



*Please print and post at your vessel/ facility for all employees to view*

## **Fleet Memo #42: How Vessels Process Non-Conformities**

In September of 2013 in Fleet Memo #31, TDI changed its policy so that the vessels were responsible for correcting their own non-conformities. Since then, management has discovered that we need to provide more guidance and tools to the vessels in order to help them conduct Root Cause Investigations and create Corrective Action Plans. We also realized that the methods we had been using to monitor and close these non-conformities in NS5 CARs on time were not effective.

**The HSE Manager is now responsible** for monitoring the progress of non-conformities and working with the vessel to help them identify and resolve the root causes. A PowerPoint presentation has been created to train the crew on how to conduct a Root Cause Analysis (RCA) and worksheets have been developed to assist the vessel in creating a Corrective Action Plan (CAP). Chapter 9 of the SMM has been revised to reflect these changes (NOC #206).

**The next step is for each vessel master to review the training with the entire crew** and contact the HSE Manager with any questions they may have about this process. Attached is a sign in sheet for that training meeting. Please conduct training and return this sign in sheet to [HSE@tdi-bi.com](mailto:HSE@tdi-bi.com) no later than Friday, October 10<sup>th</sup>.

**Vessels with open CARs** in NS5 will go to the TDI Forms/ Permits page, download the new **RCA & CAP worksheets**, complete them for each open CAR on their vessel and send the scans in the [HSE@tdi-bi.com](mailto:HSE@tdi-bi.com). Weekly reports on progress are to be sent to the same e-mail. The **NC Weekly Progress Report** form is located on the TDI Forms/ Permits page.

# Notice of Change to Controlled Documents #206 / ~~27~~ Sep 2014

## 26<sup>th</sup> Summary of Changes

NOC#	Ch., Sec., SOP	Summary	Revision#
206	Ch 9 ALL	Chapter completely revised to reflect current practice	#12 #10

9-26-14 -SS SMM TOC web page updated  
9-26-14 SS NOC web page updated  
26 Sep 14 SS SMM files - each section updated  
 \_\_\_\_\_ NOC sent to fleet  
 \_\_\_\_\_ NOC pdf posted on CM  
 \_\_\_\_\_ Vessel Acks recorded on fleet tracking  
 \_\_\_\_\_ Office Controlled SMM updated

Approvals	Approvals
<div style="border: 1px solid green; padding: 5px; margin: 10px auto; width: 80%;"> <p style="text-align: center; margin: 0;"><u>Approved for Distribution</u></p> <p>Date <u>9/24/14</u> Initials <u>JHA</u></p> <p>Print Name <u>James Howell</u></p> </div>	<div style="border: 1px solid green; padding: 5px; margin: 10px auto; width: 80%;"> <p style="text-align: center; margin: 0;"><u>Approved for Distribution</u></p> <p>Date <u>9/24/14</u> Initials <u>PT</u></p> <p>Print Name <u>Pete Tatro</u></p> </div>

Approved for Distribution

Date 9-24-14 Initials JW

Print Name James Brook

## SAFETY MANAGEMENT MANUAL



### Chapter 9 Non-Conformities

Rev # 10

Revision date: 26 Sep 2014

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### Chapter 9 Non-Conformities

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#### Revision/ Review Log

Revision Date	Approved by	Reviewed by	Revision Details/ Proposal Notes
11 January 2010 Revision #5	Dr. Jim Brooks	HSE Manager: Sue McDonald	
25 Oct 2010 Revision #6	Dr. Jim Brooks Dr. Bernie Bernard	HSE Manager Designee: Dr. Jim Brooks Port Captain: Capt. Pat Fallwell	Changed to electronic format
25 Oct 2010 Revision #7	Dr. Jim Brooks Dr. Bernie Bernard	HSE Manager Designee: Dr. Jim Brooks  Port Captain: Capt. Pat Fallwell	The HSE Manager is often offshore and requires assistance from more personnel to fulfill the responsibilities stated in the SMM.
03 May 2012 Revision #8	Dr. Jim Brooks Dr. Bernie Bernard	Dr. Jim Brooks Dr. Roger Fay Capt. Pat Fallwell	Preventative action now required for all non-conformities per ISM 2010 code Sec. 9.2
13 March 2013 Revision #9	Dr. Jim Brooks Dr. Bernie Bernard	Dr. Jim Brooks Dr. Roger Fay Capt. Pat Fallwell Dr. Roger Fay	Reference to incident form removed from sec 3.0
26 September 2014 Revision #10	Dr. Jim Brooks Mr. Pete Tatro Dr. James Howell	Dr. Jim Brooks Mr. Pete Tatro Dr. James Howell	Complete revision of NC process to reflect current practice



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## 1.0 Introduction

This SOP describes the protocols established to ensure that non-conformities are reported to the Company, investigated and analyzed with the objective of improving safety and pollution prevention.

A non-conformity is a failure to comply with a written requirement, law or standard, company policy or procedure that governs the safe operation of TDI-Brooks vessels. It may be discovered through an internal or external audit, routine maintenance/inspections, an incident or an observation.

This is **not** the same as an incident, accident or near-miss. Those events are defined and procedures for handling them are established in SOP-GEN-007L (US flagged vessels) and SOP-VAN-2014A (Vanuatu flagged vessels).

Non-conformities will be analyzed in order to continuously improve the Company SMS through updating and amendment.

## 2.0 Definitions


**Non-conformity**-- a failure to comply with a written requirement, law or standard or the policies and procedures established by the TDI-Brooks Safety Management System that govern the safe operation of TDI-Brooks vessels. The following are the various classifications to be used for non-conformity evaluations.

- **Major non-conformity** - an identifiable deviation that poses a serious threat to personnel or the ship's safety or a serious risk to the environment and requires immediate action.
- **Minor non-conformity**- an identifiable deviation that could pose a treat to personnel or the ship's safety or risk to the environment and requires action in a timely manner.
- **Observation** - a finding or condition, which left uncorrected, may result in a non-conformity.

**Remedial Action** is the immediate action taken to contain or correct the problem and is implemented right away.

**Corrective Action Plan (CAP)** is a plan to prevent recurrence of the problem. This plan is developed by the vessel and submitted to the DPA for approval.

**Corrective Action Report (CAR)** is a report (created and maintained in NS5) describing how the CAP was implemented, evaluated for effectiveness and verified by

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an office representative. It tracks the life of the non-conformity from discovery to closure.

### 3.0 Responsibility

It is the responsibility of the HSE Manager to ensure that a system for the effective reporting of non-conformities is in place and an investigation and analysis is implemented.

The HSE Manager will be responsible for making sure vessels submit CARS to [HSE@tdi-bi.com](mailto:HSE@tdi-bi.com) and implement approved CAPs within the required timeline.

The HSE Manager will receive weekly reports from the vessels and will document the actions in NS5 as they are completed, will assign someone to verify the effectiveness of the CAP and upon verification, will close the non-conformity in NS5.

The Master should immediately report any suspected non-conformities as well as events that involve the Port State, regulatory agencies or class issues to the DPA.

The Master will be responsible for submitting the weekly updates to the HSE manager showing progress toward implementation

### 4.0 Reporting and Recording

TDI-Brooks maintains a system of reporting non-conformities and corrective actions in the NS5 tracking system. This reporting system is designed to improve the Company SMS, **not to assign blame** or avoid responsibility.

The Company undergoes frequent audits by internal and external auditors, clients and some Port State authorities. The resulting findings, observations and suggestions are reviewed by TDI-Brooks management for opportunities to improve our systems.


Non-conformities and observations that management has determined are significant enough to warrant investigation will be entered into NS5 by the HSE Manager.

Employees are encouraged to report suspected non-conformities. A Suspected Non-Conformity Report form with instructions is located on the ship web pages with the other TDI-Brooks Forms.

### 5.0 Root Cause Analysis

A CAP must start with a **Root Cause Analysis**. To prevent something from happening again, you have to determine why it happened the first time. The root cause is rarely



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what appears to be the problem at first evaluation. It is usually the combination of a series of events or circumstances that eventually results in the non-conformity.

There are many methods of determining a root cause. TDI-Brooks has developed tools to assist the vessel in the root cause investigation and corrective action plan development. These tools are found on the ship web pages TDI Forms/ Permits page.

## 6.0 Corrective Action Plan

There are generally two parts to correcting a non-conformity.

The **Remedial Action** is the immediate action taken to correct the problem and is implemented right away.

The **Corrective Action Plan (CAP)** is a plan to prevent recurrence of the problem. According to the ISM 2010 code Section 9.2, the corrective action plan CAP for a non-conformity will include a preventative action to prevent recurrence.

**Example:** A hydraulic hose on an A-frame breaks and causes a spill on the deck.

**Remedial Action:** Stop the leak and clean up the spill.

**Corrective Action:** Conduct a root cause analysis to determine why the hose broke in the first place. Then create a Correction Action Plan to prevent it from happening again.

**CAP Submission:** The CAP should be created by the vessel and submitted to [HSE@tdi-bi.com](mailto:HSE@tdi-bi.com) for approval within 30 days of the initial report. The crew of the vessel must work together to conduct a root cause investigation and create a Corrective Action Plan (CAP).

**CAP Implementation** will be completed within 90 days of the initial report and may begin as soon as it is approved.

**CAP Verification:** Once the CAP has been implemented, the HSE Manager will arrange for verification of its effectiveness. If verified as effective, the Corrective Action Report of the non-conformity (NS5 CAR) will be closed. If the corrective action plan was not effective, the vessel must begin a new RCA and CAP.

## 7.0 Processing Non-conformities

Once a non-conformity has been identified, it will be processed and tracked in the manner described in this section. Target dates for corrective action may be changed as long as the reason has been approved by the HSE Manager and noted in the NS5 CAR record.



### Non-Conformities Processing

