

Grayling Forest Management Unit

2013 Final Forest Certification Internal Audit Report

Internal Audit Dates: September 18-20, 2013

Initial Post Audit Draft of Internal Audit: September 20, 2013

Internal Audit Report Second Draft:

Lead Auditor: Gary Roloff

Internal Auditors: Eric Thompson, Bob Burnham, Ernie Houghton

Final Internal Audit Report:

Opening Comments:

The internal audit of the Grayling forest management unit was conducted September 18 – 20th, 2013. The scope of the audit was state forest land within the Grayling forest management unit. The audit criteria were the June 19, 2012 version of the work instructions and all supporting DNR policies, procedures, rules, management guides, guidance documents, plans and handbooks that were relevant to the management of state forest land. Prior to Wednesday, September 18th, detailed lists of audit sites and routes were established by Gary Roloff and Susan Thiel. The routes included east and west tours of the Grayling unit and were based on the forest certification priority map produced by Lisa Dygert (Forest Resourced Division – Resource Assessment Unit) coupled with a review of the forest treatment proposal database, resource damage report database, use permit database and in consultation with unit staff. The audit team arrived at the Grayling unit office at 1:00 pm on September 18 and spent the afternoon reviewing records and interviewing unit staff. An opening meeting was held with audit participants on Thursday morning, September 19, at the Grayling Office. We subsequently spent the rest of the day auditing field sites. The audit team visited 20 sites containing a variety of DNR field management activities. Thursday evening and Friday morning (September 20) 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 Friday at 1:00 pm eastern time.

The internal audit team appreciated the cooperation, involvement, and openness of the Grayling unit staff. We greatly appreciate the attendance and involvement of all resource divisions. Forest Resources, Wildlife, Fisheries, Parks and Recreation and Law Enforcement divisions all participated in the field audit. The audit team was impressed with many of the management activities and the commitment of the Grayling staff. It was obvious from our observations that multiple resource values are being considered and most of them are appropriately addressed during the administration of timber sales and other programs. The audit team was particularly impressed with the unit's use of inspection reports to aid in timber sale administration, consideration of public concerns in all facets of resource management and the integration and cooperation among divisions.

Definitions:

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

Minor Non-conformances: An isolated lapse in DNR Sustainable Forest Certification Work Instruction implementation which does not indicate a systematic failure to consistently meet a forest certification (Sustainable Forestry Initiative or Forest Stewardship Council) principle, objective, performance measure or indicator.

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

DNR's internal audit review process (Work Instruction 1.2) requires a record, evaluation and report of non-conformances with forest certification standards and related work instruction at all levels of the department. As part of that process, we documented the unit's conformity with policy, procedures, management review decisions and work instructions. Results of our audit have resulted in no major non-conformances, seven minor non-conformances, and six opportunities for improvement. Non-conformances are documented on the non-conformance report forms (NCR Form 4502) on the following pages. The opportunities for improvement (OFIs) are listed immediately below along with the work instruction (WI) to which they are tied.

Opportunities for Improvement

OFI 72-01 WI 1.4 - Although staff understood the importance of special conservation areas, high conservation value areas, ecological reference areas and biodiversity stewardship areas, confusion in describing the different categories exists. The work instructions specifically reference biodiversity stewardship areas, but uncertainty over the implementation of biodiversity stewardship areas exists.

- **Work instruction 1.4 is currently being revised and will outline the differences among these various classifications. It is the responsibility of the unit manager and other division supervisors to ensure that staff are familiar with the process describing each type. Also, there will be clarification coming with respect to biodiversity stewardship areas since a major corrective action request related to this process resulted from the 3013 external forest certification audit and the corrective action must be described by March 2014 with the resulting corrective action being implemented by September 2014.**

OFI 72-02 WI 2.1 - Once failure has been documented for an artificially regenerated planting unit, the time table for re-establishing the planting unit is unclear. Does the 2-year time requirement start at the time of documented failure? Clarity is needed to ensure those failed plantations are promptly reforested.

- With reference to a failed planting, this is a bit of a grey area and the response depends somewhat on when the failure is discovered and whether or not the forest treatment proposal has been closed. If it has not been closed, treatment and/or re-planting can be rescheduled and there is no need to re-start the time clock. If the forest treatment proposal has been closed, the regeneration time clock can potentially be restarted by the timber management specialist and it can be treated as if it was a newly harvested stand.

OFI 72-03 WI 5.1- The annual Summary of Sustainable Forestry Research was published March 22, 2013, consistent with Work Instruction 5.1; however, staff were generally not aware that the report existed and were unsure of ongoing research relevant to their tasks in the unit.

- Members of the Forest Resources Division management team are responsible for ensuring that their staff are aware of this posting on the certification web page.

OFI 72-04 WI 5.1- Although the Grayling unit uses use permits to track research that is occurring on the management unit, a condition of the use permit should require researchers to annually report on research activities and results. These types of reports can then facilitate compilation of the annual research summary.

- Follow through on this suggested reporting directly to the unit staff would be the responsibility of the unit manager.

OFI 72-05 WI 7.1- Unit staff did not have access to the web page that is used to verify certification of loggers.

- All field staff should have access to the web page that provides this information.

OFI 72-06 WI 8.1 - Parks and Recreation Division staff should continue with work instruction training resulting from the transfer of trail responsibilities from Forest Resources Division to Parks and Recreation Division.

- This issue has been identified in a number of audits in 2012 and 2013 and perhaps a more concerted effort is required to address this need.

Minor Non-Conformances



Michigan Department of Natural Resources - Forest Resources Division

**2013 INTERNAL AUDIT
NON-CONFORMANCE REPORT**

Unit Name : Grayling		Site location: Office Review	Non-Conformance Report Number (Unit Code - yyyy - #): 72-2013-01
Lead Auditor: Gary Roloff	Team Members: Eric Thompson, Bob Burnham, Ernie Houghton		
Date: 09/18/2013	Work Instruction or Standard and Clause Number: W1.2 Management Review Process		
<input type="checkbox"/> Major <input checked="" type="checkbox"/> Minor	Other Documents (if applicable) DNR Forest Certification Management Review Report, Draft 5-7-13	Responsible Manager(s) (Person identified by the internal audit team who implements the corrective action): Forest Certification Specialist – Scott Jones	

Requirement of Audited Standard/Work Instruction:
 Part 2 – Annual Management Review – The Statewide Council will conduct an annual management review to evaluate audit results for state forest operations, evaluate effectiveness of work instructions, evaluate non-conformances and determine changes and improvements necessary to continually improve conformance.
 Field coordinators will incorporate division management team review comments and submit a final report to the Statewide Council and the Forest Certification Team.

Observed Non-Conformity:
 The annual management review for 2013 was in draft form as of September 18, 2013. DNR units depend on a finalized management review to implement the changes needed in response to internal and external audit findings. The delay in finalizing the 2013 Management Review Report has potentially delayed a department-wide response to 2012 audit findings. DNR management units will not have time to implement the proposed changes to work instructions prior to the 2013 internal and external audits.

Root Cause Analysis:
 In 2012, Dennis Nezich was the Forest Certification Specialist and acting FRD Field Coordinator. As a result of doing double duty, follow-up of the 2012 Internal Audit NCRs was not accomplished in a timely fashion. Early in 2013 Dennis was successful in acquiring the Field Coordinator position full time and his duties as the Forest Certification Specialist were split off since a decision was made not to fill the position full time. Scott Jones acquired the internal audit duties and took over during the summer of 2013. These changes in the administration of the program resulted in the delay in dealing with and closing the 2012 NCRs. In addition other work load issues further delayed the 2013 Management Review report. It was not finalized until October of 2013 and it was done without complete closure of the 2012 NCRs.

Prepared by: Scott Jones, Forest Management Planning Specialist. December 11th, 2013.

Corrective Action:
 Now that the regional state forest management plans have been completed, a concerted effort has been expended on closing the 2012 non-conformance reports, completing the 2012 internal audit reports, addressing and closing the 2013 non-conformance reports and completing the 2013 internal audit reports. Recommendations from 2012 that have not been captured in the management review along with the recommendations from 2013 will be included in the 2014 management review report. This should lead to having the 2014 Management Review report completed and approved in a timely fashion and should lay the ground work for completing future management reviews on time.

Prepared by: Scott Jones, Forest Management Planning Specialist. December 11th, 2013.

Proposed Completion Date: February 4, 2014.

Responsible Manager: Scott Jones

Responsible Manager Signature	<i>Scott Jones</i>	Date	December 11 th , 2013
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Susan Thiel Electronic February 11, 2014 <hr/> Forest Resources Division Signature Date Unit Manager	Steve Milford Electronic February 11, 2014 <hr/> Forest Resources Signature Date Division District Supervisor
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CORRECTIVE ACTION PLAN ACCEPTED

Forest Cert Specialist: Scott Jones
 Date

Actual Completion Date: February 10th, 2013

Responsible Manager: Scott Jones

Date: February 11, 2014

Verified by: David Price Electronic February 11, 2014	Closed by: Scott Jones <i>Scott Jones</i> February 11, 2014
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Responsible Manager Supervisor	Signature	Date	Forest Resources Division Forest Certification Specialist	Signature	Date
Follow Up Comments:					



Michigan Department of Natural Resources - Forest Resources Division

2013 INTERNAL AUDIT NON-CONFORMANCE REPORT

Unit Name: Grayling	Site location: Herbicide Application (Forest Treatment Proposal 72-711)	Non-Conformance Report Number (Unit Code - yyyy - #): 72-2013-02
Lead Auditor: Gary Roloff	Team Members: Eric Thompson, Bob Burnham, Ernie Houghton	
Date: 9/20/2013	Work Instruction or Standard and Clause Number: 2.2 – Forest Regeneration and Chemical Use	
<input type="checkbox"/> Major <input checked="" type="checkbox"/> Minor	Other Documents (if applicable): Notification (policy 592)	Responsible Manager(s) (Person identified by the internal audit team who implements the corrective action): Forest Resources Division, Unit Manager – Susan Thiel
Requirement of Audited Standard/Work Instruction: Notification (Policy 592): The need for public notification is determined at the forest management unit <u>and reviewed by the Forest Resources Division district supervisor.</u>		
Observed Non-Conformity: No record on file of need determination at either the unit or district level; no documentation of what types of public notification were used (if any).		
Root Cause Analysis: Certified applicator discussed application and reviewed Pesticide Application Plan with the unit manager. Both felt public notification was not needed, but we failed to document this. Unit manager did not realize district supervisor needed to review public notification or lack thereof.		
Prepared by: Susan Thiel, Unit Manager, Grayling Forest Management Unit. November, 19, 2012.		
Corrective Action: Unit manager and staff now understand the public notification requirements of the policy after reviewing the non-conformance report from the audit. The unit manager will make sure public notification decisions are documented in the future and will make sure the district supervisor reviews this information. Unit manager also is going to encourage revision of the Pesticide Application Plan to include a “tickler” section to document public notification decisions and have a spot for unit manager and district supervisor sign off upon review. A note recommending the Pesticide Application Plan form be updated was sent on 11/19/13. The recommendation has been forwarded to the committee revising the work instruction and this work is to be completed by March 31, 2014.		
Prepared by: Susan Thiel, Unit Manager, Grayling Forest Management Unit. November 19, 2012.		
Proposed Completion Date: March 31, 2014.		
Responsible Manager: Susan Thiel, Unit Manager, Grayling Forest Management Unit		
Responsible Manager Signature	Susan Thiel	Date November 19 th , 2013.
Susan Thiel	Electronic	November 19 th , 2013
Forest Resources Division Unit Manager	Signature	Date
Steve Milford	Electronic	February 11 th , 2014.
Forest Resources Division District Supervisor	Signature	Date

CORRECTIVE ACTION PLAN ACCEPTED

Forest Certification Specialist: Scott Jones

Date: November 21, 2013.

Actual Completion Date: Review of policy with staff was completed by 11/19/13. Potential modification to the work instruction and pesticide application plan is anticipated by March 31, 2014.

Responsible Manager: Susan Thiel

Date: November 21, 2013.

Verified by:			Closed by:		
Steve Milford	Electronic	February 11 th , 2014.	Scott Jones	<i>Scott Jones</i>	February 11 th , 2014
Responsible Manager Supervisor	Signature	Date	Forest Resources Division Forest Certification Specialist	Signature	Date

Follow Up Comments: This non-conformance report will need follow-up regarding any potential revision to the work instruction which should be known by March 31, 2014.

The revisions to the work instructions have been completed and the approved new version should be announced and posted by July 1, 2014.



Michigan Department of Natural Resources - Forest Resources Division

**2013 INTERNAL AUDIT
NON-CONFORMANCE REPORT**

Unit Name: Grayling	Site location: South Branch Salvage (72-021-12-01) Herbicide Application (FTP 72-711) Hulbert Road Hardwoods (72-043-06-01)	Non-Conformance Report Number (Unit Code - yyyy - #): 72-2013-03
Lead Auditor: Gary Roloff	Team Members: Ernie Houghton, Bob Burnham, Eric Thompson	
Date: 9/20/2013	Work Instruction or Standard and Clause Number: 3.1 Forest Operation	
<input type="checkbox"/> Major <input checked="" type="checkbox"/> Minor	Other Documents (if applicable): Memo, Updated Ash and Beech Management Direction	Responsible Manager(s) (Person identified by the internal audit team who implements the corrective action): Forest Resources Division, Unit Manager – Susan Thiel

Requirement of Audited Standard/Work Instruction:

Operations Review: Forest Resources, 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.
DNR Operational Guidelines: Operations Inventory Manual, Chapter 7, Post Review Changes.

Observed Non-Conformity:

South Branch Salvage - Unit 2, Stand 74 was not previously prescribed (sale specifications did not preclude oak from being salvaged in the red pine units as outlined by district supervisor).
Herbicide Application ([FTP 72-711](#)) - forest treatment proposal was initiated out of entry and not routed for a Chapter 7 change.
Hulbert Road Hardwoods Sale. Contract was changed to salvage all beech (except for green painted trees) yet no Chapter 7 review was conducted as advised in the September 25, 2012 Memo, Updated Ash and Beech Management Direction.
Forest treatment proposal C72-646 -appropriate sign-offs were not obtained on the forest treatment proposal before action was taken.

Root Cause Analysis:

South Branch Salvage: Stand 74 was blown down via a tornado, along with several other stands and was salvaged following intrusive work instructions valid at the time. New intrusive activity procedures were issued on June 19, 2012 when this sale was being set up, so the new procedure was not followed and a variance was not obtained. Historically, units have not obtained variances for salvages involving natural disasters (fires, tornadoes, floods) due to the need for rapid response. The sale was circulated so other divisions had input and signed off on the proposal but technically a variance requesting a salvage treatment was not processed and sent out for public review. The process changed when staff were setting up the sale, so we were not accustomed to the new procedures yet and failed to get a variance.

Actual Completion Date: November 19 th , 2013.					
Responsible Manager: Susan Thiel					
Date: November 21, 2013					
Verified by:			Closed by:		
Steve Milford	Electronic	February 11 th , 2014	Scott Jones	<i>Scott Jones</i>	February 11 th , 2014
Responsible Manger Supervisor	Signature	Date	Forest Resources Division Forest Certification Specialist	Signature	Date
<p>Follow Up Comments: This non-conformance report will need follow-up regarding any potential revision to the compartment review/inventory process which should be known by March 31, 2014.</p> <p>Update June 25th, 2014: The revisions to the compartment review policy and procedure will not be completed before the end of the 2014 calendar year.</p>					



Michigan Department of Natural Resources - Forest Resources Division
2013 INTERNAL AUDIT
NON-CONFORMANCE REPORT

Unit Name: Grayling		Site location: Culvert Aspen (72-038-09-01)		Non-Conformance Report Number (Unit Code - yyyy - #): 72-2013-04	
Lead Auditor: Gary Roloff		Team Members: Eric Thompson, Bob Burnham, Ernie Houghton			
Date: 9/20/2013		Work Instruction or Standard and Clause Number 3.2 Best Management Practices Non-Conformance Reporting			
<input type="checkbox"/> Major <input checked="" type="checkbox"/> Minor		Other Documents (if applicable)		Responsible Manager(s) (Person identified by the internal audit team who implements the corrective action): Forest Resources Division, Unit Manager – Susan Thiel	
<p>Requirement of Audited Standard/Work Instruction: “DNR employees must report problems using a non-conformance report form. This information will be sent to the Forest Resources Division unit manager who is responsible for the site. The unit manager is responsible for recording and tracking all reported problems with best management practices.”</p>					
<p>Observed Non-Conformity: Illegal stream crossing and off-road vehicle damage was observed with no resource damage report in the database. The crossing was in place at the time of sale prep.</p>					
<p>Root Cause Analysis: Unit manager discussed resource damage report with staff member. Staff indicated they saw the illegal off-road vehicle trail, but did not realize it impacted the stream at the time of sale set up. Staff did not take the time to investigate during sale prep and the illegal stream crossing may have been created after the sale prep fieldwork was done. All staff are very aware of resource damage reporting procedures. Staffs were advised of the need to follow up on potential resource damage reports in a timely manner. Root cause is we do not have enough staff to catch all resource damage on the ground in a timely manner. Appropriate follow up will occur for resource damage reports found on the audit.</p>					
<p>Prepared by: Susan Thiel, Unit Manager, Grayling Forest Management Unit. November 19th, 2013.</p>					

Requirement of Audited Standard/Work Instruction:
 Non-Emergency "Normal" road closures: Any DNR employee identifying an existing road under the administration of the department which they believe should be temporarily, seasonally or permanently closed should submit a proposal to their supervisor. The supervisor, after determining that a department controlled road should be closed temporarily, seasonally or permanently, will proceed with the following:
 3) Seek review and decision by the Ecoteam

Observed Non-conformity:
 The Ecoteams have been dissolved. Work Instructions have not been updated with a new process for approving road closures.

Root Cause Analysis: Ecoteams were dissolved without sufficient advance notification to allow a proactive revision to WI 3.3. The need to revise WI 3.3 was identified at the 2012 Management Review, and recommended in the 2012 Management Review Report.

Prepared by: David Price

Corrective Action: Revise WI 3.3 to establish a new process for review and approval of road closures.

Prepared by: David Price

Proposed Completion Date: June 1, 2014
Responsible Manager: David Price

Responsible Manager Signature	<i>David L. Price</i>	Date	February 12, 2014
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Susan Thiel	Electronic	October 14 th 2014	Steve Milford	Electronic	October 14 th 2014
Forest Resources Division Unit Manager	Signature	Date	Forest Resources Division District Supervisor	Signature	Date

CORRECTIVE ACTION PLAN ACCEPTED
 Forest Certification Specialist: Scott Jones
 Date: February 12th, 2014

Actual Completion Date: July 2th, 2014
Responsible Manager: David Price
 Date: July 2th, 2014

Verified by:	Closed by:
Debbie Begalle	Scott Jones
Responsible Manager Supervisor	Forest Resources Division Forest Certification Specialist
Electronic	<i>Scott Jones</i>
October 22, 2014	October 22 nd , 2014
Signature	Signature
Date	Date

Follow Up Comments: This non-conformance report will remain open until the needed follow-up regarding the corrective action is completed on June 1, 2014.

 The revisions to the work instructions have been completed and the approved new version should be announced and posted by July 1, 2014.



Michigan Department of Natural Resources - Forest Resources Division
2013 INTERNAL AUDIT
NON-CONFORMANCE REPORT

Unit Name: Grayling	Site location: Centerline Red Pine (72-031-11-01)	Non-Conformance Report Number (Unit Code - yyyy - #): 72-2013-06
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Lead Auditor: Gary Roloff	Team Members: Eric Thompson, Bob Burnham, Ernie Houghton		
Date: 9/20/2013	Work Instruction or Standard and Clause Number: 6.2. - Integrating Public Recreation Opportunities; Inspections of Land Use Permits		
<input type="checkbox"/> Major <input checked="" type="checkbox"/> Minor	Other Documents (if applicable): ORV Trail and Route Maintenance Book	Responsible Manager(s) (Person identified by the internal audit team who implements the corrective action): Parks and Recreation Division, Recreation Specialist – Paige Perry	
Requirement of Audited Standard/Work Instruction: Land use impacts on campgrounds and trails are reported, monitored and addressed. Per information circular IC 1991, trail maintenance handbook: Stop signs shall, at a minimum, be placed at all trail intersections with county, state and forest roads. Signs shall be placed at the point where the vehicle is to stop or as near the point as practical.			
Observed Non-Conformity: While checking Centerline red pine sale it was observed that no stop signs were posted at the intersection of the off-road vehicle/MCCT trail and the woods road that was used for the recently completed timber sale. The trail was inspected several times while the sale was active and had been inspected by the recreation specialist within the last year. There is no record of the missing stop signing.			
Root Cause Analysis: It is standard practice to conduct inspections of state designated off-road vehicle facilities on all lands to assure compliance with the off-road vehicle program requirements. The physical inspections are conducted by recreation specialists or trails analysts on a random basis twice per season, once after Memorial Day and once after Labour Day when the grant sponsor are required to perform full maintenance runs to assure that trails and routes are clearly signed and brushed as indicated in information circular IC 1991. This particular segment of the Mio Off-Road Vehicle Trail was not inspected recently and therefore no documentation was made as to the necessity or presence of stop signs. Prepared by: Paige Perry, Recreation Specialist. November 27, 2013.			
Corrective Action: Forest management staff from the Mio Field Office returned to the intersection within three days of the audit to post stop signs on the off-road vehicle trail on either side of the forest road. Notification to the grant sponsor responsible for maintenance has been made specific to this intersection and this non-conformance report will be made into an example for the spring pre-season meeting of statewide off-road vehicle grant sponsors regarding DNR's system of random audit checks which should not preclude clear and thorough maintenance runs. The off-road vehicle program continues to review and revise the program and seeks to find more effective means of regular trail quality checks. Prepared by: Paige Perry, Recreation Specialist. November 27, 2013.			
Proposed Completion Date: September 23, 2013. Responsible Manager: Paige Perry			
Responsible Manager Signature		Electronic	Date November 27, 2013
Susan Thiel <hr/> Forest Resources Division Unit Manager	Electronic <hr/> Signature	February 11 th , 2014 <hr/> Date	Steve Milford <hr/> Forest Resources Division District Supervisor
CORRECTIVE ACTION PLAN ACCEPTED Forest Certification Specialist: Scott Jones Date: January 14 th , 2014.			
Actual Completion Date: September 21, 2013 Responsible Manager: Paige Perry Date: January 14 th , 2014			

Verified by:			Closed by:		
Rich Hill	Electronic	January 14 th , 2014	Scott Jones	<i>Scott Jones</i>	January 14 th , 2014
Responsible Manager Supervisor	Signature	Date	Forest Resources Division Forest Certification Specialist	Signature	Date
Follow Up Comments:					



Michigan Department of Natural Resources - Forest Resources Division

2013 INTERNAL AUDIT NON-CONFORMANCE REPORT

Unit Name: Grayling	Site location: Mad Mechanic Sale (72-005-09-01)	Non-Conformance Report Number (Unit Code - yyyy - #): 72-2013-07
Lead Auditor: Gary Roloff	Team Members: Eric Thompson, Bob Burnham, Ernie Houghton,	
Date: 9/20/2013	Work Instruction or Standard and Clause Number: 7.1 Timber Sale Preparation and Adm. Procedures 4.) b.) Safety ii.) Administration of Safety	
<input type="checkbox"/> Major <input checked="" type="checkbox"/> Minor	Other Documents (if applicable): Forest Resources Division Chief, memo 9/27/2011 (Personal Protective Equipment)	Responsible Manager(s) (Person identified by the internal audit team who implements the corrective action): Forest Resourced Division, Unit Manager – Susan Thiel

Requirement of Audited Standard/Work Instruction:

Personal protective equipment must be properly used by all personnel and contractors regardless of MIOSHA jurisdiction. DNR staff on state timber sales with open contracts must comply with this standard after any on-the -ground work has started.

Observed Non-conformity:

Hard hats were not worn during audit stop; timber sale was open and had on the ground work (cutting occurred), but no equipment or activity on site during the audit stop.

Root Cause Analysis:

It was noted that neither local DNR staff nor auditors were wearing personal protective equipment during this site visit. This non-conformance report was written due to long standing confusion that exists over interpretation of the work instruction. A DNR staff member who is an auditor indicated when he/she conducted audits earlier in the year their audit team did not require personal protective equipment on active sales with no equipment present. Lack of consistent enforcement of work instructions reveals there is confusion within Forest Resources Division regarding the “Administration of Safety” in Work Instruction 7.1. Details are listed below:

- Non-conformance report references the Forest Resources Division Chief memo dated 9/27/11 Work Instruction 7.1 has an effective date of 10/4/2011. Confusion occurred on whether chief’s memo overrides working instruction.
- Within work instruction 7.1, it states:
 - “Administration of safety. Personal protection equipment must be properly used by all personnel and contractors regardless of MIOSHA jurisdiction. DNR staff on state timber sales with open contracts must comply with this standard after any on-the-ground work has started. (Proper use means proper selection and safe use of personal protection equipment as defined by the MIOSHA General Industry Safety Standards Part 51. Logging and Part 33. Personal Protection Equipment).”

The portion of this statement pertaining to DNR staff is confusing. The first part indicates staff is to follow the standard after any on-the-ground work has started, then the sentence in parentheses states staff is to properly use and select personal protective equipment as defined by the MIOSHA standard referenced. In Part 33 Personal Protection Equipment on page 10 under “Head Protection Equipment” R408.13370. Head protection generally. Rule 3370.(1) it states:

- “An employer shall ensure that each affected employee shall be provided with and shall wear, head protection equipment and accessories when the employee is required to be present in areas where a hazard exist from falling or flying objects

or from other harmful contacts or exposures or where there is a risk of injury from electric shock, hair entanglement, chemicals or temperature extremes.

- A timber sale that is open with on-the-ground work started, but not active, meaning no equipment on site or logging equipment not operating, does not provide a hazard from falling or flying objects as stated in Part 33 (unless a hung tree is left during a thinning/selection harvest). The lack of equipment or running equipment removes the hazards from falling or flying debris. The only difference between an active sale with no equipment and a closed sale is a timber sale completion report with a unit manager signature. The timber sale completion report does not remove the potential hazard from falling or flying debris, it is the lack of equipment.
- The same logic could be used for safety toe footwear and eye protection. If equipment is not present on the job site then personal protective equipment is not required as defined by the two MIOSHA standards.

Prepared by: Susan Thiel, Unit Manager, Grayling Forest Management Unit with assistance from Forester Tom Barnes, November 19th, 2013.

Corrective Action:

Per the response to this non-conformance report, the unit manager is requesting that Work Instruction 7.1 be clarified to alleviate current levels of confusion.

Prepared by: Susan Thiel, Unit Manager, Grayling Forest Management Unit. November 19th, 2013.

Modified Corrective Action:

- Within work instruction 7.1, it states:
 - “Administration of safety. Personal protection equipment must be properly used by all personnel and contractors regardless of MIOSHA jurisdiction. DNR staff on state timber sales with open contracts must comply with this standard after any on-the-ground work has started. (Proper use means proper selection and safe use of personal protection equipment as defined by the MIOSHA General Industry Safety Standards Part 51. Logging and Part 33. Personal Protection Equipment).”

After consulting with the Forest Resources Division Health and Safety Officer there is agreement that DNR staff are required to wear personal protective equipment and in the case at issue here, that safety equipment would include hard hat, safety boots and eye protection – in this case glasses would suffice. The statement in parentheses refers to the table of personal protective equipment required by activity that appears earlier in the work instruction. The work instruction exceeds the MIOSHA standard. The circumstances described in the MIOSHA standards do not apply to this case.

The unit manager is responsible for advising staff of the requirement to wear the appropriate personal protective equipment described in the table and necessitated by the statement under Administration of Safety that refers to DNR staff in the work instruction. Safety is of utmost importance and it is the responsibility of the unit manager to ensure that staff are complying with the safety direction.

Prepared by: Scott Jones, Forest Certification Specialist with interpretation from Fran Ryan, Safety Officer. December 11th, 2013.

Proposed Completion Date: For Immediate Implementation. December 11th, 2013.

Responsible Manager: Susan Thiel

Responsible Manager Signature Electronic Date November 21st, 2013.

Susan Thiel Electronic February 11 th , 2014 <hr/> Forest Resources Division Signature Date Unit Manager	Steve Milford Electronic February 11 th , 2014 <hr/> Forest Resources Division Signature Date District Supervisor
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CORRECTIVE ACTION PLAN ACCEPTED

Forest Certification Specialist: Scott Jones

Date: November 21st, 2013.

Actual Completion Date: December 11th, 2014

Responsible Manager: Susan Thiel

Date: December 11th, 2014

Verified by:			Closed by:		
Steve Milford	Electronic	February 11 th , 2014	Scott Jones	<i>Scott Jones</i>	February 11 th , 2014
Responsible Manager Supervisor	Signature	Date	Forest Resources Division Forest Certification Specialist	Signature	Date
<p>Follow Up Comments: A committee will be struck to review and potentially revise the direction in the work instruction. Work is expected to be completed by March 31 2014.</p> <p>Follow Up: The formation of this committee did not happen and in the meantime the work instructions were revised and approved without any new direction related to this issue or any new interpretation. Consequently the corrective action recommended here will continue to apply until such time as the related work instruction is revised.</p>					

Major Non-Conformances

There were no major non-conformances identified for the Grayling Forest Management Unit in this 2013 audit.

Report and Review Procedure following the Internal Audit:

1. Non-conformance reports 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 consisting of audit team members, non-conformance reports and a brief audit summary (cover memo). Complete at closing meeting.
3. Lead auditor will send the draft internal audit report to unit manager and send a copy to forest certification specialist and Forest Resources Division district supervisor within one week.
4. The responsible manager will respond to the non-conformance reports and assemble the root cause analysis and corrective actions for all non-conformance reports in consultation with the unit manager or dispute findings with an explanation. The unit manager will send to the Forest Resources Division district supervisor with copy to forest certification specialist and lead auditor.
5. The Forest Resources Division district supervisor will review, support and date the non-conformance reports. The Forest Resources Division district supervisor will send the internal audit report with approved non-conformance reports to the forest certification specialist within four 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 non-conformance reports. The forest certification specialist will review and sign the non-conformance report corrective actions to acknowledge completion. Complete within six weeks of closing meeting date.
7. Forest certification specialist will forward final internal audit report to Forest Certification Team, Forest Resources Division management team, Forest Resources Division district supervisors, all Forest Resources Division managers and representatives from other divisions, as identified by the Forest Certification Team division representatives.
8. Corrective actions will be cleared via notification by the responsible manager that corrective actions are complete and via verification by the responsible manager's supervisor.

9. The forest certification specialist shall track open non-conformances to confirm that all are followed through to completion.