

TQCSI POLICIES FOR AUDITING & CERTIFICATION OF OHSAS 18001

In addition to the General Policy which applies to all Standards, this policy document describes policies determined by TQCSI's Certification Approval Panel in the interpretation of OHSAS 18001 for the auditing and certification of safety management systems. It complements TQCSI Work Instruction 36 (OHSAS 18001 & AS 4801) which should also be referred to by auditors when auditing clients' safety management systems.

Nonconformances are to be dealt with as described at WI 32 (QMS Certification). When a major nonconformance is raised, the respective Lead Auditor or General Manager is to consider the risk when deciding on the time frame for the client to satisfactorily address the nonconformance. The time frame is not to be greater than three months but is to be much shorter if there is a risk to public safety. As a guide:

- *major NCR related to document control, management review, training etc - 3 months*
- *major NCR related to meeting safety objectives - 2 months*
- *major NCR related to workplace safety - 1 month*
- *major NCR posing an immediate or serious threat to workplace safety – 1 week.*

Minor nonconformances are to be raised where:

- a discrepancy which has the potential to have a significant impact on the effectiveness of the safety management system has not been addressed since being raised at a previous audit
- a serious discrepancy or a number of like discrepancies indicate there is a breakdown in part of the safety management system or a safe and healthy working environment is jeopardised
- risk assessments have not been undertaken for sites, equipment and work processes
- objectives of the safety management system are not established or monitored
- there is a significant breach of legislation or a regulatory requirement
- there is an OHS hazard that is not controlled and could cause serious injury.

Major nonconformances are to be raised where:

- the agreed action plan to address a minor nonconformance has not been implemented
- a serious discrepancy or a number of like discrepancies indicate there is a total breakdown in the safety management system or there is direct evidence of a high risk of serious injury or death
- there is a very significant breach of legislation or a regulatory requirement
- there is a very serious OHS hazard that is not controlled and could cause death or permanent disability.

General Policies:

- Risk assessments must be undertaken of:
 - sites (client’s premises and all temporary sites)
 - equipment which could cause harm
 - work processes
- Controls must be implemented for all hazards identified in risk assessments, based on the level of risk identified.
- All work process hazards, their controls and risk assessment should be summarised on a register (often referred to as a Hazard Register or Job Hazards Analysis (JHA) for site projects). The registers must be regularly reviewed.
- Safety related objectives must be identified, documented and reviewed in a plan.
- Safety Data Sheets (SDS, formerly known as MSDS) must be retained on file (hard copy or electronically) in reasonable proximity to where they are stored and used, including at temporary sites. Mini SDS summarising the full SDS may be used in lieu as long as they are developed or approved by a chemist and the full SDS is accessible.
- Clients must demonstrate a robust system which ensures they have access to, and are aware of, any relevant changes made to legislation, regulations, codes of practice, standards and licences that may relate to their operations.

Approved: *Original signed*

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