

WHS Auditing Procedures

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1. Governing Policy

[Work Health and Safety Policy](#)

[Work Health and Safety Management System](#)

2. Purpose

These procedures provide a framework for planning and conducting audits to verify the implementation of the University's Work Health and Safety Management System (WHSMS), including verifying:

- a. the level of compliance with planned actions and legislative requirements
- b. whether the WHSMS has been implemented and maintained, and
- c. whether the level of implementation is effective.

3. Definitions

Audit scope	Extent and boundaries of an audit, including a description of the physical locations, organisational units, activities and processes to be audited, as well as the time period.
Internal audit	<p>A systematic, and wherever possible, independent examination, carried out by a competent person in the area being audited, appointed by the University, to determine whether</p> <ol style="list-style-type: none"> i. an activity or activities and related results conform to planned actions ii. these arrangements are implemented effectively, and

	iii. they are suitable to achieve the University's policy and objectives.
Legislative compliance audit	A systematic and documented verification process to obtain and evaluate evidence to determine that the University's WHS policies, procedures and practices comply with legislative requirements.
ReturntoWorkSA evaluation	A review undertaken by ReturntoWorkSA to evaluate the University's overall compliance with the requirements of the ReturntoWorkSA performance standards for self-insured employers or in relation to a particular matter of compliance.
Conformance	An activity, item or process that conforms to legislative requirements, or University policies, procedures, or other requirements of the University's WHS Management System.
Non-conformance	An activity, item or process that does not conform to legislative requirements, or University policies, procedures or other requirements of the University's WHS management system.
Observation	An activity, item or process where there are opportunities for improvement, and which may become a non-conformance in the future.

4. Conduct of audits

4.1. Auditor competency

All auditors must have relevant training and/or experience in either auditing or the area being audited and must be approved by the Associate Director, Work Health and Safety (WHS).

4.2. Audit frequency

- a. The frequency of WHS audits must be determined on the level of risk associated with the activity, area or procedure and takes into account:
 - i. the results of previous audits
 - ii. accident and incident statistics
 - iii. the significance of problems encountered in the areas to be audited
 - iv. emerging hazards or issues
 - v. risk rating identified in the annual review of operations.
- b. The audit frequency rates are as follows:

Risk level	Audit cycle
High	2 years
Medium	3 years
Low	5 years

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- c. Unscheduled or follow-up audits may be conducted at any time based on:
 - i. audit results
 - ii. regulatory inspections
 - iii. operational changes
 - iv. management reviews
 - v. incidents and accidents, or
 - vi. identified non-conformances.
 - d. ReturntoWorkSA self-insurance evaluations are conducted by ReturntoWorkSA. The timing of the evaluation is determined by the self-insurance registration period granted by ReturntoWorkSA and is based on the findings of the previous evaluation. ReturntoWorkSA may also conduct additional reviews during the self-insurance registration period. These may be reflected in the ReturntoWorkSA Partnership Plan as negotiated between the University and ReturntoWorkSA.

4.3. Audit protocols

- a. The Associate Director, WHS (or nominee) must communicate the audit plan to the University Health and Safety Committee.
- b. The Associate Director, WHS must advise the manager of the unit/area of the date and scope of any audits of that area.
- c. The audit scope is set by the Associate Director, WHS. Scope will vary but guiding criteria will be based on legislative requirements, University policy and procedures, or where there has been evidence (e.g. incident or hazard reports) of possible emerging issues.
- d. The Associate Director, WHS will have an opening meeting with the auditor to clarify scope and auditees who may be involved.
- e. The audit may involve interviews, documentation review and/or inspection of areas as determined by the scope of the audit.
- f. The manager of the unit/area will be requested to nominate auditees to participate. The Associate Director, WHS may also nominate auditees.
- g. The auditor will prepare a draft audit report including audit findings, any non-conformances and observations, and any proposed corrective actions.
- h. The auditor will provide the draft report to the Associate Director, WHS for consultation.
- i. After the consultation period is closed (consultation must be a minimum of 1 week) the final report must be sent to the relevant College Vice-President and Executive Dean/Portfolio Head, the manager of the unit/area audited and the Director, People & Culture.

4.4. Audit findings – corrective action management

- a. Audit findings will be reported by the auditor as either a non-conformance or an observation.
- b. The Associate Director, WHS will consult and communicate to area management and with other relevant stakeholders any relevant identified findings and in consultation develop appropriate corrective actions.
- c. Where required, any resulting corrective actions will be assigned to responsible person(s) for implementation and agreed timeframes.
- d. Non-conformances must be rated to allow management to understand the urgency with which they need to be addressed.
- e. Non-conformance ratings and timeframes for implementing corrective actions arising from audits are as below;

Note: these ratings are to be used for assigning rating for system actions related to audit findings, not for incident or hazard.

Rating	Description	Timeframe to implement
High	Serious deficiency – could cause serious risk to safety or a legislative breach.	Immediately – schedule action to occur.
Medium	Could undermine the WHS Management System	3 - 6 months
Low	Unlikely to have adverse effects on safety or the WHS Management System	6 -12 months
Observation (opportunities for improvement)	These actions will provide strategic improvements	To be determined in negotiation with stakeholders and assigned an agreed timeline.

c. Activities taken to address corrective actions that have arisen from audits must be recorded in FlinSafe.

4.5. Reporting

- a. The Director, People & Culture must report audit findings and progress with the corrective action to each meeting of the University Health and Safety Committee.
- b. The Vice-President (Corporate Services) must report progress with the WHS Audit Plan and the WHS Audit Corrective Actions to each meeting of University Council.

5. Responsibilities

Vice-President (Corporate Services)	<ol style="list-style-type: none"> a. Annually submit the WHS Audit Plan to University Council for approval. b. Submit any significant proposed amendments to the WHS Audit Plan to University Council throughout the year as required. c. Report to University Council: <ol style="list-style-type: none"> i. progress against the WHS Audit Plan (at each Council meeting) ii. ReturntoWorkSA or other regulator audit reports iii. WHS Audit Corrective Actions Report (at each Council meeting).
Vice-President and Executive Deans, Portfolio Heads, Deans and Directors of College	<ol style="list-style-type: none"> d. Ensure that: <ol style="list-style-type: none"> i. workers, and where relevant, students in their College/Portfolio cooperate with the audit process ii. there are adequate resources to remedy any non-conformances identified during any audits in their College/Portfolio iii. communicate with responsible Managers and Supervisors in the College/Portfolio any identified corrective actions relevant to their area of responsibility

	<ul style="list-style-type: none"> iv. corrective actions are implemented within the identified timeframes to remedy any non-conformances or to improve general workplace safety.
Director, People and Culture	<ul style="list-style-type: none"> e. Report audit findings and progress with the corrective action plan to each meeting of the University Health and Safety Committee.
Managers and supervisors	<ul style="list-style-type: none"> f. Provide the auditor(s) with evidence of current system and procedural practices in response to audit questions. g. Identify and implement corrective actions to improve WHS systems and general workplace safety, where deficiencies are detected. h. Monitor that corrective actions identified in their areas of responsibility are implemented within the identified timeframes. i. Communicate the result of an audit with workers where relevant.
Associate Director, WHS	<ul style="list-style-type: none"> j. Prepare and maintain the rolling 3-year WHS Audit Plan annually for approval by University Council. k. Implement the University's WHS Audit Plan. l. Maintain records of audit programs. m. Determine the objective, scope and criteria of the audit. n. Select appropriate auditor/s, advise the auditor/s of the objective, scope and criteria and ensure that auditors are aware of the University's audit procedures. o. Maintain records of any non-conformance(s) and observation(s) arising from audits in FlinSafe. p. Communicate the audit findings to Colleges/Portfolios Health and Safety Committees and management. q. Assist Colleges/Portfolios to implement corrective actions and controls to system, procedural or item deficiencies and non-conformances. r. Monitor the University's Corrective Actions and prepare reports to the University Health and Safety Committee and University Council on the progress of corrective actions.
Auditors	<ul style="list-style-type: none"> s. Conduct audit(s) according to these procedures. t. Ensure that the auditing process is transparent to the auditees. u. Maintain effective communication throughout the audit. v. Provide audit reports outlining findings including non-conformances and observations. w. If requested, provide a debrief to area managers or auditees of audit findings.
Auditees	<ul style="list-style-type: none"> x. Participate in scheduled interviews and provide the auditor(s) with evidence of current system and procedural practices in response to audit questions.

6. WHS associated procedures

[Work Health and Safety Management System supporting procedures](#)

Work Health and Safety risk-specific procedures as listed in the [Policy Library](#).

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Responsible Officer	Director, Human Resources
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*** Unless otherwise indicated, this procedure will still apply beyond the review date.**

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