OVERVIEW OF OPG

1.0 PURPOSE

This evidence provides an overview of OPG, including a summary of its mandate, objectives, key assets, corporate governance and organization. OPG's regulated hydroelectric and nuclear businesses are described in Ex. A1-4-2 and Ex. A1-4-3, respectively. Information about DNNP LP, including DNNP facilities, is set out separately in Ex. A1-4-4.

2.0 CORPORATE OVERVIEW

OPG is an electricity generation company whose principal business is the generation and sale of electricity. As the province's largest electricity producer, OPG is focused on the effective stewardship of generation assets owned by the people of Ontario. This is achieved by focusing on: (i) the safe, reliable operation of its facilities including the avoidance of harm to employees, contractors, and the public at large, (ii) the management of these facilities by maintaining a strong focus on delivering value for money, and (iii) adhering to the highest standards of corporate citizenship, including environmental and social objectives.

As part of its business, OPG owns and operates both regulated and unregulated generation facilities. OPG's active regulated generation facilities in Ontario consist of two nuclear generating stations, the Darlington Nuclear Generating Station and the Pickering Nuclear Generating Station, with a total generation capacity of 5,576 MW[1] and 54 regulated hydroelectric generating stations with a total generation capacity of 6,566 MW, for a combined regulated generation capacity of 12,142 MW.

While not regulated facilities, the Bruce A and B Nuclear Generating Stations in Ontario have an impact on the calculation of the payment amounts. These stations are owned by OPG and leased on a long-term basis to Bruce Power L.P.

[1] Pickering Units 5-8 have a net in-service capacity of 2,064 MW, and Darlington Units 1-4 have an in-service capacity of 3,512 MW including units undergoing refurbishment.

The locations of both the regulated facilities and other OPG facilities are illustrated on the map provided as Attachment 1.

In 2024, OPG's regulated facilities generated a total of 65.5 TWh. The regulated hydroelectric facilities generated 32.5 TWh and the nuclear facilities generated 33 TWh.

3.0 OPG GOVERNANCE AND ORGANIZATION

OPG's Board of Directors ("OPG Board") is appointed by His Majesty the King in right of Ontario as represented by the Minister of Energy and Mines (the "Shareholder"). All of OPG's directors are independent of the company except for the OPG President and Chief Executive Officer ("CEO") and Bill Pitesa.[2] The members of the OPG Board bring substantial expertise in commercial leadership; managing and operating nuclear generator operations; understanding of the Canadian nuclear environment; engineering and project management, including large infrastructure project management; managing large capital intensive industrial operations; knowledge and expertise in business growth strategy and transformation, including mergers and acquisitions; overseeing regulatory, government and public relations; executive compensation and human capital management; financial, risk management, investment, health and safety, supply chain and corporate governance expertise; sustainability and environmental, social and governance experience; expertise in information technology/cybersecurity; knowledge of and experience with Indigenous communities; and stakeholder management.

The OPG Board has established the following committees to focus on areas critical to OPG's success:

- **Audit and Risk Committee:** The Audit and Risk Committee is responsible for the integrity, quality and transparency of OPG's financial information, the adequacy of the financial reporting process, the systems of internal controls, and OPG's related principles, policies and procedures which management has established. The Committee is responsible for the oversight of the Company's regulatory filings including financial statements and

[2] Mr. Pitesa was previously the Chair of the Nuclear Safety Review Board, which was a review board independent of management.

Management's Discussion & Analysis and other disclosures. The Committee also provides oversight of the performance of the OPG Pension Fund, the Used Fuel Segregated Fund, and the Decommissioning Segregated Fund. Additionally, the Committee is responsible for the oversight of enterprise-wide risk and associated risk management activities, including the review of management's assessment of the principal risks to achieving the Company's objectives. The Committee is also responsible for ensuring that an effective Code of Conduct is in place at OPG and monitors compliance with this code.

- **Human Resources and Governance Committee:** The Human Resources and Governance Committee provides oversight of OPG's human resources and compensation policies and practices, including CEO objectives and compensation, disclosure on compensation and human resources matters, organizational culture, leadership talent review, succession planning and collective bargaining. The Committee also oversees the design of OPG's benefit and pension plans and reviews reports from the Chief Ethics Officer on matters that involve Code of Business Conduct violations and compliance which are primarily personnel related. The Human Resources and Governance Committee oversees the Board's governance program and practices to ensure that they are consistent with high standards of corporate governance, including annually reviewing and assessing the Board's system of corporate governance with a view to maintaining these high standards.

- **Generation Oversight Committee:** The Generation Oversight Committee is responsible for the oversight of safe, secure and efficient operations of OPG's generating facilities. Additionally, the Committee oversees the development, risk management, financing and execution of OPG's generation projects greater than $100M, with certain exclusions. This Committee also is responsible for providing oversight for matters relating to business development and business acquisitions, and is also responsible for the oversight of OPG's environmental and dam safety management systems and OPG's Indigenous relations. The Committee also reviews the results of assessments in respect of OPG's generation operations by advisors and independent oversight organizations. The Committee provides

oversight to help ensure that OPG's generating facilities comply with nuclear safety, industrial and occupational health and safety, and environmental laws and regulations.

- **Major Projects Committee:** The Major Projects Committee is responsible for the oversight of the execution of major projects greater than $500M, including the Darlington and Pickering Refurbishment projects (the "Refurbishment Projects") and the Darlington New Nuclear Project, that are undertaken by the Company through the internal Enterprise Projects Office organization as may be determined from time to time, and monitors the progress of the refurbishment program against the approved budget and schedule. The Committee is also responsible for reviewing and approving the retention and compensation of qualified advisors, independent of OPG management, to monitor and report to the Committee on the progress and performance of such major projects against approved execution plans, including scopes, budgets and schedules. The Committee monitors and reports to the OPG Board on the progress of the major projects including the Refurbishment Projects against the Board approved budgets and schedules, reviews reports from OPG's Vice President, Risk & Audit and Chief Audit Executive and reviews results of internal assessments and management's response to the findings of such assessments.

OPG is led by the Enterprise Leadership Team, which is comprised of senior management members from across the organization and the President and CEO, who is also a member of the OPG Board.

OPG's nuclear and renewable generation business units and centralized operations support groups are led by a single Enterprise Operations organization. OPG's Enterprise Projects Organization is responsible for all major project planning and execution, including oversight of the DNNP and the refurbishment of the Darlington, Pickering and Renewable Generation stations. Enterprise Operations and Enterprise Projects report directly to the President and CEO. Strategy planning and execution responsibilities across the company are under the Enterprise Strategy and New Nuclear organization.

Renewable Generation operations includes regulated and unregulated hydroelectric operations, and other non-nuclear unregulated operations.

The organization and management of the regulated hydroelectric facilities and the nuclear facilities are described in greater detail in Ex. A1-4-2 and Ex. A1-4-3, respectively.

Also reporting directly to the President and CEO are the various functions that provide support to Enterprise Operations, Enterprise Projects and Enterprise Strategy. These include the Corporate Services Office (which includes Human Resources, Corporate & Technology Services, and New Growth and Business Development), Finance, Treasury, Assurance, and Commercial Integration and Strategy. These functions are described in greater detail in Ex. F3-1-1, Attachment 1.

Certain of OPG's unregulated businesses are owned and operated through separate subsidiaries, including Atura Power, Laurentis Energy Partners, and Eagle Creek Renewable Energy.[3] These subsidiaries have their own management teams, which are overseen by certain of OPG's senior executives in their roles as corporate directors of the subsidiaries.

A summarized overview of OPG's organizational chart is provided in Ex. A1-5-1. A description of the normalization completed for organizational changes since EB-2020-0290 is provided in Attachment 2.

OPG's Board policies are published on the company's website at https://www.opg.com/about-us/governance-regulation/committees-policies/. The Board policies are:

- Code of Business Conduct Policy
- Conflict of Interest Policy
- Cyber Security Policy
- Delegation and Exercise of Authority Policy
- Disclosure Policy

[3] In October 2025, OPG entered into an agreement for the sale of Eagle Creek Renewable Energy, which OPG expects to close in 2026.

- Indigenous Relations Policy
- Employee Health and Safety Policy
- Enterprise Risk Management Policy
- Environmental Policy
- Nuclear Safety Policy
- OPG Board Diversity and Inclusion Policy
- Safe Operations Policy

4.0 OPG'S MANDATE AND OBJECTIVES

OPG is party to a Memorandum of Agreement with the Shareholder, dated September 3, 2021, (the "Memorandum of Agreement"), which serves as the basis of agreement between OPG and its Shareholder, the Province of Ontario, on the mandate, governance, performance, and communications of OPG. The purposes of the Memorandum of Agreement include the promotion of a positive and co-operative working relationship between OPG and its Shareholder. The Memorandum of Agreement also establishes the accountabilities and relationships solely between OPG and the Shareholder and provides that in its discretion, the Shareholder may waive or deem compliance of OPG's obligations as appropriate in the circumstances.

The Memorandum of Agreement confirms that OPG will operate as a business enterprise with a commercial mandate, governed in principle and at first instance by an independent Board of Directors which directors are charged with the fiduciary duty to act honestly and in good faith with a view to the best interests of OPG. The OPG Board is responsible for appointing the OPG President and CEO who, along with OPG management, is responsible for the day-to-day operations of OPG.

The Memorandum of Agreement further states that the Shareholder may at times direct OPG to undertake special initiatives, which will be communicated as written declarations by way of a Unanimous Shareholder Agreement, or Declaration, in accordance with Section 108 of the *Business Corporations Act* (Ontario) and made public. Copies of the Shareholder directives that OPG has received are posted on OPG's website at:

http://www.opg.com/about/management/open-and-accountable/Pages/shareholder-directives.aspx.

The Memorandum of Agreement is provided as Attachment 3.

5.0 INTERNAL AUDIT – COMPLETED ENGAGEMENTS SINCE Q4 2020

Consistent with the OEB-approved settlement proposal in EB-2020-0290, Attachment 4 is a listing and summary of the non-solicitor-client privileged internal audits completed subsequent to those listed in EB-2020-0290, Ex. L-A1-02-SEC-011, Attachment 1. Audits pertaining exclusively to OPG's non-regulated business are not included.

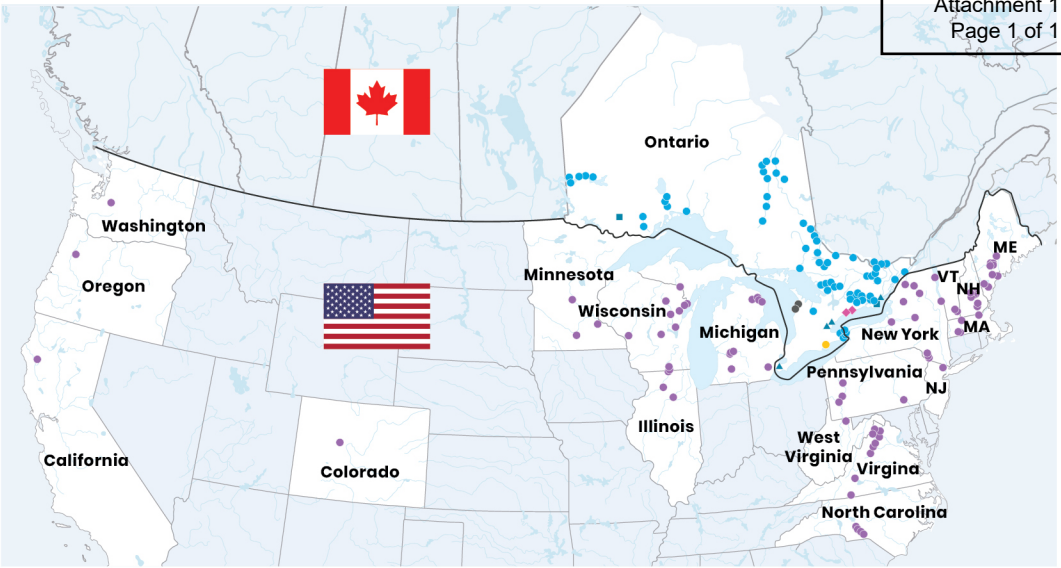
LIST OF ATTACHMENTS

Attachment 1: Map showing locations of OPG facilities

Attachment 2: Normalization of Organizational Changes

Attachment 3: Memorandum of Agreement between the Shareholder and OPG

Attachment 4: Summaries of Internal Audits Completed Since Q4 2020



2	2	2	1	66	85	4
Nuclear Stations	Leased **Nuclear** Stations	**Thermal** Stations	**Solar** Facility	**Canada Hydroelectric** Stations	**US Hydroelectric** Stations	**Atura Power Gas-Fired** Stations

NORMALIZATION FOR ORGANIZATIONAL CHANGES

This evidence summarizes organizational changes within OPG since the OEB's Decision and Order in EB-2020-0290. To provide comparability between actual, budget, OEB-approved (EB-2020-0290) and IR term/forecast period amounts, OPG has restated the cost information affected by organizational changes and recategorization of costs as appropriate. The major changes captured by this restatement include:

<u>Station and Operations and Project Support</u>

- Enterprise Engineering – now includes Enterprise Innovation, Data Analytics and Asset Management, which were previously part of Integrated Fleet Management.
- Integrated Fleet Management – now includes the Security and Training organizations and part of the Radiation Safety organization, which was previously part of Station Site and Support Services.
- Environment Health & Safety - now part of Enterprise Operations to better support operational safety and excellence. Health Services, which was a component of the broader Environment, Health & Safety organization, is now part of Human Resources.
- Other Operations Support - now includes Nuclear Regulatory Affairs and Nuclear Oversight, which were previously within Integrated Fleet Management. Additionally, Model Development and Analysis (previously within Corporate Centre) and Generation and Revenue Planning (previously within Finance), are now under Other Operations Support.
- Renewable Generation Stations were reorganized into three regions (Niagara, Eastern and Western).

<u>Support Services</u>

- The Chief Administration Office umbrella organization was reorganized into the Corporate Services umbrella organization to include Finance in addition to the continuing to hold the Human Resources, Corporate & Technology Services ("C&TS") (formerly known as Chief Information Office) and Real Estate. Supply Chain, Commercial Management (formerly in

Enterprise Projects) and Regulatory Affairs were combined into a new umbrella organization, Commercial Operations & Regulatory Affairs.[1]

- Real Estate - now includes Corporate Communications, which was previously part of Corporate Centre.
- Human Resources - now includes Ethics and Equity, which was previously part of Corporate Centre.

The current structure of OPG's nuclear operations functions is described in detail in Ex. F2-2-1, Attachment 1, Renewable Generation RG operations in Ex. F1-2-1, Attachment 1 and Support Services in Ex. F3-1-1, Attachment 1.

To provide a consistent basis for comparison, the tables throughout this Application present OPG's historical and bridge period costs, on a normalized basis that reflects the current organizational structure.

Charts 1, 2, and 3 below illustrate the movement of costs between the Nuclear facilities' OM&A cost categories over the 2022-2026 period for OEB approved amounts. Chart 1 provides the OEB approved amounts consistent with the original presentation in the EB-2020-0290 application. Chart 2 provides the same forecast costs mapped to OPG's current organizational structure and cost categories. Chart 3 summarizes the net change in each cost category between Chart 1 and Chart 2.

Historical Nuclear facilities' OM&A costs in this Application are presented consistent with Chart 2.

[1] Human Resources, Finance, Supply Chain, and C&TS functions continue to be separately presented in Ex. F3-1-1 and Ex. F3-1-2. Commercial Management and Regulatory Affairs are included within Corporate Centre in Ex. F3-1-1 and Ex. F3-1-2.

Chart 1 - Nuclear Operating Costs per EB-2020-0290 Payment Amounts Order

Line No.	Cost Item	2022 Plan	2023 Plan	2024 Plan	2025 Plan	2026 Plan
	OM&A:					
1	OPG Nuclear Facilities Base OM&A	1,283.0	1,273.9	1,259.2	1,037.5	597.8
2	OPG Nuclear Facilities Project OM&A	86.4	82.5	78.2	74.4	60.1
3	OPG Nuclear Facilities Outage OM&A	270.7	350.4	206.0	186.8	59.5
4	Pickering Cyclical Maintenance OM&A	-	-	-	-	-
5	Subtotal OPG Nuclear Facilities OM&A[1]	**1,640.1**	**1,706.7**	**1,543.4**	**1,298.6**	**717.5**
6	Darlington Refurbishment OM&A	24.2	23.6	29.3	25.0	8.4
7	Darlington New Nuclear OM&A	2.2	2.2	2.3	2.3	2.3
8	DNNP Operational Readiness	-	-	-	-	-
9	Other New Nuclear OM&A	-	-	-	-	-
10	Pickering Refurbishment Feasibility Study	-	-	-	-	-
11	Pickering Refurbishment OM&A	-	-	-	-	-
12	Allocation of Corporate Costs[1]	376.0	368.3	363.5	327.0	248.1
13	Allocation of Centrally Held Costs	184.5	161.6	143.9	98.9	14.7
14	Asset Service Fees[1,2]	49.2	52.6	54.6	51.4	47.8
15	Subtotal Other OM&A	**636.1**	**608.3**	**593.6**	**504.6**	**321.4**
16	Total OPG Nuclear Facilities OM&A	**2,276.2**	**2,315.0**	**2,137.0**	**1,803.3**	**1,038.9**

1 Per EB-2020-0290 OEB Decision and Order, Schedule A, p. 25, OM&A costs are reduced by 3% per year over the 2022-2026 period.

2 OEB approved values reflect settlement adjustments for Clarington Corporate Campus (2024-2026) per p. 25 of the Settlement Proposal.

Chart 2 - EB-2020-0290 Planned Nuclear Operating Costs per Current Structure

Line No.	Cost Item	2022 Plan	2023 Plan	2024 Plan	2025 Plan	2026 Plan
	OM&A:					
1	OPG Nuclear Facilities Base OM&A	1,294.0	1,284.8	1,271.8	1,047.6	603.0
2	OPG Nuclear Facilities Project OM&A	86.4	82.5	76.6	72.8	60.1
3	OPG Nuclear Facilities Outage OM&A	270.7	350.4	206.0	186.8	59.5
4	Pickering Cyclical Maintenance OM&A					
5	Subtotal OPG Nuclear Facilities OM&A[1]	**1,651.1**	**1,717.7**	**1,554.5**	**1,307.2**	**722.6**
6	Darlington Refurbishment OM&A	24.2	23.6	29.3	25.0	8.4
7	Darlington New Nuclear OM&A	2.2	2.2	2.3	2.3	2.3
8	DNNP Operational Readiness	-	-	-	-	-
9	Other New Nuclear OM&A	-	-	-	-	-
10	Pickering Refurbishment Feasibility Study	-	-	-	-	-
11	Pickering Refurbishment OM&A	-	-	-	-	-
12	Allocation of Corporate Costs[1]	365.0	356.7	347.9	314.7	242.9
13	Allocation of Centrally Held Costs	184.5	162.2	148.5	102.7	14.7
14	Asset Service Fees[1,2]	49.2	52.6	54.6	51.4	47.8
15	Subtotal Other OM&A	**625.1**	**597.4**	**582.5**	**496.1**	**316.2**
16	Total OPG Nuclear Facilities OM&A	**2,276.2**	**2,315.0**	**2,137.0**	**1,803.3**	**1,038.9**

1 Per EB-2020-0290 OEB Decision and Order, Schedule A, p. 25, OM&A costs are reduced by 3% per year over the 2022-2026 period.

2 OEB approved values reflect settlement adjustments for Clarington Corporate Campus (2024-2026) per p. 25 of the Settlement Proposal.

Chart 3 - Net Change in Cost Items

Line No.	Cost Item	2022 Plan	2023 Plan	2024 Plan	2025 Plan	2026 Plan
	OM&A:					
1	OPG Nuclear Facilities Base OM&A	11.0	11.0	12.6	10.1	5.2
2	OPG Nuclear Facilities Project OM&A	0.0	0.0	(1.6)	(1.6)	0.0
3	OPG Nuclear Facilities Outage OM&A	(0.0)	0.0	0.0	0.0	0.0
4	Pickering Cyclical Maintenance OM&A	0.0	0.0	0.0	0.0	0.0
5	**Subtotal OPG Nuclear Facilities OM&A[1]**	**11.0**	**11.0**	**11.0**	**8.5**	**5.2**
6	Darlington Refurbishment OM&A	0.0	0.0	(0.0)	0.0	0.0
7	Darlington New Nuclear OM&A	0.0	0.0	0.0	0.0	0.0
8	DNNP Operational Readiness	0.0	0.0	0.0	0.0	0.0
9	Other New Nuclear OM&A	0.0	0.0	0.0	0.0	0.0
10	Pickering Refurbishment Feasibility Study	0.0	0.0	0.0	0.0	0.0
11	Pickering Refurbishment OM&A	0.0	0.0	0.0	0.0	0.0
12	Allocation of Corporate Costs[1]	(11.0)	(11.6)	(15.5)	(12.3)	(5.2)
13	Allocation of Centrally Held Costs	0.0	0.6	4.6	3.8	0.0
14	Asset Service Fees[1,2]	0.0	0.0	(0.0)	(0.0)	0.0
15	**Subtotal Other OM&A**	**(11.0)**	**(11.0)**	**(11.0)**	**(8.6)**	**(5.2)**
16	**Total OPG Nuclear Facilities OM&A**	**0.0**	**0.0**	**(0.0)**	**(0.0)**	**0.0**

1 Per EB-2020-0290 OEB Decision and Order, Schedule A, p. 25, OM&A costs are reduced by 3% per year over the 2022-2026 period.

2 OEB approved values reflect settlement adjustments for Clarington Corporate Campus (2024-2026) per p. 25 of the Settlement Proposal.

MEMORANDUM OF AGREEMENT

BETWEEN

Her Majesty the Queen in right of Ontario, as represented by the Minister of Energy (the "Shareholder" or “Minister”)

And

Ontario Power Generation, Inc. ("OPG")

MEMORANDUM OF AGREEMENT

BETWEEN
Her Majesty the Queen in right of Ontario as represented by the Minister of Energy (the "Shareholder" or “Minister)
And
Ontario Power Generation, Inc. ("OPG") or the “Corporation”

WHEREAS OPG is a business corporation incorporated under the *Business Corporations Act* (Ontario)

AND WHEREAS The Minister, on behalf of Her Majesty in right of Ontario, may acquire and hold shares of OPG, and has primary policy responsibility for the overall legislative and regulatory framework, established primarily under the *Electricity Act, 1998* and the *Ontario Energy Board Act, 1998,* and the applicable regulations, within which OPG must conduct its business operations.

NOW THEREFORE the parties hereto have agreed as follows.

1 DEFINITIONS/INTERPRETATION

1.1 The following terms shall have the meanings ascribed to them herein:

“Corporation” means “Ontario Power Generation Inc.”

“EA” means the *Electricity Act, 1998* (Ontario) and its regulations.

“Deputy Minister” means the Deputy Minister of Energy, a public servant appointed by the Lieutenant Governor in Council under the auspices of section 4 of the *Ministry of Energy Act, 2011*(Ontario)*;*

“Ministry means the ministry of the Minister;

“Minister” means the Minister of Energy, appointed by the Lieutenant Governor in Council under the auspices of the *Executive Council Act* (Ontario) and includes reference to such other member of the Executive Council as may be assigned the administration of the *Ministry of Energy Act, 2011* (Ontario) under the *Executive Council Act* (Ontario);

“MOA” means this Memorandum of Agreement, including any and all appendixes attached hereto;

“OBCA” means *Business Corporations Act* (Ontario);

"OEBA" means the *Ontario Energy Board Act, 1998* (Ontario) and its regulations, codes, or orders of the Ontario Energy Board, as applicable*;*

"OPG Board Chair" means the member of the Corporation's Board of Directors which is appointed by the Minister pursuant to a unanimous shareholder resolution made in writing, and who is designated by the Minister as Chair;

"Shareholder" means Her Majesty the Queen, in Right of the Province of Ontario, as represented by the Minister who holds all of the issued shares of the Corporation on behalf of the Crown, and "sole shareholder" shall have the same meaning.

2. PURPOSE OF THIS MEMORANDUM OF AGREEMENT

The parties hereto agree and acknowledge that the purpose of this MOA is as set out below:

2.1 To serve as the basis of agreement between OPG and its sole Shareholder on mandate, governance, performance, and communications of OPG.

2.2 To establish the accountabilities and relationships solely between OPG and the Shareholder. In its discretion, the Shareholder may waive or deem compliance of OPG's obligations as appropriate in the circumstances.

2.3 To promote a positive and co-operative working relationship between OPG and the Shareholder.

3 GOVERNANCE OF OPG

3.1 Under the OBCA, the OPG Board of Directors is responsible for supervising the management of the business affairs and operations of the Corporation, including a fiduciary duty to act honestly and in good faith with a view to the best interests of the Corporation and to exercise the skill as well as a standard of care and diligence that a reasonably prudent person would exercise in similar circumstances. As such, the Corporation operates as a business enterprise with a commercial mandate, governed in principle and at first instance by an independent Board of Directors who is responsible for the appointment of the President and Chief Executive Officer. The President and Chief Executive Officer and management are responsible for the day-to-day operations of the Corporation.

3.2 The Minister shall be responsible for appointing or re-appointing, in a timely manner and following consultation with the Chair, as appropriate, the directors of OPG pursuant to the

process established by the Public Appointments Secretariat and securities regulators' National Policy on Corporate Governance Guidelines.

3.3 As a reporting issuer of debt securities, OPG is subject to the disclosure standards and requirements of the *Securities Act* (Ontario) and shall make such disclosures as may be required.

3.4 As set out in subsection 53.1(2) of the EA, OPG and its subsidiaries are not agents of the Crown for any purpose, despite the *Crown Agency Act* (Ontario).

3.5 OPG shall operate in an accountable and transparent manner with regard to the Corporation's governance, management, administration and operations. In this regard, OPG is subject to a number of statutes and Treasury Board/Management Board of Cabinet directives. A list of applicable statutes and directives is set out in Appendix 1 and Appendix 2 attached hereto.

3.6 Notwithstanding the foregoing, the Shareholder may at times direct OPG to undertake special initiatives. Any such direction shall be written declaration by way of a Unanimous Shareholder Agreement and/or declarations and resolutions, in accordance with the OBCA, which shall be made public by OPG within a reasonable timeframe by publishing such agreements, declarations and resolutions on the Corporation's website.

3.7 Unless otherwise directed by the Shareholder or statute, OPG shall operate in Ontario in accordance with the highest corporate standards, including but not limited to the highest corporate standards in the areas of corporate governance and social responsibility. OPG shall continue to benchmark its corporate governance practices against the securities regulators' National Policy on Corporate Governance Guidelines, as well as other leading governance organizations, as appropriate.

3.8 OPG shall comply with the *Accessibility for Ontarians with Disabilities Act.*

4 MANDATE

4.1 The objects of OPG include, in addition to any other objects, owning and operating a diversified portfolio of electricity and generation assets and providing related services.

4.2 OPG shall leverage its assets and expertise to generate new revenues on a commercially sound basis, including the making of strategic investments and acquisitions and related business opportunities in the electricity sector both inside and outside Ontario, on its own or in partnership as appropriate, for the benefit of the Corporation and the Shareholder.

4.3 OPG shall continue to operate as a respected, publicly-owned electricity generation enterprise and to operate its assets efficiently and cost-effectively, and to deliver value to Ontario 's ratepayers and taxpayers.

4.4 OPG shall ensure that it conducts its operations in full compliance with all laws and regulations and strives to serve as a model in regard to public and employee safety, environmental practices, corporate citizenship, community engagement and relations with Indigenous communities and peoples.

4.5 OPG shall undertake generation development projects in support of the Province's energy planning priorities and initiatives, as may be updated from time to time.

4.6 OPG shall support the Province of Ontario's efforts to fulfill the Crown's constitutional duty to consult and accommodate Indigenous peoples, where that duty arises in relation to OPG generation or other projects, by carrying out those procedural aspects of the Crown's consultation obligations that are delegated in writing to OPG by the Province, including the Ministry.

4.7 The Province of Ontario and the Ministry supports the role of public power and mitigating electricity prices in Ontario and in doing so:

a. mandates that OPG maintain itself as a strong, viable public power component of the electricity sector at an appropriate scale and with electricity and generation portfolio diversity to ensure long-term operational and financial sustainability and to support OPG long term liabilities, including by increasing the output of, refurbishing or adding operating capacity to, existing generation facilities consistent with the Province's energy planning priorities and initiatives; and

b. mandates that OPG plan and operate its electricity and generation facilities based upon good utility practice recognizing safety, legal, regulatory, environmental and market factors.

4.8 OPG shall support the Province's economic development objectives where feasible, including generating financial benefits that accrue to the Province of Ontario and remain within the Province of Ontario.

4.9 OPG shall serve the public interest and operate in a way that achieves a commercial rate of return, moderates overall electricity prices, and supports the efficient operation of the electricity market.

4.10 OPG shall earn a commercial rate of return and generate sufficient returns to support and service its borrowing needs for operations, projects, and investments; as well as supporting the opportunity to access public debt markets in the future. Any significant new electricity or

generation assets approved by the Board of Directors, and as agreed to by the Shareholder, may receive financial support from the Province of Ontario, if and as appropriate.

4.11 Subject to any unanimous shareholder declaration or resolution, OPG shall be permitted to participate in all energy-related procurements in Ontario that it meets the qualifications for.

4.12 In addition to the requirements of section 5.1, OPG shall inform the Shareholder in advance of any new generation development projects (not upgrades or redevelopments) the Corporation intends to undertake or assume.

4.13 Where appropriate, OPG shall pursue prospective generation related developments with Indigenous communities that can provide the basis for long term mutually beneficial commercial arrangements.

4.14 Acknowledging sections 3.1 and 3.4 of this MOA, OPG will act in the interests of both OPG and the Shareholder in entering into potential settlements of Indigenous peoples' claims or grievances or arrangements with communities potentially affected by OPG generation development. Unless otherwise agreed to with the Shareholder, OPG will pursue such agreements or arrangements so that the Shareholder benefits equally from releases from liability and indemnifications obtained by OPG in relation to damage caused by the construction, operation and development of OPG facilities. Nothing in this MOA will require OPG to pursue releases for matters for which the Shareholder may be solely liable.

4.15 OPG may request that the Ministry seek Treasury Board/Management Board of Cabinet approval for special status for international travel under the Travel, Meal and Hospitality Directive. OPG will not seek special status to serve alcohol under this Directive.

5 REPORTING REQUIREMENTS

5.1 OPG and the Shareholder will ensure timely sharing of information on major developments and issues that may impact the business of OPG or the interests of the Shareholder. Major developments and issues include planned acquisition of energy assets, assumption of existing power supply contracts, proposed settlements of Indigenous peoples' claims or grievances relating to OPG facilities, and proposed arrangements with communities affected by OPG generation development. OPG and the Shareholder will follow the guidance of any agreed upon framework for acquisitions.

5.2 OPG shall report to the Shareholder, on an immediate basis, where human safety or system reliability issues arise.

5.3 Every year OPG shall develop and submit a rolling multi-year business plan to the Shareholder for review and concurrence. Business plans will cover a minimum period of three years.

a. Once approved by OPG's Board of Directors, OPG's annual business plan will be submitted to the Minister for concurrence.

b. The annual business plan shall include multi-year performance targets based on operating and financial results as well as major project execution. It shall also include a multi-year investment plan for new projects.

c. OPG shall include objectives for operational efficiency improvements in its business plan.

d. Staff from the Ministry will review OPG's annual business plan in a timely manner.

e. The Deputy Minister shall advise and assist the Minister on any responsibilities associated with the approval of OPG's annual business plan.

f. OPG shall respond to any comments or requests for further information on the annual business plan, made by the Minister, Deputy Minister or Ministry staff in a timely manner.

g. Concurrence by the Minister will be subject to the presentation of OPG's business plan before Treasury Board.

h. Minister's concurrence may outline expectations for OPG's next business plan. OPG's next business plan will identify how it addresses the Minister's expectations from the previous year.

i. OPG shall provide, in a timely manner, updates on quarterly performance against business plan projections for the Minister's review.

5.4 Within 90 days after the end of each fiscal year, as required by subsection of 53.4 (1) of the EA, OPG shall submit to the Minister an annual report on its affairs during that fiscal year.

a. In a timely manner in advance of the submission of the annual report to the Minister, OPG will provide a draft copy of the annual report for Ministry staff to review.

b. Ministry staff will review the draft annual report in a timely manner, and may request additional information from OPG, as necessary.

5.5 OPG shall provide, in a timely manner, quarterly and year-end financial reports for the Ministry's review prior to filing with the Ontario Securities Commission, and in particular:

a. year-end financials, which include News Release, MD&A and Audited Financial Statements whose content is prescribed by the securities regulators' National Instrument 51-102; and,

b. the Annual Information Form and Statement of Executive Compensation, whose content is prescribed by securities regulators' National Instrument NI 51-102.

c. OPG shall respond to any comments or requests for further information on the financial statements, made by the Minister, Deputy Minister or Ministry staff in a timely manner.

5.6 OPG shall provide quarterly briefings to senior officials of the Ministry on OPG's operational and financial performance against plan.

5.7 OPG shall provide reports and information to the Minister and Ministry of Finance, as required, from time to time, as per subsection 53.4 (4) of the EA. Reports and information requests from the Ministry of Finance shall be made through the Minister.

5.8 The OPG Board Chair shall report to the Minister annually on the effectiveness of this MOA. Such report shall be provided to the Minister in writing within 90 days after the end of each fiscal period.

5.9 OPG shall provide to the Ministry quarterly status update on the progress of the Darlington Refurbishment Project.

5.10 OPG will notify the Minister in advance of any new debt issuances or changes to existing debt arrangements.

6 PERFORMANCE EXPECTATIONS

6.1 Operational Expectations

6.1.1 OPG shall operate its electricity and generating assets safely, efficiently and cost-effectively, and in accordance with all applicable safety and environmental regulations and standards.

6.1.2 OPG shall pursue cost-effective and efficient operational improvements that maintain the reliability of operations, the safety and security of OPG assets, employees and the public. This includes integrating considerations for projected impacts of climate change into operations and planning.

6.1.3 OPG shall undertake periodic benchmarking appropriate for its operations and type of assets, including as part of its submissions to the Ontario Energy Board.

6.1.4 OPG shall operate its Ontario based portfolio of electricity and generation assets in a manner that contributes to Ontario’s and Canada’s environmental objectives.

6.1.5 OPG shall ensure that a system is in place for the creation, collection, maintenance, and disposal of records in accordance with corporate policy, guidelines and best practices.

6.1.6 OPG shall make information targeted to the general public available in French where it meets a need to do so.

a. Recognizing that OPG's direct interaction with the public is often limited to regional or host community communications or broader public safety, OPG shall make information available in French only if reasonable in the circumstances.

b. For greater clarity, OPG shall provide the following services and products in French: advertising, news releases and educational materials where it meets a need to do so. As well, public safety communications, annual financial reports and educational materials will be provided in French and French speaking spokespeople will be made available as required for public and media interaction. French language products will be listed under a specific heading on the OPG web site.

c. This list shall be reviewed by OPG annually.

6.1.7 OPG shall support pursuing energy efficiency improvements in its operations where economic.

6.1.8 OPG shall also continue to report on its energy efficiency results in its annual Sustainability Report.

6.2 Financial Expectations

6.2.1 As an OBCA Corporation and reporting issuer with a commercial mandate, OPG shall operate on a financially sustainable basis, earning a commercial rate of return in order to be able to service its current and future liabilities, to support the appropriate level of capital spending and to maintain or increase the value of its assets for its Shareholder.

6.2.2 OPG shall finance project investments and its operations in a prudent and cost-effective manner.

6.3 Compensation

6.3.1 OPG shall annually inform the Shareholder about its compliance with applicable legislation and regulations governing employee compensation.

6.3.2 Subject to paragraph 6.3.3, as set out in section 137 of the OBCA, the board of directors may fix the remuneration of the directors, officers and employees of the corporation.

6.3.3 Any changes to OPG's executive compensation program must comply with applicable legislation and regulations governing executive compensation.

6.3.4 OPG shall notify the Shareholder of any plans to change director remuneration policies prior to finalizing said policies.

7 LABOUR NEGOTIATIONS

7.1 In advance of commencing discussions for the renewal of its collective agreements with its unions, OPG shall seek advice from the Ministry on Provincial policy direction and relevant fiscal considerations affecting labour negotiations in the broader public and/or energy sectors.

7.2 OPG shall present any bargaining mandates to the Ministry. The Ministry will advise OPG on process for obtaining Treasury Board approval, as applicable.

7.3 When a collective agreement has been negotiated, OPG shall inform the Ministry of the results and details of the collective agreement prior to ratification. The Ministry will advise OPG on process for obtaining Treasury Board approval, as applicable.

7.4 When a collective agreement has been ratified, OPG shall inform the Ministry of the results and details in a timely manner.

8 COMMUNICATIONS

8.1 The OPG Board of Directors and the Minister shall meet as needed to enhance mutual understanding of interrelated strategic matters.

8.2 OPG's Board Chair, OPG's President and Chief Executive Officer and the Minister shall meet on an as needed basis.

8.3 OPG's President and Chief Executive Officer and the Deputy Minister shall meet on a regular and as needed basis on matters of mutual importance.

8.4 OPG's senior management and Ministry senior officials shall meet on a regular and as needed basis to discuss new and ongoing issues, discuss strategic business objectives and OPG's performance, and to clarify expectations or to address emergent issues.

8.5 The Shareholder shall specifically seek OPG's input on policies that may impact OPG, when and as appropriate.

8.6 OPG shall consult with the Ministry, as appropriate, on key communication issues that may affect the Ministry or OPG. OPG shall keep the Ministry informed, as appropriate, of the key communication issues in a timely manner, and in advance if it is possible or appropriate to do so, having regard to the seriousness of the key communication issue.

8.7 OPG shall periodically share with the Ministry, a plan that outlines the company's scheduled marketing and communications efforts.

8.8 In all other respects, OPG shall communicate with government ministries and agencies in a manner typical for an Ontario Corporation of its size and scope to ensure a timely flow of information. OPG shall keep the Ministry informed, as appropriate, of the its communications with other government ministries in a timely manner.

9 TERM OF THIS AGREEMENT

9.1 The terms of this MOA may be added to, deleted, varied or amended from time to time, only with the written consent of both parties.

9.2 Subject to paragraph 9.2.1 of this MOA, this MOA shall be in effect for five years from the date of execution by the Minister, and the Shareholder and the OPG Board Chair shall endeavour to renew or revise this MOA by the expiry date, or earlier, as required.

9.2.1 Despite section 9.2 of this MOA, the provisions of this MOA, as may be amended from time to time, shall continue to be in effect until the renewed or revised MOA is executed by both parties.

9.3 The Shareholder and the OPG Board Chair shall reaffirm this MOA for continuance with a change in either the Minister or Chair, and such reaffirmation may be done by letter and such letter shall be considered part and parcel of this Agreement as if the party or parties reaffirming the MOA had duly signed and executed an amendment to the MOA.

9.4 This MOA shall be posted publicly on OPG's website.

SIGNATURES

Wendy Kei
Board Chair
Ontario Power Generation, Inc.

August 27, 2021
Date

Honourable Todd Smith
Minister of Energy

September 3, 2021
Date

APPENDIX 1: STATUTES OF PARTICULAR APPLICATION

Accessibility for Ontarians with Disabilities Act, 2005
Auditor General Act
Broader Public Sector Accountability Act, 2010
Broader Public Sector Executive Compensation Act, 2014
Business Corporations Act
Electricity Act, 1998
Freedom of Information and Protection of Privacy Act
Ontario Energy Board Act, 1998
Public Sector Compensation Restraint to Protect Public Services Act, 2010
Public Sector Expenses Review Act, 2009
Public Sector Salary Disclosure Act, 1996
Public Sector and MPP Accountability and Transparency Act, 2014

APPENDIX 2: APPLICABLE TB/MBC/MOF DIRECTIVES

Compensation Arrangements Compliance Report Directive
Perquisites Directive
Procurement Directive
Travel, Meal and Hospitality Expenses Directive
Ministers' Staff Commercial Transactions Directive
Broader Public Sector Executive Compensation Program Directive
Broader Public Sector Compensation Information Directive

Note: Amended, revised or successive versions of the directives listed above continue to apply to OPG. Where a directive applies, all associated policies, procedures and guidelines also apply.

Letter / Statement of Affirmation
Pertaining to the Memorandum of Agreement, Effective September 3, 2021, Between His Majesty the King in right of Ontario, as represented by the Minister of Energy and Mines (formerly known as Her Majesty the Queen in right of Ontario, as represented by the Minister of Energy) ("Shareholder") and Ontario Power Generation Inc. ("OPG")

WHEREAS the Shareholder and OPG entered into a memorandum of agreement effective September 3, 2021 ("MOA"), which established the accountability relationship between the Shareholder and OPG;

AND WHEREAS section 9.3 of the MOA requires that the Minister of Energy and Mines and the OPG Board Chair shall reaffirm this MOA for continuance with a change in either the Minister of Energy and Mines or OPG Board Chair and that such reaffirmation may be done by letter;

AND WHEREAS Stephen Lecce was appointed as Minister of Energy and Mines on March 19, 2025;

NOW THEREFORE, in accordance with the above-noted requirement, we, the undersigned, affirm that the attached MOA continues to remain in force and effect.

September 22, 2025

Stephen Lecce
Minister of Energy and Mines

Date

March 27, 2025

Wendy Kei
Board Chair
Ontario Power Generation Inc.

Date

Summaries of Internal Audits Completed Since Q4 2020

Audit Title	Report Rating	Finding	Management Action Plans ("MAPs")
20-06 CIO Insider Threat Data Loss Prevention (ARC 2020 Q4)	[redacted]	[redacted]	[redacted]

Summaries of Internal Audits Completed Since Q4 2020

Audit Title	Report Rating	Finding	Management Action Plans ("MAPs")
		[redacted]	[redacted]

Summaries of Internal Audits Completed Since Q4 2020

Audit Title	Report Rating	Finding	Management Action Plans ("MAPs")
20-19 Renewable Generation and Power Marketing ("RGPM") Asset Management & Maintenance Follow-up (ARC 2020 Q4)	Generally Effective (White)	A significant number of maintenance Work Order Tasks (“WOTs”) remained backlogged, including Priority 1 (“P1”) WOTs.	Management will: 1. Revisit the priority definitions for WOTs including the following; • For P1 WOTs, provide clarity for consistent and accurate assignment in this category; and • In the event that a P1 WOT requires planning for a permanent or longer term solution, encourage workers to document the findings of that assessment in AS7, with consideration given to the appropriateness of the classification of the WOT and revise accordingly, with updated completion dates being established; 2. Clarify the timeframe for completing WOTs, for each priority level, and management’s expectations around WOT backlog (e.g. what level of backlog is considered acceptable). Update RG-PROC-MA-0002 to include the clarification as appropriate; 3. Establish an aging report to identify and prioritise the review of backlogged P1 tasks to confirm the priority rating was assigned accurately and follow-up on the reasons for the backlogs; and 4. Re-emphasise the definitions of the priority codes so that there is consistent classification and completion of work order tasks by all stations. **Status: Closed**
		Equipment criticality codes were not yet included in AS7 for some equipment records.	RPGM Management will reinforce with workers the expectations that criticality codes are to be assigned to all equipment, identify the equipment with missing criticality information, and track criticality code assignment to completion. **Status: Closed**

Summaries of Internal Audits Completed Since Q4 2020

Audit Title	Report Rating	Finding	Management Action Plans ("MAPs")
20-21 Nuclear Asset Management-Equipment Reliability & Maintenance (ARC 2020 Q4)	Effective (Green)	Assigned Work Order ("WO") priorities in AS7 are not reflective of the level of effort required for action.	Darlington and Pickering Nuclear Station's Management will perform a self-assessment on the outstanding WO Backlog in AS7, which was priority coded through N-PROC-MA-0008, and ensure they are appropriately priority coded. (AR 28238508 for DNGS and AR 28238518 for PNGS). **Status: Closed**
		Action plans in health reports are not always updated in System IQ.	Darlington and Pickering Nuclear Station's management will share audit findings with the Performance Engineering and Component Engineering departments as part of the pre-job brief for the Q4-2020 SHR and PHRs that are to be prepared in January 2021. Department Manager will review a random sample of Q4-2020 and Q1-2021 SHRs and PHRs to confirm information is updated. This random sample review will be added as an agenda item for the Engineering Review Board meetings for both the DNGS and PNGS Stations over Q1-2021 and Q2-2021 to ensure that the information contained in SHRs and PHRs are updated. **Status: Closed**
20-25 Pickering Safestore Program Audit (ARC 2020 Q4)	Generally Effective (White)	Overarching risk-based project strategies and controls were not sufficiently defined for the Pickering Safestore program.	Develop and roll out to the Safe Storage organization the Project Controls Plan. The plan will define the expectations or requirements for the program and projects within the program where they differ from those of the standard project governance. **Status: Closed**
			Update the Safe Storage Program PMP to align with the project controls plan and current governance, program plans and strategies. **Status: Closed**
		The Safe Storage program progressed through project phasegates without completion of some pre-requisite deliverables.	Perform an execution readiness PDRI. **Status: Closed**

Summaries of Internal Audits Completed Since Q4 2020

Audit Title	Report Rating	Finding	Management Action Plans ("MAPs")
			Update the Safe Storage phase gating Pickering Safestore Review board ("PSSRB") presentation template to include a listing of any outstanding deliverables, target completion dates and associated justification and risk for non-completion. **Status: Closed**
20-27 Darlington Nuclear Refurbishment ("DNR") Quality Oversight (ARC 2020 Q4)	Generally Effective (White)	There is a lack of evidence to demonstrate that vendors are sufficiently closing corrective actions.	1. Track to completion a selected number of high severity observations documented in the Master Observation Repository (MOR) with vendor corrective actions. The purpose of the review is to determine whether the vendor took the appropriate course of action in closing out their corrective action; and 2. Update the Darlington Refurbishment Program Quality Surveillance Guide (NK38-GUID-09701-10038) to document this requirement. **Status: Closed**
		Document change control in SAWPLO oversight planning was not implemented.	1. Review the Annual Plan on a regular basis to ensure alignment with the P6 schedule (particularly the Window Start and Finish dates) and issue new revisions on an as needed basis to document changes to the plan; 2. Ensure that updates to Window Plans are revision controlled; and 3. Update the Darlington Refurbishment Program Quality Surveillance Guide (NK38-GUID-09701-10038) to document this requirement. **Status: Closed**
		There is a lack of documentation to validate that the planning and reporting of some field surveillance activities were consistently executed.	Management has already taken action to implement a new oversight checklist that addresses the gaps found during the audit. The new oversight checklist includes specific sections for oversight to be performed, surveillance details, and adjustment to the checklist to reflect that the document was sent to PM to address the gaps found in Unit 2. **Status: Closed**

Summaries of Internal Audits Completed Since Q4 2020

Audit Title	Report Rating	Finding	Management Action Plans ("MAPs")
		Some Quality Oversight staff did not complete training linked to their role qualifications.	1. QM management will ensure that staff linked to supplementary qualification complete the qualification; and delink employees who are not required to complete qualification. 2. The Balance of Plant Management has linked all individuals to the required training qualifications with the intent to complete as noted above. **Status: Closed**
20-28 DNR U2 Cost Allocation (ARC 2020 Q4)	Generally Effective (White)	Expenditures incurred in connection with the Unit 2 refurbishment, equal to the amount of the credit note issued by CanAtom, were reflected as advance payments for future refurbishment activities on subsequent units.	1. On an ongoing basis, cost forecasts will continue to include all contract related elements that are paid or recovered from CanAtom under the Re-tube & Feeder Replacement ("RFR") contract. Management will also provide visibility on the impact of the commercial settlement within DNR reporting to the Darlington Refurbishment Committee ("DRC"), including amounts earned back and impacts on the overall cost forecasts and contingencies. **Status: Closed**
			2. Potential outcomes under the final Commercial Settlement will be reviewed with the DRC at the March 2021 Darlington Refurbishment Program Management Meeting. **Status: Closed**
		Inconsistent level of detail of some Estimate at Completion ("EAC") variance explanations in quarterly Darlington Nuclear Refurbishment ("DNR") reports.	Management will ensure that a consistent approach is taken to provide relevant period-over-period variance explanations for forecast changes to ensure the DRC has an understanding of the drivers related to the change. **Status: Closed**
		Contingency for Unit 2 was not drawn in a manner consistent with the timing of associated costs being incurred.	As part of the project close out process for Unit 2, management will undertake a reconciliation of remaining contingency and ensure any distribution to appropriate cost accounts is completed as appropriate. **Status: Closed**

Summaries of Internal Audits Completed Since Q4 2020

Audit Title	Report Rating	Finding	Management Action Plans ("MAPs")
			As part of the controls framework established for subsequent units, management has augmented the monthly risk review process to include a quantitative risk assessment to enhance reporting of risks, available contingencies and forecasts. **Status: Closed**
			Contingency usage and risks are currently in place for DRC and management reporting. Management will ensure that the consistent reporting of contingency and risks continues. **Status: Closed**
21-01 2020 Business Expenses for Board of Directors (ARC 2021 Q1)	Effective (Green)	N/A: No Findings	N/A: No Findings
21-02 Treasury Financing & Operations (ARC 2021 Q2)	Effective (Green)	Periodic reviews of user access to the banking systems supporting bank accounts were not consistently performed.	Treasury will: 1. Remind all user groups of the need to advise Treasury of any changes in bank-system access requirements on a timely basis, with periodic reminders being provided; and 2. Implement a process to review user access to all banking systems on an annual basis at minimum, and confirm with non-Treasury user groups the continued need for access for users within their groups as part of that review process. **Status: Closed**
		A listing of pension cheques which have been issued but not yet cashed is not maintained, and the value of stale-dated cheques unknown.	1. Treasury will identify a Banking Operator for the Pensions account. **Status: Closed**
			2. Pension & Benefits group will collaborate with Pay Services to reconcile the balance in the Scotiabank A/c # 47696-02971-19, including itemizing a listing of cheques outstanding at the time of the reconciliation. Going forward, management will prepare and review a reconciliation of the account on a monthly basis. **Status: Closed**

Summaries of Internal Audits Completed Since Q4 2020

Audit Title	Report Rating	Finding	Management Action Plans ("MAPs")
21-03 Business Case Summary (ARC 2021 Q4)	Requires Improvement (Yellow)	Review and performance activities within BCSs were inconsistently executed.	1. A combined Gate Progression Form/Business Case Summary module is currently being tested within ePMX This module will ensure the following: • Life-to-date (“LTD”) amounts are aligned to financial systems; • Automated workflow to link to and notify Finance to release funding, once the BCS is approved (and exploring feasibility of linking directly to funding release in a future module); and • Automated workflow to ensure the preparation and record-keeping of the Gate Progression Form, prior to BCS approval. Additional enhancements to the Digital BCS is planned to include the following: • Constraint to verify OAR Element against the approved Business Plan; • Constraints to ensure Costing tables totals are aligned; and • The requirement to include the basis of estimate to support the BCS. In addition, we will explore feasibility of using ePMX to address the in-budget vs. out-of-budget observation in a future module. **Status: Closed**
			2. Investment Management to provide a guidance roll-out for BCS Stakeholders/approvers to reinforce expectations on the following: • Finance’s role in approving BCSs and guidance on best practices in reviewing; • OAR Signatory and Element identification; • Executive Authority Approval identification; and • Gate Progression Form requirements. **Status: Closed**

Summaries of Internal Audits Completed Since Q4 2020

Audit Title	Report Rating	Finding	Management Action Plans ("MAPs")
		The Post Implementation Review ("PIR") Procedure had not been reviewed since 2010, and its requirements were not consistently applied.	The procedure will be reviewed and updated with an enhanced process. The roll out of the new procedure will include communication with key stakeholders regarding expectations. **Status: Closed**
		BCS guidance documents and rates used for project assessment were not periodically updated.	Management plans to formalize the review process and update the BCS Toolkit to remove any perceived inconsistencies. **Status: Closed**
21-04 Network Security, Threat & Vulnerability Management (ARC 2021 Q3)	[redacted]	[redacted]	[redacted]

Summaries of Internal Audits Completed Since Q4 2020

Audit Title	Report Rating	Finding	Management Action Plans ("MAPs")
		[redacted]	[redacted]
21-05 Bruce Power Ring Fence (ARC 2021 Q1)	Generally Effective (White)	Two individuals were not removed from the Ring Fence Staff List after joining the Energy Markets team.	Energy Markets management will implement an onboarding check to ensure that individuals joining the EM team from other OPG groups are not on the BPRF staff list, and that the individual no longer has access to BPRF information. **Status: Closed**
		System access reviews were not performed for Curator and Documentum for 2019.	All electronic ring-fenced information is now centralized to a single electronic storage location (i.e. Documentum). Quarterly reviews resumed in Q3 2020, and continue to be performed by CIO. **Status: Closed**

Summaries of Internal Audits Completed Since Q4 2020

Audit Title	Report Rating	Finding	Management Action Plans ("MAPs")
21-06 Asset Suite Upgrade Project (ARC 2021 Q4)	Effective (Green)	The Project Management Plan was not fully completed, reviewed and approved prior to Execution.	CIO IT Projects management will submit a Document Change Request to update IT Project Management governance with the requirement that unclear or evolving elements in project artifacts are clearly identified as such, when submitted for review and approval. **Status: Closed**
21-08 Shared Services Re-Imagine 2.0 (ARC 2021 Q4)	Generally Effective (White)	Target measures in the Post Implementation Review plan were not directly aligned with the potential project benefits.	Management will assess whether the savings identified in the value tracker will result in sustained productivity improvement, and document the assessment in the PIR. **Status: Closed**
		Scope definition and detailed design were not completed for two initiatives even while the Re-Imagine 2.0 project was well into execution.	Management will: 1. Complete the planning phase deliverables for the two initiatives. If it is determined that Assess Finance will not be delivered as part of Re-Imagine 2.0, a change control form will be prepared. 2. Work with the CIO Project Management organization to update the IT Project Management Guideline (OPG-MAN-08120-0002) to incorporate control expectations around the use of Agile PM methodology. **Status: Closed**
21-12 Environmental Management System ("EMS") Internal Audit Program (ARC 2021 Q2)	Effective (Green)	N/A: No Findings	N/A: No Findings
21-13 Relocation Expenses and Property Management (ARC 2021 Q2)	Generally Effective (White)	Procedural governance and relocation brochures are outdated and require review.	Real Estate Management will: 1. Register OPG-STD-0120 in the GOD, and assign owners and reviewers responsible for the Standard; 2. Work with Labor Relations to determine the appropriate course for the relocation brochures for represented staff, and implement the changes as appropriate; and 3. Update ERS internal procedures / forms, and the Real Estate intranet site. **Status: Closed**

Summaries of Internal Audits Completed Since Q4 2020

Audit Title	Report Rating	Finding	Management Action Plans ("MAPs")
		Purchase guarantee home values were not determined in a consistent manner.	Real Estate Management will define procedures on how PG values will be determined, and apply the procedure when offering PG values to employees. **Status: Closed**
		Automation opportunities exist in the employee relocation process to reduce manual effort.	Real Estate Management will work with SSO to discuss the possibility for SSO to own the employee relocation program starting year 2022. Once the future ownership of the relocation program is determined, the relocation team will review the required work with Shared Services to identify and implement appropriate and additional monitoring opportunities. **Status: Closed**
21-14 Fleet Management (ARC 2021 Q2)	Requires Improvement (Yellow)	Business Unit (“BU”) Managers did not always fulfill their responsibilities to secure, maintain and monitor usage of fleet assets.	Supply Chain will work with Human Resources to implement a CBT course around the Fleet Management Procedure (OPG-PROC-0162) in MyPower Learning, and require BU Managers and fleet asset owners to complete the training annually. In addition, Management will also review the Fleet Management Procedure to identify opportunities to reduce administrative burden for both Supply Chain and BU Managers. **Status: Closed**

Audit Title	Report Rating	Finding	Management Action Plans ("MAPs")
		Lease-versus-buy analysis was not performed as required, and some fleet assets were not acquired through the Fleet Management group.	Supply Chain Management will ensure that: 1. Fleet Management governance is updated to clarify the expectation to prepare lease-versus-buy analysis. In particular, the analysis is required for certain types of assets (e.g. non-standard assets), but not others such as passenger vehicles; 2. FMS and Procurement Specialists require BU Managers to produce the lease-versus-buy analysis for applicable assets (e.g. non-standard assets), before the asset can be leased or purchased; and 3. Guidance to BU Managers will be reinforced, annually through the Fleet Management CBT, on the expectation to prepare lease-versus-buy analysis for non-standard assets, and the need to inform FMS when assets were purchased through the Procurement Specialists so that fleet inventory can be updated. **Status: Closed**
		BU Managers were not informed when employees used the OPG Motor Pool (Enterprise CarShare).	1. Subsequent to the audit fieldwork, Supply Chain Management worked with Enterprise CarShare to require users to acknowledge, in the CarShare program website, the terms of the program (e.g. non-business usage of vehicles is not allowed) before users can make vehicle rentals. **Status: Closed**
			2. Supply Chain Management will also work with Enterprise CarShare to develop a process to inform employees' supervisors whenever a motor pool vehicle is used. This could be through automation where emails are sent to the employee's supervisor when a motor pool vehicle is checked-out and returned. If automation is not practical, FMS will investigate other avenues to ensure employees' supervisors are informed of the motor pool usage, which could include charging the usage costs directly to the employee's credit card, and/or forward the Enterprise monthly consolidated invoices to the employees' supervisors for information. **Status: Closed**

Audit Title	Report Rating	Finding	Management Action Plans ("MAPs")
		Fleet assets' utilization was not monitored and some assets were underutilized.	FMS will publish metrics, by business unit, identifying under utilized assets and share these metrics with the Controllership and Business Unit Leaders annually to facilitate their oversight. **Status: Closed**
		Some employees used premium fuel for fleet assets although not required, resulting in higher costs to OPG.	FMS will update OPG-PROC-0162 to clarify that regular unleaded should be used for fleet assets. In addition, metrics will be published to identify premium fuel usage, and FMS will share these metrics with the Controllership and Business Unit Leaders every six months to facilitate their oversight. **Status: Closed**
21-15 Consulting Services Procurement (ARC 2021 Q3)	Generally Effective (White)	The potential value of one work assignment communicated to proponents was significantly different from the eventual purchase order ("PO") issued.	Management will: 1. Revise governance to include guidance to be considered when establishing an "opportunity value" when advertising RFPs in Ariba Discovery; 2. Assess the feasibility of adopting automation to link AS7 PO value to the advertised opportunity value in Ariba Discovery; and 3. Define processes for Purchasing Agents to follow in situations where the "opportunity value" advertised for an RFP differs significantly from the PO value. **Status: Closed**
		One instance was noted where consulting services of $60,000 was not competitive sourced, and Single Source Justification was not prepared.	Management will: • Reinforce with BU Requisitioners and require them to conduct secondary stage competition before consulting services work is assigned to Masters Agreement or Vendor of Record suppliers; and • Work with BU Requisitioners to complete the OPG-FORM-0003 retroactively for the PO where required. **Status: Closed**

Audit Title	Report Rating	Finding	Management Action Plans ("MAPs")
		Evaluation documents of vendors' proposal were not consistently signed-off by Supply Chain and the requisitioner.	Management will continue with the annual self-assessments on Purchasing Agents' compliance with OPG-PROC-0058, and share observations from the assessment with the Purchasing Agents and Senior Managers to continuously improve. In addition, management will explore the possibility of including a system workflow that will ensure that a signed evaluation matrix is on file before POs are issued. **Status: Closed**
21-17 Water Management and Dam Safety Audit (ARC 2021 Q1)	Generally Effective (White)	There was no established centralized tracking process to ensure actions have been taken to address dam safety review recommendations.	A standardized process is being developed for RGPM to track, monitor, and assign action items, including DSR recommendations. To improve the tracking, a unique identifier will be assigned to DSR recommendations, that can be used to track the work assigned in AS7 modules. DSR recommendations recorded in the DataCube system will include the unique identifier and status (e.g. not started, on-going or completed) including assignment and a planned completion date. Management will consider whether opportunities for automated tracking of DSR recommendations to source systems is feasible, and determine whether the benefits of such automation would outweigh any incremental set-up costs, bearing in mind the RGPM systems road map for future developments and the timeline for such benefits to arise (e.g. the potential move from AS7 to AS9). **Status: Closed**
		Regulator's agreement to the deferral of due dates for Annual Compliance Reports and Implementation Reports were not always documented, and the reports were not prepared in a consistent format.	A review of the Annual Compliance Reports will be performed to identify opportunities to improve consistency among the Operations groups with the documentation that is provided and establishing a common format. Management will reinforce the need for written confirmation of agreed to deferrals of submission dates and other similar agreements that may be verbally conveyed by the MNRF. In some cases this may be in the form of an email from OPG to the MNRF memorializing the conversation. **Status: Closed**

Summaries of Internal Audits Completed Since Q4 2020

Audit Title	Report Rating	Finding	Management Action Plans ("MAPs")
21-18 Darlington Outage Management (ARC 2021 Q4)	Generally Effective (White)	There are discrepancies with Key Performance Indicators ("KPIs") being reported from different sources.	Management will perform a Self-Assessment to review in-house outage preparation and execution metrics and confirm their suitability for continued use for future outage project monitoring. Custom Designed and In-house outage preparation and execution metrics are used by Darlington site to provide metric drill down capability and a user-friendly Graphical User Interface ("GUI"). The metric also offers capability to identify discrepancies with CASSI reporting metrics and initiate data issue identification and resolution. **Status: Closed**
		Industry and OPG outage scope completion targets were not achieved and there is a scope variance on the current outage in progress.	Scope Variance Improvement initiatives to address this gap have been captured under 2021 GDAR KPIs managed by Fleet Work Management such as: 1. Review all existing Work Requests (WRs) and Work Orders (WOs) prior to the Scope Freeze Date to establish the approved scope for the Planned Outage to prevent later scope injections which would result in a reduction to Scope Variance for that Planned Outage. 2. Outage Managers to follow newly revised MA-13 R19 updated in the fall of 2020 to include more exception codes to be used for Work Orders that are removed from Outage Scope for being either duplicate WOs or Cancel as not required. 3. Outage managers will identify WOs that are injected after SF due to Senior Management Decisions. This will allow an assessment of the impact of these on scope variance. 4. Fleet Outage (CFAM) to conduct discussions and benchmarking on the Planned Outage Scope Variance KPI metric with the COG Group including Outage Managers from both Bruce Power and New Brunswick Power. **Status: Closed**

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Audit Title	Report Rating	Finding	Management Action Plans ("MAPs")
			Scope Completion Action: Establish optimized Scope threshold for D2421 to support successful scope completion considering available resource profile forecast. **Status: Closed**
		There is no documented interface for assigning deferred Work Orders from the Station to Refurbishment business unit.	A strategy Memorandum of Understanding will be prepared between the Darlington Operations and DNR organizations, describing the process for transferring deferred WOs. This work will be considered for potential scope for refurbishment outages, and consideration will also be given as to whether the benefits of an automated solution between OMS and ROOMS would outweigh the costs of development and implementation. **Status: Closed**
		Planned Budgeted Focused Outage KPIs are not included in the Functional Area reports.	Management will update FAS to include Planned Budgeted Focused Outage Tier 1 metrics which include Safety / Schedule / Cost / Quality. **Status: Closed**
21-19 CANDU Owners Group Audit (ARC 2021 Q1)	Generally Effective (White)	The OPG R&D Advisory committee may not be achieving all of its defined objectives.	1. Management has developed and issued an annual survey to gather input from applicable Darlington and Pickering facility leaders on station needs for OPG's R&D focus areas over the next three to five years. This information was shared with TCRs in the Q1 2021 R&D Advisory meeting for their consideration into the 2021-2022 COG R&D Program. **Status: Closed**

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Audit Title	Report Rating	Finding	Management Action Plans ("MAPs")
			2. Management will clearly define a framework for value assessment and tracking through N-PROC-MA-0092 and associated guides by defining roles and accountabilities of the TCRs, Program Owner and R&D Advisory Committee members. Specific focus areas include tracking project deliverables, project implementation at applicable site(s) and benefit/value assessments. **Status: Closed**
		Some Technical Committee Representatives (TCRs) did not complete their responsibilities for developing the annual COG R&D Program.	In alignment with the revision and roll-out of N-PROC-MP-0092 (see management actions in Finding 1), management will define clear roles and accountabilities for site SPOCs, TCRs and the Program Owner in order to improve R&D project and deliverable tracking, by conducting a monthly review of the TCRs performance as it relates to the review of reports and disposition of comments to identify trends in late commitments and resolve issues as required. **Status: Closed**
		An OPG framework to manage and oversee all COG-related activities requires revision and fleet-wide rollout.	Management will revise N-PROC-MP-0092 in order to define the process for the management and oversight of strategic R&D programs, roles and responsibilities of JP Owners (both R&D and non-R&D) and Line Management, and roles and accountabilities of the Program Owner for JPs in respect of performance. **Status: Closed**
		There was no consistent process to assess whether joint projects being proposed by COG or being pursued by OPG were already a part of the COG membership benefits.	Management will implement a checklist for JP proposals which will detail member benefits and confirm that new JPs are not covered within the bounds of the membership fee. JPs owners will be required to complete the checklist prior to obtaining COG SPOC approval. **Status: Closed**

Audit Title	Report Rating	Finding	Management Action Plans ("MAPs")
21-21 Right Work, Right Time, Right Value ("RWRTRV") - Station Productivity Initiative (ARC 2021 Q3)	Requires Improvement (Yellow)	Key Performance Indicator ("KPI") reduction targets outlined in the Right Work, Right Time, Right Value ("RWRTRV") Charter were aspirational, and no progressive criteria was established to assess results.	Management will continue to work with site Maintenance managers to further review, develop, and document initiatives which will continue to improve/sustain Maintenance Efficiencies. Part of this review will include the determination of future Maintenance measures and targets. Any revised measure and targets will be included in the 2022 Power BI reporting platform. **Status: Closed**
		Formal close-out of completed sub-initiatives was not performed and documented.	CFAM Management will prepare a close-out report of the completed initiatives and sub-initiatives before year-end. The report will evaluate if the RWRTRV met the objectives; initiatives have been completed and tasks that can be reviewed further; and what went well and opportunities to improve. The report will be presented at a senior leadership meeting (e.g. Site Excellence Meeting). **Status: Closed**
		Some KPIs outlined in the Charter were not consistently reported to the Nuclear Executive Committee ("NEC") as the overall initiative progressed.	Management will, as part of the close-out report, include a summary of the current achievements and progress against the KPI's and where deemed appropriate, document the rationale for dropping KPIs from the original Charter, and report the results to Senior Leadership and other applicable stakeholders. **Status: Closed**
		Initiative-wide risks documented in the Charter were not formally tracked and dispositioned within the initiative risk register.	Management will include the risks from the Charter for the RWRTRV initiative and monitor and respond to these risks if they impact the objectives of the successful completion of this project. The requirement to capture Charter risks in a risk log and where they should be recorded (e.g. ePMX or Sharepoint) will be included in governance and/or guides for future projects. **Status: Closed**

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Audit Title	Report Rating	Finding	Management Action Plans ("MAPs")
21-23 Retube and Feeder Replacement Project – Darlington Nuclear Refurbishment ("DNR") Unit 3 (ARC 2021 Q2)	Effective (Green)	Risks associated with the adoption of the One Team Approach were not formally tracked within the risk register.	Management will formally document the risk associated with the One Team Approach in ePMX with RFR CanAtom. The risk will be periodically monitored to ensure that proactive and preventative actions are taken in response to emerging circumstances. **Status: Closed**
		Tooling Management Plan governance does not include formal guidelines for multiple series during overlap.	RFR Project Management will work with CanAtom to update the RFR Tool Management Plan (and associated plans as required) to include guidance on multiple series during overlaps, including reassessment of tooling quantities and deployment schedules. **Status: Closed**
21-24 Unit 1 & 4 Planning & Readiness Review (ARC 2021 Q3)	Effective (Green)	Different Quantitative Risk Assessment ("QRA") confidence levels were achieved when compared to Unit 2 and Unit 3 working schedules for their execution estimate releases.	The duration of the working schedule (P20/P17 for U1/U4, respectively), medium confidence duration for U1 (P50), and the high confidence schedule (P90) have been provided in the U1EE memorandum to the Board of Directors. **Status: Closed**
			Management will continue to capture lessons learned after each major work window and segment, including those executed on the refurbishment of U3. Management will evaluate these lessons learned and incorporate adjustments in U1's forecast schedule and, depending on timing, U4's baseline schedule that will be published at U4EE. **Status: Closed**
		General Electric has not yet issued their Revision A and 0 schedules for the engineering contract related to Turbine Generator ("TG") modification works, resulting in potential schedule risks related to engineering deliverables and execution phase durations.	Upon receipt of the Level 2 and 3 GE schedules, management will evaluate their impact on the overall schedule and, if necessary, implement mitigation plans to avoid any impact on the overall durations. Management will report on status of this on an ongoing basis. **Status: Closed**

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Audit Title	Report Rating	Finding	Management Action Plans ("MAPs")
21-25 DNR Tools and Consumables (ARC 2021 Q1)	Generally Effective (White)	Inadequate control over tools that are issued and remained active past their calibration, and/or inspection date.	1. Fleet Maintenance Programs will work with Human Resources & CMO to acquire the correct vendor information by employee number (worker employer name, hire/rehire dates, termination date, and supervisor contacts) required to enhance the TCS Overdue Tool Notice auto email process. Fleet Maintenance will also work with the CMO groups to identify the correct level of OPG CMO contact to receive these notifications going forward to continuously monitor and manage contractor progress to ensure improved performance. **Status: Closed**
			2. CMO Management will establish a process to following up with vendor leadership when overdue tools are more than 14 days past due. **Status: Closed**
			3. Management created DCR # 0000156616 against N-PROC-MA-0015 R002 Tool Control, to remove statement (a) from Section 1.4.1.1 of the procedure which states that “Unless otherwise approved by CMO, contractors requiring tools shall have stores tools issued through a CMO representative only.” This procedure is misaligned with the current process and objective of the ITC where efficiency gains are produced by enabling the withdrawal of tools directly by vendor workers. **Status: Closed**
		Dispensed and unreturned coveralls were not tracked and dispositioned where appropriate.	1. Management will utilize the Unitech/ OPG Inventory process to reconcile the number of coveralls. Monthly counts with “on-hand” trending. **Status: Closed**
			2. & 3: Management is pursuing acquiring coverall dispensing machines to ease the administrative burden and have better traceability on coverall usage. (Refer to Risk 1298 in the EBx database). **Status: Closed**

Summaries of Internal Audits Completed Since Q4 2020

Audit Title	Report Rating	Finding	Management Action Plans ("MAPs")
			4. Management is pursuing acquiring coverall dispensing machines, therefore the contract with Crossby Dewar will not be renewed after it expires in July 2021. **Status: Closed**
21-26 Darlington Nuclear Refurbishment ("DNR") Program Initiatives (ARC 2021 Q4)	Generally Effective (White)	Benefits associated with the Strategic Improvement Initiatives were not consistently measured and reported.	Management will complete a report on the Strategic Improvement Initiatives with the aim of assessing the extent of benefit realization. **Status: Closed**
		Information in management reporting for Functional Initiatives was not always accurate and consistent.	Management will establish an expectation for identifying KPIs which will be used to track the progress of the initiatives. KPIs will be SMART and linked to measurable criteria. **Status: Closed**
21-27 Advanced Inspection & Maintenance ("AIM") Project Management & Execution (ARC 2021 Q4)	Effective (Green)	N/A: No Findings	N/A: No Findings
21-31 Shared Services Re-Imagine 1.0 (ARC 2021 Q4)	Not Effective (Red)	Some of the Re-Imagine 1.0 workstreams have either not fully met Line of Business requirements, and/or have not been adopted in business processes.	1. For workstreams where delivered solutions did not entirely meet the BRD requirements, Management will engage the business groups to perform a LL exercise. As part of the LL, Management will: • Review the solutions that Re-Imagine 1.0 delivered (e.g. whether they continue to meet business needs); • Identify the high-level requirements that were not addressed through the project and determine whether they are still needed by the business units, and • Assess whether additional work is required to resolve the requirements that were not addressed by Re-Imagine 1.0, so they could be considered for future base-support and/or inclusion in the project portfolio for prioritization. **Status: Closed**

Audit Title	Report Rating	Finding	Management Action Plans ("MAPs")
			2. For the Finance Legal Consolidation workstream, Management is in the process of getting BPC Consolidation operational by entering historical financial results into the system, and resolving differences between the system output and the official results manually prepared. Management will define a plan to adopt BPC Consolidation, including defined milestones for the following activities: • Entering 2021 financial results into BPC consolidation; • Performing parallel run for several quarters (with BPC consolidation and manual consolidation being performed concurrently); • Resolving differences from the parallel run; and • Go-live. **Status: Closed**
		Some Robotic Process Automations developed by the Re-Imagine 1.0 project are no longer in use, while others required enhancements after going into production.	1. For new AI and RPA tools are deployed into production, checklists and documentation will be provided to business unit management to inform them of the steady-state support requirements for the tools (e.g. tools need to be continually updated to incorporate new scenarios, CIO support contacts). **Status: Closed**
			2. IT Services will ensure that ongoing support is available to enable business units to sustain the tools and troubleshoot unforeseen issues. **Status: Closed**
		The Post Implementation Review (“PIR”) was finalized late, and a change control form was not completed to update the PIR requirement.	The PIR procedure will be reviewed and updated with an enhanced process. The roll out of the new procedure will include communication with key stakeholders regarding expectations. **Status: Closed**

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Audit Title	Report Rating	Finding	Management Action Plans ("MAPs")
22-02 Disaster Recovery Plan (ARC 2022 Q2)	Generally Effective (White)	Issues impacting recovery time identified during the exercise were not fully investigated.	For all issues encountered during the 2023 Disaster Recovery exercise, CIO management will fully investigate root causes to understand all failures that resulted in the adverse condition and document those failures in the final report. **Status: Closed**
		Exercise recovery time targets were longer than the maximum tolerable downtime for some applications.	Enterprise Emergency Management ("EEM") will: 1. Identify discrepancies by comparing applications listed in Vital Systems, section 3.3, of BIAs against available DRPs and identify applications with no DR plan; and 2. Based on comparison between BIAs and DR plans, coordinate where necessary with respective Business Units Business Continuity SPOCs and CIO to ensure BIAs accurately reflect the business maximum tolerable downtime. **Status: Closed**
22-03 Software Management (ARC 2022 Q1)	Requires Improvement (Yellow)	Extensive information about software versions installed on OPG machines was shared with a third party outside Canada.	CIO Cyber Security management has obtained written confirmation from the third party confirming that data relating to software installs on OPG machines has been purged, and that the information was not involved in any data breaches or data leakage events to their knowledge. **Status: Closed**
			CIO Cyber Security management will incorporate a plan to identify and assess existing information sharing arrangements with third parties into the Third Party Risk Framework that is currently under development. The plan will include details on how existing key third parties will be identified, riskassessed and documented. **Status: Closed**

Audit Title	Report Rating	Finding	Management Action Plans ("MAPs")
		Evidence was not available to confirm that software license compliance was proactively monitored during the audit period.	CIO IT Services management will: • Implement a discovery tool to scan all OPG computers to identify installed software; • Develop and implement a report to identify non-compliance and over licensing; • Establish a process to review the report and address under- or over-licensing. **Status: Closed**
		Some software management process activities were not documented.	CIO Management will issue a comprehensive Software Asset Management Plan (“AMP”), with Corporate and LOB adherence in mind. The Software AMP will describe: • Process for managing and renewing software licenses; • Requirements for Business Continuity per application; • Mechanism to observe/measure/report on software license compliance; and • Process for determining software asset value. **Status: Closed**
22-07 COVID-19 Workplace Safety (ARC 2022 Q1)	Generally Effective (White)	Employees did not consistently demonstrate adherence to certain established enterprise-wide controls.	Observations on the programs identified in this finding will be documented within WebEOC, and considered in each program’s applicability and design to ensure greater consistency in application should OPG implement similar programs in the future. **Status: Closed**
		The process to manage expiring or surplus pandemic Personal Protection Equipment (“PPE”) supplies (masks, hand sanitizers, and face protection) was inadequate.	The Health & Safety Coordinators at OPG facilities will work with site contacts to: • Implement a process to monitor the expiry dates of pandemic PPE supplies; and • Dispose of pandemic PPE supplies that have expired or close to expiry. **Status: Closed**

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Audit Title	Report Rating	Finding	Management Action Plans ("MAPs")
		Two findings from the 2021 COVID-19 advisory engagement were not fully remediated.	1. Management will review and update the process of admitting new members to the CMCC and IDIRT and direct members to complete the required training. 2. Management will work with the three Business Units to review and update their Business Continuity Plans. **Status: Closed**
22-08 Climate Change Strategy (ARC 2022 Q2)	Requires Improvement (Yellow)	An overarching process was not in place to track progress towards net-zero by 2040.	Management will: • Update OPG's net zero forecast to track the contribution of key initiatives, including projected emissions and reductions. This will be completed every two years, or on an ad hoc basis when any significant changes to expected emissions, key initiatives or major regulatory developments (e.g., finalization of the federal Clean Electricity Standard) occur; • Quantify and update the estimated costs of purchasing offsets for OPG's net zero planning scenarios, as the regulated and voluntary offset market gain certainty. This will include updating and expanding the offset cost analysis currently under development; and • Communicate the information above to the ELT in accordance with the frequency above (i.e. every two years or on an event-driven basis as appropriate). **Status: Closed**

Audit Title	Report Rating	Finding	Management Action Plans ("MAPs")
		Action owners did not consistently provide detailed updates in Asset Suite to enable tracking and reporting.	Management will: 1. Develop a SMART guide to support lines of business to ensure that pertinent climate change actions are specific, measurable, and timely. Annual deliverables and milestones will be defined, where applicable, by line management; 2. Refine the process to ensure that status updates are provided by action owners on a bi-annual frequency within Asset Suite; 3. Incorporate an aggregate summary of climate change action status in the annual CCP status update to key stakeholders; and 4. Document closure notes in Asset Suite, confirming that closed actions are, in fact, complete. This guidance will be included in SMART guide referenced in recommendation #1. **Status: Closed**
		Business units did not always assess potential investments for climate change risks and adaptation opportunities, and risk assessment information entered into the C55 system was not always complete and accurate.	Management will: • Provide additional training to subject matter experts and investment owners on the requirements outlined in governance around when and how to perform climate risk assessments; • Finalize and implement the revised enterprise-wide adaptation strategy within the business; and • Assess the need for and develop processes within C55, where necessary, to further facilitate climate change-related considerations within the investment management process. **Status: Closed**

Audit Title	Report Rating	Finding	Management Action Plans ("MAPs")
		Plans for the implementation of certain recommendations by the Task Force on Climate-related Financial Disclosures (“TCFD”) were yet to be developed.	Besides the initiatives currently being worked as articulated above, Management will: • Define target completion milestones for the implementation of the remaining TCFD recommendations; • Determine the responsible party within OPG for forming scenario analysis; and • Define climate-related performance targets that align with the company’s climate targets and/or goals. **Status: Closed**
22-09 Pickering Inventory Management (ARC 2022 Q4)	Requires Improvement (Yellow)	Inadequate schedule, contingency planning, resources, and organizational change management led to delays in High Impact Team (HIT) initiatives.	Management will: 1. Re-evaluate the timelines of the inventory initiatives and assess resource requirements for the short term to ensure that the initiatives can get back on track. 2. Assess the adoption of project management practices and scheduling applications (e.g., MS Projects) to manage the inventory initiatives. 3. Reassess the role of the third-party consultant to enable the HIT to accomplish their objectives. **Status: Closed**
		The authority to make decisions at various levels within the HIT initiative was not defined, and reporting to oversight bodies was not consistent.	Management will: 1. Assess reasonableness of the HIT Program Governance Framework and update and formalize accordingly, i.e., review and approval expectations around initiative changes, cancellation, and completion, frequency of reporting to oversight bodies, and reporting of relevant metrics. 2. Define what initiative changes are considered significant and the type of decisions that requires the SteerCo’s review and potential challenge. **Status: Closed**

Audit Title	Report Rating	Finding	Management Action Plans ("MAPs")
		Project teams did not frequently use "Shop at OPG" to utilize PNGS stranded inventory.	Management will: 1. Reassess whether "Shop at OPG" remains an initiative that would yield tangible benefits in managing the PNGS stranded inventory risk, particularly in light of the potential for PNGS redevelopment. 2. Provide guiding principles leading to greater use in certain scenarios (e.g., when an item is in inventory, or when there are similar items in inventory that may be used with minimal design modification without adverse impacts to work programs). This is contingent on the decision to continue "Shop at OPG" as an initiative to be pursued. 3. Complete the "CAT-ID Equivalency" initiative (i.e. I05 and PG10) to develop process, expectations, and barriers to ensure that when parts are ordered, existing inventory is being explored first. 4. Provide communications across the enterprise to create awareness, supplemented with enhanced reporting that is communicated across the business to demonstrate awareness of how much "Shop at OPG" is being used. **Status: Closed**
		The OAR did not contemplate an approval authority process for sequenced enterprise-level write-off initiatives.	Management will: 1. Amend the OAR to include guidance and approval expectations on specific strategic initiatives that would otherwise require Board approval, while still maintaining the control principles embedded within the OAR. 2. Develop a plan to ensure that future writeoffs being conducted as part of inventory management are in accordance with the amended OAR and appropriate approvals are obtained. **Status: Closed**

Audit Title	Report Rating	Finding	Management Action Plans ("MAPs")
22-11 Market Renewal – Change Implementation (ARC 2022 Q2)	Not Effective (Red)	An integrated resource loaded schedule was not in place to identify interdependencies, critical path, and schedule baselines.	Management will: • Finalize and share with key stakeholders a combined schedule that includes key deliverables, milestones, interdependencies, overall critical path, and resource requirements for the Umbrella MRP; and • Develop the project baseline and key milestones, and begin reporting on progress against them to the MR Integration SC. **Status: Closed**
		Key project activities including market renewal impact assessment and requirements gathering were not completed timely per the milestones defined in the Business Case Summary (“BCS”) and Steering Committee (“SC”) presentations.	In addition to the management action plan articulated in response to finding 1, Management will document the approach and plan to completing and submitting the remaining SRDs and reference level submissions, as appropriate, and communicate it to stakeholders. As of the audit report date, Management has: • Developed and communicated a schedule for completing review and approval of the remaining BRDs, including identification of the resource requirements; and • Issued the detailed design impact analysis document on June 14, 2022 and communicated to stakeholders. **Status: Closed**

Audit Title	Report Rating	Finding	Management Action Plans ("MAPs")
		Project performance measures were not defined, progress against milestones was not reported, and not all SC members were included in SC meetings.	Management will: 1. Revise dashboard to show progress on integrated schedule towards defined milestones. Complete definition of performance metrics. Report at monthly MRP Status Update meetings and MR Integration SC meetings. 2. Provide additional information related to the tools and system progress (i.e. IT program) to the MR Integration SC meeting to facilitate its objective to review initiatives associated with Market Renewal and provide feedback / direction; and 3. Ensure that all SC members are invited to future MR Integration SC meetings and quorum be established. **Status: Closed**
		A Project Management Plan ("PMP"), including the gating strategy and risk management plan, was not developed.	With the assistance of the EPMO, management will develop a PMP with the appropriate amount of rigour applied as required by OPG-MAN-00120-00010, including a gating strategy and risk management plan for review, approval and implementation. As of the audit report date, Management has input the program risks into the ePMX tool, including risk assessment and response plans. Risks will be periodically reviewed to assess ongoing effectiveness of mitigation efforts. **Status: Closed**
22-12 RG Turbine Generator Overhaul Program (ARC 2022 Q4)	Requires Improvement (Yellow)	Sampled TG overhaul projects did not consistently adhere to OPG's project management framework, contributing to adverse project performance.	Management will perform a self-assessment on active TG overhaul projects against key project management governance, identify the gaps, and develop and implement an action plan to close those gaps. **Status: Closed**
			Management will overhaul CPI/SPI metrics reviewed monthly at the RG portfolio, and an action log will be included to capture discussions and corrective actions to address unfavourable trends. **Status: Closed**

Audit Title	Report Rating	Finding	Management Action Plans ("MAPs")
			Management will finalize and roll out the RG TG Overhaul Program framework document. **Status: Closed**
		The Asset Investment Planning and Management ("AIPM") software tool is not being fully utilized to support TG overhaul investment optimization and document decision making rationale.	Management will review the calculation methodology of the VF utilized by C55 for valuing TG overhaul investments and make adjustments to address the noted issues, while taking account of experience with the use of C55 by other business units. **Status: Closed**
			Management will finalize and roll out the RG TG overhaul program framework document, which will include a process for documenting the rationale for TG overhaul investment selections in an approved information management system. **Status: Closed**
		A formal change management plan that includes the transition to the Equipment Health Monitoring and Reporting process has not been completed to drive full implementation.	Management will prepare and issue a Change Management Plan for the transition to enhanced Equipment Reliability tools and processes to support timely risk-based decision making. **Status: Closed**
		Three recommendations from the TG Overhaul Strategic Initiative have not been implemented, and actions have not been formally recorded in an approved tracking system for monitoring and closeout.	Management will document all actions associated with the TG Overhaul Strategic Initiative in a managed system, which would facilitate the assignment of action owners as well as formal tracking and closeout of all recommendations and actions including the three outstanding recommendations. **Status: Closed**

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Audit Title	Report Rating	Finding	Management Action Plans ("MAPs")
22-15 DNR Return to Service – Unit 3 (ARC 2022 Q3)	Effective (Green)	Some Systems Available for Service ("SAFS") Open Items were overdue and there were inconsistencies with the target completion date information in the Power BI Reporting System.	Management will: 1. Establish a periodic touchpoint with the Work Management team to review and prioritize: a. The completion of overdue SAFS open items in order to meet milestones requirements; and b. Establish a forum to communicate progress against the workdown of SAFS open items to line management and other stakeholders (as well as highlighting any overdue actions). 2. Implement a process to ensure that all pages within the Return-To-Service Hold Point Dashboard are refreshed and reviewed on a timely basis; and 3. Implement a 'Last Update' date on each PowerBI report to inform readers that the data is current. **Status: Closed**
22-16 Calabogie GS Redevelopment Project (ARC 2022 Q1)	Generally Effective (White)	More detailed design of temporary structures may be necessary during planning to provide greater certainty over project cost estimation and budgeting.	The Project team has documented the upstream cofferdam operational experience as a lesson learned for consideration on future projects. Management will incorporate design considerations for temporary pre-requisite structures as a discrete action for project team assessment in future. **Status: Closed**
		Some instances of changes made to project baseline that impacted cost, schedule, and contingency were not adequately documented.	Management will revise the Project-specific Excel change register log to ensure it is aligned with OPG-MAN-00120-0016. **Status: Closed**
			Management will provide refresher training to the RG PMO team related to the enterprise governance on integrated change control, including an illustrative overview of best practices for capturing details on the CCF. An attendance log will be maintained to ensure the intended audience receives the training. **Status: Closed**

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Audit Title	Report Rating	Finding	Management Action Plans ("MAPs")
		Pulse reports did not contain fulsome details around minor CPI and SPI variances outside of target ranges, and they did not include planned milestone dates for some reported milestones.	The space constraints in Pulse report templates have subsequently been removed, which will enable more detailed information to be provided. Variance explanations on the Pulse report will be documented prior to the month end close for variances outside of established thresholds. For any milestones that are considered important to disclose in Pulse reports, planned dates for milestone completion will be established and also disclosed. **Status: Closed**
		The Project Management Plan ("PMP") requires updates to reflect the controls and processes in place to manage the Project and OPG's project management framework standards.	The project team will revise the PMP to align with enterprise project management governance. **Status: Closed**
22-18 Darlington New Nuclear Project ("DNNP") (ARC 2022 Q4)	Generally Effective (White)	Some elements of estimate development, review, and validation identified in the PMP were not fully implemented.	Management will update the estimate plan prior to the formation of the Class 3 estimate, and will include enhancements where applicable to specific processes as specified in the recommendation. **Status: Closed**
		The current DNNP risk management practices and activities do not allow for appropriate risk management planning and adequate identification and assessment of risks.	1. The risk management plan incorporated into the DNNP Project Controls Plan will be updated to include all the required information including risk statements, cause and impacts to ensure it aligns with the complexity and cost of the project as well as the IPD model. 2. An initial workshop will be conducted, and future frequency will be based on the need and Phases of the project. **Status: Closed**

Audit Title	Report Rating	Finding	Management Action Plans ("MAPs")
		Status of Phase-Gate deliverables were not adequately documented in the program gate packages.	Management will: - Revise the information in gate package 1A to accurately reflect the status of the deliverables; • Document the completion of deliverables from previous gates; and • For future phase-gates, document the rationale for non-completion of outstanding deliverables and the impact and residual risk to the project in the gate package, with actions documented in ePMX. **Status: Closed**
		The logic and location within approved document repositories of estimates and their supporting documentation is not conducive to knowledge transfer and validation of status.	An action will be raised and tracked in EBX to update the SharePoint folders with all relevant documents in an organized fashion that is applicable to the next phase of the project. The folder structure will be aligned to the DNNP IPD WBS and follow IPD Governance Hierarchy currently being established. **Status: Closed**
22-19 Indigenous Relations (ARC 2022 Q4)	Requires Improvement (Yellow)	Evidence to support Financial Settlement Agreements (“FSA”s) and fulfilment of related obligations was not always available.	Management will: • Work with Finance to develop and document a process to track financial and non-financial FSA obligations, recording obligations met (e.g., payments, accruals, and non-financial obligations), and facilitate the retention and retrieval of related documents; • Complete a Records Management Self-Assessment and identify the actions and resources needed to establish a consistent records management system for Indigenous Relations; and • Perform an assessment of the IR team’s resources and responsibilities to identify where there may be gaps and needs for additional support. **Status: Closed**

Audit Title	Report Rating	Finding	Management Action Plans ("MAPs")
		Governance does not contain guidance on the preparation of Indigenous Engagement Plans ("IEPs").	Management will establish guidelines on the preparation of IEPs, including but not limited to the identification of the plan owner, the roles and responsibility of key project staff, and a risk assessment of potential adverse impacts. **Status: Closed**
			Management will include descriptions of the roles and responsibilities of key employees involved in Indigenous engagement in the IEPs related to the DNNP, given that project work has already commented in the DNNP while the Hydro Expansion project is still in its feasibility study phase. **Status: Closed**
		Monthly status reports on Indigenous procurement contained inaccuracies.	Management is developing and implementing an automated reporting system to present RAP awards and spend using PowerBI, pulling source data from Ariba rather than AS9. Specifically, the system will: • Pull award data automatically from Ariba into PowerBI to reduce risk of transcription error and include the most recent updates and amendments to purchase orders and contracts; • Pull vendor data from Ariba Vendor Master to ensure that vendors' Indigenous status have been thoroughly validated prior to inclusion in the report; and • For prime suppliers, pull Tier 2 awards through Ariba questionnaire functionality. Documentation from UAT testing will be maintained to support the accuracy of the reporting. **Status: Closed**

Audit Title	Report Rating	Finding	Management Action Plans ("MAPs")
		The interpretation and execution of one RAP target were inconsistent with a plausible interpretation of the wording in the RAP.	Management will: • Review RAP 2023 targets and work with the relevant responsibility centers to ensure that targets are measurable, to demonstrate that completion of the target will contribute to the overall goals of the five pillars of the RAP; and • Determine if the published 2022 RAP needs to be revised for additional clarity. **Status: Closed**
22-20 Generation Revenue Planning (ARC 2022 Q2)	Generally Effective (White)	Release notes describing changes made to the CROP model were not always prepared, and changes to the model were sometimes developed, tested, and implemented by the same individual.	Management will enhance change management processes to enable that: • All changes made to the CROP model will be tested by another individual (i.e. separate from the analyst who developed the changes), and evidence of review will be maintained; and • An email will be prepared for appropriately grouped changes, documenting the change driver, features impacted, and the change approver. **Status: Closed**
		The forecasted impact of unplanned (“forced”) outages were not fully incorporated in the hydroelectric generation forecast.	Management will evaluate the suitability of including forced outages into the hydroelectric forecast beginning with the 2023-26 Business Plan. The evaluation will include the following: • Amount of forced outages incurred; • Potential offsetting effect of forced outages on the number of planned outages taken; • The location of the occurrence of outages and water conditions; and • Proper benchmark of forced outages, Equivalent Forced Outage Rate (“EFOR”), forced outage days benchmark compiled by Hydro Optimization, and forced extension to planned outages. **Status: Closed**

Summaries of Internal Audits Completed Since Q4 2020

Audit Title	Report Rating	Finding	Management Action Plans ("MAPs")
		Governance did not exist to guide the hydroelectric forecasting process, and inconsistencies were noted in the forecast review and approval process.	Management will continue to develop the Hydroelectric Optimization procedure document (RG-PROCOP-0011). In addition, management will include the method to document the approval of Hydroelectric forecasts in the document as appropriate. **Status: Closed**
22-21 Board of Directors' Expenses	Effective (Green)	N/A: No Findings	N/A: No Findings
22-23 North American Electric Reliability Corporation ("NERC") Reliability Standards Compliance – Renewable Generation ("RG") (ARC 2022 Q4)	Requires Improvement (Yellow)	Issues were noted with supporting evidence used to demonstrate the completion of maintenance activities required by PRC-005-6.	1. Investigate the three representative samples noted within the PNC related to Otter Rapids, Abitibi Canyon, and DeCew 2 sites. Determine root causes and corrective actions necessary to prevent a recurrence, and initiate MACD self reports as required. 2. Implement and issue RG IRCP procedure establishing a continuous improvement process, and complete a IRCP program fleet view dashboard/tool in alignment with the new procedure. 3. Develop RG governance pertaining to PSMP/IRCP work forms, reporting and retention, and establishing a change control process and standardized approach. **Status: Closed**
		Regional Program Execution Plans ("PEP") spreadsheets for PRC-005-6 lacked justification for extended maintenance intervals and were missing maintenance completion and next verification dates.	Refer to management action plan in Finding 1 above, specifically item #2. **Status: Closed**

Summaries of Internal Audits Completed Since Q4 2020

Audit Title	Report Rating	Finding	Management Action Plans ("MAPs")
		Insufficient evidence was available to validate Reported Facility Ratings under FAC-008-5.	Management will develop a comprehensive plan to address the potentially missing ratings evidence and its use, which will involve: • Identification of roles and responsibilities • Perform a gap analysis on the ratings evidence and facility rating sheet • Alignment with existing work/outages/planning • Records retention • Quality Assurance considerations • Enhance facility rating awareness for maintenance and projects staff. **Status: Closed**
22-24 Enterprise Risk Management ("ERM") (ARC 2022 Q3)	Generally Effective (White)	Risk Appetite framework improvements.	ERM will bring back the risk priority statements developed to ERC, and discuss merits of further development of risk priority statements for other enterprise risks. **Status: Closed**
		Enhancements required for linkage between key risks and strategic objectives .	ERM will engage with Strategy team to discuss this recommendation and look to better integrate risk and strategic objectives. **Status: Closed**
		Risk Tolerances not defined for all key risks.	As part of the risk appetite discussion noted in finding #1, ERM will include an update on KRIs to determine if ERC sees value in expanding coverage to include other enterprise risks. **Status: Closed**
		Absence of training plan on ERM matters.	ERM will work with Training and Risk SPOCs to develop a risk management training matrix to define the audience / objective / frequency of training to different BUs and levels of the organization. **Status: Closed**

Summaries of Internal Audits Completed Since Q4 2020

Audit Title	Report Rating	Finding	Management Action Plans ("MAPs")
22-25 New Horizon System Solutions ("NHSS") Repatriation Strategy (ARC 2022 Q4)	Generally Effective (White)	Project risks and lessons learned were not formally documented, tracked and dispositioned.	Management will review the risks identified and lessons learned and: • Assess whether any issues caused in November could have been avoided if earlier lessons learnt were tracked and communicated better; and • Review 5 remaining open risks reported at the Steering Committee throughout the transition of PWU and establish mitigation plans if any residual risks still exist. **Status: Closed**
22-27 Cyber Security Audit Findings Follow-up (ARC 2022 Q4)	[redacted]	[redacted]	[redacted]

Summaries of Internal Audits Completed Since Q4 2020

Audit Title	Report Rating	Finding	Management Action Plans ("MAPs")
23-02 IT Project Delivery (ARC 2023 Q2)	Requires Improvement (Yellow)	IT projects that required significant business process change were treated as technology upgrades, leading to inconsistent business stakeholder involvement.	Projects go through an intake process. The project intake form and guidance for the intake process will be updated to reflect a decision point on whether a project would be led by business or IT. The following considerations will be taken: • Complexities of business processes involved; and • Number of business areas affected by the project Once a decision is made all project governance documentation will reflect the decision on a business-led versus an IT-led project. The Project Management Plan (PMP) template will be updated to reflect that the test strategy is acknowledged and reviewed by the business, and that the earliest possible time for business to test the solution is incorporated into the plan. **Status: Closed**
		Insufficient testing of non-functional requirements such as system performance led to performance issues following implementation.	The acceptance criteria for project go-live stated in the Project Management Plan (PMP) template and the Test Strategy guidance will be updated to reflect that non-functional testing is performed appropriately and timely. **Status: Closed**
		Training did not incorporate a hands-on understanding of the new system and focused on online learning.	The Project Management Plan (PMP) template will be updated to reflect that the training strategy and plan will consider the appropriate training vehicle for the change such as hands on training. **Status: Closed**
23-04 Cyber Security Operations Centre (ARC 2023 Q4)	Requires Improvement (Yellow)	The operational performance of both PwC and OPG Cyber Security was not defined, measured and monitored consistently.	Management will work with PwC to define and document operational performance metrics and thresholds which are linked to the contractual arrangement. **Status: Closed**

Audit Title	Report Rating	Finding	Management Action Plans ("MAPs")
			Management will establish a process to measure, monitor and report on defined metrics periodically against specific thresholds, including actions to be taken if the metrics are off-track. **Status: Closed**
			Management will connect PwC's ServiceNow instance with OPG's once ServiceNow incident management is implemented at OPG to enable the end-to-end event response process. **Status: Closed**
		Approval was not obtained from OPG Cyber Security for Key Positions as defined in the contractual arrangement.	Management will update OPG's process operations documentation to include the approval process over PwC Key Positions and periodic validation that people in Key Positions have been approved. **Status: Closed**
		Some periodic operational reports were not received as required.	Management will update OPG's process operations documentation to include review of PwC reports and escalation with PwC if not received timely. **Status: Closed**
23-05 Renewable Generation ("RG") Work Protection (ARC 2023 Q3)	Generally Effective (White)	Gaps exist with current work protection governance documents.	Management will: • Update the Corporate Work Protection Standard (OPG-STD-0088) to ensure OPG's compliance with the latest version of CSA Z460 and OHSA requirements is clearly demonstrated; and • Update OPG-PROC-0212 to clarify Nuclear and RG WP event response protocol which caused the timeline difference for event categorization. **Status: Closed**
			• Establish a process to track the review progress of AWPPs and AIPs and report the review progress in the quarterly RG Managed System Review Board. **Status: Closed**

Audit Title	Report Rating	Finding	Management Action Plans ("MAPs")
			Management discussed the PC19 Worker Initial Log requirement for a single worker situation in the CCAG meeting, and clarified that the Worker Initial Log is required when the Holder of Record is different from the single worker, but not required when they are the same person. All work protection coordinators will implement this at their stations. **Status: Closed**
		Inconsistent application of work protection governance for operational activities was identified.	Management will: • Review recent incidents and code coordinator audit findings at monthly WPC site meetings. • Send a quarterly summary of OPG work protection events (LVL 1, LVL2 and selected LVL3/4) to each region for review and lessons sharing. **Status: Closed**
			• Take actions to ensure device code consistency between the MEL and AS9 and address the inconsistent device code issue at Lennox GS. **Status: Closed**
			• Assess the ESM 3R MEL issues at Lennox GS and determine the viability of having equivalent MEL in ESM 3R (in addition to AS9) for the remainder of the RG fleet. **Status: Closed**
		Inconsistent application of work protection governance for oversight activities was identified.	Management will: • Explore Cority functionality to track and assess how timely work protection events are completed (similar to Power BI dashboards); • Develop an action plan to ensure RG could access the WPC database/quarterly assessment reports and have alignment across the organization. **Status: Closed**

Audit Title	Report Rating	Finding	Management Action Plans ("MAPs")
			• Ensure quarterly assessments are being completed in accordance with OPG-PROC-0214, and that the results are discussed at the site Work Protection Committee meetings, wherein the reports shall include critical evaluation of assessment outcomes and SMART (Specific, Measurable, Achievable, Reasonable, Timely) actions to mitigate trends, or explanation where actions are not required. **Status: Closed**
		Training programs did not include training requirements for all relevant applications.	Management will update training materials for existing training program to include content related to ESM 3R. **Status: Closed**
23-06 Recruitment and Onboarding (ARC 2023 Q2)	Requires Improvement (Yellow)	Inadequate data entry and data validation controls led to challenges with operational oversight and performance monitoring.	Develop a change management plan to increase the likelihood of successful adoption of "Onboard" that will replace the OBC tool. The change management plan should identify and define activities that have been completed such as preliminary stakeholder meetings to define desired end-state activities that are in progress such as development of the tool and future planned activities such as user acceptance testing. **Status: Closed**
			Develop an integrated implementation plan to support Employee Central, Service Now and HR Evolution that outlines the activities, milestones and deadlines for implementing the technology changes. **Status: Closed**
			Implement updated user guides / procedures on the consistent use of MyPower and Onboard for all stakeholders for applicant tracking to support efficient processing, data integrity and R&O measurements and dashboards. Include a sustainment plan with regular review frequency and monitoring of data integrity. **Status: Closed**

Audit Title	Report Rating	Finding	Management Action Plans ("MAPs")
			Create Onboard reporting and data extraction for management oversight of the process and integrate into R&O Dashboard. **Status: Closed**
			Update the onboarding process to transition the Security Clearance verification activity from Recruitment & Onboarding to Security to improve accuracy of verifications and reduce rejections and overprocessing. **Status: Closed**
		KPIs to measure and guide the R&O and security clearance process were incomplete and lacked targets.	Create Recruitment and Onboarding reporting structure and sustainment model that includes defined roles and responsibilities with respect to calculation, collation, reporting, review, decision-making, frequency of reporting and approval of KPI-driven oversight. **Status: Closed**
			Complete Phase 2 enhancements of the R&O Dashboards that include KPIs aligned to components of the R&O strategy, which will provide more detailed operational reporting for R&O managers and workers, Staffing Plan Owners, and leadership oversight. **Status: Closed**
		Systems supporting the security clearance process are unable to generate processing timeline information.	Ensure that the proposed new security clearance management system incorporates the following functionalities: • Reporting a holistic view of the status of security clearance processes; • Automated validation of candidate application quality; • Consider integration of third-party results reporting into new security clearance software; • Consider ways to make the requirement for a paper-copy submission clearer to applicants **Status: Closed**

Audit Title	Report Rating	Finding	Management Action Plans ("MAPs")
			Develop a change management plan to increase the likelihood of successful adoption of the new security clearance management system. **Status: Closed**
			Following the implementation of the new security clearance management system: • Establish a process for monitoring security clearances to identify delayed clearances and take relevant actions as needed; • Establish set expected timelines for the components of a security clearance, communicate timelines to relevant stakeholders and follow up where components of the clearance are exceeding expected timelines. **Status: Closed**
		Re-work and some delays in the onboarding process occurred due to a high rejection rate of dosimeter request forms needed for access to OPG sites with the potential for radiation exposure.	Create digital RAD data forms (N-FORM-10019, N-FORM-82452, N-FORM-10692) to minimize errors and enhance accuracy and complete initiative to automate the request approval workflow. **Status: Closed**
		The People and Culture (P&C) Management System documentation requires updates to enable sufficient oversight and operational monitoring.	Complete the update of the management system governance documents to bring governance in line with current processes. The responsibilities of respective groups for onboarding activities should be defined in the updated governance. **Status: Closed**
		Documentation to support hiring decisions was not consistently maintained.	Review the documentation requirements within the recruitment process, and determine whether their retention is essential and update guidance to reflect any items removed. For those that are required, supporting information will be retained in software or tools that support the recruitment and onboarding process rather than in a separate site. **Status: Closed**

Audit Title	Report Rating	Finding	Management Action Plans ("MAPs")
		Non-standard security clearance methods were used that are not provided for in OPG's security clearance governance.	Management will: • Ensure that occasional and rare deviations to governance are documented as per N-STD-AS-002. • Consider whether specific exceptions should be added to governance. • Ensure that relevant supporting documentation is consistently maintained in a central location to support security clearance exemptions. **Status: Closed**
		Risks in the R&O process were not documented, identified, tracked, and monitored.	R&O Innovation team will perform a review of the end-to-end R&O process and in collaboration with R&O Management develop a risk register specific to R&O ensuring that it identifies risk owners, risk level, likelihood, risk treatment plans, and action owners. The frequency of review of the risks will also be defined. **Status: Closed**
			Risk-related information, such as target completion dates and action owners, will be retained in Resolver. **Status: Closed**
23-07 Management Compensation (ARC 2023 Q4)	Generally Effective (White)	Planned target distributions are not reflective of actual performance rating distributions for executive employees.	Management will clarify in communications to the HRGC the expectation for executive performance distribution versus non-executive MG bands. **Status: Closed**
		Documentation to justify changes to compensation as a result of revised role accountabilities was not consistently retained.	Management will: • Communicate the amended job accountabilities and salary cap information for the two exceptions to the HRGC; and • Document the assessment that had been verbally conducted for the seven exceptions to maintain a documented analysis. **Status: Closed**

Audit Title	Report Rating	Finding	Management Action Plans ("MAPs")
		Access to modify compensation values and configuration was not restricted to key personnel as the list of users was not periodically reviewed.	Management will: • Remove accounts that no longer require access to the Compensation admin functionality; and • Review a log of activity for compensation changes to confirm no unauthorized changes were made. **Status: Closed**
			Management will implement and document a periodic access review of the Compensation module admin group, including a review for unauthorized activity if any removals are identified. **Status: Closed**
23-08 Nuclear Work Order Materials Management (ARC 2023 Q3)	Not Effective (Red)	Lessons learned, performed at the end of each outage or online work, do not review materials ordered versus used.	Management will: Update relevant governance procedures to incorporate a review comparing materials requisitioned with materials consumed. This may include N-PROC-MA-0013, N-PROC-MA-0022, and templates used for lessons learned reviews, ensuring the retention of this requirement for an extended duration and that the outcomes will encompass the implementation of corrective actions. **Status: Closed**
			Management will: Update NK38-MAN-09701-10005 to include the requirement to review whether materials ordered were appropriate. **Status: Closed**
			Management will: Provide senior station oversight of MRNI reduction initiatives through the Senior Work Management monthly meetings. **Status: Closed**

Audit Title	Report Rating	Finding	Management Action Plans ("MAPs")
			Management will: Provide data on materials requisitioned and not consumed to work groups for evaluation. **Status: Closed**
		Causes and composition of MRNI and Returns have not been identified.	To date, Management has completed a partial analysis of the origins of MRNI and returns, identifying over-ordering by plant operations as one of the main sources. Management will develop an ongoing monitoring process to further assess and mitigate MRNI and returns. **Status: Closed**
			Management will update supporting systems so that selected material requisition actions that are associated with MRNI and returns, require the user to indicate a reason for the action. **Status: Closed**
			Management has restored the permanent linkage between inventory and the originating MR within AS9. **Status: Closed**
		Governance and process documents lack clear instructions and timelines for action on staged materials.	Management will conduct a review of the existing governance documents, including N-PROC-MM-0042 and N-GUID-08173-1008, and update these documents to include guidance for the management of staged inventory. **Status: Closed**

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Audit Title	Report Rating	Finding	Management Action Plans ("MAPs")
		"On Time Delivery" is not being tracked and monitored.	Management will establish "On-Time Delivery" as a KPI to track and monitor. This will involve designing a method to account for the impacts that have historically skewed the metric (e.g., unrealistic need dates from work groups), and incorporate tracking of vendor lead times to differentiate between different sources contributing to overall lead time. **Status: Closed**
		Key Performance Indicators related to MRNI and Returns reported in the Supply Chain Scorecard were inadvertently miscalculated.	Management will create a Station Condition Record ("SCR") to document the context and remediation activity performed. **Status: Closed**
			Management has rectified the error in the report and briefed staff on the issue for awareness. **Status: Closed**
		Risks with respect to MRNI and Returns are not documented, identified, tracked and monitored.	Management will update the existing "stranded inventory" risk to reflect the impact on the risk from MRNI and returns, and document mitigating activity, related to MRNI and returns, in the remediation plan for that risk. **Status: Closed**
23-09 Pickering Outage Management (ARC 2023 Q3)	Effective (Green)	Outage management protocols for instances where Planned Outages transition into a Forced Outage are not defined in current governance.	Management will update existing governance to clarify applicability along with required project management elements involved in the execution of a Forced Outage immediately following a Planned Outage. **Status: Closed**

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Audit Title	Report Rating	Finding	Management Action Plans ("MAPs")
23-10 Corporate WANO Peer Review – Follow Up (ARC 2023 Q2)	Generally Effective (White)	Station key performance indicator ("KPI") targets that were not aligned with comparable Industry Top Quartile ("ITQ") targets were not consistently approved or supported with a documented action plan or justification memo.	Management will: 1. Update N-PROC-AS-0080 Nuclear Business Planning procedure to clarify instructions and annual requirement to have KPI justification memos approved by the Chief Nuclear Officer for KPI targets on nuclear station industry performance reports that do not meet ITQ targets for the Business Plan's budget year (i.e., first year of the Business Plan). **Status: Closed**
			Management will: 2. Initiate SCRs to correct the two PNGS targets that were incorrectly entered into the Enterprise Performance Reporting system. **Status: Closed**
		Proficiency levels and succession planning of the corporate oversight roles are not formally assessed and monitored.	Management will develop and document a CFAM proficiency heat map process in a nuclear guide which will be referenced in relevant job guides. The CFAM proficiency heat map with specific assessment criteria will be used to support identifying gaps in proficiency, building tailored CFAM learning, and planning succession and transition. **Status: Closed**
23-11 Asset Management & Maintenance Strategy (ARC 2023 Q2)	Requires Improvement (Yellow)	There is no formally documented plan to reduce WOT backlogs for RG, including key performance indicator ("KPI") targets and timelines.	Management will: • Revise work management governance to include direction/expectations for monitoring and management of WOT backlog on an ongoing basis. • Include a WOT Backlog Reduction measure as a KPI within RG's performance metrics and reporting. **Status: Closed**

Audit Title	Report Rating	Finding	Management Action Plans ("MAPs")
		KPIs have not been implemented for the Asset Management Program.	Management will identify and use the key success factors impacting asset management to develop and implement appropriate KPIs to improve the asset management function at OPG and performance reporting to senior leadership. **Status: Closed**
		Changes to RG's COLM Technology Implementation project did not follow the change management process, and the project was missing key project management controls.	Management will: • Perform a detailed assessment of the current project status against the governance requirements and to develop a recovery plan that addresses the specific individual gaps, which will include alignment with the BCS and development of a Project Management Plan and revised cost and schedule baselines. • Implement the recovery action plan developed above. **Status: Closed**
			Management will: • Implement the recovery action plan developed above. **Status: Closed**
		Value Based Maintenance ("VBM") principles have not been formally documented in maintenance governance for Nuclear and RG.	Nuclear Management will update N-PROC-MA-0020 Predefined Process and the Preventative Maintenance Review Board's Term of Reference to outline the key steps to integrate VBM in the maintenance process. **Status: Closed**
			RG Management will update RG-PROG-MA-0003 Work Management Program to specifically include cost and value considerations (e.g., cost-effectiveness, cost monitoring, rationalization of PM program changes) in the ongoing implementation of the program. **Status: Closed**

Audit Title	Report Rating	Finding	Management Action Plans ("MAPs")
		Some maintenance work order ("WO") priority levels were not accurately assigned by RG Work Centres.	Management will implement a reporting process for monitoring and oversight of WOTs, with a focus on P1, to ensure ongoing appropriate prioritization. **Status: Closed**
23-12 Darlington Nuclear Refurbishment ("DNR") Claims & Disputes (ARC 2023 Q1)	Generally Effective (White)	There was insufficient documentation to support the closure of some issues and claims.	Management will: • Assess potential software tools to determine a sustainable and efficient issue documentation and tracking system. • Update the governance to provide specific guidance on document retention (e.g., defining significant emails) and the level of detail to be captured on the issue management log. **Status: Closed**
		Some Commercial Management staff did not complete the required training.	Management will ensure that, as part of the governance initiative, training timelines are included in governance to ensure a consistent expectation related to training requirements. **Status: Closed**
			Management will also: • Roster the two staff members to complete outstanding training. • Work with the MyPower Administrator to automatically mandate new CM employees to complete within a specified period. **Status: Closed**
		Some governance documents were not updated to reflect current Commercial Management practices.	Management will: • Perform an extent of condition assessment and update all governance accordingly; and • Create and implement a plan to educate the Commercial Management team and establish periodic training for employees, including a plan to review governance on an established interval. **Status: Closed**

Audit Title	Report Rating	Finding	Management Action Plans ("MAPs")
23-13 Darlington Nuclear Refurbishment ("DNR") Billings (ARC 2023 Q3)	Generally Effective (White)	Some inconsistencies were found between timesheets and labour billing packages for the TG Engineering Services Equipment Supply ("ESES") Agreement around hourly rates and type of time.	Management will: • Assess the extent of testing of labour charges in future Post-Payment Audits to provide adequate coverage of billing areas that are more susceptible to error/manipulation based on a risk assessed determination; and • Work with GE to increase sub-vendor billing transparency and obtain support to validate the hours charged on OPG projects where applicable. **Status: Closed**
		Post-Payment Audit review cycles documented in governance were not reflective of how audits were executed in practice.	Management will complete the update to the Post Payment Audit Program Plan governance to define the current process for determining audit cycles. Where the approach differs across bundles, the governance should be clear on how each is treated along with rationale for the approach taken. **Status: Closed**
		There have been delays in ES MSA contractor payments, including invoices relating to DNR.	Management will review and update the weekly aging distribution list to ensure that delayed invoice metrics are being communicated to the appropriate individuals for use in project oversight. Management will also revisit after a period of six months and consider whether additional actions or project reporting on metrics is required. **Status: Closed**
			Management will conduct an assessment to identify common themes and causes resulting in delays and consider procedures and/or technology solutions that can reduce review and approval timeframes. **Status: Closed**

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Audit Title	Report Rating	Finding	Management Action Plans ("MAPs")
23-15 Quality Management Program (ARC 2023 Q3)	Requires Improvement (Yellow)	Effectiveness reviews of self-assessments were not executed in line with governance.	Management will: •Prepare a Self Assessment Plan for the CCoE Division and add an assessment for the QM group; and •Create prompts in AS9 to ensure divisional self-assessments are not missed going forward. **Status: Closed**
		The severity levels of some observations created to capture negative trends were not elevated as required by governance, and medium level observations were closed without raising a Station Condition Report or Correction Action Report.	Management will reassess current and outstanding trends and elevate the observations with higher severity levels as appropriate. Follow up actions for these observations will be documented, if needed, and dispositioned. **Status: Closed**
			Management will update governance to: •Require that details of observations include criteria, cause, and impact so that there is sufficient and transparent information to demonstrate how severity levels were assigned and meet the established criteria; •Establish a process to address situations where discretion is exercised in assigning a severity rating or closing an observation, and treat such discretion as exceptions to the normal course process within the QM program; and •Require review and approval of documented exceptions where discretion is exercised. **Status: Closed**

Audit Title	Report Rating	Finding	Management Action Plans ("MAPs")
		Accurate information on the start and end dates for program windows was not consistently available, presenting challenges in assessing adherence to timelines established within governance for the preparation of oversight plans and reports.	Management will: •Revise the QM planning process, including the development of key tools (i.e., Annual Plan) and deliverables (observation reports) to track and record program window date changes (i.e., to the T10 schedule), and the potential impact on surveillance resourcing and scheduling; and •Revisit timing requirements for planning and preparation to ensure execution of activities are adaptive to schedule changes. **Status: Closed**
		The Annual Plan was not consistently updated with rationale to explain the non-selection of certain program windows for surveillance.	Management will: •Revise governance to require a rationale to be provided for program windows that are not selected for surveillance activities; and •Include functionality in the Annual Plan spreadsheet to require mandatory documentation of the rationale for non- selection. **Status: Closed**
		QM plans and reports were not consistently communicated to relevant stakeholders.	Management will: •For QM quarterly reports, develop and provide targeted communication that will allow senior leadership a succinct view of the status of QM's activities; •For horizontal assessments, provide results to relevant stakeholders through a review check. The review will also ensure that evidence of communication is retained in a central repository; and •Revise guide requirements for communication of oversight plans and reports as this information is available to stakeholders because it is published on the QM site. Management will recommunicate the availability of this information to project stakeholders. **Status: Closed**

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Audit Title	Report Rating	Finding	Management Action Plans ("MAPs")
23-16 Darlington New Nuclear Project – Validation Phase (ARC 2023 Q4)	Generally Effective (White)	Recovery plans related to the validation phase goals did not meet the requirements of the DNNP Project Controls Plan.	Management will amend the DNNP Project Controls Plan to introduce additional scalability and flexibility to the recovery plan timelines, commensurate with the assessed criticality of the milestones. **Status: Closed**
			Management will select a tool (and provide training to relevant employees on the requirement of using the tool to record and track recovery plans including actions required to close the recovery plan. **Status: Closed**
		The DNNP has not developed a sustainable process to assign, deliver, track and manage training.	The DNNP team will select and implement a training platform that will enable the project to assign, deliver, track, and manage training for OPG and the non-owner partners in an integrated manner. **Status: Closed**
		Some risk management governance requirements are not being completed or effectively rolled out.	The DNNP team will complete the initiative that addresses the risk exposure period for all risks in EBX and add actions for all risks that are related to the current validation phase. Subsequently, once the project schedule is complete, the DNNP team will complete the risk exposure period in EBX for all risks. **Status: Closed**
			The DNNP Risk Management Plan will be updated to require that the rationale to support changes to current risk score is documented and reviewed for accuracy in EBX. Once the changes are reviewed in EBX, the change will be reflected in the Risk Evolution Report. **Status: Closed**

Audit Title	Report Rating	Finding	Management Action Plans ("MAPs")
			The DNNP team will formalize a review process, including a control to detect instances where 3-point estimates have not been completed, to ensure greater completeness of risks into the QRA. **Status: Closed**
		Lessons learned that could be gained from closed issues were not consistently documented and new issues were not communicated in a timely manner.	Management will review and revise, as needed, the DNNP Issues Management Instruction to determine if it is too prescriptive with lessons learned and new issue communication timeline. **Status: Closed**
23-19 Nuclear Sustainability Services (ARC 2023 Q2)	Generally Effective (White)	There were gaps in process and control design over shipping records being electronically uploaded to system tools that pose a risk over completeness of data.	Management will: 1. Perform reconciliations of shipping records between manual SAFs and system tools (i.e., ESAF and AIMS) by obtaining manual SAF information from all OPG shippers on a quarterly basis; and 2. Perform a reconciliation of shipping records between ESAF and AIMs on a monthly basis. 3. Implement an initiative to enhance the ESAF system with the goal to obtain AIMS qualification and subsequently supersede AS9 for RMT shipping information. **Status: Closed**
		Some non-OPG carriers performing transportation services for radioactive materials do not have quality assurance programs that have been reviewed by OPG.	Management will: 1. Expedite the Document Change Request (“DCR”) over RMT governance as an urgent priority. 2. Define Quality Assurance (“QA”) program requirements governing the transportation services of radioactive materials. 3. Update OPG-FORM-0210 & OPG-FORM- 0214 based on the defined QA program requirements in action #2 above. 4. Restrict the ability of shippers to add vendors within the ESAF system. **Status: Closed**

Audit Title	Report Rating	Finding	Management Action Plans ("MAPs")
		The number and role of administrators supporting the ESAF system was not aligned with leading practices.	Management will change the personnel provided with administrator access to three roles outside of the ESAF process: the RMT Section Manager, First Line Manager Civil Maintenance, and a representative from Radiation Protection. **Status: Closed**
		The benefits outlined for some NSS strategic initiatives were not forecasted or quantified.	Management will: 1. Create a N-GUID for development of NSS Strategic Initiative Charters, that incorporates a graded approach (based on Complexity versus Impact), which will provide guidance on quantifying and forecasting the expected initiative benefits, to aid with measuring initiative success during the initiative and/or at closeout. 2. Update existing and relevant Charters due for annual revision, by applying the new N-GUID to enhance existing benefit details. **Status: Closed**
23-20 Ring-Fence – Bruce Power (ARC 2023 Q1)	Generally Effective (White)	There were some instances of non-compliance with ring-fence training requirements.	Management will: • Use the newly implemented mARS system configured for the ring-fence to check that users have completed the required training, before being eligible to apply for ring-fence membership. **Status: Closed**
			Management will: • Implement monthly verification of EM employees' training credits and ensure linkage of Qualification ID before adding the employee to the EM lists. **Status: Closed**
			Management will: • Work with the training owners and the TIMS Administrator to program TIMS to mandate new EM employees to complete ring-fence related CALS within 30-days of joining EM. **Status: Closed**

Audit Title	Report Rating	Finding	Management Action Plans ("MAPs")
		Ring-fence governance requires review and updates.	Management will ensure that noted sections of OPG-PROC-0002 are updated. **Status: Closed**
23-21 Ring-Fence – Atura Power (OPG Employees) (ARC 2023 Q1)	Generally Effective (White)	There were some instances of non-compliance with ring-fence training requirements.	Management will: • Use the newly implemented mARS system configured for the ring-fence to check that users have completed the required training, before being eligible to apply for ring-fence membership. **Status: Closed**
			Management will: • Implement monthly verification of EM employees' training credits and ensure linkage of Qualification ID before adding the employee to the EM lists. **Status: Closed**
			Management will: • Work with the training owners and the TIMS Administrator to program TIMS to mandate new EM employees to complete ring-fence related CALS within 30-days of joining EM. **Status: Closed**
		Quarterly attestations were not consistently received from OPG employees seconded to Atura.	Management will: • Include a due date on the attestation and implement a weekly follow-up with secondees; and • Incorporate into the process validation of the completeness of the list of seconded employees with OPG HR prior to sending attestation requests to employees. **Status: Closed**
		The ring-fence governance document requires review and updates.	Management will ensure that noted sections of OPG-PROC-0002 are updated. **Status: Closed**
23-23 Board of Directors Business Expenses (ARC 2023 Q1)	Effective (Green)	N/A: No Findings	N/A: No Findings

Audit Title	Report Rating	Finding	Management Action Plans ("MAPs")
23-26 Fund Management (ARC 2023 Q4)	Generally Effective (White)	System and Organization Controls ("SOC") reports from some third-party service providers were not reviewed, and daily monitoring of fund's compliance with approved risk tolerance guidelines was not consistently performed due to data unavailability.	Management will: Complete review of SOC reports as received for GSAM and BNY Mellon. Assess whether the 5-day breach window is appropriate and practical for monitoring and make any relevant updates to the GIPP. Formalize a contingency plan to address data unavailability to ensure alternative monitoring activities can occur. **Status: Closed**
		A risk compliance log was not maintained and an annual update on Investment Manager compliance was not reported to the Investment Committee (IC)	Management will assess whether existing practices surrounding the Fund's risk and performance are aligned with best practices. Subject to the outcome of the assessment, Management will either: • Update the GIPP to remove references to the compliance log and clarify which Investment Manager compliance exceptions are required to be reported to the IC; or • Prepare and maintain a compliance log that documents risk tolerance escalations and resolutions, and ensure that all instances of non-compliance are communicated to the IC. **Status: Closed**
		An independent assessment of the Investment Strategist's performance was not formalized or documented.	Management will: • Develop and implement a formal process for reviewing the Investment Strategist's performance; and • Communicate independent assessment results to oversight bodies and the Investment Strategist annually. **Status: Closed**

Audit Title	Report Rating	Finding	Management Action Plans ("MAPs")
		A formalized process for valuation of direct investments is not consistently followed.	Management will: • Update the GIPP to require a formal valuation memo to be completed for illiquid investments to support OPG-generated values; and • Review and assess whether additional considerations should be included in valuation memo template for potential value-impacting factors (e.g., discounts for minority shareholdings). **Status: Closed**
23-28 Market Renewal Program (ARC 2023 Q4)	Requires Improvement (Yellow)	Business requirements of the Lepton suite development were not clearly traced, and schedule changes were not assessed and controlled to ensure timely delivery.	Management will develop a project plan for Lepton suite scope and schedule management, establish the scope performance baseline, and maintain the Requirement Listing for scope assessment and management. **Status: Closed**
			Management will take actions to improve ADO traceability (e.g., updating naming convention, document Business Requirement Document (“BRD”) IDs, and building queries). **Status: Closed**
			Management will include an integrated UAT (User Acceptance Testing) testing for all business requirements at an appropriate time in the project schedule. The integrated UAT testing will provide assurance on realization. The appropriate timing will ensure that the Lepton suite team has sufficient buffer time to remediate in case there are any missed business requirements. **Status: Closed**
			Management will develop more ADO dashboards for progress tracking and include appropriate status updates in the monthly reporting. **Status: Closed**

Audit Title	Report Rating	Finding	Management Action Plans ("MAPs")
		Project management plans and the integrated project schedule were not kept up-to-date, project performance metrics have not been consistently published, and reported earned value metrics were not reflective of deliverables completed for the MRP Umbrella project.	Management will complete the work on integrated schedules and build performance dashboards accordingly. Upon completion, the MRP Umbrella and IT projects will follow EPMO governance for project management and reporting. Amendments to the methodology applied in calculating earned value will also be addressed through this management action. **Status: Closed**
			Management will update the risk management plan and adjust risk reporting accordingly. **Status: Closed**
			Management has developed a project governance change registry to capture changes for updating the PMP. The registry is a living document which will also serve as interim governance until the updated PMP is issued. **Status: Closed**
			Management will update the PMP to address hybrid tool changes. **Status: Closed**
		The scope and schedule of the business process redevelopment initiative were not well defined and tracked for timely completion.	Management will revise the TOR to contain the elements of a project plan and schedule with greater definition, which will be shared with relevant stakeholders for alignment and used to guide execution and tracking. **Status: Closed**
23-31 Third Party Risk Management (ARC 2023 Q4)	Requires Improvement (Yellow)	A central list of third parties with access to OPG systems is not maintained, and there are no formal processes to inform DTS of offboarded vendors to initiate revocation of access to OPG systems.	Management will establish a process to ensure that communication is made to necessary OPG teams to inform them of required actions to be executed upon communication of the end of vendor relationships. **Status: Closed**

Audit Title	Report Rating	Finding	Management Action Plans ("MAPs")
			Management will review active accounts with non-OPG email addresses and third parties in Active Directory to confirm adherence to established practices (i.e., expiry dates for accounts). **Status: Closed**
			Management will develop a sustainable solution in the form of an Identity Access Management ("IAM") tool which will help track activity and manage risks associated with vendor access. **Status: Closed**
		Supply Chain does not currently have a centralized process to proactively monitor and translate global market and geopolitical trends into potential impacts on projects and outages.	Management will define a formal plan, based on a cost-benefit analysis, which includes the objective and deliverables of a centralized process to proactively monitor and translate global market and geopolitical trends of most significance to OPG into the potential impact on projects and outages. **Status: Closed**
		Cyber risk assessments are not conducted during the vendor needs identification phase of the Request for Proposal ("RFP") / Request for Quotation ("RFQ") process.	Management will: • Update procurement governance with procedures to involve the Cyber Security team to perform due diligence assessments during the vendor needs identification phase based on defined criteria; and • Communicate the updated governance and new procedures to procurement specialists, BUs who are actively involved with procuring services, and establish appropriate training. **Status: Closed**

Summaries of Internal Audits Completed Since Q4 2020

Audit Title	Report Rating	Finding	Management Action Plans ("MAPs")
		Cyber Security does not have oversight of non-requisition purchases.	Management will enhance detective controls and exception reporting to provide adequate oversight over non-requisition purchases, in line with the established risk tolerance levels and/or establish the company's cyber risk posture to non-standard purchases. **Status: Closed**
24-01 Artificial Intelligence ("AI") Governance (ARC 2024 Q1)	Requires Improvement (Yellow)	AI strategy and central governance, including roles, responsibilities and accountabilities of stakeholders involved in AI governance and the end-to-end management of AI systems, are not clearly defined.	Within the organization's overall digital strategy, Management will define the role of AI, with defined AI roles and responsibilities, accountabilities and risk appetite. Management will develop an AI development lifecycle process document that provides guidance to users on roles and responsibilities and all the steps and deliverables that need to be followed across the AI life cycle. This document will be referred to in the 'Usage of AI' ToR. **Status: Closed**

Audit Title	Report Rating	Finding	Management Action Plans ("MAPs")
		A talent development program that integrates AI training, knowledge transfer and people management practices to effectively leverage AI technologies is not in place.	Management will develop a knowledge transfer strategy for AI Committee members. This will involve identifying potential successors for each role on the Committee, while considering the specific skills and expertise required to continue AI advancement. Management will establish mandatory training programs on AI definition, AI risk appetite and tolerance, AI development, AI risk management, AI third-party risks and Responsible AI principles. The training will be customized for each stakeholder group (e.g., LOBs, AI Committee, AI CoE, and second line oversight functions) based on the level of AI understanding required for their roles and responsibilities. Management will define AI training as part of the AI strategy and roadmap and document and review training content, monitor training completion and consider completion as a qualification for individuals involved in AI decision making processes (e.g., LOBs, AI Committee, AI CoE, and second line oversight functions). Training materials will be customized based on the audience (end users versus developers). **Status: Closed**

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Audit Title	Report Rating	Finding	Management Action Plans ("MAPs")
		Current AI processes and procedures, including performance and progress monitoring of AI systems, lack the necessary rigor to ensure consistent adherence to AI governance.	Management will establish a process to identify and document AI projects and third-party AI solutions that have not been presented to the AI Committee. Management will update the AI inventory and capture the owner, data sources, algorithms, users/LOBs where an AI system is deployed and the monitoring cadence for all AI systems. AI Governance and Oversight Model will be finalized, taking into consideration: • The roles and responsibilities of the AI Committee; • The impact of non-compliance to the IT PMO and AI Committee processes and communication to the appropriate stakeholders; • The need for a complete AI inventory, including shadow AI systems; and • A process to monitor all AI systems across OPG centrally to validate that AI models are performing appropriately. **Status: Closed**

Audit Title	Report Rating	Finding	Management Action Plans ("MAPs")
			Management will notify the procurement team of AI system procurement requests to validate appropriateness. Management will perform a retroactive review of all AI systems identified prior to the AI Committee's establishment that are currently being developed or have been deployed to validate their alignment with the most up to date AI governance processes. Management will develop a model card for each AI use case to document the following: • How well the model performs compared to performance metrics; • The AI risks, benefits, acceptable error rates and monitoring cadence; • Assigned owner of the model card; and • Inclusion of ROI against defined project success metrics (for AI use cases with significant investments) Management will indicate dated reviews and approvals for all documents and assessments associated with the planning, design, development, deployment of AI systems. **Status: Closed**

Audit Title	Report Rating	Finding	Management Action Plans ("MAPs")
		Centrally managed AI risk management processes for all use cases have not been established.	Management will revamp its AI Risk Impact Assessment questionnaire to holistically address the risks identified in the Responsible AI principles, including considerations of risk tolerance for each AI use case, and develop a user guide for the questionnaire to provide helpful instructions to respondents on appropriately evaluating all AI risks. Management will develop a formal process to assess third-party AI risks based on existing TPRM processes and the AI questionnaire. The assessment will be documented in the TPRM standard, applied to all third-party AI systems and vendors and will include details on third-party systems and their data. **Status: Closed**
		Existing AI procedures and documents have not been updated in a timely manner to incorporate relevant documentation references.	Management will update existing AI policies and procedures (e.g., 'Usage of AI' ToR, Responsible AI principles and risk assessment procedures) to reference existing risk policies (e.g., OPG-PROG-0042 Cybersecurity, OPG-STD-0181 Third-Party Risk Management, OPG-PROG-004 Enterprise Risk Management, etc.). Management will define a regular cadence for revising the 'Usage of AI' ToR and 'AI Committee' ToR, (including updating the individuals representing the AI Committee). **Status: Closed**
		Table-top exercises on AI related incidents and crises have not been conducted with relevant AI stakeholders.	Management will conduct table-top exercises with the LOB, AI Committee, AI CoE and other relevant stakeholders / AI users on incident and crisis response planning and procedures. The table-top exercises will cover the roles and responsibilities of all the individuals involved in responding to an AI related incident or crisis and include information on "shut-down" and decommissioning procedures. **Status: Closed**
24-05 Ethics Hotline / Complaints Process and Reporting (ARC 2024 Q4)	Effective (Green)	N/A: No Findings	N/A: No Findings

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Audit Title	Report Rating	Finding	Management Action Plans ("MAPs")
24-06 Equity, Diversity, and Inclusion Strategy (ARC 2024 Q3)	Generally Effective (White)	ED&I Strategy actions are not directly mapped to specific GDEIB key areas and benchmarks to enable assessment of progress on achieving OPG's 2030 commitment.	Management will map actions from the action tracker against the ED&I Strategy and to the GDEIB key areas/benchmarks to enhance measurement and tracking for reporting to key stakeholders. **Status: Closed**
		The risk and impact of outstanding actions on the achievement of the ED&I Strategy have not been formally assessed, including the development of mitigation actions.	Management will perform a risk assessment on outstanding actions to evaluate the potential risks and impacts of non-completion and based on the outcome of the assessment, develop mitigation actions for at-risk items. **Status: Closed**
24-08 Long Lead Material Procurement & Supplier Capacity Risk Mitigation (ARC 2024 Q2)	Requires Improvement (Yellow)	End-to-end processes, responsibilities and use of systems to enable the development of procurement strategies for demand identification from potential investments are not clearly defined or accepted by business units.	Management will establish and document the desired end-to-end process and secure enterprise-wide alignment of the responsibilities for early demand identification and supplier capacity risk mitigation. Governance documentation will be updated where applicable. Supply Chain Management will: • Attend the AMOC meetings to provide procurement input; and • Determine the extent and granularity of data needed for the chosen solution to provide advanced demand signals. **Status: Closed**
			Asset Management will: • Ensure future procurement information are captured in a consistent, complete, and detailed manner; • Implement solutions to ensure demand signals are available to facilitate Supplier Capacity Risk Mitigation; and • Invite Supply Chain to the AMOC meetings and obtain input. **Status: Closed**

Audit Title	Report Rating	Finding	Management Action Plans ("MAPs")
		Dispositions for supplier capacity risk mitigation actions are not consistently documented, and steady-state process is not yet determined to ensure periodic refresh of demand data and reassessment of risk mitigation plans.	Management will: • Capture lessons learned regarding the expectation on dispositioning of supplier capacity mitigation actions; • Incorporate Capacity Risk Management process into governance and develop plans to transition the practices into the annual Enterprise Procurement Planning for steady-state support; and • Update OPG-PROC-0211 section 1.4.4.4 as necessary to clarify the expectations around the expectations around category strategy documentation. **Status: In-Progress**
24-09 Supplier Relationship Management (ARC 2024 Q4)	Generally Effective (White)	Completion of deliverables outlined in the SRM initiative plan is delayed, the number of completed supplier scorecards did not meet the planned target, and related performance management activities were completed to a limited extent.	Management will: 1. Update the SRM Initiative Plan with a roadmap and schedule that outlines the timelines for all remaining activities and deliverables; and 2. Establish formal periodic SRM status reporting to Supply Chain Senior Leadership, including requests for approval to key changes to the SRM initiative. **Status: In-Progress**
			Management will: 3. Establish a formal structure to document all supplier development plans with a tracking tool. **Status: Closed**
		The current supplier scorecard lacks a key ESG metric, and there is no alternative process in place to evaluate suppliers that do not have ESG information in the data source	Management will: 4. Update the one supplier scorecard to include information on Human Rights results and actions. **Status: Closed**

Audit Title	Report Rating	Finding	Management Action Plans ("MAPs")
		used by Supply Chain.	Management will: 1. Obtain confirmation of completed EcoVadis registrations for the four noted suppliers; 2. Determine an evaluation process for suppliers who have not subscribed to EcoVadis or have declined in rating so they will be appropriately evaluated; and 3. Update the supplier scorecard template to incorporate Human Rights performance metrics. **Status: In-Progress**
		Supplier scorecards are not stored in Ariba as required by governance, and the SRM Process is not documented at the appropriate governance level of authority.	Management will: 1. Assess all documents generated by the SRM process, including scorecards, to determine which should be treated as records, and revise governance accordingly; 2. Store SRM documents that are deemed records per the revised governance in the designated repository; and 3. Establish a governance framework for the SRM program and update the governance accordingly. **Status: In-Progress**
24-10 Corporate Headquarters Project (ARC 2024 Q3)	Generally Effective (White)	A Program Management Plan and a Level 2 schedule were not prepared to manage the full scope of the CHQ Program.	Management will assess whether developing a Program Management Plan and preparing a Level 2 control schedule covering the full program scope is beneficial, given that the project is already in its execution phase. Based on the outcome of the assessment, the necessary documents will be created, or an exemption will be sought from the Project Sponsor to forgo the creation of these documents. **Status: Closed**

Audit Title	Report Rating	Finding	Management Action Plans ("MAPs")
		The CHQ Program Charter was not formally approved by the Program Sponsor and stored in an Approved Information Management System, and not all program risks are recorded in an approved risk management system.	Management will: • Update the CHQ Program Charter, obtain the Program Sponsor's approval, and file it in an AIMS; • Assess whether all CHQ program risks should be documented in an approved risk management system. Based on the outcome of the assessment, either document the risks in an approved risk management system or seek an exemption from the Project Sponsor to continue retaining them in SharePoint; and • Update the Campus Headquarters Renovation Project Management Plan with the correct document number. **Status: Closed**

Audit Title	Report Rating	Finding	Management Action Plans ("MAPs")
24-11 Employees' Business Travel & Expenses (ARC 2024 Q3)	Requires Improvement (Yellow)	Certain expenses were approved not in accordance with the Standard and related policies.	Management will develop and communicate a plan to require mandatory completion of the OPG Business Travel & Expense training course for existing managers, administrative staff, and new hires, and for annual refresher training to be conducted to highlight changes to Concur and the Standard, as required. As part of the training, approvers will be reminded of their responsibility to thoroughly review expenses, exception reports, and take follow-up action. Management will revise the Standard to describe exception reports and related line management responsibilities in more detail, which will also be reviewed as a topic in the mandatory training. Management will ensure that all P-Cards will remain blocked, and related communication will be sent to impacted employees. A semi-annual review will be conducted for unblocked P-Cards to ensure there remains valid and documented justification. Management will assess the implementation of additional controls and reporting capability in SAP Concur to prevent and detect user errors over group meals and facilitate compliance and exception reporting. Management will contact the relevant employees regarding the exceptions and will seek reimbursement. **Status: Closed**
			Management will develop quarterly reports that highlight significant exceptions, which will be provided to Enterprise Leadership Team ("ELT") members to action and follow up with support from Controllership. **Status: Closed**

Audit Title	Report Rating	Finding	Management Action Plans ("MAPs")
		Practices related to oversight and follow-up actions on reports identifying potential exceptions and non-compliance are inconsistent with the expectations outlined in the Standard.	Management will revise the Standard to clearly outline that line managers, instead of Controllership, have direct accountability and responsibility to review the exception reports and follow up on exceptions. **Status: Closed**
			For a period of 12 months, Management will conduct a random sample of 10 exception reports on a quarterly basis. Key findings will be reported to the ELT for awareness. **Status: Closed**
		OPG's Standard does not provide detailed guidance over certain types of expenses, some of which have prescriptive requirements within the Directive.	Management will update the Standard to align with the Directive, as follows: a) Include additional guidance on meal allowances by specifying the required 24km travel distance to claim meal expenses for management; and b) Revise the mileage policy to provide a clear and detailed explanation of incremental travel. Management will work with stakeholders to configure the Concur tool so that the automated calculation of mileage based on the inputted data incorporates the incremental travel formula. Once completed, the change will be communicated to all employees. **Status: Closed**

Audit Title	Report Rating	Finding	Management Action Plans ("MAPs")
		One instance was noted where an expense was not reported to the Office of the Integrity Commissioner ("ICO") and some instances were noted related to summation errors.	Management will notify the ICO of the error and will revise and resubmit the summarized total amount for the Top 5 employees for 2023, including all supporting receipts and details to facilitate their review. Management will update the reporting logic to pull from the source system (Concur) thereby ensuring summarized totals match expense claims. The first report will be generated in early 2025, and in the interim a cross-checking review process will be implemented. **Status: Closed**
		There is a lack of detailed vendor reporting for corporate card delinquency charges beyond 60 days.	Management will run the aging delinquency report (greater than 61 days) on a monthly basis and will follow up with employees directly to ensure all outstanding balances are paid by the employee and OPG does not incur any costs. **Status: Closed**
24-12 Strategic Outage Planning (ARC 2024 Q3)	Generally Effective (White)	The scope of the D4F Planned Outage Duration Improvement sub-initiative has not been clearly defined and documented, and risk management practices do not allow for adequate identification, assessment, and monitoring of risks.	Management will: • Develop a D4F Planned Outage Duration Improvement sub-initiative scope document that describes the outage activities and process to be followed to achieve a 40-day critical path outage duration; and • Perform a formal risk assessment for the D4F Planned Outage Duration Improvement sub-initiative and based on the results, identify, assign and document risk owners, mitigation actions and due dates in the form of a risk register (i.e. Resolver), which will be reviewed and monitored on a regular basis (e.g. annually in D4F Oversight Committee meetings). **Status: Closed**

Audit Title	Report Rating	Finding	Management Action Plans ("MAPs")
		A clearly defined schedule baseline, including a process to formally track schedule performance metrics for the sub-initiative, was not developed.	Management will define the schedule baseline for the D4F Planned Outage Duration Improvement sub-initiative with target completion dates, schedule baseline, and resource planning (including schedule performance metrics). **Status: Closed**
		The D4F Initiative Terms of Reference is not maintained in OPG's Approved Information Management System.	Management will update the D4F Initiative Terms of Reference to include an appropriate document number and revision history, and upload to an Approved Information Management System to align with the requirements of OPG-PROG-0001, *Information Management*. **Status: Closed**
24-13 Severe Weather Preparedness (ARC 2024 Q2)	Requires Improvement (Yellow)	Both Dam Safety and Facility-Level Emergency Preparedness & Response Plans ("EPRPs") do not contain plans or procedures for handling certain adverse weather conditions, including wildfires.	Management will review which regions require specific plans and procedures for certain severe weather events, based on readiness discussions, experience from recent events, and routine exercises in consideration of regional risk profiles. Prior to the Target Completion Date, each RG operation group will identify back to the Director, Dam & Public Safety what specific plans and procedures (if any) are required to be prepared along with proposed timelines. By the Target Completion Date, timelines for completion of the plans and procedures will be mutually agreed to by the operation group management and the Director, Dam & Public Safety. **Status: Closed**

Audit Title	Report Rating	Finding	Management Action Plans ("MAPs")
		Assessments of post-exercise and real event observations in After Action Reports ("AARs") focused solely on items mandated by prescribed governance without considering their impact, while Corrective Action Plans ("CAPs") were not added to the RG tracking module in a timely manner.	Management will: • Update Section 11.2.5.3 of Standard 11 to ensure that the impact from observations in the AARs are given more prominence when defining observation categories; • Update governance to ensure that AARs clearly indicate which actions (i.e., CAPs) will be undertaken as an outcome of the report and all observations have been clearly dispositioned; and • Review existing Emergency Management OFIs to determine if any should be elevated to "Finding" or "Significant Finding" based on their impact, and document CAPs as appropriate. If the proposed update to RG-PROC-AS-0002 requiring CAPs to be created within 90 days of the After Action Report does not come into fruition, Dam & Public Safety Management will include in their governance clarifying that the CAPs are to be created within 90 days with an action plan identifying deliverables and target completion dates. **Status: Closed**
		Some governance provisions related to the conduct of tabletop exercises were not followed.	Management will update governance as follows: • Create an "all-hazards" tabletop subsection which details frequency, participant, objective and process requirements; • Revise the language regarding the invitation of external copy holders to "classic" tabletops in Section 5.8.2 of Standard 8; • Clarify the inclusion of tabletop exercises at coordination/stakeholder meetings in Section 5.7; and • Document clear instructions for facilitators on what should be done after questions or discussions occur during exercises to provide a reasonably consistent result. **Status: Closed**

Audit Title	Report Rating	Finding	Management Action Plans ("MAPs")
		Communications with external stakeholders were inconsistently or inadequately performed.	Management will create an outline document to be used when planning coordination/stakeholder meetings, which references the six discussion requirements required by Standard 8. Management will review and update CAL 76288 to stress the necessity of retaining communications to external agencies when internal response centres are set up during EPRP activations, as mandated by Standard 11. **Status: Closed**
24-14 Security Incident and Crisis Management (ARC 2024 Q4)	[redacted]	[redacted]	[redacted]

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Audit Title	Report Rating	Finding	Management Action Plans ("MAPs")
		[redacted]	[redacted]
24-15 Darlington New Nuclear Project ("DNNP") – Business Case and Release Quality Estimate (Class 3) (ARC 2024 Q4)	Generally Effective (White)	Some standard procurement milestones were not entered in the P6 schedule, and it is unclear whether equipment will meet the Required-on-Site ("ROS") dates due to procurement log inconsistencies, and not all equipment procurement had a category strategy.	Management will: • Review and update the standard procurement milestones in P6 and procurement log to ensure they are fit for purpose, and where applicable, incorporate these milestones into P6 and procurement log with realistic timelines. Dates in the procurement log will be clearly marked to distinguish between forecast and actual dates; and • Explore options to automatically update P6 milestones with those documented in the Procurement log. • Formally define and document the criteria for requiring category strategies within the SPA Gated Process, including separate preparation of the strategy and procurement plan before submitting the Gate A SPA Form. Additionally, consult with OPG Category Management to ensure visibility and input on these strategies; • Ensure NOPs document relevant Procurement Policies and Procedures in their Subcontractor Management Plans, including any missing project-specific information; and • Assess and update the Master SMP to reflect the current reporting and communication channels, replacing any references to "ad hoc" reporting. **Status: In-Progress**

Audit Title	Report Rating	Finding	Management Action Plans ("MAPs")
		Certain missed tier 1 and 2 engineering and procurement milestones lacked formal recovery plans, and in some instances the re-baselined milestone dates have not been achieved.	Management will work with the Project Integration Team ("PIT") to: • Review the missed and at-risk tier milestones, including their cause and impact on successor milestones. Assess the effectiveness of current recovery activities and implement changes as needed. • Review and update the current project guidance on milestone management and issue management to ensure alignment in handling delayed milestones and review the status of recovery plans for at risk and missed milestones during Execution meetings. **Status: In-Progress**
		Certain risk management activities were not conducted in accordance with established governance and guidelines.	Management will: • Conduct risk QRA input workshops led by Risk Specialists for all the remaining bundle/projects as part of the RQE process. • Conduct refresher training sessions with bundle risk SMEs to highlight the requirements of the Risk Contingency Input Template Guide prior to QRA runs. • Update automated monthly reporting to include "request to activate" risks. **Status: Closed**
			Management will: • Revise the Project Controls Plan to require that monthly reporting of risks in "draft" status that are over 60 days old and "request to activate" status is conducted. **Status: Closed**

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Audit Title	Report Rating	Finding	Management Action Plans ("MAPs")
24-16 Darlington Nuclear Refurbishment ("DNR") Cost and Budget Management (ARC 2024 Q1)	Effective (Green)	Supporting documentation for Change Control Forms ("CCFs") did not consistently follow procedural governance requirements.	Management will: • Define and clarify the process and documentation requirements for approving CCFs above $10 million in the DNR PMP, and will communicate the update to DNR Project Teams and other key stakeholders; and • Perform a risk assessment and identify the CCFs in scope to perform an extent-of-condition review for missing supporting documentation, and close identified gaps as needed. **Status: Closed**
			Management will upload the missing supporting evidence from IA's test results into the required system. **Status: Closed**
24-18 Partnership Compliance Agreement (ARC 2024 Q4)	Effective (Green)	Partnership Agreement obligations were not consistently listed in the Nanticoke Solar Limited Partnership ("NSLP") PMP.	Management will: • Add the omitted obligations to the NSLP PMP during the Q4-2024 update; • Review the key agreements for the Lower Mattagami, Lac Seul, and Peter Sutherland Sr. partnerships to identify obligations that may have been missed in the respective PMPs, and revise the PMPs as part of the Q4-2024 update; and • Revise the NSLP LPA at the next amendment opportunity to remove Article 18.2. **Status: Closed**
		Audited financial statements were not distributed to Partners according to the timeframe stipulated in the NSLP Limited Partnership Agreement ("LPA").	Management will document in an internal memo the approach when OPG is unable to deliver financial statements within 120 days. **Status: Closed**

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Audit Title	Report Rating	Finding	Management Action Plans ("MAPs")
24-23 Board of Directors' Business Expenses (ARC 2024 Q1)	Effective (Green)	Some sampled expenses were not approved in accordance with the authority levels prescribed in OPG's Standard.	Management will revise the Standard for the review and approval of the Board Chair's expenses to be solely completed by the CFO. **Status: Closed**
			Management will obtain the Chair of the ARC's approval for the Board Chair's expenses until the revision of the Standard is made effective. **Status: Closed**
		OPG's Standard was silent on the treatment of certain expenses that had prescriptive requirements within the Directive.	Management will update the Standard to align with the Directive, as follows: • Include additional guidance over security assessments and insurance coverage (i.e., medical, health, and travel accident insurance) for Board members when travelling outside of Canada; and • Include a provision on the treatment of penalties incurred for hotel cancellations. **Status: Closed**
24-25 Environmental Management System Audit Program (ARC 2024 Q1)	Effective (Green)	Documentation was not available to support audit plan approval by EH&S Management.	Management will update OPG-PROC-0044 to clarify documentation requirements for audit plan approvals and required documentation to support delegations of authority. **Status: Closed**
25-01a Bruce Power Ring Fence (ARC 2025 Q1)	Generally Effective (White)	The Energy Markets Compliance Contact ("EMCC") did not provide the list of employees who completed a required training course to the Ring-Fence Coordinator to facilitate oversight, and one employee did not complete the required training.	Management will work with the TIMS system administrators to develop customized automated reports for training monitoring and compliance reporting. **Status: Closed**

Summaries of Internal Audits Completed Since Q4 2020

Audit Title	Report Rating	Finding	Management Action Plans ("MAPs")
		The Ring-Fence governance has not been updated to reflect current practices, controls, and system configurations.	Management has initiated Document Change Request (“DCR”) 170043 to update the Ring-fence procedure to align with current system configurations, practices, and controls. **Status: Closed**
25-01b Atura Power Ring Fence (ARC 2025 Q1)	Generally Effective (White)	The Energy Markets Compliance Contact (“EMCC”) did not provide the list of employees who completed a required training course to the Ring-Fence Coordinator to facilitate oversight, and one employee did not complete the required training.	Management will work with the TIMS system administrators to develop customized automated reports for training monitoring and compliance reporting. **Status: Closed**
		The Ring-Fence governance has not been updated to reflect current practices, controls, and system configurations.	Management has initiated Document Change Request (“DCR”) 170043 to update the Ring-fence procedure to align with current system configurations, practices, and controls. **Status: Closed**
			Management will revise QUAL 44913 information in TIMS to include all the training courses required for EM staff. **Status: Closed**
25-09 Pension and Benefits Administration (ARC 2025 Q2)	Requires Improvement (Yellow)	A pension entitlement audit has not been performed since it was first conducted in 2019, increasing the risk of pension payments to deceased pensioners. Documentation is not	Management will review the identified overpayment cases and initiate recovery actions. **Status: In Progress**

Audit Title	Report Rating	Finding	Management Action Plans ("MAPs")
		required to support changes to pensioners' banking records or the enrolment of spouses and dependents for benefits, including any subsequent changes.	Management will: • Issue letters to pensioners over 90 years of age as soon as practically possible using TELUS Health, the existing service provider, and conduct the alive and well audit on this subset of the population; • Initiate a process to secure a vendor to perform "alive and well" audits; and • Define an appropriate interval for the conduct of future alive and well audits through this vendor which is understood to be annual based on vendor proposals and management preference. **Status: In Progress**
		Complementary User Entity Controls ("CUECs") required by vendors engaged by OPG to administer pension and benefits coverages have not been fully assessed for applicability, relevance and effective implementation. Control deficiencies identified in vendor SOC 1 reports were dispositioned without documented rationale.	Management will: • Update the existing P&B process document on the review of SOC 1 reports to: - Include the requirement to review CUECs; and - Require documentation of criteria used and rationale to support disposition of SO control deficiencies identified in the SOC 1 report; • Assess CUECs for applicability to OPG, map applicable CUECs against existing controls, identify owners for control execution and obtain acknowledgment to confirm responsibility acceptance for controls execution; • Review effectiveness of CUECs with relevant stakeholders (frequency to be defined in mapping document) to address any gaps where applicable and retain documentation as evidence of these reviews including any resulting actions; and • Use the updated process document in the review of the 2025 SOC 1 reports. **Status: In Progress**

Summaries of Internal Audits Completed Since Q4 2020

Audit Title	Report Rating	Finding	Management Action Plans ("MAPs")
		Some P&B Standard Operating Procedures ("SOPs") are not current and do not address all processes.	Management will: • Refine and update the P&B program SOPs as part of the 2025 department performance objectives; • Expand the 2024 P&B process review initiatives to assess the need to adopt document change control for SOPs in accordance with OPG governance framework; and • Provide the updated P&B program SOPs to relevant HR stakeholders. **Status: In Progress**
25-13 Dam Safety Program (ARC 2025 Q2)	Generally Effective (White)	Not all staff identified by Operations Groups to fulfill emergency management roles have been assigned the training in the Training Information Management System ("TIMS") as required by governance, and the requalification period for one of these trainings was misconfigured in TIMS.	Management will work with RG Training to ensure all employees identified to fill emergency management roles have been assigned the appropriate QUALs and PELs in TIMS as required by governance. **Status: In Progress**
			Management will ensure TIMS is updated to have a requalification period of 60 months for PEL 76287. **Status: Closed**
		Site inspection reports did not include all information and cover all elements required by the Quebec Dam Safety Regulation.	Management will refresh site inspectors' knowledge of the requirements of Section 42.1 of the Quebec Dam Safety Regulation as they relate to the completion of site inspection reports. **Status: In Progress**
		DSRs were not performed at the intervals prescribed by governance, and the review of governance documents was not completed within the required timelines.	Management will complete the execution of plans to ensure that all dams will be within their defined review cycles by the end of the year. **Status: In Progress**
			Management will complete the planned 2025 governance revisions. **Status: In Progress**

Summaries of Internal Audits Completed Since Q4 2020

Audit Title	Report Rating	Finding	Management Action Plans ("MAPs")
25-16 Fleet Performance (ARC 2025 Q1)	Generally Effective (White)	Letters of Concern ("LOCs") opened for over three months were not raised to Elevation status.	Management will: • Address the overdue LOCs, via LOC closure or progressing the LOC to CFAM elevation as appropriate; and • Document the rationale for LOCs that are open longer than the time established by governance. **Status: Closed**
		Five guidelines and one standard containing performance indicators and associated definitions are overdue for review.	Management will: • Review the six governance documents that are overdue for review; and • Determine the appropriate review frequency for performance indicators and associated definitions and update governance accordingly. **Status: In Progress**
25-19 Nuclear Oversight (ARC 2025 Q1)	Effective (Green)	Responses to elevation and escalation notices issued by Nuclear Oversight were not received within the prescribed timeframes.	Management will remind responsible personnel of the importance of adhering to prescribed timelines regarding responses to elevation and escalation notices. **Status: In Progress**
			Management will review the Nuclear Oversight Elevation and Escalation Procedure (N-PROC-RA-0129) and assess reasonableness of the prescribed timelines for line management responses to elevation and escalation notices, and provide more clarity on steps needed to close escalation notices (i.e. escalation exit). **Status: In Progress**
25-23 Small Hydroelectric Development (ARC 2025 Q2)	Generally Effective (White)	A Commissioning Execution Plan ("CEP") has not been developed for the Coniston/Stinson Redevelopment Project.	Management will develop and formalize the CEP. **Status: In Progress**

Audit Title	Report Rating	Finding	Management Action Plans ("MAPs")
		Four overdue actions and one missed milestone were noted for the Coniston/Stinson Redevelopment Project.	Management will review the governance around action and milestone tracking in ePMX at a meeting with the project team members to ensure action notifications are kept up to date. **Status: Closed**
		Schedule Performance Index ("SPI") figures for sampled monthly project reports are inconsistent between ePMX and the scheduling system.	Management will work with the Digital Project office to ensure that clarification is added to the ePMX tool to highlight the timeframe on which the SPI calculations are performed. **Status: Closed**
		A project design guide was not finalized and issued in a timely manner.	Management finalized and formally issued the Project Design Management Guide on May 23, 2025. **Status: Closed**
25-26 Board of Directors' 2024 Business Expenses (ARC 2025 Q1)	Effective (Green)	Justification for the reimbursement of a car rental refueling surcharge was not documented in the business expense claim as required by the Standard.	Management will refresh administrative staff's knowledge of the Standard and reinforce the requirement to document the justification for reimbursement of car rental refueling surcharges. **Status: Closed**
		Three instances of Board-related expenses were not included in the ICO reporting.	Management will include the hotel no-show charge for the Board Member in the Q4 2024 submission to ICO. **Status: Closed**
			Management will refresh administrative staff's knowledge of the Standard and reinforce the requirements related to the ICO reporting. **Status: Closed**