1. This guideline document describes the auditing processes used to verify the implementation of and evaluate the effectiveness of the Workplace Health and Safety Management System (WHSMS) at Victoria University (VU).
2. Workplace Health and Safety (WHS) audits include evaluating:
   1. the level of compliance with University WHS policy and procedures; and WHS legislation;
   2. whether the WHSMS has been properly implemented and maintained; and
   3. the effectiveness of the WHSMS

# Section 2 – Definitions

1. Audit –a systematic, independent and documented process for obtaining audit evidence and evaluating it objectively to determine the extent to which the audit criteria are fulfilled;
2. Line 2 compliance Audits: these audits are conducted by the HSW Team according to an audit schedule. These audits are an objective assessment of how much the VU HSW Policy and Procedures have been implemented and compliance with statutory requirements. Specific work area is the auditee during the audits.

Wherever word ‘Audit’ appears in the document, it will refer to Compliance Audit (Line 2)

1. Internal Audits (Line 3): these audits are conducted as required and arranged through VU’s Internal Audit and Risk Management Team. Internal audits assess VU’s compliance with HSW legislation, Codes of Practice, and applicable standards.
2. Local Area audits/inspections (Line 1): these inspections will be performed or monitored by local areas, or specific work areas (e.g., Facilities Services, Technical Services) at regular intervals, depending on the nature of the risks and the workplace. These inspections provide an opportunity to regularly review compliance with legislation, and VU Policies and Procedures.

See [HSW-1.6-GL-6-1.0 WHS Inspections Guideline](https://vustaff.sharepoint.com/:w:/r/sites/00061/_layouts/15/Doc.aspx?sourcedoc=%7BA1A94DC0-3C1B-4DE7-8A83-202AE23A6CC7%7D&file=HSW-1.6-GL-6-1.0%20WHS%20Inspections%20Guideline.docx&action=default&mobileredirect=true)

1. Non-conformance - is an activity or item that does not conform to the requirements established by the OHSMS.
2. Objectives - state what is intended to be accomplished.
3. Performance indicators- are measures to review whether objectives have been met. They include rates, ratios or indices which reflect how well the WHS management systems, or its elements are operating.
4. Targets - a quantified performance requirement arising from the WHS Objectives that must be met to achieve those objectives.
5. WHSMS – Workplace Health and Safety Management System

# Section 3 – Roles & Responsibilities

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| **Roles** | **Responsibilities** |
| Portfolio Head | Is responsible for ensuring that WHS performance is monitored and evaluated and that initiatives to promote performance improvement and prevention of adverse trends are established and implemented, and, |
| WHS Committee | The WHS Committee is responsible for monitoring the effectiveness of the University’s WHSMS, which includes the review of OHS performance. |
| Director, Workplace Relations and Safety, or nominee | Is responsible for ensuring that information required for the monitor and evaluation of WHS performance is developed, collected and disseminated to the University according to this guideline. |
| Everyone at VU (Victoria University) | Are required to follow the process outlined in the document when a health and safety issue arises. |
| Manager and Supervisors | Develop an audit corrective action plan using [HSW-1.6-F-07-1.0 HSWMS Audit Corrective Action Plan](https://vustaff.sharepoint.com/:w:/r/sites/00061/_layouts/15/Doc.aspx?sourcedoc=%7BB65CD54B-5BAA-45B4-A2AF-80B87CCD0462%7D&file=HSW-1.6-F-07-1.0%20Audit%20Corrective%20Action%20Plan.docx&action=default&mobileredirect=true) in consultation with auditors, and ensure any remedial actions required as an HSW audit outcome are implemented within their control area. |
| Health, Safety and Wellbeing (HSW) Team | The Health, Safety and Wellbeing Team will;   * prepare a HSW audit plan and schedule, * implement the audit program, * review and continuous improvement of the audit program, * prepare reports. |
| Health and Safety Representatives | Assist with the resolution of safety issues raised within their designated work group. |

**General Audit Program**

1. **Work Health and Safety (WHS) Audit Programs** play a crucial role in ensuring workplace safety and compliance. Let’s break down the components you mentioned:
2. **WHS Audit Schedules**: These are planned assessments that outline when and how audits will be conducted. They specify the scope, frequency, and areas to be covered during the audit process.
3. **Pre-Audit Documentation**: Before conducting an audit, it’s essential to gather relevant information. Pre-audit documentation includes details about the organization’s safety policies, procedures, risk assessments, incident reports, and any other relevant documents.
4. **Audit Report**: After the audit, a comprehensive report is generated. It typically includes:
   1. **WHS Audit Questions**: These are specific queries related to safety practices, compliance, risk management, and adherence to regulations. Auditors use these questions to assess the organization’s safety performance.
   2. **Rating Methodology**: Auditors evaluate findings based on predefined criteria. The methodology assigns ratings (e.g., satisfactory, needs improvement, non-compliant) to different aspects of safety.
   3. **Recommendations**: If deficiencies or areas for improvement are identified, the audit report includes recommendations for corrective actions.
5. All WHS audit schedules are prepared and maintained by the area manager and the WHS team.
6. To ensure WHS audit schedules have incorporated all facets of the University’s operations and activities, the areas will be selected based upon:
   1. The level of risk associated with the activities being undertaken in the area;
   2. The number of workers present in the area; and
   3. The interval (no more than 3 years) from the last audit conducted in that area.
   4. Previous audit results;
   5. Regulatory inspections/entry reports;
   6. Operational changes;
   7. Management reviews;
   8. Incidents; or
   9. Identified non-conformances.
7. When the WHS Audit Program is, finalized the HSW team will make the Audit Program publicly available, for example on the Victoria University intranet and table it at the Compliance and Risk Committee. The WHS business partner for the particular areas will also inform local stakeholders and through the local OHS Committee as appropriate.

**Auditor Competency**

1. The Director Workplace Relations & Safety must ensure that all WHS Internal Auditors are appropriately trained and experienced including:
   1. Completion of a recognized ISO 45001 Internal Auditor course; and
   2. Sufficient understanding of the WHSMS, relevant legislation and standards applicable to the area being audited.
   3. WHS Lead Auditors are responsible for the selection and conduct of all personnel assisting in the audit.

**Pre-audit Activities**

1. Prior to each WHS audit the relevant HSW Advisor/Business Partner (HSW BP) will:
   1. Prepare a list of stakeholder contacts and share the contacts with the Director Workplace Relations & Safety;
   2. Prepare the area to be audited by providing ongoing consultation and advice prior to the audit regarding compliance to the WHSMS, such as advising the relevant manager/supervisor to complete [HSW-1.6-F-04-1.0 WHS Management System Audit Tool](https://vustaff.sharepoint.com/:w:/r/sites/00061/_layouts/15/Doc.aspx?sourcedoc=%7B94EE4468-5573-486B-9895-52C6419D0E4A%7D&file=HSW-1.6-F-04-1.0%20WHS%20MS%20Audit%20Tool.docx&action=default&mobileredirect=true) one week prior to audit and get everything mentioned in the audit tool ready for auditors.
   3. HSW BP to assist their portfolios in getting [HSW-1.6-F-04-1.0 WHS Management System Audit Tool](https://vustaff.sharepoint.com/:w:/r/sites/00061/_layouts/15/Doc.aspx?sourcedoc=%7B94EE4468-5573-486B-9895-52C6419D0E4A%7D&file=HSW-1.6-F-04-1.0%20WHS%20MS%20Audit%20Tool.docx&action=default&mobileredirect=true) completed.
   4. Attending to stakeholder questions and queries as they arise; and
   5. Ensure stakeholders have identified all relevant staff required to be present on the audit day and that an appropriate meeting facility has been arranged.

**Pre-audit Meeting**

1. Prior to each WHS audit the HSW team will notify relevant stakeholders via email at least four weeks prior, unless otherwise agreed upon.
2. The option to hold a pre-audit meeting will be provided to relevant stakeholders. Where the relevant stakeholders would like a pre-audit meeting, the pre-audit meeting may involve the:
   * + Head of academic/administrative unit;
     + Health & Safety Representative/s;
     + Resources manager/s;
     + WHS Lead Auditor;
     + HSW Business Partner/Advisor for the area

**The pre-audit meeting should address:**

1. The pre-audit meeting should address:
   * + What the scope of audit is (the activities and workers to be assessed);
     + How the audit will be conducted (the duration and teams assigned to assess) including agreement on a timetable for the activities of the day;
     + What is required to access appropriate areas (such as keys, personal protective equipment);
     + The process followed when an immediate risk to health and safety is identified during auditing;
     + The timelines for preparing and delivering the draft and the finalized WHSMS Audit reports;
     + Answer any additional stakeholder questions; and
     + Provide any documentation such as any relevant scoping documents that need to be completed and forwarded to the relevant Lead Auditor prior to the audit day and specify all timeframes and due dates.

**Conducting an Audit**

1. The WHS Internal Auditor must ensure that:
   * + The questions relevant to the audit are put to the appropriate stakeholders;
     + In relation to these questions; observations, evidence sighted, findings, audit ratings, and any recommendations, are documented;
     + The conduct of the auditing team is professional at all times;
     + At the conclusion of the audit, participants:
       - Are provided with an overview of the preliminary findings;
       - Are given an opportunity to agree upon a final evidence collection date. This should be no greater than three business days from the date of the audit or otherwise agreed on the day of the audit. Failure to provide evidence may affect the audit rating.
       - Are made aware of the next steps and timeframes of the reporting process;
       - Will be provided with any resources which were loaned during the audit (e.g. keys, fobs); and

**Audit Report**

1. The WHS Auditor is responsible for drafting the audit report, within two weeks of the audit day close.
2. Upon receipt of the draft, the HSW business partner must review the draft report.
3. The draft report must be distributed by the HSW business partner to the nominated representatives of the area.
4. The nominated representatives have two weeks to provide feedback, either written or verbal, to the HSW business partner. Failure to provide feedback will be taken to deem acceptance of the audit report. All feedback will be given due consideration, and every opportunity will be undertaken to ensure customer satisfaction is given.
5. Once the audit report is deemed finalized, it will be distributed by the HSW team to the nominated representatives within three business days.

**Actions Management**

1. The process for action management consists of:
   1. Identifying actions and documenting recommendations for action;
   2. Review recommendations received;
   3. Determine potential actions;
   4. Assess practicality of proposed actions;
   5. Assign priority to agreed actions;
   6. Implement agreed actions; and
   7. Monitor that actions are effective in controlling the hazards/risks.
2. Manager/supervisor of the auditable unit must develop an audit corrective action plan using [HSW-1.6-F-07-1.0 HSWMS Audit Corrective Action Plan](https://vustaff.sharepoint.com/:w:/r/sites/00061/_layouts/15/Doc.aspx?sourcedoc=%7BB65CD54B-5BAA-45B4-A2AF-80B87CCD0462%7D&file=HSW-1.6-F-07-1.0%20Audit%20Corrective%20Action%20Plan.docx&action=default&mobileredirect=true) in consultation with auditors, and ensure any remedial actions required as an HSW audit outcome are implemented within their control area.
3. Identification of Recommendations

Recommendations for actions may arise due to a need to:

* 1. Introduce new products, services and processes, or implement changes to existing products, services and processes associated with:
     + Physical workplaces and surroundings;
     + Work organization;
     + Working conditions;
     + Equipment;
     + Work force;
  2. Implement and integrate as part of the WHSMS:
     + Changes to legal requirements and other internal or external requirements;
     + Changes in knowledge or information about hazards and OHS risks; and
     + Developments in knowledge and technology.

The relevant OHS processes outline how these recommendations are arrived at, documented and who is the person assigned to respond to the recommendation.

If the person assigned to a recommendation does not believe they have the authority to act, the recommendation must be transferred to the most appropriate person (delegated or escalated) as soon as possible. Where it is unclear who the most appropriate person is, consultation with the relevant stakeholders must be undertaken to identify the most appropriate person in accordance with the [HEALTH AND SAFETY - OHS CONSULTATION AND PARTICIPATION PROCEDURE](https://policy.vu.edu.au/document/view.php?id=379)

1. Reviewing Recommendations

The person assigned to a recommendation must identify the process and review the findings that lead to the recommendation.

1. Determining Potential Actions

The person assigned to a recommendation must:

* + - Determine the potential actions to address the recommendation as soon as reasonably practicable;
    - In accordance with the [HEALTH AND SAFETY - OHS CONSULTATION AND PARTICIPATION PROCEDURE](https://policy.vu.edu.au/document/view.php?id=379), consult with relevant stakeholders to identify any actions that could be considered.

1. Implementation of Actions

All agreed actions must be documented including:

* + - A description of the action(s) to be taken;
    - Timeframes for implementation; and
    - The responsible person assigned.

Corrective and preventive actions must be recorded in the relevant module of ELUMINA QuickSafe (e.g. Workplace inspections, Audits, Hazard and Incident reports).

1. Monitoring of Actions

An essential part of the WHS management system is to ensure that actions or controls put in place to manage or control a hazard or risk are effective and sustainable. The following mechanisms should be used to monitor the effectiveness of actions/controls:

* + - HSW Spot checks;
    - HSW Workplace inspections;
    - OHSMS audits; and
    - OHSMS Self-assessments.

The person responsible should report on the review of action/control effectiveness at their local OHS Committee meetings as a standing agenda item.