HSW DOCUMENT CONTROL & RETENTION STANDARD

1.0 PURPOSE & SCOPE

This Standard sets out the mandatory requirements for document control and retention under the Monash University Health, Safety, and Wellbeing Management System (HSWMS).

This Standard relates to all activities under the management and control of the Monash Group and applies to affected Staff, students, contractors, and visitors. Unless indicated otherwise, references to "the Monash Group" encompass activities at:

- Monash University Australia
- Monash University Malaysia
- Monash University Indonesia
- Monash Suzhou
- The Monash University Prato Centre
- Monash College Pty Ltd
- World Mosquito Program Ltd (and its subsidiaries)

2.0 ROLES & RESPONSIBILITIES

Director, Health Safety & Wellbeing (Australia) /Monash University Malaysia (MUM) Occupational Health, Safety and Environment Unit (Monash Malaysia) (OHSE) Manager: Responsible and accountable for the development, maintenance, review, and evaluation of all centrally produced Health, Safety and Wellbeing documents.

Faculty / Division / School / Unit Executive: Members of the senior executive, deans, and administrative directors are responsible for ensuring that document control and retention requirements are actively followed within their domains.

Heads of Academic / Administrative Units: Responsible for the local implementation of this Standard in all areas under their operational control.

Operational Managers / Laboratory Heads: Responsible for implementation, review, maintenance, and retention of local HSW documents.

Local HSW Committee: Responsible for the formulation and execution of HSW improvement strategies, including monitoring local HSW documents.

3.0 MANAGEMENT & IDENTIFICATION OF HSW DOCUMENTS

3.1. Document Ownership

Centrally Managed Documents: In Australia, central HSWMS documents (policies, procedures, standards, guidelines, and tools) are managed by the Monash Health, Safety and Wellbeing team, led by the Director, Health Safety & Wellbeing. In Malaysia, campus-specific guidelines, checklists, forms, and operational procedures are managed by MUM OHSE.

Locally Managed Documents: Developed at the faculty, division, school, department, or research group level. These include local policies, procedures, guidelines, Safe Work Instructions (SWIs), posters, and checklists. For MUM, local school/unit documents are managed by MUM OHSE and require local approval.

3.2. Metadata and Footer Requirements

Every HSW document must be clearly identified by a title indicating its document type (e.g., standard, procedure, guideline) and must possess a standardised footer configuration:

> **Mandatory Footer Configurations**
>
> - Centrally Managed Documents: Document Name, Version Number, Date Effective (Month/Year), Status, and Page Number.
> - Locally Managed Documents: Document Name, Version Number, Responsible Officer/Committee, Date Effective, Date of Next Review, and Page Number.

3.3. Location and Accessibility

Electronic Access: Electronic versions of all HSW documents must be readily accessible on the organisation's central HSW website or the respective faculty/division/unit website.

Source Files: Source files must be securely maintained by the Monash University Australia (MUA) Health, Safety & Wellbeing team, MUM OHSE, or local units on their respective shared Google Drives or equivalents.

Hardcopies: Printed versions must be made available for individuals who do not have ready digital access, or during specific events such as training courses.

4.0 THE DOCUMENT LIFECYCLE

All system and local documentation must move through a structured lifecycle to ensure continuous accuracy, stakeholder inclusion, and system alignment:

[1. Drafting & Review] ➔ [2. Engagement & Consultation] ➔ [3. Endorsement / Approval] ➔ [4. Version Control]

4.1. Step 1: Review Framework

Cyclic Reviews: All HSWMS documents must undergo a comprehensive cyclic review at least every 5 years, or at the discretion of the Director, Health, Safety and Wellbeing (centrally managed documents) or Operational Managers (local documents).

Out-of-Cycle Reviews: Documents may be reviewed prior to their scheduled review date due to legislative updates, incident outcomes, changes to centrally managed documents, continuous improvement needs or at the request of stakeholders where appropriate.

Document Registers: A comprehensive document register must be maintained centrally and locally to monitor document status, tracking: Title, Version, Date Effective, Status, Date of Next Review, and the Person/Team Responsible.

4.2. Step 2: Engagement & Consultation

Major Changes: Stakeholders must be engaged through a process of consultation and communication during the development of new or majorly altered policies, standards, and procedures, and as part of cyclic reviews in accordance with the HSW Engagement Standard.

Moderate Changes: Changes to supporting information (guidelines, reference material), checklists or templates are performed at the discretion of the Health, Safety and Wellbeing Team and communicated in accordance with the HSW Engagement Standard.

Minor Changes: Minor adjustments (such as formatting or hyperlink repairs) do not require broad stakeholder communication or formal consultation.

4.3. Step 3: Endorsement and Approval Protocols

Centrally Managed Standards & Procedures: Must be endorsed by Monash University OHS Committee (MUOHSC). Procedures must be formally approved by the President & Vice Chancellor (or delegate) prior to local implementation as indicated in the Monash Policy Framework.

Malaysia-Specific Adaptations (Major Schedules): Where a separate MUM Schedule is required, it must be endorsed by the PVC Malaysia and approved by the Parent Policy Owner (MUA Group Manager, HSW), then submitted to MUOHSC for noting in accordance with the Monash Policy Framework.

For Locally Managed Documents: Local policies, procedures, and Safe Work Instructions (SWIs) must be formally approved by the relevant Head of Academic/Administrative Unit (or by MUM OHSE for Malaysia campus local documents) prior to operational implementation.

4.4. Step 4: Version Control and Document History

New Documents (Version 1.0): Identified as Version 1 when a document is new or changes its structural type (e.g., from a procedure to a standard).

Major Numbers: Advanced to the next consecutive whole number (e.g., Version 1 to Version 2) following a major change or cyclic review.

Minor Numbers: Indicated by adding or advancing a decimal point (e.g., Version 1.0 to 1.1) for minor structural, formatting, or hyperlink fixes.

Change Records: Document modifications must be compiled chronologically within the Document History section on the final page of the document or recorded in the centralised Document Register.

5.0 IMPLEMENTATION & OPERATIONS

5.1. Local Implementation of Central Documents

When an academic or administrative unit uses a centrally managed document directly (such as an unmodified central form or checklist), the central document footer (refer to section 3.2) must remain entirely unchanged. When a central document is modified or contextualised for local implementation, the footer must be fully updated with local information.

5.2. Naming Conventions for Local Documents and Risk Assessments

To ensure documents and risk assessments remain highly searchable and retrievable across institutional repositories, areas should adopt the following naming protocols:

Local Documents: Titles must follow a format including document type and a meaningful topic (e.g, SWI - Autoclave Operation).

Organisational Prefixes: Broadly applicable local documents must feature the agreed faculty, division, or unit abbreviation at the front of the title (e.g., B&P - Office Ergonomics).

Risk Assessment Naming Convention (Search Tags): To facilitate efficient system filtering, all risk assessment titles must conclude with comma-separated keywords or 'tags.' These tags should represent the primary hazards or controls involved (e.g., fieldwork, vehicle, animals).

e.g. FSD Risk Assessment - Remote Wildlife Research: fieldwork, vehicle, animals

Event Set-up and Manual Handling: heavy lifting, height, public space

Location Mapping: Assessments tied to a specific lab, workshop, or office must utilise SARAH's 'Specific Location' mapping tool to select the exact campus, building, floor, and room.

6.0 DEFINITIONS

6.1. Definitions

Major Change: Changes to HSW policy, procedures or standards that have a direct operational impact.

Moderate Change: Changes to supporting information (guidelines, reference material), or optional reporting tools

Minor Change: Formatting fixes, clarification of wording, or correcting broken webpage links.

Policy: A guiding principle setting out the planned commitment to a particular issue, including a general statement of intent and a principled course of action.

Procedure: A mandatory, University-wide processes, practices or actions required to implement and comply with a policy which is aligned with the University Policy Framework.

Standard: A mandatory document defining the specific process, method, or course of action that must be taken.

Guidelines: Non-mandatory documents providing clear, practical guidance and advice on the implementation of activities or tasks. Compliance with a guideline is not mandatory.

Tool: Forms, templates, proformas, charts, posters, or information associated with a Standard or guideline. The use or direction of a tool may be mandatory if stated in its parent Standard.

7.0 GOVERNANCE & RECORDS

7.1. Records Retention

For the legal retention and disposal lifecycles of HSW records, please refer directly to the University's Information Governance and Recordkeeping Procedure

7.2. Governance Framework

Governance	Details
Parent Policy	HSW Policy
ISO 45001 Alignment	Clause 7.5.3-Control of Documented Information
Supporting Documents	• HSW Engagement Standard • HSW Roles, Responsibilities Standard
Supporting Schedules	N/A
Associated Documents	• ISO 45001:2018 Occupational Health and Safety Management Systems • Retention and Disposal of University Records Authority
Related Legislation	• Occupational Health and Safety Act 2004 (Vic) • Occupational Safety and Health Act 1994 (Malaysia)
Endorsement	Monash University OHS Committee | 1 September 2026
Document Owner	Director, Health Safety & Wellbeing
Status	Current and in effect

Governance	Details
Version	2.0

7.3. Document History

Version	Date Approved	Changes Made to Document
1.0	2026	Administrative changes due to: • Conversion of Procedure to a HSW Standard • Transition Procedure out of Policy Bank onto website
2.0	2026	Administrative changes including: • Articulating the specific ISO 45001 clause alignment • Extension to the document review period (5 years) • Inclusion of section 5.2 Naming Conventions