



UNIVERSITY
OF WOLLONGONG
AUSTRALIA

UOW SAFE@WORK

WORKPLACE HEALTH AND SAFETY AUDITING GUIDELINES

Contents

1	Purpose	1
2	Scope	1
3	Definitions	1
4	Responsibilities.....	1
	4.1 WHS Unit.....	1
	4.2 Auditor(s)	2
	4.3 Managers of Faculties and Divisions	2
5	Auditor Training Requirements.....	2
6	WHS Verification Audit.....	2
	6.1 Audit Scope.....	2
	6.2 Audit Program	3
	6.3 Auditor Requirements	3
	6.4 Audit Methodology	3
	6.5 Initial Meeting.....	4
	6.6 Opening Meeting.....	4
	6.7 Audit Evidence.....	4
	6.8 Reporting of Audit Results.....	4
	6.9 Corrective Action Plan.....	5
	6.10 Review and Improvement	5
7	Related Documents.....	5
8	Review and Evaluation.....	5
9	Version Control Table	6
10	Appendix 1: WHS Verification Audit Criteria.....	7
11	Appendix 2: Initial Email to Management of Area Being Audited.....	12
12	Appendix 3: Examples of Evidence for WHS Verification Audit	13
13	Appendix 4: Example Audit Report Email.....	14
14	Appendix 5: Verification Audit Corrective Action Plan	1

1 Purpose

This guideline describes the auditing processes used to verify the implementation of the University's Workplace Health and Safety Management System (WHMS) within University faculties and divisions. WHS audits include verifying:

- the level of compliance with planned arrangements, for example as stated in WHS documentation
- whether the WHSMS has been properly implemented and maintained
- the level of implementation is effective.

2 Scope

This guideline outlines the requirements for auditing the implementation of the University's WHSMS. As a licensed self-insurer the University uses the National Self-Insurer WHS National Audit Tool Version 3 (WorkCover NSW) to determine appropriate audit criteria.

3 Definitions

Audit plan	Description of the activities and arrangements for an audit
Audit criteria	Set of policies, procedures or requirements.
Audit evidence	Records, statements of fact or other information, which are relevant to the audit criteria and verifiable.
Audit findings	Results of the evaluation of the collected audit evidence against audit criteria.
Audit scope	Extent and boundaries of an audit.
Auditee	Area being audited.
Auditor	Person with the competence to conduct an audit.
Verification Audit	Systematic, independent and documented process for obtaining audit evidence and evaluating it objectively to determine the extent to which the audit criteria are fulfilled conducted by WHS Unit.

4 Responsibilities

4.1 WHS Unit

The University's WHS Unit is responsible for ensuring that audits are conducted in accordance with these guidelines. The WHS Unit is responsible for managing and conducting the University's WHS audit program including:

- establishing the objectives and extent of the audit program
- defining the responsibilities and procedures in accordance with self-insurance requirements

- ensure resources are provided to complete the audit program
- undertaking the implementation of the audit program
- ensuring that appropriate audit records are maintained, and
- the review and continuous improvement of the audit program.

4.2 Auditor(s)

Auditors are responsible for adhering to the principles of auditing whilst conducting the audit. The following principles derived from AS/NZS ISO 19011 relate to auditors:

- *ethical conduct* – trust, integrity, confidentiality and discretion
- *fair presentation* – audit findings, audit conclusions and audit reports reflect truthfully and accurately the audit activities. Significant obstacles encountered during the audit and unresolved diverging opinions between the audit team and the audit area are reported, and
- *due professional care* – auditors exercise care in accordance with the importance of the task they perform and the confidence placed in them by audit clients and other interested parties. Having the necessary competence is an important factor.

4.3 Managers of Faculties and Divisions

Management of faculties and divisions are required to ensure that any remedial actions required as an outcome of a WHS audit are implemented within their area of control.

5 Auditor Training Requirements

All auditors undertaking WHSMS verification audits are required to have completed WHSMS auditor training as outlined in the WHS Training Guidelines.

6 WHS Verification Audit

6.1 Audit Scope

The scope of a WHS verification audit includes:

- verifying that the University's operational activities comply with WHSMS requirements e.g. policy, procedures and guidelines
- determining if maintenance of the WHSMS is required so that it can be effectively implemented.

The audit examines a combination of evidence types including documentation and records (e.g. hazard and incident reports, risk assessments, safe work procedures, inspection and training records), physical work environment (e.g. signage, barricades, engineering controls) and verbal evidence (interviews with personnel).

6.2 Audit Program

The WHS audit program will be prepared to cover three year cycle outlined in the [WHS Verification Audit Schedule](#). The schedule will be determined by the WHS Advisors reviewing the health and safety risks of faculty and divisions via a review of previously reported hazards and incidents, operational activities and incidents reported and outcomes of previous audits. The resulting [WHS Verification Audit Schedule](#) outlines the audit program for a rolling three year period and is reviewed annually and tabled at the WHS Committee meeting for consultation.

WHS verification audits are to be conducted in accordance with the WHS Verification Audit Schedule.

6.3 Auditor Requirements

Auditors are required to have completed WHS management system auditor training and must have WHS qualifications and/or relevant WHS work experience. It is preferred that the auditors also have suitable experience and knowledge of WHS systems and the work environment being audited.

The lead auditor is to have a level of independence from the area being audited; they must not report to the management of the area being audited or have extensive experience in the implementation of WHS systems for the area.

6.4 Audit Methodology

WHS verification audits are based on a subset of the criteria from the National Self Insurer WHS Audit Tool and are detailed in Appendix 1: WHS Verification Audit Criteria. The audit shall be conducted using the University [WHS Verification Audit Tool](#) (Appendix 1) which will be customised dependant on the risk profile for the area, the area's previous audit performance and the scope of the audit being undertaken.

The following audit protocols are to be observed:

- the date and scope of the audit is to be notified in writing to the Manager of the Unit 1 month prior to the scheduled audit commencing
- an initial meeting with the management and key personnel (for example Workplace Advisory Committee Chair) of the Unit to be conducted prior to the audit
- the audit is conducted over a five day period, however this is subject to change depending on the size of the area being audited
- the audit is conducted by the WHS Unit which may involve interviews, documentation review and/or physical inspection of areas as determined from the scope of the audit
- an audit close-out meeting will be held which provides preliminary findings and a thank you for the opportunity to audit and the official closing of the audit week
- a draft audit report is prepared by the lead auditor utilising database audit report template which outlines the recommendations for improvement in areas found to be deficient
- the draft audit report is sent to the Manager and WAC representative for consultation
- after the consultation period is closed, the final report is sent to the management of the area.

6.5 Initial Meeting

An initial meeting is to be held with the auditee's management or, where appropriate, those responsible for the functions or processes to be audited. The purpose of an initial meeting is to:

- confirm the audit plan
- provide a short summary of how the audit activities will be undertaken
- confirm communication channels
- confirm employees to be interviewed for the audit
- provide an opportunity for the auditee to ask questions
- provide auditees the opportunity to identify specific tasks or activities to focus on
- clarify the process for the reporting of hazards identified throughout the audit
- outline the purpose, scope, methodology, scheduling of any interviews, required documents results, corrective action plan and any questions.

6.6 Opening Meeting

An opening meeting will be held on the first day of the audit. The opening meeting should include:

- the auditors
- a management representative from the auditee
- any other key personnel identified by the auditee.

The purpose of the opening meeting is to officially commence the audit process and to provide the auditee the opportunity to communicate or clarify any changes or additions to the audit scope for the week.

6.7 Audit Evidence

During the audit, information relevant to the criteria and WHS management system implementation will be collected by a representative sample of personnel through observation and discussion with people who implement the system. Only information which is able to be sighted can be included as sufficient evidence to determine conformance to the criteria.

If a hazard is identified during the collection of audit evidence this will be reported to the area's supervisor or management for resolution. This will be recorded in SafetyNet and included in the audit report by the auditor.

6.8 Reporting of Audit Results

Audit results are determined by removing all non-applicable and non-verifiable criteria from the results. The remaining criteria are then assigned a 'conformance' or 'non-conformance' rating based on the compliance shown through the audit. The audit results are then based on the percentage of conforming criteria.

Audit results including findings such as examples of conformances or non-conformances are to be reported to management and key personnel of the area through the final audit report. Audit results are communicated and distributed to the WHS Committee and Vice-Chancellors Advisory Group.

6.9 Corrective Action Plan

A audit corrective action plan is to be developed by management of the audit area in consultation with the Workplace Advisory Committee to address any deficiencies highlighted by the audit. The audit corrective action plan template is provided in Appendix 5.

Progress on the corrective action plan will be submitted to the Risk Audit and Compliance Committee.

6.10 Review and Improvement

An annual review of verification audit non-conformances for each year is to be conducted to identify trends and system improvement initiatives by the WHS Unit Manager. A summary of this review is to be included in the WHS System review.

7 Related Documents

- National Self Insurer WHS Audit Tool, V2.0 3 August 2009
- AS/NZS ISO 19011 – Guidelines for Quality and/or Environmental Management Systems Auditing
- WHS Verification Audit Tool
- WHS Verification Audit Review Form
- WHS Management System Guidelines.

8 Review and Evaluation

The University's auditing guidelines are to be reviewed for relevance and compliance to WHS Systems requirements every three years or after change to legislative requirements or standards.

Outcomes of any audits which identify other system reviews and continuous improvement are to be undertaken through the use of documented performance improvement strategies outlined in the University's [WHS Management System Guidelines](#).

9 Version Control Table

Version Control	Date Released	Approved By	Amendment
1	November 2005	Manager WHS	New version.
2	August 2008	Manager WHS	Included National Audit Tool Criteria, updated to reflect Quality Assurance requirements.
3	August 2010	Manager WHS	Document updated to incorporate the Personnel name change to Human Resources Division.
4	February 2011	Manager WHS	Updated to reflect requirements in V2.0 of National Self-Insurer WHS Audit Tool, WorkCover NSW.
5	March 2012	Manager WHS	Re-brand.
6	January 2012	Manager WHS	Update WHS to WHS.
7	April 2015	Manager WHS	Update to include NAT V3 requirements and other minor amendments.
8	September 2016	Manager WHS	Update to include required corrective action format.

10 Appendix 1: WHS Verification Audit Criteria

Internal Audit Ref.	Internal Audit Criteria	NAT Ref.
1.1	The health and safety policy is available to other interested parties, including regulatory authorities, suppliers, contractors, and those visiting the workplace.	1.1.2
1.2	Relevant personnel in the organisation are advised of, and have ready access to, current relevant health and safety legislation, standards, codes of practice, agreements and guidelines.	2.1.3
1.3	The organisation and/or individual satisfies legal requirements to undertake specific activities, perform work or operate equipment including any: <ul style="list-style-type: none"> a. licence b. certificate of competency c. notification d. registration e. approval or exemption f. other relevant requirements. 	2.1.4
1.4	Specific health and safety objectives and measurable targets have been assigned to all relevant functions and levels within the organisation.	2.2.2
1.5	Financial and physical resources have been identified, allocated and are periodically reviewed, to enable the effective implementation and improvement of the organisation's health and safety management system.	3.1.1
1.6	There are sufficient qualified and competent persons to implement the organisation's health and safety management system as identified through a documented review.	3.1.2
1.7	Senior management understand the organisation's legal obligations for health and safety and can demonstrate how they fulfil them.	3.2.1
1.8	The specific health and safety responsibilities (including legislative obligations), authority to act and reporting relationships in the organisation have been defined, documented and communicated.	3.2.3
1.9	Workers are held accountable for health and safety performance in accordance with their defined responsibilities.	3.2.5
2.1	The organisation has a procedure for identifying and defining the health and safety training needs of employees, contractors, labour hire employees or visitors, where relevant.	3.3.1
2.2	The organisation consults with employees to identify their training needs in relation to performing their work activities safely.	3.3.2
2.3	A documented training plan(s) based on training needs shall be developed and implemented.	3.3.3
2.4	The organisation trains workers (as appropriate) to perform their work safely, and verifies their understanding of that training.	3.3.4
2.5	The organisation has an induction program for all workers including management, which is based on their likely risk exposure, and provides relevant instruction in the organisation's health and safety policy and procedures.	3.3.5
2.6	Training and assessment is delivered by competent persons with appropriate knowledge, skills and experience.	3.3.6
2.7	The health and safety requirements of tasks are identified, applied to the recruitment and placement of workers, and tasks are allocated according to their capability and level of training.	3.3.7

Internal Audit Ref.	Internal Audit Criteria	NAT Ref.
2.8	Management has received training in health and safety management principles and practices appropriate to their role and responsibilities within the organisation, and the relevant health and safety legislation.	3.3.8
2.9	Those representing the employer and the workers on health and safety matters, including representatives on consultative committee(s), receive appropriate training to enable them to undertake their representative roles effectively.	3.3.9
2.10	Refresher training (as identified by the training needs) is provided to all workers to enable them to perform their tasks safely.	3.3.10
2.11	The training program is reviewed on a regular basis, and when there are changes in the workplace that impact on the health and safety of workers, to ensure that the skills and competencies of workers remain relevant.	3.3.11
2.12	The organisation has: <ul style="list-style-type: none"> a. in consultation with workers, determined the number of worker representatives required to effectively represent all work groups b. made arrangements to allow the workers to select those who will represent them on health and safety matters consistent with legislative requirements c. communicated the consultative arrangements to workers, including names of their worker and employer representatives for health and safety matters. 	3.4.2
2.13	Those who represent workers on health and safety matters: <ul style="list-style-type: none"> a. are provided time and resources to effectively undertake this role b. meet regularly with management about health and safety issues and the minutes of their meetings are available to all workers. 	3.4.3
2.14	Workers or their representatives are involved in the development, implementation and review of procedures for the identification of hazards and the assessment and control of risks.	3.4.4
2.15	The organisation's health and safety policy and other relevant information on health and safety are communicated to all workers, and consider language and standards of literacy.	3.5.1
2.16	The organisation regularly communicates to workers about the progress towards the resolution of health and safety disputes.	3.5.2
2.17	There are procedures for the exchange of relevant health and safety information with external parties, including customers, suppliers, contractors and relevant public authorities.	3.5.3
2.18	Specific instructions and safe work procedures associated with particular products, processes, projects or sites have been developed where appropriate.	3.7.2
2.19	Hazard identification, risk assessment and the development of control measures are undertaken during the design stage of plant, products, buildings or processes, or when the design is modified.	3.10.7
2.20	Competent persons verify that designs and modifications meet specified health and safety requirements.	3.10.8
3.1	The organisation's procedures, work instructions and work practices reflect the requirements of current health and safety legislation, standards, codes of practice, agreements and guidelines.	2.1.2
3.2	Where contractors are utilised in the organisation, the health and safety responsibilities and accountabilities of the organisation and the contractor(s) have been clearly defined, allocated and communicated within the organisation and to	3.2.4

Internal Audit Ref.	Internal Audit Criteria	NAT Ref.
	the contractor(s) and their workers.	
3.3	Documents and data critical to health and safety shall be clearly identifiable, duly authorised prior to issue, kept legible and include their issue status.	3.8.2
3.4	The organisation provides workers with ready access to relevant health and safety documents and data and advises them of its availability.	3.8.3
3.5	Documents and data are regularly reviewed by competent persons to ensure their effectiveness, suitability and the currency of the information.	3.8.4
3.5	Health and safety requirements are identified, evaluated and incorporated into all purchasing specifications for services.	3.10.2
3.6	The ability to meet health and safety requirements is assessed in the selection of contractors and labour hire employees.	3.10.3
3.7	Contractor health and safety performance is monitored and reviewed to ensure continued adherence to the organisation's health and safety requirements or specifications.	3.10.4
3.8	The organisation determines its health and safety requirements prior to the purchase of goods, and communicates those specifications to the supplier.	3.10.5
3.9	Procedures shall be established and implemented for verifying that purchased goods meet health and safety requirements and any discrepancies identified are addressed before the goods are put into operational use.	3.10.6
3.10	Potential emergency situations have been identified and an emergency plan is: <ul style="list-style-type: none"> a. developed for the organisation and its workplaces b. in accordance with legislative requirements c. regularly reviewed. 	3.11.1
3.11	Workers receive training and practice in the emergency plan appropriate to their allocated emergency response responsibilities.	3.11.3
3.12	Competent persons have periodically assessed the suitability, location and accessibility of emergency equipment, including where changes to layout, equipment or process have occurred.	3.11.4
3.13	Emergency and fire protection equipment, exit signs and alarm systems are inspected, tested and maintained at regular intervals.	3.11.5
3.14	The organisation has assessed its first aid requirements and the first aid program is in place.	3.11.7
3.15	The organisation has a program for management of health and safety records including: <ul style="list-style-type: none"> a. identification and traceability b. collection, indexing and filing c. access and confidentiality d. retention and maintenance e. protection against damage, deterioration or loss f. retrieval g. disposal. 	4.4.1
4.1	The organisation has identified the hazards, including public safety hazards that are associated with its activities, processes, products or services; assessed the risks involved; and implemented suitable control measures in accordance with the organisation's methodology.	3.9.2
4.2	The hazard identification, risk assessment and risk control process is undertaken by persons competent in the use of the organisation's methodology.	3.9.3

Internal Audit Ref.	Internal Audit Criteria	NAT Ref.
4.3	The organisation documents all identified hazards, risk assessments and risk control plans.	3.9.4
4.4	Risks of identified hazards are assessed in consultation with workers having regard to the likelihood and consequence of injury, illness or incidents occurring, taking into consideration: a. legal requirements b. evaluation of available information c. records of incidents, illness and disease d. the potential for emergency situations.	3.9.5
4.5	The organisation determines those areas where access controls are required and ensures effective controls are implemented and maintained.	3.10.1
4.6	There are procedures to ensure that materials and substances are disposed of in a manner that minimises risk of personal injury and illness.	3.10.9
4.7	The organisation has a program for the safe use, handling, transfer, inventory management and transport of hazardous chemicals.	3.10.11
4.8	Comprehensive health and safety information on all hazardous chemicals is readily accessible.	3.10.12
4.9	The organisation ensures that hazardous chemicals are stored safely and in accordance with legislative requirements.	3.10.13
4.10	The organisation has permit to work procedures for use when required.	3.10.14
4.11	Where personal protective equipment is required, it is appropriate for the task, its provision is accompanied by suitable training or instruction, and it is used correctly and maintained in a serviceable condition.	3.10.15
4.12	Safety signs, including regulatory, hazard, emergency information and fire signs, meet relevant standards and codes of practice, and are displayed in accordance with legal and organisational requirements.	3.10.20
4.13	There are procedures to ensure that materials are transported, handled and stored in a safe manner.	3.10.21
4.14	Workers are supervised according to their capabilities and the degree of risk of the task they are undertaking, to ensure that tasks are performed safely and work instructions and procedures are followed.	3.10.22
4.15	The organisation has a program to effectively manage the safety of its workers when working at workplaces not under the control of the organisation.	3.10.23
4.16	All substances in containers and transfer systems are identified and clearly labelled to avoid inadvertent or inappropriate use.	3.10.25
4.17	The organisation has a system in place to ensure emergency authorities are informed of relevant hazards on-site (including hazardous chemicals) when attending an emergency. Note: Remote sites only	3.11.6
5.1	Workplace injuries and illnesses, incidents and health and safety hazards, dangerous occurrences and system failures, are reported and recorded in accordance with relevant procedures.	3.6.1
5.2	Reports on health and safety inspections, testing and monitoring, including recommendations for corrective action, are produced and forwarded to senior management and worker representative(s) as appropriate.	3.6.3
5.3	The organisation has a program for identifying and managing change that may impact on health and safety.	3.9.8
5.4	Plant and equipment is maintained to ensure safe operational use and a record is	3.10.16

Internal Audit Ref.	Internal Audit Criteria	NAT Ref.
	kept which includes (but is not limited to) relevant details of inspections, maintenance, repair and alteration of plant.	
5.5	There is a procedure for unsafe plant and equipment to be identified and quarantined or withdrawn from service.	3.10.17
5.6	Controls are implemented to ensure the safety of persons (including members of the public) while plant and equipment is in the process of being cleaned, serviced, repaired or altered.	3.10.18
5.7	Competent persons verify that plant and equipment is safe before being returned to service after repair or alteration.	3.10.19
5.8	There is a health and safety inspection, testing and monitoring program that incorporates timely and effective corrective action processes.	4.1.1
5.9	Inspections seek input and involvement from the workers who are required to undertake the tasks being inspected.	4.1.2
5.10	Engineering controls, including safety devices, are regularly inspected and tested (where appropriate) to ensure their integrity.	4.1.3
5.11	Monitoring of the workplace environment (general and personal) is conducted where appropriate and records of the results are maintained.	4.1.4
5.12	Inspection, measuring and test equipment related to health and safety monitoring is appropriately identified, calibrated, maintained and stored.	4.1.5
5.13	The organisation has identified those situations where workers' health surveillance should occur and has procedures to conduct this surveillance. The health of workers exposed to specific hazards is monitored, recorded, reported and action is taken to address any adverse effects.	4.2.1

11 Appendix 2: Initial Email to Management of Area Being Audited

Good morning <name of manager/HOS>,

As you may be aware, the University of Wollongong is committed to improving occupational health and safety for its staff, students and visitors and has in place a comprehensive WHS management system for faculties and divisions to implement to meet their WHS obligations. As part of the process of continuous improvement in reducing work related injuries and meeting the University's self insurance expectations, the WHS Unit conducts audits throughout the University to ensure that the WHS Management system is appropriately implemented across campus.

The <area being audited> has been scheduled by the WHS Unit to be audited in the week commencing <date of audit> The process involves conducting interviews and review of documentation which occurs over a period of one week.

To start the process, could you please nominate a person from the School/Unit that could assist in identifying suitable people to interview and activities to review.

Please do not hesitate to contact me to discuss any questions you may have.

Regards,

<name of lead auditor>

12 Appendix 3: Examples of Evidence for WHS Verification Audit

1. Faculty or division management plan
2. Position descriptions for staff with WHS responsibilities
3. Examples of accountability mechanism e.g. performance planner etc
4. Local area document register if required
5. local documentation
6. Records register/index
7. WAC (or consultation meetings) meeting minutes
8. Contractor management documentation
9. Tender documentation including evaluation checklists
10. Purchasing risk assessments
11. Workplace/hazard inspection reports
12. Hazard/incident reports
13. Risk assessments (Generic, Fieldwork, Manual Handling, Hazardous substances etc)
14. Emergency management procedure documentation (including emergency debrief forms)
15. First aid assessments
16. Access control register
17. Safe work procedures
18. Inspection and testing records, i.e. electrical equipment or plant (including fume cupboards, pressure vessels, fire door, panel, alarms, extinguishers inspections, boiler inspections, fieldwork vehicles)
19. Hazardous substances documentation, i.e. ChemAlert manifest, MSDS register
20. WHS training and competency records (including generic training such as WHS for senior managers and supervisors, risk specific training such as manual handling, hazardous substances and task specific training such as use of equipment, processes)
21. Any other documentation which demonstrates safety management within the unit.

13 Appendix 4: Example Audit Report Email

Good afternoon <name of manager/HOS>,

Thank you for the opportunity to audit the <area audited>. Staff provided valuable information which allowed us to identify the level of implementation of the WHS Management System at the School/Unit.

Please find attached the report outlining findings from the WHS verification audit. Included throughout the report are suggested actions which may assist <area audited> to rectify non-conformances that were identified. Should you wish to discuss any of the findings please do not hesitate to contact myself.

I will contact you over the next few months to discuss the main items found during the audit, recommended actions and how the WHS unit can assist in this process.

Regards

<name of lead auditor>

14 Appendix 5: Verification Audit Corrective Action Plan

Area audited :

Manager of Unit :

Date of Audit :

Criteria	Issue	Risk Rating	Action to Be Taken	Responsible Officer	Target Date	Implementation Status	Current Update