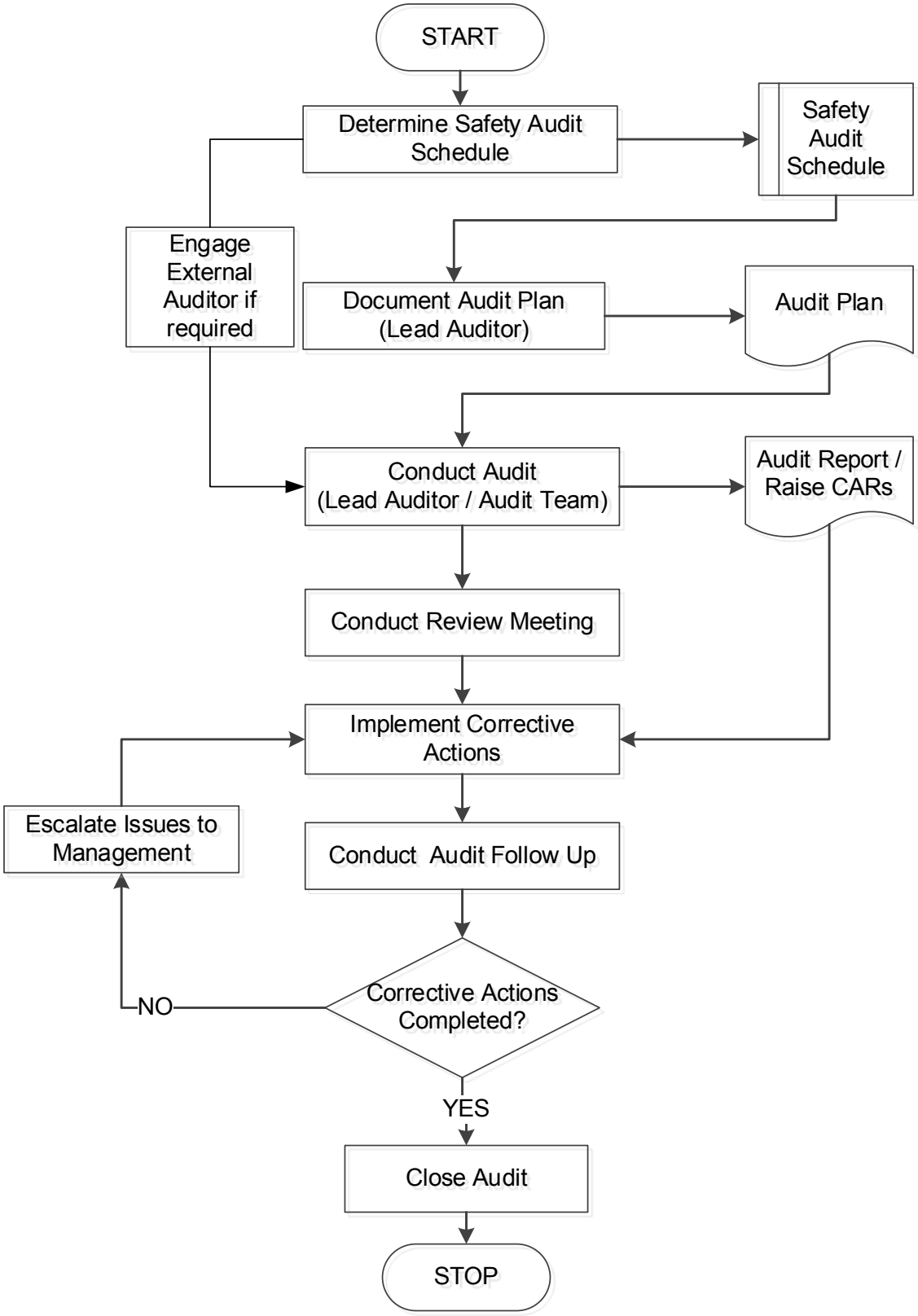
SAFETY AUDIT PROGRAM

1.0 SUMMARY / FLOWCHART



2.0 RESPONSIBILITIES

Organisational Level	Health and Safety Responsibilities
Level 1 *(General Manager, Group Directors)*	Provide adequate resources to ensure the development, implementation and maintenance of SCC Safety Audit Program.
	Provide adequate human resources to ensure that audits are conducted when scheduled and that audit findings are reported.
	Provide adequate resources to ensure that any corrective actions required to address adverse audit findings are properly identified and implemented.
	Provide adequate resources to ensure that personnel required to perform audits are trained in accordance with the "auditor competency" requirements of this procedure.
	Participate in audits as required.
Level 2 *(Section Manager, Unit Manager / Unit Co-ordinator, Project Manager)*	Develop corrective actions in consultation with workers and other key stakeholders.
	Monitor progress of corrective actions and report to senior management on audit results and progress of corrective actions.
	Consult with the Lead Auditor to identify times, locations and individuals to participate in the audit program.
	Communicate audit results to the audit area.
	Participate in audits as required.
Level 3 *(Coordinator within a Unit, Team Leader, Supervisor, Ganger or Leading Hand or Operator)*	Contribute to the development of corrective actions in consultation with workers and other key stakeholders.
	Participate in audits as required.
Level 4 *(Team Member, Operator Attendant, Trainee, Apprentice)*	Participate in audits as required.
Level 5 *(Volunteer, Contractor, Other)*	Participate in audits as required.
WHS Risk Unit	Develop, establish and maintain the Safety Audit Schedule.
	Participate in audits as required.

3.0 PURPOSE & SCOPE

3.1 PURPOSE

3.1.1 This procedure documents the Safety Audit Program implemented within Shoalhaven City Council (SCC). The Safety Audit Program is aimed at the following:

3.1.1.1 providing mechanisms for verifying the effectiveness of SCC WHS Management System.

3.1.1.2 providing processes for verifying that workplace activities comply with WHS Management System procedures and safe work instructions.

3.1.1.3 identifying “gaps” in the WHS Management System and the implementation of corrective actions to rectify deficiencies.

3.1.2 This procedure establishes the framework for audits and auditing, including:

3.1.2.1 the scope of audit activities

3.1.2.2 the frequency with which audits are to be conducted

3.1.2.3 audit methodologies to be used

3.1.2.4 the assessment and prioritisation of SCC activities to be audited

3.1.2.5 the evaluation of performance outcomes

3.1.2.6 the competencies required of auditors to conduct audits

3.1.2.7 the communication of audit results to relevant workers in the area where the audit was undertaken

3.1.2.8 the development of improvement strategies in consultation with workers and their WHS representatives.

3.2 SCOPE

This procedure applies to the identification of audits required, the scheduling of these audits, the audit methodology, the reporting of audit outcomes, and the implementation of corrective actions.

4.0 PROCEDURE

4.1 SAFETY AUDIT PROGRAM

4.1.1 SCC manages the auditing of the WHS Management System in accordance with the following program:

WHS Management System Audit Program	
Procedure guiding the Program	P22 Safety Audit Program is the procedure guiding SCC Safety Audit Program.

WHS Management System Audit Program	
Compliance Requirements	WHS Act 2011 Sections 17-26 WHS Regulation 2011 How to Manage Work Health and Safety Risks Code of Practice 2011 AS/NZS 4801:2001 Occupational Health and Safety Management Systems Specification with guidance for use AS/NZS ISO 19011:2014 Guidelines for Auditing Management Systems National Self-Insurer OHS Audit Tool 2014 Criterion 4.5.1 and 4.5.2
Resource Providers	Human Resources, Governance and Customer Service Manager for resourcing the WHS Risk Unit to manage the Safety Audit Program.
Physical Resources	As required as determined during preparation for audit activities (see 6.6 Audit Methodology in this procedure).
Human Resources	WHS Risk Unit personnel that manage the Safety Audit Program and conduct internal audits. External Auditors that are engaged by SCC WHS Risk Unit.
Competency Requirements	WHS Risk Unit personnel that manage the Safety Audit Program will have a minimum qualification of Certificate IV in OHS / WHS or equivalent. Internal Auditors will have completed an Accredited Safety Auditor Course encompassing the auditing process stipulated in AS/NZS ISO 19011:2014 and 3 yearly refreshers. External Auditors will be Exemplar Global International Certified OHS Auditors that have completed an Accredited Safety Auditor Course encompassing the auditing process stipulated in AS/NZS ISO 19011:2014 and 3 yearly refreshers. Lead External Auditors will be Exemplar Global International Certified Lead OHS Auditors that have completed an Accredited Lead Safety Auditor Course encompassing the auditing process stipulated in AS/NZS ISO 19011:2014 and 3 yearly refreshers.
Responsibilities	WHS Risk Unit Manager is responsible for implementing the Safety Audit Program. Auditors, Lead Auditors and WHS Risk Unit personnel responsibilities are documented in section 2.0 of this procedure.
Timetable	P22.F01 Safety Audit Schedule provides a schedule of audits for the calendar year. P22.F02 3 Yearly Audit Schedule documents a timetable of audits over the next three years.
Reporting and Review	The WHS Risk Unit will arrange internal and external WHS management system and compliance audits as scheduled by P22.F01 Safety Audit Schedule to verify that: • Workplace activities comply with health and safety procedures • Procedures are properly implemented and maintained • Procedures are effectively implemented across the organisation. All Auditors will provide reports for completed audits. The following templates will be used:

WHS Management System Audit Program	
	• P22.F03 Audit Report • P22.F04 Internal Audit Tool • P22.F05 Corrective Action Report Other Audit Checklists or templates will be created as required. The WHS Risk Unit will provide senior management with summaries of audit findings and recommendations for corrective actions, as required. The WHS Risk Unit will document, monitor and close-out corrective actions. Summaries of audit findings will be made available to senior management for consideration in Management Review.

4.1.2 The WHS Risk Unit Manager will manage the Safety Audit Program. The WHS Risk Manager will:

4.1.2.1 plan and schedule audits.

4.1.2.2 assure the competence of lead auditors and auditors (internal and external).

4.1.2.3 Select appropriate audit teams ensuring independence.

4.2 SCHEDULING AUDITS

4.2.1 To ensure that SCC activities, tasks, products or services assessed as “high risk” are prioritised for audit, the WHS Unit Manager, in consultation with management and the other members of the WHS Risk Unit, will document the Safety Audit Schedule, P22.F01 at the commencement of each Financial Year.

4.2.2 The prioritisation and scheduling of audits will consider the following:

4.2.2.1 the results of previous audits conducted

4.2.2.2 the frequency of incidents, injuries or illnesses occurring as a result of, but not limited to, the following:

a) a characteristic of a specific workplace or area

b) the undertaking a certain task or activity

c) during the use, handling, storage of a product, or

d) the delivery of a particular service.

4.2.2.3 the level of risk associated with tasks, activities, products and services as determined by processes documented within SCC Risk Management Program.

4.2.2.4 the introduction of new technology or new or changed work practices within a SCC controlled workplace.

4.2.3 The Safety Audit Schedule will include both internal and external (third party) audits. External audits will be arranged by the WHS Risk Unit.

4.2.4 The Safety Audit Schedule will be authorised by Shoalhaven City Council’s senior management, approving the audit schedule and the allocation of resources.

4.2.5 The Safety Audit Schedule will be communicated to directly to management and auditees, and made available on Shoalhaven City Council's Intranet for wider access.

4.2.6 The Safety Audit Schedule will document the Audit Type (WHS Management Systems Audit, Compliance Audit, Desktop or Site Audit), the standard or criteria to be used for the audit (AS/NZS 4801:2001, NAT, WHS Act or Regulation, Code of Practice, procedure or work instruction) , the task, activity, product or service to be audited, the workplace / Group / Section / Unit / Venue to be audited, the audit timeframe, the Lead Auditor, and the number of Auditors in the Audit Team.

4.2.7 Audits will be scheduled so both the auditee and auditor/s can devote adequate resources and attention to the audit task. The needs of the Group / Section / Unit or Venue to meet organisational objectives will be considered during the audit planning process and the conduct of the audit itself.

4.3 INTERNAL AUDIT PLANNING

4.3.1 The Lead Auditor will prepare a Safety Audit Plan, P22.F06, if required, detailing the co-ordination of audit activities.

4.3.2 The Safety Audit Plan will document the following:

4.3.2.1 Audit objective, for example:

a) the determination of the extent of conformity of the WHS Management System, or parts of it; to the audit criteria;

b) the evaluation of the effectiveness of the WHS Management System in meeting specified objectives;

c) the identification of areas of potential improvement of the WHS Management System.

4.3.3 Audit criteria, including the audit tools being used, the standards, policies, procedures, legislative requirements, WHS Management System requirements, contractual requirements, industry guidelines or codes of practice.

4.3.4 Roles and responsibilities of the audit team members and any accompanying persons.

4.3.5 Audit scope, including physical locations/sites, organisational units, activities and processes to be audited and the Section / Unit, processes / category to be audited;

4.3.6 The expected duration of on-site and associated audit activities;

4.3.6.1 Dates and places for the on-site audit to be conducted; and

4.3.6.2 Who needs to be available from the Section / Unit being audited.

4.3.7 The Safety Audit Plan will be distributed to the auditee before the on-site audit activities begin. Any concerns will be resolved by the Lead Auditor and the auditee.

4.3.8 Times and dates for audit debrief meetings and any meetings with management and workers will be scheduled.

4.3.9 Timing of meetings and audit activities may be varied to suit the needs of the organisation.

4.4 CONDUCTING SAFETY AUDITS

4.4.1 Opening Meeting

4.4.1.1 The Lead Auditor will convene an Opening Meeting with the auditee and those responsible for the functions / processes to be audited.

4.4.1.2 This meeting is to confirm the Safety Audit Plan, confirm the scope of the audit and clarify any questions about the process.

4.4.2 Objective Evidence

4.4.2.1 Methods to collect objective evidence:

a) Interviews of a cross section of personnel including managers, supervisors and team members – these interviews will be conducted such that individuals have the opportunity to provide information without being influenced by other team members, supervisors or managers.

b) Observations of activities - this may involve the use of photographs and videos.

c) Review of documents.

4.4.2.2 Objective evidence will be recorded and included in the Audit Report (Notes from interviews and observations will be kept with the Safety Audit Report as evidence / reference of findings).

4.4.2.3 Relevant documents gathered during the audit process will be scanned and recorded in TRIM as a 'related record' to the Safety Audit Report.

4.4.2.4 Objective evidence gathered during an audit will be evaluated by the Audit Team to assess the level of compliance with the Audit Criteria. The level of compliance will be documented as one of the following:

a) Conformance (C): minimum requirements being met. Further improvements may be possible;

b) Non Conformance (NC): requirements NOT being met. A Corrective Action Request (CAR) will be issued;

c) Not applicable (NA): requirements do not need to be met; and

d) Not able to be verified (N/V): Evidence of the system exists but not used frequently enough or lack of evidence to verify requirements. This is considered a conformance.

4.4.3 Exit or Closing Meetings

4.4.3.1 The Lead Auditor will convene an Exit or Closing Meeting to communicate the outcomes of the audit to representatives of SCC / Group / Section / Unit / Venue.

4.4.3.2 The Exit or Closing Meeting provides the opportunity for the auditee to seek clarification around the audit findings and provide additional information or objective evidence that may have been missed or overlooked.

4.5 INTERNAL SAFETY AUDIT REPORTS

4.5.1 The Lead Auditor is responsible for:

4.5.1.1 Drafting the Safety Audit Report

4.5.1.2 Documenting deficiencies separately for Non Conformances and Opportunities for Improvement on a CAR;

4.5.1.3 Organising a time/date with the Auditee for a review meeting.

4.5.1.4 Communicating the outcome of the audit by providing the Safety Audit Report:

a) on the Intranet;

b) to the Committee of Safety Review;

c) to the relevant WHS Committee

d) to the Group / Section / Unit / Venue that was the subject of the audit.

4.5.1.5 Prior to the audit report being finalised, workflows will be assigned to section managers to acknowledge the audit has been conducted and the details of the findings.

4.5.1.6 The Audit Report is to be made available to workers on the WHS website at the System Audit link.

4.6 EXTERNAL AUDIT REPORTS

4.6.1 External Audit Reports will be documented by external auditors in accordance with the service agreement established when the service provider was engaged.

4.6.2 The External Audit Report will be received by the WHS Risk Unit Manager, reviewed and then distributed to relevant managers within SCC.

4.6.3 Corrective Actions will be determined and documented in accordance with section 4.9 of this procedure.

4.7 REVIEW MEETING (INTERNAL AUDITS)

4.7.1 A review meeting will be conducted between the Lead Auditor and the auditee, where possible, no later than two weeks after the audit conclusion.

4.7.2 At the review meeting, the Lead Auditor is responsible for:

4.7.2.1 discussing the audit findings contained within the audit report with the auditee/s and addressing any issues arising,

4.7.2.2 reaching agreement on timeframes and persons responsible for completing corrective actions contained within Corrective Action Requests (CARs)

4.7.2.3 Ensure the CAR/s raised are placed onto the Corrective Action Request Register.

4.7.3 The Auditee is responsible for:

4.7.3.1 Detailing appropriate corrective actions on the Corrective Action Request in the agreed timeframe; and

4.7.3.2 completing 'workflow' in TRIM.

4.8 FOLLOW UP MEETING (INTERNAL AUDITS)

4.8.1 A Follow up Meeting may be conducted three months after the Review Meeting. The Lead Auditor will ensure the outstanding Corrective Action Requests have been completed.

Note: Where corrective actions are outside the level of authority of the auditee, it remains the responsibility of the auditee to ensure that someone with the appropriate level of authority is made aware of the issue and has input into corrective actions so that the required corrective actions are implemented and the P22.F01 Corrective Action Report (CAR) can be closed-out.

4.9 CORRECTIVE ACTIONS ARISING FROM AUDITS

4.9.1 The person nominated with responsibility for action in relation to a P22.F01 Corrective Action Report (CAR) is required to document the action taken on the CAR in TRIM. If TRIM is unavailable to the responsible person, the CAR will be handwritten.

4.9.2 Hand written CAR's are to be forwarded to the auditor who will scan the CAR into TRIM and attach it as a "related record" to the original CAR.

4.9.3 In completing a CAR, the person responsible may identify other system gaps that require corrective action. In such cases, the CAR may still be finalised, however some form of action will need to be

taken. The action required will be based on risk and may include, but is not limited to, the issue of hazard alerts, hazard notes, issuing of additional CAR's, e-mails to persons responsible for corrective action or risk assessments and action plans.

4.9.4 The Lead Auditor or WHS Risk Unit Manager are the only positions with authority to sign-off and 'finalise' audit related Corrective Action Requests and audit reports.

4.9.5 Once all CARs are signed off and finalised for a specific audit, the Internal Safety Audit Report can be closed and a reference made on the CSR monthly Audit Summary Report.

4.9.6 The WHS Risk Unit Manager is to provide a status report of audits being conducted and outstanding CAR's at monthly Committee of Safety Review meetings.

4.9.7 Where a CAR has failed to be actioned within the required timeframe the Lead Auditor or WHS Risk Unit Manager will bring this to the attention of the relevant Section Manager or Group Director.

4.9.8 Any emails forwarded to persons with responsibility for completing outstanding CAR's will be attached to the CAR as a 'related record' in TRIM or copied into the 'Notes' section of the CAR in TRIM.

4.10 AUDIT TEAM

4.10.1 Desktop Audit will generally consist of a Lead Auditor only to review documents.

4.10.2 An Audit Team conducting a site audit will consist of a Lead Auditor and audit team member/s where required.

4.10.3 The Lead Auditor and members of the audit team are required to be independent of the area, activity, or task being audited, and able to communicate effectively with the auditee, each other, and all levels of the organisation.

4.10.4 Audit Team members will act in an ethical, professional manner, present findings accurately and truthfully and maintain a high level of trust, integrity and confidentiality.

4.10.5 Any Audit Team members selected from the WHS Risk Unit to assist the Lead Auditor will be selected at the discretion of the WHS Risk Unit Manager.

4.10.6 Individuals having significant direct responsibilities to the area being audited may need to be identified to participate in the audit as a guide.

4.11 AUDITOR QUALIFICATIONS

4.11.1 WHS Risk Unit personnel that manage the Safety Audit Program will have a minimum qualification of Certificate IV in OHS / WHS or equivalent.

4.11.2 Internal Auditors will have completed an Accredited Safety Auditor Course encompassing the auditing process stipulated in AS/NZS ISO 19011:2014 and 3 yearly refreshers.

4.11.3 External Auditors will be Exemplar Global International Certified OHS Auditors that have completed an Accredited Safety Auditor Course encompassing the auditing process stipulated in AS/NZS ISO 19011:2014 and 3 yearly refreshers.

4.11.4 Lead External Auditors will be Exemplar Global International Certified Lead OHS Auditors that have completed an Accredited Lead Safety Auditor Course encompassing the auditing process stipulated in AS/NZS ISO 19011:2014 and 3 yearly refreshers.

5.0 REFERENCES & ASSOCIATED DOCUMENTS

5.1 Work Health and Safety Act 2011

5.2 Work Health and Safety Regulation 2011

5.3 AS/NZS 4801: 2001 Occupational Health and Safety Management Systems – Specification with guidance for use

5.4 AS/NZS ISO 19011:2014 Guidelines for Auditing Management Systems

5.5 National Self-insurer's Audit Tool 2014

5.6 P22.F01 Safety Audit Schedule

5.7 P22.F02 3 Yearly Schedule

5.8 P22.F03 Audit Report

5.9 P22.F04 Internal Audit Tool

5.10 P22.F05 Corrective Action Report

5.11 P22.F06 Safety Audit Plan

APPENDIX 1 DEFINITIONS

Audit	A systematic, independent and documented process for obtaining audit evidence and evaluating it objectively to determine the extent to which audit criteria are fulfilled.
Audit criteria	A set of policies, procedures or requirements used as a reference against which audit evidence is compared.
Audit evidence	Records, statements of fact, or other information which is relevant to the audit criteria and verifiable (Audit evidence can be qualitative or quantitative)
Audit Report	Result of the evaluation of the collected audit evidence against audit criteria (Audit findings can indicate either conformity or nonconformity with audit criteria or opportunities for improvement)
Audit Plan	Description of the on-site activities and arrangements for an audit. This document is handed to the Auditee at the commencement of the audit
Audit Program	A set of one or more audits planned for a specific time frame and directed toward a specific purpose.
Audit Scope	The extent and boundaries of an audit (The scope typically includes a description of physical locations, organisation units, activities and processes, as well as the time period covered)
Audit Team	One or more auditors conducting an audit. The auditors whose collective competence is appropriate to the activities to be audited and the related health and safety issues. The team may be supported by technical experts, if required. One auditor of the audit team is appointed as audit team leader. The audit team can include auditors-in-training.
Auditee	Group, Section or Site being audited.
Auditor	A person with the competence to conduct an audit.
Competence	Demonstrated ability to apply knowledge and skills.
Competent Person	A person who has acquired through training, qualifications or experience, or a combination of these, the knowledge and skills enabling that person to perform the task required
Conformance	A judgement made by an auditor that the activities undertaken and the result achieved fulfil the specified requirements of the WHS Management System Audit criteria. While further improvements may still be possible, the minimum requirements are being met.
External Audit	Audit conducted by external, independent auditing organisations, such as those offering registration or certification of conformity to system Standards.
Internal Audit	Internal Audits conducted by internal resources for management review and other internal purposes.
Lead Auditor	A person engaged to carry out WHS Management System Audits and who is the auditor in charge an audit team. A Lead Auditor will meet Auditor

	competency standards. They will have successfully completed an approved auditor-training course or be specifically approved as meeting the requirements of this training.
Non-conformance	A judgment made by an auditor that the activities undertaken and the results achieved do not fulfil the specified requirements of the WHS Management System Audit criteria. This may be caused by the absence or inadequate implementation of a system or part of a system, documented systems or procedures not being followed, or a minor or isolated lapse in a system or procedure. This may also be caused by the Auditee's failure to provide a safe and healthy working environment, or a situation which would, on the basis of objective evidence, raise significant doubts as to the capability of the WHS management system to provide a safe and healthy working environment, or to achieve the WHS policy and objectives of the organisation.
Not Verifiable (NV)	A situation where there is evidence of a suitable system in place but because of the infrequent need to use the system there are no recent records or other form of verification available. Criteria classified as "not able to be verified" is considered to be a "conformance".
Not Applicable (NA)	A judgement made by an auditor that because of the nature of the operation of the organisation, the requirements of a particular audit criterion do not need to be met.
Observation	Evidence gathered during an audit.
Opportunity for Improvement	Evidence is available to indicate that activities are being carried out in accordance with Corporate and/or Legislative requirements, however, the application of the system could be improved. (In this instance a CAR is issued). Rates as a Conformance.