Monash University Procedure

<table>
<thead>
<tr>
<th>Procedure Title</th>
<th>OHS Corrective Action Procedure</th>
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<tbody>
<tr>
<td>Parent Policy</td>
<td>OHS Policy</td>
</tr>
<tr>
<td>Date Effective</td>
<td>November 2016</td>
</tr>
<tr>
<td>Review Date</td>
<td>November 2019</td>
</tr>
<tr>
<td>Procedure Owner</td>
<td>Manager, OHS</td>
</tr>
<tr>
<td>Category</td>
<td>Operational</td>
</tr>
<tr>
<td>Version Number</td>
<td>4.1</td>
</tr>
<tr>
<td>Content Enquiries</td>
<td><a href="mailto:Bernadette.hayman@monash.edu">Bernadette.hayman@monash.edu</a></td>
</tr>
<tr>
<td>Scope</td>
<td>The processes described apply to all activities conducted on Australian campuses of Monash University.</td>
</tr>
<tr>
<td>Purpose</td>
<td>This document sets out the processes to be used for corrective action at Monash University in order to eliminate, at the source, risks to the health, safety or welfare of employees and other person at work.</td>
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</tbody>
</table>

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1. Abbreviations

**CAR**: Corrective Actions Register  
**HSR**: Health and Safety Representative  
**OHS**: Occupational Health and Safety  
**OH&S**: Monash Occupational Health & Safety  
**OHSMS**: OHS Management System  
**SARAH**: Safety and Risk Analysis Hub

2. Definitions

A comprehensive list of definitions is provided in the [Definitions tool](http://www.monash.edu.au/ohs/). Definitions specific to this procedure are provided below.

**Corrective Action**: Corrective action is an action taken to correct a health and safety related issue, with the intention of preventing a recurrence. A corrective action must have:

- assigned responsibilities;
- where it is reasonably practicable, consultation with key stakeholders;
- specific controls; and
- an agreed timeframe for auctioning

**Corrective Action Register**: The Corrective Action Register (CAR) is a document or database such as the Safety and Risk Analysis Hub (SARAH) to record all corrective actions that have either been agreed upon or already actioned. A template is available from the Monash University OHS website: [Corrective-actions-register](http://www.monash.edu.au/ohs/). For all hazards and incidents, the SARAH system must be used.

**Hierarchy of Controls**: The hierarch of control ranks risk control measures in decreasing order of desirability and effectiveness with the preferred control measures being elimination and substitution. The hierarchy of control includes:

**Primary Controls**

- **Elimination**: Regulations supporting the OHS Act require the elimination of risks as the first step in risk control.

- **Substitution**: Substitution of a less hazardous alternative.

- **Isolation**: Enclosing or isolating the hazard.

**Engineering Controls**: Changing processes, equipment or tools e.g.:

- Machinery guards
- Ventilation aids

**Secondary Controls**

**Administrative Controls**: Information, training and procedures e.g.:

- Job rotation
- Limiting access
- Permit systems
- Safe operating procedures
- Training
- Signage
Person Protective Equipment: Laboratory coat, safety glasses, closed shoes/steel capped boots, hearing protection etc.

Non Conformity: Non conformity 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 of the Monash University OHS management system (OHSMS).

Stakeholders: Stakeholders include any individual (staff, student, contractor or visitor) who is affected by the hazard which requires controlling.

3. Corrective Action Procedure

3.1. New Action Identified

A corrective action can be identified through numerous mechanisms including detected non conformities or other undesirable situations. The implementation of appropriate corrective actions is critical to the success of the OHSMS and for controlling hazards in the workplace.

3.2. Consultation and Controls

Controls should be determined using the hierarchy of controls and an action plan formed. Where and when applicable, consultation with key stakeholders must be undertaken in line with the OHS Consultation Procedure.

If agreement between stakeholders cannot be reached, the Health and Safety Issue Resolution Procedure must be followed.

3.3. Recording

All corrective actions must be recorded in a Corrective Actions Register (CAR) with the following key information:

- Hazard identified;
- Actions proposed;
- Controls, determined using; the hierarchy of control;
- Agreed timeframes for implementation; and
- Responsible persons assigned.

3.4. Reporting

All entries in the Corrective Action Register or SARAH that have recently changed status must be reported to relevant the local OHS committee and/or suitable staff meeting.

3.5. Corrective Action Review

All entries in the Corrective Action Register shall be reviewed regularly by the Head of academic/administrative unit or delegate to ensure the agreed timeframes have been met and that the controls in place are suitable. The outcome of the review should be reported to the relevant OHS committees.
### 3.6. Corrective Action

Corrective Actions are a key component of the Monash University OHSMS and the items below must be included in the local Corrective Actions register. Please note that this list is not exhaustive.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Procedure</th>
<th>Corrective Action</th>
<th>Preventative Action</th>
<th>Requirements</th>
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</thead>
</table>
| Workplace inspections           | Workplace inspection program                       | Addressing non conformities with OHS procedures and systems identified during inspection (using reference checklist) | Implementing improvements to OHS systems and procedures upon the identification of hazards | • Actions necessary are recorded on inspection worksheets;  
• Tasks and date of completion are assigned to the most appropriate person to complete the task;  
• Form is returned to safety officer when inspection complete, who monitors that the action is completed in a timely fashion. |
| OHS audits                      | OHS audits at Monash                               | Addressing non-conformities with OHS procedures and systems identified during audits.  
This includes all components of the OHS audit program, including self-audits, internal and external audits | Implementing improvements to OHS systems and procedures                            | • Audit report provided by OH&S and closing meeting outlines actions to be taken including timelines;  
• OHS consultant/advisor/manager monitors and assists with implementation;  
• OH&S monitors completion of actions at end of time period allocated. |
| Hazard and incident reporting – SARAH | Procedures for hazard & incident reporting, investigation & recording | Addressing problems and non-conformities with OHS procedures and systems that led to the incident | Addressing problems and non-conformities with OHS procedures and systems that resulted in the hazard | • Hazard or incident reported;  
• Safety Officer, HSR, OHS consultant/advisor/manager, local OHS committee provide feedback and assistance with actions;  
• OH&S and local OHS committee monitor effectiveness of action;  
• Outstanding corrective actions report monitors completion of corrective action. |
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<tr>
<th>Activity</th>
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| Inspection & testing of machinery & equipment | Use, design and modification of machinery and equipment at Monash University Procedures for isolation of machinery/equipment | Addressing problems identified with plant and equipment and non-conformities with test specifications | Implementing improvements to plant and equipment and to systems and procedures that use the plant and equipment. | • Results of testing provided to unit/entity;  
• Non conformities reported to safety officer, resources manager;  
• Plant and equipment placed out of service until repaired/undergone maintenance and retesting;  
• Replaced by equipment with safer design. |
| Issue resolution               | Health and Safety Issue resolution procedure                                | Addressing issues raised                                                                             | Implementing improvements to address issues raised.                                 | • Actions which address and resolve the issues raised are recorded.                                                                                                                                            |
| OHS document review            | OH&S procedures for document control and retention                           | Addressing problems identified that require policy documentation, legislative requirements, issues arising with procedures and systems | Implementing improvements to policy documentation to prevent system and procedural non-conformances | • Procedure for policy/procedure development outlined in Appendix of OH&S procedures for document control and retention;  
• Policy, procedures, guidelines reviewed every 3 years. |
| Issues raised at local OHS committee meetings | Procedures for OHS consultation Procedures for OHS issue resolution Procedures for hazard & incident reporting, investigation & recording | Addressing individual, system or procedural OHS problems and/or complaints | Implementing improvements to OHS systems or procedures                               | • Staff and students informed of meetings to raise issues;  
• Issues discussed at local OHS committee meetings with staff member or student invited to attend;  
• Discussion and resolutions included in minutes;  
• Items remain on agenda until actions completed;  
• OHS consultant/advisor/manager ensures issues with university wide implications are |
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<th>Preventative Action</th>
<th>Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Review of OH&amp;S projects and plans</strong></td>
<td>OH&amp;S consultants/advisors and staff meetings</td>
<td>Addressing problems identified at review, taking action to correct problems in ensuing projects and plans</td>
<td>Implementing improvements to OHS projects and plans</td>
<td>referred to OH&amp;S for resolution and action, if required.</td>
</tr>
<tr>
<td><strong>Management review</strong></td>
<td>Annual reviews held by Monash University Occupational Health and Safety Committee (MUOHSC)</td>
<td>Addressing problems identified at review, taking action to correct problems in ensuing projects, plans, policy documents, systems and procedures</td>
<td>Implementing improvements to OHS projects, plans, policy documents, systems and procedures</td>
<td>• Discussion included in meetings;</td>
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<td></td>
<td></td>
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<td>• Periodic planning meetings to develop and review progress.</td>
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<tr>
<td><strong>External and internal reviews</strong></td>
<td></td>
<td>Addressing problems identified at review, taking action to correct problems in ensuing projects, plans, policy documents, systems and procedures</td>
<td>Implementing improvements to OHS projects, plans, policy documents, systems and procedures</td>
<td>• Discussion and actions required included in minutes;</td>
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<td></td>
<td></td>
<td></td>
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<td>• Actions followed up at subsequent meetings.</td>
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4. Responsibility for Implementation

A comprehensive list of OHS responsibilities is provided in the document OHS Roles, Committees and Responsibilities Procedure. A summary of the specific responsibilities relevant to this procedure is provided below.

**Head of Academic/Administrative units (person in control of a workplace):** A head of academic/administrative unit has the overall responsibility for ensuring that every corrective action is fully implemented by an action sequence within an agreed time frame. They may delegate this responsibility to a management representative who is authorised to approve changes to a workplace. This is commonly a manager or deputy head.

**Safety Officers and Specialty Officers:** Safety officers can be assigned or delegated corrective actions for implementation by management; or, upon their own initiative and expertise commence corrective action implementation. Where reasonably practicable they should be included in the consultation process.

**Stakeholders:** Stakeholders are responsible for participating in the consultation process for all relevant actions being considered. Stakeholders are not responsible for ensuring that an action is undertaken.

**Person Assigned and Action:** It is the responsibility of any person assigned a corrective action to ensure that suitable steps are taken to implement the action by the given timeframe.

5. Records

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

<table>
<thead>
<tr>
<th>Version</th>
<th>Date of Issue</th>
<th>Changes made to document</th>
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<tbody>
<tr>
<td>2</td>
<td>February 2011</td>
<td>OHS Corrective Action Procedure v2</td>
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<td>3</td>
<td>February 2013</td>
<td>1. Deleted old summary table</td>
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<tr>
<td></td>
<td></td>
<td>2. Added responsibilities section</td>
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<td>3. Added procedural section in section 1</td>
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<td></td>
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<td>4. Added flowchart as a visual representation of section 1</td>
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<tr>
<td></td>
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<td>5. Refined definitions section</td>
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<td>6. Added document history section, and</td>
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<tr>
<td></td>
<td></td>
<td>7. Added Corrective Action Register Template</td>
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<tr>
<td>3.1</td>
<td>July 2015</td>
<td>1. Updated hyperlinks throughout to new OH&amp;S website</td>
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<tr>
<td>4</td>
<td>November 2016</td>
<td>1. Refined Definitions section</td>
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<tr>
<td></td>
<td></td>
<td>2. Added corrective actions table</td>
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<td></td>
<td></td>
<td>3. Added Hierarchy of controls to definitions section</td>
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4. Removed specific timeframe of 5 years for document retention
5. Added link to OHS Records Management Procedure sections
6. Updated flowchart
7. Updated reference section

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<thead>
<tr>
<th>4.1</th>
<th>August 2017</th>
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<tbody>
<tr>
<td>1.</td>
<td>Updated logos in header</td>
</tr>
<tr>
<td>2.</td>
<td>Updated OHS Regulations to 2017</td>
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