

Audit Report



Company Audited and Audit Information

Company: ECS Refining-Stockton, CA (HQ)

Audit ID:3324

Management Representative:Jeanne Shackelford

Audit Dates: 5.50 days
08/24/2016-08/26/2016

Address:2222 S. Sinclair, Stockton, California 95215 USA

Type of Audit:SR

Phone:(209) 774-5067

Standards Audited:e-Stewards:2.0, ISO 14001:2004, OHSAS 18001:2007, R2:2013

E-mail:jshackelford@ecsrefining.com

Audit Structure:Single Site (Treated As)

Web page:www.ecsrefining.com

Number of Personnel:200

Location of Audit (if not above address): n/a

Number of Shifts: 2

Company Information Changes

The information detailed above was reviewed by the Audit Team. The Audit Team concluded that there were no changes that affect the management system of the company since the last audit activity was accomplished.

Orion Audit Personnel

Audit Team Member(s): David Koepper (Team Member), Francisco Vazquez Torres Jr. (Team Leader)
Other: N/A

Audit Purpose and Audit Report

This audit evaluated the company for conformance to applicable standards identified above to confirm that the company has met the applicable requirements of the standard(s) and has effectively implemented the applicable requirements of the standard(s).

The audit was performed in accordance with the requirements of Orion Registrar, Inc. procedures which implement audit requirements of ISO 17021-1 or ISO 17065 and other normative requirements. A management system audit is based on verification of a sample of available information. Thus there is an element of uncertainty reflected in the audit nonconformities. If non-conformities were not identified, this does not mean that they may not exist in audited or other areas.

In addition to the information documented in this report, Orion Registrar maintains files that contain objective evidence collected during the audit and other supporting information concerning your certification. As part of the legal agreement with Orion Registrar, it is necessary to inform Orion Registrar of any major change(s) including

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management system; ownership; key managerial decision-making or technical staff; introduction of new product/processes; employee numbers; contract address or sites; scope of operations under the certified management system; or other major changes. Please notify Orion Registrar within ten (10) working days by updating the data in the Orion Client Portal or by email to Orion Scheduling.

This report is subject to independent review and approval. If changes are required to this report, a new report will be issued which will supersede this report.

The contents of this Report, including any notes and checklists completed during the Audit are confidential, and will not be disclosed to any third party without the written consent of the customer, except as required by the appropriate authorities identified in the Orion Application for Certification Services. The ownership of this Audit Report is Orion Registrar, Inc.

Audit Objectives, Scope, and Criteria

The audit objectives for this audit are:

- a) Determination of the conformity of the management system, or parts of it, with audit criteria.
- b) Determination of the ability of the management system to ensure the management system meets applicable statutory, regulatory and contractual requirements.
- c) Determination of the effectiveness of the management system to ensure that you can reasonably expect to accomplish its specified objectives.
- d) As applicable, identification of areas for potential improvement of the management system.

The audit scope is defined in the Audit Plan and Schedule. The specific boundaries of the audit such as physical locations, organizational units, activities, and processes to be audited are detailed in the Audit Plan and Schedule.

Standard(s): e-Stewards:2.0, ISO 14001:2004, OHSAS 18001:2007, R2:2013

Exclusion(s) or Non Applicables to Standard(s): None

The audit was conducted in accordance with the above standards and applicable exclusions.

The specific processes audited are documented in the Audit Plan and Schedule. Specific client documents reviewed during the audit are documented in the appropriate Orion objective evidence documents.

Certification Scope

Certification Scope: Electronic Waste Recycling; Asset Management; Testing and Resale of Electronic Equipment .

The audit team reviewed the Certification Scope and the applicable exclusions for the company with respect to the type of activities, products, services, and location(s). The conclusion of the audit team was that the certification scope and applicable exclusions were proper for the company in relation to the company's certification scope.

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Audit Plan

The Audit Plan and Schedule for this audit is contained in Attachment 1. The Audit Plan and Schedule contains the audit scope which identifies the extent and boundaries of the audit, such as physical locations, organizational units, activities and processes to be audited. The Audit was conducted in accordance with the Audit Plan and Schedule.

Conductance of the Audit

An Opening and Closing Meeting was accomplished using the Orion Opening & Closing Meeting Agenda. Attendance was taken at the meeting and the attendance sheet is contained in Attachment 2.

Additional information identified at this meeting except for the Audit Plan was not identified

The audit team conducted a process-based audit focusing on significant aspects, risks, objectives. The audit methods used were interviews, observation of activities and review of documentation and records. The audit team has examined and verified that the structure, policies, processes, procedures, records and related documents are relevant to the management system and the audit scope. The objective evidence that the Audit Team documented is contained in applicable auditor notes or Process Audit Worksheets (PAWS) that are maintained by Orion Registrar. The auditing is based on a sampling process of the available information. Auditor recommendations are subject to an independent review prior to a decision concerning the original certification or recertification. The auditor did review all the standards and clauses documented in the Audit Plan and Schedule.

Inconsistencies between policy, objectives and targets (consistent with scope of the certification) and their results were not identified. Evidence was found to demonstrate that the management system has the capability to consistently meet the objectives of the standard.

Specific Surveillance Requirements Audited

The Audit Team reviewed the use of certification status and scope in marketing, advertising and other documents including the use of the Certification Mark as applicable. The certification claims were accurate and in accordance with Orion guidance.

The Audit Team also reviewed the complaint system including the handling of complaints. The Audit Team concluded that the complaints were identified, evaluated and processes in accordance with the applicable standards requirements and the client's process requirements.

Continuing operational control was evaluated by review of the Management Review, Internal Audits and the processes selected and audited for this Surveillance. The conclusion of the audit team is that management system(s) has been effectively maintained.

Specifically the Audit Team review the progress of planned activities aimed at continual improvement. The planned activities were accomplished in accordance with the client's internal commitments.

Determination of Effectiveness

The Audit Team determined the effectiveness of Internal Audits, Management Review, and the overall effectiveness of the Management System. The objective evidence for the decision is contained in the applicable Process Audit Worksheet (PAW(s)). The criteria to determine the effectiveness is:

Determination of Process Effectiveness Evaluation Method	
	Effectiveness Level
1	

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Exceeds All requirements identified plus additional requirements documented	3	4	4	5
Fully Documented > 95% requirements documented	2	3	4	5
Partial Documented > 75% documented but < 95% requirements	1	2	3	
Not Documented <75% Documented	1	1		
	Effectively Not Implemented Appropriate actions is not taken, < 75 of requirements not implemented	Partial Implementation Appropriate actions is being taken, > 75% implemented but not 95% implemented	Full Implementation > 95% implemented	Exceeds All requirements implemented, plus additional requirements implemented
Effectiveness of the implementation (expected outcomes, planned results, and capability to meet requirements)				

Effectiveness of the Internal Audit and Management Review

The Internal Audit effectiveness was determined by using the criteria list above. The Internal Audit was judged to have the effectiveness level of 4. The summary of the objective evidence used to determine the effectiveness was (please list):

- Internal audit procedure SP-22
- Internal Audit plan;
- Internal Audit Report

The effectiveness of the Management Review was also determined by using the criteria list above. The Management Review was judged to have the effectiveness level of 4. The summary of the objective evidence used to determine the effectiveness was (please list):

- Management review is conducted using agenda minutes 100-0003-001
- Revision H
- Management review minutes from 8/8/2016 and 8/15/15 .

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Audit Nonconformances

Summary of Nonconformance's Issued

- 8 Minor Nonconformities were identified.
- 0 Major Nonconformities were identified.

The Implemented Correction, Cause, and Corrective Action plan is due 30 calendar days from the date the NCR was written. There may be shorter day requirements for standards such as TL9000 and AS.

Corrective Action due dates for implementation and on-site verification/closure:

- Minors-next regularly scheduled audit
- Majors
 - Stage 2 Audit-no deadline but certification cannot proceed until closure*. However if the NCR is not closed* in six (6) months, a new Stage 2 Audit is required to be conducted before certification is granted.
 - Transfer Audit-no deadline but certification cannot proceed until closure*.
 - Surveillance Audit-closure* is due within 120 calendar days.
 - Recertification Audit- no deadline but certification cannot proceed until closure*. However if the NCR is not closed* in six (6) months, a new Stage 2 Audit is required to be conducted before certification is granted.
 - For TL 9000, acceptance of evidence of implementation of the corrective action plan is not to exceed 90 days from the date of the final audit report.

*Closure means that corrective and corrective action have been effectively implemented and verified by the Orion Auditor.

The status of previous nonconformance's from the past audit activities were closed.

Opportunities for Improvements

1. The written programs and procedures could be improved by ensuring that any process specifying actions was summarized and associated with a record that tracked the completion of the task.
2. R2 logo in – about us webpage – Certification is not hyperlinked to SERI website, consider reviewing compliance with the R2 code of practices.
3. According to the procedures, corrective actions have to be documented in the PIR Log / Form; the corrective action process could be improved by ensuring timely documentation of such corrective actions and their root cause analysis for benefit of the management system.

Management System(s) Strengths

1. The conditions on the floor were clean and housekeeping was managed to ensure consistently cleaned areas while the work was conducted.
2. Employees interviewed were uniformly able to identify work requirements that applied to their jobs based on job aids, on the job training and work instructions.
3. It was noted a detailed internal audit was conducted.
4. Good visual system to identify the emergency responders

Overall Effectiveness of Company's Management System

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The capability of the Management System to meet applicable requirements, expected outcomes, effectiveness management system in achieving client's objectives and overall effectiveness was determined by using the criteria list in the Effectiveness of the Process Review Section of the Report. The Management System capability and effectiveness was judged to have the effectiveness level of 4. The summary of the objective evidence used to determine the effectiveness was:

- Management Review
- Internal Audit
- Processes Evaluated in Effectiveness of Process Section of the Report
- Material / Mass balance report
- Downstream Vendor Audit Process
- Objectives and Targets
- EH&S Manual

Unresolved Items and Significant Issues Impacting the Audit Program

There were no unresolved item(s).

There were no significant issues affecting the audit program.

Additional Auditor Comments (Optional)

There were additional auditor comments.

Conclusion

Therefore the Audit Team recommends that, based on the results of this audit which evaluated the system's demonstrated capability to meet applicable requirements and effectiveness and with the provision that the NCRs will be successfully resolved, the Management System certification be:

Original Certification Continued Certification Certification Transfer Scope Change/Standard Upgrade
 Suspended until satisfactory corrective action is completed Withdrawn

Lead Auditor: Francisco Vazquez Torres

Date: 8/31/2016

Orion Technical Review (if applicable)

Result of Technical Review has concluded that the Management System certification is:

Original Certification Continued Certification Certification Transfer Scope Change/Standard Upgrade
 Suspended until satisfactory corrective action is completed Withdrawn

Technical Reviewer: Karen Mustoe

Date: 9/13/2016

Follow-up Activities

Based upon the result of the audit, follow-up on open NCRs / AOCs is required.

Next Activity and Focus for Next Audit Activity

The next activity will be Re-certification

Preliminary activity date(s) were discussed.

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Orion Registrar, Inc.
Thorough and Fair Auditing

Attachments

Attachments

- 1) Audit Plan and Schedule
- 2) Opening & Closing Meeting Attendance
- 3) Nonconformance Log

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Distribution

Distribution:

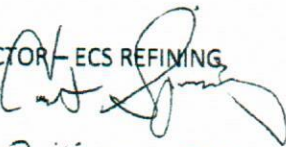
Company:ECS Refining-Stockton, CA (HQ)

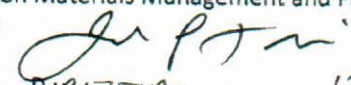
Team Leader:Francisco Vazquez Torres Jr.

Auditor(s): David Koepper (Team Member), Francisco Vazquez Torres Jr. (Team Leader)

WMMFA – Processor Contract Renewal 2017

The CONTRACT executed for calendar year 2016 is hereby renewed for calendar year 2017 by signature the persons signing below, who warrant they have the authority to execute the contract renewal.

CONTRACTOR - ECS REFINING
Signature 
GM Pacific NW ECS 12-13-16
Title Date

Washington Materials Management and Financing Authority
Signature 
EXEC. DIRECTOR 12/28/16
Title Date