مركز أبوظبي للسلامة والصحة المهنية
ABU DHABI OCCUPATIONAL SAFETY AND HEALTH CENTER

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Abu Dhabi Occupational Safety and Health System Framework

(OSHAD-SF)

OSHAD-SF Technical Guideline

Audit and Inspection

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Important Note:

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1. Introduction

(a) This technical guideline provides additional information to assist entities comply with the requirements of *OSHAD-SF- Element 8 – Audit and Inspection*. The contents of this technical guide are not mandatory; however adopting the information within this guide will assist you in compliance to the requirement of the Element.

2. Definitions

(a) An audit has been defined within the *OSHAD-SF* as:

    (i) a systematic, independent and documented process for obtaining audit evidence and evaluating it objectively to determine the extent to which audit criteria are fulfilled.

(b) An inspection has been defined within the *OSHAD-SF* as:

    (i) physical on-site verification that work is performed and equipment is maintained in accordance with existing OSH standards and procedures.

(c) A non-conformance has been defined within the *OSHAD-SF* as:

    (i) is a non-fulfillment of a requirement. Specifically, a nonconformance is any deviation from work standards, practices, procedures, regulations, management system performance etc. that could either directly or indirectly lead to injury or illness, property damage, damage to the workplace environment, or a combination of these.

(d) A corrective action has been defined within the *OSHAD-SF* as:

    (i) corrective actions are steps that are taken to remove the causes of an existing non conformity or undesirable situation. The corrective action process is designed to prevent the recurrence of nonconformities or undesirable situations.

3. Internal Audit

(a) Under the requirements of *OSHAD-SF - Element 8 – Audit and Inspection, section 3.1*, all entities are required to develop an audit program / procedure which as a minimum covers the following issues:

    (i) The entity OSH audit program / procedure(s) shall address, at a minimum:

        1. scope, criteria, and objectives of audits to be conducted;

        2. audit program responsibilities, competencies and resources;

        3. audit program planning and implementation processes, including;

            a. criteria;

            b. frequency and schedules;

            c. methods of collecting and verifying information;

            d. reporting audit results; and

            e. audit program record keeping;

        4. audit program monitoring and review; and

        5. internal and external reporting requirements.

    (ii) The internal audit criteria shall cover *OSHAD-SF* relevant requirements applicable to the entity

3.1 Audit program / Procedure

3.1.1 Scope of the Program

(a) The scope of the audit program will be defined by a number of issues, such as:

    (i) OSH management system requirements .

    (ii) the entity should define what activities / jurisdictions will be covered. For the purposes of the OSHMS this should cover all the undertakings of the entity.

    (iii) the entity should also consider when developing the scope of the audit program to consider the activities of the entities supply chain. It is a requirement under *OSHAD-SF – Element 3 – Management of Contractors – section 3.1.1(f)* to monitor the performance of all contractors, which also includes their compliance to the entities OSHSM and their own internal management systems.

3.1.2 Roles and Responsibilities

(a) The responsibility for the management and implementation of the audit program should be assigned to one or more individuals who have a general understanding of auditing principles and OSH competencies as well as an understanding of the technical and business requirements for the activities that are going to be audited.

(b) When selecting the individual(s) to hold responsibility for the auditing program, the entity should ensure that they have independence from the activities being audited.

(c) Larger organisations may already have an auditing function within the business and the responsibility for OSHMS auditing should be given to this department. This ensures independence.

(d) For smaller organisations that don't have a separate auditing function or the resources to include this function, they may wish to consider the auditing program being led by a senior manager outside of the OSH department to ensure independence.

(e) Persons who are assigned responsibility for an auditing program should:

    (i)   establish the scope, intent and objectives of the program;

    (ii)   establish the auditing procedures;

    (iii)   establish the roles and responsibilities for the program;

    (iv)   shall ensure that the entity has sufficient competent resources to undertake the auditing program;

    (v)   shall ensure the implementation the auditing program;

    (vi)   shall ensure adequate records are kept;

    (vii)   shall ensure that senior management and other relevant stakeholders are updated on the results of auditing and subsequent non-conformances and corrective actions; and

    (viii)   shall monitor, review and improve the program.

3.1.3 Audit Program and Frequency

(a) Following the setting of the scope of the audit program and nominating an individual to hold responsibility, the entity should now consider developing a robust audit program to cover all the undertakings of the entity.

(b) For smaller entities, they may set up their auditing program to cover the entire business in one audit, however those with a larger more complex business may decide to split the business by department, undertaking or through elements of the management system.

(c) There is no right or wrong way to develop the auditing program, as long as the entity ensures that the output from the program meets the requirements of *OSHAD-SF - Element 8 – Audit and Inspection* and also covers all undertakings of the entity.

(d) Following the setting of program, entities should then decide on what frequency they are going to internally audit their business. The program should ensure that all elements of the management system and / or activities are audited at least annually.

(e) Entities may decide that although they will only cover all activities annually, due to risk, complexity or business critical requirements, certain activities / processes may be audited on a more frequent basis.

(f) The decision on the frequency of the audits should be risk based. Following implementation of the auditing program, entities should ensure that they continually update their program to reflect the outputs of the audit(s) (entities should also use other outputs from their OSHMS, such as risk assessments, incidents etc. to determine frequency) with those areas of the business that are deemed higher risk or have seen poor performance during audits should be audited on a more regular basis.

3.1.4 Auditing Resources

(a) Under the requirements of *OSHAD-SF - Element 8 – Audit and Inspection, section 3.2*, all entities are required to ensure that all internal auditors are suitability experienced, knowledgeable and competent to undertake audits.

(b) The *OSHAD-SF* does not require entities to ensure that all internal auditors hold an internationally recognized auditing certificate. This requirement is only required for external auditing, see section 4.

(c) Although auditors are not required to hold an internationally recognized auditing certificate, they are required to understand the principles of auditing and also the technical business requirements of the activity that is being audited.

(d) When considering the resources that are required for the internal audit program, the entity should consider the following issues:

    (i)   frequency and number of audits that are required;

    (ii)   internal organisation of the entity;

    (iii)   competency requirements; and

    (iv)   independence to the OSHMS and the actual area of the entity being audited.

(e) The issues listed above will help the entity determine the number of internal auditors that are required to fully implement their audit program.

(f) As highlighted in section 3.1.3, there is no right or wrong when determining the resources that are required to undertake the internal audit function, it should be determined through the auditing program requirements and also the competencies that are required.

(g) Depending on the size and complexity of the entity, the entity may decide to nominate people in different departments to undertake internal audits as an additional function to their normal role. This approach can work well when the entity has decided to implement the internal audit requirements through a series of audits rather than one complete audit on the entire system.

(h) It should be noted however that the nominated internal auditors should not be allowed to audit their own department or function to ensure the independence of the auditor.

3.1.5 Auditing Program Implementation

(a) The responsible person should ensure that prior to actual implementation of the program, all relevant stakeholders within the entity are informed of the program and are fully aware of the audit requirements.

(b) This should also include clear communication of the program requirements and audit frequencies.

3.1.6 Monitoring and Review

(a) An integral part of the audit program that is developed for the entity should entail the monitoring and review of the program to ensure it is meeting the requirements of the *OSHAD-SF* and also those of the entity.

(b) The implementation of the audit program should be monitored to ensure it is meeting the objectives and also to identify any areas for improvement. When undertaking the review the entity should consider:

    (i)   feedback for auditee's, auditors and other relevant stakeholders;

    (ii)   adherence to the audit schedule program; and

    (iii)   outputs from the audits.

    (iv)   Corrective Action Plans

(c) The review process should feed into the overall management review program as required by *OSHAD-SF - Element 9 – Compliance and Management Review.*

3.2 Auditing Documentation / Records

(a) As r*equired by OSHAD-SF - Element 8 – Audit and Inspection section 3.1(a)(iii)(1)* the entity shall develop a standard checklist(s) to assist the auditor when undertaking the audit.

(b) The checklist(s) that are developed should cover all areas of the entities OSHMS and also the activities that are being undertaken. Large complex entities may wish to develop specific checklists for each department/function that they audit.

(c) Although it is a mandatory requirement to develop a checklist, these should not be developed in a manner that is restrictive to the auditor. Checklists should be developed to ensure audits are performed in a consistent manner and to assist the auditor.

(d) It is also recommended that checklists are not developed with Yes/No answers, but in the main have open questions that require the auditee(s) to provide evidence to demonstrate compliance to the specific requirements.

(e) The primary purpose of the Internal Audit Checklist is to keep the auditor focused on the task at hand. The checklist is supposed to serve as an aide memoir not as the entire audit.

(f) When developing the audit documentation / records, each entity should consider developing the following records as part of their procedure (samples of some of these documents are included as Appendix 1 of this guidance):

(i)   introductory / pre-audit meeting record;

(ii)   pre-audit documentation requirements;

(iii)   meeting attendance records;

(iv)   non-conformance report (this record is a mandatory requirement under *OSHAD-SF - Element 8 – Audit and Inspection section 3.5);*

(v)   auditing checklist (criteria); and

(vi)   interview forms – if the audit scope requires the interview of stakeholders to verify information.

3.3   Undertaking an Audit

(a) This section contains general good practice that has been developed on the planning and conducting of an actual audit. The guidance is intended to assist entities when developing their audit procedures; however these should be specific to their own entity and undertaking. Figure 1 below outlines the basic steps that should be considered when undertaking an audit.
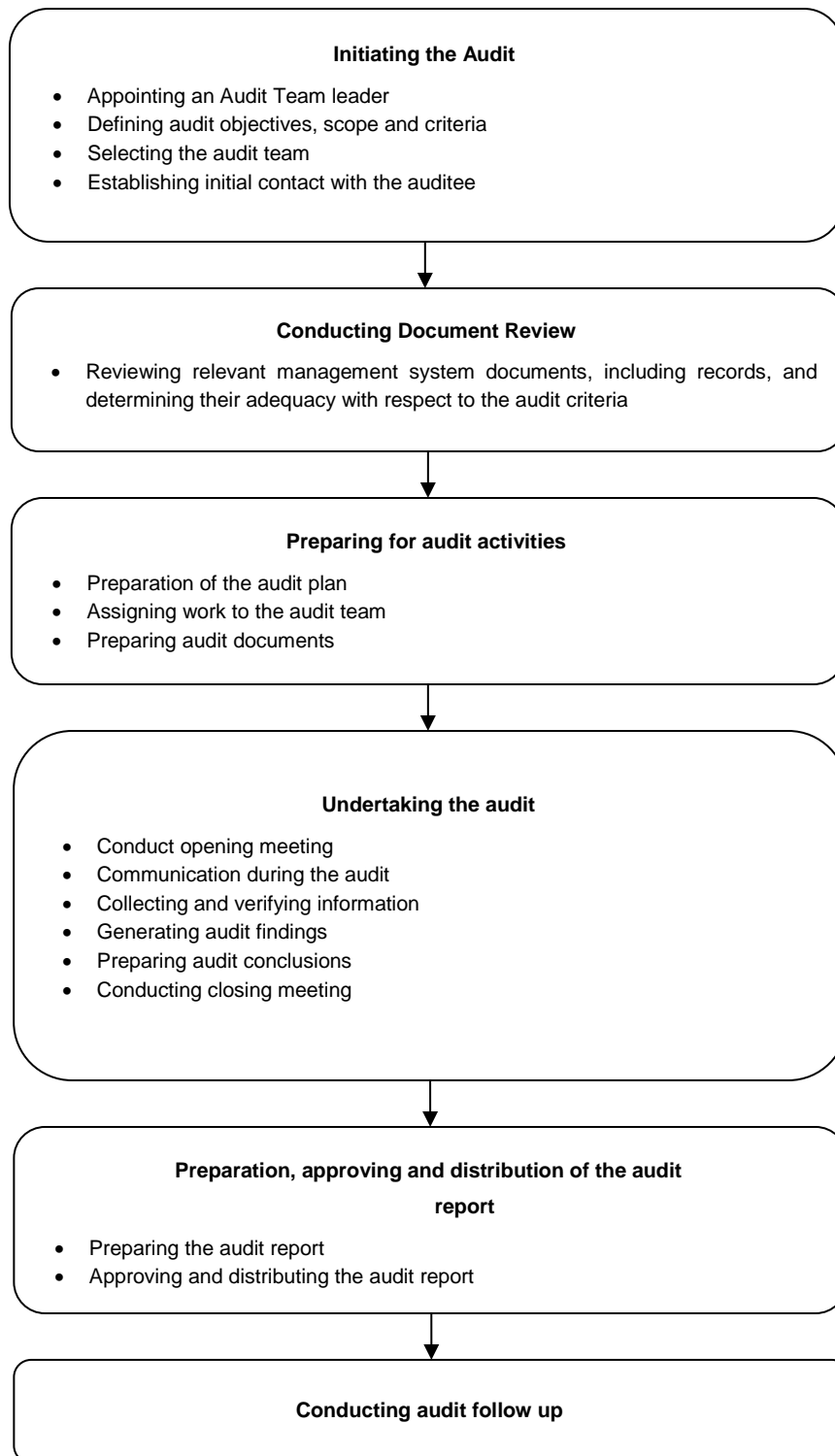

Initiating the Audit

- Appointing an Audit Team leader
- Defining audit objectives, scope and criteria
- Selecting the audit team
- Establishing initial contact with the auditee

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Conducting Document Review

- Reviewing relevant management system documents, including records, and determining their adequacy with respect to the audit criteria

↓

Preparing for audit activities

- Preparation of the audit plan
- Assigning work to the audit team
- Preparing audit documents

↓

Undertaking the audit

- Conduct opening meeting
- Communication during the audit
- Collecting and verifying information
- Generating audit findings
- Preparing audit conclusions
- Conducting closing meeting

↓

Preparation, approving and distribution of the audit report

- Preparing the audit report
- Approving and distributing the audit report

↓

Conducting audit follow up

Figure One – Overview of Audit Activities

3.3.1 Initiating the Audit

3.3.1.1 Appointing an Internal Audit Team Leader

(a) Depending on the scope or complexity of the audit, there may be a need for more than one person to undertake the internal audit. In this case an audit team leader should be appointed.

(b) The person that is appointed the audit team leader or lead auditor should be considered competent and also have the relevant technical knowledge of the task / process being audited.

3.3.1.2 Defining Audit Scope, Objectives and Criteria

(a) Prior to undertaking the audit, a clear scope, objectives and criteria need to be documented.

(b) The audit scope should describe the extent and boundaries of the audit, such as physical locations, organizational units, activities and processes to be audited, as well as the time period covered by the audit.

(c) The audit criteria are used as a reference against which conformity is determined and may include applicable policies, procedures, standards, laws and regulations, management system requirements, contractual requirements or industry/business sector codes of conduct.

(d) The audit objectives should be defined by the auditor. The audit scope and criteria should be defined between the audit client and the audit team leader in accordance with audit programme procedures. Any changes to the audit objectives, scope or criteria should be agreed to by the same parties.

3.3.1.3 Selecting the Audit Team

(a) There may be a need in some circumstances for additional people to form an audit team. This is normally the case for large complex organisation.

(b) The audit team should be selected taking into account the competencies required by the tasks or activities being audited. The entity should also consider the independence of the audit team members for the tasks or activities.

3.3.1.4 Establishing Initial Contact with the Auditee

(a) The auditor should establish initial contact with the auditee in advance of the planned audit date. The purpose of the initial contact is to:

   (i)   to establish communication channels with the auditee's representative;

   (ii)   to provide information on the proposed timing and audit team composition;

   (iii) to request access to relevant documents, including records;

   (iv) to determine applicable site safety rules;

   (v)   to make arrangements for the audit; and

(vi)   to agree on the attendance of observers and the need for guides for the audit team.

3.3.2   Conducting Document Review

(a)   Prior to the audit, the auditor should review the relevant documentation related to the department, task or activity that is being audited. This could include:

(i)   organization chart;

(ii)   previous reports for similar audits / inspections (e.g. OHSAS Audits);

(iii)   last internal audit report made by the entity;

(iv)   minutes of any OSH meeting(s) held recently;

(v)   OSH plan / strategy for the entity; and

(vi)   reports of any accidents/incidents that have occurred.

(b)   The document review should provide the auditor with information on the performance of the department, any non-conformances that were raised and other ongoing issues.

(c)   This information should help shape the direction of the audit plan.

3.3.3   Preparing for On-Site Audit Activities

3.3.3.1   Preparing the Audit Plan

(a)   An audit plan should be prepared for the audit that will facilitate the scheduling and coordination of auditing activities.

(b)   The detail that is required in the plan will be determined by the size and complexity of the audit.

(c)   If the audit is small and only concentrating on one department and will be completed in a short timeframe, the auditor may decide that a full plan is not required, however for more complex, multi-site audits, a plan should be developed.

(d)   The plan should cover the following information:

(i)   the audit criteria and any reference documents;

(ii)   the audit scope, including identification of the organizational and functional units and processes to be audited;

(iii)   the dates and places where the on-site audit activities are to be conducted;

(iv)   the expected time and duration of on-site audit activities, including meetings with the auditee's management and audit team meetings;

(v)   the roles and responsibilities of the audit team members and accompanying persons;

(vi)   the allocation of appropriate resources to critical areas of the audit;

(vii)   The audit plan should also cover the following, as appropriate:

(viii) identification of the auditee's representative for the audit;

(ix)   the working and reporting language of the audit where this is different from the language of the auditor and/or the auditee;

(x)   the audit report topics;

(xi)   logistic arrangements (travel, on-site facilities, etc.);

(xii)   matters related to confidentiality; and

(xiii)   any audit follow-up actions.

(e) The plan should be agreed with the auditee prior to the on-site auditing starts so that it can be agreed and any required resources or facilities are available on the day of the audit.

3.3.3.2   Assigning Work to the Audit Team Members

(a) Prior to conducting the audit, if there is a requirement for multiple auditors, the audit team leader should assign each member clear responsibility for elements of the audit.

3.3.3.3   Preparing Auditing Documentation

(a) The auditor should ensure that all documentation required for the audit is available and reflects the agreed scope, criteria and objectives of the audit.

(b) There may be a need to add additional items to the audit checklists, based upon information highlighted previously or in the document review.

3.3.4   Undertaking the Audit

3.3.4.1   Opening Meeting

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

(i)   Introduce the auditor(s) to the auditee;

(ii)   to confirm the audit plan;

(iii)   to provide a short summary of how the audit activities will be undertaken;

(iv)   to confirm communication channels; and

(v)   to provide an opportunity for the auditee to ask questions.

3.3.4.2   Communication during the Audit

(a) Depending upon the scope and complexity of the audit, it may be necessary to make formal arrangements for communication within the audit team and with the auditee during the audit.

3.3.4.3   Verifying Evidence

(a) During the audit, information relevant to the audit objectives, scope and criteria, including information relating to interfaces between functions, activities and processes, should be collected by appropriate sampling and should be verified. Only information that is verifiable may be audit evidence. Audit evidence should be recorded.

(b) The audit evidence is based on samples of the available information. Therefore there is an element of uncertainty in auditing, and those acting upon the audit conclusions should be aware of this uncertainty.

(c) Each relevant procedure should be examined and supporting documentation should be made available as required by the procedure. The documentation should be examined to ensure it meets agreed standards.

(d) Following the examination of the procedure and supporting documentation, there may be further scope to test the implementation of the procedure by viewing the actual practices. Compare what the procedure requires against what actually happens on site.

(e) In general while conducting the audit, the auditors(s) will need to interview various personnel on site. A good approach on interviewing is for the audit team to pose the same question to the supervisor and members of his team individually. Asking several layers of supervisors the same question may also be revealing.

(f) The audit team should ask open-ended questions, avoid judgements and not condone any incorrect actions on site.

(g) Interviews and observations during the site visits will provide evidence of strengths and weaknesses in the system. The audit team prior to documenting these findings in the audit report will ensure that these facts are verified. This will be done via cross checks with other auditor(s), additional interviews or cross referencing documents and procedures.

(h) For more complex audits, it is good practice for the audit team to meet on a regular basis to discuss the information that has been collected thus far and the general findings of the audit. This is also a good time to cross check evidence with the audit team.

3.3.4.4 Preparing Audit Conclusions

(a) Following completion of the audit, the audit team should review the entire audit findings and agree on levels of non-conformity for any areas where non-compliance to the system has been identified.

(b) The audit team should also agree on any follow up requirements

(c) Further the team should ensure that they have collected sufficient samples of evidence to justify the information they will be providing in the audit report.

3.3.4.5 Closing Meeting

(a) On completion of the audit, a close out meeting should be held. The close out meeting can be a formal meeting that is recorded or an informal meeting that just communicates the results of the audit. This should be defined within the entities audit and inspection procedures. (see section 3(a)).

(b) The auditor should present and overview of the audit findings and also any non-conformances that have been identified.

(c) If during the close out meeting agreement cannot be reached on any non-conformities that have been raised, these issues should be recorded.

(d) The auditor should also ensure that clear timescales are provided for the delivery of the audit report (if not required during the closing meeting) and any follow up actions that may be required.

3.3.5 Preparing, Approving and Distribution of the Audit Report

3.3.5.1 Preparation of the Audit Report

(a) The auditor should prepare a full audit report that will provide a clear complete, accurate, concise and clear record of the audit, and should include or refer to the following:

    (i) the audit objectives;

    (ii) the audit scope, particularly identification of the organizational and functional units or processes audited and the time period covered;

    (iii) identification of the audit client;

    (iv) identification of audit team leader and members;

    (v) the dates and places where the on-site audit activities were conducted;

    (vi) the audit criteria;

    (vii) the audit findings; and

    (viii) the audit conclusions.

(b) The audit report may also include or refer to the following, as appropriate:

    (i) the audit plan;

    (ii) a list of auditee representatives;

    (iii) a summary of the audit process, including the uncertainty and/or any obstacles encountered that could decrease the reliability of the audit conclusions;

    (iv) confirmation that the audit objectives have been accomplished within the audit scope in accordance with the audit plan;

    (v) any areas not covered, although within the audit scope;

    (vi) any unresolved diverging opinions between the audit team and the auditee;

    (vii) recommendations for improvement, if specified in the audit objectives;

    (viii) agreed follow-up action plans, if any;

    (ix) a statement of the confidential nature of the contents; and

    (x) the distribution list for the audit report.

3.3.5.2 Approving and Distributing the Report

(a) The internal auditing procedure will define the specific approval and distribution requirements for the report.

(b) The report should be issued to the auditee and also any other recipient that were agreed within the audit plan.

3.3.6 Conducting Audit Follow Up

(a) The conclusions of the audit may indicate the need for corrective, preventive or improvement actions, as applicable. Such actions are usually decided and undertaken by the auditee within an agreed timeframe and are not considered to be part of the audit.

(b) Dependant on the internal audit schedule and/or the auditing procedure, there may be a need to undertake a follow up audit on the specific issue to verify that the corrective action that was agreed has actually been implemented.

4. OSHAD-SF – Third Party Compliance Audit

(a) Under the requirements of OSHAD-SF - *Element 8 – Audit and Inspection – section 3(a) (iv),* all entities are require to undergo an annual third party compliance audit of their OSHMS.

(b) The actual process for undertaking a third party audit will not differ substantially from that of internal auditing, however the entity will need to define the requirements within their procedure for following elements of external auditing:

    (i)   appointment of auditors;

    (ii)   internal communication;

    (iii)   management of external audits; and

    (iv)   reporting of audit results.

4.1 Scope of the Audit

(a) The external audit is designed to be a systematic, independent and documented process for obtaining audit evidence and evaluating it objectively to determine the extent to which audit criteria are fulfilled.

(b) The minimum criteria of this audit shall include:

    (i)   a review of the entity's approved OSHMS to ensure compliance to the *OSHAD-SF*;

    (ii)   a systematic examination to determine whether activities and related results conform to planned arrangements. The audit shall determine whether these arrangements are implemented effectively and are suitable in achieving the entity's policy and objectives; and

    (iii)   The entity shall ensure that scope and duration of the audit is reasonable and in line with the size and complexity of their operations. Entitles shall give consideration to the guidelines within *IAF guideline; IAF-MD5:2013*.

(c) The annual audit that has to be undertaken should not be confused with a certification audit for the requirements of OHSAS 18001, however as the *OSHAD-SF* contains similar principles, external auditors can combine the requirements of both types of audits to reduce the cost and time burden to entities.

4.2 Selection of the Auditor

(a) This annual audit shall be undertaken by an auditor who is registered by the OSHAD in Qudorat Program as per the requirements of *OSHAD-SF – Mechanism 8.0 – OSH Practitioner Registration.*

(b) Registration as an OSH Auditor with OSHAD is a process to ensure auditor(s) have the appropriate competence (qualifications, knowledge and experience) to conduct the audit.

(c) External Auditors, Certification Bodies and Auditing Companies engaged to undertake an annual third party external compliance audit shall be registered with OSHAD in Qudorat Program for conducting the 3rd party external OSH MS compliance audit in compliance

with *OSHAD-SF – Mechanism 7.0 - OSH Professional Entity Registration* and *OSHAD-SF – Mechanism 8.0 – OSH Practitioner Registration.*

(d) To ensure objectivity and that no conflicts of interest exist, the third party external audit shall not be performed by an auditor / company who has assisted or is employed by an entity that was contracted to develop and/or implement the entities OSH MS within the last two years. Entities are to select an audit team that has relevant sector specific experience*.*

(e) Entities must note that the entity engaged to undertake the 3rd party audit, along with the auditors engaged by the auditing company, are registered with OSHAD. Failure to ensure this will result in the audit report being rejected.

(f) Entities are to select an audit team that has relevant sector specific experience.

4.3   Audit Reporting

(a) The annual external compliance audit results shall be submitted to the concerned SRA by completing and submitting *OSHAD-SF - Form F – Annual External OSHMS Audit Form* within 30 days of the entity receiving the report.

(b) The intent of this audit is to provide evidence and inform the concerned SRA of the level of compliance of an entity to the *OSHAD-SF* and to the entity's approved OSHMS. This is an important component of the entity's commitment to demonstrating self-regulation.

4.4   Audit Timeframes

(a) Entities shall undertake their initial third party external compliance audit within one year of official notification of approval of their entity OSHMS from the concerned SRA.

(b) Subsequent annual audits shall be undertaken within one year of the previous third party external compliance audit date.

5.   OSH Inspections

(a) Under the requirements *of OSHAD-SF - Element 8 – Audit and Inspection, section 3.2,* all entities are required to develop an inspection program / procedure which as a minimum covers the following issues:

   (i)   the entity OSH inspection program / procedure(s) shall address, at a minimum:

   1.   scope, criteria and objectives of inspections to be conducted;

   2.   inspection program responsibilities, competencies and resources;

   3.   inspection program planning and implementation processes, including;

      a.   criteria;

      b.   frequency and schedules;

      c.   methods of collecting and verifying information;

      d.   reporting inspection results;

      e.   non-conformance and corrective action process; and

      f.   inspection program record keeping.

   4.   inspection program monitoring and review; and

   5.   internal reporting requirements.

(b) An inspection is a physical on-site verification that work is performed and equipment is maintained in accordance with existing OSH standards and procedures.

5.1   Inspection Program

(a) The inspection program should cover all the activities that the entity undertakes and should be developed on a risk based approach.

(b) When developing an inspection program, the entity should review the outputs of their OSHMS to determine which areas of their business require more frequent inspections than others.

(c) It is good practice to ensure that all areas of the business are inspected as a minimum twice per year. However for more medium to high risk activities/processes the entity should consider monthly inspections.

(d) The inspection program should be communicated to all relevant stakeholders within the entity so they are aware of the requirements.

5.2   Random Inspections

(a) Although the program should detail what the planned inspection requirements are, the entity should also consider undertaking random inspections when the need arises.

(b) Random inspections should be used to compliment the planned inspections and also to verify their results.

(c) Further the frequency of random inspections should be based upon the outputs of the OSHMS and where poor compliance is seen, it may be that the entity decides to undertake more frequent random inspections.

5.3 Selection of Inspectors

(a) In line with section 3.1.4, there are no formal training requirements for internal inspectors other than they should be considered competent to undertake the inspection, both in terms of the principles of inspections and also the tasks/activity/area they are inspecting.

5.4 Inspection Documentation

(a) The entity should develop checklist that can be used to standardise the inspections being undertaken. Inspection checklists should be developed as basic checklists that can verify work practices and equipment is being maintained in line with the entities OSHMS requirements.

(b) Depending on the size and complexity of the entity, it may be decided to develop several checklists to cover the undertakings. These can be split by function or even by hazards, with Fire Safety being an example.

(c) The checklist should ask a series of basic questions around the requirements of the OSHMS and known hazards.

5.5 Inspection Program Monitoring and Review

(a) An integral part of the inspection program that is developed for the entity should entail the monitoring and review of the program to ensure it is meeting the requirements of the *OSHAD-SF* and also those of the entity.

(b) The implementation of the inspection program should be monitored to ensure it is meeting the objectives and also to identify any areas for improvement. When undertaking the review the entity should consider:

    (i) Feedback for auditee's, inspectors and other relevant stakeholders;

    (ii) Adherence to the inspection schedule program; and

    (iii) Findings / Outputs from the inspections.

(c) The review process should feed into the overall management review program as required by *OSHAD-SF - Element 9 – Compliance and Management Review.*

6. Non Conformance and Corrective Action

(a) Under the requirements *of OSHAD-SF - Element 8 – Audit and Inspection, section 3.5,* all entities are required to develop an inspection program / procedure which as a minimum covers the following issues:

(i) the entity non-conformance and corrective action procedure(s) shall address, at a minimum:

1. identifying and correcting non-conformity(s) and taking actions(s) to mitigate their OSH consequences;

2. means to report potential non-conformances at appropriate levels throughout the organisation;

3. means to record, monitor and manage all reported non-conformances appropriate to the OSHMS;

4. investigating non-conformity(s), determining their root cause(s) and taking actions to avoid their reoccurrence;

5. evaluating the need for action(s) to prevent non-conformity(s) and implementing appropriate actions designed to avoid their occurrence;

6. recording and communicating the results of corrective action(s) and preventative action(s) taken; and

7. reviewing the effectiveness of corrective action(s) and preventative action(s) taken as part of the close-out procedure.

6.1 Developing a Procedure

(a) The management of identified non-conformances and subsequent corrective actions is vital to the success of the entities OSHMS.

(b) Entities will identify problems with their OSHMS (especially in the early phases) through audits, measurement, or other activities. In addition, the OSHMS will need to change as the facility adapts and grows. To deal with system deficiencies, the entity needs a process to ensure that:

(i) problems (including nonconformities) are identified and investigated;

(ii) root causes are identified;

(iii) corrective and preventive actions are identified and implemented; and

(iv) actions are tracked and their effectiveness is verified.

(c) A vital part of corrective and preventive action procedures that is regularly overlooked is the monitoring of identified actions. Most entities are very good at identifying corrective and preventative actions, however fail to have a robust procedure to ensure that the action is completed and actually puts in place controls that reduce risk.

(d) Entities should consider the development of a corrective and preventative action register that tracks each issues through from raising the form to completion. Further some entities will integrate this register with other action registers to give them a total tracking system for all actions form the OSHMS.

(e) All corrective and preventive actions should be tracked for effectiveness as well as being completed. Prior to implementation of an action, it is required under *OSHAD-SF - Element 8 – Audit and Inspection, section 3.5(c)* to complete or review the relevant risk assessments to ensure that the action is appropriate.

7. References

- *OSHAD-SF - Element 1 - Roles, Responsibilities and Self-Regulation*

- *OSHAD-SF - Element 2 – Risk Management*

- *OSHAD-SF – Element 3 – Management of Contractors*

- *OSHAD-SF – Element 4 – Consultation and Communication*

- *OSHAD-SF - Element 5 - Training and Competency*

- *OSHAD-SF - Element 7 – Monitoring, Investigation and Reporting*

- *OSHAD-SF – Element 8 – Audit and Inspection*

- *OSHAD-SF – Element 9 – Compliance and Management Review*

- *OSHAD-SF – Mechanism 6.0 – OSH Performance Monitoring and Reporting*

- *OSHAD-SF – Mechanism 8.0 – OSH Practitioner Registration*

8. Document Amendment Record

Version	Revision Date	Description of Amendment	Page/s Affected
3.0	1st July 2016	Change of Logo	All
		Change from AD EHS Center to OSHAD	throughout
		Change of document title: AD EHSMS RF to OSHAD-SF	Throughout
		EHS changes to OSH	Throughout
		Clause 3.3.1.2(d) updated to show objectives defined by auditor rather than auditee	10
		Clause 4.1(b)(iii) added to provide further clarity on requirements	16
		Section 4.2 updated to provide further clarity on requirements	16/17
		Clause 4.3(a) deleted	17
		Clauses 6(a)(i)(2&3) added to provide further clarity on requirements	20

Appendix 1: – Sample Records and Forms

IMPLEMENTATION INTERVIEWS – Employee

NOTE: The questions provide proof of the successful implementation and understanding of the management system. Further informal questioning may be required to satisfy an affirmative answer.

Employee Name: **Department:**	
1. Did you attend an OSH induction when you started?	
2. Apart from induction have you received any form of OSH training? Please describe.	
3. What are your OSH responsibilities?	
4. Have you attended an OSH Meeting / Tool Box meeting within the last 3 months? What issues were raised?	
5. Have you been involved in the development of Risk Assessments and/or Operational Procedures for a work activity? If so, what activity was analysed?	
6. Do you know the hazard reporting procedure? Please describe.	
7. How do you know what is discussed at the OSH committee meetings? How were you informed?	
8. Are you aware of OSH inspections being conducted in your area in the last 3 months?	
9. Has the inspection procedure for this task been discussed with you? Please describe.	
10. Are you familiar with the emergency procedures at the Workplace? Please describe.	
11. Have you raised an OSH issue with your supervisor? Would you feel comfortable in doing so?	
12. Who is responsible for OSH in your entity?	
13. Have you any recommendations for improvement of OSH?	
Evidence/Comments/Recommendations:	
Interview Conducted by:	**Date:**

Introduction Meeting Record

Introductory Meeting Date:	
Audit Date:	
Audit Team:	
Scope of Audit:	
Resources Required:	
Other Information:	

	AUDIT MEETING ATTENDANCE RECORD

Site/Location: _____

Date: ____/____/____   **Time:** _____ am / pm.

PERSONS PRESENT	
NAME	**SIGNATURE**
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

FEEDBACK: COMMENTS OR POINTS RAISED

	System Non-Conformance Report

NCR No.:	

Location:	**Standard:** OSHAD-SF
	Department:

Source:

Management System	Health	Safety	Contractor

Category of Non-Conformance: Major ☐ Minor ☐

Situation:

_____   _____   _____
Person Reporting   To Whom Report Assigned   Date

Solutions:

_____   _____
Company Representative   Date to be Completed

Follow-up to prevent recurrence:

_____   _____
Company Representative   Date to be Completed

Validation of action, auditors comment, follow up actions, close out:

_____   _____
Management Representative   Date to be Completed

Site Inspection Checklist

Site Details:

Department:

Item	Meets Minimum Requirements		Comments
	Yes	No	
Entity Policy on Display?			
Access to OSHMS Documentation? Hard or Soft Copies?			
Access to appropriate SoP's and Risk Assessments?			
Access to appropriate procedures and Forms for Reporting Hazards and Incidents?			
Evidence of all staff completing appropriate OSH training? (a) General OSH (b) Hazard Specific (c) Risk Assessment (d) Hazard and Incident Reporting			
Specific Site Induction Developed?			
All Staff Members Inducted? General and Site-Specific?			
Consultation and Communication? (a) Department represented on the OSH Committee (b) Receives OSH communications (c) Staff involved in risk assessment / investigation / other consultative activities			
Site Specific Emergency Plan in Place?			

Clearly Marked Emergency Requirements:
    (a) Emergency Escape Route
    (b) Assembly Points
    (c) Fire Fighting Equipment
    (d) First Aid Supplies
    (e) First Aid Personnel
    (f) Exits			

Safety Signage in Place:
    (a) PPE Requirements
    (b) Hazardous Areas
    (c) Restricted Areas			

Site Security:
    (a) Appropriate Perimeter Fence
    (b) Security Guard
    (c) Visitor Sign-in Procedure
    (d) Traffic Management and Parking			

Housekeeping:
    (a) General Site / Building Conditions
    (b) Waste Containers
    (c) Flooring			

Hazardous Materials Storage:
    (a) Appropriate Size and Design
    (b) Appropriate Bunding
    (c) Separation / Segregation of Materials
    (d) Safety Signage
    (e) Current SDS for Each Material
    (f) Disposal Methods (Registered ESP)
    (g) Housekeeping			

Appropriate Welfare Facilities:
    (a) General
    (b) Eating
    (c) Washing / Toilets
    (d) Lighting
    (e) Waste (Registered ESP)
    (f) Housekeeping
    (g) Sleeping (if applicable)			

| Plant and Equipment:
    (a) Maintained (manufacturers specifications)
    (b) Certifications / Registers available
    (c) Training and Competencies | | |
| Other Observations: | | |

Auditor Name: _____

Auditor Signature: _____

Date: _____