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**Subject:** Drinking Water Quality Management System (DWQMS) 2025  
Quarter 2 Report

**Report to:** Thorold City Council

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## Recommendations

1. That Report PWCS 46-2025 **BE RECEIVED** for information purposes.

## Key Facts

- The purpose of this report is to keep Council, (owners) informed and updated with the status of the drinking water system(s)
- There were zero adverse drinking water samples within the first quarter
- The drinking water system(s) are operating proficiently

## Budgetary Status

N/A

## Analysis

In accordance with the City's Drinking Water Systems Operations and Maintenance Manual, Staff is required to provide Council, owners of the system, quarterly reports of all "adverse water quality incidents" and the review of completed "Daily Log Sheets".

Quarterly and Annual reports help council obtain data on the City's water infrastructure and allows for more educated decisions when dealing with water issues. Any action required is described in recommendations above, most reports are informational only.

As always, additional data can be requested from staff and provided to council at any time.

Drinking water samples are taken on a weekly basis in accordance with Ontario Regulation 170/03. Daily Log Sheets are to be completed by designated operators at the end of each shift in accordance with Ontario Regulation 128/04. The following summary report includes the first quarter of 2023 for the period beginning April 1, to June 30, 2025.

## Quarter 2

### “Adverse Water Quality Incident Summary”

Total Number Drinking Water Samples Collected = 244

Total Number of Adverse Drinking Water Samples = 0

**O.Reg 170/03, s. 8.3** The owner of a drinking water system that provides secondary disinfection and the operating authority for the system shall ensure that at least two distribution samples are taken each week in accordance with subsection (3.1) and are tested immediately for,

(a) free chlorine residual, if the system provides chlorination and does not provide chloramination;

Total Number of Free Chlorine Residual Tests = 412

Total Number of Adverse Free Chlorine Residual Tests = 0

Highest Chlorine Residual Reading = 1.20

Lowest Chlorine Residual Reading = 0.34

### “Review of completed Daily Log Sheets”

**Reg 128/04, s. 27.(5)** An operator-in-charge or a person authorized by an operator-in-charge shall record the following information in the logs or other record-keeping mechanisms in respect of each operating shift:

1. The date, the time of day the shift began and ended and the number or designation of the shift.
2. The names of all operators on duty during the shift.
3. Any departures from normal operating procedures that occurred during the shift and the time they occurred.
4. Any special instructions that were given during the shift to depart from normal operating procedures and the person who gave the instructions.

5. Any unusual or abnormal conditions that were observed in the subsystem during the shift, any action that was taken and any conclusions drawn from the observations.

6. Any equipment that was taken out of service or ceased to operate during the shift and any action taken to maintain or repair equipment during the shift. O. Reg. 128/04, s. 27 (5).(6) The owner or operating authority shall ensure that logs and other record-keeping mechanisms are accessible at the subsystem,

(a) for at least five years after the last entry in it was made, in the case of a log or record-keeping mechanism that is kept in a book or document form or kept on a similarly fixed basis; or

(b) for at least five years after each entry in it was made, in the case of a log or record-keeping mechanism that is kept on a loose-leaf or electronic basis or kept on a similarly continuous basis. O. Reg. 128/04, s. 27 (6).

(7) The owner or operating authority shall submit to the Director copies or summaries of the records kept under this section when requested to do so by the Director. O. Reg. 128/04, s. 27 (7).

Total number of completed shifts = 63

Total number of daily log's **NOT** completed or not completed correctly = 0

### **“Systems Audit” Performed by Intertek**

Intertek performed the 12 month systems audit for the City's Drinking Water Quality Management System.

A summary of their findings is outlined below:

“ 0 “ Major NCR (Major non-conformities) were found

“ 0 ” Minor NCR (Minor non-conformities) were found

“ 1 ”OFI (Opportunities for Improvement) was found

The OFI was a suggestion to change a minor reference to one of our internal procedures. The procedure was updated with the change, OFI is now closed.

### **“Re-accreditation Audit” Performed by Intertek**

Intertek performed the 36 month Re-accreditation audit for the City’s Drinking Water Quality Management System.

A summary of their findings is outlined below:

“ 0 “ Major NCR (Major non-conformities) were found

“ 0 ” Minor NCR (Minor non-conformities) were found

“ 4 ”OFI (Opportunities for Improvement) were found

The Opportunities for Improvement (OFIs) will be presented at the upcoming Water Top Management Meeting to determine the appropriate next steps for addressing them.

This report has been prepared for information purposes in accordance with Section E2 of the City’s Drinking Water Systems Operation and Maintenance Manual, Quarterly Reporting Requirements.

### **Impact on the Environment, Climate Change**

There are no known environmental or climate change related impacts to this Report.

### **Alternatives Reviewed**

N/A

### **Relationship to Strategic Plan**

- Vibrant and Prosperous Community
  - Livable Community
  - Community Wellbeing
- Sustainability
  - Sustainable Infrastructure
  - Environmental Sustainability

## Other Pertinent Reports

N/A

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**Prepared by:**

Kory Yungblut  
Water Wastewater Compliance  
Supervisor  
Public Works

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**Recommended by:**

Geoff Holman  
Director Public Works and Community  
Services



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**Approved and Submitted by:**

Manoj Dilwaria  
Chief Administrative Officer

*This report was prepared in consultation with Steve Santo, Manager, Public Works.*

## Appendices

Appendix A – Systems Audit Report

Appendix B – Re-Accreditation Audit Report

# Audit Report

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Systems Audit for

City of Thorold

ACTY-2023-640306

Audited Address: 3540 Schmon Parkway, PO Box 1044

Start Date: May 21, 2025 End Date: May 21, 2025

Type of audit -  
System (Stage 1)

Issue Date: May 22, 2025

Revision Level: *Final*



## Audit Report

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### BACKGROUND INFORMATION

Intertek - SAI Global conducted an audit of the City of Thorold on May 21, 2025, to the Drinking Water Quality Management Standard (Version 2).

The purpose of this audit report is to summarise the degree of compliance with relevant criteria, as defined on the cover page of this report, based on the evidence obtained during the audit of your organization. This audit report considers your organization's policies, objectives, and continual improvement processes. Comments may include how suitable the objectives selected by your organization appear to be in regard to maintaining customer satisfaction levels and providing other benefits with respect to policy and other external and internal needs. We may also comment regarding the measurable progress you have made in reaching these targets for improvement.

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In addition to the information contained in this audit report, Intertek - SAI Global maintains files for each client. These files contain details of organization size and personnel as well as evidence collected during preliminary and subsequent audit activities (Documentation Review and Scope) relevant to the application for initial and continuing certification of your organization.

Please take care to advise us of any change that may affect the application/certification or may assist us to keep your contact information up to date, as required by Intertek - SAI Global Terms and Conditions.

This report has been prepared by Intertek - SAI Global Limited (Intertek - SAI Global) in respect of a Client's application for assessment by Intertek - SAI Global. The purpose of the report is to comment upon evidence of the Client's compliance with the standards or other criteria specified. The content of this report applies only to matters, which were evident to Intertek - SAI Global at the time of the audit, based on sampling of evidence provided and within the audit scope. Intertek - SAI Global does not warrant or otherwise comment upon the suitability of the contents of the report or the certificate for any particular purpose or use. Intertek - SAI Global accepts no liability whatsoever for consequences to, or actions taken by, third parties as a result of or in reliance upon information contained in this report or certificate.

Please note that this report is subject to independent review and approval. Should changes to the outcomes of this report be necessary as a result of the review, a revised report will be issued and will supersede this report.

<b>Standard:</b>	Drinking Water Quality Management Standard (Version 2)
<b>Applicable codes:</b>	ACTY-2023-640306; CPRJ-2023-140739; CMPY-165058
<b>Scope of Certification:</b>	Drinking Water Quality Management Standard (Version 2)
<b>Drinking Water System Owner:</b>	City of Thorold
<b>Operating Authority:</b>	City of Thorold
<b>Population Services:</b>	18000
<b>Activities:</b>	<b>Distribution</b>
<b>Drinking Water Systems</b>	Thorold Distribution System Port Robinson Distribution System
<b>Total audit duration:</b>	<b>Person(s): 1 Day(s): 0.5</b>
<b>Audit Team Member(s):</b>	Ryan Bourner

## Audit Report

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### Definitions and action required with respect to audit findings

#### Major Non-conformance:

Based on objective evidence, the absence of, or a significant failure to implement and/or maintain conformance to requirements of the applicable standard. Such issues may raise significant doubt as to the capability of the management system to achieve its intended outputs (i.e. the absence of or failure to implement a complete Management System clause of the standard); or

A situation which would on the basis of available objective evidence, raise significant doubt as to the capability of the Management System to achieve the stated policy and objectives of the customer.

NOTE: The "applicable Standard" is the Standard which Intertek - SAI Global are issuing certification against, and may be a Product Standard, a management system Standard, a food safety Standard or another set of documented criteria.

Action required: This category of findings requires Intertek - SAI Global to issue a formal NCR; to receive and approve client's proposed correction and corrective action plans; and formally verify the effective implementation of planned activities. Correction and corrective action plan should be submitted to Intertek - SAI Global prior to commencement of follow-up activities as required. Follow-up action by Intertek - SAI Global must 'close out' the NCR or reduce it to a lesser category **within 90 days for initial certification and within 60 days for surveillance or re-certification audits, from the last day of the audit.**

If significant risk issues (e.g. safety, environmental, food safety, product legality/quality, etc.) are detected during an audit these shall be reported immediately to the Client and more immediate or instant correction shall be requested. If this is not agreed and cannot be resolved to the satisfaction of Intertek - SAI Global, immediate suspension shall be recommended.

In the case of initial certification, failure to close out NCR within the time limits means that the Certification Audit may be repeated.

If significant risk issues (e.g. safety, environmental, food safety, product legality/quality, etc.) are detected during an audit these shall be reported immediately to the Client and more immediate or instant correction shall be requested. If this is not agreed and cannot be resolved to the satisfaction of Intertek - SAI Global, immediate suspension shall be recommended.

In the case of an already certified client, failure to close out NCR within the time limits means that suspension proceedings may be instituted by Intertek - SAI Global.

Follow-up activities incur additional charges.

#### Minor Non-conformance:

Represents either a management system weakness or minor issue that could lead to a major nonconformance if not addressed. Each minor NC should be considered for potential improvement and to further investigate any system weaknesses for possible inclusion in the corrective action program

Action required: This category of findings requires Intertek - SAI Global to issue a formal NCR; to receive and approve client's proposed correction and corrective action plans; and formally verify the effective implementation of planned activities at the next scheduled audit.

#### Opportunity for Improvement:

A documented statement, which may identify areas for improvement however shall not make specific recommendation(s).

Action required: Client may develop and implement solutions in order to add value to operations and management systems. Intertek - SAI Global is not required to follow-up on this category of audit finding.

## **Audit Report**

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### **Audit Type and Purpose**

A desktop audit of the operational plans for the subject system to assess whether the documented QMS meets the PLAN requirements of the DWQMS V2.

### **Audit Objectives**

The objective of the audit was to determine whether the drinking water Quality Management System (QMS) of the subject system conforms to the requirements of the Ontario Ministry of the Environment, Conservation and Parks (MECP) Drinking Water Quality Management Standard (DWQMS V2).

The audit was also intended to gather the information necessary for Intertek - SAI Global to assess whether accreditation can continue or be offered or to the operating authority.

### **Audit Scope**

The facilities and processes associated with the operating authority's QMS were objectively evaluated to obtain audit evidence and to determine a) whether the quality management activities and related results conform with DWQMS V2 requirements, and b) if they have been effectively implemented and/or maintained.

### **Audit Criteria:**

- The Drinking Water Quality Management Standard Version 2
- Current QMS manuals, procedures and records implemented by the Operating Authority

### **Confidentiality and Documentation Requirements**

The Intertek - SAI Global stores their records and reports to ensure their preservation and confidentiality. Unless required by law, the Intertek - SAI Global will not disclose audit records to a third party without prior written consent of the applicant. The only exception will be that the Intertek - SAI Global will provide audit and corrective action reports to the Ontario Ministry of the Environment, Conservation and Parks.

As part of the Intertek - SAI Global Terms, it is necessary for you to notify Intertek - SAI Global of any changes to your Quality Management System that you believe are significant enough to risk non-conformity with DWQMS V2.

### **Review of any changes**

Changes to the company since last audit include: none

**EXECUTIVE OVERVIEW**

The objective of this System audit (Stage 1) was to review the management system and processes, confirm the scope for certification, and determine the organization's preparedness for the onsite verification audit (Stage 2). In addition, it allowed for the review of the adequacy of the Intertek - SAI Global audit program and resources for the audit including confirming and preparing the draft audit plan.

The results of this System (Stage 1) audit indicate that the organization is now ready for an onsite accreditation (Stage 2) audit.

## **Audit Report**

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### **Recommendation**

Based on the results of this audit it has been determined that the management system is effectively implemented and maintained and meets the requirements of the standard relative to the scope of certification identified in this report; therefore, a recommendation for (continued) certification will be submitted to Intertek - SAI Global review team.

### **Opportunities for Improvement:**

The following opportunity for improvement has been identified:

- Consider referencing the Corrective and Preventive Actions Procedure (E15) rather than the Risk Assessment Procedure (EP) for the process for addressing preventive actions.

It is suggested that the opportunities for improvement be considered by management to further enhance the company's Quality Management System and performance.

### **Management System Documentation**

The management systems operational plan(s) was reviewed and found to be in conformance with the requirements of the standard.

## Audit Report

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### Summary of Findings

1. Quality Management System	Conforms
2. Quality Management System Policy	Conforms
3. Commitment and Endorsement	Conforms
4. Quality Management System Representative	Conforms
5. Document and Records Control	Conforms
6. Drinking-Water System	Conforms
7. Risk Assessment	Conforms
8. Risk Assessment Outcomes	Conforms
9. Organizational Structure, Roles, Responsibilities and Authorities	Conforms
10. Competencies	Conforms
11. Personnel Coverage	Conforms
12. Communications	Conforms
13. Essential Supplies and Services	Conforms
14. Review and Provision of Infrastructure	Conforms
15. Infrastructure Maintenance, Rehabilitation & Renewal	Conforms
16. Sampling, Testing and Monitoring	Conforms
17. Measurement & Recording Equipment Calibration and Maintenance	Conforms
18. Emergency Management	Conforms
19. Internal Audits	Conforms
20. Management Review	Conforms
21. Continual Improvement	OFI
<b>Major NCR #</b>	Major non-conformity. The auditor has determined one of the following: (a) a required element of the DWQMS has not been incorporated into a QMS; (b) a systemic problem with a QMS is evidenced by two or more minor non-conformities; or (c) a minor non-conformity identified in a corrective action request has not been remedied.
<b>Minor NCR #</b>	Minor non-conformity. In the opinion of the auditor, part of a required element of the DWQMS has not been incorporated satisfactorily into a QMS.
<b>OFI</b>	Opportunity for improvement. Conforms to the requirement, but there is an opportunity for improvement.
<b>Conforms</b>	Conforms to requirement.
<b>NANC</b>	Not applicable/Not Covered during this audit.
<b>****</b>	Additional comment added by auditor in the body of the report.

## Audit Report

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### PART D. Audit Observations, Findings and Comments

DWQMS Reference:	1 Quality Management System
Client Reference:	Operational Plan (Rev. 23, 3-Mar-2025)
Details: <i>(personnel interviewed, procedures, activities and records observed)</i>	
Conforms.	
An operational plan was provided which meets the requirements of the DWQMS (Version 2).	

DWQMS Reference:	2 Quality Management System Policy
Client Reference:	Operational Plan (Rev. 2, 3-Mar-2025)
Details: <i>(personnel interviewed, procedures, activities and records observed)</i>	
Conforms.	
The policy statement is: "The City of Thorold is committed to the following:	
a. <i>Ensuring a consistent supply of safe, high quality drinking water to all consumers.</i>	
b. <i>Maintaining and continual improvement of the Drinking Water Quality Management System.</i>	
c. <i>Meeting or surpassing applicable legislation and regulations."</i>	

DWQMS Reference:	3 Commitment and Endorsement
Client Reference:	Operational Plan (Rev. 2, 3-Mar-2025)
Details: <i>(personnel interviewed, procedures, activities and records observed)</i>	
Conforms.	
The Operational plan is endorsed by the Owner and Top Management (Manager of Public Works).	

DWQMS Reference:	4 Quality Management System Representative
Client Reference:	Operational Plan (Rev. 2, 3-Mar-2025)
Details: <i>(personnel interviewed, procedures, activities and records observed)</i>	
Conforms.	
The QMS Representative role is assigned to the Water and Wastewater Compliance Supervisor.	

DWQMS Reference:	5 Document and Record Control
Client Reference:	E-7 Document and Record Control (Rev. 13, 29-Jan-2025)
Details: <i>(personnel interviewed, procedures, activities and records observed)</i>	
Conforms.	
Document and Record Control is addressed by:	
<ul style="list-style-type: none"><li>• Making documents accessible at the locations listed in the Document and Records Control Table.</li><li>• Password protection on electronic documents and records.</li><li>• Separate storage of obsolete documents and records beyond the retention period.</li></ul>	

## Audit Report

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DWQMS Reference:	6 Drinking Water System
Client Reference:	Operational Plan (Rev. 2, 3-Mar-2025)
Details: <i>(personnel interviewed, procedures, activities and records observed)</i>	
Conforms.	
The City of Thorold owns and operates three distribution systems: South End Distribution; Port Robinson Area Distribution System, and Decew Falls Distribution System.	
These systems rely on their source water provider (Regional Municipality of Niagara) to provide treatment, storage, pumping and chlorine residual.	

DWQMS Reference	7 Risk Assessment
Client Reference:	E-9 (Rev. 16, 8-Mar-2024)
Details: <i>(personnel interviewed, procedures, activities and records observed)</i>	
Conforms.	
A risk assessment review is held once per calendar year. A full re-assessment is held once every 36-months by the risk assessment team (identified in Section 1).	
Risk is rated as the sum of likelihood, consequence and detectability to identify critical control points with risk ratings of 9 or greater which can be controlled in real time.	

DWQMS Reference:	8 Risk Assessment Outcomes
Client Reference:	Risk Assessment Outcomes (Ver. 21, 20-Dec-2024)
Details: <i>(personnel interviewed, procedures, activities and records observed)</i>	
Conforms.	
The risk assessment outcomes contain all required components to identify low chlorine residual as the only critical control point. Section A1 (Chlorine Residual) and A5 (Reporting Adverse Conditions) of the Operations and Maintenance Procedures are their identified response and reporting procedure for this critical control point.	

DWQMS Reference:	9 Organizational Structure, Roles, Responsibility and Authorities
Client Reference:	Operational Plan Appendix D (Rev. 2, 3-Mar-2025)
Details: <i>(personnel interviewed, procedures, activities and records observed)</i>	
Conforms	
Roles and responsibilities are described in Appendix D of the Operational Plan including	
<ul style="list-style-type: none"><li>• CAO</li><li>• Director of Public Works and Community Services</li><li>• Water &amp; Wastewater Compliance Supervisor</li><li>• Manager of Public Works</li><li>• Manager of Engineering</li><li>• Operations Supervisor Water and Wastewater</li></ul>	

## Audit Report

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- Licensed Operators
- Project Manager
- Water/Wastewater Compliance Technician
- Engineering Technician

DWQMS Reference:	10 Competencies
Client Reference:	Operational Plan (Rev. 2, 3-Mar-2025)
Details: <i>(personnel interviewed, procedures, activities and records observed)</i>	
Conforms.	
The competencies of staff directly affecting the safety of drinking water are listed in Appendix E. These competencies are maintained by training arranged by the Water and Wastewater Compliance Supervisor and the mandatory operator training course.	

DWQMS Reference:	11 Personnel Coverage
Client Reference:	Operational Plan (Rev. 2, 3-Mar-2025)
Details: <i>(personnel interviewed, procedures, activities and records observed)</i>	
Conforms.	
Personnel coverage is ensured by:	
<ul style="list-style-type: none"><li>• Designating the Manager of Public Works as the ORO</li><li>• On-call supervisor schedule – who may contact the ORO, as needed.</li><li>• On-call coverage according to Procedure E8</li><li>• Labour shortages covered by the Water and Wastewater Compliance Supervisor and external sub-contractors.</li></ul>	

DWQMS Reference:	12 Communications
Client Reference:	Operational Plan (Rev. 2, 3-Mar-2025)
Details: <i>(personnel interviewed, procedures, activities and records observed)</i>	
Conforms.	
Communications with the following parties are described for:	
<ul style="list-style-type: none"><li>• The Owner through verbal and written reports</li><li>• Staff through training in and availability of QMS documentation</li><li>• Suppliers by signed acknowledgement of review of the QMS Policy (Form E-114)</li><li>• The Public through Operational Plan availability</li></ul>	

## Audit Report

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DWQMS Reference:	13 Essential Supplies and Services
Client Reference:	Operational Plan (Rev. 2, 3-Mar-2025)
Details: <i>(personnel interviewed, procedures, activities and records observed)</i>	
Conforms.	
Emergency supplies and services are listed in Appendix 2, with supplies required to meet AWWA and other standards (verified upon receipt).	

DWQMS Reference:	14 Review and Provision of Infrastructure
Client Reference:	Operations & Maintenance Procedural Procedures Section E1 (Rev. 4-Jan-2021)
Details: <i>(personnel interviewed, procedures, activities and records observed)</i>	
Conforms.	
The infrastructure review is held by a staff member designated by the ORO once per calendar year.	

DWQMS Reference:	15 Infrastructure Maintenance, Rehabilitation and Renewal
Client Reference:	Operational Plan (Rev. 2, 3-Mar-2025)
Details: <i>(personnel interviewed, procedures, activities and records observed)</i>	
Conforms	
Maintenance procedures are listed in the Waste Distribution System Operations and Maintenance Procedures. Their effectiveness is reviewed through O&M Reports and at an annual review by Top Management.	

DWQMS Reference:	16 Sampling, Testing and Monitoring
Client Reference:	Operational Plan (Rev. 2, 3-Mar-2025)
Details: <i>(personnel interviewed, procedures, activities and records observed)</i>	
Conforms.	
Sampling and testing is completed for:	
<ul style="list-style-type: none"><li>• Chlorine Residual (O&amp;M Procedures Section A1)</li><li>• Microbiological Sampling (O&amp;M Procedures Section A2)</li><li>• HAA &amp; THM (O&amp;M Procedures Section A3)</li><li>• Lead (O&amp;M Procedures Section A4)</li></ul>	

DWQMS Reference:	17 Measurement and Recording Equipment Calibration and Maintenance
Client Reference:	Operational Plan (Rev. 2, 3-Mar-2025)
	Water Distribution Systems Operation and Maintenance Procedures Section A.

## Audit Report

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Details: *(personnel interviewed, procedures, activities and records observed)*

Conforms.

Calibration and Maintenance is completed according to Section A7 (Colorimeters), Section A9 (pH Meters), Section A10 (Hach pH Meters) of the Operations and Maintenance Procedures.

DWQMS Reference:	18 Emergency Management
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Client Reference:	Water Distribution Emergency Response Plan (Ver. 12, 24-Nov-2022)
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Details: *(personnel interviewed, procedures, activities and records observed)*

Conforms.

The Emergency Response Plan includes the roles and responsibilities and communication protocol for emergency events, including reference to:

- Water Distribution System Contamination
- Major Watermain Break
- Demand Exceeds Supply

Emergency response will be trained or tested on an annual basis.

DWQMS Reference:	19 Internal Audits
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Client Reference:	E-10 Internal Audit (Rev. 11, 4-Mar-2024)
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Details: *(personnel interviewed, procedures, activities and records observed)*

Conforms.

The Internal Audit will be completed once per calendar year with the results submitted as a written report along with the audit checklist.

DWQMS Reference:	20 Management Review
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Client Reference:	E-11 Management Review (Rev. 16, 18-Apr-2023)
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Details: *(personnel interviewed, procedures, activities and records observed)*

Conforms.

The Management Review is held once per calendar year by the ORO, Director of Operations, Engineering Manager, Operations Manager, Water/Wastewater Foreman, and the QMS Representative.

DWQMS Reference:	21 Continual Improvement
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Client Reference:	Operational Plan (Rev. 2, 3-Mar-2025)
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Details: *(personnel interviewed, procedures, activities and records observed)*

Opportunity for Improvement

Consider referencing the Corrective and Preventive Actions Procedure (E15) rather than the Risk Assessment Procedure (EP) for the process for addressing preventive actions.

## Audit Report

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Details regarding the personnel interviewed and objective evidence reviewed are maintained on file at Intertek - Intertek - SAI Global.

This report was prepared by:



Ryan Bourner  
Intertek - Intertek - SAI Global Management Systems Auditor

The audit report is distributed as follows:

- Intertek - Intertek - SAI Global
- Operating Authority
- Owner
- MECP

## Notes

Copies of this report distributed outside the organization must include all pages.

# Audit Report

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Re-accreditation Audit for

City of Thorold

ACTY-2023-640307

Audited Address: 3540 Schmon Parkway, PO Box 1044

Start Date: Jun 5, 2025 End Date: June 6, 2025

Type of audit -  
On-site Reaccreditation Audit

Issue Date: June 16, 2025

Revision Level: *Final*



## Audit Report

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### BACKGROUND INFORMATION

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<b>Scope of Certification:</b>	Drinking Water Quality Management Standard (Version 2)
<b>Drinking Water System Owner:</b>	City of Thorold
<b>Operating Authority:</b>	City of Thorold
<b>Population Services:</b>	18000
<b>Activities:</b>	<b>Distribution</b>
<b>Drinking Water Systems</b>	Thorold (South End) Distribution System Port Robinson Distribution System Thorold (DeCew) Distribution System
<b>Total audit duration:</b>	<b>Person(s): 1 Day(s): 2.0</b>
<b>Audit Team Member(s):</b>	Ryan Bourner

## Audit Report

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### Definitions and action required with respect to audit findings

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Based on objective evidence, the absence of, or a significant failure to implement and/or maintain conformance to requirements of the applicable standard. Such issues may raise significant doubt as to the capability of the management system to achieve its intended outputs (i.e. the absence of or failure to implement a complete Management System clause of the standard); or

A situation which would on the basis of available objective evidence, raise significant doubt as to the capability of the Management System to achieve the stated policy and objectives of the customer.

NOTE: The "applicable Standard" is the Standard which Intertek - SAI Global are issuing certification against, and may be a Product Standard, a management system Standard, a food safety Standard or another set of documented criteria.

Action required: This category of findings requires Intertek - SAI Global to issue a formal NCR; to receive and approve client's proposed correction and corrective action plans; and formally verify the effective implementation of planned activities. Correction and corrective action plan should be submitted to Intertek - SAI Global prior to commencement of follow-up activities as required. Follow-up action by Intertek - SAI Global must 'close out' the NCR or reduce it to a lesser category **within 90 days for initial certification and within 60 days for surveillance or re-certification audits, from the last day of the audit.**

If significant risk issues (e.g. safety, environmental, food safety, product legality/quality, etc.) are detected during an audit these shall be reported immediately to the Client and more immediate or instant correction shall be requested. If this is not agreed and cannot be resolved to the satisfaction of Intertek - SAI Global, immediate suspension shall be recommended.

In the case of initial certification, failure to close out NCR within the time limits means that the Certification Audit may be repeated.

If significant risk issues (e.g. safety, environmental, food safety, product legality/quality, etc.) are detected during an audit these shall be reported immediately to the Client and more immediate or instant correction shall be requested. If this is not agreed and cannot be resolved to the satisfaction of Intertek - SAI Global, immediate suspension shall be recommended.

In the case of an already certified client, failure to close out NCR within the time limits means that suspension proceedings may be instituted by Intertek - SAI Global.

Follow-up activities incur additional charges.

#### Minor Non-conformance:

Represents either a management system weakness or minor issue that could lead to a major nonconformance if not addressed. Each minor NC should be considered for potential improvement and to further investigate any system weaknesses for possible inclusion in the corrective action program

Action required: This category of findings requires Intertek - SAI Global to issue a formal NCR; to receive and approve client's proposed correction and corrective action plans; and formally verify the effective implementation of planned activities at the next scheduled audit.

#### Opportunity for Improvement:

A documented statement, which may identify areas for improvement however shall not make specific recommendation(s).

Action required: Client may develop and implement solutions in order to add value to operations and management systems. Intertek - SAI Global is not required to follow-up on this category of audit finding.

## **Audit Report**

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### **Audit Type and Purpose**

An onsite audit to assess whether a QMS has been implemented for the subject system that meets the “DO” requirements of the DWQMS V2.

### **Audit Objectives**

The objective of the audit was to determine whether the drinking water Quality Management System (QMS) of the subject system conforms to the requirements of the Ontario Ministry of the Environment, Conservation and Parks (MECP) Drinking Water Quality Management Standard (DWQMS V2).

The audit was also intended to gather the information necessary for Intertek - SAI Global to assess whether accreditation can continue or be offered or to the operating authority.

### **Audit Scope**

The facilities and processes associated with the operating authority’s QMS were objectively evaluated to obtain audit evidence and to determine a) whether the quality management activities and related results conform with DWQMS V2 requirements, and b) if they have been effectively implemented and/or maintained.

### **Audit Criteria:**

- The Drinking Water Quality Management Standard Version 2
- Current QMS manuals, procedures and records implemented by the Operating Authority

### **Confidentiality and Documentation Requirements**

The Intertek - SAI Global stores their records and reports to ensure their preservation and confidentiality. Unless required by law, the Intertek - SAI Global will not disclose audit records to a third party without prior written consent of the applicant. The only exception will be that the Intertek - SAI Global will provide audit and corrective action reports to the Ontario Ministry of the Environment, Conservation and Parks.

As part of the Intertek - SAI Global Terms, it is necessary for you to notify Intertek - SAI Global of any changes to your Quality Management System that you believe are significant enough to risk non-conformity with DWQMS V2.

### **Review of any changes**

Changes to the company since last audit include: none

**EXECUTIVE OVERVIEW**

Based on the results of this onsite verification audit (Stage 2) and the results of the System audit (Stage 1) it has been determined that the management system is effectively implemented and meets the requirements of the standard relative to the scope of certification identified in this report; therefore, a recommendation for certification will be submitted to Intertek - SAI Global review team.

### Recommendation

Based on the results of this audit it has been determined that the management system is effectively implemented and maintained and meets the requirements of the standard relative to the scope of certification identified in this report; therefore, a recommendation for (continued) certification will be submitted to Intertek - SAI Global review team.

### Opportunities for Improvement:

The following opportunity for improvement has been identified:

1. Consider adding a controlled records list to the Master List of Documents to better identify locations and retention of non-regulatory records.
2. Consider discussing and rating risk criteria for each individual hazardous event as a team exercise during the full 36-month risk assessment.
3. Consider including the loss of regional supply as an assessed hazardous event.
4. Consider noting the expiration dates of standards on the handheld device verification form to ensure these standards are current.

It is suggested that the opportunities for improvement be considered by management to further enhance the company's Quality Management System and performance.

### Management System Documentation

The management systems operational plan(s) was reviewed and found to be in conformance with the requirements of the standard.

### Management Review

Records of the most recent management review meetings were verified and found to meet the requirements of the standard. All inputs were reflected in the records, and appear suitably managed as reflected by resulting actions and decisions.

### Internal Audits

Internal audits are being conducted at planned intervals to ensure conformance to planned arrangements, the requirements of the standard and the established management system.

### Corrective, Preventive Action & Continual Improvement Processes

The company is implementing an effective process for the continual improvement of the management system through the use of the quality policy, quality objectives, audit results, data analysis, the appropriate management of corrective and preventive actions and management review.

## Audit Report

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### Summary of Findings

1. Quality Management System	Conforms
2. Quality Management System Policy	Conforms
3. Commitment and Endorsement	Conforms
4. Quality Management System Representative	Conforms
5. Document and Records Control	OFI
6. Drinking-Water System	Conforms
7. Risk Assessment	OFI
8. Risk Assessment Outcomes	OFI
9. Organizational Structure, Roles, Responsibilities and Authorities	Conforms
10. Competencies	Conforms
11. Personnel Coverage	Conforms
12. Communications	Conforms
13. Essential Supplies and Services	Conforms
14. Review and Provision of Infrastructure	Conforms
15. Infrastructure Maintenance, Rehabilitation & Renewal	Conforms
16. Sampling, Testing and Monitoring	Conforms
17. Measurement & Recording Equipment Calibration and Maintenance	OFI
18. Emergency Management	Conforms
19. Internal Audits	Conforms
20. Management Review	Conforms
21. Continual Improvement	Conforms
<b>Major NCR #</b>	Major non-conformity. The auditor has determined one of the following: (a) a required element of the DWQMS has not been incorporated into a QMS; (b) a systemic problem with a QMS is evidenced by two or more minor non-conformities; or (c) a minor non-conformity identified in a corrective action request has not been remedied.
<b>Minor NCR #</b>	Minor non-conformity. In the opinion of the auditor, part of a required element of the DWQMS has not been incorporated satisfactorily into a QMS.
<b>OFI</b>	Opportunity for improvement. Conforms to the requirement, but there is an opportunity for improvement.
<b>Conforms</b>	Conforms to requirement.
<b>NANC</b>	Not applicable/Not Covered during this audit.
<b>****</b>	Additional comment added by auditor in the body of the report.

## Audit Report

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### PART D. Audit Observations, Findings and Comments

DWQMS Reference:	1 Quality Management System
Client Reference:	Operational Plan (Rev. 23, 3-Mar-2025)
Details: <i>(personnel interviewed, procedures, activities and records observed)</i>	
Conforms.	
The Operating Authority has implemented a QMS meeting the requirements of the Standard as verified by conformance with each subsequent element.	

DWQMS Reference:	2 Quality Management System Policy
Client Reference:	Operational Plan (Rev. 2, 3-Mar-2025)
Details: <i>(personnel interviewed, procedures, activities and records observed)</i>	
Conforms.	
The QMS policy statement is posted at several locations in the Public Works Building. Operating Authority staff displayed a good commitment to the goals of the policy.	

DWQMS Reference:	3 Commitment and Endorsement
Client Reference:	Operational Plan (Rev. 2, 3-Mar-2025)
Details: <i>(personnel interviewed, procedures, activities and records observed)</i>	
Conforms.	
The Director of Public Works and Community Services is in the role of Top Management. Quarterly reports are presented to Council (compliance, results from samples, suggestions to improve the system; additional capital investment). Council is reminded of their responsibility in the safe drinking water act in these quarterly reports and the annual summary report.	
The Director noted the QMS ensures training is in place to make sure qualified staff are operating the system. The QMS is simpler with a documented process, which keeps everyone on the same page for operations. a	
The Director participated in updates to the Wastewater and Water Master Plans for the Region; The Director keeps the region involved with improvements; (dead end main circulation). There is a Memorandum of Understanding about the working relationship	

DWQMS Reference:	4 Quality Management System Representative
Client Reference:	Operational Plan (Rev. 2, 3-Mar-2025)
Details: <i>(personnel interviewed, procedures, activities and records observed)</i>	
Conforms.	
The Water and Wastewater Compliance Supervisor fulfills the responsibilities of the QMS Representative with support from the Water and Wastewater Technician.	

DWQMS Reference:	5 Document and Record Control
Client Reference:	E-7 Document and Record Control (Rev. 13, 29-Jan-2025)
Details: <i>(personnel interviewed, procedures, activities and records observed)</i>	

**Audit Report**

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**Opportunity for Improvement**

Consider adding a controlled records list to the Master List of Documents to better identify locations and retention of non-regulatory records.

In addition, one hard copy of the Operational Plan and Operations & Maintenance Binder was in use. The sampled procedures were current in the hard copy binder.

Documents and records are stored and made accessible at the identified control locations according to the Master List of Documents and in filing cabinets in the Public Works Office

The following improvements were made immediately following the audit in response to potential opportunities for improvement:

- The Corrective Actions Database was updated with entries from the 2024 Internal Audit (However, the action taken in response to these findings were already verified during the audit).
- A revision number and date was added to the appendices of the Operational Plan.
- Accessible versions of forms were added to the same folder as the password protected working copies to better manage their currency.
- The two (of 289 records) missing hydrant numbers were added to the completed hydrant maintenance forms B101.
- The City of Thorold's Essential Suppliers and Services List was added as an official document (E-104).

DWQMS Reference:	6 Drinking Water System
Client Reference:	Operational Plan (Rev. 2, 3-Mar-2025)
Details: <i>(personnel interviewed, procedures, activities and records observed)</i>	
Conforms.	
Each subsystem is distribution only and receives water from the Regional Municipality of Niagara with no downstream sub-systems, as described in the Operational Plan. .	

DWQMS Reference	7 Risk Assessment
Client Reference:	E-9 (Rev. 16, 8-Mar-2024)
Details: <i>(personnel interviewed, procedures, activities and records observed)</i>	
<b>Opportunity for Improvement</b>	
Consider discussing and rating risk criteria for each individual hazardous event as a team exercise during the full 36-month risk assessment.	
The most recent risk assessment was completed December 20, 2024, as a review of the risk assessment by Top Management; The full 36-month re-assessment is planned to be completed by Jun 28, 2025.	

DWQMS Reference:	8 Risk Assessment Outcomes
Client Reference:	Risk Assessment Outcomes (Ver. 21, 20-Dec-2024)
Details: <i>(personnel interviewed, procedures, activities and records observed)</i>	

**Audit Report**

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Opportunity for Improvement

Consider including the loss of regional supply as an assessed hazardous event.

The QMS Representative and Water/Wastewater Technician identified the Operating Authority uses 0.20 mg/L of residual chlorine to trigger action when collecting chlorine residuals. No deviations from this limit were observed during the three years since the previous audit.

DWQMS Reference:	9 Organizational Structure, Roles, Responsibility and Authorities
Client Reference:	Operational Plan Appendix D (Rev. 2, 3-Mar-2025)
Details: <i>(personnel interviewed, procedures, activities and records observed)</i>	
Conforms	
Interviewed the following staff to verify the currency of their roles and responsibilities:	
<ul style="list-style-type: none"><li>• Director of Public Works and Community Services</li><li>• Water &amp; Wastewater Compliance Supervisor</li><li>• Manager of Public Works</li><li>• Manager of Engineering</li><li>• Operations Supervisor Water and Wastewater</li><li>• Licensed Operators</li><li>• Water/Wastewater Compliance Technician</li></ul>	

DWQMS Reference:	10 Competencies
Client Reference:	Operational Plan (Rev. 2, 3-Mar-2025)
Details: <i>(personnel interviewed, procedures, activities and records observed)</i>	
Conforms.	
Verified the staff acting as ORO and OIC have the required licenses. The OA partners less experience operators (OIT) with more experienced operators until they are prepared to undertake activities on their own. Any activity requiring licensing will be undertaken with the supervision of a licensed operator.	
The city tracks training hours using an excel spreadsheet to support maintaining and upgrading licenses. Awareness training was delivered at the same time of Emergency Response Training.	

DWQMS Reference:	11 Personnel Coverage
Client Reference:	Operational Plan (Rev. 2, 3-Mar-2025)
Details: <i>(personnel interviewed, procedures, activities and records observed)</i>	
Conforms.	
Personnel coverage is ensured by:	
<ul style="list-style-type: none"><li>• Designating the Manager of Public Works as the ORO</li><li>• Assigning back-up ORO to the Supervisor, with changes communicated verbally and on the calendar in Water Department.</li></ul>	

**Audit Report**

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- Approved vacation time is also noted on the calendar in the Water Department
- 4-week rotation of the on-call supervisor, which was reviewed for 2025. The calling service directs after hours calls.
- Support from Supervisors/Management Staff and contractors during staff shortages.

DWQMS Reference:	12 Communications
Client Reference:	Operational Plan (Rev. 2, 3-Mar-2025)

Details: *(personnel interviewed, procedures, activities and records observed)*

Conforms.

Communications are implemented through:

- Quarterly Reports (Reviewed Q1 2024) and Annual Regulatory Reports to the Owner, (Submitted 18-Mar-2025).
- The following means for personnel
  - Emergency training (Verified 2022-2025).
  - Posting of the policy statement around the facility
  - OP and O&M Manual availability
  - Extensive informal communication through morning meetings, general intradepartmental communications, and having a small department allowing less formal one-on-one communication.
- Suppliers by signed acknowledgement of review of the QMS Policy (Form E-114) and verbiage in tender documentation.
- Two-way direct contact with the Regional Water Treatment Plant. Contacts are listed in the Emergency Binder.
- Work hand in hand with the Region with watermain breaks. The Region is usually contacted first for breaks,
- The Public through Operational Plan availability at the Water and Wastewater Compliance Supervisor's Desk and the DWQMS Section of their website

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DWQMS Reference:	13 Essential Supplies and Services
Client Reference:	Operational Plan (Rev. 2, 3-Mar-2025)
<i>Details: (personnel interviewed, procedures, activities and records observed)</i>	
Conforms.	
Verified the essential supplies and services list from Essential Supplies and Services Contact List (E-104) and Niagara Region Water and Wastewater Emergency Contact List (RMON).	
Supervisors check inventory levels (main break reply) and replace inventory as it is used. Waste Department main break forms also list the parts used, which supports replacing inventory.	
The Supervisor checks quality requirements when receiving products and stamps each bill of lading to verify they meet their quality requirements. These parts and chemicals are selected by the Supervisor based on these quality requirements, as well.	
Verified inventory and quality verification during Supply Room Tour. Laboratory accreditation was also provided for E3 Laboratories.	

DWQMS Reference:	14 Review and Provision of Infrastructure
Client Reference:	Operations & Maintenance Procedural Procedures Section E1 (Rev. 4-Jan-2021)
<i>Details: (personnel interviewed, procedures, activities and records observed)</i>	
Conforms.	
Interviewed the Manager of Engineering to identify the following resources are used during this review:	
<ul style="list-style-type: none"><li>• Water Master Plan (Updated to project to 2051),</li><li>• Asset Management Plan (total kms, replacement costs; amortize assets; end of life; age of watermains; using material type).</li><li>• Development Charge Study to project growth and Growth Management Strategy (as issued by the Regional Municipality of Niagara).</li><li>• Break data and flow testing to determine the quality of the watermains.</li></ul>	
The long-term capital forecast (ten years) and asset management plan include condition assessments. Capital projects are prioritized based on severity and the risk associated with the asset.	
The ten-year forecast and annual budget were communicated to the Owner through the report to council (reviewed January 2025).	

DWQMS Reference:	15 Infrastructure Maintenance, Rehabilitation and Renewal
Client Reference:	Operational Plan (Rev. 2, 3-Mar-2025)
<i>Details: (personnel interviewed, procedures, activities and records observed)</i>	
Conforms	
Maintenance procedures are listed in the Water Distribution System Operations and Maintenance Procedures. Their effectiveness is reviewed through O&M Reports and at an annual review by Top Management.	

**Audit Report**

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Verified the hydrant flushing program between 2023 and 2025 during the audit by reviewing form B 101. The remaining list of maintenance activities is current.  
The long-term plan was generated and reviewed under Element 14.

DWQMS Reference:	16 Sampling, Testing and Monitoring
Client Reference:	Operational Plan (Rev. 2, 3-Mar-2025)
<i>Details: (personnel interviewed, procedures, activities and records observed)</i>	
Conforms.	
The following sampling and testing records were completed according to the City of Thorold's Sampling Schedule:	
<ul style="list-style-type: none"><li>• Chlorine Residuals (verified February and December 2024).</li><li>• Microbiological samples for each sub-system (Reviewed November 2023 and December 2024)</li><li>• Lead (reviewed the Spring 2024 sampling event for each subsystem)</li></ul>	
Sampling points are selected to be representative of system, as recommended in the old Master Plan.	

DWQMS Reference:	17 Measurement and Recording Equipment Calibration and Maintenance
Client Reference:	Operational Plan (Rev. 2, 3-Mar-2025) Water Distribution Systems Operation and Maintenance Procedures Section A.
<i>Details: (personnel interviewed, procedures, activities and records observed)</i>	
Opportunity for Improvement	
Consider noting the expiration date of standards on the handheld device verification form to ensure these standards are current.	
Verifications are performed every Tuesday before sampling and calibrated annually as noted in the sampled calibration and verification records;	

DWQMS Reference:	18 Emergency Management
Client Reference:	Water Distribution Emergency Response Plan (Ver. 12, 24-Nov-2022)
<i>Details: (personnel interviewed, procedures, activities and records observed)</i>	
Conforms.	
Reviewed and verified emergency response to the following:	
<ul style="list-style-type: none"><li>• Followed the notification and reporting processes listed in procedure A5 (AWQI 164410)</li><li>• Main breaks as discussed by staff, and who were able to reference the associated procedure.</li></ul>	
Emergency roles and responsibilities were verified for	
<ul style="list-style-type: none"><li>• The Director of Public Works and Community Services becomes involved when Ownership needs to become involved in emergencies (communication), through the new emergency management centre (according to the City EMP).</li></ul>	

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- The Manager of Public Works provides resources to the Supervisors and is notified as ORO. He also ensures procedures are followed.
- Operators according to the interview question on the response to main breaks.

The emergency response exercise occurred as a training session on April 13, 2023; February 29, 2024, and Jan 15, 2025, for each calendar year being audited. It is conducted as a review of all emergency procedures followed with a mock scenario. There is an open floor for operators to discuss any experience with emergency response that could improve processes. One improvement identified during this session resulted in a pipe cutter being replaced due to operator concern with cutting asbestos cement lines.

DWQMS Reference:	19 Internal Audits
Client Reference:	E-10 Internal Audit (Rev. 11, 4-Mar-2024)
Details: <i>(personnel interviewed, procedures, activities and records observed)</i>	
Conforms.	
The Internal Audit was conducted by a qualified internal auditor (Derek Ali) on Oct 16, 2024. The internal audit report and audit checklist were provided.	

DWQMS Reference:	20 Management Review
Client Reference:	E-11 Management Review (Rev. 16, 18-Apr-2023)
Details: <i>(personnel interviewed, procedures, activities and records observed)</i>	
Conforms.	
The most recent Management Review was held December 20, 2024, by the required staff members.	
These Management Review minutes were available to council upon request, as described in the Annual Report and Quarterly Reports to Council.	

DWQMS Reference:	21 Continual Improvement
Client Reference:	Operational Plan (Rev. 2, 3-Mar-2025)
Details: <i>(personnel interviewed, procedures, activities and records observed)</i>	
Conforms.	
A recent improvement to the QMS has been adding a back-up QMS Representative	
Corrective and preventive actions were addressed using the Corrective Actions Database (E107), which included the following reviewed findings:	
<ul style="list-style-type: none"><li>• Currency of documentation review is in progress and due November 2025. The Water and Wastewater Technician was able to demonstrate progress on this review.</li><li>• Appendix D was updated to include the Water and Wastewater Technician</li><li>• The backflow prevention program deadline was extended as the OA is waiting on completion of the updated Master Plan.</li><li>• Added a dead-end flushing program in response to a MECP Recommendation.</li><li>• Chlorine residuals are completed no less than 48 hours after the previous sample. - Samples now collected Tuesday and Friday (or, starting Thursday after the last time a</li></ul>	

## Audit Report

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sample was collected on Tuesday) and effectiveness reviewed during subsequent internal audits.

Best Management Practices are largely discussed during the Management Review (under resources and staff suggestions) along with weekly meetings with managers. Supervisors will also identify best management practices through publications, workshops and discussion with other Niagara municipalities. This includes compliance coordinator meetings amongst the Niagara municipalities.

They have established a new leak detection program and purchased an acoustical leak detector as a best management practice. Also, staff suggested purchasing tablets/laptops to allow in-field data entry, which is currently under consideration.

Details regarding the personnel interviewed and objective evidence reviewed are maintained on file at Intertek - Intertek - SAI Global.

This report was prepared by:



Ryan Bourner  
Intertek - Intertek - SAI Global Management Systems Auditor

The audit report is distributed as follows:

- Intertek - Intertek - SAI Global
- Operating Authority
- Owner
- MECP

## Notes

Copies of this report distributed outside the organization must include all pages.