

Michigan DNR Forest Certification Internal Audit Report

From: Atlanta Unit Manager Laurie Marzolo
FMU: Atlanta
Internal Audit Dates: June 23-25, 2008
Internal Audit Summary Date: June 25, 2008
Lead Auditor: Les Homan
Internal Auditors: Pat Hallfrisch, Gary Roloff, Pat Ruppen

In narrative section, draft Audit Report in italics, Response in bold.

Comments:

The internal audit of the Atlanta FMU was held the week of June 23-25, 2008. The scope of the audit was State Forest Land (SFL) within the Atlanta FMU. The audit criteria were the May 6, 2008 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, June 23, a detailed list of audit sites was selected and two audit routes established based on a search of records and interviews with staff. A brief opening meeting was held with the participants Tuesday morning, June 24, at the Atlanta Field Office. Subsequently, the audit team split into two groups and moved to areas of MDNR field management activities that were generally located in Montmorency and Presque Isle Counties. Multiple sites were visited by each group. A debriefing was held for FMU management staff at the end of the day Tuesday. Wednesday morning was spent reviewing the audit findings, conducting follow-up interviews, and further reviewing documents as needed. A closing meeting was held on Wednesday at 3:00 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 Atlanta Unit staff. The audit team was impressed with on the ground timber sale preparation and contract administration and it is clear that staff are passionate about their work and knowledgeable about the conduct of forest operations. It was obvious from our observations that multiple resource values are being considered and appropriately addressed during timber sale preparation and administration.

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. The Audit team also has the option of reporting commendable practices that are occurring on the unit.

Our audit resulted in two major non-conformances, 7 minor non-conformances, and two opportunities for improvement. We also noted four commendable practices. Non-conformances are documented on the Non-conformance Report forms (NCR Form 4502) below. Commendable practices and opportunities for

improvement are also listed separately below.

Commendable Practices:

- *Work Instruction 1.4 – Biodiversity Management on State Forest Lands. The identification and development of a conservation management plan for the Grand Lake Glades ERA is an excellent example of how proper training and dedicated staff can significantly contribute to the state's conservation area network.*
- *Work Instruction 1.6 – Forest Management Unit Analyses. Unit forestry staff understood the integration of FMU-level analyses and operational stand selection. When queried on why particular stands were selected for harvest, reference was frequently made to the FMU analyses. This demonstrated a legitimate commitment to larger spatial and longer temporal planning.*
- *Work Instruction 7.1 – Timber Sale Preparation Unit Forestry Staff Demonstrated a high degree of knowledge concerning silvicultural systems, local ecotypes and site conditions. This knowledge was incorporated into well thought out management actions.*
- *Work instruction 7.2 – Protection from illegal activities. The Atlanta Unit has many issues regarding illegal ORV use. Control of this activity has been difficult due to the expansive amount of access created by oil and gas activity and the legal use of ORV's on county roads. However, evidence of exemplary actions was noted to control access to sensitive sites. Currently ten ORV Damage Restoration projects are funded and efforts are underway to complete these projects over the next three years. In addition attempts have been made to stop illegal activities at other sites using contingency funds.*

Opportunities for Improvement:

- *Stands 54003031, 54036005, and 54064009 were coded and described as types of SCAs in OI. Good descriptions of the SCAs were provided in the stand comments, but management and/or conservation objectives were lacking or ambiguous. For stand 54064009, the management objectives were stated, but were in conflict with one another. This stand was identified as containing mature pine that did not warrant harvest, but was also referenced as a Kirtland's Warbler HCVA. Provide management prescriptions as part of SCA comments. **Response: Unit inventory examiners have been instructed to check all of their 2010 YOE compartments to see if management objectives, prescriptions and/or directions are covered. Previous years have been frozen and changes would compromise the agreements made at the compartment review.***
- *The Atlanta Unit seems to be relying on relatively dated management plans for Kirtland's Warbler (1987?) and Elk. Evidence suggests that the stand scheduling for Kirtland's Warbler has been altered from the 1987 plan for a variety of reasons. Also, the elk plan does not seem to provide operational guidance. The Atlanta Unit, working cooperatively with other affected management units and appropriate District staff, are encouraged to revise and update these important wildlife plans. **Response: The KW plan is now a GIS layer and is based on adaptive management. Each year, there is a meeting with local units to see if changes to the scheduled treatments are needed due to forest fires, insect events, or other reasons such as budget. The biologist in Atlanta had only been in the unit for about a month when the audit occurred and was not fully familiar with the plan changes. The Elk Plan is combined with an annual meeting of the Elk Work Group to provide operational guidance.***
- *There is opportunity to apply for ORV restoration grants to work on ORV damage in the Crystal Lake area. This would add to the efforts the unit has already done showing progress toward repairing ORV damage. **Response: This area had a grant application submitted in the past that was not approved due to lack of funding. It has been resubmitted for 2009 along with several others.***

- *There is an ongoing need to address issues that surround ORV/ATV use.*

ORV damage was noted in about 13% of compartment comments in the Atlanta Unit. It was noted in many stand comments as well. The unit is making a valiant attempt to note and address illegal ORV use with road and trail blockages, all the while finding new ones regularly. There are pipelines laced with illegal trails as well as potholes and sand pits. The Crystal Lake site is one noted example.

In July 2008 counties in the Upper Peninsula and Northern Lower Peninsula were permitted by statute to open their county roads to ORV traffic. The designated County Roads open to ORV users are not clearly marked. DNR two tracks are closed to ORV use, unless they are posted open for use in the Northern Lower Peninsula. This new opportunity for riding on County roads provides for potential confusion for where the ORV user can legally ride. Also, the audit team noted that at least one DNR staffer on the audit observed that the signage for distinguishing the ORV and Snowmobile recreation trails was confusing, and one interviewed conservation officer noted the same in many of his contacts.

The audit team experienced an example of the confusion that ORV users are having when meeting a group of ORV riders who wound up on a road they were not supposed to be on, at an intersection from which they could not legally go any direction, while following signs they thought they were supposed to follow until they inadvertently lost them. They were confused about the type of signage on county roads versus snowmobile trails versus ORV trails, and did not know how to tell when they veered off a county road and onto a DNR two track.

Attention needs to continue to be given to the many dimensions of this issue at several levels.



INTERNAL AUDIT NON CONFORMANCE REPORT

Unit Name Atlanta		Site location Staff interviews/Field observations		Non Conformance Report Number (Unit Code - yyyy - #) 54-2008-1	
Lead Auditor Les Homan		Team Member(s) Gary Roloff, Pat Hallfrisch, Pat Ruppen			
Date (mm/dd/yyyy) 06/25/2008		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) FMFM Unit Manager	
Requirement of Audited Standard/ Work Instruction a. "The DNR has adopted the use of Forest Certification Work Instructions to guide the planning, operations, and review of management on State Forest Lands. DNR Staff are instructed to follow these Work Instructions in the daily work. Following these instructions will allow the DNR to meet the requirements of sustainable forest management as defined in the SFI and FSC certification standards. Any revisions to the Work Instructions are to be approved by the Statewide Council following review by Division Management Teams."					
Observed Nonconformity Staff knew generalities of Work Instructions and State Forest Resource Management Plan (SFRMP) but could improve their understanding of the more relevant, operational details. These include the green-up requirement, rutting guidelines, retention guidelines, SCA coding, review of MNFI and HAL databases for intrusive operations outside of compartment review, and regeneration time clock from the Work Instructions and how the SFRMP will influence unit management activities.					
Root Cause Analysis (Describe the cause of the problem.) Staff is keeping up with continuous change as much as possible. They are implementing the above details, but are not always able to repeat when asked. They are familiar with locations of materials and how to find them. Emphasize info overload.					
Corrective Action - Proposed corrective action - To be completed by the Unit and relevant Divisions. Continued training is currently planned to make sure details are understood. UM will also create a unit specific cheat sheet on intrusive operations outside of compartment review. All employees have updated copies of the work instructions, and are aware of where updated information can be obtained. A cop of the state forest resource management plan, as well as the CD version, are available in the unit manager's office.					
Proposed Completion Date (mm/dd/yyyy) 10/1/08					
Laurie Marzolo		7/25/08		Dayle Garlock	
FMFM Unit Manager		Signature		Date	
_____		_____		_____	
Signature		Date		Date	
CORRECTIVE ACTION PLAN ACCEPTED		Forest Certification Specialist Acknowledgement: Dennis Nezich		Date 10-13-08	
Actual Completion Date (mm/dd/yyyy)		FMFM District Supervisor			Date
_____		_____			_____
Signature		Date		Date	
Follow Up Comments					



INTERNAL AUDIT NON CONFORMANCE REPORT

Unit Name Atlanta		Site location Staff interviews/office documentation		Non Conformance Report Number (Unit Code - yyyy - #) 54-2008-2	
Lead Auditor Les Homan		Team Member(s) Gary Roloff, Pat Hallfrisch, Pat Ruppen			
Date (mm/dd/yyyy) 06/25/2008		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) Management Review Report 2008		Responsible Manager(s) Chair, Regional Ecoteam	
Requirement of Audited Standard/ Work Instruction "Two separate types of plans for each ecoregion will be developed. The first type of plan will provide specific direction for the management of State Forest Lands, and will be known as Regional State Forest Management Plans . These plans are the focus of this document. Completion of these plans will be the immediate focus for work by the Northern Lower and Upper Peninsula (NLP, EUP and WUP) ecoteams. The NLP ecoteam will assist the Southern Lower Peninsula (SLP) ecoteam in drafting a management plan for the few State Forest lands located in the SLP ecoregion. The goal for completion of these plans is December 2008."					
Observed Nonconformity Evidence suggests that the December 2008 deadline for Regional State Forest Management Plan development will not be met. Timeline presented on Internet shows plan completion on Jan 2009.					
Root Cause Analysis (Describe the cause of the problem.) Considering the recently expanded role of public consultation with regard to Regional State Forest Management Plans, it is unlikely any of the eco-units can achieve the current deadlines.					
Corrective Action - Proposed corrective action - To be completed by the Unit and relevant Divisions. The proposed timeline is in the process of changing. The new deadline of January, 2010 will be considered at the August, 2008 Statewide Council meeting. Statewide public meetings are planned for August of this year for public input.					
Proposed Completion Date (mm/dd/yyyy) January, 2010					
Laurie Marzolo		7/15/08		Dayle Garlock	
_____ FMFM Unit Manager		_____ Signature Date		_____ FMFM District Supervisor	
				9-18-08	
				_____ Signature Date	
CORRECTIVE ACTION PLAN ACCEPTED			Forest Certification Specialist Acknowledgement: Dennis Nezich		Date 10-13-08
Actual Completion Date (mm/dd/yyyy)			FMFM District Supervisor		Date
_____ FMFM Unit Manager			_____ FMFM District Supervisor		_____ Date
_____ Signature Date			_____ Signature Date		_____ Date
Follow Up Comments					



INTERNAL AUDIT NON CONFORMANCE REPORT

Unit Name Atlanta		Site location Multiple	Non Conformance Report Number 54-2008-3	
Lead Auditor Les Homan		Team Member(s) Pat Hallfrisch, Gary Roloff, Pat Ruppen		
Date 6/25/2008		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) Mineral and Lands Management Section Manager, FSD Basin Coordinator	
Requirement of Audited Standard/ Work Instruction				
<p>1. Completion of operations will be documented in a form available to the approving divisions.</p> <p>2. The current Michigan water-quality Best Management Practices manual will be the standard guide for water quality protection in state forest operations. The manual will be used as a guide for such operations....</p>				
Observed Nonconformity				
<p>1. Notification to DNR 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. In addition there is no mechanism for DNR field staff to approve completion of reclamation requirements.</p> <p>2. A portion of the sand removed from sand trap and placed on storage site adjacent to river is eroding back into the river.</p>				
Root Cause Analysis (Describe the cause of the problem.)				
<p>1. Closure and rehab of well sites is an unclear process at the unit level.</p> <p>2. Small amount of sand eroding from pad back into creek, some possibly from human use.</p>				
Corrective Action - Proposed corrective action - To be completed by the Unit and relevant Divisions.				
<p>1. Procedures need to be developed by Section staff to inform local staff of rehab needs and activities.</p> <p>2. Fish division is planning to have an equipment operator stabilize this bank, possibly putting country curbs in location. The gate attempts to keep swimmers from accessing the location, but they will still be able to reach it by foot. The sand trap is scheduled for excavation this fall of 2008.</p>				
Proposed Completion Date (mm/dd/yyyy)				
Laurie Marzolo		7/15/8	Dayle Garlock	
FMFM Unit Manager		Signature	Date	FMFM District Supervisor
				Signature
				Date
CORRECTIVE ACTION PLAN ACCEPTED		Forest Certification Specialist Acknowledgement: Dennis Nezich		Date 10-13-08
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 Atlanta	Site location Staff interviews/office documentation	Non Conformance Report Number (Unit Code - yyyy - #) 54-2008-4
Lead Auditor Les Homan	Team Member(s) Gary Roloff, Pat Hallfrisch, Pat Ruppen	
Date (mm/dd/yyyy) 6/25/2008	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) FMFM Forest Health, Inventory, and Monitoring Unit Manager, Research Coordinators for FSD, PRD, and WLD
Requirement of Audited Standard/ Work Instruction "The research coordinators from each Division or Bureau must compile a summary of research activities and expenditures" "The summary will describe development and implementation of research projects and incorporation of findings into DNR activities and programs."		
Observed Nonconformity Each division did not compile a summary of research activities and expenditures. The summary contained minimal description on how research projects were developed and the process for implementation, nor was there a description of incorporation of findings into DNR activities and programs. Some Unit staff were not aware that the Research Summary report existed.		
Root Cause Analysis (Describe the cause of the problem.) Work Instruction 5.1 goes beyond the SFI Objective 9 and requires a comprehensive report that results in spending additional preparation time, without additional resources identified to gather the information and prepare the report. SFI only requires a list of the projects and costs, and one can argue that Indicators for Performance Measures 9.1 and 9.2 require less. Annual and final reports, plus additional deliverables (e.g., workshops, manuscripts, theses) are generally required for any contractual work conducted by FMFM, and WLD. To provide details currently called for in Work Instruction 5.1 requires additional work and results in little added benefit. Research results and products are usually published, made available on-line, and/or presented to appropriate groups within the agency. The result is that appropriate individuals within the DNR are made aware of the results of the research when they are available. Some researchers are quite diligent about sharing their ongoing findings, even preliminary results, with field foresters and wildlife biologists and much of this reporting is required under contracts. However, to expect DNR personnel involved with audits know about all of the research being done by the Department is not realistic, nor is it necessary for them to do their work appropriately		
Corrective Action - Proposed corrective action - To be completed by the Unit and relevant Divisions. The process may be improved by having a standard and simplified reporting process detailed in the Work Instruction. Research reports are already formulated by various Divisions, so it seems reasonable to use those as evidence in support of SFI Performance Measures 9.1 and 9.2 rather than develop a new report. It is important to define "research" more carefully. There are discrepancies between the Work Instruction and Objective 9 in regards to what constitutes research and what should be reported. A clear distinction needs to be made between research with direct DNR involvement and funding, and indirect DNR involvement (e.g., providing use permits for the site for the research, or only minor technical support). A requirement that all research be reported to the research coordinator for each division/agency could make accumulation of the information, particularly if research that does not involve division/agency funding is to be reported, much more efficient and easily checked. Work Instruction 5.1 should be carefully reviewed and modified to better reflect Objective 9 of the SFI Standards. It seems reasonable that a list of projects and financial expenditures would meet the spirit and letter of Objective 9.		

Proposed Completion Date (mm/dd/yyyy)					
Laurie Marzolo		9-15-08		Dayle Garlock	
FMFM Unit Manager		Signature		Date	
				9-18-08	
				FMFM District Supervisor	
				Signature	
				Date	
CORRECTIVE ACTION PLAN ACCEPTED			Forest Certification Specialist Acknowledgement: Dennis Nezich		Date 10-13-08
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 Atlanta	Site location	Non Conformance Report Number (Unit Code - yyyy - #) 54-2008-5
Lead Auditor	Team Member(s)	
Date (mm/dd/yyyy)	Work Instruction or Standard and Clause Number	
<input type="checkbox"/> Major <input type="checkbox"/> Minor	Other Documents (if applicable)	Responsible Manager(s)
Requirement of Audited Standard/ Work Instruction		
Observed Nonconformity This NCR was withdrawn by the Internal Audit Team on 10/7/08		
Root Cause Analysis (Describe the cause of the problem.)		
Corrective Action - Proposed corrective action - To be completed by the Unit and relevant Divisions.		
Proposed Completion Date (mm/dd/yyyy)		
_____ FMFM Unit Manager Signature Date		_____ FMFM District Supervisor Signature Date
CORRECTIVE ACTION PLAN ACCEPTED	Forest Certification Specialist Acknowledgement: Dennis Nezych	Date 10-13-08
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 Atlanta		Site location Document Review Office /field	Non Conformance Report Number (Unit Code - yyyy - #) 54-2008-6
Lead Auditor Leslie Homan	Team Member(s) Pat Ruppen, Pat Hallfrisch, Gary Roloff		
Date (mm/dd/yyyy) 08/25/2008	Work Instruction or Standard and Clause Number 7.1 Timber Sale Preparation and Administrative Procedures		
<input type="checkbox"/> Major <input checked="" type="checkbox"/> Minor	Other Documents (if applicable)	Responsible Manager(s) FMFM Unit Manager (#1, #2, #3) KW Restoration Project Manager (#3)	
Requirement of Audited Standard/ Work Instruction 1 At a minimum, complete a form R-4050 for each payment unit, or alternately, at each inspection (if multiple payment units were completed between inspections) 2 Review the provisions of the contract and discuss any special features.. 3 Forest Certification Green-up Requirements			
Observed Nonconformity 1 Instances were noted during document review where more than one payment unit was reported on the same form R-4050. This occurred in instances where numerous payment units were not open at the same time nor multiple payment units completed between inspections. 2 Tomahawk's West Aspen-pine: smaller than 4"dbh designated as reserve trees but observed as harvested. Dead standing trees were harvested and brought to landing. Fochs Airport Pine: small oil spill observed, decking against live trees, decking outside sale area. 3 Jack's Steaks and Jack's Burgers Sales: Green-up guidelines were not implemented and there is no indication on the pre-sale checklist that alternative methods to provide for visual quality on the sites were considered. The justification given for not implementing green-up guidelines is that this was necessary to follow the KW Management Plan. The KW Management Plan does not address green-up requirements or possible alternative solutions to address visual quality issues. It is not desirable, nor do we advocate jeopardizing KW recovery but if possible, alternative measures should be considered to protect aesthetic qualities of the site and implemented where possible. These considerations should be documented in the pre-sale checklist.			
Root Cause Analysis (Describe the cause of the problem.) 1. Staff unclear about ability to use same form for more than one visit for multiple payment units. 2. Even with pre-sale meetings and contract specifications, small items like these may be missed by processors. Sale administration time is limited, so processors making a mistake may not be corrected as soon as we would like. 3. Potential visual impacts of Jack's Steaks and Jack's Burgers Sales were discussed at the compartment review. The decision was made to leave "islands" of mature jack pine to address both visuals and retention. This should have been documented in the pre-sale checklist, though the sale predates the final green-up guidelines.			
Corrective Action - Proposed corrective action - To be completed by the Unit and relevant Divisions. 1. Staff has been trained in the use of the R-4050. All sale inspectors in the unit feel that using one form per visit or one form per unit is excessive. After discussion, we would like to see the ability to use the same form for multiple visits and note which unit(s) is covered. In the interim before that change may be made, staff has been reminded to follow current use rules. 2. Small oil spills have been cleaned up properly. Producer has been reminded of sale specifications regarding reserve trees and leaving dead standing trees. 3. This should have been documented in the pre-sale checklist, though the sale predates the final green-up guidelines. The Kirtland's Warbler Habitat Management Strategy is being updated to reflect green-up guidelines and visual management.			
Proposed Completion Date (mm/dd/yyyy)			
Laurie Marzolo _____ FMFM Unit Manager Signature Date		Dayle Garlock _____ FMFM District Supervisor Signature Date	
CORRECTIVE ACTION PLAN ACCEPTED		Forest Certification Specialist Acknowledgement: Dennis Nezych Date 10-13-08	

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 Atlanta FMU		Site location n/a	Non Conformance Report Number (Unit Code - yyyy - #) 54-2008-7	
Lead Auditor Les Homan		Team Member(s) Pat Hallfrisch, Gary Roloff, Pat Ruppen		
Date (mm/dd/yyyy) 6/25/2008		Work Instruction or Standard and Clause Number 7.2 Legal Compliance and Administration		
<input type="checkbox"/> Major <input checked="" type="checkbox"/> Minor		Other Documents (if applicable)	Responsible Manager(s) FMFM Unit Manager (#1, #2) FSD Basin Coordinator (#2)	
Requirement of Audited Standard/ Work Instruction MDNR will comply with all applicable Federal, State, and local law and regulations including those that govern employment practice and worker safety.				
Observed Nonconformity 1. Buttles Road Pathway had a volunteer agreement for 2007, but no volunteer release and waiver of liability was in the file for maintenance work that was done on the trail. 2. Some staff did not routinely use seat belts in all situations.				
Root Cause Analysis (Describe the cause of the problem.) 1. This nonconformance is not correct. We changed volunteers for Buttles Road Pathway in 2007 and 2008. The previous volunteer had a release on file since January 20, 2006, but he was released from his duties in Sept 2007. The new volunteer signed his application and liability waiver in November, 2007, but did not start until June 20, 2008 due to budget restrictions on the use of volunteers. The application and liability waiver were scanned on June 20, before the audit. We did not locate them the day of the audit. 2. With the frequent stopping and starting on the audit, there were a couple of incidents where staff did not buckle up on a two track between quick stops until the "no seatbelt" bell sounded.				
Corrective Action - Proposed corrective action - To be completed by the Unit and relevant Divisions. 1. None needed. 2. Staff have been instructed that seatbelt use is required in all situations whenever you are in an operating state vehicle.				
Proposed Completion Date (mm/dd/yyyy)				
Laurie Marzolo _____ FMFM Unit Manager		9-15-08 _____ Date	Dayle Garlock _____ FMFM District Supervisor	
		Signature	Signature	Date
CORRECTIVE ACTION PLAN ACCEPTED		Forest Certification Specialist Acknowledgement: Dennis Nezych		Date 10-13-08
Actual Completion Date (mm/dd/yyyy)		FMFM District Supervisor		Date
_____ FMFM Unit Manager		_____ Signature	_____ Date	_____ FMFM District Supervisor
		Signature	Signature	Date
Follow Up Comments				



INTERNAL AUDIT NON CONFORMANCE REPORT

Unit Name Atlanta FMU		Site location n/a	Non Conformance Report Number (Unit Code - yyyy - #) 54-2008-8	
Lead Auditor Les Homan		Team Member(s) Pat Hallfrisch, Gary Roloff, Pat Ruppen		
Date (mm/dd/yyyy) 6/25/2008		Work Instruction or Standard and Clause Number 8.1 Michigan Department of Natural Resources Staff Training for State Forest Management		
<input type="checkbox"/> Major <input checked="" type="checkbox"/> Minor		Other Documents (if applicable)	Responsible Manager(s) Field Coordinator for WLD, FCIT representative for FSD, LED Sargeant over staff training	
Requirement of Audited Standard/ Work Instruction "Training Officer annually summarizes training needs." "Training Officer shall annually assess gaps in training" "Supervisors send Training Officer the annual list of training needs"				
Observed Nonconformity LED, FSD and WLD do not follow the structured process outlined in Work Instruction 8.1. LED and FSD does not annually summarize training needs and FSD and WLD do not annually assess gaps in training. LED, FSD and WLD supervisors do not send Training Officer the annual list of training needs.				
Root Cause Analysis (Describe the cause of the problem.) Fisheries Division has a training process that is effective and efficient through a centralized committee in Lansing whereby training needs are identified to each Supervisor and staff. While this process of employees requesting training and receiving training works for our needs within the Division; the process is inconsistent with Work Instruction 8.1. Wildlife Division has a very similar and centralized process. A training plan is developed by staff and then reviewed/approved by the division management team. Once approved the training plan is provided to each management unit supervisor and staff and it is ultimately the responsibility of the MUS to ensure that his/her staff has received the necessary training. This process is also inconsistent with Work Instruction 8.1.				
Corrective Action - Proposed corrective action - To be completed by the Unit and relevant Divisions. Each division currently has an identified process that works, but may be inconsistent with current work instructions. The divisions will work more closely with their training coordinators to ensure that the training needs are both identified and documented for the immediate future. This could occur through the yearly Performance Objective Process and reviewed in the Performance Appraisal Process. The process of housing training objectives and reviews in the Performance Appraisal Process is a prudent place to document this; so as to not create a separate tracking tool, supervisors and Human Resources can access the information, and the information is kept somewhat confidential to just the employee and their supervisor. (note: many of our supervisors <u>do</u> utilize the annual performance evaluation process for training needs so this is true to some extent for WD.) For the long-term, this should be a discussion item for the annual management review session where a proposal for revising work instruction 8.1 should be reviewed. The revision should incorporate the actual process that is occurring; i.e. where the records are maintained, who is actually assessing the gaps in training (WD it is the management unit supervisor).				
Proposed Completion Date (mm/dd/yyyy)				
Laurie Marzolo _____ FMFM Unit Manager		9-15-08 _____ Date	Dayle Garlock _____ FMFM District Supervisor	
		Signature	Signature	Date
CORRECTIVE ACTION PLAN ACCEPTED		Forest Certification Specialist Acknowledgement: Dennis Nezich		Date 10-13-08
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 Atlanta FMU		Site location n/a	Non Conformance Report Number (Unit Code - yyyy - #) 54-2008-9		
Lead Auditor Les Homan		Team Member(s) Pat Hallfrisch, Gary Roloff, Pat Ruppen			
Date (mm/dd/yyyy) 6/25/2008		Work Instruction or Standard and Clause Number 9.1 - Collaboration with Tribes in regard to Mgt of State Forest Land			
<input type="checkbox"/> Major <input checked="" type="checkbox"/> Minor		Other Documents (if applicable)	Responsible Manager(s) Statewide Tribal Coordinator		
Requirement of Audited Standard/ Work Instruction - The DNR director will appoint a statewide coordinator for tribal issues. - Division coordinators ... will be appointed by the DNR division chiefs to track tribal issues... - Statewide meetings will be held with the 12 federally recognized Michigan tribes to identify and discuss common issues. At least one meeting per year shall be scheduled...					
Observed Nonconformity - Staff were not aware of who the statewide or divisional tribal coordinators are. - No annual meeting with the tribes has been scheduled.					
Root Cause Analysis (Describe the cause of the problem.) The Atlanta Forest Management Unit was not provided a list of Division Tribal Coordinators, nor are staff aware of when the annual tribal meeting will occur					
Corrective Action - Proposed corrective action - To be completed by the Unit and relevant Divisions. The FMFM Tribal Coordinator has provided a list of Department Tribal Coordinators to the FMFM Unit Manager who has in turn distributed the list to local FMU staff of all locally represented Divisions. The Annual Tribal meeting was scheduled and held September 3, 2008.					
Proposed Completion Date (mm/dd/yyyy)					
Laurie Marzolo _____ FMFM Unit Manager		9-15-08 _____ Date	Dayle Garlock _____ FMFM District Supervisor		
			9-18-08 _____ Date		
CORRECTIVE ACTION PLAN ACCEPTED		Forest Certification Specialist Acknowledgement: Dennis Nezich		Date 10-13-08	
Actual Completion Date (mm/dd/yyyy)		_____ FMFM District Supervisor		Date	
_____ FMFM Unit Manager		_____ Signature	_____ Date	_____ FMFM District Supervisor	
			_____ 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 and send a copy to Forest Certification Specialist and District FMFM Supervisor within 1 week.
4. The FMU Manager will respond to the NCRs and assemble the root cause analysis and corrective actions for all NCRs in consultation with staff, or, dispute findings with an explanation. FMU Manager will send to the FMFM District Supervisor with copy to FC Specialist and Lead Auditor.
5. The FMFM District Supervisor will review, support, and date the NCRs. The FMFM District Supervisor will send the Internal Audit Report with approved NCRs to the Forest Certification Specialist within 4 weeks of the closing meeting. A copy of this report will also be sent to the Lead Auditor.
6. The Forest Certification Specialist will consult with Lead Auditor to confirm corrective actions satisfactorily address NCRs. The FC Specialist will review and sign the NCR corrective actions to acknowledge completion. Complete 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.