**Date last modified/updated:** Click here to enter a date. **Internal audit:** Click here to enter a date.

**Who last modified/updated:** Click here to enter text. **Management review:** Click here to enter a date.

**This part of the Navigator Playbook is completed when you have:**

1. **Developed and implemented a process for taking corrective action at your organization.**
2. **Defined roles, responsibilities and authorities for the various steps in the corrective action process.**
3. **Trained employees on types of problems and nonconformities to be addressed through implementing the corrective action process.**
4. Develop and implement a process for taking corrective action at your organization.

X Our established process for corrective action addressed all of the following elements:

* Control and correct the immediate situation
* Evaluate the impacts of the nonconformity
* Determine the cause of the nonconformity
* Act to eliminate the cause
* Review the effectiveness of the action taken
* Retain records

1. Define roles, responsibilities and authorities for the various steps in the corrective action process.

|  |  |  |
| --- | --- | --- |
|  | We have assigned responsibility for managing the corrective action system to: | Sustainability Manager |

We have communicated roles, responsibilities and expectations for the corrective and preventive action system across the facility to relevant personnel. The following responsibilities may be delegated, but the manager of the corrective action system (assigned above) is responsible for ensuring all three of these activities occur and that appropriate records are retained:

|  |  |  |
| --- | --- | --- |
|  | The individual assigned to conducting cause analysis is: | Facilities Manager C |
|  | The individual assigned to conducting investigations is: | Energy Engineer A, delegated to by the Energy Manager |
|  | The individual assigned to act is: | Energy team leader |

*We have assigned the following roles and responsibilities:*

|  |  |
| --- | --- |
| Our **employees** understand they are responsible for: | |
|  | Identifying actual and potential nonconformities in their work areas. | We include this in our general awareness training, including a link to our suggestion platform. |
|  | Informing appropriate supervisory personnel | See above. |
|  | Making any immediate corrections | This responsibility is given to specific function leaders to ensure proper documentation. |

|  |  |
| --- | --- |
| Our **internal auditors** understand they are responsible for: | |
|  | Determining if nonconformities exist in the EnMS | This is explained in our internal audit training. |
|  | Informing appropriate supervisory personnel | This is explained in our internal audit training. |
|  | Making any immediate corrections | This is explained in our internal audit training. |

1. Train employees on types of problems and nonconformities to be addressed through implementing the corrective action process.

We have implemented our process for corrective and preventive action and have ensured that all necessary training for identifying and responding to significant deviations in energy performance is provided

We discuss identification and the proper method for responding to deviations in function-specific trainings. We also give an overview of the corrective and preventive action process.

We have established criteria for what shall be considered a significant deviation and have detailed below:

|  |
| --- |
| Significant deviation for performance metrics and expected savings is more than 20% off the expected value, or 5% for specific SEUs.  For process performance, significant deviation is a qualitative dissonance between the goal of the system and the observed result. Quantitative evidence such as length of time between suggestion and response or break from described frequency of an activity may be used to justify demarcation as a significant deviation. |

We have established processes for identifying and addressing existing and potential problems or nonconformities regarding the 50001 Ready system and have detailed below:

|  |
| --- |
| We have two forms shared across the organization: interested party suggestion and nonconformity reporting. We circulate the latter to SEU-related, procurement and design staff quarterly.  Form responses are automatically catalogued, and the sustainability team is responsible for issuing replies and documenting both the reply and the follow-up actions required. |

We will investigate and provide an appropriate response for all significant deviations of key characteristics identified and record results of the response in the following table:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Identified deviations and non-conformities** | **Impact** | **Cause** | **Response** | **Effectiveness of action taken** | **Responsible person** | **Date corrected** |
| Malfunctioning motion-sensor light switch does not turn on when entering Lab c room 1 | Someone removed the switch modifier leaving the light on permanently for over a month, which harms energy performance | Improper maintenance reporting | Lab staff was re-trained on maintenance reporting system and light switch was reinstated properly so it turns on and off. | Very effective | Facilities manager A | Click here to enter a date. |
| Only 30% adoption of new efficient procurement procedures | Fell short on purchasing only efficient appliances per our EnMS procurement policy | Unclear trainings and convoluted regulation-based priorities | Add work activity to training to clarify how to translate procurement requests to procurement platform to preserve efficiency specs | TBD in 6 months | Communications Liaison will build new training element | Click here to enter a date. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter a date. |
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*The following worksheets will assist your team in tracking corrective actions and preventative actions.*

Corrective Action/Preventive Action Request (CAR/PAR) Form

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **EnMS CORRECTIVE ACTION/PREVENTIVE ACTION REQUEST** | | | | | |
| TRACKING NUMBER: | | | | | |
| Type (check one): | Corrective Action | | | Preventive Action | |
| Source (check one): | Internal Audit Finding  Monitoring and Measurement  Energy Assessment  Legal Noncompliance  Noncompliance with Other Requirement Subscribed To  External Audit  Management Review  Other (specify): | | | Employee Suggestion  Management Review  Data Analysis  Other (specify): | |
| Date:  Click here to enter text. | | Issued by:  Facility Manager C | | | |
| Response Due Date:  Click here to enter a date. | | Issued to:  Facility Manager A | | | |
| Description of the problem (for corrective action) or opportunity (for preventive action):  Evidence:  Insufficient documentation justifying why some EnPIs are not normalized to support different EnMS policy goals and objectives.  Requirement:  EnPIs must be normalized in 50001 Ready.  Statement of Nonconformity:  Add clarification to EnPI selection and more detail to objectives and targets to clarify why the EnMS tracks overall natural gas consumption. | | | | | |
| ***Investigation and Action***  *This section to be completed by the affected department manager.* | | | | | |
| Root cause of the actual or potential problem: (How/Why did this happen?)  Insufficient documentation and follow-up with documentation of initial policy/objective conversations relative to those that occurred later. | | | | | |
| Action needed? X Yes  No | | | | | |
| Correction (fix now) with completion dates:  Expand current documentation of discussions when reviewing audit results. Identify whether EnPIs, policy, and or objectives must evolve to better reflect system goals. | | | | | |
| Corrective Action (to prevent recurrence) or Preventive Action (to prevent occurrence) to be taken:  Review documentation policy. Was this a mis-application of the policy or a lack of clarity in the documentation requirements? | | | | | |
| Estimated completion date:  Click here to enter a date. | | | Extended completion date (if applicable):  Click here to enter a date. | | |
| Reason for time extension:  Click here to enter text. | | | | | |
| Reviewed by:  Click here to enter text. | | | | | Date:  Click here to enter a date. |
| *This section to be completed by the affected dept. manager - after action is completed.* | | | | | |
| Action completed by:  EnMS leader. We added additional clarification to our policy and objectives, and our documentation guidelines to ensure this does not occur again. We have also established a short Documentation Guidelines Review training for Energy Team members. | | | | | Date completed:  Click here to enter a date. |
| ***Follow-Up and Closure***  *This section is to be completed by issuer after action is completed.* | | | | | |
| Results of action taken:  All EnMS team members trained on this issue. | | | | | |
| Was the action effective? X Yes  No  Explain:  Clarified reasons for each EnPI and how they relate to federal regulation in addition to site EnMS objectives. | | | | | |
| Results reviewed by:  Top Management | | | | | Date closed:  Click here to enter a date. |
| Did this CAR/PAR result in changes to EnMS documents?  X Yes  No | | | | | |
| If yes, which document(s) was (were) changed?  Our documentation guidelines in Task 16 worksheet and our energy policy, Task 5, and our EnPIs in Task 11. | | | | | |

Corrective Action/Preventive Action Request (CAR/PAR) Tracking Log

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **CAP/PAR #** | **Source\*** | **Assigned to:** | **Title/Description** | **Issue Date** | **Due Date** | **Extension**  **Due Date** | **Closed?**  **(Y/N)** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter a date. | Click here to enter a date. | Click here to enter a date. | Click here to enter text. |
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\*Source:

IA = Internal Audit

EnA = Energy Assessment

ExA = External Audit

LN = Legal Noncompliance

MM = Monitoring and Measurement

MR = Management Review

ON = Noncompliance with Other Energy Requirement Subscribed To

O = Other

Top Management Approval

|  |  |  |
| --- | --- | --- |
|  | Date approved: | Click here to enter a date. |
|  | Who approved: | Click here to enter text. |

Comments

Click here to enter text.