Occupational Health, Safety, Welfare and Injury Management
Auditing Procedures

Approving Authority: Vice-Chancellor
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Nature of amendment: Revised to reflect current practice
Date last reviewed:
Next review due: 4 years
Responsible Officer: Director, Human Resources

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1. Purpose
This document sets out the processes for planning and conducting Occupational Health, Safety, Welfare and Injury Management (OHSW&IM) audits at the University.

2. Scope
These procedures apply to all OHSW&IM audits conducted at workplaces owned, managed or controlled by Flinders University.

3. Definitions
For the purpose of these procedures the following definitions apply:

<table>
<thead>
<tr>
<th>Conformance</th>
<th>A conformance is an activity, item or process that conforms to legislative requirements, or University policies, procedures, or other requirements of the University's OHSW&amp;IM management system.</th>
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</thead>
<tbody>
<tr>
<td>Non-Conformance</td>
<td>A non-conformance is an activity, item or process that does not conform to legislative requirements, or University policies, procedures or other requirements of the University's OHSW&amp;IM management system.</td>
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<tr>
<td>Observation</td>
<td>An observation is an activity, item or process where there are opportunities for improvement, and which may become a non-conformance in the future.</td>
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4. Responsibilities

<table>
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<tr>
<th>Senior executives</th>
<th>Responsible for ensuring that</th>
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<tr>
<td></td>
<td>• staff, and where relevant, students in their Cost Centre/Portfolio cooperate with the audit process;</td>
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<td></td>
<td>• there are adequate resources to remedy any non-conformances identified during any audits in their Cost Centre/area of responsibility; and</td>
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<td></td>
<td>• corrective actions are implemented within the specified timeframes to remedy any non-conformances or to improve general workplace safety.</td>
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<tr>
<th>Managers/Supervisors of areas</th>
<th>Responsible for</th>
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<td></td>
<td>• providing the auditor(s) with evidence of current system and procedural practices in response to audit questions; and</td>
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<td></td>
<td>• identifying and implementing corrective actions to improve OHSW&amp;IM systems and general workplace safety, where deficiencies are detected;</td>
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<td></td>
<td>• monitoring that corrective actions are implemented within the established timeframes</td>
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<td>• communicating the result of the audits with staff</td>
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<thead>
<tr>
<th>Manager, OHS</th>
<th>Responsible for</th>
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<td></td>
<td>• planning and coordinating the University’s OHSW&amp;IM audit programme;</td>
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<td></td>
<td>• maintaining records of audit programmes;</td>
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<td></td>
<td>• entering any non conformance(s) and observation(s) onto the University Corrective Actions Register;</td>
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<tr>
<td></td>
<td>• assisting Cost Centres/Portfolios to implement corrective actions and controls to system, procedural or item deficiencies and non-conformances; and</td>
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<tr>
<td></td>
<td>• monitoring the University’s Corrective Action Register and preparing reports to senior executives on the progress of Corrective Actions.</td>
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<tr>
<th>Auditors</th>
<th>Responsible for</th>
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<td></td>
<td>• conducting the audit(s) according to this procedure;</td>
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<td></td>
<td>• ensuring that the auditing process is transparent to the auditees;</td>
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<td></td>
<td>• maintaining effective communication throughout the audit; and</td>
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<td></td>
<td>• providing audit reports using the approved report format within the agreed timeframe.</td>
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5. Types of OHSW&IM audits

5.1 Internal Audit
An internal audit is a systematic, and wherever possible, independent examination, carried out by a competent person, appointed by the University, in consultation with staff or their representatives, to determine whether

• an activity or activities and related results conform to planned arrangements;
• these arrangements are implemented effectively; and
• whether they are suitable to achieve the University’s policy and objectives.

The results of the internal audits must be documented and staff consulted about them. Preventative/corrective action plans must be subsequently developed\(^1\) and implemented.

5.2 Legislative Compliance Audit
A legislative compliance audit is a systematic and documented verification process to obtain and evaluate evidence to determine that the University’s OHSW&IM policies, procedures and practices comply with legislative requirements.

5.3 WorkCover Evaluation
A WorkCover evaluation is a review undertaken by WorkCoverSA to evaluate the University’s overall compliance with the requirements of the WorkCoverSA Performance standards for self-insured employers or in relation to a particular matter of compliance.

6. OHSW&IM Auditor Competency
All auditors must be suitably qualified and experienced and must be approved by the Manager, OHS.

7. OHSW&IM Audit Schedule
7.1 The OHS Unit will prepare an audit schedule for OHS&W and Injury Management and keep it up to date.

7.2 The frequency of internal and external audits will be determined taking into account:
- the level of risk associated with the activity, policy or procedure;
- the results of previous audits;
- accident and incident statistics; and
- the significance of problems encountered in the areas to be audited.

7.3 Unscheduled or follow-up audits may be conducted at any time based on:
- audit results;
- regulatory inspections;
- operational changes;
- management reviews;
- incidents and accidents; or
- identified non-conformances.

7.4 The WorkCover self insurance evaluations are conducted by WorkCoverSA. The timing of the evaluation is determined by the self-insurance registration period granted by WorkCover and is based on the findings of the previous evaluation. WorkCover may also conduct additional reviews during the self insurance registration period. These may be reflected in the WorkCover Partnership Plan as negotiated between the University and WorkCover.

\(^1\) WorkCover SA definition
## 8. Audit Procedures

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<thead>
<tr>
<th>Steps</th>
<th>Actions</th>
<th>Who is responsible</th>
</tr>
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</table>
| 8.1 Plan the Audit programme | - Prepare and maintain an audit schedule for all University sites (including rural, regional and interstate sites).  
- Determine and document the objective, the scope and criteria for each of the audits.  
- Ensure master audit checklists are prepared as required. | Manager, OHS |
| 8.2 Notification of audits | - Prior to an audit, contact head of the unit/area to be audited notifying reasons and time of audit and confirming that the scheduled time is convenient.  
- Prior to an audit advise the OHS representative(s) for the area of the audit and its scheduled time; | Manager, OHS or delegate |
| 8.3 Preparation for audit | - Confirm the objective, scope and criteria of audit with the Manager, OHS.  
- Send an audit plan to the head of the unit/area to be audited.  
- Collate relevant information for review. | Auditor(s) |
| 8.4 Conducting the audit | The auditor(s) will conduct the audit using the auditing protocol. | Auditor(s) |
| 8.5 Audit Report | Finalise the audit report which includes audit findings, any non conformances and observations, and any corrective actions, which must be based on risk assessment and have a timeframe for implementation negotiated with the head of the unit/area being audited.  
Copy of the report to be sent to  
- Manager, OHS;  
- the relevant Cost Centre/Portfolio Head;  
- Chair of the relevant Cost Centre OHS Committee;  
- the relevant Faculty General Manager;  
- head of the unit/area audited; and  
- health & safety representative(s) for the area.  
If required, arrange a follow-up meeting with  
- head of the unit/area audited;  
- safety officer (where applicable);  
- health & safety representative(s) for the area; and  
- OHS Consultant for the area. | Auditor(s) | Manager, OHS |
| 8.6 Corrective actions | Ensure corrective actions are completed within the required timeframes, including  
- identification of the person responsible for performing the corrective action; and  
- tracking the progress and effectiveness of the corrective actions.  
- ensuring the corrective action is logged onto the Corrective Actions Register  
- closing out corrective actions;  
- closing out non-conformances;  
- reporting status of corrective actions to management and to the Cost Centre OHS Committee; and | Senior executives, or delegate | OHS Consultant for the area audited |
8.7 Reporting

**Steps**: 
- where required, providing advice and assistance to staff in the area audited.

<table>
<thead>
<tr>
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</tr>
</thead>
</table>
| Report results of audits to:  
- Audit and Risk Committee;  
- Director, Human Resources;  
- Senior executives; and  
- University OHS Committee. | Manager, OHS |

### 9. Legal & Policy Framework

South Australian legislation:

- *Occupational Health, Safety & Welfare Act 1986*
- *Occupational Health, Safety & Welfare Regulations 2010*
- *Workers’ Rehabilitation and Compensation Act 1986*
- *Workers Rehabilitation and Compensation (General) Regulations 1999*

Where University staff are working in University premises in other States or Territories, the following legislation applies:

**Victoria**

- *Occupational Health and Safety Act 2004*
- *Occupational Health and Safety Regulations 2007*
- *Accident Compensation Act 1985*
- *Workers Compensation Act 1958*
- *Accident Compensation Regulations 2001*

**Northern Territory**

- *Workplace Health & Safety Act 2007*
- *Workplace Health & Safety Regulations 2008*
- *Workers Rehabilitation & Compensation Act 2008*
- *Workers Rehabilitation & Compensation Regulations 2008*

Flinders University OHSW&IM policies and procedures apply at all University premises regardless of location.

### 10 Review

These procedures will be reviewed at least every 4 years to ensure they remain effective, relevant and appropriate to the University, and reflect current legislative requirements.