OHS MANAGEMENT SYSTEM AUDIT PROCEDURE

SCOPE

This Procedure applies to all OHS Management System (OHSMS), including hazard specific audits conducted by, or on behalf of, Monash University.

For the purpose of this procedure, references to 'the University' includes activity at Monash University Australia, Monash University Malaysia, Monash University Indonesia, Monash Suzhou, the Monash University Prato Centre and World Mosquito Program Ltd (and its subsidiaries), unless indicated otherwise.

PROCEDURE STATEMENT

This procedure sets out the processes for developing and conducting OHSMS and hazard specific activity audits at Monash University so as to ensure that:

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.

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. OHSMS Audit Program

2.1   OHS Audit Programs

2.1.1   OHS Audit Programs are comprised of OHS audit schedules, pre-audit documentation and an audit report comprising of a set of OHS audit questions, with a methodology for rating audit findings and recommendations made where applicable.

2.1.2   All OHS audit schedules are prepared and maintained by the Buildings and Property Division (BPD) Risk and Compliance Officer.

2.1.3   To ensure OHS audit schedules have incorporated all facets of the University's operations and activities, 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.

2.1.4 All OHS audit programs must be approved by the Health, Safety and Wellbeing Manager.

2.1.5 The set of OHS Audit questions and OHS Audit templates must be approved by the Health, Safety and Wellbeing Manager before commencing auditing.

2.1.6 The OHS Audit Programs may be adjusted by the Health, Safety and Wellbeing Manager at any time, if there is additional information on any of the above criteria that warrants it.

2.1.7 When the OHS Audit Program is finalised the Health, Safety and Wellbeing Manager will make the Audit Program publicly available, for example on the Monash intranet and table it at the Monash University OHS Committee (MUOHSC). The OHS Consultant/Advisor for the particular areas will also inform local stakeholders and through the local OHS Committee as appropriate.

2.2 Auditor Competency

2.2.1 The Health, Safety and Wellbeing Manager 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.

2.3 Pre-audit Activities

2.3.1 Prior to each OHS audit the relevant OHS Consultant/Advisor will:

- Prepare a list of stakeholder contacts and share the contacts with the Health, Safety and Wellbeing Manager and the Buildings and Property Division (BPD) Risk and Compliance Officer;
- Prepare the area to be audited by providing ongoing consultation and advice prior to the audit regarding compliance to the OHSMS, such as advising them an OHSMS Self-Assessment must have been completed in SARAH in the last 12 months;
- Attending to stakeholder questions and queries as they arise; and
- Ensure stakeholders have identified all relevant staff required to be present on the audit day and that an appropriate meeting facility has been arranged.

2.4 Pre-audit Meeting

2.4.1 Prior to each OHS audit the Buildings and Property Division (BPD) Risk and Compliance Officer will notify relevant stakeholders via email at least four weeks prior, unless otherwise agreed upon.

2.4.2 The option to hold a pre-audit meeting will be provided to relevant stakeholders. Where the relevant stakeholders would like a pre-audit meeting, the pre-audit meeting may involve the:

  o Head of academic/administrative unit;

  o Safety Officer/s and staff with safety roles;

  o Health & Safety Representative/s;

  o Resources manager/s;

  o OHS Lead Auditor;

  o Risk and Compliance Officer, BPD; and

  o OHS Consultant/Advisor for the area

2.4.3   The pre-audit meeting should 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;

- The timelines for preparing and delivering the draft and the finalised OHSMS Audit reports;

- Answer any additional stakeholder questions; and

- Provide any documentation such as any relevant scoping documents that need to be completed and forwarded to the relevant Lead Auditor prior to the audit day and specifying all timeframes and due dates.

2.5   Conducting an Audit

2.5.1   The OHS Lead Auditor must ensure that:

- The questions relevant to the audit 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:

  o   Are provided with an overview of the preliminary findings;

  o   Are given an opportunity to agree upon a final evidence collection date. This should be no greater than three business days from the date of the audit or otherwise agreed on the day of the audit. Failure to provide evidence may affect the audit rating.

  o   Are made aware of the next steps and timeframes of the reporting process;

  o   Will be provided with any resources which were loaned during the audit (e.g. keys); and

  o   Will be asked for feedback with respect to customer focus and process improvement.

2.6   Audit Report

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

2.6.2   Upon receipt of the draft, the Health, Safety and Wellbeing Manager must review the draft report and authorise its release via the Buildings and Property Division (BPD) Risk and Compliance Officer to the nominated representatives within one week.

2.6.3   The draft report must be distributed by the Buildings and Property Division (BPD) Risk and Compliance Officer to the nominated representatives of the area, unless otherwise agreed by the Health, Safety and Wellbeing Manager.

2.6.4   The nominated representatives have two weeks to provide feedback, either written or verbal to the Buildings and Property Division (BPD) Risk and Compliance Officer. Failure to provide feedback will be taken to deem acceptance of the audit report. All feedback will be given due consideration and every opportunity will be undertaken to ensure customer satisfaction is given.

2.6.5   Once the audit report is deemed finalised, it will be distributed by the Buildings and Property Division (BPD) Risk and Compliance Officer to the nominated representatives within three business days.

2.7   Actions Management

2.7.1   Recommendations must be addressed in accordance with the Management of OHS Actions Procedure.

3. Tools

There are no tools associated with this procedure.

4. Records

For OHS Records document retention please refer to:

[Monash University OHS Records Management Procedure](#)

DEFINITIONS

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

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

Within the OHSMS Audit row:

OHSMS Audit Type	Description
Internal OHS audit	An OHSMS or hazard specific audit conducted under the direction of the Health, Safety and Wellbeing Manager 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 ISO 45001:2018 Occupational Health and Safety Management Systems.

Within the OHS Audit ratings row:

Rating classification	Description
Best practice (BP)	The assessment criteria of the OHSMS is being met and there is evidence to support this rating. The area has also implemented additional systems or processes that complement the OHSMS and enable a better proactive management of OHS.
Conformance (C)	The assessment criteria of the OHSMS is being met and there is evidence to support this rating.
Opportunity for improvement (OFI)	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: ● 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 Health, Safety & Wellbeing Manager; 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)	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. When identified: - 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 Actions Procedure.
		Major non-conformance (MAJOR NC)	The assessment criteria of the OHSMS is not being met or the outcome is ineffective and there is evidence to support this rating. When identified: - 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 Actions Procedure; - A follow-up audit may be required to verify the effectiveness of the corrective action/s.
		Not applicable (N/A)	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.	

GOVERNANCE

Parent policy	OHS&W Policy
Supporting procedures	**Monash OHS documents** OHS Roles, Responsibilities and Committees Procedure OHS Records Management Procedure Management of OHS Actions Procedure
Supporting schedules	N/A
Associated procedures	**Australian and International Standards** ISO 45001:2018 Occupational Health and Safety Management Systems
Related Legislation	Occupational Health and Safety Act 2004 (Vic) Occupational Health and Safety Regulations 2017 (Vic)
Category	Operational
Approval	Chief Operating Officer & Senior Vice-President 5 April 2022
Endorsement	Monash University OHS Committee 15 March 2022
Procedure owner	Health, Safety and Wellbeing Manager
Date effective	5 April 2022
Review date	5 April 2025
Version	8.0
Content enquiries	ohshelpline@monash.edu

DOCUMENT HISTORY

Version	Date Approved	Changes made to document
3	February 2011	OHS Audits at Monash
4	February 2013	OHS Audit Procedure
5	August 2014	1. Removed workplace safety inspections 2. Updated Definitions 3. Added Compliance section and removed this information from the scope. 4. Included step by step audit process with responsibilities.
5.1	July 2015	Updated hyperlinks throughout to new OH&S website.
5.2	August 2017	1. Updated logos in header 2. Updated OHS Regulations to 2017
5.3	March 2018	1. Updated Scope and Purpose to reflect that this procedure applies to Australian campuses of Monash University. 2. Sections 2.4, 2.5 and 2.6 were updated to clarify the steps in the audit process.

6.0	June 2019	1. Revised scope and purpose
		2. Replaced OHS Audit Coordinator role with Risk and Compliance Officer, BPD
		3. Updated definitions
		4. Clarified the distinction between an audit and the audit program
		5. Revised procedure regarding the requirements of the audit program and of audits
		6. Removed corrective actions sections
		7. Renamed closing meeting to actions management meeting
7.0	September 2019	1. Update scope to reflect emphasis on OHSMS audits
		2. Further alignment of roles to improve efficiency and improve clarity.
		3. Further clarification of timeframes
		4. Refer all actions management to Management of OHS Corrective and Preventive Actions Procedure
		5. Removal of responsibility for implementation and reporting sections
7.1	December 2020	1. Removed OHS Self-audit questionnaire from Tools section, as this has been reconfigured as the OHSMS Self-assessment tool under the OHS Monitoring Procedure.
7.2	July 2021	1. Updated certification logo in footer to ISO 45001
		2. Updated the Standard to ISO 45001 under "Associated procedures" in the Governance table
		3. Updated OHS Policy under 'Parent Policy' to OHS&W Policy
7.3	October 2021	1. Updated Scope statement to include Monash University Malaysia, Monash University Indonesia, Monash Suzhou and the Monash University Prato Centre
7.4	December 2021	1. Updated Scope statement to include World Mosquito Program Ltd (and its subsidiaries).
		2. Changed 'Manager, OH&S' to 'Health, Safety and Wellbeing Manager' throughout.
		3. Updated title of Procedure owner in Governance table.
8.0	April 2022	1. Added hazard specific audits to Scope statement
		2. Added requirement for audit programs to be approved by the Health, Safety and Wellbeing Manager in 2.1.4
		3. Clarified wording in 2.1.7 in relation to publication of the audit program
		4. Changed the notification in 2.4.1 from eight to four weeks
		5. Changed wording in 2.4 to clarify that pre-audit meetings are optional
		6. Updated OHSMS Audit Program flowchart
		7. Updated standard reference to ISO 45001 in Definitions table
		8. Updated title of 'Manager, OH&S' to 'Health, Safety and Wellbeing Manager' throughout
		9. Simplified wording and updated hyperlinks throughout

OHS Management System Audit Program

OH&S	Area being audited

OHSMS Audit Program
(Prepared annually)

Included areas notified

Audits scheduled
(at least 4 weeks prior to scheduled date)

Areas notified

Revision to audit date required

Area completes prerequisite documentation

Pre-audit meeting

Agreement on audit timetable

Conduct audit

Was additional evidence required?

Yes

No

Final evidence collection date
(must not exceed 3 business days from audit date)

Area provides additional evidence if required

Prepare draft audit report
(Must be completed within 2 weeks of audit close)

Draft audit authorised
(Must be released within 1 week of receipt)

Draft distributed to nominated representatives of area

Audit report finalised

Area provides feedback
(Must be provided within 2 weeks of receipt)

Audit report distributed
(Must be released within 3 business days of receipt)

Area addresses recommendations
(In accordance with Management of OHS Actions Procedure)