



Lloyd's
Register

Surveillance 2

Report for:

PT Molindo Raya Industrial

LR reference:	JKT6015008 / 3136136
Assessment dates:	14-May-2020 - 15-May-2020
Reporting date:	22-May-2020
Client address:	Jl. Sumber Waras No. 255, Lawang, Malang , ID
Assessment criteria:	OHSAS 18001:2007
Assessment team:	Sugeng Hartono
LR Client Facing Office:	JKT Indonesia OU

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Attachments:

JKT6015008_APP_AP Sv2 May 2020 SH OHS.doc
JKT6015008_RC_SV2 May 2020_OHS_SH.doc
JKT6015008_Visit Plan.doc

This report was presented to and accepted by:

Name: Ms. Erlis Sartini

Job title: MR



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.

Compliance with the clauses of the standard at this audit had been well demonstrated.

The commitment of top management in maintaining and carrying out continuous improvement of the Safety and Health Management System is also well demonstrated.

The use of certificate can be continued.

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:

None

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	2274760_JKACBX01	Assessment Criteria (Clause)	OHSAS 18001:2007 (4.3.3)
Grade	Minor NC	Issue Date	30-January-2019
Status	Closed	Process / Aspect	Mandatory Element
Location(s)	Jl. Sumber Waras No. 255,Malang,ID		
Statement of Non Conformity	The Objective and target has not been set to drive the improvement on safety and health at each department. The existing target only for accident which is already achieved for man years and also it is target address to K3L department only.		
Requirement	OHSAS 18001:2007		
Evidence	Audit at each department		
Proposed correction, corrective action and timescales	To established improvement target and cascade to relevant department		
Correction	There are already objectives and targets in each department. But only called zero accident and zero illness. There are no objectives that contain the relevance of departmental activities related to safety and health. Sugeng Hartono 14 May 2020 : The organization had shown the OTP (Objective target programme) for departments.		
Root Cause analysis	. Lack of awareness that objective shall be at every function and level.		
Corrective action	Finding still open Re socialization regarding objective had been done.Finding can be closed.		
LR has reviewed and verified the implementation of actions taken.	Date of closure	14-May-2020	

Reference number	3136134_JKASHS01	Assessment Criteria (Clause)	OHSAS 18001:2007 (4.5.3)
Grade	Minor NC	Issue Date	14-November-2019
Status	Closed	Process / Aspect	Incident investigation
Location(s)	Jl. Sumber Waras No. 255,Malang,ID		
Statement of Non Conformity	At the time of the site visit to area front parking, there was a collapsed iron fence pedestrian. It was told by PIC that the pole collapsed because it was hit by a truck. After the interview, there were no incident reports.		
Requirement	Clause 4.5.3		
Evidence	Site visit		
Proposed correction, corrective action and timescales	Report will be made including investigation to find root cause and corrective action. Time : 16 Nov 2019.		
Correction	Report of investigation had been made (Evidence : Laporan Kejadian/Incident report)		
Root Cause analysis	Lack of awareness of implementing incident investigation procedure.		
Corrective action	The re socialization of implementing the procedure had been made. Finding can be closed.		
LR has reviewed and verified the implementation of actions taken.	Date of closure	14-May-2020	

Reference number	2274760_JKACBX03	Assessment Criteria (Clause)	OHSAS 18001:2007 (4.4.6)
Grade	Minor NC	Issue Date	30-January-2019
Status	Closed	Process / Aspect	Operational Control
Location(s)	Jl. Sumber Waras No. 255,Malang,ID		
Statement of Non Conformity	<p>Some weakness were identify during tour at production and logistic:</p> <ul style="list-style-type: none"> a. At Pembibitan area found the rotating belt of pump has no proper guarding. Also the platform into valve has no fence. b. At propagator area (pH 4) has no emergency shower facilities c. The valve for secondary containment located at risky area and may cause people would reluctant to consistently closing the valve and therefore potentially cause the bund wall is not effective. d. Two out of six pump of product ethanol tank has not grounding system e. The product storage secondary containment need to be review in term of the height of wall which is seem low at some location considering the contour and also it was found the outlet into river without any valve. 		
Requirement	OHSAS 18001:2007		
Evidence	During tour at Production and Logistic		
Proposed correction, corrective action and timescales	To improve the facilities accordingly		
Correction	<p>Finding still open.</p> <p>The NC of</p> <ul style="list-style-type: none"> -The product storage secondary containment need to be review in term of the height of wall which is seem low at some location considering the contour and also it was found the outlet into river without any valve. <p>Sugeng Hartono 14 May 2020 :</p> <ul style="list-style-type: none"> -Review to volume of secondary containment had been done. The organization conclude that the containment had been sufficient according to regulation. Valve had been installed. 		
Root Cause analysis	<p>.</p> <p>No evidenced of review regarding volume of secondary containments.</p>		



Corrective action

Finding can not be closed.

Review to volume of secondary containment had been done. The organization conclude that the containment had been sufficient according to regulation and installed is also corrective action. Finding can be closed.

LR has reviewed and verified the implementation of actions taken.

Date of closure

14-May-2020

03. Assessment summary

Visit generic objective:

This was a Surveillance 2 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:

Attendance, opening meeting, closing meeting :

Opening meeting 14 May 2020: time 08.00 by on line meeting.

Closing meeting 15 May 2020: time : 17.00 by on line meeting.

The auditee involving in this remote audit was :

Top Management : Ms. Erlies Sartini

OHS Representative : Mr. Umar; Ms. Kartika; Mr. Eko W, Mr. Joko,

OHS team form departments : Mr. Darmawan Yudianto, Mr. Imam (Logistic); Mr. Haris (Purchasing); Mr. Eko Suminto (Security)

Introduction:

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

The Assessment is based on a sampling process of the available information.

Every evaluation and conclusion are based on sampling/evidence taken/shown during audit day.

Note :

In regard with the pandemic corona covid-19 virus, This audit is conducted remotely.

The ICT tools and method of remote audit is :

- Microsoft team using for on line meeting and on line presentation. Opening and closing meeting using on line meeting.
- Email to provide data and evidence
- One and one phone cell communication use if needed.

This ICT and method had been agreed by client.

Assessment of: Please see area of audit	Auditee(s): Top Management : Ms. Erlies Sartini OHS Representative : Mr. Umar; Ms. Kartika; Mr. Eko W, Mr. Joko,	Assessor: Sugeng Hartono
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Audit trails and sources of evidence:

Area of audit :

Mandatory Elements

HIRADC update

Communication and participation

Legal compliance and the evaluation

Trails and evidences :

Record of Management review : 16 Jan 2019

Record of Internal audit : 17-19 Dec 2019

Hazard identification, risk assessment and determining control

- Record HIRDC (Updated 2020)

Communication, participation and consultation

-Internal training Lotto

-Action Plan socialization

-Safety talk

Legal compliance and the evaluation

-Updated Apr 2020

Evaluation and conclusions:

Context of organization has been identified. (Issue : Pandemic Covid 19);

Management review system had been well done periodically.

Internal audit had been done properly

In general, the organization had been identify continual improvement by considering the result of analysis and evaluation including the output from management review.

Reported there is no complaint from last audit.

In general, objectives for functions have been established. And the performance of these objectives is always well monitored.

Use of Logo. The use of the LR logo is in accordance with the guidance of the LR.

Hazard identification, risk assessment and determining control

-HIRADC had been review and updated.

Communication, participation



-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.

Legal compliance and the evaluation

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

Areas for attention:

None

Assessment of:	Please see area of audit	Auditee(s):	Mr Sopian Hadi, Mr Arif R (HRD) Mr. Darmawan Yudianto, Mr. Imam (Logistic); Mr. Haris (Purchasing); Mr. Eko Suminto (Security) OHS Representative : Mr. Umar; Ms. Kartika; Mr. Eko W, Mr. Joko,	Assessor:	Sugeng Hartono
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Audit trails and sources of evidence:

Area of audits :

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

Emergency preparedness and response

Performance measurement and monitoring

Purchasing and Contractor management (CSMS)

Incident Investigation

Trails and evidences :

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

-Case : Recruitment of KLH Staff (1 person) and Static Mechanic (1 person)

-First day orientation of 1st Guide

- Certificate of Explanation of Police Records

-Safety Induction.

- Certificate of health

Emergency preparedness and response

-Drill Simulation Emergency Response and preparedness 3 Oct 2019

- Hydrant inspection April 2020
- FE Inspection May 2020
- Alarm Inspection May 2020
- Performance measurement and monitoring
- Medical Check up record updated Nov 2019
- Purchasing and Contractor management (CSMS)
- Sample Case : PT Bahtera Bersaudara (Safety Agreement, and inspection)

Evaluation and conclusions:

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

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

Emergency preparedness and response

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

Performance measurement and monitoring

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

Purchasing and Contractor management (CSMS)

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

Incident Investigation

- Reported there is no incident happen since last audit

Areas for attention:

The system is still based on ISO 18001:2007 which will expired on 12 March 2021. The organization will need to transition to ISO 45001:2018 before 12 March 2021. The organization is advised to contact LR to get best schedule for transition.

Assessment of:	Logistic	Auditee(s):	Mr. Darmawan Yudianto, Mr. Imam (Logistic)	Assessor:	Sugeng Hartono
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Audit trails and sources of evidence:

Patrol/Safety inspection at logistic

Inspection of safety equipment (Inspection of lightening protection; Wallthickness tank inspection_

Emergency preparedness (-FE check list; -Hydrant check list)

Evaluation and conclusions:

Logistic

-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 checked, Fire Extinguisher, Alarm, and Hydrant.

-Document HIRADC had been updated

-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	Surveillance 3
Audit days	2.00 DAY	Due date	August, 2020
Team			
Site		Audit days	Activity codes
Jl. Sumber Waras No. 255,Malang,ID		2.0 DAY	066503

05. Appendix

1. Audit Programme/Plan

Visit Type	CR	SV1	SV2	SV3	SV4	SV5		CR Visit
Due Date	Feb 2019	Aug /2019	Feb 2020	Aug 2020				Feb 2021
Start Date	27 Jan 2019	14 Nov 2019	14 May 2020					
End Date	30 Jan 2019	15 Nov 2019	15 May 2020					
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	Y/N	Y/N	Y/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	√	√	R	√	√	√		
Internal Audits	√	√	R	√	√	√		
Continual Improvement	√	√	R	√	√	√		
Management of change	√	√	R	√	√	√		
Corrective action	√	√	R	√	√	√		
Preventive action	√	√	R	√	√	√		
Complaint Management	√	√	R	√	√	√		
Use of Logo	√	√	R	√	√	√		
Legal compliance and the evaluation	√	√	R		√			
Objective and programme	√	√	R	√	√			
Communication, participation and consultation	√	√	R		√			
Incident Investigation	√		R	√	√			
Hazard identification, risk assessment and determining control	√	√	R	√		√		
HRD (Competence, training and awareness); Resource roles and responsibility	√	√	R			√		
Emergency preparedness and response	√	√	R	√		√		
Performance measurement and monitoring	√		R	√		√		
Purchasing and Contractor management (CSMS)	√		R	√		√		
Production: - Ethanol (Fermentation, Distillation, Control room and Production Lab) - Main Laboratory	√							
Warehouse (Logistic): - Raw Material (storage tank) - Supporting material - Finished Goods (storage tank) - Filling station area	√		R			√		



Visit Type	CR	SV1	SV2	SV3	SV4	SV5		CR Visit
- 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	√							

R = Remote Audit

Scope of the management system	Manufacture of Ethanol.
Exclusion	None

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.

1. 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 organization 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 organization 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 organization 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 organization:	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
Additional information <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>		

1. Assessment plan

Assessment type Surveillance 2	Assessment criteria OHSAS 18001:2007
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Assessment team Sugeng Hartono	Assessment dates 14-15 May 2020	Issue date 7 May 2020
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(Day 1)	
08.00	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.
08.30	Discussion of all outstanding issues from previous visits.
09.00	Mandatory Element HIRADC update Communication and participation
12.00	Lunch.
13.00	Legal compliance and the evaluation HRD (Competence, training and awareness);
16.00	Report writing.
17.00	Close.

(Day 2)	
08.00	Review of findings from previous day. Review of the assessment plan for the day.
08.30	Resource roles and responsibility Emergency preparedness and response Performance measurement and monitoring
12.00	Lunch.
13.00	Purchasing and Contractor management (CSMS) Incident Investigation Logistic
14.00	Review of day's findings.
15.00	Preparation of final report.
16.00-17.00	Closing meeting with management to present a summary of findings and recommendations.