

BSi Audit – What is it and how is it conducted?

Audit Process

The audit program includes a two stage registration audit process followed by surveillance audits, and ultimately a recertification audit. It's probably worth pointing out that currently the University has not decided to go for full audit certification. What was resolved at the UHSEC was for the University to conduct the process to establish how far away the University is from meeting the standard across its 'high' risk (from the risk profile) departments. Only after all audits have been completed by BSi and the results have been considered by the University Health and Safety Executive Committee, will there be a decision made as to next steps. There is more information on [OHSAS 18001](#) available here. The University could at that point decide to go for full certification, or to look at areas where it may be possible to achieve certification, or it could look to establish a timeframe in which certification may be more possible to achieve.

Audits include on-site assessments of documents, data, records, activity and personnel. Process audit trails are followed by interviews of personnel responsible for the tasks and reviewing associated activity and records of occurrence. The audit trail will follow interactions between processes and activities as well as the details of the processes and activities themselves. Following are the stages of the audit process:

Registration Audit - Stage 1

The Stage 1 audit, conducted at the University, is primarily performed for planning and determining the readiness of an organisation to undergo a Stage 2 registration audit. This element has already been completed by BSI. The Stage 1 audit enabled BSI to outline their own needs and lay down expectations of the University. Activities performed at the Stage 1 audit included:

- ☐ Conducting a documentation review - This review determined if the University's occupational health and safety management system (OH&SMS) adequately covered all the requirements of the standard
- ☐ A review of the hazards and risks and their significance and an evaluation of the University's site specific conditions
- ☐ A review of the University's non-conformance, preventive and corrective action system
- ☐ An overview of applicable regulations
- ☐ Interviewing the University's personnel to assess their general readiness to undertake a Stage 2 audit. This included an interview with the Registrar.
- ☐ Confirming the applicability of the scope of the University's OH&SMS
- ☐ Obtaining evidence that internal audits and management reviews are being planned and performed and will be completed prior to Stage 2
- ☐ Providing focus for the planning of the stage 2 audit

At the closing meeting, the auditor provided a report identifying any nonconformities and opportunities for improvements. The Stage 1 audit that was conducted, which did include a walk through an area within the Science Building on Main Campus identified 7 minor non-conformities. A

review of this has enabled the University and the BSI Auditor to ensure that there will be sufficient time to resolve all areas of concern prior to performing the Stage 2 audit.

At the Stage 1 audit any non-conformities identified will need to be actioned and evidence demonstrated at the Stage 2 audit (see Corrective Action Response).

The reason the Health and Safety Department have been undertaking internal audits have been to prepare Departments for Stage 2. The question sets that are being used by the Health and Safety Department relate directly to some of the statements which require evidence against in order to meet the OHSAS 18001 standard.

Registration Audit - Stage 2

The objective of the Stage 2 on-site audit is to assess the University's adherence to its own policies, objectives, and procedures and to ascertain conformance to the requirements of the OHSAS 18001 standard. To accomplish this, the audit will address the implementation of all the elements of the standard.

Review of documentation and records to support the implementation is an expected part of the assessment process. If non-conformances or opportunities for improvement are identified they will be documented in a report which will be presented to the University during the closing meeting. The report will include the auditor's recommendation regarding registration.

Audit Findings

The auditor will draw your attention to non-conformities as they arise so there should be no "surprises" at the closing meeting. Any deviation from procedures or requirements of the standard will be identified as an audit finding, which will be documented in the audit report.

Departments will get a 'feel' for the sort of questions that could be asked during the BSI audit from the internal audit process which we are currently conducting across the high risk departments. The expectation of these is that any non-conformance identified should provoke an opportunity for the Department to identify means to address the points raised which could, for example feature as an action within the Department's very own Health and Safety Implementation Plan.

What Departments are expected to do is to work to address the audit findings and to establish a reasonable timeframe within which they anticipate they could be implemented. It is recognised that some of the audit findings will require the University to work together to establish an approach that will work across, for example, the whole of the Science and Medical Faculty and these such actions may need to be reflected in the University's Health and Safety Plan that is considered at the UHSEC. Professors David Leadley and Jonathan Millar along with James Breckon (who represent all of the high risk departments) are all members on this Committee. Those Departments who are not represented should look to discuss any issues that they have through these channels. Similarly actions being agreed at the UHSEC should be disseminated from this Committee moving forward and raised at Departmental Health and Safety Committee level.

It's worth Departments being aware of the terminology that will be used in both the internal and external audit process (which comes directly from the OHSAS 18001 standard):

Findings will be categorised into three categories defined as follows:

- ☐ **A major non-conformity** relates to the absence or total breakdown of a required process or a number of minor non-conformities listed against similar areas. A major non-conformity at

the Registration Audit – Stage 2 would defer recommendation for registration until that major has been closed.

- ☐ **A minor non-conformity** is an observed lapse in your systems ability to meet the requirements of the standard or your internal systems, while the overall process remains intact.
- ☐ **An observation or opportunity for improvement** relates to a matter about which the Auditor is concerned but which cannot be clearly stated as a non-conformity. Observations also indicate trends which may result in a future non-conformity.

Currently the University is not looking at registration and certification, however for completeness please see what would happen next, if certification was to be pursued for all or part of the University:

Corrective Action Response

BSI would require corrective action responses from all 'Registration Audits'. Once certification is achieved, dependent upon the extent and nature of the findings, the University may be required to submit a corrective action plan, detailing its intent to correct the non conformities. The auditor may also recommend that the University submits objective evidence to support the closure of the findings. In certain circumstances such as a major non conformity an on-site activity to verify closure may be required.

It is recommended that all non-conformities are addressed within your internal corrective action system. Typically, opportunities for improvement would be addressed as preventive actions by the University.

Certificate Issuance

Following a successful review of the audit team's report and associated corrective action submittal, BSI would authorise issuance of a certificate that would be valid for a period of three years. The University could expect to receive its certificate within 1-2 weeks of review and acceptance of corrective actions.

The University would need to expect to then have 'Surveillance Audits' on an annual or semi-annual basis. The purpose of the Surveillance Audit would be to ensure that the OHS continues to conform to both the University's and the 18001 requirements. Then there would also be 'Reassessment Audits', where BSI would require that a re-certification audit be carried out at the end of the three years from certification. The purpose of the recertification audit is to confirm the continued conformity and effectiveness of the management system as a whole, and its continued relevance and applicability for the scope of certification.

So what documentation may be useful for your audit?

These are the documents and records that are required to be maintained for the OHSAS 18001 Occupational Health & Safety Management System, but you should also maintain any other records that you have identified as necessary to ensure your management system can function, be maintained, and improve over time.

OH&SMS Scope & OH&SMS elements: This defines the limitations of the Occupational Health & Safety Management System within the University which has already been defined. It identifies what elements are included and how they interact.

OH&S Policy: The OH&S Policy is the University's documented intention to meet legal compliance, prevent injuries and ill health, and to continually improve. This policy has recently been reviewed in light of the Stage 1 audit. The policy is a focus for the University to work toward, and readily conveys the goal of the organisation.

Expectation:

The Occupational Health and Safety Policy is documented on the [University Health and Safety webpages](#) and is signposted throughout the organisation, mostly through Departmental webpages as a way of communicating to all employees. It is important that every employee understands how the Policy relates to their role and the expectation will be that employees can explain this. Departments may also be able to evidence their own individual Health and Safety Policy Statement that relates to the University Health and Safety Policy. This type of document would be expected to outline staff with key health and safety responsibilities within their respective Departments; this may also refer to a departmental OH&SMS or to individual policies that the Department has devised where the department has needed to deviate away from or outline in more detail, University Health and Safety topic based policies.

Objectives and Programs are derived from the goal stated in the OH&S Policy, and are the main method used by companies to focus this goal into plans for improvement. The objectives are intended to be S.M.A.R.T. (specific, measurable, achievable, realistic, and time-based) and should have relevance at all levels of the company, meaning that all employees should understand how their work places are related to OH&S objectives and programs.

Expectation:

This is evidenced by the University having developed a Health and Safety Plan which has been agreed at the UHSEC. Departments should be able to evidence this by developing or building on their Departmental H&S Implementation Plan which outlines how goals for improvement will be made, which should have prioritised timelines and identify those who have responsibility for their delivery. This document should be kept up to date and regularly reviewed. This document has been incorporated into the revised Terms of Reference for Departmental H&S Committees to implement, build on and review regularly.

Roles, Responsibilities and Authorities: This important information should be written in each local arrangement that is developed as part of the OH&SMS. It is important that Departments know what roles are applicable to their own Occupational Health & Safety Management System, and who is responsible and has authority for the critical activities.

Expectation:

The University has developed a Leadership and Management document available to download from the [H&S Policy webpage](#). Relevant sections from this should have been disseminated to staff throughout the University to clarify responsibilities that every employee has who works for

the University. To evidence this persons may be asked if they have seen this document or they may be asked specifically what they know about it and how it relates to their role.

Communication: OHSAS 18001 requires the organisation to perform communication, participation, and consultation with employees, subcontractors, and relevant external parties on issues regarding occupational health and safety. It is also required to process, document, and respond to relevant communication from external interested parties. OHSAS 18001 also requires the organisation to take into consideration information from external interested parties regarding occupational health and safety.

Expectation:

The University and Departments should be able to explain how they communicate to internal and external parties and what information needs to be communicated. There may be evidence that this sort of communication takes place by teams who share spaces, processes in place to induct contractors (and key people who are involved in this activity) and a means to disseminate information from different committees or working groups that discuss occupational health and safety.

The University has a committee structure and Health and Safety webpages and there are other methods for health and safety communication, evidenced through use of H&S Newsletters, Bulletins etc. Departments should be able to evidence how H&S is communicated, how they work with any industrial partners and manage safety between them, how they share information within shared spaces. There may be H&S Noticeboards that exist around the Department that are regularly kept up to date that can be shown to the auditor.

Hazard identification, Risk Assessment and Determining Controls: This is the record of the occupational health and safety (OHS) hazards identified, risks assessed, and controls determined. These need to be maintained and kept up to date. It should be possible for you to identify the OH&S hazards and how to assess the risks in your work places, and how critical these hazards are. How much do you control the hazards, or do you only have influence over them? How will these hazards be controlled?

Expectation:

There should be documentation at University level and locally that outlines how risk assessments are carried out and there should be written risk assessments in place for all activities that present a significant risk. Within the Science & Medical Faculty 'space owners' have been identified for all hazardous locations within their respective Departments. Where these exist, the 'space owners' should already have identified the hazards associated with their spaces which should be held within the [Quemis Hazard Management System](#). The expectation would be that the hazard information held within this system is up to date and representative of the hazards currently in the space. Similarly the [Laboratory Noticeboards](#), also held within this system, should be reflective of the hazards beyond the doors to their space(s).

The University has outlined its own [risk assessment methodology](#) which is part of the OH&SMS. Departments should have adopted this, or developed their own methodology which should be able to be evidenced. The expectation would be for hazards identified to be controlled to an acceptable level. During the walk round of the Department questions could be asked of those working in any selected space and there will be a visual check made as to whether the auditor considers the hazards are being effectively controlled. The auditor will ask for documented procedures in place, risk assessments for the work activities, training records, servicing records, etc. In fact this questioning could deviate into other areas, such as asking persons to evidence

their PAT testing, LEV statutory inspection and testing, PUWER risk assessments, waste management arrangements, equipment maintenance records, spillage control arrangements or other emergency arrangements etc., etc. In terms of emergency preparedness and response, if there is a risk that injury or ill health could occur then it should be possible to evidence that there are plans in place to respond and react to the emergency and limit the occupational health and safety damage that could be caused. The auditor could examine any element during their tour (where safe to do so) and could speak to anyone who may be present at the time. Where information may not be readily available, an appropriate timeframe should be estimated for presenting the required evidence.

Legal and Other Requirements: It is important that the University knows and understands the legal requirements that apply to our business practices. To make this work we need to devise a way to ensure we know which laws apply, and how we will keep up to date on legal changes.

Expectation:

The University has developed a Health and Safety Risk Register that outlines all relevant legal requirements across the University which has been evaluated already at Stage 1. There will be a need to map out which of these are relevant to each Department that remains a requirement of the University. A process must also be in place to evaluate your compliance with the laws and to put in place corrective action to fix any discrepancies. Legal changes will be communicated via the Health and Safety Department.

Competence, Awareness and Training: The University should be keeping records to prove that you have identified what competencies are required for the crucial processes in your OH&SMS, and how staff and where relevant students, etc., meet these competencies. If the competencies are not met by individuals responsible for the action, the University should be able to demonstrate how the training discrepancies are being addressed to close the gaps.

Expectation:

At a University level, the Health and Safety Department have competent staff who can provide Occupational Health and Safety advice and guidance who can be contacted for support. At a local level there may be key people who have particular levels of competence in health and safety. There should be evidence that staff and students have the necessary competencies for their work environment, the work equipment they are using and on the tasks that they have to perform. Training Needs Analysis (TNA) of staff, staff and student training records, competency evaluations for particular tasks or for use of particular equipment should all be recorded and should be able to be evidenced.

The University should also be able to demonstrate how it makes all staff, students and other external parties aware of the risks that impact on them and any changes to operational practices. There may be local arrangements that outline persons with particular responsibility for liaising with external parties, for inducting persons into spaces, for not permitting unauthorised access to areas, for providing general inductions for staff and students that can be evidenced and there should be arrangements in place for 'Space Owners' to disseminate information for laboratory, workshops and other higher risk spaces from the Quemis Hazard Management System, some of which may be in the form of the Lab Noticeboard on the doors to higher hazard facilities.

Operational Control Procedures: The University should have identified which operations could have a negative impact on occupational health and safety, and have put controls in place to mitigate the risks and prevent the injuries and ill health from occurring.

Expectation:

In order to have a known and consistent way of doing what is needed to avoid the occurrence, you will need to create operational control procedures. If no situations are present, you need to ensure that there is no deviation from the policy and objectives, or related significant hazards, and then these procedures are not required. Departments should have evidence of Safe Operating Procedures, Safe Systems of Work or standard procedures written within teaching plans, lab books or other method of information capture (which should be reflected in their associated risk assessment). There could be permits to work used or other documented system. Departments may have procedures that outline how machinery is used, how to work on a particular piece of equipment or how to undertake a particular task and during the walk around, persons may be asked to evidence this.

Control of Documents: How you approve, update, and re-approve your documents. When a document is changed, how do you identify changes and make sure that people who need the current document have it and stop using older documents? How do you make sure the documents can be read, and how do you control documents that come from outside of your organisation for use?

Expectation:

Departments should be able to demonstrate how they maintain records and how they identify, store, and protect their records so that they can be retrieved as necessary, for the correct amount of time, and destroyed when no longer needed but not before X date. The University Health and Safety Department maintains accident data, which has its own regulatory laid down retention period. Departments may maintain records such as for their hazardous [Waste Consignment Notes](#) which should be retained for a period of 3 years post disposal of their waste.

In terms of other evidence, whilst the University is not readily working quality standards such as ISO 9001, where it is vital that only the latest version of a document, form, or plan is used, then there must be a process in place to ensure that older versions of the document are destroyed or, for example, deleted from the webpages. Where there is no current procedure for this, Departments should consider what documents should be controlled and how they may go about doing this.

Monitoring Performance Information: An organisation needs to document what information needs to be monitored so that its staff can react to changes in performance and avoid any potential occupational health and safety hazards.

Expectation:

When it is necessary to control your activities, you will need to put in place a method of monitoring and measuring your activities to ensure that you maintain the acceptable limits of employees' exposure to occupational health and safety hazards. Staff may have to undergo for example, radiation dosimeter monitoring, may work in a noisy environment, or work with vibratory tools that require strict control to ensure exposures are not exceeded. Some Departments may be able to evidence that this work is being undertaken.

Calibration Records: The University may need to monitor and measure critical elements of the OH&SMS to ensure compliance with legal requirements. As an example, we may need to measure the noise or vibration in the work place. When this is necessary, the University needs to use calibrated equipment to ensure that the measurements are accurate, and must maintain records of these calibrations.

Expectation:

Where the University owns pieces of equipment that are being used to record noise, lighting levels, dosimeters etc., these should be subject to regular calibration, or taken out of use and calibrated prior to it being needed. There should be calibration certificates in place and in date for the equipment if it remains in use that can be evidenced. Some Departments may not own such equipment.

Nonconformity, Corrective and Preventive Action Records: With the Occupational Health & Safety Management System, you may find that you have non-conformances that need to be corrected, and when you investigate the root cause of these problems, you may have corrective actions and preventive actions that need to be taken.

Expectation:

Each Department will undergo inspection, will at some point be subject to an incident investigation and are now being subject to the audit process. This element is looking at what evidence the Department has to demonstrate that it is monitoring that the corrective actions coming out of these processes are being dealt with and closed out in a timely fashion. The procedures itself should determine causes and evaluate the need for actions to correct them. Once corrective action has been taken, is there any evidence to demonstrate how you review that the actions were effective? Are there similar processes in place to try and implement corrections to potential non-conformities before they occur?

Internal Audit Records: Records should be maintained to show OH&SMS conformance and improvement.

Expectation:

There should be procedures that outline how the University undertakes an audit of its Occupational Health & Safety Management System which should be carried out to ensure that it is performing as planned and is effective. There should be arrangements in place to outline who is responsible for planning and carrying out the audits and how results are reported. Departments should be able to evidence that they have been audited and there should evidence of what is planned to deal with any non-conformances and to demonstrate that they have closed out on any corrective actions stated.

Where senior management are involved in the review of these documents, keep these records to show that reviews were effective and that resources were identified and allocated.