OATT Standards of Conduct (SoC)
Implementation & Maintenance Procedure

1.0 Purpose

The purpose of this procedure is to describe how Nova Scotia Power Inc. will implement and maintain the requirements of its Standards of Conduct (SoC) for the provision of wholesale electric transmission service.

2.0 Scope

This procedure is directly applicable to all staff identified on the SoC Direct Applicability List.

3.0 References

NSPI's Standards of Conduct	(As approved by the UARB)
SoC OASIS Messaging	Document No. OATT-SoC-002
SoC Non-Conformance Reporting	Document No. OATT-SoC-003
SoC Non-Conformance Report (NCR)	Document No. OATT-SoC-004
SoC Corrective Action Status Log	Document No. OATT-SoC-005
SoC Direct Applicability List & Organizational Chart	Document No. OATT-SoC-006
SoC Employee Training Record	(energysource)

4.0 Responsibilities

4.1 The Director, Control Centre Operations is responsible for the following activities:
   a) Appoint a Chief Compliance Officer
   b) Direct the Chief Compliance Officer to ensure NS Power's adherence to the SoC as outlined by the responsibilities identified below.

4.2 The Chief Compliance Officer is responsible for the following activities:
   a) Take overall responsibility for NS Power's adherence to the SoC.
   b) Ensure that revised SoC procedures are posted on the OASIS annually.
   c) Ensure that all applicable staff are notified in the event of revisions to the SoC.
   d) Review and approve all documents associated with the implementation and maintenance of the SoC, including Direct Applicability List and Organizational Chart (based on NS Power Organizational chart)
   e) Review and approve all training modules.

f) Ensure that all staff on the Direct Applicability List receive the annual SoC training.

g) Work with managers and employees to ensure at least 95% of all staff on the Direct Applicability List complete the annual SoC training.

h) Ensure that the training/audit records are maintained.

i) Ensure that the Cause and Corrective Action have been identified for each Non-Conformance Report (NCR)

j) Follow-up to ensure that the corrective actions have been implemented and are effective for each Non-Conformance.

   a. If a corrective action request remains outstanding after 30 working days, contact the appropriate Manager/Supervisor responsible for the corrective action to determine why it has not been corrected.

   b. If after 60 working days, the request is still outstanding, review the situation with the Director, Control Centre Operations and any other necessary management personnel (up to the Chief Operating Officer of NSPI) as required to maintain control of all aspects of the Standards of Conduct.

k) Maintain and update the Corrective Action Status log for all non-conformances identified.

l) Ensure when revising all SoC documents a redline version is saved for UARB Audit tracking, and evidence.

m) Ensure appropriate audit components are included within the annual training, including a certification section requiring the employees to attest that they have the required knowledge.

n) Evaluate all Non-Conformance Reports to determine if they need to be posted on the OASIS and post if required.

4.3   Staff listed on the SoC Direct Applicability List are responsible for the following activities:

a) Review the SoC and certify that they understand the document.

b) Comply fully with the SoC document.

c) Upon notification of revision to the SoC complete the new training module and certify understanding of the revised SoC.

d) Report all deficiencies to your supervisor or manager, initiating Non-Conformance Reports as required.

e) Complete any request for Corrective Action within 30 working days.

4.4   Managers/Supervisors are responsible for the following activities:

a) Ensure that all applicable staff are listed on the SoC Direct Applicability List.

b) Contact the Chief Compliance Officer with the name and title of all new or transferred personnel to be included on the Direct Applicability List.

    c) Ensure that all staff on the Direct Applicability List is allowed time to complete the training.

    d) Create Non-Conformance Reports as required, determining Cause, Corrective Action and Follow-up as appropriate.

5.0 Document Control

5.1 Upon approval of a revision to the Standards of Conduct document by the UARB, the Chief Compliance Officer shall ensure the revised Standards of Conduct is posted on the OASIS within two working days.

5.2 Upon approval of a revision to the Standards of Conduct document by the UARB, the Chief Compliance Officer shall notify all staff listed on the Standards of Conduct Direct Applicability List that there has been a revision to the Standards of Conduct, shall list the revisions in the notification, and state that the revised Standards of Conduct has been posted on the OASIS within three working days.

5.3 A training module will be provided within 30 working days to all staff listed on the Direct Applicability List to review all revisions to the Standards of Conduct. The training module will include testing and certification regarding the revisions to the Standards of Conduct. If the training module has not been completed within the required timeline, the Chief Compliance Officer shall initiate a non-conformance report.

5.4 Quarterly, as a minimum, the Chief Compliance Officer shall review the Standards of Conduct Direct Applicability List to ensure its accuracy and update it as required.

6.0 Records

All records of training, auditing, and relevant documentation will be kept in confidential and secure location for a period of no less than 7 years.

7.0 OASIS Website

OASIS Website Requirements:

    a) Each item on the NS Power OASIS website will be reviewed quarterly for accuracy of information and current dates.

    b) Broken links will be fixed with-in 7 days of communication to the Chief Compliance Officer.

    c) The Standards of Conduct Org chart will stay updated to reflect the NS Power org chart.

    d) Each time a page on the OASIS site is reviewed or revised the revision/review date will be noted on bottom of the OASIS page.

8.0 Revision History

Revision	Prepared by	Reason for change
October 2017 – rev 0	Dave Kelly	Issued.
October 2018 – rev 1	Nicole Mosher	Annual review
September 2019 – rev 2	Kelsey Settle	Annual review, no changes.
July 2020 – rev 3	Kelsey Settle	Annual review, no changes.
July 2021 – rev 4	Kelsey Settle	Annual review, no changes.
November 2021 – rev 5	Kelsey Settle	Signing authority changed from Nicole Mosher to Natasha Flynn.
December 2022 – rev 6	Kelsey Settle	Annual review, no changes.
December 2023 – rev 7	Natasha Flynn	Updated document to reflect the change to annual training/certification. Updated other aspects of the document that were outdated or no longer relevant. Removed SoC-007 as audit checklist is now a component in the annual training package, requiring certification to attest that employees have the required knowledge.
May 2024 – rev 8	Natasha Flynn	Updated document to expand on required timelines.

9.0 Document Approver

Position	Signature	Approval Date
Chief Compliance Officer (Natasha Flynn)	*[signature: Natasha Flynn]*	May 01, 2024