

UTILITIES MANAGEMENT REVIEW AGENDA & MINUTES

¹Meeting Date:	December 9 th 2021	Next Meeting: TBD
Attendees:	Chris Thorne(CT), Jeff Molenhuis(JM), Bryan Bishop(BB), Mark Jeffery(MJ)	
Absent:		
Minutes by:	Chris Thorne	

MEETING TOPICS AT A GLANCE

- a) Incidents of regulatory non-compliance:
- b) Incidents of adverse drinking water tests:
- c) Deviations from critical control point limits and response actions:
- d) The effectiveness of the risk assessment process:
- e) Results of internal and 3rd party audits:
- f) Results of relevant emergency response testing:
- g) Operational performance:
- h) Water quality trends:
- i) Follow-up on actions items from previous management reviews:
- j) Status of management action items (if any) identified between reviews:
- k) Changes that could affect the QMS:
- l) Consumer feedback:
- m) The resources needed to maintain the QMS:
- n) The results of the infrastructure review:
- o) Operational Plan currency, content and updates:
- p) Staff suggestions:

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Item	Discussed	Action By	Timing
A	<p>Incidents of regulatory non-compliance:</p> <ul style="list-style-type: none"> There were no incidents of regulatory noncompliance as reported January 19th 2021. This report was forwarded to management for information 1/19/21. As stated in the January 19th report, section 5 summery of recommendations and best practice issues, "The Township is encouraged to continue developing the bylaw limiting access to hydrants." 2021 inspection report will be forwarded to management once received. 		
B	<p>Incidents of adverse drinking water tests:</p> <ul style="list-style-type: none"> There were 9 incidents of adverse drinking water quality tests in 2021. 5 Total coliform exceedances were identified on the temporary watermain on Snyder's rd. Flushing and resampling was completed as well as re-swabbing and re-chlorination of the temp main to resolve the issue. On June 24th, 2021, two total coliform exceedances were detected. WID 63 Charlotta street and WID 57 Woodridge drive. Both incidences were remedied by flushing and resampling. On July 8th, 2021, two total coliform exceedances were detected. WID 63 Charlotta street and WID 48 Strauss court. Both incidences were remedied by flushing and resampling. 		
C	<p>Deviations from critical control point limits and response actions:</p> <ul style="list-style-type: none"> No deviations from critical control points were identified. 		
D	<p>The effectiveness of the risk assessment process:</p> <ul style="list-style-type: none"> On June 29th a review of the risk assessment process was conducted. During this review assigned values for likelihood, severity and detectability were reviewed. The risk assessment is considered to be effective. 		
E	<p>Results of internal and 3rd party audits:</p> <ul style="list-style-type: none"> The internal audit was conducted throughout the year by the QMS representative. The report was finalized and all corrective actions and opportunities for improvement have been responded to. A total of 2 corrective actions and 7 opportunities for improvement were identified. <ul style="list-style-type: none"> CAR-2021-01 - Document # 1.41, revision 14, Communications procedure, section 5.5 states that "A formal presentation of the Operational Plan shall be provided to all waterworks staff by the QMS Representative." There is no evidence to show that this requirement was completed. A new Document has been created that includes specialized training/orientation requirements for Utilities personnel, Additionally section 5.5 of the communications procedure has been modified to state "A formal presentation of the Operational Plan, representative of the staff members involvement, shall be provided to all 		

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	<p>waterworks staff by the QMS Representative and is to be documented on document # 1.67 Utilities orientation Checklist”</p> <ul style="list-style-type: none"> ○ CAR-2021-02 - Document # 1.36, Document control, section 1 states “The purpose of this procedure is to define the method for which Documents are. <ul style="list-style-type: none"> ○ kept current, legible, and readily identifiable ○ retrievable ○ stored, protected, retained, and disposed of The process as described in procedure # WD 1.7 does not match current process in use. The existing policy has been updated to reflect this new process. The policy has been brought forward to staff for comment. And the document has been updated on the master list of documents. ○ OFI-2021-01 – An opportunity for improvement was identified for the fire hydrant painting process to Update SOP WD1.5 to reflect the requirement to color code the hydrants. SOP WD1.5 has been updated to reflect to new requirement. ○ OFI-2021-02 - An opportunity for improvement has been identified for the risk assessment process to include “incorrect color coding of fire hydrants” to the risk assessment table. Incorrect color coding of a Hydrant could lead to a fire fighter hooking up and attempting to draw more water from the main than is available. This could result in the collapse of the main. Incorrect color coding of hydrants has been added to the risk assessment table ○ OFI-2021-03 - An opportunity for improvement exists to include the role of temporary student labor on the table within element 10. Currently no such role exists within the Utility. The role of temporary labor has been added to the table in element 10 ○ OFI-2021-04 - An opportunity for improvement exists to include paint and brushes on the essential supplies list. This OFI has been rejected due to the availability as well as the short shelf life of the paint, additionally graffiti can be removed without repainting. ○ OFI-2021-05 - During review of this process, it was discovered that results of fire flow tests are shared with the Region of Waterloo to aid their modeling software. This is not currently reflected in the procedure. An opportunity for improvement exists to include this requirement in the written process. A Statement has been added to the procedure (WD1.7) stating that “Results of Fire Flow tests are shared with the Region of Waterloo to aid modeling software.” ○ OFI-2021-06 - An opportunity for improvement exists in the Fire flow testing process to require the verification of the contractor’s equipment as the results of these tests are incorporated into Regional data. This OFI has been rejected due to the widespread use of gauges that do not require calibration. 		
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	<ul style="list-style-type: none"> ○ OFI-2021-07 - An opportunity for improvement exists for the individual issuing the CAR or OFI to be indicated on the form for ease tracking/identification purposes. A section has been added to the Blank OFI & Blank CAR form where the name of the auditor can be added. ● The external audit was conducted on November 5th. One corrective action and 4 opportunities for improvement have been identified ○ CAR- T6187425-1 - There is no evidence available to demonstrate that the internal audit process includes an evaluation of conformity of the QMS with the requirements of the DWQMS Standard, e.g. requirements of elements 20 & 21. New internal auditors have been selected and enrolled in Ministry training course. Refresher training is to be considered through the budget process ○ OFI-01-EXT - The management review process was found to be overall effectively implemented. Consideration could be given to clarifying the required frequency of management review to be consistent with the DWQMS Standard v.2, i.e. once every calendar year. Section 5.1 of the Management review process has been updated to state once every calendar year. ○ OFI-02-EXT - In addition to the minor NC relating to the internal audit process, consideration could be given to clarifying the required frequency of internal audits to be consistent with the DWQMS Standard v.2, i.e. once every calendar year. This OFI has been rejected due to the fact that section 5.2 of the internal audit process already states "Internal Audits shall be conducted on each element of the DWQMS at least once every calendar year" ○ OFI-03-EXT - DWQMS requirements relating to roles and responsibilities were found to be adequately addressed in various documents. An opportunity exists to review section 9 of the operational plan to clearly identify responsibilities for undertaking the management review. Section 9 of the operational plan has been amended to more accurately reflect the management review process. ○ Document control processes were found to be generally effective. Consideration could be given to: - clarifying the intent of form revision levels - controlling template or contents of form, e.g. Risk Assessment Table; - consistently including revision level / date on every page of Operational Plan (consistent with Director's Directions). Footer for operational plan has been adjusted to include revision number and date. 		
F	<p>Results of relevant emergency response testing:</p> <ul style="list-style-type: none"> ● 2021 Emergency response training and testing was conducted on December 21st, 2020. Staff were trained on policies regarding Terrorism/vandalism, Adverse results reporting, and Power 	CT to complete 2021 training	Dec 16 th 2021

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	outage. Various scenarios were discussed including past real-life events.		
G	Operational performance: <ul style="list-style-type: none"> Valve Maintenance, Hydrant Maintenance, Hydrant Flushing, and Dead-end flushing have all been completed for 2021 There were 8 water main repairs thus far in 2021 		
H	Water quality trends: <ul style="list-style-type: none"> Additional flushing was conducted to help water quality as indicated in 2020 management review. No significant improvement was noted. Flushing will be moved to spring of 2022 to align with Regional restrictions. 	CT to schedule watermain flushing	Q2 2022
I	Follow-up on actions items from previous management reviews: <ul style="list-style-type: none"> MECP report was forwarded to management Jan 19th 2021 All SOP's have been reviewed and a standardized header/footer has been created. Timelines related to action items identified in management review have been added Process outputs for SOP's continue to be updated on a regular basis Review of corrective action procedure and creation of preventative action procedure has been moved to Q1 of 2022 Watermain flushing was completed prior to summer months to help alleviate incidents of adverse drinking water quality tests. No noticeable improvement was noted. Historical watermain break spreadsheet has been created. 	CT to complete sop updates CT to complete review	Q1 2022 Q1 2022
J	Status of management action items (if any) identified between reviews: <ul style="list-style-type: none"> No action items were identified between management reviews. 		
K	Changes that could affect the QMS: <ul style="list-style-type: none"> The written agreement with the Region of Waterloo regarding Township staff operating and maintaining regionally owned infrastructure is in the works. Once complete this agreement will affect the QMS by adding infrastructure to operate and maintain. 		
L	Consumer feedback: <ul style="list-style-type: none"> No consistent or relevant trends have been noted from customer complaints or feedback. 		
M	The resources needed to maintain the QMS: <ul style="list-style-type: none"> As growth occurs GIS and records management needs will continue to expand. Future additional resources may be needed to supplement this expansion. 		
N	The results of the infrastructure review: <ul style="list-style-type: none"> A infrastructure review meeting took place on October 8th, 2021. At this meeting the integrity of the water distribution and sewage collection systems was discussed. A visual representation of work completed and scheduled was compiled on a map including future development, cctv inspection. Future improvement needs identified in New Dundee regarding the 2" watermain and regional well. 		

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	<ul style="list-style-type: none"> • Review of top 5 priority list <ul style="list-style-type: none"> ○ 1. Greenwood drive, New Hamburg in house engineering, construction TBD ○ 2. Victoria street, New Hamburg Engineering in 2022, construction in 2023 ○ 3. Boullee street, New Hamburg Engineering in 2022, Construction in 2024 ○ 4. Webster street, New Hamburg Engineering in 2023, Construction in 2025 ○ 5. Nafziger road, Baden/New Hamburg Out for tender, construction fall 21' or summer 22' ○ 6. Castleholm crescent, New Dundee has been added to the list due to repeated breaks. In house engineering, construction TBD 		
O	Operational Plan currency, content and updates: <ul style="list-style-type: none"> • The operational plan and all appendices currently meet the updated standard DWQMS 2.0. 		
P	Staff suggestions: <ul style="list-style-type: none"> • Meetings are held as needed to discuss policy & procedure where staff are encouraged to present their views. Changes resulting from these meetings are made on an ongoing basis. 		