

**AUDIT PROCEDURE**

**PROCEDURE**

|   |  |
|---|--|
| File Name:<br>Audit Procedure                             | Author and Position:<br>Sandra Heywood-Jones HSE Advisor |
| Approval Date: November 2007                              | Approved By: Institute Safety Committee                  |
| Next Review Date: August 2014                             |  |
| Equality Impact Assessment Date: July 2011                |  |
| Uncontrolled if printed                                   |  |
| <i>Originally Approved By: Institute Safety Committee</i> | <i>Minute Reference: 07/40 (e)</i>                       |

**1. Purpose**

This procedure describes the process for undertaking internal Health Safety and Environmental (HS&E) audits to ensure compliance with legal and other requirements, OHSAS 18001 and EcoCampus.

**2. Introduction**

HS&E audit is a methodical examination and review of HS&E programs and performances.

The purpose of auditing is to:

- Identify good practice and promote the use of good practice across the organisation.
- Identify areas for improvement and to promote appropriate action plans
- Evaluate the adequacy of the HS&E Management system across the Institute.
- Monitor compliance with legal requirements and Institute HS&E policy, procedures and guidance in line with the requirements of OHSAS 18001 and EcoCampus.

The programme of internal HS&E audits is a key element in securing continuous improvement in The Institute HS&E Management System.

**3. Scope**

This procedure describes the planning, execution, reporting and follow-up of internal audits at the Institute

## 4. Roles and Responsibilities

### 4.1 Site Management

- With the HS&E team produce and review the Internal Audit Programme.
- Ensures the planned Audits are completed in line with the Internal Audit Programme.
- Ensure the Head of Division is notified of forthcoming audit.
- Ensure the audit is planned and executed in an appropriate manner.

### 4.2 HS&E Team

- Produces and reviews with Site Management the Internal Audit Programme
- Manages the Internal Audit System – tracks action close out, monitors audit schedule and review trends, etc.
- Publishes internal audit schedule dates on the ICR intranet
- Ensures all HS&E Auditors have a level of training /competency appropriate to their role.
- Assigns the lead auditor to an audit (inorder to maintain independence, objectivity and impartiality auditors should not audit their own work)
- Records audit, findings and assigned actions within the RIVO software

### 4.3 Lead Auditor

- Arranges the audit opening and closing meetings with the auditee(s)
- Selects an audit team (where appropriate) (inorder to maintain independence, objectivity and impartiality auditors should not audit their own work)
- Undertakes a pre-audit review of relevant documentation
- Conducts the audit and documents responses and evidence
- Produces in conjunction with auditees an audit report with corrective action plan
- Passes audit report to the HS&E team for recording in Rivo

### 4.4 Auditor

- Will assist the Lead auditor in undertaking a pre-audit review of relevant documentation
- Will assist the Lead auditor in conducting the audit and document responses and evidence

- Will assist the Lead auditor in producing in conjunction with the auditees the audit report with a corrective action plan

#### 4.5 Auditee - Division Head/ Department Head

- Attends the audit opening and closing meetings
- Arranges the availability of Division/department resources including documentation, person and time sufficient to facilitate the audit in accordance with any agenda agreed
- Approves the audit report
- Arranges for an audit action plan to be prepared to address the audit findings including the allocation of appropriate resources and setting target dates for completion of action

#### 4.6 Institute HS&E Committee

- Approves the Internal Audit Programme on behalf of the CMG
- Receive regular reports of the audit schedule progress and trends

### 5. Definitions

**Major Non-Conformance:** These include

- A section of OHSAS18001 fundamentally not addressed within the management system.
- Something affecting everything or everyone in the organisation (i.e. repetitive problems)
- Problems resulting in faulty products or services
- Problems carrying a significant risk to the organisation, its people or the environment.

These should be attended to as soon as reasonably practicable.

**Minor Non-Conformance:** These are less serious and may include

- Isolated instances of not meeting requirements (e.g. falling behind with the internal audits)
- Incorrect or missing pieces of information (e.g. problems retrieving a small number of records)
- Problems where the consequences are limited to internal inefficiencies.

**Observations:**

Typically reflects areas where it is felt that improvements may be made regardless of the suitability of the existing system or practice; or where

regulatory guidance or requirement will require update in the foreseeable future. A response is not always required within the action plan.

### **Positive findings:**

- Examples of good working practices
- Examples of improvements made to Health, Safety and Environment.

## **6. Training and Competency**

All internal auditors will have completed a recognised auditor course providing them with the knowledge and skills to conduct internal audits against OHSAS 18001 and/or EcoCampus as appropriate. They need to have the experience and the knowledge of the relevant audit criteria and activities they are auditing to enable them to evaluate performance and determine areas for improvements.

Internal auditors should be familiar with the Occupational Health, Safety and Environmental hazards and risks of the areas they are auditing and any applicable legal or other requirements.

## **7. Procedure**

### **7.1 Internal Audit Schedule**

The process for determining the Internal Audit Schedule is based on the following:

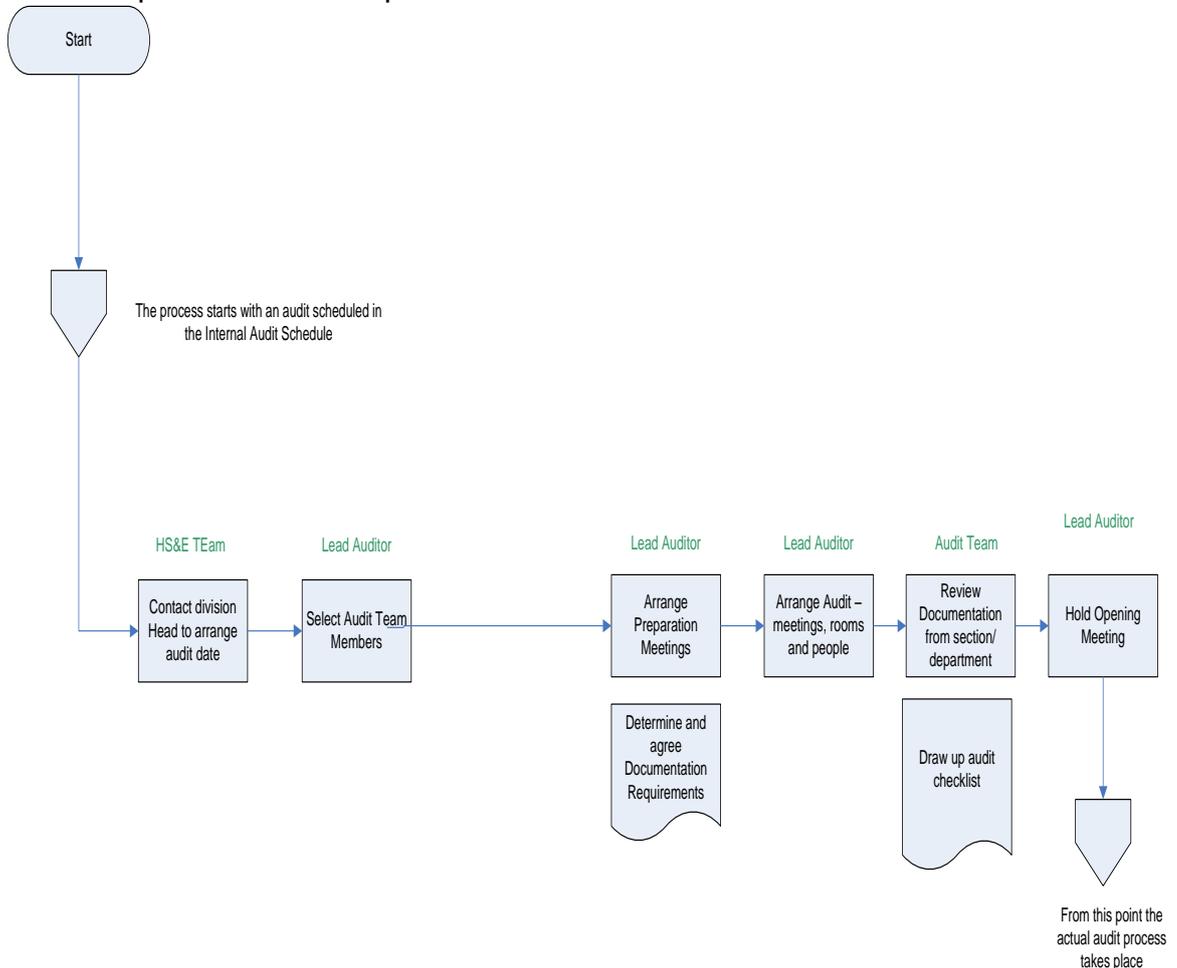
- all Institute Divisions will be audited once in three years (or more frequently as requested by the Head of Division).
- periodic evaluating compliance with applicable legal and other requirements.
- Clauses of the standards OHSAS 18001 and/or EcoCampus
- subject areas are based on their risk profile and prevalence.
- performance in previous audits
- result of adverse events i.e. incidents, inspections etc.
- introduction of new processes to determine their effectiveness.

A schedule is drawn up by the HS&E team and agreed by the Institute HS&E Committee on a three year cycle. The audit schedule is reviewed annually following the HS&E Management Review.

The audit schedule is published on the Health and Safety web pages. Once a completed audit report has been entered into Rivo the schedule will be updated with the completion details.

## 7.2 Audit Preparation

### Audit Preparation Flow Map



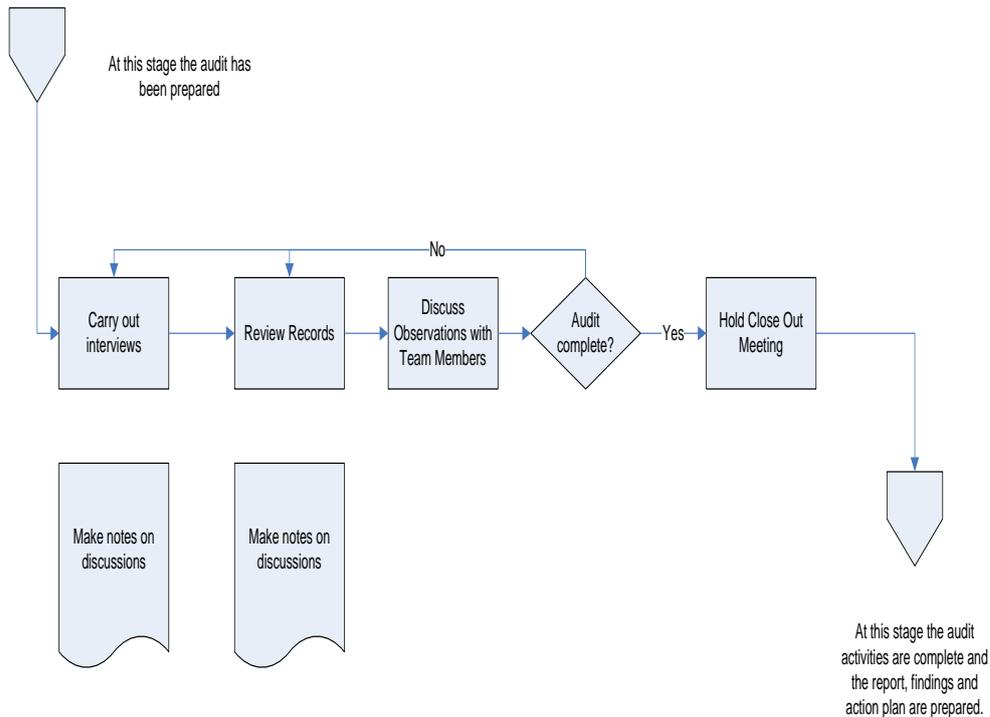
The audit team may consist of one or more auditors. Where more than one person is involved a lead auditor must be identified.

The lead auditor should ensure sufficient time is allowed for the preparation of the audit.

The HS&E team will book the date and time of audit with the Division Head and any relevant staff using the example invite in Appendix 1. The HS&E team will also email to the Division Head details explaining the audit protocol see Appendix 2.

The lead auditor when drawing up the audit checklist should consult with the appropriate legislation and OHSAS 18001 and/or EcoCampus standards. and when revisiting the same audit the clauses not covered in previous audit will be audited. A draft OHSAS18001 checklist is provided in Appendix 3.

## 7.3 Execution

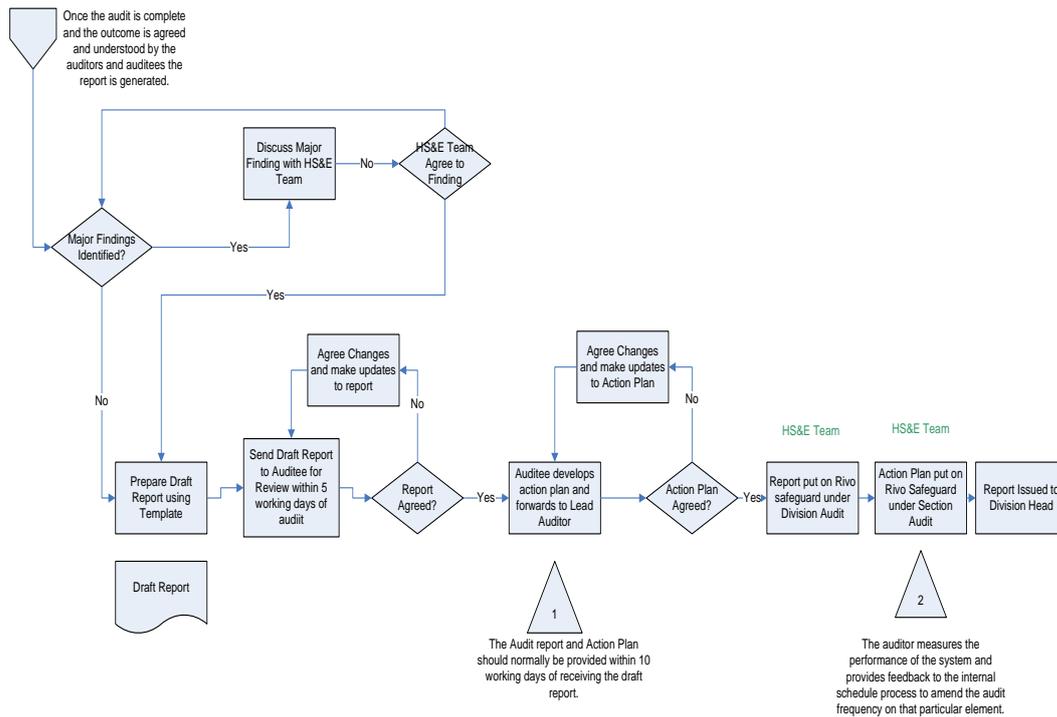


The audit should be conducted within the timeframes discussed and agreed with the auditee. At the end of the audit the auditor and auditee should be in agreement over the main issues of the audit and the findings, both positive and negative.

The auditor must make sure that comprehensive notes are made and retained throughout the audit.

The audit will also include a tour of the work areas and positive and negative findings will be recorded as part of the audit report.

## 7.4 Reporting

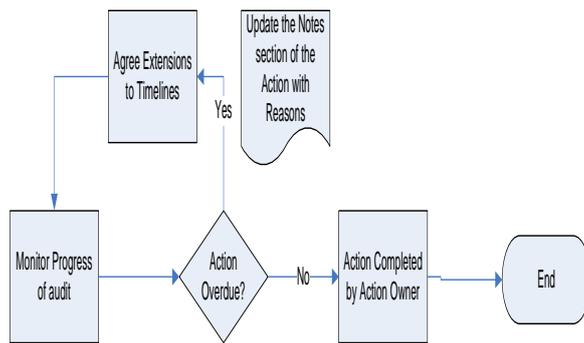


Once the audit is completed the lead auditor will produce the draft audit report using the template provided in the Appendix 4. The lead auditor will forward the draft audit report to the Division Head/ Department Leader within 5 working days of the audit.

The Division Head has 10 working days to respond to the report, to agree with the findings, develop tasks to correct any negative findings, along with nominated task owners and dates for completion.

The Lead auditor will then arrange for the report and the corrective tasks to be loaded into Rivo by the HS&E team under Division Audit.

## 7.5 Monitoring



HS&E Team

The HS&E team will compile data on behalf of the Institute HS&E Committee showing progress of audits against plan and progress of corrective actions, along with underlying themes. This data will form part of the management review documentation.

### Audit trail

| Version   | Summary of change   | Date              |
|-----------|---|-------------------|
| Version 1 | Guidance on Monitoring to Ensure Compliance with the OHSAS 18001 System   | November 2007     |
| Version 2 | Documentation of audit and inspection processes in 2 separate documents   | 21st October 2010 |
| Version 3 | Change of Section to Division   | July 2011         |
| Version 4 | Audit template updated to include Clause nos and Legislation.<br>Inserted requirement for auditors to maintain independence.<br>Inserted additional requirements for determining the Internal Audit area. | September 2011    |

## Appendix 1

### Example E-mail Invite to Division Head

Dear XXXX

We are writing to arrange a Health and Safety Management System Audit \*and/or an Environmental Management System Audit\* of the Division of XXXX to take place within the month of XXXX. The audit will last for between two to three hours.

The audit forms part of the Health & Safety Management System certificated OHSAS 18001\*/Environmental Management System certificated to EcoCampus\*. The aim of the audit is to identify areas for improvement and best practise to improve health and safety and environment\*.

During the audit the auditor will wish to speak to you and other members of the Division along with a visit of your work areas.

Please advise as to a suitable date and time.

Regards

HS&E Team

\*Delete as appropriate

## Appendix 2

Example E-mail for sharing and explaining audit protocol (to be sent a few weeks in advance of the audit.

Dear XXXX

The auditors will be colleagues from ICR. They will use the OHSAS 18001 Generic Process checklist document (see attachment) to form the basis of the questions to be raised. We will be concentrating on the following in more detail

Xxxxxx  
xxxxxx.

Following the questions we will also wish to visit the laboratories.

It would be helpful to have available a copy of the Division and/or team organisation charts and any relevant Health & Safety documentation. However please do not print out COSHH or Risk Assessments as we can view these on RIVO.

The Division Head is welcome to invite others from the department who may hold key functions in the management of Health & Safety in the Division, for example xxxxxx.

We have booked the following meeting room xxxxx on xxx at xxxx where we will start the audit.

Should you have any other questions or queries, please do not hesitate to contact the HS&E team.

## OHSAS18001 – Generic Process Checklist / Aide Memoire

The following would be **standard checklist questions / audit evidence (Headings)** used when carrying out an audit, the aim being to create a thought process / mindset for auditors to use.

Departmental/ Functional Managers.

### **Departmental overview:**

- Organisation Chart - reflects current structure
- Overview of business process(s)
- Have the processes been identified within the Occupational Health and Safety Management System?
- How are the processes reviewed for their ongoing suitability?

### **Previous Audit Results:**

- Review report findings as part of the audit preparation
- Check effectiveness of any action(s) taken?

### **Changes:**

- Changes made since the last audit – structure / processes?
- Changes currently being implemented?
- Process improvements made since the last audit?

### **Hazards / Legislation:**

- Have hazards been identified?
- Have risk assessments been carried out and are they up to date?
- Have appropriate risk controls been established / implemented?
- Does legislation apply?

### **Incidents; Emergency Preparedness; Non-conformance & Corrective Action**

- Have any incidents etc. been reported
- Have appropriate action been taken to address root cause etc.
- Have actions to address root causes been identified / implemented
- Have actions taken been effective.

**Monitoring & Measurement:**

- Have key performance indicators (KPI's) / process indicators been identified?
- Are they being measured / reported
- What do the trends indicate?
- Is equipment calibrated as appropriate

**Objectives:**

- Objectives for improvement Are there any departmental / functional objectives?
- How are they communicated to staff?
- Are they linked to the objectives as defined in the business plan / budget?
- Are individual objectives set? Are they set as part of the Appraisal scheme?
- How are these objectives achieved / monitored? Action plans / monthly meetings?

**Opportunities for improvement:**

- What are their biggest problems / concerns affecting their business processes?

**Competencies / Training:**

- How are competencies established / reviewed?
- How are training needs identified?
- Has training been carried out?
- Was it effective?
- Are training records available and do they reflect training received?

**Documentation:**

- Is relevant documentation available i.e. Procedures; Work Instructions?
- Revision Status?
- Obsolete copies disposed of?

**Equipment / Facilities:**

- Is the work environment, infrastructure and equipment suitable?
- Are they being appropriately maintained?

**Communication:**

- Have appropriate processes been established?

## Departmental Staff - Process audit:

- Changes made since the last audit?
- Changes currently being implemented?
- Does the process make sense? Does it work? Is it logical? Are they achieving what they planned to achieve? Is it adding value? (How does it relate to the needs of the customer / organisation?)
- Process inputs /output identified?
- Records available etc.? (See procedure to see what **records** etc should be available).
- Process measures - awareness, understanding and involvement?
- Objectives for improvement: Awareness, understanding and involvement?
- Opportunities for improvement: What are their biggest problems / concerns affecting their business processes?
- Competency – Auditee’s understanding of the process? Training / competency needs identified? Training carried out - records?
- Document control – Issue status; obsolete copies; access / availability?
- Procedure – Does it reflect current working practices?

Appendix 4: Health and Safety or Environmental Audit Report Template

|                     |  |
|---------------------|--|
| Title               |  |
| Objective           | Implementation of Institute's Policy on Management of Health and Safety at Work and OHSAS 18001 standard and/or EcoCampus * <i>delete as applicable</i><br><br>OHSAS 18001 and/or EcoCampus Clauses covered: - |
| Legislation Covered |  |
| Date                |  |
| Auditor(s)          |  |
| Auditee(s)          |  |

| <b>Outcome of Previous Audit (Confirm all previous audit actions completed)</b> |   |
|---|---|
|   | *Yes all actions have been completed / *No the following actions are outstanding ( * delete as appropriate) |
| 1   |   |
| 2   |   |
| 3   |   |
| 4   |   |

|                          |  |  |  |  |  |  |
|--------------------------|--|--|--|--|--|--|
| <b>Positive Findings</b> |  |  |  |  |  |  |
|--------------------------|--|--|--|--|--|--|

|   |  |
|---|--|
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |
| 6 |  |

| Findings Major Non conformance | Clause No | Recommendation | Remedial Action | Responsible Person | Rivo reference number | Date for completion |
|--------------------------------|-----------|----------------|-----------------|--------------------|-----------------------|---------------------|
| 1                              |           |                |                 |                    |                       |                     |
| 2                              |           |                |                 |                    |                       |                     |
| 3                              |           |                |                 |                    |                       |                     |
| 4                              |           |                |                 |                    |                       |                     |
| 5                              |           |                |                 |                    |                       |                     |
| 6                              |           |                |                 |                    |                       |                     |

| Findings Minor Non conformance |  | Clause No | Recommendation | Remedial Action | Responsible Person | Rivo reference number | Date for completion |
|--------------------------------|--|-----------|----------------|-----------------|--------------------|-----------------------|---------------------|
| 1                              |  |           |                |                 |                    |                       |                     |
| 2                              |  |           |                |                 |                    |                       |                     |
| 3                              |  |           |                |                 |                    |                       |                     |
| 4                              |  |           |                |                 |                    |                       |                     |
| 5                              |  |           |                |                 |                    |                       |                     |
| Observations                   |  |           | Recommendation | Remedial Action | Responsible Person | Rivo reference number | Date for completion |
| 1                              |  |           |                |                 |                    |                       |                     |
| 2                              |  |           |                |                 |                    |                       |                     |