### Monash University Procedure

**Procedure Title**: OHS Audit Procedure  
**Parent Policy**: OHS Policy  
**Date Effective**: June 2019  
**Review Date**: June 2022  
**Procedure Owner**: Manager, OH&S  
**Category**: Operational  
**Version Number**: 6.0  
**Content Enquiries**: bernadette.hayman@monash.edu

### Scope
This procedure applies to Monash University in relation to OHS related audits. Australian campuses only are covered by the certification to OHS AS 18001 and AS 4801.

### Purpose
This procedure sets out the processes for developing and conducting the OHS audit program for Monash University.

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1. Abbreviations

<table>
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<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>BPD</td>
<td>Buildings and Property Division</td>
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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>
</tr>
<tr>
<td>OH&amp;S</td>
<td>Monash Occupational Health &amp; Safety</td>
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<tr>
<td>OHSMS</td>
<td>Occupational Health &amp; Safety Management System</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 (OHSMS).

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

**OHS Audit ratings:**

<table>
<thead>
<tr>
<th>Rating classification</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major non-conformance (MajNC)</td>
<td>A Major Non-conformance is where the local area has no, or ineffective, process in place to meet the requirements of the Standard. If a Major Non-conformity audit rating is assigned a recommendation must be provided.</td>
</tr>
<tr>
<td>Minor non-conformance (MinNC)</td>
<td>A Minor Non-conformance is where the local area has a process but it is ineffective in meeting the requirements of the standard. If a Minor Non-conformity audit rating is assigned a recommendation must be provided.</td>
</tr>
<tr>
<td>Opportunity for improvement (OFI)</td>
<td>An Opportunity for Improvement is where in the opinion of the auditor the local area addresses the requirements of the standard but there is an opportunity to improve the process further. If an opportunity for improvement audit rating is assigned a recommendation must be provided.</td>
</tr>
<tr>
<td>Conformance (C)</td>
<td>A Conformance is defined as the local area meets the requirements of the standard.</td>
</tr>
<tr>
<td>Best practice (BP)</td>
<td>A Best Practice is defined as the local area exceeding the requirements of the standard.</td>
</tr>
<tr>
<td>Not applicable (NA)</td>
<td>Question was not applicable within the scope of the audit.</td>
</tr>
<tr>
<td>Not assessed (NoA)</td>
<td>Not assessed due to time constraints or other unforeseen circumstances.</td>
</tr>
</tbody>
</table>
OHS Audit Report: An OHS audit report is a documented report of the audit findings.

OHS Audit Schedule: The three yearly allocation of audits defined by the Audit program that includes an approximate time frame, scope and type of audit.

OHS Audit Timetable: The specific sequence of activities during an audit.

Types of OHS Audit:

- **Internal OHS audit**
  An internal OHS audit is an OHS audit conducted under the direction of the Manager, OH&S by appointed auditor(s) independent of the area being audited. Internal audits may be either broad or tailored to specific risks such as chemical management requirements.

- **External OHS audit**
  An external OHS audit is an OHS audit under the direction someone other than the Manager, OH&S.

- **Certification and surveillance audits**

3. Audit Program

3.1 Audits will be conducted to:


3.1.2 Identify processes and procedures that exceed the minimum requirements of the standards (AS/NZS 4801:2001 and OHSAS 18001:2007), i.e. best practice.

3.1.3 The audit program must ensure that a representative selection from every area of the University has been audited at least once every 3 years.

3.2 OHS Audit Program Development

3.2.1 The OHS Audit Program is comprised of an OHS audit schedule, a set of OHS audit questions, methodology for rating findings (findings rating) and an OHS audit template.

3.2.2 The OHS audit schedule is prepared and maintained by the Risk and Compliance Officer, Buildings and Property Division (BPD) and must be available on the OH&S website. To ensure that the OHS audit schedule has incorporated all facets of the University’s operations every 3 years, the areas will be selected based upon:

- The level of risk associated with the activities being undertaken in the area;
- The number of workers present in the area; and
- The interval from the last audit conducted in that area.

3.2.3 Additional OHS 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.

3.2.4 The set of OHS Audit questions and OHS Audit template must be approved by the Manager, OH&S before commencing auditing.

3.2.5 The OHS Audit Program may be adjusted by the Manager, OH&S at any time, if there is additional information on any of the above criteria that warrants it.

3.2.6 Change to the OHS Audit Program must be communicated by the Risk and Compliance Officer, BPD.

3.3 Auditor Competency

3.3.1 OHS Lead Auditors
• The Manager, OH&S must ensure that any OHS Lead Auditors are appropriately trained and experienced including:
  o Completion of a recognised Lead OHS Auditor training program; and
  o Sufficient understanding of the OHS risk control requirements for the area or subject being audited.

3.3.2 OHS Auditors
• The Manager, OH&S must ensure that all OHS Auditors are appropriately trained and experienced.
  • Must be endorsed by the Manager, OH&S.

3.4 Pre-Audit Activities

3.4.1 Prior to each OHS audit, the Risk and Compliance Officer, BPD must:
• Prepare an audit timetable;
• Collate relevant information for review by the audit team (e.g. scoping documents); and
• Consult with the academic/administrative unit to confirm the above information.

3.5 Pre-Audit Meeting

3.5.1 The Risk and Compliance Officer, BPD arranges the opening meeting with nominated representatives of each area, which must include where applicable the:
• Head of academic/administrative unit;
• Safety Officer/s;
• Health & Safety Representative/s;
• Resources manager/s;
• OHS Lead Auditor;
• Risk and Compliance Officer, BPD; and
• OHS Consultant/Advisor for the area

3.5.2 The OHS Lead Auditor, Risk and Compliance Officer, BPD and the OHS Consultant/Advisor for the area must agree upon the:
• Scope of audit (the activities and workers to be assessed);
• How the audit will be conducted (the duration and teams assigned to assess);
• Access and resources required (keys, PPE, etc);
• The process followed if an immediate risk to health and safety is identified; and
• The process for preparing and delivering a finalised OHS Audit report.
3.6 Conducting an Audit

3.6.1 The OHS Lead Auditor must, within the scope of the audit, ensure that:

- Observations are made;
- Evidence is collected;
- Findings are developed;
- Audit ratings are assigned;
- The conduct of the auditing team is professional.

3.6.2 On completion of the audit, the OHS Lead Auditor will conduct a post audit meeting to:

- Agree upon a final evidence collection date, after which time evidence will no longer be accepted by the OHS Lead Auditor. The evidence collection date cannot exceed one week from the end of the audit, unless otherwise approved by the Manager, OH&S;
- Return any loaned resources (e.g. keys);
- Present initial findings; and
- Confirm the next steps and timeframes of the reporting process.

3.6.3 The OHS Lead Auditor will follow-up any outstanding items with the participating area within the agreed evidence collection timeframe.

3.7 Audit Report

3.7.1 The OHS Lead Auditor is responsible for drafting an OHS audit report that:

- Is entered onto the OHS Audit Report Template;
- Stipulates the scope of the audit;
- Provides an executive summary;
- For each question addressed during the audit, provides a summary of the:
  - Observations made;
  - Evidence collected;
  - Findings;
  - Audit ratings assigned;
  - Recommendations to address findings based on the assigned rating.

3.7.2 The draft report must be reviewed by the Risk and Compliance Officer, BPD within two weeks of the end of the agreed evidence collection timeframe unless otherwise approved by the Manager, OH&S.

3.7.3 The Manager, OH&S must subsequently review and approve the audit report within one week.

3.7.4 The audit report is then distributed by the Risk and Compliance Officer, BPD to the nominated representatives of the area, who then have one week to provide, in writing, their comments, suggestions or concerns unless otherwise approved by the Manager, OH&S.

3.7.5 When the content of the audit report has been agreed upon by the nominated representatives, they must then endorse, in writing, the audit report to the Risk and Compliance Officer, BPD. Once endorsed, no further changes may be made to the audit report.

3.7.6 The final endorsed OHS audit report is then distributed by the Risk and Compliance Officer, BPD to the nominated representatives.
3.8 Actions Management Meeting

3.8.1 The OHS Consultant/Advisor of the area must meet with nominated representatives from the academic/administrative unit to agree upon reasonably practicable actions to address any non-conformances and opportunities for improvement. A suitable person from the academic/administrative unit must enter:

- The agreed actions arising from audit;
- An appropriate responsible person; and
- A date for completion

in SARAH and must address the requirements of the OHS Corrective Actions Procedure.

3.8.2 Any audit findings that relate to overall deficiencies in the OHSMS must be directed to the Manager, OH&S.

3.8.3 The Risk and Compliance Officer, BPD and the Manager, OH&S must regularly review the progress of the agreed action plan.

3.9 Management Reporting

3.9.1 The Manager, OH&S must ensure that the audit report and all agreed actions are recorded in SARAH.

3.9.2 The Manager, OH&S is responsible for reporting the results of audits conducted within the OHS Audit Program to the Monash University Occupational Health and Safety Committee (MUOHSC) meeting and to the Audit & Risk Committee of Council.

3.9.3 The Manager, OH&S is responsible for determining if any other person may view an OHS audit report.

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 as follows:

4.1 Risk and Compliance Officer, BPD: It is the responsibility of the Risk and Compliance Officer, BPD to:

- Coordinate the University’s OHS Audit Program;
- Distribute audit results;
- Ensure the report is delivered to the area within the agreed timeframes; and
- Maintain records of audit programs.

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

- Assist academic/administrative units to address system or procedural deficiencies and non-conformances.

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

- Conduct audits;
- Prepare the audit report; and
- Ensure the audit meets the agreed scope.
4.4 Heads of Academic/Administrative Units: It is the responsibility of the Heads of academic/administrative units to:

- Provide the Lead auditor with evidence of current system and procedural practices in response to audit questions.

5. Tools

Monash University OHS self-audit questionnaire

6. Records

For OHS Records document retention please refer to:

Monash University OHS Records Management Procedure

<table>
<thead>
<tr>
<th>Status</th>
<th>Revised</th>
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</thead>
<tbody>
<tr>
<td>Approval Body</td>
<td>Monash University OHS Committee</td>
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</table>
| Legislation Mandating Compliance | Occupational Health and Safety Act 2004 (Vic)  
                                      Occupational Health and Safety Regulations 2017 (Vic) |
| Related Policies | OHS Policy     |
| Related Documents | Australian and International Standards  
                                 Monash OHS documents  
                                 OHS Management System Implementation Procedure  
                                 OHS Roles, Responsibilities and Committees Procedure  
                                 OHS Records Management Procedure  
                                 OHS Self-audit Questionnaire  
                                 OHS Corrective Actions Procedure |
7. Document History

<table>
<thead>
<tr>
<th>Version</th>
<th>Date of Issue</th>
<th>Changes made to document</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>February 2011</td>
<td>OHS Audits at Monash</td>
</tr>
<tr>
<td>4</td>
<td>February 2013</td>
<td>OHS Audit Procedure</td>
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</table>
| 5       | August 2014   | Removed workplace safety inspections  
                       Updated Definitions  
                       Added Compliance section and removed this information from the scope.  
                       Included step by step audit process with responsibilities. |
| 5.1     | July 2015     | Updated hyperlinks throughout to new OH&S website. |
| 5.2     | August 2017   | 1. Updated logos in header  
                       2. Updated OHS Regulations to 2017 |
| 5.3     | March 2018    | 1. Updated Scope and Purpose to reflect that this procedure applies to Australian campuses of Monash University.  
                       2. Sections 3.4, 3.5, 3.6 and 3.9 were updated to clarify the steps in the audit process. |
| 6.0     | June 2019     | 1. Revised scope and purpose  
                       2. Replaced OHS Audit Coordinator role with Risk and Compliance Officer, BPD  
                       3. Updated definitions  
                       4. Clarified the distinction between an audit and the audit program  
                       5. Revised procedure regarding the requirements of the audit program and of audits  
                       6. Removed corrective actions sections  
                       7. Renamed closing meeting to actions management meeting |