<table>
<thead>
<tr>
<th>NCR type</th>
<th>#</th>
</tr>
</thead>
<tbody>
<tr>
<td>Open before current audit</td>
<td>4</td>
</tr>
<tr>
<td>Closed</td>
<td>4</td>
</tr>
<tr>
<td>Upgraded to Major</td>
<td>0</td>
</tr>
<tr>
<td>New NCRs</td>
<td>2</td>
</tr>
<tr>
<td>New Major NCRs</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Certification Recommendation</th>
<th>Comments</th>
<th>Certification requirement met: client approved for certificate maintenance: Upon acceptance of NCRs issued</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image" alt="Certification Requirement Not Met" /></td>
<td>Certification requirements not met: major non-conformances identified that need to be addressed during 3 months after the final report date</td>
<td></td>
</tr>
<tr>
<td><img src="image" alt="Certification Suspension Required" /></td>
<td>Certification Suspension required: major non-conformance not addressed.</td>
<td></td>
</tr>
</tbody>
</table>
2.6. **Updated Group Member list [delete if not applicable]**

1. **Total # members in the certified pool**: 2,905 lots (management units)
   
   a. 1 community forest: Forêt Hereford Inc.
   
   b. 2,904 private lots (MU) of less than 1,000 ha (FPDAFI)

2. **Total area in Current Pool (ha. or acres)**: 178,072 ha

   a. 1 community forest: 5,298 ha
   
   b. 2,569 private lots (MU): 172,774 ha.

Members list kept by RA. List “SPFSQ FSC FM audit 19 FRE Liste membres.xlsx”