

## Video Transcript

Certification Protocol 2019 Edition 2, let's talk about the changes.

As with all changes, it can be a little bit daunting to figure out exactly what has changed. To help you, we have created an Excel Comparison Tool. This is available upon request. It provides in one column a view of the 2019 Edition 1, in the next column the 2019 Edition 2, and then it has some additional columns with some comments, things that have changed, and recommendations on what that may mean to you and your systems as a Verification Body. You're not required to use our tool.

What do you need to do in terms of your documents? You'll need to review them and update them appropriately. There may be some very simple changes. Some examples on this slide include simple things like reviewing your terminology. We've updated to keep up with the times, so things like "Scheme Owner" are now used to clarify roles and responsibilities.

We've also updated things like units. You may have previously indicated in your documents that MMBTU were the only units available for the client to use. That is no longer the case, you may need to update that.

We also clarified that the Scorecard is not a part of the SEP 50001 certification program. It is a separate recognition process, and we want to make sure that those roles and responsibilities are clear. You may need to update your documents to reflect that.

One of the main efficiency issues that has been requested over the past year or so has been in regard to the application process. We have, in Edition 2, updated that application process. Let's take a look at some of the highlights. You'll find the details in section 4.3.1 of Edition 2 of the Certification Protocol.

The applications are now submitted to and processed by the Verification Body. The SEP 50001 Program Administrator is no longer involved in this process. That means that you will need to process the application and any pre-approval forms that go with the application. You may also need to update your risk analysis associated with these activities. There may be document control issues you need to address with the new forms for the pre-approvals that are now your direct responsibility, and the applications if it is not already included in your system. There may be updates to the records procedure in terms of retention for the pre-approval forms which may not have previously been in your client files.

There's also an update in communication. A lot of this information came from the SEP 50001 Administrator in the past. Now it will be a direct communication between the Verification Body and the client, and you may need to update those communication roles and responsibilities.

One of the great improvements for efficiency in Edition 2 is that the Verification Body is now able to do all of these forms on their own. That includes the pre-approval forms. It will need to meet the requirements in 4.3.1 of the Certification Protocol, but they are now directly your responsibility. We

strongly recommend you review the forms that are available to you and provided by U.S. DOE SEP 50001 and consider those as you develop your own. We also strongly recommend that you take a look at the timelines that may be needed for your certified SEP PV to review this information and respond. Don't forget to include the records in your process.

The details on exactly what needs to be in the application and what needs to be in the pre-approval forms are provided in Edition 2 of the Certification Protocol. You can see an excerpt of the type of detail found on the slides. As always, if you have any questions or need additional assistance, please feel free to reach out to the Scheme Owner.

When reviewing applications, there are some common items that the Administrator team often flags and sends back to the applicant to correct or address. These primarily involve the selection of time periods that are outside of what's allowed within the M&V Protocol, the Certification Protocol, and the standards:

- For example, the baseline period and reporting period each need to be 12 months in duration. When you are checking an application and you encounter a baseline or reporting period that's shorter or longer than 12 months, then flag it for the facility to review.
- Another common item is an achievement period that is anything other than 1, 2, or 3 years. If you see an achievement period for 2.5 years, or for 35 months instead of 36, then ask the facility about it.
- The third involves recertifications. The baseline period in the application must match the reporting period from the prior certification cycle. For example, if a certified facility is setting a different time period for its baseline, then you'll need to ask them about it.

If you encounter any of these red X's listed here in the application, fortunately the facility has options. You can allow them to correct the time periods and resubmit their application, or the facility may submit a request for a pre-approval, such as a non-routine adjustment. It must include justification for the use of some other time period.

Another category of application issues involve data age—mainly, data that is too old. At the time of the audit, the data from the end of the reporting period cannot be more than 12 months old. If it is, then it's too old and the facility will need to update their time periods to include data that is more recent. Of course, they will also have to adhere to all other requirements on the selection of time periods and all other requirements in the standards and normative references.