HS308 HSMS Audit Procedure

Policy Hierarchy link	Work Health and Safety Act 2011 Work Health and Safety Regulation 2011 Work Health and Safety Policy		
Responsible Officer	Director, UNSW Safety and Sustainability		
Contact Officer	HS Manager, Adam Janssen x52214, email: a.janssen@unsw.edu.au		
Superseded Documents	OHS308 v6.2 10/10/2012		
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Associated Documents	UNSW Audit Schedule HSMS Self Audit Tool (SAT) HS069 HSMS Audit Plan Template HS070 HSMS Audit Confirmation Template HS072 HSMS Audit Attendance Template HS073 HSMS Audit Closing Meeting Template HS631 HSMS Audit Report Template		
Version	**Authorised by**	**Approval Date**	**Effective Date**
6.4	Director, UNSW Safety and Sustainability	30 April 2014	30 April 2014

1. Purpose and Scope

Periodic internal audits and 'self audits' of the UNSW Health and Safety Management System are conducted regularly to enable the process of continual improvement.

By definition the purpose of an audit is 'to systematically examine whether activities and related results comply with planned arrangements, and whether these arrangements are implemented effectively and suitably to achieve the UNSW policy and objectives.

It is a requirement of the WorkCover NSW self insurance license that all Faculties, Divisions, Schools and Business Units at UNSW participate in scheduled internal HSMS audits. Internal audits shall be undertaken using the criteria provided by the National Self-Insurers OHS Audit Tool 2009 (NATNSW) and the online Self Audit Tool.

The scope of audits at the UNSW may relate to the locations, area or process, or elements of the management system being audited.

This procedure defines the HSMS audit process for auditors and auditees to ensure consistency in selection, undertaking, recording and management of UNSW HSMS Audits.

This procedure outlines the:
- The audit process
- Self Audit Tools (SAT)
- Audit frequency;
- Audit schedule;
- Audit methodologies;
- Auditor selection, independence and competencies;
- Audit process requirements and representative sample;
- Audit report and distribution requirements.

2. Definitions

Audit: The international business management system auditing standard ISO9011:2003 defines the term 'audit' as; "Systematic, independent and documented process for obtaining evidence and evaluating it objectively to determine the extent to which the audit criteria are fulfilled".

Audit Guide: A member of staff or nominated representative appointed by the auditee as a guide for the duration of the audit process. This person shall escort the auditor to interviews, appointments and locations that may be inspected as part of the audit process.

Auditee: The person/s being audited, who will be responsible for providing evidence \ to the auditor?

Auditor: A suitably qualified and competent person that will perform the internal audit process.

Audit Program Manager: UNSW HS Manager

Conformance: **(C)** The auditee has demonstrated the full implementation of the relevant University policies and procedures, and compliance with legal requirements, and shows a commitment to the principles of continual improvement.

Departments: All UNSW Faculties, Divisions, Schools, Business Units, and areas which may employ university staffs, contractors or others.

Evidence: Documents, registers, records and observations that provide confirmation the element or criteria has been identified and implemented.

HS: Health and Safety, (HSMS, Health & Safety Management System) UNSW has replaced the acronym "OHS" with "HS" to reflect the changes in Work Health and Safety legislation and relevant standards.

HSMS Audit: Health and Safety Management System audits are undertaken against a national, international or an acceptable HSMS standard. UNSW draw on the criteria required by National Self-Insurer OHS Audit Tool (Version 2.0, 3 August 2009).

Major Non-Conformance (MNC): The auditor finds evidence that there is an absence of system elements or a part of the system, and/or a failure to follow the documented systems or procedures, and/or a lapse in the system or procedure, and/or apparent systemic legislative non-compliance.

Non-Conformance (NC): Based on the evidence obtained during the audit, it is evident that the auditee has not fully, effectively or consistently implemented University procedures, and/or there is evidence of isolated instances of legislative non-compliance.

No: Recording "No" on the Self Audit Tool (SAT) questions indicates the requirements are not fully implemented, or the requirements are only partially implemented and/or maintained.

Not Applicable (NA)**:** The criteria/requirements are not applicable to this, Faculty, Division business unit etc. Therefore the auditee is not required to implement this element/part of the HSMS and claims exemption from the requirement to comply.

Not Verified: The auditor cannot confirm that all relevant requirements have been implemented because;
- the related activity has not yet occurred, so objective evidence is not available;
- the criterion, whilst included in the audit scope, was not examined during the audit;
- evidence could not be provided due to an unforeseen circumstance

The auditor may not have reviewed key documents, interviewed staff or visited key areas owing to issues such as staff absence or time constraints. The criterion remains untested and should be considered for inclusion within the scope of subsequent audits.

Self Audit Tool (SAT): UNSW Faculties, Divisions, Schools and Business units will use the criteria presented by the online "Self Audit Tool" (SAT) to evaluate the HSMS performance and to confirm the extent of implementation of the UNSW relevant policies, procedures, guidelines, forms and checklists.

Yes: Recording "Yes" on the Self Audit Tool (SAT) implies that 100% of all requirements of the standard, criteria, elements & sub elements have been implemented, maintained and can be verified.

3. Internal Audit Roles & Responsibilities

3.1.1 Audit Program Manager

The audit program manager has the responsibility for the overall audit program, ensuring resources are provided and that the audit processes and results are consistent and credible. The Audit Program Manager and appointed Auditor may liaise to institute the following requirements:
- Establishing the objectives and extent of the audits
- Establishing responsibilities, resources and audit procedures
- Issuing and updating the audit schedules
- Organise the appointed auditors training requirements and maintaining competencies
- Organising internal and external audit and publicizing dates
- Monitoring the progress of corrective or preventive actions
- Monitoring and reviewing programs to improve effectiveness
- Maintaining Records
- Updating certificates received from external auditing organisations
- Reporting the results of all audits to UNSW Senior Management

3.1.2 Auditors

An UNSW auditor requires knowledge and experience of the requirements of the appropriate audit criteria and understanding of the relevant business management system, relevant industry practices, processes and technologies.
Auditors' responsibility includes;
- Conducting a pre-Audit meeting to confirm on-site details
- Planning the audit & preparing documentation
- Remaining within the scope of the audit
- Collecting and analyzing objective evidence that is relevant and sufficient to draw conclusions
- Documenting the findings.

- Compliance with security and confidentiality requirements, i.e. privacy arrangements, workers comp & health surveillance records
- Reporting the results to the audit including any non-conformances.
- Verifying the implementation of corrective actions.

3.1.3 Auditee/s

Responsibilities include communicating and cooperating with the auditor, the audit process and methodology; and assisting auditors to achieve the audit objective. Auditees (or their representative) shall complete and submit the online Self Audit Tool as required and shall advise the Audit Program Manager and their HS coordinators of the results at least 2 weeks prior to the internal audit. The auditee/s shall also cooperate and communicate with their HS coordinators to close out corrective or preventative actions and continually improving HS performance.

3.1.4 Safety Officer/ HS Chairperson/HSR

Shall cooperate and communicate with the auditor, the audit process and methodology; and shall assist auditors and auditees to achieve the audit objective. The Head of School (HOS) / Manager should monitor the implementation of corrective or preventative actions arising as a consequence of undertaking the SAT.

4. Procedure

4.1 The Internal Audit Process:

The UNSW audit process comprises of three main stages.

> *(i) The Head of School, Business or Unit manager (or his/her nominated representative), shall complete the online self- audit tool (SAT) and rectify any corrective actions necessary to enable compliance with the criteria; The SAT must be completed at least 2 weeks prior to the scheduled audit; and, the responsible person/s should endeavor to close out corrective action items prior to the internal audit; (see 4.3)*

> *(ii) A pre-audit meeting shall be arranged by the auditor with the auditee/s prior to the audit to explain the audit process and finalise the audit schedule and scope. An audit plan will be forwarded to the auditee confirming any agreed arrangements. Generally, the pre-audit meeting will occur 1 month prior to the audit.*

> *(iii) The UNSW HS auditor and the audit team shall visit the department, school/unit to verify the SAT answers and ensure compliance with the relevant criteria.*

4.2 Self Audit Tools (SAT) Scope

Faculties, Divisions, Schools and Units are required to complete the online SAT criteria on an annual basis and achieve a minimum HSMS implementation audit score of 75%.

Using the Risk Classification Table in section 4.4 the HS Manager and the HS coordinator shall determine the risk profile and advise the department.
- "Low Risk" – Office based areas will complete questions 1-53, in the online SAT.
- "High Risk" – All other selected areas shall complete questions 1- 110, in the online SAT.

Note: In some cases the Faculty, Division or School may be classified into 'Workgroup's that represent varying degrees of the hazardous nature and risks associated with the activities they perform. In these circumstances each defined workgroup within the Faculty or Division may be required to complete separate SAT's (Consult with the HS Manager or Auditor regarding classifying department workgroups).

4.2.1 To Access the Self Audit Tool

1. Log into myUNSW
2. Click on "My Staff Profile";
3. Click on the H_2O logo to enter into the OHS&E Reporting System;
4. Under "Report Type of Issue" drop down box, select Self Audit Tool.
5. Answer all questions determined by your area's risk classification (high or low risk), and submit.
6. Once the SAT is submitted an audit score will be automatically generated to your inbox. You must forward the results to your HS Coordinator and the HS Auditor.
7. Once your level of compliance is determined you will be required to rectify any deviances or deficiencies identified by the SAT.

4.3 After Completion of the SAT

After you have completed the HS Self Audit Tool (SAT) you will receive an email with your percentage score and instructions asking your work area to action any "non-conformances" identified during the audit. "Non-conformances" are any questions where you answered "NO". The person responsible is required to complete the corrective actions for the "non-conformances", and they will be added to the school/unit's online Corrective Actions Register.

4.3.1 To Access the Corrective Actions Register.

1. Log into myUNSW https://my.unsw.edu.au
2. Click on My Staff Profile Tab
3. Select the menu heading called Report/Manage OHS&E issues.
4. Click on Manage Hazards/Incidents link to view a list of all the "Self audit tool non-conformances" that you have been nominated to manage.
5. Look for the issue types called "Self Audit Non-Conformance"
6. Click on each individual "audit non-conformance"
7. Review the information already entered for the suggested "Corrective Action".
8. If you agree with the suggested Corrective Action, leave unchanged.
9. Otherwise, edit the corrective action as required.

The system will nominate the person who completed the SAT questionnaire as the person responsible for implementing and 'closing' the corrective action. However, you can re-assign this responsibility to another staff member, if more appropriate.

4.3.2 Self Audit Tool Scores

Self Audit Tool (SAT) scores will influence the audit frequency.
Achieving a score of

- 75% or over will enable the HS Audit to continue as scheduled.
- 65% - 75% the HS Audit shall continue.
- 65% or less the audit will be automatically scheduled for the following year
- 2nd failure (≤ 65%) the HS audit will continue.

4.4 Audit Frequency

The frequency of HS Audits is dependent on the level of risk identified by the departments' risk profile and is based on the known operational risks of each area.
The HS risk profile is calculated using the following data:

- Number of regulated hazards that are present in a significant proportion of the workplace
- Lost time injury frequency rate (LTIFR) of the Faculty or Division.

The audit frequency rates based on 'Risk Profiles':

Risk Profile	Score	Audits per Year	No. of Faculties/Divisions	Audit Cycle
Low	1-5	1	5	5 years
Med	6-9	2	5	2 ½ years
High	10+	4*	3	1 ½ years

    * Two high-risk faculties will be audited twice every year.

The HS Manager may increase the internal audit frequency for any Faculty or Division for one or more of the following reasons:
- significant adverse findings resulting from an internal audit;
- significant or adverse findings resulting from the SAT;
- significant adverse findings resulting from an external audit;
- significant escalation in workers compensation claims, LTIFR or hazard reports;
- to reflect legislative or regulatory changes that may affect the performance of the HSMS or increase non-compliance and liability, or
- changes to the NATNSW criteria or required Standards.

4.5 Audit Schedule

The HS Manager, in consultation with Faculty and Divisional HS coordinators, shall develop the HSMS audit schedule.
The schedule shall be reviewed annually in consideration of:
- previous audit results; failing to achieve minimum audit scores
- inability to implement or close out previous audit actions or recommendations
- the risk profile of the Faculty or Division; and
- where applicable, any of the reasons for varying audit frequency that are listed in Section 4.4.

4.6 Audit Methodology

The auditee shall complete the SAT as required by section 4.1, 4.2 and 4.3; the auditee will be contacted by the auditor with adequate notice to arrange a suitable date, time, and place for the HSMS pre-audit meeting and the internal HS audit.

4.6.1 Preliminary Audit Discussion Meeting

The auditor shall arrange a pre-audit meeting with the auditee prior to the audit to explain the audit criteria and scope, agree on the audit report categories, identify the main HS issues, hazards and risks, document/records handling arrangements (how the auditor will view documents, either printed versions or electronic versions and the preparation of those documents), the duration of the audit and resources required, (PPE) security requirements (if any) and to finalise the audit schedule and plan, and provide an opportunity for the auditee to ask any questions about the audit. The meeting details shall be recorded on HS069 (Audit Plan Template) and electronically forwarded to the HOS or his/her representative within 7days.

It is recommended the following representatives from the department be present at this meeting:
- The head of school or senior manager
- The audit guide
- The chair of the HS committee
- The person responsible for HS document control
- The senior administrator

During this meeting the auditee shall appoint an audit guide to accompany the Audit Team during the planned internal audit.

Note: Names and signatures of meeting attendees shall be recorded on form HS072

4.6.2 On Site Internal Audit

On the day of the audit, an opening meeting shall be convened with the relevant auditee representatives. If possible, all persons who will be interviewed during the audit should attend. The purpose of this meeting is to "set the scene", introduce the auditor/audit team members, and address any changes, absences or alterations due to unforeseen circumstance.

The opening meeting agenda may include:

- Introduction of the audit team
- Assign taking of minutes
- Fill in the attendance sheet (HS072)
- Confirmation of the availability of an audit guide
- Confirmation of the audit objective, scope, and criteria
- Audit timetable, date and time for the closing meeting, any interim meetings between the audit team and management and any late changes
- Audit methods for collecting information and verifying documentation
- Formal communication channels between auditor and auditee/s
- Confirmation of the grading on non-conformances to be used during the audit
- Confirmation of any facilities needed to by the audit team
- Confirmation of HS induction and provision of the PPE requirements
- Confidentiality& security requirements
- Other matters that may be raised by the auditee

Conducting Interviews with representative samples of stakeholders will determine HSMS consultation arrangements.
Interviews should include:

- Management representative(s)
- HS Committee member or HS coordinator
- Personnel representing a cross-section of the activities being audited.

Conduct a review of relevant local workplace documentation;
Including:

- Operational/Management Plans, Key Performance Targets (KPT's) Measurable Objectives and Targets
- HS Risk Register(s), Risk Assessments and Safe Work Procedures (SWP) Safe Operating Procedures
- HS Training Needs Analysis, Training Plan and Training Records
- HS Inspection Testing and Monitoring register, and Workplace Inspections
- Pre-purchase checklist/risk assessments and purchasing documentation
- Permits, licenses, approvals
- Emergency and First Aid systems
- Chemical inventories, manifests, risk assessments, and Safety Data Sheets (SDS)
- Plant Register, risk assessments, maintenance and inspection records
- HS Committee meeting minutes.

Conduct a review of relevant local workplace risk controls;
Including:

- Plant
- Electrical
- Chemical storage and handling
- Manual Handling
- Housekeeping
- Emergency and First Aid equipment and facilities
- Other relevant risks.

Conduct any other relevant information gathering required to verify implementation and effectiveness and to complete the audit.

During the HSMS audit, information relevant to the audit criteria and HSMS implementation will be collected by appropriate sampling, observation and discussion with people who work within the audit area. Only information that is verifiable may be audit evidence.

4.6.3   Closing Meeting

Finalising the audit and conducting the "Closing Meeting" with senior management is to advise them of the audit results. This is usually a formal meeting where the attendance record and minutes are taken using Closing Meeting Template HS073.

The purpose of the meeting is to:
- Thank the auditees for their time and cooperation
- Restate the audit criteria & scope
- Announce the audit result
- Explain any non-conformances
- Advise of the time table for corrective actions to address any nonconformance's or follow-up audits
- Indicate a timetable for delivering the audit report

4.7   Audit Report

The auditor will prepare the audit report HS631 and provide a copy to the relevant UNSW management and HS Committee representatives for distribution. The auditor shall provide a copy to the manager of the HS Unit, and to the relevant Faculty/Divisional HS Coordinator.

The HSMS631 Audit report shall include s a minimum:
- Criteria not assessed
- Minor non-conformances
- Major non-conformances

The Head of School or Divisional Manager shall, within four weeks of receiving the HSMS audit report, ensure that documented Corrective Action Plans, including prioritisation of planned corrective actions are developed or actioned.

Major non-conformances should be actioned and resolved as soon as possible or no later than 3 months, minor non-conformances should be corrected within 6 months. Action plans should be developed and provided to the HSMS auditor, for each Non Conformance identified and not 'closed'.

The Head of School or Divisional Manager shall ensure that the HSMS audit reports are tabled at the Level 2 and Level 3 HS committee meetings, for monitoring the implementation of corrective actions.

5. Review & History

The review has been undertaken to clarify the requirements for conducting internal and self audits (SAT's) by all Faculties, Divisions, Schools and Business Units at the University of New South Wales. This procedure shall be reviewed at regular intervals and to reflect changes or updates that may occur in the NATNSW (Self insurers audit tool), ASNZ ISO9011:2003 Audit Guidelines, or changes to regulatory requirements.

6. Acknowledgements

- National Self-Insurers OHS Audit Tool 2009(NATNSW); – User Guide & Workbook Version 2.0, 3 August 2009.

- ASNZ ISO 9011:2003 Guidelines for quality and/or environmental management system auditing.

- UNSW Health and Safety Management Systems; HSMS 2011

Appendix A: History

The authorisation and amendment history for this document must be listed in the following table. Refer to information about Version Control on the Governance Support website.

Version	Authorised by	Approval Date	Effective Date	Sections modified
6.2	David Ward	10/10/2012	10/10/2012	
6.3	Director, Human Resources	5/02/2013	5/02/2013	Updated Branding Logo in accordance with UNSW Branding Guidelines. Modified the document identifier from OHS to HS in accordance with WHS legislation review
6.4	Director, UNSW Safety and Sustainability	30 April 2014	30 April 2014	Reviewed for administrative updates