1.0 Purpose/Objectives/Plan

The Operating Authority shall develop a procedure for tracking and measuring continual improvement of its Quality Management System by:

a) reviewing and considering applicable best management practices, including any published by the Ministry of the Environment and Climate Change and available on www.ontario.ca/drinkingwater, at least once every thirty-six months;

b) Documenting a process for identification and management of Quality Management System Corrective Actions that includes:

i. investigating the cause(s) of an identified non-conformity,

ii. Documenting the action(s) that will be taken to correct the nonconformity and prevent the non-conformity from re-occurring, and

iii. Reviewing the action(s) taken to correct the non-conformity, verifying that they are implemented and are effective in correcting and preventing the re-occurrence of the nonconformity.

c) Documenting a process for identifying and implementing Preventive Actions to eliminate the occurrence of potential non-conformities in the Quality Management System that includes:

i. reviewing potential non-conformities that are identified to determine if preventive actions may be necessary,

ii. Documenting the outcome of the review, including the action(s), if any, that will be taken to prevent a non-conformity from occurring, and

iii. Reviewing the action(s) taken to prevent a non-conformity, verifying that they are implemented and are effective in preventing the occurrence of the non-conformity.

2.0 Procedure

2.1 At least once every 36 months a review of applicable best management practices, including any published by the Ministry of Environment and Climate Change will be conducted, this review will be scheduled during the same time as the 36 month Risk Assessment.

2.2 Corrective Actions/Potential Non-conformities are identified through the Audit Process, however other opportunities to identify Corrective Actions/ Potential Non-conformities will be done through scheduled reviews of the QMS, Management Reviews, SOP Reviews, Contingency plan reviews, Risk Assessment Reviews or Emergency and unplanned events.

2.3 Similar to The Corrective Action process detailed in Element 19 Internal Audits, Corrective Actions/ Potential Non Conformances will be logged on Element 19: G13-2 Corrective Action Report Log, To investigate the Causes of the Identified Corrective Action a Root Cause Analysis will be performed

using Appendix P G13-5 Root Cause Analysis Form, Once the Root Cause(s) are identified Corrective Actions will be determined, as well as any Preventative Actions that can be implemented

2.4 Potential non-conformances and Corrective Actions to any non-conformity will be reviewed annually during the Management Review. During the Management review it will be noted if the Corrective actions/ preventative actions have been implemented and if they are being effective, this review will also be checked annually during the Internal Audit process and External Audit Processes.

2.5 A Continual Improvement request form (OP-E21-1) can also be used to identify any improvement/preventative action opportunities or potential for non-conformities, operators may use this form if they observe an opportunity to improve on policies or procedures. Once a Continual Improvement Request form is received by the QMS Rep a review will be conducted and Improvements will be made if approved and filed appropriately and will be logged on the Corrective Action Report Log.

3.0 Reference

QMS Overview and Policy Statement
OP-E5 – Documents and Record Control
OP-E2 – Policy Statement
OP-E19 - Internal Audits
OP-E20- Management review
OP-E7&8 Risk Assessment Review and Outcomes

4.0 Associated Documents

Element19: G13-2 Corrective Action Report Log
Element 19: G13-3 Corrective Action Report
Element 19: G13-5 Root Cause Analysis
Element 21: OP-E21-1 Continual Improvement Request Form
Element 21: OP-E21-2 Best Management Practices

Revision History

New Revision	Date of Revision	Summary of Changes	Revised by
7	July 30, 2026	Added OP-E21-2 Best Management Practices to associated documents Changed all “appendix” to reflect new names of documents. Changed “3.0 Appendices" to “3.0 Associated Documents” Added revision history.	Chloë Godfrey