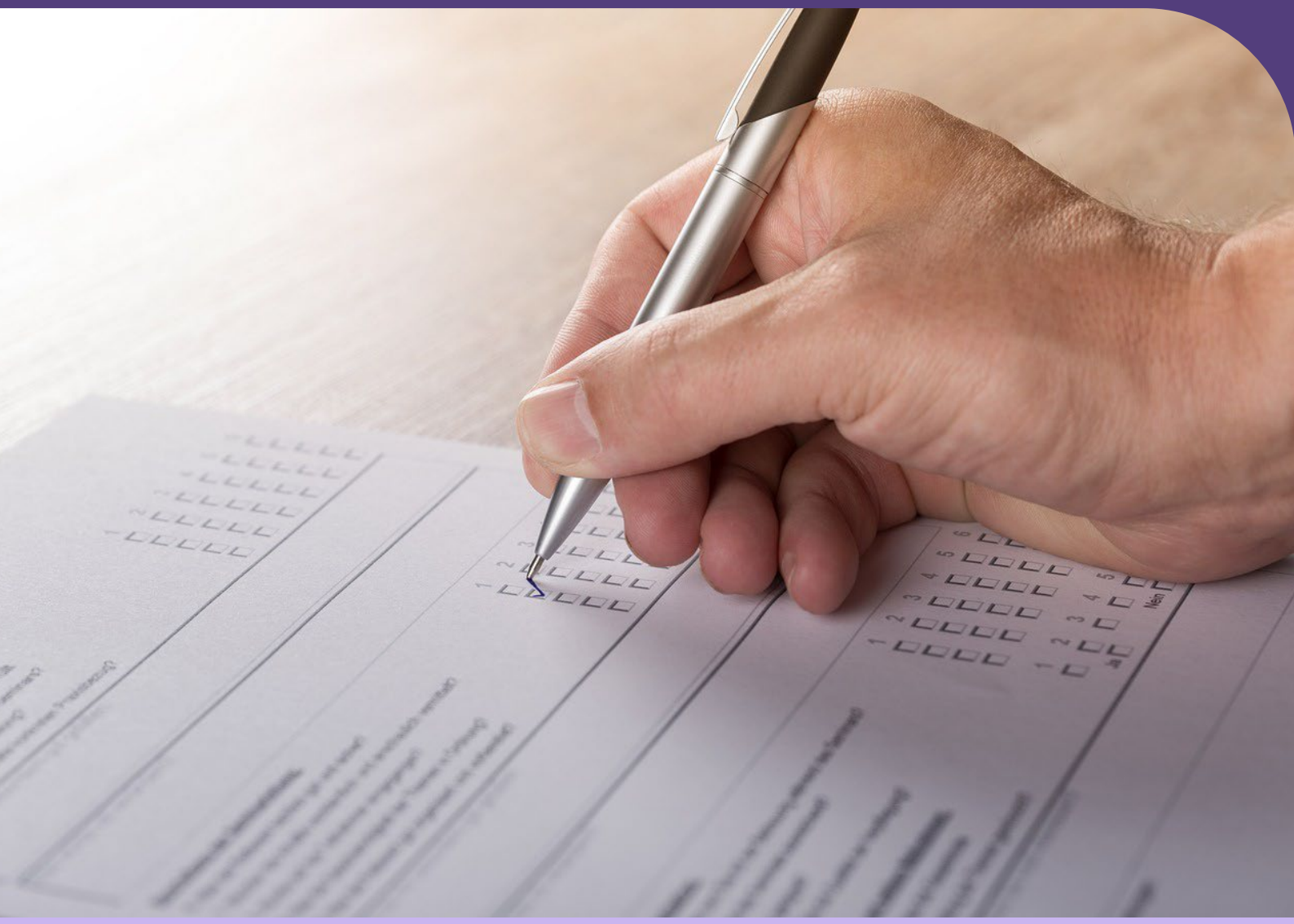
Audit

Procedure (7)



Catholic Safety & Injury Management
South Australia

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1. PURPOSE

The purpose of this auditing procedure is to:

- define the requirement for Catholic Safety & Injury Management (CSaIM) unit to conduct audit activities across the Catholic Church Endowment Society Inc.;
- describe the methods used by CSaIM to plan, schedule, resource, conduct, record, report and review audit activities.

2. SCOPE

This procedure applies to all workers under the Catholic Church Endowment Society Inc. (CCES).

3. DEFINITIONS

Definitions can be found on the Catholic Safety Health & Welfare SA Website.

3.1. Information

Nil

4. RESPONSIBILITIES

Specific responsibilities for carrying out certain actions required by the CCES, have been allocated to particular position holders within the organisation. Such responsibilities are consistent with the obligations that the legislation places on officers, managers, supervisors, workers and others in the workplace.

Responsibility, authority and accountability processes have been defined in Responsibility, Authority & Accountability Procedure (12), and summarised in:

- Responsibility, Authority & Accountability Matrix – Workers (025G);
- Responsibility, Authority & Accountability Matrix – Managers & Supervisors (023G);
- Responsibility, Authority & Accountability Matrix – Officers (024G); and
- Work Health & Safety and Injury Management Policy.

You are required to familiarise yourself with this procedure in order to understand the obligations that you may have in relation to its implementation and to carry out your assigned actions and responsibilities.

This Procedure is to be read in conjunction with your Organisational Policies and / or Procedures.

5. PROCEDURE

5.1. Overview

The audit process will measure CCES compliance against defined criteria to evaluate the suitability and effectiveness of documented and authorised processes as well as the capability and capacity of the organisation to implement those processes.

Types of audits conducted within the organisation will include:

- System Audits
  - Internal
  - External
- Compliance Audits
  - Legislative
  - Process (Systems of Work)

Outcomes resulting from System and Compliance Audits will be used to evaluate CCES overall performance and to identify opportunities for improvements in maintaining the effectiveness of the CCES WHS Management System.

5.2. Review

5.2.1. WHS Management System

The CCES WHS Management System has been developed to meet statutory and other obligations placed on CCES and all its businesses and undertakings.

System Audits shall be scheduled to determine compliance of worksites against the CCES WHS Management System.

External System Audits will be undertaken where scheduled planning requirements define the need for such activity.

5.2.2. Self-Insurance

Self-Insurers Audit will be conducted by Statutory Authority Auditor as defined by the self-insurance licensing requirements. The audit is determined by the Statutory Authority and is used to evaluate compliance with work health and safety and injury management processes.

5.3. Compliance Audits

The Director, CSaIM is responsible for ensuring Compliance Audits are conducted by trained internal auditors to assess implementation of compliance at operational level with:

- procedural and legislative requirements;
- specific CCES risk related issues.

5.4. Audit Schedule

The Director, CSaIM is responsible for developing the annual audit program that defines scheduled audits to be conducted. This audit schedule will be reviewed and endorsed by the Self-Insured Governing Council (SIGC).

In determining audit frequency, consideration will be given to the following:

- risk profile of the worksite;
- performance of the worksite.

Audit Schedule and Register shall be used to develop and document the audit program and identify:

- audit category and audit type;
- auditors;
- audit timeframe.

The audit scheduling and registering process shall be performed in three (3) steps:

1. Audit Planning – Determine risk profile

2. Audit Scheduling – Select planned month of audit with a repeat frequency based on the risk profile. Consideration should also be given to suitable times throughout the year to meet business needs.

3. Audit Register – Allocate the planned audit and audit number (if relevant) and complete all other fields.

The audit activity scheduling may be further expanded where required to incorporate outcomes arising from:

- external audits;
- site workplace inspections.

Using **Audit Schedule & Register (001T)** or equivalent.

5.5. Resources

The SIGC is responsible for ensuring that allocated resources to conduct audit activities in line with this procedure are made available to meet schedule requirements.

5.6. Audit Tools

The Director, CSaIM is responsible for ensuring that audit tools are developed and maintained for the effective evaluation of the CCES WHS Management System. Using **WHS Audit Tool (002T)** or equivalent.

Audit tools may be paper based or electronic and shall include as a minimum:

- deliverable criteria to be used in the audit process;
- area allocation for objective evidence obtained;
- provision for additional comments;
- provision for designation of outcome (compliance / non-conformance).

5.6.1. Procedure Verification Tool

WHS Coordinators may use the Procedure Verification (009T) tool, to identify any potential gaps in the system.

5.7. Audit Methodology

The audits shall be carried out using the audit framework defined below.

The Lead Auditor will be responsible for ensuring that the following principles are adhered to:

- due professional care;
- ethical conduct;
- fair presentation;
- independent;
- evidence based.

Furthermore, the Lead Auditor will ensure that all information accessed during the audit is strictly used for audit purposes only and treated as "commercial in confidence".

5.7.1. Defining Audit Objectives, Scope and Criteria

The audit objectives, define what is to be accomplished by the audit, (e.g. extent of conformance, evaluation of the effectiveness, identification of areas for potential improvement etc.).

The audit scope describes the extent and boundaries of the audit such as physical locations, activities and processes to be audited, as well as the time period covered by the audit.

The audit criteria used as a reference against which conformance is determined, includes applicable:

- policies;
- procedures;
- standards;
- codes;
- legislation; and
- CCES WHS management system requirements.

5.7.2. Preparing for the Audit

CSaIM will initiate the audit process by communicating the Audit Schedule to the Auditee, using Audit Notification Letter (011F) or equivalent outlining the following:

- Audit Team – this will define the position holders responsible for ensuring the activity occurs and those position holders who will conduct the activity including the Lead Auditor;
- Agreed Objective and Scope – this will define the objectives and scope of the audit and will include the element(s) and / or criteria to be audited and the documentation required from the manager responsible for the area being audited;
- how the audit is to be conducted (including timetable);
- the date and duration of the audit;
- resources required (e.g. meeting rooms);

- audit records required including previous audit reports, non-conformances issued and the Auditee responses.

As far as is reasonably practicable the Lead Auditor will ensure that the following timeframes are achieved:

- the above mentioned communication will be received by the Auditee no less than four (4) weeks prior to the audit;
- if a full document review is to be carried out prior to the audit this request must be made no less than four (4) weeks before the audit.

On receiving the audit plan and communication of any subsequent audit requirements, the Auditee will be responsible for communicating to the interviewee's the scope of the audit and the attendance requirements for the audit no less than one (1) week prior to the audit.

The Auditee will ensure resources as prescribed in the audit plan and communicated requests from the Lead Auditor will be made available. Resources will include, but are not limited to:

- officers, managers, workers attendance at the audit opening & closing meeting;
- meeting room booking;
- interview with workers (e.g. key subject matter experts);
- access to data bases and records.

5.7.3. Opening Meeting

Before the commencement of the audit, the Lead Auditor will conduct a pre-audit briefing to:

- confirm the audit plan;
- provide a short summary of how the audit activities will be undertaken;
- confirm communication channels;
- provide an opportunity for the auditee to ask questions.

5.7.4. Progress Update

If the audit duration is more than one (1) day, the Lead Auditor shall provide key personnel with an audit debrief at the end of each audit day outlining the audit findings including any non-conformances identified.

5.7.5. Closing Meeting

An audit close out meeting, chaired by the Lead Auditor, shall occur to present the audit findings including a summary of all non-conformances and conclusion in a manner that is understood and acknowledged by the Auditee.

5.7.6. Compiling, Approving and Distributing the Audit Report

The Lead Auditor is responsible for ensuring that an audit report is documented in a complete, accurate and concise way and supplied to the Auditee within two (2) weeks of the close out meeting. The audit findings shall be reviewed with the Auditee before finalisation.

At a minimum the report will include:

- auditor names, audit date, auditee
- executive summary including audit findings and positive aspects of the CCES WHS Management System;
- audit recommendations;
- audit non-conformances, improvement opportunities and identification of critical aspects of the system which requires urgent attention;
- follow-up audit outcomes (corrective action plan).

5.7.7. Recording of Non-Conformances

Where a non-conformance has been assigned to a worksite, the non-conformance will be entered into Incident Reporting Database.

5.7.8. Dispute Resolution

Where the Auditee and the Auditor do not agree on a non-conformance, the issue can be escalated to the Director, CSaIM in the first instance and then to the Nominated Officer WHS.

5.7.9. Audit Follow-up

Worksites must review any non-conformances and improvement opportunities, agree on actions to be taken and assign responsibility and timeframes in line with the risk. Risk timeframe are as follows:

- High – within seven (7) days;
- Medium – within thirty (30) days;
- Low – within sixty (60) days.

If these close out times cannot be met then the activity must cease until such time that they have been closed out or interim measures put in to decrease the risk and thus give more time to close out the action required.

The Lead Auditor will take responsibility for reviewing actions against non-conformances and closing these out.

5.8. Review of Audit Results

CSaIM and the SIGC are responsible for ensuring that the outcomes of WHS audit reports are reviewed annually. The review activity will assess whether recurring matters are being

reported and a determination made if these are organisational issues impacting on the management system or operational issues impacting on sector procedural requirements.

5.9. Auditor Requirements

Where reasonably practicable, a minimum of two trained auditors shall conduct WHS audits.

5.10. Records

Documents used to manage audits as prescribed by this procedure will be produced in a format that allows tracking for verification and review and be in accordance with requirements detailed in Document Control Procedure (22).

5.11. Review

This procedure will be subject to a planned review by the document owner in accordance with the requirements outline in Document Control Procedure (22).

6. RELATED SYSTEM DOCUMENTS

6.1. Policies & Procedures

Asbestos Procedure (4)

Audit Procedure (7)

Bullying & Harassment Procedure (21)

Challenging Behaviours, Aggression & Violence Procedure (18)

Confined Space / Restricted Space Procedure (26)

Consultation & Communication Procedure (5)

Contractor Management Procedure (6)

Document Control Procedure (23)

Driver Safety Procedure (8)

Electrical Procedure (9)

Emergency Management Procedure (10)

Fall Prevention Procedure (24)

First Aid Procedure (11)

Hazard Management Procedure (14)

Hazardous Manual Tasks Procedure (16)

Incident Reporting & Investigation Procedure (2)

Induction & Training Procedure (13)

Infection Control Procedure (25)

Maintaining Workplace Health Procedure (1)

Management of Hazardous Chemicals Procedure (19)

Plant Management (15)

Noise Procedure (29)

Personal Protective Equipment Procedure (30)

Purchasing Procedure (20)

Recovery Return to Work Procedure (33)

Remote / Isolated Work Procedure (17)

Responsibility, Authority & Accountability Procedure (12)

Traffic Management Procedure (27)

Volunteers Procedure (22)

Waste Management Procedure (28)

Work Environment & Facilities Procedure (3)

6.2. Forms & Tools

Audit Notification Letter (011F)

Audit Schedule & Register (001T)

WHS Audit Tool (002T)

Procedure Verification (009T)

Audit (7) Process Flow Chart (025T)

7. REFERENCES

Legislation and other requirements related to this procedure are defined in Group Legal Register (010T) which can be accessed via the Catholic Safety & Injury Management Website

7.1. Internal Resources

Responsibility, Authority & Accountability Matrix – Managers & Supervisors (023G)

Responsibility, Authority & Accountability Matrix - Workers (024G)

Responsibility, Authority & Accountability Matrix - Officers (025G)

Pre audit: Audit Preparation (043G)

Post audit: Managing Non Conformances (044G)

7.2. External Resources

Nil

8. AUDITABLE OUTPUTS

The following examples of records will be used to verify implementation of this procedure:

- Audit Plans and Schedules
- Audit Reports
- Auditor training, qualifications and competencies
- Audit Reviews
- Audit Tools, Checklists and Workbooks

9. VERSION CONTROL & CHANGE HISTORY

Version	Approved by	Approved Date	Reason for Development of Review	Next Review Date
V6	Sector Forums	November 2013	Legislation – New WHS Act	2016
April 2015 – Document consolidated across CCES sectors				
V1	Executive Manager CSHWSA	24/04/2015	Procedure consolidation	2016
V2	Executive Manager CSHWSA	21/08/2015	Review	2018
V3	Executive Manager CSHWSA	21/05/2018	Review – introduction of further level of Audit	2021
V4	Executive Manager CSHWSA	21/02/2019	Review – minor changes to audit process	2022
V5	Executive Manager CSHWSA	22/01/2021	Reviewed content. Updated template	2022
V5.1	Executive Manager CSHWSA	12/03/2021	Minor update to clarify who closes out non-conformances	2022

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