

REPORTING NON CONFORMANCES AND USING THE NON CONFORMANCE FORM

Meeting of auditors and Faculty / Cost Centre Representative after the audit

Purpose of meeting

A meeting must take place if a non conformance has been identified or if the Faculty / Cost Centre Representative requests such a meeting.

The purpose of the meeting is to provide feedback to the Faculty / Cost Centre Representative, to discuss any non conformances that are found and to obtain the Faculty / Cost Centre Representatives signature on any Non Conformance form.

The signature indicates that the Faculty / Cost Centre Representative understands that the auditors believe that there is a non conformance. It does not indicate that the Faculty / Cost Centre Representative agrees that there is a non conformance.

Timing of the meeting

If a non conformance is found the auditors must make an appointment with the Faculty / Cost Centre Representative so that, wherever possible, a meeting can take place within 5 working days after the audit has been carried out.

Faculty / Cost Centre Representative

The table shows the Faculty / Cost Centre Representative for all OH&S audit matters.

Cost Centre	Head of Responsible Area
Library	The Librarian
Central Administration	Executive Director of Administration
All four Faculties	Faculty Registrar

After the meeting

The Faculty / Cost Centre Representative must forward the signed Non Conformance forms to the Head responsible for each area in which a non conformance has been identified. The Head must approve action to be taken unless that responsibility has been delegated to the Faculty / Cost Centre Representative or other authorised person, in which case the Head notes the action that has been proposed.

Use of the Non Conformance Form

Top section: "Non Conformance Details"

To be filled in by the auditors, based on the answers and observations noted on the Audit Question sheets, and taken to the post-audit meeting for signature by the Faculty / Cost Centre Representative. [At the conclusion of the meeting the auditors will be provided with a photocopy of the Non Conformance form with this top section filled in, signed and dated.](#)

Middle section: "Action to be taken by Responsible Area"

This should **either** be filled in at the post-audit meeting **OR** within 5 days of the date on the top section if the Faculty / Cost Centre Representative needs time to seek advice regarding appropriate action. In consultation with the auditors the Faculty / Cost Centre Representative will state the action to be taken **and a date for the action to be completed by**. A copy of the signed form will be given or sent to the auditors and a copy will be sent to the OH&S Unit* when this section is completed.

Last section: "Confirmation that action has been completed"

To be signed and dated by the auditors when they follow-up the non conformances within the time frame stipulated and agreed upon for this particular OH&S management system.

Once confirmation has been completed by the auditors this document is to be forwarded on to the Occupational Health and Safety Unit.

*NOTE: the OHS Unit reviews all reports at the end of the quarter and contacts the areas where action needed to be taken to ensure that remedies have been applied. Outstanding issues are referred to the Cost Centre OHS Committee.



NON CONFORMANCE REPORT

Audit of OHS System for managing

Cost Centre: _____ School/Area: _____ Date of Audit: ___/___/___

Non Conformance Details: Building _____ Room(if applicable) _____

This section to be completed by Auditor(s) within 5 working days of audit. A post audit meeting with the Faculty/Cost Centre representative will be held within that 5 days. At that meeting the Faculty/Cost Centre representative will countersign this Non Conformance Details section. Photocopy with signature to be given to Auditors.

Signed : Auditors:

Head:

.....

(Signature by Faculty/Cost Centre representative indicates understanding of stated non-conformance not necessarily agreement.)

Date: ___/___/___

Date: ___/___/___

Action to be taken by Responsible Area

This section to be completed by Head of Responsible Area within 5 working days of the date of the Non Conformance Details section above. A copy of this page must be forwarded to the Auditors and the OH&S Unit when this section is completed.

Comments.....
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Estimated completion date: ___/___/___

Signed : Head:

Date: ___/___/___

Confirmation that action has been completed

Signed : Auditor(s):

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Date: ___/___/___

Notification sent to Occupational Health & Safety Unit

On confirmation that action has been completed by Auditors, forward this form to the Occupational Health & Safety Unit

___/___/___
Date Received by OHS Unit