| Audit Title | Report Rating | Finding | Management Action Plans |
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| 16-39 DNR EPC Contractor Procurement Oversight Audit (ARC 2016 Q4) | Yellow | [redacted] source surveillance tracking documentation is incomplete. | Management will have [redacted] update their schedule, and will reconcile to OPG's tracking.<br><br>Status: Closed |
| | | Contractors had incomplete and inaccurate cost performance reporting. | Management has worked with [redacted] to improve the detail and quality of reporting to include the cost status, milestones and Key Performance Indicators.<br><br>Status: Closed |
| 16-37 DNR Project Changes and Rework (ARC 2016 Q4) | Yellow | Processes for tracking activities and costs related to correcting defective work or defective parts of a project ("rework") have not been formally implemented. | 1. OPG will develop and communicate guidance clarifying processes related to billings for the correction of defective work to address the recommendations.<br>2. OPG will complete the settlement with [redacted] on the costs of the defective work on Vault Vapour Recovery Systems Project.<br><br>Status: Closed |
| | | Change management and rework governance is not accurate. | 1. Nuclear Refurbishment – Program Change Management (N-MAN-00120-10001-PC-12) will be updated to reflect change in CCB chair title.<br>2. Contract Administration in Oncore (N-INS-00150-10001 R001) will be updated to remove contract administration issues.<br><br>Status: Closed |
| | | Some PO revisions do not accurately reflect approved cost and schedule changes in Project Change Authorizations (PCAs) and Consents To Proceed (CTP). | Senior Manager of Supply Services for Projects and Modifications reviewed the finding with the team and reinforced expectations at Department meeting.<br><br>Status: Closed |
| | | OPG and contractor change logs do not agree. | Ecosys Phase 1 has been implemented and traceability of all changes is in place.<br><br>Status: Closed |

| Audit Title | Report Rating | Finding | Management Action Plans |
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| 16-36 Nuclear Fleet Initiative 07 (NFI-07) – Parts Improvement Initiative (ARC 2016 Q4) | Yellow | Changes to certain project objectives and estimated benefits at the initiative level were not formally approved and documented. | The NFI-07 Project Management Office (PMO) will work with Initiative Team Leads to:<br>1) Review and document changes to NFI-07 project key objectives and the initiative targeted outcomes, expected benefits and metrics, and submit them to the accountable executives for review and approval;<br>2) Ensure that the metrics are fully aligned with NFI-07's key objectives and initiative outcomes and benefits; and<br>3) Monitor and demonstrate the achievement of all targeted outcomes and expected benefits up to initiative close-out.<br><br>Status: Closed |
| | | Transfers of implementation actions between initiatives were not formally documented and monitored. | The NFI-07 PMO will:<br>1) Formally define the criteria for identifying, assessing and approving scope changes;<br>2) Require that transfers between initiatives are incorporated in the recipient initiative work plan for monitoring until completion; and<br>3) Retrieve and file email approval for scope changes in the Change Request List in a designated folder in the NFI-07 SharePoint site and ensure that this practice is maintained going forward.<br><br>Status: Closed |
| | | Guidelines and criteria for advancing an initiative through the various implementation stages were not clearly defined. | The NFI-07 PMO will:<br>1) Establish guidelines and criteria for assessing the change stage of an initiative; and<br>2) Ensure that the progression from one change stage to the next is formally discussed with key stakeholders and the rationale is documented and retained.<br><br>Status: Closed |
| | | The lessons learned process was not formally documented. | The NFI-07 PMO will:<br>1) Establish a lessons learned process whereby learnings from issues encountered are documented and made available to other projects across OPG; and<br>2) Conduct lessons learned meetings to review and assess all the lessons at the time of initiative close-out for the remaining initiatives.<br><br>Status: Closed |

| Audit Title | Report Rating | Finding | Management Action Plans |
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| 16-45 Pickering Planned Outage Management Follow-Up (ARC 2016 Q4) | Yellow | Milestone documentation was not prepared as required by governance to support the completion of milestones. | 1) Outage Work Management Director, Outage Managers and Section Managers will perform a 2 hour workshop reviewing the key aspects of Planned Outage Management (N-PROC-MA-0013);<br>2) Work Management to perform a departmental self-assessment on N-PROC- MA-0013;<br>3) The review of milestone sign-offs will be captured in the Terms of Reference ("TOR") for the departmental self assessment; the Director Work Management approves the TOR, the self assessment and the recommendations. The accountability for milestone sign-off will also be part of the Outage Manager's performance review; and<br>4) Management will review unsigned milestones for quality and complete the sign-off.<br><br>Status: Closed |
| | | One outage did not include an assessment of the ability to execute at major scope freeze. | Outage Work Management Director, Outage Managers and Section Managers will perform a 2 hour workshop reviewing the key aspects of N-PROC-MA-0013.<br><br>Work Management will also perform a departmental self-assessment on N-PROC- MA-0013.<br><br>Status: Closed |
| | | Risk activities are not being consistently documented. | 1. Outage Work Management Director, Outage Managers and Section Managers will perform a 2 hour workshop reviewing the key aspects of N-PROC-MA-0013; and<br>2. Management will implement a risk management oversight tool, which is a live database that is populated with identified risks and rolls up from unit, to site, to fleet. This will enable a heightened rigor around risk management and increase/improve cross referencing of risks from unit to unit in an effort to eliminate repeat failures.<br><br>Status: Closed |
| 16-40 RGPM North American Electric Reliability Corporation (NERC) Critical Infrastructure | [redacted] | | |

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| Protection (CIP) Compliance (ARC 2016 Q4) | [redacted] | | |

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| | [redacted] | | |
| 16-43 Competitive Bidding<br>(ARC 2017 Q1) | Red | • Documentation related to recently completed procurement files were not centrally retained or accessible to management;<br>• The sourcing strategy was inaccurately captured in AS7 and other Supply Chain reports;<br>• Some contract proponents were excluded from the competitive bidding | Supply Chain will be taking these process and documentation deficiencies into consideration as the Supply Chain function and procurement process as a whole will be reviewed with the recent re-organization. The multi-year Supply Chain Road Map to Excellence program will include various initiatives such as active resource management and training, enhancements in the procurement strategy and processes, and system improvements for execution consistency, oversight and reporting.<br><br>Status: Closed |

| Audit Title | Report Rating | Finding | Management Action Plans |
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| | | process without a clearly documented rationale; and<br>• Some proposal evaluation team compositions and their decisions were not sufficiently documented. | |
| 17-03 Heavy Water Management (ARC 2017 Q1) | White | Calibration requirements for tank measurement instruments are unclear, and calibration is not up-to-date. | Review of Internal Audit Report and its findings on Heavy Water Management has provided valuable feedback to Pickering Common Services. In support of the recommendation Common Services will do the following:<br>• Engage System Engineer to provide Preventative Maintenance Living Program (PMLP) feedback to ensure preventive maintenance is following Appendix B requirements of N-PROC-MA-0068 (Equipment Requirements Supporting the Calibration Process);<br>• Advocate for calibration of instrumentation with Criticality Code (CC) 3 / CC4 rating is performed on a routine schedule, as outlined in N-PROC-MA-0068, with respect to HWM tanks;<br>• Update N-PROG-AS-0008 (Heavy Water Management) to identify frequency of calibration, with reference to N-PROC-MA0068; and<br>• Identify instrumentation with missing preventative maintenance IDs and provide feedback to System Engineer.<br><br>Status: Closed |
| 17-06 Nuclear Inventory Management (ARC 2017 Q1) | Yellow | Continued inventory growth has impeded the achievement of inventory related business plan targets for 2016. | 1. The Station Senior Vice-President (SVP) will continue to be accountable for inventory growth:<br>a. At Pickering, resources will be assigned to engage Supply Chain (SC) and Finance (as appropriate) to define accountabilities and measurable metrics on inventory management for Nuclear groups (e.g. Engineering, Operations & Maintenance). Specific initiatives will be developed to manage inventory growth.<br>b. At Darlington, to enable station Management to better monitor inventory status, inventory values in future reporting will be split between Darlington station and refurbishment, with inventory growth figures reported for station cyclical outages, refurbishment, and refurbishment transfers to station.<br><br>2. SC will take the following actions and has created an AS7 Management Action Tracking assignment A/T28199629 to monitor progress: |

| Audit Title | Report Rating | Finding | Management Action Plans |
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| | | | a. Update the process on Identification and Disposition of Surplus Items (N-PROC-MM-0036) to no longer require SC to seek concurrence from Nuclear Engineering and Maintenance teams before assets could be disposed. Instead, the Nuclear groups will be notified prior to the disposals.<br>b. Implement the following:<br>• Demand management and monitoring practices to ensure overall demand for materials is supported by plant maintenance and operations requirements;<br>• Continuous monitoring to ensure procurement activities and material supply aligns with business schedule and activities; and<br>• New program requirements that balance aggregate inventory supply and demand, along with new controls to manage and plan inventory levels.<br><br>Status: Closed |
| | | Cycle counts were not completed at a pace that will achieve the 3 year cadence. | 1. Monthly cycle count metrics will continue to be posted on the warehouse intranet site and at all three warehouse communication boards, which are reviewed during the monthly Direct Report meeting with the Director, Senior Managers, and Front Line Managers. SC will also ensure staffing resources, including rotational staff, are available to support completion of the cycle count; and<br>2. A report has been created for as-found variances and will be reviewed monthly during warehouse Direct Report meeting and also posted on the warehouse intranet site. The expectation is that no variance will remain dormant for over 30 days. Management will resolve the 379 variance entries<br><br>Status: Closed |
| | | Items requiring special handling were not always handled in accordance with those requirements. | 1. A self-assessment will be performed which includes:<br>• The overall health of the In-Storage Maintenance (ISM) program as it relates to the identification of equipment that may be missing ISM and the reason why Action Requests (ARs) are not being generated for them;<br>• Scope and requirement review to examine the need to perform ISM in relation to criticality, cost, and re-procurement; and<br>• Perform ISM for equipment that requires them. |

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| | | | 2. Items with storage level "A" requirements will be reviewed on a monthly basis to ensure they are stored under refrigeration.<br><br>Status: Closed |
| | | The list of employees with access to the Whitby warehouse was not available. | 1. Management will work with CIO and Security to extract the warehouse access control list from the security system, and perform access review; and<br>2. The warehouse access control list will be reviewed on an annual basis.<br><br>Status: Closed |
| 17-08 Nuclear Stores Issuance (ARC 2017 Q2) | Red | A significant number of non-compliance instances were noted on tool control procedure and record keeping requirements. | The Nuclear Center-led Functional Area Management ("CFAM") Fleet Maintenance Programs will:<br><br>1. Reconcile the list of available tools in Tool Control System (TCS) to tools in-use at the stations, and update TCS accordingly:<br>a. An updated list of available tools will be sent to the Managers of responsible Field Owners;<br>b. Work with Field Owners to review and provide updates to TCS tool records, including declaring tools to be withdrawn; and<br>c. Update TCS based on information provided by Field Owners, and ensure all data fields for available tools are populated correctly.<br>2. Follow-up on tools overdue for return, including tools overdue for return to stores and tools assigned to Field Owners that are overdue for calibration and inspection:<br>a. Provide lists to responsible organizations identifying tools overdue for return (by greater than 15 days), or overdue for calibration or inspection;<br>b. Work with Maintenance Peer Team to determine resolution pace (e.g. burn-down curve) of the overdue items; and<br>c. Work with responsible organizations to return the tools to stores, send tools for calibration / inspection, or declare tools to be withdrawn.<br>3. Reinforce tool controls expectations with individuals that have roles and accountabilities per the Tool Control Procedure (N-PROC-MA-0015).<br><br>Once the Management actions are completed, CFAM plans to standardize tool stock level management and replenishment requirements, in addition to developing a "health report" to monitor overall tool program performance. |

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| | | | Status: Closed |
| | | Some items on the exclusion list were inappropriately included in the web-catalog. | 1. The exclusion list items identified by Internal Audit (IA) will be removed from the web-catalog; and<br>2. Supply Chain has introduced a tool in March 2017 that identifies all suspect exclusion list items for review by Procurement Analysts. The tool will be used to examine all potential entries to the web-catalog, and all suspect items will be analyzed and disposed.<br><br>Status: Closed |
| | | Some purchase requisitions were not approved in accordance with Organizational Authority Register (OAR). | 1. Supply Chain will investigate to assess whether the web-catalog OAR controls were not operational, resulting in PRs being approved by individuals without proper OAR authority. If a system issue is present, Supply Chain will work with CIO to fix the issue to allow authorization levels to be managed according to OAR (OPG-STD-0017). Otherwise, Supply Chain will work with Ariba to implement rules to enforce OAR levels as designed.<br>2. As a result of IA's observation, Supply Chain has decided that downward delegation is no longer allowed in Ariba. Web-Catalog Administrators are rejecting all incoming requests for downward delegation of OAR authority. Existing downward delegations have been revoked.<br><br>Status: Closed |
| | | Darlington stock-keepers did not consistently verify whether tools being returned had been monitored for radiological contamination. | Management will assess alternatives to verify tools being returned by workers, to ensure they are not radiologically contaminated. Implement the chosen alternative by target completion date.<br><br>In the interim while a permanent solution is being determined, Darlington stock-keepers will perform cursory checks with a contamination meter of all tools being returned by workers.<br><br>Status: Closed |
| | | Rules for assigning and dispensing free-issue items were not defined. | 1. The list of items free-issued will be periodically reviewed and updated, taking into consideration the items' dollar value and expected usage. The first of such review will be completed by the end of Q4/2017. |

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| | | | 2. Criteria will be defined identifying groups and types of workers entitled to use free materials, and access will be administered according to that criteria.<br>3. Stock-keepers will be reminded of the need to monitor free-issue items and order replenishments on at least a weekly basis.<br><br>Status: Closed |
| | | Web-catalog vendor shipments were not monitored to ensure order fulfillment and delivery timeliness. | 1. Supply Chain will develop and test a report monitoring vendor on-time delivery, launch it into production, and document the process in OPG Web-Catalog User Guide (OPG-GUID-08173-0006). Exceptions identified from the reporting will be reviewed and significant items will be addressed.<br>2. Supply Chain will develop a process to review and disposition open Purchase Card Orders (PCOs). This process will take place periodically, prior to the vendor scorecarding exercise. The process will be documented into OPG Web-Catalog User Guide (OPG-GUID-08173-0006). Exceptions identified from the reporting will be reviewed and significant items will be addressed.<br>3. Warehouse Operations will continue to utilize the tracking log developed that monitors the movement of web-catalog ordered items from Whitby to Nuclear stations, and will use it to provide information to address complaints on the whereabouts of web-catalog items ordered. In six months, Warehouse Operations will determine if there has been a decrease in Station Condition Records (SCR) or complaints to validate the logs' effectiveness.<br><br>Status: Closed |
| 17-19 RGPM Asset Management and Maintenance (2017 Q2) | Yellow | There is a high backlog of maintenance Work Order Task ("WOTs"). | Priority 1 orders closed appropriately in order to make appropriate asset management decisions. Line to confirm the validity of tasks identified as Priority 1 by reinforcing the established definitions for priority work orders; and ensures that open Priority 1 orders are performed and closed.<br><br>RGPM Management will review the Work Management in RGPM Procedure (LP-BA-07) to ensure effective prioritization of incoming work and add clarity to the assessment of risk associated with the backlog.<br><br>Status: Closed |

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| | | Critical spare parts and components are not consistently managed. | Management will develop a process to track the inventory count of spares parts and components and the inventory assets will be appropriately valued and updated in the accounting records.<br><br>Status: Closed |
| | | The work management module in Asset Suite 7 is not fully implemented. | 1. Strategic Operations will remove Task 1 carry-over documents from SAP to AS7.<br>2. RGPM Management will review work order instructions and linking of governance to AS7 instructions as part of the overall scope of the Work Management Strategic Initiative<br><br>Status: Closed |
| | | Criticality codes used to categorize equipment are not defined. | RGPM Management will update the Work Management Guide and AS7 to define criticality codes; critical; non-critical; and run to failure.<br><br>Status: Closed |
| | | There is uncontrolled access to consumables and small tools at Generating Stations. | RGPM Management will on a bi-annual basis review the usage of consumable to identify trends to confirm the proper usage of consumables.<br><br>Status: Closed |
| | | The Safe Operations Policy had not been reviewed in accordance with the governance review cycle. | RGPM senior management worked to have the updated policy issued during the audit on June 6, 2017 with an effective date of November 2016.<br><br>Status: Closed |
| 17-17 Labour Relations Audit (ARC 2017 Q2) | White | Some key processes were not performed or documented to facilitate knowledge transfer. | Labour Relations will:<br>1. Formalize the bargaining debriefing process including a review of documentation requirements. This will be incorporated into the Negotiations Project Plan.<br>2. Complete a risk assessment along with a management process to document risks to the Labour Relations Business Unit.<br><br>Status: Closed |

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| | | Access to sensitive information in Lotus Notes was not properly restricted. | Labour Relations will:<br>1. Remove Lotus notes access for the 45 users noted.<br>2. Review Lotus Notes user access on a quarterly basis to ensure only approved users have access.<br><br>Status: Closed |
| 17-04 Cybersecurity – Third Party Access (ARC 2017 Q2) | [redacted] | | |
| 17-14 Recruit, Select and Hire (ARC 2017 Q2) | Yellow | Some instances of non-compliance with the re-hiring procedure were noted and amendments to the procedure were not formally issued and rolled out. | Revise and re-issue Re-hiring of Former OPG Employees Procedure (OPG-PROC-0145) in Governance. Formally roll out the revisions to the HR Business Partners (HRBP) community and high users of the procedure and ensure that accountabilities are understood.<br><br>Status: Closed |

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| | | Contract extensions for temporary staff beyond established time limits were not subject to exception approval. | 1. Review the contracts of the seven identified exceptions, in consultation with the Law Division, to determine OPG's exposure to litigation for long-serving temporary employees. Reinforce with HRBPs their accountability to work with Line Management to develop appropriate mitigation / alternatives;<br>2. Re-examine the temporary staff hiring principles and rules around how long temporary employees can work for OPG. Update the principles and corresponding templates / information on the Recruitment intranet site, and develop a Change and Communication Plan to roll out to the HRBPs. Planned updates include:<br>a. Update Temporary Offer Letter and Extension Letter templates with rules and include an approval box that is in line with required approvals; and<br>b. Require external temporary staff hiring activities be processed through the Talent Attraction team to ensure that revised principles are followed and that there is a fair process.<br><br>Status: Closed |
| | | Candidate sourcing and hiring decisions were not adequately documented in some instances. | 1. Re-examine the temporary staff hiring principles and rules around how long temporary employees can work for OPG. Update the principles and corresponding templates / information on the Recruitment intranet site, and develop a Change and Communication Plan to roll out to the HRBPs. Planned updates include:<br>a. Update Temporary Offer Letter and Extension Letter templates with rules and include an approval box that is in line with required approvals; and<br>b. Require external temporary staff hiring activities be processed through the Talent Attraction team to ensure that revised principles are followed and that there is a fair process.<br>2. Vacancy File Audit Process Update – ensure notes are provided by hiring managers if they do not select the highest scoring candidate.<br><br>Status: Closed |
| | | Performance metrics were not developed and reported on a regular basis to facilitate the monitoring of recruitment activities. | 1. Publish Enterprise dashboard highlighting Talent Attraction's activities vs. business needs.<br>2. Develop business-driven Recruitment metrics to coincide with the launch of Success Factors (MyPower) |

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| | | | Status: Closed |
| 17-38 Darlington Nuclear Refurbishment ("DNR") Quality Oversight Audit (ARC 2017 Q3) | Yellow | The quality oversight planning framework may not achieve coverage objectives. | • Quality Management (QM) guide will be updated to align with the QM Functional Management plan requirement for a three month look ahead;<br>• QM team will develop a master schedule based on the target completion dates for RCHP 1-9 with a three month look ahead QM surveillance plan using a well-defined risk based sampling approach covering the entire project;<br>• The schedule will be shared with all stakeholders who need to be engaged or provide support for quality oversight activities and escalation protocols will be established for any challenges in obtaining field access for surveillance activities; and<br>• Performance of field surveillance will be monitored and reported to management at the monthly Project Quality Oversight Meetings to confirm achievement of plans and identification of any issues.<br><br>Status: Closed |
| | | The execution and reporting of field quality surveillance activities are inconsistent across quality oversight teams. | • Establish a centralized function that will oversee consistent execution of field surveillance activities;<br>• Train QM staff on the use of the QM surveillance guide (NK38-GUID-09701-10038) to ensure consistent application of the guidelines and requirements when performing field surveillance; and<br>• Consolidate and maintain an independent single QM surveillance findings log which will provide trends and insights generated through a single repository.<br>QM field surveillance program has been transferred to Construction Oversight in line with division of responsibilities to ensure front line field personnel are providing this surveillance function. QM will have two staff assigned to support specialty areas of interest to QM. The surveillance activities will be defined in the Segments 3 & 4 plan which will specify specific requirements for the execution and reporting of surveillances. Results of surveillance activities will be consolidated and shared in the monthly Project Quality Oversight meetings.<br><br>Status: Closed |

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| | | Vendor Non-Conformance Reports were not consistently monitored. | • The DNR project team should establish a formalized process to align the vendor Engineering Procurement Construction (EPC) Non-Conformance Report (NCR) process to OPG's QM program and reporting requirements;<br>• QM should review aged open Non-Conformation and Corrective Action Requests (NCARs) to assess risks to the DNR program; and Incorporate vendor NCR quality issues and trending into the monthly Project Quality Oversight meetings where information on NCARs, Station Condition Record (SCRs) and Corrective Action Records (CARs) are reported by the other oversight functions like Refurbishment Management System (MSO) and Supply Chain Quality Services (SCQS).<br><br>QM is now monitoring NCRs and NCARs and engaging Quality Engineering to ensure these are processed appropriately. Results will be incorporated in to the monthly Project Quality Oversight meetings.<br><br>Status: Closed |
| 17-09 Business Planning (ARC 2017 Q3) | White | Project listing, prioritization methods and supporting planning-level documentation for projects included in Corporate Functions' business plans were not consistently reviewed by Finance. | Management agrees with the recommendations and will implement them by the next planning cycle in 2018.<br><br>The appropriate governance and BP Instructions documents will be updated to clarify the Controllership accountability for planning-level project documentation review, reinforcing the applicability of the requirements to both Generating Business Units (BUs) and Corporate Functions. As well, Finance (Controller) review and sign-off requirements for business plans will specifically reference review of planning-level project documentation.<br><br>Management will also review governance requirements related to planning-level project documentation to ensure that they effectively support portfolio-level project planning, leveraging any applicable work currently underway to implement the Project Centre of Excellence.<br><br>Status: Closed |
| | | Some assumptions used in developing the generation plan did not align with the | Management agrees with the recommendations and will implement them by the next planning cycle in 2018. |

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| | | assumptions set out in the corporate business plan. | The generation forecast model will be updated to include Nanticoke solar as an OPG generating unit, with energy and market revenue reported in the same manner as for the other OPG stations.<br><br>Business Planning and Reporting (BP&R) will undertake a review of the assumptions used in the generation plan to ensure that they align with the final Business Plan assumptions. Discrepancies will be addressed with the applicable stakeholders prior to finalizing the generation plan.<br><br>Status: Closed |
| 17-10 Darlington Nuclear Refurbishment Project Execution – Balance of Plant Audit (ARC 2017 Q3) | White | The Change Management Process does not capture potential changes in a timely manner. | Management will update the Change Management Process governance to require that potential changes be recorded and managed on a regular basis (monthly cadence) to ensure inclusion of all trends, including pending and potential changes, into the monthly project performance reporting process. Management will assess options and implement a solution to capture potential changes. Options may include using an Excel based log, utilizing the Ecosys reporting system, or modifying the existing Change Control Form (CCF) process to capture potential changes. The update to governance will include more guidance around changes, and will provide a mechanism to initiate potential changes in the Change Management Process and in the forecasting process in a timely manner.<br><br>Status: Closed |
| 17-28 Darlington Nuclear Refurbishment – Vendor Productivity (ARC 2017 Q3) | White | An additional remediation plan may be required to ensure timely completion of the RWPB. | a) OPG management's remediation plan is to assign additional dedicated senior project and engineering personnel to ensure appropriate identification of problems and implementation of action plans in support of the JV completion of the Retube Waste Processing Building (RWPB); and<br><br>b) Management will continue to actively intervene to provide oversight, resources and problem resolution on the RWPB project engineering, construction and commissioning based on current performance. Joint daily and weekly coordination and action meetings are focussed on providing effective solutions and active escalation of issues and opportunities to remove all barriers to RWPB readiness to receive end fittings as planned.<br><br>Status: Closed |

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| | | Construction Switch Initiatives have not been fully measured for effectiveness in removing barriers to vendor productivity. | As of May 2017, a gap that had previously existed is now closed as status of current Construction Switch Initiatives (CSI) initiatives are tracked weekly at the 'issues & cornerstone' meetings. Management will review CSI initiatives closed prior to May 2017 and perform an effectiveness review.<br><br>Status: Closed |
| | | There is a lack of process and equipment redundancies for security screening at the Refurbishment Project Office to address peak period and equipment failure concerns. | 1. Additional equipment has been requisitioned. Security is working with the Project to have the additional equipment installed and commissioned; and<br>2. Discussions will be held with Project Management to determine the cost/benefit of implementing this change and to decide if it merits implementation.<br><br>Status: Closed |
| 17-26 ES MSA Contract Management – Auditor General Follow Up Audit (ARC 2017 Q3) | White | Inappropriate mark-ups were charged on some small tools and consumables by the ES MSA vendors. | Management will:<br>1) Provide communications to the ES MSA vendors and to applicable Oncore approver to reinforce the contractual requirements;<br>2) Perform an analysis of expense items charged to Oncore code 48121 from February to September 2017 by January 31, 2018 to determine the extent of overpayment and performance fee impact and address instances of inappropriate mark-ups with contractors; and<br>3) Evaluate the effectiveness of the communications six months after the communication is issued.<br><br>Status: Closed |
| 17-30 Facilities Management – Space Allocation Audit (ARC 2017 Q4) | Yellow | BUs are not communicating space allocation requirements with sufficient lead times to enable effective space planning. | RE&S management will establish a schedule of routine touchpoints with relevant stakeholders, partly focused on identifying changing demand drivers, future demand view, and potential break-plan requests/projects.<br><br>Status: Closed |
| | | Real estate costs are not easily segregated by Business Unit. | RE&S management will:<br>1. Establish a schedule of routine touchpoints with relevant stakeholders, partly focused on communicating relevant KPIs (i.e. cost drivers, space utilization). |

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| | | | 2. Include in Center-Led Functional Area Manager (CAFM) the functionality to identify cost and occupancy Key Performance Indicators (KPIs) by building entity and Business Unit.<br><br>Status: Closed |
| | | Ad-hoc space requests are not prioritized and accurately tracked to completion. | RE&S management will create and implement a "gated" (ASIC modelled) process to assess, approve, track and measure performance of occupant requested (including ad-hoc) workplace change and project requests.<br><br>Status: Closed |
| | | Underutilized space is not managed effectively. | RE&S management will:<br>1. Develop a workplace strategy designed to optimize space utilization, reduce overall costs and foster increased productivity among occupants.<br>2. Develop a dashboard to capture routine reporting of relevant KPIs (i.e. $/sf, occupancy rates, space utilization).<br><br>Status: Closed |
| | | Floorplan drawings are inaccurate and inconsistent. | RE&S management will continue with its initiative (in progress) to update all space planning drawings to BOMA standard in anticipation of CAFM deployment beginning 2018.<br><br>Status: Closed |
| | | Key document retention and organization protocols should be established. | RE&S management will develop a formal document management framework that will include:<br>1. Creating and using a common repository for all drawings;<br>2. Standardizing drawing revision history to a commercial standard; and<br>3. Retaining space utilization decisions such as evidence of approvals.<br><br>Status: Closed |
| 17-24 Nuclear Engineering Capital Spending | Yellow | Project governance does not require Nuclear Engineering review of Type 3 Business Case Summaries. | Nuclear Project Management Office (NPMO)/CoE management will, working with other groups as required, review and update governance, where necessary, to ensure stakeholder plans are in place and key stakeholders are participating in key meetings, such as risk workshops and/or review |

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| (ARC 2017 Q4) | | | key documents such as business cases. Management will phase this in, as part of the Gated Process.<br><br>Status: Closed |
| | | Nuclear Engineering is not well-integrated in the project management process. | NPMO/CoE management will, working with other groups as required:<br>1. Review and update governance, where necessary, to ensure stakeholder plans are in place and key stakeholders are participating in key meetings, such as risk workshops and/or review key documents such as a business cases;<br>2. As part of the project planning process, ensure that engineering activities are identified, planned, and incorporated with project plans, including funding and resource loading;<br>3. Management will phase this in, as part of the Gated Process; and<br>4. Align and integrate Engineering Vendor Scorecard metrics and process with the standard Project Dashboards to reflect the four pillars.<br><br>Status: Closed |
| | | Some Post-Implementation Reviews and lessons learned were not completed properly. | NPMO/CoE management will, working with other groups as required:<br>1. Update the Gated process to ensure review of and documentation of lessons learned occurs (currently required in close out phase for Gate 5) prior to the progression to the next gate; and<br>2. Implement a tracking and review process, with project stakeholders, of the Post Implementation Report (PIR).<br><br>Status: Closed |
| | | Project status reports are inconsistent among projects. | NPMO/CoE management will, working with other groups as required, develop and initiate standardized reporting requirements and dashboards for all projects that are executed in Nuclear that identify key metrics including schedule, cost, risk and safety.<br><br>Status: Closed |
| | | Dedicated, qualified Project Managers were not always assigned to projects. | 1. Nuclear Engineering management will ensure that a sufficient number of project managers are available within their organization are linked to the qualifications/training in the Project Excellence |

| Audit Title | Report Rating | Finding | Management Action Plans |
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| | | | PMPro (PM Proficiency) training program and qualified for the role. This number will based on the Capability requirements action #2 noted below; and<br><br>2. NPMO/CoE management will, working with other groups as required, update the gated process and scalability model to guide the PMPro Capability level that a Project Manager (PM) should be at when assigning a PM for a level A, B, C, or D project. Incorporate this into the Charter/assignment of PM's to projects process.<br><br>Status: Closed |
| | | Work Breakdown Structures are not used for Nuclear Engineering-led projects. | The current Gated process has deployed a scalable model, which is being rolled out to the organization in November 2017 via the Conduct of Project Management training program. The NPMO assesses the requirements for each project against this model. The model will be re-assessed periodically and updated as required.<br><br>Status: Closed |
| 17-31 Cyber Security – Mobile work Solutions (ARC 2017 Q4) | Yellow | There is no periodic monitoring of vendor Service Level Agreements (SLA). | IT Projects will work with IT Services to establish a process for monitoring vendor SLA and performance as part of commissioning.<br><br>Status: Closed |
| | | There was limited vulnerability and penetration testing for both Electronic Work Packages (eWP) and Wi-Fi projects. | CIO management will:<br>1. Include Wi-Fi and eWP testing explicitly in the scope of the annual vulnerability testing; and<br>2. Identify policy servers used for managing access to identification and authentication, and use OPG SIEMs (Security Information and Event Management) for real time monitoring of those high-risk assets.<br><br>Status: Closed |
| | | OPG approval of vendor cyber security testing on Nuclear Wi-Fi networks was not evidenced. | CIO management will ensure that documentation relating reviews of Vendor acceptance testing is retained and filed in document repositories.<br><br>Status: Closed |

| Audit Title | Report Rating | Finding | Management Action Plans |
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| | | Security incident monitoring processes, for eWP and Wi-Fi nuclear projects, were not documented or tested. | CIO management will:<br>1. Include the eWP application and Nuclear Wi-Fi networks as part of normal incident response testing; and<br>2. Review the incident response process for third party interactions and revise as appropriate.<br><br>Status: Closed |
| | | There are limited formal physical security controls over eWP devices. | CIO management will publish expectations of physical security over eWP devices that includes:<br>a) The risk of failing to properly secure devices;<br>b) Possible physical security controls that can be implemented; and<br>c) Suggested escalation procedures and existing channels to communicate issues.<br><br>Status: Closed |
| 17-25 Projects & Modifications Vendor Quality Audit (ARC 2017 Q4) | Yellow | Quality oversight planning, documentation and monitoring activities are inconsistently performed across quality oversight teams. | 1. Management will provide change management training sessions for PMs on changing governance requirements for Contract Management and Project Management to ensure the roles and accountabilities between project execution and supporting groups (i.e., P&M, CM, FE) are understood, and to review available project tools (e.g., logs, reports, status reports, etc.).<br>2. Management will review all current projects to ensure that a project specific POP has been prepared for projects which are past the development phase. This review will be a recurring frequency.<br>3. PM Management will work with FE to develop and roll-out of witness points, hold points, and verification points checklists to all FE resources, and provide training on the use of the checklists.<br><br>Status: Closed |
| | | Project schedules provided by vendors do not sufficiently identify critical quality oversight activities for OPG personnel to achieve timely oversight. | 1. Projects & Modifications (P&M) will define quality related requirements that vendors need to include into P6 schedules, and work with Project Controls and Contract Management to determine the best method of communication to PMs to ensure the defined requirements are built into new scopes of work/contracts. |

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| | | | Status: Closed |
| | | Project Management teams are inconsistently monitoring and tracking defective work by vendors. | 1. Contract Management (CM) will complete a post-implementation effectiveness snapshot self assessment and develop an action plan for the identified gaps to support project teams to manage defective work by vendors in a scalable approach, complete the planned post-implementation effectiveness review and address identified gaps.<br>2. CM will develop a scalable template for project teams to record and manage a consolidated log/repository of identified defective work, including the status of how defective work items are dispositioned (billing/cost implications to OPG), in order to enhance understanding, tracking and monitoring of defective work.<br><br>Status: Closed |
| | | Lack of supporting tools for quality oversight activities may result in coverage objectives not being achieved. | 1. As a result of other initiatives, management is already taking action to integrate the maintenance of a real-time project specific log of planned, on-going and completed oversight activities with PMs.<br>2. FE Management will roll-out detailed activity specific check-lists to all FE resources and provide training on their use. For oversight activities where a checklist is currently not in place, FE Management will develop these checklists and deploy to the field.<br><br>Status: Closed |
| | | P&M portfolio and project level reporting on quality related KPIs have not been established. | 1. Management will define project level and portfolio level KPIs for vendor quality, and incorporate these KPIs into regular reporting.<br><br>Status: Closed |
| 17-29 Darlington Nuclear Refurbishment Project – Retube and Feeder Replacement Audit (ARC 2017 Q4) | White | Inconsistencies in cost allocation are impacting the accuracy of project reporting and forecasting. | JV RFR have verbally indicated that the trades billing to the work package have now been aligned with the hours loaded in Primavera P6 (P6) such that the Cost Performance Index (CPI) is now representative of construction performance. OPG Retube Feeder Replacement (RFR) will complete a review of the P6 manpower loaded for the next two series against the Class 2 utilization OPEX to date to confirm that the JV actions have effectively aligned cost allocations in P6 with timesheet billing of trades. |

| Audit Title | Report Rating | Finding | Management Action Plans |
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| | | | Status: Closed |
| | | One quality review sign-off was not adequately documented on an acceptance form. | RFR Project will reinforce with project managers the need for a complete signature trail on documentation, obtaining documented concurrence from and signing "for" individuals not present as required.<br><br>Status: Closed |
| 17-27 Darlington Nuclear Refurbishment – Program Oversight and Reporting Audit (ARC 2017 Q4) | White | Certain vendors' forecasts of cost and schedule require improved accuracy. | Management has already been working with vendors on a forecasting improvement initiative, primarily focusing on improving weekly and monthly scheduling of direct field labour work hours. The initiative includes:<br>a) Reviewing contract terms and advising on how to implement an electronic process to obtain actual hours from each vendor on a weekly basis;<br>b) Developing and issuing a white paper on forecasting philosophy as it pertains to critical path gains and losses;<br>c) Revising weekly vendor specific performance metric review packages to focus on actual work hour trends against forecast;<br>d) Integrating Schedule & Cost within the Project Controls group to further improve forecasting capability and alignment between all Project Management Reporting tools (i.e. Primavera 6, Ecosys, Oncore, Business Intelligence, etc.);<br>e) Developing a workable process for OPG & Vendor PMs to review the Weekly Performance Package prior to the meetings; and<br>f) Developing a process for periodic PM review of Direct Field Labour Work Hours against Project Management Team work packages to facilitate better forecasting.<br>After piloting the actions/processes above and performing an assessment of results, management will implement those actions/processes that are effective in enhancing vendor forecasts.<br><br>Status: Closed |
| | | Inconsistent figures were noted in one stakeholder report. | For the last two quarters, the DNR reporting organization has established a preparation and review process for management reporting that incorporates:<br>• Automating report generation using source data, where possible, to eliminate the potential for human error in report compilation; |

| Audit Title | Report Rating | Finding | Management Action Plans |
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| | | | • A formal schedule for draft report preparation, reviews and final submissions has been created to ensure that adequate time is allocated for the report generation process;<br>• A standardized approach has been adopted to create the draft report, incorporate feedback from impacted organizations, complete cold body reviews, and to obtain senior management input, prior to report issue; and<br>• A comparison to prior reporting and checks for alignment between various reports.<br><br>Status: Closed |
| 17-42 Groundwater Monitoring Audit (ARC 2017 Q4) | White | The annual target for groundwater sampling plan completion was unclear and inconsistently applied across sites. | Management will:<br>• Assess the 95% sampling target specified in the Pickering and Darlington SAPs. Determine whether the target is appropriate and provide clarifications in the SAPs accordingly (e.g. how to calculate, how often to assess); and<br>• Establish a process to monitor sampling activities based on the refined methodology.<br><br>Status: Closed |
| | | Two high priority well repairs identified in 2016 have not yet been completed. | Management will:<br>• Repair the two high priority wells by the end of 2017;<br>• Design and implement a mechanism for tracking monitoring well repairs to ensure that repairs are completed in a timely manner; and<br>• Review the priority assigned to well repairs and ensure concurrence.<br><br>Status: Closed |
| | | WWMF's groundwater monitoring program design and plan documents require review and update. | Management will:<br>• Develop a roadmap for implementing the monitoring and sampling plan recommendations; and<br>• Create a management Action Request ("AR") to track completion of the Technical Procedure Action Request (TPAR) to formalize changes to Western Waste Management Facility's (WWMF) groundwater sampling schedule.<br><br>Status: Closed |

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| 18-30 DNR Turbine Generator Project – Unit 2 Audit (ARC 2018 Q1) | Yellow | There was insufficient evidence that maintenance inspections were appropriately performed on rigging equipment. | Management has:<br>1. Confirmed that maintenance inspections have been performed on the sling used on the Steam Inlet Casing (SIC) and the sling found in the Tool Rigging Centre, and that the colour-code has been updated to green for 2018;<br>2. Deliver coaching to field workers on lifting & rigging requirements to confirm status of the inspection colour; and<br>3. Directed OPG's Construction Support group to increase their focus on field verification of rigging inspections and correct inspection markings.<br><br>For DNR and Station related Turbine Generator work activities, Management will ensure that:<br>4. CanAtom conducts a rigging equipment blitz to ensure all active rigging has the 2018 green-dot, and any exceptions are addressed with inspections as required.<br><br>Status: Closed |
| | | One unsecured foreign material item entered an FME area without detection. | The following actions have been completed:<br>1. The worker was coached on proper protocol for wearing jewellery;<br>2. CanAtom held a stand-down for all TGR site personnel (CanAtom/ GE/ OPG) on Friday Feb 23, focussing on Foreign Material Exclusion (FME);<br>3. Face to face expectation-setting and FME discussions conducted by OPG/CanAtom Project Management teams with all TGR field supervisors, GE supervisors, and FME Monitors; and<br>4. Line supervisors and Monitors are to be involved in enhanced pre-job briefings ("PJBs") that focus on FME protocols and active support of FME Monitors,<br><br>For DNR and Station related Turbine Generator work activities, Management will ensure that:<br>5. Independent weekly reviews are initiated by CanAtom's FME Single Point of Contact ("SPOC") for next month, then monthly for next quarter;<br>6. New FME portable carts are utilized to demonstrate to work teams with physical examples; and<br>7. [redacted] conducts an effectiveness review to ensure the Action Plan is meeting the desired improvement in performance.<br><br>Status: Closed |

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| | | There are instances of insufficient detail in the FME Area Accountability log when recording items entering and leaving FME Areas. | Workers were coached on proper logging of items into FME level 1 area, and management will ensure the completion of all other actions included under Finding 2 of the audit report.<br><br>Status: Closed |
| | | Certain Lift Plan documentation was not updated with approved deviations. | 1. Management has conducted an extent of condition analysis.<br>2. Management will deliver documented coaching to workers on compliance to as-written procedures, or request procedures be updated so that there is alignment on Lift Plans going forward with regards to the distinction between Safe Work Plans (SWP) and Job Safety Analysis (JSA).<br><br>Status: Closed |
| 18-25 Nuclear Outage Management (ARC 2018 Q2) | White | 2017 original outage scope completion targets were not achieved | Pursue continued improvements in initial scope identification, scope control, and execution performance through implementing actions under the PNGS Outage Excellence Plan, documented in AR 28211356.<br><br>Status: Closed |
| | | Current practice for milestone completion does not align with governance requirements. | 1. Review and communicate milestone closure requirements in N-PROC-MA-0013 (Planned Outage Management); and<br>2. Ensure practice for documenting exceptions is in alignment with governance requirements. Initiate revisions to governance if required.<br><br>Status: Closed |
| | | More rigor and consistency is required over the documentation of Outage Scope Change Request forms. | 1. Communicate finding to outage management staff to address recommendation; and<br>2. Review Scope Change Form use for potential improvements in documenting approvals. Initiate IT request and/ or governance revision as required.<br><br>Status: Closed |

| Audit Title | Report Rating | Finding | Management Action Plans |
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| | | Some controls required by governance around Major Scope were not consistently executed. | 1. Review requirements for completing N-FORM-10161 (Major Scope/Schedule/Cost Change) and initiating SCR's for major scope changes to ensure N-PROC-MA-0013 (Planned Outage Management), N-INS-09300-10003 (Outage Lessons Learned), and N-GUID-09300-1000 (Outage Scope Control Process) are in alignment; and<br>2. Initiate revisions to governance as required.<br><br>Status: Closed |
| 18-19 Water Management Audit (ARC 2018 Q2) | White | Water level gauge maintenance information has not been entered into AS7 consistently. | 1. Water Resources will:<br>a) Provide guidance and feedback to Operations Groups to confirm that water level gauge maintenance procedures are compliant with WR-STD-001 (Water Level Gauging Standard);<br>b) Define reporting requirements pertaining to gauge maintenance and gauge failure; and<br>a) Conduct a check to ensure consistency between AS7 work tasks and the Hydrometric Gauge Inventory.<br>2. In Operations:<br>b) Operations Groups will provide existing water level gauge preventative maintenance forms to Water Resources for review for compliance with WR-STD-001;<br>c) The Work Management Working Group will communicate the new requirements for the AS7 data template as it relates to water level gauges; and<br>d) Northeast Operations, Northwest Operations, Eastern and Niagara Operations will ensure the Maintenance Planners have uploaded the verified maintenance forms to the model work order for each water level gauge.<br>3. Strategic Operations will:<br>e) Develop an annual Work Management self-assessment guidelines for Operations Groups to enhance consistency and compliance with governance processes;<br>f) Submit a work ticket (REQ000000872144) to New Horizons to re-create the WR-STD-001 gauge failure reporting form in AS7 for use by Operations staff. A pilot of the process and corresponding updates to the procedure for reporting gauge failure in AS7 will occur;<br>g) Expand on Lead Plant Work Management governance and guidelines to include relevant guidance on nomenclature and work identification to ensure consistency. Requests for changes or additions to AS7 Preventative Maintenance will be made mandatory via governance (Q4 2018). Draft local work management governance will be issued by (Q3 2018); and<br>h) Produce a report against which Water Resources can confirm by year-end 2018 that all |

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| | | | water level gauges have been input to the AS7 Work Management System.<br><br>Status: Closed |
| | | Documentation to support compliance with Snow Survey Standard is incomplete in some cases. | 1. Water Resources will complete the training modules for the Snow Survey Standard, including recommended positional trainee lists.<br>2. Operations Groups will prepare a schedule for staff training on the Snow Survey Standard.<br><br>Status: Closed |
| | | The ability to meet Implementation Report submission timelines for the MNRF has not been assessed. | 1. Water Resources will:<br>a) Prepare a template to capture the actions/ commitments from the Water Management Plans (WMPs) and a template for reporting on the status of the WMP Implementation Reports.<br>b) Provide semi-annual updates to RG SLT Management regarding the overall status of the WMP Implementation Reports until they are issued, based on information received from Operating Groups.<br>2. Northeast Operations, Northwest Operations, Eastern Operations and Niagara Operations will populate the template once developed by Water Resources, including semi-annual status updates.<br><br>Status: Closed |
| | | There is a risk of not achieving compliance with the Renewable Generation and Power Marketing Water Level Gauging Standard by the end of 2018. | 1. Water Resources will complete the training modules, including recommended positional trainee lists, for WR-STD-001.<br><br>2. In Operations:<br>a) Northeast Operations, Northwest Operations, Eastern and Niagara Operations will report on the status of the actions necessary to bring the water level gauges under their control into compliance with the Standard. This includes those of the Central Operations gauges |

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| | | | for which they have assumed accountability and completeness of the hydrometric gauge inventory. Reporting on status of actions will continue until compliance is achieved for all sites.<br>b) Operations Groups will complete the training modules for the Water Level Gauge Failure Protocols specific to their operations and schedule the training.<br>c) A training schedule for WR-STD-001 will be developed.<br><br>Status: Closed |
| | | The Hydrometric Issues Committee is not meeting its intended purpose. | Water Resources will:<br>a) Re-constitute the Hydrometric Issues Committee (HIC), including the Working Group; and<br>b) Re-initiate regular meetings of the HIC-Steering Committee and HIC-Working Group as the primary forums to address the findings from the 2018 Water Management Audit, in addition to the on-going work of the HIC.<br><br>Status: Closed |
| 18-14 Nuclear Stores Issuance Follow-Up (ARC 2018 Q2) | Red | There was inconsistent compliance with Tool Control Procedures. | <u>CFAM Maintenance will:</u><br>• Develop and rollout a health report on the tool control process. The report will identify tools more than 14 days overdue, tools showing as available although overdue for inspection or calibration, and tools with no field owner assigned;<br>• Review the criteria in Tool Control Procedure (N-PROC-MA-0015) for generating Station Condition Records (SCR) and Tool Deficiency Reports ("TDRs"), and determine if they are still required; and<br>• Work with Tool Single Point of Contacts ("SPOCs") at Supply Chain and Station Operations & Maintenance to update TCS for tools that do not have Field Owner assignment and out-of-date calibration / inspection records.<br><br><u>Pickering & Darlington Maintenance will:</u><br>• Follow up with workers to return tools that are past due; and<br>• Once CFAM has assessed / updated N-PROC-MA-0015, reinforce with workers to ensure they comply with the updated procedures, including returning tools on a timely basis and filing SCRs / TDRs as required. |

| Audit Title | Report Rating | Finding | Management Action Plans |
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| | | | Status: Closed |
| | | Some items on the exclusion list were inappropriately included in the web-catalog. | Management has since enhanced and modified the tool (e.g. "CAT tool") with learnings from its initial version designed to eliminate exclusion list items from being made available on the web-catalog. The tool will be monitored to ensure it is operating effectively in identifying exclusion list items from being made available on the web-catalog.<br><br>Status: Closed |
| | | Higher value portable free-issue items were not adequately controlled. | A badge reader will be installed to manage access to the free-issue area. Management has also established a team to improve controls around free-issues, including assessing the feasibility of installing a security camera within the free-issue area.<br><br>The Pickering Maintenance Organization will work with Supply Chain to move the highest value items from free-issue and dispense them by stock-keepers behind the counter.<br><br>Status: Closed |
| 18-29 DNR Construction Switch Initiatives (ARC 2018 Q2) | Green | Measurement and reporting of the CSIs activities were inconsistent across initiatives. | Programs Strategy will perform a Defined Process for Lessons Learned Divisional Self-Assessment. One of the focus areas in the Terms of Reference will include ensuring a defined process is implemented for documenting Refurbishment Execution enhancement initiatives from inception through to completion. The process will be documented in appropriate project and change management plans to capture relevant information pertinent to specific initiatives for record keeping and initiative tracking purposes.<br><br>Status: Closed |
| 18-04 IT Asset Management Audit (ARC 2018 Q2) Rating: Green | Green | There were no findings noted during the audit. | N/A |
| 18-21 Nuclear Fleet Initiative (NFI) 6 | Yellow | Lack of involvement from key stakeholders resulted in tools that were not consistently | Management will assess whether the tools introduced by NFI-06 will be beneficial to the Maintenance organization. The tools will either be adopted into the new Maintenance Efficiency |

| Audit Title | Report Rating | Finding | Management Action Plans |
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| Maintenance Excellence Initiative (ARC 2018 Q3) | | adopted or sustained to meet the objective of increasing productivity and work transparency. | initiative, or a decision will be documented as part of the NFI-06 close-out on the tools' final disposition.<br><br>Status: Closed |
| | | Close-out documentation was not formally completed or prepared in a timely manner to assess benefits and define monitoring activities to ensure sustainment of new processes. | Management will:<br>• Using processes outlined in the Nuclear Fleet Strategy & Improvement Project Services Guidebook (N-GUID-08100-10001), prepare close-out documentation, benefits assessment, and a monitoring plan for completed sub-initiatives and Capability Enhancements (CEs); and<br>• Review the current ME3 (Common crew performance reporting) and ME5 (Increase completion of available unscheduled work) close-out documentation with Accountable Executives to obtain documented approval.<br><br>Status: Closed |
| | | Change request process was not used to ensure modifications to sub-initiatives' scope were reviewed and approved. | Management will use processes outlined in N-GUID-08100-10001 to review scope changes and disposition with Accountable Executives to obtain documented approval.<br><br>Status: Closed |
| | | Project documents were sometimes incomplete or not kept up-to-date. | Management will formally gather lessons learned and prepare a lessons learned record for NFI-06.<br><br>Status: Closed |
| | | Re-work metrics were inaccurately calculated in monthly Common Crew Scorecards. | Management has since addressed the programming error in the crew scorecard tool.<br><br>Status: Closed |
| 18-40 Compensation and Bonus (ARC 2018 Q3) Rating: White | White | Adequate documentation was not consistently maintained to support employee's performance scores and incentive payout. | People & Culture (P&C) Management will:<br>• Support Line Management in continuing to educate supervisors on the performance management process (including documentation expectations);<br>• Implement MyPower's individual objective scoring feature to strengthen the linkage between individual performance and SRP score;<br>• Implement MyPower's calibration feature, which enables R2 leaders to review the PPR documentation of staff to support calibration of performance scores; |

| Audit Title | Report Rating | Finding | Management Action Plans |
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| | | | • Provide instructions to people leaders on calibration expectations to ensure that performance documentation supports performance ratings; and<br>• Perform self-assessment after the completion of the 2018 performance evaluation process to assess whether performance documentation is enhanced by MyPower's implementation.<br><br>Status: Closed |
| 18-28 DNR Planning and Readiness – Unit 3 (ARC 2018 Q3) | White | Inconsistent health metrics and errors were identified in the Unit 3 Nuclear Projects Executive Team (NPET) Dashboard. | Management will develop formal parameters for the NPET report health indicators for each section of the report. If Management disagrees with a specific rating, the rating will be reported in line with the defined parameters but a text box will be added beneath the section for Management to provide comments.<br>Where possible, management will continue to automate sub-reports required for the NPET dashboard to minimize the opportunity for manual entry errors. As well, there will be a review and sign-off process implemented for the Unit 3 reporting package once execution estimates are finalized in Q1 2019.<br><br>Status: Closed |
| | | The Gate 3 package template does not include confirmation that lessons learned gate requirements have been met. | Management will update the Gate 3 Presentation Template to include the Lessons Learned Phase 2 Process requirements.<br><br>Status: Closed |
| 18-11 IT Strategy and Project Gating Audit (ARC 2018 Q3) | Green | Conditional approvals were given at Project Gates without adequate tracking of outstanding items. | CIO management will modernize the Gate process, which will involve:<br>1. Adding clarity on the objectives and principles of the Gate process;<br>2. Including roles and responsibilities for all Gate participants;<br>3. Reassessing the use of conditional approvals and, if allowed, implementing an action tracking process to monitor outstanding items for completion; and<br>4. Rolling out the new process to affected CIO teams.<br><br>Status: Closed |
| 18-27 DNR Vendor Billings – Voucher | Green | Additional review over some reimbursable expense categories for both the Re-tube and | Management will consider including more detailed testing over 'Employee Expenses and Other Expenses' such as mileage, per diems, and 407 charges when drafting the scope for the next Post |

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| Payments Audit (ARC 2018 Q4) | | Feeder Replacement (RFR) and Turbine Generator (TG) projects is required. | Payment Audit. If required, Management will seek the assistance of subject matter experts, including internal audit, to help draft and review this Post Payment Audit scope.<br><br>Status: Closed |
| | | Billing review procedures are not documented in sufficient detail. | Management will review the current process documents and job aids to assess ways to enhance documentation of the review procedures.<br><br>Status: Closed |
| 18-26 DNR Return to Service – Unit 2 (ARC 2018 Q4) | White | Errors were detected in some metrics reported on the Return to Service (RTS) dashboard and Unit 2 Leadership Accountability report. | Management will review metrics utilized in the documentation project reporting and hold vendors accountable to identify and correct errors specifically related to Construction Completion Declarations (CCD) and Milestones Available for Service (MAFS) metrics, and will also include sample testing of other reported metrics to ensure data integrity.<br><br>Status: Closed |
| | | Operating Experience lessons learned were not formally actioned or tracked. | Management will amend Nuclear Refurbishment Lessons Learned Guide (NK38-GUID-09701-10054) to apply to all OPG major projects.<br><br>Management will ensure that the OpEx lessons learned log for Unit 2 includes documentation to support non-actionable items.<br><br>Status: Closed |
| | | Reporting of RTS performance is fragmented, with a limited summary view of project performance. | Management will revise Systems Available For Service (SAFS) reporting to include original baseline Reactor Control Hold Point (RCHP) dates and include a table below the graph showing the original baseline and current RCHP dates.<br><br>Status: Closed |

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| 18-13 Nuclear Parts Quality and Inspection (ARC 2018 Q4) | White | Supply Chain Procurement Oversight is not fully integrated with Project Management when planning project oversight activities. | 1. P&M will conduct POP training sessions with PMs to educate and reinforce the gated process requirements on project oversight including the involvement of appropriate functional groups as required; and<br>2. A self-assessment will be performed at the end of 2019 to evaluate implementation of POPs created within the gated process and identify areas for improvement, if any.<br><br>Status: Closed |
| 19-22 Nuclear Innovation Audit (ARC 2019 Q1) | White | A common Executive Sponsor and Steering Committee has not been established for the Nuclear Innovation Programs. | Management will:<br>1. Develop a proposal to bring alignment and common sponsorship on Nuclear innovation programs and gain concurrence from the current executives involved in innovation (Action Request 28221011-01).<br>2. Revise and update the Innovation Portfolio Integration Committee Terms of Reference based on the feedback from Action # 1 above.<br><br>Status: Closed |
| | | A common framework has not been defined for the OPG Innovation Programs. | Management will:<br>1. Document and create a common scalable framework for innovation that utilizes current best practices of the different programs and processes supporting innovation at OPG (Action Request AR 28221011-02).<br>2. Establish common metrics for innovation programs and groups. In addition, identify the recommended venue and reporting structure / frequency for different groups (Action Request AR 28221011-03).<br><br>Status: Closed |
| | | Funding for the X-Lab Program is not part of the Nuclear business plan. | The continued operation of X-Lab, including operational funding, will be addressed as per NFI-01 Initiative Closeout and Sustainment Plan.<br><br>Status: Closed |
| | | The X-Lab Program lacks a defined approach for evaluation of initiatives. | 1. X-Lab will define a more refined evaluation and risk criteria for the evaluation of initiatives. The new criteria will be incorporated into the evaluation process; and |

| Audit Title | Report Rating | Finding | Management Action Plans |
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| | | | 2. X-Lab will define a graded approach to identify documentation requirements based on project costs and risks.<br><br>Status: Closed |
| 19-16 Nuclear Fuel Procurement (ARC 2019 Q1) | Green | Quarterly risk reports did not always reflect actual coverage positions as the latest uranium requirement data was not consistently used. | 1. Supply Chain Management will provide the most up-to-date uranium requirements forecast data to the Treasury Credit and Market Risk Group.<br>2. Treasury Credit and Market Risk Group will use the most up-to-date uranium requirements forecast data to create the quarterly Uranium Risk report.<br><br>Status: Closed |
| | | The uranium conversion and fuel manufacturing contracts were not reviewed by the Nuclear Fuel Design Authority to ensure consistency with item design bases. | Management has already engaged the Nuclear Fuel Design Authority mid-December 2018 to review the contract documents for the BWXT fuel manufacturing services contract, and will request the Nuclear Fuel DA to review the documents for the Cameco uranium conversion contract, as well.<br><br>Status: Closed |
| 19-28 DNR Unit 2 Asset in Service Audit (ARC 2019 Q2) | White | Lack of guidance on acceptable versus non-acceptable open items at key milestones. | Management will:<br>1. Review and revise existing governance to include guidance on classification and acceptability criteria for open items for the Construction Completion Declaration (CCD) process between OPG and vendors. For the RT2 and Systems available for Service (SAFS) process, review the operating experience of completed SAFS for U2 related to management of open items and incorporate changes for guidance on open items to the pre-job briefs delivered to engineering staff. Revise and re-deliver pre-job brief as required.<br>2. For RHPs related to the CNSC, management has scheduled 'T-3 month' reviews with the CNSC to review and agree on potential open items. Management will also provide regular updates on potential RHP open items at CNSC protocol meetings. These actions should mitigate the risk of not having formal guidance on acceptable open items.<br><br>Status: Closed |

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| | | Safety Analysis Reports need proactive monitoring/tracking to prevent further potential delays. | 1. Management will add actions to the existing Risk Management Oversight (RMO) risk (#1129) to complete required analyses and submit to the regulator. Actions include identifying the Large Break Loss of Coolant Accident (LBLOCA) deliverables in the U2 RTS Protocol and increased communication with the regulators via dashboards, protocol meetings and Comments and Disposition meetings.<br>2. A meeting will be conducted between OPG and the CNSC to define what needs to be done for LBLOCA in general and what is needed specific to U2 and U3.<br><br>Status: Closed |
| | | Balance of Plant substantial completion forms are not submitted by vendors and integrated project schedule does not include substantial completion milestones. | Commercial Management is on track with their action plans as identified in the Balance of Plant (BOP) Betterment Plan Self-Assessment, which covers the following:<br>1. Working with the project team and vendors to agree on substantial completion key milestones for all BOP projects;<br>2. Assessing the inclusion of milestones in the P6 schedule for better visibility and tracking; and<br>3. Finalizing the escalation process between the project team, commercial team and vendors for any potential claims for commercial adjudication.<br>Management's key step will be to align with the BOP project and vendors on the milestones qualification.<br><br>Status: Closed |
| | | Outstanding housekeeping issues have the potential to delay acceptance from Operations. | 1. Create a demobilization team that will review the current state of housekeeping while work is progressing and will own and complete housekeeping open items that are tied to System available for Service (SAFS). Authority of approval that housekeeping is at an appropriate level for SAFS will be with the Refurbishment Shift Manager.<br>2. The demobilization team will create a process to identify housekeeping issues that are the accountability of the vendor to the respective project manager for enforcement of commercial terms.<br><br>Status: Closed |
| 19-04 New Horizon System Solutions | White | Work orders were not always approved prior to work proceeding. | CIO IT Projects management will: |

| Audit Title | Report Rating | Finding | Management Action Plans |
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| (NHSS) Contract - IT Support<br>(ARC 2019 Q2) | | | • Review the Quick Work Order process to document New Horizon System Solutions (NHSS) and OPG alignment more timely; and<br>• Formalize the control to periodically monitor cost overruns and initiate appropriate remedial action (such as suspending work until approval is obtained, or using the 'Quick Work Order' form to obtain approval for work that is limited in cost, scope and schedule).<br><br>Status: Closed |
| | | OPG project managers were in some instances contracted from NHSS for projects where NHSS was also a vendor. | CIO IT Projects management will work with the Ethics Office to ensure that the perceived conflict of interested is documented and filed with the Ethics Office, describing the arrangement with NHSS contractors and review / implement controls and processes to mitigate any perceived conflicts of interest.<br><br>Status: Closed |
| 19-14 Contractor Safety Management<br>(ARC 2019 Q2) | Yellow | Overdue inspection of fall protection equipment was identified at work sites. | Management will:<br>1. Communicate fall protection equipment inspection requirements to contractors at all Projects and ensure all equipment has annual inspection within the last year; and<br>2. Perform a self assessment to confirm fall protection equipment inspection requirements are being followed.<br><br>Status: Closed |
| | | Some instances of missing Safety Certification of Contractor's Equipment were identified. | Management will:<br>1. Create/ improve the central repository for N-FORM-11482, Safety Certification of Contractor's Equipment; and<br>2. Maintain a list of single point of contacts in each DNR bundle who is accountable to ensure N-FORM-11482 is completed as per governance requirement.<br><br>Status: Closed |
| | | Site Specific Safety Plan ("SSSP") Compliance audits were not always performed for owner-only projects. | Management will update OPG-GUID-08965-0004 Owner-only Project Guide to clarify the criteria for SSSP audits. |

| Audit Title | Report Rating | Finding | Management Action Plans |
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| | | | Status: Closed |
| | | Contractor pre-qualification and exception not performed in one instance. | Management will provide coaching to local supervisors to reinforce that all contractors must be pre-qualified in ISNetworld with a C grade or above or ensure an exemption form is complete.<br><br>Status: Closed |
| | | Contractor evaluation reports were not consistently performed. | Management will reassess the requirement for ISN evaluations and update OPG-PROC-0160 Contractor Safety Management where appropriate.<br><br>Status: Closed |
| 19-13 Workforce Planning Audit (ARC 2019 Q2) | Green | A systematic repeatable process to periodically assess the enterprise-wide workforce planning approach was not established. | Workforce Planning Center of Excellence (COE) will establish a process to annually provide Line Management and their supporting HR Business Partners with enterprise wide workforce data ( i.e. supply and demand) and highlights of areas with significant resource gap. The analytics will help Line Management recognize resourcing risks / opportunities across the enterprise, and develop business plans and long-term staffing strategies in an integrated fashion and in alignment with the OPG25 objectives.<br><br>Status: Closed |
| | | Staffing Plans were not developed for all business planning job categories under the oversight of Nuclear Resource Planning & Control Team. | The Resource Planning & Control Team (RPCT) will review the list of Nuclear business planning job categories, with support from Workforce Planning COE and Nuclear Staffing Plan Owners, to determine which categories should be added to the scope of the 2020 Staffing Plan development process. Beyond the OPG25 initiative, HR Business Partners will continue to support the line with staffing plans.<br><br>Status: Closed |
| 19-05 Canadian Safety Association (CSA) N290.7-14 Cyber Security | Yellow | Secure Development Environments ("SDE") were not in place for internally developed software for moderate and low significance Cyber Essential Assets ("CEA"s). | CIO Cyber Security management with support from the CSA N290.7-14 Project will update Cyber Essential Assets (CEA) cyber security control guidance to include the requirement for a secure development environment for internal development.<br><br>Status: Closed |

| Audit Title | Report Rating | Finding | Management Action Plans |
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| Compliance (ARC 2019 Q3) | | | |
| | | Some key staff did not have the required qualifications or training. | CIO Cyber Security management, with support from the CSA N290.7-14 Project team, will validate that all Single Point of Contacts (SPOCs) listed on the Cyber Security SPOC support page, and maintenance tool management personnel, are fully qualified.<br><br>Status: Closed |
| | | Risk assessments were not always formalized to document decisions made on known and accepted security areas. | CIO management, with support from Nuclear Computers and Control Design will<br>• Document the decision on treatment of maintenance laptops as maintenance tools rather than CEAs including justification and mitigating controls, including laptops not shared between CEAs; and<br>• Complete a risk assessment for the shutdown system communication configuration.<br><br>Status: Closed |
| | | Cyber Security Program's performance metrics were not fully defined to support performance measurement and reporting. | CIO Cyber Security management will formally document additional detail on cyber security program performance indicators.<br><br>Status: Closed |
| | | Updated CEA lists were not yet issued. | CIO Cyber Security management, with support from the CSA N290.7-14 Project and Nuclear Computers and Control Design, will update and issue CEA lists.<br><br>Status: Closed |
| 19-20 Waterways Public Safety (ARC 2019 Q3) | Yellow | Corrective Action Plans ("CAPs") arising from the Public Safety Risk Assessments were not always executed in a timely manner. | Verification will be undertaken that existing CAPs arising from the Public Safety Risk Assessments and/or incidents have been appropriately entered into the AS7 system across Renewable Generation (RG)'s fleet. This will ensure that Management has line-of-sight to the status of all CAPs. At a minimum the status of all CAPs will be reviewed during the Q1/2020 Dam and Public Safety Review meeting with the VP Operations, President and Chief Operating Officer, RG and Director Dam and Public Safety.<br><br>Status: Closed |

| Audit Title | Report Rating | Finding | Management Action Plans |
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| | | Approval of RG President was not always obtained where alternatives to the minimum requirements were needed to manage public safety. | The governance will be revised to ensure that the Minimum Requirements Checklist is prepared at the time of each Public Safety Risk Assessment, and that each item deemed not to be meeting the minimum requirements will be actioned to implement the requirement. In exceptional circumstances where the physical conditions at the site preclude the installation of controls, a special situation letter will be prepared to document the alternate risk mitigation plan for approval by the President, RG.<br><br>Status: Closed |
| | | Physical control measures (e.g. signage, fencing) to mitigate public safety risks were not always installed in a manner that is consistent with the standards. | Minimum requirement checklists will be verified for all locations to confirm that:<br>• The 4ft x 4ft signs which indicate the site location and the 24/7 contact number are installed at locations where the public can access the site by vehicle; and<br>• Buoys are in-place where required.<br><br>CAPs will be prepared to ensure follow through on the installations.<br><br>Management will assess the site plans across the RG fleet, to ensure they are drawn to scale and identify locations of the physical control measures implemented, property boundaries, and hazardous areas. For sites where site plans require updating (e.g. Eastern Operations), plans will be in place to have them updated.<br><br>Status: Closed |
| | | Public Safety documents were not always maintained per prescribed frequency. | The RG work management system (AS7) will be reviewed to ensure that the 5-year cycle for Public Safety Risk Assessments and the subsequent update to the Public Safety Management Plan are treated as separate activities and the governance updated as required<br><br>Status: Closed |
| 19-11 Enterprise Risk Management (ARC 2019 Q3) | Yellow | The ERM report lacks some key components (e.g. risk profile against risk appetite statements), in order to help Management and the Board (and sub-committees) to | 1. Although there have been changes to the ERM risk assessment process and ensuing quarterly report, ERM recognizes that we are on a continuous improvement journey. ERM will begin to address these items in Q4 2019 and beyond, and will be reflected in the quarterly risk reports.<br>2. ERM's existing plan already included making changes to the Resolver GRC system as part of the overall improvements to the ERM Framework. This includes mapping of BU risks to the top |

| Audit Title | Report Rating | Finding | Management Action Plans |
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| | | undertake their risk oversight roles and responsibilities. | enterprise risks. For project risks, ERM will work with the Enterprise Projects Organization (EPO) to improve alignment with risks contained in RMO.<br>3. ERM will add guidance on criteria to consider for escalating a business unit risk to the enterprise risk report as part of the improvements to the ERM Framework.<br><br>Status: Closed |
| | | Risk appetite statements and key risk indicators are not appropriately defined in order to help the organisation measure and monitor risks. | 1. Per ERM Roadmap, ERM will work with the BU owner(s) to develop risk appetite statements for each key risk. These will be communicated to relevant stakeholders through existing ERM reporting or education / training to business line management.<br>2. ERM believes that the performance indicators noted in the governance are duplicative of performance reporting, such as the corporate balanced scorecard, and do not provide value to the overall risk management framework. As such, ERM will remove this section from the ERM Policy in the next update.<br>3. Per ERM Roadmap, ERM is working on the first 5 KRIs and intends to present in our Q4 2019 ERC / ARC reporting and track the KRIs formally beginning in the Q1 2020 reports. Additional KRIs will be developed in the future where appropriate.<br><br>Status: Closed |
| | | The overall ERM programme is largely perceived as a process / exercise (versus a continuous tool to inform decision-making), and has not been cascaded throughout the organisation to support a strong risk culture. | 1. ERM does not have available FTEs in the business plan to accommodate rotations from other BUs, but will discuss this item with the Enterprise Risk Committee (ERC) to determine if there is interest in developmental rotations funded from the base BU.<br>2. ERM agrees with providing additional education and training on ERM and risk-informed decision making. ERM will engage with the Change Management function to develop a comprehensive change management plan.<br><br>Status: Closed |
| | | Risk management is not consistently integrated to the strategic and business planning processes, in order to help ensure that risk management helps the organisation meet its objectives. | 1. ERM agrees that including the Chief Risk and Assurance Executive (CRAE) in the Annual Board Offsite would be beneficial in engaging the Board in risk discussions and ensuring that risk management is integrated in setting the strategic plan. ERM will coordinate with Strategy and the Corporate Secretary to request participation and an agenda item for the 2020 session. |

| Audit Title | Report Rating | Finding | Management Action Plans |
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| | | | 2. While ERM provides business planning instructions on incorporating risks and risk treatment plans in the annual business plans, ERM agrees with the recommendation, and will communicate the finding with Management within the business planning function to ensure there is formal engagement and input with BU management starting with the 2021 business plan.<br><br>Status: Closed |
| | | The Board / ARC may not dedicate sufficient time in order to adequately discuss, question and challenge the ERM report. In addition, the mandates of the CRAE and ERM function has not been comprehensively defined in order to provide clarity on the expected risk management roles and responsibilities from across the organisation. Furthermore, there may be confusion and potentially fatigue from the various risk management / assurance initiatives across the various Business Units. | 1. ERM does not agree with a change in the Board delegating responsibility for risk management to a Committee other than the Audit & Risk Committee. To ensure that the full Board is engaged and understands the risk profile, refer to 5.2 below.<br>2. Refer to management response to 4.1 above regarding CRAE attendance and ERM agenda item at Board Strategic Offsite.<br>3. ERM agrees and will update the existing ERM governance (specifically Enterprise Risk Management Policy OPG-POL-0004) to include these areas.<br>4. Internal Audit leverages the ERM process in the development of the annual internal audit plan. Internal Audit will map internal audits to key enterprise risks to ensure appropriate coverage.<br>5. ERM agrees with the recommendation and will discuss with the responsible Executive Leadership on proposed roles & responsibilities to ensure alignment of project risk management with the overall ERM program. The output of any Executive decision will be reflected in the appropriate governance documents.<br><br>Status: Closed |
| | | Risk policies and procedures are not updated to reflect (recent) changes in the ERM programme which may create inconsistencies in implementation. | ERM plans to update governance documents as part of the improvements to the ERM Framework. We will incorporate the findings above in revisions to the relevant sections of the ERM Policy, Program and Procedure.<br><br>Status: Closed |

| Audit Title | Report Rating | Finding | Management Action Plans |
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| 19-21 Nuclear Engineering Services – Vendor Oversight (ARC 2019 Q3) | White | Some elements of project management have not been established for the two projects managed by Engineering Strategy.<br><br>. | The PMs in Engineering Strategy for the Implementation of Asset Management Program and Nuclear Support OPG Monitoring and Diagnostic (M&D) Centre Support projects will complete their PMPro training in 2019.<br><br>Status: Closed |
| | | No documentation to support the Quality Assurance (QA) requirements evaluation for one project in Engineering Strategy. | Supply Chain will update OPG-GUID-08173-0004 Requisitioning Items and Services Guideline to provide clarity on the mandatory use of OPG-FORM-0210, Service Requirements Definition, when corporate groups are procuring on behalf of the Nuclear business unit. This guide update will then be communicated as per our change management process, that is, Governance Management Record OPG-FORM-0001.<br><br>Status: Closed |
| 19-27 DNR Claims and Dispute Management (ARC 2019 Q3) | White | There are inconsistencies in the level of detail in OPG's Contract Management Team (CMT) records and tracking of the progression of issues, claims, and disputes. | 1. The Contract Document Repository ("CDR") pilot became available for CMT use in June 2019. CMT has been populating the database with all relevant information for open items and will continue to do so. Management will reinforce expectations to consistently store documents to ensure that the entire team is aware of the requirements.<br><br>2. Conduct a self-assessment over the next 6-12 months to ensure standardized approach and documentation expectations are adhered to in order to support progression of commercial issues to disposition.<br><br>Status: Closed |
| | | The basis for key decisions to support OPG's agreed claim settlement amounts is not consistently documented. | Working with Law, CMT was already in the process of developing a decision template to record settlement of issues at the time of the audit, which will be finalized and issued by Q1 2020. The template includes a summary of dollar value, problem statements, purchase order references, and timelines. Any required changes to guidance documents and support will be assessed.<br><br>Status: Closed |
| | | Certain requests for compensation for defective work require greater analysis of cost impacts to strengthen OPG's position | Management will:<br>1. Expand on the information and guidance provided in the Dispute Avoidance and Commercial Issue Management Guide on analysis and preparation of analysis for items that could become claims or disputes; |

| Audit Title | Report Rating | Finding | Management Action Plans |
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| | | and maximize recovery of settlements resolved by front line management. | 2. Develop a broadened communication/formal rollout plan for the process around Dispute Avoidance and Commercial Issue Management Guide to include both the CMT team and the broader support teams in projects, project controls, and finance; and<br>3. Consider recruiting a dedicated claims specialist based on the needs of the project with input from OPG Legal.<br><br>Status: Closed |
| | | The suggested contractual timeframe specified in the procedure for disputes is not always being followed and dispute escalation steps are not formally recorded. | 1. OPG has consulted with the Law Division and has been advised that the contractual dispute resolution procedures are discretionary for both OPG and vendors and therefore any risks associated with not strictly adhering to such timeframes are low;<br>2. CMT will continue to assess, on a claim by claim basis, whether to strategically escalate commercial issues formally using the contractual dispute resolution process; and<br>3. CMT will continue to monitor the limitations periods on issues and potential claims and any impact the contractual dispute resolution process may have on the applicable statutory limitation period. This is the more significant timeframe and risk issue where potential disputes or claims are concerned.<br><br>Status: Closed |
| 19-09 Payroll Audit (ARC 2019 Q4) | Yellow | Controls around master data updates were not adequately designed or operating effectively to ensure accurate payroll processing. | 1. Management will introduce a peer review process to require the independent validation of SAP master data updates against source documents for accuracy and appropriate authorization.<br>2. Management has liaised with New Horizon to produce a new exception report, will perform user acceptance test to determine if the new report meets business requirements, and resume the supervisory review once results are found to be satisfactory. The impact that the faulty report has on pay will also be assessed for the period when the supervisory review was not performed, or performed based on a faulty report.<br><br>Status: Closed |
| | | Data integrity issues in employee master data were not always resolved in a timely manner. | Management will establish clear expectations with the team on the handling of data integrity exceptions (e.g. expected turnaround time, monitoring and tracking requirements). |

| Audit Title | Report Rating | Finding | Management Action Plans |
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| | | | Status: Closed |
| | | Several instances were noted where termination was not processed in a timely manner. | Management will re-iterate the need to provide termination notifications to the HR & Pay Support Services (HRPSS) for processing in a timely manner with the HR Business Partner community.<br><br>Status: Closed |
| | | There was inadequate reporting of overpayment and recovery activities to facilitate management oversight. | Management will:<br>• Centralize the overpayment / recovery process within a single team (i.e. Pay Services);<br>• Liaise with Credit Risk Management to establish write-off parameters and frequency of assessment; and<br>• Expand the end-to-end overpayment / recovery process to address terminated employees, write-offs, and the tracking and management reporting requirements.<br><br>Status: Closed |
| | | Hardcopies of employee personal information were not consistently filed in the secured filing room in a timely manner. | Management will reinforce with staff the expectation of locking up confidential personnel documents at the end of each shift. An Office Support Representative has been hired to assist with backlog filing, with the eventual goal of moving to a digital 901-filing platform.<br><br>Status: Closed |
| 19-29 DNR Procurement Oversight – Unit 3 (ARC 2019 Q4) | White | Vendors have not fully utilized Shop@OPG for Unit 3. | Project Execution Leadership will work with project managers to explore opportunities to utilize Shop@OPG for Unit 3's remaining procurement activities, and maximize the use of Shop@OPG for future Units 1 and 4.<br><br>Status: Closed |
| | | TG and RFR have not established a reconciliation process/control over procured materials. | Project Execution Leadership will work with project managers to enhance processes regarding material procurement oversight activities to ensure consistency among projects.<br><br>Status: Closed |
| 19-28 Projects & Modifications Asset | Green | Open Items / Action Requests (AR) are not classified in a manner to indicate priority. | P&M management will assess the benefits and feasibility of implementing a classification scale based on priority for AFS open items. |

| Audit Title | Report Rating | Finding | Management Action Plans |
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| in Service (ARC 2019 Q4) | | | Status: Closed |
| | | Report for Equipment in Service (REIS) strategy and key activities are not fully detailed in the Project Management/ Execution Plans. | P&M management will review the PMP template and assess the benefits and feasibility of adding more detail around the REIS strategy and milestones.<br><br>Status: Closed |
| 19-17 Strategic Sourcing (ARC 2019 Q4) | White | Demand planning was not yet fully implemented in that there was a lack of participation from cross-functional stakeholder groups. | • Supply Chain will continue to engage Nuclear, Renewable Generation and Corporate Business Units ("BU"s) and update the Strategic Sourcing Plan each year, based on the BU annual business plans; and<br>• As demand planning is contingent on all BU's business planning and asset management processes, Supply Chain will continue to engage with BU's to jointly develop and refine demand planning process and guidelines.<br><br>Status: Closed |
| | | The execution of strategic procurement activities was not consistently documented. | 1. Supply Chain will further refine and standardize sourcing strategy template to ensure all steps of a sourcing strategy (e.g. spend analyses, demand forecast, and negotiations) are incorporated to ensure the template will facilitate proper documentation of each step.<br>2. Supply Chain will conduct Strategic Sourcing training. Training content has already been drafted and is under review.<br>3. Supply Chain will develop and adopt standardized bid evaluation and approval template and roll it out with the staff, and provide coaching and training as required.<br>4. Supply Chain will review with OPG Legal Department to determine whether an annual report on trade compliance is required. If confirmed by OPG Legal, Supply Chain will:<br>• Determine the reporting requirements; and<br>• Generate report documenting compliance to treaty requirements.<br><br>Status: Closed |
| | | Supplier performance assessment and contract management activities were not always performed as enabling tools were being implemented. | 1. Supply Chain has implemented the Ariba Contract Management module in November 2019 for Nuclear services. The module will also be implemented for Nuclear Materials and Renewable Generation. |

| Audit Title | Report Rating | Finding | Management Action Plans |
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| | | | 2. Supply Chain will implement Ariba Supplier Lifecycle Management module and Supplier relationship management processes, including preparation of scorecards for all strategic vendors.<br><br>Status: Closed |
| 20-10 Procurement Card Expenses (ARC 2020 Q1) | Yellow | Cards were sometimes used to procure items that were not allowed per the Purchase Card ("P-Card") Procedure. | Shared Financial Services (SFS) Management will issue bi-annual emails to all P-card holders and their approvers, highlighting P-Card rules along with a link to review the Purchasing Card Procedure (OPG-PROC-0064).<br><br>Status: Closed |
| | | Exception reports have not been generated since Q1 2019 to identify non-compliances to P-Card Procedure. | SFS Management will reinstate the generation of exception reports for review by Business Unit Management, and assess potential inclusion of additional criteria for future exception reports .<br><br>Status: Closed |
| | | Large dollar purchases (over $30K) were made using P-Cards instead of requisitioning through AS7 Material Requests. | SFS Management will evaluate ways to redesign and optimize the creation and distribution of the P-Card exception reports to identify areas that expose OPG to additional risks such as business travel expense, foreign purchases, and transactions (e.g. >$30K) that should have been procured through purchase orders.<br><br>Status: Closed |
| | | Inactive P-Cards were not identified for potential cancellation. | SFS Management will implement a process to identify inactive cards on an annual basis, and follow up with the cardholder's manager to determine continued need.<br><br>Status: Closed |
| 20-08 IT Risk & Governance (ARC 2020 Q2) | White | Controls were not in place to detect unauthorized changes to applications. | CIO IT Services management will:<br>1. Identify systems on a risk-adjusted basis to be in scope of controls to detect unauthorized changes;<br>2. Review options for appropriate detective controls depending on the risk level; and<br>3. Select and implement identified controls for each system. |

| Audit Title | Report Rating | Finding | Management Action Plans |
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| | | | Status: Closed |
| | | Metrics were not always formalized and organizational performance reporting to OPG Senior Management were not always documented. | CIO Management will:<br>1. Review 'COBIT enabling processes' as a CIO senior leadership team and establish appropriate Key Performance Indicators (KPIs) for CIO to track going forward; and<br>2. Develop and implement a tactical process for monthly/quarterly tracking of selected metrics.<br><br>Status: Closed |
| | | Some governance documents were not updated in a timely manner and contained incorrect supporting references. | CIO management will:<br>1. Review and revise CIO Management System (OPG-CHAR-0002) to reflect the updated system; and<br>2. Confirm that Document Change Requests (DCRs) have been submitted where necessary, including DCRs relating to the update of OPG-CHAR-0002.<br><br>Status: Closed |
| 20-26 Enterprise Project Excellence (ARC 2020 Q2) | White | Enterprise Project Management governance implementation maturity was not achieved by the expected target date, and a new baseline schedule for implementation was not re-established. | Management will:<br>1. Complete the Business Unit (BU) data maturity evaluation and, in conjunction with the BU portfolio owners, develop a BU specific implementation plan, endorsed by the sponsor;<br>2. Identify BU-specific KPI targets for cost, schedule and risk management metrics; and timing for interim milestones as well as full transition to new governance; and<br>3. Establish periodic reporting on the implementation plan progress against target to appropriate stakeholders.<br><br>Status: Closed |
| 20-05 Cloud Computing (ARC 2020 Q2) | Yellow | Roles, responsibilities and training requirements for privileged access to cloud services were not defined, and access reviews were not periodically performed. | CIO management will<br>• Continue to use the Microsoft Privileged Identity Management platform that is available in Azure Active Directory;<br>• Continue to perform on-going reviews of which employees have been granted administrative rights;<br>• Document training requirements for key privileged access permissions; and |

| Audit Title | Report Rating | Finding | Management Action Plans |
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| | | | • Continue to contract with 3rd parties to provide in-house and external training necessary to deliver our programs and projects.<br><br>Status: Closed |
| | | Risk assessment and risk monitoring activities for cloud services were inconsistently performed. | CIO cyber security management will work with CIO IT Projects team to:<br>• Review existing IT Project Governance and update as required;<br>• Comply with IT Project Governance with respect to cyber security evaluations and technical assessments;<br>• Effect control at the Project Gate Review Boards. Cyber Security will continue to be a voting member on this board;<br>• Work with the Enterprise Risk Management team on an on-going basis to update the Enterprise Risk Cyber Security Benchmark. The focus will be on developing leading indicators, instead of trailing indicators;<br>• Continue to refine the vulnerability management program based on Rapid7 and other metrics like Office Secure Score or Azure Secure Score; and<br>• Implement a formalized periodic review of security metrics.<br><br>Status: Closed |
| | | Existing governance did not identify data protection controls for cloud services adopted by OPG. | CIO IT Services management will update the Standard on Protecting OPG's Information and Intellectual Property (OPG-STD-0030) to reflect its intent with respect to OneDrive and other cloud storage locations<br><br>CIO Cyber Security management will update the Data Protection Standard (IT-STD-0004) to include cloud storage considerations.<br><br>Status: Closed |
| | | System and Organization Controls ("SOC") reports were not reviewed to assess results of third party audit on controls operated by service providers, and to confirm that | The CIO organization will take the following actions:<br>1. CIO Business Office will implement an annual control to review the SOC report for Azure.<br>2. CIO Cyber Security will use Microsoft Cloud Access Security Broker to obtain the list of web services used by OPG computers. This list is automatically collected, and provides the ability |

| Audit Title | Report Rating | Finding | Management Action Plans |
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| | | Complementary User Entity Controls ("CUECs") were in place. | to report on risk using Microsoft cloud ratings. The Cyber Security team will prioritize the review of the list of web services based on the risk score, and for the amount of data being uploaded to these cloud services.<br>3. CIO will review the annual Security and Organization Controls (SOC) reports for each service provider that represents a material risk to OPG. A memorandum will be prepared documenting the evaluation of the Complementary User Entity Controls recommended by the priority and the adequacy of the controls implemented by OPG. The memorandum will be prepared within six-months of the SOC report being published.<br><br>Status: Closed |
| 20-23 Pickering Outage Management (ARC 2020 Q2) | White | Internal reporting over some outage Key Performance Indicators were inaccurate. | The action plan established by CFAM to address CASSI Outage Metrics revisions/ improvements includes:<br>1. Developing and administering a customer survey to identify issues faced by users and required improvements;<br>2. Reviewing and verifying individual outage preparation reports and identifying required changes;<br>3. Compiling a list of issues to be addressed by the vendor as a result of 1) and 2) above, and creating a quality assurance summary for outage preparation reports; and<br>4. Creating IT tickets to implement the changes above.<br><br>Management will continue to review all outage reports including outage execution reports and documented changes, and work with the vendor to resolve system issues to ensure accurate calculation and reporting of outage metrics.<br><br>Status: Closed |
| | | Industry and OPG 2019 outage scope variance targets were not achieved. | The '2020 Station Excellence Plans' include an outage improvement action plan specifically targeting scope variance improvements. Progress is reviewed during the Station Excellence Meeting, and by the Station Oversight team on a monthly basis. The outage improvement plan includes activities to:<br><br>1. Enhance schedule readiness for scope freeze;<br>2. Address the causes of broad scope variance and close planning gaps; and |

| Audit Title | Report Rating | Finding | Management Action Plans |
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| | | | 3. Improve processes around approving and executing discovery work.<br><br>Additionally, management has already taken action to improve scope completion and scope variance by tasking one outage manager with overall responsibility for all stages of the outage including scope freeze, planning and the execution of the outage<br><br>Status: Closed |
| | | Planned unbudgeted outages are not managed under a central framework | Management will update the existing governance to include the project management elements involved in the planning and execution of planned unbudgeted outages including key milestone selection.<br><br>Status: Closed |
| | | Lack of adherence to governance and adequate documentation to confirm that governance requirements were completed. | Outage Management will:<br>1. Re-start bi-weekly forced outage readiness reviews;<br>2. Add forced outage readiness reviews to the monthly Senior Work Management Oversight meetings; and<br>3. Communicate forced outage readiness requirements to all stakeholders.<br><br>Status: Closed |
| 20-30 DNR Unit 3 Turbine Generator Audit<br>(ARC 2020 Q3) | Yellow | There was a delay in having an approved baseline schedule for the Unit 3 (U3) Turbine Generator (TG) project. | Management has completed the following actions in order to get to both a baseline cost & schedule for the CanAtom TG construction work (removal & installation) for U3 refurbishment:<br>a) CanAtom submitted a baseline TG project P6 schedule for quality checks – completed on Jul 31, 2020;<br>b) Completion of TG project schedule cost loading including ecosys/earning rules for CanAtom baseline schedule – completed on Aug 7, 2020;<br>c) OPG Work Management performed detailed quality checks (i.e. Acumen Fuse) with CanAtom to update the schedule based on findings – checks completed on Aug 19, 2020; and<br>d) Finalization of CanAtom TG project construction baseline schedule – completed on Aug 19, 2020.<br>Management will also:<br>e) Finalize baseline cost & schedule for the static commissioning window (W248) – December 20, 2020 |

| Audit Title | Report Rating | Finding | Management Action Plans |
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| | | | Status: Closed |
| | | The U3 TG project Management Plan ("PMP") contains outdated information. | Management will:<br>Update The Turbine Generator Project Management Plan - NK38-PLAN-41000-10001-R005. At a minimum, the update must include the following:<br>a) Update Work Breakdown Structure (WBS) (add the latest U3 WBS);<br>b) Update the details of the phase gating strategy by clarifying that there is no Gate 3a/b, just Gate 3; and<br>c) Update the execution strategy - stator swap scope replaced with stator in-situ rewind for U3, change in ownership of TG centerline work from CanAtom to GE, as well as any other changes since last revision of Project Management Plan (PMP).<br><br>Status: Closed |
| | | The risk of a delay in the start of the TG project execution was not noted in the risk register. | TG risks will be jointly reviewed by the Project Management Office risk specialist and the TG project team on a monthly basis as part of the quarterly quantitative risk analysis monte carlo run. The review will include identification of any new risks, identification of risks that can be closed, and updates to the active risk profile (three point assessments on probably and impact). In addition, the risk specialist will actively participate in key project meetings, including the TG Refurbishment Team Alignment Meeting and Tier3 – Project Management Review Meeting (PMRM) to help the project team identify any new risks or issues that are facing the project that need to be documented.<br><br>Status: Closed |
| 20-07 IT Projects Portfolio Management (ARC 2020 Q3) | White | Post Implementation Reports (PIR) were not always completed within six months of the projects' in-service date. | The IT Projects Office will work in conjunction with the Enterprise Projects Management Office ("EPMO") to put in place a process to track PIR completion.<br><br>Status: In-Progress |

| Audit Title | Report Rating | Finding | Management Action Plans |
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| | | Documentation inconsistencies were noted in some completed PIRs. | Management will reinforce with project managers the requirements to pay attention to detail when preparing and reviewing reports. However, it is recognized that since this is corporate governance (OPG-PROC-0056), line of business sponsors are responsible for ensuring they update and approve documentation appropriately, in accordance with the governance.<br><br>Status: Closed |
| 20-27 DNR Quality Oversight<br>(ARC 2020 Q3) | White | There is a lack of evidence to demonstrate that vendors are sufficiently closing corrective actions. | Management will:<br>1. Track to completion a selected number of high severity observations documented in the Master Observation Repository (MOR) with vendor corrective actions. The purpose of the review is to determine whether the vendor took the appropriate course of action in closing out their corrective action; and<br>2. Update the Darlington Refurbishment Program Quality Surveillance Guide (NK38-GUID-09701-10038) to document this requirement.<br><br>Status: Closed |
| | | Document change control in SAWPLO (Systematic Approach to Window Level Project Oversight) oversight planning was not implemented. | Management will:<br>1. Review the Annual Plan on a regular basis to ensure alignment with the P6 schedule (particularly the Window Start and Finish dates) and issue new revisions on an as needed basis to document changes to the plan;<br>2. Ensure that updates to Window Plans are revision controlled; and<br>3. Update the Darlington Refurbishment Program Quality Surveillance Guide (NK38-GUID-09701-10038) to document this requirement.<br><br>Status: Closed |
| | | There is a lack of documentation to validate that the planning and reporting of some field surveillance activities were consistently executed. | Management has already taken action to implement a new oversight checklist that addresses the gaps found during the audit. The new oversight checklist includes specific sections for oversight to be performed, surveillance details, and adjustment to the checklist to reflect that the document was sent to PM to address the gaps found in Unit 2.<br><br>Status: Closed |

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| | | Some Quality Oversight staff did not complete training linked to their role qualifications. | 1. QM management will ensure that staff linked to supplementary qualification complete the qualification; and delink employees who are not required to complete qualification.<br>2. The Balance of Plant Management has linked all individuals to the required training qualifications with the intent to complete as noted above.<br><br>Status: Closed |
| 20-06 CIO Insider Threat Data Loss Prevention (ARC 2020 Q4) | Red | Security Protected documents can be downloaded onto personal computers and exfiltrated without detection. | CIO cyber security management will assess technical solutions for addressing this risk. The solutions need to be carefully assessed to minimize business impact. Target date for confirming the solution has been provided below. CIO will provide a completion date to Internal Audit (IA) once the solution has been finalized<br><br>Status: In-Progress |
| | | There is no process to address individuals who repeatedly fail phishing tests. | CIO cyber security management has drafted a policy for escalation of repeat offenders to the appropriate level of senior leadership for remedial action. A plan for rollout of the new policy within OPG, including engagement with key stakeholders in the business, has also been finalized.<br><br>Status: Closed |
| | | Potential data loss vectors identified from a benchmarking study were not formally assessed and dispositioned to ensure gaps were mitigated. | Management has completed the review of the Mandiant Data Loss Prevention Report and confirmed the initiatives that will be included in the Cyber Security Roadmap.<br><br>Status: Closed |
| | | Access to Security Protected documents was not revoked in a timely manner. | CIO management has removed access for the 15 members that no longer require access (Closed).<br><br>CIO management will complete the quarterly self-assessment timely going forward, and submit tickets for the removal of access for members that no longer require access within 7 business days from the date of the self-assessment completion.<br><br>Status: In-Progress |

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| | | Justification and approval to store data on removable media was not always documented. | CIO cyber security management will:<br>• Perform a review of the existing USB exemptions to validate requirements and remove access where no longer required; and<br>• Ensure adequate documentation of the business justification for the exemption, as well as time limitation.<br><br>Status: In-Progress |
| | | Evaluation of access requests did not always consider existing access rights. | CIO cyber security management will finalize an Identity and Access Management ("IDAM") roadmap which will include remediation of gaps identified from the IDAM current state assessment initiated in November 2020. The assessment takes a holistic approach to access management.<br><br>Status: In-Progress |
| | | Processes were not in place to identify information that was not stored in compliance with standards. | CIO cyber security management will perform a risk assessment to identify data leakage vectors to determine the adequacy of current controls and implement additional controls where required.<br><br>Status: In-Progress |
| 20-12 Compensation Audit<br>(ARC 2020 Q4) | Yellow | HR guidelines and tools need to be modified to better support Line Management's compensation decisions. | HR Management will build upon existing guidance to managers to include other relevant considerations and justifications in addition to performance ratings and compa ratio.<br><br>Given that existing controls effectively manage the overall approved merit budget, and the generally conservative nature of OPG's merit budget compared to external market, HR Management will calibrate the merit matrix guidelines in order to address and establish threshold merit guidelines that limit documentation requirements to more significant merit increases than those observed in 2017-2019. HR Management will continue to calibrate the merit matrix to reasonable limits, considering industry relevant compensation practices, to allow for an appropriate level of management discretion, while requiring documented rationale for merit increases higher than guideline.<br><br>Status: Closed |

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| | | Instances were noted where the merit increases were not sufficiently justified. | 1. Human Resources will continue to evaluate salary surveys annually and make recommendations to the Board on merit budget accordingly. The last annual survey was completed and recommendations will be made to the Board in the November 2020 meeting.<br><br>2. As a further control to the merit budget and merit matrix guideline, HR Management will consider the appropriate maximum to merit increases. HR management will establish enhanced review to prevent excessive increases. HR Management will review the top 5% of merit increases to ensure appropriate rationale is documented.<br><br>3. Given that the November 1st rule is to limit administrative burden during year end processes, HR Management will review requests for exceptions to November 1 rule and ensure documentation includes rationale.<br><br>Status: Closed |
| | | Instances were noted where promotional increases were not sufficiently justified. | 1. HR Management, Compensation group will continue to enforce the exception approval process, requiring supporting rationale as appropriate. This will include providing additional guidance to HR Business Partners through training presentations and communication regarding supplementary documentation requirements to support rationale, with additional consideration for recent promotions or salary changes (other than merit).<br><br>2. Management Group compensation structure will be reviewed periodically. This was last presented and reviewed by the Board at the August 2020 meeting. Changes will be effective January 1, 2021.<br><br>3. Given the relative infrequency of salary increases within a short period of time, and the accountability that Management has in determining appropriate compensation decisions, HR Management will evaluate different options to give consideration for successive promotions and document the evaluation.<br><br>Status:<br>In-Progress (items 1 & 3).<br>Closed (item 2) |

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| 20-28 DNR Unit 2 Cost Allocation (ARC 2020 Q4) | White | Expenditures incurred in connection with the Unit 2 refurbishment, equal to the amount of the credit note issued by CanAtom, were reflected as advance payments for future refurbishment activities on subsequent units. | 1. On an ongoing basis, cost forecasts will continue to include all contract related elements that are paid or recovered from CanAtom under the Re-tube & Feeder Replacement ("RFR") contract.<br><br>Management will also provide visibility on the impact of the commercial settlement within DNR reporting to the Darlington Refurbishment Committee ("DRC"), including amounts earned back and impacts on the overall cost forecasts and contingencies.<br><br>2. Potential outcomes under the final Commercial Settlement will be reviewed with the DRC at the March 2021 Darlington Refurbishment Program Management Meeting.<br><br>Status: Closed |
| | | Inconsistent level of detail of some Estimate at Completion (EAC) variance explanations in quarterly Darlington Refurbishment Committee (DRC) reports. | Management will ensure that a consistent approach is taken to provide relevant period-over-period variance explanations for forecast changes to ensure the DRC has an understanding of the drivers related to the change.<br><br>Status: Closed |
| | | Contingency for Unit 2 was not drawn in a manner consistent with the timing of associated costs being incurred. | 1. As part of the project close out process for Unit 2, management will undertake a reconciliation of remaining contingency and ensure any distribution to appropriate cost accounts is completed as appropriate.<br>2. As part of the controls framework established for subsequent units, management has augmented the monthly risk review process to include a quantitative risk assessment to enhance reporting of risks, available contingencies and forecasts.<br>3. Contingency usage and risks are currently in place for DRC and management reporting. Management will ensure that the consistent reporting of contingency and risks continues.<br><br>Status: In-Progress |
| 20-19 RGPM Asset Management & Maintenance Follow-Up (ARC 2020 Q4) | White | A significant number of maintenance Work Order Tasks (WOT) remained backlogged, including P1 WOTs. | Management will:<br>1) Revisit the priority definitions for Work Order Tasks (WOTs) including the following;<br>• For Priority 1 (P1) WOTs, provide clarity for consistent and accurate assignment in this category; and |

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| | | | • In the event that a P1 WOT requires planning for a permanent or longer term solution, encourage workers to document the findings of that assessment in AS7, with consideration given to the appropriateness of the classification of the WOT and revise accordingly, with updated completion dates being established;<br>2) Clarify the timeframe for completing WOTs, for each priority level, and management's expectations around WOT backlog (e.g. what level of backlog is considered acceptable). Update Work Management Procedure (RG-PROC-MA-0002) to include the clarification as appropriate;<br>3) Establish an aging report to identify and prioritise the review of backlogged P1 tasks to confirm the priority rating was assigned accurately and follow-up on the reasons for the backlogs; and<br>4) Re-emphasise the definitions of the priority codes so that there is consistent classification and completion of work order tasks by all stations.<br><br>Status: Closed |
| | | Equipment criticality codes were not yet included in AS7 for some equipment records. | RPGM Management will reinforce with workers the expectations that criticality codes are to be assigned to all equipment, identify the equipment with missing criticality information, and track criticality code assignment to completion.<br><br>Status: Closed |
| 20-21 Nuclear Asset Management – Equipment Reliability & Maintenance (ARC 2020 Q4) | Green | Assigned Work Order (WO) priorities in AS7 are not reflective of the level of effort required for action. | Darlington and Pickering Nuclear Station's Management will perform a self-assessment on the outstanding Work Order (WO) Backlog in AS7, which was priority coded through N-PROC-MA-0008, and ensure they are appropriately priority coded. (AR 28238508 for DNGS and AR 28238518 for PNGS).<br><br>Status: In-Progress |
| | | Action plans in health reports are not always updated in System IQ. | Darlington and Pickering Nuclear Station's management will share audit findings with the Performance Engineering and Component Engineering departments as part of the pre-job brief for the Q4-2020 System Health Report (SHR) and Program Health Report (PHRs) that are to be prepared in January 2021. Department Manager will review a random sample of Q4-2020 and Q1-2021 SHRs and PHRs to confirm information is updated. This random sample review will be added as an agenda item for the Engineering Review Board meetings for both the DNGS and PNGS Stations over Q1-2021 and Q2-2021 to ensure that the information contained in SHRs and PHRs are |

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| | | | updated.<br><br>Status: In-Progress |