

RAPPORT FINAL

OFFICE NATIONAL DE L'ÉNERGIE

SYSTÈME DE GESTION DE LA SÉCURITÉ ET DE L'ENVIRONNEMENT (SGSE)

**ANALYSE DES ÉCARTS ISO 14001 / OHSAS 18001
PROJET NO. ABC50325**

VERSION FRANÇAISE

**Étude effectuée par :
Jacques Whitford Environment Limitée
500, 703 – 6^{ème} avenue SO
Calgary, AB
T2P 0T9**

www.jacqueswhitford.com

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SOMMAIRE

L'Office national de l'énergie (l'ONÉ ou l'Office) a choisi d'adopter les principes de la norme ISO 14001, guide international d'application des systèmes de gestion environnementale ainsi que ceux de la spécification OHSAS 18001, autre cadre normatif international devant régir les systèmes de gestion de la santé et de la sécurité du travail, pour son système de gestion de la sécurité et de l'environnement (SGSE). Pour l'assister dans la mise au point de ce système double, l'ONÉ a donné à Jacques Whitford Environnement Limitée (Jacques Whitford) le mandat de réaliser une analyse des écarts de son actuel système de gestion de la santé, de la sécurité et de l'environnement. Cette analyse des écarts devait comprendre :

- une évaluation des éléments du SGSE actuellement en place et des écarts entre ces éléments et les exigences d'ISO 14001 et d'OHSAS 18001;
- des recommandations quant aux actions à entreprendre pour atteindre la conformité des différents éléments avec les exigences d'ISO 14001 et d'OHSAS 18001;
- un plan d'action détaillé visant la prise en charge des écarts observés.

L'analyse devait porter à la fois sur les activités, les produits et les services relevant directement du personnel de l'ONÉ et sur l'influence que l'Office détient sur les compagnies réglementées par lui. Même s'il s'agissait d'évaluer les écarts du système de gestion de la sécurité et de l'environnement de l'ONÉ, cette étude visait également le volet santé et, de ce fait, toute référence à un SGSE doit être comprise comme faisant référence à un SGSSE (système de gestion de la santé, de la sécurité et de l'environnement). De plus, même si l'Office a l'intention de mettre en place un système de gestion en conformité avec les exigences d'ISO 14001 et d'OHSAS 18001, il n'est pas proposé que l'ONÉ reçoive son accréditation ISO 14001.

Le présent rapport est conçu pour servir à l'ONÉ de document de travail dans la poursuite de ses travaux d'élaboration et de mise en œuvre du SGSE.



Analyse des écarts du SGSE

Tous les programmes, politiques et procédures actuels mis en place en santé, sécurité et environnement au sein de l'ONÉ ont été soumis à une évaluation de conformité en regard des 84 exigences d'ISO 14001 et d'OHSAS 18001. Ont été dégagés les niveaux de conformité suivants :

	ISO 14001/OHSAS 18001 (% des exigences applicables)
Élément totalement élaboré et implanté (√√√)	21
Élément substantiellement élaboré (√√)	49
Élément partiellement élaboré (√)	24
Élément non élaboré (--)	6
Total	100

Dans l'ensemble, l'ONÉ présente un SGSE bien établi. Un grand nombre des éléments exigés par ISO 14001/ OHSAS 18001 sont mis en œuvre. Certaines améliorations sont cependant nécessaires à l'établissement d'objectifs spécifiques, de cibles mesurables, d'actions concrètes pour les mettre en œuvre et à l'assignation des responsabilités spécifiques touchant la gestion de la santé, de la sécurité et de l'environnement. Des améliorations devront être également apportées à la documentation du SGSE, au système de repérage des non-conformités et à la mise en œuvre de mesures préventives et correctives, à la réalisation d'audits et à la revue formelle du SGSE par la direction. Certains autres éléments devront être plus amplement élaborés pour atteindre leur plein fonctionnement

Plan détaillé de la prise en charge des écarts

Un plan détaillé a été mis au point à partir des résultats de cette analyse d'écarts. Ce plan est établi dans le but de fournir au personnel de l'ONÉ les moyens d'assurer la prise en charge des écarts observés, et d'apporter les changements nécessaires au SGSE. L'ordre d'implantation suggéré est tiré des directives de la norme ISO 14004, *Systèmes de management environnemental - Lignes directrices générales sur les principes, les systèmes et les techniques de mise en œuvre*, et repose sur les succès de Jacques Whitford en matière d'implantation auprès d'organismes analogues. Cet ordre de mise en œuvre est aussi guidé par les étapes déjà réalisées par l'ONÉ. Plusieurs de ces points peuvent être mis en place de façon concomitante à d'autres, alors que certains peuvent dépendre d'étapes précédentes. Il est ainsi recommandé de mener les étapes suivantes :

1. Procéder à la formation obligatoire du personnel là où son absence a été observée (par ex. sur le SIMDUT et le TMD).



2. Nommer un représentant SGSE et lui assigner les responsabilités expressément relatives à l'établissement et à la mise en œuvre du SGSE.
3. Redéfinir l'étendue du SGSE et décider si oui ou non le système comprendra à la fois les aspects environnementaux et les dangers externes et internes.
4. Établir la politique relative à la sécurité et à l'environnement (ébauche) et la diffuser à tous les employés de l'ONÉ, aux sous-traitants, aux compagnies réglementées par l'ONÉ ainsi qu'aux autres parties intéressées.
5. Compléter la documentation relative au SGSE par la révision de la documentation du programme de gestion environnementale (PGE) existante.
6. Revoir la liste des aspects environnementaux significatifs et compléter l'analyse du risque sur la santé et la sécurité.
7. Implanter un procédé de repérage des non-conformités et de mise en œuvre d'actions préventives et correctives.
8. Mettre par écrit l'ensemble des procédures (contrôles opérationnels).
9. Vérifier et étalonner les instruments de surveillance et de mesurage.
10. Assurer la sensibilisation de tous les employés au SGSE.
11. Mettre au point un programme de surveillance de la conformité pour les activités de l'ONÉ.
12. Réaliser un audit interne du SGSE.
13. Procéder à la discussion des résultats de l'audit du SGSE en revue de direction.



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1.0 INTRODUCTION

Jacques Whitford Environnement Limitée (Jacques Whitford) a été mandatée par l'Office national de l'énergie (l'Office ou l'ONÉ) pour évaluer le niveau de conformité des éléments en place de son système de gestion de la sécurité et de l'environnement (SGSE) avec les exigences de la norme ISO 14001-1996, *Systèmes de management environnemental* et de la spécification OHSAS 18001, *Systèmes de management de la santé et sécurité au travail*.

En vue d'adopter une attitude proactive envers les aspects environnementaux des activités, produits et services sur lesquels il exerce un contrôle ou peut avoir une certaine influence, l'ONÉ se trouvait engagée dans la mise en œuvre d'un programme de gestion de l'environnement (PGE) s'appuyant sur les exigences de la norme ISO 14001. L'Office avait également commencé à mettre en œuvre un programme de gestion de la sécurité (PGS) réglé sur les exigences de la spécification OHSAS 18001. L'Office travaille maintenant à fondre en un seul système de gestion de la sécurité et de l'environnement (SGSE) les éléments du PGE et du PGS. Pour l'aider dans ce travail d'intégration, l'Office a commandé la présente analyse d'écart ISO 14001/OHSAS 18001 des éléments du SGSE actuellement en place et des différentes initiatives qui ont présidé à sa mise au point et à son implantation. De plus, même si l'Office a l'intention de réaliser un système de gestion en conformité avec les exigences d'ISO 14001 et d'OHSAS 18001, il n'est pas proposé que l'ONÉ reçoive son accréditation ISO 14001.

2.0 ÉTENDUE ET OBJECTIFS

L'analyse devait porter non seulement sur les activités, les produits et les services relevant directement du personnel de l'ONÉ mais sur ceux relevant des compagnies réglementées par lui, telles que la construction et l'exploitation des pipelines de ressources énergétiques et des lignes de transport par des compagnies soumises à la *Loi sur l'Office national de l'énergie* (la Loi ONÉ), à la *Loi sur les opérations pétrolières du Canada* (LOPC) et au *Règlement de 1999 sur les pipelines terrestres* (OPR-99). Cette étude visait également le volet santé et de ce fait toute référence à un SGSE doit être comprise comme faisant référence à un SGSSE (système de gestion de la santé, de la sécurité et de l'environnement). Toutes les recherches et entrevues ont été effectuées au siège de l'ONÉ situé au 444, 7^{ème} avenue, Calgary SW, Alberta.

Cette analyse devait fournir à l'ONÉ :

- une évaluation des éléments du SGSE actuellement en place et des écarts entre ces éléments et les exigences d'ISO 14001 et d'OHSAS 18001;



- des recommandations quant aux actions à entreprendre pour atteindre la conformité de ces différents éléments avec les exigences d'ISO 14001 et d'OHSAS 18001;
- un plan d'action détaillé visant la prise en charge des écarts observés.

Le présent rapport est conçu pour servir à l'ONÉ de document de travail dans la poursuite de ses travaux d'élaboration et de mise en œuvre du SGSE.

3.0 PROTOCOLE DE L'ANALYSE DES ÉCARTS

3.1 Procédures d'analyse des écarts

Pour la réalisation de l'analyse des écarts, ont été effectuées :

- une rencontre préliminaire avec le groupe de travail du SGSE de l'Office pour établir l'étendue, les objectifs et les activités ainsi que le calendrier des travaux;
- la revue sur place de l'état d'avancement de la situation, soit :
 - la rencontre de 53 membres du personnel à temps plein dont le Président et le Directeur général (DG), quatre membres du CA, le directeur exploitation (DE), un leader professionnel, un représentant de l'Équipe du contentieux et des employés de tous les secteurs d'activités comprenant les secteurs suivants : Demandes, Produits, Services généraux, Opérations (y compris Conformité en matière de construction, Conformité en matière d'opérations, Vérification des pipelines, Développement des réglementations, Exploration et production) et le service Gestion de l'information (Diffusion et ressources de l'information (DRI), Opérations informatiques, Communications et Production des documents). Ont été revus les perceptions relatives aux éléments du SGSE actuellement en place ainsi qu'aux aspects environnementaux et les dangers concernant la santé et la sécurité pour lesquels des plans doivent être établis; et
 - la revue des documents et des enregistrements en place et l'évaluation des éléments du SGSE existant par rapport aux cadres prévus par ISO 14001 et OHSAS 18001. La liste de tous les documents revus apparaît à l'Annexe A.

La revue a été menée entre le 7 janvier et le 2 février 2002. Les rencontres avec le personnel de l'ONÉ ont été tenues au siège de Calgary entre le 9 janvier et le 1^{er} février 2002.



3.2 L'équipe de travail

L'équipe de travail de Jacques Whitford était composée de :

- Elizabeth (Betsy) Evans, M.Sc.E., Ing. VEA;
- Jagdev S. Bilkhu, M. Des.E., Biol.; et
- Shawna L. Argue, M.B.A., Ing., VEA, SGE (AP).

4.0 SOMMAIRE DES CONSTATS

4.1 Rapport d'analyse des écarts

Le cadre offert par ISO 14001 et OHSAS 18001 a servi de modèle à partir duquel a été comparé l'état actuel d'avancement du SGSE de l'ONÉ. Les éléments du SGSE qui entrent dans le cadre d'un système intégré de gestion de la santé, de la sécurité et de l'environnement (SGSSE) tel que le définissent les textes mentionnés ci-dessus ont été identifiés et évalués de la façon suivante :

- √√√ Tout élément ou composant du SGSE se trouvant entièrement élaboré et mis en œuvre reçoit trois crochets. Pour être ainsi classé, l'élément doit être bien mis en œuvre et répondre aux exigences en totalité ou presque.
- √√ Deux crochets indiquent que l'élément en question est substantiellement élaboré. Pour qu'un élément soit ainsi classé, il faut qu'il réponde partiellement aux exigences d'ISO 14001 et d'OHSAS 18001 et présente des possibilités d'amélioration.
- √ Si l'élément a été identifié comme partiellement élaboré, il reçoit un seul crochet. Certains constituants de l'élément sont présents, cependant une grande part de développement reste à faire.
- Si l'élément n'a pas encore été élaboré, il ne reçoit aucun crochet.

4.2 L'analyse des écarts du SGSE

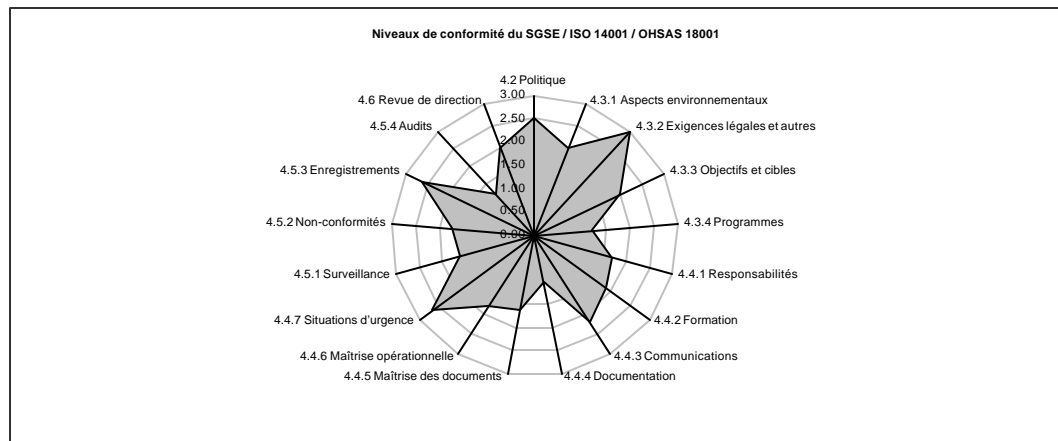
L'analyse des écarts a été appliquée à toutes les activités et opérations de l'ONÉ. On trouvera la description de l'état actuel d'avancement de chacun des éléments du SGSE à l'Annexe B. L'Annexe C présente la liste de tous les sigles utilisés dans le rapport. Les recommandations d'amélioration de chacun des éléments a été également fournie.

Toutes les exigences ISO 14001 et OHSAS 18001 s'appliquent à l'ONÉ. Les degrés de conformité figurent dans le Tableau 4-1 et sur la Figure 4-1 apparaissant ci-dessous.



Tableau 4-1 – Degrés d’avancement approximatifs ISO 14001/OHSAS 18001		
	Nombre d’exigences	Pourcentage
Élément totalement élaboré et mis en œuvre (√√√)	18	21
Élément substantiellement élaboré (√√)	41	49
Élément partiellement élaboré (√)	20	24
Élément non élaboré (--)	5	6
Total	84	100%

Figure 4-1 – Degré de conformité du SGSE de l’ONÉ / ISO 14001 et OHSAS 18001



La présente analyse d’écarts révèle les faits suivants :

- approximativement 21% des éléments sont totalement élaborés;
- approximativement 49% des éléments sont substantiellement élaborés; et
- approximativement 30% des éléments sont soit non élaborés ou peu élaborés.

4.3 État d’avancement du SGSE

Un survol du niveau d’avancement de chaque élément général du système de gestion apparaît ci-dessous. L’Annexe B contient la description de chaque élément accompagnée de recommandations en vue de son amélioration.



De manière générale, l'analyse des écarts a montré l'existence chez le personnel de l'ONÉ et les administrateurs d'une adhésion ferme aux principes fondamentaux des normes utilisées, en particulier au principe d'amélioration continue. Il est à prévoir que la plus importante considération pour toute mise au point future du SGSE sera de réconcilier la part de responsabilité de grande étendue de l'ONÉ envers les compagnies réglementées par lui et la responsabilité qui lui incombe d'être un lieu de travail sécuritaire et de prendre en compte son propre impact sur l'environnement. Il peut s'avérer difficile de combiner ces deux systèmes en un seul et d'accorder toute la considération voulue aux questions internes de santé, de sécurité et d'environnement.

4.3.1 Politique

L'ONÉ a adopté formellement une politique environnementale. La politique environnementale a été largement diffusée auprès des employés. Cependant, peu d'entre eux en connaissent le contenu exact. L'ONÉ a également procédé à l'ébauche d'une politique touchant la sécurité et l'environnement. Dans cette ébauche, le terme santé n'apparaît pas. Une politique de santé et sécurité du travail n'a pas été approuvée formellement.

4.3.2 Aspects environnementaux et dangers pour la santé et la sécurité

Les aspects environnementaux significatifs ont été identifiés. Les dangers touchant la santé et la sécurité associés aux pipelines soumis à la réglementation de l'ONÉ sont pris en charge par l'ONÉ. Les risques internes touchant la santé et la sécurité sont actuellement en cours d'identification. Il n'existe aucune procédure écrite concernant l'identification des aspects environnementaux significatifs. Par contre, on trouve une procédure écrite concernant l'identification des dangers internes relatifs à la santé et à la sécurité.

4.3.3 Exigences légales et autres exigences

L'ONÉ est engagé dans la mise au point de nouvelles réglementations. En conséquence de cet engagement et de la nature quasi juridique de l'ONÉ, le personnel de l'ONÉ possède un niveau de compréhension de la législation en vigueur plus élevé que celui de la plupart des organismes. Le personnel de l'ONÉ a un très bon accès à la législation (projets de loi, législation courante et abrogations). Les bibliothèques (principale et droit) ont des copies de la plupart des lois albertaines et fédérales touchant la santé, la sécurité et l'environnement.



4.3.4 Objectifs et cibles

L'ONÉ s'est donné quatre buts généraux. Deux de ces buts sont directement reliés à la sécurité et à l'environnement. Le premier stipule que «les installations réglementées par l'ONÉ sont sécuritaires et perçues comme telles» et le second que «les installations réglementées par l'ONÉ sont construites et exploitées de façon à protéger l'environnement et à respecter les droits individuels». Ces deux buts se rapportent à l'influence de l'ONÉ sur les compagnies soumises à sa réglementation plutôt qu'aux activités de l'ONÉ lui-même ou aux questions relatives à la santé et à la sécurité de ses propres employés. Les quatre buts sont très bien connus des employés et des membres de la direction. Les quatre buts de l'Office ne font aucunement référence à la santé.

Six objectifs environnementaux spécifiques sont bien inscrits dans le PGE, cependant les objectifs visent la tâche plutôt que le rendement à atteindre. Les aspects environnementaux sont correctement pris en considération au stade de l'établissement des objectifs environnementaux du PGE. Aucun objectif relatif à la santé et à la sécurité n'a encore été fixé. Ces objectifs devraient inclure des cibles mesurables.

4.3.5 Programmes de gestion de l'environnement et de la sécurité

Dans le Rapport sur les plans et les priorités, chaque objectif de l'entreprise est relié aux écarts, aux stratégies, aux mesures (indicateurs de rendement) et aux actions principales devant être réalisées au cours de l'exercice financier en cause.

Des plans d'action ont été ébauchés en vue de réaliser les objectifs environnementaux du PGE. Aucune cible n'a été fixée. Aucun moyen spécifique permettant la réalisation des objectifs et des cibles n'a été déterminé, aucun calendrier s'y rapportant n'a été arrêté. Aucune précision n'a été donnée sur la tenue et la fréquence de la revue ou de la modification des plans d'action. Si les plans d'action doivent être maintenus dans le SGSE, ils devraient être reliés directement aux quatre buts de l'ONÉ tels qu'ils sont décrits dans le Rapport sur les plans et les priorités.

4.3.6 Structure et responsabilités

Même si les rôles et les responsabilités touchant les questions de sécurité et d'environnement dans le cadre des compagnies réglementées par l'ONÉ sont bien comprises, les rôles et les responsabilités au sein du SGSE ne le sont pas. Le SGSE s'applique non seulement au rendement des compagnies réglementées par l'ONÉ, mais aussi à la santé et à la sécurité des employés de l'ONÉ ainsi qu'aux impacts directs sur l'environnement engendrés par ceux-ci. La structure et les responsabilités de l'ONÉ concernant l'environnement ont été mises par écrit et intégrées au PGE, mais les rôles et les



responsabilités relatives au SGSE ne l'ont pas encore été. La direction a fourni la technologie nécessaire et les ressources financières à la gestion de la santé, de la sécurité et de l'environnement. À ce jour, il n'y a pas au sein de la direction de véritable représentant responsable du SGSE tel que l'exigent les normes. Tous les cadres supérieurs, à la fois le personnel de l'ONÉ et les administrateurs interrogés ont démontré leur adhésion au principe d'amélioration continue du rendement en matière de santé, de sécurité et d'environnement. Un représentant SGSE devrait être nommé.

4.3.7 Formation, sensibilisation et compétences

Une part de temps significative est allouée à la formation, notamment à la sensibilisation du personnel de l'ONÉ aux questions de santé, de sécurité et d'environnement. La portée des programmes de formation offerts dans l'entreprise ne sont pas uniformes. Un Cadre des compétences techniques a été établi pour les ingénieurs et les professionnels de l'environnement. On a également établi un Profil de compétences fonctionnelles pour l'ensemble de l'entreprise. Le cadre n'est pas relié à des exigences de formation précises. La plupart des employés ont une très bonne compréhension de la manière dont leur travail peut interagir avec l'environnement et avoir un impact sur la santé et la sécurité d'un point de vue externe (c'est-à-dire avec les compagnies réglementées par l'ONÉ). La plupart des employés n'ont pas pensé aux impacts d'un point de vue interne (c'est-à-dire l'impact de leurs activités de routine sur la santé, la sécurité et l'environnement). Un écart a été identifié dans la compréhension de la responsabilité en matière de sécurité personnelle des employés de l'ONÉ. On retrouve à la fois chez les administrateurs et chez les employés l'opinion que les programmes internes de santé et de sécurité sont secondaires par rapport à la sécurité des pipelines réglementés par l'ONÉ. On observe des lacunes dans la formation exigée par la loi (SIMDUT et TMD chez certains employés). La revue des consignes de santé et de sécurité personnelle s'impose.

4.3.8 Communications

L'ONÉ s'est dotée d'un Groupe des communications qui a le mandat de donner des conseils et des informations à la fois à la clientèle interne et à la clientèle externe. L'ONÉ dispose à la fois d'un site Internet externe et un site Intranet interne à l'usage de ses employés. Les méthodes de communication et leur fréquence varient selon les équipes et dépendent en grande partie du style personnel des chefs d'équipe.

L'ONÉ a mis sur pied un *Plan stratégique de communication interne* en février 2000. Ce plan identifie la communication face-à-face comme étant le mode de communication préféré du personnel de l'ONÉ.

Il existe un système formel de communication avec les parties externes. Le système est bien implanté. Le site Internet contient des liens bien identifiés permettant d'accéder à l'information sur la santé, la



sécurité et l'environnement, y compris à la Politique environnementale et à la législation applicable à l'ONÉ. En tant qu'organisme gouvernemental, l'Office a élaboré de bons processus externes de communication des aspects environnementaux et des dangers concernant la santé et la sécurité.

4.3.9 Documentation du Système de gestion environnementale

Les éléments centraux du PGE sont décrits dans un document intitulé *Documentation relative au PGE : Guide de l'ONÉ pour le Programme de gestion environnementale*. La dernière version de ce document (datée du 28 février 2001) est encore à l'état d'ébauche et n'est pas complète. Le SGSE n'a été décrit dans aucun document de ce type.

4.3.10 Maîtrise des documents

Un projet de procédure régissant la maîtrise des documents a été élaboré en 2001 en tant que partie du PGE (*ONÉ-PGE-002 – Maîtrise des documents environnementaux*). Cette procédure s'applique aussi aux enregistrements (appelés par l'ONÉ documents d'archives). Il existe plusieurs versions de certains documents concernant le PGE. Les procédures, documents et données ayant reçu l'approbation de l'ONÉ sont maîtrisées de façon appropriée. Certains documents se rapportant au PGE et au SGSE sont encore sous la forme d'ébauche et ne sont pas accessibles à tous les membres du personnel de l'ONÉ. En général, la maîtrise des documents au sein de l'ONÉ est bonne.

La Bibliothèque de l'ONÉ dispose d'une liste du personnel ayant emprunté des documents sous forme de prêts permanents. Ces personnes sont averties des mises à jour des lois et d'autres documents.

4.3.11 Maîtrise opérationnelle

L'ONÉ a identifié les opérations et les activités qui sont associées aux aspects environnementaux significatifs. Un exercice similaire a été entrepris pour repérer les dangers internes pour la santé et la sécurité (SS). La plupart des procédures sont inscrites dans le *Rapport final sur la maîtrise opérationnelle* (31 août 2001) et dans la *Grille de maîtrise opérationnelle*. Un grand nombre de ces procédures sont à l'état d'ébauche et ne sont pas encore parfaitement maîtrisées. Un bon nombre des contrôles opérationnels reliés à la SST sont en place par l'intermédiaire des directives et normes du Conseil du trésor. L'ONÉ peut développer une version de ces directives, mais ne peut en éliminer aucune.

Seul le personnel de production de documents utilise les machines. Certains dispositifs ont été installés pour réduire les risques, mais les équipements de reliure et de poinçonnage présentent toujours des risques d'accidents pour les employés. Il n'existe pas de procédures écrites ni d'affiches interdisant au



personnel non qualifié l'usage des machines. Il n'existe aucune mesure qui vise le cas des employés pouvant travailler seuls. Le secteur de la production de documents devrait être revu et considéré dans le processus d'évaluation des dangers.

4.3.12 Prévention des situations d'urgence et capacité à réagir

En ce qui concerne la prévention des situations d'urgence et la capacité à réagir, deux éléments distincts du SGSE sont particulièrement clairs. Premièrement, l'ONÉ détient effectivement la responsabilité et l'autorité nécessaires pour s'assurer que les compagnies réglementées par lui sont préparées à faire face à des situations d'urgence. Deuxièmement, la capacité à réagir, l'autre élément de ce volet regardant le personnel de l'ONÉ, est prise en charge par le Comité SS avec la participation de la direction des bâtiments. Il existe des *procédures d'alertes incendie et d'évacuation d'urgence* pour le bâtiment.

Le personnel comprend très bien l'intérêt qu'il y a à tester les plans de mesures d'urgence. On a procédé à un exercice théorique pour tester le *Plan de gestion de crise* dans sa version préparatoire, mais on n'a pas procédé à un exercice complet. Il est prévu qu'un tel exercice soit effectué.

4.3.13 Surveillance et mesurage

Il existe des procédures dûment transcrites par écrit qui permettent de surveiller au moyen d'inspections et d'audits les différentes caractéristiques des compagnies réglementées par l'ONÉ. Les membres de la direction et le comité exécutif se rencontrent tous les trimestres pour examiner comment se comporte le rendement en matière de SSE par rapport aux quatre buts généraux de l'ONÉ. Le rendement des compagnies réglementées par l'ONÉ est établi à partir d'une grande variété d'indicateurs de SSE. L'ONÉ compile également des statistiques sur les accidents/incidents survenus sur ses propres lieux de travail. Au moment de l'analyse des écarts, le rapport annuel des accidents/incidents survenus à l'ONÉ en 2001 n'avait pas encore été complété.

Plusieurs éléments d'équipement nécessitant un étalonnage sont utilisés périodiquement par le personnel de l'ONÉ. Il n'existe pas de procédures écrites décrivant l'étalonnage de l'équipement de surveillance. L'information concernant l'étalonnage de certains éléments d'équipement n'est pas disponible pour la revue.

L'ONÉ réalise périodiquement des audits de conformité de différents pipelines soumis à sa réglementation lors de leur construction et dans la période d'exploitation. L'ONÉ ne dispose pas de procédures écrites pour l'évaluation de sa propre conformité avec la législation relative à la SSE.



4.3.14 Non-conformités, action préventive et corrective

Pour les non-conformités relevées par les inspecteurs de l'ONÉ dans les compagnies réglementées par lui, il existe des procédures très complètes. Les problèmes mineurs sont généralement enregistrés par l'inspecteur et la compagnie pipelinère soumet une assurance de conformité volontaire (ACV). Les questions qui doivent être réglées sur-le-champ sont enregistrées sur une ordonnance de terrain. Le suivi de la conformité aux conditions et de la réponse aux ACV est effectué au moyen du Système de gestion de l'information sur l'environnement et la sécurité (SGIES).

Certaines actions préventives concernant la santé et la sécurité seront mises au point et intégrées au « NEB Risk Analysis Tool Outline » (*Tableau des tâches critiques*). Selon les propos recueillis, les risques de perte et les contrôles s'y rapportant seront identifiés et on veillera à établir et à implanter les améliorations voulues. Si un accident survient sur le lieu de travail, il faut remplir un « Hazardous Occurrence Investigation Report » (*Rapport d'enquête des survenances des dangers*). Le formulaire comprend une demande d'identification de mesures à la fois correctives et préventives. Il existe aussi un *Formulaire Incidents sur les lieux de travail du Comité SST* (« OSH Committee Workplace Incident Form »).

Un système formel devrait être élaboré pour l'identification, le suivi et la réponse aux non-conformités internes du SGSE.

4.3.15 Enregistrements

La gestion des enregistrements est très bonne. Le RID dispose de procédures très détaillées régissant la classification, le stockage, l'archivage et la destruction des enregistrements SSE. Ce système comprend les dossiers des membres du personnel et les résultats des audits et des revues. Ces procédures sont décrites dans différents documents préparatoires. Les procédures d'archivage sont décrites dans les *Lignes directrices de conservation des enregistrements administratifs du gouvernement du Canada*.

La gestion des enregistrements est également traitée dans la procédure non finalisée *Procédure de maîtrise de documents environnementaux critiques* (« NEB-EMP-002 Procedure for Control of Critical Environmental Documents »). La plupart des enregistrements sont d'accès facile. Les enregistrements sont généralement classés selon les pipelines. Les procédures de stockage des enregistrements sont consignées dans le document *Protection des enregistrements essentiels ; Petit guide pour les institutions gouvernementales*, avril 2001 (« Protecting Essential Records: "A short guide for government institutions" – April 2001 »).



4.3.16 Audit du système de gestion

L'ONÉ compte des auditeurs formés et expérimentés parmi les membres de son personnel. Ces employés réalisent des audits périodiques du système de gestion des pipelines soumis à sa réglementation. L'audit se concentre sur l'efficacité des SGSE des compagnies pipelinières.

Le premier de ces audits de système de gestion se trouve à être la présente analyse d'écarts. L'ONÉ dispose d'un poste d'audit et d'évaluation interne mais il n'y a pas de titulaire à l'heure actuelle. Il est prévu que ce titulaire soit responsable de la mise sur pied d'un plan d'audit et d'évaluation sur plusieurs années et de la réalisation de différents audits selon les dispositions du plan. Le mode de réalisation des futurs audits du SGSE n'a pas été déterminé.

4.3.17 Revue de direction

L'ONÉ dispose d'une Politique interne d'audit et d'évaluation. Les administrateurs procèdent à la revue du rendement des compagnies réglementées par l'ONÉ. À l'exception du directeur, les administrateurs n'ont pas de responsabilité envers les employés de l'ONÉ et par conséquent ne procèdent pas à la revue des rendements SSE du personnel. Même s'il n'existe pas de document écrit portant sur la revue du SGSE, le système actuel de rapports adressés à la direction démontre que les critères d'ISO 14001 et d'OHSAS 18001 concernant les audits sont pris en compte.

5.0 PLAN DÉTAILLÉ DE PRISE EN CHARGE DES ÉCARTS

Le plan qui suit a été établi en vue d'offrir à l'ONÉ un guide d'implantation des actions nécessaires à la mise en conformité du présent SGSE avec ISO 14001 et OHSAS 18001. Le plan est établi à partir des recommandations générales présentées dans le tableau d'analyse des écarts (Annexe B). L'ordre d'implantation suggéré est tiré des directives de la norme ISO 14004, *Systèmes de management environnemental - Lignes directrices générales sur les principes, les systèmes et les techniques de mise en œuvre*, ainsi que sur les succès de Jacques Whitford en matière d'implantation auprès d'organismes analogues. Cet ordre d'implantation est aussi guidé par l'état d'avancement passé et présent du SGSE de l'ONÉ. Pour la description complète des actions recommandées, se reporter à l'Annexe B. Consulter également la grille qui apparaît à la Figure 5-1 présentant la séquence des interventions. Aucune mention n'est faite des délais, puisque le déroulement dépendra des processus de gestion internes de l'ONÉ. Les actions portant un astérisque sont indépendantes des autres étapes du plan, et elles peuvent être menées à n'importe quel moment du processus d'implantation. Cependant, nous avons fait des suggestions à cet égard.



Figure 5-1 – Grille GANTT de prise en charge des écarts du SGSE

Actions étape par étape	1	2	3	4	5	6	7	8	9
Donner aux employés la formation obligatoire (SIMDUT, TMD, etc.).	*								
Nommer un représentant SGSE.									
Établir l'étendue du SGSE.									
Établir et diffuser la politique sécurité et environnement.									
Compléter la documentation du SGSE.									
Revoir les aspects environnementaux et les dangers.									
Implanter un système non-conformités et mettre en œuvre des actions préventives et correctives.									
Compléter la documentation des contrôles opérationnels.									
Vérifier et étalonner les instruments de surveillance et de mesurage.					*				
Assurer la sensibilisation au SGSE.									
Mettre au point un programme de surveillance de la conformité.							*		
Réaliser un audit du SGSE.									
Tenir une revue de direction.									

*Étapes à mener à n'importe quel moment

5.1 Étape 1 – Donner aux employés la formation obligatoire

Lorsqu'elles étaient à l'emploi de l'ONÉ, certaines personnes travaillant avec des produits contrôlés, de même que certains inspecteurs n'ont reçu aucune formation relative au Système d'identification des matières dangereuses utilisées au travail (SIMDUT). Certaines personnes affectées à la réception des matières dangereuses n'ont reçu aucune formation relative au transport des marchandises dangereuses (TMD). Dans la perspective de la conformité aux normes, il est capital que ces personnes reçoivent toute la formation nécessaire. L'ONÉ devrait s'assurer que toute formation obligatoire portant sur le SIMDUT et le TMD soit donnée aux employés qui travaillent dans un contexte qui le requiert. Assurer la formation dans ces domaines n'a pas d'incidence sur les autres étapes du présent plan. Cette formation n'a pas la même importance que la formation prévue à l'étape 9. L'absence de formation est ici un cas officiel de non-conformité, il est donc urgent de procéder à cette formation. Tous les employés



de l'ONÉ qui utilisent des produits contrôlés (ou qui peuvent y être exposés) doivent recevoir une formation sur le SIMDUT au moins une fois pendant la durée de leur emploi au sein de l'ONÉ. Puisque de nouveaux employés se joignent en permanence à l'ONÉ, on devrait considérer la possibilité de donner à des employés sélectionnés un cours de « formation des formateurs » de manière à ce que la formation concernant le SIMDUT et le TMD soit donnée à l'interne.

5.2 Étape 2 – Nommer un représentant SGSE et définir ses responsabilités

À l'heure actuelle, il n'existe pas de représentant de la direction assigné au SGSE. Avoir un défenseur du SGSE offre la garantie que tous les employés (y compris les cadres supérieurs) sont informés des progrès et des rendements du SGSE. Il est recommandé de nommer une personne responsable de défendre la mise sur pied et l'implantation d'un SGSE et de faire rapport du rendement du système auprès de la haute direction. Le représentant SGSE devrait avoir des responsabilités claires. Il est important que cette personne soit nommée au début de l'étape 2 parce que c'est elle qui assure la prise en charge des différentes étapes du Plan telles qu'elles sont décrites ci-dessous.

5.3 Étape 3 – Établir l'étendue du SGSE

Avant d'entreprendre quelque planification que ce soit, l'ONÉ a besoin de déterminer l'étendue du SGSE. L'Office exerce son influence et son autorité sur la gestion SSE dans deux sphères très distinctes – une sphère externe qui est celle des compagnies réglementées par lui, et une sphère interne qui concerne ses propres employés. Les deux sont importantes. L'Office devrait revoir l'étendue du SGSE en fonction de ces deux sphères. L'ONÉ a besoin de savoir si l'étendue du SGSE comprend les deux et, si c'est le cas, comment le SGSE sera structuré pour faire face aux dangers potentiels et aux aspects environnementaux. Déterminer l'étendue du SGSE au début du processus de sa mise au point est nécessaire pour assurer que les efforts et les ressources sont bien dirigés vers les secteurs appropriés.

5.4 Étape 4 – Établir et diffuser la politique sécurité et environnement

Les politiques énoncent les obligations d'un organisme envers ses employés et les parties intéressées. Elles définissent la direction et le ton à donner à l'implantation des programmes et des procédures de l'organisme et, de ce fait, devraient être établies à un stade préliminaire de la mise au point d'un système de gestion. L'ONÉ dispose d'une politique sécurité et environnement (à l'état d'ébauche). Le terme santé n'y apparaît pas. Étant donné que la plupart des problèmes de sécurité sont reliés à un incident, ils sont visibles et perçus par la plupart des gens. Même si les questions de santé sont généralement considérées comme des questions moins apparentes et s'échelonnant sur de longues périodes de temps, elles représentent néanmoins des risques pour l'ONÉ. L'ONÉ devrait ajouter le terme santé dans



l'énoncé de sa politique afin de mettre en relief ses obligations envers la santé de ses employés et des parties intéressées en rapport avec les opérations de l'ONÉ et des compagnies réglementées par lui.

L'ONÉ devrait aussi inclure dans son projet de politique sécurité et environnement un article concernant la mise au point et la révision des objectifs et cibles. À l'heure actuelle, la politique environnementale est considérée par la plupart des employés (y compris les cadres supérieurs) comme n'étant pas appropriée à leurs fonctions quotidiennes. Toute référence explicite à l'établissement d'objectifs et de cibles liera le projet de politique sécurité et environnement au SGSE et aux activités de l'ONÉ. Une fois que la politique sera formellement adoptée, elle devrait être diffusée auprès de tous les employés de l'ONÉ, ses sous-traitants, les compagnies réglementées par lui, et toute autre partie intéressée.

5.5 Étape 5 – Compléter la documentation du SGSE

À l'heure actuelle, on trouve peu de documentation sur le SGSE, mais on en trouve beaucoup sur l'ancien PGE. La documentation de base se rapportant au PGE devrait inclure les éléments relatifs à la santé et à la sécurité. Même si la plus grande partie de la documentation se rapportant au PGE est à l'état d'ébauche, on peut sauver beaucoup de temps en adaptant la documentation du PGE aux besoins du SGSE. La documentation révisée devrait être diffusée auprès de l'ensemble du personnel. L'ONÉ peut vouloir créer un document électronique sur Intranet de façon à ce qu'il soit accessible à tous ses employés.

5.6 Étape 6 – Revoir la liste des aspects environnementaux et compléter l'analyse du risque

La liste des aspects environnementaux décrit des activités plutôt que des interactions environnementales. Cette liste devrait être revue pour assurer que toute interaction y est bien consignée. Les dangers relatifs à la santé et sécurité sont actuellement en cours d'identification. L'analyse du risque externe et interne en matière de santé et de sécurité devrait être effectuée. Il est important de s'assurer que la liste des aspects environnementaux et des dangers relatifs à la santé et la sécurité est complète et que toutes les interactions sont bien identifiées avant d'établir les programmes et de mettre au point ou réviser les contrôles opérationnels (y compris les procédures), étant donné que l'essentiel d'un système de gestion est de maîtriser les aspects et les dangers pour éviter tout impact. L'accent est mis sur la prévention plutôt que sur les solutions de dernier recours. On devrait considérer la possibilité de communiquer ces informations au grand public. L'ONÉ peut désirer mettre ces informations sur son site Internet comme méthode de communication externe.



5.7 Étape 7 – Implanter un système de repérage des non-conformités et de mise en œuvre d’actions préventives et correctives

L’identification des dangers relatifs à la santé et la sécurité ainsi que l’analyse du risque au sein de l’ONÉ sont actuellement en cours. La procédure utilisée comprend aussi une analyse des tâches critiques qui scrute les méthodes de maîtrise et de réduction de ces risques. Ce système est une forme d’action préventive, et il est donc logique que la procédure de repérage des non-conformités et des actions préventives et correctives soit mise en œuvre de pair avec l’identification des dangers et des aspects environnementaux. Étant donné que plusieurs éléments du SGSE seront déjà mis en œuvre à ce point du plan (notamment toutes les procédures générales inscrites dans la documentation de base du SGSE), une procédure pour identifier, mettre par écrit et répondre aux non-conformités du SGSE et pour mettre en œuvre les actions correctives facilitera l’introduction du principe d’amélioration continue, composante critique d’un système de gestion.

5.8 Étape 8 – Compléter la documentation des contrôles opérationnels

Une liste des contrôles opérationnels a déjà été consignée par écrit. Un grand nombre de procédures sont encore au stade d’ébauche et doivent être complétées. Toutes les procédures qui sont associées à des aspects environnementaux significatifs ou des dangers devraient être mises par écrit ou un plan d’action pour le faire devrait être mis en place. L’analyse des tâches critiques qui fait partie de l’analyse des dangers relatifs à la santé et à la sécurité peut aussi mettre à jour la nécessité de créer ou de réviser certaines procédures. La matrice des contrôles opérationnels est un bon outil à utiliser comme document de référence pour faire l’inventaire des procédures qui s’appliquent aux aspects environnementaux significatifs et aux dangers touchant la santé et la sécurité. L’ONÉ peut aussi désirer identifier les contrôles opérationnels qui correspondent à la liste des aspects environnementaux significatifs et des dangers touchant la santé et la sécurité. Cette démarche fournirait la confirmation que chaque risque significatif est couvert par un contrôle en place qui permettra d’atténuer ou de prévenir l’impact.

5.9 Étape 9 – Vérifier et étalonner les instruments de surveillance et de mesurage

Les instruments de surveillance et de mesurage doivent être vérifiés et étalonnés. Il est recommandé de créer un document pour consigner les informations concernant les instruments de surveillance et de mesurage. Devront y figurer : les caractéristiques de précision et d’exactitude des instruments, les références d’étalonnage (par ex. un étalon national), les instructions d’étalonnage (fréquence, méthode, etc.) ainsi que les règles d’entreposage des instruments et leur mode d’emploi. On devrait fixer un calendrier d’étalonnage précisant les exigences d’étalonnage interne et, le cas échéant, le recours à des agences externes. Les instruments devraient porter une étiquette permettant d’identifier clairement l’état



de l'étalonnage. L'une des méthodes utilisées consiste à placer sur l'instrument une étiquette portant les mentions : « Dates du dernier étalonnage » et « Date du prochain étalonnage ». Les registres d'étalonnage doivent être tenus à jour. Les instruments devraient être protégés contre tout ajustement qui fausserait les résultats des mesures.

5.10 Étape 10 – Assurer la sensibilisation au SGSE

Une fois que les contrôles opérationnels ont été identifiés, l'ONÉ devrait tenir des ateliers de sensibilisation au SGSE. Alors que l'initiation au SGSE peut être faite après la mise au point de la documentation du système, une grande partie de la formation devrait assurer la sensibilisation de tous les employés aux risques environnementaux et aux dangers touchant la santé et la sécurité propres à leur niveau ainsi qu'aux programmes et procédures en place devant les maîtriser. De ce fait, des ateliers de sensibilisation au SGSE devraient être tenus une fois que plusieurs éléments du SGSE ont été mis au point et implantés, notamment les programmes et procédures clés du SGSE. Dans ces ateliers de sensibilisation, on peut étudier :

- les principaux éléments de la politique sécurité et environnement (ébauche);
- les aspects environnementaux significatifs et les dangers touchant la santé et la sécurité au sein de l'ONÉ (SSE);
- les contrôles opérationnels en place pour assurer la prévention, la réduction et la maîtrise des aspects et des dangers en question;
- les objectifs et cibles de l'ONÉ en matière de santé, de sécurité et d'environnement;
- l'identification du représentant SGSE;
- les procédures de communication interne et externe en matière de SSE;
- les procédures de réponse aux situations d'urgence; et
- les procédures relatives aux non-conformités, aux actions préventives et correctives.

Étant donné le haut niveau de sensibilisation d'un grand nombre d'employés, les programmes de formation n'ont pas besoin de viser l'ensemble des employés. On devrait mettre en place une procédure pour veiller à ce que les nouveaux employés ainsi que les employés à temps partiel (par ex. étudiants, sous-traitants) suivent des ateliers de sensibilisation au SGSE lorsqu'ils sont en fonction.

5.11 Étape 11 – Mettre au point un programme de surveillance de la conformité

L'ONÉ assure une très bonne surveillance des compagnies réglementées par lui. Il n'existe pas de programme global de surveillance de la conformité de ses propres opérations, même si certaines actions de surveillance (telles que des inspections d'étages) sont mises en œuvre. Des opérations de surveillance périodiques devraient être menées afin d'assurer que les locaux et les opérations de l'ONÉ



répondent aux exigences stipulées par les lois, les normes, les lignes directrices et les pratiques touchant les questions de santé, de sécurité et d'environnement. Ces fonctions de surveillance peuvent être assumées par le personnel de l'ONÉ. L'ONÉ peut aussi envisager un processus d'audits ou d'inspections réalisés périodiquement par des tiers.

5.12 Étape 12 – Réaliser un audit du SGSE

Une fois que les différents éléments du SGSE ont été mis en œuvre, il faut évaluer leur adéquation et leur efficacité. L'ONÉ devrait réaliser un audit interne du SGSE une fois que les étapes ci-dessus auront été complétées. Le système doit fonctionner au moins six mois avant qu'on ne le soumette à un audit. Si l'on procède à l'audit trop tôt après sa mise en œuvre, il se peut que plusieurs éléments ne soient pas encore totalement fonctionnels et que les résultats d'un tel audit aient pour effet de miner le moral des employés. L'ONÉ devrait constituer et former une équipe interne chargée des audits. Cette équipe peut réunir des représentants de différentes fonctions. Le savoir-faire ainsi constitué devrait permettre de sensibiliser les employés à la nature de l'amélioration continue et à l'utilité des systèmes de gestion. Cette façon de procéder augmente aussi la probabilité d'adhésion des employés. Encore une fois, s'il veut ajouter à ses processus internes, l'ONÉ peut considérer le recours à des audits externes périodiques. La procédure à suivre pour la réalisation des audits se trouve dans la norme ISO 14011 – *Lignes directrices pour l'audit environnemental - Procédures d'audit - Audit des systèmes de management environnemental*.

Une fois l'audit terminé, l'ONÉ devrait en faire connaître les résultats à la direction pour que celle-ci les soumette à nouveau en revue de direction.

5.13 Étape 13 – Tenir une revue de direction

L'étape finale de la mise en œuvre du système de gestion est la revue de direction. Les revues de direction permettent d'évaluer la pertinence, l'adéquation et l'efficacité du système. C'est au représentant SGSE qu'il revient de présider la réunion et de fournir les renseignements sur le rendement du SGSE. Les cadres supérieurs devraient assister à cette revue. Les revues de direction du SGSE devraient être plus fréquentes et moins formelles mais elles peuvent être tenues au moins une fois par an et être intégrées au cycle de planification annuel des activités de l'ONÉ.



6.0 LIMITES DE L'ÉTUDE

Le présent rapport a été établi pour l'usage unique de l'Office national de l'énergie. Les travaux ont été menés dans le cadre des lignes directrices proposées par la norme ISO 14004 et des techniques de revue environnementales généralement acceptées. Les risques d'erreurs et d'omissions ont été minimisés par le recours à ces procédures généralement acceptées et à des professionnels qualifiés.

Jacques Whitford apprécie l'occasion qu'il lui a été faite d'établir la présente analyse d'écarts pour l'Office. Il nous fera plaisir de vous offrir à nouveau notre assistance supplémentaire dans un avenir rapproché.

JACQUES WHITFORD ENVIRONNEMENT LIMITÉE

Document établi par :

Jagdev S. Bilkhu, M.E.Des., P.Biol.
Spécialiste en gestion environnementale

Elizabeth A. Evans, M.E.Sc, P.Eng., CEA
Ingénieur environnement agréé

Revu par :

Shawna L. Argue, M.B.A., P.Eng., CEA, EMS (LA)
Area Manager, Saskatchewan

JSB:BE:SLA/md



APPENDIX A

LIST OF DOCUMENTS REVIEWED



Documents and Records Reviewed

(Excluding Legislation)

A Guide for Monthly Floor Inspections. Procedure Statement, January 2, 2001

Briefing Notes for Board Members Goal 2 Champions, undated

Business Competency Definitions, April 17, 2000

Canadian Oil and Gas Operations Act and amendments, 02/06/2000

Clarification of Roles of Chairman, Vice Chairman and COO, March 23, 2000. Memorandum from Chairman to Board Members, Executive Team, General Counsel, Professional Leaders, Team Leaders

Classification Guide, May 5, 1998 – Reclassification/Declassification/Destruction/Timeframe (0039. x 9039R)

Collective Agreement between the NEB and the Professional Institute of the Public Service of Canada. Expiry March 31, 2001

Collective Agreement between the NEB and the Public Service Alliance of Canada. For the period April 1, 1999 to March 31, 2001

Cooperation Plan of the Environmental Impact Assessment and Regulatory Review of a Northern Gas Pipeline Project through the Northwest Territories (Draft), December 6, 2001

Critical Environment Documents Matrix, August 27, 2001

Damage to Pipeline Regulation Survey Report, January 2001

Emergency Preparedness and Response Regulatory Program, January 21, 2002 (Draft)

- Transition Plans in Regards to NEB EMP
- Corporate Performance Indicators Snapshot
- Environmental Management Program Schedule

Employee Personal Safety Training Records

EMP Documentation - Action Plans for Environmental Objectives

EMP Documentation - Environmental Aspects Ranking

EMP Documentation - Environmental Objectives, Targets, and Performance Indicators



EMP Documentation - Identification and Evaluation of Environmental Aspects

EMP Documentation - Initial Corporate Environmental Performance Indicators

EMP Documentation - NEB Environmental Structure and Responsibilities

EMP/PWG Documentation, April 2001

Environment and Safety Information Management System Database

Environmental Group Meeting Minutes, December 11, 2001

Environmental Management Program EMP Documentation. A Guide to the NEB's Environmental Management Program, February 28, 2001

Environmental, Socio-Economic and Lands Job Family, Engineering Job Family - Technical Competency Teamwork, April 17, 2001

Excavation and Construction Near Pipelines, NEB, February 2001

Feedback on Professional Leadership Program

Fire Alarm & Emergency Evacuation Procedures (under review, June, 2000)

Guide to Conducting Environmental Screenings at the NEB (Draft), May 1998

Guidelines for Filing Requirements, February 22, 1995

Guide to Conducting Environmental Screenings at the NEB (Draft), April 14, 1998

Inspector Training Manual, undated

Landowner Complaint Process Flowchart, July 20, 2001

Landowner Complaint Quarterly Report, October to December 2001

List of Rules, Regulations, Guidelines, Guidance Notes and Memoranda of Guidance pursuant to the *NEB Act*, *Canada-Newfoundland Atlantic Accord Implementation Act*, *Canadian Oil and Gas Operations Act*, *Canadian Petroleum Resources Act*, *Canadian Environmental Assessment Act*, *Canadian Labour Code*, *Mackenzie Valley Resources Management Act*, and *Northern Pipeline Act*

Mackenzie Valley Resource Management Act, Chapter 25



Memorandum from B. Ostafichuk, J. Soucy re: Landowner Complaint Process, June 9, 1999

Memorandum from John McCarthy to “everyone” re: Proposed Changes to NEB Act Due To September 11, 2001. *Canadian Public Safety Act*.

Memorandum from Linda Postlewaite to Carmen Dybwad, Elizabeth Quarshie, Jean-Paul Thoret, Bonnie Gray, Brenda Gray, Brenda Kenny, John McCarthy, cc: EMP PWG, re: Environmental Management Program Review and Learn, March 23, 2001

Memorandum from Michel Mantha re: Guidance Notes for the Onshore Pipeline Regulations, 1999 – September 7, 1999

Memorandum from Michel Mantha to All Companies re: Onshore Pipeline Regulations, July 13, 1999

Memorandum from Michel Mantha to All Group 1 and Group 2 Companies – Safety Performance Indicators Initiative, December 4, 2001

Memorandum to all staff from COO re: Competency teamwork, April 27, 2001

National Energy Board – Performance Report for the Period Ending March 31, 2001

National Energy Board Act and amendments, April 27, 2001

National Energy Board Rules of Practice and Procedures 1995 and amendments, January 5, 2001

NEB – Review, Internal Audit and Evaluation Policy, February 19, 1997

Annual Report to Parliament, NEB 2000

NEB APPS-001 – Developing and Modifying Templates Related to Environmental Assessment - Draft

NEB APPS-004 – Assessment Process for Non-Hearing Facilities Applications, June 28, 2000

NEB EMP-002 - EMP Procedures – Control of Critical Environmental Documents (Draft Procedure)

NEB EMP-01 – EMP Procedures – Communication Plan for the NEB Environmental Policy and Introduction of the EMP, July 20, 2000

NEB Environmental Policy, September 2000

NEB Internal Communication Strategic Plan, February 22, 2000

NEB OPS-012 – Pipeline Incident Investigation Procedures, July 21, 2001



NEB OPS-013 – Operations Quality Policy and Procedures

“NEB OPS-13?” (draft) – NEB Operation Procedures, “Establishing and Maintaining Procedures”

NEB OPS-CMP-01 – Crisis Management Plan, Emergency Response to Regulated Incidents, December 21, 2000

NEB OSH Committee. Terms of Reference, undated

NEB OSH Committee Agenda and Minutes, various dates

NEB Safety and Environmental Policy, January 15, 2002

NEB Strategic Plan 2001-2004

NEB-OPS-007 – Operation Inspection Procedures – Periodic Surveillance of Operating Pipeline Rights of Way and Related Facilities, January 25, 2002

Non-Hearing Facilities Application Assessment (Revision: November 10, 2001)

Occupational Safety and Health – Treasury Board of Canada Secretariat, December 22, 1994

Onshore Pipeline Regulations, 1999 (OPR99) Audit Report (Westcoast Energy Inc.). Audit Number 3785-W005-2001-004, 09-18, July 2001

Onshore Pipeline Regulations Audit Expected Elements, revised October 1, 2001

Operational Control Final Report: Report Prepared for the National Energy Board, Environmental Management System. Regulatory Development Team. Prepared by Tom Knapik, August 31, 2001

Operational Control Summary with Recommendations, June 6, 2001

Operational Controls Matrix – August 27, 2001

Pipeline Abandonment, Discussion Paper on Technical and Environmental Issues, (Canadian Association of Petroleum Producers, Canadian Energy Pipeline Association, Alberta Energy and Utilities Board and NEB), November 1996

Pipeline Incident Database

Pipeline Safety, NEB Publication, January 1997

Protection of the Environment, NEB publication, August 1996



Quarterly Report Given to Board Members by the NEB Executive Team reporting on NEB Performance by Goal. (PowerPoint presentation)

Records Classification Proposal, June 30, 1995

Report of the Auditor General of Canada to the House of Commons. Ch. 13 – NEB, September 1998

Report on Plans & Priorities 2001-2002 Estimates Part III

Report on Plans & Priorities. 2002-2003 Estimates (Draft Report 2002)

Risk Analysis Tool Outline, undated

Risk Prioritization Facility Profile Evaluation

Risk Prioritization – Score Sheet

Sulphur Pipeline Review and Learn Record., November 29, 2001

Technical Excellence at the NEB (Draft)

Watercourse Crossings Second Edition, November 1999. Canadian Pipeline Water Crossing Committee.

Workplace Incident/Accident Statistics, 1997-2000



APPENDIX B

**ISO 14001 and OHSAS 18001 GAP ANALYSIS
DETAILED FINDING**



ISO14001/OHSAS 18001 Requirement	ISO 14001/OHSAS 18001 Conformance		Recommendations
	Status	Description of Existing Arrangements	

4.1 GENERAL REQUIREMENTS			
The organization shall establish and maintain an environmental, health and safety management system, the requirements of which are described [below].			
4.2 ENVIRONMENTAL, HEALTH & SAFETY POLICY			
4.2 Top Management shall define and authorize the organization's EH&S policy, which shall clearly state overall EH&S objectives, and ensure that it:	✓✓	An Environmental Policy (September 2000) has been formally adopted and endorsed by the Chairman. A Safety and Environmental Policy has been drafted. It has yet to be reviewed by Board Members and endorsed by the Chairman. A reference to Health has not been explicitly included in this Policy.	Consider modifying the Safety and Environmental Policy (draft) to include Health. Formally authorize this Policy.
4.2 a) is appropriate to the nature, scale and environmental impacts of its activities, products or services and its H&S risks;	✓✓✓	Both the Environmental Policy and the Safety and Environmental Policy (draft) are appropriate to the nature, scale and environmental impacts of the NEB's activities, products or services and its H&S risks. The first paragraph of the Environmental Policy refers to design, construction, operation and decommission of facilities under the NEB's jurisdiction. The Safety and Environmental Policy (draft) refers to both the NEB conducting (its) business in a safe and environmentally responsible manner, and ensuring that NEB-regulated companies incorporate safety and environmental protection in all aspects of their business.	No change recommended.
4.2 b) includes a commitment to continual improvement and prevention of pollution (ISO 14001);	✓✓✓	Both the Environmental Policy and the Safety and Environmental Policy (draft) have a specific commitment to "continual improvement" and the "prevention of pollution".	No change recommended.
4.2 c) includes a commitment to comply with current, relevant environmental legislation and regulations, and with other requirements to which the organization subscribes;	✓✓✓	The Environmental Policy has a specific commitment to being "in compliance with all applicable environmental legislation and other requirements". The Safety and Environmental Policy (draft) states that the NEB shall "comply with all relevant legislation and internal policies" and to "ensure that NEB-regulated companies comply with regulations and commitments that protect persons and the environment.	No change recommended.
4.2 d) provides the framework for setting and reviewing environmental objectives and targets(ISO 14001);	✓✓	Neither the Environmental Policy nor the Safety and Environmental Policy (draft) contain a specific reference to a framework for setting and reviewing environmental objectives and targets.	Consider modifying the Safety and Environmental Policy (draft) to make specific reference to the setting and reviewing objectives and targets.

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ISO14001/OHSAS 18001 Requirement	ISO 14001/OHSAS 18001 Conformance		Recommendations
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4.2 e) is documented, implemented and maintained, and communicated to all employees with the intent that employees are made aware of their EH&S obligations; and	✓✓	Both the Environmental Policy and the Safety and Environmental Policy (draft) are documented. The Environmental Policy has been widely distributed to employees – few, however, are familiar with the contents of the Policy and its implications. The Safety and Environmental Policy (draft) has not been formally endorsed and thus has not been communicated to all employees.	Once the Safety and Environmental Policy (draft) has been formally endorsed, circulate the Policy throughout the NEB. Ensure that employees have been made aware of the Policy and aware of its implications.
4.2 f) is available to the public and interested parties.	✓✓	The Environmental Policy is currently made available via the external website and through the NEB Publications Office.	Once the Safety and Environmental Policy (draft) has been formally endorsed, consider placing it on the NEB external website and ensure it is communicated to NEB-regulated companies, contractors and consultants, and various other stakeholders (e.g., CEPA, CAPP, etc.). Consider making the Policy available through the NEB Publications Office.
4.2 g) is reviewed periodically to ensure that it remains relevant and appropriate to the organization.	✓✓✓	There does not appear to be a formal mechanism in place to periodically review the Policy, but review has obviously taken place, since the current Environmental Policy will soon be replaced by a combined Safety and Environmental Policy.	Set a framework in place to periodically review the Safety and Environmental Policy, perhaps as part of the Management Review process.

4.3 PLANNING

4.3.1 Environmental Aspects / Hazard Identification, Risk Assessment and Risk Control

4.3.1 The organization shall establish and maintain a procedure to identify the environmental aspects of its activities, products or services that it can control and over which it can be expected to have an influence, in order to determine those which have or can have significant impacts on the environment (ISO 14001); and for the ongoing identification of hazards, the assessment of risks and the implementation of necessary control measures – to include routine and non-routine activities; activities of all personnel having access to the workplace, including contractors and	✓✓	The environmental aspects are identified in Appendix II of the EMP Documentation (<i>Identification and Evaluation of Environmental Aspects</i>), although the listed ‘aspects’ are activities rather than environmental interactions, as defined by ISO. There is no documented procedure for aspects identification. A description of how environmental aspects are used in an environmental management system is described in the EMP Documentation (<i>Section 3.2.1</i>). The criteria used for rating aspects and determining their significance are documented in Appendix III of the EMP documentation (<i>Application of Criteria to Determine Significant Environmental Aspects</i>), but it is not clear which criteria or threshold value rendered an aspect as being ‘significant’. The issue of NEB control versus NEB influence has been considered. Both external activities (e.g., applications by regulated companies) and internal activities (e.g., resource use by NEB personnel) have been considered. Regulatory development, one of the NEB’s primary activities, is not listed as	The procedures used for both aspects and hazards identification should be formalized and documented in more detail. The process being used to identify workplace hazards could be used as a model. The aspects should be reviewed for
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visitors and facilities at the workplace. (OHSAS 18001)		<p>an aspect.</p> <p>A draft procedure for identifying hazards and the assessment of risks related to the workplace (i.e., risk to NEB personnel and contractors) has been created by an NEB Gas Plant Safety Specialist. (<i>NEB Risk Analysis Tool Outline</i>). He is in the process of documenting workplace hazards.</p> <p>Pipeline inspections are prioritized using Risk Prioritization Facility Profile Evaluation.</p> <p>The Pipeline Audit Team has started to prioritize their findings for pipeline audits with respect to health, safety and environment according to risk: Critical, Major, Medium and Minor.</p>	<p>completeness.</p> <p>The hazard identification process should be completed.</p>
4.3.1 The organization shall ensure that the aspects, hazards and controls related to these significant impacts are considered in setting its EH&S objectives.	✓✓	<p>Environmental Aspects were considered when the Environmental Objectives were identified as part of Appendix V of the EMP (<i>Environmental Objectives, Targets, and Performance Indicators</i>).</p> <p>Hazards have been considered when setting health and safety objectives for influencing NEB-regulated companies.</p> <p>No formal Health and Safety Objectives have been linked to the workplace hazards assessment that is being completed.</p>	Consider the workplace hazards when setting health and safety objectives for NEB personnel and contractors.
4.3.1 The organization shall keep this information up-to-date.	✓✓	<p>The environmental aspects were identified in 2001. Health and safety hazards are still in the process of identification.</p> <p>It is not clear how the aspects and the hazards will be updated.</p>	Document the procedure for periodically reviewing and updating aspects and hazards.
<p>4.3.1 The methodology for hazard identification and risk assessment shall:</p> <ul style="list-style-type: none"> - be defined with respect to its scope, nature and timing to ensure that it is proactive rather than reactive, - provide for the classification of risks and identification of those 	✓✓	<p>A thorough hazard identification and risk analysis of NEB workplaces is currently being undertaken by a Gas Plant Safety Specialist. A methodology has been developed to classify the risks and identify those that are to be controlled or eliminated. A “Critical Tasks” worksheet has been developed to provide input into the determination of facility requirements, identification of training needs, and/or the development of operational controls. Included in this is a date and person responsible for completing the recommended actions. It is not clear who will monitor the completion of the recommendations, or what the monitoring process will be.</p>	Formalize the Hazards Identification Procedure (<i>NEB Risk Analysis Tool Outline</i>). The methodology should include the scope of hazard identification and how the Critical Tasks worksheet will be implemented and monitored. Consideration may be given to tying this followup to Corrective and Preventive Action Procedures.

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<p>that are to be eliminated or controlled,</p> <ul style="list-style-type: none"> - be consistent with operating experience and the capabilities of risk control measures employed, - provide input into the determination of facility requirements, identification of training needs and/or development of operational controls, - provide for the monitoring of required actions to ensure both the effectiveness and timeliness of their implementation 			
4.3.2 Legal and Other Requirements			
<p>4.3.2 The organization shall establish and maintain a procedure to identify and have access to legal and other EH&S requirements to which the organization subscribes, that are applicable to the organization and the environmental aspects of its activities, products or services.</p>	✓✓✓	<p>NEB personnel and Board Members are involved in the development of new regulations. Understanding of applicable legislation by NEB personnel is at a much higher level than most organizations.</p> <p>NEB personnel have excellent access to legislation (draft, current, and repealed).</p> <p>The libraries (Main and Law) have copies of most Alberta and federal environmental, health and safety legislation. Copies of some legislation are on permanent loan to various staff members. The Library is on mailing lists from publishers and will be notified of updates. The Library then will notify those that have loaned out materials that there are updates and provide the updates to them. The Library also subscribes to other regulatory information services such as EcoLog and will provide copies of various provincial and federal laws and regulations to NEB employees, Board Members, and the public.</p>	<p>The process for acquiring updates to legal and other EH&S requirements to which the NEB subscribes and disseminating that information to others in the organization should be documented.</p>

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4.3.3 Objectives and Targets			
4.3.3 The organization shall establish and maintain documented EH&S objectives and targets, at each relevant function and level within the organization.	✓	<p>There are four corporate goals of NEB that shaped the Report on Plans and Priorities in 2001 and 2002. Two of these are related directly to environment and safety. Goal 1 is “NEB-regulated facilities are safe and perceived to be safe” and Goal 2 is “NEB-regulated facilities are built and operated in a manner that protects the environment and respects individuals’ rights”. The four goals do not include any reference to health, nor do they reference to the NEB’s direct activities or the health or safety of NEB employees. The goals are well known to employees. Although performance indicators have been identified in the Plans & Priorities, no specific, measurable targets are identified (e.g., it is identified that the performance indicator for safety will be the number of pipeline ruptures and incidents, but there is no specific target for reducing the number of incidents.)</p> <p>Six specific environmental objectives were drafted as part of the EMP. No specific Health and Safety objectives have been drafted yet. These objectives do not have measurable targets.</p> <p>Some employees could not articulate how the Report on Plans and Priorities document connects with their operations.</p> <p>Many of the specified objectives are task-oriented rather than performance-related (e.g., to implement a program by a certain date, rather than to achieve a measurable improvement in performance)</p>	<p>Consider aligning SEMS objectives with the NEB’s four goals.</p> <p>Consider the inclusion of accountability for specific EH&S targets in FOCUS documents.</p> <p>Consider developing targets using SMARTER principle. Targets should be: Specific, Measurable, Achievable, Realistic, Time-bounded, Economically-feasible, and Related to a base year.</p>
4.3.3 When establishing and reviewing its objectives, an organization shall consider the legal and other requirements, its significant EH&S risks, its technological options and its financial, operational and business requirements, and the views of interested parties.	✓✓	<p>The list of environmental objectives in Appendix V of the EMP documentation (<i>Environmental Objectives, Targets, and Performance Indicators</i>) is based on significant environmental aspects. The significant environmental aspects have been assessed using regulatory requirements, public concerns, corporate goals and federal government policies as criteria. It is not clear how these criteria have been considered when objectives and targets have been developed, nor it is clear how technological options have been considered.</p>	<p>To ensure that appropriate criteria are considered when establishing and reviewing objectives and targets, consider documenting the process used.</p>

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4.3.3 The objectives and targets shall be consistent with the EH&S policies, including the commitment to prevention of pollution (ISO 14001) and to continual improvement (OHSAS 18001).	✓✓✓	The environmental objectives are consistent with the Environmental Policy and the draft Safety and Environment Policy.	No change recommended.
4.3.4 EH&S Management Program(s)			
4.3.4 The organization shall establish and maintain (a) EH&S management program(s) for achieving its objectives and targets.	✓	Action Plans have been drafted as a mechanism to achieve the environmental objectives, but the plans aren't linked to the overall planning process. Some of the Initial Corporate Environmental Performance Indicators listed (f:\planning\EMP-Initial EPI 2) are a description of process rather than indicators chosen to track or monitor progress on the Action Plans. The draft <i>Emergency Preparedness and Response Regulatory Program</i> (January 2002) contains information on objectives, responsibilities and time-frames for proposed improvements to regulating Emergency Response.	Fully develop and implement Action Plans for EH&S objectives. Action Plans should be part of Business Planning Cycle. Link the proposed improvements in regulation of emergency response to a SEMS objective.
Programs shall include: 4.3.4 a) designation of responsibility and authority for achieving objectives and targets at each relevant function and level for the organization; and	✓✓	Within each EMP Action Plan, overall accountability has been set with a specific Team Leader, however beyond that no responsibility and authority has been identified.	Clearly identify responsibilities and accountabilities.
4.3.4 b) the means and time-frame by which they are to be achieved.	✓	Within the <i>Report on Plans and Priorities</i> document, each goal is linked to gaps, strategies, measures (performance indicators) and major actions to be completed in the fiscal year. Within the EMP, Action Plans have not been completed. Specific means for achieving the six objectives and targets have not been identified nor have specific time frames.	Fully develop and implement Action Plans.

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4.3.4 Where there are new developments or new or modified activities, products, services or operating conditions, program(s) shall be amended where relevant to ensure that EH&S management applies.	✓	It is not clear how the programs will be amended if activities, products, services or programs are modified or added. Organizational changes are considered in some, but not all cases. Priorities for the Professional Leaders, as described in their FOCUS documents, are reviewed and changed monthly. However, FOCUS documents are not necessarily re-visited following a change in an employee's duties or responsibilities (e.g. for a newly appointed Team Leader).	Consider formalizing the requirements for management of change (including organizational change).
4.3.4 EH&S programs shall be reviewed at regular and planned intervals.	✓	It is not clear how or when the Action Plans will be reviewed or modified. There seems to be little direct connection between the Action Plans, and the four goals described in Report on Plans and Priorities.	Document how Action Plans will be reviewed and revised. SEMS objectives and targets should be linked directly to the goals described in Report on Plans and Priorities.
4.4 IMPLEMENTATION AND OPERATION			
4.4.1 Structure and Responsibility			
4.4.1 Roles, responsibility and authorities shall be defined, documented and communicated in order to facilitate effective environmental management.	✓✓	Although roles and responsibilities for overall management of NEB-regulated safety and environmental issues are well understood, the roles and responsibilities within SEMS are not. SEMS applies not only to the performance of NEB-regulated companies, but also to the health, safety, and direct environmental impact of NEB personnel. Two Board Members champion each goal on a rotating schedule. Board Members are appointed for a one year period, with a six month lag between appointments. However, Board Members have no direct authority over or management responsibilities for NEB employees. The identities of the champions are well known to employees. NEB Environmental Structure and Responsibilities were documented as part of the EMP, but roles and responsibilities within SEMS have not been similarly documented. Many staff are not familiar with the role of the OSH Committee. The Planning and Reporting team has not been involved in SEMS.	Identify and document roles and responsibilities within SEMS. Communicate the roles and responsibilities to all NEB personnel. The designated Management Representative should participate in the SEMS Steering Committee. Consider involving a representative of Planning and Reporting in SEMS development to assist in linking the SEMS to the annual business planning cycle.
4.4.1 Management shall provide	✓✓	The NEB has many highly qualified and experienced environmental and	Ensure availability of sufficient human

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resources essential to the implementation and control of the EH&S management system. Resources include human resources and specialized skills, technology and financial resources.		<p>safety personnel. Management has provided technology and financial resources for EH&S management. Some components of ESIMS have been more fully developed than others, reportedly due to a lack of human resources in some areas. ESIMS and PID are populated by numerous staff members; some add more complete information than others. Human resources and some specialized skills are lacking on the health side (see “Training” – 4.4.2).</p> <p>A ‘wellness’ subcommittee of the OSH Committee was reportedly started in 1999, but no real progress was made and the group no longer meets. The lack of progress was reportedly due to an unclear mandate rather than a lack of resources.</p> <p>There appears to be appropriate funding for training initiatives.</p>	resources to develop and implement SEMS and to fully utilize the capabilities of databases such as ESIMS and PID. If data are entered by numerous staff, resources should be made available to periodically review entries for consistency.
4.4.1 The organization’s top management shall appoint [a member of top management (OHSAS 18001)] (a) specific management representative(s)	✓	There is no clear Management Representative who is responsible for SEMS.	Identify a Management Representative with responsibility and authority for SEMS. The appointment of the Management Representative should be a very high priority in the response to this Gap Analysis.
who, irrespective of other responsibilities, shall have defined roles, responsibilities and authority for: 4.4.1 a) ensuring that EH&S management system requirements are established, implemented and maintained in accordance with these standards;	✓	The Business Leader, Operations is the individual who is most often identified by others as being the Management Representative. The OSH Committee was identified by some employees as being responsible for Health and Safety Management for the NEB.	see above
4.4.1 b) reporting on the performance of the EH&S management system to top management for review and as a basis for improvement of the EH&S management system.	✓✓	Environment, health and safety performance of NEB-regulated companies is communicated to Board Members regularly, but not necessarily by the ‘Management Representative’, since that person has not been identified. The Board Members have no responsibilities for staff performance, therefore the results of internal EH&S management should go to the CEO rather than Board Members.	Formalize the procedures for communicating results of internal EH&S performance to top management (i.e., the CEO).

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4.4.1 All those with management responsibility shall demonstrate their commitment to the continual improvement of EH&S performance. (OHSAS 18001)	✓✓	<p>All senior management (NEB staff) personnel interviewed demonstrated a commitment to continual improvement of EH&S performance. Board Members interviewed showed a strong commitment to EH&S performance and continual improvement, but reported that they are not ‘management’, and have no responsibility for the health & safety of NEB employees or the direct environmental impact of NEB activities.</p> <p>Some management personnel reported that they request their staff complete upward performance reviews; this process is optional.</p> <p>Team Leaders expressed varying understanding of, and commitment to, internal EH&S management (i.e., direct impact by the NEB and H&S of NEB personnel).</p>	<p>Consider the unique role of Board Members in development of SEMS. Ensure that the structure and responsibility framework of SEMS provides appropriate consideration to the NEB’s direct activities.</p> <p>To allow review of management commitment on an on-going basis, consider implementing a more formal system of upward reviews of managers by staff, including a review of EH&S commitment and performance.</p> <p>Consider the addition of SEMS roles and responsibilities to management personnel FOCUS documents, and regularly reviewing performance against plans.</p>
4.4.2 Training, Awareness and Competence			
4.4.2 The organization shall identify training needs. It shall require that all personnel whose work may create a significant impact upon the environment, have received appropriate training. (ISO 14001).	✓✓	<p>A significant amount of time is dedicated to training, including training in EH&S issues.</p> <p>The extent of training programs varies throughout the organization. The Inspectors have a formal training program as documented in the Inspector Training Manual. Inspectors must pass an exam and complete a designated number of site visits as an observer prior to completing independent inspections.</p> <p>A thorough Technical Competency Framework has been established for Engineers and Environmental Professionals. An organization-wide and business competency profile has also been established. The framework was introduced to employees in an April 2001 orientation session. It is not clear as to how the frameworks are going to be linked to training requirements or how they will be used in performance evaluation.</p> <p>A draft Technical Excellence program was developed in mid 2001 “to</p>	<p>Link the competency profile to specific training or awareness requirements.</p>

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		<p>continually enhance the NEB's ability to achieve its Corporate Goals". The program will include consideration of ways to enhance technical expertise, such as employee development plans, learning networks, and documentation/improvement of business processes. The program has reportedly been put on hold due following a review & prioritization of NEB initiatives.</p> <p>There is an Operations Business Unit Personal Safety Training Policy that sets out mandatory requirements and specialized training requirements.</p> <p>Monthly Team Leader training is provided, but is not mandatory. It is reported that a core group of Team Leaders commonly attends the training, which covers a variety of subjects. Some internal training programs are offered on a one-time basis, or are offered infrequently. It is not always clear how new employees will be trained, or what training is mandatory prior to completing a specific task. Most Mail Room members have had Bomb Threat and Suspicious Package Training.</p> <p>Inspectors have a detailed Inspection Officer Development Plan and Training Manual. Most other employees have informal procedures for their work processes.</p>	<p>Designate whether training is mandatory or optional, and clearly identify accountabilities for achieving the required training.</p> <p>Strongly consider making Team Leader training sessions mandatory.</p>
<p>4.4.2 It shall establish and maintain procedures to make its employees or members at each relevant function and level aware of:</p> <p>a) the importance of conformance with the EH&S policy and procedures and with the requirements of the EH&S management system;</p>	✓	<p>Most employees have seen the Environmental Policy, but the draft Safety and Environmental Policy has not been introduced to employees. Employees understand the concepts of the existing policy, but are not too familiar with its wording or its relationship with SEMS. Many are not familiar with the EMP or SEMS or how their job relates to the system.</p>	<p>After finalizing the policy and more fully developing SEMS, communicate them to employees.</p>
<p>4.4.2 b) the significant environmental impacts and H&S consequences, actual or potential, of their work activities and the EH&S benefits of improved personal performance;</p>	✓✓	<p>Most employees have a very good understanding of what how their job may interact with the environment and have an impact on health and safety from an external perspective (i.e., with respect to NEB-regulated companies). Most employees have not thought of the impacts from an internal perspective (i.e., the health and safety or environmental impact of NEB employees within their routine activities).</p>	<p>Ensure all employees are aware of the aspects and hazards associated with their jobs, both internally and externally.</p>

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4.4.2 c) their roles and responsibilities in achieving conformance with the EH&S policy and procedures and with the requirements of the EH&S management system including emergency preparedness and response requirements; and	✓	<p>Although most employees are not familiar with the wording of the Safety and Environmental Policy (draft), by their actions, they show a commitment to the Policy, and are very aware of their roles and responsibilities. Most employees are also not familiar with the content of SEMS, but are familiar with the components they are involved with as part of their job function. There is a gap in understanding of responsibility for personal safety of NEB employees. Both management and employees expressed opinions that internal health and safety programs are secondary to the safety of pipelines regulated by the NEB.</p> <p>Some, but not all, employees are familiar with the emergency procedures (<i>Fire Alarm and Emergency Evacuation Procedures</i> and <i>Emergency Preparedness and Response Regulatory Program</i>) and the crisis management procedures (NEB-OPS-CMP01).</p> <p>New employees are not given a formal orientation on the location of fire exits, emergency and evacuation procedures, etc.</p>	<p>A higher priority should be given to internal health & safety programs. The safety of NEB-regulated pipelines will not be compromised by placing more emphasis on personal safety.</p> <p>Consideration should be given to holding regular health & safety meetings, or adding health & safety as an agenda item to staff meetings.</p>
4.4.2 d) the potential consequences of departure from specified operating procedures.	✓✓✓	<p>The OSH Committee has provided information to employees on an Internal Responsibility System (IRS) and the concept of due diligence.</p> <p>There is a graduated discipline system. It was reported that some management personnel are reluctant to document health & safety related incidents (e.g., alcohol-related incidents).</p> <p>Employees using equipment and working out of the office are aware of the hazards they are exposed to.</p>	No change recommended.
4.4.2 Training procedures shall take into account differing levels of responsibility, ability, literacy and risk. (OHSAS 18001)	✓✓✓	The Competency Framework has identified required competency levels for both organization-wide issues and technical competencies. Expectations increase from 'learn' to 'apply' to 'guide' and 'shape' with increasing career levels. Job descriptions have been written.	<p>Management should give consideration to increasing their involvement in training programs identified as being required for others (e.g., defensive driving).</p> <p>Consideration should be given to developing an 'EH&S Leadership' training module to present to management, from Team Leaders up to the CEO.</p>

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4.4.2 Personnel performing the tasks which can cause significant impacts on the H&S of the workplace or the environment shall be competent on the basis of appropriate education, training and/or experience, as required.	✓	<p>Qualifications for Inspector Officers are listed in NEB-OPS-020. New inspectors must accompany experience inspectors are allowed to go out on their own. There is no formal procedure for peer review of inspection reports.</p> <p>Some employees working with controlled products and as inspectors have not had WHMIS training while employed by the NEB. Some who receive dangerous goods have had no TDG training.</p> <p>Employees who deal with moving and placing of documents, furniture, etc. have not received instruction in safe lifting. Some designated Fire Wardens reported that they have not received training in the Fire Alarm and Emergency Evacuation Procedures and have not had First Aid or CPR training. No NEB employees have up-to-date training in completing ergonomic assessments of workstations, but the assessments are being offered.</p> <p>In 1999, the NEB Operations Business Unit identified required safety training for “staff required to conduct Board business outside of the office, particularly field activities such as inspections and audits”. The training requirements are applied only to inspectors and auditors, not to all staff working outside of the office.</p> <p>A Training Administrative Coordinator was appointed in November 2001 to maintain central Personal Safety Training records (WHMIS, TDG, etc.) for Operations and Applications BUs. Some personnel have not provided information, and the training records remain incomplete. The system relies on employees to initiate training requests.</p>	<p>Consider formalizing the review process for inspection reports.</p> <p>WHMIS training is mandatory for employees working with controlled products. TDG training is mandatory for anyone shipping, transporting, or receiving dangerous goods. The completion of legally required training for identified employees should be a priority of the Gap Analysis response.</p> <p>Consideration should be given to developing and implementing training in various workplace health & safety issues, including safe lifting, CPR, First Aid, ergonomics, etc.</p> <p>Develop and implement a system to track EH&S training in all BUs, and at all levels of seniority. Enter expiry dates for qualifications and complete regular reviews to identify pending training requirements. Establish accountabilities for ensuring training is completed, and consequences if training is not in place. Companies that are acknowledged leaders in EH&S require the participation of senior management in personal safety training courses.</p>

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4.4.3 Communication and Consultation			
With regard to its EH&S management system and other pertinent EH&S information, the organization shall establish and maintain procedures for:			
4.4.3 a) internal communication between the various levels and functions of the organization; and	✓✓	<p>The NEB has a Communications Team with a mandate to provide advice and information on communication to both internal and external clients. They are responsible for maintaining the external web site. The librarians maintain the intranet site. Business Units can create internal website, which can be linked to the main intranet website.</p> <p>There is an <i>NEB Internal Communication Strategic Plan</i> (February 2000). It identifies face-to-face communication as being preferred by NEB personnel.</p> <p>There are two procedures for communication relating to the EMP, both designated NEB-EMP-01. (<i>Communication Plan for the NEB Environmental Policy</i> and <i>Introduction of the EMP</i>). There are no formal communication procedures for the Health and Safety portion of SEMS. E-mail is used by all employees, but the large volume of e-mail results in a phenomenon of 'open and delete'. A small number of employees invited to Gap Analysis interviews did not attend because they assumed they had received the message by mistake. The intranet is used as a passive communication tool for EH&S information. Information is posted, but employees must seek it out. Some OSH committee meeting minutes are available on the intranet, but there have been no postings since mid-2001. OSH committee meeting minutes are reportedly posted on bulletin boards, but the postings appear to be sporadic. One board had not been updated since September 2000.</p> <p>The Professional Environmental Group meets monthly and communicates with each other via email distribution lists.</p> <p>Inspection reports are circulated to interested parties (e.g., team leaders, Lands, Pipeline Audit, Professional Environmental Group, and other inspectors). Records of inspections are logged centrally. The Inspector Group has an email distribution list. Minutes of Monthly Inspectors' Meetings are placed on the intranet.</p>	<p>Develop an internal communications plan for SEMS which is consistent with the NEB Internal Communication Strategic Plan.</p> <p>Consider more active communication of SEMS initiatives, using tools such as automatic opening of the NEB intranet upon logging in. The Communications Team may be able to assist in developing communications strategies using the intranet.</p> <p>In developing communication strategies, consider the challenge posed by having Team Leaders with very different communication styles.</p> <p>Post OSH committee minutes on the intranet and on designated bulletin board(s).</p>

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		<p>All employees have access to the Project Tracking System that used to track the status of all applications.</p> <p>There are regular and frequent meetings of Board Members, Senior Management, Ex Team, Business Unit Leadership Teams. The frequency of Team Meetings are determined by the Team Leader. Some teams meet regularly (weekly), others reportedly meet only on rare occasions. Within teams, communication strategies vary.</p> <p>There is excellent formal communication of relevant EH&S results to Board Members. There are quarterly presentations of results and actions taken to improve results. There is a draft 'reporting triangle' for Goal 1, to identify what information is distributed to various levels of the NEB.</p>	
4.4.3 b) receiving, documenting and responding to relevant communication from external interested parties.	✓✓✓	<p>There is a formal system for communicating with external parties. The system is well implemented.</p> <p>The external web site contains well identified links to EH&S information, including the Environmental Policy, and relevant legislation.</p> <p>All incoming correspondence goes through the Mail Room. The mail is logged and distributed to appropriate parties. Most correspondence is copied and filed. The exceptions are correspondence marked "protected and secret", "personal and confidential", anything for Board members, junk mail, mail from Privy Council and supply boxes (e.g., stationery).</p> <p>Information Requests can be sent out by the Board on recommendation from the Applications Group to ensure all necessary information is available before an application is approved.</p> <p>There are very detailed procedures for submitting or processing an application. These are highlighted in the <i>Guidelines for Filing Requirements (February 22, 1995)</i>. Requests for information from applicants is normally routed through a formal Information Request. During the application process, there are very strict controls on direct communication between the applicant and the NEB.</p> <p>There is a <i>Landowner Complaint Procedure</i>. All landowner complaints are</p>	No change recommended.

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		<p>logged on a spreadsheet. Responses are recorded, and resolution times are being tracked. An initiative is underway to improve resolution times. An Alternate Dispute Resolution (ADR) initiative is underway.</p> <p>Media training is available periodically.</p> <p>An internal guidance document for making informal requests for information concerning section 58 applications, <i>Guidelines for Informal Requests</i>, was recently developed to improve consistency between project teams in their responses to informal requests.</p> <p>Stakeholder consultation is completed on an 'as-required' basis during the development of new or revised regulations. Prior to pipeline development, both NEB-regulated companies and the NEB are required to hold public consultation sessions.</p>	
4.4.3 The organization shall consider processes for external communication on its significant environmental aspects and record its decision. (ISO 14001)	✓✓✓	<p>As a government organization, the processes for external communication of aspects and hazards are well established. Many documents, including policies, <i>Report on Plans and Priorities</i>, results (as described in the <i>Annual Report to Parliament</i> and the annual <i>Performance Report to Treasury Board</i>), and Board decisions are publicly and easily available via the web site and in hard copy. The NEB has committed to publicly reporting the result of this SEMS Gap Analysis.</p> <p>The results of a <i>Damage to Pipeline Regulation</i> survey completed in 2000 are posted on the internet site. Results of one question revealed that 84% of respondents felt that the NEB's role and jurisdiction are not clearly understood by stakeholders. One conclusion of the survey report was that the NEB needs to enhance communication of its role. Since the survey, a new landowner brochure has been developed. An overall corporate communications strategy is in the early stages of development.</p>	Develop and implement a corporate communications strategy, as planned.
4.4.3 Employee involvement and consultation arrangements shall be documented and interested parties informed. (OHSAS 18001)	✓	The OSH Committee has not been involved formally in the development and implementation of SEMS.	Define the interaction between the OSH Committee and SEMS working group.

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<p>4.4.3 Employees shall be:</p> <ul style="list-style-type: none"> - involved in the development and review of policies and procedures to manage risks, - consulted where there are any changes that affect workplace health and safety, - represented on H&S matters, and informed as to who is their H&S representative and specified management appointee. (OHSAS 18001) 	✓✓	<p>In comparison to the risks posed by the operation of NEB-regulated companies (e.g. pipeline failures), the risks to NEB employees seem to negligible to the employees themselves.</p> <p>Staff (members of both unions) and management are represented on the OSH Committee, and the membership of the committee is identified on the intranet. The OSH page on the intranet includes a description of the committee's mandate, links to regulations, incident reporting forms, etc.. The mandate was last updated in 1994; it contains references to positions that no longer exist following re-structuring.</p> <p>Staff are consulted on some changes to policy (e.g., the proposed Drug & Alcohol Policy), but it was reported that the development this Drug & Alcohol policy has been difficult.</p> <p>Where necessary, changes are implemented without consultation of staff (e.g. changes in security measures after September 11).</p>	<p>Review and revise the OSH Committee mandate.</p> <p>Consider holding a 'Review & Learn' on the proposed implementation of a Drug & Alcohol Policy to identify barriers to implementing new workplace EH&S policies.</p>
4.4.4 EH&S Management System Documentation			
The organization shall establish and maintain information, in paper or electronic form, to:			
4.4.4 a) describe the core elements of the management system and their interaction; and	✓	The EMP core elements are described in a document entitled: <i>EMP Documentation: A Guide to the NEB's Environmental Management Program</i> . The latest version of this document (February 28, 2001) is still in draft and is incomplete. SEMS has not been described in any similar type of document.	<p>Develop a manual to describe the core elements of SEMS.</p> <p>Once the manual is complete, consider the use of the intranet or network to provide access to all NEB personnel.</p> <p>Ensure that the scope of SEMS is well defined and is communicated.</p> <p>Within documents and records, show the links between aspects/hazards and objectives/targets, management programs, and monitoring/measurement.</p>
4.4.4 b) provide direction to related documentation.	✓	Reference documents (Appendices A-N) have been identified in the <i>EMP Documentation: A Guide to the NEB's Environmental Management Program</i> .	see above

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4.4.5 Document and Data Control			
4.4.5 The organization shall establish and maintain procedures for controlling all documents required by these Standards	✓✓	A document control procedure was drafted in 2001 as part of the <i>EMP (NEB-EMP-002 – Control of Critical Environmental Documents)</i> . It also applies to records (referred to as ‘legacy documents’ by the NEB).	Implement the document control procedure.
to ensure that: 4.4.5 a) they can be located:	✓	Some EMP and SEMS documents are still in draft form. They are not accessible to all NEB staff members.	Once completed, ensure the documents can be located by staff.
4.4.5 b) they are periodically reviewed, revised as necessary and approved for adequacy by authorized personnel;	✓	A Critical Environmental Document Matrix (August 27, 2001) includes reference to effective dates, ‘responsible person’, ‘assigned accountability’, and some ‘review by’ dates. Procedures are to be reviewed every three years. The OSH Committee mandate was last revised in 1994. Since then, the NEB has re-structured.	Complete the document matrix. Review and revise the OSH Committee mandate.
4.4.5 c) the current versions of relevant documents and data are available at all locations where operations essential to the effective functioning of the system are performed;	✓	Approved NEB procedures, documents, and data are appropriately controlled. The Library has lists of all staff who have borrowed documents on permanent loan. Once updates come in, they will distribute them to all of the staff that have a particular document. Not all EMP documents have version numbers. The dates on some documents are updated each time they are printed, making them seem more current than they may be. Some documents that have been used for years have not been finalized (e.g., draft <i>Guide to Conducting Environmental Screenings at the NEB</i> , 1998).	Implement document control procedures even on draft or preliminary documents. Show version numbers and dates. Apply these controls to all documents, including forms.
4.4.5 d) obsolete documents are promptly removed from all points of issue and points of use, or otherwise assured against unintended use; and	✓✓	Document control at the NEB is much better than at most organizations. Two important stakeholder communication documents posted on the internet site are outdated. Plans to update <i>Protection of the Environment</i> (1996) and <i>Pipeline Safety</i> (1997) have reportedly stalled.	Review & update <i>Protection of the Environment</i> (1996) and <i>Pipeline Safety</i> (1997).

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4.4.5 e) any obsolete or archival documents and data retained for legal and/or knowledge preservation purposes are suitably identified.	✓✓	All files older than ten years and some older than five are archived at the National Archives. The draft document <i>NEB-EMP-002 – Control of Critical Environmental Documents</i> includes appropriate measures for identifying obsolete documents.	Modify the document control procedure to include reference to health and safety documents.
4.4.5 Documentation shall be legible, dated (with date of revision) and readily identifiable, maintained in an orderly manner and retained for a specified period. (ISO 14001)	✓✓	Many older documents have no date of revision, but procedures written since approximately 2000 have appropriate identification of approval and revision dates. There is a template for procedures (NEB-OPS-013) that includes appropriate control features. There are several versions of some EMP- related documents. It is not clear which version they are. References are made to Appendices A-N, however some Appendices are numbered rather than identified with letters.	As documents are revised, add appropriate document control features.
4.4.5 Procedures and responsibilities shall be established and maintained concerning the creation and modification of the various types of document. (ISO 14001)	✓✓	The draft document <i>NEB-EMP-002 – Control of Critical Environmental Documents</i> includes procedures and responsibilities concerning the creation and modification of the various types of documents.	Modify the document control procedure to include reference to health and safety documents.
4.4.6 Operational Control			
4.4.6 The organization shall identify those operations and activities that are associated with the identified significant environmental aspects, and those H&S risks where control measures need to be applied, in line with its policy, objectives and targets	✓✓	The NEB has identified its operations and activities that are associated with the significant environmental aspects. A similar exercise is underway for internal Health and Safety hazards; a “critical tasks” worksheet has been developed to identify controls and improvement suggestions. Many operational controls are in place for NEB-regulated companies, but these controls have not been formally linked to SEMS.	Complete the identification of operational controls relating to H&S risks to NEB employees. As a part of SEMS development, document the links between H&S risks of NEB-regulated companies, and the NEB operational controls in place to address those risks.

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The organization shall plan these activities, including maintenance, in order to ensure that they are carried out under specified conditions by:			
4.4.6 a) establishing and maintaining documented procedures to cover situations where their absence could lead to deviations from the EH&S policy and the objectives and targets;	✓✓	<p>Most procedures are referenced in the <i>Operational Control Final Report</i> (August 31, 2001) and the <i>Operational Controls Matrix</i>. Many of these procedures are draft and are as yet uncontrolled. The scope of this exercise did not include Frontier explorations (COGOA) and only included the Applications and Operations Business Units. The Operational Controls have not been verified or “truthed” yet.</p> <p>Numerous OSH-related operational controls are in place via Treasury Board directives and standards. The NEB can develop replacements to these directives, but cannot eliminate a directive.</p> <p>A checklist/template is used by Applications to document the recommendation process for approvals.</p> <p>Inspectors may issue an “Assurance of Voluntary Compliance” which is an agreement between the Board and an NEB- regulated company to complete reclamation work or provide necessary information within seven (7) days. An Inspection Summary is a less formal process. Inspectors on the Operations side have the authority under the <i>NEB Act</i> in certain cases to shut down jobs.</p> <p>For Frontier (North of 60°) projects, the Board shares responsibility with other agencies.</p> <p>The draft <i>Guide to Conducting Environmental Screenings at the National Energy Board</i> (1998) and NEB-APPS-004 Assessment Process for Non-Hearing Facilities Applications is used by staff.</p> <p>The Operations Business Unit reviews the Safety and Emergency Response Manuals of operators and their contractors.</p> <p>The Applications Business Unit may examine if an Emergency Response Plan is present in an Application by a proponent of a project, but would not examine the plan’s effectiveness.</p> <p>The Pipeline Audit Team requires audited companies to submit a</p>	Complete the planned implementation and documentation of operational controls.

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		<p>Corrective Action Plan within a month of an Audit. They will provide recommendations to the Board Members to either accept or reject the Plan.</p> <p>A Drug and Alcohol Policy is currently being developed.</p>	
4.4.6 b) stipulating operating criteria in the procedures;	✓✓	Operating criteria have been included in procedures, were appropriate.	see above
4.4.6 c) establishing and maintaining procedures related to the identifiable significant environmental aspects and H&S risks of goods and services used by the organization and communicating relevant procedures and requirements to suppliers and contractors.	✓✓	<p>At present, few contractors and suppliers to the NEB have involvement in EH&S activities. Internal environmental issues (such as green procurement) have low priority, but there is a requirement for recycled content in paper. Construction contracts within the building are handed by PWGSC if >\$5k. NEB personnel hire contractors directly for small construction projects, and require WCB and insurance information to be provided.</p> <p>Professional Service contracts are reported to include EH&S requirements, where appropriate. In the past, contract inspectors have been hired, but there are none in place at present.</p>	<p>Ensure that EH&S requirements for inspectors are applied to any contract inspectors hired in the future.</p> <p>Communicate emergency response procedures to contractors working short-term at the NEB (e.g., location of exits, two-stage alarm, etc.). Consider posting alarm description in meeting rooms.</p>
4.4.6 d) establishing and maintaining procedures for the design of workplace, process, installations, machinery, operating procedures and work organization, including their adaption to human capabilities, in order to eliminate or reduce EH&S risks at their source. (OHSAS 18001)	✓	<p>Machinery is used only by Document Production. The principal operator has good knowledge of operating procedures due to previous employment in a printing shop. He wears appropriate personal protective equipment (steel-toed footwear, earplugs), but has not been instructed to do so. There are some engineered controls in place to reduce risk to employees, but there is still a risk of injury from binding and punching equipment. There are no written procedures or signs in place to warn untrained people from attempting to use the equipment. From time-to-time, the operator works alone in the document production area after hours.</p> <p>There are also no written procedures for lifting, moving and transporting office furniture or books, files, documents, etc. There are driver training requirements for inspectors, but none for other NEB staff who drive vehicles occasionally as a part of their jobs. There are no policies or procedures relating to cell phone use while driving.</p>	<p>As a part of the followup to the risk assessment process, identify current operational controls, and modify controls where required.</p> <p>As part of the risk assessment process underway, review risks and controls for personnel who work alone.</p>

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4.4.7 Emergency Preparedness and Response			
4.4.7 The organization shall establish and maintain plans and procedures to identify potential for and responses to accidents and emergency situations, and for preventing and mitigating the likely illness, injury and environmental impacts that may be associated with them.	✓✓✓	<p>The NEB's Emergency Preparedness and Response Program is outline in a document entitled: <i>Emergency Preparedness and Response Regulatory Program</i>.</p> <p>The two distinct elements of SEMS are particularly clear with respect to Emergency Preparedness and Response. The NEB has responsibility and authority for ensuring that NEB-regulated companies are prepared to deal with emergencies. The second element of Emergency Preparedness and Response is the response to incidents directly involving NEB personnel. This element is addressed by the OSH Committee, with the involvement of building management. There are <i>Fire Alarm and Emergency Evacuation Procedures</i>.</p> <p>The NEB has responsibility for incident response and communication of lessons learned to other NEB-regulated companies through Pipeline Safety Advisories.</p> <p>There are several key documents governing external incident response, including NEB-OPS-018 (<i>Emergency Response to Pipeline & Frontier Incidents and Spills</i>) and the draft <i>Crisis Management Plan</i> (NEB-OPS-CMP01 – <i>Emergency Response to Regulated Incidents</i>).</p> <p>Emergency Response equipment is kept in a locked cabinet and is periodically checked to ensure it is working. Where appropriate, emergency response equipment has been sealed to detect tampering.</p>	<p>Finalize the Crisis Management Plan.</p> <p>Describe the links between various emergency response programs and plans in SEMS core documents.</p>
4.4.7 The organization shall review and revise, where necessary, its emergency preparedness and response procedures, in particular, after the occurrence of accidents or emergency situations.	✓✓✓	<p>Following September 11, 2001, the NEB has proposed changes to the NEB Act to include security within the scope of the NEB mandate. A draft <i>Crisis Management Plan</i> has been developed.</p>	see above
4.4.7 The organization shall also periodically test such procedures where practicable.	✓✓	<p>Fire Drills are conducted, although many staff (including some Fire Wardens) could not name staging areas. Building operators and tenant representatives meet following fire drills to review the effectiveness of the drill and identify areas for improvement.</p>	<p>Following system tests, share the results of the post-exercise review with staff, where appropriate.</p>

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		<p>Included in the <i>Emergency Preparedness and Response Regulatory Program</i> is a plan to have staff attend spill exercises.</p> <p>There is an excellent understanding of the benefit of testing emergency response plans. There has been a tabletop exercise testing the draft <i>Crisis Management Plan</i>, but a full exercise has not been completed yet; one is planned.</p>	
4.5 CHECKING AND CORRECTIVE ACTION			
4.5.1 Monitoring and Measurement			
4.5.1 The organization shall establish and maintain documented procedures to monitor and measure, on a regular basis, the key characteristics of its operations and activities that can have a significant impact on the environment. This shall include the recording of information to track EH&S performance, relevant operational controls and conformance with the organization's objectives and targets.	✓✓	<p>There are well documented procedures for monitoring characteristics (externally) of NEB-regulated companies through inspections and audits. These include: NEB-OPS-001-17 (<i>Auditing Pipelines</i>). To date, the Pipeline Audit Team has been auditing only Elements 1-6 of the <i>Onshore Pipeline Regulations</i>. NEB-OPS-012 (<i>Pipeline Incident Investigation Procedures</i>) deals with investigating pipeline incidents, but does not include environmental issues arising from spills.</p> <p>Internally, there are documented procedures for conducting inspections of the NEB office facilities (<i>A Guide for Monthly Floor Inspections</i> – Revised Jan 2, 2001).</p> <p>The Document Production area is inspected twice monthly, but the results of the inspection are not documented.</p> <p>The Board Members and the Executive Team meet quarterly to review EH&S performance with respect to the four corporate goals.</p>	Ensure monitoring procedures link monitoring of EH&S performance to specific objectives and targets.
4.5.1 These procedures shall provide for: - both qualitative and quantitative measures, appropriate to the needs of the organization, - monitoring of the extent to which the organization's H&S objectives are met, - proactive measures of performance that monitor compliance with the H&S management program, operational criteria and applicable legislation	✓	<p>Performance indicators are in the process of being drafted for the environmental objectives. The indicators includes a frequency of measurement and a starting date (<i>NEB's Contribution Toward Environmental Protection (Initial Corporate Environmental Performance Indicators)</i>). They have also been referenced in the <i>Environmental Objectives, Targets and Performance Indicators</i> document. Neither of these documents have indicators that follow the SMARTER principles.</p>	Ensure indicators are specific, measurable, time-bounded, achievable, realistic, economically feasible, and related to a base year.

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ISO14001/OHSAS 18001 Requirement	ISO 14001/OHSAS 18001 Conformance		Recommendations
	Status	Description of Existing Arrangements	
and regulatory requirements, (OHSAS 18001)			
<ul style="list-style-type: none"> - reactive measures of performance to monitor accidents, ill health, incidents (including near-misses) and other historical evidence of deficient H&S performance, and recording of data and results of monitoring and measurement sufficient to facilitate subsequent corrective and preventive action analysis. (OHSAS 18001) 	✓✓✓	<p>The NEB reports performance on a wide variety of EH&S indicators of NEB-regulated companies. This report includes: incidents and releases, lost time injuries (including those of contractors), landowner survey results, complaints, near misses, environmental AVCs, Environmental Orders, Environmental Conditions Confirmed, and Landowner Complaints. In some cases, indicators are normalized (e.g., injuries per hours worked, or incidents per 1000 km of pipeline).</p> <p>OH&S information tracked under OPR are generally lagging indicators. In addition to information required to be reported under OPR, the voluntary Safety Performance Indicators initiative was established in 2000 to identify leading indicators. Twenty-four pipeline companies responded to the initial request for data. At this point, the primary objective of this initiative is to obtain baseline EH&S information for the purpose of trending analysis. Due to issues with consistency of information, 2000 data have not yet been analyzed or reported to the public.</p> <p>The NEB also collects statistics on its own Workplace Incidents/Accidents. At the time of the Gap Analysis, a report on 2001 NEB incidents/accidents had not been compiled.</p>	Analyze and report on 2000 Safety Performance Indicators. In the future, use the results of the survey to set goals for improvement.
4.5.1 Monitoring equipment shall be calibrated and maintained and records of this process shall be retained according to the organization's procedures.	--	<p>Several items of equipment requiring calibration are used periodically by NEB personnel, including gas detectors, a sound meter, and a micrometer. The gas detectors were out of service at the time of audit. Calibration information for the sound meter and micrometer was not available.</p> <p>There are no written procedures for calibration of monitoring equipment.</p>	Develop and implement calibration procedures. Maintain a list of equipment requiring calibration. Identify responsibilities for both internal and external calibration (e.g., calibration by NEB personnel vs calibration by outside agencies) Identify calibration equipment status on equipment using calibration stickers with 'last calibrated' and 'next due' dates.

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ISO14001/OHSAS 18001 Requirement	ISO 14001/OHSAS 18001 Conformance		Recommendations
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4.5.1 The organization shall establish and maintain a documented procedure for periodically evaluating compliance with relevant environmental legislation and regulations.	✓✓	<p>The NEB conducts periodic compliance audits of various NEB-regulated pipelines during construction and after a pipeline is in operation. NEB field inspectors monitor compliance with: the conditions of the project approval, OPR, the pipeline company's safety manual, and the pipeline company's environmental protection plan. Operating facilities are selected to be audited using a risk-based approach. North of 60°, the NEB conducts inspections of H&S aspects of geophysical and drilling programs.</p> <p>There are documented procedures: NEB-OPS-002 (<i>1999/2000 Condition Tracking System</i>), NEB-OPS-003 (<i>S.58 Operations Project Management and Condition Compliance</i>) and NEB-OPS-004 (<i>Tracking s.52 Application and Condition Compliance</i>).</p> <p>The NEB does not have documented procedures to monitor its own compliance with relevant EH&S legislation. The Manager, Audit & Evaluation (position currently vacant) is responsible for internal environmental compliance auditing, according to the EMP Structure & Responsibilities chart.</p>	The new Manager, Audit and Evaluation should develop an internal compliance monitoring program.
4.5.2 Accidents, Incidents, Nonconformances and Corrective and Preventive Action			
4.5.2 The organization shall establish and maintain procedures for: <ul style="list-style-type: none"> - defining responsibility and authority for handling and investigation accidents, incidents, and nonconformances, - taking action to mitigate any impacts or consequences caused, - initiating and completing corrective and preventive actions, and - confirming the effectiveness of corrective and preventive actions taken. 	✓✓	<p>There are well-defined procedures for dealing with non-compliances by NEB-regulated companies that are identified by NEB inspectors. Minor issues are generally recorded by the inspector and an assurance of voluntary compliance (AVC) is received from the pipeline company. Issues that must be resolved immediately are recorded on a field order. Tracking of compliance with conditions and response to AVCs is completed using ESIMS.</p> <p>There are documented <i>Pipeline Incident Investigation Procedures</i> (NEB-OPS-012). There is a formal internal 'Review and Learn' system to evaluate the NEB's performance of major projects such as those that are governed by Section 52 of the NEB Act.</p> <p>A Review & Learn session for EMP was held in March 2001</p> <p>Preventive Actions for H&S will be conducted as part of the NEB Risk Analysis Tool Outline (Critical Task Worksheet) where loss exposures will be identified, controls will be identified and improvement suggestions can be made. If an incident occurs in the workplace, a <i>Hazardous Occurrence</i></p>	Develop and implement a system to record and respond to nonconformance with SEMS internal requirements, as well as to preventive actions identified (e.g., during Review & Learns)

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		<p><i>Investigation Report</i> is filled out (HRDC Schedule 1, Section 15.8). The form includes a requirement for identification of both Corrective and Preventive Measures. There is also a separate OSH Committee Workplace Incident Form.</p> <p>There is no formal system in place to identify, track, and respond to nonconformances with internal SEMS requirements. Employee Relations personnel may become involved if there is a disciplinary issue (e.g., someone refuses to work according to procedures) or if there is a performance issue (e.g., someone is incapable of doing their job). Disciplinary issues are also dealt with through the two unions (PSAC and PIPSC).</p> <p>Pipeline Incidents are logged into the Pipeline Incident Database (PID). Each incident is assigned to one inspector. Not all incidents in the database have been closed out within an appropriate timeframe (e.g., records on a 1999 incident have not been closed). Frontier incidents are recorded in COGOSH, a separate system from PID.</p> <p>The effectiveness of conditions and response to conditions is being evaluated by establishing a Desired End Result (DER) for each condition, order, and AVC request.</p> <p>In September 1998, the Auditor General issued a report on the NEB, including management of EH&S. The Board accepted the Auditor General's recommendations. Several of the positive initiatives described in this report were completed as part of the response to that report.</p>	Review the PID followup procedures to ensure inspectors are following up incidents within a reasonable timeframe.
4.5.2 These procedures shall require that all proposed corrective and preventive actions shall be reviewed through the risk assessment process prior to implementation. (OHSAS 18001)	✓	Responses to the OSH Inspection Reports are documented; recommendations for changes are made within the reports.	The Critical Task Worksheet currently being developed could be integrated with the OSH Inspection Reports.

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4.5.2 Any corrective or preventive action taken to eliminate the causes of actual and potential nonconformances shall be appropriate to the magnitude of problems and commensurate with the environmental impact and H&S risk encountered.	✓✓✓	The response of inspectors to identified non-compliances in the field is commensurate with the identified risk. For smaller issues, inspectors can require an AVC; they have the authority to shut down an operation if significant risks are identified. It appears that corrective and preventive action taken to eliminate the actual or potential nonconformances addressed in the OSH floor inspections is appropriate to the magnitude of problems and commensurate with the H&S risk encountered.	No change recommended.
4.5.2 The organization shall implement and record any changes in the documented procedures resulting from corrective and preventive action.	✓	There is no formal process to implement and record any changes in the documented procedures resulting from corrective or preventive action.	Develop and implement a system to record SEMS nonconformances and corrective & preventive actions.
4.5.3 Records and Records Management			
4.5.3 The organization shall establish and maintain procedures for the identification, maintenance and disposition of EH&S records. These records shall include training records and the results of audits and reviews.	✓✓	IRAD has very detailed procedures governing the classification, storage, archiving and disposition of EH&S records. This system includes personnel files and the results of audits and reviews. These procedures, are described in various draft documents. Archiving Procedures are documented in the <i>Retention Guidelines for Common Administrative Records of the Government of Canada</i> . Records are also addressed as part of procedure NEB-EMP-002, <i>Procedure for Control of Critical Environmental Documents</i> . Some personal safety training records are maintained by HR Development within each employee's training records. Also, a Training Administrative Coordinator is developing central Personal Safety Training records (WHMIS, TDG, etc.) for Operations and Applications BUs.	Review personal safety training records system to ensure that appropriate training information is being collected.
4.5.3 EH&S records shall be legible, identifiable and traceable to the activity, product or service involved.	✓✓✓	EH&S records relating to a particular pipeline are stored and classified accordingly.	No change recommended.

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4.5.3 EH&S records shall be stored and maintained in such a way that they are readily retrievable and protected against damage, deterioration or loss.	✓✓✓	Most records are readily retrievable. Records are generally filed according to pipeline. Records storing procedures are documented in <i>Protecting Essential Records: "A short guide for government institutions"</i> – April 2001. In the event of a fire, the records may be damaged by water from sprinklers or flame. Server files are backed up daily. Tapes are moved to off-site storage after two weeks.	No change recommended.
4.5.3 Their retention times shall be established and recorded.	✓✓✓	Official records are stored for five years as active files and then another five as being dormant. They then may be archived for 40 years at the National Archives, following which they will either be destroyed or retained for another 40 years.	No change recommended.
4.5.3 Records shall be maintained, as appropriate to the system and the organization, to demonstrate conformance to the requirements of these Standards.	✓✓	Records are being stored in a manner that is appropriate to the system and the organization.	As SEMS is developed, ensure documentation of record-keeping requirements.
4.5.4 EH&S Management System Audit			
4.5.4 The organization shall establish and maintain a program and procedures for periodic EH&S management system audits to be carried out	✓✓	The NEB has trained and experienced EH&S auditors on staff. These personnel complete periodic management system audits of pipelines. The focus of the audit is on the effectiveness of the pipeline company's EH&S management systems. The first such "Management System Audit" for SEMS is the Gap Analysis described in this report. There is an Internal Audit and Evaluation position within the NEB, but the role is currently vacant. The auditor is responsible for preparing a multi-year Audit and Evaluation Plan and conducting various audits in accordance with the plan. It has not been determined how future internal Management System Audits will be completed.	As SEMS is developed, ensure that a system of periodic management system audits is implemented.

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in order to: 4.5.4 a) determine whether or not the EH&S management system: 1) conforms to planned arrangements for EH&S management including the requirements of these Standards; and	--	The results of this Gap Analysis will partially address this requirement.	see above
2) has been properly implemented and maintained; and	--	The results of this Gap Analysis address this requirement.	see above
3) is effective in meeting the organization's policy and objectives; and (OHSAS 18001)	--	The results of this Gap Analysis address this requirement.	see above
4.5.4 b) review the results of previous audits, and (OHSAS 18001)	✓✓	This Gap Analysis included a review of response to the Auditor General's 1998 report. Future audits should review the response to this audit.	see above
4.5.4 b) provide information on the results of the audit to management.	✓✓✓	Previous management system audits, including the Auditor General's report have been presented to senior management. The results of this Gap Analysis will reportedly be presented to the Executive Team and Board Members.	No change recommended.
4.5.4 The organization's audit program, including any schedule, shall be based on the EH&S importance of the activity, the results of risk assessments concerned and the results of previous audits.	✓✓	Auditing of NEB-regulated companies is scheduled using a risk-based approach. Internal SEMS audit scheduling has not yet been completed.	Base the SEMS audit program on risk, and on the results of previous audits.
4.5.4 In order to be comprehensive, the audit procedures shall cover the audit scope, frequency, methodologies and competencies, as well as the responsibilities and requirements for conducting audits and reporting results.	--	Specific SEMS audit procedures have not yet been developed.	Develop SEMS audit procedures.

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4.5.4 Whenever possible, audits shall be conducted by personnel independent of those having direct responsibility for the activity being examined. (OHSAS 18001)	✓✓	Specific SEMS audit procedures have not yet been developed, but the concept of independent auditors/inspectors is well understood at the NEB. Independent auditors were hired to complete this Gap Analysis. The internal audit position at the NEB is currently vacant. Within the management structure, that person is independent of areas they will audit.	Develop SEMS audit procedures.
4.6 MANAGEMENT REVIEW			
4.6 The organization's top management shall, at intervals it determines, review the EH&S management system, to ensure its continuing suitability, adequacy and effectiveness.	✓✓	The NEB has an <i>Internal Audit and Evaluation Policy</i> . Board Members review the EH&S performance of NEB-regulated companies but (with the exception of the Chairman), do not review the NEB staff's EH&S performance.	Develop and implement a SEMS Management Review procedure compliant with existing NEB audit and evaluation requirements. Ensure that the roles of Board Members and the Chairman/CEO are considered when preparing the review procedure.
4.6 The management review process shall ensure that the necessary information is collected to allow management to carry out this evaluation.	✓✓	There is no SEMS Management Review procedure documented, but the current reports to Board Members contain appropriate information. Internal H&S data for 2001 have not yet been compiled.	see above
4.6 This review shall be documented.	✓✓	There is no SEMS Management Review procedure documented.	see above
4.6 The management review shall address the possible need for changes to policy, objectives and other elements of the EH&S management system, in the light of EH&S management system audit results, changing circumstances and the commitment to continual improvement.	✓✓	Although there is no SEMS Management Review procedure documented, the current system of reporting information to Board Members indicates that the required criteria are being considered.	see above

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APPENDIX C
DESCRIPTION OF ACRONYMS USED



APPENDIX C – LIST OF ACRONYMS

ADR	Alternate Dispute Resolution
AVCs	Assurance of Voluntary Compliance
BU	Business Unit
CAPP	Canadian Association of Petroleum Producers
CEO	Chief Executive Officer
CEPA	Canadian Energy Pipeline Association
COGOA	Canadian Oil and Gas Operations Act
COGOSH	Canadian Oil and Gas Occupational Safety and Health
COO	Chief Operating Officer
CPR	Cardiopulmonary Resuscitation
DER	Desired End Result
EH&S	Environment Health & Safety
EMP	Environmental Management Program
ESIMS	Environment and Safety Information Management System
H&S	Health and Safety
HR	Human Resources
HRDC	Human Resources Development Canada
HSEMS	Health, Safety and Environmental Management System
HSMS	Health and Safety Management System
IRAD	Information Resources and Distribution Team
IRS	Internal Responsibility System
ISO	International Organization for Standardization
IT	Information Technology
NEB	National Energy Board
OH&S	Occupational Health and Safety
OHSAS	Occupational Health and Safety Assessment Series
OPR	Onshore Pipeline Regulations, 1999
OSH	Occupational Safety and Health
PID	Project Information Database
PIPSC	Professional Institute of the Public Service of Canada
PSAC	Public Service Alliance of Canada
PWGSC	Public Works; Government Services Canada
SEMS	Safety and Environmental Management System
SMARTER	Specific Measurable, Achievable, Realistic, Time-bound, Economically Feasible, Related to a Base Year
SMP	Safety Management Program
TDG	Transportation of Dangerous Goods
WCB	Workers' Compensation Board
WHMIS	Workplace Hazardous Materials Information System

