

OSHAD Audit Checklist and Sample Report

ANNUAL THIRD PARTY OHS LEGAL COMPLIANCE
AUDIT AGAINST OSHAD SF V 3.1



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1. Report preparation, review and approval

	Name	Designation	Signature
Prepared By			
Reviewed by			
Approved by			

2. Entity information

Entity Name	ABC
Address	xxx
Phone No	+971-2-4xxxxxx
Web Address	www.abc.ae
# of employees	~ 900
Shift Pattern	Morning, Evening and Night
# of sites	01

3. Contact information

MR	Mr. ABC
Email	xyz
Phone	+971-50-0000000

4. Audit information

Management Systems	OHS
Audit Criteria	OSHAD SF V 3.1
Audit Type	Third Party
Audit Date/s	

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Report Distribution	
Audit Team	Lead Auditor, Auditor 1, Auditor 2
Audit duration	# Auditor Days excluding desktop review of documentation and report preparation
Audit Time (correct as per audit Plan)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (if No, give detail)

5. Audit objectives and criteria

The objectives of the audit include as follows

- Determination of extent of conformity of organization's documented OH&S management systems against OSHAD SF V 3.1; applicable legal requirements and industry best practices,
- Evaluation of efficiency and effectiveness of aforesaid OH&S management systems in meeting its specified objectives, and
- Identification of areas for improvement in order to add value to these systems.

6. Methodology and scope of the audit

The scope of 'Audit is all the sites, departments, facilities, employees of the client.

The methodology is as under

1. Review of documents and records,
2. Interviews and discussions with management and selected staff, and
3. A sample based inspection of equipment; operations; activities; facilities and locations throughout the premises including observation of both safe and unsafe 'Acts & Conditions'.

7. Limitations of audit and confidentiality of the information

- a) This 'Audit' was based on sampling and therefore, nonconformities may still exist; and
- b) This report and its contents should be treated as "Confidential" except with the prior written consent of the Top Management of client.

8. Non conformity criteria

Major non-conformance

- Non-compliance to any legal requirement;
- The absence or total breakdown of a system to meet the requirements;
- Repeated minor non-conformances in the same activity, process &/or system;
- Any non-conformance that relates to a high risk activity; and
- Non-implementation of agreed 'Action Plan' to address a minor non-conformance.

Minor non-conformance

- Partial implementation of the system; and
- Partial non-fulfilment of any documentation requirement.

9. Audit report summary

A detailed site based audit was conducted with the audit findings detailed below against each of the main elements of OSHAD SF V 3.1. The non-conformance is categorized as major and minor. The recommendations are also given.

Sample based documents and records reviewed and verified.

There is a quality documentation established against the latest version of OSHAD SF.

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The Management Representative is courteous, tactful, committed, open-minded and willing to accept an alternate opinion and hence learn.

The Top Management is committed to allocate necessary resources for effective implementation, maintenance and continual improvement of the documented & approved OH&S Management Systems in order to have total compliance with the OSHAD SF including applicable legal requirements.

Top Management should continue its support through personal involvement e.g. participation in Management Review Meetings, OHS Committee Meetings, and through communicating the importance of compliance with the mandatory System Framework.

The Top Management through MR in liaison with middle management and concerned staff need to focus in the following area:

1. The OH&S Policy should be published on official website and legibility {with regards to size and color scheme etc.} should be improved;
2. There should be at least one Grade "A" Practitioner, as required per OSHAD SF V 3.1;
3. HSE Manager is reporting to Director Projects; rather, he must report to CEO;
4. Job descriptions should be made available for Director Projects, Director HR, Manager Corporate Affairs, Head of Finance etc.;
5. The term key performance indicators should be replaced with OSH objectives and the objectives, targets & action plans should be reset as discussed with the Management Representative;
6. Review and revise the authorities for legal requirements procedure e.g. get involved legal team to interpret the legal requirements and consult Departmental Heads and others as applicable to determine controls to comply with the aforementioned legal requirements;
7. Evaluation of legal compliance should be conducted continually;
8. The procedure of risk management is for overall business risks; so, the responsibilities and methodology i.e. criteria have to be decided;
9. Hazard identification, Risk assessment and determination of controls should be in consultation with all the relevant stakeholders; both concerned Managers and Staff;
10. The reviewing authority is Director Projects; it should be highest competent authority in the Purchase Department; however, it can be by multiple authorities as well;
11. Advanced firefighting training should be conducted through accredited third party in line with the relevant code of practice; the # of fire fighters to be determined in line with OSHAD SF;
12. Drills should be conducted and reports should be made available;
13. The management of change Form should be used for all kinds of significant changes (in line with the criteria outlined in the procedure), both technical and managerial;
14. Training need analysis (TNA) should be made available; preferably department wise;
15. The First Aid training certificates' validity should be according to CoP # 4.0;
16. Competencies should be identified for all OSH roles and these should be evaluated accordingly;
17. It is recommended to list the external and internal communications in a matrix that can be used as a checklist;
18. OSH committee meeting record should include participants, time, venue, agenda and minutes of meeting;
19. Inspection plan and list of equipment to be inspected and tested should be made available;
20. Objectives, targets and action plans monitoring frequency should be defined;
21. Internal performance report should be more comprehensive covering all elements of SF;
22. All documents should include total page numbers;

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23. Master list of “Files” should be developed and maintained in all the departments; and Organogram should be controlled’
24. A lot needs to be improved regarding signage both inside the buildings and outside;

10. Positive points

1. The top management is committed and willing to allocate resources of all kinds;
2. MR, EHS Coordinator, EHS Secretary are highly courteous, open minded, tactful, well mannered, willing to consider alternate opinion, co-operative and willing to learn and hence improve;
3. The Infrastructure is well maintained, neat and tidy;
4. Training program is in place, but needs improvement;
5. The documentation is via share folder;
6. Work environment is excellent;
7. Excellent welfare facilities: prayer room, smoking areas, cafeterias and change room; and
8. EHS Manager is very experienced, tactful and highly qualified.

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11. Audit findings matrix

	OSHAD SF	# of Maj. NCs	# of Min. NCs	Obs.	Sug
1	OSH Policy	-	-	-	01
2	Roles, responsibilities, authorities and Accountabilities	01	-	01	-
3	Objectives, targets and programmes	-	-	01	-
4	Legal compliance	-	-	01	-
5	Evaluation of legal compliance	-	-	01	-
6	Risk management	-	01	-	-
7	Contractor management	-	-	01	-
8	Emergency response and management	-	-	01	-
9	Operational control (CoPs)	-	-	01	-
10	Management of change	-	-	01	-
11	Training, awareness and competency	-	01	01	-
12	Hazard, near miss, incident investigation and reporting	-	-	-	-
13	Communication and consultation	-	-	01	-
14	Inspection and testing	-	01	01	-
15	Internal audit	-	01	-	-
16	Osh performance monitoring	-	-	01	-
17	Osh performance reporting	-	-	01	-
18	Control of documents and records	-	-	01	-
19	Management review				
Total		01	04	14	01

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12. Evidence of conformance

Sr. #	OSHAD OHSMS Element	Documentation	Evidence of compliance
1.	OH&S Policy	OHS Policy; OHS-02, R # 0	OH&S Policy is communicated by displaying at conspicuous places including reception, site entrance, safety office, operations area etc.
2.	Roles, Responsibilities, Authorities and Accountabilities	<ul style="list-style-type: none"> ▪ OSH roles and responsibilities, OHS-05, R # 0 ▪ Organogram; at page 6 of the procedure, rev 0 	<ul style="list-style-type: none"> ▪ Hard copy distributed, as applicable ▪ Interview of Purchase Manager, HR Manager
3.	Objectives, Targets and Programmes		
4.	Legal Compliance		
5.	Evaluation of Legal Compliance	Legal register and Evaluation Form	Evaluation of legal compliance conducted by SHEQ Manager
6.	Risk Management		
7.	Contractor Management	<ul style="list-style-type: none"> ▪ Procedure for management of contractors; RIGC-OSH-CH-13, R#4 ▪ Prequalification criteria, RIGC-OSH-CH-13-Form-01, R-1 ▪ List of qualified Contractors (total 189), reviewed ▪ PTW verified for 'ABC contractor', dated 17/2/2019 	Review of pertinent records and verification through questioning to the purchase office and projects Manager

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8.	Emergency Management		
9.	Operational Control	A total of 11 procedures	CP-04-002, hydrostatic testing, reviewed and verified
10.	Management of Change	Documents Reviewed and Records Inspected	
11.	Training	<ul style="list-style-type: none"> ▪ Training procedure ▪ Training matrix ▪ Annual training plan, for the year 2019 	<ul style="list-style-type: none"> ▪ First Aid training certificated for Mr. Angelo and Mr. Amar, through “ABC” reviewed and verified ▪ Training certificates of 4 persons from Emirates Civil Defence Academy, reviewed.
12.	Competency		
13.	Hazard, Near Miss, Incident Investigation and Reporting		
14.	Communication and Consultation		
15.	Inspection and Testing	<ul style="list-style-type: none"> ▪ Inspection and testing procedure ▪ Inspection and testing annual plan 	<ul style="list-style-type: none"> ▪ Civil Defence certificate, 2018-1-111111, reviewed ▪ Summary of the internal inspections for the year 2018, reviewed
16.	Audit		
17.	OSH Performance Monitoring		
18.	OSH Performance Reporting		
	Control of Documents & Records		
19.	Management Review		

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13. Evidence of non- conformance

Sr. #	OSHAD OHSMS Element	Evidence of Non Compliance	Maj. NC	Min. NC	Obs.	Sug.
1	Roles, responsibilities, authorities and accountabilities	<ul style="list-style-type: none"> ▪ There is no Grade A practitioner [Major NC] ▪ HSE Manager is reporting to Director Projects, rather; he should report to CEO [Major NC] ▪ JDs are not available for Director Projects, Director HR [Minor NC] ▪ Writing and reviewing authorities should be reviewed and revised [Observation] ▪ Delegation of authorities should be established and documented [Observation] 	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	Legal compliance	Review and revision authorities for legal requirements procedure should be revised e.g. get involved Legal Team to interpret the legal requirements and consult Departmental Heads (process owners) and others, as applicable and as relevant to determine controls to comply with the these legal requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3	Evaluation of legal compliance	Evaluation of legal compliance should be conducted through assigning responsibilities, establishing frequency and methodology	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>