The internal audit checklist is just one of the many tools available from the auditor’s toolbox. The checklist ensures each audit concisely compares the requirements of ISO 18001:2007 and your EQMS against actual business practice.

**ISO 18001:2007 Internal Audit Checklist**

**System & Process Compliance Auditing**

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# Guidance

## 

## About this Checklist

The audit checklist is just one of the many tools which are available from the auditor’s toolbox that help ensure your audits address the necessary requirements. It stands as a reference point before, during and after the audit process and if developed for a specific audit and used correctly will provide the following benefits:

* Ensures the audit is conducted systematically;
* Promotes audit planning;
* Ensures a consistent audit approach;
* Actively supports your organization’s audit process (OHSAS 18001:2007, Clause 4.5);
* Provides a repository for notes collected during the audit;
* Ensures uniformity in the performance of different auditors;
* Provides reference to objective evidence.

This audit checklist comprises tables of the certifiable (‘shall’) requirements, from OHSAS 18001:2007, each required is phrased as a question. This audit checklist may be used for element compliance audits and for process audits. If you wish to create separate process audit checklists, select the clauses from the tables below that are relevant to the process and copy and paste the audit questions into a new audit checklist. We suggest that you retain this audit checklist as your ‘master copy’.

## Audit Scoring Criteria

A risk-based internal audit approach allows the internal audit to concentrate on reviewing the major risks to your organization. The audit’s role is to provide assurance that key risks to your organization’s objectives are being well controlled.

The audit findings ‘traffic lights’ are intended to visually communicate the risk posed by the audit finding of any system or processes being audited. The rating system is stratified from ‘compliant’ to ‘major non-conformance’ to convey a concise and consistent method for scoring each audit finding. At the end of the audit, you can transfer the findings into an Excel spreadsheet to create charts, summary tables and trend data to paste into your audit report or management review documentation.

This methodology should be uniformly applied to all types of internal audit (gap analysis, system audits and process audits) that your organization will likely undertake.

|  |  |  |
| --- | --- | --- |
| Finding | Definition/Impact | Action/Mitigation |
| **COMPLIANT** | Compliant means adherence with the requirements of the standard and the EQMS. The process is implemented and documented and records exist to verify this. | Continue to monitor trends/indicators. |
| **OFI** | A **low risk issue** that offers an opportunity to improve current practice. Processes may cumbersome or overly complex but meet their targets and objectives. Unresolved OFIs may degrade over time to become non-compliant. | Review and implement actions to improve the process(s). Monitor trends/indicators to determine if improvement was achieved. |
| **MINOR N/C** | A medium risk, minor non-conformance resulting in deviation from process practice not likely to result in the failure of the management system or process that will **not** result in the delivery of non-conforming products nor reduce the effectiveness of the EQMS. | Investigate root cause(s) and implement corrective action by next reporting period or next scheduled audit. |
| **MAJOR N/C** | A high risk, major non-conformance which **directly impacts** upon customer requirements, **likely** to result in the customer receiving non-conforming products or services, or which may reduce the effectiveness of the EQMS. | Implement immediate containment action, investigate root cause(s) and apply corrective action. Re-audit in 4 weeks to verify correction. |

## Principles of Auditing

Auditing relies on a number of principles whose intent is to make the audit become an effective and reliable tool that supports your company’s management policies and procedures whilst providing suitable objective information that your company can act upon to continually improve its performance. Adherence to the following principles are considered to be a prerequisite for ensuring that the conclusions derived from the audit are accurate, objective and sufficient. It also allows auditors working independently from one another to reach similar conclusions when auditing in similar circumstances. The following principles relate to auditors.

1. **Ethical conduct:** Trust, integrity, confidentiality and discretion are essential to auditing;
2. **Fair presentation:** Audit findings, conclusions and reports reflect truthfully and accurately the audit activities ;
3. **Professional care:** Auditors must exercise care in accordance with the importance of the task they perform;
4. **Independence:** Auditors must be independent of the activity being audited and be objective;
5. **Evidence-based approach:** Evidence must be verifiable and be based on samples of the information available.

## Audit Methodology

### Introduction

The adoption of the ‘process approach’ is mandated by OHSAS 18001:2007 and is one of the most important concepts relating to quality management systems. Process auditing is about auditing your organization’s processes and their interactions, which together comprise the quality management system.

The process approach is one of the core quality management principles, which is defined as a ‘consistent and predictable results are achieved more effectively and efficiently when activities are understood and managed as interrelated processes that function as a coherent system’.

The process audit provides assurance that the processes have been implemented as planned and provides information on the ability of the process to produce a quality output. Done properly, a process audit is much more than verification that processes are being followed. Although preparation can take a day or two, actual audit time is about two hours per shift.

A process is a set of interrelated activities that transform inputs, such as materials, customer requirements and labor, via a series of activities into outputs, such as a finished product or service. Various stages of the process must meet various applicable clauses of the standard. There are six characteristics to look out for when auditing a process:

1. Does the process have an owner?
2. Is the process defined?
3. Is the process documented?
4. Are links between other processes established?
5. Are processes and their links monitored?
6. Are records maintained?

As part of the process approach, the process audits must be scheduled according to the processes defined by your management system. The audit schedule should not be based on the clauses of the standard, but it should instead be based upon the importance and criticality of the process itself. The process approach to auditing should cover three vital stages:

1. Preparing for the audit; (desk review)
2. Auditing the process and its linkages;
3. Preparing the summary and audit report;

An audit of customer related processes should be conducted at planned intervals in order to determine whether the processes conform to planned arrangements in order to determine whether the process is properly implemented and maintained and to provide process performance information to top management.

Effective process auditing requires the auditor to identify and record audit trails that will make a difference to your organization. The audit should begin with the process owner in order to understand how the process interacts with the other process inputs, outputs, suppliers and/or customers.

The auditor should be able to determine whether the outputs are complete and that process measurements demonstrate whether all of the outputs are consistently fit for purpose and are efficiently managed. Do the customers agree with the outputs and the measures? Audit of customer processes at planned intervals to:

1. Determine whether the process conforms to planned arrangements;
2. Determine whether the process is properly implemented and maintained;
3. Provide information on process performance to top management.

Consider these points during the process audit:

1. Is there continuity between the various support processes?
2. Is the task done consistently on a person-to-person or day-to-day basis?
3. Do the interfaces between the departments operate smoothly?
4. Does product information flow freely?
5. Is the process practice right?
6. Does it meet the requirements of the standard or specification?
7. Is it helping your organization effectively?

### Preparation

Before the audit, prepare thoroughly! Spending an hour or three in preparation will make you a better auditor and you will be much more effective during the audit. Auditors should not skip this step as it provides much needed value to the audit. Taking the time to prepare and organize actually saves time during the audit.

Gather together all the relevant documented information that relates to the process you will be auditing. Look at process metrics, work instructions, turtle diagrams, process maps and flowcharts, etc. If applicable, collect and review any control plans and failure mode effects analysis work sheets too. Review these thoroughly and highlight the aspects that you plan to audit. Using the documented information in this way ensures they become audit records.

Your organization’s documented information may not cover all of the requirements that may be relevant to the process. If certain information is not available, it may become your first audit finding, not bad for the pre-audit review! Certain information and linkages should be audited. Some are required and some are simply good audit practice. Putting these sections into a worksheet format gives auditors a guide to follow, to ensure the relevant links are audited.

### Documented Information Review

Following are examples are of information that should be gathered and reviewed. The audit scope, audit objectives, audit criteria are required and this information be defined and documented. Usually, this is just basic formality, document it and move on.

1. The audit scope defines what is included and excluded from the audit, what will be audited.
2. The audit objectives define the purpose and what the audit should achieve.
3. The audit criteria define what systems, standards and documented information will be audited.

### Process Criteria, Metrics and Objectives

Each process is required to define this in the quality management system. Evaluate metrics and objectives to determine strengths and weaknesses. Compare actual performance to targets. This will guide you on how to should allocate your audit time. If targets are not met, identify it as an audit trail. Where goals are met, focus more on other areas with bigger issues.

### Previous Audit Findings

Verify if actions from previous audits remain effective and closed. Review previous audit trails to see if there is more to review, or whether they should be audited again. Past problems areas may reveal more improvement opportunities.

### Customer Complaints and Corrective Actions

Review previously identified problems and the effectiveness of any actions taken. Note what should be re-verified to ensure problems and issues remain closed. There could be incomplete actions, or new personnel that are not aware of previous issues.

### Inputs and Outputs

The quality management system must define and document the inputs, activities and the outputs for each process. If your management system uses flowcharts, turtle diagrams, process maps, etc., it should be documented there. Are inputs and outputs clearly defined? Do you see issues?

### Relevant ISO standards

Review relevant sections of applicable ISO standards (e.g., ISO 9001, ISO 14001, OHSAS 18001, etc.) that are relevant to the process that you will be auditing. Print those pages and highlight any requirements to ensure they are documented correctly within the quality management system and that they get audited.

Flowcharts, turtles, procedures, work instructions, records, process sequence. Review the documented information that describe and control the process. Review all the important steps and activities of the process being audited. This information must be documented within the quality management system. Evaluate how effectively the process flows through each step. Do you see any roadblocks or issues? Make notes directly on the documents. During the audit, use them as check sheets and audit the trails and notes you marked.

### Review Performance

Review metrics and performance with appropriate managers, supervisors and operators. They will know how well things are running, objectives, customer issues and problem areas. If they do not, the requirements were not met. Audit the sequence of the process with the people actually performing the process. Do people know and follow the steps? Is what they do the same as what is documented? Are best practices documented and followed? Do personnel have changes they would recommend?

Review all the relevant steps of the assigned process. Evaluate how the process flows through the steps. Are the process steps effective? Do you see roadblocks or issues? Notate and follow audit trails you find with the relevant personnel. Observe their work. Look for things that are not as they should be.

### Review Competencies

Training, skills and competencies are always a potential area for improvement. Training and competency is vital and you should always review whether training could be improved. Pay particular attention to newer employees or people who do not demonstrate good skills or competencies. Put people at ease, so they are not nervous. If there are people who do not seem to be ‘up on their game’ note their names and review this with the training process owner.

Links to skills, competencies and training needed for each process must be documented. Review skill lists for the assigned process. Are there clear lists of skills for each position? Do they show enough detail? This is often a finding, where lists are generic with inadequate detail. Training is a key process of any system. Are there specific people or new hires you wish to review? Are there particular skills you want to evaluate? Collect names to review later.

### Review Linkages & Interactions

Linkages and interactions with other processes are always important. As you audit the assigned process, you will see how it connects and interacts with other processes. As you audit, also audit the relevant links to related processes and support processes. These would include the input hand over from the previous process and the output hand over to the next process. It should include interactions with relevant supporting processes, such as training, quality, maintenance, calibration, record and document control, etc.

Often a process will work pretty well by itself but it does not always sit well with other processes at the hand over points. These must be audited as to how they perform and interact with the main process. Note: don’t audit each linked process at this time, only audit the pieces that interact with the assigned process. The full processes will get audited as a separate process audit.

### Review the Process

The first task for the auditor is to establish what the process is intended to achieve. For example, the Sales Department’s primary function is to provide an effective interface between your organization and its customers and to input clear and accurate customer data onto the computer system in a timely manner. If these are the most important objectives of that process, then the audit must concentrate on verifying whether or not they are being achieved.

Performance is often best proven by looking at how well the output of Process A satisfies the input requirements of Process B. For example: how often does Process B have problems with customer data entered on the system, how many customer complaints have arisen due to inaccurate or late information being entered? If there is a documented procedure in place, it should define the process and the steps to be taken to ensure the objectives are achieved.

In the absence of any particular standard requirements, you may want to determine what customer driven requirements you might have. And audit for effectiveness. The audit tool is there to check how the plan is functioning and if it delivers as expected. Consider these points:

1. Is there continuity between the various processes within your organization?
2. Is the task done consistently on a person-to-person or day-to-day basis?
3. Do the interfaces between the departments operate smoothly?
4. Does product information flow freely?
5. Is the procedure right and does it meet the standard?
6. Is it helping your organization effectively?

### Review the Findings

Mark findings and issues as you go. When you finish auditing, you should have a collection of various findings to review. Organize the notes you made, these findings need to be reported to management. As you moved through the audit, you should have noted the issues and improvements you saw. These should have been marked clearly so you are now able to quickly review and capture them as you write the report.

When you have completed the audit, you will probably have findings. Some findings might be problems and some might be opportunities for improvement. Review your notes and collect the findings into the audit report. Audit teams should review findings with the lead auditor and/or management representative as it important to calibrate the findings and serves as a learning process. If there is disagreement over some findings, the Lead Auditor has the final vote.

### Prepare the Report

A good summary report is the output which is the value of the audit. It deserves an appropriate amount of attention and effort. As you moved through the audit, you should have noted the issues and improvements you saw. These should have been marked clearly so you are now able to quickly review and capture them as you write the report.

These findings and conclusions should be formally documented as part of the summary report. Too often, the audit report only recites back facts and data the managers already know. The value is in identifying issues and opportunities they do not know! This summary should be reviewed first with the lead auditor, then the Process Owner and Management Team. Make final revisions and file the audit report and all supporting audit materials and notes.

# Internal Audit Checklists

## Part 1: General Requirements

| **Clause No.** | **Question No.** | **Audit Question** | **Audit Findings**  (Score ‘1’ per box) | | | | **Audit Evidence** | **Opportunities for**  **Improvement (OFI)** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Compliant | OFI | Minor N/C | Major N/C |
| Provide reference to documented information to justify the finding | Provide suggestions for process improvement |
| 4.1 | 1 | Has the organization established, documented, implemented and maintained and continually improved an H&S management system in accordance with the requirements? |  |  |  |  |  |  |
| 4.1 | 2 | Has the organization determined how it will fulfil these requirements? |  |  |  |  |  |  |
| 4.1 | 3 | Has the organization determined defined and documented the scope of its H&S management system? |  |  |  |  |  |  |
| 4.1 | 4 | Has the organization established an appropriate health and safety policy? |  |  |  |  |  |  |
| 4.1 | 5 | Has the organization identified the health and safety hazards arising from its past, existing or planned activities, products and services, in order to determine the health and safety risks of significance? |  |  |  |  |  |  |
| 4.1 | 6 | Has the organization Identified applicable legal requirements and other requirements to which it subscribes? |  |  |  |  |  |  |
| 4.1 | 7 | Has the organization identified priorities and set appropriate health and safety objectives and targets? |  |  |  |  |  |  |
| 4.1 | 8 | Has the organization established a structure and program(s) to implement the policy and achieve objectives and meet targets? |  |  |  |  |  |  |
| 4.1 | 9 | Has the organization facilitated planning, control, monitoring preventive and corrective actions, auditing and review activities to ensure both that the policy is complied with and that the H&S management system remains appropriate? |  |  |  |  |  |  |
| 4.1 | 10 | Is the organization capable of adapting to changes in circumstances? |  |  |  |  |  |  |

## Part 2: Health & Safety Policy

| **Clause No.** | **Question No.** | **Audit Question** | **Audit Findings**  (Score ‘1’ per box) | | | | **Audit Evidence** | **Opportunities for**  **Improvement (OFI)** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Compliant | OFI | Minor N/C | Major N/C |
| Provide reference to documented information to justify the finding | Provide suggestions for process improvement |
| 4.2 | 11 | Is the health and safety policy documented and authorized by top management? |  |  |  |  |  |  |
| 4.2 | 12 | Is the policy is appropriate to the nature and the scale of the organization’s health and safety risks? |  |  |  |  |  |  |
| 4.2 | 13 | Does the policy include a commitment to continual improvement? |  |  |  |  |  |  |
| 4.2 | 14 | Does the policy include a commitment to comply with applicable legislation and other requirements to which the organization subscribes? |  |  |  |  |  |  |
| 4.2 | 15 | Is the policy implemented? |  |  |  |  |  |  |
| 4.2 | 16 | Is the policy effectively communicated in the organization and employees are aware of their H&S obligations? |  |  |  |  |  |  |
| 4.2 | 17 | Is the policy made available to all interested parties? |  |  |  |  |  |  |
| 4.2 | 18 | Is the policy periodically reviewed for suitability? |  |  |  |  |  |  |

## Part 3: Planning

| **Clause No.** | **Question No.** | **Audit Question** | **Audit Findings**  (Score ‘1’ per box) | | | | **Audit Evidence** | **Opportunities for**  **Improvement (OFI)** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Compliant | OFI | Minor N/C | Major N/C |
| Provide reference to documented information to justify the finding | Provide suggestions for process improvement |
| 4.3.1 | 19 | Is a procedure for the identification of hazards and assessment of risks established and is the methodology defined? |  |  |  |  |  |  |
| 4.3.1 | 20 | Do risk assessment procedures cover routine-non routine activities; personnel having access to the workplace (visitors, subcontractors)? |  |  |  |  |  |  |
| 4.3.1 | 21 | Does the methodology provide for the classification of risks and identification of those that are to be eliminated or controlled? |  |  |  |  |  |  |
| 4.3.1 | 22 | Does the methodology provide input into the determination of the facility requirements, identification of training needs and development of operational controls? |  |  |  |  |  |  |
| 4.3.1 | 23 | Do risk assessment results demonstrate that all the activities and facilities were covered and risks were evaluated? |  |  |  |  |  |  |
| 4.3.1 | 24 | Does the process link to operational control procedures? (See 4.4.6.) |  |  |  |  |  |  |
| 4.3.1 | 25 | Are results of hazard identification and risk assessments considered while setting health and safety objectives? |  |  |  |  |  |  |
| 4.3.2 | 26 | Is a procedure established for identifying and accessing legal requirements? |  |  |  |  |  |  |
| 4.3.2 | 27 | Are requirements other than legal requirements identified? |  |  |  |  |  |  |
| 4.3.2 | 28 | Is the information concerning applicable legislation and other requirements kept up-to-date? |  |  |  |  |  |  |
| 4.3.2 | 29 | Is relevant information on legal and other requirements is communicated to employees and other interested parties? |  |  |  |  |  |  |
| 4.3.3 | 30 | Are documented health and safety objectives established for each relevant function? |  |  |  |  |  |  |
| 4.3.3 | 31 | Are the results of hazard identification and risk assessments are considered while setting health and safety objectives? (See 4.3.1.) |  |  |  |  |  |  |
| 4.3.3 | 32 | Are H&S objectives established and they consistent with the commitment to continual improvement? |  |  |  |  |  |  |
| 4.3.3 | 33 | Are programmes for achieving health and safety objectives are established? |  |  |  |  |  |  |
| 4.3.3 | 34 | Are responsibilities, means and timeframe for achieving objectives are documented? |  |  |  |  |  |  |
| 4.3.3 | 35 | Are health and safety management programmes are reviewed at regular and planned intervals? |  |  |  |  |  |  |
| 4.3.3 | 36 | Are health and safety management programmes are amended to address changing circumstances? |  |  |  |  |  |  |

## Part 4: Implementation & Operation

| **Clause No.** | **Question No.** | **Audit Question** | **Audit Findings**  (Score ‘1’ per box) | | | | **Audit Evidence** | **Opportunities for**  **Improvement (OFI)** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Compliant | OFI | Minor N/C | Major N/C |
| Provide reference to documented information to justify the finding | Provide suggestions for process improvement |
| 4.4.1 | 37 | Are roles, responsibilities and authorities are defined and documented? |  |  |  |  |  |  |
| 4.4.1 | 38 | Is a member of top management appointed to ensure that the health and safety management system is implemented? |  |  |  |  |  |  |
| 4.4.1 | 39 | Are health and safety performance reports presented to top management for review and as a basis of improvement of the H&S management system? |  |  |  |  |  |  |
| 4.4.1 | 40 | Do those with management responsibility demonstrate their commitment to continual improvement of the health and safety performance? |  |  |  |  |  |  |
| 4.4.2 | 41 | Are competence requirements are defined? |  |  |  |  |  |  |
| 4.4.2 | 42 | Are employees are aware of the importance of the requirements of the H&S management system? |  |  |  |  |  |  |
| 4.4.2 | 43 | Are employees are aware of the H&S consequences of their work activities, benefits of improved personal performance, and consequences of departing from procedures? |  |  |  |  |  |  |
| 4.4.2 | 44 | Are employees are aware of their roles and responsibilities in achieving conformance to the H&S management system? |  |  |  |  |  |  |
| 4.4.2 | 45 | Do training procedures take into account differing levels of responsibility, ability, literacy and risk? |  |  |  |  |  |  |
| 4.4.2 | 46 | Are training needs are identified and trainings are provided to satisfy competence needs? |  |  |  |  |  |  |
| 4.4.2 | 47 | Are training records are maintained? |  |  |  |  |  |  |
| 4.4.3 | 48 | Are employees are consulted for changes that affect H&S, documented? |  |  |  |  |  |  |
| 4.4.3 | 49 | Is there employee involvement in the development and review of policies and procedures to manage risks is documented? |  |  |  |  |  |  |
| 4.4.3 | 50 | Is there a procedure to ensure that health and safety information is communicated to and from employees and other interested parties? |  |  |  |  |  |  |
| 4.4.3 | 51 | Are employees are represented on health and safety matters, and informed as to who is their employee health and safety representative(s) and management appointee? |  |  |  |  |  |  |
| 4.4.4 | 52 | Are the core elements of the health and safety management system are documented? |  |  |  |  |  |  |
| 4.4.4 | 53 | Does the information provide direction to the related documentation? |  |  |  |  |  |  |
| 4.4.5 | 54 | Is there a procedure for document control established? |  |  |  |  |  |  |
| 4.4.5 | 55 | Are documents are periodically reviewed, revised as necessary and approved by authorized personnel? |  |  |  |  |  |  |
| 4.4.5 | 56 | Are current versions available at all relevant locations? |  |  |  |  |  |  |
| 4.4.5 | 57 | Are obsolete docs protected against unintended use; retained ones identified? |  |  |  |  |  |  |
| 4.4.6 | 58 | Are operations and activities associated with risks where control measures need to be applied are identified? (Also see clause 4.3.1.) |  |  |  |  |  |  |
| 4.4.6 | 59 | Do operational control requirements cover all activities and facilities? (See guidance to operational control) |  |  |  |  |  |  |
| 4.4.6 | 60 | Do documented procedures exist where their absence could lead to deviations from the policy and the objectives? |  |  |  |  |  |  |
| 4.4.6 | 61 | Are operating criteria stipulated in the procedures? |  |  |  |  |  |  |
| 4.4.7 | 62 | Has the organization established, implemented and maintained a procedure(s) to identify potential emergency situations and potential accidents that can have an impact(s) and how it will respond to them? |  |  |  |  |  |  |
| 4.4.7 | 63 | Does the organization respond to actual emergency situations and accidents, and prevent or mitigate associated adverse risks? |  |  |  |  |  |  |
| 4.4.7 | 64 | Does the organization periodically review and, where necessary, revise its emergency preparedness and response procedures, in particular, after the occurrence of accidents or emergency situations? |  |  |  |  |  |  |
| 4.4.7 | 65 | Does the organization also periodically test such procedures where practicable? |  |  |  |  |  |  |
| 4.4.7 | 66 | In developing its procedures, has the organization considered the nature of on-site hazards, e.g., flammable liquids, storage tanks and compressed gases, and measures to be taken in the event of spillages or accidental releases? |  |  |  |  |  |  |
| 4.4.7 | 67 | In developing its procedures, has the organization considered the most likely type and scale of an emergency situation or accident? |  |  |  |  |  |  |
| 4.4.7 | 68 | In developing its procedures, has the organization considered the most appropriate method(s) for responding to an accident or emergency situation? |  |  |  |  |  |  |
| 4.4.7 | 69 | In developing its procedures, has the organization considered internal and external communication plans? |  |  |  |  |  |  |
| 4.4.7 | 70 | In developing its procedures, has the organization considered the action(s) required to minimize environmental damage? |  |  |  |  |  |  |
| 4.4.7 | 71 | In developing its procedures, has the organization considered the mitigation and response action(s) to be taken for different types of accident or emergency situation? |  |  |  |  |  |  |
| 4.4.7 | 72 | In developing its procedures, has the organization considered the need for a process for post-accident evaluation to establish and implement corrective and preventive actions? |  |  |  |  |  |  |
| 4.4.7 | 73 | In developing its procedures, has the organization considered the periodic testing of emergency response procedure(s)? |  |  |  |  |  |  |
| 4.4.7 | 74 | In developing its procedures, has the organization considered the training of emergency response personnel? |  |  |  |  |  |  |
| 4.4.7 | 75 | In developing its procedures, has the organization considered a list of key personnel and aid agencies, including contact details (e.g. fire department, spillage clean-up services)? |  |  |  |  |  |  |
| 4.4.7 | 76 | In developing its procedures, has the organization considered evacuation routes and assembly points? |  |  |  |  |  |  |
| 4.4.7 | 77 | In developing its procedures, has the organization considered the potential for an emergency situation(s) or accident(s) at a nearby facility (e.g. plant, road, railway line)? |  |  |  |  |  |  |
| 4.4.7 | 78 | In developing its procedures, has the organization considered the possibility of mutual assistance from neighbouring organizations? |  |  |  |  |  |  |

## Part 5: Checking

| **Clause No.** | **Question No.** | **Audit Question** | **Audit Findings**  (Score ‘1’ per box) | | | | **Audit Evidence** | **Opportunities for**  **Improvement (OFI)** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Compliant | OFI | Minor N/C | Major N/C |
| Provide reference to documented information to justify the finding | Provide suggestions for process improvement |
| 4.5.1 | 79 | Has the organization established and implemented a procedure to regularly monitor and measure the key characteristics of its operations that have a significant risk? |  |  |  |  |  |  |
| 4.5.1 | 80 | Does the procedure include documenting information to monitor performance, applicable operational controls and conformity with the health and safety objectives and targets? |  |  |  |  |  |  |
| 4.5.1 | 81 | Does the organization ensure that calibrated or verified monitoring and measurement equipment is used and maintained? |  |  |  |  |  |  |
| 4.5.1 | 82 | Does the organization retain associated records? |  |  |  |  |  |  |
| 4.5.1 | 83 | When necessary to ensure valid results, is measuring equipment calibrated or verified with measurement standards traceable to international/national measurement standards? |  |  |  |  |  |  |
| 4.5.1 | 84 | If no such standards exist, is the basis used for calibration recorded? |  |  |  |  |  |  |
| 4.5.2 | 85 | Has the organization established and implemented a procedure to periodically evaluate how well your organization complies with legal requirements? |  |  |  |  |  |  |
| 4.5.2 | 86 | Are there records of the results of your organization's legal compliance evaluations? |  |  |  |  |  |  |
| 4.5.2 | 87 | Has the organization established and implemented a procedure to periodically evaluate how well your organization complies with non-legal (other) requirements? |  |  |  |  |  |  |
| 4.5.2 | 88 | Are there records of the results of your organization's non-legal (other) compliance evaluations? |  |  |  |  |  |  |
| 4.5.3 | 89 | Is the responsibility and authority for handling and investigating accidents, incidents, nonconformities; taking action to mitigate their consequences; initiation of corrective and preventive actions established? |  |  |  |  |  |  |
| 4.5.3 | 90 | Are the causes of nonconformities are investigated and results documented? |  |  |  |  |  |  |
| 4.5.3 | 91 | Are appropriate corrective actions developed to eliminate the causes of nonconformities? |  |  |  |  |  |  |
| 4.5.3 | 92 | Are proposed corrective and preventive actions are reviewed through risk assessment? |  |  |  |  |  |  |
| 4.5.3 | 93 | Are corrective and preventive actions are followed up for effective implementation? |  |  |  |  |  |  |
| 4.5.4 | 94 | Are health and safety records identified? |  |  |  |  |  |  |
| 4.5.4 | 95 | Do records show effective operation of the health and safety management system and conformance to requirements? |  |  |  |  |  |  |
| 4.5.4 | 96 | Are health and safety records are readily retrievable and retention times recorded? |  |  |  |  |  |  |
| 4.5.5 | 97 | Are audit programmes and procedures for periodic system audits are established? |  |  |  |  |  |  |
| 4.5.5 | 98 | Do internal audits determine whether or not the H&S system conforms to planned arrangements including the requirements of OHSAS 18001? |  |  |  |  |  |  |
| 4.5.5 | 99 | Do internal audits determine whether or not the H&S system is properly implemented, maintained and effective in meeting the organization policy and objectives? |  |  |  |  |  |  |
| 4.5.5 | 100 | Is the audit programme is based on the results of risk assessment and previous audits? |  |  |  |  |  |  |
| 4.5.5 | 101 | Do audit procedures cover the scope, frequency, methodologies, competencies and responsibilities and requirements for conducting audits? |  |  |  |  |  |  |
| 4.5.5 | 102 | Is the competence, experience, training and independence of internal auditors determined? |  |  |  |  |  |  |
| 4.5.5 | 103 | Is the effectiveness of audit findings including reports and records? |  |  |  |  |  |  |
| 4.5.5 | 104 | Does top management follow-up on the timeliness and effectiveness of the corrective actions? |  |  |  |  |  |  |
| 4.5.5 | 105 | Do internal audits provide information to management? |  |  |  |  |  |  |

## Part 6: Management Review

| **Clause No.** | **Question No.** | **Audit Question** | **Audit Findings**  (Score ‘1’ per box) | | | | **Audit Evidence** | **Opportunities for**  **Improvement (OFI)** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Compliant | OFI | Minor N/C | Major N/C |
| Provide reference to documented information to justify the finding | Provide suggestions for process improvement |
| 4.6 | 106 | Has top management reviewed the organization’s health and safety management system at planned intervals, to ensure its continuing suitability, adequacy, and effectiveness? |  |  |  |  |  |  |
| 4.6 | 107 | Have top management reviews included assessing opportunities for improvement and the need for changes to the management system, including the policy, objectives and targets? |  |  |  |  |  |  |
| 4.6 | 108 | Have records of the management reviews been retained? |  |  |  |  |  |  |
| 4.6 | 109 | Does input to management reviews include results of internal audits and evaluations of compliance with legal requirements and with other requirements to which the organization subscribes? |  |  |  |  |  |  |
| 4.6 | 110 | Does input to management reviews include communication(s) from external interested parties, including complaints? |  |  |  |  |  |  |
| 4.6 | 111 | Does input to management reviews include the health and safety performance of the organization? |  |  |  |  |  |  |
| 4.6 | 112 | Does input to management reviews include the extent to which objectives and targets have been met? |  |  |  |  |  |  |
| 4.6 | 113 | Does input to management reviews include status of corrective and preventive actions? |  |  |  |  |  |  |
| 4.6 | 114 | Does input to management reviews include follow-up actions from previous management reviews? |  |  |  |  |  |  |
| 4.6 | 115 | Does input to management reviews include changing circumstances, including developments in legal and other requirements related to its health and safety hazards aspects? |  |  |  |  |  |  |
| 4.6 | 116 | Does input to management reviews include recommendations for improvement? |  |  |  |  |  |  |
| 4.6 | 117 | Do the outputs from management reviews include any decisions and actions related to possible changes to the policy, objectives, targets and other elements of the management system, consistent with the commitment to continual improvement? |  |  |  |  |  |  |