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CME Manual TEMPLATE

(NOTE: The Text in this template should assist a CME in writing their own CME Manual, it can only provide guidance and ideas as to can not be regarded as complete and useful for each and every CME set up. You can adapt the template SOPs provided with the CME Starter Kit and simply make reference to them in the relevant section of the CME Manual or copy its content into the Manual)

1 Scope and Purpose

NOTE: There are many activities that you have to do to successfully manage your PoA. This manual describes how you make sure that all of your project activities are working properly, that they are able to consistently create verifiable CERs. This section should elaborate the scope and purpose of your POA and provide an introduction to this manual.

2 References and Definitions

2.1 Normative references

NOTE: List all Standards you used as a basis for this document. This might include:

1. CDM Project Standard
2. CDM Standard for the demonstration of additionality, development of eligibility criteria and application of multiple methodologies for Programme of Activities (CDM POA standard)
3. CDM Standard for sampling and surveys for CDM project activities and POAs

2.2 Terms and definitions

NOTE: If applicable list and explain/define any special terms or definitions used throughout the document

3 POA Management

3.1 Management Responsibility

3.1.1 Our commitment to managing this PoA

NOTE: Provide a statement of management's commitment that might included the following:

1. Communicating with our personnel and stakeholders
2. Maintaining the quality of what we do
3. Setting objectives to demonstrate that we have achieved what we set out to do (quality objectives)
4. Reviewing our performance
5. Providing all necessary resources to maintain performance and quality

3.1.2 Our PoA policy

NOTE: Describe your companies policy for the implementation and management of the POA that might include your commitment to

- Implementing each CPA in accordance with the registered POA
- Monitoring all CERs in accordance with the registered POA and CDM requirements
- Treating all of our personnel and stakeholders fairly and equitably
- Reviewing and continually improving our performance

3.2 How our CME is structured

NOTE: Describe the structure of your organization. This will benefit from an organigram.

3.3 Our management team

NOTE: list and describe responsibilities, lines of authority, key tasks. This is best done in a table format.

Title	Reporting to	Responsibilities
(NOTE: Add lines as needed)		

3.4 Our operational team

NOTE: List and describe responsibilities, lines of authority, key tasks. This is best done in a table format.

Title	Reporting to	Responsibilities
(NOTE: Add lines as needed)		

3.5 Management representative

NOTE: Especially for large and dispersed organisations, a management system operates most effectively when one individual is a central point of contact, information and overall control for the system as a whole. Nominate the roles and responsibilities for this position.

3.6 Internal Communication

NOTE: Efficient communication within the organisation is critical. Here is where you can define your main communication channels from management to all personnel and from any of your personnel to management.

3.7 Legal Agreements

NOTE: Most CMEs will have arrangements with other organisations to do work on their behalf. It is essential that these arrangements are formalised with legally enforceable agreements.

3.8 Management review

NOTE: Periodically (at least annually), the top management team of the CME should review their operations and decide what they are going to monitor and measure, and what they need to do to improve the efficiency of their operations. A template SOP is provided with the CME Starter kit.

SOP: Management Review

4 Planning the Implementation of new CPAs

4.1 Planning the Implementation of a new CPA

NOTE: This section is relevant to anybody (CME or other parties) planning a new CPA. The rationale of PoA is that new CPAs are implemented for a period of time, and then operated for the duration of the PoA crediting period. All CPAs need to comply with the arrangements set up in the registered design document, and so planning how you will go about implementing a new CPA is critical. It is important that the eligibility criteria are included in the planning process, to ensure that eligibility

and the documentation of evidence supporting eligibility are clearly in place. One output of the plan is a completed CPA-DD for the new CPA.

4.2 Generic CPA DD requirements

NOTE: POA DD, default CPA-DD, Monitoring and Sampling plans form the basis for the planning of new CPAs. Key requirements should be described in the CME manual with reference to the underlying controlled documents.

5 Implementation of CPAs

5.1 Avoidance of double counting

NOTE: This is a critical CPA planning requirement. Essentially, you must have processes in place to ensure that a CPA has not been implemented previously and is claiming emission reductions for the same activity twice.

5.2 Implementation of a new CPA

NOTE: This is the where you can describe the process for creating a CPA implementation project plan from the new CPA plan, and then to implement the new CPA.

5.3 Implementation of a changed CPA

NOTE: This is the where you can describe the process for creating a CPA implementation project plan from the updated CPA plan, and then to implement the updated CPA.

5.4 Operation

NOTE: A CPA will most likely need ongoing action to ensure that it remains in operation and creating CERs. This could require detailed processes for maintenance activities and also for operation. For example, maintenance could include regular action to ensure that consumer installations of efficient stoves remain in operation, or that regular maintenance of small generating plant is regularly undertaken. Operations could include the normal tasks associated with operation of generation plant. Without these procedures the project could quite easily fail and not create the planned CERs.

5.5 Monitoring at CPA level

NOTE: The registered PoA-DD and each CPA-DD includes specific monitoring requirements. Monitoring requires procedures in two areas. One area is the regular, routine activities that take place during a monitoring period to ensure that measurement apparatus is maintained and that monitoring data is collected according to the registered design. The second area is the collation of monitoring data into a report for verification.

5.6 Sampling at POA level

NOTE: Sampling can be used in two ways. The PoA standard allows DOEs to validate and verify CPAs using a sampling regime. Methodologies used in the registered design may allow sampling within the monitoring process. However, there is no approved sampling regime that can be used by the CME in its review of CPAs – for either the inclusion of new CPAs or for the review of monitoring reports. That is, the CME needs to review 100% of all new CPAs and of all monitoring reports.

5.7 CME Review and approval

NOTE: The CME needs a structured process for the review and approval of new CPAs and for the review and approval of monitoring reports before they are presented to the DOE. The procedure should also describe what documents and supporting evidence are to be submitted to the DOE at inclusion and verification stage.

5.8 Exclusion of a CPA

NOTE: The CME needs a structured process for ensuring that CPAs which do not meet the eligibility requirements or where the monitoring report from a CPA does not meet the requirements of the registered design are quarantined and not presented to the DOE for validation or verification.

6 Resources Management

6.1 Our people

6.1.1 Management and personnel

NOTE: The CME should clearly define the structure of the organisation and its relationship with the different intermediaries or CPA owners, and clearly define the roles and responsibilities of management and operational personnel. List Required Competencies for each role. Provide procedures for deployment of personnel, use of contracted personnel and personnel records. This should be provided at CME and at Intermediary or CPA owner level.

6.1.2 Development, maintenance and review of competencies

NOTE: Competence is the ability to apply knowledge and skills to achieve intended results. It is fundamental to effective operation of the CME and the associated CPAs that the CME has

1. analysed the competence requirements of the different tasks required for all critical activities
2. identified the knowledge and skills required for that competence
3. determined how it will assess the knowledge and skills of personnel undertaking critical activities and completed the assessment
4. developed suitable training plans

SOP: Competence and Training

Forms: Training and Development Record, Competency Statement and Checklist

6.2 Outsourcing

NOTE: provide a procedure how outsourcing decisions are made and how the CME keeps control and final responsibility over outsourced activities. In the context of a PoA, outsourcing is when the CME works with partner organisations to develop and operate CPAs or to provide other critical services rather than for the CME to directly manage those activities using their own directly employed personnel. Outsourced arrangements need to be based on legally enforceable agreements, ensure that the outsourced organisations use the processes developed by the CME, and ensure that the outsourced organisations are reviewed and audited as if they were part of the CME. The CME must not outsource the decision on inclusion of a new CPA or approval of a monitoring reporting prior to submission to a DOE.

6.3 Our infrastructure

NOTE: If there are critical activities that require infrastructure, then the processes required to ensure that the infrastructure continues to operate effectively should be described here. Describe software (if applicable), equipment storage, file storage to work with your system.

7 Continuous improvement

7.1 General

NOTE: Tracking what happens in your POA is critical to being able to effectively improve and provide consistent performance. This section describes a general commitment or guidance to continual improvement.

7.2 Customer satisfaction

NOTE: This would be a procedure to monitor

1. Feedback from local stakeholders, intermediaries , CPA owners and
2. Feedback from Government stakeholders
3. Results of validation/inclusion/verification activities
4. Results of UN review and approval for issuance

7.3 Internal audit

NOTE: The internal audit processes is used to measure and improve the performance of management and personnel. Internal audits are a structured review by observation and interview of a critical activity. The internal audit process is managed by planning the audit of critical activities

- at a frequency based on risk (the higher the potential for error and the higher the impact on the integrity of the PoA, the more frequent the audit),
- using competent auditors independent of the area being audited,
- by providing timely and comprehensive audit reports, and
- by ensuring that any corrective action that result from the audit is effective and actually implemented.

SOP: Internal Audit

Forms: Internal Audit Program, Internal Audit Report, System Improvement Request

7.4 Corrective Action

NOTE: A Non-Conformity can be raised as result of an internal audit or detected at any time by CME/CPA personnel in the course of their daily work. Depending on the gravity of the found Non-Conformity staff can be authorized to correct them immediately or to follow an escalation process.

SOP: Error correction and System Improvement

Forms: System Improvement Request

7.5 Preventive Action

NOTE: The need for preventive actions can be identified during a structured review or at any time by CME/CPA personnel reviewing their daily work.

SOP: Error correction and System Improvement

Forms: System Improvement Request

7.6 Changes to UNFCCC Requirements

NOTE: At times, the UNFCCC EB changes the requirements with which existing CPAs need to comply. In the same way that is important to plan for the implementation of a new CPA, it is important to plan for the implementation of an updated CPA. Note that the planning requirements for an updated

CPA are going to be a lot less than for a new CPA. One output of the plan is a completed CPA-DD for the updated CPA.

8 Support Processes

8.1 Document control

NOTE: Documents are controlled by making sure they are clearly identified, that they are complete and up to date, that they are properly approved, and that are available where they need to be used. Controlled Documents include the CME Management System manual, SOPs, forms, and templates.

SOP: Document Control

Forms: Document Mater List

8.2 Record control

NOTE: Records are the evidence of what was done to operate the PoA in accordance with the requirements of the registered project design and the CDM requirements. If essential records are missing or if their accuracy cannot be assured then CERs cannot be verified, certified and then issued.

SOP: Record Control

Forms: Record Master List

8.3 Purchasing

NOTE: The registered design for the PoA specifies the equipment that is to be used to deliver the intended emission reduction/avoidance outcomes through operation of the project. It is critical that the originally specified equipment is used in new CPAs and that all spare parts are designed for the specific equipment in use.

SOP: Puchasing

Forms: Purchase Order

8.4 Technical Review

NOTE: All new CPAs proposed for inclusion in the PoA and monitoring reports proposed for verification shall be reviewed by the CME using a technically competent, independent reviewer to ensure that the new CPA or monitoring report fully complies with the registered design requirements and the CDM. This process can also be used by the CPA on new CPAs and monitoring reports before they are sent to the CME for approval. The review can be completed by either a fully competent individual reviewer or by a team of reviewers formed to include all necessary competencies.

SOP: Technical Review

Forms: Technical Review Inclusion, Technical Review Monitoring

8.5 Training and Competence

NOTE: Competence is the ability to apply knowledge and skills to achieve intended results. Training is the structured provision of instruction in the skills and knowledge required to demonstrate

competence. This SOP applies to all CME and CPA personnel who undertake critical tasks, and to all procedures that include critical tasks.

SOP: Competence and Training

Forms: Competency Statement and Checklist, Training and Development Record

This template can be used for all SOPs that need to be developed as part of the CME Manual. All text in italics (including this one) is explanatory and should be replaced by SOP specific text or deleted in the final SOP.

SOP – *NAME*

Scope

Describe the specific purpose of this SOP.

Reference

Provide references to any specific regulatory requirements this SOP addresses.

Responsibility

Describe who is responsible for implementation/application of the SOP. This could be one or more persons. Responsibility should be assigned to a role (e.g. technical manager) rather than a named person.

Process

Describe the process to be applied. This may include different subheadings for sub-processes.

Records

List all records to be taken.

Forms

List all forms to be used in this SOP.

Document History

Any change to this document should be tracked, including the name of the person making the change, the new version number, the date of the change and a brief description of what has been changed.

Name of Author	Version	Date	Description

The footer section contains a unique document identifier that could be simply the filename used for the electronic version of the document, or a reference number that is tracked in a document master list. The footer section is available on each page of the SOP, so that key data like version number and issue date also appear on printed versions of the SOP .

SOP – Management Review

Scope

Management Review is the structured review of the operation of the management system by the management team, and the formulation of clear objectives for continual improvement.

Reference

Standard for the Demonstration of Additionality, Development of Eligibility Criteria and Application of Multiple Methodologies for Program of Activities

17. The CME shall have the competencies to check the features of potential CPAs and ensure that each CPA meets all requirements and eligibility criteria before inclusion in the registered PoA. The CME shall develop and implement a management system that includes the following made available to the DOE at the time of validation of the PoA:

(f) Measures for continuous improvements of the PoA management system;

(g) Any other relevant elements.

Responsibility

- CME Chief Executive – for the actual performance of the Management Review.
- Management Representative – for coordination of the Management Review, preparation of information for consideration during the Review, and documentation and coordination of the implementation of the decisions reached by the Review
- Operational managers – for implementation of changes to the management system authorized by the Management Review

Process

The CME management team needs to review the operations of the PoA management system at least once per year. The quorum for decision at the meeting is XX%. The review can be in person or using any method that supports the free exchange of ideas in real time.

The most senior manager present is chairperson of the meeting, and the Management Representative shall take the minutes of the meeting.

Input to the MR

Information to be considered during the review includes:

- Internal audits – of CME management system
- Corrective and preventive action
- Nonconforming CPAs
- Supplier performance – equipment and external auditors
- Results of external audits
- Results of EB reviews

- Changes to UNFCCC CDM and PoA requirements

Outputs from the Management Review

Conclusions from the review are related to:

- Suitability of policy
- New performance objectives
- Changes to the CME management system
- Resource requirements
- Resource plans
- Plans for new CPAs

Implementation of Management Review Outcomes

1. The Management Representative shall review the outcomes of the Management Review and, in conjunction with the affected Operational Managers, develop a timetable for implementation of all outcomes.
2. Operational Managers shall prepare specific implementation plans designed to achieve the planned outcomes within the agreed time. These implementation plans can be in the form of Preventive Action requests (see SOP for System Improvement).
3. The Management Representative shall monitor the implementation of the Review outcomes and periodically advise the Management Team of progress.

Records

- Management Review input material
- Management Review output material
- Agenda
- Minutes

Forms

- System Improvement Report

Document History

Name of Author	Version	Date	Description

SOP – Competence and Training

Scope

Competence is the ability to apply knowledge and skills to achieve intended results. Training is the structured provision of instruction in the skills and knowledge required to demonstrate competence. This SOP applies to all CME and CPA Owner/Intermediary[1] personnel who undertake critical tasks, and to all procedures that include critical tasks.

Reference

Standard for demonstration of additionality, development of eligibility criteria and application of multiple methodologies for Programme of Activities

17. The CME shall have the competencies to check the features of potential CPAs and ensure that each CPA meets all requirements and eligibility criteria before inclusion in the registered PoA. The CME shall develop and implement a management system that includes the following made available to the DOE at the time of validation of the PoA:

(a) A clear definition of roles and responsibilities of personnel involved in the process of inclusion of CPAs, including a review of their competencies;

(b) Records of arrangements for training and capacity development for personnel;

Responsibility

- Technical Manager – for the identification of competence requirements and assessment of all personnel
- Training Manager – for the training
- All managers – for the periodic review and assessment of the personnel reporting to them

Process

Process framework

The process framework for training and competence is:

1. Identify the competence required for each role in the CME or at CPA owner/intermediary[2].
2. Assess the knowledge and skills that people already have
3. Plan, prepare and deliver training to provide additional knowledge and skills so that all management and operational personnel are competent in the critical activities required for individual work activities

[1] Apply as appropriate

[2] Apply as appropriate

Identification of competency requirements

Each methodology and PoA has critical tasks essential for the proper operation of the project and which must be performed in accordance with specific requirements of the registered design and the CDM. The Technical Manager supported by the Training Manager, shall identify these tasks and the skills and knowledge required to carry them out properly. The competence required for a task is a balance of skills and knowledge:

- (such as literacy and numeracy) already possessed by the individual; and/or
- that are delivered as part of a training course (such as a practical skill like reading a meter); and/or
- that are documented in SOPs and where training is in use of the SOP (which is procedural knowledge)

As well as identifying the skills and knowledge required for a critical task, it is also useful to then identify the potential impact of removing or degrading individual skill and knowledge parameters on performance of the critical task. This will demonstrate that the process for identifying the skills and knowledge regarded as essential for the task is robust.

The list the required competence for each role in the CME or CPA owner/intermediary is tracked in the Form “Competence Statement and Checklist” that is controlled by the Technical Manager.

Assessment of personnel competency

Based on the skills and knowledge associated with critical tasks, the Training Manager can then develop suitable measures for assessing the competency of individual personnel. Assessment measures include:

- Records review – analysis of records of education, personnel certification, training, professional experience and related experience
- Positive and negative feedback – surveys, questionnaires, personal references, testimonials, complaints, performance evaluation and reviews
- Interview – face-to-face and telephone interviews
- Observation – role playing, witnessed activities, on-the-job performance
- Examination and testing – oral and written exams, psychometric testing
- Post activity reviews – review of activities with supervisors, clients and with fellow employees

Assessment can be used:

- Prior to training to confirm the pre-existing level of knowledge
- After training to confirm that competence has been acquired
- Periodically to confirm that competence has been retained and where further training might be required

The process for assigning approving personnel for a certain role is:

1. Each person applying to take a certain role in the CME/CPA owner/intermediary has to
    a. complete or update their individual forms for Training and Capacity Development. The correct completion of the forms is checked and approved and the completed form is centrally stored with the Training Manager.
    b. Complete the Competence Statement and Checklist and submit to the Technical Manager for review.
2. Compliance with the requirements is assessed and recorded by the Technical Manager in the Competence Statement and Checklist. Completed "Competence Statements and Checklist" are centrally stored with the Training Manager.

Training of personnel

Training is required for:

- Induction training for new personnel to ensure that they have the core competencies for working in the CME or CPA in any capacity,
- Development training to provide an individual with the competence needed for appointment to a specific position or to undertake a specific task or SOP
- Refresher training to ensure that the competence to undertake certain critical tasks is maintained

Induction training will normally include:

- The structure and organisation of the CME as applicable including CPA owners/intermediaries
- The CME management system
- Awareness of global warming
- The importance of ensuring that all critical tasks are completed in accordance with the SOP
- The nature of the project

Comparison of the assessed competence of individual personnel (this may occur prior to allocation of the task to the individual or as the result of a periodic assessment of performance) with the established competence requirements of a critical task or SOP may reveal a competence gap. The Training Manager is responsible for the development, scheduling, delivery and assessment of training to close the competence gap.

The CME operational managers in conjunction with the Training Manager are responsible for identifying the future human resource requirements of the CME and CPA owner/intermediary[3] and ensuring that suitable, competent personnel are available when required. For example, this could include ensuring that suitable technical specialists are available for critical monitoring review tasks or system maintenance tasks.

[3] apply as applicable

Records

1. Completed Competence Statement and Checklist
2. Up to date Training and Capacity Development Records

Forms

1. Competence Statement and Checklist
2. Training and Capacity Development Record

Document History

Name of Author	Version	Date	Description

Competency Statement and Checklist

Form completed by	
Date	
Competence assessed by	
Date	

CME level *(NOTE: these are examples only)*

Application to act as (please mark appropriate):		Application granted (yes/no and date)
	CME Management Representative	
	Technical Manager	
	Purchasing Manager	
	Training Manager	
	Administration Manager	
	Internal Audit and Review Manager	

CPA Intermediary/Owner *(NOTE: these are examples only)*

Application to act as (please mark appropriate):		Application granted (yes/no and date)
	Implementation Manager	
	Operations Manager	
	Monitoring and Reporting Manager	

1. Scope

The purpose of this form is to allow for the assessment of staff involved in our POA. Staff required to complete this form include:

- CME Management Representative
- Technical Manager
- Purchasing Manager
- Training Manager
- Administration Manager
- Internal Audit and Review Manager

- Implementation Manager
- Operations Manager
- Monitoring and Reporting Manager

This form should be used in conjunction with the SOP Competence and Training.

2. How to use this form

The detailed competence requirements for each role are described in section 3 for CME level personnel and Section 4 for CPA level personnel.

Please complete the appropriate section for the application and provide comments / evidence. The third column of each table has to be completed by the person authorized to assess the competence and provided evidence.

3. CME level personnel

Role Name *(add as many tables as you have roles within the CME)*

Criterion	Comments / Evidence	Assessment
(List technical knowledge/skills and experience required, if any)		
(List administrative/management knowledge required, if any)		
(List required language, communication and computer skills as required, if any)		
(List POA specific training course(s) that need to be completed successfully, if any)		
(List CDM knowledge required, if any)		

4. CPA Owner/Intermediary personnel

Role Name *(add as many tables as you have roles within the entity)*

Criterion	Comments / Evidence	Assessment
(List technical knowledge/skills and experience required, if any)		
(List administrative/management knowledge required, if any)		
(List required language, communication and computer skills as required, if any)		
(List POA specific training course(s) that need to be completed successfully, if any)		
(List CDM knowledge required, if any)		

Training and Capacity Development record

Full Name: _____

Type of Training or Capacity Building Undertaken	Date	Successful completion (yes/no)	Name & Signature of Trainer.

Audit Plan

Name of entity audited:	Date:
Address:	System element audited:
	Auditor(s) (indicate team leader):
Focus of the audit:	Audit Language:

Date	Time	Attendance	Agenda *(list steps/locations of the audit)*
			Arrive On Site
		All	**Opening Meeting**
		All	**Closing meeting**

The following information and documentation is required for audit:

(Inform the audited entity of any evidence required)

Audit Finding Report

Name of Auditor(s) (indicate team leader):	
Date of audit:	
Place of audit:	
Details of the audited entity:	
Names of personnel audited:	
Responsible Manager	
Focus of the audit (Objectives, Scope, Criteria):	

Summary of Findings:		
Audit Conclusion:		
Number of System Improvement Requests attached		
Signature Auditor:	Signature Auditee:	

Internal Audit Schedule

INTERNAL AUDIT SCHEDULE								DATE:
								PREPARED BY: / APPROVED BY:
SYSTEM ELEMENT TO BE AUDITED		PLANNED AUDITS (DATES)						REMARKS

SOP – Internal Audit

Scope

The PoA has a project life of many years, and includes the implementation of new CPAs and the regular operation and monitoring of existing CPAs. It is essential that critical activities are completed in accordance with their approved and documented processes, and that those processes are continually improved. The internal audit processes is used to measure and improve the performance of management and personnel.

Internal audits are a structured review by observation and interview of a critical activity. The internal audit process is managed by planning the audit of critical activities

- at a frequency based on risk (the higher the potential for error and the higher the impact on the integrity of the PoA, the more frequent the audit),
- using competent auditors independent of the area being audited,
- by providing timely and comprehensive audit reports, and
- by ensuring that any corrective action that result from the audit is effective and actually implemented.

Reference

Standard for the Demonstration of Additionality, Development of Eligibility Criteria and Application of Multiple Methodologies for Program of Activities

17. The CME shall have the competencies to check the features of potential CPAs and ensure that each CPA meets all requirements and eligibility criteria before inclusion in the registered PoA. The CME shall develop and implement a management system that includes the following made available to the DOE at the time of validation of the PoA:

(f) Measures for continuous improvements of the PoA management system;

(g) Any other relevant elements.

Responsibility

- Internal Audit and Review Manager – for the internal audit schedule, assignment of (lead) auditors, review of all internal reports, assessment of planned corrective actions and for follow-up and special audits
- Lead auditor (In case of one person audit, the auditor is also the Lead auditor)– for the proper performance of assigned internal audits
- Auditor, technical expert – to participate in internal audits as assigned under the control of the Lead Auditor

- Operational Managers – to fully assist the internal audit process as an auditee or if requested to provide internal audit team members, and to implement corrective action as necessary
- Management Representative – for ensuring that all corrective action and preventive action arising from internal audits is effectively implemented
- All personnel – to actively and willingly participate in internal audits as necessary

Process

Audit programme objectives and extent

Objectives are to:

- To verify conformance with the requirements of the registered design and the CDM
- To provide the DOE with confidence that the CME and CPA are well managed and meeting the requirements of the registered design and the CDM
- To contribute to improvement of the management system

The extent of the audit programme is to cover:

- All elements of the management system (including management review and internal audit)
- All CME operations
- All CPAs and all operations at CPA owners/Intermediaries[1]

Internal Audit schedule

A schedule of internal audits shall be prepared covering a rolling twelve month period.

The audit frequency of individual critical tasks and SOPs is based on risk, considering the following:

- The complexity of the task
- The consequence of the task not being completed properly
- Previous internal audit experience
- Feedback from clients, staff and other third party audits
- Corrective and preventive action

All critical tasks and SOPs should be subject to an internal audit at least once per year.

Conduct of audits

The overall process followed by an internal audit is:

1. Initiate the audit
    a. appoint the team leader
    b. define audit objectives, scope and criteria and record that in the Internal Audit Report Form

[1] Apply as appropriate

   c. select the team (if more than one person is required, this might also include a technical expert)
   d. contact the auditee and request required documents (if any)
2. Conduct document review
   a. review the relevant documentation in a desk review
3. Preparing for the on-site audit activities (if any)
   a. prepare the audit plan
   b. assign work to the audit team
   c. prepare audit documents
4. Conducting on-site audit activities (if any)
   a. conduct the opening meeting
   b. manage team communication
   c. work with guides and observers (guides are useful for complex sites, observers as requested by the auditee)
   d. collect and verify information
   e. generate audit findings and record them in the Internal Audit Report Form
   f. raise System Improvement Requests where applicable
   g. prepare audit conclusions
   h. conduct the closing meeting
5. Prepare, approve and distribute the audit report
   a. The Lead Auditor completes the Internal Audit Report (It might be that the final conclusion can only be reached after System Improvement Reports are completed or their deadline passed)
   b. The Report is signed by the Lead Auditor and the Auditee
   c. The Report and supporting documents are distributed as needed

Records

1. Completed Internal Audit schedule
2. Completed Internal Audit Plan
3. Completed Internal Audit Report
4. Completed System Improvement Request(s)

Forms

1. Internal Audit schedule
2. Internal Audit Plan
3. Internal Audit Report
4. System Improvement Request

Document History

Name of Author	Version	Date	Description

SOP – Error Correction and System Improvement

Scope

It is critical that problems with critical activities are identified and rectified quickly, and that processes are amended to reduce the risk of recurrence. It is especially important that there are systems in place to identify and correct problems that may affect the integrity of the PoA and the creation of CERs. Corrective (preventive) actions are to be taken as soon as a (potential) non-conformity is identified.

This procedure describes how problems are identified and what actions are to be taken.

Reference

Standard for the Demonstration of Additionality, Development of Eligibility Criteria and Application of Multiple Methodologies for Program of Activities

17. The CME shall have the competencies to check the features of potential CPAs and ensure that each CPA meets all requirements and eligibility criteria before inclusion in the registered PoA. The CME shall develop and implement a management system that includes the following made available to the DOE at the time of validation of the PoA:

(f) Measures for continuous improvements of the PoA management system;

(g) Any other relevant elements.

Responsibility

- Management Team – for overall policy
- Management Representative – for implementation of the processes for Non-Conformity (NC), Corrective Action (CA), structured review and Preventive Action (PA)
- Operational Managers – for identifying root causes and implementing corrective and preventive action in areas under their control
- All personnel – for supporting the corrective and preventive action process and for implementation of changed arrangements as they are approved, for initiating a System Improvement Request for any non-conformity that is observed.

Process

Non-Conformities and related Corrective and Preventive Actions are tracked in a System Improvement Request.

Non-conformity

This could be a meter out of calibration, an out of date document in use, or missing data. A non-conformity is detected using internal audit, and the monitoring of management process and the performance of CPAs . A Non-Conformity can be raised as result of an internal audit or detected at

any time by CME/CPA Owner/Intermediary[1] personnel in the course of their daily work. Depending on the gravity of the found Non-Conformity (or further documented guidance on non-conformities available) any personnel identifying a Non-Conformity are to

1. On their own initiative or in conjunction with their supervisor, take whatever action is necessary to correct the problem/error and prevent immediate further loss or damage.
2. Inform their direct manager or directly describe the problem in a System Improvement Request (SIR) and forward the Request to the responsible Operational Manager.

Corrective and Preventive Action

Where a non-conformity is identified, corrective action is taken to identify the root cause of the failure that resulted in the non-conformity and then change the system to eliminate the root cause.

The need for preventive actions can be identified during a structured review or at any time by CME/CPA Owner/Intermediary[2] personnel reviewing their daily work.

The manager responsible for the area where the non-conformity or preventive action has been raised will:

1. Investigate the problem and identify the root cause
2. Decide on what needs to be done to correct the problem (Planned Improvement Action)
3. Implement the changes
4. Audit or monitor the changes to make sure they are effective
5. Record all of the above in the related System Improvement Request

Structured review

A structured review can be performed periodically, at least as part of Management Review, all internal audit reports, non-conformities, corrective action and monitoring reports are reviewed to aid in the identification of changes that can prevent future non-conformity. The following process applies to a structured review

1. Collect information on NC and corrective action
2. Consider whether there are any root causes that relate to the problems in aggregate
3. Decide on what needs to be done to correct the problem
4. Implement the changes
5. Audit or monitor the changes to make sure they are effective

Records

Completed System Improvement Request

[1] Apply as appropriate

[2] Apply as appropriate

Forms

System Improvement Request

Document History

Name of Author	Version	Date	Description

System Improvement Request

Type Corrective Action Request ( ) Preventive Action Request ( )	Internal Audit reference (where applicable):
Request Reference number:	CME/CPA reference:
Request raise by:	Request date:
Responsible Manager for area the request falls into:	Agreed response date for root cause analysis:
Description of (potential) Problem (Completed by person who raised the request):	
Root Cause analysis by (Completed/approved by Responsible Manager):	
Planned Improvement Action including agreed completion date (Completed/approved by Responsible Manager):	
To be assessed and signed by Responsible Manager or in case of internal audits the lead auditor: Action taken is Satisfactory/Unsatisfactory: (In case of unsatisfactory action, a new improvement action can be planned and scheduled for approval) Signature: Date: Na,me and role:	

System Improvement Request

Comment by Signatory:

SOP – Document Control

Scope

Documents are controlled by making sure they are clearly identified, that they are complete and up to date, that they are properly approved, and that are available where they need to be used.

Controlled Documents include the CME Management System manual, SOPs, forms, and templates.

Reference

Standard for the Demonstration of Additionality, Development of Eligibility Criteria and Application of Multiple Methodologies for Program of Activities

17. The CME shall have the competencies to check the features of potential CPAs and ensure that each CPA meets all requirements and eligibility criteria before inclusion in the registered PoA. The CME shall develop and implement a management system that includes the following made available to the DOE at the time of validation of the PoA:

(e) Records and documentation control process for each CPA under the PoA;

Responsibility

All personnel performing a critical activity are responsible for obtaining a current version of the relevant SOP and for performing the critical activity in accordance with that SOP.

The PoA personnel with management or supervisory responsibility for specific PoA critical activities are responsible for preparing and approving the Controlled Documents they consider are needed to make sure the activities are completed properly each time they are done. It is also their role to ensure that the personnel performing those activities are aware of and have access to the latest version of the relevant SOP.

The Management Representative is responsible for document control policies and for all documents held centrally. Individual managers are responsible for the controlled documents describing the critical activities under their control. This responsibility includes preparing, updating, approving and controlling the document.

Process

1. Controlled documents have the words “Controlled Document” in the header of each page of the document.
2. Controlled Documents include:
    a. The CME Quality Manual
    b. Standard Operating Procedures describing how critical activities are to be performed. They include the responsibility for performance of the work.
    c. Work Instructions describing how a simple task is to be performed. They do not include responsibility for the work.

   d. Forms are preformatted documents for the collection of information. After they have been completed they become records.
   e. Templates for new documents such as SOPs and Work Instructions.
3. Each controlled document has on the footer or header of each page:
   a. A unique identifier – this can be a name or a number
   b. Version number – to identify the latest document
   c. Page numbers – the page number and the number of pages in the document
   d. Name and function of document owner – this person is responsible for approving and keeping the document up to date
4. Each manager responsible for a critical activity is responsible for keeping a master list of their documents and making sure that an up to date copy of their master list is also sent to the CME document controller.
5. The master list:
   a. Can be electronic or hard copy
   b. Lists the unique identifier and version number of the current document
   c. Has the date the list was updated
6. The manager responsible for a controlled document is also responsible for providing the Management Representative with a master copy of each controlled document.
7. Each person who needs to use a controlled document is responsible for making sure that they have the latest version.

Records

Up to date Document Master List

Forms

Document Master List

Document History

Name of Author	Version	Date	Description

Document Master List

Document / Form No	Description	Reference	Rev/ Year	Authorised by

SOP – Record Control

Scope

Records are the evidence of what was done to operate the PoA in accordance with the requirements of the registered project design and the CDM requirements. If essential records are missing or if their accuracy cannot be assured then CERs cannot be verified, certified and then issued.

Reference

Standard for the Demonstration of Additionality, Development of Eligibility Criteria and Application of Multiple Methodologies for Program of Activities

17. The CME shall have the competencies to check the features of potential CPAs and ensure that each CPA meets all requirements and eligibility criteria before inclusion in the registered PoA. The CME shall develop and implement a management system that includes the following made available to the DOE at the time of validation of the PoA:

(e) Records and documentation control process for each CPA under the PoA;

Responsibility

- Management Representative – for record control policies and for all records held centrally.
- Individual managers – for the control of records of critical activities under their control.

Process

Records are controlled by making sure that all essential records are regularly collected, and that it can be demonstrated they are complete, accurate and authorized. Record control also includes protecting them from deletion or unauthorized changes to them.

1. Each SOP defines the records to be created during performance of the activity.
2. The complete list of controlled records is held by the Management Representative.
3. The record master list includes the following information:
    a. Unique identifier for the class of records
    b. Retention period
    c. Location where the records held
    d. Security and access requirements
    e. Authorization requirements
4. Records are to be held in a way that protects them from damage, loss or unauthorized access.

Records

Record Master List

Forms

Record Master List

Document History

Name of Author	Version	Date	Description

Records Master List

Record No	Description	Location	Controlled by	Retention Period

Purchase Order

CME/CPA: Reference:	
Supplier Name:	Delivery By: Road Sea Air
Address:	Deliver To:
Contact:	Date Delivery Is Required By:
Phone No. Fax No.	Please Tick Square If **Urgent**:

Part Number	Description/Specification	Ref No.	Qty Rq'd	Total
Sales Tax To Be Paid: Yes/No		Sales Tax		
Payment Terms:		Total		

Notes:	Requested by: (Please Print Name)
	Authorisation
	Signature: Project Manager
Order Placed By: Phone/Fax Date:	Order No.:

SOP – Purchasing

Scope

The registered design for the PoA specifies the equipment that is to be used to deliver the intended emission reduction/avoidance outcomes through operation of the project. It is critical that the originally specified equipment is used in new CPAs and that all spare parts are designed for the specific equipment in use. That is to "ensure that each CPA meets all requirements and eligibility criteria" before and after inclusion in the registered PoA.

Reference

Standard for the Demonstration of Additionality, Development of Eligibility Criteria and Application of Multiple Methodologies for Program of Activities

17. The CME shall have the competencies to check the features of potential CPAs and ensure that each CPA meets all requirements and eligibility criteria before inclusion in the registered PoA. The CME shall develop and implement a management system that includes the following made available to the DOE at the time of validation of the PoA:

(g) Any other relevant elements.

Responsibility

- Operations Manager (for the specific CPA) – for initiating the Purchase Order Request to acquire equipment and parts
- Technical Manager – for ensuring that equipment specifications are maintained up-to-date and for deciding wether non-complying equipment or parts can be used.
- Purchasing Manager – for all purchasing activities, (including the safe storage of equipment before it is used)
- Financial Controller – for authorising all purchase orders.
- Goods Inward – for inspecting goods as they are received for quantity and quality and for quarantining non-complying orders.

Process

The provision of new equipment and spare parts is a critical activity. All purchases are made using official CME purchase documents that specify the item (by part number, formal specification or some other unambiguous description) and the quantity to be purchased. When equipment or parts are received they are checked to ensure that the type, quality and quantity that was ordered has been delivered. All equipment and parts are to be protected (from loss or damage) until they are installed.

Purchase

1. Equipment acquisition for the establishment of a new CPA is controlled from the CPA establishment project plan. Equipment is purchased using the normal Purchase Order process.
2. The CME/CPA Intermediary/CPA Owner[1] is responsible for ensuring that sufficient replacement equipment and parts are available for the CPA to continue operating to its design level. The Operations Manager for the CPA will prepare Draft Purchase Orders for equipment and parts necessary to achieve this goal, in line with the annual CPA operating budget.
3. Draft Purchase Order are sent to the Purchasing Manager for approval. Before approval the Purchase Order will be reviewed to ensure that it is in line with the annual CPA operating budget. Draft Purchase Orders that are outside the budget will be returned to the CPA Operations Manager for further justification.
4. The approved Purchase Order will be sent to the supplier for action, and a copy will be sent to Goods Inwards.
5. The Purchase Order will include an appropriate specification for each piece of equipment or part that is ordered that is critical to continuing to meet the requirements of the registered design. The specification needs to be sufficient to ensure that the identity of the equipment or part is completely unambiguous, that is, the supplier knows exactly what to supply and when supplied the equipment or part will be exactly what is required for the registered design.

Delivery

6. Goods Inwards will compare the Purchase Order with the delivery documentation and the delivery itself to ensure that the order is complete and that all items meet the applicable specification. The Purchase Order will be marked up to indicate the goods delivered and signed by the Goods Inwards personnel.
7. All equipment and parts will be supplied with a test report or other acceptable documentation to clearly demonstrate that they comply with the specification. The documentation will be reviewed when the order is received, and non-complying equipment or parts will be quarantined for review by the Technical Manager. The Technical Manager will decide whether the non-compliant parts can be used without breaching the requirements of the registered design, or whether they will be returned to the supplier.
8. Where equipment or parts have serial numbers or batch identification information, it will be recorded and held with the Purchase Order documentation.

Storage

9. The delivered goods will be handed over to Warehouse personnel for storage. The personnel accepting the goods from Goods Inwards will countersign the Purchase Order to indicate they have accepted the goods for storage. The signed Purchase Order and delivery

[1] Apply as appropriate

documents will be returned to the Admin Team for processing and payment of the invoice for the order.

10. The Warehouse will document the location; the number received, in store and issued; and the serial numbers or batch identification (as applicable) for individual parts and items of equipment.
11. The Warehouse will be arranged to protect equipment and parts from damage and from theft.

Issue for use

12. Parts and equipment are issued from the Warehouse on the authority of a Parts/Equipment Requisition signed by the Operations Manager. The requisition is used to check the issue of parts and equipment to the bearer of the requisition. The requisition is signed by the Warehouse operator and the operations person receiving the ordered goods. Where relevant, batch and serial number information is recorded.

Records

1. Completed Purchase Orders
2. Delivery documentation
3. Invoices
4. Equipment Specifications
5. Completed Parts/Equipment Requisition

Forms

1. Purchase Order
2. Parts/Equipment Requisition

Document History

Name of Author	Version	Date	Description

Technical Review CPA Inclusion

CPA Name or Number:	CME Technical Review Reference No:
CPA Owner:	Technical Reviewer:
CPA Intermediary:	Date of Technical Review:
Date of Submission of CPA Pack to CME:	Date of Decision:
Submitted by (Name):	Technical Review Decision:

Assessment Package Completeness Check	***Received from CPA***
Completed CPA DD	
(list other required supporting documents specific to your POA, add lines as needed)	

Criteria review checklist		Comment/Evidence/System Improvement Requests raised	Requirement met (yes/no)
Eligibility Criteria	*(list all subcriteria, add lines as needed)*		
Double Counting	e.g. Activity not already included in another POA or registered as CDM project		
Start Date	e.g. Start date confirmed by CME to be after start of validation		
(List further criteria to be checked)			

Technical review decision			
CME Technical Review Comments:			
Response:			
CME Technical Reviewer Recommendation for inclusion	*(yes/no)*	Date:	Sign:
CME Management Decision	*(yes/no)*	Date :	Sign:
Actions to be taken if CPA inclusion is not approved:			

Document History

Name of Author	Version	Date	Description

Technical Review CPA Monitoring

CPA Name or Number:	CME Technical Review Reference No:
CPA Owner:	Technical Reviewer:
CPA Intermediary:	Date of Technical Review:
Date of Submission of CPA Pack to CME:	Date of Decision:
	Technical Review Decision:

Assessment Package Completeness Check	***Received from CPA***
Completed CPA Monitoring report	
(list other required supporting documents specific to your POA, add lines as needed)	

Criteria review checklist		Comment/Evidence/System Improvement Requests raised	Requirement met (yes/no)
(List criteria to be checked)	(list all subcriteria, add lines as needed)		

CPA Monitoring Team Performance Appraisal by CME Technical Reviewer for during the CMEs management review (1 poor, 4 excellent*)*		
Competency requirement	**Score (1-4)**	**Comment**
Understanding of POA Monitoring requirements		
Early communication of error to CPA/CME management		
Compliance with past preventive/corrective action requests		
(list other criteria as needed)		
Actions to be taken to improve performance		

Technical review decision			
CME Technical Review Comments:			
CPA Response:			
CME Technical Reviewer Recommendation for inclusion	*(yes/no)*	Date:	Sign:
CME Management Decision	*(yes/no)*	Date :	Sign:
Actions to be taken if Monitoring report is not approved:			

Document History

Name of Author	Version	Date	Description

SOP – Technical Review

Scope

All new CPAs proposed for inclusion in the PoA and monitoring reports proposed for verification shall be reviewed by the CME using a technically competent, independent reviewer to ensure that the new CPA or monitoring report fully complies with the registered design requirements and the CDM. This process can also be used by the CPA on new CPAs and monitoring reports before they are sent to the CME for approval. The review can be completed by either a fully competent individual reviewer or by a team of reviewers formed to include all necessary competencies.

Reference

Standard for demonstration of additionality, development of eligibility criteria and application of multiple methodologies for Programme of Activities

17. The CME shall have the competencies to check the features of potential CPAs and ensure that each CPA meets all requirements and eligibility criteria before inclusion in the registered PoA. The CME shall develop and implement a management system that includes the following made available to the DOE at the time of validation of the PoA:

(c) Procedures for technical review of inclusion of CPAs;

Responsibility

- Compliance Manager – for ensuring that a technical review complying with this process is completed for all new CPs and monitoring reports before submission to the DOE
- Management Representative – for ensuring the integrity of the Technical Review process
- Technical Manager – for ensuring that competence requirements are set for technical review tasks and for the correctness and completeness of checklists in the technical review forms and their availability to the technical reviewer.
- Training Manager – for ensuring that technical reviewers are appropriately trained and have proper qualifications
- Operations Manager (for the respective CPA) – for ensuring that a technical review complying with this process is completed for all new CPs and monitoring reports before submission to the CME.
- Technical Reviewer – for ensuring that the technical review is completed fairly and diligently. If conducted by a team, the Team Leader has overall responsibility for the review.

Process

Technical Review is a critical activity, intended to demonstrate to the decision maker that the CPA proposed for inclusion and monitoring reports have been independently assessed as fully compliant with the registered design and the CDM. The reviewer and the decision maker receiving the technical review report are part of the same operational function. That is, a CPA team at CPA

Owner/Intermediary[1] level does not do the technical review for the CME, and the CME does not do the technical review for the DOE. The CPA team carries out a technical review so that the CPA Operations Manager can approve the CPA or monitoring report for submission to the CME. Similarly, the CME technical review team considers the CPA or the monitoring report so that the CME manager can approve the CPA or monitoring report for submission to the DOE.

The step by step process is:

1. Identify the competency required for the technical review
2. Identify a reviewer that is independent and competent, and provide them with a briefing for the review
3. Carry out the review, including actions by the operational team responsible for the CPA or monitoring report to correct any technical errors or omissions.
4. Complete a technical review report, and provide the report and the finalised document to the decision maker (the reviewer and the decision maker are part of the same operational entity)

Identify required competency

The Technical Manager in conjunction with the Compliance Manager and the relevant Operational Manager will consider the review requirements and identify the competency areas required by the reviewer. The competence analysis completed for previous technical review tasks can be used for later tasks provided that the technical requirements have not changed.

Selection of the Technical Review team or individual

The reviewer may be composed of one or more persons, as necessary, to ensure that the reviewer has the competency necessary to properly complete the review. If there is more than one person in the team, one member shall be appointed as the team leader. The role of the technical review team leader is similar to the role of an audit team leader. The reviewer shall be independent of direct involvement in the development or preparation of the CPA, the CPA eligibility criteria report or the monitoring report being reviewed. Team members may be selected from other CPAs or the CME in order to meet the independence criteria.

Performance of the technical review

The technical review shall, in general, follow this process:

1. Obtain an up-to-date approved technical review form.
2. If the technical review is to be performed by a team, allocate review tasks to suit team member competency
3. Confirm the completeness of documents received for the CPA, based on the checklist in the technical review form.
4. Assess all elements in the criteria review checklist in the technical review form, where necessary collect additional evidence and reach conclusions.

[1] Apply as appropriate

5. Where necessary the Technical Reviewer might raise System Improvement Requests and provide them to the operating unit responsible for the CPA or monitoring report. The Manager of the operating unit is required to review the issues, act on System Improvement Requests and rectify any discrepancies and return the updated documentation to the technical review team.
6. Document the findings, decision and comments in the technical review form.
7. The reviewer shall finalise the technical review after all non-compliances have been rectified or the agreed deadline for completion of action has passed.
8. Any remaining non-compliances shall be clearly identified in the technical review report, and in particular if any of the non-compliances will result in a potential rejection of the proposed CPA or potential CERs.
9. The completed technical review form is provided to the decision maker (at the CPA or CME, depending on what level of Technical Review it is).

Technical Review report

The reviewer shall document their preliminary and final findings in the technical review form, including the opinion of the team leader as to whether the CPA or monitoring report comply with all technical requirements, and any qualifications or residual issues. The report will contain sufficient information to enable a competent person to review the evidence and reach the same opinion as the team leader. In particular a CME technical review should allow the DOE to reach the same conclusion.

The technical review report, CPA eligibility statement or monitoring report and all supporting information shall be provided to the decision maker.

Records

1. Completed Technical Review Inclusion or Monitoring as applicable
2. Technical Review evidence
3. Findings

Forms

1. Technical Review Inclusion
2. Technical Review Monitoring

Document History

Name of Author	Version	Date	Description