

 City of Dallas	Document Number:	COD-EMS-PRO-017	Revision Number:	5
	Approved By:	OEQ Managing Director	Effective Date:	12/01/2017
	Description of Last Change:	Changes to bring procedure up to date with ISO 14001:2015 standard and update audit frequency and auditor qualifications table.		
Document Title:	Evaluation of Compliance ISO 14001:2015 9.1.2			

1. **PURPOSE:** This document describes the procedure for planning, performing, and documenting periodic internal environmental compliance assessments completed as part of the Office of Environmental Quality (OEQ) Environmental Compliance Assessment (ECA) program.

2. **SCOPE:** This procedure applies to all City facilities within the fenceline of EMS Departments.

3. **ENVIRONMENTAL:** Utilization of Environmental Management Systems, as appropriate for our operations, to provide a framework for systematically reviewing and reducing our environmental footprint.

4. **DEFINITIONS & ACRONYMS:**
 - 4.1 **Audit Plan** – List of audits to be completed by OEQ annually
 - 4.2 **CESQG** – Conditionally Exempt Small Quantity Waste Generator
 - 4.3 **Consent Decree** – A legally binding agreement between the City of Dallas and the Environmental Protection Agency, approved by the Department of Justice.
 - 4.4 **ECA** – Environmental Compliance Assessment program. The ECA program evaluates compliance with the federal, state, and local environmental laws and regulations that affect City facilities, defines existing and potential liabilities, assists City facilities with compliance, and approves appropriate corrective action. If applicable, certain assessments will be conducted under the Texas Environmental, Health and Safety Audit Privilege Act thus allowing the City to assess the Department facility’s compliance status under a limited evidentiary privilege and immunity from penalties.
 - 4.5 **Initial Assessment** – The first compliance audit conducted by OEQ at the facility, during which compliance risk is determined and audit frequency is defined.
 - 4.6 **LQG** – Large Quantity Waste Generator
 - 4.7 **NOV** – Notice of Violation
 - 4.8 **PBR** – Permit by Rule (air)
 - 4.9 **Periodic Assessment** – Compliance audits conducted by OEQ at the facility after the initial assessment. Frequency for the facility is determined by the risk identified in the Initial Assessment.
 - 4.10 **PST** – Petroleum Storage Tank
 - 4.11 **SARA** – Superfund Amendments and Reauthorization Act
 - 4.12 **SPCC** – Spill Prevention Control and Countermeasure Plan
 - 4.13 **SQG** – Small Quantity Waste Generator

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- 4.14 **SWPPP** - Storm Water Pollution Prevention Plan
- 4.15 **TCEQ** – Texas Commission on Environmental Quality
- 4.16 **TITLE V** – Air operating permit required by Title V of the Clean Air Act
- 4.17 **TPDES** – Texas Pollutant Discharge Elimination System

5. RESPONSIBILITY & AUTHORITY:

- 5.1 Directors are responsible for the following:
 - 5.1.1 Implementing federal, state, and local regulatory environmental requirements.
 - 5.1.2 Providing appropriate resources to ensure regulatory compliance of affected City Departments.
- 5.2 City Attorney’s Office is responsible for assisting the Office of Environmental Quality (OEQ) on regulatory compliance issues as requested.
- 5.3 The Office of Environmental Quality (OEQ) is responsible for the following:
 - 5.3.1 Communicating and tracking any results of state/federal Notice of Violations (NOV) and maintaining agency relationships on the behalf of City operations.
 - 5.3.2 Completing compliance assessments and submitting required reports to the affected Department in a timely manner.
 - 5.3.3 Tracking resolution of issues identified during an OEQ initiated internal compliance assessment.
 - 5.3.4 Entering non-conformances and assessment findings into the City’s ISO Data Management System, as appropriate.
 - 5.3.5 Closure of assessment findings through re-assessment, or other appropriate verification of the effectiveness of corrective actions.
 - 5.3.6 Reporting the performance indicators selected for the assessment program to City top management.
 - 5.3.7 Providing guidance and support to Facility Managers, EMRs and Directors regarding environmental compliance issues.
- 5.4 Senior Lead Auditor is responsible for:
 - 5.4.1 The overall performance of the assessment program.
 - 5.4.2 Day-to-day management of the assessment program including ensuring that OEQ’s responsibilities outlined in 5.3 are met.
- 5.5 Lead Auditors are responsible for the following:
 - 5.5.1 Planning assessments.

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- 5.5.2 Conducting the opening and closing meetings during the assessment.
- 5.5.3 Guiding the assessment team during the audit phase of the assessment.
- 5.5.4 Serving as the principal contact to the audited facility during the assessment.
- 5.5.5 Consolidating audit findings received from the auditors.
- 5.5.6 Determining nonconformances and observations.
- 5.6 Auditors, including Auditors-in-Training, are responsible for the following:
 - 5.6.1 Supporting the lead auditor, including assisting in documenting opening and closing meetings.
 - 5.6.2 Completing the assessment through site investigations, document review, and interviews.
 - 5.6.3 Assisting in the determination of assessment findings including recommending nonconformances.
- 5.7 Facility Manager/Supervisors are responsible for:
 - 5.7.1 Reviewing assessment reports, and responding to assessment findings as necessary to ensure closure within the agreed time.
 - 5.7.2 Implementing, documenting, and maintaining corrective actions and/or changes to operations to demonstrate compliance.
- 5.8 Environmental Management Representatives (EMRs) are responsible for:
 - 5.8.1 Responding to compliance non-conformances generated during an assessment in the City's ISO Data Management System.
 - 5.8.2 Reviewing compliance updates and assisting in closure within the agreed time.
- 6. **PROCEDURE:**
 - 6.1 OEQ will conduct environmental compliance assessments to determine existing and potential environmental liabilities related to federal, state, and local environmental laws and regulations.
 - 6.2 OEQ will maintain a compliance assessment schedule based upon the degree to which environmental laws affect the facility.
 - 6.3 OEQ will draft an audit plan each fiscal year. The audit plan will be approved by the Managing Director of OEQ. The plan will be developed using the hierarchy for facility priority for compliance audits described below and summarized in **Table 1:**
 - 6.3.1 The City budget process determines approximately how many compliance assessments OEQ will complete in a fiscal year.
 - 6.3.2 All consent decree facilities must be included in each year's audit plan.

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- 6.3.3 Higher risk “A” and “B” facilities due for audit will be included in the audit plan after consent decree facilities have been scheduled.
- 6.3.4 Any “new” facilities within an EMS department that have not been previously audited will be considered after consent decree and higher risk facilities have been scheduled.
- 6.3.5 Lower risk “C” and “D” facilities will be scheduled during remaining audit dates.
- 6.3.6 **Table 2** outlines the compliance assessment scheduling decision matrix. The matrix is based on environmental regulatory areas (air, water, waste, etc.)

Table 1: Hierarchy of Facility Priority for Compliance Audit Plans

Priority	Type of Facility (see Table 2)	Frequency
Highest  Lowest	Consent Decree facilities	Annually
	“A” facilities due for audit	1-2 Years
	“B” facilities due for audit	2-3 Years
	Facilities due for an initial compliance assessment (“new” facilities)	Considered Annually
	“C” facilities due for audit	4-5 Years
	“D” facilities due for audit	6-7 Years

Table 2: Compliance Assessment Scheduling Decision Matrix

Facility Type	A	B	C	D
Assessment Frequency (years)	1-2	2-3	4-5	6-7
Waste Criteria	LQG	SQG	CESQG	*
Air Criteria	Title V	Reg. PBR	PBR	*
Water Criteria	SWPPP TPDES	*	*	*
SARA Reporters	313 reporter	Tier I & II	*	*
Tanks	*	PST Stage II	*	*

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		SPCC		
Consent Decree	All Facilities	*	*	*

*Indicates that there are no specific environmental criteria for that facility.

6.4 Reconciliation of the Audit Program Plans with Actual Audits Completed

6.4.1 In October of each year, OEQ staff shall compile the list of actual audits completed in the prior fiscal year and compare with the prior year's annual audit plan and the compliance assessment schedule.

Where the list of actual audits completed does not match the annual plan and/or the compliance assessment schedule, OEQ staff shall document the planned audits and/or assessments that did not occur. These records shall also include why the audit or assessment did not occur.

6.5 There are two types of assessment conducted by OEQ: initial assessments and periodic assessments. The components of each are described below:

6.5.1 Initial Assessment – These assessments can be conducted utilizing the Texas Environmental, Health and Safety Audit Privilege Act at the request of the Department EMR.

6.5.1.1 If applicable, OEQ Lead Auditor will prepare required notification regarding the Texas Environmental, Health and Safety Audit Privilege Act at least 48 hours in advance.

6.5.1.2 OEQ shall review the facility's environmental documentation. The document review may include the following, if applicable:

- Process maps and flow diagrams;
- Permits, permit exemptions or permits by rule;
- Historical performance records, inspections/audits, notices of violations and consultant reports;
- Stormwater/sanitary sewer connections;
- Petroleum storage tank documentation including registration, inspection, certification, and testing;
- Spill Prevention Control and Countermeasures Plan (SPCC);
- Stormwater Pollution Prevention Plan (SWPPP);
- Stormwater Daily Pollution Prevention Checklist;
- Emergency Response Procedures;
- Tier II reporting (if filed);
- Environmental incident and/or spill reports;

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- Analytical test reports;
Profile sheets, waste manifests, trip tickets / receipts; and,
Training records.

- 6.5.1.3 A site tour shall be conducted to record observations of daily activities; verify compliance of activities; compare the facility's procedures, permits, plans and programs against practice; and verify closure of previously identified compliance issues.
- 6.5.1.4 OEQ will report each day on the results of each audit. The report will be an email to the EMR and audit team members. The email is due to the EMR before the start of the next audit day.
- 6.5.1.5 A closing meeting with the participating department staff will be held to discuss the initial findings. The daily reports will be used as the basis for results reported at the closing meeting.
- 6.5.1.6 The OEQ audit team will enter all audit data into the City's ISO Data Management System within 10 business days of the conclusion of the assessment. The ISO Data Management System record will include, at a minimum:
- 6.5.1.6.1 A record of the verification of the "compliance assessment scheduling decision" previously assigned to the audited facility (see Table 2 above).
 - 6.5.1.6.2 A description of the scope of the audit.
 - 6.5.1.6.3 A listing of all audit findings (non-conformances, observations, etc.).
 - 6.5.1.6.4 All relevant attachments, which shall include:
 - 6.5.1.6.4.1 Completed compliance checklists
 - 6.5.1.6.4.2 Relevant audit photos
 - 6.5.1.6.4.3 Audit sign-in-sheets
- 6.5.1.7 Upon the submittal of findings into the City's ISO Data Management System by OEQ personnel, the EMR must investigate (including Root Cause Analysis) and reply to the findings, issuing corrective action if required.
- 6.5.1.8 If applicable, violations to be disclosed to the Texas Commission on Environmental Quality (TCEQ) under the Audit Privilege Act will be agreed upon by OEQ and the affected Department. Notification letters will be generated by OEQ and submitted to the affected Department Director for signature and forward to TCEQ. If disclosure of violations cannot be

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made within six months of audit, a Request for Extension will be submitted to TCEQ by the Department.

6.5.2 Periodic Assessments – These assessments will be conducted when an initial assessment has already been conducted.

6.5.2.1 OEQ shall review the facility’s environmental documentation. The document review must include historical internal compliance audit findings. The review may also include the items listed in 6.5.1.2 of this procedure.

6.5.2.2 A site tour shall be conducted to record observations of daily activities; verify compliance of activities; compare the facility’s procedures, permits, plans and programs against practice; and verify closure of previously identified compliance issues.

6.5.2.3 All periodic assessments must include a review of historical audit findings. At minimum, all open nonconformances and the findings from the last periodic assessment must be reviewed. Older findings are to be sampled at the discretion of the lead auditor.

6.5.2.4 OEQ will report each day on the results of each audit. The report will be an email to the EMR and audit team members. The email is due to the EMR before the start of the next audit day.

6.5.2.5 A closing meeting with the participating department staff will be held to discuss the initial findings. The daily reports will be used as the basis for results reported at the closing meeting.

6.5.2.6 The OEQ audit team will enter all audit data into the City’s ISO Data Management System within 10 business days of the conclusion of the assessment. The ISO Data Management System record will include, at a minimum:

6.5.2.6.1 A record of the verification of the “compliance assessment scheduling decision” previously assigned to the audited facility (see Table 2 above).

6.5.2.6.2 A description of the scope of the audit.

6.5.2.6.3 A listing of all audit findings (non-conformances, observations, etc.).

6.5.2.6.4 All relevant attachments, which shall include:

6.5.2.6.4.1 Competed compliance checklists

6.5.2.6.4.2 Relevant audit photos

6.5.2.6.4.3 Audit sign-in-sheets

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6.6 OEQ will maintain copies of the compliance reports and correspondence as required by the EPA Consent Decree.

6.7 OEQ will follow up on the Department’s compliance status, assist with nonconformance issues and revisit the facility, if necessary, to verify that the corrective actions and recommendations have been implemented and are maintained.

6.8 Compliance Program Review

6.8.1 As a requirement of the Environmental Management System (EMS), regulatory compliance issues are tracked and discussed at annual Management Review meetings. Status updates on the compliance assessment program shall include:

6.8.1.1 A general summary of compliance assessment findings.

6.8.1.2 Trends associated with compliance findings.

6.9 Competency of Auditors

6.9.1 Competency and training requirements are listed in **Table 3 “Grades and Qualifications for Internal Compliance Auditors”**.

6.9.1.1 Sources for required compliance training hours include, but are not limited to: COD-offered regulatory courses and workshops; EPA and TCEQ-sponsored courses or workshops; and regulatory certification courses.

Table 3: Grades and Qualifications for Internal Compliance Auditors

Grade	Minimum Classification Specification	Required Environmental Work Experience	Required Audit Experience	Required Certifications	Required Compliance Training *
Auditor-in-training	Environmental Coordinator-H or hold equivalent qualifications	One year	none		none
Auditor	Environmental Coordinator-H or hold equivalent qualifications	One year	20 audit days as part of an audit team. The twenty audit days must include at least 4 complete audits.		8 hours annually

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Table 3: Grades and Qualifications for Internal Compliance Auditors

Grade	Minimum Classification Specification	Required Environmental Work Experience	Required Audit Experience	Required Certifications	Required Compliance Training *
Lead Auditor	Environmental Coordinator II-I or hold equivalent qualifications	Two years	Must have completed 35 audit days, with at least 7 complete audits, as part of an audit team. Must have completed at least 15 days and 3 complete audits leading the audit team or as a solo auditor.	Must be a Certified Environmental Scientist (CES), Registered Environmental Manager (REM), or hold equivalent credentials. Must hold Exemplar Global certification grade "Environmental Auditor" or higher.	16 hours annually
Senior Lead Auditor	Must be an Environmental Coordinator III-K or hold equivalent qualifications	Four years	Must have completed 35 audit days, with at least 7 complete audits, as part of an audit team. Must have completed at least 15 days and 3 complete audits leading the audit team or as a solo auditor.	Must be a Registered Environmental Manager (REM) or hold equivalent credentials. Must hold Exemplar Global certification grade "Principal Environmental Auditor", or higher.	16 hours annually

* Teaching a class can be used toward the annual requirement; however, a class can only be counted once per year. Hazardous materials safety refresher or initial training cannot be counted towards the required compliance training hours.

7. REFERENCES:

- 7.1 ISO 14001:2015 Standard
- 7.2 Administrative Directive 3-73, Environmental Management Program
- 7.3 Administrative Directive 2-49, Environmental Management System

8. RECORDS: