OHS Audit Procedure

1. Purpose

To describe the process of the OHS audit program at the City of Greater Dandenong (CGD), used to verify conformance of the current health and safety practices of CGD's OHS management system.

2. Scope

This procedure applies to all employees, contractors, and volunteers at CGD workplaces.

3. Definitions

Audit: a systematic examination against defined criteria; policy, procedures, standards, regulations or objectives to determine whether the activities and related results being implemented meet these criteria.

Audit Conformance: judgment made by an auditor that the activities undertaken and the results achieved fulfil the specified requirements of the audit criteria. While further improvements may still be possible, the minimum requirements are being met.

Audit Non-conformance: judgment made by an auditor that the activities undertaken and the results achieved do not fulfil the specified requirements of the audit criterion.

Corrective Action: action taken to eliminate the cause of an identified non-conformance or other undesirable situation.

External Audit: audit conducted by an external party to CGD who has met the external auditor selection requirements of CGD.

Internal Audit: audit conducted by an employee of CGD who has met the internal auditor selection requirements of CGD.

Registered Training Organisation (RTO): these are training providers registered by Australian skills quality authority (ASQA) or, in some cases, a state regulator, to deliver Vocational Education and Training (VET) services. Ref. www.asqa.gov.au

4. Responsibilities

For general OHS responsibilities refer to the OHS Responsibility Procedure.

Team Leader Risk & OHS is responsible for:

- coordination, development and implementation of the OHS audit schedule
- monitoring, review and reporting on the implementation of the OHS audit program
- ensuring that corrective actions are implemented and reviewed
- communicating audit results and associated corrective actions to employees

Auditors are responsible for:

- following the procedure when undertaking audits

5. Procedure

5.1 Audit Program

The audit program will be conducted against the criteria of the National self-insurer OHS management system audit tool, version 3.

The OHS audit program will be developed annually by Team Leader Risk & OHS which reflects the:

- frequency of internal audits
- scope of each audit
- auditor selected and assigned

Audit frequency and scope will be determined by:

- level of risk associated with the activity, process or OHS policy/procedure to be audited
- results of previous audits
- direction from the management team

Audits conducted by external agencies should be reflected in the audit schedule.

The management team shall be consulted on the content of the audit schedule prior to its implementation.

Unscheduled audits may be conducted at any time based on:

- findings of inspections, reports or outcomes of incident investigations
- operational changes
- external advice
- management team direction
- other activities that identified non-conformance

5.2 Selection of Auditors

5.2.1 Internal Auditors

The Team Leader Risk & OHS shall select and authorise ~~an~~ internal auditors. The minimum standards for internal auditor selection include:

- successful completion of recognised auditor training
- relevant knowledge and experience in the principles of health and safety management systems, processes and procedures
- training in the CGD OHS audit procedure
- independence (separation) from the activity or process being audited

If an internal auditor is unable to demonstrate completion of auditor training, the audit shall be conducted under the supervision of an auditor who has fulfilled the selection requirements.

5.2.2 External Auditors

CGD may engage external auditor/s to; provide independent reviews, audit specialised functions and supplement internal resources. External auditors shall demonstrate relevant audit qualifications from a Registered Training Organisation (RTO) prior to engagement.

5.3 Pre-audit Activities

The Team Leader Risk & OHS shall notify the internal auditor/s of scheduled audits in advance of the audit commencement date. The Team Leader Risk & OHS, in consultation with the internal auditor/s, shall develop an audit checklist relevant to the scope of the selected audit.

Audit checklist will include measures of compliance and should fully evaluate the adequacy and effectiveness of the process being audited.

Prior to audit, the internal auditor(s) should:

- review information pertinent to the audit, which may include:
    - policies, procedures, work instructions,
    - legislative requirements,
    - previous audit findings or reports,
    - external information, e.g. regulator fact sheets, codes of practice, Australian Standards or manufacturer information.
- prepare audit plan
- determine audit methodology based on scope of the audit
- identify employees to be interviewed during the audit
- confirm the audit scope, plan and selected auditees with the relevant Manager or Supervisor

5.4 Conduct the Audit

An opening meeting should be held by the auditor/s to reinforce the scope of the audit. The meeting may be conducted with the manager of the area, HSRs and employees.

Using the audit checklist, the auditor/s shall collect information to determine whether requirements have been met, information collection methods may include:

- conducting interviews,
- observation of activities
- review of documents and records.

Only information that is verifiable may be recorded as audit evidence. Using the audit checklist, the auditor(s) shall:

- determine for each element conformance or non-conformance and record any observations and observations
- record information and evidence that supports findings for each element

Non-applicable (N/A) finding should be recorded where, in the opinion of the auditor, it is not possible to assess the audit element or it is not relevant, reasons for this shall be noted on the checklist.

If audit evidence exists but has not or cannot be made available at time of the audit, a non-conformance rating should be applied.

Closing meeting of the audit team should be held to present audit findings. Non-conformances and recommendations should be discussed and diverging opinions resolved.

5.5 Audit Report

Auditor/s shall document the findings and recommendations on the audit report as soon as possible, then forward to the Team Leader Risk & OHS for review and approval.

The Team Leader Risk & OHS shall release the approved audit report to management, and HSRs for consideration as soon as possible. The Team Leader Risk & OHS shall ensure that completed audit checklists and reports are retained in accordance with the OHS Document Control Procedure.

5.6 Corrective or Preventative Action

On receipt of the audit report, management shall review the audit findings and recommendations with other relevant stakeholders, including HSRs, to identify proposed corrective or preventative actions required.

The Team Leader Risk & OHS, in consultation with relevant managers, shall forward the audit findings and proposed corrective or preventative actions to the management team for review, feedback and approval. Once approved, the Team Leader Risk & OHS shall log the recommended corrective and/or preventative actions onto the corrective action register in Elumina.

Corrective and preventative actions shall be prioritised, have an agreed completion date based on the risk profile and be monitored for completion in Elumina. Corrective or preventative actions may require a subsequent audit or specific follow up to make sure the actions have been effective. The Manager responsible for actions should manage this process.

Strategic changes identified through audit findings requiring consultation shall follow the OHS Consultation, Communication and Issue Resolution Procedure.

5.7 Review of Corrective or Preventative Actions

The Team Leader Risk & OHS shall monitor the corrective actions register and provide a monthly report to management that includes the status of corrective and preventative actions, trends in audit findings and other relevant information.

Directors shall direct action when corrective or preventative actions have not been completed within timeframes allocated or when issues with implementation of actions occur.

6. References

Occupational Health and Safety Act 2004

Occupational Health & Safety Regulations 2017

National self-insurer OHS management system audit tool (NAT), version 3 – criteria 4.5.1 - 4.5.3

7. Related Documents

CGD OHS Policy

CGD OHS Management Plan

CGD OHS Document Control Procedure

CGD OHS Consultation, Communication and Issue Resolution Procedure

CGD Training Needs Analysis

CGD Corrective Actions Register

CGD OHS Audit Schedule

8. Document History

Version Number	Issue Date	Approved by	Description of Change
0.1			1st Draft from MAV/JLT
0.2		27.03.2019	Accepted by OHS Policy Sub-Committee
0.3		24.06.2019	14 Day All Staff Consultation
1.0		July 2019	Approved by OHS Oversight Team