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| C:\Users\susanb\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Word\PRIMARY_A_Vertical_Housed_RGB.PNG | health & safetyInternal Audit Methodology |

# Introduction

This internal health and safety audit methodology provides guidance to auditors and auditees on the internal health and safety audit process.

The internal audit methodology ensures that Health and Safety Management System audits are:

* conducted to a consistent standard; and
* conform with planned arrangements.

The internal audit methodology ensures that the Health and Safety Management System (OHSMS) is appropriately and effectively implemented and maintained.

The internal audit methodology includes:

* auditor selection and competencies
* audit frequency
* audit schedule
* audit scope
* audit process
* audit reporting
* audit findings

# Auditor selection and competencies

The Director, Risk and Assurance shall ensure that auditors are independent of the OHSMS component(s) that they are auditing through:

* selecting auditors who have not provided health and safety services, advice or consultancy to the auditee area for at least two years prior to the commencement of the audit; or
* putting in place suitable arrangements to manage any potential conflicts of interest where auditors have provided health and safety services, advice or consultancy to the auditee area in the two years prior to the commencement of the audit.

The Director, Risk and Assurance shall select auditors that are sufficiently qualified, competent and experienced to perform health and safety audits. Where the auditor(s) are not sufficiently qualified, competent and experienced, the auditor(s) may be supported by other experts to enable them to perform audits competently.

When determining the suitability of auditors, the Director, Risk and Assurance shall consider the following essential and preferable criteria.

## Essential

Essential criteria includes:

* relevant tertiary qualifications;
* knowledge of current Victorian Occupational Health and Safety legislation;
* successful completion of a recognised health and safety auditor training course; and
* at least one year’s experience in a health and safety role.

## Preferable

Preferable criteria includes:

* five years’ work experience with at least three years’ experience in a health and safety role;
* relevant tertiary qualifications; and
* experience conducting at least four OHSMS audits, totaling not less than 20 days on site, within the last three years, against the NAT, AS/NZS 4801 or equivalent.

# Audit frequency

Each Faculty/School/Division should be audited at least once over a four-year cycle.

The Director, Risk and Assurance, in consultation with the Director, Health & Safety, shall assess each Faculty/School/Division to determine a nominal risk classification, based on the known operational risks of the organisation.

Some Faculties/Schools/Divisions may have departments with nominal risk classifications that vary from the overall risk of the Faculty/School/Division.

## Risk classifications

**High risk**

Where multiple regulated hazards are present in a significant proportion of the workplace operations, eg. construction work, electrical work, working at heights, hazardous substance, dangerous goods, hazardous building materials, registrable or regulated plant, confined spaces, hazardous manual handling and/or occupational noise.

**Moderate risk**

Where only a single regulated hazard is present in a significant proportion of the workplace operations, or where multiple regulated hazards are present, but in less than a significant proportion, of the workplace operations, eg. construction work, electrical work, working at heights, hazardous substance, dangerous goods, hazardous building materials, registrable or regulated plant, confined spaces, hazardous manual handling and/or occupational noise.

**Low risk**

Where regulated hazards are generally not present in the workplace operations. This includes office-based administrative operations, and non-laboratory or workshop-based teaching/learning/research operations.

Table 1 describes the frequency of internal audits according to the nominal risk classification:

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| **RISK CLASSIFICATION****NOMINAL RISK CLASSIFICATION** | **NOMINAL AUDIT FREQUENCY** |
| High | 2 years |
| Moderate | 3 years |
| Low | 4 years |

Table : Frequency of internal audit based on risk classification

The Director, Risk and Assurance in consultation with the Director, Health & Safety, may increase internal audit frequency for any audited organisation for one or more of the following reasons:

* significant adverse findings resulting from an internal audit;
* significant adverse findings resulting from an external audit;
* significant escalation in claims or incident frequency rate;
* significant escalation in regulatory activity; or
* other information that may indicate the OHSMS is not performing optimally.

# Audit schedule

The Director, Risk and Assurance in consultation with the Director, Health & Safety shall develop the internal audit schedule. The schedule shall be based on:

* previous audit results;
* the nominal risk classification (section 2.3.1); and
* any other valid reasons for varying audit frequency as listed in 2.3.1.

# Audit scope

The Director, Risk and Assurance in consultation with the Director, Health & Safety, shall provide broad instruction to the auditor(s) for each internal audit, by nominating OHS Audit Tool (NAT) and AS/NZS 4801:2001 criteria to be assessed.

The scope of the matters assessed shall vary with the type of audited area, as described in Table 2.

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| **TYPE OF AUDITED AREA** | **AUDIT SCOPE** |
| University-wide health and safety systems | Procedures, requirements and processes to support the conformance to NAT criteria. |
| Local Division/Department – without University- wide functions | Workplace verification to establish that relevant University procedures, requirements and processes are sufficiently implemented to conform to NAT criteria. |
| Local Division/Department – with University-wide functions | Workplace verification to establish that relevant University procedures, requirements and processes are sufficiently implemented to conform to NAT criteria.Procedures, requirements and processes s to support the conformance to NAT criteria relevant to the Department’s University-wide functions. |

Table : Audit scope based on type of audited area

The auditor(s) shall:

* develop an audit plan detailing the criteria to be verified, using the criteria nominated by the Director, Risk and Assurance; and
* submit the audit plan to the Director, Risk and Assurance for approval.

# Audit process

The auditor shall undertake the internal audit in accordance with the defined scope of AS/NZS 4801 and the National Self Insurer OHS Audit Tool (NAT), using the [University of Melbourne Health & Safety: Audit workbook](https://safety.unimelb.edu.au/__data/assets/word_doc/0008/4682717/health-and-safety-audit-workbook.docx), as amended from time to time.

The auditor must:

* conduct an opening meeting with the relevant auditee representatives
* seek input from a representative sample of stakeholders to review consultative arrangements and the effective implementation of the OHSMS, including:
	+ health & safety committee members
	+ management representative(s)
	+ employee health and safety representative(s)
	+ other personnel in the area subject to the audit
* review and assess relevant local workplace documentation, including:
	+ health and safety management plans, objectives and targets
	+ health and safety risk register, risk assessments and standard operating procedures
	+ health and safety training needs analysis, training plan and training records
	+ health and safety cyclic events checklists and workplace inspections
	+ pre purchase risk assessments and purchasing documentation
	+ service provider (contractor) documentation
	+ emergency and first aid assessments
	+ chemical inventories, risk assessments and material safety data sheets/safety data sheets
	+ plant risk assessments, maintenance and inspection records
	+ health and safety committee meeting minutes
* review and assess the implementation of local workplace risk controls, including:
	+ plant
	+ electrical
	+ chemical storage and handling
	+ hazardous manual handling
	+ housekeeping
	+ workplace facilities and amenities
	+ emergency and first aid equipment and facilities
	+ other relevant risks
* conduct any other relevant information gathering required to complete the audit.
	1. **Audit opening meetings**

The auditor should, where reasonably practicable, commence the audit with an opening meeting with the relevant auditee representatives, addressing the following agenda items:

* introduction
* explanation of the audit process
* confirmation of the audit scope and duration
* expected closing meeting time, date and location
* other business, including questions.
	1. **Audit closing meetings**

The Auditor should, where reasonably practicable, conclude the workplace verification component of the audit with a closing meeting with the relevant auditee representatives, addressing the following agenda items:

* appreciation of those involved in the audit
* brief outline of the findings known to date, that is, areas of:
	+ good performance
	+ average performance
	+ poor performance
* explanation of the next stages in the audit process, including some indication of the expected completion of the written report
* other business, including questions.

# Audit Reporting

* 1. **Audit report template**

The Director, Risk and Assurance, in consultation with the Director, Health & Safety, shall develop and maintain a health and safety audit report template. The auditor(s) shall use the template to report audit findings to the auditee.

* 1. **Audit report distribution**

The Director, Risk and Assurance should provide a health and safety audit report to the Head of Division four weeks from the audit closing meeting.

The audit report shall include a corrective action plan (CAP) for each:

* non conformance finding; and
* requires correction finding.

The Head of Division shall, within four weeks of receiving the audit report, ensure that documented CAP, including prioritisation of planned corrective actions, are developed and provided to the Director, Risk and Assurance, for each:

* non conformance finding; and
* requires correction finding.

The Head of Division shall ensure that the Division’s audit reports are tabled at the Division’s Health and Safety or Environmental committee meetings, for monitoring of implementation of corrective actions.

The Director, Risk and Assurance shall report Internal health and safety audit results to relevant senior groups and committees.

# Audit Findings

* 1. **Conformance**

The auditee has demonstrated:

* full implementation of University procedures, requirements and processes;
* compliance with legal requirements; and
* commitment to the principle of continual improvement.

No further action required by the auditee.

* 1. **Requires correction**

Based on the evidence audited, it is evident that:

* the auditee has not fully, effectively or consistently implemented University procedures, and/or
* there was evidence of isolated instances of apparent legislative non-compliance.

Corrective action(s) must be undertaken by the auditee to ensure the criterion does not escalate to a non conformance.

Requires correction are documented on a corrective action plan (CAP).

The CAP should include:

* corrective actions that will resolve the *requires correction*
* identifying the person(s) accountable and responsible for ensuring the corrective action(s) is completed; and
* determining priorities and timeframes for completion of the corrective actions.
	1. **Non conformance**

The auditor finds evidence that there was:

* an absence of system elements or a part of the system, and/or
* a failure to follow the documented systems or procedures, and/or
* a lapse in the system or procedure, and/or
* apparent systemic legislative non-compliance.

Corrective action(s) must be undertaken by the auditee as a priority to prevent injury to ensure continued certification and legislative compliance.

Non conformances are documented on a corrective action plan (CAP).

The CAP should include:

* corrective actions that will resolve the *non-conformance*
* identifying the person(s) accountable and responsible for ensuring the corrective action(s) is completed; and
* determining priorities and timeframes for completion of the corrective actions.

Implementation of the corrective action(s) will be confirmed by subsequent verification.

* 1. **Scope for improvement**

The auditor has provided recommendations that may assist the auditee to achieve continual improvement by:

* ensuring more efficient implementation of University procedures, requirements and processes (reductions in time, cost and resources);
* enhancing the transparency of the system to auditors, regulators and the University.

The auditee is strongly encouraged to implement actions based on the recommendations of the auditor.

* 1. **Not verified**

The auditor cannot confirm implementation of the system because:

* the related activity has not yet occurred, or
* the criterion, whilst included in the audit scope, was not examined during the audit, or
* the evidence could not be provided due to an unforeseen circumstance.

No further action required by the auditee.

* 1. **Not applicable**

There is no indication that the related activity occurred. Therefore, the auditee is not required to implement systems to satisfy the specified criterion.

No further action required by the auditee.

# Further Information

* [Health & Safety: Management system review and audit requirements](https://safety.unimelb.edu.au/__data/assets/word_doc/0007/4587127/health-and-safety-management-system-review-and-audit-requirements-2.docx)
* [Occupational health and safety internal audit process](https://staff.unimelb.edu.au/legal-and-risk/audit/ohs-audit) (log into Staff Hub to access)
* [University of Melbourne Health & Safety: Audit workbook](https://safety.unimelb.edu.au/__data/assets/word_doc/0008/4682717/health-and-safety-audit-workbook.docx)