

POLICY	
Policy Number: HS2020-039	Date Approved: March 2011
Department: Health and Safety	Date Reviewed: October 2020
Audit Review (Health and Safety Management System)	

1. Policy Statement

An Audit plan will be developed annually and will identify the department(s) to be audited, criteria, scope, responsibilities, schedule, and approvals of the Audit.

The person(s) chosen as the Auditor must be able to provide an objective assessment of our Health & Safety system and be a trained Auditor.

The Auditor will be given 60 days to complete the audit and record the findings. In preparation for the audit the Auditor will require access to the following: (this is not an all-inclusive list)

- Floor plans of department to be audited;
- Health & Safety records (workplace inspections, First Aid reports, Incident investigations etc.) for the last 12 months prior to the audit date;
- Contact information for the Department Head;
- Names, positions and schedules of all employees to schedule interviews with;
- Company policies, procedures, forms, training records any and all information that pertains to audit scope;
- The department to be audited will provide a meeting space for interviews, a list of required PPE to the Auditor prior to the auditing date. Access and explanation to all work processes of that department including those that may not be used or performed during the duration of the audit;
- If there are any identifying barriers to auditing this shall be noted in the report. For example, part of the building was under construction, 2 workers scheduled to be interviewed were ill on the days of auditing;
- Other resources as needed.

2. Purpose

The Town of Kirkland Lake (the Corporation) will perform an audit of our Health & Safety system and identify gaps in our system, with the overall goal of reducing workplace injuries and illnesses.

3. Scope

The audit is to be performed annually by our Internal Auditor. Only certain departments will be Audited each year. The departments to be audited will be laid out in the Audit plan.

4. Definitions

Not Applicable

5. Policy & Procedures

Responsibilities

CAO

- Select Auditor(s) to complete the Audit.
- Ensure Auditors are qualified and complete the Auditor Training.
- Provide documentation and resources as requested by the Auditor(s).
- Review the Audit findings and record any findings that may be discrepancies.
- Create, or assist the Auditor(s) in the creation of, the Action Plan.
- Sign off on the completed Action Plan.
- Review at least quarterly the progress of the Action Plan until all non-conformities are corrected.

Department Heads/Supervisors

- Participate in the Audit process as required.
- Provide any information requested by the Auditor(s) or Senior Management.

Employees

- Cooperate with the Auditor(s) and CAO during the Audit.
- Provide any information requested by the Auditor(s) or Senior Management.

Joint Health & Safety Committee/Health & Safety Representative

- Participate in the Audit process as required.
- Provide any information requested by the Auditor(s) or Senior Management.

Auditor(s)

- Complete Auditor Training.
- Complete a review of the previous years' action before starting the audit.
- Conduct the Audit within the timeframe provided.
- Document all evidence collected during the Audit.
- Contact employees, Supervisors, Department Heads and other persons as necessary during the Audit.
- Determine the findings for the Audit as either Conformity or Non-conformity for each section of the Audit based on the collected evidence.
- Ensure the CAO completes a review of the Audit and findings.

Procedure

Step One – Audit Review from Previous Year

- Confirm all audit findings from the previous year's Audit were included on the previous year's Action Plan.
- Review all completed action items from the previous year's Audit to ensure they were implemented and are effective.
- Review the current status of all outstanding action items from previous year's audit and ensure they will be completed as planned.
- Document all findings from this review and ensure all outstanding non-conformity items from your previous years' Action Plan are recorded on your current Audit.
- Ensure outstanding issues from the previous year's Audit are made priorities on this year's Audit.

Step Two– Audit Performed by the Qualified Auditor

- Using our own policies and procedures determine what is being asked of the workplace, Supervisors, Department Hears and employees.

- Mandatory, a document dated within the previous 12 months for verification of conformity.
- In addition to the document, sufficient corroborating evidence to support the verification of conformity must be provided (i.e. your policy states “monthly meetings” should have 12 months’ worth of meeting minutes, not just one month’s). The three additional verifications are:
 - ✓ Observation of the criterion.
 - ✓ Interview of employees to validate the criterion.
 - ✓ Record of the verification.
- Each criterion in the audit will either be determined as “conformity” or as “non-conformity”.
- For a finding of “non-conformity” the Auditor must document what evidence could not be verified.

Step Three – Senior Management Sign-Off

- Senior Manager (CAO) must review the audit report.
- Senior Manager will sign-off the findings.
- If the Senior Manager disagrees with the findings this is recorded but the original audit report cannot be changed.
- If the Auditor agrees with the Senior Manger’s findings then this is also noted in the report.

Step Four – Action Plan

- For all “non-conformity” findings the Senior Manager or their designate, will create an action plan.
- Each item in the action plan will have a person(s) assigned to the responsibility of corrective actions.
- At least 2 action plan items will be completed in the current calendar year.
- Each item in the action plan will describe the corrective action.
- Each item in the action plan will have a timeline for completion.
- All action plan items will be initiated within six (6) months of the audit completion date.

- Priority will be given to those items that are a major or serious non-conformity that may endanger an employee's life or be a direct violation of the OHSA and any items still outstanding from the previous years' action plan.

Step Five – Improvements

- We will implement the action plan as assigned.
- Senior Management will review the Action Plan at least quarterly until all non-conformities are corrected.
- The action plan will be implemented in all departments of the Corporation.

6. Summary

Review & Communication:

A communication piece will be issued to all employees within our firm on the audit prior to the audit being performed.

The audit results will be reviewed with the JHSC and then made available to everyone by being posted on the Safety Board.

This policy and procedure will be reviewed as needed but at least annually.