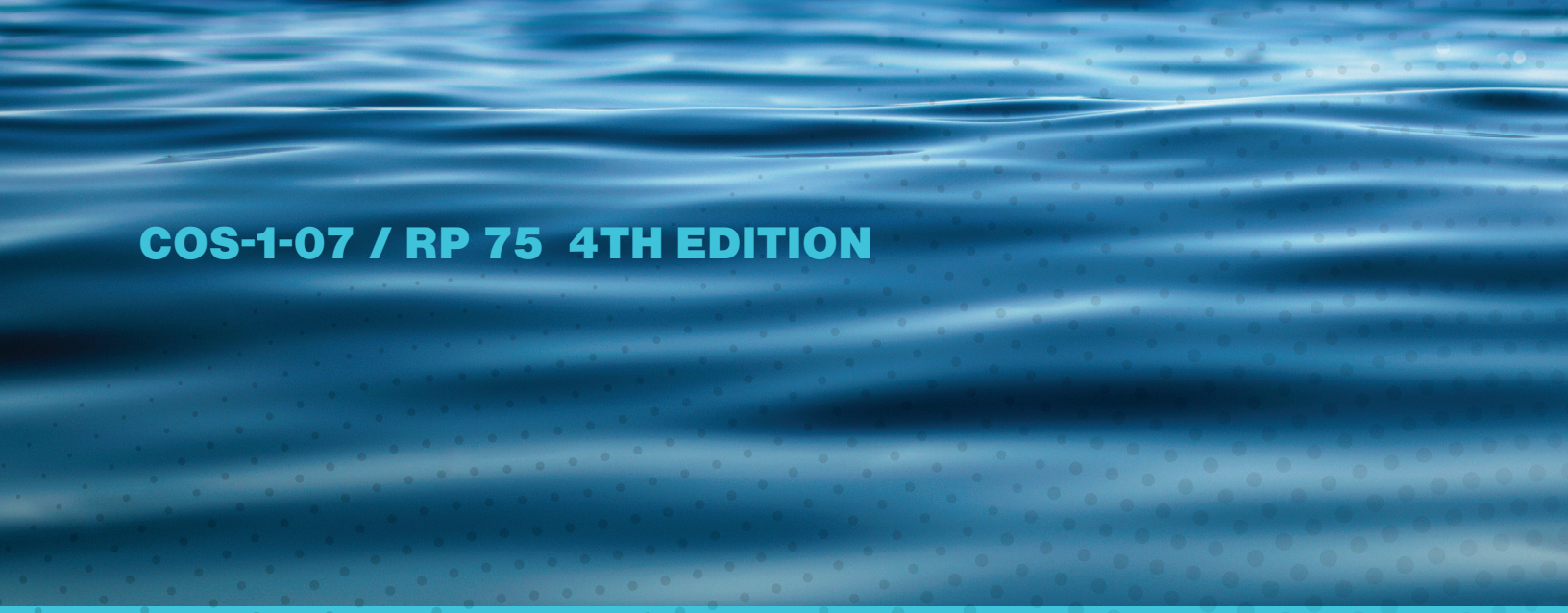

COS-1-07 / RP 75 4TH EDITION

GUIDANCE FOR DEVELOPING A SEMS CORRECTIVE ACTION PLAN

FIRST EDITION | AUG 2023

SEMS AUDIT & CERTIFICATIONS

GOOD PRACTICE DEVELOPMENT

DATA COLLECTION, ANALYSIS & REPORTING

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1. SCOPE / APPLICATION

This document provides guidance for developing a corrective action plan (CAP) in response to nonconformities identified in a Safety and Environmental Management System (SEMS) audit based on the requirements of the relevant edition of American Petroleum Institute Recommended Practice (API RP) 75 and applicable local regulations.

2. ACRONYMS

- **AB** - Accreditation Body
- **API** - American Petroleum Institute
- **ASP** - Audit Service Provider
- **COS** - Center for Offshore Safety
- **ISO** - International Organization for Standards
- **RP** - Recommended Practice
- **SEMS** - Safety and Environmental Management Systems

3. DEFINITIONS

- **Asset** - Equipment (individual items or integrated systems) and software used in offshore operations.
- **Audit Service Provider (ASP)** - Independent third-party organization accredited by COS to conduct SEMS audits.
- **Auditee** - Company being audited.
- **Correction** - An action to eliminate an identified deficiency.
- **Corrective Action** - The action to eliminate the cause of deficiencies and to prevent a recurrence.
- **Corrective Action Plan (CAP)** - The written record of corrections and corrective actions associated with identified deficiencies, as well as those already completed at the time of developing the CAP.
- **Deficiency** - A Nonconformity. Deficiencies require corrective actions to be included in the corrective action plan.
- **Management System Component** - A policy, practice, procedure, or process that is a part of the overall safety and environmental management system of a company.

- **Management System** - Interrelated or interacting elements and their components are established, implemented, and maintained to achieve defined objectives.
- **Nonconformity** - The establishment, implementation or maintenance of management system elements or components are not conforming with requirements such that the intended results cannot be achieved.
- **Observation** - Evidence that supports a conformity, nonconformity, or a strength.

4. INTRODUCTION

At the completion of an audit and upon receipt of the written audit report, the auditee develops a corrective action plan (CAP) to address reported nonconformities.

The Center for Offshore Safety (COS) has developed guidance on the key steps in creation of a CAP to address nonconformities identified during an audit of the Safety and Environmental Management System (SEMS). Applicable requirements of API RP 75 *Safety and Environmental Management System for Offshore Operations and Assets, 4th Edition*, and COS-2-03 *Requirements for Third-Party SEMS Auditing*[1], were incorporated into the guidance.

This guidance can be used when developing a CAP for any SEMS audit, including those intended for certification under COS-2-05 *Requirements for COS SEMS Certificates*.

5. KEY STEPS OF A CORRECTIVE ACTION PLAN

5.1 NONCONFORMITY IDENTIFIED BY AUDITOR

The auditee should have full understanding of the identified nonconformities. Full understanding should be achieved before the audit report is completed and distributed.

[1]*As of publication, API RP 75, 3rd edition, and parts of COS-2-03, 1st edition, have been incorporated by reference under 30 CFR 250.198 in the United States.*

5.2 IMPLEMENT CORRECTIONS

When a nonconformity is identified, the auditee should determine whether a correction is necessary. If the auditee determines that a correction is appropriate or needs immediate attention, the auditee should begin the correction. The auditee should also determine whether corrections should be applied to its other assets/operations.

5.3 DETERMINE CAUSE(S)

Understanding the cause(s) and contributing factors of a nonconformity is the initial step in planning effective corrective actions and preventing recurrence of the nonconformity. Some nonconformities may have more than one cause and may require more than one corrective action to effectively prevent recurrence. Auditees should use their process(es) for determining cause(s), using methods appropriate to the nonconformities.

5.4 DEVELOP CORRECTIVE ACTION PLAN

- **Accountability for the Corrective Action Plan** - A person should be assigned accountability for the development of the CAP and monitoring its progress to closure.
- **Develop Corrective Action(s)** - One or more corrective actions should be developed that address each cause. Corrective actions should be specific, measurable, achievable, relevant, and time-bound. Corrective actions should be evaluated to ensure they do not create other nonconformities or unintended risk. Multiple actions may be necessary to address each cause of a nonconformity.
- **Assign Ownership for Corrective Action(s)** - Every corrective action should have a designated person who is responsible for its implementation. This may be a different person than the one with overall accountability for the CAP.
- **Set Completion Date** - Every corrective action should have a due date.
- **Approval of the Corrective Action Plan** - A CAP should be approved by a person who understands the actions and associated risks and has the authority to assign necessary resources to implement the CAP (CAP Approver).

5.5 IMPLEMENT CORRECTIVE ACTIONS

As the responsible individual implements the assigned corrective action(s), results and completion dates should be documented. The documentation should contain supporting information that demonstrates that the actions have been closed pursuant to the plan.

5.6 MONITOR CAP IMPLEMENTATION AND VERIFY COMPLETION

The individual accountable for the overall CAP should monitor implementation progress and verify completion of the corrective action(s). The individual should report progress and completion to the CAP Approver.

5.7 EVALUATE THE EFFECTIVENESS OF CORRECTIVE ACTION(S)

Completed corrective actions should be evaluated to check that each is performing as intended. Effectiveness of CAP completion from the previous SEMS audit should be evaluated during the next audit and in accordance with the auditee's other internal processes.

Organizations that are interested in obtaining a COS SEMS certificate should refer to COS-2-05, *Requirements for COS SEMS Certificates*, for requirements associated with ASP verification of corrective actions.

5.8 EXAMPLES OF CORRECTIONS AND CORRECTIVE ACTIONS

The following are fictional scenarios intended only as examples of how to complete a corrective action plan and should not be construed as a resolution or infer responsibility to a specific person or job title.

SEMS REQUIREMENT	TYPE OF FINDING	IDENTIFIED DEFICIENCY	CORRECTION (IF ANY)	CAUSE(S) OR CONTRIBUTING FACTOR(S)	CORRECTIVE ACTION(S)	RESPONSIBLE PERSON AND JOB TITLE	PROPOSED CLOSURE DATE	ACTUAL CLOSURE DATE (NAME AND DATE)	VERIFICATION OF CLOSURE (NAME AND DATE)
E4 - Risk Assessment	**Nonconformity**	There was no evidence provided to indicate that an asset hazard analysis had been completed for asset A (a complex production platform) at the time of the audit.	A hazard analysis facilitator and team were identified, and a hazard analysis has been scheduled for asset A.	**Cause 1:** Asset A was added to the organization's profile through an acquisition, and the prior owners had considered the asset to be similar and nearly identical to other properties they owned.	Review all acquired assets to ensure that current hazard analysis documentation exists and that these assets are included when updating hazard analysis schedules.	Person A Acquisition Team Lead	XX/XX/XXXX		
					Conduct the asset hazard analysis. Any identified gaps will be managed according to the hazard analysis procedure.	HA Manager	XX/XX/XXXX		
				Cause 2: The acquisition team had not considered the need for a hazard analysis during due diligence.	Review and update existing acquisition procedures to ensure that checking for hazard analysis for newly acquired facilities is included.	Person B Risk Management Advisor	XX/XX/XXXX		

5.8 (CONT)

SEMS REQUIREMENT	TYPE OF FINDING	IDENTIFIED DEFICIENCY	CORRECTION (IF ANY)	CAUSE(S) OR CONTRIBUTING FACTOR(S)	CORRECTIVE ACTION(S)	RESPONSIBLE PERSON AND JOB TITLE	PROPOSED CLOSURE DATE	ACTUAL CLOSURE DATE (NAME AND DATE)	VERIFICATION OF CLOSURE (NAME AND DATE)
E12 - Incident Investigation **Operator A Incident Investigation Procedure Manual, revision XX, section XX**	**Nonconformity**	Operator A was not consistently meeting their company requirement for closure of corrective actions resulting from incident investigations. Ten completed incident investigations in the incident management database were reviewed, with a total of five out of 20 corrective action items that had not been completed by the due date and were still not completed at the time of the audit.	Two of the five corrective action items were found to have been completed, but had not been recorded in the database. The database was updated accordingly to indicate the actual corrective action and completion dates. The corrective action and due dates for the remaining three overdue corrective actions were reviewed, and new due dates and accountabilities were assigned accordingly.	**Cause 1:** It was identified that the person responsible for two of the overdue corrective action items had left the organization and that corrective actions had not been reassigned.	**1.** Amend the appropriate procedures to ensure that assigned corrective actions are reassigned when there is a change in the responsible person.	Person C Procedure Owners(s)	XX/XX/XXXX		
					2. Develop an escalation procedure so management is notified when actions become overdue.				
				Cause 2: Management was not aware of upcoming and overdue corrective action items.	**3.** Include a standing agenda item at monthly management meetings to review the status of corrective actions.	Person D Assistant to GM	XX/XX/XXXX		

5.8 (CONT)

SEMS REQUIREMENT	TYPE OF FINDING	IDENTIFIED NONCONFORMITY	CORRECTION (IF ANY)	CAUSE(S) OR CONTRIBUTING FACTOR(S)	CORRECTIVE ACTION(S)	RESPONSIBLE PERSON AND JOB TITLE	PROPOSED CLOSURE DATE	ACTUAL CLOSURE DATE (NAME AND DATE)	VERIFICATION OF CLOSURE (NAME AND DATE)
E9 - Management of Change	**Nonconformity**	The management of change process [document number/ title, revision number, and revision date] requires a technical review to be conducted and any action required from the review to be addressed prior to the commencement of work. Review of five [list of MOC numbers] out of 10 MOCs sampled at the time of the audit provided evidence that installation of the new or changed equipment had commenced before the completion of the engineering technical review process.	**1.** Reviewed the MOC documentation for the five changes sampled to ensure that the engineering technical reviews were completed. Of the five, it was found that an engineering technical review had not yet been completed for one of the MOCs. **2.** For the incomplete MOC identified during the audit, the equipment was removed from service and a full engineering technical review was conducted.	**Cause 1:** It was identified that all five occurrences where engineering technical reviews had not been completed were emergency MOCs that occurred over weekends or holidays, and the engineering technical reviewer was not available.	**1.** Designate a backup engineering technical reviewer to ensure 24/7 coverage and availability.	Person F Engineering Team Lead	XX/XX/XXXX		
					2. Update annual MOC training material to include criteria and procedures for emergency MOCs.	Person F MOC Coordinator	XX/XX/XXXX		

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