



UQ Internal OHS Audit Program

OHS Management Systems Audit Report

< audited location >

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Introduction

An internal OHS audit of <area audited> was undertaken as part of the University's internal audit program. This report presents the findings of the site visit and audit, and provides recommended corrective actions to the audited area.

The University has a comprehensive set of OHS Policies, Procedures and Guidelines that form the OHS Management System (refer <http://www.uq.edu.au/ohs/>). The audit program is designed to assist local areas to evaluate the implementation and effectiveness of the UQ OHS Management System in their area, and to identify system deficiencies and opportunities for improvement. A primary objective of OHS auditing is continual improvement of OHS systems to ensure the University continues to provide a safe and healthy environment for staff, students, volunteers, contractors and visitors.

The auditors would like to acknowledge and thank the staff < and students? > of < audited location > for their full cooperation and positive involvement in the internal OHS Audit. We would also like to thank < local contact / WHSC > for assisting with arranging the audit schedule and facilitating the walk-through inspections.

Audit Scope




Audit Location:			
Audit Date:		Report Date:	
Head of Section:		Email:	
Local WHSC:		Email:	
Local Contact:		Email:	
Audit Team:		Email:	

Audit Criteria

The internal OHS audit program has been developed using a sub-set of criteria from within Element 3 (Implementation) of the National Self-Insurer OHS Audit Tool (NAT) and the associated OHS Goals for the University. The following documents, databases and reporting software were referred to during the audit,

- ⇒ National Self-Insurer OHS Audit Tool <http://www.uq.edu.au/ohs/index.html?page=98365>
- ⇒ UQ OHS Goals for the University <http://www.uq.edu.au/ohs/index.html?page=133948>
- ⇒ UQ Occupational Health and Safety Policy <http://www.uq.edu.au/ohs/PPL/2-10-03/OHS-Policy-Statement.pdf>
- ⇒ UQ Risk Management Database <http://www.uq.edu.au/ohs/index.html?page=29960>
- ⇒ UQ Incident Reporting Database <http://www.uq.edu.au/ohs/index.html?page=141331>
- ⇒ UQ Reportal <https://mis-xi4-web.mis.admin.uq.edu.au/BOE/BI>

Symbols represent the following:

-  Positive Finding
-  Opportunity for Improvement
-  Corrective Action

Executive Summary

The < audited location > achieved an average audit score of XX%. It has been determined that an overall score of 70% or greater is required to demonstrate effective implementation of the University's health and safety systems. The auditors conclude that the health and safety systems of the < audited location > are < ?? >, and that by focusing efforts on the key areas of non-compliance, a score greater than 70% could be achieved without difficulty < well developed, supported, monitored and undergo regular review to ensure ongoing effectiveness. >

Positive Findings

< a couple of key findings / points >

Opportunities for Improvement

< a couple of key findings / points >

Audit Score

As a self-insured organisation for workers compensation, the University is required to demonstrate adequate systems for the management of OHS. It has been determined that a score of 70% or greater is required to demonstrate effective implementation of the University's Health and Safety Management Systems locally. The < area audited > achieved an average score of XX% for the 11 criteria investigated during the audit.

Element	Weighting	Max possible weighted score (i.e. Weighting x4)	< area audited >		% Score
			Audit Score	Weighted Score	
3.1 OHS Resources	3	12			
3.2 Responsibility & Accountability	8	32			
3.3 Training & Competency	8	32			
3.4 Consultation	5	20			
3.5 Communication	4	16			
3.6 Reporting	5	20			
3.7 Documentation	3	12			
3.8 Document & Data Control	4	16			
3.9 Risk Management Program	12	48			
3.10 Hazard ID, Risk Assessments & Controls	12	48			
3.11 Emergency Preparedness & Response	8	32			
Summary / Average	--	288	--		

<insert results graph>

Recommended Corrective Actions

This table of corrective actions encompasses the Detailed Findings table and Appendices 1 and 2. Additional corrective actions arising from facilities inspections are summarised in Appendix 3.

Priority	Element	Recommendation
	3.1	•
	3.2	•
	3.3	•
	3.4	•
	3.5	•
	3.6	•
	3.7	•
	3.8	•
	3.9	•
	3.10	•
	3.11	•

Detailed Audit Findings & Recommendations

3.1 Structure and responsibility – Resources

Audit Criteria	Findings / Comments	Score
<p>3.1.1</p> <p>Financial and physical resources have been identified, allocated and are periodically reviewed, to enable the effective implementation and improvement of the organisation's health and safety management system.</p>	<p>A 2015 survey indicated that 88% of staff agree or strongly agree to the statements of: "Keeping high levels of health and safety is a priority of UQ" and "We are given all necessary safety equipment and training".</p> <p>UQ has established an OHS minor works fund. The application process for access to this funding is available on-line and referred to in the incident reporting procedure. Central funding is used for issues such as asbestos remediation, mould remediation, lift refurbishments, (large) asset maintenance etc.</p> <ul style="list-style-type: none"> • comment on whether interviewed staff believe that OHS issues that have been raised are dealt with appropriately. Provide examples. Examples of spends that have enhanced OHS in local area. • Any physical evidence of allocation of resources e.g. new equipment, provision of training programs 	
<p>3.1.2</p> <p>There are sufficient qualified and competent persons to implement the organisation's health and safety management system as identified through a documented review.</p>	<p>UQ has established a central OHS Division with the primary function to establish and monitor UQ OHS governance arrangements, the UQ OHS management system and to provide specialist services and advice. UQ also has a distributed network of OHS professionals and practitioners working in specific organisational units. The arrangements are reviewed at a corporate level from time to time (most recently in 2017).</p> <ul style="list-style-type: none"> • comment on the area's specific access to OHS personnel and whether these personnel are suitably qualified and competent. • Are these resources reviewed? • Perhaps a comment on the availability of first aid trained staff and building/emergency wardens. 	
Audit Score		
3.1 Recommended Corrective Actions		
<ul style="list-style-type: none"> • 		

3.2 Structure and responsibility – Responsibility and accountability

Audit Criteria	Findings / Comments	Score
<p>3.2.1 Senior management understand the organisation's legal obligations for health and safety and can demonstrate how they fulfil them.</p>	<p>Each new Senate at the beginning of their term receive a written briefing on their OHS duties and due diligence requirements. UQ OHS Staff Development Program provides training for senior management (Health, Safety & Wellness & Senior Managers) targeted at Professional Staff Managers at HEW 9, 10 and above, and for Academics who direct and oversee staff groups and/or organisational units.</p> <p>The UQ PPL 2.10.04 Staff Responsibilities for Occupational Health and Safety defines senior management OHS responsibilities.</p> <ul style="list-style-type: none"> • Comment on whether the senior manager can outline OHS legal obligations, UQ OHS risk management system, operational OHS risks, incident response and corrective actions, and UQ OHS responsibilities. • Comment on any evidence of reporting of OHS matters from Faculty, Institute staff to the Senior Manager? (e.g. monthly OHS report) 	
<p>3.2.2 A member(s) of senior management or the board of directors has been allocated overall responsibility for the health and safety management system and reports to that group on its performance.</p>	<p>The OHS Division in the COO portfolio, reports about significant Faculty, Institute and Centre OHS matters to Senate Risk Committee, Vice Chancellors' Risk and Compliance Committee and USMG. Chairs (senior managers) of the Faculty/Institute OHS Committees report about OHS matters to the OHS Division and Faculties/Institutes report about OHS Goal performance to the OHS Division annually.</p> <ul style="list-style-type: none"> • Is there evidence of OHS Committee matters and OHS goal performance being reported to the OHS Division? • Does the Faculty/Institute/Centre annual report include OHS? • Does senior manager's PD include high level OHS responsibilities? 	
<p>3.2.3 The specific health and safety responsibilities (including legislative obligations), authority to act and reporting relationships in the organisation have been defined, documented and communicated.</p>	<p>The UQ PPL 2.10.04 Staff Responsibilities for Occupational Health and Safety define OHS responsibilities to be referenced/documentated in all staff position descriptions and to be communicated to all staff.</p> <ul style="list-style-type: none"> • Is there evidence of communication to staff about OHS responsibilities such as completion and approval of risk assessments, completion of OHS training, OHS inspections. • Are OHS responsibilities referenced in position descriptions and are they communicated to staff? 	

3.2.4	Where contractors are utilised in the organisation, the health and safety responsibilities and accountabilities of the organisation and the contractor(s) have been clearly defined, allocated and communicated within the organisation and to the contractor(s) and their workers.	Contractors engaged via P&F “OHS Compliant Contractors” register have met requisite UQ OHS contractor policy, documentation, regulatory and licensing requirements. It is anticipated that local OHS induction, access and supervisory requirements are also provided by the local area for contractors where appropriate. Contractors engaged directly by local area and not on P&F approved contractors list, must have all OHS approvals in place and checked by local area. <ul style="list-style-type: none"> • Are local inductions for contractors and appropriate supervision in place? • Do contractors have either P&F OHS compliance or other appropriate compliances in place? 	
3.2.5	Workers are held accountable for health and safety performance in accordance with their defined responsibilities.	Staff accountability for OHS responsibilities is checked by supervisors and managers during Performance Appraisal for Professional Staff and Performance Appraisal for Academic Staff processes. OHS Training and Induction reports can be produced to determine staff compliance with completion of training requirements. This includes online OHS training modules and face to face UQ OHS Staff Development training . <ul style="list-style-type: none"> • Evidence or examples of OHS accountability discussion during performance appraisal (annual or day to day) • Can personnel explain how they are held accountable for their H&S responsibilities? 	
Audit Score			
3.2 Recommended Corrective Actions			
<ul style="list-style-type: none"> • 			

3.3 Structure and responsibility – Training and competency

Audit Criteria	Findings / Comments	Score
<p>3.3.1 The organisation has a procedure for identifying and defining the health and safety training needs of employees, contractors, labour hire employees or visitors, where relevant.</p>	<p>The <u>UQ OHS Training Needs Analysis (TNA)</u> provides a framework for identifying and defining training needs for staff, contractors, labour hire employees and students.</p> <p>Comment about:</p> <ul style="list-style-type: none"> • Do managers, supervisors and staff know about the UQ OHS Training Needs Analysis or equivalent procedure? • Is the UQ OHS Training Needs Analysis or equivalent procedure being utilised by the work area? 	
<p>3.3.2 The organisation consults with employees to identify their training needs in relation to performing their work activities safely.</p>	<p>The on-boarding process at UQ includes the use of an OHS Training Needs Analysis. In addition the professional staff annual performance appraisal and development process includes the expectation that supervisors will discuss future development and training needs for staff.</p> <p>Comment about:</p> <ul style="list-style-type: none"> • Are staff included in application of the training needs analysis during induction, performance appraisal and any other consultative process? 	
<p>3.3.3 A documented training plan(s) based on training needs shall be developed and implemented.</p>	<p>The <u>UQ OHS Training Needs Analysis (TNA)</u> provides a training plan structure including trainee roles, scheduled time frame for training, training module/session content and relevant resources.</p> <ul style="list-style-type: none"> • Is a training plan based on the UQ Training Needs Analysis (TNA) checklist implemented/completed? • IS TNA implementation monitored and reviewed? • Is there other evidence of planned development in the local area? 	
<p>3.3.4 The organisation trains workers (as appropriate) to perform their work safely, and verifies their understanding of that training.</p>	<p>UQ has a range of online training modules specific to certain hazards, plus a face to face staff development program. Online training modules incorporate assessment.</p> <ul style="list-style-type: none"> • Are there any examples of local training to ensure staff/students work safely? • Are competency training assessments conducted before work tasks to verify workers understanding of training? • Equipment Training Register maintained? 	

3.3.5	The organisation has an induction program for all workers including management, which is based on their likely risk exposure, and provides relevant instruction in the organisation's health and safety policy and procedures.	<p>UQ has a general workplace induction online module that all new staff are expected to complete. The UQ OHS Induction resources provide a structure for implementation of the local areas' induction program.</p> <ul style="list-style-type: none"> • UQ New Worker OHS Induction checklist implemented/completed? • Local Org Unit Induction Manual / Training Slides – includes OHS? • % compliance with mandatory OHS training? <ul style="list-style-type: none"> ○ General Workplace Safety = ○ Annual Fire Safety = 	
3.3.6	Training and assessment is delivered by competent persons with appropriate knowledge, skills and experience.	<p>Faculties, Institutes, Centres and Schools can access the UQ online OHS training modules (including assessment activities). The modules are designed and reviewed by competent staff with appropriate knowledge, skills and experience. Similarly, UQ OHS Staff Development training is provided by competent persons and includes interactive activities to apply the knowledge to practical examples.</p> <ul style="list-style-type: none"> • Is local training provided by competent staff? Examples? • Are suitably accredited and competent external training providers accessed as required? 	
3.3.7	The health and safety requirements of tasks are identified, applied to the recruitment and placement of workers, and tasks are allocated according to their capability and level of training.	<p>UQ has processes in place that identifies where specific health and safety issues need to be raised prior to performing work e.g. health surveillance for those performing work in PC3 laboratories; health counselling for pregnant workers in certain work settings, other health surveillance requirements.</p> <ul style="list-style-type: none"> • Position Descriptions include skills / OHS requirements? Examples? • UQ TNA checklist for Lab Workers implemented/completed? • Are tasks adjusted to suit individual competencies affected by medical conditions? e.g. workers' compensation return to work/rehabilitation program 	
3.3.8	Management has received training in health and safety management principles and practices appropriate to their role and responsibilities within the organisation, and the relevant health and safety legislation.	<p>UQ OHS Staff Development Program provides OHS training opportunities for various levels of management e.g. managers and supervisors; and senior managers. Completion rates can be confirmed in UQ Reportal data.</p> <ul style="list-style-type: none"> • Managers complete mandatory OHS training? <ul style="list-style-type: none"> ○ OHS for Senior Managers = ○ OHS for Supervisors and Managers = • Any other examples of development of managers within the local area – training, information provision, briefings etc. 	

3.3.9	Those representing the employer and the workers on health and safety matters, including representatives on consultative committee(s), receive appropriate training to enable them to undertake their representative roles effectively.	<p>The <u>Functioning as a Work Health and Safety Adviser</u> course is a seven day course for staff appointed as a Safety Manager/Coordinator (or other interested, nominated personnel). This course is typically provided regularly at UQ by an external training provider. The <u>UQ Health and Safety Representatives Training</u> is provided for HSRs and is a half day training course (provided a number of times during the year). HSRs also have the legislative entitlement to undertake formal, accredited HSR training.</p> <ul style="list-style-type: none"> • WHSC has completed training? • HSR has completed training? 	
3.3.10	Refresher training (as identified by the training needs) is provided to all workers to enable them to perform their tasks safely.	<p>Workers are able to participate in refresher training through the UQ staff development program or online training modules. Refresher intervals for some courses have been put in place (with automated reminders forwarded to staff). General workplace OHS training to be refreshed every 5 years, fire training to occur annually, biosafety training every two years. Statistics available in UQ Reportal data and some refresher training compliance results are reported to senior management regularly.</p> <ul style="list-style-type: none"> • Comment on local “refresher” training: e.g. % compliance with annual fire safety training, general workplace training, First Aid Officer refresher training, Building and Fire Warden refresher training? etc. 	
3.3.11	The training program is reviewed on a regular basis, and when there are changes in the workplace that impact on the health and safety of workers, to ensure that the skills and competencies of workers remain relevant.	<p>The UQ staff development program is reviewed on an annual basis. The OHS Division reviews the online training module suite and the face to face training program on a regular basis.</p> <p>When workplace tasks, processes or environment changes the TNA and training plan should be checked and updated to reflect new training needs.</p> <ul style="list-style-type: none"> • Comment on whether the TNA implementation was monitored and reviewed and if this is scheduled or instances when it has occurred after workplace changes. 	
Audit Score			
3.3 Recommended Corrective Actions			
<ul style="list-style-type: none"> • 			

3.4 Consultation, communication and reporting – Consultation

Audit Criteria	Findings / Comments	Score
<p>3.4.1</p> <p>There are procedures agreed to by workers outlining their involvement and consultation in:</p> <ol style="list-style-type: none"> health and safety matters health and safety issues any proposed changes to the work environment, processes, practices or purchasing decisions that impact on their health and safety. 	<p>The OHS Division oversees, supports and guides the UQ OHS Committees as UQ's formal consultative structure for OHS matters and issues including changes to the work environment.</p> <p><u>UQ Occupational Health and Safety Committees (PPL 2.10.01)</u> is the formal procedure by which workers are involved and consulted about health and safety matters, issues and any proposed changes to the work environment, processes and practices. The Committee membership should be determined by agreement between senior management and the workers in the area to be covered by the Committee.</p> <ul style="list-style-type: none"> • Comment on Minutes recording discussion / consultation with workers on proposed workplace changes, • Comment about representation of work areas' OHS interests on Faculty /Institute/Divisional OHS Committee, and if workers know about the Committee process for communicating about OHS issues. • Is OHS considered routinely for purchasing, work planning, refurbishments, construction, and changes? • Are workers consulted about such OHS matters? 	
<p>3.4.2</p> <p>The organisation has:</p> <ol style="list-style-type: none"> in consultation with workers, determined the number of worker representatives required to effectively represent all work groups made arrangements to allow the workers to select those who will represent them on health and safety matters consistent with legislative requirements communicated the consultative arrangements to workers, including names of their worker and employer representatives for health and safety matters. 	<p>The OHS Division supports UQ's Health and Safety Representative (HSR) network. HSRs form part of the consultative framework at the University by providing a formal communication channel for the discussion of workplace health and safety matters between workers and management.</p> <p>Workers may elect/nominate HSRs for their designated work group(s). The <u>HSR role (2.10.05)</u> is distinct from that of the Work Health and Safety Coordinator (<u>2.20.06</u>) and Occupational Health and Safety Manager (<u>2.10.09</u>) positions.</p> <ul style="list-style-type: none"> • Minutes and/or emails recording nomination/election of HSR? • Names of safety personnel (WHSC, HSR, FAO, Wardens) displayed in the workplace? • Are workers aware of entitlement to elect/nominate HSR role? 	

3.4.3	<p>Those who represent workers on health and safety matters:</p> <p>a) are provided time and resources to effectively undertake this role</p> <p>b) meet regularly with management about health and safety issues and the minutes of their meetings are available to all workers.</p>	<ul style="list-style-type: none"> • Comment if the HSR is a member of OHS Committee or if they communicate with management about OHS issues. • Are resources provided for HSR to address OHS issues eg time to investigate incident, funding to rectify OHS issues. 	
3.4.4	<p>Workers or their representatives are involved in the development, implementation and review of procedures for the identification of hazards and the assessment and control of risks.</p>	<p>The consultation process used when developing new UQ policies, procedures etc, and reviewing existing policies and procedures etc. includes HSRs, and members of OHS committees (through chairs and secretaries).</p> <ul style="list-style-type: none"> • Comment on whether staff or the HSR develop, implement and review hazard control and risk management. • State if workers or HSR's involved in incident investigations and corrective action development. 	
Audit Score			
3.4 Recommended Corrective Actions			
<ul style="list-style-type: none"> • 			

3.5 Consultation, communication and reporting – Communication

Audit Criteria	Findings / Comments	Score
<p>3.5.1</p> <p>The organisation's health and safety policy and other relevant information on health and safety are communicated to all workers, and consider language and standards of literacy.</p>	<p>The UQ OHS Policy and OHS information applies to all UQ workplaces, staff, students, contractors and visitors and is located on the UQ Policy and Procedures Library and the OHS Division website. All workers should be aware of and understand relevant OHS information</p> <ul style="list-style-type: none"> • Comment on workers' knowledge of OHS Policy and other OHS information and check if workers with non-English speaking background can understand OHS information provided to them. Comment on how OHS information is communicated to workers. 	

3.5.2	The organisation regularly communicates to workers about the progress towards the resolution of health and safety disputes.	<p>UQ communicates about resolution of health and safety disputes through processes within UQ PPL 2.10.01 OHS Committees, UQ PPL 2.10.12 Right of Entry for UQ Permit Holders and UQ PPL 1.60.09 Complaints Management.</p> <ul style="list-style-type: none"> • Comment on emails, Minutes, Safety Notices, meetings and discussions about resolution of OHS disputes. • Comment about awareness of formal mechanisms for dispute resolution communication, and provide examples of communications to workers. 	
3.5.3	There are procedures for the exchange of relevant health and safety information with external parties, including customers, suppliers, contractors and relevant public authorities.	<p>UQ local areas must provide appropriate OHS induction and training for contractors and visitors and to obtain safe work plans, OHS guidance material, risk assessments, safety data sheets and any requisite permits/identification from contractors, suppliers and regulatory visitors.</p> <ul style="list-style-type: none"> • Comment on OHS induction, training for external parties and on provision of OHS information from contractors, suppliers, visitors. 	
3.5.4	There is a procedure that encompasses health and safety issues for dealing with formal and informal complaints received from external parties.	<p>UQ has a number of mechanisms to communicate about resolution of health and safety disputes such as UQ PPL 2.10.01 OHS Committees and UQ PPL 2.10.12 Right of Entry for UQ Permit Holders and UQ PPL 1.60.09 Complaints Management</p> <ul style="list-style-type: none"> • Comment on documentation and communication about procedures above, and worker awareness of procedures in case that complaints have not occurred. 	

Audit Score

3.5 Recommended Corrective Actions

-

3.6 Consultation, communication and reporting – Reporting

Audit Criteria	Findings / Comments	Score
<p>3.6.1</p> <p>Workplace injuries and illnesses, incidents and health and safety hazards, dangerous occurrences and system failures, are reported and recorded in accordance with relevant procedures.</p>	<p>The 2.10.07 Workplace Injury, Illness and Incident Reporting (UQ Safe - Incident) states the procedures for reporting and recording workplace injuries, illnesses, dangerous incidents and hazard reporting. The procedure refers to UQSafe - Incident as the corporate database for reporting and recording. The UQ OHS Division administers the database, monitors incident reports and oversees auditing of incident reports as one assurance that appropriate corrective actions have been implemented.</p> <ul style="list-style-type: none"> • comment on the work area's use of UQSafe-Incident, including the approval rate of action plans. • Consider whether incidents and hazards are both reported. 	
<p>3.6.2</p> <p>Where there is a legislative requirement, injuries, illnesses, incidents and dangerous occurrences are notified to the appropriate authorities within the stipulated timeframes.</p>	<p>All incident notifications to the WHS regulator are to be coordinated and submitted by the UQ OHS Division. In the case of controlled entities, the UQ OHS Division must be contacted prior to any notification. "Notifiable incidents" are defined in the 2.10.07 Workplace Injury, Illness and Incident Reporting (UQ Safe - Incident).</p> <ul style="list-style-type: none"> • comment on the local area's understanding of the broad process to notify serious incidents • specify example(s) of notifiable incident notifications including time frame, regulator. 	

3.6.3	<p>Reports on health and safety inspections, testing and monitoring, including recommendations for corrective action, are produced and forwarded to senior management and worker representative(s) as appropriate.</p>	<p>UQ has a procedure in place to conduct workplace inspections on an annual basis. The findings from workplace inspections and safety audits should be submitted to the relevant OHS Committee for review. Required corrective actions should be summarised into a 'Corrective Action Plan (CAP)', using the relevant UQ template,</p> <p>Annual completion of the UQ OHS Workplace Inspection Checklist for all work areas by OHS Managers/WHSCs/Safety Contacts, development of a corrective action plan and reporting this information to the relevant OHS Committee is a measure of the UQ 2015-2017 OHS Goals as is monitored by the OHS Division.</p> <ul style="list-style-type: none"> • UQ OHS Workplace Inspection Checklist completed annually? • Corrective Action Plan (CAP) developed following audits / inspections / incident investigations? • CAP submitted to OHS Committee and remains on agenda until fully implemented? • OHS Reports in minutes of meetings with Senior Manager? 	
3.6.4	<p>Regular, timely reports on health and safety performance, including reports against health and safety objectives, targets and management plans are produced and distributed within the organisation.</p>	<p>The OHS Division compiles a detailed annual report on health, safety and wellness performance and activities that is noted by senior management, VC Risk and Compliance Committee and the Senate Risk Committee. A version of this report is distributed to the UQ OHS network, OHS committees and UQ managers, and posted on the OHS Division web site. Performance of local areas with respect to UQ wide KPIs for health, safety and wellness is reported regularly to the USMG, VC Risk and Compliance Committee and Senate Risk Committee. Reports also include outcomes of local area audits, the progress toward implementing audit recommendations, contentious issues and incidents etc.</p> <ul style="list-style-type: none"> • Does the local area measure its OHS performance? Comment on how, to whom, and whether the performance measures correspond to the corporate measures.] • OHS Goals Review Report completed annually and submitted to OHS Division? 	

3.6.5	Reports of audits and reviews of the health and safety management system are produced and distributed within the organisation.	<p>The annual internal OHS management system audit (OHSMS) program as conducted by the OHS Division, sends reports and corrective actions to relevant senior manager(s), OHS Manager and WHSCs for the local area. Local areas should send report and provide updates for implementing corrective actions to the relevant OHS Committee. OHS Division reports broad audit outcomes to USMG, VCRCC and Senate Risk. Health and Safety management system reports from regulatory bodies (eg ESO, WHSQ, Queensland Health, Radiation Health) are distributed to relevant senior managers and reported to OHS Division.</p> <ul style="list-style-type: none"> comment on the distribution of internal OHSMS audits and progress implementing recommendations. 	
3.6.6	The organisation's annual report or an equivalent document includes information about health and safety performance.	<p>The UQ annual report includes information on health, safety and wellness performance and activities of local areas when provided. Faculties, Institutes, Schools or Centres should ensure that OHS performance is included in the annual report for their area of responsibility. The report may include implementation of local OHS management plans and performance with respect to UQ OHS Goals.</p> <ul style="list-style-type: none"> comment on any local OHS performance reporting that is in place 	
Audit Score			
3.6 Recommended Corrective Actions			
<ul style="list-style-type: none"> 			

3.7 Documentation

Audit Criteria	Findings / Comments	Score
3.7.1 The organisation's health and safety policy, plans and procedures are documented in a planned and organised manner.	UQ has an OHS policy in place as well as a comprehensive range of policies, procedures and guidelines. These reside on UQ's document management system (the Policies and Procedures Library - PPL). Document reviews are scheduled and version control implemented. Further corporate OHS related information is located on the OHS Division website. Comment about: <ul style="list-style-type: none"> any local repository (eg shared drive, website, lab. folders) where OHS information is organized. Does it reference UQ OHS Policy and procedures, online training modules, local risk assessments, SOPs, competency to operate, training registers. 	
3.7.2 Specific instructions and safe work procedures associated with particular products, processes, projects or sites have been developed where appropriate.	Safe work procedures, risk assessments/risk management plans include information specific to products, processes, projects or sites e.g. Long Pocket emergency response; SWP for power drill operation. Local areas ensure relevant instructions and SWPs are developed where appropriate. Comment about: <ul style="list-style-type: none"> instructions and SWPs referenced in risk assessments, local emergency evacuation plans, local shared drive/lab manual, competency to operate. 	
Audit Score		
3.7 Recommended Corrective Actions		
<ul style="list-style-type: none"> 		

3.8 Document and data control

Audit Criteria		Findings	Score
3.8.1	The organisation has a system for creating, modifying and approving health and safety documents and data, and notifying relevant persons of any changes. Obsolete documents and data are identified and retained (where required) for legal and/or knowledge preservation purposes and are removed from all points to prevent unintended use.	<p>The UQ PPL is the corporate system for creation, approval, review and modification of OHS documents and data. Changes to PPL OHS documents are communicated to UQ community. UQ's second central system for creating, approving, reviewing and modifying OHS documents is the OHS Division's website where OHS Safety Notices, Incident Alerts, Guidelines, training information is recorded. Changes to documents on this system are communicated to the UQ community.</p> <p>Comment about:</p> <ul style="list-style-type: none"> • Version control of OHS documents held locally, their currency and scheduled reviews. • Retention/archiving of obsolete documents held locally for legal purposes. eg health surveillance, hearing testing. 	
3.8.2	Documents and data critical to health and safety shall be clearly identifiable, duly authorised prior to issue, kept legible and include their issue status.	<p>UQ's PPL OHS and central OHS Division documents and data include UQ corporate branding, authorisation, and issue date.</p> <p>Comment about:</p> <ul style="list-style-type: none"> • Local use and updating of corporate UQ OHS documents • Local document identification, authorisation, legibility and marking of issue status. 	
3.8.3	The organisation provides workers with ready access to relevant health and safety documents and data and advises them of its availability.	<p>The OHS Division advises the UQ OHS network and management subscriber lists about access location and availability of OHS documents. All staff have access to the UQ risk assessment database, the PPL and the OHS Division website.</p> <p>Comment about:</p> <ul style="list-style-type: none"> • Existence of, and access to any local health and safety documents and data. 	
3.8.4	Documents and data are regularly reviewed by competent persons to ensure their effectiveness, suitability and the currency of the information.	<p>The UQ PPL and OHS Division documents are scheduled for three yearly review by competent staff and consultants when required, with regard to effectiveness, changed environment/legislation and current practice.</p> <p>Comment about:</p> <ul style="list-style-type: none"> • Review of locally created documents by competent persons and whether effectiveness, suitability and currency of information is included in review. 	
Audit Score			

3.8 Recommended Corrective Actions

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3.9 Health and safety risk management program

Audit Criteria		Findings	Score
3.9.1	The organisation documents its methodology to reduce health and safety risks through hazard identification, risk assessment and development of risk control measures in accordance with the hierarchy of controls and legal requirements.	<p>UQ has a corporate risk management system in place that is governed by the UQ OHS policy, a specific corporate risk management procedure and guidelines, and supported by a corporate risk management database – UQSafe-Risk. All related corporate material emphasises consideration of hierarchy of controls. The UQ Senate has also intentionally considered its risk appetite for the issues of safety and compliance.</p> <ul style="list-style-type: none"> • comment on the local area's use of UQSafe-Risk and any examples of where risks have been managed using the hierarchy of controls. 	
3.9.2	The organisation has identified the hazards, including public safety hazards that are associated with its activities, processes, products or services; assessed the risks involved; and implemented suitable control measures in accordance with the organisation's methodology.	<p>UQ has developed a corporate OHS risk register that specifies the range of risks UQ is subject to, the methods of control, and the managed (and target) risk levels. At the organisational level, the corporate risk management database – UQSafe-Risk, is utilised to document the identification of hazards and the management of risks. A hazard reporting system is incorporated into UQ's corporate incident reporting system, UQSafe-Incident. Guidance has been developed on when risk assessments should be conducted - http://www.uq.edu.au/ohs/pdfs/SafetyNotice-RiskAssessmentGuide.pdf.</p> <ul style="list-style-type: none"> • Confirm that the area is using UQSafe-Risk as intended. • Comment on whether the area has suitably identified local hazards, and confirm that the formal review process is in place for risk assessments. • Make reference as well to any public safety hazards that are associated with its activities and how they may be managed. 	

3.9.3	The hazard identification, risk assessment and risk control process is undertaken by persons competent in the use of the organisation's methodology.	<p>UQ policy is that supervisors work with staff to complete risk assessments and to document these assessments on UQSafe-Risk (see roles and responsibilities set out for managers, supervisors and staff- http://www.uq.edu.au/ohs/index.html?page=133956)</p> <p>Self-directing guidance and instruction is available on the OHS Division website (written and video guidance) http://www.uq.edu.au/ohs/index.html?page=29960</p> <p>OHS staff are available to provide assistance where required. General guidance is also included in UQ's on-line General workplace safety induction module and in the face to face OHS training for supervisors and managers (compulsory for staff at HEW6-8 or equivalent). Quality of risk assessments are monitored by OHS managers and WHSCs through the formal review process (KPI's are in place for this monitoring).</p> <p>Annual OHS inspections are completed to assist with hazard identification.</p> <ul style="list-style-type: none"> • comment on whether appropriate persons are completing and monitoring risk assessments • Ensure that the formal review process for risk assessments is in place and KPIs are met. • Comment on the performance of regular inspections. 	
3.9.4	The organisation documents all identified hazards, risk assessments and risk control plans.	<p>At the corporate level, the OHS risk register documents the manner that the identified risks are to be managed. At the operational level, the corporate risk management system, UQSafe-Risk outlines the controls that are used for identified risks, including their placement in the hierarchy of controls. Risk assessments are approved by supervisors and a process of formal review of targeted risk assessments has been established.</p> <p>The corporate incident reporting system, UQSafe-Incident, documents action plans to manage the risks that caused the reported incidents. These action plans are approved by supervisors and monitored by local OHS personnel.</p> <ul style="list-style-type: none"> • comment on local examples where hazards, risk assessments and risk control plans have been documented. • Identify where risk assessments are not in place. • Have action plans in UQSafe-Incident been approved in the required time frame? 	

3.9.5	<p>Risks of identified hazards are assessed in consultation with workers having regard to the likelihood and consequence of injury, illness or incidents occurring, taking into consideration:</p> <ol style="list-style-type: none"> legal requirements evaluation of available information records of incidents, illness and disease the potential for emergency situations. 	<p>A UQ corporate risk register has been established. The assessment of risk has been cognisant of UQ's previous experience, legal requirements (legislation is referenced) and scenario planning. Workers and students may raise OHS issues directly with supervisors or through OHS committees where it is expected that the issues would be discussed, considered and resolved. The action plans in incident reports are required to be approved by supervisors and it is expected that they engage with staff when doing so. A 2015 survey indicated that 88% of staff agree or strongly agree to the statement of: "Keeping high levels of health and safety is a priority of UQ".</p> <ul style="list-style-type: none"> comment on any specific systems in place at the unit level and any specific examples where workers and/or students have been involved/consulted in the risk assessment process. Are there any examples where issues identified by staff have then been risk assessed through a documented process, usually in UQSafe-Risk. Identify through interviews and OHS committee minutes. 	
3.9.6	<p>The level of risk is assessed and used to prioritise the implementation of risk control measures.</p>	<p>The UQ corporate risk register assesses the <i>managed</i> level of risk and identifies the <i>target</i> level of risk. The 10 predominant OHS risks have been identified, or prioritised, and documented. Organisational units are to use this information to assist them to prioritise the controls for the risks in their areas.</p> <ul style="list-style-type: none"> comment on any examples where the assessed risk level has been used to prioritise the implementation of risk control measures – through interviews with staff, OHS committee minutes. 	
3.9.7	<p>Risk management methodology and its associated procedures shall be reviewed and revised where necessary to ensure relevance, adequacy and compliance with health and safety management system requirements.</p>	<p>UQ undergoes a process of reviewing processes and procedures on a regular basis. The UQ risk management procedures were reviewed in 2017, along with the introduction of the new corporate risk management system, UQSafe-Risk. The corporate risk register will be reviewed at least every 3 years. A formal review process of individual risk assessments is in place to ensure that suitable methodology has been used at the individual level. In addition, an internal audit process is in place to monitor the implementation of the UQ risk management system.</p> <ul style="list-style-type: none"> Comment about the risk assessment approval rate (100% active risk assessments to be approved by supervisor) and the formal review rate (at least 95% of active risk assessments with a "current" risk rating of "high" or "extreme" are formally reviewed by a WHSC/OHS manager; and at least 20% of all active risk assessments are formally reviewed by a WHSC/OHS manager). 	

3.9.8	The organisation has a program for identifying and managing change that may impact on health and safety.	<p>UQ is aware of its legislative obligation to manage risk as a result of change in the workplace, work processes and environment. The current Enterprise Agreement requires staff consultation around planned organisational change. The corporate template for OHS committee agendas includes an item on OHS issues around workplace change.</p> <ul style="list-style-type: none"> comment about any recent, current or planned change to the workplace that demonstrates consideration to OHS impact on staff and students. Refer to interviews, committee minutes etc. 	
Audit Score			
3.9 Recommended Corrective Actions			
<ul style="list-style-type: none"> 			

3.10 Hazard identification, risk assessment and control of risks

Audit Criteria	Findings	Score
<p>3.10.1 The organisation determines those areas where access controls are required and ensures effective controls are implemented and maintained.</p>	<p>UQ has identified and documented those areas where legislative requirements or risk management have determined access needs to be restricted and controlled. P&F oversees a permit system for confined space entry, roof access, work around live electrical equipment/services and restricted asbestos spaces. All P&F entry permits are available on their website and further information can be found in the relevant PPL sections 2.20 Facility and Electrical Safety and 7. Physical Facilities and Services. Due to the nature of research and teaching at certain UQ facilities (e.g. Gross Anatomy Facility; CAI), strict access permissions have been implemented for all staff, students, contractors and visitors.</p> <p>Comment about:</p> <ul style="list-style-type: none"> Staff/students are aware of permit to work arrangements and can provide examples of where they have been used in the past? Evidence provided of local contractor and visitor inductions? Physical access restricted to relevant areas (swipe card, key) and linked to induction, training etc. completion? 	

3.10.2	Health and safety requirements are identified, evaluated and incorporated into all purchasing specifications for services.	<p>The UQ procurement process is outlined in PPL Section 9.40 Procurement and should be followed by all UQ org units. Prior to purchasing, staff should thoroughly investigate/research and be consulted regarding potential OHS issues resultant from new equipment/plant/materials.</p> <p>Comment on :</p> <ul style="list-style-type: none"> • Staff understand purchasing workflows and are consulted regarding planned new equipment/plant/material purchases. • Site specific OHS issues are documented and included in tender and purchasing specifications? • Examples? 	
3.10.3	The ability to meet health and safety requirements is assessed in the selection of contractors and labour hire employees.	<p>Contractor engagement is primarily undertaken through the Properties and Facilities Division who have a well-established induction and selection process which incorporates OHS requirements. All contractors wishing to work at UQ must complete the induction and registration process outlined on the P&F website addressing all relevant OHS criteria and, where applicable, providing all required documents e.g. Safe Work Method Statements.</p> <p>Comment on:</p> <ul style="list-style-type: none"> • Contractors are engaged by P&F? • If local area engages contractors directly can they provide a written procedure similar to the P&F contractor engagement process that includes addressing OHS requirements? 	
3.10.4	Contractor health and safety performance is monitored and reviewed to ensure continued adherence to the organisation's health and safety requirements or specifications.	<p>Contractor performance is continually monitored by P&F and the process for dealing with non-compliance with workplace health and safety and environmental legislation or the University of Queensland health, safety and environment requirements is outlined in the Contractor Environmental & Occupational Health & Safety (EOHS) Handbook.</p> <p>Comment on:</p> <ul style="list-style-type: none"> • Have contractors been observed working unsafely in the area and if so how was the matter handled? • Are issues with contractors reported to P&F and if so, can examples be provided. Was the resolution satisfactory? 	

3.10.5	The organisation determines its health and safety requirements prior to the purchase of goods, and communicates those specifications to the supplier.	<p>The UQ procurement process is outlined in PPL Section 9.40 Procurement and should be followed by all UQ org units. Prior to purchasing consultation with all relevant parties, including the end users, should be undertaken to consider the suitability of the goods taking into account the hazards and necessary controls for safe use. Where possible consideration should be given to elimination or substitution with less hazardous products in preference to lower order controls.</p> <p>Comment on:</p> <ul style="list-style-type: none"> • Pre-purchase approval procedure/checklist includes OHS? • Consultation conducted prior to purchasing including a review of product suitability? Can a recent example be provided? • Hierarchy of controls applied to purchasing decisions? 	
3.10.6	Procedures shall be established and implemented for verifying that purchased goods meet health and safety requirements and any discrepancies identified are addressed before the goods are put into operational use.	<p>As per Section 7.4 Checking and receipting of PPL 9.40.01b Purchasing – Procedures all goods should be inspected upon delivery for defects and conformance with Australian legislation. Should any discrepancies be identified the goods should not be receipted in UniFi and the supplier contacted for rectification or to arrange the return of goods.</p> <p>Comment on:</p> <ul style="list-style-type: none"> • Does local area comply with the procedure to inspect goods during receipting process including the quarantine of defected items? • Dedicated delivery point for hazardous substances to verify container integrity following transport and correct labelling? 	
3.10.7	Hazard identification, risk assessment and the development of control measures are undertaken during the design stage of plant, products, buildings or processes, or when the design is modified.	<p>The risk management process outlined in PPL 2.30.01 Occupational Health and Safety Risk Management is required when any new work is planned and when changing work practices, procedures or the work environment. P&F seek OHS input during the design/development phase of new construction and refurbishment projects through the PREM process.</p> <p>Comment on:</p> <ul style="list-style-type: none"> • Consideration given to ongoing maintenance/servicing requirements when designing new plant/equipment? • Staff are consulted prior to construction and refurbishment works and afforded input into the design of plant/equipment? • Staff assist with developing new procedures/processes prior to the introduction of modification of workplace/equipment/processes? 	

3.10.8	Competent persons verify that designs and modifications meet specified health and safety requirements.	<p>P&F seek OHS input during the design/development phase of new construction and refurbishment projects through the PREM process. Modifications to existing infrastructure/plant/equipment/processes should be reviewed and approved by a competent person. Records should be maintained during the design phase including verification of the competent person's qualifications/experience/skills.</p> <p>Comment on:</p> <ul style="list-style-type: none"> • Suitably qualified consultants/licensed/competent persons engaged to verify safety of plant/equipment? • Clearly defined criteria for necessary qualifications, knowledge, experience, skills of "competent persons"? • Verification of competency? • Minutes of design/project group meetings kept and available? 	
3.10.9	There are procedures to ensure that materials and substances are disposed of in a manner that minimises risk of personal injury and illness.	<p>Safe disposal procedures for various waste streams (chemical, animal, clinical, cytotoxic, radioactive etc.) are available on the Sustainability Website. UQ currently has a waste management contract in place with SITA Australia which is managed by Properties and Facilities (P&F). The University Chemical Store collects chemical waste from UQ campuses as per the Chemical Waste Operating Procedure.</p> <p>Comment on:</p> <ul style="list-style-type: none"> • Knowledge of waste streams applicable to the work area? • Relevant waste procedures displayed around the workplace? • Designated waste storage/pick up points? • Recycling/Green/Sustainability initiatives in place and encouraged in the workplace? 	

3.10.10	Facilities and amenities in the workplace conform, as a minimum, to relevant legislation, standards and codes of practice.	<p>Property and Facilities oversees facility management at UQ including both maintenance of existing infrastructure through Asset Services and construction and refurbishment of new areas through the Construction Section. Services are delivered by a combination of internal staff and external contractors/consultants with P&F maintaining oversight of all projects they commission. P&F workflows include verification of conformance with applicable legislation at various stages of project lifecycles.</p> <p>Comment on:</p> <ul style="list-style-type: none"> Any recent construction/refurbishment that has occurred in the area. Are staff happy with the services delivered and final product? Have issues been identified and if so were they raised with P&F and how were they rectified? Are annual workplace inspections completed and corrective action plans subsequently developed? 	
3.10.11	The organisation has a program for the safe use, handling, transfer, inventory management and transport of hazardous chemicals.	<p>PPL Section 2.70 Occupational Hygiene and Chemical Safety outlines the University's requirements for safe chemical management. Training is offered both online through Blackboard modules and in person through the Staff Development Program outlining UQ's systems and how to use them. The UQ Chemical Store maintains appropriate vehicles and licenses for chemical transport within and between UQ campuses. Chemical inventories are maintained on Chemwatch through staff specific log ins.</p> <p>Comment on:</p> <ul style="list-style-type: none"> Relevant training completed and up to date? Risk assessments approved and reviewed? Chemwatch inventory regularly updated and access disseminated as appropriate? 	
3.10.12	Comprehensive health and safety information on all hazardous chemicals is readily accessible.	<p>As per PPL 2.70.03 Safety Data Sheets all UQ staff and students are provided with Chemwatch access so Material Safety Data Sheets (MSDS) are available at all times. The OHS Division employs specialist advisers to assess workplace exposure and make recommendations regarding health outcomes.</p> <p>Comment on:</p> <ul style="list-style-type: none"> Computers readily accessible where hazardous chemicals are in use? Hard copy MSDS available where no provision for electronic access? 	

3.10.13	The organisation ensures that hazardous chemicals are stored safely and in accordance with legislative requirements.	<p>Safe chemical storage principles are outlined in PPL documents 2.70.05 Chemical Storage Safety, 2.70.06 Storage and Handling of Flammable and Combustible Liquids, 2.70.07 Storage of Chemicals in Fridges, Freezers and Cold Rooms and 2.70.08 Storage and Handling of Gas Cylinders. Safe chemical storage training is offered both online through Blackboard modules and in person through the Staff Development Program (Storage, Placards and Labelling of Chemicals). The annual workplace inspection checklist contains a section on safe chemical storage including the suitability of segregation and security arrangements.</p> <p>Comment on:</p> <ul style="list-style-type: none"> • Online and Staff Development training modules completed? • Comprehension of safe storage principles, open bench and minor storage volumes, chemical class separation etc? • Consideration given to storage requirements prior to new chemical purchases? • Evidence of regular reviews of chemical stocks? 	
3.10.14	The organisation has permit to work procedures for use when required.	<p>Properties and Facilities (P&F) oversee permit to work arrangements for many activities including hot work, confined space entry, roof access, work around underground electrical cables and access to asbestos contaminated spaces/sites. All contractors and consultants working on UQ sites must abide by the permit conditions and ensure appropriate authorisation is sought prior to commencing works. Specific requirements are documented in the relevant sections of PPL 2.20 Facility and Electrical Safety.</p> <p>Comment on:</p> <ul style="list-style-type: none"> • Local inductions include information on permit to work systems? • Evidence of past occurrences where permit to work systems have been utilised? • Local staff aware of which activates require permits to work and who to contact for further information? 	

3.10.15	Where personal protective equipment is required, it is appropriate for the task, its provision is accompanied by suitable training or instruction, and it is used correctly and maintained in a serviceable condition.	<p>Minimum standards of dress and Personal Protective Equipment (PPE) requirements are outlined in PPL 2.30.05 Personal Protective Equipment and Minimum Standards of Dress. Specialist training is delivered by the Occupational Hygiene Advisors through the Staff Development Program (Personal Protective Equipment - select, use & maintain) and on an individual basis as required. Respirator fit testing is performed by the Occupational Hygiene Advisors at the St Lucia campus.</p> <p>Comment on:</p> <ul style="list-style-type: none"> • Staff Development course attended? • PPE signage displayed in workplace? • Appropriate selection of PPE available including where required various models, types and sizes? • Respirator fit test records available? 	
3.10.16	Plant and equipment is maintained to ensure safe operational use and a record is kept which includes (but is not limited to) relevant details of inspections, maintenance, repair and alteration of plant.	<p>The operation, installation, commissioning or repair of plant must be carried out by competent persons such as licensed electricians, engineers, refrigeration mechanics or others as appropriate to the equipment and competency required. Maintenance of plant is to be in accordance with manufacturer's specifications and a record of all works maintained.</p> <p>Comment on:</p> <ul style="list-style-type: none"> • Plant/Equipment Register includes maintenance schedule? • Servicing/maintenance performed as per manufactures recommendations? • Evidence of competency for those modifying, repairing, maintaining plant? • Records maintained/available for each piece of plant/equipment? • Responsible party has been identified? 	
3.10.17	There is a procedure for unsafe plant and equipment to be identified and quarantined or withdrawn from service.	<p>Any plant that is unsafe or defective (e.g. broken or missing guards) must be taken out of service by tagging and locking out. The risk is to be communicated to all relevant workers and the plant/equipment isolated and/or removed from the workplace.</p> <p>Comment on:</p> <ul style="list-style-type: none"> • Out-of-Service tags available and in use? • Pre-start inspection checklists used if required? • Unsafe plant/equipment reported (hazard report or equivalent local procedure)? • Quarantine area for defective plant/equipment? 	

3.10.18	Controls are implemented to ensure the safety of persons (including members of the public) while plant and equipment is in the process of being cleaned, serviced, repaired or altered.	<p>Plant/equipment must be isolated and shut down without creating a hazardous situation to facilitate servicing, cleaning, repair or modification works. All required lock out devices need to be installed prior to works commencing and all services de-energised. Any required decontamination must be completed and evidence provided to maintenance/cleaning staff. Care should be taken during isolation and de-energising of plant/equipment to avoid any environmental release.</p> <p>Comment on:</p> <ul style="list-style-type: none"> • Isolation, de-energise and lock out procedures in place? • Plant/equipment operator controls tagged during maintenance/cleaning/repair? • <u>PF306</u> completed and submitted? • Controls clearly communicated to all affected workers? 	
3.10.19	Competent persons verify that plant and equipment is safe before being returned to service after repair or alteration.	<p>Following servicing, cleaning, repair and alterations all plant/equipment must be re-commissioned. Re-commissioning is undertaken as per the manufacturer's instructions and is included as part of plant/equipment servicing and repair procedures.</p> <p>Comment on:</p> <ul style="list-style-type: none"> • Following maintenance all guarding replaced prior to start-up of plant? • Are workers notified when plant/equipment is safe to return to use? • How do workers verify plant/equipment is safe to return to use? • Records/verification of re-commissioning kept? 	

3.10.20	Safety signs, including regulatory, hazard, emergency information and fire signs, meet relevant standards and codes of practice, and are displayed in accordance with legal and organisational requirements.	<p>Signage requirements across UQ campuses are extensive with numerous pieces of legislation consulted to ensure compliance. Specific signage requirements are outlined in the following PPL Documents:</p> <ul style="list-style-type: none"> • 2.15 Emergency and Fire Safety • 2.20 Facility and Electrical Safety • 2.30 Safe Working Environment • 2.40 Biosafety • 2.60 Occupational Health • 2.70 Occupational Hygiene and Chemical Safety • 2.80 Radiation Safety Comment on: <ul style="list-style-type: none"> • Review signage in the work area. Is it relevant and current? • Is signage readily visible, in good condition and in good working order? • Are staff adhering to signage requirements (PPE being worn)? 	
3.10.21	There are procedures to ensure that materials are transported, handled and stored in a safe manner.	<p>UQ maintains a fleet of vehicles, tractors, ride-on-mowers, forklifts etc for the transport of goods across and between campuses. Use of such equipment must be subject to risk assessment and a procedure developed by users outlining requirements such as training and licensing, maintenance schedules, load limits etc. Manual handling risks should be assessed and documented including the need for additional/mechanical lifting aids, training required, appropriateness of workplace design etc. Where dedicated storage points have been established they should be regularly inspected (access, stability, safe working load/height, condition etc).</p> <p>Comment on:</p> <ul style="list-style-type: none"> • Annual workplace inspections completed? • Plant/equipment registers available? • Documented procedures outlining required maintenance/servicing? • Training/licensing requirements assessed and documented? Procedure for ensuring new staff undergo required training? • Transport and lifting vehicles/equipment in good working order and appropriate for task? 	

3.10.22	Workers are supervised according to their capabilities and the degree of risk of the task they are undertaking, to ensure that tasks are performed safely and work instructions and procedures are followed.	<p>The UQ OHS Training Needs Analysis (TNA) provides a training plan structure identifying the type of training required (one on one supervision) and method of competency verification. Risk assessments should identify task/job specific training and competency level required prior to performing work unsupervised.</p> <p>Comment on:</p> <ul style="list-style-type: none"> • Is a training plan based on the UQ Training Needs Analysis (TNA) checklist completed and regularly reviewed? • Are competency training assessments conducted before work tasks to verify workers understanding of training? If yes, are records kept and can evidence be provided? 	
3.10.23	The organisation has a program to effectively manage the safety of its workers when working at workplaces not under the control of the organisation.	<p>Requirements for working away from UQ campuses are outlined in PPL 2.30.09 Work Off-Campus. Requirements for students undertaking placements and work experience are detailed in PPL 3.10.04 Placements in Coursework Programs and 3.10.04 Placements in Coursework Programs. A proportionate OHS risk management approach should be taken for all work occurring at a non UQ controlled workplace. All persons must comply with their duties under the relevant legislation applicable to the non UQ controlled workplace location and the work that they are performing. OHS risks associated with the work off-campus must be documented and recorded.</p> <p>Comment on:</p> <ul style="list-style-type: none"> • Risk assessment and/or work off-campus (WOC) plans developed for all work occurring at a non UQ controlled location? • Established review and approval procedure for all field work/work off-campus? • Emergency contact details and planning in place prior to departing? 	

3.10.24	Customer-supplied goods and services used in the organisation's work processes are subject to hazard identification, risk assessment and control prior to use.	<p>PPL 2.30.01 Occupational Health and Safety Risk Management details the risk management process at UQ including risk assessment and hazard identification. It is the responsibility of all workers undertaking a task and their managers/supervisors to ensure an approved risk assessment is in place prior to starting work.</p> <p>Comment on:</p> <ul style="list-style-type: none"> • Approved risk assessments in place taking into account all chemicals/biological material/raw materials etc? • Appropriate control measures identified and implemented? • Workers understand the health hazards and relevant legislative requirements for use of the good/product? • Have the suppliers/manufacturers recommendations for safe use been taken into account? 	
3.10.25	All substances in containers and transfer systems are identified and clearly labelled to avoid inadvertent or inappropriate use.	<p>PPL Sections 2.40 Biosafety, 2.70 Occupational Hygiene and Chemical Safety and 2.80 Radiation Safety outline the requirements for labeling all chemicals, radiation sources and biological material. All containers must be clearly labeled with a complaint label at all times.</p> <p>Comment on:</p> <ul style="list-style-type: none"> • All chemical containers/bottles are labelled correctly including as a minimum the product identify and hazard pictogram or statement? • All bulk chemical storage areas/vessels and pipework clearly identified as per https://www.worksafe.qld.gov.au/injury-prevention-safety/hazardous-chemicals/managing-hazchem-risks/storage-and-handling-systems • All GMO's labeled in accordance with 2.40.07 Requirements for the Identification of Genetically Modified Organisms in Storage? • All vehicles used for transport of materials appropriately signed/labelled? 	
Audit Score			
3.10 Recommended Corrective Actions			
<ul style="list-style-type: none"> • 			

3.11 Emergency preparedness and response

Audit Criteria	Findings	Score
<p data-bbox="81 734 108 813">3.11.1</p> <p data-bbox="126 651 651 719">Potential emergency situations have been identified and an emergency plan is:</p> <ul style="list-style-type: none"> <li data-bbox="140 725 651 792">a) developed for the organisation and its workplaces <li data-bbox="140 797 544 864">b) in accordance with legislative requirements <li data-bbox="140 869 421 902">c) regularly reviewed. 	<p data-bbox="735 286 1385 712">The UQ PPL 2.15.04 Fire Emergency Evacuation outlines the UQ emergency plan for all University buildings as a means of ensuring legislative compliance for UQ and its workplaces. UQ organisational units at sites that are not on St Lucia or Gatton Campus (e.g. Long Pocket, Heron Island, Moreton Bay) have site- specific emergency evacuation plans in place. Staff in non-University owned buildings must follow emergency evacuation procedures as set out by the building owner e.g. RBWH tenancies. Scheduled reviews of PPL documents are conducted.</p> <p data-bbox="735 719 1369 931">UQ's overall arrangements for preparing for, responding to and recovering from a critical incident are outlined in PPL 7.60.01 Critical Incident Management (CIM). In addition, UQ undertakes regular scenario planning for critical incidents (or "black-swan" events).</p> <p data-bbox="735 943 938 976">Comment about:</p> <ul style="list-style-type: none"> <li data-bbox="735 983 1358 1084">• Documentation of suitable emergency plan and procedures where site specific or non-University building arrangements are required. <li data-bbox="735 1090 1257 1158">• Completion of scheduled reviews of the emergency plan <li data-bbox="735 1164 1257 1198">• Display of emergency plan in local areas <li data-bbox="735 1205 1326 1272">• Local area inclusion of out-of-hours / working alone emergency procedures where relevant. 	

3.11.2	<p>The organisation has allocated overall responsibility for control of emergency situations to specified individuals and communicated this information to all workers.</p>	<p>UQ has appointed an officer to oversee operational arrangements regarding emergency situations (e.g. fire). UQ Security staff also have a formal role in the management of emergency situations. The PPL 2.15.04 Fire Emergency Evacuation details responsibilities and states that they must be allocated by local organisational units to a site Emergency Coordinator, Building Wardens and Floor/Area Wardens and their Deputies for each building. All site specific and non-University owned buildings must also have such arrangements in place.</p> <p>Comment about:</p> <ul style="list-style-type: none"> • Staff being allocated responsibilities for emergency coordinator, building and fire wardens roles. Display of Emergency Coordinator, Building and Floor Wardens names and communication of these names to all staff e.g. induction, local staff meeting, OHS Committee. • Any communications to local staff about evacuation arrangements for students and visitors and display of emergency evacuation information. • Documentation communicating Fire Emergency Evacuation procedures to workers. • Workers knowledge about emergency response responsibilities and procedures including work that is site specific or in a non-University building e.g. fieldwork, work in a hospital. 	
3.11.3	<p>Workers receive training and practice in the emergency plan appropriate to their allocated emergency response responsibilities.</p>	<p>All UQ workers must complete the UQ Annual Fire Safety training module (AFS) and heads of organisational units are responsible for ensuring this occurs. Each year multiple instances of the following face-to-face courses are conducted at UQ:</p> <ul style="list-style-type: none"> • Chief and Deputy Warden Training • Fire Safety Training for Wardens and Lab Staff • Fire Extinguisher training • Emergency Procedures for Hazardous Materials <p>Annual emergency evacuation drills for all buildings (UQ, non-UQ) are a regulatory compliance requirement; the drill debriefs conducted by Deputy Emergency Coordinator with Wardens are an important training tool.</p> <p>Comment about:</p> <ul style="list-style-type: none"> • Percentage of AFS training completion by all workers. • Training participation by local Building/Floor Wardens and Deputies, and laboratory workers. • Records of emergency tests or evacuation drills and debrief meetings. 	

3.11.4	Competent persons have periodically assessed the suitability, location and accessibility of emergency equipment, including where changes to layout, equipment or process have occurred.	UQ reviews its emergency evacuation diagrams when a change to layout occurs or at three yearly review date.	
3.11.5	Emergency and fire protection equipment, exit signs and alarm systems are inspected, tested and maintained at regular intervals.	<p>Maintenance of fire safety systems and equipment is enacted through provisions of the Fire Maintenance Contract that requires scheduled maintenance in accordance with the Fire and Emergency Services Act 1990 and Regulation 2011, the National Construction Code 2016, the appropriate Standards Australia Codes of Practice and other associated legislation. The contract ensures that Fire Maintenance Contractors are</p> <ul style="list-style-type: none"> • fully inducted for safe work practices at UQ and are fully qualified to carry out maintenance on fire safety systems. <p>Comment about:</p> <ul style="list-style-type: none"> • Testing of fire extinguishers, fire indicator panel, manual call point, exit lights • Inspection of fire hose reel and fire hydrant • Access to fire blanket • Wardens phone operation <p>Local areas are responsible for maintenance of other emergency equipment under relevant Standards Australia/regulations.</p> <p>Comment about:</p> <ul style="list-style-type: none"> • Scheduled testing of eyewash and safety showers as per AS4775-2007 guidelines. • Scheduled testing of oxygen monitors and fixed/portable gas detection equipment and any other safety equipment. 	

3.1.1.6	<p>The organisation has a system in place to ensure emergency authorities are informed of relevant hazards on-site (including hazardous chemicals) when attending an emergency.</p>	<p>The UQ Chemical Manifest is a regulatory requirement and consists of the cumulative total of all hazardous chemicals stored and used at UQ workplaces. Its primary purpose is to inform emergency responders about the chemicals present and site layout in the event of a fire, chemical spill or other relevant emergency situation. It is displayed electronically by UQ Security in the event of an emergency. UQ's local business units must have chemical registers/inventories in place for relevant laboratories, rooms or locations. Inventories identify the chemicals used, stored and handled at that location and include hazardous and non-hazardous chemicals. They are electronically maintained in Chemwatch and inform the University's Chemical Manifest that also includes location, types and quantities of hazardous chemicals.</p> <p>Comment about:</p> <ul style="list-style-type: none"> • Chemical Inventory being completed and up-to-date in Chemwatch for all relevant locations <p>The OHS Division "Guidelines for the Placarding of Chemical Storage areas" defines The University of Queensland as a large dangerous goods location and the requirement for placarding under the Dangerous Goods Safety Management Regulation (section 50). It's responsibility of the local area to ensure placards are aligned with requirements of the UQ Guideline.</p> <p>Comment about:</p> <ul style="list-style-type: none"> • Location's placarding requirements if any. • Display of suitable placarding. 	
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3.11.7	The organisation has assessed its first aid requirements and the first aid program is in place.	<p>The First Aid Officer network at UQ is supported through centrally coordinated first aid training courses and other provisions under the PPL 5.50.11 Appointment of First Aid Officers.</p> <p>The local area determines any need for a First Aid Officer through a risk assessment for the specific work activities and location. First aid officer appointees must hold a current First Aid qualification for the period of their appointment and as training is completed certificates should be sent to the Head of organisational unit and to the OHS Division.</p> <p>Appointed First Aid Officers are responsible for first aid facilities in the workplace, and for administering first aid to staff where necessary and maintaining first aid kit contents and records of usage. Upon appointment the staff member receives payment of a First Aid Allowance in accordance with the Enterprise Agreement.</p> <p>Comment about:</p> <ul style="list-style-type: none"> • The decision about whether to appoint or not appoint a First Aid Officer been based upon a risk assessment of local activity and need. • Records of First Aid Officer qualifications, expiry date, scheduled refresher training. • Suitability of first aid cabinet contents, expiry periods and usage records and maintenance records. • Staff knowledge about name, location, contact of the First Aid Officer. 	
3.11.8	The organisation has a procedure(s) to assist workers who are exposed to critical incidents at work.	<p>UQ has a policy and procedure in place [PPL 5.70.06 Staff Assistance Services] that outlines access to the Davidson Trahaire Corpsych (DTC) confidential counselling sessions (up to six hours), Discrimination and Harassment network, HR Equity and Diversity and Chaplaincy Services etc.</p> <p>Comment about:</p> <ul style="list-style-type: none"> • Awareness of the UQ Staff Assistance Services available to staff who are exposed to or affected by critical incidents at work. • Local Mental Health First Aid arrangements. • any example of incidents that may have occurred where staff assistance services were offered to staff. 	
Audit Score			
3.11 Recommended Corrective Actions			
<ul style="list-style-type: none"> • 			

Appendix 1 Supervisors / Managers Questionnaire Results

Note: To achieve a 'C' interviewee must be able to answer correctly, demonstrate knowledge and provide examples of relevant OHS procedures/systems at UQ.

Criteria / Questions		S1	S2	S3	S4
	<i>Supervisor initials (to be deleted before submitting report)</i>				
3.2.3	Please explain your legal and UQ OHS obligations?				
3.2.5	Is OHS discussed during annual performance appraisals?				
3.3.3	Have you completed written training plans (TNA) for your staff?				
3.3.4	Have you completed the UQ online OHS training modules?				
3.3.4	Do you provide supervised / hands-on / task specific training? e.g. use of equipment?				
3.3.4	How do you verify that the staff/students supervised by you are competent, prior to commencement of tasks?				
3.3.4	How do you obtain reports to verify that the staff/students supervised by you have completed required OHS training?				
3.3.5	Are new workers (to be supervised by you) introduced to local health and safety personnel at the commencement of employment, and shown the location of emergency exits / equipment?				
3.3.8	Have you attended the OHS for Managers and Supervisors training, offered via the UQ Staff Development program?				
3.3.10	Are you (or the workers you supervise) required to undertake any OHS refresher training? Examples?				
3.5.1	Is relevant OHS information easily accessible? Where?				
3.5.1	Is health and safety information effectively communicated within your work unit? By who?				
3.6.1	How would workers report an OHS issue in your work unit?				
3.6.1	Are you able to explain your responsibilities and the actions required following the injury of a worker (staff/student) supervised by you?				
3.9.2	Is Health Surveillance provided for workers who may be exposed to substances or conditions that require this measure? (e.g. arsenic; noise)				
3.9.2	Do you verify that the staff/students supervised by you have completed risk assessments for their work tasks / research activities?				
3.9.3	Do you review and approve risk assessments for staff/students supervised by you on the online Risk Management Database?				

Criteria / Questions		S1	S2	S3	S4
3.9.5	What are the top 3 hazards associated with your work / research tasks?				
3.10.5	Is there a process, procedure or guideline to ensure OHS is effectively considered prior to the purchase of new chemicals/goods/equipment?				
3.10.15	Is suitable training in the use of PPE provided?				
3.10.15	Is PPE maintained in good working condition? Responsibilities?				
3.10.18	Is the form "PF306 Hazards in Laboratories" completed prior to engaging P&F/contractors to service/repair laboratory facilities/equipment?				
3.10.22	Do you monitor the working practices of staff/students supervised by you to ensure work is being carried out safely? How?				
3.10.22	Have procedures / guidelines for out-of-hours work been developed, consistent with the level of risk at the workplace?				
3.10.23	Have procedures been developed to manage the safety of staff/students working at non-UQ workplaces?				
3.11.2	Do you know who to call in an emergency? Phone number?				
3.11.3	Do you know your emergency meeting point in the event of a building evacuation?				
3.11.8	Explain your understanding of the UQ Wellness program?				
3.11.8	Explain your understanding of the Employee Assistance Program?				
General comments / recommendations for OHS improvements?					
S1	Comments: Recommendations:				
S2	Comments: Recommendations:				
S3	Comments: Recommendations:				
S4	Comments: Recommendations:				

Appendix 2 Workers Questionnaire Results

Note: To achieve a 'C' interviewee must be able to answer correctly, demonstrate knowledge and provide examples of relevant OHS procedures/systems at UQ.

Criteria / Questions		W1	W2	W3	W4
	<i>Worker initials (to be deleted before submitting report)</i>				
3.2.3	Please explain your legal and UQ OHS obligations?				
3.2.5	Is OHS discussed during annual performance appraisals? Examples?				
3.3.3	Have you completed a Training Needs Analysis (TNA) with your Supervisor?				
3.3.4	Have you completed any UQ online OHS training modules? Which modules?				
3.3.4	Have you received any supervised / hands-on / task specific training? e.g. use of equipment? Who from?				
3.3.5	Have you attended a site specific local OHS Induction? When? Who with?				
3.3.5	Do you know who your WHSC is?				
3.3.5	Do you know who your HSR is?				
3.3.5	Do you know who your First Aid Officer is and/or how to obtain first aid or medical assistance?				
3.3.5	Do you know who your Floor Warden is?				
3.3.10	Are you required to undertake any OHS refresher training? What?				
3.4.3	Do you receive copies of the minutes from your local OHS Committee? Who from?				
3.4.4	Are you consulted on matters that may affect your health and safety?				
3.5.1	Do you know where to find a copy of the UQ OHS Policy?				
3.5.1	Do you receive information about health and safety? From who?				
3.6.1	How would you report a workplace hazard? Example?				
3.6.1	How would you report a workplace incident or injury? Example?				
3.9.1	Are you aware of the UQ Health Surveillance program? Example?				
3.9.2	Are you required to complete risk assessments for your work?				

Criteria / Questions		W1	W2	W3	W4
3.9.3	Has your supervisor reviewed and approved your risk assessments?				
3.9.5	What are the top 3 hazards associated with your work / research tasks?				
3.10.09	What are the disposal requirements for hazardous chemicals?				
3.10.09	Where is chemical waste stored prior to collection?				
3.10.12	How do you access safety information for hazardous chemicals?				
3.10.13	What are the safety requirements for storage of hazardous chemicals?				
3.10.15	Is suitable training in the use of PPE provided?				
3.10.15	Is PPE maintained in good working condition? Responsibilities?				
3.10.22	What are the procedures for working alone or out-of-hours?				
3.11.2	Do you know who to call in an emergency? Phone number?				
3.11.3	Do you know your emergency meeting point in the event of a building evacuation?				
3.11.3	Do you know the location of emergency safety showers, eye wash stations and spill kits?				
3.11.8	Explain your understanding of the UQ Wellness program?				
3.11.8	Explain your understanding of the Employee Assistance Program?				
General comments / recommendations for OHS improvements?					
W1	Comments: Recommendations:				
W2	Comments: Recommendations:				
W3	Comments: Recommendations:				
W4	Comments: Recommendations:				

Appendix 3 Walk-through Inspection Findings

Location 1:		Location 3:	
Location 2:		Location 4:	

Criteria	Items	L1	L2	L3	L4
3.5.1	Dedicated OHS Notice Board				
3.5.1	UQ OHS Policy displayed / available				
3.5.1	WHSC contact details displayed				
3.5.1	HSR contact details displayed				
3.5.1	First Aid Officer name displayed near first aid kit				
3.7.2	SOPs displayed (if required, relevant to the level of risk)				
3.8.1	Displayed OHS information is up-to-date				
3.8.2	Local OHS documents include date and version number				
3.8.4	Local OHS documents reviewed at least every 3 years				
3.10.1	Facility security appropriate to the level of risk				
3.10.1	Laboratories have UQ "CAUTION" sign on door				
3.10.1	Hazardous and/or specialised areas and rooms signed				
3.10.9	UQ "Guide to Laboratory Waste Disposal" displayed				
3.10.9	Waste stored safely prior to appropriate disposal				
3.10.10	Good housekeeping – facilities / equipment maintained				
3.10.12	SDS's readily accessible (in event of emergency)				
3.10.13	Sufficient chemical storage cabinets				
3.10.13	Hazardous chemicals and DGs stored safely / correctly				
3.10.13	Chemical substances in appropriate containers				
3.10.13	Chemical containers in good condition				
3.10.15	PPE available and maintained in good condition				
3.10.16	Equipment appropriately guarded				
3.10.16	Equipment maintained and records kept				
3.10.16	e.g. Plant / Equipment Register available and up-to-date				
3.10.16	Electrical items safety tested (where applicable)				
3.10.16	Power boards compliant (e.g. individually switched)				
3.10.17	Appropriate use of "Out-Of-Service" tags				

Criteria	Items	L1	L2	L3	L4
3.10.25	Chemicals labelled correctly e.g. Chemwatch labels				
3.11.1	UQ Emergency Procedures Cards (EPC) displayed				
3.11.2	EPC filled out with current information				
3.11.2	Building / Emergency / Floor Warden names displayed				
3.11.5	Emergency Evacuation Plan displayed				
3.11.5	Emergency exits clear (check stairwell)				
3.11.5	Emergency equipment tagged and inspected – ‘in-date’?				
3.11.5	Safety showers / eyewash stations – tested? Records?				
3.11.5	Chemical Spill Kits – fully stocked				
3.11.5	Chemical Spill Kits – contents ‘in-date’				
3.11.6	Chemical Register/Manifest available and up-to-date				
3.11.7	First Aid Kits – signed / labelled				
3.11.7	First Aid Kits – fully stocked				
3.11.7	First Aid Kits – contents ‘in-date’				
3.11.8	EAP brochures displayed				
Comments / Recommendations:					
L1	Comments: Recommendations:				
L2	Comments: Recommendations:				
L3	Comments: Recommendations:				
L4	Comments: Recommendations:				

Appendix 4 Walk-through Inspection Images

< Location 1; Date >	

< Location 2; Date >	

< Location 3; Date >	

< Location 4; Date >	

Appendix 5 Audit Tool Scoring and Conformance Rating Definitions

Score	Outcome Achieved
0	The criteria have not been considered.
0.5	Strategy/controls or management plans are under development.
1	Strategy/controls or management plans have been developed but not implemented.
1.5	Strategy/controls or management plans have been developed and partially implemented in all relevant areas.
2	Strategy/controls or management plans have been developed and implemented in all relevant areas.
2.5	Strategy/controls or management plans have been developed, implemented in all relevant areas and evaluated for effectiveness.
3	Strategy/controls or management plans have been developed, implemented in all relevant areas and evaluated for effectiveness against organisational goals.
3.5	Strategy/controls or management plans have been developed, implemented in all relevant areas, evaluated for effectiveness and resultant actions are achieving organisational goals.
4	Strategy/controls or management plans have been developed, implemented in all relevant areas, evaluated and reviewed for effectiveness, are achieving organisational goals and by using industry, interstate or international benchmark comparisons, is trending to "best in class".

Rating	Outcome Achieved
C	Conformance. A judgment made by an auditor that the activities undertaken and the results achieved fulfil the specified requirements of the audit criteria. While further improvements may still be possible, the minimum requirements are being met.
PC	Partial Conformance. A judgment made by an auditor that the activities undertaken and the results achieved partially fulfil the specified requirements of the audit criteria. Minor improvements are required to ensure the minimum requirements are being met.
NC	Non-conformance. A judgment made by an auditor that the activities undertaken and the results achieved do not fulfil the specified requirements of the audit criterion. 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.
NA	Not Applicable. A judgement made by an auditor that the requirements of a particular audit criterion do not need to be met, because of the nature of the client organization's operations.
NV	Not able to be verified. A situation where a relevant system procedure has been developed, but because of the infrequent need to use the system procedure there are no recent records or other form of verification available.

Appendix 6 Corrective Actions - Priority Ranking Definitions

Priority Ranking – Corrective actions

1. **High:** Matters that are fundamental to the OHS management system. The partial or non-conformances observed can seriously compromise the OHS management system or success of the business activity, and should be addressed as a matter of urgency.

NAT attributes heaviest weighting (12) to Elements 3.9 Risk Management Program, 3.10 Hazard ID, Risk Assessments and Controls. A high priority ranking would be indicated for corrective actions for these Elements. Otherwise, a high frequency of PCs or NCs for elements other than those specified, may pose sufficient threat to the OHS management system to indicate a high priority for corrective actions.

2. **Medium** Matters that are important to the OHS management system (of control?) or success of the business activity, and should be addressed as soon as possible.

NAT attributes a moderate weighting of 8 to Elements 3.2 Responsibility and Accountability, 3.3 Training and Competency and a moderate weighting of 5 to Elements 3.4 Consultation and 3.6 Reporting. A medium priority ranking may be indicated for corrective actions of these Elements. Otherwise, a high frequency of PCs or NCs for elements other than those specified, may pose sufficient threat to the OHS management system to indicated a moderate priority for corrective actions.

3. **Low** Matters which are unlikely to have a significant impact on the OHS management system or success of the project, but should be addressed as part of continuous improvement.

NAT attributes a lighter weighting of 3 to Elements 3.1 Resources and 3.7 Documentation. A low priority ranking may be indicated for corrective actions of these Elements. Otherwise, a small number of PCs or NCs in Elements other than those specified, may pose little threat to the OHS management system to indicate a low priority for corrective actions.

4. **Value Added** Recommendations that would, if implemented, enhance the OHS management system or efficiency of the system. These recommendations are considered as best practice as opposed to OHS management system weaknesses.