

Monash University Procedure

Procedure Title	OHS Management System Audit Procedure
Parent Policy	OHS Policy
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Procedure Owner	Manager, OH&S
Category	Operational
Version Number	7.1
Content Enquiries	bernadette.hayman@monash.edu
Scope	This Procedure applies to all OHS Management System (OHSMS) audits conducted by, or on behalf of, Monash University.
Purpose	<p>This procedure sets out the processes for developing and conducting OHSMS audits at Monash University so as to ensure that:</p> <ol style="list-style-type: none"> 1. All facets of the University's activities are evaluated against the requirements established by the Monash University OHSMS and, where deficient, action is recommended. 2. Systems of work that represent best practice are identified. 3. Challenges arising as a result of the implementation of the OHSMS are identified and improvements recommended.

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1. Abbreviations

BPD	Buildings and Property Division
MUOHSC	Monash University OHS Committee
OHS	Occupational Health and Safety
OH&S	Monash Occupational Health & Safety
OHSMS	Occupational Health & Safety Management System

2. Definitions

A comprehensive list of definitions is provided in the [Definitions tool](#). Definitions specific to this procedure are provided below.

Non-Conformance: A non-conformance is an activity or item that does not conform to the requirements established by the OHSMS.

OHSMS Audit: A systematic, independent and documented process for evaluating the level of conformance of current systems of work to the requirements of the OHSMS.

High Commendation (HC): In addition to the audit rating, the lead auditor has the discretion to allocate a “High Commendation (HC)” where there is evidence of additional systems and/or processes not specified in the OHS Management System that have been implemented and demonstrate improved management of OHS.

OHSMS Audit Type	Description
Internal OHS audit	An OHSMS audit conducted under the direction of the Manager, OH&S by appointed auditor(s) independent of the area being audited.
Certification and surveillance audits	An OHSMS audit conducted by a Joint Accreditation System of Australia and New Zealand (JAS-ANZ) accredited organisation with the authority to certify the University’s OHSMS to AS/NZS 4801:2001 (Occupational Health & Safety Management Systems – specifications with guidance for use), and OHSAS 18001:2007 (Occupational Health and Safety Systems – Requirements).

OHS Audit ratings: An evaluation of conformance to the requirements established by the OHSMS that are broken up into the following classifications:

Rating classification	Description
Conformance (C)	Defined as the assessment criteria of the OHSMS is being met and there is evidence to support this rating.
Opportunity for improvement (OFI)	Defined as the assessment criteria of the OHSMS is being met and there is evidence to support this rating. Improvement/s to the OHS management practices have also been identified. When identified:

	<ul style="list-style-type: none"> • This report will make recommendation/s; • While the recommendation is not mandatory, if it is not going to be actioned, an explanation is required to be made to the satisfaction of the auditor and the Manager OH&S; and • A documented management plan to adequately action the OFI is required within 1 month from the issuing of the final report.
Minor non-conformance (MINOR NC)	<p>Defined as the assessment criteria of the OHSMS is not being adequately met and OHS objectives are only partially effective and there is evidence to support this rating.</p> <p>When identified:</p> <ul style="list-style-type: none"> • This report will make recommendation/s; • A management plan to adequately action the MINOR NC is required to be documented within 1 month from the issuing of the final report; and • The Minor Non-conformance must be rectified in accordance with the Management of OHS Corrective and Preventive Actions Procedure.
Major non-conformance (MAJOR NC)	<p>Defined as the assessment criteria of the OHSMS is not being met or the outcome is ineffective and there is evidence to support this rating.</p> <p>When identified:</p> <ul style="list-style-type: none"> • This report will make recommendation/s; • A management plan to adequately action the MAJOR NC is required to be documented within 2 weeks from the issuing of the final report; and • The Major Non-conformance must be rectified in accordance with the Management of OHS Corrective and Preventive Actions Procedure; • A follow-up audit may be required to verify the effectiveness of the corrective action/s.
Not applicable (N/A)	Defined as the question relating to the assessment criteria of the OHSMS is not relevant to the area.

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

OHS Audit Schedule: The planned upcoming OHSMS audits. The current schedule can be accessed [here](#).

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

3. OHSMS Audit Program

3.1 OHS Audit Program Development

3.1.1 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 report template.

3.1.2 The OHS audit schedule is prepared and maintained by the Buildings and Property Division (BPD) Risk and Compliance Officer.

3.1.3 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 (no more than 3 years) from the last audit conducted in that area.
- Previous audit results;
- Regulatory inspections/entry reports;
- Operational changes;
- Management reviews;
- Incidents; or
- Identified non-conformances.

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

3.1.5 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.

3.1.6 Areas included in the OHS Audit Program must be notified via email by the Risk and Compliance Officer, BPD.

3.2 Auditor Competency

3.2.1 The Manager, OH&S must ensure that all OHS Lead Auditors are appropriately trained and experienced including:

- Completion of a recognised OHS Lead Auditor course; and
- Sufficient understanding of the OHSMS, relevant legislation and standards applicable to the area being audited.
- OHS Lead Auditors are responsible for the selection and conduct of all personnel assisting in the audit.

3.3 Pre-audit Activities

3.3.1 Prior to each OHS audit, in collaboration with the relevant OHS Consultant/Advisor, the Buildings and Property Division (BPD) Risk and Compliance Officer must:

- Schedule each audit.
- Prepare a list of stakeholder contacts;
- Notify stakeholders via email at least eight (8) weeks prior, unless otherwise agreed upon, of:
 - the scheduled audit date;
 - The type of audit;
 - What activities are likely to occur on the day; and

- Any prerequisite documentation such as the self-audit questionnaire and any relevant scoping documents.
- Arrange a pre-audit meeting no less than three (3) weeks prior to the scheduled audit date.

3.4 Pre-audit Meeting

3.4.1 The Buildings and Property Division (BPD) Risk and Compliance Officer, in collaboration with the relevant OHS Consultant/Advisor, must ensure that the following nominated representatives of each area are notified:

- Head of academic/administrative unit;
- Safety Officer/s and staff with safety roles;
- Health & Safety Representative/s;
- Resources manager/s;
- OHS Lead Auditor;
- Risk and Compliance Officer, BPD; and
- OHS Consultant/Advisor for the area

3.4.2 The pre-audit meeting must address:

- What the scope of audit is (the activities and workers to be assessed);
- How the audit will be conducted (the duration and teams assigned to assess) including agreement on a timetable for the activities of the day;
- What is required to access appropriate areas (such as keys, personal protective equipment);
- The process followed when an immediate risk to health and safety is identified during auditing; and
- The timelines for preparing and delivering the draft and the finalised OHSMS Audit reports.

3.5 Conducting an Audit

3.5.1 The OHS Lead Auditor must ensure that:

- Relevant questions are put to the appropriate stakeholders.
- In relation to these questions', observations, evidence sighted, findings, audit ratings, and any recommendations, are documented.
- The conduct of the auditing team is professional at all times.
- At the conclusion of the audit, participants:
 - Are provided with an overview of the preliminary findings;
 - Are given an opportunity to agree upon a final evidence collection date. This must not be greater than one week from the date of the audit. Failure to provide evidence may affect the audit rating.
 - Are made aware of the next steps and timeframes of the reporting process;
 - Will be provided with any resources which were loaned during the audit (e.g. keys)

3.6 Audit Report

3.6.1 The OHS Lead Auditor is responsible for drafting the audit report, within two weeks of the audit.

3.6.2 Upon receipt of the draft, The Manager, OH&S must review the draft report and authorize its release to the nominated representatives within one week.

- 3.6.3 The draft report must be distributed by the Buildings and Property Division (BPD) Risk and Compliance Officer to the nominated representatives of the area.
- 3.6.4 The nominated representatives have two weeks to provide feedback to the Buildings and Property Division (BPD) Risk and Compliance Officer. Failure to provide feedback will be taken to mean acceptance of the audit report. Feedback will be given due consideration; and
- 3.6.5 The audit report is finalized and distributed by the Buildings and Property Division (BPD) Risk and Compliance Officer to the nominated representatives within one additional week.

3.7 Actions Management

- 3.7.1 Recommendations must be addressed in accordance with the [Management of OHS Actions Procedure](#).

4. Records

For OHS Records document retention please refer to:
[Monash University OHS Records Management Procedure](#)

Status	Revised
Approval Body	Monash University OHS Committee
Legislation Mandating Compliance	Occupational Health and Safety Act 2004 (Vic) Occupational Health and Safety Regulations 2017 (Vic)
Related Policies	OHS Policy
Related Documents	<p>Australian and International Standards</p> <p>AS/NZS 4801:2001 Occupational Health & Safety Management Systems – specifications with guidance for use</p> <p>OHSAS 18001:2007 Occupational Health & Safety Management Systems – requirements.</p> <p>Monash OHS documents</p> <p>OHS Management System Implementation Procedure</p> <p>OHS Roles, Responsibilities and Committees Procedure</p> <p>OHS Records Management Procedure</p> <p>Management of OHS Actions Procedure</p>

5. Document History

Version	Date of Issue	Changes made to document
3	February 2011	OHS Audits at Monash
4	February 2013	OHS Audit Procedure
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	<ol style="list-style-type: none"> Updated logos in header Updated OHS Regulations to 2017
5.3	March 2018	<ol style="list-style-type: none"> 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.
6.0	June 2019	<ol style="list-style-type: none"> Revised scope and purpose Replaced OHS Audit Coordinator role with Risk and Compliance Officer, BPD Updated definitions Clarified the distinction between an audit and the audit program Revised procedure regarding the requirements of the audit program and of audits Removed corrective actions sections Renamed closing meeting to actions management meeting
7.0	September 2019	<ol style="list-style-type: none"> Update scope to reflect emphasis on OHSMS audits Further alignment of roles to improve efficiency and improve clarity. Further clarification of timeframes Refer all actions management to Management of OHS Corrective and Preventive Actions Procedure Removal of responsibility for implementation and reporting sections
7.1	August 2020	<ol style="list-style-type: none"> Deleted Best Practice rating Added definition for High Commendation Updated hyperlinks Removed 'Self-audit Questionnaire' from Tools section as this has been renamed to 'OHSMS Self-Assessment Tool' and is associated with the OHS Monitoring Procedure.

