

**COS-1-07**

# **GUIDANCE FOR DEVELOPING A SEMS CORRECTIVE ACTION PLAN**

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**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 Deficiencies identified in a Safety and Environmental Management Systems (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
- **CAP** - Corrective Action Plan
- **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.
- **Component** - A policy, standard, practice, process, procedure, or control.
- **Correction** - An immediate action taken in response to an identified Deficiency before the completion of the Corrective Action Plan.
- **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** - Either a Finding Level 1 or Finding Level 2. Deficiencies require Corrective Actions to be included in a Corrective Action Plan.

- **Finding Level 1** - The Establishment, Implementation or Maintenance of a management system element is not conforming with requirements such that the Element cannot achieve its intended results. A Finding Level 1 requires Corrective Action(s) be included in a Corrective Action Plan.
- **Finding Level 2** - A Finding Level 2 meets one or both of the following criteria:
  - o An Element can achieve its intended results but the Establishment, Implementation or Maintenance of a Component(s) within the Element only partially conforms to the requirements for that Component and is indicative of a systemic issue.
  - o The functionality of an individual major incident prevention or mitigation control (as defined by the Auditee) is impaired.

A Finding Level 2 requires Corrective Action(s) be included in a Corrective Action Plan.

Note: Individual Observations within separate Elements may indicate a systemic issue that can result in a Finding Level 1 or 2.

- **Observation** - Evidence that supports a Conformity or a Deficiency.

## 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 Deficiencies.

The Center for Offshore Safety (COS) has developed guidance on the key steps in creation of a CAP to address Deficiencies identified during an audit of the Safety and Environmental Management System (SEMS). Consideration of the applicable requirements of API RP 75 *Development of a Safety and Environmental Management Program for Offshore Operations and Facilities, 3rd Edition*, and COS-2-03 *Requirements for Third-Party SEMS Auditing*<sup>1</sup>, 2nd Edition, 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*.

<sup>1</sup>API RP 75 3rd edition and parts of COS-2-03 1st edition have both been incorporated by reference under 30 CFR 250.198.

# 5. KEY STEPS OF A CORRECTIVE ACTION PLAN



## 5.1 DEFICIENCY IDENTIFIED BY AUDIT SERVICE PROVIDER (ASP)

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

## 5.2 IMPLEMENT CORRECTIONS

As soon as a Deficiency is identified, the Auditee should determine whether a Correction is appropriate. If the Auditee determines that a Correction is appropriate, 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 Deficiency is the initial step in planning effective Corrective Action and preventing recurrence of the Deficiency. Some Deficiencies may have more than one cause and may require more than one Corrective Action to effectively prevent recurrence. An Auditee should utilize its process(es) for determining cause(s), using methods appropriate to the Deficiencies.

## 5.4 DEVELOP CORRECTIVE ACTION PLAN

- **Accountability for the Corrective Action Plan** - A person should be assigned responsibility for the development of the CAP and monitoring its progress to closure.
- **Develop Corrective Action** - 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 Deficiencies or unintended risk. Multiple actions may be necessary to address each cause of a Deficiency.
- **Assign Ownership for Corrective Action(s)** - Every Corrective Action should have a designated individual who is responsible for its implementation. This may be a person different 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 closure of the Corrective Action(s). The individual should report progress and closure to the CAP Approver.

## 5.7 EVALUATE THE EFFECTIVENESS OF CORRECTIVE ACTION(S)

Closed Corrective Actions should be evaluated to check that each are performing as intended. Effectiveness of CAP closure 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 ACTIONS

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)
<b>E3 - HAZARDS ANALYSIS, API RP 75 Sec. 3</b>	FINDING LEVEL 1	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.	<b>Cause 1:</b> 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.	<ol style="list-style-type: none"> <li>Review all acquired assets to ensure that current hazard analysis documentation exists and that these assets are included when updating hazard analysis schedules.</li> </ol>	Person A Acquisition Team Lead	xx/xx/xxxx		
					<ol style="list-style-type: none"> <li>Conduct the asset hazards analysis. Any identified gaps will be managed according to the Hazard Analysis Procedure.</li> </ol>	HA Manager	xx/xx/xxxx		
				<b>Cause 2:</b> The acquisition team had not considered the need for a hazard analysis during due diligence.	<ol style="list-style-type: none"> <li>Review and update existing acquisition procedures to ensure that checking for hazard analysis for newly acquired facilities is included.</li> </ol>	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)
<b>E11 - INCIDENT INVESTIGATION</b>  <b>OPERATOR A INCIDENT INVESTIGATION PROCEDURE MANUAL, REVISION XX, SECTION XX</b>	FINDING LEVEL 2	Operator A was not consistently meeting their company requirement for closure of corrective actions resulting from incident investigations. 10 completed incident investigations in the incident management database were reviewed, with a total of 5 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.	2 of the 5 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 3 overdue corrective actions were reviewed and new due dates and accountabilities assigned accordingly.	<b>Cause 1:</b> It was identified that the person responsible for 2 of the overdue corrective action items had left the organization and corrective actions had not been reassigned.	<b>1.</b> Amend the Management of Change procedures concerning personnel to assure that assigned corrective actions are re-assigned.	Person C MOC Coordinator	xx/xx/xxxx		
				<b>Cause 2:</b> Management was not aware of overdue corrective action items.	<b>2.</b> Develop an escalation procedure so that management are notified when actions become overdue.	Person D Incident Investigation Advisor	xx/xx/xxxx		
					<b>1.</b> Include a standing agenda item at monthly management meetings to review the status of corrective actions.	Person E Assistant to GM	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)
<b>E4 - MANAGEMENT OF CHANGE, API RP 75 Sec. 4</b>	FINDING LEVEL 2	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 5 [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 technical review process.	<ol style="list-style-type: none"> <li>1. Reviewed the MOC documentation for the 5 changes sampled to ensure that the technical reviews were completed. Of the five, it was found that a technical review had not yet been completed for one of the MOCs.</li> <li>2. For the incomplete MOC identified during the audit, the equipment was removed from service and a full technical review was conducted.</li> </ol>	<b>Cause 1:</b> It was identified that all five occurrences where technical reviews had not been completed were emergency MOCs that occurred over weekends or holidays, and the technical reviewer was not available.	<ol style="list-style-type: none"> <li>1. Designate a back-up technical reviewer to ensure 24/7 coverage and availability.</li> </ol>	Person F Engineering Team Lead	xx/xx/xxxx		
					<ol style="list-style-type: none"> <li>2. Update annual MOC training material to include criteria and procedures for emergency MOCs</li> </ol>	Person C MOC Coordinator	xx/xx/xxxx		

