Monash University Procedure

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Scope | This procedure applies to all OHS Management System audits conducted at Monash University in Australia.

Purpose | This procedure sets out the processes for developing and conducting the OHS audit programs at Monash University in Australia.

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1. Abbreviations

<table>
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<tr>
<th>Abbreviation</th>
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<tr>
<td>MUOHSC</td>
<td>Monash University OHS Committee</td>
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<tr>
<td>OHS</td>
<td>Occupational Health and Safety</td>
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<td>OH&amp;S</td>
<td>Monash Occupational Health &amp; Safety</td>
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<td>OHSMS</td>
<td>Occupational Health &amp; Safety Management System</td>
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<td>SDU</td>
<td>Staff Development Unit</td>
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2. Definitions

A comprehensive list of definitions is provided in the Definitions tool. Definitions specific to this procedure are provided below.

**Corrective Action**: Corrective action is action taken to eliminate the cause of a detected non-conformance or other undesirable situation.

**Non-Conformance**: A non-conformance is an activity or item that does not conform to the OHS Policy, relevant work standards, practices, procedures or legal requirements, or any other requirements detailed in the Monash University OHS Management System.

**OHS Audit**: An OHS audit is a systematic, independent and documented process for obtaining evidence of the implementation of the Monash University OHS Management System.

OHS Audits are risk-based, and designed to manage high risk areas/processes. Higher risk areas/processes should be audited more frequently than lower risk areas/processes.

**OHS Audit Report**: An OHS audit report is a documented report of the audit findings.

**Types of OHS Audit:**

**Self-audit**

A self-audit is an OHS audit conducted by staff of an academic/administrative unit, of their own OHS systems. A Monash University self-audit questionnaire is available on the OH&S web site.

**Internal OHS audit**

An internal OHS audit is an OHS audit conducted by a Monash University internal auditor(s) independent of the area under audit. Internal audits may be based on the broad requirements of the University’s OHS Management System, or other applicable areas, e.g. University chemical management requirements.

**External OHS audit**

An external OHS audit is an OHS audit conducted by an external subject matter expert and assesses the implementation of the requirements of the University’s OHS Management System for a particular hazard, activity or procedure.

**Certification and surveillance audits**

3. **Audit**

3.1 **Audits will be conducted to:**


3.1.2. Assess the extent of implementation of the Monash University OHS Management System in the University's operations and activities; and

3.1.3. Verify the implementation and effectiveness of the University's OHS Policy and associated procedures.

3.2 **OHS Audit Program**

3.2.1 An audit program will be prepared and maintained by the OHS Audit Coordinator. The audit schedule is available on the OH&S web site.

3.2.2 The audit schedule will reflect:

- The level of risk associated with the activity, policy or procedure;
- The priority of the specific element of the Monash University OHS Management System;
- The results of previous audits; and
- The significance of problems identified in the areas to be audited.

3.2.3 Unscheduled audits may be conducted at any time based upon:

- Previous audit results;
- Regulatory inspections/entry reports;
- Operational changes;
- Management reviews;
- Incidents; or
- Identified non-conformances.

3.3 **Auditor Competency**

3.3.1 Audit programs and processes are developed by staff, who have successfully completed a recognised Lead Auditor OHS training program.

3.3.2 All auditors must be appropriately trained and experienced. Minimum competency requirements have been set as:

- Management system lead auditor training;
- Technical understanding of the OHS control requirements for the area or subject being audited.

3.3.3 Auditors must be approved by OH&S.

3.4 **Pre-Audit Activities**

3.4.1 Prior to the audit, the OHS Audit Coordinator is responsible for:

- Preparing an audit timetable;
- Preparing audit checklists as required;
- Collating relevant information for review by the audit team which may include operating procedures, previous audit findings, standards, legal requirements or internal procedures; and
Consulting with the academic/administrative unit to confirm the above information.

3.5 Opening Meeting
3.5.1 The OHS Audit Coordinator arranges the opening meeting with:
- Head of academic/administrative unit;
- Safety Officer;
- Health & Safety Representative;
- Resources manager;
- Other appropriate area personnel; and
- OHS Auditor and OHS Audit Coordinator.

3.5.2 The OHS Auditor, OHS Audit Coordinator, OHS Consultant/Advisor and area personnel, must meet to discuss the following topics prior to the commencement of the audit:
- Scope of audit;
- How the audit will be conducted;
- Access arrangements to laboratories;
- Resources required (keys, PPE, etc);
- What the team will do if they find an unsafe situation; and
- Reporting process.

3.6 Conducting the Audit
3.6.1 The OHS Auditor will conduct the audit, which will involve the following steps:
- Conduct interview/discussion with affected area staff;
- Obtain objective evidence for examination to assess conformance;
- Follow audit trails to confirm evidence.

3.6.2 On completion of the audit, the OHS Auditor, will conduct a post audit debrief, which will include the following:
- Confirm completion of audit;
- Return keys, PPE, etc.;
- Provide a general statement regarding findings; and
- Confirm reporting process.

3.6.3 Within two working days the audit team will discuss and complete their observations.

3.6.4 The OHS Auditor will follow-up any outstanding items with the participating area.

3.7 Audit Report
3.7.1 The OHS Auditor is responsible for finalising the audit report, which should include:
- The area and element/procedure/process audited;
- Audit team composition, audit scope, persons interviewed;
- Executive summary;
- Observations and key findings (identified non-conformances);
• Recommendations:
  o Non-conformances
  o Opportunities for improvement, which are areas that may become non-conformances in the future; and

• Graphical representation of findings.

3.7.2 The completed draft report is reviewed by the OHS Auditor and OHS Audit Coordinator and within two weeks is distributed to Head of academic/administrative unit and others as appropriate for comment. One to two weeks are allowed for comment and discussion of any requested changes or clarification of findings.

3.7.3 The final completed report is distributed together with a covering email to auditee area participants.

3.7.4 The report includes responses recorded against each applicable audit question. Copies of the report are distributed to:
  o Head of academic/administrative unit;
  o Safety Officer(s);
  o Health & Safety Representative(s);
  o Resources manager;
  o Dean of faculty/Head of division;
  o Faculty Manager;
  o OHS Consultant/Advisor for area;
  o Manager, OH&S; and
  o Others as appropriate.

3.7.5 A summary is reported at the quarterly Monash University OHSC (MUOHSC), the Audit and Risk Committee of Council and is included in the quarterly OHS Progress Report.

3.8 Corrective Actions
For information on corrective actions produced by an audit please refer to the OHS Corrective Actions Procedure.

3.9 Closing Meeting
The OHS Auditor, OHS Audit Coordinator and OHS Consultant/Advisor of the area meet with representatives from the academic/administrative unit to discuss the audit findings and to jointly develop a set of agreed actions. The agreed actions will be recorded in a corrective action report and provided to the area within 2 weeks of the closing meeting.

3.10 Agreed Action Implementation
3.10.1 The academic/administrative unit in consultation with the OHS Consultant/Advisor is responsible for:
  • Closing out all agreed actions within the nominated timeframe;
  • Reporting status of corrective actions to their management and to the local OHS committee; and
  • Tracking the progress and effectiveness of the corrective actions.

3.11 Management Reporting
The Manager, OH&S is responsible for reporting results of audits to University management at each quarterly Monash University Occupational Health and Safety Committee (MUOHSC) meeting and to the Audit & Risk Committee of Council.
4. Responsibility for Implementation

A comprehensive list of OHS responsibilities is provided in the OHS Roles, Committees and Responsibilities Procedure.

The specific responsibilities of OHS audit participants are:

4.1 OHS Audit Coordinator: It is the responsibility of the OHS Audit Coordinator to:

- Coordinate the University’s OHS Audit Program;
- Distribute audit results;
- Maintain records of audit programs; and
- In conjunction with Monash Occupational Health & Safety (OH&S), assist academic/administrative units to develop and apply corrective actions and controls to system or procedural deficiencies and non-conformances.

4.2 OH&S: It is the responsibility of OH&S to:

- In conjunction with the OHS Audit Coordinator, assist academic/administrative units to develop and apply corrective actions and controls to system or procedural deficiencies and non-conformances;
- Verify that agreed corrective actions adequately address detected system or procedural deficiencies and non-conformances; and
- Assist academic/administrative units to address system or procedural deficiencies and non-conformances.

4.3 OHS Auditor: It is the responsibility of the OHS auditor to:

- Conduct audits; and
- Report on audit findings and non-conformances.

4.4 Heads of Academic/Administrative Units: It is the responsibility of the heads of academic/administrative units to:

- Ensure self-audits are conducted annually and that preventative and corrective actions are implemented;
- Provide the lead auditor with evidence of current system and procedural practices in response to audit questions;
- Communicate audit results to the local OHS committee/s;
- Follow up on the implementation of corrective and preventative actions, and
- Review the efficacy of preventive and corrective actions implemented.

5. Tools

Monash University OHS self-audit questionnaire

6. Records

For OHS Records document retention please refer to:
Monash University OHS Records Management Procedure
## 7. Document History

<table>
<thead>
<tr>
<th>Version</th>
<th>Date of Issue</th>
<th>Changes made to document</th>
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<tr>
<td>3</td>
<td>February 2011</td>
<td>OHS Audits at Monash</td>
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<td>4</td>
<td>February 2013</td>
<td>OHS Audit Procedure</td>
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<td>5</td>
<td>August 2014</td>
<td>Removed workplace safety inspections</td>
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<td>Updated Definitions</td>
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<td>Added Compliance section and removed this information from the scope.</td>
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<td>Included step by step audit process with responsibilities.</td>
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<td>5.1</td>
<td>July 2015</td>
<td>Updated hyperlinks throughout to new OH&amp;S website.</td>
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<td>5.2</td>
<td>August 2017</td>
<td>1. Updated logos in header</td>
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<td>2. Updated OHS Regulations to 2017</td>
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<td>5.3</td>
<td>March 2018</td>
<td>Updated Scope and Purpose to reflect that this procedure applies to Australian campuses of Monash University. Sections 3.4, 3.5, 3.6 and 3.9 were updated to clarify the steps in the audit process.</td>
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