

Health and Safety Guidelines: HSG 10.3

Health and Safety Audits



1. Purpose

This document outlines how the University undertakes audits to measure the implementation of the Health and Safety System Framework and compliance with Regulatory requirements.

2. Scope

This document applies to the Executive Committee, Managers, Supervisors, Health and Safety Committees, Workers, internal audit teams, the Institutional Biosafety Committee and the Chemical and Radiation Technical Committee.

3. Definitions

In the context of the Health and Safety Management System Framework:

- (a) **Health and Safety Management System (HSMS)** means a framework for managing health and safety which comprises a suite of documents designed to assist responsible leaders to meet their obligations.
- (b) **Hazard** means a situation, condition, state of affairs or event that exposes a Worker to a risk to his or her health or safety during the course of work.
- (c) **Executive Committee** means the Vice-Chancellor, the Deputy Vice-Chancellors, the Pro Vice-Chancellors, the Chief Operating Officer and the Chief Financial Officer.
- (d) **Leader/Supervisor** means any member of the University community who is responsible for supervising direct staff reports and/or undergraduate or postgraduate students and/or for leading research projects.
- (e) **Regulatory requirements** means the legal obligations imposed upon the University, its officers and employees, and other Workers under:
 - (i) the [Work Health and Safety Act 2011 \(NSW\)](#); and
 - (ii) the [Work Health and Safety Regulation 2011 \(NSW\)](#).

- (f) **Record** includes:
- (i) Employee qualifications, skills, knowledge, competency and certifications;
 - (ii) Induction and training;
 - (iii) Asbestos register;
 - (iv) Workplace exposure monitoring;
 - (v) Emergency plans and procedures;
 - (vi) Plant and equipment inspection, test and maintenance;
 - (vii) Health and Safety inspections and audits;
 - (viii) Reviews of the Health and Safety Management system Framework;
 - (ix) Incident reports, investigations and analysis of the data;
 - (x) Minutes of Health and Safety Committee meetings;
 - (xi) Health and Safety action plans;
 - (xii) Hazardous substances and dangerous goods inventories and chemical Safety Data Sheets (SDS);
 - (xiii) Design reviews and approvals;
 - (xiv) Risk management documentation e.g. Hazard Registers, risk assessments, Standard Operating Procedures (SOPs);
 - (xv) Contractor health and safety management and compliance with health and safety requirements e.g. pre-qualification questionnaires, induction, Safe Work Method Statement for the work, permits to work.
- (g) **Worker** includes an employee, conjoint, student on work experience, contractor, sub-contractor, and volunteer.

4. Responsibilities

4.1 Executive Committee

The Executive Committee should evaluate the outcome of workplace health and safety audits, and require regular reports on progress with closure of recommendations arising from an audit.

4.2 Leaders and Supervisors

Leaders and Supervisors should:

- (a) Cooperate with the audit team when an audit has been arranged for their area of responsibility, and provide the necessary resources to assist the audit team with their task;
- (b) Ensure any corrective actions from audits are followed through to completion within the required time frames;
- (c) Track progress with implementing corrective actions through the local Health and Safety Committee and Faculty/Division meetings; and
- (d) Report on progress with implementing corrective actions to the Health and Safety Team so that reports can be generated for the Executive Committee and the University Council.

4.3 Health and Safety Team

The Health and Safety Team should:

- (a) Develop an annual health and safety internal audit schedule, in which higher risk areas are given priority. Higher risk areas should be determined by an analysis of their activities and Incident statistics;
- (b) Carry out health and safety audits of selected areas and sites against Regulatory requirements and University standards;
- (c) Provide reports on results of audits to Leaders and Supervisors;
- (d) Provide input to the selection and appointment of an external health and safety auditor when required; and
- (e) Follow up on implementation of corrective actions to correct non-conformances identified in internal and external audits to monitor closure.

4.4 Workers

Workers should participate in area health and safety audits when required to provide input.

5. Health and Safety Audits

5.1 Types of audits

There are generally three types of health and safety audits:

- (a) **Safety Inspections:** Inspections should be performed at regular intervals e.g. monthly or quarterly, depending on the risks of the work and the workplace. See [HSG 10.1 H&S inspections and testing](#) for more information;
- (b) **Internal Audits:** Internal audits are conducted according to a schedule by the Health and Safety Team. These audits are an objective assessment of the extent to which the Health and Safety Management System Framework has been implemented, and compliance with Regulatory requirements; and
- (c) **External Audits:** Periodically the University may be audited by an external assessor who is independent of the organisation. This is to verify that the internal health and safety audits are a valid assessment of the implementation of the Health and Safety Management System Framework.

5.2 Arranging an internal audit

- (a) An internal audit team will be coordinated by the Health and Safety Team in consultation with the Faculty/Division to be audited, and may include area representatives.
- (b) The lead auditor should have formal audit training and will be independent from the area to be audited.
- (c) There should be a minimum of two auditors for each audit.
- (d) The UON Internal Audit Checklist should be used for the process.
- (e) Once the audit team has been selected the Lead Auditor should:
 - (i) Arrange a meeting with the Leaders and Supervisors of the Faculty or Division to discuss the date and timing of the audit and activities which will take place during the audit e.g. inspections of the area; availability of people to interview; availability of documentation;
 - (ii) Agree on an agenda/timeframes for the audit activities to cause as little disruption as possible to area; and
 - (iii) Review action plans and findings from previous audits and inspections if available.

5.3 Audit on-site activities

- (a) At the start of the internal audit, an opening meeting should be held with relevant personnel including a Faculty/Division Leader or Supervisor to confirm the audit process and timetable for activities.

- (b) The audit team should complete a walk-through of the area at the beginning of the audit accompanied by a person responsible for the area, and will be made aware of any hazards and risk controls;
- (c) The audit team should gather information through interviews with Workers in the area, observation of activities on site, and examination of Records; and
- (d) A closing meeting should be held with Leaders and Supervisors for the area to present the preliminary audit findings.

5.4 Audit findings

The findings of the audit represent the audit team's assessment of the current level of compliance with the Health and Safety Management System Framework and Regulatory requirements.

The findings should be classified as:

- (a) **Fully Compliant:** All elements of the audit criteria are being complied with, and there are no significant open external audit findings.
- (b) **Partially Compliant:** Not all elements of the audit criteria are being complied with and there are some non-critical weaknesses evident which need to be rectified.
- (c) **Non Compliant:** Major elements of the audit criteria are not yet implemented and significant upgrading is required.
- (d) **Non Applicable:** The audit criteria is not applicable to the area or activities undertaken by Workers in the area.

5.5 Audit reporting

- (a) The UON Internal Health and Safety Audit Report is used to record evidence and the level of compliance against audit criteria.
- (b) The final audit report should be distributed to the Faculty/Division Leaders and Supervisors for review and comment.
- (c) The final version should be authorised by:
 - (i) The Faculty/Division Executive Committee member;
 - (ii) The Associate Director Health & Safety; and
 - (iii) The lead auditor on the audit team.

5.6 Corrective action plans

- (a) Corrective action plans for non-conformance audit findings should be developed within one month of the completion date of the audit by the Leader or Supervisor responsible for the area, with input from Workers.
- (b) The Leader or Supervisor should monitor closure of actions from the audit on a regular basis, typically through Health and Safety Committees or Faculty/Division team meetings.

5.7 Monitoring progress

The Executive Committee should monitor the outcome from audits and implementation of corrective actions for non-conformances. This can be achieved by the Associate Director Health and Safety taking the following actions:

- (a) Analysing the results of internal audits and making recommendations relating to observed trends across the audits; and
- (b) Preparing a report and communicating the findings and trends from audits and submitting to the Executive Committee for review and comment.

5.8 IBC and CRTC Audits

- (a) The Institutional Biosafety Committee (IBC) and [Chemical and Radiation Technical Committee \(CRTC\)](#) schedule audits.
- (b) The IBC audits are a requirement for retaining the University's registration for handling genetically modified organisms and the results of the audits are reported annually to the Office of Gene Technology. The audits are conducted by members of the IBC Committee including the relevant Health and Safety Team members.
- (c) The CRTC audits are conducted to ensure requirements are followed and the University's Radiation Management Officer (external appointment) is involved to ensure the handling, use and control of radiation sources is compliant with EPA requirements.

6. References

[UON Health and Safety Management System Framework](#)

[UON HSG 2.1 Regulatory Requirements](#)

[UON HSG 2.2 Roles and Responsibilities](#)

[UON HSG 10.1 Inspections and Testing](#)

7. Attachments

Nil