

## **Document and Records Management Procedure**

**Procedure Owner:** Chief Safety Officer

**Keywords:** 1) Document 2) Records 3) Work Health and Safety

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## 1. INTENT

This procedure provides the minimum requirements to manage work health and safety (WHS) documents required by the Work Health and Safety Management System (WHSMS). Its purpose is to systematically manage and control the creation, review, approval, storage, retrieval, modification and disposal of WHS documents, across the University.

## 2. ORGANISATIONAL SCOPE

All ECU workers

## 3. DEFINITIONS

The [University Glossary](#) and the [WHS Definitions Register](#) apply to this procedure.

## 4. GENERAL REQUIREMENTS

### 4.1 WHS Document and Record Control

All WHS documents should be controlled using the Content Manager document and record management system with the exception of:

- WHS documents stored in the maintenance management system (QFM)
- Drawings related to WHS requirements i.e. electrical drawings, emergency maps stored in the CAD and Project Records databases
- Contract Agreement Management System (CAMS)

These WHS documents and records remain subject to the same requirements as the WHS documents controlled using Content Manager.

Policies are managed by Strategic and Governance Services in the [ECU Legislation and Policy Search Directory](#).

WHS documents should be accessible to Workers, visitors and students based on appropriate access authorisations.

### 4.2 Hierarchy and Naming Convention

The University's WHS documents should conform to the document and record hierarchy depicted in Figure 1 and the definition, intent, authorisation level and naming convention provided in Appendix A.

WHS Policies shall comply with University's legislation and policy requirements as outlined on the [Strategic and Governance Services website](#).

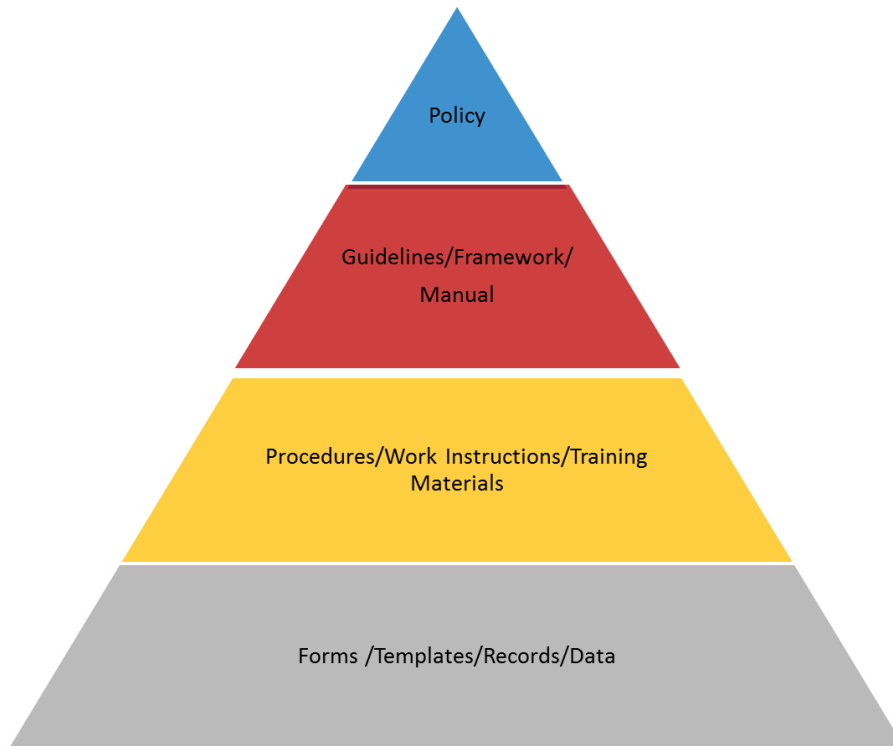


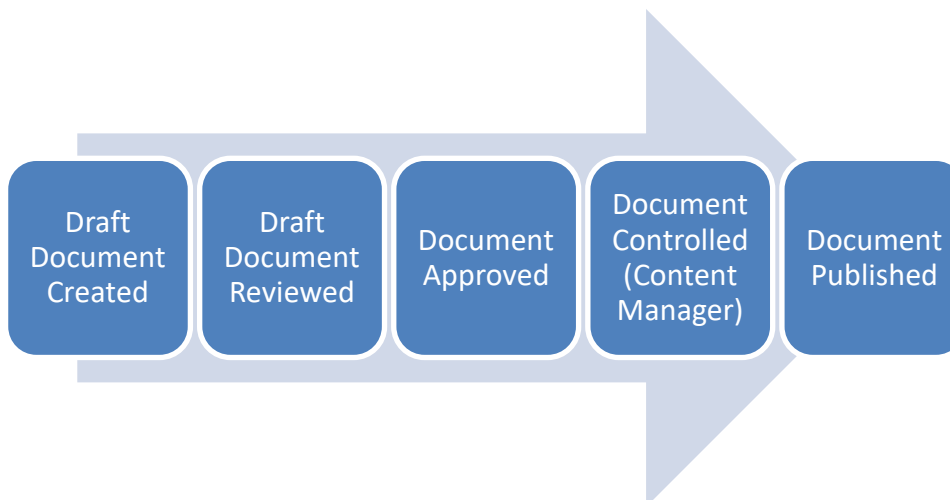
Figure 1 WHS Document and Record Hierarchy

**4.3 Validity**

At all times, users should only utilise the most current, approved version of the document.

**5. WHS DOCUMENT DEVELOPMENT AND AMENDMENT**

WHS documents should be developed and amended in line with the process described below and illustrated in Flowchart 1.



**Flowchart 1. WHS Document Development Process**

### 5.1. Step 1: Development

All WHS documents should have accountable roles assigned as Document Owner and Document Approver.

The Document Owner may not necessarily be the document creator, who developed / captured the original document. The Organisational role of the Document Owner should be recorded on the Document.

All WHS documentation should conform to the document hierarchy outlined in Figure 1 above. Titles used for WHS documents should follow the naming convention examples provided in Appendix A.

Document creators should ensure WHS documents align with higher level documents and do not duplicate existing documents.

WHS documents should be created using the appropriate templates from the [Strategic and Governance Services website](#).

The review period of the document, as determined according to section 6, should be assigned to and recorded on the document.

### 5.2. Step 2: Consultation and Review of Draft Document

Review of the document should typically be a collaborative process involving key stakeholders affected by the document. This may involve review by relevant local WHS Committees and Health and Safety Representatives (HSRs).

The document creator and Owner should ensure amendments proposed by stakeholders are incorporated where relevant and appropriate and the document is formatted correctly before approval.

Prior to submitting the document for approval, the Document Owner should ensure:

- A record of the proposed amendments to the WHS document is kept and referenced within Content Manager.
- The document meets the requirements of this procedure.

### 5.3. Step 3: Approval

All WHS documents should be approved by a relevant and appropriately competent person as per examples provided in Appendix A, or by the most senior position of the organisational structure impacted by the document and in accordance with any required delegations.

A record of the approval should be maintained within Content Manager and the Organisational role of the Document Approver recorded on the document.

Once approved, the new or amended document should be made available to authorised readers as per section 5.5.

### 5.4. Step 4: Document and Records Management

The approved WHS document should be controlled within the University's document management system in accordance with the [Records Management Policy](#).

## 5.5. Step 5: Release and Implementation

Once approved and controlled, where required, the document may be published and linked to the relevant website, by a person nominated and that is trained in Web Content Authoring in the ECU WebCMS.

Hard copies of previous versions should be replaced and the release of the current version communicated to relevant stakeholders.

Policies will be included on the [Legislation and Policy Search Directory](#) by Strategic and Governance Services.

## 6. WHS DOCUMENT AND RECORD REVIEW

### 6.1. Periodic Review

WHS documents and associated records that support the WHSMS should be reviewed every 3 years, following WHSMS review or where improvements/changes are identified.

All other WHS documents should be reviewed according to Appendix A unless otherwise determined by:

- An identified improvement or change
- An obligation to undertake periodic review based on the importance of the document, statutory obligation and/or the need to remain relevant to their function
- An incident occurring with a subsequent review of documented controls
- A change in legislation or operation requirements
- New equipment or technology being introduced
- A change in reference documentation used in the development of a controlled document.

### 6.2. Change

Any changes to the minimum requirement, process, equipment, responsibilities and/or underlying legislative requirements contained within a WHS document and associated records should initiate the review, approval, document control and implementation processes outlined in section 4 of this procedure.

## 7. WHS DOCUMENT RESPONSIBILITIES

### 7.1. Document Owners

Document Owners are usually based on the appropriate organisational hierarchy. The document owner should ensure;

- A document creator and approver are assigned to the document, with the necessary ability to manage the document development process as depicted in Flowchart 1
- Periodic review of WHS documents they own is co-ordinated and facilitated
- The WHS document conforms to the requirements of this procedure
- The processes described in the document are implemented

### 7.2. Document Creator

The document creator should ensure:

- Compliance of all WHS documents to the requirements of this procedure
- WHS documents are kept within Content Manager
- All WHS documents are:
  - legible
  - containing correct style, formatting, grammar, language and spelling
  - uniquely identified, with this alpha-numeric identification appearing on the documents as well as in its electronic metadata (Content Manager)
  - meets the requirements of the [Legislation and Policy process](#) if the document is a Policy
  - assigned appropriate metadata where required
  - appropriately owned and the correct security permissions applied.
- Approved HS documents are published to the appropriate University website as required
- A record is kept of all communication regarding approval and release of HS documents within the relevant HPRM folder

### 7.3. Document Approver

The Document Approver should be responsible for:

- The final quality check of the WHS document, ensuring it is complete, accurate and fit for purpose.

## 8. RETENTION AND DISPOSAL

WHS documents required by the WHSMS have varying rules for how long they should be retained and how they can be disposed of.

These rules are contained in the following retention and disposal schedules, accessible on the [Record Keeping section](#) of the [Information Management and Archives Services webpage](#).

- Western Australian University sector Disposal Authority
- General Disposal Authority for State Government Information

All Workers shall follow the instructions in the schedules.

## 9. TRAINING

All Workers are required to complete Information and Records Management Awareness training as outlined in the [Role Based Development Framework ECU Course Matrix](#).

Workers nominated to publish and link documents to the relevant website are required to complete Web Content Authoring in the ECU WebCMS training available via the Staff Development Portal.

All workers should be provided instruction on how they can access WHS documentation, this is usually provided in the WHS induction and area orientations/local inductions

## 10. RELATED DOCUMENTS

[Records Management Policy](#)

[Role Based Development Framework ECU Course Matrix](#)

Policy Tools and Templates web page

## 11. CONTACT INFORMATION

For queries relating to this document please contact:

Procedure Owner	Chief Safety Officer
All Enquiries Contact:	Chief Safety Officer
Telephone:	08 6304 2302
Email address:	whs@ecu.edu.au

## 12. APPROVAL HISTORY

Procedure Approved by:	Chief Safety Officer
Date Procedure First Approved:	June 2015
Date last modified:	March 2023
Revision History:	V01 Procedure first approved document V01.1 Minor update document control requirements V1.2 Updated for WHS legislation terminology, change to University document management system and Chief Safety Officer role.
Next Revision Due:	March 2026
HPRM File Reference	SUB/65262

**Appendix A HS Documentation Definitions, Authorisations and Naming Conventions Examples**

<b>Policy</b>	<b>Guideline/Framework/Manual</b>	<b>Procedure/Training Material/SWI's</b>	<b>Forms/Templates/Records/Data</b>
<b>Definition:</b>			
A concise, formal statement which prescribes how members of the University are to act in a particular area of its operation. Policies have University-wide application.	A statement that provides guidance on how University policies will be implemented or applied.	<p>Procedure - A statement that outlines the established method for implementing a particular University Policy or process. Procedures are developed at an operational level and generally contain considerable detail which may require regular updating.</p> <p>Training Material - Provides the knowledge, skills and material needed to do any low-risk, high-frequency activity. The actual training requirement is provided for in the Guideline.</p> <p>Safe Work Instruction(SWI) - a set of written instructions that identify the health and safety issues that may arise from use of the machinery and equipment or be based on a task or process</p>	Blank or template records of information used in day-to-day events of the operation. Can include work permits, registers, access applications and other administrative records
<b>Example documents and intent</b>			
WHS Policy - Document that states ECU's intentions, commitment and principles of health and safety.	Incident Reporting and Investigation Guideline Exercising Due Diligence for Officers Guideline Health and Safety Management System Manual Documents that detail the minimum requirements and associated accountabilities to meet ECU HS requirements.	University HS Consultative Committees Procedure, Hazard Resolution Procedure Training - HS Induction, HS for Managers and Supervisors SWI – Job Safety Analysis Process Documents that expands on the minimum requirements of the associated guideline and provides detailed process steps on how requirements are achieved or met.	Work permits, registers, plans access applications and other administrative records
<b>Authors or contributors ( Document Creator)</b>			
University WHS committee including nominated specialist advice as required.	Local WHS committees including nominated specialist advice as required.	Relevant local WHS committees, including nominated specialist advice as required.	Relevant local WHS committees, including nominated specialist advice as required.
<b>Custodian level (Document Owner)</b>			
Executive Dean/Director	School/Centre: Manager/Associate Dean with review by WHS Department where requested. ECU-wide WHS: Chief Safety Officer	School/Centre: Manager/Associate Dean ECU-wide WHS: Chief Safety Officer	School/Centre: Manager/Associate Dean ECU-wide WHS: Chief Safety Officer
<b>Authorisation level (Document Approver)</b>			
Vice-Chancellor	School/Centre: Executive Dean/Director ECU-wide WHS: Chief Safety Officer	School/Centre: Executive Dean/Director ECU-wide WHS: Chief Safety Officer	School/Centre: Executive Dean/Director ECU-wide WHS: Chief Safety Officer
<b>Accountabilities specified</b>			
Accountabilities/Responsibilities are outlined in the Policy.	Yes	Yes	Dependent on intent
<b>Audience</b>			
Individuals as defined by the Organisational Scope of Policies	Individuals/groups as defined in the scope of the Guideline	All ECU workers and may be relevant to visitors and students	All ECU workers and may be relevant to visitors and students
<b>Document naming convention &amp; template (where applicable)</b>			
As outlined in the Policy Framework and supporting documentation.	ECU/School/Service Centre HS <subject> Guideline [HS Guideline template]	ECU/School/Service Centre HS<subject> Procedure[HS Procedure template]	ECU/School/Service Centre HS <subject> Form/Template/Records/Data[Form/ Template template][No template for Records/Data]
<b>Review Period</b>			
Three years after the date of approval or the latest date of amendment to the policy; or whenever there is a significant relevant change of circumstances.	Minimum every 3 years or as outlined in section 6 of this procedure	When used or as outlined in section 6 of this procedure	When used or as outlined in section 6 of this procedure