

OHSMS Self-Assessment Tool

Checklist Details	
Checklist:	OHSMS Self-Assessment Tool V3.2
Purpose:	<p>This self-assessment tool is based on the mandatory elements of Monash University's certified OHS Management System (OHSMS) to <i>ISO 45001:2018 Occupational Health and Safety Management Systems</i>, and must be completed annually by each Faculty/Division/Unit to self-assess their level of implementation across all their areas. Findings from the self-assessment tool or OHS actions identified as part of the assessment must be completed by the nominated responsible person to ensure all OHS actions and OHS opportunities for improvement have been addressed.</p> <p>Please note: The term 'Unit' will be used as a collective term for Faculty/Division/Unit for the remainder of this tool. We are continuing to move modules from SARAH over to SARAH+ - refer to SARAH topics page. The term 'SARAH' will be used to denote either. The OHSMS Self-Assessment Tool must be completed by Safety Officers that have completed OHS for Safety Officers training.</p> <p>All units must complete sections: 1-OHSMS Requirements; and 2-Risk Management & Monitoring. Sections 3-8 must be completed if the unit uses: chemicals, biologicals, animals, radiation and lasers.</p> <p>A finding/observation should be entered for each question.</p>
Business Unit this assessment is for:	
Head of Unit:	
Person Completing the assessment:	<i>Name and role of person</i>
Additional person(s) that assisted with completing this assessment:	
Date of Assessment:	

1. OHSMS Requirements

1.1 Does the Faculty/Division have an Occupational Health and Safety plan?

Tooltip:

The OHSMS requires that a Faculty/Division develops an Occupational Health and Safety Plan annually to achieve the priorities set under the University's OHS Strategic Objectives and additional operational requirements. This enables continuous improvement by aligning areas with the Monash University's OHS Management System. It is recommended that the OHS Plan progress is tracked quarterly.

Further details:

[Monash University OHS Objectives: 2021-2023](#)

OHS Roles, Responsibilities and Committee Procedure

☐ Yes

☐ No

1.2 Does the Unit have resources available for OHS programs?

Tooltip:

Adequate resources are made available for all OHS programs and initiatives within their area of control. For example, time to complete OHS training, time and resources to hold local OHS committee meetings, time to carry out OHS related responsibilities.

Further details:

OHS Roles, Responsibilities and Committee Procedure

☐ Yes

☐ No

Roles and Responsibilities

1.3 Does the Unit promote OHS awareness?

Tooltip:

Heads of Units are responsible for managing OHS in areas under their control to ensure a healthy and safe environment for workers; including staff, students, contractors and visitors. For example, by ensuring local practices comply with University procedures and guidelines.

Further details:

OHS Roles, Responsibilities and Committee Procedure

☐ Yes

☐ No

1.4 Do Heads of Unit monitor the performance of OHS roles and responsibilities of Managers and Supervisors?

Tooltip:

This includes OHS responsibilities, accountabilities and obligations of managers and supervisors of both academic and professional staff. OHS responsibilities must be formally documented in the performance development process (myPlan) and can be included as annual work/or development goals.

Further details:

OHS Roles, Responsibilities and Committee Procedure

OHS Performance and Development Procedure

☐ Yes

☐ No

1.5 Does the Unit have a process to identify the personnel required for safety roles? Tooltip: Ensure the Unit has identified the safety roles required for the risks identified in the Unit's areas. Adequate numbers of safety roles and provisions for emergency preparedness are made available. Further details: OHS Roles, Responsibilities and Committee Procedure		
<input type="checkbox"/> Yes		<input type="checkbox"/> No
1.6 Is there at least one Safety Officer for the Unit? Tooltip: It is the responsibility of the Head of Unit to ensure that all areas within their portfolio are covered by at least one Safety Officer. Safety Officers must be appointed in SARAH by the Head of Unit as their delegated authority. The Safety Officer is the local point of contact for health and safety matters and has a critical role in ensuring OHS is managed in a proactive manner. Further details: OHS Roles, Responsibilities and Committee Procedure SARAH Roles and Positions please go to: http://www.monash.edu.au/ohs/		
<input type="checkbox"/> Yes		<input type="checkbox"/> No
1.7 Does the Unit have a process to monitor the performance of appointed safety roles? Tooltip: Monitoring the performance of appointed safety roles to ensure responsibilities associated with the role are being met. Further details: OHS Roles, Responsibilities and Committee Procedure OHS Performance and Development Procedure		
<input type="checkbox"/> Yes		<input type="checkbox"/> No
1.8 Is there a Health and Safety Representative(s) (HSR) elected for the Designated Work Group (DWG)? Tooltip: A Health and Safety Representative (HSR) is an employee representative who has been elected by the staff in the Designated Work Group (DWG) to represent their health and safety interests. An HSR represents all staff in a DWG and is an elected position defined under the Victorian OHS Act 2004. The statutory powers of HSRs, as outlined in Part 7 of the OHS Act 2004 include: <ul style="list-style-type: none"> •The right to direct work to cease where there is an immediate threat to the health and safety of any person; •The right to inspect any part of the workplace at which a member of the DWG works, at any time giving reasonable notice to the relevant Head of Unit and immediately in the event of an incident or hazardous situation; and •The right to be consulted, if practicable, on any proposed changes in the workplace that may affect the health and safety of staff. Please note: There is no obligation to elect an HSR if staff in the area do not feel one is required. Further details: Health and Safety Representative (HSR) & Designated Work Group (DWG) Procedure Designated Work Groups (DWG) and Health & Safety Reps (HSR) OHS page for information visit http://www.monash.edu.au/ohs/		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Communication and Consultation

1.9 Does the Unit consult with workers; including staff, students, contractors and visitors about OHS matters?

Tooltip:

In accordance with the University's OHS Consultation Procedure and the Victorian OHS Act 2004 s 35(1), workers must be consulted on matters that affect, or are likely to affect, their health and safety.

Consultation involves providing information in a timely manner to the people affected, listening to their views and taking those views into account. This ensures:

- That decisions consider a wider range of ideas about OHS issues in the workplace and how to address these issues;
- Stronger commitment to decisions because everyone is involved in reaching them; and
- More openness, respect and trust because there is a better understanding of the OHS issues and of each other's points of view.

Further details:

OHS Consultation Procedure

☐ Yes

☐ No

1.10 Does the area communicate OHS matters across the Unit?

Tooltip:

Communication is the process by which information is transmitted and understood between two or more people.

At the local level, effective OHS communication can be achieved by:

- Ensuring OHS is a standing agenda item at staff and management meetings; and
- Communication at all levels within the Unit to clearly demonstrate the incorporation of OHS as a core management responsibility.

More broadly, communication processes include OHS noticeboards, minutes from local OHS committee meetings, emails, Monash Workplace posts on either the OHS at Monash Group and/or Safety Officer group.

Further details:

OHS Communication Procedure

☐ Yes

☐ No

1.11 Does the Unit have a Local OHS Committee?

Tooltip:

Head of Unit must ensure that a local OHS Committee is formed with the agreement of staff and students, and that they, or their delegate, are appointed as the OHS Committee Chair. That any OHS Committee Chairperson who they appoint has been granted appropriate decision-making authority and can act as their representative.

Further details:

OHS Roles, Responsibilities and Committee Procedure

☐ Yes

☐ No

1.12 Has the Head of Unit appointed an OHS Committee Chair?

Tooltip:

OHS Committee Chairperson(s) must ensure that:

- OHS Committee meetings are scheduled and held in accordance with their agreed Terms of Reference;
- Membership of the committee is regularly reviewed to ensure that there is adequate representation of all staff and students;
- Members are empowered to raise OHS related items to the Committee's attention;
- Engagement with staff and students to encourage issues and concerns to be raised to the Committee's attention; and
- Discussions within the Committee meetings are recorded and minutes communicated to staff and students.

Recommendations arising from meetings are actioned in accordance with the Management of OHS Actions Procedure.

Adequate resources are available to effectively conduct meetings, including the appointment of OHS Committee Chair, Deputy OHS Committee Chair and OHS Committee Secretary roles, to assist in the executive functions of the Committee.

OHS Committee Chair, Deputy OHS Committee Chair and OHS Committee Secretary roles must be appointed in SARAH by the Head of Unit.

Further details:

OHS Roles, Responsibilities and Committee Procedure

SARAH Roles and Positions please go to: <http://www.monash.edu.au/ohs/>

☐ Yes

☐ No

1.13 Does the Unit follow the meeting in accordance with the agenda and minute templates for Local OHS Committees?

Tooltip:

Local OHS Committees must follow the 'OHS Committee Meeting Agenda' template and ensure minutes are taken and recorded on the 'OHS Committee Meeting Minutes' template.

Further details:

OHS Roles, Responsibilities and Committee Procedure

Local OHS Committees information please go to: <http://www.monash.edu.au/ohs/>

OHS Agenda Meeting Template for the latest version of this document please go to: <http://www.monash.edu.au/ohs/>

OHS Minute Meeting Template for the latest version of this document please go to: <http://www.monash.edu.au/ohs/>

☐ Yes

☐ No

1.14 Does the Local OHS Committee have a Terms of Refence (ToR) document?

Tooltip:

The primary role of the Local OHS committee is to provide a consultative forum for the discussion and resolution of OHS matters and support the implementation of appropriate controls. OHS committee meetings are scheduled and then conducted in accordance with their agreed Terms of Reference.

Further details:

OHS Roles, Responsibilities and Committee Procedure

Term of Reference Template for the latest version of this document please go to: <http://www.monash.edu.au/ohs/>

☐ Yes

☐ No

1.15 Does the Unit notify staff and students of local OHS Committee meetings and request them to submit agenda items?

Tooltip:

In each area of the University, health and safety issues are managed by a local OHS committee. OHS committees are chaired by the Head of Unit or a senior delegate and include representatives from the various work groups within the area. OHS committees are required to meet at least quarterly. Their main responsibility is to provide a consultative forum for the discussion, resolution and implementation of OHS issues and the formulation of local practices that promote OHS within their area.

Notice of each meeting must be circulated to the staff and students in the area, requesting agenda items and/or issues for discussion. Items submitted must be included on the agenda of the next meeting and the proposer invited to the meeting for the discussion of the item.

Further details:

OHS Roles, Responsibility, Committee Procedure

OHS Communication Procedure

☐ Yes

☐ No

1.16 Does the Unit disseminate the minutes of local OHS committee meetings to staff and students?

Tooltip:

Minutes of OHS local meetings must be recorded and made accessible to all staff and students. Only accessible to relevant staff and students when posted on websites.

Further details:

OHS Roles, Responsibility, Committee Procedure

OHS Communication Procedure

☐ Yes

☐ No

1.17 Does the Unit have a dedicated OHS noticeboard which contains all current information/documentation?

Tooltip:

To promote general awareness of OHS across the University, all units are to display the current Monash OHS Policy within the work area. The OHS noticeboard must also include:

- Names and contact details of Safety Officer(s);
- Name and contact details of Health and Safety Representative (HSR);
- Names and contact details of other appointed safety roles - Biosafety, Laser Safety and Radiation Safety officers;
- Names and contact details of Building Warden;
- Names and contact details of Floor Wardens;
- Names and contact details of First Aiders;
- OHS Issue Resolution Flowchart (poster) and;
- "If you are injured at work" poster with Monash University contact details: Employee Assistance Program (EAP) HR 9002 9573

Displaying the "If you are injured at work" poster is a requirement of the Accident Compensation Act 1985 s.101.

Copies of the poster can be accessed from the WorkSafe website.

Note: The CGU version of the poster applies for Monash University.

Further details:

OHS Communication Procedure

OHS Issue Resolution Flowchart (poster) for the latest version of this document please go to: <http://www.monash.edu.au/ohs/>

☐ Yes

☐ No

Emergency Preparedness

1.18 Has a Building Warden been appointed for all building(s) the Unit occupies?

Tooltip:

The Building Warden is the principal coordinator in the event of an emergency and communicates the appropriate emergency response to Floor Wardens and building occupants. Building Wardens must be appointed in SARAH. The Building Warden's role and responsibilities are detailed in the Emergency Management Procedure.

Further details:

Emergency Management Procedure

OHS Roles, Responsibilities and Committees Procedure

SARAH Roles and Positions for further details please go to: <http://www.monash.edu.au/ohs/>

☐ Yes

☐ No

1.19 Does the Unit have an Emergency Response Plan(s) for building(s) which it occupies?

Tooltip:

Emergency Response Plan - is a plan that the building's Emergency Control Organisation (ECO) and the building occupants are to enact during an emergency in the building. An ECO as set out in the Emergency Management Procedure must be established for each Type A building. Note: In buildings with multiple occupants from different Units, the Building Warden should be contacted for a copy of the Emergency Response Plan.

Further details:

Emergency Management Procedure

Emergency Response Plan Template for the latest version of this document please go to: <http://www.monash.edu.au/ohs/>

☐ Yes

☐ No

1.20 Does the Unit have one or more Personal Emergency Evacuation Plan(s) for building(s) which it occupies?

Tooltip:

A Personal Emergency Evacuation Plan is a plan designed for any occupant who requires particular assistance during an emergency e.g. deaf, visually impaired or mobility impaired persons.

Further details:

Emergency Management Procedure

Personal Emergency Evacuation Plan Template for the latest version of this document please go to: <http://www.monash.edu.au/ohs/>

☐ Yes

☐ No

1.21 Are workers; including staff, students, contractors and visitors being provided with local emergency information?

Tooltip:

All workers; including staff, students, contractors and visitors must be provided with information relating to local emergency procedures.

Further details:

Emergency Management Procedure

OHS Induction and Training Procedure

Local OHS Induction Checklist for the latest version of the document please go to: <http://www.monash.edu.au/ohs/>, A-Z documents

☐ Yes

☐ No

1.22 Have emergency response exercises (drills) been conducted across building(s) the Unit occupies?

Tooltip:

A site-specific exercise conducted to determine the effectiveness of local emergency response procedures maintain building occupants' awareness and skills. Each building is required to complete a specified number of drills based on the building's classification - refer to the Emergency Management Procedure for information. Emergency Response Exercises are conducted by the ECO and identify opportunities for improvement.

Further details:

Emergency Management Procedure

☐ Yes☐ No**1.23 Have Emergency Response Exercises (drills) been recorded in SARAH?**

Tooltip:

Following each evacuation, Building Wardens must complete a Building Evacuation Record in SARAH (Checklists & Inspections module).

Further details:

Emergency Management Procedure

Quick Guide to Emergency Evacuation Report in SARAH for the latest version of the document please go to: <http://www.monash.edu.au/ohs/>, A-Z documents

☐ Yes☐ No**1.24 Has a First Aid Coordinator been appointed by the Unit?**

Tooltip:

First Aid Coordinators (FACs) act as the focal point for communication between First Aiders in the work area and the Health, Safety and Wellbeing (OH&S) team. The FAC completes First Aid Assessments for all areas in their Unit, ensure that the first aiders' list and contact details are up to date, ensures that first aid kits, supplies and equipment are up to date. FAC liaise with the local OHS Committee on OHS matters. First Aid Coordinators and First Aiders must be appointed in SARAH.

Further details:

First Aid Procedure

OHS Roles, Responsibilities and Committees Procedure

SARAH Roles and Positions for more information please go to: <http://www.monash.edu.au/ohs/>

☐ Yes☐ No**1.25 Has a completed First Aid Assessment been completed for all areas the Unit occupies?**

Tooltip:

A First Aid Assessment is a tool used by the FAC to determine the work area's first aid requirements; number of first aiders required, the number and locations of first aid kits required, identify whether first aid for specific hazards and health concerns is required and determine whether a defibrillator is required. The assessment must be signed off by the FAC and Safety Officer/Management Delegate and a local copy must be retained by the FAC for record and auditing purposes.

Further details:

First Aid Procedure

First Aid Assessment Tool - for the latest version of the document please go to: <http://www.monash.edu.au/ohs/>,

First Aid Assessment Template - for the latest version of the document please go to: <http://www.monash.edu.au/ohs/>

OHS Records Management Procedure

☐ Yes☐ No

1.26 Is a list of trained First Aiders clearly displayed next to first aid kits and on OHS noticeboards? Tooltip: A list of First Aiders must be easily accessible and clearly displayed with current contact details. Systems that can be used to display First Aider lists include: <ul style="list-style-type: none"> - On/next to first aid kits; and - On OHS noticeboards. Further details: First Aid Procedure OHS Communication Procedure		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
1.27 Are first aid kits identifiable and accessible? Tooltip: First aid kits are identified by a white cross on a green background displayed on the outside of the kit, as well as sign-posting where the first aid kit is located. Further details: First Aid Procedure		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
1.28 Are first aid contents maintained in accordance with first aid kit requirements? Tooltip: The First Aid Coordinator must ensure that the stocks of all first aid kits are maintained in accordance with the First Aid Assessment. The contents of First Aid kits may vary depending on the nature of the hazards in the area as indicated by the First Aid Assessment. First Aid kits for offices and public buildings should include the contents listed in the applicable first aid kit contents list. For high hazard areas the kit must comply with the requirements listed in the applicable first aid contents list. Records of checking of the contents must be maintained by the Unit. The date and signature of the person checking the kit must also be recorded on a sticker affixed to the kit. Further details: First Aid Procedure First Aid Contents List - for the latest version of the document please go to: http://www.monash.edu.au/ohs/		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No
1.29 Does the Unit have a Defibrillator Coordinator? Tooltip: A Defibrillator coordinator is in charge of the maintenance and storage of the Unit's defibrillator unit(s). The OHS Health team must be notified regarding the location of and the person(s) in charge of the defibrillator. Any changes to the location of the defibrillator or the person(s) in charge must also be notified to the OHS Health team. Defibrillator Coordinators must be appointed in SARAH. Further details: First Aid Procedure SARAH Roles and Positions for further information please go to: http://www.monash.edu.au/ohs/		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

1.30 Have defibrillators that are owned by the Unit been maintained in accordance with the relevant defibrillator checklist?

Tooltip:

Procedures must be established to ensure that the defibrillator(s) are inspected and maintained in accordance with the manufacturer's guidelines. It is the responsibility of the Unit where the defibrillator is located to organise for the pads and batteries to be replaced when necessary. Monthly documented checks are also required. Records of maintenance, testing and inspection of the defibrillator(s) must be maintained by the Unit.

Further details:

First Aid Procedure (2022)

Defibrillator Maintenance Checklist Templates - for the latest version of the document please go to: <http://www.monash.edu.au/ohs/>

OHS Records Management Procedure

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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OHS Induction

1.31 Does the Unit have a process to monitor that staff and HDR students have completed the on-line Monash OHS Induction?

Tooltip:

The on-line Monash OHS Induction aims to give staff and HDR students a broad overview of OHS policy, procedures and practices at Monash University and an understanding of their safety responsibilities. All staff and HDR students must complete the on-line induction within four weeks of commencing activities and repeat it at least once every three years.

Further details:

OHS Induction and Training Procedure

☐ Yes

☐ No

1.32 Do all staff and HDR students complete a Local Area Induction?

Tooltip:

New staff and HDR students must complete and sign off on a local area induction for each workplace in which they will need to perform tasks unsupervised, within four weeks of commencement. Ensure that the original copy is retained for each local area induction for the area in accordance with the OHS Records Management Procedure. Local Area OHS Induction checklists for specialised facilities have been developed to assist with completion.

Further details:

OHS Induction and Training Procedure

General Local Area Induction for Staff and Students Checklist - for the latest version of the document please go to: <http://www.monash.edu.au/ohs/>

OHS Local Area Induction Checklist for Specialist Facilities please go to Health & Safety topics, Induction and Training, <http://www.monash.edu.au/ohs/>

OHS Records Management Procedure

☐ Yes

☐ No

1.33 Does the Unit conduct local OHS inductions for visitors and contractors?

Tooltip:

The Local Area Contractors or Visitors Induction Checklist must be completed by all visitors and contractors working within Monash University before entering a local area to undertake work unsupervised. Visitors include any individual from any institution or organisation who is formally invited to visit the University for the purpose of observing or who will contribute to the research, teaching and/or a related activity or service to the University. Visitors may be attending the University on either an unpaid or paid basis. Contractors include any individual not employed directly by Monash University but engaged under a contract to perform a service or do a job. Ensure copies of inductions are retained for each local area and stored in accordance with OHS Records Management Procedure.

Further details:

OHS Induction and Training Procedure

Contractor Management Procedure

Local Area Contractors or Visitors Induction Checklist please go to Health & Safety topics, Induction and Training, <http://www.monash.edu.au/ohs/>

OHS Records Management Procedure

☐ Yes

☐ No

☐ N/A

1.34 Does the Unit have a process to check that contractors engaged through Buildings & Property Division (BPD) via a Work Order request have completed the on-line Monash Contractor OHS induction?

Tooltip:

Any contractor engaged to perform physical work must undertake contractor induction training. The BPD Monash Contractor Induction is mandatory for all contractors engaged through BPD to perform physical work. Records of BPD Monash University contractor inductions are retained in the Sine Workflows database.

Further details:

Contractor Management Procedure

☐ Yes

☐ No

OHS Training

1.35 Does the Unit use the Training Needs Analysis Checklist (TNA) to identify what OHS training staff and students are required to complete?

Tooltip:

Staff and students required to perform work autonomously must complete the TNA checklist within four weeks of commencement. The Training Needs Analysis (TNA) is an assessment of the gap between the knowledge and skills that staff and students currently possess and the knowledge and skills that they require to work safely. Ensure that the training identified as required in the TNA is consistent with the HSW Training Requirements Matrix. Ensure that a copy of the TNA is retained in accordance with OHS Records Management Procedure.

Further details:

OHS Induction and Training Procedure

Training Needs Analysis (TNA) Checklist for the latest version of the document please go to: <http://www.monash.edu.au/ohs/>

HSW Training Requirements Matrix please go to Health & Safety topics, Induction and Training, <http://www.monash.edu.au/ohs/>

☐ Yes

☐ No

1.36 Does the Unit have a process to identify what OHS training is required for appointed safety roles?

Tooltip:

OHS training needs should be determined using the Training Needs Analysis (TNA) Checklist and HSW Training Requirements Matrix. Ensure that a copy of the TNA is retained in accordance with OHS Records Management Procedure.

Further details:

OHS Roles, Responsibilities and Committees Procedure

Training Needs Analysis Checklist Template for the latest version of the document please go to: <http://www.monash.edu.au/ohs/>

HSW Training Requirements Matrix please go to Health & Safety topics, Induction and Training, <http://www.monash.edu.au/ohs/>

☐ Yes

☐ No

1.37 Does the Unit deliver Locally Developed OHS Training?

Tooltip:

Where locally derived OHS Training is required, the Operational Manager or Supervisor must ensure that:

- A suitable learning package has been created and reviewed (every 3 years); and
- Trainers are competent to deliver the training.

Further details:

OHS Roles, Responsibilities and Committees Procedure

Guidelines for developing local OHS training for the latest version of the document please go to: <http://www.monash.edu.au/ohs/>

☐ Yes

☐ No

1.38 Does the Unit maintain records of Local delivered OHS training?

Tooltip:

Records are kept of all locally delivered OHS training in accordance with the OHS Records Management Procedure.

Further details:

OHS Induction and Training Procedure

Local Training Records Proforma for the latest version of the document please go to: <http://www.monash.edu.au/ohs/>

OHS Records Management Procedure

☐ Yes

☐ No

Records and Document Management

1.39 Are locally created OHS documents controlled in accordance with document control requirements?

Tooltip:

Local OHS documents can be developed at the Unit or research group/work group level and include but are not limited to policies, procedures, guidelines, Safe Work Instructions (SWIs), posters and checklists. Every document must contain a document footer as per the OHS Document Control & Retention Procedure.

Further details:

OHS Document Control & Retention Procedure

☐ Yes

☐ No

1.40 Are local records kept in accordance with OHS Records Management Procedure?

Tooltip:

OHS records must be held in accordance with the Recordkeeping: retention and disposal of university records procedures. A summary of the requirements for OHS records management is provided in the OHS Records Management Procedure.

Further details:

OHS Records Management Procedure

☐ Yes

☐ No

1.41 Are locally created OHS Procedures endorsed by the Local OHS committee?

Tooltip:

All locally produced developed OHS documentation should be endorsed by the local OHS Committee to ensure best practice consultation requirements are met. For example, Local After-Hours Procedure.

Further details:

OHS Roles, Responsibilities and Committees Procedure

OHS Consultation Procedure

☐ Yes

☐ No

Events

1.42 Has the Unit appointed Event Manager(s) for events?

Tooltip:

Event Managers are appointed to oversee all events under their management control and that any Event Risk Management Plan has been approved before the events is conducted. Event Managers must ensure that:

- The number of Event Safety Marshalls (ESMs) is identified in the Event Risk Management Plan with
- At least 1 ESM on duty at all times for any events with more than 10 participants; and
- Additional on duty ESMs: - For each 500 participants; and - To adequately monitor all event spaces and activities

Further details:

OHS Roles, Responsibilities and Committees Procedure

Events and People, OHS Information page please go to Health & Safety Topics: <http://www.monash.edu.au/ohs/>

☐ Yes

☐ No

1.43 Have appointed Event Manager(s) completed their OHS Training Requirements? Tooltip: Event Managers must complete OHS Training in accordance with HSW Training Requirement Matrix. Further details: OHS Roles, Responsibilities and Committees Procedure HSW Training Requirements Matrix please go to Health & Safety topics, Induction and Training, http://www.monash.edu.au/ohs/		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
1.44 Have Event Risk Management Plans (ERMPs) been developed and approved for all events? Tooltip: Event Managers must ensure the Event Risk Management Plan has been approved before the event is conducted. Further details: OHS Roles, Responsibilities and Committees Procedure Alcohol Risk Management Procedure Health and Safety Consideration for Event Planning please go to Health & Safety topics: http://www.monash.edu.au/ohs/ Event Risk Management Planning please go to Health & Safety topics: http://www.monash.edu.au/ohs/ Entering an Event Risk Management Plan in SARA (instructional video)		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
1.45 Has the Unit appointed Event Safety Marshalls for events? Tooltip: An Event Safety Marshal (ESM) is a Monash University worker who is trained and competent in identifying and assessing risks that arise during events and who is authorised to take immediate action to address the risk and/or escalate the issue to the appropriate authority. Further details: OHS Roles, Responsibilities and Committees Procedure		
<input type="checkbox"/> Yes		<input type="checkbox"/> No
1.46 Have Event Safety Marshalls completed their OHS Training Requirements? Tooltip: Event Safety Marshalls must complete OHS Training in accordance with the HSW Training Requirement Matrix. Further details: OHS Roles, Responsibilities and Committees Procedure HSW Training Requirements Matrix please go to Health & Safety topics, Induction and Training, http://www.monash.edu.au/ohs/		
<input type="checkbox"/> Yes		<input type="checkbox"/> No

2. RISK MANAGEMENT & MONITORING

2.1 Does the Unit have a Risk Register and is this reviewed annually?

Tooltip:

A risk register is a central repository for all risks identified at the Faculty/Division level. For each identified risk there is a risk ranking based on likelihood and consequence, with impact and control strategies adhering to the hierarchy of controls. Each Unit must produce a risk register detailing the OHS risk associated with their operations.

The unit must ensure that their OHS Risk Register:

- Identifies and assesses risks that have the potential to impact the Faculty/Division;
- Details any strategies in place to eliminate or minimise identified risks;
- Details any proposed strategies to eliminate or minimise risk; and
- Has been reviewed at least annually.

Further details:

OHS Risk Management Procedure

Risk Register Template

☐ Yes

☐ No

2.2 Does the area have a process for identifying the need to conduct a Risk Assessment?

Tooltip:

Managers and Supervisors must ensure that activity/task-based risk assessments are completed and controls are in place prior to commencement of the activity/task being undertaken when:

- New activities are being proposed that may present unknown or un-assessed risks; and
- Following a change in operational requirements

Must ensure that a risk assessment is undertaken as part of the procurement process

Must ensure that location and facility risk assessments are completed and controls are in place before works are performed e.g. a cryogenic facility.

Further details:

OHS Risk Management Procedure

Risk Management and Safe Work Instructions please go to Health & Safety Topics: <http://www.monash.edu.au/ohs/>

☐ Yes

☐ No

2.3 Does consultation take place with workers; including staff, students, visitors and contractors during the development of risk assessment(s)?

Tooltip:

In accordance with the Victorian OHS Act 2004 s. 35(1), workers must be consulted:

- during risk management;
- when making decisions regarding facilities related to welfare
- during development of OHS policies and procedures;
- When changes are proposed to the workplace or the work performed that may affect the health and safety of workers.

Managers/Supervisors are required to consult with workers; including staff, students, visitors and contractors who do, or are likely to, conduct work under their supervision and guidance in relation to matters that affect, or are likely to affect, their health and safety including:

Introduction of new products, services and processes or implement changes to existing products services and processes.

Key stakeholders, e.g. Operational Managers/Performance Managers and relevant subject matter experts have been invited to review the assessment using the 'Peer Review' command function in SARAH.

Further details:

OHS Risk Management Procedure

OHS Consultation Procedure

☐ Yes

☐ No

2.4 Are the risk controls identified in the task/activity/process risk assessment effectively managing the risks? Tooltip: Considering the tasks in your area, assess whether the risk controls identified in the tasks/activity/process risk assessments effectively manage the risk/s, e.g. procedure being followed, evidence of induction and training. Further details: OHS Risk Management Procedure OHS Management of Work Procedure Management of OHS Actions Procedure			
<input type="checkbox"/> Yes		<input type="checkbox"/> No	
2.5 Have Safe Work Instructions (SWIs) been developed where required? Tooltip: Safe Work Instructions are written instruction(s) for tasks that outline the method for undertaking a task, whilst emphasising ways to reduce any risk of harm to persons, property or environment. SWIs are written by the person who is performing the tasks to be conducted. SWIs must be prominently displayed in close proximity to the location of the machinery, equipment or where the task is to be performed. Further details: Development of Safe Work Instructions Guidelines please go to Health & Safety Topics: http://www.monash.edu.au/ohs/ Safe Work Induction Template please go to Health & Safety Topics: http://www.monash.edu.au/ohs/			
<input type="checkbox"/> Yes		<input type="checkbox"/> No	
2.6 Does the Unit have a Local After-Hours Procedure? Tooltip: After-hours is work or study undertaken outside the span of ordinary hours of duty as defined in the current University's Enterprise Bargaining Agreements. All areas that have staff and students working or studying after hours must develop a local after-hours process. The process must be supported by a risk assessment and documented in a local procedure. All relevant Local Procedures need to be communicated to staff and students. Further details: After-Hours Procedure OHS Document Control & Retention Procedure			
<input type="checkbox"/> Yes		<input type="checkbox"/> No	

Workplace Inspections

2.7 Have OHS workplace inspections been completed for all work areas the Unit occupies as prescribed by the OHS Management of Work Areas Procedure?

Tooltip:

Heads of Units or their delegates must ensure that workplace inspections are conducted for any occupied work areas under their control to assess that these spaces are deemed to be safe. Workplace safety inspections are a planned; systematic physical appraisal of the workplace, which can help identify and resolve hazards before any harmful event takes place. The frequency of inspections is determined by the inherent level of risk of the work area - refer to OHS Management of Work Areas Procedure for requirements.

Further details:

OHS Management of Work Areas Procedure

☐ Yes

☐ No

2.8 Are the findings from OHS workplace inspections recorded in SARAH?

Tooltip:

All OHS Workplace Inspections findings must be recorded using the SARAH Checklists and Inspections module. Findings must also be reported to the local OHS committee.

Further details:

OHS Management of Work Areas Procedure

☐ Yes

☐ No

2.9 Does the Unit have a process to monitor OHS actions arising from workplace inspections to ensure these are actioned?

Tooltip:

OHS actions are to be monitored to ensure completion - refer to Management of OHS Actions Procedure. The person assigned to a recommendation must mark each action as completed and the corresponding date only once it is fully implemented. This could be achieved by detailing them at the Local OHS Committee Meetings.

Further details:

Management of OHS Actions Procedure

☐ Yes

☐ No

Incident Reporting

2.10 Are workplace hazards, near misses and injuries involving workers; including staff, students, contractors and visitors reported in SARAH?

Tooltip:

All workers; including staff, students, contractors and visitors engaged in activities that relate to Monash University must report, as soon as practicable, hazards and incidents via SARAH.

Further details:

Managing OHS Hazards and Incidents Procedure

Report an incident or hazard in SARAH OHS information please go to: <http://www.monash.edu.au/ohs/>

☐ Yes

☐ No

2.11 Does the Unit investigate near-misses and incident reports in accordance with the Managing OHS Hazards and Incidents Procedure?

Tooltip:

All incident reports must be investigated by the person responsible with the assistance of the Safety Officer, HSR (when applicable) and other relevant parties e.g. OHS Consultant/Advisor for the Unit. The person responsible must ensure that the findings from the developed action plan are documented in the report's OHS action plan section. For detailed information regarding the process refer to the Managing OHS Hazards and Incidents Procedure.

Further details:

Managing OHS Hazards and Incidents Procedure

☐ Yes

☐ No

OHS Actions & Opportunities for Improvement

2.12 Does the Unit have a process to ensure OHS actions are identified, implemented and monitored?

Tooltip:

An important part of the process of investigating hazard, incidents or near misses is to ensure that the OHS actions put in place to control the hazards and risks are effective and maintained. OHS Actions must be taken to ensure that recommendations are adequately implemented within the agreed timeframe.

Further details:

Managing OHS Hazards and Incidents Procedure

Management of OHS Actions Procedure

☐ Yes

☐ No

2.13 Have OHS actions been reviewed for effectiveness at the Local OHS Committee Meetings?

Tooltip:

At local OHS Committee meetings, OHS actions must be periodically reviewed, following any significant incident or identification of high-risk activities, to ensure they are effective. Safety Officers should report on the review of OHS actions/control effectiveness at the their local OHS Committee meetings as a standing agenda item.

Further details:

Management of OHS Actions Procedure

OHS Local Committee Agenda Template for the latest version of this document please go to: <http://www.monash.edu.au/ohs/>

☐ Yes

☐ No

2.14 Have all identified OHS actions been implemented and monitored for effectiveness? Tooltip: An essential part of the OHS Management System is to ensure that actions and controls put in place to manage or control a hazard or risk are effective and sustainable. Further details: Management of OHS Actions Procedure	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Electrical Safety	
2.15 Does the Unit have a process for electrical equipment to be tested and tagged as required? Tooltip: The inspection, testing and tagging of portable equipment or items connected to an electrical supply via a flexible cable or connecting plug top/device is a mandatory requirement for all plant and electrical cords used throughout Monash University. New and unused 'out of the box' electrical equipment entering into service for the first time but not tested and tagged should be inspected for any damage or safety concerns and have a 'new to service' tag applied that includes the dates of entry into service and when the first electrical safety test is due. Further details: Electrical Safety Procedure New to Service and out of service video please go to Health & Safety Topics, Electrical Safety http://www.monash.edu.au/ohs/	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.16 Does faulty electrical equipment get isolated in accordance with the Electrical Safety Procedure? Tooltip: Lock Out/Tag Out (LOTO) is the process of isolation and safe removal of hazardous energy sources to prevent the possibility of inadvertent energising of the equipment. LOTO is achieved by the use of isolation devices, locks and tags to ensure the safe management and removal of hazardous energy, including electrical work activities, inspection, maintenance commissioning, decommissioning and repair of plant and electrical equipment. Further details: Electrical Safety Procedure LOTO Isolation Template for the latest version of this document please go to: http://www.monash.edu.au/ohs/	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

3. Equipment/Plant

Does the Unit use equipment other than office equipment and personal computers?

Tooltip:

Plant is a general term defined in the Occupational Health and Safety Act 2004 that encompasses any powered machinery, equipment, appliance, tool and any associated components, fittings or connections required for operation. Examples of plant include (but are not limited to) pressurised and powered fixed and mobile equipment, hoists, lasers, turbines, powered tools, scaffolds, welding equipment and temporary access equipment. These items may be situated in offices, laboratories, studios, workshops and plant rooms.

Further details:

Isolation of Plant Procedure

☐ Yes

☐ N/A, continue to section 4

3.1 Does the Unit have a Responsible Officer?

Tooltip:

The Responsible Officer is the laboratory, workshop or studio manager, area supervisor or designated staff member responsible for the overall management of the plant in their area or location. The Responsible Officer has specific responsibilities related to LOTO and plant safety.

Further details:

Isolation of Plant Procedure

☐ Yes

☐ No

3.2 Does the Unit have a maintenance (service) schedule for equipment/plant?

Tooltip:

Having a maintenance schedule for equipment/plant is good practice to ensure equipment/plant is working safely.

Further details:

Isolation of Plant Procedure

OHS Risk Management Procedure

☐ Yes

☐ No

3.3 Does the Unit have a process for when equipment/plant fails?

Tooltip:

The identification, management and safe isolation of hazardous energy sources resulting from plant and associated systems to prevent injury due to uncontrolled or accidental re-activation of hazardous substances. Lock Out/Tag Out (LOTO) is the process of isolation and safe removal of energy sources from an item of plant in such a way as to prevent the possibility of inadvertent energising of the whole or specified section of the equipment. LOTO is achieved by the use of isolation devices, lock and tags on plant to ensure the safe management of hazardous energy during work and maintenance activities.

Further details:

Electrical Safety Procedure

Isolation of Plant Procedure

LOTO Plant Isolation Template for the latest version of this document please go to: <http://www.monash.edu.au/ohs/>

☐ Yes

☐ No

3.4 Does the Unit supply equipment to other areas of the university?

Tooltip:
The unit must provide staff and students with an approved Risk Assessment for the equipment they are supplying.
Further details:
OHS Risk Management Procedure

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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4. Chemicals

Does the Unit use chemicals?

Tooltip:

A chemical is defined as any element, chemical compound or mixture of elements and/or compounds where chemical(s) are distributed. Examples include carcinogens, cytotoxic drugs, dangerous goods and hazardous substances, drugs, poisons & controlled substances and chemicals of security concern

Further details:

Using Chemicals Procedure

☐ Yes

☐ N/A, continue to section 5

4.1 Has the Unit appointed a Chemwatch Domain Administrator?

Tooltip:

Appointed by the Head of Unit or their delegate, Chemwatch Domain Administrators are responsible for establishing the local area's administrative folder structure, setting up local administrators and assigning access to folders. The Domain Administrators must identify the rooms and other spaces within their work areas (buildings) including any attached external stores where chemicals are stored and create the corresponding administration folders for the area.

Further details:

Chemwatch Procedure

SARAH Roles and Positions for more information please go to: <http://www.monash.edu.au/ohs/>

☐ Yes

☐ No

4.2 Has the Chemwatch Domain Administrator identified Local Administrators in their area?

Tooltip:

Local Administrators are responsible for creating and maintaining a local chemical register for their specific area where chemicals are stored and used. Local administrators are generally laboratory supervisors, group leaders or senior and experienced laboratory/workshop personnel who are tasked with overseeing chemical management in their area. Local Administrators are able to add Local Users to access their local chemical register.

Further details:

Chemwatch Procedure

☐ Yes

☐ No

4.3 Does the Unit have all chemicals in a chemical register as per Chemwatch Procedure requirements?

Tooltip:

Managers/Supervisors are responsible for ensuring that all chemicals are recorded in Chemwatch and that a local chemical register is established in accordance with the Chemwatch Procedure. Chemical Register: A record of chemicals stored on site that includes their respective quantities and storage locations. The record must be maintained electronically in Chemwatch. Local Administrators must ensure that the local chemical register in Chemwatch is reviewed and updated at least every 6 months or as required (e.g. changes to chemical inventory, variation of quantities stored, etc.).

Further details:

Chemwatch Procedure

Chemwatch Manifest Template for the latest version of this document please go to: <http://www.monash.edu.au/ohs/>

Setting up a folder structure in Chemwatch go to Chemwatch under Health & Safety Topics: <http://www.monash.edu.au/ohs/>

Chemical Register Access Information go to Chemwatch under Health & Safety Topics: <http://www.monash.edu.au/ohs/>

☐ Yes

☐ No

4.4 Do the Unit's Local Administrators review their existing chemical register/s?

Tooltip:

Local Administrators must ensure that the local chemical register in Chemwatch is reviewed and updated at least every 6 months or as required (e.g. changes to chemical inventory, variation in quantities stored, etc.)

Further details:

Chemwatch Procedure

☐ Yes

☐ No

4.5 Does the Unit have a process for purchasing, storing and handling Dangerous Goods and Hazardous Substances?

Tooltip:

Dangerous goods are substances and articles classified on the basis of immediate physical or chemical effects such as fire, explosion, corrosion, oxidation, spontaneous combustion and poisoning that can harm property, the environment or people. Dangerous goods may be solids, liquids, gas, pure substances or mixtures. Dangerous goods are defined in the Dangerous Goods Act 1985 and listed in the Australian Dangerous Goods Code (ADG Code). A dangerous good can also be a hazardous substance and/or a drug, poison or controlled substance.

Further details:

Using Chemicals Procedure

Chemical Pre-Purchase Checklist for the latest version of the document please go to: <http://www.monash.edu.au/ohs/>

Dangerous Goods Minor Storage Poster for the latest version of the document please go to: <http://www.monash.edu.au/ohs/>

Dangerous Goods and Combustible Liquids Segregation Chart for the latest version of the document please go to: <http://www.monash.edu.au/ohs/>

☐ Yes

☐ No

☐ N/A

4.6 Are Dangerous Goods and Hazardous Substances stored according to Monash University storage limits?

Tooltip:

All Dangerous Goods must be stored in accordance with the: Dangerous Goods Storage poster and Dangerous Goods and Combustible Liquids Segregation chart. A Hazardous substance can also be a dangerous good and/or a drug, poison or controlled substance and the SDS must be consulted to determine all applicable storage requirements and ensure these are met. Laboratory cupboards used for the storage of hazardous chemicals must have spill trays and be labelled to indicate their contents. Where necessary, ventilation of the cupboard must be provided in accordance with AS/NZS 2243.10:2004. The SDS must be consulted to determine all applicable storage requirements and ensure these are met.

Further details:

Using Chemicals Procedure

Dangerous Goods Minor Storage Poster for the latest version of the document please go to: <http://www.monash.edu.au/ohs/>

Dangerous Goods and Combustible Liquids Segregation Chart for the latest version of the document please go to: <http://www.monash.edu.au/ohs/>

☐ Yes

☐ No

4.7 Does the Unit have a process for controlling purchasing, storage and handling of scheduled drugs and poisons?

Tooltip:

A poison is a substance that causes injury, illness, or death, especially by chemical means. Drugs, poisons and controlled substances are defined and controlled in the Poisons Standard 2012 under the Drugs, Poisons and Controlled Substances Act 1981. The National Drugs and Poisons Schedule Committee classifies drugs and poisons into schedules, which are published as the Standard for the Uniform Scheduling of Medicines and Poisons No.3 (SUSMP 3). A drug, poison or controlled substance can also be a hazardous substance and/or a dangerous good.

Further details:

High Risk Scheduled Drugs and Poisons Procedure (S8/9/11)

Purchasing of OHS Prescribed Commodities in Coupa Procedure

Purchase and Storage of Scheduled Poisons Posters for the latest version of the document please go to: <http://www.monash.edu.au/ohs/>

☐ Yes

☐ No

☐ N/A

4.8 Does the Unit have a process for purchasing, storing and handling of cytotoxic drugs?

Tooltip:

Cytotoxic drugs are therapeutic agents intended for, but not limited to, the treatment of cancer. These drugs are known to be highly toxic to cells, mainly through their action on cell reproduction and can be carcinogens, mutagens or teratogens.

Further details:

Using Chemicals Procedure

☐ Yes☐ No☐ N/A**4.9 Does the Unit have a process for managing decanted chemicals?**

Tooltip:

The requirements for the labelling of decanted chemicals are outlined in the Labelling of Decanted Chemicals OHS Information sheet. Labels can be generated directly from Chemwatch.

Further details:

Using Chemicals Procedure

Chemwatch Procedure

Labelling of Decanted Chemicals: OHS Information Sheet please go to Health & Safety Topics: <http://www.monash.edu.au/ohs/>☐ Yes☐ No☐ N/A**4.10 Is there a process for managing chemical waste?**

Tooltip:

All chemical waste generated must be correctly disposed of by ensuring: trade waste agreements are adhered to, e.g. no disposal down the sink; correct handling by competent staff with knowledge and access to appropriate personal protective equipment; Appropriate secondary containment for transport to the designated waste storage area; segregation, packaging and labelling in accordance with the Chemical Waste Information sheet and Chemical Waste Management poster.

Further details:

Using Chemicals Procedure

Chemical Management Waste Poster for the latest version of the document please go to: <http://www.monash.edu.au/ohs/>Chemical Waste Disposal OHS Information please go to Health & Safety Topics: <http://www.monash.edu.au/ohs/>☐ Yes☐ No**4.11 Is there a process for managing chemical spills?**

Tooltip:

Local emergency procedures for chemical spills must be included in the Risk Assessment.

Further details:

Using Chemicals Procedure

OHS Risk Management Procedure

Chemical Spill Kit Assessment Form for the latest version of the document please go to: <http://www.monash.edu.au/ohs/>☐ Yes☐ No**4.12 Does the Unit supply chemicals to areas outside the Unit?**

Tooltip:

It is a legislative requirement for the manufacturer or importer to supply a copy of the SDS for each chemical to the end user.

Further details:

Chemwatch Procedure

☐ Yes☐ No

4.13 Does the Unit have a process to ensure that fume cupboards are tested annually as prescribed in the Using Chemicals Procedure?**Tooltip:**

Fume cupboards or local exhaust ventilation must be used when working with volatile chemicals in an open process unless the risk assessment indicates it is not necessary. Fume cupboards must have a label to indicate that they have been tested within the last 12 months The Australian Standard AS/NZS 2243.8 Safety in Laboratories - Fume Cupboards requires fume cupboards to have their performance tested on a regular basis. Testing of the face velocity together with smoke testing should occur on an annual basis.

Further details:

Using Chemicals Procedure

☐ Yes☐ No☐ N/A**4.14 Does the Unit have a process for ensuring the safe use of fume cupboards?****Tooltip:**

A fume cupboard is essentially a ventilated box with an adjustable work opening. It provides extraction to remove any fumes produced within the box. It is designed to have laminar flow through the front opening. Guidelines for working in fume cupboards are required to be followed to ensure that the fume cupboard's performance is not compromised.

Further details:

Using Chemicals Procedure

Use of local exhaust ventilation systems: Fume cupboards OHS information sheet please go to Health & Safety Topics: <http://www.monash.edu.au/ohs/>

☐ Yes☐ No☐ N/A**4.15 Does the Unit have a process for regular testing of local safety showers and eyewash stations?****Tooltip:**

All safety showers and eyewash facilities must be regularly flushed and checked to ensure they are fully functional as prescribed in Using Chemicals Procedure.

Further details:

Using Chemicals Procedure

Safety Shower Eyewash Testing Guideline please go to Health & Safety Topics, Chemicals: <http://www.monash.edu.au/ohs/>

Safety Shower Eyewash Testing please go to Health & Safety Topics, Chemicals: <http://www.monash.edu.au/ohs/>

☐ Yes☐ No

5. Gas Cylinders	
Does the Unit use gas cylinders?	
<input type="checkbox"/> Yes	<input type="checkbox"/> N/A, continue to section 6
5.1 Are gas cylinders registered in Chemwatch? Tooltip: Managers are responsible for ensuring that all chemicals including gas cylinders are recorded in Chemwatch. All compressed gases in cylinders must be included in the Chemwatch. DG Regulations require quantities are entered as the water capacity of gas cylinders in litres. Further details: Chemwatch Procedure Gas Cylinder and Water Capacity Guide please go to Health & Safety Topics, Chemicals: http://www.monash.edu.au/ohs/	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.2 Are gas cylinders stored in accordance with Monash University requirements? Tooltip: All gas cylinders in the University must be properly restrained, whether in use, being stored or being transported - this includes "empty" cylinders. Cylinders being stored or in use must be secured to a fixed structure. Where possible, cylinders are to be stored in, and used from secure locations outside of buildings. Refer to Australian Standard 4332-The storage and handling of gases in cylinders and Australian Standard 2243.10. Further details: Using Chemicals Procedure Gas Storage and Segregation Chart please go to Health & Safety Topics, Chemicals: http://www.monash.edu.au/ohs/	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.3 Are "In Use" gas cylinders properly restrained, fitted with a regulator and connected to the associated equipment? Tooltip: 'In Use' refers to a pressurised gas cylinder currently in use and connected to the equipment. Further details: Using Chemicals Procedure OHS Risk Management Procedure	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

6. Biologicals

Does the Unit work with Biologicals?

Tooltip:

A biological includes, but is not limited to blood, blood products, tissue, body fluids (e.g. urine, faeces, semen, vaginal secretions, pericardial fluid, cerebrospinal fluid, synovial fluid, pleural fluid, amniotic fluid, saliva, mucus, any fluid with visible blood) and any derivatives produced by chemical or physical means (e.g. protein, enzyme or blood fractions). In addition, it is intended to cover microorganisms (bacteria, viruses, parasites, fungi, prions) wildlife or mutant and plants and plant material. Live animals are not included in this definition.

Further details:

Using Biologicals and Animals Procedure

☐ Yes

☐ N/A, continue to section 7

6.1 Has the Unit appointed a Biosafety Officer/s?

Tooltip:

The Biosafety Officer advises, informs and instructs staff and students on the local use, storage, transport and disposal of biological substances, including appropriate equipment, facilities and work practices to prevent exposure to any harmful biological material and ensure appropriate containment. Serve as a local source of expertise regarding biosafety, OGTR and Biosecurity requirements including licensing, certification of facilities and classification of activities under the relevant legislation and standards; and liaise with the University's Research Compliance Officer, OH&S, local OHS committee, Head of Unit and local Health and Safety Representative (HSR) in matters relating to Biosafety, OGTR and Biosecurity. For further details refer to Using Biologicals and Animals Procedure.

The Biosafety Officer must be appointed by the Head of Unit in SARAH.

Further details:

Using Biologicals and Animals Procedure

SARAH Roles and Positions for more information please go to: <http://www.monash.edu.au/ohs/>

☐ Yes

☐ No

6.2 Do Facilities/Laboratories, where work with GMO or imported biological (Quarantine)material is conducted, have the required certification?

Tooltip:

Facilities certified by the Office of the Gene Technology Regulator (OGTR) for research involving recombinant DNA technology are signed with OGTR signs denoting the containment level and facility type.

Facilities certified by the Department of Agriculture, Water and the Environment (DAWE) for research with specified imported biological materials are signed with yellow Approved Arrangement (AA) signs.

Facilities certified PC1 – PC4 facilities as defined by AS/NZS 2243.3 will only have a Biological Hazard sign.

Further details:

Using Biologicals and Animals Procedure

☐ Yes

☐ No

☐ N/A

6.3 Does the Unit have process to identify Health Surveillance requirements for staff and students?

Tooltip:

Health Surveillance is the systematic monitoring of 'at risk' staff and students for any adverse effects of their work/study on their health as it relates to their duties. It is delivered through medical assessment and testing (e.g. hearing tests, lung function tests, biological monitoring). Refer to Health Surveillance Procedure for more details.

Further details:

Health Surveillance Procedure

☐ Yes

☐ No

☐ N/A

6.4 Does the Unit have process to identify Immunisation requirements for staff, students and visitors?

Tooltip:

Immunisation requirements for staff, students and visitors who are potentially at risk of exposure to vaccine-preventable diseases due to their work or study.

Further details:

Immunisation Procedure

Immunisation Grid and Consent Forms for more information please go to: <http://www.monash.edu.au/ohs/>

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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6.5 Does the Unit have a process for biological waste disposal?

Tooltip:

Correct biological waste management involves a structured program to ensure that any waste generated is correctly identified in terms of its potential hazard to the environment and to any workers; including staff, students, visitors or contractors handling the waste.

Further details:

Using Biologicals and Animals Procedure

Waste Disposal Summary Table please go to Research Ethics Integrity intranet under resources for more information

Guidance on GMO Decontamination and Disposal please go to Research Ethics Integrity intranet under resources for more information

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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7. Animals

Does the Unit work with animals?

An animal is defined as any multicellular heterotrophic eukaryote belonging to the Kingdom Animalia (vertebrates and invertebrates). Under the Prevention of Cruelty to Animals Act the following require Animal Ethics approval:

- Any live non-human vertebrate (fish, amphibians, reptiles, birds and mammals) encompassing domestic animals, purpose-bred animals, livestock, wildlife, as well as cephalopod invertebrates such as octopus, squid, cuttlefish and nautilus.
- Any live prenatal or pre-hatched embryos, foeti and larval forms e.g. a mammalian or reptilian foetus, pre-hatched avian, mammalian or reptilian young and live marsupial young developed beyond half the gestation or incubation period of the relevant species, or they become capable of independent feeding.
- This is not required for insects, millipedes, annelids (worms), gastropods (slugs and snails) or spiders, shellfish (bivalves, mussels, oyster and scallop); eggs, spat or spawn of fish.

☐ Yes

☐ N/A, continue to section 8

7.1 Does the Unit have a process to identify immunisation requirements for staff, students and visitors working with animals?

Tooltip:

Immunisation requirements for staff, students and visitors who are potentially at risk of exposure to vaccine-preventable diseases due to their work or study.

Further details:

Immunisation Procedure

Immunisation Grid and Consent Forms for more information please go to: <http://www.monash.edu.au/ohs/>

☐ Yes

☐ No

7.2 Does the Unit have a process to identify health surveillance requirements for staff and students working with animals?

Tooltip:

Health Surveillance is the systematic monitoring of 'at risk' staff and students for any adverse effects of their work/study on their health as it relates to their duties. It is delivered through medical assessment and testing (e.g. lung function tests, biological monitoring). Refer to Health Surveillance Procedure for more details.

Further details:

Health Surveillance Procedure

☐ Yes

☐ No

☐ N/A

7.3 If a staff or student is required to wear respiratory protection has it been fit tested (if required)?

Tooltip:

Fit testing is required by Australian New Zealand Standard AS/NZS1715 before a user wears a respirator in the workplace. Fit testing determines the respirator's ability to retain its seal when the wearer is in motion.

Further details:

OHS Risk Management Procedure

☐ Yes

☐ No

☐ N/A

8. Radiation

Does the Unit use Ionising Radiation Sources?

Tooltip:

Ionising radiation sources include apparatus that produce X-rays, radioactive material or liquid, including when permanently bound or encapsulated and equipment that contains bound or encapsulated radioactive material, such as gamma irradiators or equipment with calibration sources. Equipment emitting wavelengths of greater than 100nm (UV light, visible light, infrared, radiofrequency, microwaves) are not ionising radiation sources.

Further details:

Using Ionisation Radiation Procedure

☐ Yes

☐ N/A, continue to section 9

8.1 Has the Unit appointed a Radiation Safety Officer?

Tooltip:

The Radiation Safety Officer (RSO) is a staff member appointed to oversee management of radiation hazards in their Unit. RSO provides advice, information, instruction and training on the local use, storage, transport and disposal of radioactive substances and ionising Radiation apparatus, in accordance with the local Radiation Management Plan. Assisting with the promotion of ionising Radiation safety awareness. The Radiation Safety Officer must be appointed by the Head of Unit in SARAH.

Further details:

Using Ionisation Radiation Procedure

SARAH Roles and Positions for more information please go to: <http://www.monash.edu.au/ohs/>

Information for Radiation Safety Officers (RSO) please go to Health & Safety Topics, Radiation Safety: <http://www.monash.edu.au/ohs/>

☐ Yes

☐ No

8.2 Has the Radiation Protection Officer been notified of all radioactive source(s) in the Unit?

Tooltip:

The University's Radiation Protection Officer is responsible for providing and coordinating radiation protection services at Monash University.

Further details:

Using Ionisation Radiation Procedure

☐ Yes

☐ No

8.3 Are all ionising radiation sources in the Unit licenced as required under the Radiation Act 2005?

Tooltip:

All ionising radiation sources must be licensed with the Department of Health and Human Services by OH&S. Before purchase of such sources, the RSO of the area must contact the University's Radiation Protection Officer for assistance with the licensing process.

Further details:

Using Ionisation Radiation Procedure

☐ Yes

☐ No

8.4 Does the Unit have a local Radiation Management Plan for Ionising Radiation Sources?

Tooltip:

Each Unit which uses radiation must have its own local Radiation Management Plan, incorporating the basic University Radiation Management Plan template and with the addition of local contact information, local procedures, and other relevant local information such as laboratory rules, location of safety equipment, Risk Assessments and Safe Work Instructions.

Further details:

Using Ionisation Radiation Procedure

Radiation Management Plan Template please go to Health & Safety Topics, Radiation Safety: <http://www.monash.edu.au/ohs/>

☐ Yes

☐ No

8.5 Does the Unit have a process for purchasing radioactive sources (seal and unsealed) and substances (material) to ensure appropriate licences are in place?

Tooltip:

An approval issued under the OHS Prescribed Activities and Permit to Work Procedure must be in place for any:

-purchase of radioactive material; and

-possession of an X-ray, sealed source or sealed source apparatus.

Further details:

Using Ionising Radiation Procedure

Ionising Radiation Approvals please go to Health & Safety Topics, Radiation Safety: <http://www.monash.edu.au/ohs/>

☐ Yes

☐ No

8.6 Does the Unit have a process to control access to radioactive substances, sources and x-ray units?

Tooltip:

Supervisors must provide induction and training in the use of Ionising Radiation in the laboratory under their management.

Further details:

Using Ionisation Radiation Procedure

Radiation Induction Checklist for the latest version of the document please go to: <http://www.monash.edu.au/ohs/>

☐ Yes

☐ No

8.7 Does the Unit have a process to monitor staff and student's exposure to Ionising Radiation?

Tooltip:

The Using Ionising Radiation Procedure provides information and guidance on these requirements.

Further details:

Using Ionisation Radiation Procedure

OHS Risk management Procedure

Risk Management Guidelines – Radiation for the latest version of the document please go to: <http://www.monash.edu.au/ohs/>

☐ Yes

☐ No

8.8 Does the Unit have a process to manage radioactive waste?

Tooltip:

Waste disposal must be carried out in accordance with Using Ionisation Radiation Procedure. Documentation of the local management of radioactive waste must be included in the Local Radiation Management Plan.

Further details:

Using Ionisation Radiation Procedure

Radiation Waste Disposal form (SARAH)

☐ Yes

☐ No

9. Lasers

Does the Unit use lasers that are class 3R, 3B or 4?

Tooltip:
Lasers are capable of producing intense, collimated beams of light at specific wavelengths (visible, ultra violet and infrared). While lasers vary greatly in power output, wavelengths and purpose, the hazard potential for eyes and skin can be significant due to the concentrated energy density. AS/NZS IEC 60825.1:2011 Safety of laser products Part 1: Equipment Classification and Requirements and AS/NZS IEC 60825.14:2011 Safety of laser products Part 14: A user's guide are the principal documents for laser safety.

<input type="checkbox"/> Yes	<input type="checkbox"/> N/A, continue to section 10
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9.1 Has the Unit appointed a Laser Safety Officer?

Tooltip:
Laser Safety Officer (LSO) is a designated staff member who has received training to an appropriate level and is knowledgeable in the evaluation and control of laser hazards. The LSO is responsible for the suitable training of laser users and oversight of the control of laser hazards. At Monash University, a Laser Safety Officer must be appointed by the Head of Unit in SARAH, where Class 3 or 4 lasers are used.
Further details:
Laser Safety: OHS Information Sheet please go to: <http://www.monash.edu.au/ohs/>
SARAH Roles and Positions for more information please go to: <http://www.monash.edu.au/ohs/>

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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9.2 Does the Unit have a process for local training on class 3R, 3B or 4 lasers?

Tooltip:
All users of class 3R, 3B or 4 lasers must undergo training in their safe operation and correct use of laser safety eyewear.
Further details:
Laser Safety: OHS Information Sheet please go to: <http://www.monash.edu.au/ohs/>
Induction and Training Procedure
Guidelines for developing Local OHS Training for the latest version of the document please go to: <http://www.monash.edu.au/ohs/>
Local Training Records Proforma for the latest version of the document please go to: <http://www.monash.edu.au/ohs/>

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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9.3 Does the Unit have a process for authorisation to use class 3R, 3B or 4 lasers?

Tooltip:
A system for authorisation of users is recommended for user of class 3R, 3B and 4 lasers.
Further details:
Laser Safety: OHS Information Sheet please go to: <http://www.monash.edu.au/ohs/>

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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9.4 Does the Unit have a system to control access (entry) to 3B or 4 class lasers?

Tooltip:
Interlocks are required for class 3B and 4 systems e.g. "laser on" light. Emission indicators are required for all class 3B and 4 lasers and class 3R lasers that emit in the non-visible spectrum.
Further details:
Laser Safety: OHS Information Sheet please go to: <http://www.monash.edu.au/ohs/>

☐ Yes

☐ No

9.5 Does the Unit require laser eye exams for staff and students that work with 3B or 4 class lasers?

Tooltip:
Eyes are the most susceptible to damage from lasers. Different parts of the eyes are susceptible to different wavelengths. Damage can occur from heating, photochemical reactions and explosive rupture. Appropriate controls are essential to prevent ocular damage.
Further details:
Laser Safety: OHS Information Sheet please go to: <http://www.monash.edu.au/ohs/>
Laser Vision Report: Pre-commencement of work with class 3B or Class 4 lasers please go to Health & Safety Topics, Laser Safety <http://www.monash.edu.au/ohs/>

☐ Yes

☐ No

Section 10. Feedback

Did this OHSMS Self-Assessment Tool work well? Please provide your feedback via [HSW Help & Feedback Form](#)