

Health and Safety Guideline

HSG 8.3 Health and Safety Audits

1. Purpose

This guideline outlines the auditing processes utilised to verify the implementation of and evaluate the effectiveness of the Health and Safety Management System (HSMS), and to facilitate continual improvement of the system.

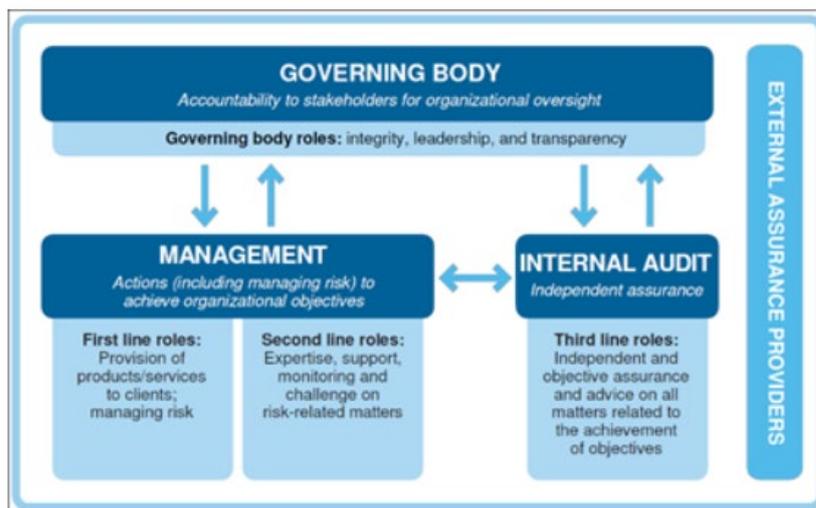
2. Scope

This Guideline applies to all health, safety and wellbeing activities of staff, students, visitors (including volunteers and contractors), Council members, and other persons interacting with the University of Newcastle (workers); the operations of staff of University aligned Research Centres and controlled entities; and all activities conducted by or on behalf of the University of Newcastle on and outside of the University’s campuses.

3. Guidelines

3.1. Types of Health and Safety Audits

There are generally three types of health and safety audits utilised across the University categorised by the Three Lines Model:



Source: *The Institute of Internal Auditors, Australia*

1. First line roles: Leaders demonstrating actions to manage risk and achieve organisational objectives.

This can include inspections and safety walks and talks performed at regular intervals depending on the risks of the work and the work area. The Guideline [HSG 8.1: Health and Safety Inspections and Testing](#) provides further detail on first line role inspection activities.

2. Second line roles: Functions and systems that oversee or specialise the management of risk.

This includes health and safety policies, frameworks, and support to enable health and safety risk to be managed in the first line. It also includes audits conducted by the Health, Safety and Wellbeing Team to assess the extent to which the Health and Safety Management System Framework has been implemented or compliance with regulatory requirements.

3. Third line roles: Internal audits that provide independent assurance and ensure that the first two lines are operating effectively and advise how they could be improved. They can also provide assurance to regulators and external auditors that appropriate controls and processes are in place and are operating effectively.

3.2. Health and Safety Audit Plan

The Health, Safety and Wellbeing Team will prepare a Health and Safety Audit Plan to cover a three (3) year cycle. The Plan must be reviewed by the Executive Committee, University Health and Safety Committee and affected business areas to ensure audits do not conflict with peak business periods such as exams or intake periods.

The Audit Plan will be based on risk and hazard profile, incidents, previous audit results and work area inspection results.

3.3. Health and Safety Audit Team

The Health, Safety and Wellbeing Team in consultation with the College or Division to be audited must nominate the audit team, and may include worker representatives from the business area. The lead auditor should have formal audit training and will be independent from the area to be audited.

3.4. Health and Safety Audit Methodology

The Health and Safety Management System Framework - Internal Audit tool located in the Audit/Checklist module of the University's All Incident Management System (AIMS) should be used for the audit process.

Once the audit team has been selected the lead auditor must:

- arrange a meeting with the Leaders and Supervisors of the College or Division to discuss the date and timing of the audit and activities which will take place during the audit e.g. inspections of the area; availability of people to interview; availability of documentation;
- briefly review the questions from the Health and Safety Management System Framework - Internal Audit tool with the auditee group to clarify the audit criteria;
- agree on an agenda and timeframe for the audit activities to cause as little disruption as possible to business area; and
- review action plans and findings from previous audits and inspections if available.

At the start of the audit, an opening meeting must be held with relevant personnel including a College or Division Leader or Supervisor to confirm the audit process and timetable for activities.

The audit team must complete a walk-through of the area at the beginning of the audit accompanied by a person responsible for the area and will be made aware of any hazards and risk controls.

The audit team must gather information through interviews with workers in the area, observation of activities on site, and examination of records. Both positive observations and opportunities for improvement are to be identified.

An audit debrief meeting will be held which provides preliminary findings and the official closing of the audit.

3.5. Health and Safety Audit Findings

The findings of the audit represent the audit team's assessment of the current level of compliance with the Health and Safety Management System and regulatory requirements.

The findings must be classified as:

- Fully Compliant: All elements of the audit criteria are being complied with, and there are no significant open external audit findings.

- Partially Compliant: Not all elements of the audit criteria are being complied with and there are some non-critical weaknesses evident which need to be rectified.
- Non Compliant: Major elements of the audit criteria are not yet implemented, and significant upgrading is required.
- Non Applicable: The audit criteria are not applicable to the area or activities undertaken by workers in the area.

3.6. Health and Safety Audit Reporting

The Health and Safety Management System Framework - Internal Audit tool located in the Audit/Checklist module of AIMS must be utilised to record evidence and the level of compliance against audit criteria.

The final audit report will be prepared by the lead auditor and will outline non-conformances and recommendations for improvement. The report must be distributed to the College or Division Executive Team and audit team members for review and comment.

The College or Division Executive Team must, within four weeks of receiving the audit report, ensure that a documented corrective action plan is developed and entered in AIMS, and that the audit report is tabled at the relevant Health and Safety Committee meeting for monitoring the implementation of corrective actions.

3.7. Monitoring Progress of Health and Safety Audits

The Executive Committee must monitor the outcome of audits and implementation of corrective actions. This can be achieved by the Associate Director Health, Safety and Wellbeing taking the following actions:

- analysing the results of audits and making recommendations relating to observed trends across the audits; and
- preparing a report and communicating the findings and trends from audits and submitting to the Executive Committee for review and comment.

3.8. Specialised Health and Safety Audits by the Institutional Biosafety Committee (IBC) and Chemical and Radiation Technical Committee (CRTC)

The Institutional Biosafety Committee (IBC) and Chemical and Radiation Technical Committee (CRTC) schedule specialised health and safety audits.

The IBC audits are a requirement for retaining the University's registration for handling genetically modified organisms and the results of the audits are reported annually to the Office of Gene Technology Regulator (OGTR). The audits are conducted by members of the IBC Committee including the relevant Health, Safety and Wellbeing Team members.

The CRTC audits are conducted to ensure requirements are followed and the University's Radiation Management Officer (external appointment) is involved to ensure the handling, use and control of radiation sources is compliant with Environment Protection Authority requirements.

4. Definitions

In the context of the Health and Safety Management System Framework:

Executive Committee	Consisting of the Vice-Chancellor, the Deputy Vice-Chancellors, the Pro Vice-Chancellors, the Chief Operating Officer, Chief People and Culture Officer and the Chief Financial Officer, the University Secretary and the President of Academic Senate.
Health and Safety Management System (HSMS) Documentation	Means the policies, elements, guidelines, key risk areas and related documentation which form the University's Health and Safety Management System Framework.
Internal Audit	Means an independent, objective assurance and consulting activity designed to add value and improve the University's operations. It helps the University accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes.
Leader / Supervisor	Any member of the University who is responsible for supervising staff and/or undergraduate or postgraduate students and/or for leading research projects.
Worker	Includes an employee, conjoint, student on work experience, contractor, sub-contractor, and volunteer. A person is a worker if the person carries out work in any capacity for the University or another person conducting a business or undertaking, including work as: (a) an employee, or (b) a contractor or subcontractor, or (c) an employee of a contractor or subcontractor, or (d) an employee of a labour hire company who has been assigned to work in the person's business or undertaking, or (e) an outworker, or (f) an apprentice or trainee, or (g) a student gaining work experience, or (h) a volunteer, or (i) a person of a prescribed class.

5. Responsibilities

A comprehensive list of health, safety and wellbeing responsibilities is provided in Guideline [HSG 1.2: Roles and Responsibilities](#).

Specific responsibilities under this Guideline include:

Executive Committee

- Evaluate the outcome of health and safety audits and require regular reports on progress with closure of recommendations arising from an audit.

Health, Safety and Wellbeing Team

- Develop a health and safety audit plan, in which higher risk areas are given priority;
- Carry out health and safety audits of selected areas and sites against regulatory requirements and the University HSMS;
- Provide reports on results of audits to College or Division Executive Teams and audit participants;
- Provide input to the selection and appointment of an external health and safety auditor when required; and
- Follow up on implementation of corrective actions to correct non-conformances identified in internal and external audits to monitor closure and assist with recommendations for improvement.

Leaders and Supervisors

- Cooperate with the audit team when an audit has been arranged for their area of responsibility, and provide the necessary resources to assist the audit team with their task;
- Ensure any corrective actions from audits are followed through to completion within the required time frames; and
- Track progress with implementing corrective actions through the relevant Health and Safety Committee and College/Division meetings.

6. References & Related Documents

The following documentation is referenced in, or applicable to this Guideline:

[HSG 1.2: Roles and Responsibilities](#)

[HSG 8.1: Health and Safety Inspections and Testing](#)

[University of Newcastle Internal Audit Charter](#)

7. Amendment History

Version	Date of Issue	Approval	Section(s) Modified	Details of Amendment
1, 2	October 2016	Manager Health and Safety	-	Original version with latest amendment for HSG 10.3 Health and Safety Audit
3	July 2023	CPCO	All	<ol style="list-style-type: none">1. Renumbered from HSG 10.3 to HSG 8.3 Health and Safety Audits2. Updated content in all sections3. Added new/renamed Related Documents4. Added Amendment History5. Amended document control header and footer

8. Appendices

Nil