

OHS AUDITS AT MONASH UNIVERSITY

December 2006

TABLE OF CONTENTS

1.	PURPOSE	2
2.	SCOPE	2
3.	ABBREVIATIONS	2
4.	DEFINITIONS	2
4.1	LEGAL COMPLIANCE AUDIT	2
4.2	MONASH CONTROLLED ENTITY	2
4.3	NON CONFORMANCE.....	2
4.4	OHS AUDIT	2
4.5	OHS AUDITOR COMPETENCY	3
4.6	OHS AUDIT REPORT	3
5.	SPECIFIC RESPONSIBILITIES.....	3
5.1	OHSE.....	4
5.2	AUDITORS	4
5.3	HEAD OF ACADEMIC/ADMINISTRATIVE UNITS/CONTROLLED ENTITIES	4
6.	AUDIT.....	4
6.1	AUDIT PROGRAM	4
6.2	AUDIT PROCEDURE.....	5
7.	RECORDS.....	8
8.	REFERENCES	9
8.1	LEGISLATION	9
8.2	MONASH UNIVERSITY OHS DOCUMENTS	9
8.3	AUSTRALIAN STANDARDS	9

1. PURPOSE

This document sets out the processes for developing and conducting OHS audit programs at Monash University in accordance with the requirements of the Occupational Health and Safety Act (2004) and associated regulations and with AS/NZS 4801:2001 *Occupational Health & Safety Management Systems – specifications with guidance for use*.

2. SCOPE

The processes described apply to all OHS management system audits as defined by Occupational Health, Safety & Environment (OHSE), Monash University.

The procedure addresses criteria 4.5.4 of AS/NZS 4801:2001 OHS Management Systems and OHS procedural audits and associated control requirements of the Monash University OHS management system.

3. ABBREVIATIONS

OHSE	Occupational Health, Safety & Environment unit
OHS	Occupational health and safety

4. DEFINITIONS

4.1 LEGAL COMPLIANCE AUDIT

A legal compliance audit is a systematic and documented verification process of objectively obtaining and evaluating evidence to determine whether the university's OHS policies, procedures and practices comply with legislative requirements.

These assessments are conducted by Audit & Risk Management Office at Monash University (separate to OHS audits).

4.2 MONASH CONTROLLED ENTITY

Monash controlled entities (eg companies) include entities where Monash can control decision making, directly or indirectly, in relation to the financial and operating policies so as to enable the entity to operate with it in pursuing the objectives of Monash University.

For the remainder of this document, a Monash controlled entity will be referred to as a controlled entity.

4.3 NON CONFORMANCE

A non conformance is an activity or item that does not conform to the policies, procedures or other requirements of the Monash University OHS management system.

4.4 OHS AUDIT

4.4.1 An OHS audit is a systematic and documented verification process of objectively obtaining and evaluating evidence to determine whether the university is conforming to planned OHS arrangements.

4.4.2 Audits are risk-based, with controls designed to managed high risk (critical controls) audited more frequently than lower risk processes.

4.4.3 Types of OHS audits

4.4.3.1 Internal OHS audit

An internal OHS audit is an OHS audit conducted by a Monash University internal auditor independent of the area under audit.

4.4.3.2 Self audit

A self audit is an OHS audit conducted by an academic/administrative unit/controlled entity of their own OHS systems. A Monash University self audit questionnaire is available at the OHSE web site (<http://www.adm.monash.edu.au/ohse/documents>).

4.4.3.3 External OHS audit

An external OHS audit is an OHS audit conducted by an external consulting auditor.

4.4.3.4 Certification audit

A certification OHS audit is an audit conducted by a certification body to assess whether the Monash University's OHS management system meets the requirements of *AS/NZS 4801:2001 Occupational Health & Safety Management Systems – specifications with guidance for use*.

4.5 OHS AUDITOR COMPETENCY

4.5.1 All auditors must be appropriately trained and experienced. Minimum competency requirements have been set as:

- Internal management system auditor training
- Technical understanding of the OHS control requirements for the area or subject being audited.

4.5.2 Auditors must be approved by OHSE.

4.5.3 Audit programs and processes are developed by staff who have undertaken Lead auditor OHS and environmental training.

4.6 OHS AUDIT REPORT

4.6.1 An OHS audit report is a documented report of audit findings, consisting of;

- The area and element audited
- Audit team, audit scope, persons interviewed
- Executive summary
- Graphical representation of findings
- Summary of key findings (identified non-conformances)
- Recommendations for:
 - immediate action
 - action in the medium term
 - action in the long term

4.6.1.1 Opportunities for improvement, which are areas that may become non-conformances in the future.

4.6.2 OHSE will disseminate audit reports to units/entities.

5. SPECIFIC RESPONSIBILITIES

A comprehensive list of OHS responsibilities is provided in the document *Occupational health and safety management at Monash University: Structure, functions, roles and responsibilities*. The responsibilities with respect to OHS audits are summarised below.

5.1 OHSE

It is the responsibility of OHSE to:

- coordinate the university's OHS audit program;
- distribute audit results;
- maintain records of audit programs;
- assist units/entities to apply corrective actions and controls to system or procedural deficiencies and non conformances.

5.2 AUDITORS

It is the responsibility of internal auditors to:

- plan and conduct audits;
- report on audit findings and non-conformances;
- verify that agreed corrective actions adequately address detected system or procedural deficiencies and non conformances; and
- assist units/entities to address system or procedural deficiencies and non conformances.

5.3 HEAD OF ACADEMIC/ADMINISTRATIVE UNITS/CONTROLLED ENTITIES

It is the responsibility of the head of academic/administrative units/controlled entities to:

- provide the auditor with evidence of current system and procedural practices in response to audit questions;
- identify and implement corrective actions to improve the OHS management systems and general workplace safety, where deficiencies are detected;

6. AUDIT

6.1 AUDIT PROGRAM

6.1.1 Audits will be conducted to:

- assess compliance of the Monash University OHS management system with the requirements *AS/NZS 4801:2001 Occupational Health & Safety Management Systems – specifications with guidance for use*;
- assess the extent of implementation of the Monash University OHS management system in the university's operations and activities; and,
- verify the implementation and effectiveness of OHS policies and procedures.

6.1.2 OHS audit program

6.1.2.1 An audit program will be prepared and updated annually by OHSE. The audit schedule will be available at the OHSE web site (<http://www.adm.monash.edu.au/ohse>).

6.1.2.2 The audit schedule will reflect:

- the level of risk associated with the activity, policy or procedure;
- the OHS importance of the specific element of the Monash University OHS management system; and
- the results of previous audits; and
- the significance of problems encountered in the areas to be audited.

6.1.2.3 Unscheduled audits may be conducted at any time based upon:

- external audit results;
- regulatory inspections/entry reports;
- operational changes;
- management reviews;
- incidents; or,
- identified non conformances.

6.1.3 **Types and frequency of audits**

<u>Audit</u>	<u>Conducted by</u>	<u>Frequency</u>
Self audit	Compliance Officer of each unit/entity	Annual
Internal	OHSE staff	As required, using criteria in 6.1.1.2
External	External consultants	As required, using criteria in 6.1.1.2
Certification	External consultants	3 yearly with assessments 6 monthly through out the certification period

6.2 AUDIT PROCEDURE

Step	Action	Responsibility	Output
1.	Preparation of audit program		
	Annually, the Manager, OHSE Policy and Compliance is responsible for: <ul style="list-style-type: none"> • Preparing the audit schedules; • Determining the scope of the audits; • Preparing master audit checklists as required in consultation with the Manager, OHSE and other OHSE staff 	Manager, OHSE Policy and Compliance	Audit schedules Master checklists
2.	Notification of audits		
	Manager, OHSE Policy & Compliance will be responsible for notifying auditors of scheduled audits at least 3 weeks before the audit completion date.	Manager, OHSE Policy & Compliance	Audit notification to auditors
	The auditors will mutually agree (based on local knowledge and experience) on who will be the lead auditor. Normally the OHSE consultant of the area will be the lead auditor.	Auditors	Nomination of lead auditor
	The lead auditor is responsible for contacting the manager or relevant staff in the area to be audited at least 2 weeks prior to the scheduled audit for pre-audit briefing.	Lead Auditor	Audit notification
	Manager, OHSE sends email to academic/administrative unit/controlled entity notifying reasons and time of audit, verifying that	Manager, OHSE	Audit notification to unit/entity

Step	Action	Responsibility	Output
	<p>scheduled time is convenient at least 2 weeks before the audit completion date.</p> <ul style="list-style-type: none"> • OHSE consultant edits text of previous emails (Public/Consultants/Chemaudits/Emailnotification) to make specific for area. Draft email sent to Manager, OHSE. • Completed email is sent to: <ul style="list-style-type: none"> – Head of academic/administrative unit – Safety officer – Health safety representative (if in department/school) – Resources Manager – Faculty/divisional Manager – Dean of faculty – OHSE consultant of the area 	Unit/entity	Reply to email
3.	<p>Pre-audit activities Prior to the audit, the lead auditor is responsible for:</p> <ul style="list-style-type: none"> • Determining the scope of the audit; • Collating relevant information for review by the audit team which may include operating procedures, previous audit findings, standards, legal requirements, internal procedures; • Preparing an audit timetable; • Preparing audit checklists as required; • Identifying staff to be interviewed during the audit; • Contacting the unit/entity to agree on and confirm the above information. 	Lead auditor	<p>Audit information</p> <p>Audit timetable</p> <p>Audit checklists</p> <p>Contact with auditee</p> <p>Diary appointments for meetings and audits</p>
4.	<p>Conducting the audit Audits should be conducted by the audit team as follows using the following steps as a guideline:</p> <ul style="list-style-type: none"> • <i>Opening meeting (10-15 min)</i> OHSE consultant of the area, team of auditors and area personnel to meet to commence the audit. Items to cover: <ul style="list-style-type: none"> – Introductions – Scope of audit – How the audit will be conducted – Access arrangements to laboratories – Resources required (keys, PPE) – What the team will do if they find an unsafe situation – Reporting process • <i>Conduct audit</i> <ul style="list-style-type: none"> – Obtain objective evidence for examination 	Lead Auditor / Audit Teams	<p>Entries on checklists</p> <p>Records</p> <p>Notes</p> <p>Samples</p> <p>Completed audit sheets</p>

Step	Action	Responsibility	Output
	<p>to assess conformance</p> <ul style="list-style-type: none"> - Follow audit trails to confirm evidence; • <i>Closing meeting</i> (5 min) At least the OHSE consultant of the area and area personnel, perhaps the team of auditors. Cover: <ul style="list-style-type: none"> - Confirm completion of audit - Return keys, PPE, etc - Provide a general statement re findings - Confirm reporting process • Within 2 days, team to <i>discuss and complete audit sheets</i> <ul style="list-style-type: none"> - Recorder of team to complete electronic entry, if used - Leader of team to check sheets when complete 		
5.	<p>Audit report</p> <p>The Lead Auditor is responsible for finalising the audit report which shall include:</p> <ul style="list-style-type: none"> • Area and element audited • Audit team, audit scope, persons interviewed • Executive summary • Graphical representation of findings • Summary of key findings (identified non-conformances) • Recommendations <ul style="list-style-type: none"> - For immediate action - For action in the medium term - For action in the long term - Opportunities for improvement, which are areas that may become non-conformances in the future.. 	Lead Auditor / Audit Team	<p>Audit report</p> <p>Summary graphs</p> <p>Audit Report</p>
	<p>The completed report is reviewed by:</p> <ul style="list-style-type: none"> • Manager, OHSE and/or Manager, OHSE Policy & Compliance, and • another consultant who attended the audit 	Manager, OHSE and/or Manager, OHSE Policy & Compliance	Comments
	<p>The completed report distributed includes:</p> <ul style="list-style-type: none"> • covering letter to head of academic/administrative unit/controlled entity • audit report • appendices, including summary graphs • other attachments, as necessary 	Lead Auditor	Completed report
	<ul style="list-style-type: none"> • Copies of the report are distributed to: <ul style="list-style-type: none"> - head of academic/administrative unit - safety officer(s) - health & safety representative - resources manager - dean of faculty/head of division - faculty manager - OHSE consultant for area 	Lead Auditor	Report mailed
	<ul style="list-style-type: none"> • Copies of the report are filed in the : <ul style="list-style-type: none"> - RMO file of zone 		Copies of report filed

Step	Action	Responsibility	Output
	<ul style="list-style-type: none"> - RMO file of OHSE audit file - sequential file - the agenda of the next OHSPC meeting 		
	<p>The Lead Auditor arranges follow-up meeting with</p> <ul style="list-style-type: none"> - head of academic/administrative unit - safety officer - health & safety representative - resources manager - OHSE consultant of area - Manager, OHSE and/or Manager, OHSE Policy & Compliance 	Lead Auditor	Meeting notes
6.	<p>Corrective Actions</p> <p>The OHSE consultant of the area provides advice to appropriate personnel (Manager/Supervisor/Safety Officer) of the unit audited to ensure corrective actions are completed within the agreed timeframes.</p>	OHSE/ Unit/entity	Corrective actions
	<p>The OHSE consultant is responsible for:</p> <ul style="list-style-type: none"> • Tracking the progress and effectiveness of the corrective actions, • Closing out corrective actions, • Closing out non-conformances, and • Reporting status of corrective actions to management & to the zone OHS&E committee on a 3 monthly basis. 	OHSE Consultant/ Other OHSE staff Unit/entity	Corrective action closures Reports
7.	<p>Management Reporting</p> <p>The Manager, OHSE is responsible for reporting results of internal audits to university management at each quarterly OHSPC committee meeting.</p>	OHSE	Reports to management

7. RECORDS

<u>Record to be kept by</u>	<u>Records</u>	<u>To be kept for:</u>
Academic/administrative unit/ controlled entity	Records of audits, including: self-audits <ul style="list-style-type: none"> • self audits • internal audits • external audits • certification audits 	5 years
	Records of corrective actions taken and controls used to address system or procedural deficiencies and non conformances	5 years

	OHS training records of training provided by unit/entity, including: <ul style="list-style-type: none"> Attendees Short description of training 	Indefinitely
OHSE	Records of audits, including: self-audits <ul style="list-style-type: none"> self audits internal audits external audits certification audits 	5 years
	OHS training records of training provided by OHSE, including: <ul style="list-style-type: none"> Attendees Short description of training content 	Indefinitely
	Course evaluation sheets	5 years

8. REFERENCES

8.1 LEGISLATION

Occupational Health and Safety Act 2004 (Vic)

8.2 MONASH UNIVERSITY OHS DOCUMENTS

(<http://www.adm.monash.edu.au/ohse>)

Monash University Self audit tool
Occupational health & safety training guide
OHSE training course booklet
OHSE training calendar and enrolment forms
Training records

8.3 AUSTRALIAN STANDARDS

AS/NZS 4801:2001 Occupational Health & Safety Management Systems – specifications with guidance for use.