

WHS AUDIT SCHEDULE

1. INTRODUCTION

This document sets out the processes for developing and conducting WHS Internal Audits at Charles Sturt Campus Services Limited.

2. SCOPE

The processes described apply to all WHS management system audits at systems and operational levels; WHS legal compliance capability conducted at Charles Sturt Campus Services Limited.

3. DEFINITIONS

A comprehensive list of definitions is provided in the Definitions tool. Definitions specific to this procedure are provided below.

3.1 CORRECTIVE ACTION

Corrective action is action taken to eliminate the cause of a detected non-conformance or other undesirable situation.

3.2 NON-CONFORMANCE

A non-conformance is an activity or item that does not conform to the WHS policy, relevant work standards, practices, procedures or legal requirements or any other requirements of CSCS WHS management system.

3.3 WHS AUDIT

A WHS audit is a systematic, independent and documented process for obtaining evidence of the implementation of a WHS management system. WHS Audits are risk-based, designed to manage high risk areas/processes. Higher risk areas/processes are audited more frequently than lower risk areas/processes.

3.4 WHS AUDIT REPORT

A WHS audit report is a documented report of audit findings

4. CONSIDERATIONS

4.1 Mandatory requirements

Ensure compliance is met as defined by statutory authorities

4.2 Geographic Campus Locations

Consider the different types of activities (and risk potential) within CSCS, similarity of activities at different locations to evaluate uniformity of application, locations that may impact on audit schedule delivery.

5. AUDIT

5.0 TIMEFRAMES

5.01 Audits will be conducted in April, June, September and December each year

5.1 AUDITS WILL BE CONDUCTED TO:

- 5.1.1 assess compliance of the CSCS WHS management system with the requirements of AS/NZS 4801:2001 Occupational Health & Safety Management Systems – specifications with guidance for use and WHSAS 18001:2007 Occupational Health and Safety Management Systems- Requirements;
- 5.1.2 assess the extent of implementation of the CSCS WHS management system in the university's operations and activities; and
- 5.1.3 verify the implementation and effectiveness of the university's WHS policy and procedures.

5.2 WHS AUDIT PROGRAM

- 5.2.2 The audit schedule will reflect:
 - the level of risk associated with the activity, policy or procedure;
 - the WHS importance of the specific element of the CSCS WHS management system;
 - the results of previous audits; and
 - the significance of problems encountered in the areas to be audited.

5.3 AUDITOR COMPETENCY

Audit programs and processes are developed by staff, who have undertaken Lead Auditor WHS training.

- 5.3.1 All auditors must be appropriately trained and experienced. Minimum competency requirements have been set as:
 - management system lead auditor training
 - technical understanding of the WHS control requirements for the area or subject being audited.

5.4 CONDUCTING THE AUDIT

Audits should be conducted by the audit team as follows using the following steps as a guideline:

- 5.4.1 The auditor will conduct audit, which will involve the following steps:
 - conduct interview/discussion with area staff;
 - obtain objective evidence for examination to assess conformance;
 - follow audit trails to confirm evidence.
- 5.4.2 On completion of the audit, the WHS Lead Auditor will conduct a post audit debrief, which will include the following:
 - confirm completion of audit;
 - return keys, PPE, etc.;
 - provide a general statement regarding findings; and
 - confirm reporting process.

5.4.3 Within 2 working days the audit team will discuss and complete audit questions.

5.4.4 WHS Lead auditor and Workplace Improvement Officer to follow-up any outstanding items with the participating area.

5.7 AUDIT REPORT

The WHS Lead auditor is responsible for finalising the audit report which may include:

- area and element/procedure/process audited;
- audit team, audit scope, persons interviewed;
- summary of key findings (identified non-conformances);
- recommendations:
 - non-conformances
 - opportunities for improvement, which are areas that may become non-conformances in the future; and
- graphical representation of findings.

The completed draft report is reviewed by Workplace Improvement Officer and is distributed to CSCS General Manager and others as appropriate for comment. One to two weeks are allowed for comment and discussion of any requested changes.

The completed report distributed includes:

- covering email to auditee area participants; and
- responses recorded against each applicable audit question.

6. RECORDS

Records to be kept

- internal WHS audits
- external WHS audits
- certification and surveillance audits

7 years

WHS Records of audits including:

- self-audits
- workplace inspections
- internal WHS audits
- external WHS audits
- certification and surveillance audits

7. TOOLS

Charles Sturt Campus Services **WHS Management System Audit Checklist**



8. COMPLIANCE

This procedure is written to meet the requirements of:

Work Health and Safety Act 2011

Work Health and Safety Regulations 2011

AS/NZS 4801:2001 Occupational Health & Safety Management Systems – specifications with guidance for use.

9. REFERENCES

9.1 CHARLES STURT CAMPUS SERVICES WHS DOCUMENTS

WHS Management System Audit Checklist

WHS Policy

WHS roles and responsibilities procedure

WHS Managing Company Documents

10. SIGN OFF

Company Representative:

Signed:

Date:

22-05-2018

Name:

Martin Dooner

Position:

General Manager