

HSW DOCUMENT CONTROL & RETENTION STANDARD

SCOPE

This Standard relates to all activities under the management and control of Monash University and applies to affected workers, students, contractors and visitors.

For the purpose of this Standard, references to 'the University' includes activity at Monash University Australia, Monash University Malaysia, Monash University Indonesia, Monash Suzhou, the Monash University Prato Centre, Monash College Pty Ltd and World Mosquito Program Ltd (and its subsidiaries), unless indicated otherwise.

This Standard sets out the requirements for document control and retention under the Monash University OHS Management System.

1. Abbreviations

HS&W	Monash Health, Safety and Wellbeing team, led by the Director, Health Safety & Wellbeing
OHSE	Occupational Health, Safety and Environment Unit (Monash Malaysia)
HSW	Health, Safety and Wellbeing
HSWMS	Health, Safety and Wellbeing Management System
MUOHSC	Monash University OHS Committee
MUA	Monash University Australia
MUM	Monash University Malaysia
SWI	Safe Work Instructions

2. Centrally Managed HSW Documents

2.1 In Australia, Health, Safety and Wellbeing Management System (HSWMS) documents such as policies, procedures, standards, guidelines and associated tools are centrally managed by Monash Health, Safety & Wellbeing (HSW). In Malaysia, MUM campus guidelines, checklists, forms, and any other additional operational procedures are managed by MUM OHSE.

2.2 Document Identification

2.2.1 Every document must be identified by a document title, which includes the type of document (standard, procedure, guideline etc.)

2.2.2 Every document must have a document footer with the following items:

- Document name;
- Version number;
- Date Effective: the month and year the document was implemented;
- Status;
- Page number.

2.3 Document Governance

Documents may have a governance table at the end of the document with the following items:

- Parent Policy;
- Supporting Schedules, where applicable;
- List of associated documents;
- Legislation mandating compliance;
- Endorsement body;
- Document Owner;
- Date Effective;
- Status;
- Version; and
- Email for content enquiries.

2.4 Document Review, Endorsement and Approval

- 2.4.1 HSWMS standards, procedures and any associated tools, e.g. guidelines, checklists, forms or posters should be reviewed at least every 3 years.
- 2.4.2 HSWMS standards and procedures may need to be reviewed prior to their allocated review date due to changes to legislation, following incidents and to ensure continuous improvement.
- 2.4.3 Consultation must occur during the development of new HSWMS standards and procedures and major changes to existing HSWMS standards and procedures in accordance with the [HSW Consultation Standard](#).
- 2.4.4 All new HSWMS standards and major changes to existing HSWMS standards and procedures must be communicated to stakeholders in accordance with the [HSW Communication Standard](#).
- 2.4.5 HSWMS standards and procedures must be endorsed by the Monash University OHS Committee (MUOHSC) and in the case of procedures, approved by the President & Vice Chancellor or delegate for local implementation by academic/administrative units.
- 2.4.6 Minor changes to documents, e.g. formatting, do not need to be communicated to all stakeholders and do not require endorsement by MUOHSC.
- 2.4.7 For MUM campus, minor changes of HSWMS standards and procedures to incorporate MUM requirements will be endorsed by the Document Owner (MUA Group Manager, Health Safety & Wellbeing) and approved by MUOHSC before deployment in Malaysia.
- 2.4.8 For major changes to HSWMS standards or procedures where a separate MUM Schedule is required, this will be endorsed by PVC Malaysia and approved by the Parent Policy Owner (MUA Group Manager, Health Safety & Wellbeing). Before deployment in Malaysia, all schedules will be submitted to MUOHSC for noting.

2.5 Version control of documents

- 2.5.1 Every HSWMS document must be identified as version 1 when it is a new document or if the document type changes, e.g. from a guideline to a standard.
- 2.5.2 A document must be given the next consecutive number following a major change, e.g. version 1, version 2, etc.
- 2.5.3 For minor changes such as formatting or changing a hyperlink, a decimal point is added following the version number, e.g. version 1.0 to version 1.1, etc.

2.6 Document History

- 2.6.1 When a standard or procedure undergoes a minor or major change, the changes that were made should be recorded in the Document History on the final page of the document as follows:

Version	Date Approved	Changes made to document
1.0	Date of current document, e.g.	Name of current document, e.g.

	March 2019	OHS Document Control & Retention Standard
2.0	Date when reviewed document is approved for implementation, e.g. March 2021	Outline of changes made to document, e.g. Updated Purpose and Scope

2.7 Document Register

2.7.1 A document register must be maintained to monitor the status of all HSWMS documents and ensure that cyclic reviews are conducted.

2.7.2 The document register should include:

- The document title;
- The version number;
- Date Effective;
- Date of next review; and
- Person Responsible/Review team

2.8 Location of documents

2.8.1 Electronic versions of all HSWMS documents must be accessible on the organisation's HSW website or equivalent

2.8.2 The source files for the web documents must be maintained by MUA HSW and MUM OHSE on their respective shared Google drives or equivalent.

2.8.3 Hardcopies of documents must be made available for persons not having ready access to the web site and at other times (e.g. at training courses).

2.9 Local Implementation of Centrally Managed HSW documents

2.9.1 When a centrally managed HSW document is used directly by an academic/administrative unit, e.g. use of a form or checklist, the document footer must not be changed.

2.9.2 When a centrally managed HSW document is adapted for local implementation, e.g. modification of a checklist for local contextualisation, the footer must be updated with local information.

3. Locally Managed HSW Documents

3.1 Local HSW documents can be developed at the faculty/division/unit, school/department or research group/work group level and include but are not limited to policies, procedures, guidelines, Safe Work Instructions (SWIs), posters and checklists.

3.2 For MUM, school and unit documents such as work instructions, guidelines, checklists, forms and any other additional operational Standards are managed by MUM OHSE and require local approval.

3.3 Document Title

Every document must be identified by a document title, which includes the type of document (procedure, guideline etc.)

3.4 Document Footer

Every local HSW document requires the following items in the footer:

- Document title (including version number);
- Responsible Officer/Committee, e.g. Dean/Director, Operational Manager/Laboratory Head, Executive/HSW Committee;
- Page number;
- Date Effective: the month and the year the document was implemented;
- Date of Next Review: the year the document is due for cyclic review; and
- A sentence to indicate the latest version of the document can be found on the Faculty/Division/Unit intranet/website/local drive

An example footer is shown below:

Document title <e.g. Terms of Reference, v1.0> **Responsible Officer:** <insert position title, e.g.HSW Committee Chair> **Page 1 of 1**

Date Effective: <month, year>

Date of next review: <year>

For the latest version of this document please go to: <insert location e.g. Faculty/Divisional/Unit intranet, drive>

3.5 Version Control

3.5.1 Documents must be given the next consecutive number following a major change, e.g. v1.0, v 2.0 etc.

3.5.2 For minor changes such as formatting or updating a hyperlink, a decimal point is added following the version number, e.g. v 1.0 to v1.1.

3.6 Review of Local HSW Documents

3.6.1 HSW documents should be reviewed at least every 3 years.

3.6.2 HSW documents may need to be reviewed prior to their date of review if there are changes to legislation or centrally managed HSW documents, following incidents or to ensure continuous improvement.

3.6.3 It is recommended that changes to documents are recorded in the Document History as outlined in section 2.6.

3.7 Document Register

3.7.1 A document register must be maintained to monitor the status of all local HSW documents and ensure that cyclic reviews are conducted.

3.7.2 The document register must include:

- The document title;
- The version number;
- Date Effective;
- Date of next review; and
- Person Responsible/Review team

3.8 Location of documents

3.8.1 Electronic versions of all local HSW documents must be accessible on the faculty/division/unit website or equivalent.

3.8.2 The source files for the web documents must be maintained on the faculty/division/unit shared/Google drive or equivalent.

3.8.3 Hardcopies of documents must be made available for persons not having ready access to the faculty/division/unit website and at other times (e.g. at training courses).

4. Responsibility for Implementation

4.1 A comprehensive list of HSW responsibilities is provided in the document [HSW Roles and Responsibilities Standard](#). A summary of responsibilities with respect to HSW Document Control and Retention is provided below.

4.1.1 **Director, Health Safety & Wellbeing (Australia)/MUM OHSE Manager:** The Director, Health Safety & Wellbeing (Australia)/MUM OHSE Manager is responsible and accountable for the development, maintenance, review and evaluation of all centrally produced HSW documents.

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

4.1.3 **Heads of Academic/Administrative Units:** Heads of academic/administrative units are responsible for the local implementation of this Standard in areas under their control.

4.1.4 **Operational Managers/Laboratory Heads:** Operational Managers/Laboratory Heads are responsible for the local implementation of this Standard in areas under the control, including the maintenance, review and retention of relevant local HSW documents.

- 4.1.5 **Local HSW Committee:** Local HSW committees are responsible for the formulation and implementation of HSW improvement strategies for the area, which may include the maintenance, review and retention of local HSW documents in accordance with this Standard.

5. Records

For HSW Records document retention please refer to the University's: [Information Governance and Recordkeeping Procedure](#)

DEFINITIONS

Key word	Definition
Major Change	A major change to a document has an operational impact on academic/administrative units.
Minor Change	A minor change includes formatting and changes derived from major changes to other documents. A minor change does not have an operational impact on academic/administrative units.
Policy	A policy is a guiding principle, which sets out the planned commitment to a particular issue. It includes a general statement of intent and provides a principle course of action.
Standard	A Standard defines the process, method or course of action that must be taken.
Guidelines	A guideline provides clear and practical guidance and advice on the implementation of a particular activity or tasks. Compliance with a guideline is not mandatory.
Tool	A tool is a form, template, proforma, chart, poster or information associated with a Standard or guideline. The use of a tool or the direction given by the tool may be mandatory as stated in its associated Standard.

GOVERNANCE

Parent policy	HS&W Policy
Supporting documents	HSW Communication Standard HSW Consultation Standard HSW Records Management Standard HSW Roles, Responsibilities Standard
Supporting schedules	N/A
Associated documents	Australian and International Standards ISO 45001:2018 Occupational Health and Safety Management Systems Monash University Standards 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 18 March 2021
Document owner	Director, Health Safety & Wellbeing
Effective	March 2021
Status	Current and in effect

Version	1.0
Content enquiries	hsw@monash.edu

DOCUMENT HISTORY

Version	Date Approved	Changes made to document`
1	2026	Administrative changes due to: <ul style="list-style-type: none"> ● Conversion of Procedure to a HSW Standard ● Transition Procedure out of University Policy Bank on to HSW website