

Procedure Title: Work Health and Safety Audits, Inspections and Monitoring

Procedure Owner: Chief Safety Officer

Keywords: Audit, Assurance, Inspections

This procedure supports the University to operationalise the Work Health and Safety Policy [PL139] and must be complied with.

[Intent](#)

[Organisational Scope](#)

[Definitions](#)

[Procedures Content](#)

[Accountabilities and Responsibilities](#)

[Related Documents](#)

[Contact Information](#)

[Approval History](#)

1. INTENT

Edith Cowan University (ECU) is committed to monitoring the University's Work Health and Safety Management System (WHSMS) to evaluate its implementation and effectiveness. This procedure describes the monitoring process for conducting organisational and local level Work Health and Safety (WHS) audits and inspections.

WHS audits and inspections evaluate:

1. the level of compliance with University WHS Policy, Guidelines and Procedures; and WHS legislation;
2. whether the WHSMS has been properly implemented and maintained;
3. the effectiveness of the WHSMS;
4. identification of systems of work that represent best practice; and
5. identification of WHS challenges and opportunities for improvements.

2. ORGANISATIONAL SCOPE

This procedure applies to all ECU Workers.

3. DEFINITIONS

The [University Glossary](#), the [WHS Definitions Register](#) and the following definitions apply to this guideline:

Term:	Definition:
Auditee	The person or business unit being audited.
Auditor	The person who conducts audits.
Audit Criteria	Set of requirements used as a reference against which objective evidence is compared (requirements may include legal, policies, procedures, work instructions, contractual obligations, etc.).
Audit Evidence	Records, statements of fact or other information, which are relevant to the audit criteria and verifiable.
Workplace Safety Audit	A workplace safety audit is a systematic, independent, and documented process for obtaining audit evidence and evaluating it objectively to determine the extent to which the audit criteria are fulfilled.
Workplace Inspection	A workplace safety inspection is a formal process of observing and documenting safety hazards and unsafe practices in the workplace using a checklist to assist with the identification and monitoring of hazards and risks.

4. GENERAL REQUIREMENTS

The University’s WHS assurance process includes three distinct components aligning to the Three lines of defence assurance model:

First Line of Defence - Management Control

- 4.1. Workplace Inspections: these inspections are performed by Schools/Centres at regular intervals of six monthly or earlier, depending on the risks of the work and the workplace. Inspections provide an opportunity to regularly review compliance with local safety procedures. Refer to the [Workplace Inspection Guideline](#) for more information.
- 4.2. Contractor Worksite Safety Checks: Responsible Officers complete formal Worksite Safety Checks of contractor activities as part of the University’s assurance processes for managing Contractors. Refer to the [Contractor Worksite Safety Checks Procedure](#) for more information.

Second Line of Defence – Central Oversight

- 4.3. Scheduled Internal Audits of WHS processes and risks:
 - a. Workplace Safety Audits: these audits are conducted by the WHS team to examine components of ECU’s WHSMS according to a plan and schedule. The audits are an objective assessment of the extent to which the University’s WHS framework, guidelines, procedures and processes have been implemented and comply with statutory requirements. Audit topics will be

determined by the WHS team by analysis of ECU risk profiles and/or WHS incident and hazard data and trends.

- b. Focus Area Deep Dives: these assessments are conducted by the WHS team and examine ECU high or emerging WHS risks and ECU's guidelines, procedures and processes to determine opportunities for improvement that will reduce risks.
- 4.4. Contractor WHS Self-Assessments: Category 2 and 3 Contractors engaged by the University are required to complete 2 yearly WHS Self-Assessments to provide evidence to the University that they have current and appropriate systems in place to manage WHS risks in their business. This process is overseen by Responsible Officers and the Digital and Campus Services Facilities Safety and Compliance Officer. Refer to the [Contractor WHS Self-Assessment Procedure](#) for further information.

Third Line of Defence - Independent Audits

- 4.5. As part of the University's internal audit plan, three yearly audits of the University's WHSMS are scheduled and managed by the University's Strategic & Governance Services Centre and are conducted by an external provider.
- 4.6. In addition, periodically the University may be audited by a specialist external auditor or assessor who is independent of the business to verify that the internal audits are a valid assessment of the current status of WHS implementation.

5. WHS AUDIT SCHEDULE

- 5.1. A three-year rolling WHS Audit Schedule, incorporating Workplace Safety Audits (WSA), Focus Area Deep Dives (FADD) and Independent Audits will be prepared in consultation with the University WHS Committee (UWHSC) and Auditees. Scheduled audit and assessment topics will be flexible to enable examination of fluctuating or emerging risks and to accommodate operational changes, regulatory action and resourcing availability.
- 5.2. Audits or assessments will be planned to avoid conflict with peak periods such as exams or intensive School/Centre timeframes.
- 5.3. Audit and assessment frequency is determined on the level of risk associated with the activity, area or procedure, as determined by the WHS team. Frequency considerations include:
 - a. the results of previous audits;
 - b. incident statistics;
 - c. the significance of risks identified in the areas to be audited;
 - d. emerging hazards or issues.

6. AUDITOR COMPETENCY REQUIREMENTS

6.1. The Chief Safety Officer is responsible for ensuring all WHS Auditors are appropriately trained and experienced in alignment with the following requirements:

Type of Audit	Competency Requirement
Workplace Safety Audits or Focus Area Deep Dives	Completion of a recognised Internal Auditor course and sufficient understanding of the WHSMS, relevant legislation and standards applicable to the area being audited.
Independent Audits	Completion of a recognised OHS Lead Auditor course; and sufficient understanding of the WHSMS, relevant legislation and standards applicable to the area being audited

6.2. WHS Internal or Lead Auditors are responsible for the selection of all personnel assisting in the audit or assessment.

7. METHODOLOGY - WORKPLACE SAFETY AUDITS AND FOCUS AREA DEEP DIVES

Planning

7.1. The Chief Safety Officer will appoint a Lead Auditor/Assessor for each workplace safety audit or focus area deep dive.

7.2. The Lead Auditor must conduct the below planning activities prior to commencing the audit/assessment:

- a. Develop the audit scope, objectives and criteria based on the WHSMS, procedures or practices being audited or assessed;
- b. Assemble an audit/assessment team including personnel with relevant subject matter expertise. Convey the date and scope of the audit in writing to the Executive and Manager of the involved School/Centre at least one month prior to the scheduled audit/assessment commencing;
- c. Review any previous audit reports for the area which relate to the audit scope;
- d. Request documents which are within the audit scope for review prior to the initial meeting; and
- e. Schedule an initial meeting with the management, key personnel of the area and audit/assessment team, to be conducted prior to the audit/assessment commencing.

Opening meeting

7.3. An initial audit/assessment opening meeting with the audited/assessed area’s Executive representative, management, Health and Safety Representative, audit team and selection of involved staff, where appropriate, will occur. The purpose of the initial meeting is to:

- a. outline the purpose, scope, methodology, scheduling of any interviews or site inspections, required documents and potential development of a resulting corrective action plan;
- b. provide a short summary of how the audit/assessment activities will be undertaken;
- c. provide timelines for preparing and delivering the draft and the finalised report;
- d. confirm communication channels;
- e. confirm employees to be interviewed for the audit;
- f. provide auditees the opportunity to identify specific tasks or activities to focus on;
- g. clarify the process for the reporting of hazards identified throughout the audit; and
- h. provide an opportunity for the auditee to ask questions.

Audit/Assessment Protocols

The audit/assessment will be conducted in alignment with the below principles:

- 7.4. The audit/assessment may involve interviews, documentation review and/or physical inspection of areas as determined from the scope of the audit;
- 7.5. Both positive observations, compliance activities and opportunities for improvement are to be identified;
- 7.6. Evidence collection will be relevant to the objectives and criteria from a representative sample of personnel, documentation review, observation and discussion with involved workers. Only information which is provided at the time of the audit/assessment can be included as sufficient evidence to determine conformance to the criteria.
- 7.7. All non-conformances will result in corrective action planning to resolve the issue/hazard.

Audit/Assessment Evaluation

- 7.8. An evaluation of conformance to the requirements of each audit/assessment criteria is assessed. The categories are:

Rating:		Definition:
Best practice	BP	The assessment criteria is met and there is evidence to support this rating. The area has also implemented additional systems or processes that complement the WHSMS and enables proactive management of WHS risks.
Opportunity for improvement	OFI	The assessment criteria are being met and there is evidence to support this rating. However, improvement/s to WHS management practices have also been identified.
Conformance	C	The assessment criteria is met and where there is evidence to support this rating.

Partial conformance	PC	The assessment criteria is not being adequately met, the WHS objectives are only partially effective and there is evidence to support this rating.
Non-conformance	NC	The assessment criteria is not being adequately met and WHS objectives are not effective and there is evidence to support this rating.
Not verifiable	NV	Conformance or non-conformance is unable to be verified, however, this criterion is relevant to the audit.
Not applicable	NA	The question relating to the assessment criteria of the audit is not relevant to the area.

7.9. The overall audit/assessment outcome will be given a ranking based on the criteria below:

Audit Outcome	Definition
Best Practice	Controls are of a very high standard assessment, proactive management of WHS risks has been evidenced and no improvement actions are identified
Enhancement Opportunity	Controls are of a high standard with some opportunities for improvement in efficiency or better practice.
Satisfactory	Controls are considered to be generally adequate, appropriate and effective to manage risks, with some improvement required. Includes issues which are non-systemic, procedural in nature or administrative shortcomings.
Requires Improvement	Control weaknesses are identified which, if not appropriately addressed, could in the future result in WHS system failure.
Weak	Controls are considered to be inadequate and ineffective to manage risks

Audit Consultation and Close Out

- 7.10. An audit debrief meeting will be held which provides preliminary findings and the official closing of the audit;
- 7.11. A draft audit report will be prepared by the lead auditor which will outline findings, non-conformances and recommendations for improvement. The draft audit report will be sent to the relevant Area Manager for consultation;
- 7.12. After the consultation period is closed, the final report is sent to the Executive and management of the area;
- 7.13. Any area which has an audit outcome of Weak will be re-audited within 6 months of the initial audit. The purpose of a re-audit is to ensure the implementation of improvement actions and assess effectiveness of improvements.

8. REPORTING

- 8.1. A summary of the audit/assessment outcomes will be provided to:
- a. The Local WHS Committee;
 - b. University WHS Committee (UWHSC); and
 - c. The Quality, Audit and Risk Committee (QARC).

9. ACTION MANAGEMENT

- 9.1. Agreed actions to address findings from Workplace Safety Audits and Focus Area Deep Dives will be developed, assigned to accountable persons with a due date for completion. Actions will be entered into the Riskware and tracked to completion.
- 9.2. Agreed and assigned actions arising from independent audits conducted as part of the Strategic & Governance Services Centre assurance program are managed within the ECU Recommendation Tracking System (ECURTS).

10. ACCOUNTABILITIES AND RESPONSIBILITIES

The Chief Safety Officer is the Procedures Owner and has overall responsibility for the content of these procedures and their operation.

The People and Culture, Work, Health Safety and Wellbeing team is responsible for currency of information and provision of advice relating to these procedures.

The following table outlines additional responsibilities in relation to this procedure:

Executive Deans / Deans / Directors	<ul style="list-style-type: none"> • Allocating time for required staff to contribute to and be involved in audits and inspections; • Allocating time and resources to ensure non-compliance rectification actions are completed in a timely manner. • Ensure corrective actions are implemented within the identified timeframes • Communicating audit or inspection outcomes back to School/Centre forums (if relevant)
ECU WHS Team	<ul style="list-style-type: none"> • Developing the three-year rolling Audit Schedule; including annual reviews; • Planning and scheduling of audits and inspections; • Managing the audit and inspection tools and registrations on RiskWare; • Providing awareness to staff regarding their obligations and duties for compliance;

	<ul style="list-style-type: none"> Monitoring, and where necessary, assisting with closing of corrective actions; Reporting statistics relating to WHS audits to WHS Committees.
Lead Auditor / Internal Assessor	<ul style="list-style-type: none"> Communicating objectives and outcomes, ensuring that the auditing/assessment process is transparent to the auditees. Planning and scheduling audits and Focus Area Deep Dives; Conducting audits/deep dives in line with the principles and methodology outlined in this procedure; Development of an audit/assessment report including non-conformances and observations. Consultation on compliance outcomes and improvements required.
Managers and Supervisors	<ul style="list-style-type: none"> Provide the auditor(s) with evidence of current system and procedural practices in response to audit questions. Appointing person/s responsible for completing actions from the audit or inspection; Communicating the audit or inspection outcomes back to their area of the business; Closing assigned improvement actions within the allotted time.
Auditees	<ul style="list-style-type: none"> Participate in scheduled interviews and provide the auditor(s) with evidence of current system and procedural practices in response to audit/assessment questions.

11. RELATED DOCUMENTS

Legislation

Work Health and Safety Act 2020 (WA)

Policies

[Work Health and Safety Policy](#)
[ECU Staff Code of Conduct](#)

Operational documents and resources

International Standard 9001: Internal Audit (Accessed through [Techstreet](#))
[Contractor WHS Self-Assessment Procedure](#)
[Contractor Worksite Safety Checks Procedure](#)
[ECU Internal Audit Charter](#)
[WHS Critical Risks and Controls Standard](#)
[WHS Management System Guideline](#)
[Workplace Inspection Guideline](#)

12. 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

13. APPROVAL HISTORY

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