



Lloyd's
Register

Focus Visit, Surveillance 4

Report for:

PT Molindo Raya Industrial

LR reference:	JKT6015008 / 879872
Assessment dates:	06-August-2018 - 09-August-2018
Reporting date:	09-August-2018
Client address:	Jl. Sumber Waras No. 255, Lawang, Malang , ID
Assessment criteria:	OHSAS 18001:2007
Assessment team:	Hartono, Sugeng
LR Client Facing Office:	JKT Indonesia OU

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Attachments:

Assessment Findings Log from last audit.docx
JKT6015008_APP_Molindo ohsas August 2018.doc

This report was presented to and accepted by:

Name: Ibu Erlies Sartini
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 OHSAS 18001:2007 as defined in the audit planning documentation. The outcome of the visit is recorded below.

Although there are finding, the finding is minor finding. In general the organization can still show its compliance to the standard. In addition, the commitment of top management can be well demonstrated.

Continual improvement:

Improvement can be found by activities of measuring quality objectives, correcting audit results, analysis of data, internal audit, and corrective actions and management review. Including Corrective action to finding from last visit had been done.



Areas for senior management attention:

to established and impement HIRADC at "Parkir Depan"

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	879872_JKASHS01	Assessment Criteria (Clause)	OHSAS 18001:2007 (4.3.1)
Grade	Minor NC	Issue Date	08-August-2018
Status	New	Process / Aspect	HIRADC Area "Parkir Depan"
Location(s)	Jl. Sumber Waras No. 255,Malang,ID		
Statement of Non Conformity	Found no HIRADC in the "front parking" area. The potential of risk is from traffic movement		
Requirement	Clause 4.3.1 Hazard identification, risk assessment and determining controls		
Evidence	There is no evidence of HIRADC regarding traffic movement at "Parkir Depan"		
Proposed correction, corrective action and timescales			
Correction			
Root Cause analysis			
Corrective action			
LR has reviewed and verified the implementation of actions taken.	Date of closure		



03. Assessment summary

Visit generic objective:

This was a Focus Visit, Surveillance 4 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:

Opening meeting 06 August 2018 time : 08.30

Closing meeting 09 August 2018 time : 16.00

Attendance :

Opening and closing meeting attended by top management, MR, and relevant manager/staff :

Ms. Erlies, Mr. Umar, Mr. Eko, Mr. Joko, Ms. Kartika

Visit specific objective:

None

Introduction:

The following is an assessment report. Summary of this report has been explained in the closing meeting held after the assessment.

All evaluations and conclusions in this assessment are based on the evidences shown or seen at the time of the assessment.

Assessment of: Day 1	Auditee(s): Mr. Umar Mr. Eko Mr. Joko Ms. Kartika Ms. Erlies	Assessor: Hartono, Sugeng
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Audit trails and sources of evidence:

Agenda audit :

Management Review

Internal Audits

Continual Improvement

Management of change

Corrective action

Preventive action

Complaint Management

Use of Logo

Evidences :

Record of Tinjauan Manajemen 5 Jan 2018

Record of Internal Audit 19-26 April 2018

Record of Safety Patrol

Record of corrective action

Evaluation and conclusions:

Based on sample and evidence shown :

Management Review had been done properly and had been resulted relevant recommendation.

Internal Audits had been done in order. Beside of internal audit, organization also done safety patrol . All of activities had been in accordance with procedure.

Corrective action, preventive action and Continual Improvement had been demonstrated, example by giving action to result of audit and patrol.

Complaint Management – As explain by auditee : No complaint received

There was no changing with OH&S policy and complying standard OHSAS 18001:2007.

Objective and Programme – had been established, relevant and monitored.

Use of Logo OHSAS found in accordance with guidance

Areas for attention:



None

Assessment of: Day 2	Auditee(s): Mr. Umar and team	Assessor: Hartono, Sugeng
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Audit trails and sources of evidence:

Agenda of Audit :

Legal compliance and the evaluation

Objective and programme

Communication, participation and consultation

Incident Investigation

Hazard identification, risk assessment and determining control

HRD (Competence, training and awareness); Resource roles and responsibility

Legal compliance and the evaluation

Objective and programme

Communication, participation and consultation

Incident Investigation

Hazard identification, risk assessment and determining control

HRD (Competence, training and awareness); Resource roles and responsibility

Emergency preparedness and response

Performance measurement and monitoring

Purchasing and Contractor management (CSMS)

Evidence :

- Daftar peraturan dan undang undang terkait dan evaluasi
- Job Desc, Organizational Chart, Emergency Organization, OHS organization.
- Training plan
- Job Desc
- Tool box meeting, P2K3 Report
- Contract with supplier
- Work Permit
- JSA (Job Safety Analysis)
- Drill (Emergency preparedness and response_
- APAR check list
- Hydrant Check list
- Alarm check list
- Working environment (Lingkungan Kerja) performance
- Medical Check up

- Incident data

Evaluation and conclusions:

HIRADC had been review and updated.

Legal and other requirements had been accessed and the compliance had been evaluated.

Roles associated with OHSAS, accountability and authority had been defined.

Competence needed had been identified; training and awareness had been planned on basis of competency and awareness needed.

Communication and participation and consultation internally had been made by tool box meeting. Externally had been demonstrated by induction meeting, and communication with government by P2K3 report.

Control of Documentation and Record had been well demonstrated.

Control of supplier had demonstrated by showing contract, work permit and JSA. Inspection and evaluation of contractor also demonstrated the control for contractor.

Emergency preparedness and response had been demonstrated by showing completeness checking for : APAR, Hydran, Alarm and doing drill/simulation.

Working environment had been always measured and Medical Check-up result demonstrated the activity of measurement and monitoring.

As reported : No Incident investigation happen in this year, nonconformity, corrective action and preventive action had been done as procedure and complying standard.

Areas for attention:

None

Assessment of:	Day 3	Auditee(s):	Mr. Eko and Mr. Umar	Assessor:	Hartono, Sugeng
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Audit trails and sources of evidence:

Agenda of audit :

Transport (Trucking) including Area "Parkir depan"

Utilities :

- Cooling system
- Boiler, Generator
- Coal stock pile, Crusher

Sources of evidence :

Site HIRADC

Sign, instruction other information

Emergency plan and equipment such as evacuation plan, FE, Hydrant, Alarm.

Interview with people working at site : Mr. Eko



Evaluation and conclusions:

In general safety hazard and risk had been identified and the control had been defined, except at Area "Parkir Depan"

Instruction and direction or other information related with safety available.

Emergency respond had been prepared such as evacuation plan, Fire Extinguisher, Alarm, and Hydrant.

People using relevant PPE such as helmet, safety shoes etc.

Awareness and competency of people had been well demonstrated.

Objective and program had been available, relevant and monitored.

Areas for attention:

Minor : HIRADC for area "Parkir Depan". See Finding Log

Assessment of: Day 4	Auditee(s): Mr. Stanish Mr. Sukanto (Weldes)	Assessor: Hartono, Sugeng
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Audit trails and sources of evidence:

Agenda :

Site visit of Warehouse (Logistic):

- Raw Material (storage tank)
- Supporting material
- Finished Goods (storage tank)
- Filling station area
- Spare part

Site visit of Utilities :

- Cooling system
- Boiler, Generator
- Coal stock pile, Crusher

Site visit of Maintenance workshop :

- Mechanical - Rotary
- Electrical and Instrument



- Workshop – Static

Evaluation and conclusions:

In general safety hazard and risk had been identified and the control had been defined.

Instruction and direction or other information related with safety available.

Emergency respond had been prepared such as evacuation plan, Fire Extinguisher, Alarm, and Hydrant.

People using relevant PPE such as helmet, safety shoes etc.

Awareness and competency of people had been well demonstrated.

Objective and program had been available, relevant and monitored.

Areas for attention:

None

04. Next visit details

Standard(s) / Scheme(s)	OHSAS 18001:2007	Visit type	Certificate Renewal	
Audit days	6.00 DAY	Due date	February, 2019	
Team				
Site		Audit days	Activity codes	
Jl. Sumber Waras No. 255,Malang,ID		6.00 DAY	066503	

05. Appendix

Assessment Findings Log - OHSAS 18001:2007 from last audit

Grade 1	Status 2	Finding (including location if applicable) 3	Correction, root cause & corrective action review 4	Process / aspect 5	Date 6	Reference 7	Clause 8
Minor NC	Closed	<p>Statement of Non Conformity: Ditemukan 1 orang subcont dari Sahabat Electric merokok di area yang tidak boleh merokok. Ditemukan hal berikut yang dilakukan subcont EURO ASIATIC dalam melakukan pekerjaan pemsangan boiler.</p> <p>-Temuan tidak pakai helm - Tabung gas yang tidak terikat.</p> <p>Requirement: Clause 4.4.6</p> <p>Evidence of Non Conformity: Sahabat Electric Euro Asiatic Sari Guna Contract Interview dengan "pengawas" dari Sahabat Electric</p>	<p>Proposed Correction, Corrective Action and Timescale: -¹</p> <p>Correction: Mempertimbangkan untuk memutus kontrak kerja</p> <p>Root Cause: Lack of awareness from sub cont</p> <p>Corrective Action Review: Temuan dapat ditutup. Yang bersangkutan yaitu dengan memutus kontrak kerja dengan yang bersangkutan.</p>	Subcont management	11 Aug 17	1708SHS01	4.4.6

Grade 1	Status 2	Finding (including location if applicable) 3	Correction, root cause & corrective action review 4	Process / aspect 5	Date 6	Reference 7	Clause 8
Minor NC	Closed	<p>Statement of Non Conformity: Awarness Tim Maintenance terhadap prosedur kerja. Supervisor tidak dapat menunjukkan prosedur bekerja di ketinggian, dan LOTTO.</p> <p>Requirement: clause 4.4.2</p> <p>Evidence of Non Conformity: Interview with Mr. Mr. Andi Mr. teguh (Supervisor)</p>	<p>Proposed Correction, Corrective Action and Timescale: Sept 2018</p> <p>Correction: Training for Working at Height and Lotto</p> <p>Root Cause: Lack of Awareness</p> <p>Corrective Action Review: Sudah dilakukan training terhadap yang bersangkutan pada tanggal 23 September. Temuan dapat ditutup,</p>	Awareness	11 Aug 17	1708SHS02	4.4.2

1. Audit Programme/Plan

Both the audit plan and the programme are dynamic and must be in line with the client's developments. Any (last minute) changes are possible with valid reasons e.g. organisational changes, processes, management review results etc. Prior to the closing meeting the audit team should (re)confirm the programme and identify any changes, E.g. to the management system, extent, time or dates of the audit, competences...

Visit Type	CR	SV1	SV2	SV3	SV4	SV5		CR Visit
Due Date	20160222	201608	201702	201708	201802	201808		201902
Start Date	20160210	20160907	20170223	20170810	6 Aug 18	6 Aug 18		
End Date	20160212	20160908	20170224	20170811	9 Aug 18	9 Aug 18		
Audit Days	6	2	2	2	2	2		6
Any change in workforce numbers that may impact visit duration (if yes add new number)	N	N	N	N	N	N		Y/N
Process / aspect / location	Final selection of the activities to be audited during the current visit will be determined after review of management elements and actual performance							
Management Review	√	√	√	√	√	√		
Internal Audits	√	√	√	√	√	√		
Continual Improvement	√	√	√	√	√	√		
Management of change	√	√	√	√	√	√		
Corrective action	√	√	√	√	√	√		
Preventive action	√	√	√	√	√	√		
Complaint Management	√	√	√	√	√	√		
Use of Logo	√	√	√	√	√	√		
Legal compliance and the evaluation	√	√	√		√			
Objective and programme	√	√	√	√	√			
Communication, participation and consultation	√	√	√		√			
Incident Investigation	√			√	√			
Hazard identification, risk assessment and determining control	√	√	√	√		√		
HRD (Competence, training and awareness); Resource roles and responsibility	√		√			√		
Emergency preparedness and response	√	√	√	√		√		
Performance measurement and monitoring	√		√	√		√		
Purchasing and Contractor management (CSMS)	√		√	√		√		
Production: - Ethanol (Fermentation, Distillation, Control room and Production Lab) - Main Laboratory	√	√						
Warehouse (Logistic): - Raw Material (storage	√		√			√		

Visit Type	CR	SV1	SV2	SV3	SV4	SV5		CR Visit
tank) - Supporting material - Finished Goods (storage tank) - Filling station area - Spare part								
Utilities : - Cooling system - Boiler, Generator - Coal stock pile, Crusher	√	√		√	√			
Maintenance : - Mechanical - Rotary - Electrical and Instrument - Workshop - Static	√	√		√		√		
Transport (Trucking)	√	√				√		
General Area : - Office - Security - First Aid Room - Company transport	√	√						

1: Complete the list of organisation (parts), departments and/or processes of the different locations

2: Required for Annex SL based Standards

3: Not required for Annex SL based Standards

Scope

Any revised scope will be as agreed in formal correspondence between LRQA and the client or defined in section 4 of the previous LRQA visit report.

Scope	Manufacture of Ethanol
Exclusion	None

Visit start time (approximate)	09,.00	Visit end time (approximate)	17.00
The actual start and finish times for the visit will be agreed at the pre-visit contact with the assessor and recorded in the report introduction.			

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.

2. Separate Assessment Plan FOR NEXT CERTIFICATE RENEWAL

Note: if the visit involves more than one team member and/or is more than one day duration, an additional plan detailing the activities of each member of the team on each day will be required.

Day 1 :			
08.30-09.00	Introductory meeting with management to explain the scope of the visit, assessment methodology, method of reporting and to discuss the company's organisation (approximately 30 minutes). The Team Leader will agree a time to meet with top management to discuss policy and objectives for the management system.		
09.00-09.30	LRQA team briefing for a team of two or more assessors or (experts).		
Auditor 1 (Team Lead)		Auditor2	
09.30-10.00	Discussion with top Management		
11.00-12.00	Policy Management Review Internal Audit	11.00-12.00	- Communication, participation and consultation
12.00-13.00	Lunch	12.00-13.00	Lunch
13.00.15.00	- Hazard identification, risk assessment and determine control - Objectives and programs Continual Improvement Management of change Corrective action Preventive action Complaint management Use of logo Emergency preparadness and response	13.00-15.00	- Resources, roles, responsibility, authority and accountability with Competence, training and awareness (HRD)
15.00-16.00	Report writing		
16.00	End of day 1 assessment		

Day 2 :			
08.30-09.00	Review of findings from previous day. Review of the assessment plan for the day.		
09.00-12.00	Ethanol Production Tank Main laboratory Transport (Trucking) Warehouse	09.00-12.00	- Utility (Gen Set, Boiler, Coal Stock pile) - Maintenance (Mechanic, Electrical & Instrumentation) & Workshop - Permit to work
12.00-13.00	Lunch		

13.00-15.00	- Performance monitoring and measurement	13.00-15.00	- OHS legal and other requirements Including the evaluation of compliance General Area : - Office - - First Aid Room
15.00-16.00	Report Writing		
16.00	End of day 2 assessment		

Day 3				
<Assessor 1>(Team Leader)			<Assessor 2>(Member)	
08.30-09.00	Review of findings from previous day. Review of the assessment plan for the day.			
09.00-12.00	- Engineering (Inspection & Calibration - Purchasing and contractor management (CSMS)		09.00-12.00	Security and Company transport Incident investigation corrective and preventive action
12.00-13.00	Lunch		12.00-13.00	Lunch
13.00-14.00			13.00-14.00	
14.00-15.00	Report Writing			
15.00-16.00	Closing meeting with management to present a summary of findings and recommendation			
16.00	End of certificate renewal			

3. Report Considerations

LRQA Report considerations		
Have there been any deviation from the original assessment plan:	Yes/No	If yes detail these in the introduction section of the report along with the reasons for the deviations
Have there been any significant issues impacting on the audit programme:	Yes/No	If yes detail these in the introduction of the report and amend the APP
Have there been any significant changes that affect the management system of the client since the last audit took place:	Yes/No	If yes detail these within the executive summary section of the report
Have any unresolved issues been identified during the assessment:	Yes/No	If yes detail these within the executive summary section of the report
Was the audit undertaken a combined or integrated audit:	Yes/No	If yes confirm what type of audit and the standards covered in the introduction to the report.
Was the organisation effectively controlling the use of the certification documents and marks:	Yes/No	If no document within the reporting table covering the mandatory elements
If applicable has the organisation taken effective corrective action regarding previously identified nonconformities:	Yes/No	Record outcome in the findings log against the relevant findings.



Does the management system of the organisation continue to meet the applicable requirements and meet the expected outcomes:	Yes/No	If no details reasons within the executive summary of the report
Does the scope of certification continue to be appropriate to the activities/products/services of organisation:	Yes/No	If no then document the actions necessary in relation to the scope in the executive summary of the report and amend the APP as required.
Were the objectives of the visit as defined in the APP fulfilled during the visit:	Yes/No	If no detail the reasons and any necessary actions in the executive summary of the report and amend/update the APP