

Surveillance 1

Report for:

PT Molindo Raya Industrial

LRQA reference:	JKT6015008 / 4824848
Assessment dates:	04-July-2022 - 05-July-2022
Reporting date:	05-July-2022
Client address:	Jl. Sumber Waras No. 255, Lawang, Malang , ID
Assessment criteria:	ISO 45001:2018
Assessment team:	Cholid Bafagih
LRQA client facing office:	JKT Indonesia OU

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Attachments:

JKT6015008_APP_APP.doc

This report was presented to and accepted by:

Name: Mrs Erlies

Job title: Management Representative

01. Executive report

Assessment outcome:

This visit was to assess the compliance of the management system of PT Molindo Raya Industrial against ISO 45001:2018 as defined in the audit planning documentation. The outcome of the visit is recorded below.

The Surveillance on OHS of the organization has been performed to assess the design and effectiveness of the organization to fulfil the certification requirements against the ISO 45001:2018 standard.

Some Minor Nonconformities and Observation were issued during this assessment and no any Major Nonconformance identified. Therefore the company is recommended the certificate of 45001:2018 is remain granted to the company.

Continual improvement:

Company shows high commitment for continual improvement by :

- Follow up from non-conformance of complaints, audit and other incidents
- Introduce system to control the activities.



Areas for senior management attention:

To ensure the bund wall provided at the storage tanks and also to ensure the legal compliance

02. Assessment findings

Where scheme requirement differs to the standard definition below, the scheme definition will take preference

Major Nonconformity

The absence of, or the failure to implement and maintain, one or more management system elements, or a situation which would, on the basis of the available objective evidence, raise significant doubt of the management to achieve: The policy, objectives or public commitments of the organisation, compliance with the applicable regulatory requirements, conformance to applicable customer requirements, conformance with the audit criteria deliverables.

Minor Nonconformity

A finding indicative of a weakness in the implemented and maintained system, which has not significantly impacted on the capability of the management system or put at risk the system deliverables, but needs to be addressed to assure the future capability of the system.

Reference number	4546134_JKACBX02	Assessment Criteria (Clause)	ISO 45001:2018 (5)
Grade	Minor NC	Issue Date	20-January-2022
Status	Open	Process / Aspect	Risk Assessment
Location(s)	Jl. Sumber Waras No. 255,Malang,ID		
Statement of Non Conformity	<p>Some concern were found related with HIRADC :</p> <p>The score for severity found not inline with the procedure SHE/P-04 and SHE/IK-04/01 such as for logistic and security the fatality should be 5 but identified as 1.</p> <p>The office area has not included the ergonomic and lighting</p> <p>No documented risk assessment on disinfectant shower</p>		
Requirement	ISO 45001		
Evidence	Review the procedure and record		
Proposed correction, corrective action and timescales	To improve the HIRADC by Q2 year 2022		
Correction	Some of score remain not up dated accordingly. Further, the result of ergonomic and psychology has not been included on HIRA as well as any follow up action		
Root Cause analysis			
Corrective action			
LRQA has reviewed and verified the implementation of actions taken.	Date of closure		

Reference number	3898768_JKALPZ02	Assessment Criteria (Clause)	ISO 45001:2018 (6.2, 8.1)
Grade	Minor NC	Issue Date	08-October-2021
Status	Closed	Process / Aspect	Maintenance (Mechanical)
Location(s)	Jl. Sumber Waras No. 255,Malang,ID		
Statement of Non Conformity	<p>1. Mechanical</p> <p>- Root cause, evaluation and corrective action plan have not been provided to ensure relevant action(s) taken to eliminate potential risk (s) for un-achieved target.</p> <p>2. Site review at Workshop</p> <p>- Unsafe condition could be observed at workshop for damage/un-even working floor condition, no designated area for hot works including no welding/fire spark screen during hot work activity with potential accident include fire accident.</p> <p>- Pre-use inspection had been conducted for working machines and tools i.e. on/off function. However regular maintenance/inspection have not been planned and provided to ensure the safety availability during usage i.e. hand cutting/grinding with no cover during usage at workshop.</p>		
Requirement	ISO 45001:2018 Clause 6.1,8.1		
Evidence	<p>1. Monitoring Report KPI Period YTD August 2021 ; On time PM (Mechanical) ; Performance achievement average = 46%</p> <p>2. Site review at workshop</p>		
Proposed correction, corrective action and timescales	<p>1. To provided the root cause, evaluation and corrective action plan for un-achieved target in the KPI Y2021</p> <p>2. To improve workshop facility and inspection</p> <p>Plan Semester II Y2021 - Semester I Y2022</p>		
Correction	<p>1. To review current implementation of KPI monitoring system</p> <p>2. To review current operational control at workshop area</p> <p>1. The corrective action has been issued on December 2021. However, it has not adequate to demonstrate the effectively taken due to the objective monitoring performance has not in line with the KPI figure itself.</p> <p>2. Workshop area has been properly improved (Closed)</p>		

Correction	the root cause has been made to synchronised between planner and maintenance executor. Therefore, year to date KPI figure on year 2022 achieve the target minimum 80 %.	
Root Cause analysis	1. In-consistency monitoring system for KPI 2. Workshop facility and lack of inspection machines/tools system	
Corrective action	Root cause and countermeasure has been taken properly	
LRQA has reviewed and verified the implementation of actions taken.	Date of closure	05-July-2022

Reference number	4546134_JKACBX01	Assessment Criteria (Clause)	ISO 45001:2018 (8.1)
Grade	Minor NC	Issue Date	20-January-2022
Status	Open	Process / Aspect	Distribution
Location(s)	Jl. Sumber Waras No. 255,Malang,ID		
Statement of Non Conformity	<p>The storage tank area has some weakness :</p> <p>The Ethanol storage tank from molases has not provided with the proper secondary containment (110 % of maximum tank capacity). Also there is no fire fighting system to cool down the facilities. Further, there is no MOC form as required by procedure RNI-P-09 to use form RNF-01</p> <p>The existing storage tank has not provided with the proper secondary containment</p>		
Requirement	ISO 450001		
Evidence	On site observation		
Proposed correction, corrective action and timescales	To improve the facilities accordingly by end of year 2022		
Correction	<p>review on 5 July 2022 :</p> <p>MOC has been made 18 February 2022. However, bund wall issues remain open. Currently on progress.</p>		
Root Cause analysis			
Corrective action			
LRQA has reviewed and verified the implementation of actions taken.	Date of closure		

Reference number	4824848_JKACBX01	Assessment Criteria (Clause)	ISO 45001:2018 (9.1)
Grade	Minor NC	Issue Date	05-July-2022
Status	New	Process / Aspect	Select Process
Location(s)	Jl. Sumber Waras No. 255,Malang,ID		
Statement of Non Conformity	Some weakness were identified related with legal requirements : <ul style="list-style-type: none"> • The light lux test has not been taken by external provider. • Company has no valid The Ahli K3 kebakaran (fire expert) 		
Requirement	ISO 45001		
Evidence	Result of legal compliance monitoring report		
Proposed correction, corrective action and timescales	To ensure the test by external and also certified expert		
Correction			
Root Cause analysis			
Corrective action			
LRQA has reviewed and verified the implementation of actions taken.	Date of closure		

Reference number	4824848_JKACBX02	Assessment Criteria (Clause)	ISO 45001:2018 (8)
Grade	Minor NC	Issue Date	05-July-2022
Status	New	Process / Aspect	Warehouse
Location(s)	Jl. Sumber Waras No. 255,Malang,ID		
Statement of Non Conformity	<p>1. It was observed the Ethanol storage tank has only one point on each tank which is consider not adequate due to if one point fail than there is no back up. Also the tank venting has not using type with flame arrester as containing flammable cargoes. Please refer to standard such as NFPA requirements.</p> <p>2. It was observed the fire extinguisher at Weighing area FE36 was not appropriate to access and potential cause accident due to above the secondary containment (+/- 1.5 meter)</p>		
Requirement	ISO 45001		
Evidence	Site observation		
Proposed correction, corrective action and timescales	To improve the ethanol storage tank related with grounding and venting and also the fire extinguisher		
Correction			
Root Cause analysis			
Corrective action			
LRQA has reviewed and verified the implementation of actions taken.	Date of closure		

03. Assessment summary

Visit generic objective:

This was a Surveillance 1 visit, conducted against objectives previously notified to the client. The objectives of the next visit, including any applicable visit specific objective (theme / focus), are confirmed in the audit plan attached to this report.

Client attendees at the opening and closing meeting:

The Opening and Closing meetings was chaired by Management Representative attended by the Top management, OHS Representative, as well department heads and persons in charge.

The following people were present at the closing meeting: Management legally responsible for occupational health and safety: Mr. Ananto Wardono, Person responsible for monitoring employees health and safety: Mr. Umar Hadi, Employees' representative(s) with responsibility for occupational health and safety: Mr. Umar Hadi.

Visit specific objective:

Surveillance

Introduction:

The surveillance assessment of the OH&S Management System was performed for the company PT. Molindo Raya Industrial, from 4 to 5 July 2022, by Mr. Cholid Bafagih (Team Leader)

Assessment of:	Interview Top Management	Assessor:	Cholid Bafagih
Auditee(s):	Mr. Ananto and Ms. Erlis Sartini		

Audit trails and sources of evidence:

Context of Organisation
Changes

Evaluation and conclusions:

Top Management demonstrate high commitment on the implementation of OHS. Due to pandemic some of legal training delayed as scheduled from the provider itself. However, effort has been made, such as the forklift SIO training has been taken recently.

Management also concerned on accident LTI rate which is YTD performance year 2022 is zero. In addition engagement to improve the awareness on OHS is one of management concern.

Another of significant issues on bund wall the tanks area is now under progress for implementation and start for tendering process.

Areas for attention:

None

Assessment of:	Mandatory Element	Assessor:	Cholid Bafagih
Auditee(s):	Mrs Erlis, Mr. Umar and MS Kartika		

Audit trails and sources of evidence:

Mandatory Element

- objective and planning
- Internal audit
- Management review
- Nonconformity and corrective action
- Use of Logo
- Continual Improvement
- Management of Changes

Legal Compliance

Communication, Participation and Consultation

Hazard Risk and Assessment

Evaluation and conclusions:

- objective and planning

The target of zero accident has been achieved. In addition company also has target to comply with legal

- Internal audit

Last internal Audit dated 28 March up to 1 April 2022 integrated with Quality.

The auditor independence from the area audited. The Auditor sampled during this audit has been trained on ISO 45001, i.e. Bambang, Titis, Listyo, Eko on 19 May 2021.

The audit finding has been issued and reported for follow up and improvement. The finding reviewed/sampled :

- Work permit at maintenance, has been closed
 - No OTP at Production, has been closed
 - SIO boiler and forklift at utilities, forklift has been taken and now new operator in progress for SIO.
- Management review

Last management review taken on 14 January 2022 attended top management. The Agenda of management review was referred to Management System Standard requirement

- Nonconformity and corrective action

Corrective and preventive action was implemented and recorded, such as for internal audit result and external audit. There is no accident on year 2022.

- Use of Logo

LRQA logo was used Correspondence letter and card name following the requirements

- Continual Improvement

The improvement has been implemented as outcome from the audit and others monitoring. The high effort is taken to strengthen the civil structure due to recently Company have cases of landslide around the plant. There one point of case located at the UPP (unit Produksi Pupuk) plant. The Molindo has 110 ha, and the plant utilised 34 ha.

- Management of Changes

There is no significant changes on the management and process.

- Context of Organisation

The context has been established integrated with quality using SWOT concept. However, Some context is not posted at correctly and need to improved

The legal compliant has been taken properly . The records of ergonomy and psychology has been made properly and approved by governments. The monitoring taken on december 2021 up to January 2022. Fire protection facilities has been accredited on 28 June 2022 and valid until May 2023.

HIRA has been up dated as necessary following the procedure

The communication of employee taken as procedure using meeting and other correspondence.

Areas for attention:

- There is no report on near miss and the unsafe condition/action. This may indicate a low awareness and therefore company need to consider to investigate and take action as necessary. Further, the near miss on procedure SHE/IK-03/04 may also extended with unsafe condition/stop card
- The context has been established integrated with quality using SWOT concept. However, Some context is not posted at correctly and need to improved

Assessment of:	Warehouse	Assessor:	Cholid Bafagih
Auditee(s):	Mr. Darmawan and Mr. Imam		

Audit trails and sources of evidence:

- Transport (Trucking)
- Warehouse (Logistic)
- Storage Tank
- Filling station area
- Spare part

Evaluation and conclusions:

In general the risk has been properly managed. During audit the employee has been used the proper PPE. The emergency facilities such as fire extinguisher and first aid box has been provided at location. The bund wall and

grounding has been provided.

Areas for attention:

1. It was observed two chair was not in good condition (broken) which potential cause broken
2. Company may consider to improve the control on level indicator of Ethanol Tank which is currently using transparent hose.
3. The control on snake respond at the plant need to established
4. The tank venting has not using type with flame arrester as containing flammable cargoes.

04. Next visit details

Standard(s) / Scheme(s)	ISO 45001:2018	Visit type		Surveillance 2	
Audit days	2.00 DAY	Due date		January, 2023	
Team					
Site		Audit days	Delivery Method	Remote Effort	Activity codes
Jl. Sumber Waras No. 255,Malang,ID		2.00 DAY	Onsite	0 DAY	066503,045001
Jl. Sumber Waras No. 255,Malang,ID		2.00 DAY	Onsite	0 DAY	066503,045001



05. Appendix



Audit Planning Programme and Visit Assessment plans

Audit Planning Programme and visit Assessment plans are contained within the excel document JKT6015008_APP_MS.xlsm

Report Considerations

There is no any changes or significant issues There has been no deviation from the original assessment plan or any significant issues impacting on the audit programme. There is no any significant changes There have been no significant changes that affect the management system of the client since the last audit and the scope of certification continues to be appropriate to the activities/products/services of organisation. No any issues There are no unresolved issues been identified during the assessment. The organisation was NOT effectively controlling the use of the certification documents or misleading in their (online) certification statements. yes The organisation has taken or is taking effective corrective action regarding previously identified nonconformities. yes The objectives of the visit as defined in the APP, were fulfilled during the visit.

Stage 1 or Focus Visit

This visit was not a Stage One or a focus visit (Certificate Renewal Planning)

Remote Audits

This was an onsite visit.

Outside of Regular Working Hours

There is at least one process which may require an (outside of office hours) audit. Please refer to the audit programme. This will be reviewed at the focus visit or if it changes. The organisation is effectively monitoring all shift processes.

Occupational Health and Safety

The following people were present at the closing meeting: Management legally responsible for occupational health and safety: Mr. Ananto Wardono, Person responsible for monitoring employees health and safety: Mr. Umar Hadi, Employees' representative(s) with responsibility for occupational health and safety: Mr. Umar Hadi.



Additional information

Opportunities for improvement

If we identify opportunities to improve your already compliant system, we will either record them in the process table applicable to the area being assessed or in the Executive summary of the report if they can deliver improvement at a strategic level.

Confidentiality

We will treat the contents of this report, together with any notes made during the visit, in the strictest confidence and will not disclose them to any third party without written client consent, except as required by the accreditation authorities.

Sampling

The assessment process relies on taking a sample of the activities of the business. This is not statistically based but uses representative examples. Not all of the detailed nature of a business may be sampled so, if no issues are raised in a particular process, it does not necessarily mean that there are no issues, and if issues are raised, it does not necessarily mean that these are the only issues.

Legal entity

The accredited legal entity and client facing office that has provided the assessment service in this report is referenced in the applicable agreement for this service.

Generic audit objectives and team responsibilities

The generic audit objectives and team responsibilities are included in the Client Information Note 'Assessment Process'. Any visit specific objectives for the next visit will be recorded in the report of the previous visit and will be addressed through the visit plan for that visit. The assessment standard and roles of the audit team are defined in the assessment visit confirmation sent to the client.

Audit Criteria

The audit criteria consist of the assessment standard and the client's management system processes and documentation.

Additional observers

Any additional observers will be as formally communicated to the client.

Note

Information on the objectives of the various visits can be found in the Client Information included in the report or on our website www.lrqa.com. Furthermore, on the website there are Client Information Notes available for the various visit types. The audit criteria and team members date and locations are also stated on the front page of the report. Scope of certification and roles and responsibilities of the audit team members are expressed in the Audit Program Plan.



Assessment plan

Assessment type	Assessment criteria
Surveillance 1	Error! Unknown document property name.

Assessment team	Assessment dates	Issue date
Cholid Bafagih	4-5 July 2022	02 July 2022

(Day 1)

09.00	Opening Meeting
09.15	Interview Top Management
09.30	Discussion of all outstanding issues from previous visits.
10.00	Legal Compliance Communication, Participation and Consultation Hazard Risk and Assessment
12.00	Lunch
13.00	Mandatory Element <ul style="list-style-type: none">• objective and planning• Internal audit• Management review• Nonconformity and corrective action• Use of Logo• Continual Improvement• Management of Changes
14.00	Report Writing
15.00	Closing Meeting
16.00	End of Audit.



(Day 2)

- | | |
|-------|--|
| 08.00 | Warehouse (logistic) (Audit Shift 3): <ul style="list-style-type: none">• Raw Material Storage Tank• Supporting Material• Finished Goods (Storage Tank |
| 10.30 | Reporting |
| 11.00 | Closing Meeting |
| 12.00 | Travelling back to Jakarta |