OHS DOCUMENT CONTROL & RETENTION PROCEDURE

SCOPE

This procedure 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 procedure, references to 'the University' includes activity at Monash University Australia, Monash University Malaysia, Monash University Indonesia, Monash Suzhou, the Monash University Prato Centre and World Mosquito Program Ltd (and its subsidiaries), unless indicated otherwise.

PROCEDURE STATEMENT

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

1. Abbreviations

OH&S	Monash Occupational Health and Safety team, led by the Group Manager, Health Safety & Wellbeing
OHSE	Occupational Health, Safety and Environment Unit (Monash Malaysia)
OHS	Occupational Health and Safety
OHSMS	Occupational Health and Safety Management System
MUOHSC	Monash University OHS Committee
MUA	Monash University Australia
MUM	Monash University Malaysia
SWI	Safe Work Instructions

2. Centrally Managed OHS Documents

2.1   In Australia, Occupational Health and Safety Management System (OHSMS) documents such as policies, procedures, guidelines and associated tools are centrally managed by Monash Occupational Health & Safety (OH&S). 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 (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;

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- Date of next review: the year the document is due for cyclic review; and
- Page number.

2.3 Document Governance

Every document must have a governance table at the end of the document in accordance with the University's [Policy Framework Procedure](#) with the following items:

- Parent Policy;
- Supporting Schedules, where applicable;
- List of associated procedures;
- Legislation mandating compliance;
- Endorsement body;
- Approval body;
- Procedure Owner;
- Date Effective;
- Date of next review;
- Version; and
- Email for content enquiries.

2.4 Document Review, Endorsement and Approval

2.4.1 OHSMS procedures and any associated tools, e.g. guidelines, checklists, forms or posters must be reviewed at least every 3 years.

2.4.2 OHSMS procedures may need to be reviewed prior to their allocated review date due to changes to legislation, review of procedures following incidents and to ensure continuous improvement.

2.4.3 Consultation must occur during the development of new OHSMS procedures and major changes to existing OHSMS procedures in accordance with the [OHS Consultation Procedure](#).

2.4.4 All new OHSMS procedures and major changes to existing OHSMS procedures must be communicated to all stakeholders in accordance with the [OHS Communication Procedure](#).

2.4.5 OHSMS procedures must be endorsed by the Monash University OHS Committee (MUOHSC) and 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 OHSMS procedures to incorporate MUM requirements will be endorsed by the Procedure Owner (MUA Group Manager, Health Safety & Wellbeing) and approved by MUOHSC before deployment in Malaysia.

2.4.8 For major changes to OHSMS 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 OHSMS 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 procedure.

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 procedure undergoes a minor or major change, the changes that were made must 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. March 2019	Name of current document, e.g. OHS Document Control & Retention Procedure
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 OHSMS documents and ensure that cyclic reviews are conducted.

    2.7.2   The document register must 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 OHSMS documents must be accessible on the organisation's OHS website

    2.8.2   The source files for the web documents must be maintained by MUA OH&S and MUM OHSE on their respective shared Google drives.

    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 OHS documents

    2.9.1   When a centrally managed OHS 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 OHS document is adapted for local implementation, e.g. modification of a checklist for local contextualisation, the footer must be updated with local information as set out in section 3.3.1.

3. Locally Managed OHS Documents

3.1   Local OHS 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 procedures 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.), e.g. Travelling to Prato Campus Procedure

3.4   Document Footer

    Every local OHS 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/OHS Committee;
- Page number;
- Date Effective: the month and the year the document was implemented;

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- 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.OHS 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 OHS Documents

    3.6.1   OHS documents must be reviewed at least every 3 years.

    3.6.2   OHS documents may need to be reviewed prior to their date of review if there are changes to legislation or centrally managed OHS 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 OHS 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 OHS documents must be accessible on the faculty/division/unit website.

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

    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 OHS responsibilities is provided in the document [OHS Roles, Responsibilities and Committees Procedure](). A summary of responsibilities with respect to OHS Document Control and Retention is provided below.

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

    4.1.2   **Faculty/Divisional/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 procedure in areas under their control.

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

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

5. Records

For OHS Records document retention please refer to:
OHS Records Management 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.
Procedure	A procedure 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 procedure or guideline. The use of a tool or the direction given by the tool may be mandatory as stated in its associated procedure.

GOVERNANCE

Parent policy	OHS&W Policy
Supporting procedures	OHS Communication Procedure OHS Consultation Procedure OHS Records Management Procedure OHS Roles, Responsibilities and Committees Procedure
Supporting schedules	N/A
Associated procedures	**Australian and International Standards** ISO 45001:2018 Occupational Health and Safety Management Systems **Monash University Procedures** Policy Framework Procedure Recordkeeping: Retention and Disposal of University Records Procedures (Australia only)
Related legislation	Occupational Health and Safety Act 2004 (Vic) Occupational Safety and Health Act 1994 (Malaysia)
Category	Operational

Approval	Chief Operating Officer & Senior Vice-President March 2021
Endorsement	Monash University OHS Committee 18 March 2021
Procedure owner	Group Manager, Health Safety & Wellbeing
Date effective	March 2021
Review date	2024
Version	6.5 *(Minor amendment effective 10 October 2023)*
Content enquiries	ohshelpline@monash.edu

DOCUMENT HISTORY

Version	Date Approved	Changes made to document`
4	February 2013	OHS document control & retention procedure, v4
5	May 2015	1. Changed document title and updated purpose and scope to reflect that this procedure now applies to locally developed documents in faculties and divisions. 2. Removed definitions that are not applicable. 3. Updated Specific Responsibilities section. 4. Removed sections on document development process and format as these are not relevant to local implementation. 5. Removed Appendix 1: OH&S process for document development 6. Added Compliance Section and updated References section.
5.1	July 2015	1. Updated hyperlinks throughout to new OH&S website.
5.2	August 2017	1. Updated logos in header
5.3	June 2018	1. Updated hyperlinks throughout document 2. Removed the word 'local' from the document where appropriate, as this procedure applies to all documents required for the implementation of Monash University's OHS management system.
6.0	March 2021	1. Updated wording in Scope. 2. Updated Abbreviations and Definitions sections. 3. Updated hyperlinks throughout 4. Added separate sections for 'Centrally managed OHS documents' and 'Locally managed OHS documents' and updated the requirements to include document history and document register. 5. Added requirement for Governance table for OHSMS documents as per the University's Policy framework. 6. Clarified footer requirements when centrally managed OHS documents are implemented locally.
6.1	July 2021	1. Updated certification logo in footer to ISO 45001 2. Updated the Standard to ISO 45001 under "Associated procedures" in the Governance table 3. Updated OHS Policy under 'Parent Policy' to OHS&W Policy

6.2	October 2021	1. Updated Scope statement to include Monash University Malaysia, Monash University Indonesia, Monash Suzhou and the Monash University Prato Centre
6.3	November 2021	1. Updated wording in section 2.4 and 2.6 to clarify that these requirements only apply to OHSMS Procedures. 2. Updated title of Procedure Owner in Governance table.
6.4	December 2021	1. Updated Scope statement to include World Mosquito Program Ltd (and its subsidiaries).
6.5	October 2023	1. Added Malaysian requirements throughout. 2. Changed title of Health, Safety and Wellbeing Manager to Group Manager, Health Safety and Wellbeing throughout procedure.

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