



Audit Report for: EPA Headquarters

Visit Number: 3 Surveillance Audit

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Management System Certification – Client Report

Organisation:	EPA Headquarters		
Address:	Headquarters Johnstown Castle Estate Co. Wexford Ireland		
Site(s) audited:	As above including Cork and Kilkenny Inspectorates	Date(s) of audits(s):	17/05/2022 09:00:00-19/05/2022 17:00:00
Visit Number:	3	Observer(s):	N/A
Representative:	Jane Kenneally	Additional member(s):	N/A
Lead auditor:	Louise McCann		
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System type:	Single
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Standard	Accreditation Body	Scope of Certification
ISO 14001:2015	UKAS	Environmental Management System of the Environmental Protection Agency (EPA) Headquarters and Regional Inspectorates

The objectives of this audit were to determine conformity of the management system, or parts of it with audit criteria and its:

- ability to ensure applicable statutory, regulatory and contractual requirements are met,
- effectiveness to ensure the client can reasonably expect to achieve specified objectives, and
- ability to identify as applicable areas for potential improvement.

Is the organisation management system meeting the stated objectives of the audit?	Yes	
Have all unresolved findings from the previous audit been satisfactorily addressed?	Yes	
Non-conformance Identified?	Major: 0	Minor: 0
Therefore the audit team recommends that, based on the results of this audit and the system's demonstrated state of development and maturity, management system certification be:	Continued	

Changes		
Level of Integration?	N/A	
Key/Significant Organisational changes? (e.g key personnel, client activities, management system)	No	
Key/Significant System changes?	No	

Sample reviewed
<p>Agency Level EPA Log (EPA-EMS-OP4 Environmental Data) and associated Procedure EPA-EMS SP12 Monitoring, and measurement has been rolled out in the EPA since April 2022 collating environmental data across all inspectorates in a standardised format.</p> <p>“Operation Segregation” pilot in HQ bringing a more simplified and streamlined process to how the Agency deal with waste in Wexford. Review of new bins on site tour which have been manufactured from recycled materials HDPE – Best in Practice containers, canteen containers have a flap for holding trays. Designed with new signage displayed behind bin containers which is 3 bin storage, no under bin storage now on site and all areas are centrally controlled. HQ will be working with SEM's in regional locations in 2022 to encourage them to roll out a similar initiative. The overall goal is waste avoidance. It was noted and evidenced throughout this audit that the Agency are committed to waste prevention and a continued focus on circular economy principles to drive future waste management plans to achieve a future decrease in waste generated across all EPA locations.</p> <p>The initial scope under the GHG protocol has been agreed with a baseline period of 2016 to 2018 approved by the EPA Board. The data collection and validation processes are currently under review. Once the data project is complete and data validated, the EPA will formally report carbon emissions in Q4 2022.</p> <p>Environmental Performance – Covid pandemic has distorted figures through 2020 and 2021 so the Agency are continuing to present the trend from 2010 to 2019 as it is deemed more reflective of long-term achievements.</p> <p>No change to processes, client activities or the management system.</p> <p>No change to key EMS or senior management personnel.</p>

Executive Summary
<p>Direction and support for the EMS and the new Strategic EMP from top management was evident throughout the audit process. 2022 EMP is strongly influenced by the long-term objective of reductions in energy usage and carbon emissions across the Agency. Thorough knowledge of the EMS evidenced at all audit locations with strong Green Team support. Clear continuous review and improvement of the EMS shown.</p> <p>Discussion held with Carl Phelan (Programme Manager Finance and Organisational Services) regarding strategic direction of the Agency and allocation of resources regarding EMS requirements. EPA's new strategy makes a commitment to reduce EPA's carbon emissions by at least 30% by 2026. The strategy also covers EPA's intent to support the transition to sustainable production and consumption at a national level, which further endorses the use of Green Public Procurement guidelines on all EPA purchases. Commitment from the Board to push reduction ambition. Org Services are now central to the EMS and Environmental Agenda within the EPA. Areas of strength to</p>

note, in depth energy audits of EPA buildings, thorough internal audit process with external contractors. Commitment from the Agency to improve across all departments noted throughout audit process. Significant project completion in the last 12 months to include LED retrofit at HQ. 2030 Climate Action Plan targets are on the radar. Tendering Q2 2022 for heating system upgrade at Monaghan and lighting upgrade in McCumiskey House, Dublin. Both due by year end. Solar PV scoping surveys completed for all sites and will be rolled out 2022 – 2024. Removal of 200 desk bins Agency wide in the last 12 months and new waste management stations allocated at key areas in HQ. Risks and opportunities are embedded at a local level and centrally managed through the Risk Management Programme. EMS risk is reviewed at least quarterly by Carl and Jane. This is reported to Board to be included on the Office Risk Register if needs arise. Lifecycle analysis completed from cradle to grave for all projects.

Along with the emissions reduction challenge the Agency also have a number of aging buildings. Planning process forms a significant part of this process. Energy Audits were a significant feature of 2021 with the results being used to inform the planning for 2030. Monaghan and Castlebar have been completely upgraded with LED lighting, McCumiskey House is planned for end 2022 with the rest of the sites being targeted in the next 1-2 years. Solar PV will be a significant project which is to be brought to tender by the end of 2022. HQ projects to include building improvement upgrades, insulation upgrades to windows, roof on the old building etc. Low hanging fruit from the energy audits will be actioned at a local level with support from the HQ.

No nonconformances identified and fourteen observations and opportunities for improvement have been suggested with the aim of enhancing the system.

Observations and Improvement Opportunities

Wexford Headquarters:

1. It may be beneficial to formalise the review and communication of EMS procedures, specifically communication of same when changes arise.
2. It might be beneficial to review the internal audit procedure to define internal audit frequencies at each site and reflect use of external contractors.
3. Consider development of Opportunities Registers for remaining inspectorates to capture local level objectives and targets in a more formalised manner.
4. It may be beneficial to detail tracking of improvement requests and opportunities for improvement in SP6 Nonconformance procedure through SF-5 Audit Findings Form.
5. As an opportunity for improvement consider tracking of paper usage from printers at a local level as another valuable EMS metric.
6. As an opportunity for improvement consider inclusion of a 'Resources Required' column in future EMP to assess additional resources required in terms of time, finance, external contractors / expertise etc.
7. Consider a centralised CAPA log similar to the environmental data log where each site has its own tab (all sites).
8. It may be beneficial to validate metered data against billed data to ensure accuracy. This could be applied to all locations.
9. Interceptor – consider 3-year integrity test programme across all inspectorates with for example bi-annual visual inspections or equivalent.

Cork Inspectorate:

10. As an opportunity of improvement consider nomination of a second representative in case of SEM absence for National SEM meetings.
11. Review environmental policy on contractor induction template to ensure most recent version is communicated.

Kilkenny:

12. As an opportunity for improvement consider using new SP12 Monitoring and Measuring procedure instead of local level KK Energy and Water SOP.
13. As an opportunity for improvement consider including a resources required column in the opportunities register for the site.
14. It is noted there is a delay with Stericycle coming to site to collect hazardous waste which has just fallen due for collection. It may be beneficial to consider use of an emergency 'back-up' hazardous waste

contractor to ensure waste is collected within the 6-month frequency.

Opening & Closing Meeting Attendees

Name	Position	Opening Meeting	Closing Meeting
Gerard O'Leary	Director of Office of Communications and Corporate Services	Yes	Yes
Carl Phelan	Programme Manager Finance and Organisational Services	Yes	Yes
Jane Kenneally	EMR / Organisational Services Team	Yes	Yes
Paul Fitzgerald	Energy / Projects Manager	Yes	Yes
Jim Moriarty	Cork SEM	Yes	No
Dave Galvin	Water Champion (Cork)	Yes	No
Pól Ó Seasnáin	Energy Champion (Cork)	Yes	No
Lisa Maher	Kilkenny SEM	Yes	Yes
John Harrington	MITIE / Facilities	Yes	Yes

Any other comments

Notes to the client and what happens next

This audit report will be processed and an invoice will be dispatched to you.

Disclaimer – the audit is based on a sampling process of the available information. Audit recommendations where issuance of a certificate is required are subject to an independent review prior to a final decision concerning the awarding of the certificate.

Non-conformance - what you must do

Corrective Actions to address identified minor non conformities including a root cause analysis, which shall be documented on an action plan. Where actions are deemed to be satisfactory , they will be followed up at the next scheduled visit.

Failure to address a major non-conformance within the timescales will result in certification being withheld or suspended.

Failure to address a minor non-conformance within the timescale can result in escalation of the non-conformance to major at the subsequent visit.

For major non-conformance -

Corrective action (including a cause analysis) to take place immediately. SGS will perform an appropriate follow up visit within 90 days confirming that actions have been effective. The certification decision shall be made based on the outcome of the follow up visit.

The client must notify SGS of the root cause & proposed actions within 30 days of this visit	<input type="checkbox"/>
The client must send SGS records with supporting evidence	<input type="checkbox"/>
Major non-conformance follow-up to take place on:	

For minor non-conformance -

Corrective Actions to address identified minor non-conformities including a cause analysis shall be documented on an action plan. Where actions are deemed to be satisfactory, they will be followed up at the next scheduled visit.

The client shall send SGS its action plan within 90 days to determine if the proposed actions will be satisfactory.	<input type="checkbox"/>
The client has reviewed the non-conformance to the satisfaction of the auditor and defined an appropriate action plan. <small>Note:- Initial, Re-certification and Extension audits – recommendation for certification cannot be made unless this check box is completed. For re-certification audits the time scales indicated may need to be reduced in order to ensure re-certification prior to expiry of current certification.</small>	<input type="checkbox"/>
The client has taken appropriate immediate action in response to non-conformance(s) required.	<input type="checkbox"/>

Nonconformity	N° _ of _	Major or Minor (<i>amend as necessary</i>)	
Standard		Clause	
Nonconformity Statement			
Evidence			
Actions Proposed			

Nonconformity	N° _ of _	Major or Minor (<i>amend as necessary</i>)	
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Nonconformity	N° _ of _	Major or Minor (<i>amend as necessary</i>)	
Standard		Clause	
Nonconformity Statement			
Evidence			
Actions Proposed			

Audit Plan – Next Visit

Site(s) to be visited:	EPA Headquarters Johnstown Castle Estate Co. Wexford Ireland		
Audit Language:	English	Visit Number:	V1R
Visit Due by Date:	TBC	Planned Visit Date(s):	TBC
Lead Auditor:	TBC	Team Member(s):	N/A

Audit objectives: To confirm that the management system has been established and implemented in accordance with the requirements of the audit standard.

Date	Time	Auditor	Site / Area / Department / Process / Function	Contact
Day 1	9:30	TBC	Dublin Regional Inspectorate – Opening meeting, Introduction, Changes, review of last report	Jane Keneally
	10:30		Evaluation of aspects	
			Monitoring and measurement	
			Resource Usage	
			Communications	
	1.00		Lunch	
	1:30		Objectives and targets associated with site	
			Site specific legal requirements and evaluation of compliance	
	2:30		Site tour and operation control – waste management, chemical storage, fuel usage, utilities, discharges, contractor controls	
			Operational control procedures: waste management, chemical controls/storage, contractor controls	
			Emergency preparedness	
			Waste records	
			Internal audit and corrective action	
	5.00		Review and audit close	
Day 2	9:30	TBC	Kilkenny Regional Inspectorate – Opening meeting, Introduction, Changes, review of last report	
	10:30		Evaluation of aspects	
			Monitoring and measurement	
			Resource Usage	
			Communications	
	1.00		Lunch	
	1:30		Objectives and targets associated with site	
			Site specific legal requirements and evaluation of compliance	
	2:30		Site tour and operation control – waste management, chemical storage, fuel usage, utilities, discharges, contractor controls	
			Operational control procedures: waste management, chemical controls/storage, contractor controls	
			Emergency preparedness	
			Waste records	

			Internal audit and corrective action	
	5.00		Review and audit close	
Day 3	9:30		Monaghan Regional Inspectorate – Opening meeting, Introduction, Changes, review of last report	
	10:30		Evaluation of aspects	
			Monitoring and measurement	
			Resource Usage	
			Communications	
	1.00		Lunch	
	1:30		Objectives and targets associated with site	
			Site specific legal requirements and evaluation of compliance	
	2:30		Site tour and operation control – waste management, chemical storage, fuel usage, utilities, discharges, contractor controls	
			Operational control procedures: waste management, chemical controls/storage, contractor controls	
			Emergency preparedness	
			Waste records	
			Internal audit and corrective action	
	5.00		Review and audit close	
Day 4	9:30		Castlebar Regional Inspectorate – Opening meeting, Introduction, Changes, review of last report	
	10:30		Evaluation of aspects	
			Monitoring and measurement	
			Resource Usage	
			Communications	
	1.00		Lunch	
	1:30		Objectives and targets associated with site	
			Site specific legal requirements and evaluation of compliance	
	2:30		Site tour and operation control – waste management, chemical storage, fuel usage, utilities, discharges, contractor controls	
			Operational control procedures: waste management, chemical controls/storage, contractor controls	
			Emergency preparedness	
			Waste records	
			Internal audit and corrective action	
	5.00		Review and audit close	
Day 5	9.30		Wexford HQ. Review of audit progress to date and previous reports	
	10:00		EMS documentation review – procedures and manual	
	1:00		Lunch	
	1:30		EMS documentation review – procedures and manual, continued	
	4:00		Site tour and operation control – waste management, chemical storage, fuel usage, utilities, discharges	
	5:00		Review of Wexford day 1	

Day 6	9.30		Environmental aspects	
			Management review	
			Legal and other requirements and evaluation of compliance for overall system	
			Objectives and targets and management programmes	
			Communications – including newsletters, queries and complaint handling	
			Internal audits	
			Non-conformances and corrective action	
	1.00		Lunch	
	1:30		Awareness, training and competence including training needs evaluation	
			Emergency preparedness/ Emergency plan	
			Waste Records and waste contractor control	
			Contractor control	
			Monitoring and measurement – Electricity, Fuel etc	
	4.30		Auditor private review	
	5.00		Closing meeting and audit conclusion	

Notes to Client:

- Times are approximate and will be confirmed at the opening meeting prior to commencement of the audit.
- SGS auditors reserve the right to change or add to the elements listed before or during the audit depending on the results of on-site investigation.
- A private place for preparation, review and conferencing is requested for the auditor's use.
- Please provide a light working lunch on-site each audit day.
- Your contract with SGS is an integral part of this audit plan and details confidentiality arrangements, audit scope, information on follow up activities and any special reporting requirements.

1 - See page 2 for the management system scope of certification