

Work Health and Safety Auditing Procedures

Table of Contents

1. Governing Policy
2. Purpose
3. Scope
4. Definitions
5. Conduct of Audits
 - 5.1. Auditor competency
 - 5.2. Audit frequency
 - 5.3. Audit protocols
 - 5.4. Audit findings – corrective action management
 - 5.5. Reporting
6. Responsibilities
7. Supporting Procedures

1. Governing Policy

[Work Health and Safety Policy](#)

[Work Health and Safety Management System](#)

2. Purpose

These procedures provide a framework for planning and conducting audits to verify the implementation of the University's Work Health and Safety & Injury Management System (WHS&IM), including verifying:

- a. the level of compliance with planned actions and legislative requirements
- b. whether the WHS&IMMS has been implemented and maintained, and
- c. whether the level of implementation is effective.

3. Scope

These procedures apply to all workplaces owned, managed or controlled by Flinders University and any place where work is performed on behalf of the University.

4. Definitions

Audit scope	Extent and boundaries of an audit, including a description of the physical locations, organisational units, activities and processes to be audited, as well as the time period.
Internal audit	A systematic, and wherever possible, independent examination, carried out by a competent person in the area being audited, appointed by the University, to determine whether: <ol style="list-style-type: none">i. an activity or activities and related results conform to planned actionsii. these arrangements are implemented effectivelyiii. they are suitable to achieve the University's policy and objectives.

Legislative compliance audit	A systematic and documented verification process to obtain and evaluate evidence to determine that the University's WHS&IM policies, procedures and practices comply with legislative requirements.
Return to Work SA evaluation	A review undertaken by Return to Work SA to evaluate the University's overall compliance with the requirements of the Return to Work SA performance standards for self-insured employers or in relation to a particular matter of compliance.
Conformance	An activity, item or process that conforms to legislative requirements, or University policies, procedures, or other requirements of the University's WHS&IM Management System.
Non-conformance	An activity, item or process that does not conform to legislative requirements, or University policies, procedures or other requirements of the University's WHS&IM management system.
Observation	An activity, item or process where there are opportunities for improvement, and which may become a non-conformance in the future.

5. Conduct of Audits

5.1. Auditor competency

All auditors must have relevant training and/or experience in either auditing or the area being audited and must be approved by the Associate Director, WHS&IM.

5.2. Audit frequency

- a. The frequency of WHS&IM audits must be determined on the level of risk associated with the activity, area or procedure and takes into account:
 - i. the results of previous audits
 - ii. accident and incident statistics
 - iii. the significance of problems encountered in the areas to be audit
 - iv. any emerging hazards or issues.
 - v. any changes in risk rating identified in the review of operations, and
 - vi. legislative requirements.
- b. As a general guidance the audit schedule, taking all of the above factors into consideration, will aim for a cycle on the following frequency:

Potential Risk Level	Audit cycle
High	2 years
Medium	3 years
Low	5 years

- c. Unscheduled or follow-up audits may be conducted at any time based on:
 - i. audit results
 - ii. regulatory inspections
 - iii. operational changes
 - iv. management reviews
 - v. incidents and accidents, or
 - vi. identified non-conformances.
- d. An Injury Management audit of process or claims will occur annually.
- e. Self-insurance evaluations are conducted by Return to Work SA. The timing of the evaluation is determined by the self-insurance registration period granted by Return to Work SA and is based on the findings of the previous evaluation. Return to Work SA may also conduct additional reviews during the self-insurance registration period. These may be reflected in the Return to Work SA Partnership Plan or as negotiated between the University and Return to Work SA.

5.3. Audit protocols

- a. The Associate Director, WHS&IM (or delegate) must communicate the audit plan to the University Health and Safety Committee.
- b. The Associate Director, WHS&IM must advise the head of the unit/area of the date and scope of any audits of that area.
- c. The audit scope is set by the Associate Director WHS&IM and the auditor. Scope will vary but guiding criteria will be based on legislative requirements, University policy and procedures, or where there has been evidence of a risk (e.g. incident or hazard reports), or emerging hazards have been identified.
- d. The Associate Director WHS&IM will have an opening meeting with the auditor to clarify scope and auditees who may be involved.
- e. The audit may involve interviews, documentation review and/or inspection of areas as determined by the scope of the audit.
- f. The manager of the unit/area will be requested to nominate auditees to participate. The Associate Director, WHS&IM may also nominate auditees.
- g. The auditor will prepare a draft audit report including audit findings, any conformances, non-conformances and observations, and any proposed corrective actions.
- h. The auditor will provide the draft report to the Associate Director, WHS&IM for consultation.
- i. After the consultation period is closed (consultation must be a minimum of 1 week) the final report must be sent to the relevant College Vice-President and Executive Dean/Portfolio Head, the manager of the unit/area audited and the Director, People & Culture.

5.4. Audit findings – corrective action management

- a. Audit findings will be reported by the auditor as either a conformance, non-conformance or an observation.
- b. The Associate Director, WHS&IM will consult and communicate with area management and other relevant stakeholders on audit findings and the development of any appropriate corrective actions.
- c. Audit reports, any identified corrective actions and the activities taken to address them will be recorded in FlinSafe.

- d. Where required any resulting corrective actions will be assigned to responsible person(s) for implementation within agreed timeframes.
- e. Corrective actions resulting from a non-conformance will be given a priority in the FlinSafe system to allow management to understand the urgency with which they need to be addressed. The timeframe given will be dependent on the determined safety and legislative risk.
- f. Timeframes for corrective actions identified to address observations (opportunities for improvement) will be determined in negotiation with the stakeholders and an agreed timeline will be allocated.

5.5. Reporting

- a. The Director, People & Culture reports audit findings and progress with the corrective action with medium to high risk to each meeting of the University Health and Safety Committee.
- b. The Vice-President (Corporate Services) reports progress with the WHS&IM Audit Plan and the WHS&IM Audit Corrective Actions with medium to high risk to each meeting of University Council.

6. Responsibilities

a. Vice-President (Corporate Services)	<ol style="list-style-type: none"> i. Annually submit the WHS&IM Audit Plan to University Council for approval. ii. Submit any significant proposed amendments to the WHS&IM Audit Plan to University Council throughout the year as required. iii. Report to University Council: <ul style="list-style-type: none"> • progress against the WHS&IM Audit Plan (at each Council meeting). • Return to Work SA or other regulator audit reports • WHS&IM Audit Corrective Actions that are high or medium risk are reported (at each Council meeting).
b. Vice-Presidents Executive Deans, Deans and Directors of College, Portfolio Heads	<ol style="list-style-type: none"> i. Ensure that: <ul style="list-style-type: none"> • workers, and where relevant, students in their College/Portfolio cooperate with the audit process. • there are adequate resources to remedy any non-conformances identified during any audits in their College/Portfolio. • communicate with responsible managers and supervisors in the College/ Portfolio any identified corrective actions relevant to their area of responsibility. • corrective actions are implemented within the identified timeframes to remedy any non-conformances or to improve general workplace safety.
c. Director, People and Culture	Report audit findings and progress with the corrective action that are medium to high risk to each meeting of the University Health and Safety Committee.
d. Managers and supervisors	<ol style="list-style-type: none"> i. Provide the auditor(s) with evidence of current system and procedural practices in response to audit questions. ii. Identify and implement corrective actions to improve WHS&IM systems and general workplace safety, where deficiencies are detected.

	<ul style="list-style-type: none"> iii. Monitor that corrective actions identified in their areas of responsibility are implemented within the identified timeframes. iv. Communicate the result of an audit with workers where relevant.
e. Associate Director, WHS&IM	<ul style="list-style-type: none"> i. Prepare and maintain the rolling 3-year WHS&IM Audit Plan annually for approval by University Council. ii. Implement the University's WHS&IM Audit Plan. iii. Maintain records of audit programmes. iv. Determine the objective, scope and criteria of the audit. v. Select appropriate auditor/s, advise the auditor/s of the objective, scope and criteria and ensure that auditors are aware of the University's audit procedures. vi. Maintain records of any non-conformance(s) and observation(s) arising from audits in FlinSafe. vii. Communicate the audit findings to Colleges/Portfolios Health and Safety Committees and management. viii. Assist Colleges/Portfolios to implement corrective actions and controls to system, procedural or item deficiencies and non-conformances. ix. Monitor the University's Corrective Actions and prepare reports to the University Health and Safety Committee and University Council on the progress of corrective actions.
f. Auditors	<ul style="list-style-type: none"> i. Conduct audit(s) according to these procedures. ii. Ensure that the auditing process is transparent to the auditees. iii. Maintain effective communication throughout the audit. iv. Provide audit reports outlining findings including non-conformances and observations. v. If requested provide a debrief to area managers / or auditees of audit findings.
g. Auditees	Participate in scheduled interviews and provide the auditor(s) with evidence of current system and procedural practices in response to audit questions

7. Supporting Procedures

[Work Health and Safety Policy](#)

[Work Health and Safety Management System](#)

Approval Authority	Vice-President (Corporate Services)
Responsible Officer	Director, People and Culture
Approval Date	21 May 2024
Effective Date	21 May 2024
Review Date*	2027
Last amended	
CM file number	CF14/71

* Unless otherwise indicated, this policy or procedures still apply beyond the review date.

Printed versions of this document are not controlled. Please refer to the [Flinders Policy Library](#) for the latest version.