



## University of Otago

### ISO45001 Occupational Health and Safety Management System

**TITLE:** Audit Procedures

**OHSMS REF:** Audits and Improvements

## Audit Procedures

### 1 Purpose

This document sets out the processes for developing and conducting the OSH audit programme at the University of Otago.

### 2 Scope

The processes described apply to all OHSMS audits conducted at the University of Otago.

### 3 Abbreviations

OHSMS Occupational Health and Safety Management System

### 4 Definitions

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

**Non-conformance** A non-conformance is an activity or item that does not comply with the OHSMS policies, standards, guidelines, practices, procedures or legal requirements, or any other requirement of the University of Otago OHSMS.

**OHS Audit** An OHS is a systematic, independent and documented process for obtaining evidence of the implementation of OHSMS systems and procedures across the University.

**OHS Audit Report** An OHS audit report is a documented report of audit findings.

### 5 Types of OHSMS audits

#### 5.1 Self-audit

A self-audit is an OHS audit conducted by an academic/general staff member of their own OHS systems. A variety of self-audit tools are available on the H&S web page for departments/services to use.

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## 5.2 Internal H&S Audit

An internal H&S audit is an OHS audit conducted by a University of Otago internal auditor, generally from the Health, Safety and Wellbeing team or identified subject matter experts, independent of the area under audit. Internal audits may be based on the broad requirements of the OHSMS or in applicable areas, such as hazardous substances compliance in laboratories. The programme is established based on the level of risk associated with activities, reviews of policies, H&S performance history and incident/event rates.

## 5.3 External OHS Audit

An external OHS audit is conducted by an external consulting subject matter expert and assesses the implementation of the requirements of the OHSMS for a particular hazard, area, activity or procedure.

## 5.4 Certification and Licensing Audits

Certification and licenses audits are audits conducted by a certification body to assess whether the University of Otago OHSMS and practices meet the requirements for license or certification to be awarded. An example is Maritime NZ auditing the Boat Code of Practice for the issuing of Competence Certificates for boat handlers.

# 6 Audit Responsibilities

## 6.1 Occupational H&W Team

It is the responsibility of the central Occupational Health and Wellbeing Team to:

- Coordinate the University H&S audit programme.
- Distribute the results.
- Maintain records of the audit programmes.
- Assist departments/divisions to develop and apply corrective and preventive actions and controls to address non-conformances.
- Follow up on the implementations of corrective actions.

## 6.2 OHS Auditor

It is the responsibility of the OHS auditors to:

- Conduct audits.

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- Report on audit findings and non-conformances.
- Deliver the audit report to the area within the agreed timeframes.
- Ensure that the audit meets the agreed scope.

### 6.3 PVCs/Directors of Divisions

It is the responsibility of the PVC/Directors of Divisions to:

- Ensure that self-audits are conducted as per the audit schedule and corrective actions are identified and implemented, and recorded in Vault.
- Provide information and support the auditing functions of external or central audits.
- Communicate the results of audits with the Division/Department.
- Review the efficacy of corrective action implemented.

## 7 Audit

### 7.1 Audits will be conducted to:

- Assess compliance with the approved University of Otago OHSMS;
- Assess the extent of implementation across the University of Otago operations and activities; and
- Verify the implementation and effectiveness of the University’s OHS policies and procedures.

### 7.2 OHS Audit Programme

- An audit programme will be prepared and maintained by the Health, Safety and Wellbeing team. The audit schedule is available on the H&S web page.
- The audit programme will reflect:
  - The level of risk associated with the activities conducted by the Department;
  - Specific aspects of the OHSMS;
  - Results of previous audits;
  - The Quality Advancement Unit review programme with a H&S audit offered to departments as a part of the review process;
  - The significant of problems encountered in a department/work area.

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7.2.1 The Unscheduled audits may occur at any time based upon:

- External audit results
- Regulatory inspections
- Operational changes
- Management reviews
- Incidents, or
- Identified non-conformances.

### 7.3 Auditor Competency

Audit programmes and processes are developed by staff who have completed auditor OHS training.

7.3.1 All auditors must be appropriately trained and experienced. Minimum requirements have been set as:

- Successful completion of auditor training
- Technical understanding of the H&S control requirements for the area or subject being audited.

7.3.2 Auditors must be approved by the Director, Health, Safety and Wellbeing.

### 7.4 Auditing Process

The approved auditor is required to:

- Notify the HOD/Manager of the audit and agree a time/date and location.
- Arrange the opening meeting.
- Meet with relevant H&S persons within the department/service area.
- Establish the audit tool to be used for the audit.
- Define the scope of the audit.
- Describe how the audit will be completed.
- Make any necessary arrangements for access to specific areas such as laboratories.
- Outline the actions that will be taken if immediate health or safety is compromised.
- Describe the reporting process and timeframes.
- Arrange a close out meeting if required.

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## 7.5 Auditing report

The audit report will include:

- Area and element/activity/process audited;
- Who was involved in the audit;
- Executive summary;
- Summary of key findings (identified non-conformances);
- Recommendations;
  - Non-conformances
  - Opportunities for improvement, which are areas that may become non-conformances in the future.
- Non-conformances shall be entered into Vault as corrective actions with responsibility allocated to the relevant person.

The completed report is circulated to the following:

- HOD/Manager of the area/department
- Departmental Health and Safety Officer, and other H&S positions as relevant.

## 7.6 Corrective Actions

Corrective actions produced by an audit are to follow the procedure prescribed in OHSMS 5.3 c.

## 7.7 Records

Audit reports and corrective actions are to be loaded into Vault and retained for a minimum of 10 years.

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## 8 Amendments

Amendment	Change	Date	Who	Version	Approval
1	New Document	1 Aug 2022	Director, H&S	V1	Director, H&S

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