


# Assessment Report Including EMS Transition

## Sustainable Timber Tasmania

**AS4708, ISO 14001 and AS 4801**

**October 2017**

Assessment dates	12/10/2017 to 31/10/2017
Assessment location	Hobart (001), Scottsdale (003), Smithton (008), National Park (011)
Report Author	
Assessment Standards	AFS 4708:2013, BS EN ISO 14001:2004, AS/NZS 4801:2001



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## Executive Summary

This report presents the findings of a routine surveillance assessment of Sustainable Timber Tasmania's (STT) Forest Management System (FMS) with respect to the requirements of AS4708:2013, the Australian Standard for Sustainable Forest Management. The audit was conducted concurrently with an assessment of the organisation's complementary Standards, ISO 14001:2015 Environmental Management Systems; and AS 4801:2001 Safety Management Systems. Findings in relation to ISO14001 and AS4708 have been incorporated into the structure of this report, where appropriate.

The scope of the audit included the application and implementation of the centrally-managed system at the Hobart Head Office as well as the planning and execution of a range of forest management activities in both the Northern Region and Southern Region. The audit focussed on the effectiveness of the risk management framework within the organisation and, in particular included an assessment of fire management activities in the north of the State.

The audit included an assessment of the organisation's leadership and commitment with respect to the implementation and effectiveness of the management system. Senior management demonstrated accountability for the effectiveness of the management system through the development and periodic review of policies and ensuring that objectives are compatible with the strategic direction of the organization.

The management system is firmly integrated into the organization's business processes and the management team demonstrated a solid commitment to driving continual improvement across the business.

The changes to the structure of the organisation have resulted in changes to operational responsibilities for workers in relation to the management of WHS. Whilst mapping of responsibilities has been undertaken, not all responsibilities have been assigned nor awareness training been provided to ensure the ongoing effectiveness of the safety management system. It is also unclear whether there are sufficient resources to support the transition to the new structure.

The consolidation of operational site depots and workshops has also meant that Depot Managers have only recently been appointed to these roles. Whilst it was considered that issues observed at various sites visited had already been identified as part of scheduled inspections, the corrective actions are not always being completed in a timely manner. Further, processes for managing or disposing of plant and equipment that is surplus to requirements are not defined.

Operational sites and activities assessed included:

- ground-based and cable clearfall operations
- post-harvest activities including burn plans, aerial seeding, management of browsing and assessment of regeneration effectiveness
- road construction
- Second rotation thinning in hardwood plantations
- Blue Derby Mountain Bike Recreation Facility
- Native forest harvesting (hand-falling and mechanical)
- Blackwood and mixed blackwood-eucalypt forest harvesting and regeneration activities including browsing management

Offices, depots and other facilities visited included:

- Head office in Hobart; and offices in Perth, Scottsdale and Camdale
- depots at National Park and Branhholm
- Dazzler fire tower

The audit identified a number of key strengths in the FT management system. These are summarised as follows:

- new employee and contractor induction

Three minor non-conformances were identified during this assessment in relation to:

- Storage of JetA1 fuel at National Park
- Safety with respect to the operation of fire towers
- Communication of corporate policies

The audit identified a number of opportunities for improvement in the effectiveness of the management system, particularly with respect to risk management. Details are provided in the full report.

FT has demonstrated that its Forest Management System effectively incorporates the requirements of the respective Standards and that the system is supporting both staff and contractors in managing risks associated with the business. Consistent with the corporate commitment to continual improvement, the system is subject to ongoing development where opportunities for increased efficiency and effectiveness can be demonstrated. The adoption of new technologies is one such aspect of continual improvement.

Once again, the active participation and engagement of staff throughout the audit contributed to the effectiveness of this assessment. The auditors would like to thank Forestry Tasmania for the preparation and planning that preceded the audit and the cooperation of all staff involved.

## Assessment objective, scope and criteria

### Objective

The objective of this routine surveillance assessment was to verify that organisation's management system continues to satisfy the requirements of the nominated management standards. A secondary objective was to verify the successful transition to ISO 14001:2015.

### Scope

All activities associated with the sustainable management of Tasmania's Permanent Timber Production Zone, as described in the organisation's Forest Management Plan, including the administration, planning and management of forests; and the harvest, transport and sale of woodchips, logs and other forest products.

With respect to AS 4708, this assessment focused on Criteria 4, 5 and 6.

### Criteria

AS 4708:2013

ISO 14001:2015

AS/NZS 4801:2001

STT Management system documentation

## Definitions:

### Non-conformity

Non-fulfilment of a requirement.

### Major nonconformity

Nonconformity that affects the capability of the management system to achieve the intended results.

Nonconformities could be classified as major in the following circumstances:

- If there is a significant doubt that effective process control is in place, or that products or services will meet specified requirements;
- A number of minor nonconformities associated with the same requirement or issue could demonstrate a systemic failure and thus constitute a major nonconformity.

### Minor nonconformity

Nonconformity that does not affect the capability of the management system to achieve the intended results.

### Opportunity for improvement

It is a statement of fact made by an assessor during an assessment, and substantiated by objective evidence, referring to a weakness or potential deficiency in a management system which if not improved may lead to nonconformity in the future. We may provide generic information about industrial best practices but no specific solution shall be provided as a part of an opportunity for improvement.

Assessment Participants

Name	Position	Opening Meeting	Closing Meeting	Interviewed (processes)
		X	X	X
		X	X	X
		X	X	X
		X	X	X
		X	X	X
		X	X	X
		X	X	X
		X	X	X
		X	X	X
		X	X	X
		X	X	X
		X	X	X
		X	X	X
				X
				X
				X
				X
				X
				X
				X

			X
			X
	X	X	X
			X

## Assessment Findings

The assessment was conducted on behalf of BSI by

Name	Position

## Assessment conclusion and recommendation

### Conclusion

The audit objectives have been achieved and the certificate scope remains appropriate. Based on the results of this audit, the audit team concludes that the organization continues to meet the requirements of the nominated Standards and audit criteria identified within the audit report and that the management system continues to achieve its intended outcomes.

### Recommendation

The audit has determined that Sustainable Timber Tasmania is in general compliance with the audit criteria in the audit plan and is **recommended for certification to ISO14001:2015** and continued certification to the other nominated Standards.

### Use of certification documents, mark / logo or report

The use of the BSI certification documents and mark / logo is effectively controlled.

## Findings

### 4.0 Context of the Organisation:

#### 1. Objective evidence:

##### *Documentation*

- 5-Year Corporate Plan - April 2017
- Stakeholder Engagement Policy (currently under review)
- Stakeholder Engagement Strategy (Sept 2015)
- Good Neighbour Charter
- Notice of Intent Templates and Records
- STT Forest Management Plan Jan 2016
- BSI EMS Certificate EMS 603479 Exp 30 Jun 2016
- The STT WIKI
- Procurement Framework (currently under review)

##### *Processes observed/demonstrated:*

- Stakeholder mapping process (2013)
- Consultation Manager

##### *Interviews/discussions with key personnel*

- Manager Engagement and Land Management regarding the Stakeholder Engagement Framework and the planned revision and update of Good Neighbour Charter.

2. Planned activities have been realised. The 5-Year Corporate Plan - April 2017 is an internal document. Section 5 describes the external issues. Internal issues are described in Sections 6 - 15.

3. Methods for determining process results are effective. The Wiki provides the access point for all system documentation and processes.

4. The organisation's actual performance is consistent with the requirements of the nominated Standards and the organisation's management system.

5. Planned results have been achieved.

### 5.1 Leadership and commitment, 5.2 Policy; OHS 4.2 OHS Policy:

#### 1. Objective evidence:

##### *Documentation*

- Work Health and Safety Policy
- Complaints Policy dated April 2014
- Corporate Plan 2016/17 – 2020/21
- Sustainable Forest Management Policy (Oct 2016)
- Forest Management Plan
- 5-Year Corporate Plan - April 2017

##### *Processes observed/demonstrated:*

- Communication of Policy through staff and contractor induction processes, availability of policy via website and internally available via Wiki.

##### *Interviews/discussions with key personnel*

- Senior Safety Advisor regarding safety systems.

2. Planned activities have been realised. The policy has been recently reviewed by the executive management team. The draft Policy is yet to be uploaded to the STT website.



3. Methods for determining process results are generally effective. An opportunity for improvement has been identified with respect to explicit policy commitments to continued improvement aimed at elimination of work-related injury and illness.

4. The organisation's actual performance is consistent with the requirements of the nominated Standards and the organisation's management system.

5. Planned results have been achieved.

#### Opportunity for improvement

<b>Ref. no</b>	1541178-201710-I1
<b>Area/Process</b>	5.1 Leadership and commitment, 5.2 Policy; OHS 4.2 OHS Policy
<b>Clause</b>	OHS 4.2
<b>Scope</b>	OHS 603481
<b>Certificate Standard</b>	AS/NZS 4801:2001
<b>Details</b>	The Work Health and Safety Policy does not make an explicit commitment to 'continued improvement aimed at elimination of work-related injury and illness.'

#### 5.3 Organizational roles, responsibilities and authorities; OHS 4.4.1 Structure, responsibility, accountability and resources:

1. Objective evidence:

##### *Documentation*

- PD Certification Manager (current)
- Organisation Charts (4 Oct 2017) spells out reporting arrangements with respect to EMS responsibilities
- Environmental Report for August 2017
- Safety Management Strategy 2017/18
- Safety Roles and responsibilities

##### *Processes observed/demonstrated:*

- Environmental reporting to GMT on a monthly basis.

##### *Interviews/discussions with key personnel*

- Certification Manager and Safety Manager regarding roles and responsibilities.

2. Planned activities have been realised. Responsibility for overseeing the implementation of the management system as well as coordinating the reports to senior management is assigned to the Certification Manager. The GMT receives reports on a monthly basis.

With specific reference to Safety, organisational structural changes have resulted in changes to the operating model for safety management. The Safety Management Strategy has been revised and considers as inputs incidents, results of audits, observations and near hits, suggested improvement and non-conformances.

Incidents are reviewed at Safety and Environment Group meetings attended by the Certification Manager., Senior WHS Advisor and WHS Advisor North, Senior Fire Management Officer, Fleet and Facilities Manager and Forest Services Manager. The committee composition is currently under review with the objective of ensuring effective consultation and communication under the new WHS organisational framework.

An objective has been established in relation to organisational structure, consultation and communication and the role of the Safety Advisors. A mapping of processes that are traditionally covered by the SE Officer role regionally based and responsibilities and authorities for individual tasks has been completed. Training and awareness of workers is proposed to ensure that all have the competence to undertake any new tasks and responsibilities they are assigned under the new structure such as testing of emergency procedures and incident investigation, conducting inductions for new employees, visitors and contractors. The effectiveness of these arrangements will be considered as part of the next assessment.

Google Community is proposed to enable the posting of information and bulletins.

3. Methods for determining process results are generally effective. An opportunity for improvement has been identified with respect to the review of the Safety and Environment Charter.

4. The organisation's actual performance is consistent with the requirements of the nominated Standards and the organisation's management system.

5. Planned results have been achieved.

#### Opportunity for improvement

<b>Ref. no</b>	1541178-201710-I2
<b>Area/Process</b>	5.3 Organizational roles, responsibilities and authorities; OHS 4.4.1 Structure, responsibility, accountability and resources
<b>Clause</b>	OHS 4.4.1
<b>Scope</b>	OHS 603481
<b>Certificate Standard</b>	AS/NZS 4801:2001
<b>Details</b>	The Safety and Environment Charter does not accurately describe changed roles and responsibilities for Safety Advisors, previously 'District Safety and Environment Officers.'

#### 6.1 Actions to address risks and opportunities; OHS 4.3.1 Planning identification of hazards, hazard/risk assessment and control of hazards/risks, 4.3.2 Legal and Other requirements:

1. Objective evidence:

##### *Documentation*

- Operational Risk management Overview and Risk Register Management Procedure (March 2016)
- Table 1: Broad Activity Groups
- Risk Register (The Vault)
- 3-Year Planning Environmental Assessment Procedure (2014)
- FPP Preparation Procedure (Dec 2016)
- Job Specifications e.g. Mammal Browsing
- Environmental Legal Compliance Summary (Dec 2016)
- Enviro Essentials Update, e.g. Oct 2017
- Forest Practices Planning Process and related SOPs
- Environmental Monitoring Procedures, e.g. Harvest Coupe Monitoring Form (Dec 2016) and monitoring records, e.g. DU011D (Mar 2015)
- The Vault Risk Register
- Operational Risk Management Overview

- SWMs Review Register
- Helitorch Operations and Gel Mixing SMS
- Operational Risk Management Overview and Risk Register Management Procedure March 2016
- Pesticide Risk Assessment Risk ID 37

*Processes observed/demonstrated:*

- Risk identification and assessment of significance in Vault, e.g. Pesticide Risk Assessment
- SEG Review of legal compliance
- Updating and maintaining the Environmental Legal Compliance Summary (Oct 2017)
- Forest Practices Planning Process and related SOPs

*Interviews/discussions with key personnel*

- SWMS have been developed for higher risk activities such as tasks. Whilst risks entered and managed in the risks register such as the Pesticide Risk Assessment, not all risks are complete.

2. Planned activities have been realised.

3. Methods for determining process results are effective.

4. The organisation's actual performance is generally consistent with the requirements of the nominated Standards and the organisation's management system. An opportunity for improvement has been identified with respect to the review of the Risk Register.

5. Planned results have been achieved.

**Opportunity for improvement**

<b>Ref. no</b>	1541178-201710-I3
<b>Area/Process</b>	6.1 Actions to address risks and opportunities; OHS 4.3.1 Planning identification of hazards, hazard/risk assessment and control of hazards/risks, 4.3.2 Legal and Other requirements
<b>Clause</b>	OHS 4.3.1 and 4.3.2
<b>Scope</b>	OHS 603481
<b>Certificate Standard</b>	AS/NZS 4801:2001
<b>Details</b>	The risk management procedure requires that a review of the risk register to consider completeness / changes of the register. Refer clauses relating to 'Procedures for reviewing' and 'Annual discussion of risk register' at the Safety and Environment Meeting. No review of the risk register has been undertaken. Further, some risks are not complete, e.g. # 30 Firetower.

**6.2 Objectives and planning to achieve them and; OHS 4.3.3 & 4.3.4 Objectives and targets and OHS management plans::**

1. Objective evidence:

*Documentation*

- Sustainable Forest Management Policy (Oct 2016)
- Forest Management Plan (2016)
- 5-Year Corporate Plan (April 2017)
- "Yellow Book" Sustainable Forest Management Objectives 2017/18
- Environmental objectives and planning (Oct 2017)



- Safety Report June 17
- Environmental incident Report 2017
- 17/18 Objectives – Safety MS reporting.

*Processes observed/demonstrated:*

- Management and monitoring of environmental objectives planning processes

*Interviews/discussions with key personnel*

- CEO and Manager Business Development and Strategy regarding corporate commitments and objectives and targets

2. Planned activities have been realised. The Safety Report reviewed the extent to which objectives and targets have been met. A number of objectives (i.e. Objective 3, 5 and 6) were rolled over for completion in the 17/18 period.

The contractor appraisal form was reviewed to support enhanced monitoring. Harvest and Haulage Safety system actions included roll out of the Bloody Legend program in 17/18.

Objective 6 related to creating efficiencies in the use of documentation.

Unlocking life is the health and wellbeing program being implemented by the organisation.

3. Methods for determining process results are effective.

4. The organisation's actual performance is generally consistent with the requirements of the nominated Standards and the organisation's management system. An opportunity for improvement has been identified with respect to the development of Health and Safety Action Plans.

5. Planned results have been achieved.

**Opportunity for improvement**

<b>Ref. no</b>	1541178-201710-I4
<b>Area/Process</b>	6.2 Objectives and planning to achieve them and; OHS 4.3.3 & 4.3.4 Objectives and targets and OHS management plans:
<b>Clause</b>	OHS 4.3.3 and 4.3.4
<b>Scope</b>	OHS 603481
<b>Certificate Standard</b>	AS/NZS 4801:2001
<b>Details</b>	Health and Safety Action Plans to enable the delivery of the strategy are yet to be fully developed i.e. 'what, by whom and when' for all objectives in the strategy. It is noted that the development of these plans has been delayed due to changes in the organisational structure.

**7.1 Resources: People; Infrastructure and environment; Monitoring and measuring resources; Organisational Knowledge:**

1. Objective evidence:

*Documentation*

- Recruitment and Selection Process (Manager) - Sept 2017
- Authorisation to resource an Existing or New Position Flowchart (Sept 2017)
- Organisational Charts (current)
- Forest Activity Assessment Procedure

*Processes observed/demonstrated:*

- Outsourcing processes where necessary or appropriate
- Access to documents of external origin e.g. FPA website and referenced documents
- 2. Planned activities have been realised.
- 3. Methods for determining process results are effective.
- 4. The organisation's actual performance is consistent with the requirements of the nominated Standards and the organisation's management system.
- 5. Planned results have been achieved.

**7.2; 7.3 Competence and Awareness; OHS 4.4.2 Training and competency:**

1. Objective evidence:

*Documentation*

- Individual Position Descriptions, e.g. Certification Manager
- Aurion HR System Training Records, e.g. Certification Manager
- Individual Performance Review
- Establishing A Forest Operations Contract (SOP) - Jan 2016
- Contractor Application Form (July 2017)
- Contractor Application Appraisal Form (July 2017)
- Contractor Safety and Environmental Management Appraisal Form (July 2017)
- Contractor Competency Records, e.g. Contractor Safety and Environmental System Appraisal Form and Contractor Safety Management System - Fehre Contracting (22 May 17)
- Contractor system check record (current)
- Company Induction completed 17/10/17
- New Employee First Day Checklist For Managers completed for 26/9/17
- Introducing your new vehicle
- Mobile Device Application Form 22/7/17
- New Employee Equipment and Supplies Checklist
- STT Induction and On-boarding Procedure (June 2017)
- STT Welcome Booklet
- Receipt and Acknowledgement of Corporate Policies and Procedures (Sept 2017)
- Contractor Induction Handbook (2013)
- Contractor Compliance Matrix (Nov 2015)
- Records of contractor non-compliance

*Processes observed/demonstrated:*

- Individual Performance Review processes
- Identification of training needs for internal staff
- Review of contractor competency
- Staff 'onboarding' process
- Staff and contractor induction processes

*Interviews/discussions with key personnel*

- Safety Manager regarding training for log truck drivers.
- 2. Planned activities have mostly been realised. It is unclear how the revised Sustainable Forest Management Policy is being communicated to all staff and contractors. A minor non-conformance is

raised in this regard. An on-boarding process has been established for new starters which considers required awareness training for the first week of employment.

Training for haulage contractors in Log Truck driving is mandatory.

3. Methods for determining process results are generally effective.

4. The organisation's actual performance is mostly consistent with the requirements of the nominated Standards and the organisation's management system.

5. Planned results have been achieved.

#### **7.4 Communication; OHS 4.4.3 Consultation, Communication and Reporting:**

1. Objective evidence:

##### *Documentation*

- Forest Practices Plans are the principal tools for communicating significant environmental information to contractors
- Pre-operational contractor briefings affirm requirements, e.g. Harvesting Induction Checklist and Records
- Staff and contractor induction processes including Contractor Acknowledgement
- Contractor Employee Induction Records
- Task-specific Contractor Job Specifications, e.g. Aerial Spraying (August 2017) which includes Communications, Operational Details, Environmental/Neighbour Management, Safety Hazard Notification, STT Review and Approval, Operational Handover (briefing), and Acknowledgement and Aerial Spraying Notification.
- FPP Procedure Flow Chart including peer-review and approval processes
- STT Website information
- Stakeholder Engagement Policy and Strategy (including complaints handling processes)
- Management meetings (various)
- Complaints Policy (April 2014)
- Dispute Resolution Procedure (April 2014)
- Toolbox meeting structure
- Safety and Environment Charter 3.0 2013
- Supervised Visitor Safety and Environmental Information
- Safety and Environment Group Meetings dated 10.11.17
- Harvesting Induction Checklist and Record dated Sept 2015

##### *Processes observed/demonstrated:*

- Staff and contractor induction processes including Contractor Acknowledgement
- FPP Development Processes and Contractor Job Specification development and review
- Complaints and complaint handling process and Consultation Manager records and processes
- Monitoring processes (various)
- Communicating requirements to visitors using STT roads.

##### *Interviews/discussions with key personnel*

- Safety Manager and Safety Advisor regarding function of Safety and Environment Committee and review of actions arising from previous Safety and Environment Group Meetings.

2. Planned activities have been realised. Visitors to STT sites are provided with information that includes general rules and protocols for driving on forest roads.

3. Methods for determining process results are effective.

4. The organisation's actual performance is consistent with the requirements of the nominated Standards and the organisation's management system. An opportunity for improvement has been identified with respect to the function of the Safety and Environment Committee.

5. Planned results have been achieved.

#### Opportunity for improvement

<b>Ref. no</b>	1541178-201710-I5
<b>Area/Process</b>	7.4 Communication; OHS 4.4.3 Consultation, Communication and Reporting
<b>Clause</b>	OHS 4.4.3
<b>Scope</b>	OHS 603481
<b>Certificate Standard</b>	AS/NZS 4801:2001
<b>Details</b>	It is noted that the Safety and Environmental Committee is currently now meets on a monthly basis. It is proposed to reform as regional committees across the state to support consultation processes. This is intended to support the changes to the WHS structure and communication where the Safety Advisor is not imbedded within an operational location.

#### 7.5 Documented information; OHS 4.4.5 Document and Data Control, 4.5.3 Records Control:

1. Objective evidence:

##### *Documentation*

- STT website
- STT Wiki and referenced documents
- Document control procedure (Feb 2015)
- Communication emails
- Document templates (various) with prompts for necessary details.
- Records Management Procedure (May 2015)

##### *Processes observed/demonstrated:*

- Communicating information regarding document updates and changes, e.g. FMS Documents due for review (monthly update e.g. 2 Oct 2017)
- Individual staff document review notifications e.g. LC 2 Oct 2017
- Accessing recent document changes (via Wiki)

##### *Interviews/discussions with key personnel*

- Safety Manager regarding communicating information regarding document updates and changes.

2. Planned activities have been realised. The Wiki is the primary source of controlled documentation. Coupe Files are the primary repository of hard-copy controlled documents and records.

3. Methods for determining process results are effective.

4. The organisation's actual performance is consistent with the requirements of the nominated Standards and the organisation's management system.

5. Planned results have been achieved.

**8.1 Operational planning and control; OHS 4.3.1 Planning identification of hazards, hazard/risk assessment and control of hazards/risks:**

## 1. Objective evidence:

*Documentation*

- Forest Practices Code (2015)
- Contracts (with all contractors)
- Task-specific Contractor Job Specifications, e.g. Aerial Spraying
- Contractor Induction to FPP and Contractor acknowledgement of Job Specifications

*Processes observed/demonstrated:*

- Compilation of Coupe files e.g. DU011D with records for various processes, e.g. Sowing, Burning, Site Preparation.

*Interviews/discussions with key personnel*

Refer to site visits

2. Planned activities have been realised.
3. Methods for determining process results are effective.
4. The organisation's actual performance is consistent with the requirements of the nominated Standards and the organisation's management system.
5. Planned results have been achieved.

**8.2 Emergency preparedness and response; OHS 4.4.7:**

## 1. Objective evidence:

*Documentation*

- Emergency preparedness and response page (Wiki)
- Emergency spill procedure (Jan 2015)
- Fire management page (Wiki)
- STT Strategic Fire Management Plan (Sept 2017)
- STT Tactical Fire Management Plan (2017)
- STT Fire Action Plan (East Coast Rosters 2017/18)
- AIMS (AFAC) which describes roles and responsibilities , e.g. Duty Officer
- FIFMC Forest Industry Fire Preparedness Audit Form.
- Emergency Testing Schedule and Record 2017-18
- Emergency Preparedness & Response Evaluation Form dated 6 March 2017 – National Park Depot.
- Forest Industry Fire Preparedness & Equipment Minimum Requirements Vers 9

*Processes observed/demonstrated:*

- Preparation of emergency response plans
  - Verification of Fire Prevention at Forest Operations Procedure e.g. Weather Monitoring and Suspensions.
  - Monitoring and reporting emergency preparedness (as per Emergency Testing Schedule).
2. Planned activities have been realised. There are emergency response plans established for individual sites and temporary work locations. The FIFMC preparedness checklist is used to review equipment prior to the fire season.
  3. Methods for determining process results are effective.



4. The organisation's actual performance is consistent with the requirements of the nominated Standards and the organisation's management system.

5. Planned results have been achieved.

### **9.1 Monitoring, measurement, analysis and evaluation; OHS 4.5.1 Monitoring and Measuring; Health Surveillance:**

1. Objective evidence:

#### *Documentation*

- Environmental incident Report 2017
- FPA Monitoring and Assessment Program TJW0302 FN005K dated 11.04.17
- Monitoring processes (via Wiki) e.g. Harvest Monitoring Form which specifies environmental monitoring components such as: watercourses, natural and cultural values etc.
- Environmental performance reporting e.g. Environmental Incident Report (Sept 2017) which includes an assessment against KPIs.
- STT SOPs which dictate when monitoring will occur, e.g. Harvesting and Sales SOP (June 2015) Section 4 - Operational Monitoring.
- FPA Annual Report 2015-16 Section 1.7 Monitoring of compliance
- Environmental non-conformance reports as recorded in Vault and summarised in the Environmental Incidents Report, e.g. Special values Event ID 1151
- Monthly Compliance Reporting (Manager Positive Assurance) e.g. August 2017
- FPA Audit Report - AR061I FPP # TJW0290 11.04.17

#### *Processes observed/demonstrated:*

- Monitoring processes and monthly environmental reporting
- Review of Coupe Monitoring processes e.g. DU011D Harvest Monitoring Form ( 4.11.2013) and Road Construction Monitoring Report (6.11.2014)
- Records of regeneration, browsing assessment and water sampling.
- Monitoring of smoke levels during planned burn programs.
- Monthly monitoring (at Regional level)
- Evaluation of compliance process and FPA reporting
- Identification of root cause, e.g. Incident # 894

#### *Interviews/discussions with key personnel*

- Safety Manager and Certification Manager regarding monitoring processes and monthly safety and environmental reporting

2. Planned activities have been realised. Monthly reporting is undertaken in relation to the achievement of environmental objectives.

3. Methods for determining process results are effective.

4. The organisation's actual performance is consistent with the requirements of the nominated Standards and the organisation's management system.

5. Planned results have been achieved.

### **9.2 Internal audit; OHS 4.5.4:**

1. Objective evidence:

#### *Documentation*

- Contractor Management System Overview dated Nov 2016
- Contractor Safety and Environmental System Appraisal Report S42014-012

- FPA Monitoring and Assessment Program conducted for Forestry Tasmania FPP No. TJW0290 dated 22/03/17.
- Internal Audit Schedule (2016-17)
- Internal Audit Schedule (2017-18 in draft)
- Internal Audit Procedure (Jan 2014)
- Internal Audit Training Records, e.g. LC RABQSA-TL and EM 16.09.2008
- Internal Audit Records, e.g. Objectives and Targets - Feb 2017 and Southern Region Internal Audit Report - Nov 2016
- Records on non-conformances arising from Internal Audits in Vault, e.g. O&T (Feb 2017)
- FPA Audit Program
- FPA Audit Reports, e.g. AR061I FPP # TJW0290 11.04.17

*Processes observed/demonstrated:*

- Reporting results of internal audits to Regional Management and also to SEG, e.g. SEG Meeting Minutes 2 Nov 2016.
- Yellow Book endorsement process

*Interviews/discussions with key personnel*

- Certification manager regarding development of the internal audit program, implementation of the program and monitoring and reporting on the findings of internal audits.
2. Planned activities have been realised. An assessment of contract harvesting and haulage suppliers is undertaken prior to a contract being established. It considers the elements of the documented safety management system only. Monthly monitoring is undertaken as well as Quarterly safety audits. Annual TasTafe audits are conducted of all harvest and haulage contractors. Incident reporting systems and Contractor Discipline Matrix support performance management of contractors.
  3. Methods for determining process results are effective.
  4. The organisation's actual performance is consistent with the requirements of the nominated Standards and the organisation's management system.
  5. Planned results have been achieved.

### **9.3 Management review; OHS 4.6:**

1. Objective evidence:

*Documentation*

- Management Review Procedure (currently under review) especially Table 1. Summary of FMS Review Components, including review mechanisms and frequency
- FMS Review agenda (2016)
- Yellow Book (2017/18) specifying objectives and targets

*Processes observed/demonstrated:*

- Management Review process supported by regular flow of information to top management regarding the progress with respect to achievement of corporate objectives, non-conformances and results of internal audits.

It is noted that the review for 2017 has been delayed due to the timing of the restructure and relocation of the head office. The Yellow Book was reviewed and released in September 2017.

*Interviews/discussions with key personnel*

- Certification manager regarding the modification to the planned management review processes for 2017.

2. Planned activities have been realised. It is noted that the review for 2017 has been delayed due to the timing of the restructure and relocation of the head office. The Yellow Book was reviewed and released in September 2017. The review template makes provisions for all the required outputs of the management review process.

3. Methods for determining process results are effective.

4. The organisation's actual performance is consistent with the requirements of the nominated Standards and the organisation's management system.

5. Planned results have been achieved.

**10.1; 10.2; 10.3 Improvement; Nonconformity and corrective action; Continual Improvement; OHS 4.5.2 Incident investigation, corrective and preventive action:**

1. Objective evidence:

*Documentation*

- Vault Incident Guidelines (Feb 2017 - in draft)
- Vault Records - events arising from contractor non-conformances e.g. ID 1142 possible boundary incursion; system deficiencies identified during internal audits e.g. ID 260 Contractor machinery performance requirements; and opportunities for improvement identified by staff or other parties e.g. ID 338 relating to iAuditor licences.
- Monthly reports to SEG regarding non-conformances
- SEG Incident Reports, e.g. 6 Feb 2017
- Environmental incident Report 2017

*Processes observed/demonstrated:*

- Identification and management of non-conformances via Vault
- Root cause analysis process where required
- Incident investigation

*Interviews/discussions with key personnel*

- Safety Manager regarding incident investigation. Specifically, with respect to an incident relating to strapping of loads where logs slipped off, discussions with operational staff indicated that the investigation determined a range of possible causes. A safety bulletin was developed which suggested that belly chains could be used to provide additional tightening of loads; sufficient time is required for the truck to build up air pressure to allow the straps to tighten prior to departing; the arrangement of logs both horizontally and longitudinally with consideration of butt swell. A truck awareness course is proposed for delivery for all haulage contract staff.

A review of all incidents recorded in the Vault since December 2016 was undertaken.

2. Planned activities have been realised.

3. Methods for determining process results are effective.

4. The organisation's actual performance is generally consistent with the requirements of the nominated Standards and the organisation's management system. An opportunity for improvement has been identified with respect to the timeliness of the review of actions in the Vault.

5. Planned results have been achieved.

**Opportunity for improvement**

<b>Ref. no</b>	1541178-201710-I6
<b>Area/Process</b>	10.1; 10.2; 10.3 Improvement; Nonconformity and corrective action; Continual Improvement; OHS 4.5.2 Incident investigation, corrective and preventive action

<b>Clause</b>	OHS 4.5.2
<b>Scope</b>	OHS 603481
<b>Certificate Standard</b>	AS/NZS 4801:2001
<b>Details</b>	There are a number of incidents that were raised over 6 months ago and which require review and updating as well as identifying any further action to prevent recurrence. For example Event ID: 911; 914 and 916.

#### **Criterion 4 – Forest Productive Capacity::**

4.1 and 4.2 Identify productive capacity and harvest rates

4.3 Plan and monitor use

4.4 Infrastructure

4.5 Silviculture

4.6 Establishment

4.7 Damage to growing stock

4.8 Unplanned fire

1. Objective evidence:

##### *Documentation*

- Tactical Fire Management Plan Aug 2017
- Tactical Layer in FOD (Forest operations Database)

##### *Processes observed/demonstrated:*

- Management of Tactical Layer in FOD
- Contracting of helicopter support services [REDACTED]

##### *Interviews/discussions with key personnel*

- Bob Knox regarding fire season planning
2. Planned activities have been realised. [REDACTED] is engaged as a contractor to conduct a range of activities on behalf of STT including aerial reconnaissance, burning and fire-fighting operations.
3. Methods for determining process results are effective.
4. The organisation's actual performance is consistent with the requirements of the nominated Standards and the organisation's management system.
5. Planned results have been achieved.

#### **Criterion 5 - Forest Ecosystem Health:**

5.1 Identify damage agents

5.2 Maintain health

5.3 Weeds and pests

5.4 Fire and disturbance regimes

5.5 Rehabilitation

5.6 Chemical use

5.7 Salvage

## 1. Objective evidence:

*Documentation*

- Pesticide Application Standard Operating Feb 2015
- Pesticide Use Policy July 2014
- Northern Fire Action Plan External Version 2017-18, Northern Duty Officer Roster 2017-18.
- Low Intensity Burning Manual
- Contractor Specification Aerial Spraying

*Processes observed/demonstrated:*

- Relationship with [REDACTED] in relation to pesticide use.

2. Planned activities have been realised. The Contractor Specification Aerial Spraying includes specifications for application of chemicals in accordance with the Code of Practice for Aerial Spraying and describes process for review by [REDACTED] on approved use. The Fire Action Plan considers radio coverage; resources; heli-points, distribution list.

3. Methods for determining process results are effective.

4. The organisation's actual performance is consistent with the requirements of the nominated Standards and the organisation's management system.

5. Planned results have been achieved.

**Criterion 6 – Soil and Water Resources::**

6.1 Identify soil and water values:

6.2 - 6.3 Water quality / quantity:

6.4 Soil properties:

6.5 Pollution:

## 1. Objective evidence:

Refer to site visits for details

2. Planned activities have been realised.

3. Methods for determining process results are generally effective. An opportunity for improvement has been identified with respect to the removal of fences for browsing control. Refer to site visits (Site #10: CH038H Eaves Rd) for details.

4. The organisation's actual performance is generally consistent with the requirements of the nominated Standards and the organisation's management system.

5. Planned results have been achieved.

**Site #1: Coupe PL015D Native forest ground-based clearfall (Landing 1- Les Walkden Enterprises):**

## 1. Objective evidence:

*Documentation*

- Supervised Visitor Safety and Environmental Information SEG V3.0 Oct 17
- Coupe PL015D Forest Practices Plan 2017-0306
- Site Emergency Plan
- Hazard Notification Form dated 15/9/17
- Mechanical Operations Risk Assessment
- Transport Forest Safety Plan 12/9/17 (and sign off page 15/9/17)



- Work Group Toolbox Meeting 23/9/17
- Working Alone Procedure
- Monthly Safety Audit
- Monthly Harvest Monitoring Report
- Forest Practices Plan 2017-0306

*Processes observed/demonstrated:*

- Site induction conducted by contractor

*Interviews/discussions with key personnel*

- Harvest and haulage contractors regarding harvest route, trucking agreement, GPS tracking and driver induction

**Opportunity for improvement**

<b>Ref. no</b>	1541178-201710-I8
<b>Area/Process</b>	Site #1: Coupe PL015D Native forest ground-based clearfall (Landing 1- Les Walkden Enterprises)
<b>Clause</b>	4.3.1
<b>Scope</b>	OHS 603481
<b>Certificate Standard</b>	AS/NZS 4801:2001
<b>Details</b>	<p>It is unclear what STT expects of its contractors with respect to site inductions and site documentation. For example:</p> <ul style="list-style-type: none"> <li>- The visitor induction undertaken by site supervisor at Landing 1, Coupe PL015D - [REDACTED] provided limited information of site hazards which existed at this operation.</li> <li>- Processes for managing contractor site documentation were not demonstrated to be fully effective. The SDS for chemical substances used at Landing 1, Coupe PL015D - [REDACTED] being Unleaded 91 and Automotive Diesel Fuel are out of date.</li> </ul>

<b>Ref. no</b>	1541178-201710-I9
<b>Area/Process</b>	Site #1: Coupe PL015D Native forest ground-based clearfall (Landing 1- [REDACTED])
<b>Clause</b>	AFS 2.3
<b>Scope</b>	AFS 603478
<b>Certificate Standard</b>	AFS 4708:2013
<b>Details</b>	It is also unclear whether STT makes any checks on haulage routes. It is not part of the FPP.

**Site #2: Coupe SX034E Forest Practices Plan 2015-0059 Cable Operation :**

## 1. Objective evidence:

*Documentation*

- Forest Practices Plan 2015-0059 (including definition of WHC)

*Processes observed/demonstrated*

- Demarcation of WHC boundary
- Accuracy of GPS in comparison with pdf map on site
- Maintenance of contractor's equipment

**Opportunity for improvement**

<b>Ref. no</b>	1541178-201710-I10
<b>Area/Process</b>	Site #2: Coupe SX034E Forest Practices Plan 2015-0059 Cable Operation
<b>Clause</b>	6.2
<b>Scope</b>	AFS 603478
<b>Certificate Standard</b>	AFS 4708:2013
<b>Details</b>	The timeliness of implementation of required protection measures was not demonstrated. Grips have not yet been constructed on extraction track near landing 2 Coupe SX034E, following temporary closure resulting from equipment breakdown. STT stated that a machine was working close by constructing grips.

<b>Ref. no</b>	1541178-201710-I11
<b>Area/Process</b>	Site #2: Coupe SX034E Forest Practices Plan 2015-0059 Cable Operation
<b>Clause</b>	AFS 9.5
<b>Scope</b>	AFS 603478
<b>Certificate Standard</b>	AFS 4708:2013
<b>Details</b>	It is unclear how STT ensures that contractor's safety equipment is regularly checked and serviced. A fire extinguisher on the cable yarder on site was last serviced in Dec 2015.

**Site #3: Coupe SX035A Regeneration burn following clearfall operation:**

## 1. Objective evidence:

*Documentation*

- Forest Practices Plan SCM0035
- Aerial Ignition Plan with flight lines
- TFS Fire Permit #30619 4/4/17

*Processes observed/demonstrated*

- Location of fuel moisture monitoring sticks

- Burning operations considered site related objectives and prescriptions for conducting controlled burning.

#### Site #4: National Park Depot:

##### 1. Objective evidence:

###### Documentation

- National Park Emergency Procedure V4
- Asbestos Register dated 17 Sept 2014
- National Park Depot Safety and Environmental Checklist completed on 27/9/17
- Vault Plant and Equipment Register
- Webster Sling and Chainblock Compliance signage

Operational controls were demonstrated to be effective in relation to the following:

- Spill kit fully stocked and suitably located
- Slings and Chain blocks inspected and in service. Serial No. 41977 (Test certificate No. FSTI50031 Nov 2016) and Serial No.41921 Test Certificate FSTE 00038) inspected by [REDACTED] The Vault provides a reminder of when the inspection is due.
- Signs posted stating slings and chain blocks colours coding for items in-service
- First Aid serviced 7 March 2017
- Testing and tagging of equipment undertaken
- Fire Extinguishers serviced
- Equipment checklist maintained for fire tankers.
- SDS available for chemicals stored onsite.
- Inspections conducted of site operational controls

#### Opportunity for improvement

<b>Ref. no</b>	1541178-201710-I13
<b>Area/Process</b>	Site #4: National Park Depot
<b>Clause</b>	OHS 4.4.6.4
<b>Scope</b>	OHS 603481
<b>Certificate Standard</b>	AS/NZS 4801:2001
<b>Details</b>	Procedures for ensuring routine servicing and maintenance and correct tag out of non-functioning electrical equipment (e.g. power tools) are not fully effective.  At National Park Depot, the belt sander emergency stop is not working, and the equipment has not been tagged as 'out of service'.

<b>Ref. no</b>	1541178-201710-I14
<b>Area/Process</b>	Site #4: National Park Depot
<b>Clause</b>	OHS 4.4.6.4
<b>Scope</b>	OHS 603481
<b>Certificate</b>	AS/NZS 4801:2001



Standard	
Details	There is a project proposed to updated signage for Chemical stores in accordance with the Globally Harmonised System of Classification and Labelling of Chemicals (GHS). This will be further reviewed as part of the next assessment.

**Site #5: Dazzler Fire Tower:**

## 1. Objective evidence:

*Documentation*

- Cabin Inspection Sheet
- Fire Tower Log
- Southern Region Fire Tower Operators Refresher Training completed on Oct 11 2017.
- Procedure for Fire Tower Operators – Draft
- Contractor Register system appraisal 24 Oct 2014
- Derwent Fire Tower Pre-Season Checklist
- Tasmanian Helicopters 31 Dec 2016 review on NAFC
- Tactical Fire Management Plan - August 2017
- Northern Fire Action Plan
- Fire Tower/ lookout Inspection Report 13.10.17

*Processes observed/demonstrated*

- Helicopter tasks including: fire reconnaissance; pre-burn reconnaissance; aerial ignition (navigator and operator); fire fly (1 navigator/operator plus 2 on-ground support)
- transition to electronic information management
- Inspection of fire towers and determination of remedial actions. The cabin inspection sheet completed with corrective actions identified relating to maintenance of the structure.
- Radio communications check to Scottsdale office (real time)
- Records management

**Opportunity for improvement**

Ref. no	1541178-201710-I15
Area/Process	Site #5: Dazzler Fire Tower
Clause	OHS 4.4.6.3
Scope	OHS 603481
Certificate Standard	AS/NZS 4801:2001
Details	Opportunities for improvement have been identified with respect to activities conducted in fire towers. For example, an Asbestos Register for all Fire Tower is proposed but not yet completed. SWMS for all fire tower operational activities is in draft in the Vault. This will be further considered as part of the next assessment.

<b>Ref. no</b>	1541178-201710-I16
<b>Area/Process</b>	Site #5: Dazzler Fire Tower
<b>Clause</b>	4.4.6.5
<b>Scope</b>	OHS 603481
<b>Certificate Standard</b>	AS/NZS 4801:2001
<b>Details</b>	<p>On opportunity for improvement exists in relation maintenance of and access to fire towers.</p> <p>Currently, STT has no current plans for any structural engineering assessment of fire towers.</p> <p>Access through the fire tower manhole is obstructed and there is no opportunity for three points of contact.</p>

#### **Site #6: Ben Nevis 2nd rotation E. nitens thinning BS117G :**

##### **1. Objective evidence:**

###### *Documentation*

- Forest Practices Plan JMB0073 BS117G 30/08/17
- Harvesting Induction Template PBF 1 dated 2/10/17
- Contractor (Perotti Bros) Visitors Book

###### *Processes observed/demonstrated*

- Verification of processes for Identification and demarcation of WHC on contractor's mobile device
- waste management - rubbish removal and illegal dumping
- thinning to a preferred spacing (300-400 s/ha)
- management of wind risk
- forwarder operation and contractor communication

###### *Interviews with key personnel*

- Production Manager regarding definition of WHC and verification
- Contractor representative (Principal) - the silviculture methods relating to thinning were discussed and considered in the context of areas already treated. Damage to remaining stems was minimised. Discussions also confirmed contractor's understanding with respect to legal implications for truck overloads.

#### **Opportunity for improvement**

<b>Ref. no</b>	1541178-201710-I17
<b>Area/Process</b>	Site #6: Ben Nevis 2nd rotation E. nitens thinning BS117G
<b>Clause</b>	AFS 5.2
<b>Scope</b>	AFS 603478
<b>Certificate Standard</b>	AFS 4708:2013
<b>Details</b>	The mechanism for ensuring 'clean on entry' requirements for contractor equipment working on site after the initial start up is unclear and is not recorded.

**Site #7: Scottsdale office and Branxholm Depot:**

## 1. Objective evidence:

*Documentation*

- Scottsdale emergency evacuation plan
- Branxholm Depot Evacuation Procedure FJSCDA-4
- NE Operation of Folder Checklist
- Records of storage and disposal of wastes

*Processes observed/demonstrated*

- Site safety induction
- Site depot inspection and verification of processes for managing site including routine inspections; testing and tagging of electrical equipment; testing and checking fire equipment; first aid kits; spill kits; maintenance of the wash bay; fire-season readiness for slip-ons and fire trucks; SDS.

**Opportunity for improvement**

<b>Ref. no</b>	1541178-201710-I18
<b>Area/Process</b>	Site #7: Scottsdale office and Branxholm Depot
<b>Clause</b>	OHS 4.4.6.4
<b>Scope</b>	OHS 603481
<b>Certificate Standard</b>	AS/NZS 4801:2001
<b>Details</b>	<p>Operational controls that could be improved included:</p> <ul style="list-style-type: none"> <li>- Flash 21A &amp; B used for burning fuel not stored in chemical shed.</li> <li>- Obliteration of labelling on boxes for 'explosives'. No explosives are stored in containers.</li> <li>- 'Out of service' tags for trolley jack not evident</li> <li>- Hot water heater powerpoint located directly under basin and presenting an electrical hazard.</li> <li>- SWMS for Branxholm Depot not kept on site.</li> <li>- The asbestos register could be reviewed to determine if assets containing asbestos are correctly identified.</li> </ul>

<b>Ref. no</b>	1541178-201710-I19
<b>Area/Process</b>	Site #7: Scottsdale office and Branxholm Depot
<b>Clause</b>	2015:8.1
<b>Scope</b>	EMS 603479
<b>Standard</b>	BS EN ISO 14001:2004
<b>Details</b>	<p>The maintenance plan for the triple interceptor at the truck wash was not available.</p> <p>There was no SDS for acetone, however the quantity on site was less than 1 litre.</p>

**Site #8: Blue Derby Mountain Bike Recreation Facility:**

## 1. Objective evidence:

*Documentation*

- 2011-2013 Scoping Works
- PTPZL Licence Arrangement Lic #18827
- Dorset Council Forest Licence # 18827
- C118A and C107B
- MoU between FT and Dorset Council
- Stakeholder engagement 3-year harvest plan

*Processes observed/demonstrated*

A walk along a section of the Blue Derby trails indicated consideration for a range of values were considered in its construction and maintenance.

The track was subject to a Regional Activity Assessment to consider impacts. The project was undertaken in alliance with Sports and Recreation Tasmania who provided assistance under the Regional Development Fund.

A licence arrangement was entered into with Dorset Council and STT for the recreational activity.

**Site #9: EM007B Grooms Spur 1-1:**

## 1. Objective evidence:

*Documentation*

- Visitor Safety Rules
- EMP232 Forest Practices Plan
- FFO Planting IAB0006201
- Emergency Meeting point 232 established
- Contractor Photo Guide to Natural and Cultural values
- Hazard Notification Form dated 25.8.17
- Forest Operation Safety Plan for [REDACTED] dated 25.09.17
- Contractor Advice No 24 Log Grading Procedures
- Contractor Advice No. 15 2008 Log Specification
- FOLS ID [REDACTED] – Contractor Competency Record
- Toolbox meeting records Grooms Road 1-1 EM07B dated 2/10/17 (Fire Pump training and Emergency Plan).
- Meeting on 4/9/17 (steep rocky ground and First Aid).
- Manual Faller Monthly Audit dated 28/09/17
- PCBU Safety Audit dated 2/10/17
- Contractor Harvesting System Audit dated 28/9/17
- Harvesting Monitoring Forms [REDACTED] services for 19 Sep 2017 for EM0075
- Operator competency records for : Manual Falling, Machine Operator Skidder; Bush Fire Awareness; Log Grader; Log Classifier Sawlog.
- Special Values - Photo Guide
- Coupe Induction records dated 10.08.17
- Load Security Alert (email)

*Processes observed/demonstrated:*

- Site handover process, planning, site induction and boundary taping off
- email communication of updated pdf maps with revised boundaries 17.10.17.
- Management and maintenance of contractor competency records.
- A review of log segregation and grading procedures was undertaken in accordance with specifications to consider aspects relating to measurement and defect. Consideration of various log categories 1-4 and sample logs were reviewed.
- Onsite audits of contractor resulted in corrective actions relating to window replacement, first aid training.
- Corrective actions from audits undertaken were completed in a timely manner.
- monthly check to verify contractor compliance with FOS plan including new hazard identification
- iAuditor Questionnaire and records
- verification of boundary accuracy and definition of WHC
- management of log loading and overloads (no overloads in 3 months)

*Interviews with key personnel*

- Production Manager (Northern) regarding access to electronic coupe files shared via Google Drive, electronic data storage and efficiency gains

**Site #10: CH038H Eaves Rd, Fenced Blackwood Regeneration coupe:**

## 1. Objective evidence:

*Documentation*

- Technical Bulletin No. 10 Monitoring and Protecting Eucalypt Regeneration
- Technical Bulletin No. 6
- SOP for Mammal Browsing Monitoring and Control
- Worksite Emergency Plan 12.05.17
- Contractor's Job Specification 11.05.17
- Seymour Timbers Coupe Risk Assessment 12.05.17
- Records of animals seen and animals shot.

*Processes observed/demonstrated:*

- Transect monitoring. Mammal browsing transects established and sampled including indicator plots. This determines if there is sufficient stocking regenerating. Methodology is described in Technical Bulletin No. 6.
- Management of nurse crop

**Opportunity for improvement**

<b>Ref. no</b>	1541178-201710-I21
<b>Area/Process</b>	Site #10: CH038H Eaves Rd, Fenced Blackwood Regeneration coupe
<b>Clause</b>	6.5
<b>Scope</b>	AFS 603478
<b>Certificate Standard</b>	AFS 4708:2013
<b>Details</b>	There is no plan to remove the fencing, once the coupe has regenerated.



**Site #11: Roding Operation:**

## 1. Objective evidence:

*Documentation*

- FPP # TJW0319-01
- Roding Works Plan 20

*Processes observed/demonstrated*

- Culvert spacing, construction and maintenance

**Opportunity for improvement**

<b>Ref. no</b>	1541178-201710-I22
<b>Area/Process</b>	Site #11: Roding Operation
<b>Clause</b>	AFS 1.3
<b>Scope</b>	AFS 603478
<b>Certificate Standard</b>	AFS 4708:2013
<b>Details</b>	The date when worker inductions took place is not always recorded.

**Site #12: Perth Office:**

## 1. Objective evidence:

*Documentation*

- New employee pre-start Checklist for managers
- New employee Equipment and Supplier Checklist for Managers
- Introducing your new vehicle
- Receipt and acknowledgement of STT's corporate policies and procedures
- Mobile device application form
- Access request form

*Processes observed/demonstrated*

- New employee induction process
- Site safety assessment
- Identification of training needs, e.g. Fire training
- FP Officer sign-off and endorsement process (buddy system)
- Site safety plan including emergency evacuation procedures

*Interviews with key personnel*

██████████ regarding staff induction processes

**Minor (3) nonconformities arising from this assessment.**

<b>Ref. no</b>	1541178-201710-N1
<b>Area/Process</b>	7.2; 7.3 Competence and Awareness; OHS 4.4.2 Training and competency
<b>Clause</b>	2015:7.3
<b>Scope</b>	EMS 603479
<b>Certificate Standard</b>	BS EN ISO 14001:2004
<b>Category</b>	Minor
<b>Statement of non conformance:</b>	The management system does not ensure that the revised Sustainable Forest Management Policy has been communicated to all staff and contractors in a systematic manner.
<b>Clause requirements</b>	<p>Awareness</p> <p>The organization shall ensure that persons doing work under the organization's control are aware of:</p> <ul style="list-style-type: none"> <li>a) the environmental policy;</li> <li>b) the significant environmental aspects and related actual or potential environmental impacts associated with their work;</li> <li>c) their contribution to the effectiveness of the environmental management system, including the benefits of enhanced environmental performance;</li> <li>d) the implications of not conforming with the environmental management system requirements, including not fulfilling the organization's compliance obligations.</li> </ul>
<b>Objective evidence</b>	There were no records to verify that the revised policy had been communicated to all staff and contractors.
<b>Cause</b>	
<b>Correction / containment</b>	
<b>Corrective action</b>	

<b>Ref. no</b>	1541178-201710-N2
<b>Area/Process</b>	Site #4: National Park Depot
<b>Clause</b>	2015:8.1
<b>Scope</b>	EMS 603479
<b>Certificate Standard</b>	BS EN ISO 14001:2004
<b>Category</b>	Minor
<b>Statement of non</b>	The requirements for controls to manage the risks associated with storage of flammable substances were not demonstrated to be effective.

<b>conformance:</b>	
<b>Clause requirements</b>	<p>Operational planning and control</p> <p>The organization shall establish, implement, control and maintain the processes needed to meet environmental management system requirements, and to implement the actions identified in 6.1 and 6.2, by:</p> <ul style="list-style-type: none"> <li>— establishing operating criteria for the process(es);</li> <li>— implementing control of the process(es), in accordance with the operating criteria. The organization shall control planned changes and review the consequences of unintended changes, taking action to mitigate any adverse effects, as necessary.</li> </ul> <p>The organization shall ensure that (an) outsourced process(es) is (are) controlled or influenced. The type and extent of control or influence to be applied to the process(es) shall be defined within the environmental management system.</p> <p>Consistent with a life cycle perspective, the organization shall:</p> <ul style="list-style-type: none"> <li>a) establish controls, as appropriate, to ensure that its environmental requirement(s) is (are) addressed in the design and development process for the product or service, considering each stage of its life cycle;</li> <li>b) determine its environmental requirement(s) for the procurement of products and services, as appropriate;</li> <li>c) communicate its relevant environmental requirement(s) to external providers, including contractors;</li> <li>d) consider the need to provide information about potential significant environmental impacts associated with the transportation or delivery, use, end-of-life treatment and final disposal of its products and services.</li> </ul> <p>The organization shall maintain documented information to the extent necessary to have confidence that the process(es) has (have) been carried out as planned.</p>
<b>Objective evidence</b>	<p>At National Park Depot, up to 2000L of Jet A1 and Unleaded fuel is stored outside on Helicopter Landing area. The fuel has been stored for extended periods outside in an un-bunded area. Drums of fuel are stored on their side to prevent water entering, however the drums are in an un-bunded area.</p>
<b>Cause</b>	
<b>Correction / containment</b>	
<b>Corrective action</b>	



<b>Ref. no</b>	1541178-201710-N3
<b>Area/Process</b>	Site #5: Dazzler Fire Tower
<b>Clause</b>	OHS 4.5.4
<b>Scope</b>	OHS 603481
<b>Certificate Standard</b>	AS/NZS 4801:2001
<b>Category</b>	Minor
<b>Statement of non conformance:</b>	The internal audit program does not include the operation of the fire towers.
<b>Clause requirements</b>	<p>The organization shall establish, implement and maintain an audit program and procedures for periodic OHSMS audits to be carried out by a competent person, in order to—</p> <p>(a) determine whether the OHSMS—</p> <p>(i) conforms to planned arrangements for OHS management including the requirements of this Standard;</p> <p>(ii) has been properly implemented and maintained; and</p> <p>(iii) is effective in meeting the organization's policy as well as objectives and targets for continual OHS improvement; and</p> <p>(b) provide information on the results of audits to management, and employees.</p> <p>The audit program, including any schedule, shall be based on the OHS importance of the activity concerned, and the results of previous audits.</p> <p>The audit procedures shall cover the scope, frequency, methodologies and competencies, as well as the responsibilities and requirements for conducting audits and reporting results.</p>
<b>Objective evidence</b>	There is currently no systematic monitoring / inspection / audit process to verify the effective implementation of the safety management system and control of risks associated with firetower activities.
<b>Cause</b>	
<b>Correction / containment</b>	
<b>Corrective action</b>	

## Our next steps

### Next Visit Plan

To be determined in consultation with the client, bearing in mind the organisational needs with respect to the burn season.

### Next visit objectives, scope and criteria

#### Objective

The objective of the next assessment is to verify that the requirements of the nominated management Standards are effectively addressed by the organisation's management system.

#### Scope

All activities associated with the sustainable management of Tasmania's Permanent Timber Production Zone, as described in the organisation's Forest Management Plan, including the administration, planning and management of forests; and the harvest, transport and sale of woodchips, logs and other forest products.

#### Criteria

AS 4708:2013

ISO 14001:2015

AS/NZS 4801:2001

STT Management system documentation

Please note that BSI reserves the right to apply a charge equivalent to the full daily rate for cancellation of the visit by the organisation within 30 days of an agreed visit date.

## Your next steps

### NCR close out process

There were no outstanding nonconformities to review from previous assessments.

3 nonconformities requiring attention were identified. These, along with other findings, are contained within subsequent sections of the report.

A nonconformity relates to a single identified lapse, which in itself would not indicate a breakdown in the management system's ability to effectively control the processes for which it was intended. It is necessary to investigate the underlying cause of any issue to determine corrective action. The proposed action will be reviewed for effective implementation at the next assessment.

Please refer to Assessment Conclusion and Recommendation section for the required submission and the defined timeline.

### How to contact customer service

Should you wish to speak with BSI in relation to your registration, please contact your customer service officer.

BSI Group ANZ Pty Ltd Suite 2, Level 7 15 Talavera Road Macquarie Park NSW 2113	Tel: 1300 730 134 (International: +61 (2) 8877 7100) Fax: 1300 730 135 (International: +61 (2) 8877 7120) E-mail (for corrective action plans): Please e-mail your corrective action plan to <a href="mailto:clientservices.au@bsigroup.com">clientservices.au@bsigroup.com</a>
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## Appendix: Your certification structure & on-going assessment program

### Scope of Certification

#### **OHS 603481 (AS/NZS 4801:2001)**

All activities associated with the sustainable management of Tasmania's Permanent Timber Production Zone, as described in the organisation's Forest Management Plan, including the administration, planning and management of forests; and the harvest, transport and sale of woodchips, logs and other forest products.

#### **EMS 603479 (BS EN ISO 14001:2004)**

All activities associated with the sustainable management of Tasmania's Permanent Timber Production Zone, as described in the organisation's Forest Management Plan, including the administration, planning and management of forests; and the harvest, transport and sale of woodchips, logs and other forest products.

#### **AFS 603478 (AFS 4708:2013)**

All activities associated with the sustainable management of Tasmania's Permanent Timber Production Zone, as described in the organisation's Forest Management Plan, including the administration, planning and management of forests; and the harvest, transport and sale of woodchips, logs and other forest products.

### Assessed location(s)

The audit has been performed at Central Office, Permanent Locations, Temporary sites.

**/ AFS 603478 (AFS 4708:2013) / EMS 603479 (BS EN ISO 14001:2004) / OHS 603481 (AS/NZS 4801:2001)**

<b>Location reference</b>	0047483115-001
<b>Address</b>	Sustainable Timber Tasmania Head Office Level 1, 99 Bathurst Street Hobart Tasmania 7000 Australia
<b>Visit type</b>	Continuing assessment (surveillance)
<b>Assessment reference</b>	8148465
<b>Assessment dates</b>	19/10/2017
<b>Deviation from Audit Plan</b>	No
<b>No. of Full Time Equivalent Employees</b>	50
<b>Total No. of Effective Employees at the site</b>	57
<b>Scope of activities at the site</b>	Main Certificate Scope applies.
<b>Assessment duration</b>	6 day(s)

/ AFS 603478 (AFS 4708:2013) / OHS 603481 (AS/NZS 4801:2001) / EMS 603479 (BS EN ISO 14001:2004)

<b>Location reference</b>	0047483115-008
<b>Address</b>	Sustainable Timber Tasmania Smithton Office and Depot 4-12 West Esplanade Smithton Tasmania 7330 Australia
<b>Visit type</b>	Continuing assessment (surveillance)
<b>Assessment reference</b>	8479438
<b>Assessment dates</b>	18/10/2017
<b>Deviation from Audit Plan</b>	No
<b>No. of Full Time Equivalent Employees</b>	50
<b>Total No. of Effective Employees at the site</b>	50
<b>Scope of activities at the site</b>	Main Certificate Scope applies.
<b>Assessment duration</b>	2 day(s)

/ OHS 603481 (AS/NZS 4801:2001) / EMS 603479 (BS EN ISO 14001:2004) / AFS 603478 (AFS 4708:2013)

<b>Location reference</b>	0047483115-011
<b>Address</b>	Sustainable Timber Tasmania National Park Office and Depot Gordon River Road National Park Tasmania 7116 Australia
<b>Visit type</b>	Continuing assessment (surveillance)
<b>Assessment reference</b>	8835047
<b>Assessment dates</b>	16/10/2017
<b>Deviation from Audit Plan</b>	No
<b>No. of Full Time Equivalent Employees</b>	10
<b>Total No. of Effective Employees at the site</b>	19
<b>Scope of activities at the site</b>	Main Certificate Scope applies.
<b>Assessment duration</b>	2 day(s)

**Hobart / EMS 603479 (BS EN ISO 14001:2004)**

<b>Location reference</b>	0047483115-001
<b>Address</b>	Sustainable Timber Tasmania Head Office Level 1, 99 Bathurst Street Hobart Tasmania 7000 Australia
<b>Visit type</b>	Transition Audit
<b>Assessment reference</b>	8847865
<b>Assessment dates</b>	12/10/2017
<b>Deviation from Audit Plan</b>	No
<b>No. of Full Time Equivalent Employees</b>	50
<b>Total No. of Effective Employees at the site</b>	57
<b>Scope of activities at the site</b>	Main Certificate Scope applies.
<b>Assessment duration</b>	2 day(s)

**/ OHS 603481 (AS/NZS 4801:2001) / EMS 603479 (BS EN ISO 14001:2004) / AFS 603478 (AFS 4708:2013)**

<b>Location reference</b>	0047483115-003
<b>Address</b>	Sustainable Timber Tasmania Scottsdale Office and Depot 24 King Street Scottsdale Tasmania 7260 Australia
<b>Visit type</b>	Continuing assessment (surveillance)
<b>Assessment reference</b>	8847866
<b>Assessment dates</b>	17/10/2017
<b>Deviation from Audit Plan</b>	No
<b>No. of Full Time Equivalent Employees</b>	50
<b>Total No. of Effective Employees at the site</b>	50
<b>Scope of activities at the site</b>	Main Certificate Scope applies.
<b>Assessment duration</b>	2 day(s)

## Changes in the organization since last assessment

The following changes in relation to organization structure and key personnel involved in the certified management system were noted:

STT has established a new Divisional Structure with Land Management and Forest Products being the Operational Divisions and Corporate Services and Business Development and Strategy being the Administrative Divisions. These are reflected in the revised Organisational Chart (Executive Management).

No change in relation to the audited organization's activities, products or services covered by the scope of certification was identified.

There was no change to the reference or normative documents which is related to the scope of certification.

## Certification assessment program

Certificate Number - Contract 200615382

Location reference - 0047483115-001

Business area/Location	Date (mm/yy):	Audit 1	Audit 2	Audit 3	Audit 4	Audit 5	Audit 6	Audit 7
	Duration (days):	08/14	03/15	12/15	12/16	07/17	10/17	04/18
		12	18	10	10	1	12	18
Scope and Policy		X	X	X	X		X	X
Org. structure, roles, responsibility and authority		X	X	X	X	X	X	X
Risk identification and management		X	X	X	X	X	X	X
Legal and Other Requirements		X	X	X	X		X	X
Objectives, targets and programs		X	X	X	X		X	X
System documentation and records		X	X	X	X	X	X	X
System implementation and Operational controls		X	X	X	X	X	X	X
Performance Monitoring & Measurement		X	X	X	X		X	X
Actions / Non-Conformity / Incidents / Complaints		X	X	X	X		X	X
Evaluation of compliance		X	X	X	X		X	X
Internal Audits		X	X	X	X		X	X
Management Review		X	X	X	X		X	X
Improvement		X	X	X	X		X	X
Defined Forest Area		X	X	X	X	X	X	X
Chain of Custody		X	X	X	X		X	X
Criterion One: Forest Management Plan		X	X	X	X		X	X
Criterion 2: Stakeholder engagement		X	X	X	X		X	X
Criterion 3: Biodiversity		X	X	X	X			X
Criterion 4: Productive capacity		X	X	X	X		X	X
Criterion 5: Forest health		X	X	X	X		X	X
Criterion 6: Soil and water		X	X	X	X		X	X
Criterion 7: Carbon			X					X



Criterion 8: Cultural values	X	X	X	X			X
Criterion 9: Regional context	X	X	X	X		X	X
Safety management systems	X	X	X	X	X	X	X

## Expected outcomes for accredited certification.

### What accredited certification to ISO 14001 means

The purpose of ISO 14001:2015 is to provide organizations with a framework to protect the environment and respond to changing environmental conditions in balance with socio-economic needs. ISO 14001:2015 helps an organization achieve the intended outcomes of its environmental management system, which provide value for the environment, the organization itself and interested parties. Consistent with the organization's environmental policy, the intended outcomes of an environmental management system include:

- enhancement of environmental performance;
- fulfilment of compliance obligations;
- achievement of environmental objectives

### What accredited certification to ISO 14001 does not mean

- 1) ISO 14001 defines the requirements for an organization's environmental management system, but does not define specific environmental performance criteria.
- 2) Accredited certification to ISO 14001 provides confidence in the organization's ability to meet its own environmental policy, including the commitment to comply with applicable legislation, to prevent pollution, and to continually improve its performance. It does not ensure that the organization is currently achieving optimal environmental performance.
- 3) The ISO 14001 accredited certification process does not include a full regulatory compliance audit and cannot ensure that violations of legal requirements will never occur, though full legal compliance should always be the organization's goal.
- 4) Accredited certification to ISO 14001 does not necessarily indicate that the organization will be able to prevent environmental accidents from occurring.



## Notes

*This report and related documents are prepared for and only for BSI's client and for no other purpose. As such, BSI does not accept or assume any responsibility (legal or otherwise) or accept any liability for or in connection with any other purpose for which the Report may be used, or to any other person to whom the Report is shown or in to whose hands it may come, and no other persons shall be entitled to rely on the Report. If you wish to distribute copies of this report external to your organisation, then all pages must be included.*

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*This audit was conducted on-site through document reviews, interviews and observation of activities. The audit method used was based on sampling the organization's activities and it was aimed to evaluate the fulfilment of the audited requirements of the relevant management system standard or other normative document and confirm the conformity and effectiveness of the management system and its continued relevance and applicability for the scope of certification.*

*As this audit was based on a sample of the organization's activities, the findings reported do not imply to include all issues within the system.*

## Regulatory compliance

*BSI requires to be informed of all relevant regulatory non-compliance or incidents that require notification to any regulatory authority. Acceptance of this report by the client signifies that all such issues have been disclosed as part of the assessment process and agreement that any such non-compliance or incidents occurring after this visit will be notified to BSI as soon as practical after the event.*