**Date last modified/updated:** Click here to enter a date.

**Who last modified/updated:** Click here to enter text.

**This part of the Navigator Playbook is completed when you have:**

1. **Appointed an EnMS internal audit program manager.**
2. **Developed a documented internal audit procedure that addresses the responsibilities, planning, and conducting of EnMS internal audits, as well as the reporting of audit results.**
3. **Identified personnel to serve as EnMS internal auditors and trained them on 50001 Ready Navigator EnMS guidance (or optionally ISO 50001 requirements and/or internal auditing of ISO 50001 including auditing of energy performance improvement), and your internal audit procedure.**
4. **Conducted regularly scheduled EnMS internal audits to identify areas of success and areas in need of improvement.**
5. **Recorded the results of your organization’s internal audits.**
6. **Ensured that internal audit results are reported to relevant management.**
7. Appoint an EnMS internal audit program manager:

|  |  |  |
| --- | --- | --- |
|  | Audit program manager name: | Click here to enter text. |
|  | Roles and responsibilities: | Click here to enter text. |

1. Develop a documented internal audit program that addresses the responsibilities, planning, and conducting of EnMS internal audits, as well as the reporting of audit results:

We have developed a documented internal audit procedure for our facility, with roles and responsibilities assigned to relevant personnel, and have detailed it below:

|  |
| --- |
| Click here to enter text. |

Our internal audit program includes:

Purpose of the audit program

Auditor training requirements

Planning and scheduling audits

Criteria and scope for each audit

Process for selecting auditors

Conducting internal audits, including audit methods

Recording the audit results

Communicating the results to relevant management

Retaining records

Collecting and analyzing trend data on audit results

Our internal audit process clearly communicates expectations by addressing:

What needs to be done

Who needs to participate in it

What records will be obtained

Internal Audit Plan Template

**Organization:** Click here to enter text.

**Audit Date:** Click here to enter text.

**Audit Scope:** Click here to enter text.

**Audit Criteria:** Click here to enter text.

**Audit Objective:**  Click here to enter text.

**Audit Team:** Click here to enter text.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Process or Area to be Audited | Start Time/End Time | Auditor(s) | Requirements (Criteria) to be Audited | Documentation References |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

1. Identify personnel to serve as EnMS internal auditors and train them on 50001 Ready Navigator EnMS guidance and your internal audit procedure:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | EnMS internal auditor name: | | | Click here to enter text. | |
|  | The date the auditor trained on 50001 Ready guidance (or optionally ISO 50001 requirements): | | Click here to enter text. |
|  | The date the auditor trained 50001Ready Navigator EnMS guidance (or optionally ISO 50001 requirements): | | Click here to enter text. |
|  | The date the auditor trained on your organization’s internal audit procedure (or optionally ISO 50001 requirements): | | Click here to enter text. |

1. Conduct regularly scheduled EnMS internal audits to identify areas of success and areas in need of improvement:

|  |  |  |
| --- | --- | --- |
|  | The internal audit schedule has been established. The audit frequency is: | Click here to enter text. |

Our audit program manager has prepared an internal audit program that:

Addresses auditing of both energy performance and the management system.

Considers significance of process controls.

Considers previous audit results.

1. Record the results of your organization’s internal audits:

|  |  |  |
| --- | --- | --- |
|  | Audit results have been documented in the following central location: | Click here to enter text. |

1. Ensure that internal audit results are reported to relevant management:

|  |  |  |
| --- | --- | --- |
|  | Audit results have been documented in the following central location: | Click here to enter text. |
|  | Audit results have been communicated to management | Click here to enter text. |
|  | Date communicated: | Click here to enter a date. |

*Use the following templates to help develop your organization’s audit schedule, record your audit findings, record corrective/preventative actions, and communicate results.*

Internal Audit Schedule Template

*Note: This is a template for an annual Internal Audit Schedule for an organization that conducts EnMS internal audits on a monthly basis. Internal audits must be conducted at planned intervals, such as monthly, quarterly, annually or at some other frequency consistent with the organization’s needs. The organization must define the intervals for conducting their internal audits.*

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **EnMS Internal Audit Schedule: [Year]**  Click here to enter a date. | | | | Prepared by:  Click here to enter text. | | | | Initial Issue Date:  Click here to enter a date.  Update Date(s):  Click here to enter text. | | | | |
| **EnMS Process & Performance** | **Jan** | **Feb** | **Mar** | **Apr** | **May** | **Jun** | **Jul** | **Aug** | **Sep** | **Oct** | **Nov** | **Dec** |
| Click here to enter text. |  |  |  |  |  |  |  |  |  |  |  |  |
| Click here to enter text. |  |  |  |  |  |  |  |  |  |  |  |  |
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| Click here to enter text. |  |  |  |  |  |  |  |  |  |  |  |  |

**KEY:**

Scheduled ◆ Follow Up 🟓

Conducted ∆ Closed-Out ■

Audit Finding Form

|  |  |  |  |
| --- | --- | --- | --- |
| **RECORD OF INTERNAL AUDIT NONCONFORMITY/CONCERN/POSITIVE FINDING** | | | |
| Organization:  Click here to enter text. | Auditor:  Click here to enter text. | | Standard:  Click here to enter text. |
| Date:  Click here to enter text. | Location of Finding:  Click here to enter text. | | |
| Type of Finding (check one):  Nonconformity  Concern  Positive Finding | | | |
| ***Facts Concerning the Finding\****  Statement of Criteria (Requirement):  Click here to enter text.  Objective Evidence (Statement of Finding):  Click here to enter text.  *\* Statement of Criteria (Requirement) is not required for positive findings, but should be provided if appropriate.* | | | |
| Documentation Reference:  Click here to enter text. | | | |
| ISO Requirement Reference:  Click here to enter text. | | | |
| Auditee Signature:  Click here to enter text. | | Auditor Signature.  Click here to enter text. | |
| *Auditee signature indicates that facts concerning the nonconformity are correct.* | | | |

Corrective Action/Preventive Action Request (CAR/PAR) Form

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **EnMS CORRECTIVE ACTION/PREVENTIVE ACTION REQUEST** | | | | | |
| TRACKING NUMBER: Click here to enter text. | | | | | |
| Type (check one): | Corrective Action | | | Preventive Action | |
| Source (check one): | Internal Audit Finding  Monitoring and Measurement  Energy Assessment  Legal Noncompliance  Noncompliance with Other Requirement Subscribed To  External Audit  Management Review  Other (specify): | | | Employee Suggestion  Management Review  Data Analysis  Other (specify): | |
| Date:  Click here to enter text. | | Issued by:  Click here to enter text. | | | |
| Response Due Date:  Click here to enter a date. | | Issued to:  Click here to enter text. | | | |
| Description of the problem (for corrective action) or opportunity (for preventive action):  Evidence:  Click here to enter text.  Requirement:  Click here to enter text.  Statement of Nonconformity:  Click here to enter text. | | | | | |
| Investigation and Action  *This section to be completed by the affected department manager.* | | | | | |
| Root cause of the actual or potential problem: (How/Why did this happen?)  Click here to enter text. | | | | | |
| Action needed?  Yes  No | | | | | |
| Correction (fix now) with completion dates:  Click here to enter text. | | | | | |
| Corrective Action (to prevent recurrence) or Preventive Action (to prevent occurrence) to be taken:  Click here to enter text. | | | | | |
| Estimated completion date:  Click here to enter a date. | | | Extended completion date (if applicable):  Click here to enter a date. | | |
| Reason for time extension:  Click here to enter text. | | | | | |
| Reviewed by:  Click here to enter text. | | | | | Date:  Click here to enter a date. |
| *This section to be completed by the affected dept. manager - after action is completed.* | | | | | |
| Action completed by:  Click here to enter text. | | | | | Date completed:  Click here to enter a date. |
| ***Follow-Up and Closure***  *This section is to be completed by issuer after action is completed.* | | | | | |
| Results of action taken:  Click here to enter text. | | | | | |
| Was the action effective?  Yes  No  Explain:  Click here to enter text. | | | | | |
| Results reviewed by:  Click here to enter text. | | | | | Date closed:  Click here to enter a date. |
| Did this CAR/PAR result in changes to EnMS documents?  Yes  No | | | | | |
| If yes, which document(s) was (were) changed?  Click here to enter text. | | | | | |

Corrective Action/Preventive Action Request (CAR/PAR) Tracking Log

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **CAP/PAR #** | **Source\*** | **Assigned to:** | **Short Title/Description** | **Issue Date** | **Due Date** | **Extension**  **Due Date**  **(if applicable)** | **Closed?**  **(Y/N)** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter a date. | Click here to enter a date. | Click here to enter a date. | Click here to enter text. |
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| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter a date. | Click here to enter a date. | Click here to enter a date. | Click here to enter text. |

\*Source:

IA = Internal Audit

EnA = Energy Assessment

ExA = External Audit

LN = Legal Noncompliance

MM = Monitoring and Measurement

MR = Management Review

ON = Noncompliance with Other Energy Requirement Subscribed To

O = Other

Top Management Approval

|  |  |  |
| --- | --- | --- |
|  | Date approved: | Click here to enter a date. |
|  | Who approved: | Click here to enter text. |

Comments

Click here to enter text.