

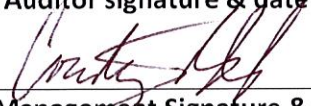



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|--|-------------------------------------|-----------|-------------|--|
|  | <b>QMS Operational Plan</b>         | Reviewed: | Oct 1, 2014 |  |
|  | <b>G13-1 Internal Audit Report</b>  | Revision: | 2           |  |
|  | <b>Overview of Operational Plan</b> | Approved: | QMS Rep     |  |
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### Internal Audit Report

|   |  |                                     |
|---|--|-------------------------------------|
| Procedure Section: Elements 1-21 of the Operational Plan  | Audit Report # 2017-01                                 | Date Of Audit May 31 & June 1, 2017 |
| <b>Audit Scope &amp; objectives</b><br>This internal audit was carried out to comply with the requirements of the North Huron DWQMS Internal Audit procedures. A full scope audit was completed on all 21 elements to ensure they conform to the requirements of the standard, the QMS is being properly maintained, and to identify any non-conformances or opportunities for improvement.                                       |  |                                     |
| Lead Auditor<br>Courtney Black  | Person Responsible for Area Audited<br>Kyllie McDonagh |                                     |
| <b>Audit Team leader &amp; Team members</b><br>Courtney Black   |  |                                     |
| <b>Commendations-</b> Summary of Activity that is in conformance or other points that are well done.<br>The Operation Plan has been effectively implemented as a whole. Operators are aware of their role in the DWQMS and are updated to changes as needed. Previous CARs have been implemented effectively and the Operating Authority is actively improving in all aspects of the DWQMS.                                       |  |                                     |
| <b>Summary of Audit Findings</b><br>Most elements conformed to the requirements of the DWQMS. Element 5 had a number of non-conformances related to document control. As well, Element 9 and Appendix I needed updating.  |  |                                     |
| <b>Non-Conformance and Corrective Action Reports Issued</b><br>1. No operations manual for Blyth Well #5<br>2. Organizational Chart and Appendix I are out of date.<br>3. CPW001 and SOPWG02 do not reference the most recent version of the AWQI reporting form.<br>4. A number of procedures are not in the Operations Manual.<br>5. Unable to access sharepoint or remote desktop to view DWQMS documents at Blyth Well #1&#2. |  |                                     |
| <b>Suggestions for next Audit</b><br>Ensure all documents are up-to-date and all newly developed procedures are incorporated into the Operations Manual.  |  |                                     |
| <b>Results of Audit</b><br>Upon completion of this audit, five minor non-conformances were found as well as four opportunities for improvement.   |  |                                     |
| <b>Lead Auditor signature &amp; date</b><br> 08/23/17  |  |                                     |
| <b>Top Management Signature &amp; date</b><br> 08/24/17  |  |                                     |