

Michigan Department of Natural Resources

2007

Internal Audit Reports

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Internal Audit Reports

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Michigan DNR Forest Certification Internal Audit Report

FMU: Sault Ste. Marie

Internal Audit Dates: June 12-14, 2007

Internal Audit Summary Date: June 14, 2007

Lead Auditor: Mike Donovan

Internal Auditors: Bob Burnham, Tom Haxby, Susan Thiel

Comments:

The 2007 internal audit of the Sault Ste. Marie Forest Management Unit occurred from June 12th thru June 14th. The audit focused on field operations within the Naubinway area of the Sault Management unit. The objective of the audit was to review DNR field operations on the Sault Ste. Marie Forest Management Unit against the DNR Work Instructions to determine the Unit's conformance to the Work Instructions and, thereby indirectly to the Forest Stewardship Council Lake States and the Sustainable Forestry Initiative 2005-2009 Standards. Additionally the audit is intended to:

- 1) Provide a real time audit experience for DNR Forest Management Units (FMU).
- 2) Provide field testing for Work Instructions (functionality, application, completeness).
- 3) Assess conformance with DNR forest certification program.

The scope of the audit was operations that occur on State Forest Land within the Sault Ste. Marie Management Unit. In-water operations conducted by Fisheries and State Park management were out of scope.

Internal auditors were impressed with many aspects of sustainable forestry management implemented in the Sault FMU. Most notable to the auditors were the overall quality of harvest operations especially from marking through harvest. It was obvious to the auditors that the Unit relies heavily on good communication and working relationships which is leading to good on the ground management. Also evident to the auditors are recent improvements in the quality of comments in both OI and IFMAP. The Unit has also been creative in rearranging compartment boundaries to facilitate management of natural areas.

Sustainable forest management also requires that we document much of what we do as land managers and make sure that we follow policy, procedures, management review decisions, and work instructions. Failure to follow these directions has resulted in 2 major non-conformances, 8 minor non-conformances, and 2 opportunities for improvement.

Non-conformances are documented on the NCR forms below. Opportunities for improvement include:

Staff needs more training on stand retention guidelines, pre-sale checklist, road and bridge policies and procedures including road closure. Training plans need to be kept up-to-date for all staff.

Although the priority rating system within RDR database is ineffective, the FMU should identify high priority RDR projects to address in their annual work plan.

Definitions:

Major Non-conformances: One or more of the Michigan Department of Natural Resource (MDNR) Sustainable Forest Certification Work Instruction requirements has not been addressed or has not been implemented to the extent that a systematic failure of the MDNR to meet a Sustainable Forest Certification (Sustainable Forestry Initiative or Forest Stewardship Council) principle, objective, performance measure or indicator occurs. (Adapted from the Sustainable Forestry Initiative Standard 2005-2009 Edition definitions.)

Minor Non-conformances: An isolated lapse in MDNR Sustainable Forest Certification Work Instruction implementation which does not indicate a systematic failure to consistently meet a Sustainable Forest Certification (SFI or FSC) principle, objective, performance measure or indicator. (Adapted from the Sustainable Forestry Initiative Standard 2005-2009 Edition definitions.)

Opportunities for improvement: Opportunities for improvement are findings that do not indicate a current deficiency, but serve to alert the FMU to areas that could be strengthened or which could merit future attention:

NCRs:

Copies of all NCRs (form R 4502) are attached to this audit summary.

INTERNAL AUDIT NON CONFORMANCE REPORT

Unit Name Sault Ste Marie		Site location Naubinway	Non Conformance Report Number (Unit Code - yyyy - #) 45-2007-1
Lead Auditor Mike Donovan		Team Member(s) Bob Burnham, Sue Thiel, Tom Haxby	
Date (mm/dd/yyyy) 6/14/2007		Work Instruction or Standard and Clause Number 1.1 Strategic Framework for Sustainable Management of State Forest Land	
<input type="checkbox"/> Major <input checked="" type="checkbox"/> Minor		Other Documents (if applicable)	Responsible Manager(s) FMU Unit Manager, Wildlife Unit Manager, Fisheries Basin Supervisor
Requirement of Audited Standard/ Work Instruction 1. The DNR will prepare a Statewide Forest Management Guidance document that will provide management guiding principles, strategies and goals. The document will also describe forest planning at three levels. 2. DNR staff are instructed to follow work instructions in daily work.			
Observed Nonconformity 1. Staff in general were not familiar with Statewide Guidance Document and do not have an awareness of the planning process from statewide to local levels. 2. Incomplete knowledge of work instructions may contribute to non-conformance in application of forest certification standards.			
Root Cause Analysis (Describe the cause of the problem.) Certain staff may not be retaining the document or the information that is being electronically disseminated. Although staff seems to be aware that there is a planning process in general they feel that on a statewide basis it appears to be somewhat of a non-inclusive process. The general feeling is that local planning is strong but the statewide plan is something that happens somewhere else and filters down. 2. FMFM staff review work instructions whenever a question arises and did so prior to the IA both individually and in groups. Apparently there were one or more areas where auditors felt staff was weak.			
Corrective Action - Proposed corrective action - To be completed by the Unit and relevant Divisions. Managers in all divisions should make staff aware that input on planning is desired and important. Statewide Guidance document should also circulate when complete and approved to emphasize its relevance. eco-teams should reemphasize the need and desire for staff input. Any one of these actions could impress upon staff the need to get up to speed but using all three approaches will certainly confirm the importance of the issue. 2. work instructions will be reviewed on a more regular basis. 3. It will be emphasized to staff that the WI's define the way business is to be conducted, and that we will comply with all WI's.			
Proposed Completion Date (mm/dd/yyyy) On going			
Pat Hallfrisch _____ FMFM Unit Manager Signature		Michael Paluda _____ FMFM District Supervisor Signature	
July 27, 2007 _____ Date		July 27, 2007 _____ Date	

CORRECTIVE ACTION PLAN ACCEPTED		Lead Auditor Approval Mike Donovan	Date 10/10/2007
Actual Completion Date (mm/dd/yyyy)	FMFM District Supervisor		Date
<u>FMFM Unit Manager</u> <u>Signature</u> <u>Date</u>		<u>FMFM District Supervisor</u> <u>Signature</u> <u>Date</u>	
Follow Up Comments			



INTERNAL AUDIT NON CONFORMANCE REPORT

Unit Name Sault Ste. Marie		Site location Naubinway		Non Conformance Report Number (Unit Code - yyyy - #) 45-2007-2	
Lead Auditor Mike Donovan		Team Member(s) Bob Burnham, Sue Thiel, Tom Haxby			
Date (mm/dd/yyyy) 6/14/2007		Work Instruction or Standard and Clause Number 1.3 Ecoregional Plan Development			
<input checked="" type="checkbox"/> Major <input type="checkbox"/> Minor		Other Documents (if applicable)		Responsible Manager(s) Members of the Eco-regional Planning Team	
Requirement of Audited Standard/ Work Instruction All DNR personnel participate in the planning process as a resource to the Eco-regional Planning Team. Implement the plan through on-the-ground operations.					
Observed Nonconformity EUP Ecoregional State Forest Management Plan is not complete. Unit staff had minimal participation in development of the draft plan and have not pursued greater involvement and/or understanding of the planning process. There is a lack of understanding concerning the management implications of the pending ecoregional plan.					
Root Cause Analysis (Describe the cause of the problem.) Plan is not complete.					
Corrective Action - Proposed corrective action - To be completed by the Unit and relevant Divisions Planning committee should redouble effort to include field staff.					
Proposed Completion Date (mm/dd/yyyy) Continuous					
Pat Hallfrisch _____ FMFM Unit Manager		July 27, 2007 _____ Date		Michael Paluda _____ FMFM District Supervisor	
_____ Signature		_____ Signature		_____ Date	
CORRECTIVE ACTION PLAN ACCEPTED			Lead Auditor Approval Mike Donovan		Date 10/10/2007
Actual Completion Date (mm/dd/yyyy)		FMFM District Supervisor			Date
_____ FMFM Unit Manager		_____ Signature		_____ Date	
_____ Signature		_____ Signature		_____ Date	
Follow Up Comments					



INTERNAL AUDIT NON CONFORMANCE REPORT

Unit Name Sault Ste. Marie		Site location Multiple sites- review of OI database	Non Conformance Report Number (Unit Code - yyyy - #) 45-2007-3
Lead Auditor Donovan	Team Member(s) Burnham, Haxby, Thiel		
Date (mm/dd/yyyy) 6/14/2007	Work Instruction or Standard and Clause Number WI 1.4		
<input type="checkbox"/> Major <input checked="" type="checkbox"/> Minor	Other Documents (if applicable)	Responsible Manager(s) FMU Unit Manager	
<p>Requirement of Audited Standard/ Work Instruction</p> <p>On an annual basis, FMUs will report on the number of HCVAs and ERAs contained within compartments reviewed.</p> <p>In OI Comments list the category (SCA, HCVA, ERA) class, name and other comments. Include the conservation objective. Use Conservation Area Coding, Appendix B, Conservation Area Management Guidance document for coding direction.</p> <p>Add biodiversity specifications to timber sale specifications and Forest Treatment Proposals.</p> <p>Propose survey work for T&E and special concern species only. Forward request to Forest Resources Management Section Manager through the Forest Management Unit Manager.</p>			
<p>Observed Nonconformity</p> <p>Unit did not report on number of HCVAs or ERAs in 2008 YOE compartments reviewed.</p> <p>OI comments on conservation objectives and SCA type is not consistently completed.</p> <p>Application of Retention guidelines to enhance biodiversity is not well understood by staff or documented in sale proposals and contract specs. ME Mystery Mix sale A6 stand retention is everything under 4 inches may not meet biodiversity intent of retention, without documentation of retention goals it is difficult to determine if retention guidelines were followed. Greater understanding and documentation of the intent of retention to enhance biodiversity conservation is needed by staff.</p> <p>Discussions with staff indicated that some staff were not clear on the process for proposing survey work for T&E species and what activities required review for T&E.</p>			
<p>Root Cause Analysis (Describe the cause of the problem.)</p> <ol style="list-style-type: none"> 1. It is unclear where or to whom the report is to be made and nobody has ever asked for one. 2. Differences in procedures for OI commenting and IFMAP commenting has caused some confusion with certain staff members. 3. ME Mystery Mix retention was a sale where retention was according to what WD requested at the time of the sale proposal apparently to provide cover in an aspen stand. As is common practice other divisions provide verbal requests/instructions which, if reasonable, have been followed. Much confusion on what is and what is not acceptable retention exists because of conflicting information received from various sources within the department. 4. Staff is aware that they need to go through the UM to request an MNFI survey. I may not have emphasized how the process works beyond that point. 			
<p>Corrective Action - Proposed corrective action - To be completed by the Unit and relevant Divisions</p> <ol style="list-style-type: none"> 1. We will compile a document in time for the compartment review. 2. We will coordinate with the planner to be sure future comments are appropriate and consistent. 3. Requesting additional documentation on each and every sale will clarify goals. Until clarification and consistency can be achieved within the department on acceptable retention staff may not be able to fully understand what is expected. For the present time we will document our retention to better explain what was done and why. 4. Staff has again been made aware of the process after it leaves the UMs desk. 			

Proposed Completion Date (mm/dd/yyyy)					
December 6, 2007					
Pat Hallfrisch			July 27, 2007		
FMFM Unit Manager		Signature	FMFM District Supervisor		Date
CORRECTIVE ACTION PLAN ACCEPTED			Lead Auditor Approval Mike Donovan		Date 10/10/2007
Actual Completion Date (mm/dd/yyyy)		FMFM District Supervisor			Date
FMFM Unit Manager			FMFM District Supervisor		
Signature		Date	Signature		Date
Follow Up Comments					



INTERNAL AUDIT NON CONFORMANCE REPORT

Unit Name Sault Ste. Marie		Site location Naubinway	Non Conformance Report Number (Unit Code - yyyy - #) 45-2007-4		
Lead Auditor Mike Donovan		Team Member(s) Bob Burnham, Sue Thiel, Tom Haxby			
Date (mm/dd/yyyy) 06/14/2007		Work Instruction or Standard and Clause Number 1.6 Forest Management Unit Analyses			
<input type="checkbox"/> Major <input checked="" type="checkbox"/> Minor		Other Documents (if applicable)	Responsible Manager(s) Wildlife Unit Manager, FMU Unit Manager		
Requirement of Audited Standard/ Work Instruction FMUs will conduct a pre-inventory review of the next year-of-entry compartments. The review should utilize FMU information and other data to put the year-of-entry compartments into a long-term, landscape level perspective. Examples include an analysis of forest type acres and their acres and their age classes (or basal area), Special Conservation Areas, and considerations, tribal interests, public input, and other broad resource information.					
Observed Nonconformity Although Wildlife Division and Fish Division participate in pre-inventory meeting, evidence suggests that broader multiple resource information in addition to timber age class and species distribution is not presented during the pre-inventory meeting.					
Root Cause Analysis (Describe the cause of the problem.) WD and FD apparently did not supply appropriate information at the pre-inventory review.					
Corrective Action - Proposed corrective action - To be completed by the Unit and relevant Divisions . District Supervisors of the participating divisions will be asked to direct the participation of their staff at the pre-inventory meetings.					
Proposed Completion Date (mm/dd/yyyy)					
Pat Hallfrisch _____ FMFM Unit Manager		July 27, 2007 _____ Date	Michael Paluda _____ FMFM District Supervisor		
_____ Signature		_____ Date	_____ Signature		
_____ Date		_____ Signature		_____ Date	
CORRECTIVE ACTION PLAN ACCEPTED			Lead Auditor Approval Mike Donovan _____ Signature		
Actual Completion Date (mm/dd/yyyy) _____ Date			_____ Date		
_____ FMFM District Supervisor			_____ Date		
_____ FMFM Unit Manager		_____ Signature	_____ Date	_____ FMFM District Supervisor	
_____ Signature		_____ Date	_____ Signature		_____ Date
Follow Up Comments					



INTERNAL AUDIT NON CONFORMANCE REPORT

Unit Name Sault Ste. Marie		Site location FTP C41-503	Non Conformance Report Number (Unit Code - yyyy - #) 45-2007-5		
Lead Auditor Mike Donovan		Team Member(s) Bob Burnham, Sue Thiel, Tom Haxby			
Date (mm/dd/yyyy) 06/14/2007		Work Instruction or Standard and Clause Number WI 2.1			
<input type="checkbox"/> Major <input checked="" type="checkbox"/> Minor		Other Documents (if applicable)	Responsible Manager(s) FMU Unit Manager		
Requirement of Audited Standard/ Work Instruction 2.1.2 Indication of Regeneration Method Forest Inventory codes will be used to determine if a stand will be regenerated artificially or naturally. 2.1.3 Exotics All of the plantings must be summarized annually using the Planting Summary (R4046). 2.1.4 Timing and Adequacy of regeneration. TMS will be required to provide any available regeneration information, such as shapefiles, regeneration counts and FTP-Completion Reports (R4048-1) before regeneration lists and OI can be updated.					
Observed Nonconformity 2.1.2 FTP does not match current inventory records. 2.1.3 Annual Planting Summary was not done. 2.1.4 FTP completion reports are being regenerated but the OI is not being updated.					
Root Cause Analysis (Describe the cause of the problem.) 2.1.2 and 2.1.4 Seem to be related in that inventory is not always being updated in a timely fashion in all cases. 2.1.3 The responsible party is not completing a summary.					
Corrective Action - Proposed corrective action - To be completed by the Unit and relevant Divisions 2.1.2 and 2.1.4 Inventory codes need to be checked for consistency and updated inventory data needs to be entered after the planting season. 2.1.3 We will work with the TMS to insure the summary is completed annually.					
Proposed Completion Date (mm/dd/yyyy)					
Pat Hallfrisch _____ FMFM Unit Manager		July 27, 2007 _____ Date	Michael Paluda _____ FMFM District Supervisor		
_____ Signature		_____ Date	_____ Signature		
_____ Date		_____ Date		_____ Date	
CORRECTIVE ACTION PLAN ACCEPTED			Lead Auditor Approval Mike Donovan _____ Signature		
Actual Completion Date (mm/dd/yyyy) _____ Date			_____ Date		
_____ FMFM District Supervisor			_____ Date		
_____ FMFM Unit Manager		_____ Signature	_____ Date	_____ FMFM District Supervisor	
_____ Signature		_____ Date	_____ Signature		_____ Date
Follow Up Comments					



INTERNAL AUDIT NON CONFORMANCE REPORT

Unit Name		Site location FTP C41-503	Non Conformance Report Number (Unit Code - yyyy - #) 45-2007-6
Lead Auditor Mike Donovan		Team Member(s) Bob Burnham, Sue Thiel, Tom Haxby	
Date (mm/dd/yyyy) 06/14/2007		Work Instruction or Standard and Clause Number WI 2.2 Use of Pesticides and Chemical Use on State Forest Lands.	
<input type="checkbox"/> Major <input checked="" type="checkbox"/> Minor		Other Documents (if applicable)	Responsible Manager(s) FMU Unit Manager
Requirement of Audited Standard/ Work Instruction 2.2.1.a Prescriptions When a Forest Treatment Proposal (FTP)(R-4048) requiring a pesticide application is approved, complete a pesticide application plan (PAP,R-4029) 2.2.2.b Operational Use of Pesticides: Application and Evaluation Upon completion of a pesticide application, complete a Forest Treatment Completion form (FTC, R-4048-1) and an attached Pesticide Use Evaluation Report (PUER, R-4029-1). 2.2.2.i Operational Use of Pesticides: Notification The need for public notification is determined at the Forest Management Unit and reviewed by the FMFM District Supervisor.			
Observed Nonconformity 2.2.1.a The FTP was approved for herbicide but not for the insecticide application that occurred. 2.2.2.b Completion Report was submitted for Insecticide application but PUER not attached. 2.2.2.i Public Notification was not reviewed at either the Management Unit or the District level.			
Root Cause Analysis (Describe the cause of the problem.) 2.2.1.a The herbicide was approved by FTP for application and very shortly before application RHP Sawfly was noted in the plantations. Both products were applied at the same time under the same contract from the air. 2.2.2.b Was unaware that the Unit filled out that form since none of us are qualified entomologists. 2.2.2.i Neither UM, TMS, Entomologist or District Supervisor were aware of this.			
Corrective Action - Proposed corrective action - To be completed by the Unit and relevant Divisions 2.2.1.a FTPs will be done for all vegetative and insect pests. 2.2.2.b Form R-4029-1 will be filled out in the future. 2.2.2.i Requests to approve public posting, as required by law, of areas after herbicide/pesticide application will be made to the District Supervisor.			
Proposed Completion Date (mm/dd/yyyy)			
Pat Hallfrisch _____ FMFM Unit Manager Signature		Michael Paluda _____ FMFM District Supervisor Signature	
July 27, 2007 _____ Date		July 27, 2007 _____ Date	
CORRECTIVE ACTION PLAN ACCEPTED		Lead Auditor Approval Mike Donovan _____ Date 10/10/2007	

Actual Completion Date (mm/dd/yyyy)	FMFM District Supervisor	Date
FMFM Unit Manager	Signature	Date
Follow Up Comments	FMFM District Supervisor	Signature
		Date



INTERNAL AUDIT NON CONFORMANCE REPORT

Unit Name Sault Ste. Marie FMU		Site location multiple	Non Conformance Report Number (Unit Code - yyyy - #) 45-2007-7	
Lead Auditor Mike Donovan		Team Member(s) Thomas Haxby, Susan Thiel, Robert Burnham		
Date (mm/dd/yyyy) 6/14/07		Work Instruction or Standard and Clause Number 3.1 Forest Operations		
<input type="checkbox"/> Major <input checked="" type="checkbox"/> Minor		Other Documents (if applicable)	Responsible Manager(s) FMU Unit Manager, Fisheries Basin Supervisor	
Requirement of Audited Standard/ Work Instruction " FMFM, Fisheries, and Wildlife Divisions will review and approve all intrusive operations performed or permitted by any DNR division on State Forest lands at appropriate level(s), and these approvals will be documented."				
Observed Nonconformity FTP #44-561: (Dam maintenance by FD)FTP did not receive FMFM District approval per Management Review Intrusive Activities Approval Procedure (operations not approved via compartment review process so required District approval). RDR #502 Hog Island Creek: No documentation of approval for Beaver Dam removal - FTP not filled out for beaver dam removal. No approval of intrusive operations documented.				
Root Cause Analysis (Describe the cause of the problem.) FTP #44-561 FD performed brush control on a dam prior to getting all approvals. RDR #502 Although County Road ROW crossing state land is state land under the law, Unit assumed that an FTP was not required to lower water level in a ditch under county jurisdiction if we had CRC permission to do so.				
Corrective Action - Proposed corrective action - To be completed by the Unit and relevant Divisions FTP #44-561 FD must comply with the WI in future applications. RDR #502 Intrusive Activity Guidance has been changed to reflect the actions taken in this case by the Unit as being proper. However, those changes have not been officially approved and distributed, making it necessary to write this CAR.				
Proposed Completion Date (mm/dd/yyyy)				
Pat Hallfrisch _____ FMFM Unit Manager		July 27, 2007 _____ Date	Michael Paluda _____ FMFM District Supervisor	
_____ Signature		_____ Date	_____ Signature	
_____ Date		_____ Date		_____ Date
CORRECTIVE ACTION PLAN ACCEPTED		Lead Auditor Approval Mike Donovan		Date 10/10/2007
Actual Completion Date (mm/dd/yyyy)		FMFM District Supervisor		Date
_____ FMFM Unit Manager		_____ Signature	_____ Date	_____ FMFM District Supervisor
_____ Signature		_____ Date	_____ Signature	
_____ Date		_____ Date		_____ Date
Follow Up Comments				



INTERNAL AUDIT NON CONFORMANCE REPORT

Unit Name Sault Ste. Marie		Site location Unit-wide	Non Conformance Report Number (Unit Code - yyyy - #) 45-2007-8	
Lead Auditor Donovan		Team Member(s) Haxby, Burnham, Thiel		
Date (mm/dd/yyyy) 06/14/2007		Work Instruction or Standard and Clause Number 5.1 Research		
<input checked="" type="checkbox"/> Major <input type="checkbox"/> Minor		Other Documents (if applicable)	Responsible Manager(s) Division Research Supervisors	
Requirement of Audited Standard/ Work Instruction An annual research summary report will be published, and thereafter in conjunction with the annual management review. The summary report must be made available to all DNR staff.				
Observed Nonconformity The 2006 version of the Research Summary Report is not done. The above non-conformity makes this a major. As far as unit staff is concerned, they have not read and most did not have knowledge of the 2005 report. Reading the 2005 report would help staff understand the depth and breadth of research in the DNR.				
Root Cause Analysis (Describe the cause of the problem.) The report is not available.				
Corrective Action - Proposed corrective action - To be completed by the Unit and relevant Divisions Report needs to be made available to the field ASAP so staff can review it.				
Proposed Completion Date (mm/dd/yyyy)				
Pat Hallfrisch _____ FMFM Unit Manager Signature		July 27, 2007 _____ Date	Michael Paluda _____ FMFM District Supervisor Signature	
			July 27, 2007 _____ Date	
CORRECTIVE ACTION PLAN ACCEPTED		Lead Auditor Approval Mike Donovan		Date 10/10/2007
Actual Completion Date (mm/dd/yyyy)		FMFM District Supervisor		Date
_____ FMFM Unit Manager Signature		_____ Date	_____ FMFM District Supervisor Signature	
_____ Date		_____ Date		
Follow Up Comments				



INTERNAL AUDIT NON CONFORMANCE REPORT

Unit Name Sault Ste. Marie		Site location Multiple	Non Conformance Report Number (Unit Code - yyyy - #) 45-2007-9
Lead Auditor Donovan	Team Member(s) Haxby, Burnham, Thiel		
Date (mm/dd/yyyy) 06/14/2007	Work Instruction or Standard and Clause Number Management Review Summary, WI 7.1		
<input type="checkbox"/> Major <input checked="" type="checkbox"/> Minor	Other Documents (if applicable)	Responsible Manager(s) FMU Unit Manager	
<p>Requirement of Audited Standard/ Work Instruction Management Review Summary Final; Timbersales Foresters and Forest Technicians must ensure forest inventory prescriptions are accurately implemented. 7.1.2.1 Conduct a Pre-Sale Meeting with the purchaser and or logging crew. 7.1.2.3 Timbersale Contract Inspection Process At a minimum fill out a Timber Sale Contract - Field Inspection Report (R-4050) when each payment unit is complete based on the accumulated notes recorded during previous inspections.</p>			
<p>Observed Nonconformity Treatment did not match prescription at Blue Arrow Mix Sale. OI indicated that some mature spruce needed to be left but white pine was left instead on the timber sale. 7.1.2.1 Documentation including name of SFE trained foreman and completion dates of Core Training is incomplete or not being done. Sites include; Sale Numbers 129-04, 118-04, 33-04, 103-06, 110-06. 7.1.2.3 Form not being used on every field inspection which made it unclear if all elements of the timber sale contract were being evaluated. Sites include; Sale Numbers 129-04, 118-04, 33-04, 103-06, 110-06.</p>			
<p>Root Cause Analysis (Describe the cause of the problem.) Usually mature pine is left on a sale. Cruiser misread the inventory sheet. 7.1.2.1 This data is not available on line as was indicated to staff. Presently staff must rely on the honesty of the purchaser at the pre sale conference. WI does not indicate that we must require the producer to show proof of completion. 7.1.2.3 Misunderstanding by some staff of what forms are mandated.</p>			
<p>Corrective Action - Proposed corrective action - To be completed by the Unit and relevant Divisions OI sheets are now being attached to each timber sale proposal and have been for several months prior to the audit. This act gives the cruiser a quick and easy double check and allows the reviewer to also quickly and easily check to see if the proposal matches the inventory. 7.1.2.1 TMS or other staff needs to locate and report to the Unit (all units) a website where the necessary data is available or a hard copy needs to be made available to the field or WI needs to indicate that staff require documentation from purchaser. 7.1.2.3 Staff understands that Field Inspection Forms are to be filled out for each payment unit and another summary form when the sale is complete rather than a single form with individual notations each time the sale is inspected. Inspection notes from presently active sales are being transcribed onto the field inspection reports so that they will conform.</p>			

Proposed Completion Date (mm/dd/yyyy)					
Pat Hallfrisch		July 27, 2007		Michael Paluda	
FMFM Unit Manager		Signature		Date	
FMFM Unit Manager		Signature		Date	
CORRECTIVE ACTION PLAN ACCEPTED			Lead Auditor Approval Mike Donovan		Date 10/10/2007
Actual Completion Date (mm/dd/yyyy)		FMFM District Supervisor			Date
FMFM Unit Manager		Signature		Date	
FMFM Unit Manager		Signature		Date	
Follow Up Comments					



INTERNAL AUDIT NON CONFORMANCE REPORT

Unit Name Sault Ste. Marie FMU		Site location Bennet Road Culvert Set Sale no. 45-106-02-01		Non Conformance Report Number (Unit Code - yyyy - #) 45-2007-10	
Lead Auditor Mike Donovan		Team Member(s) Thomas Haxby, Susan Thiel, Robert Burnham			
Date (mm/dd/yyyy) 6/14/07		Work Instruction or Standard and Clause Number 7.2 Legal Compliance and Administration of Contracts			
<input type="checkbox"/> Major <input checked="" type="checkbox"/> Minor		Other Documents (if applicable)		Responsible Manager(s) FMU Unit Manager	
Requirement of Audited Standard/ Work Instruction "MDNR will comply with all applicable Federal, State, and local laws and regulations..." DNR policy requires engineering services be involved with all replacement culverts involving an increase in culvert size.					
Observed Nonconformity A permanent culvert was replaced on a state forest road with a larger culvert and engineering services input and approval was not sought and obtained.					
Root Cause Analysis (Describe the cause of the problem.) Two 2' culverts were replaced with a single larger culvert, following DEQ recommendations. I was unaware that engineering services involvement was required for this particular project since the water passage area of the larger culvert was quite close to the area of the two smaller culverts that were replaced.					
Corrective Action - Proposed corrective action - To be completed by the Unit and relevant Divisions Engineering Services will be involved When culvert replacement is done with a size or configuration different than the original installation.					
Proposed Completion Date (mm/dd/yyyy) 07/20/2007					
Pat Hallfrisch _____ FMFM Unit Manager		July 27, 2007 _____ Date		Michael Paluda _____ FMFM District Supervisor	
Signature		Date		Signature	
Date		Date		Date	
CORRECTIVE ACTION PLAN ACCEPTED		Lead Auditor Approval Mike Donovan		Date 10/10/2007	
Actual Completion Date (mm/dd/yyyy)		FMFM District Supervisor		Date	
_____ FMFM Unit Manager		_____ FMFM District Supervisor		_____ Date	
Signature		Signature		Date	
Date		Date		Date	
Follow Up Comments					

Report and Review Procedure following the Internal Audit:

1. Nonconformance Reports (NCRs) that describe observed nonconformity with forest certification work instructions will be prepared by lead and staff auditors during internal audits.
2. Lead Auditor will prepare a Draft Internal Audit Report (DIAR) consisting of Audit team Nonconformance Reports and a brief audit summary (cover memo). Complete at closing meeting.
3. Lead Auditor will send the DIAR to FMU Manager for formulation of corrective actions. Send copy to Forest Certification Specialist and District FMFM Supervisor within 1 week.
4. The FMU Manager will submit NCR with root cause analysis and corrective actions to District Supervisor following consultations with other Divisions.
5. The FMFM District Supervisor will approve and date the NCR. The FMFM District Supervisor will send the approved NCR to the Lead Auditor who will review, approve, and sign the NCR corrective action. Complete within 4 weeks of closing meeting date.
6. Lead Auditor compiles the audit summary and completed NCRs into a final Internal Audit Report and submits report to the Forest Certification Specialist. Submit within 6 weeks of closing meeting date.
7. Forest Certification Specialist will forward Final Internal Audit Report to FCIT, FMFM Management Team, FMFM District Supervisors, all FMU Managers, and representatives from other Divisions, as identified by the FCIT Division representatives.
8. Corrective Actions will be cleared either through the Management Review Process or in the next internal audit.

Michigan DNR Forest Certification Internal Audit Report

FMU: Gladwin

Internal Audit Dates: June 26-28, 2007

Internal Audit Summary Date: June 28, 2007

Lead Auditor: Jeff Stampfly

Internal Auditors: Mike Donovan, Steve Milford, Gary Roloff

Comments:

The internal audit of the Gladwin FMU was held the week of June 26-28, 2007. The scope of the audit was State Forest Land (SFL) within the Gladwin FMU. The audit criteria were the Feb. 7, 2006 version of the Work Instructions (WIs) and all supporting DNR policy, procedures, rules, management guides, guidance documents, plans, and handbooks that were relevant to the management of SFL. On Tuesday, June 26, a detailed list of audit sites was selected and an audit route established based on a search of records and interviews with staff. A brief opening meeting was held with the participants Wednesday morning at the Gladwin Field Office. Subsequently, the audit moved to areas of MDNR field management activities that were generally located in eastern Gladwin County (8 sites) and western Gladwin/eastern Clare Counties (7 sites). Thursday morning was spent reviewing the audit findings, conducting follow-up interviews, or further reviewing documents as needed. A closing meeting was held on Thursday at 2:00 pm. The audit team gathered evidence to determine work instruction conformance through interviews, document review and field observations.

The internal audit team appreciated the cooperation, involvement, and openness of the Gladwin Unit staff. The audit team was impressed with the field conditions of all timber harvest units and the efforts made at remedying BMP issues. It was obvious from our observations that multiple resource values are being considered and appropriately addressed during timber sale administration. The process for reviewing recreation sites and integrating the management unit into work prioritization on these sites was excellent. Also, the auditors were impressed with the Unit's ability to chronologically review timber sale administration. The auditors were impressed with the Unit's road closure program in terms of the number of road closures currently in effect and the process used to identify and implement a closure. The audit team also observed outstanding examples of cooperative projects on the Gladwin Unit (e.g., Stoddard Landing, Green Pine Pathway).

Definitions:

Major Non-conformances: One or more of the Michigan Department of Natural Resource (MDNR) Sustainable Forest Certification Work Instruction requirements has not been addressed or has not been implemented to the extent that a systematic failure of the MDNR to meet a Sustainable Forest Certification (Sustainable Forestry Initiative or Forest Stewardship Council) principle, objective, performance measure or indicator occurs. (Adapted from the Sustainable Forestry Initiative Standard 2005-2009 Edition definitions.)

Minor Non-conformances: An isolated lapse in MDNR Sustainable Forest Certification Work Instruction implementation which does not indicate a systematic failure to consistently meet a Sustainable Forest Certification (SFI or FSC) principle, objective, performance measure or indicator. (Adapted from the Sustainable Forestry Initiative Standard 2005-2009 Edition definitions.)

Opportunities for improvement: Opportunities for improvement are findings that do not indicate a current deficiency, but serve to alert the FMU to areas that could be strengthened or which could merit future attention.

MDNR's internal audit review process (WI 1.2) requires a record, evaluation, and report of non-conformances with forest certification standards and related WI at all levels of the Department. As part of that process, we documented the Unit's conformity with policy, procedures, management review decisions, and WIs. Results of our audit have resulted in 3 major non-conformances, 9 minor non-conformances, and 3 opportunities for improvement. Non-conformances are documented on the Non-conformance Report forms (NCR Form 4502) below. Opportunities for improvement include:

- WI 1.1 Staff should improve their knowledge of work instructions. This will help with coding and form use issues.
- WI 1.2 Staff should improve their familiarity with the management review decisions, including the intrusive activity approval procedure. This will help with knowledge of the necessary sign-offs for some activities.
- WI 3.2 It appears staff would benefit from training in the identification and cleanup of spills associated with logging sites.

<u>FMFM Unit Manager</u>	<u>Signature</u>	<u>Date</u>	<u>FMFM District Supervisor</u>	<u>Signature</u>	<u>Date</u>
Follow Up Comments					



INTERNAL AUDIT NON CONFORMANCE REPORT

Unit Name Gladwin		Site location Multiple use permits Multiple vehicle checks		Non Conformance Report Number (Unit Code - yyyy - #) 73-2007-6	
Lead Auditor Jeff Stampfly		Team Member(s) Steve Milford*, Mike Donovan, Gary Roloff,			
Date (mm/dd/yyyy) 6/28/07		Work Instruction or Standard and Clause Number 3.1 Forest Operations			
<input type="checkbox"/> Major <input checked="" type="checkbox"/> Minor		Other Documents (if applicable) Management Review Summary 2006		Responsible Manager(s) Unit Manager	
Requirement of Audited Standard/ Work Instruction					
<p>" FMFM, Fisheries, and Wildlife Divisions will review and approve all intrusive operations performed or permitted by any DNR division on State Forest lands at appropriate level(s), and these approvals will be documented."</p> <p>" A spill kit, or access to sufficient absorbent material to clean up spills, is required at sites with state-owned vehicles having hydraulic equipment or auxiliary fuel tanks."</p>					
Observed Nonconformity					
<p>Use Permits FMFM 073-2007-04, FMFM 073-2007-07, FMFM 073-2007-13, FMFM 073-2007-17 ...: Use permits did not receive approvals per Management Review Intrusive Activities Approval Procedure. District and LED approvals were routinely missing.</p> <p>Wildlife tiltbed and dozer as well as pickup truck with auxiliary fuel tank lacked spill kits.</p>					
Root Cause Analysis (Describe the cause of the problem.)					
<p>1. Conflicting information was received from the Land Use Specialist regarding necessary Use Permit signatures.</p> <p>2. WLD staff did not recognize the need for spill kits for their vehicles.</p>					
Corrective Action - Proposed corrective action - To be completed by the Unit and relevant Divisions.					
<p>1. The Intrusive Activities Review and Approval Process, Appendix A has been obtained and distributed. It will be followed for all IAs, particularly Use Permits. The Unit Manager and FMFM secretary have put a tracking procedure in place for necessary signatures for such permits.</p> <p>2. Wildlife staff have reviewed the requirements regarding and use of spill kits and placed kits in the WLD tiltbed, dozer and pickup truck.</p>					
Proposed Completion Date (mm/dd/yyyy)					
September 30, 2007					
<u>Courtney C Borgondy</u> FMFM Unit Manager		<u>Aug. 6, 2007</u> Date		<u>Roger Hoeksema</u> FMFM District Supervisor	
_____ Signature		_____ Date		_____ Signature	
_____ Date		_____ Date		_____ Date	
CORRECTIVE ACTION PLAN ACCEPTED		Lead Auditor Approval Jeff Stampfly		Date Aug 23, 2007	
Actual Completion Date (mm/dd/yyyy)		FMFM District Supervisor			Date
_____ FMFM Unit Manager		_____ Signature		_____ Date	
_____ Signature		_____ Date		_____ Signature	
_____ Date		_____ Date		_____ Date	
Follow Up Comments					



INTERNAL AUDIT NON CONFORMANCE REPORT

Unit Name Gladwin		Site location Multiple sites	Non Conformance Report Number (Unit Code - yyyy - #) 73-2007-7	
Lead Auditor Jeff Stampfly		Team Member(s) Steve Milford*, Mike Donovan, Gary Roloff		
Date (mm/dd/yyyy) 06/28/2007		Work Instruction or Standard and Clause Number Management Review Summary, WI 3.2		
<input checked="" type="checkbox"/> Major <input type="checkbox"/> Minor		Other Documents (if applicable)	Responsible Manager(s) Unit Manager	
Requirement of Audited Standard/ Work Instruction "DNR employees are required, and other citizens and visitors are encouraged, to watch for and report BMP problems in State Forests. Reporting responsibilities include water quality and site productivity issues. Employees should endeavor to monitor problem-prone areas on a systematic basis."				
Observed Nonconformity Compartment 18 SE ¼ section 3, known hill climb area was not reported on RDR. Rifle River sucker fishing sites had two separate problem areas but only one had RDR filled out. Lame Duck Truck Trail culvert had erosion into waterbody but no RDR filled out. Unit has multiple sites with erosion caused by runoff as well as ORV caused erosion but Unit staff did not submit RDR's on all sites. Only two RDR's submitted in 2007. Appears to be some confusion with staff as to what constitutes an RDR, when they should be reported, and what severity requires an RDR being filled out. Auditor perception was that training is needed on RDR implementation.				
Root Cause Analysis (Describe the cause of the problem.) There was some uncertainty as to what exactly constitutes and RDR, just who should report them, and how to go about submitting one. Staff had become somewhat immune to RDR sites due to the number, frequency, and persistence of them.				
Corrective Action - Proposed corrective action - To be completed by the Unit and relevant Divisions 1. RDR's have been submitted for the three sites observed during the audit. 2. Educational material, including the FMFM Power Point training module, has been circulated to all staff, and discussions held to review what constitutes an RDR. 3. The Unit Fire Supervisor has set up a streamlined procedure to accept, log, and track RDRs. He will also keep tabs on the status of RDRs targeted for restoration. He will serve as the main contact for RDR questions. Staff has been apprised of this and directed to complete RDRs as they encounter them. 4. The Fire Supervisor will monitor number of RDRs submitted and periodically remind staff of need to submit them.				
Proposed Completion Date (mm/dd/yyyy) September 30, 2007				
<u>Courtney C Borgondy</u> FMFM Unit Manager		<u>Aug. 6, 2007</u> Date	<u>Roger Hoeksema</u> FMFM District Supervisor	
<hr/> Signature		<hr/> Date	<hr/> Signature	
<hr/> Date		<hr/> Date		<hr/> Date
CORRECTIVE ACTION PLAN ACCEPTED		Lead Auditor Approval Jeff Stampfly		Date Aug 23, 2007
Actual Completion Date (mm/dd/yyyy)		FMFM District Supervisor		Date
<hr/> FMFM Unit Manager		<hr/> Signature	<hr/> Date	<hr/> FMFM District Supervisor
<hr/> Signature		<hr/> Date	<hr/> Signature	<hr/> Date
Follow Up Comments				



INTERNAL AUDIT NON CONFORMANCE REPORT

Unit Name Gladwin		Site location Statewide	Non Conformance Report Number (Unit Code - yyyy - #) 73-2007-8	
Lead Auditor Jeff Stampfly		Team Member(s) Mike Donovan*, Gary Roloff, Steve Milford		
Date (mm/dd/yyyy) 06/28/2007		Work Instruction or Standard and Clause Number 5.1 Research		
<input checked="" type="checkbox"/> Major <input type="checkbox"/> Minor		Other Documents (if applicable)	Responsible Manager(s) Division Research Supervisors	
Requirement of Audited Standard/ Work Instruction An annual research summary report will be published, and thereafter in conjunction with the annual management review. The summary report must be made available to all DNR staff.				
Observed Nonconformity The 2006 version of the Research Summary Report is not done.				
Root Cause Analysis (Describe the cause of the problem.) The 2006 version of the Research Summary Report was not done and/or circulated to DNR staff.				
Corrective Action - Proposed corrective action - To be completed by the Unit and relevant Divisions The 'Summary of Sustainable Forestry Research, FY 2006' has been posted to the DNR web page and is now available for all staff to see.				
Proposed Completion Date (mm/dd/yyyy) September 30, 2007				
<u>Courtney C Borgondy</u> FMFM Unit Manager		<u>Aug. 6, 2007</u> Date	<u>Roger Hoeksema</u> FMFM District Supervisor	
<hr/> Signature		<hr/> Date	<hr/> Signature	
<hr/> Date		<u>Lead Auditor Approval Jeff Stampfly</u>		<u>Date Aug 23, 2007</u>
Actual Completion Date (mm/dd/yyyy)		FMFM District Supervisor		Date
<hr/> FMFM Unit Manager		<hr/> Signature	<hr/> Date	<hr/> FMFM District Supervisor
<hr/> Signature		<hr/> Date	<hr/> Signature	
<hr/> Date		<hr/> FMFM District Supervisor		<hr/> Date
Follow Up Comments				



INTERNAL AUDIT NON CONFORMANCE REPORT

Unit Name Gladwin		Site location Multiple sites		Non Conformance Report Number (Unit Code - yyyy - #) 73-2007-9	
Lead Auditor Jeff Stamply		Team Member(s) Steve Milford*, Mike Donovan, Gary Roloff			
Date (mm/dd/yyyy) 6/28/07		Work Instruction or Standard and Clause Number 7.1 Timber Sale Preparation and Administration Procedures			
<input checked="" type="checkbox"/> Major <input type="checkbox"/> Minor		Other Documents (if applicable)		Responsible Manager(s) Unit Manager	
Requirement of Audited Standard/ Work Instruction WI 7.1.II.1.b) "At the pre-sale meeting record the following in the Remarks section of the initial Timber Sale Contract-Field Inspection Report (R-4050)" WI 7.1.II.2 "During each inspection visit, record observations and non-compliances using form R-4050" WI 7.1.II.3 "At a minimum fill out a Timber Sale Contract-Field Inspection Report (R-4050) when each payment unit is complete based on the accumulated notes recorded during previous inspections."					
Observed Nonconformity Staff, while doing a very good job of documenting site visits in a chronological order, were not using the form R-4050 as required by the work instruction. No evidence was seen that form R-4050 was being used at the pre-sale meeting with logger, during each site visit, nor were any final inspection reports R-4050 being filled out at completion of each payment unit.					
Root Cause Analysis (Describe the cause of the problem.) Staff who administer timber sales were using a Unit developed inspection sheet to document site visits and record all contact with the logging contractor instead of using the R4050 form. The R4050 was only being used when the entire sale was closed. Staff thought that met WI requirements.					
Corrective Action - Proposed corrective action - To be completed by the Unit and relevant Divisions Staff has been instructed to complete a R4050 for each completed payment unit. The completed forms will be filed in the appropriate timber sale contract folder. Unit sale administrators will also continue documenting site visits and logger contacts on the Unit developed inspection sheets.					
Proposed Completion Date (mm/dd/yyyy) September 30, 2007					
<u>Courtney C Borgondy</u> FMFM Unit Manager		<u>Aug. 6, 2007</u> Date		<u>Roger Hoeksema</u> FMFM District Supervisor	
_____ Signature		_____ Date		_____ Signature	
_____ Date		<u>Lead Auditor Approval Jeff Stamply</u>		<u>Date Aug 23, 2007</u>	
_____ FMFM District Supervisor		_____ Date			
_____ FMFM Unit Manager		_____ Signature		_____ Date	
_____ Signature		_____ Date		_____ Signature	
Follow Up Comments					



INTERNAL AUDIT NON CONFORMANCE REPORT

Unit Name Gladwin		Site location Multiple		Non Conformance Report Number (Unit Code - yyyy - #) 73-2007-10	
Lead Auditor Jeff Stampfly		Team Member(s) Steve Milford*, Mike Donovan, Gary Roloff			
Date (mm/dd/yyyy) 6/28/2007		Work Instruction or Standard and Clause Number 7.2 Legal Compliance and Administration of Contracts			
<input type="checkbox"/> Major <input checked="" type="checkbox"/> Minor		Other Documents (if applicable)		Responsible Manager(s) Unit Manager	
Requirement of Audited Standard/ Work Instruction WI 7.2 Legal Requirements 3.a) "Illegal activities are to be reported by employees who observe them to the local unit manager at the earliest possible opportunity." WI 7.2 Contract Fairness 2.b) "State and Department policies specify insurance requirements for contracts. Proof of liability insurance must be verified before contracts are executed."					
Observed Nonconformity Unit has so much illegal activity that staff is required out of necessity to prioritize the illegal activities that are reported and addressed. Staff admitted that many minor trespasses and illegal activities are overlooked due to the sheer number. Auditors did document the following examples of illegal activities not reported: Prestle Creek Sale 73-022-04-01, illegal tree stand that was not reported. Event permits FMFM 073-2007-13 and FMFM 073-2007-17 did not have insurance covering the state with proper wording per permit requirements. FMFM 073-2007-13 did not have the State listed as an insured party.					
Root Cause Analysis (Describe the cause of the problem.) 1. No process for reporting minor illegal activities was in place. Trash sites and trespasses are already reported and logged in appropriate databases. 2. Office staff was not aware of the appropriate language necessary for event permit certificates of insurance.					
Corrective Action - Proposed corrective action - To be completed by the Unit and relevant Divisions 1. A new process has been created for reporting illegal activities at the Unit level. A binder is located in the office that all FMFM and WLD staff and local LED staff have access to where illegal activities identified on State land can be logged. A procedural guide is located in this binder as well as on Unit's P drive for reference. 2. Staff has been advised of appropriate process and language for handling insurance requirements on Use Permits. The Unit Use Permit process tracking form has been updated to reflect this.					
Proposed Completion Date (mm/dd/yyyy) September 30, 2007					
Courtney C Borgondy FMFM Unit Manager		Aug. 6, 2007 Date		Roger Hoeksema FMFM District Supervisor	
_____ Signature		_____ Date		_____ Signature	
_____ Date		_____ Date		_____ Date	
CORRECTIVE ACTION PLAN ACCEPTED		Lead Auditor Approval		Date	
Actual Completion Date (mm/dd/yyyy)		FMFM District Supervisor		Date	
_____ FMFM Unit Manager		_____ FMFM District Supervisor		_____ Date	
_____ Signature		_____ Signature		_____ Date	
Follow Up Comments					



INTERNAL AUDIT NON CONFORMANCE REPORT

Unit Name Gladwin		Site location Office interviews and document review	Non Conformance Report Number (Unit Code - yyyy - #) 73-2007-12	
Lead Auditor Jeff Stampfly		Team Member(s) Gary Roloff*, Mike Donovan, Steve Milford		
Date (mm/dd/yyyy) 6/28/2007		Work Instruction or Standard and Clause Number WI 9.1		
<input type="checkbox"/> Major <input checked="" type="checkbox"/> Minor		Other Documents (if applicable) Management Review Summary 2006	Responsible Manager(s) Unit Manager	
Requirement of Audited Standard/ Work Instruction Management Review Summary, January 6, 2006 states "Each FMFM Unit Manager shall send Open House and Compartment Review notices to all 12 federally recognized tribes." (Page 14 of 26)				
Observed Nonconformity Open house mailing list for 2009 Y.O.E. compartments only listed the Saginaw-Chippewa Indian Tribe. Office interviews supported this observed non-conformity.				
Root Cause Analysis (Describe the cause of the problem.) Staff was unaware of the requirement to notify all 12 federally recognized tribes about the Compartment Open House and the Compartment Reviews instead of just the local tribes.				
Corrective Action - Proposed corrective action - To be completed by the Unit and relevant Divisions Contact information has been obtained for all 12 federally recognized tribes. They have been added to the Unit mailing list for future Compartment Open House and Review notifications.				
Proposed Completion Date (mm/dd/yyyy) September 30, 2007				
<u>Courtney C Borgondy</u> FMFM Unit Manager		<u>Aug. 6, 2007</u> Date	<u>Roger Hoeksema</u> FMFM District Supervisor	
_____ Signature		_____ Date	_____ Signature	
_____ Date		_____ Date		_____ Date
CORRECTIVE ACTION PLAN ACCEPTED		Lead Auditor Approval Jeff Stampfly		Date Aug 23, 2007
Actual Completion Date (mm/dd/yyyy)		FMFM District Supervisor		Date
_____ FMFM Unit Manager		_____ Signature	_____ Date	_____ FMFM District Supervisor
_____ Signature		_____ Date	_____ Signature	
Follow Up Comments				

Report and Review Procedure following the Internal Audit:

1. Nonconformance Reports (NCRs) that describe observed nonconformity with forest certification work instructions will be prepared by lead and staff auditors during internal audits.
2. Lead Auditor will prepare a Draft Internal Audit Report (DIAR) consisting of Audit team Nonconformance Reports and a brief audit summary (cover memo). Complete at closing meeting.
3. Lead Auditor will send the DIAR to FMU Manager for formulation of corrective actions. Send copy to Forest Certification Specialist and District FMFM Supervisor within 1 week.
4. The FMU Manager will submit NCR with root cause analysis and corrective actions to District Supervisor following consultations with other Divisions.
5. The FMFM District Supervisor will approve and date the NCR. The FMFM District Supervisor will send the approved NCR to the Lead Auditor who will review, approve, and sign the NCR corrective action. Complete within 4 weeks of closing meeting date.
6. Lead Auditor compiles the audit summary and completed NCRs into a final Internal Audit Report and submits report to the Forest Certification Specialist. Submit within 6 weeks of closing meeting date.
7. Forest Certification Specialist will forward Final Internal Audit Report to FCIT, FMFM Management Team, FMFM District Supervisors, all FMU Managers, and representatives from other Divisions, as identified by the FCIT Division representatives.
8. Corrective Actions will be cleared either through the Management Review Process or in the next internal audit.

Michigan DNR Forest Certification Internal Audit Report

FMU: Traverse City

Internal Audit Dates: July 9-11, 2007

Internal Audit Summary Date: July 11, 2007

Lead Auditor: Jim Ferris

Internal Auditors: Kerry Fitzpatrick, Pat Hallfrisch, Jason Stephens

Comments:

The internal audit of the Traverse City FMU was during July 9-11, 2007. The scope of the audit was State Forest Land (SFL) within the Traverse City FMU. The audit criteria were the Feb. 7, 2006 version of the Work Instructions (WIs) and all supporting DNR policy, procedures, rules, management guides, guidance documents, plans, and handbooks that were relevant to the management of SFL. On Monday, July 9, separate, detailed lists of audit sites and routes were established for both the Kalkaska and Traverse City areas based on record searches and interviews with staff. Separate opening meetings were held with the participants on Tuesday morning at Traverse City and Kalkaska Offices. Subsequently, the audit moved to 22 different sites of MDNR field management activities that were generally located throughout the unit on Tuesday. Wednesday morning was spent reviewing the audit findings, conducting follow-up interviews and reviewing documents as needed. The audit team gathered evidence to determine work instruction conformance through interviews, document review and field observations. A closing meeting was held on Wednesday at 2:00 pm.

The internal audit team appreciated the cooperation, involvement, and openness of the Traverse City Unit staff. The audit team was impressed with the field conditions of all timber harvest units and the efforts made to provide a wide range of natural resource values to the public. It was obvious from our observations that multiple resource values are being considered and appropriately addressed during the administration of timber sales and other programs. The process for reviewing recreation sites and integrating their management into work prioritization on these sites was excellent. Also, the auditors were impressed with the Unit's ability to deal with a high demand for public recreation (both motorized and non-motorized) while reducing the level of illegal ORV use and littering.

Definitions:

Major Non-conformances: One or more of the Michigan Department of Natural Resource (MDNR) Sustainable Forest Certification Work Instruction requirements has not been addressed or has not been implemented to the extent that a systematic failure of the MDNR to meet a Sustainable Forest Certification (Sustainable Forestry Initiative or Forest Stewardship Council) principle, objective, performance measure or indicator occurs. (Adapted from the Sustainable Forestry Initiative Standard 2005-2009 Edition definitions.)

Minor Non-conformances: An isolated lapse in MDNR Sustainable Forest Certification Work Instruction implementation which does not indicate a systematic failure to consistently meet a Sustainable Forest Certification (SFI or FSC) principle, objective, performance measure or

indicator. (Adapted from the Sustainable Forestry Initiative Standard 2005-2009 Edition definitions.)

Opportunities for improvement: Opportunities for improvement are findings that do not indicate a current deficiency, but serve to alert the FMU to areas that could be strengthened or which could merit future attention.

MDNR's internal audit review process (WI 1.2) requires a record, evaluation, and report of non-conformances with forest certification standards and related WI at all levels of the Department. As part of that process, we documented the Unit's conformity with policy, procedures, management review decisions, and WIs. Results of our audit have resulted in 4 major non-conformances, 3 minor non-conformances, and 6 opportunities for improvement. Non-conformances are documented on the Non-conformance Report forms (NCR Form 4502) below, followed by a list of 6 opportunities for improvement (OFI's).



INTERNAL AUDIT NON CONFORMANCE REPORT

Unit Name Traverse City		Site location Statewide		Non Conformance Report Number (Unit Code - yyyy - #) 61-2007-1	
Lead Auditor Jim Ferris		Team Member(s) Kerry Fitzpatrick, Pat Hallfrisch, Jason Stephens			
Date (mm/dd/yyyy) 7/11/07		Work Instruction or Standard and Clause Number 1.2 Management Review (item 2.c.iv)			
<input checked="" type="checkbox"/> Major <input type="checkbox"/> Minor		Other Documents (if applicable)		Responsible Manager(s) Field coordinators, O'Neil, Paluda, Melchoir	
Requirement of Audited Standard/ Work Instruction Work instruction. UP and LP field coordinators will prepare a joint draft report addressing conformance with the forest certification standards and recommendations for improvement. SFI standard. Program Participants shall establish a management review system to examine findings and progress in implementing the SFI Standard, to make appropriate improvements in programs, and to inform their employees of changes.					
Observed Nonconformity The Management Review meeting was held on Jan 31, 2007. A draft report was prepared on Feb 23, 2007. As of the time of this audit the report had not been distributed to unit staff. Although the work instruction does not specify a due date for the report the audit team does not believe that a prolonged delay, in excess of five months satisfies the intent of the work instructions or the certification standards. Not having the management review report in a timely fashion hinders staff at all levels from integrating improvements and new directions into their operations.					
Root Cause Analysis (Describe the cause of the problem.) The draft report that was prepared on Feb. 23, 2007 was not immediately distributed. The delay was due to the fact that the Management Review and Revised Work Instructions must be approved by the Statewide Council before distribution to staff.					
Corrective Action - Proposed corrective action - To be completed by the Unit and relevant Divisions The Statewide Council recently approved these documents and they were distributed on 8-2-2007.					
Proposed Completion Date (mm/dd/yyyy) 08-02-2007					
David Lemmien _____ FMFM Unit Manager		<i>David Lemmien</i> _____ Signature		09/27/2007 _____ Date	
		Roger Hoeksema _____ FMFM District Supervisor		<i>Roger Hoeksema</i> _____ Signature	
				10/1/2007 _____ Date	
CORRECTIVE ACTION PLAN ACCEPTED			Lead Auditor Approval: <i>Jim Ferris</i>		Date 10/2/07
Actual Completion Date (mm/dd/yyyy) 08-02-2007		FMFM District Supervisor			Date
_____ FMFM Unit Manager		_____ Signature		_____ Date	
		_____ FMFM District Supervisor		_____ Signature	
				_____ Date	
Follow Up Comments					



INTERNAL AUDIT NON CONFORMANCE REPORT

Unit Name Traverse City / NLP		Site location Peninsula-wide		Non Conformance Report Number (Unit Code - yyyy - #) 61-2007-02	
Lead Auditor Jim Ferris		Team Member(s) Kerry Fitzpatrick, Pat Hallfrisch, Jason Stephens			
Date (mm/dd/yyyy) 7/11/2007		Work Instruction or Standard and Clause Number 1.3 - Eco-regional Plan Development			
<input checked="" type="checkbox"/> Major <input type="checkbox"/> Minor		Other Documents (if applicable)		Responsible Manager(s) Lt. Dean Molnar (then) Dan Chamberlain (now) <u>Northern Lower Peninsula Eco-Team Chair</u>	
Requirement of Audited Standard/ Work Instruction The deadline for completion of the NLP Eco-regional State Forest Management Plan is 12/31/2007. All DNR personnel participate in the planning process as a resource to the Eco-regional Planning Team. Implement the plan through on-the-ground operations.					
Observed Nonconformity District staff indicated that the NLP Eco-regional State Forest Management Plan will not be completed by the current deadline of 12/31/2007. Communications between Unit staff and the NLP Eco-regional planning team have been minimal, consisting of a one-way flow of information from the Planning Team to the Unit. During the Audit, Unit staff clearly expressed their thoughts as to what details a plan should include, specifically as it relates to desired future conditions. To date, staff has not been made aware of a clear mechanism for providing their input to the eco-regional planning process.					
Root Cause Analysis (Describe the cause of the problem.) Delays in completion of the Statewide Forest Management Plan and the EUP Plan which both were to precede and give direction for the NLP Plan have slowed work on the plan. Also, uncertainty as to plan format and content in the wake of CAR 2006.4 and the resulting delay in development of management areas slowed progress on the plan. For these reasons it was difficult to provide a substantive document or have a clear understanding of planning direction from which to solicit unit level feedback. Finally, several planning team staff members have had their workload shifted to fill vacancies or to take new positions.					
Corrective Action - Proposed corrective action - To be completed by the Unit and relevant Divisions NLP Eco-regional Planning Staff should schedule time with area and unit staff as soon as practicable in order to update the units on the plan and to solicit their input. Commit sufficient departmental resources to complete the eco-regional plan by the announced completion dates and in full conformance with the established protocols, including substantive stakeholder involvement. [A "Presentation of the NLP Eco-regional Plan and Field Feedback Session" is scheduled for Wednesday, October 17, 2007 at the Traverse City Field Office - RH]					
Proposed Completion Date (mm/dd/yyyy) Wednesday, October 17, 2007					
David Lemmien		<i>David Lemmien</i>		09/27/2007	
Roger Hoeksema		<i>Roger Hoeksema</i>		10/1/2007	
FMFM Unit Manager		Signature		Date	
FMFM District Supervisor		Signature		Date	
CORRECTIVE ACTION PLAN ACCEPTED		Lead Auditor Approval <i>Jim Ferris</i>			Date 10/2/07
Actual Completion Date (mm/dd/yyyy)		FMFM District Supervisor			Date
FMFM Unit Manager		Signature		Date	
FMFM District Supervisor		Signature		Date	



INTERNAL AUDIT NON CONFORMANCE REPORT

Unit Name Traverse City		Site location Multiple		Non Conformance Report Number (Unit Code - yyyy - #) 61-2007-3	
Lead Auditor Jim Ferris		Team Member(s) Kerry Fitzpatrick, Pat Hallfrisch, Jason Stephens			
Date (mm/dd/yyyy) 07/11/2007		Work Instruction or Standard and Clause Number 1.4 - Biodiversity Mgt on SF Lands (Monitoring, item 3, and Instruction 1)			
Major X Minor		Other Documents (if applicable) Instructions for Nominating and Coding SCAs in IFMAP GDSE		Responsible Manager(s) Dave Lemmien, Unit Manager	
Requirement of Audited Standard/ Work Instruction 1) On an annual basis, FMUs will report on the number of HCVAs and ERAs contained within compartments reviewed. A summary table for each FMU will report on the activities approved for HCVAs/ERAs within the compartment review process for that year. 2) Stand examiners are to code SCAs during inventory.					
Observed Nonconformity 1) Although the WI does not specify to whom or where the annual summary report of HCVAs/ERAs is to be submitted, none was written. 2) Coding instructions were not followed for maintaining stand condition 8 for Compartment 19 (stand numbers 1, 2, 4, 41, 20, 34, 47, 46, 58, 64, and 63). Although recorded in the compartment narrative, AOI recorded as a unique site and comments on specific conservation values were not coded in IFMAP.					
Root Cause Analysis (Describe the cause of the problem.) Unit Manager was not aware that an annual summary report needed to be submitted. IFMAP is an ongoing process and not all staff were familiar with how to properly code "stand condition 8" stands within IFMAP since stand condition 8 is an OI code.					
Corrective Action - Proposed corrective action - To be completed by the Unit and relevant Divisions After each compartment review an annual summary will be generated and submitted. Additional IFMAP training will be requested to properly train staff on proper coding techniques within IFMAP. [District Forest Supervisor will seek clarification at the next Management Review as to format, and where the information should go - RH]					
Proposed Completion Date (mm/dd/yyyy) 09/30/2008					
David Lemmien		<i>David Lemmien</i>		09/27/2007	
Roger Hoeksema		<i>Roger Hoeksema</i>		10/1/2007	
FMFM Unit Manager		Signature		Date	
FMFM District Supervisor		Signature		Date	
CORRECTIVE ACTION PLAN ACCEPTED		Lead Auditor Approval <i>Jim Ferris</i>			Date 10/2/07
Actual Completion Date (mm/dd/yyyy)		FMFM District Supervisor			Date
FMFM Unit Manager		Signature		Date	
FMFM District Supervisor		Signature		Date	
Follow Up Comments					



INTERNAL AUDIT NON CONFORMANCE REPORT

Unit Name Traverse City		Site location C 32, Stds 453, 454 C 142, 148, various stds		Non Conformance Report Number (Unit Code - yyyy - #) 61-2007-4	
Lead Auditor Jim Ferris		Team Member(s) Kerry Fitzpatrick, Pat Hallfrisch, Jason Stephens			
Date (mm/dd/yyyy) 7/11/07		Work Instruction or Standard and Clause Number 2.1 Reforestation (item 3)			
<input type="checkbox"/> Major <input checked="" type="checkbox"/> Minor		Other Documents (if applicable) FTP W61-410 FTP W62-692		Responsible Manager(s) Larry Visser	
Requirement of Audited Standard/ Work Instructio The same policy (FMFM Reforestation Policy) outlines the documentation required for completion of the Forest Treatment Proposal Completion Report (R4048-1), which is required for all plantings... Any regeneration work prescribed and approved will be documented on a Forest Treatment Proposal (FTP) Form R4048 in accordance with the reforestation policy 241.					
Observed Nonconformity Treatments on FTP's W61-410 & W62-692 were completed but no completion reports (R4048-1) were filed. FTP W62-692 did not have signatures from FMFM or WLD district supervisors as specified in reforestation policy 241.					
Root Cause Analysis (Describe the cause of the problem.) Staff was not aware of the need for completion reports for these FTPs. These projects also occurred during a period of extensive personnel turn over in the department.					
Corrective Action - Proposed corrective action - To be completed by the Unit and relevant Divisions A system has been developed both by FMFM and the local WD unit to track FTPs and make sure that all signatures have been obtained and that all reports have been completed. The WD supervisor will check with unit staff on a regular basis to make sure that WD FTPs are being correctly handled.					
Proposed Completion Date (mm/dd/yyyy) September 30, 2007					
David Lemmien		<i>David Lemmien</i>		09/27/2007	
FMFM Unit Manager		Signature		Date	
Roger Hoeksema		<i>Roger Hoeksema</i>		10/2/2007	
FMFM District Supervisor		Signature		Date	
CORRECTIVE ACTION PLAN ACCEPTED			Lead Auditor Approval <i>Jim Ferris</i>		Date 10/2/07
Actual Completion Date (mm/dd/yyyy)		FMFM District Supervisor			Date
FMFM Unit Manager		Signature		Date	
FMFM District Supervisor		Signature		Date	
Follow Up Comments					



INTERNAL AUDIT NON CONFORMANCE REPORT

Unit Name Traverse City		Site location Multiple	Non Conformance Report Number 61-2007-5	
Lead Auditor Jim Ferris		Team Member(s) Kerry Fitzpatrick, Pat Hallfrisch, Jason Stephens		
Date 07/11/07		Work Instruction or Standard and Clause Number 3.1 Forest Operations		
<input checked="" type="checkbox"/> Major <input type="checkbox"/> Minor		Other Documents (if applicable)	Responsible Manager(s) Thomas Wellman, Roger Mech	
Requirement of Audited Standard/ Work Instruction 1. Completion of operations will be documented in a form available to the approving divisions. 2. FMFM, Fisheries, and Wildlife Divisions will review and approve all intrusive operations performed or permitted by any DNR division on State Forest lands at appropriate levels and these approvals will be documented.				
Observed Nonconformity 1. Notification to DNR from DEQ regarding the status of rehabilitation activities on oil and gas well sites is inadequate. Use permits have requirements which cannot be enforced because DNR staff is unaware of rehabilitation activities that may have occurred at the well sites. While DEQ does update DNR weekly on the status of oil and gas permits there is no mechanism in place to notify DNR that rehab activities have actually been completed. 2. Herbicide spraying permits issued for power line maintenance are not being signed off by all divisions.				
Root Cause Analysis (Describe the cause of the problem.) 1. Well operator does not notify FMU when well site will be abandoned. Land use permit may likely not require the permittee to notify land manager. Oil and gas companies have traditionally dealt more with DEQ regarding well site restoration. 2. There is lack of clarity in the procedure.				
Corrective Action -Proposed corrective action - To be completed by the Unit and relevant Divisions 1a.Include notification requirement in well site permits prior to commencement of well site restoration. 1b.Initiate distribution of DEQ database query results to FMFM Unit Managers of updated information about wells on state land which are ready to be or recently have been plugged. 1c. Have initiated work group with DNR and industry representatives regarding issues about well site restorations, and to improve communication with Unit Managers when well sites are to be restored. 2. It has been determined that a Pest Specialist will do the herbicide evaluation, send that evaluation to the Field Coordinator who will have a District Specialist gather the necessary signatures as defined in Work Instruction 3.1, then turn it over for a Unit Manager to issue the permit. [JF. The work instruction should be updated to clarify this procedure.]				
Proposed Completion Date (mm/dd/yyyy) 1/1/2008				
David Lemmien		David Lemmien	09/27/2007	Roger Hoeksema
Roger Hoeksema		Roger Hoeksema	10/2/2007	
FMFM Unit Manager		Signature	Date	FMFM District Supervisor
		Signature	Date	
CORRECTIVE ACTION PLAN ACCEPTED		Lead Auditor Approval <i>Jim Ferris</i>		Date 10/2/07
Actual Completion Date (mm/dd/yyyy)		FMFM District Supervisor		Date
FMFM Unit Manager		Signature	Date	FMFM District Supervisor
		Signature	Date	



INTERNAL AUDIT NON CONFORMANCE REPORT

Unit Name Traverse City		Site location Unit Wide		Non Conformance Report Number 61-2007-6	
Lead Auditor Jim Ferris		Team Member(s) Kerry Fitzpatrick, Pat Hallfrisch, Jason Stephens			
Date 07/11/2007		Work Instruction or Standard and Clause Number 5.1 Coordinated Research			
<input checked="" type="checkbox"/> Major <input type="checkbox"/> Minor		Other Documents (if applicable)		Responsible Manager(s) Ron Murray, Michael Donovan	
Requirement of Audited Standard/ Work Instruction An annual research summary report will be published...., and thereafter in conjunction with the annual management review. The summary report must be made available to all DNR staff.					
Observed Nonconformity The 2006 version of the Research Summary is not done.					
Root Cause Analysis (Describe the cause of the problem.) The 2006 Research Summary report was completed in March of 2007, however, it was not made available on the DNR website due to an oversight.					
Corrective Action - Proposed corrective action - To be completed by the Unit and relevant Divisions The report has now been placed on the DNR website and is readily available to all DNR employees.					
Proposed Completion Date (mm/dd/yyyy) 07/31/2007					
David Lemmien		<i>David Lemmien</i>		09/27/2007	
Roger Hoeksema		<i>Roger Hoeksema</i>		10/2/2007	
_____ FMFM Unit Manager		_____ Signature		_____ Date	
_____ FMFM District Supervisor		_____ Signature		_____ Date	
CORRECTIVE ACTION PLAN ACCEPTED		Lead Auditor Approval <i>Jim Ferris</i>			Date 10/2/07
Actual Completion Date (mm/dd/yyyy) 07/31/2007		FMFM District Supervisor			Date
_____ FMFM Unit Manager		_____ Signature		_____ Date	
_____ FMFM District Supervisor		_____ Signature		_____ Date	
Follow Up Comments					



INTERNAL AUDIT NON CONFORMANCE REPORT

Unit Name Traverse City		Site location Multiple	Non Conformance Report Number (Unit Code - yyyy - #) 61-2007-7		
Lead Auditor Jim Ferris		Team Member(s) Kerry Fitzpatrick, Pat Hallfrisch, Jason Stephens			
Date (mm/dd/yyyy) 07/11/2007		Work Instruction or Standard and Clause Number 7.1 - Timber Sale Prep. & Admin. Procedures (II.4.a.ii and Contract General Sale Condition 5.6.1; II.4.a.iv and Contract General Sale Condition 4.2; II.3.)			
<input type="checkbox"/> Major <input checked="" type="checkbox"/> Minor		Other Documents (if applicable)	Responsible Manager(s) Dave Lemmien, Unit Manager		
Requirement of Audited Standard/ Work Instruction					
1) Check to be sure any spills have been cleaned up according to the requirements of Contract General Sale Condition 5.6.1 (immediate clean-up). 2) Ensure that pre-existing roads are in compliance with contract specs (return road to conditions equal to or better than before sale). 3) At a minimum fill out a field inspection report (R-4050) when each payment unit is completed.					
Observed Nonconformity					
1) Inconsistent conformance on immediately cleaning up spills. Although spill at Blind Luck Pine was reported to have been cleaned up immediately, spill pointed out to an operator at Horton Aspen did not generate an apparent intent to clean up the spill and spills were observed at Blue Lake Aspen where no operator or equipment was present. 2) Some staff were not certain of what extent of spill required clean-up. 3) Rutting observed on pre-existing forest road at a closed sale (Johnsonville Hardwoods). 4) For some sales, only one timber sale inspection report form was recorded for the entire sale and not for each individual payment unit (Johnsonville Hardwoods, Johnsonville 2, and others).					
Root Cause Analysis (Describe the cause of the problem.)					
1) Auditors not able to spend more time at each site to witness the individual operators addressing the individual spills. 2) Staff unable to remember all the details from the "spills and leaks" training. 3) At time of audit no official Rutting Guidelines to follow or even define a rut. 4) Staff record comments/observations of each site visit, however, they have been doing this on one report form in an attempt to conserve paper and limit file space.					
Corrective Action - Proposed corrective action - To be completed by the Unit and relevant Divisions					
1) The spills on the two active sales were cleaned up by the loggers. The logger for Blue Lake Aspen was notified and cleaned up the spill the next day. 2) Staff will be presented the "Spills&Leaks" power point presentation for a refresher of their previous training. 3) Since the Audit, interim rutting guidance has been circulated to staff. This document defines a rut as being 12 inches deep and 50 feet long. This particular "rut" that the auditors observed was found to be less than 12 inches and less than 50 feet long thus #4 should be removed. However, the guidance document on this subject has been circulated nonetheless for staff's future reference. 4) Staff will start using more paper by using one form for documenting site visits for each payment unit. [JF. Consider revising the work instruction guidance on "one inspection report for each payment unit." This issue comes up frequently in other units and may need to be revisited.]					
Proposed Completion Date (mm/dd/yyyy) 09/30/2007					
David Lemmien		<i>David Lemmien</i>	09/27/2007	Roger Hoeksema	
FMFM Unit Manager		Signature	Date	FMFM District Supervisor	
				Signature	
				Date	
CORRECTIVE ACTION PLAN ACCEPTED		Lead Auditor Approval <i>Jim Ferris</i>		Date 10/2/07	

Actual Completion Date (mm/dd/yyyy)	FMFM District Supervisor	Date
FMFM Unit Manager	Signature	Date
Follow Up Comments	FMFM District Supervisor	Signature
		Date

Michigan DNR Forest Certification Internal Audit Report

Forest Management Unit (FMU): Roscommon

Internal Audit Dates: July 31-August 2, 2007

Lead Auditor: Kim Herman

Internal Auditors: Les Homan, Jim Ferris, Gary Roloff

Introduction: The Roscommon Forest Management Unit (FMU) internal audit was conducted from July 31 to August 2, 2007. The scope of the audit was State Forest Land (SFL), including the Houghton Lake Wildlife Research Area and the Forest Fire Experiment Station within the Roscommon FMU boundary. The audit criteria were the Feb. 7, 2006 version of the Work Instructions, the 2006 Management Review Summary, and all supporting Michigan Department of Natural Resources (MDNR) policy, procedures, rules, management guides, guidance documents, plans, and handbooks relevant to the management of SFL. On Tuesday, July 31, 2007 a list of audit sites was selected and an audit route established based on a search of records and interviews with staff. An opening meeting with the participants was held on Wednesday, August 1, 2007 (25 staff) to review safety, audit procedures, and logistics. The audit team divided into two groups and covered routes in: 1) eastern Roscommon/western Ogemaw counties and 2) eastern Roscommon County on Wednesday. A total of 23 field sites, both planned and unplanned stops, were visited. The audit team compiled their report the evening of August 1 and morning of August 2. A closing meeting was held Thursday afternoon August 2, 2007 with the internal audit team and nine FMU staff. The internal audit team gathered evidence to determine work instruction conformance through interviews, document review and field observation.

The internal audit team appreciated the cooperation, involvement, and openness of the Roscommon FMU staff. It was obvious to the internal audit team that the Roscommon FMU made a substantial commitment to understanding and implementing the Work Instructions. This commitment resulted in some commendable efforts in several areas (see the Section below on Commendable Practices). The internal audit team draft results indicate the Roscommon FMU complied with nine of the 21 work instructions, with six of the 12 non-compliances at a level beyond Unit control. The audit team would like to thank Roscommon FMU personnel for their active participation and professionalism. Staff was courteous and went out of their way to make the audit team feel welcome and comfortable.

Report Content: This report consists of Definitions, Commendable Practices, Opportunities For Improvements (OFIs) and Non-Conformance Reports (NCRs). Questions can be directed to Kim Herman, Lead Auditor, MDNR Escanaba Field Office, 6833 US-2, 41 & M-35, Gladstone, MI 49837, Phone 906-786-2351 ext 132, email: hermank@michigan.gov.

Definitions:

Major Non-Conformances: One or more of the MDNR Sustainable Forest Certification Work Instruction requirements has not been addressed or has not been implemented to the extent that a systematic failure of the MDNR to meet a Sustainable Forest Certification (Sustainable Forestry Initiative or Forest Stewardship Council) principle, objective, performance measure or indicator occurs (Adapted from the Sustainable Forestry Initiative Standard 2005-2009 Edition definitions).

Minor Non-Conformances: An isolated lapse in MDNR Sustainable Forest Certification Work Instruction implementation which does not indicate a systematic failure to consistently meet a Sustainable Forest Certification (SFI or FSC) principle, objective, performance measure or indicator.

Opportunities For Improvements: These are areas that do not warrant a Corrective Action Request (CAR) at this juncture, but effort should be put into resolving the issue or developing a procedure to deal with the issue before it does become a CAR.

Commendable Practices

WI 1.4 Biodiversity on State Forest Lands

- Knowledge and use of SCA, HCVA, and ERA designations impressed the audit team. It was obvious from interviews, document review, and site visits that a considerable investment in understanding and implementing these land use categories occurred since the Work Instructions were implemented.

WI 1.5 Social Impact Considerations and Public Involvement Processes

- The audit team was impressed with the public involvement processes used in the Roscommon FMU. Attendance at FMU open houses, timely responses to public requests for information, and overall documentation of public involvement in management decisions were all exceptional. The level of public involvement observed in this FMU is particularly relevant because of ongoing controversy over clear-cutting and ORVs.

WI 2.1 Reforestation

- The audit team was impressed with the Roscommon FMU's implementation and monitoring of forest regeneration. Field and office inspections indicated that regeneration timing was good, the paperwork was complete, and the monitoring program was functioning as intended.

WI 8.1 Staff Training for State Forest Management

- The Roscommon FMU is commended for their commitment to documenting and planning their training activities.

Opportunities for Improvement

WI 1.4 Biodiversity on State Forest Lands

- The FMU is managing the portion of the Dead Stream Swamp (Special Conservation Area, National Natural Landmark and state recognized natural area) that lies within the Roscommon FMU in compliance with work instructions. However, there appeared to be limited knowledge by FMU staff of how the west portion of the Dead Stream Swamp is managed by the Cadillac FMU. The FMU Managers need to foster cooperative understanding of and management across FMU boundaries of this SCA.
- We acknowledge the difficulty in determining impacts from proposed management on rare species such as Hill's thistle that are disturbance dependent and respond by showing up frequently in planting trenches within the pine barren and oak-pine barren remnants and in the Kirtland warbler management area. It may be beneficial for the FMFM Forest Resources Management Section to codify this approach by consulting with the DNR Endangered Species Coordinator and integrating it into the Rare Species Assessment Guidelines or Work Instruction 1.4.

WI 2.1 Reforestation

Stands prescribed for final harvest will be regenerated within two growing seasons from the date of the timber cutting report if it is regenerating artificially and within five years if regenerating naturally.

- The Department uses the MDNR Prescribed Fire Guidelines (2004) to set regional and statewide priorities for prescribed burns. In the Roscommon FMU there was a reduction in prescribed burns completed in 2006 and 2007 compared to the period before the process was implemented. The Timber Management Specialist is encouraged to monitor this downward trend (due to funding, capacity and the priority setting process) for its potential effects on the unit's capability to utilize prescribed burns for purposes of forest regeneration and research on the effectiveness of

prescribed fire for regeneration purposes. Note: If prescribed burns are to be used to prepare a site for cultivation and artificial regeneration, there may be difficulty in meeting the two-year regeneration requirement.

WI 3.2 BMP Non-conformance Reporting Instructions

- The Roscommon FMU has made very good progress on recording Resource Damage Reports, and using limited available resources to address them. However, continuing surveillance is needed to locate and report unknown sites, such as the slight under-wash of the armored culvert on Grass Lake Road and the washing of gravel off the unarmored culvert on Reserve Road.

WI 7.2 Legal Compliance and Administration of Contracts

- Use of the free dispersed camping permits is not regularly enforced.



INTERNAL AUDIT NON CONFORMANCE REPORT

Unit Name Roscommon		Site location Document review and staff interviews		Non Conformance Report Number (Unit Code - yyyy - #) 71-2007-1	
Lead Auditor Kim Herman		Team Member(s) Gary Roloff*, Les Homan, Jim Ferris			
Date (mm/dd/yyyy) 08/02/2007		Work Instruction or Standard and Clause Number 1.2 Management Review Process for Continual Improvement			
<input checked="" type="checkbox"/> Major <input type="checkbox"/> Minor		Other Documents (if applicable) 2006 Management Review		Responsible Manager(s) FMFM and WD FMU Field Coordinators	
Requirement of Audited Standard/ Work Instruction Statewide Council approval and communication of the Management Review Report to all employees by April 1, 2006. (2006 Management Review Summary, Page 8). "Appoint Regional Biodiversity Conservation Planning teams so progress is made on designating areas comprising a network of areas managed to conserve special conservation areas, high conservation areas, and ecological reference areas. The Ecoregional Teams must implement by Jan 31, 2006" (2006 Management Review Summary, Page 11).					
Observed Nonconformity <ul style="list-style-type: none"> • Approval and availability of 2007 Management Review document did not meet the deadline specified in the 2006 Management Review. The 2007 Management Review was approved June 2007 and was not yet available to all MDNR staff at the time of the audit. • Biodiversity core design teams are not formed. 					
Root Cause Analysis (Describe the cause of the problem.) Caused by slow process of levels well above the local unit.					
Corrective Action - Proposed corrective action - To be completed by the Unit and relevant Divisions Defer to Division and Statewide Council.					
Proposed Completion Date (mm/dd/yyyy) Unknown					
Steve Anderson		Email Approval		10/26/07	
Dayle Garlock		Email Approval		10/26/07	
_____ FMFM Unit Manager		_____ Signature		_____ Date	
_____ FMFM District Supervisor		_____ Signature		_____ Date	
CORRECTIVE ACTION PLAN ACCEPTED		Lead Auditor Approval Kim Herman		Date 10/26/07	
Actual Completion Date (mm/dd/yyyy)		FMFM District Supervisor		Date	
_____ FMFM Unit Manager		_____ Signature		_____ Date	
_____ FMFM District Supervisor		_____ Signature		_____ Date	



INTERNAL AUDIT NON CONFORMANCE REPORT

Unit Name Roscommon		Site location Document/OI review		Non Conformance Report Number (Unit Code - yyyy - #) 71-2007-3	
Lead Auditor Kim Herman		Team Member(s) Gary Roloff*, Les Homan, Jim Ferris			
Date (mm/dd/yyyy) 08/02/2007		Work Instruction or Standard and Clause Number 1.4 Biodiversity Management on State Forest Lands			
<input type="checkbox"/> Major <input checked="" type="checkbox"/> Minor		Other Documents (if applicable)		Responsible Manager(s) Roscommon FMU Manager, Stand Examiner	
Requirement of Audited Standard/ Work Instruction 1. For areas that contain T&E or SC, information should be recorded in OI locked comments. 2. For stands identified as SCA, HCVA, or ERA, include the conservation objective in OI comments. 3. Stands found in SCA should be coded 8 in the OI (Section 1.b.i).					
Observed Nonconformity 1. Stands in Compartments 172, 181, and 183 (KW compartments) did not contain locked comments in OI and IFMAP. 2. Stands 71065109, 71065014, and 71065024 had a good narrative on the conservation objective in the Compartment Header, but conservation objectives were not specified in stand comments. In contrast, stand 71056069 had an excellent description of the conservation objective in the stand comments. 3. Only 1 of 50 stands in Compartment 13 of the Forest Fire Experiment Station is coded Stand Condition 8 in OI.					
Root Cause Analysis (Describe the cause of the problem.) Unit manager has not monitored OI information and data entry properly. Information has not been entered correctly.					
Corrective Action - Proposed corrective action - To be completed by the Unit and relevant Divisions For 2007, 2008 and 2009 Entry Years, those stands which contain T&E, or SC information will have comments entered in "locked comments", SCA stands will be coded 8 in OI, and Conservation Objectives shall be included in the OI Comments. This procedure will be followed for all stands in future entry years unless otherwise noted.					
Proposed Completion Date (01/07/2008)					
Steve Anderson Email Approval 10/26/07 <hr/> FMFM Unit Manager Signature Date		Dayle Garlock Email Approval 10/26/07 <hr/> FMFM District Supervisor Signature Date			
CORRECTIVE ACTION PLAN ACCEPTED		Lead Auditor Approval Kim Herman		Date 10/26/07	
Actual Completion Date (mm/dd/yyyy)		FMFM District Supervisor			Date
<hr/> FMFM Unit Manager Signature Date		<hr/> FMFM District Supervisor Signature Date			

INTERNAL AUDIT NON CONFORMANCE REPORT

Unit Name Roscommon		Site location Phone interview		Non Conformance Report Number (Unit Code - yyyy - #) 71-2007-4	
Lead Auditor Kim Herman		Team Member(s) Gary Roloff, Jim Ferris, Les Homan*			
Date (mm/dd/yyyy) 08/02/2007		Work Instruction or Standard and Clause Number 1.7 State Forest Timber Harvest Trends (Section 5)			
<input type="checkbox"/> Major <input checked="" type="checkbox"/> Minor		Other Documents (if applicable)		Responsible Manager(s) State Silviculturalist	
Requirement of Audited Standard/ Work Instruction Subsequent to the initial report, on an annual basis, forest conditions and harvest trends will be reviewed and contrasted against the descriptions in the report by the Timber Management Specialists, the Timber Sale Program Leader, the State Silviculturist, and the Inventory Specialist and others as deemed appropriate to determine the need to update or revise the report.					
Observed Nonconformity There is no evidence that a review of forest conditions and harvest trends has been done and contrasted against the initial report to determine a need for update.					
Root Cause Analysis (Describe the cause of the problem.) System is in its infancy. This procedure is currently being done for all compartments in scheduled entry years headed by the District Timber Management and Planning Specialists.					
Corrective Action - Proposed corrective action - To be completed by the Unit and relevant Divisions Addressed per above.					
Proposed Completion Date (mm/dd/yyyy) Currently remedied					
Steve Anderson		Email approval		10/26/07	
Dayle Garlock		Email Approval		10/26/07	
_____ FMFM Unit Manager		_____ Signature		_____ Date	
_____ FMFM District Supervisor		_____ Signature		_____ Date	
CORRECTIVE ACTION PLAN ACCEPTED		Lead Auditor Approval			Date
Actual Completion Date (mm/dd/yyyy)		FMFM District Supervisor Kim Herman			Date 10/26/07
_____ FMFM Unit Manager		_____ Signature		_____ Date	
_____ FMFM District Supervisor		_____ Signature		_____ Date	
Follow Up Comments					



INTERNAL AUDIT NON CONFORMANCE REPORT

Unit Name Roscommon		Site location Houghton Lake campground		Non Conformance Report Number (Unit Code - yyyy - #) 71-2007-5	
Lead Auditor Kim Herman		Team Member(s) Jim Ferris*, Gary Roloff, Les Homan			
Date (mm/dd/yyyy) 08/02/2007		Work Instruction or Standard and Clause Number 2.2 Use of Pesticides and Other Chemicals on State Forest Lands			
<input type="checkbox"/> Major <input checked="" type="checkbox"/> Minor		Other Documents (if applicable) FTP 71-786 and associated PAP		Responsible Manager(s) Roscommon FMU Manager	
Requirement of Audited Standard/ Work Instruction Work instruction 2.2 ...Upon completion of a pesticide application; complete a Forest Treatment Completion form (FTC, R-4048-1) and an attached Pesticide Use Evaluation Report (PUER, R-4029-1).					
Observed Nonconformity FTP 71-786 garlic mustard control in Houghton Lake campground. Site was treated with glyphosate herbicide in 2006 but no FTP completion report (form R4048-1) or Pesticide Use Evaluation Report (PEUR, form R-4029-1) on file. FTP and Pesticide Application Plan (PAP, form R-4029) were completed with proper signatures.					
Root Cause Analysis (Describe the cause of the problem.) Failure to file FTP Completion Report, Pesticide Use Evaluation Report for 2006.					
Corrective Action - Proposed corrective action - To be completed by the Unit and relevant Divisions Report information will be sought and entered on proper forms to complete reports.					
Proposed Completion Date (10/26/2007) 9/30/07					
Steve Anderson _____ FMFM Unit Manager		Email Approval 10/26/07 _____ Signature Date		Dayle Garlock 10/26/07 _____ FMFM District Supervisor Signature Date	
CORRECTIVE ACTION PLAN ACCEPTED			Lead Auditor Approval Kim Herman		Date 10/26/07
Actual Completion Date (mm/dd/yyyy)		FMFM District Supervisor			Date
_____ FMFM Unit Manager		_____ Signature Date		_____ FMFM District Supervisor Signature Date	
Follow Up Comments					



INTERNAL AUDIT NON CONFORMANCE REPORT

Unit Name Roscommon		Site location Various		Non Conformance Report Number (Unit Code - yyyy - #) 71-2007-6	
Lead Auditor Kim Herman		Team Member(s) Jim Ferris*, Gary Roloff, Les Homan			
Date (mm/dd/yyyy) 08/02/2007		Work Instruction or Standard and Clause Number 2.3 Integrated Pest Management			
<input checked="" type="checkbox"/> Major <input type="checkbox"/> Minor		Other Documents (if applicable) Form IC 4287 Exhibit B Vegetation Restoration of Rights-of-way, Well Sites, & Other Cleared Sites on SFL - Northern Lower Peninsula		Responsible Manager(s) FMFM and WLD Management Teams Mineral and Land Management Section Manager	
Requirement of Audited Standard/ Work Instruction Work instruction 2.3. Consideration should be given to the potential spread or increase of invasive exotic species in the planning and operational stages of all treatments. FMFM Forest health specialists will provide direction and advice to the FMUs in regard to control of invasive exotic species. 5a Invasive non-native plants will not be used on public lands, mandated restoration projects or recommended for use on private lands.					
Observed Nonconformity Staff has attended invasive species training, are monitoring and reporting invasive species locations, have treated garlic mustard with herbicide and proposed treatment for giant reed grass - <i>Phragmites australis</i> . However, there is a lack of direction and guidance on what staff need to do for controlling invasive plants. Ie. Mark Boerson, WLD submitted a grant proposal to survey and develop a treatment plan for invasive exotic plants for the FMU in 2006 and resubmitted 2007 but it could not be implemented due to the Executive Directive restricting new contracts. The seed mix being used in the FMU for "Restoring vegetation to Rights of Way, Well Sites and Other Cleared sites on State Forest Land in Northern Lower Peninsula" include known invasive exotics species.					
Root Cause Analysis (Describe the cause of the problem.) Lack of direction and guidance for control of invasive plants from FMFM and WLD Management Teams.					
Corrective Action - Proposed corrective action - To be completed by the Unit and relevant Divisions Forest Health Specialist should be directed by supervision to provide specific guidance and direction for controlling invasive plants at the unit level. Seed mix is currently being reviewed for change.					
Proposed Completion Date (mm/dd/yyyy) Unknown					
Steve Anderson Email Approval 10/26/07 <hr/> FMFM Unit Manager Signature Date		Dayle Garlock Email Approval 10/26/07 <hr/> FMFM District Supervisor Signature Date			
CORRECTIVE ACTION PLAN ACCEPTED		Lead Auditor Approval Kim Herman		Date 10/26/07	
Actual Completion Date (mm/dd/yyyy)		FMFM District Supervisor		Date	
<hr/> FMFM Unit Manager Signature Date		<hr/> FMFM District Supervisor Signature Date			
Follow Up Comments					



INTERNAL AUDIT NON CONFORMANCE REPORT

Unit Name Roscommon		Site location Compartment 196 Compartment 45, Stands 131-138		Non Conformance Report Number (Unit Code - yyyy - #) 71-2007-7	
Lead Auditor Kim Herman*		Team Member(s) Gary Roloff, Les Homan, Jim Ferris			
Date (mm/dd/yyyy) 08/02/2007		Work Instruction or Standard and Clause Number 3.1 Forest Operations			
<input checked="" type="checkbox"/> Major <input type="checkbox"/> Minor		Other Documents (if applicable) Memo 5/01/2007 Steve Anderson to Tom Wellman Re Oil Well Questions		Responsible Manager(s) Manager, Mineral and Land Management Section, FMFM	
Requirement of Audited Standard/ Work Instruction Operations on the State Forests lands will protect: <ul style="list-style-type: none"> • water-quality, • rare, threatened, and endangered species, • special (cultural, ecological, geological, and historic) sites, • Site productivity Operations review: FMFM, Fisheries, and Wildlife Divisions will review and approve all intrusive operations performed or permitted by any DNR division on State Forest lands at appropriate level(s), and these approvals will be documented. Water quality: The operating division will be responsible for protecting water quality, and will document potential impacts as part of the operations approval process. Productivity: Forest Operations shall strive to maintain forest and soil productivity, and avoid excessive soil disturbance. Minimize the loss of soil and site productivity, and modify soil management techniques if soil degradation occurs.					
Observed Nonconformity There is limited understanding of the land management responsibilities in regards to the well sites from the 1940's and 50's. The unit manager is actively seeking guidance and training on responsibilities pertaining to this issue. Land use rules are being followed, yet there are numerous examples of resource damage due to oil spills, structures, noise, invasive species, and roads. In addition the cumulative affects of this damage is not well understood. Examples include an endangered species violation due to active rig operating in occupied Kirtland Warbler habitat during the closed period near the Perry Holt Left Over Sale in Compartment 174, an active rig in Compartment 196, and oil spill remediation-site in Compartment 50.					
Root Cause Analysis (Describe the cause of the problem.) Many older oil and gas leases do not have protections that more current ones have built in. The DNR is limited to DEQ regulation of all Oil and Gas activities.					
Corrective Action - Proposed corrective action - To be completed by the Unit and relevant Divisions As areas are released, new protections are built in. Training can be offered by the Land Use Section if and when training budgets are reinstalled. New well site surface use permits will undergo more stringent evaluation especially pertaining to impacts on other resources. Adequate protection will be built in to the specifications of said permit.					
Proposed Completion Date (mm/dd/yyyy) Some immediate, some pending other factors.					
Steve Anderson Email Approval 10/26/07 <hr/> FMFM Unit Manager Signature Date		Dayle Garlock Email Approval 10/26/07 <hr/> FMFM District Supervisor Signature Date			
CORRECTIVE ACTION PLAN ACCEPTED		Lead Auditor Approval Kim Herman		Date 10/26/07	

Actual Completion Date (mm/dd/yyyy)	FMFM District Supervisor	Date
FMFM Unit Manager	Signature	Date
	FMFM District Supervisor	Signature
Follow Up Comments		



INTERNAL AUDIT NON CONFORMANCE REPORT

Unit Name Roscommon		Site location Document Review		Non Conformance Report Number (Unit Code - yyyy - #) 71-2007-8	
Lead Auditor Kim Herman		Team Member(s) Gary Roloff, Les Homan*, Jim Ferris			
Date (mm/dd/yyyy) 08/02/2007		Work Instruction or Standard and Clause Number 3.2 BMP Non Conformance Reporting			
<input type="checkbox"/> Major <input checked="" type="checkbox"/> Minor		Other Documents (if applicable) RDR GDSE Database		Responsible Manager(s) FSD Central Lake Michigan Fisheries Supervisor WLD Gaylord District Biologist	
Requirement of Audited Standard/ Work Instruction DNR employees are required - and other citizens and visitors are encouraged - to watch for and report BMP problems in State Forests.					
Observed Nonconformity There is no evidence that Fisheries Division employees are reporting resource damage on the RDR database. There is also limited participation by Wildlife Division (1 report).					
Root Cause Analysis (Describe the cause of the problem.) Lack of understanding of database by wildlife division.					
Corrective Action - Proposed corrective action - To be completed by the Unit and relevant Divisions Unit manager will work with local wildlife biologist on the RDR database system and procedures for entering observed damages.					
Proposed Completion Date (mm/dd/yyyy) Immediate					
Steve Anderson		Email Approval		10/26/07	
_____		_____		_____	
FMFM Unit Manager		Signature		Date	
CORRECTIVE ACTION PLAN ACCEPTED			Lead Auditor Approval Kim Herman		Date 10/26/07
Actual Completion Date (mm/dd/yyyy)		FMFM District Supervisor			Date
_____		_____			_____
FMFM Unit Manager		Signature		Date	
Follow Up Comments					



INTERNAL AUDIT NON CONFORMANCE REPORT

Unit Name Roscommon		Site location Compartment 153, Stand 11 Compartment 196		Non Conformance Report Number (Unit Code - yyyy - #) 71-2007-9	
Lead Auditor Kim Herman*		Team Member(s) Gary Roloff, Les Homan, Jim Ferris			
Date (mm/dd/yyyy) 08/02/2007		Work Instruction or Standard and Clause Number 3.3 BMP - Road Closures			
<input checked="" type="checkbox"/> Major <input type="checkbox"/> Minor		Other Documents (if applicable) RDR Reports		Responsible Manager(s) Roscommon FMU Manager	
Requirement of Audited Standard/ Work Instruction					
<p>Emergency Road Closures: An emergency road closure may be invoked when there is a public safety and/or a significant environmental concern. A significant environmental concern includes, but is not limited to: deep rutting or the potential for deep rutting...</p> <p>2. The FMFM Unit Manager will evaluate the reported road condition, and if there is a public safety or significant environmental concern will immediately close the road. Posting is required, and in addition closure may be achieved by placing barricades, berms, gating, signing, etc.</p>					
Observed Nonconformity					
<p>The unit has not addressed public safety or controlled significant environmental damage in known and reported high priority Resource Damage sites. Specific examples include the high priority RDR Canoe dispersed camping site along the Muskegon River and in Compartment 196 at the Bowl Scramble site.</p>					
Root Cause Analysis (Describe the cause of the problem.)					
Failure to file Emergency Road Closure Plan by Unit Manager on Muskegon River site, and in Ogemaw County Compartment 196					
Corrective Action - Proposed corrective action - To be completed by the Unit and relevant Divisions					
Plans will be filed. See Attached.					
Proposed Completion Date (10/19/2007)					
Immediate					
Steve Anderson _____ FMFM Unit Manager		Email Approval _____ Signature		10/26/07 _____ Date	
Dayle Garlock _____ FMFM District Supervisor		Email Approval _____ Signature		10/26/07 _____ Date	
CORRECTIVE ACTION PLAN ACCEPTED			Lead Auditor Approval Kim Herman		Date 10/26/07
Actual Completion Date (mm/dd/yyyy)		FMFM District Supervisor			Date
_____ FMFM Unit Manager		_____ Signature		_____ Date	
_____ FMFM District Supervisor		_____ Signature		_____ Date	
Follow Up Comments					



INTERNAL AUDIT NON CONFORMANCE REPORT

Unit Name Roscommon		Site location Document review and staff interviews		Non Conformance Report Number (Unit Code - yyyy - #) 71-2007-10	
Lead Auditor Kim Herman		Team Member(s) Gary Roloff*, Les Homan, Jim Ferris			
Date (mm/dd/yyyy) 08/02/2007		Work Instruction or Standard and Clause Number 5.1 Coordinated Natural Resource Management Research			
<input type="checkbox"/> Major <input checked="" type="checkbox"/> Minor		Other Documents (if applicable)		Responsible Manager(s) Research Coordinators	
Requirement of Audited Standard/ Work Instruction "An annual research summary report will be published by December 15, 2005, and thereafter <u>in conjunction</u> with the annual management review" (annual management review occurred in Jan 2007 and thus, the research report should have been made available in conjunction with that review). "The summary will describe development and implementation of research projects and incorporation of findings into DNR activities and programs."					
Observed Nonconformity The annual research report was made available to Unit staff on July 31, 2007, via the Internet, six months after it was due. The 2006 Research Summary does not include information that facilitates incorporating findings into DNR activities and programs (e.g., no duration dates, locations, where to locate findings).					
Root Cause Analysis (Describe the cause of the problem.) Unknown, implementation was to be done at a higher level than the Unit.					
Corrective Action - Proposed corrective action - To be completed by the Unit and relevant Divisions Defer to higher levels.					
Proposed Completion Date (mm/dd/yyyy) Unknown					
Steve Anderson _____ FMFM Unit Manager		Email Approval 10/26/07 _____ Signature Date		Dayle Garlock _____ FMFM District Supervisor	
				Email Approval 10/26/07 _____ Signature Date	
CORRECTIVE ACTION PLAN ACCEPTED			Lead Auditor Approval Kim Herman		Date 10/26/07
Actual Completion Date (mm/dd/yyyy)		FMFM District Supervisor			Date
_____ FMFM Unit Manager		_____ Signature Date		_____ FMFM District Supervisor Signature Date	



INTERNAL AUDIT NON CONFORMANCE REPORT

Unit Name Roscommon		Site location Comp 153 (Canoe Camp) and Comp 56 (Lake St Helens)		Non Conformance Report Number (Unit Code - yyyy - #) 71-2007-11	
Lead Auditor Kim Herman		Team Member(s) Gary Roloff, Jim Ferris, Les Homan*			
Date (mm/dd/yyyy) 08/02/2007		Work Instruction or Standard and Clause Number 6.2 Integrating Public Recreational Opportunities with Management			
<input checked="" type="checkbox"/> Major <input type="checkbox"/> Minor		Other Documents (if applicable)		Responsible Manager(s) Roscommon FMU Manager, Fire Supervisor	
Requirement of Audited Standard/ Work Instruction 5 b) Impacts on lands adversely affected are reported, monitored, and addressed. 6 a) Open/closure of campgrounds/facilities and/or public land areas is recommended when determined by the monitoring process					
Observed Nonconformity - In comp 153 at a site known as "Canoe Camp", dispersed camping is occurring next to the Muskegon River. This is causing site degradation and erosion into the Muskegon River. A safety hazard may be developing as well. This was noted as an RDR but is not being addressed. - In Comp 56, dispersed camping is occurring at a site along the shore of Lake St Helens, off Moore Road. Site degradation is occurring and a known safety hazard exists of a large partially fallen tree in the area. Neither one is being addressed.					
Root Cause Analysis (Describe the cause of the problem.) Failure to address dispersed camping on RDR sites, failure to carry equipment to remove partially fallen tree immediately upon sighting hazard.					
Corrective Action - Proposed corrective action - To be completed by the Unit and relevant Divisions At the St. Helen site, th fallen tree will be removed using proper tools and safety equipment. Dispersed camping will be monitored, camp permits required, and an on site evaluation of location of potential impacts will be made. In compartment 153, a comprehensive plan of restoration and repair will be initiated.					
Proposed Completion Date (mm/dd/yyyy) Immediate					
Steve Anderson		Email Approval		10/26/07	
Dayle Garlock		Email Approval		10/26/07	
_____ FMFM Unit Manager		_____ Signature		_____ Date	
_____ FMFM District Supervisor		_____ Signature		_____ Date	
CORRECTIVE ACTION PLAN ACCEPTED		Lead Auditor Approval Kim Herman		Date 10/26/07	
Actual Completion Date (mm/dd/yyyy)		FMFM District Supervisor		Date	
_____ FMFM Unit Manager		_____ Signature		_____ Date	
_____ FMFM District Supervisor		_____ Signature		_____ Date	
Follow Up Comments					



INTERNAL AUDIT NON CONFORMANCE REPORT

Unit Name Roscommon		Site location Long Line Aspen sale		Non Conformance Report Number (Unit Code - yyyy - #) 71-2007-12	
Lead Auditor Kim Herman		Team Member(s) Jim Ferris*, Gary Roloff, Les Homan			
Date (mm/dd/yyyy) 08/02/2007		Work Instruction or Standard and Clause Number 7.1 Timber Sale Prep And Administration			
<input type="checkbox"/> Major <input checked="" type="checkbox"/> Minor		Other Documents (if applicable)		Responsible Manager(s) Roscommon FMU Manager	
Requirement of Audited Standard/ Work Instruction Work instruction 7.1. Cleanup of Area. Check to be sure that any spills have been cleaned up according to the requirements of the General Sale Condition 5.6.1.					
Observed Nonconformity On the Long Line Aspen sale two landings were visited each of which had small oil spills that were not observed during harvesting operations or at the time of final inspection.					
Root Cause Analy sis (Describe the cause of the problem.) Failure to note evidence of small oil spills.					
Corrective Action -Proposed corrective action - To be completed by the Unit and relevant Divisions Unit staff will undergo local training session to identify small oil spills. Contaminated material on Long Line Aspen Sale has been cleaned up and disposed of properly since the audit occurred.					
Proposed Completion Date (mm/dd/yyyy) 10/19/2007					
Steve Anderson		Email Approval		10/26/07	
_____		_____		_____	
FMFM Unit Manager		Signature		Date	
CORRECTIVE ACTION PLAN ACCEPTED			Lead Auditor Approval Kim Herman		Date 10/26/07
Actual Completion Date (mm/dd/yyyy)		FMFM District Supervisor			Date
_____		_____			_____
FMFM Unit Manager		Signature		Date	
Follow Up Comments					

Report and Review Procedure following the Internal Audit

1. Nonconformance Reports (NCRs) that describe observed nonconformity with forest certification work instructions will be prepared by lead and staff auditors during internal audits.
2. Lead Auditor will prepare a Draft Internal Audit Report (DIAR) consisting of Audit team Nonconformance Reports and a brief audit summary (cover memo). Complete at closing meeting.
3. Lead Auditor will send the DIAR to FMU Manager for formulation of corrective actions. Send copy to Forest Certification Specialist and District FMFM Supervisor within 1 week.
4. The FMU Manager will submit NCR with root cause analysis and corrective actions to District Supervisor following consultations with other Divisions.
5. The FMFM District Supervisor will approve and date the NCR. The FMFM District Supervisor will send the approved NCR to the Lead Auditor who will review, approve, and sign the NCR corrective action. Complete within 4 weeks of closing meeting date.
6. Lead Auditor compiles the audit summary and completed NCRs into a final Internal Audit Report and submits report to the Forest Certification Specialist. Submit within 6 weeks of closing meeting date.
7. Forest Certification Specialist will forward Final Internal Audit Report to FCIT, FMFM Management Team, FMFM District Supervisors, all FMU Managers, and representatives from other Divisions, as identified by the FCIT Division representatives.
8. Corrective Actions will be cleared either through the Management Review Process or in the next internal audit.