

**Title: Internal OSH Audit Checklist**

<b>1. Understanding the organization and its context</b>	
Criteria	clause 4.1
What's required <sup>i</sup>	Determining the relevant external and internal issues that can affect ability to achieve the intended outcomes of OHS management system
<u>Positive Points</u>	
<u>Evidence of Conformance</u> <sup>ii</sup>	
<u>Evidence of Non-Conformance</u> <sup>iii</sup>	

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<b>2. Understanding the needs and expectations of workers and other interested parties</b>	
Criteria	Clause 4.2
What's required	<ul style="list-style-type: none"><li>a) the other interested parties, in addition to workers, relevant to the OH&amp;S management system determined;</li><li>b) the relevant needs and expectations (i.e. requirements) of workers and other interested parties determined;</li><li>c) which of these needs and expectations are, or could become, legal requirements and other requirements.</li></ul>
<u>Positive Points</u>	
<u>Evidence of Conformance</u>	
<u>Evidence of Non-Conformance</u>	

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<b>3. Determining the scope of the OH&amp;S management system</b>	
Criteria	Clause 4.3
What's required	While establishing the scope, <ul style="list-style-type: none"><li>a) external and internal issues considered;</li><li>b) requirements referred to in 4.2 taken into account;</li><li>c) planned or performed work-related activities taken into account; and</li><li>d) scope available as documented information.</li></ul>
<u>Positive Points</u>	
<u>Evidence of Conformance</u>	
<u>Evidence of Non-Conformance</u>	

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4. OHS Policy	
Criteria	OSHAD-SF, Element 9, heading 3.1 ISO 45001:2018, clause 5.2
What's required	<ul style="list-style-type: none"> <li>▪ authorized by Top Management;</li> <li>▪ appropriate to the nature and scale of the entity's OSH risks;</li> <li>▪ includes commitment to               <ul style="list-style-type: none"> <li>a. prevention of injury and illness;</li> <li>b. enhancement of employee health and wellbeing;</li> <li>c. legal compliance;</li> <li>d. setting, monitoring and reviewing OSH targets and objectives;</li> <li>e. provision of appropriate OSH resources; and</li> <li>f. continual improvement.</li> </ul> </li> <li>▪ communicated to all relevant stakeholders;</li> <li>▪ reviewed periodically to ensure it remains relevant and appropriate.</li> </ul>
<p><u>Positive Points</u></p> <p>OHS Policy is communicated by displaying at conspicuous places including reception, site entrance, safety office, operations area etc.</p>	
<p><u>Evidence of Conformance</u></p> <p>Ref # OHS Policy; OHS-02, Rev # 0</p>	
<p><u>Evidence of Non-Conformance</u></p> <ul style="list-style-type: none"> <li>▪ OSH policy does not refer to the criteria i.e. OSHAD-SF.</li> <li>▪ OSH policy is not appropriate to the nature of business</li> <li>▪ OSH policy is not signed by the top management</li> <li>▪ OSH Policy is not communicated to employees, contractors and other concerned persons by the available and appropriate communication means.</li> <li>▪ Review frequency of the OSH policy is not defined.</li> <li>▪ OSH Policy not reviewed or updated as per the set review frequency.</li> </ul>	

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<b>5. Roles, Responsibilities, Authorities and Accountabilities</b>	
Criteria	<ul style="list-style-type: none"> <li>▪ OSHAD-SF, Element 1 – Roles, Responsibilities and Self-regulation</li> <li>▪ OSHAD-SF, Guidance Document – OHS Roles and Responsibilities</li> <li>▪ ISO 45001:2018, clause 5.3</li> </ul>
What's Required	<ul style="list-style-type: none"> <li>▪ Is top management is ultimately responsible for the OSHMS and OSH matters;</li> <li>▪ appropriate competent OSH resources available to develop, implement and maintain an OSHMS;</li> <li>▪ OSH roles, responsibilities and delegating authorities for each role within the entity are clearly defined and documented;</li> <li>▪ roles &amp; responsibilities to all employees and stakeholders are communicated effectively;</li> <li>▪ Mechanism established to measure employee conformance against their defined roles, responsibilities and accountabilities.</li> </ul>
<p><u>Positive Points</u></p> <ul style="list-style-type: none"> <li>▪ Auditee positive approach and openness towards the audit process.</li> <li>▪ OSH Roles and Responsibilities are included in all employees' job descriptions.</li> <li>▪ Employees are aware of their OSH related roles and responsibilities. OSH roles and responsibilities undertaken signed by the employees.</li> </ul>	
<p><u>Evidence of Conformance</u></p> <ul style="list-style-type: none"> <li>▪ OSH roles and responsibilities, OHS-05, R # 0</li> <li>▪ Organogram; at page 6 of the procedure, rev 0</li> <li>▪ Hard copy distributed, as applicable</li> <li>▪ Interview of Purchase Manager, HR Manager</li> </ul>	
<p><u>Evidence of Non-Conformance</u></p> <ul style="list-style-type: none"> <li>▪ There is no minimum 1 Grade A practitioner for a high risk business</li> <li>▪ HSE Manager is reporting to Director Projects, rather; he should report to Chief Executive Officer.</li> <li>▪ OSH Job Descriptions are not available for Director Projects, Director HR.</li> <li>▪ Writing and reviewing authorities not reviewed and revised.</li> <li>▪ Delegation of authorities should be established and documented.</li> <li>▪ OSH resources are inadequate according to the scope of work.</li> <li>▪ OSH roles and responsibilities not communicated effectively within the organization.</li> </ul>	

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<b>6. Objectives, Targets and Programmes</b>	
Criteria	OSHAD-SF, Element 7, Heading 3.1 ISO 45001:2018, clause 6.2
What's Required	<ul style="list-style-type: none"> <li>▪ OSH objectives and targets are documented;</li> <li>▪ OSH objectives and targets are communicated effectively;</li> <li>▪ where practicable, these are measureable;</li> <li>▪ while establishing these objectives, following are considered;               <ul style="list-style-type: none"> <li>• OSH policy;</li> <li>• legal requirements;</li> <li>• relevant Competent Authorities' requirements; and</li> <li>• OSHAD-SF mandatory key performance indicators (KPI's), as defined in Sector specific objectives and targets, if applicable.</li> </ul> </li> <li>▪ To achieve the aforesaid objectives and targets, program(s)/action plans that include methods, timeframes, monitoring activities and responsibilities are established; and</li> <li>▪ Objectives, targets and programs are reviewed periodically to ensure they remain relevant and appropriate.</li> </ul>
<p><u>Positive Points</u></p> <ul style="list-style-type: none"> <li>▪ KPIs are periodically monitored for on time completion.</li> <li>▪ This information is also used as one of the inputs for Managers' performance appraisal.</li> <li>▪ The organization has implemented an automated KPIs monitoring software.</li> <li>▪ Well developed and detailed management programs.</li> <li>▪ Significant reduction in Incident Rate.</li> <li>▪ Detailed analysis of OSH KPIs, which contributes towards improving the OSH performance</li> </ul>	
<p><u>Evidence of Conformance</u></p>	
<p><u>Evidence of Non-Conformance</u></p> <ul style="list-style-type: none"> <li>▪ Targets and objectives not adequately established at an organizational level,</li> <li>▪ OSH Targets and objectives are not SMART,</li> <li>▪ Targets and objectives do not cover all OSHAD-SF requirements,</li> <li>▪ Targets and objectives programs not developed including methods, timeframe, monitoring activities and responsibilities,</li> <li>▪ Targets and objectives not aligned with the OSH Policy,</li> <li>▪ Targets and objectives are not aligned with the risk register,</li> <li>▪ Legal requirements are not incorporated, and</li> <li>▪ Objectives not monitored/reviewed periodically as defined in the action plan.</li> </ul>	

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<b>7. Legal Compliance</b>	
Criteria	OSHAD-SF, Element 9, Heading 3.2 ISO 45001:2018, clause 6.1.3 and clause 9.1.2
What's Required	<ul style="list-style-type: none"><li>▪ a documented legal register is available that contains the following a min:<ul style="list-style-type: none"><li>• OSH Law/Regulation full title as gazzeted</li><li>• Applicable clause(s), article(s) or references</li><li>• Applicable process(s)/activity impacted by the legal requirement</li><li>• Internal OSH management systems procedure(s)/document(s)' references</li></ul></li><li>▪ legal requirements are considered when reviewing &amp;/or revising the OSHMS procedures, processes and programs;</li><li>▪ the legal requirements are communicated to relevant stakeholders; and</li><li>▪ Legal register is reviewed periodically to ensure it remains relevant and appropriate.</li></ul>
<u>Positive Points</u> <ul style="list-style-type: none"><li>▪ Legal Register is comprehensive and detailed.</li><li>▪ OSH Legal Register is being reviewed and updated regularly by Legal Dept.</li><li>▪ Evaluation of legal compliance conducted by Legal Advisor.</li></ul>	
<u>Evidence of Conformance</u> <ul style="list-style-type: none"><li>▪ Legal register and Evaluation Form;</li><li>▪ Evidence of compliance to all legal requirements, is available.</li></ul>	
<u>Evidence of Non-Conformance</u> <ul style="list-style-type: none"><li>▪ Legal register not available</li><li>▪ Evidence of legal compliance monitoring not available</li><li>▪ Legal register is not referring between 'operational controls' and identified legal requirements.</li><li>▪ Legal register is not identifying all the applicable requirements of the OSHAD-SF.</li><li>▪ Legal register is not identifying all the applicable OSH laws and regulations.</li><li>▪ Legal Compliance Register does not refer to all operational procedures developed as tools/evidence of compliance to the related laws.</li><li>▪ There is no evidence of compliance to all legal requirements identified in the legal register.</li><li>▪ There was no evidence to show that the legal Register has been communicated to the concerned/responsible persons.</li></ul>	

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<b>8. Risk Management</b>	
<b>Criteria</b>	<ul style="list-style-type: none"> <li>▪ OSHAD-SF, Element 2,</li> <li>▪ OSHAD-SF, Technical Guideline – Process of Risk Management</li> <li>▪ ISO 45001:2018, clause 6.1</li> </ul>
<b>What's Required</b>	<ul style="list-style-type: none"> <li>▪ risk management is an integral part of management and is embedded in the entity's culture and practices;</li> <li>▪ risk management is applicable to all activities that an entity undertakes (from design to decommissioning/demolition);</li> <li>▪ risk management methodology and risk criteria are applied as follows:               <ul style="list-style-type: none"> <li>a) identify all OSH hazards in the workplace;</li> <li>b) assess the risks of these hazards;</li> <li>c) formulate control measures to reduce the risk to an acceptable and as low as reasonably practicable (ALARP) level;</li> <li>d) review the risk register on a regular basis; and</li> <li>e) management of change process is incorporated;</li> </ul> </li> <li>▪ those who undertake or participate in risk assessment are competent;</li> <li>▪ risk assessment is based on consultation with employees, contractors and other relevant stakeholders;</li> <li>▪ routine &amp; non-routine activities of all persons having access to the workplace are considered;</li> <li>▪ supply chain and contractor undertakings considered;</li> <li>▪ human behavior is taken into consideration;</li> <li>▪ hazards outside the workplace capable of adversely affecting the safety and health of employees are considered;</li> <li>▪ addressed potential risk to persons not in the entity's employment;</li> <li>▪ plant, machinery, equipment , substances and materials at the workplace are considered;</li> <li>▪ documentation and communication of the results of risk management activities When determining control measures, or changes to existing control measures, are ensured;</li> <li>▪ Consideration given to reducing the risks according to Hierarchy of Control.</li> </ul>
<u>Positive Points</u>	



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### Evidence of Conformance

### Evidence of Non-conformance

- Risk Register is not adequate and not unified among the entity's site offices.
- Risk Register is developed; however, some hazards were not identified.
- Risk assessment is not considering the exposure of 'other persons' to health and safety hazards resulted from the workplace.
- Risk assessment not covering the work related travel over water and visit of employees to construction site.
- Some activities exposing employees to the possibilities of cuts from sharp objects are not identified in the risk assessment, even though there had been previous incidents.
- Construction Activities were being undertaken without adequate OHS precautions posing a high risk to the workers and public.
- Risk assessment does not cover all the activities/processes, e.g. driving, animal handling, etc.
- The risk management program does not cover all foreseeable risks within the organization, such as storage and use of hazardous materials.
- 'Site Visit Activity' categorized as high risk in risk assessment; while operational control highlighted the need for a detailed risk assessment; however, no evidence of a detailed risk assessment is available.
- The risk matrix used is not consistent across all sites and locations.
- Hierarchy of controls not followed.
- There was no evidence showing consultation with employees when conducting the risk assessments.
- Inadequate communication of risk register to ensure implementation of the control measures e.g. no MSDS available in Chemical Storage.
- There was no evidence to show that the risk register has been communicated to stakeholders (Employees, Contractors, etc.) within the organization.
- Employees interviewed not aware of the operational controls as defined in the risk register.
- Responsibilities for individual control measures have not been assigned along with timescales for implementation.
- Further, no process in place to monitor the implementation of control measures.
- Operational controls related to specific activities e.g. smoking not implemented as evidence of smoking seen in offices.
- Control measures identified within the risk register have not been implemented.
- Some operational controls were not implemented as defined in the risk assessment e.g. First Aid training of Contractor Staff hired for a specific activity.
- No evidence was available to show controls had been monitored or the timescales for implementation.
- Risk Assessment not reviewed annually as stated in the "Risk Management Procedure".
- Risk assessments not reviewed after the incidents occurrence and before closing out the incident investigation reports.

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9. Contractor Management	
Criteria	<ul style="list-style-type: none"> <li>▪ OSHAD-SF, Element 3,</li> <li>▪ OSHAD-SF, Mechanism 9 – Appointment of Principle Contractor for “Construction Work”</li> <li>▪ OSHAD-SF, Technical Guideline – Management of Contractors</li> <li>▪ ISO 45001:2018, clause 8.1.4.2</li> </ul>
What’s Required	<p>Management of Contractors Process is in place and implemented effectively that includes</p> <ul style="list-style-type: none"> <li>a. Establishment of project OSH requirements;</li> <li>b. Evaluation/Selection;</li> <li>c. Contractual agreement;</li> <li>d. Co-ordination and communication;</li> <li>e. Mobilization/work in progress;</li> <li>f. Performance monitoring;</li> <li>g. Commissioning;</li> <li>h. Demobilization/Decommissioning; and</li> <li>i. Contract closeout.</li> </ul>
<p><u>Positive Points</u></p> <ul style="list-style-type: none"> <li>▪ Effective OSH pre-qualification and assessment during tendering and selection process.</li> <li>▪ Health &amp; safety requirements are incorporated in Project Document like “Instructions for Technical Tender Document” which is used at the RFP stage.</li> <li>▪ OSH review of the service providers/contractors is done at tender evaluation stage.</li> <li>▪ OSH requirements comprehensively defined in “Project Contract” document.</li> <li>▪ Safety and Health on the construction sites are effectively managed e.g. using Safety and Health assessment, regular inspection and weekly site management meetings.</li> <li>▪ Permit to Work (PTW) is being implemented for different types of contractors’ activities.</li> <li>▪ Contractor monitoring includes process for issuance of OSH Violation Notices on non-compliances to OSH requirements.</li> </ul>	

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### Evidence of Conformance

- 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.

### Evidence of Non-Conformance

- OSH requirements are not included in the Contractor Management documents.
- OSH requirements are not evaluated during tender/contract evaluation stage.
- Bidders scoring high or low scores can still be awarded the contract in spite of low OSH rating.
- Contractor selection Process shall ensure that (a) minimum acceptable OSH rating (score) is defined (b) only those bidders can be awarded the contract whose OSH rating is higher than the minimum acceptable score.
- OSH criteria/requirements are not defined within the contractor management process (monitoring of performance)
- OSH performance of contractors not monitored through the contract life cycle.
- No evidence of OSH evaluation during tender, ongoing operations and contract close out are observed that includes OSH inspections, audits.
- Site inspectors do not review the control measures identified in the risk register before performing inspection on the site.
- Inspectors visiting hazardous environment (oxygen cylinders, forklift trucks etc.) without proper preparations/awareness of the site conditions.
- Lack of control and co-ordination with the contractors.
- Unsafe scaffold used by a contractor working at height.
- Contractor OSH assessment and evaluation not done after the closeout of the contract.

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<b>10. Emergency Management</b>	
Criteria	<ul style="list-style-type: none"><li>▪ OSHAD SF, Element 6</li><li>▪ ISO 45001:2018, clause 8.2</li></ul>
What's Required	<ul style="list-style-type: none"><li>▪ The process of emergency management is risk based</li><li>▪ periodic emergency response and management tests and exercises conducted:<ul style="list-style-type: none"><li>• roles, responsibilities &amp; resources (human, equipment, facilities, training) are suitable;</li><li>• the external stakeholders including local authorities and emergency services involved and communicated with, consequent upon drills,</li><li>• Review &amp; revision of plans and procedures.</li></ul></li></ul>
<p><u>Positive Points</u></p> <ul style="list-style-type: none"><li>▪ clear safety signage</li><li>▪ Adequate emergency response equipment provided.</li><li>▪ Emergency evacuation chairs provided for disabled employees, if applicable.</li><li>▪ Each work area has a displayed list of first aiders, fire wardens, emergency numbers and graphical illustration of how to use fire extinguishers.</li><li>▪ The emergency plan is communicated to visitors by using simple tools like pocket cards, etc.</li><li>▪ Good response times following activation of emergency alarms.</li></ul>	
<p><u>Evidence of Conformance</u></p>	

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### Evidence of Non-Conformance

- Not all locations have emergency response plan (entity with multiple locations).
- Emergency management procedure/plan does not identify and refer to all the risk based emergency scenarios.
- Employees while interviewed have different (inadequate) understanding about Emergency response.
- Employees are not aware of emergency response procedure/plan.
- Emergency response plan does not identify emergency scenarios other than fire.
- The entity did not consider the requirements of UAE Fire & Life Safety Code.
- Some locations do not have emergency exit signs.
- Emergency evacuation plan/evacuation layout not displayed.
- Review of emergency response plans not done after emergency drills or occurrence of actual emergency.
- Emergency drill conducted but not analyzed for any desired improvement in the Emergency Response System.
- Emergency procedure does not specify the frequency for the Emergency Drills/Exercises.
- Emergency drills not conducted.
- No records were available of the actual emergency evacuation events that have taken place.
- No emergency response team was assigned.
- No first aiders or fire wardens have been identified.
- First aiders and fire marshals' list/names not updated and communicated to employees.
- The building does not have fire Safety Systems in place.
- There was no Emergency System available such as (Water Sprinklers, Smoke/Heat Detectors and Fire alarm) in the designated areas.
- Smoke detectors in the building found covered with plastic tape.
- Not enough portable fire extinguishers were available.
- Fire extinguishers were observed not maintained and expired.
- Corridors were not free for emergency evacuation.
- The contents of First Aid boxes were expired and inadequate.
- First aid box not available or accessible.

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11. Operational Controls	
Criteria	<ul style="list-style-type: none"> <li>▪ Element 9, Heading 3.3</li> <li>▪ Codes of Practice 1-54 (As applicable)</li> <li>▪ Technical Guideline – Safe Work in Confined Spaces</li> <li>▪ Technical Guideline - Safety in the Heat</li> <li>▪ ISO 45001:2018, clause 8.1.1</li> </ul>
What's Required	<ul style="list-style-type: none"> <li>▪ The applicable CoPs are identified</li> <li>▪ control measure(s) to manage risk(s) in each of the applicable CoP are implemented effectively including controls related to supply chains (purchase of goods, equipment &amp; services), contractors and visitors*</li> </ul> <p>* please note that the requirements in the a CoP can be addressed in various ways e.g. including in the Legal Register, Risk Register, Training Matrix etc. An SOP is recommended, if it is really needed; otherwise keep the documentation simple and concise.</p>
<p><u>Positive Points</u></p> <ul style="list-style-type: none"> <li>▪ OSH operational controls incorporated into operational procedures.</li> <li>▪ operational controls are documented clearly and comprehensively.</li> <li>▪ Project Manual includes detailed OSH processes related to all the stages of project life cycle.</li> </ul> <p>Pre travelling checklist developed and implemented for abroad missions etc.</p>	
<p><u>Evidence of Conformance</u></p> <ul style="list-style-type: none"> <li>▪ A total of 11 procedures</li> <li>▪ CP-04-002, hydrostatic testing, reviewed and verified</li> </ul>	
<p><u>Evidence of Non-Conformance</u></p> <ul style="list-style-type: none"> <li>▪ Poor housekeeping.</li> <li>▪ Electrical cable creating a tripping hazard and internal coating was exposed posing risk for electrocution.</li> <li>▪ Office cleaning chemicals were stored in a non-designated area.</li> <li>▪ Employees were observed smoking inside the office building.</li> </ul>	

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- Cartons found placed at non-designated areas and were stacked on top of each other in an unsafe manner.
- MSDS not available for the chemicals which are being used by the cleaning contractors.
- Employee working alone while risk assessment did not cover lone works activity.
- Access in the corridor was blocked with boxes, which was also creating a fire hazard.
- Unsafe condition in laboratories: Operational controls defined for the lab operations require gloves to be used as PPE, however, it does not specify type of gloves to be used for a specific hazard.
- Air conditioner vents observed to be dirty with accumulation of dust etc., which can pose health hazard.
- Emergency response plan not available.
- No assigned first aiders and fire wardens.
- First aid kit was not available.
- Warehouse has poor housekeeping.
- MSDS not available for stored chemicals.
- Different chemicals were not segregated and stored together.
- Risk assessment of the fuel storage facility was not done.
- Fuel loading and offloading procedure not documented.
- Emergency response plan not available.
- Operators/drivers not aware of safety procedures for handling diesel pumping operations.
- Fuel tanker/truck has empty fire extinguisher.
- Vaccination and periodic medical check-up of staff handling animals was not done.
- Diesel storage does not have a spill containment area (boundary wall).
- Diesel stored in overhead fiber glass tank, which is designed for water storage.
- Safety signs not displayed as required.
- Construction site band saw was observed which did not have a safety sign.
- Plant, equipment & pedestrian pathways not segregated (Traffic Management);
- Lack of banks-men to control heavy equipment while reversing;
- Damaged barriers and signage observed;
- Cooking stove in kitchen placed on wooden top/shelves, which has wood underneath. This is creating a fire hazard.
- Unsafe living conditions at the workers' accommodation observed including fire hazards because of temporary kitchens made of plywood walls and next to living quarters and improper welfare conditions.
- X-Ray equipment safety guideline does not include 2 hours maximum exposure limit, while operating an x-ray machine, as practiced by employees.
- Standard Operation Procedures are developed; however, they are not linked with the risk assessment associated with activity.
- Detailed operational controls are documented as Standard Operating Procedures; however, not referenced, as applicable, within the control measures column of the risk assessments.
- Manual handling is considered as a routine activity, yet the operational control procedures do not include instructions for the safe operation of this activity.
- Contractor staff while polishing the fire exit door was not wearing appropriate PPE.

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<b>12. Management of Change</b>	
Criteria	<ul style="list-style-type: none"> <li>▪ OSHAD SF, Element 9, Heading 3.6</li> <li>▪ ISO 45001:2018, clause 8.1.3</li> </ul>
What's Required	<p>Management of Change process implemented in regards to the following:</p> <ul style="list-style-type: none"> <li>▪ changes in organizational structure, personnel, documentation, processes, procedures don't not inadvertently introduce new hazards or increased risk</li> <li>▪ changes in operational procedures or processes are analyzed to identify any required changes in training, documentation or equipment</li> <li>▪ changes in location, equipment or operating conditions are analyzed for potential hazards</li> <li>▪ all personnel are made aware of and that they understand any changes in requirements, procedures and applicable control measures</li> </ul>
<u>Positive Points</u>	
<u>Evidence of Conformance</u>	
<u>Evidence of Non-Conformance</u> <ul style="list-style-type: none"> <li>▪ No process developed for Management of Change e.g. organization structure, location, change of equipment, work shift, operating conditions, work procedures, etc.</li> <li>▪ No link between Training Procedure and Communication Procedure with Management of Change Process.</li> <li>▪ No evidence for updating Risk Register, Emergency Response Plan etc. following changes in regulations or incidents investigations.</li> <li>▪ No clear process documented or implemented for managing OSH aspects upon establishment of new division under the entity, e.g. performance reporting and risk management. The entity OSHMS not updated to account this major change in organization.</li> </ul>	



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<b>13. Training</b>	
Criteria	OSHAD SF, Element 5 – Training, Awareness and Competency
What's Required	<ul style="list-style-type: none"> <li>▪ Training Needs Analysis (TNA) conducted</li> <li>▪ Training Matrix (list of trainings) documented that included the following at minimum               <ul style="list-style-type: none"> <li>a) OSH Management System training;</li> <li>b) OSH roles and responsibilities;</li> <li>c) Risk management;</li> <li>d) OSH emergency response and management;</li> <li>e) OSH inductions (generic and site-specific);</li> <li>f) OSH consequences of non-conformance to specified procedures;</li> <li>g) Both subject and task specific OSH training.</li> </ul> </li> <li>▪ Training Plan that included the following:               <ul style="list-style-type: none"> <li>a. Learning aims and objectives;</li> <li>b. level of responsibility and competence;</li> <li>c. frequency and types of training;</li> <li>d. literacy, numeracy, language and other learning requirements;</li> <li>e. course materials design/development;</li> <li>f. trainer competency;</li> <li>g. assessment activities;</li> <li>h. training records; and</li> <li>i. refresher training requirements</li> </ul> </li> </ul> <p>Monitoring, measuring results; and review of OSH training program.</p>
<p><u>Positive Points</u></p> <ul style="list-style-type: none"> <li>▪ Providing specialized OSH training to all staff exceeding OSHAD-SF requirements.</li> <li>▪ Comprehensive induction booklet developed &amp; distributed to all employees.</li> <li>▪ Development of an OSH portal internally for the department website and OSH E-awareness &amp; training for their staff.</li> <li>▪ Comprehensive OSH induction program implemented.</li> <li>▪ Extensive OSH awareness training conducted using internal resources.</li> <li>▪ Safety &amp; emergency handbook developed and distributed to all employees.</li> <li>▪ Good management practices established for field surveys such as providing OSH induction to all surveyors.</li> <li>▪ OSH induction is done on a one to one basis for all employees to ensure staff is fully aware of their roles and responsibilities about OHS.</li> <li>▪ All employees are trained on basic first aid.</li> <li>▪ An extensive OSH training program is developed for all employees.</li> <li>▪ Training evaluation is conducted and analyzed by HR and used for training providers' continuous performance monitoring.</li> <li>▪ Detailed and comprehensive training matrix developed and implemented.</li> <li>▪ An effective process for training evaluation. In case of unsatisfactory performance, feedback is provided to the training provider.</li> </ul> <p>Intensive OSH E-training system, which can monitor and ensure that all mandatory trainings are conducted</p>	

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and proper evaluation, is done to the employees.

### Evidence of Conformance

- Training procedure
- Training matrix
- Annual training plan, for the year 2019 First Aid training certificated for Mr. Angelo and Mr. Amar, through “ABC” reviewed and verified
- Training certificates of four persons from Emirates Civil Defence Academy, reviewed.

### Evidence of Non-Conformance

- OSH training need analysis was not conducted for employees at all levels.
- Heavy equipment operators training not identified in the training matrix.
- Records of training for the safe use of the specialist equipment (scissor lift) were not available.
- Training is on general awareness rather than risk based.
- Employees’ training on “Incident Reporting” not conducted; even though zero incidents/near misses were reported) leading to incidents’ non reporting because employees considered OSH incidents as insignificant.
- There was no OHS induction provided to the new employees and visitors.
- The induction presentation for new employees does not cover the Emergency Response Plan.
- No OSH Induction/training conducted to Contractors.
- No OSH induction of ‘work placement’ students.
- OSH Training Matrix was developed. However, training plan was not developed to ensure the delivery of targeted trainings for the current year.
- Language barrier is not considered while delivering the OSH trainings to different levels in the organization/contractors.
- Refresher training requirements not documented in the training matrix.
- Training program not updated to add new trainings as per new activities added.

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<b>14. Competency</b>	
Criteria	OSHAD SF, Element 5 – Training, Awareness and Competency ISO 45001:2018, clause 7.2
What's Required	Process to identify and evaluate OSH competency requirements is in place, that includes: <ul style="list-style-type: none"><li>▪ relevant OSH competencies</li><li>▪ task-specific competencies</li><li>▪ methods of assessment</li><li>▪ records maintained; and</li><li>▪ Review of OSH competency program/procedure.</li></ul>
<u>Positive Points</u> <ul style="list-style-type: none"><li>▪ Capacity assessment is conducted to ensure that the employee is capable of performing the complex tasks in a safe manner.</li><li>▪ OSH competencies are included in employee's performance appraisals.</li></ul>	
<u>Evidence of Conformance</u>	
<u>Evidence of Non-Conformance</u> <ul style="list-style-type: none"><li>▪ Competency measurement criteria do not consider all parameters such as knowledge, experience, training, qualifications, etc.</li><li>▪ Competency requirement of OSH investigators/inspectors/internal auditors not defined.</li></ul>	

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<b>15. Hazard, Near Miss, Incident and Performance Reporting</b>	
Criteria	<ul style="list-style-type: none"><li>▪ OSHAD-SF, Element 7</li><li>▪ ISO 45001:2018, clause 10.2</li></ul>
What's Required	<p>The procedure is implemented in regards to the following:</p> <ul style="list-style-type: none"><li>▪ hierarchies, timetables and responsibilities for reporting;</li><li>▪ internal OSH performance and incident reporting requirements;</li><li>▪ external OSH performance and incident reporting requirements, including:<ul style="list-style-type: none"><li>a. OSH Incidents reported to SRA/competent authority as required;</li><li>b. quarterly OSH performance reported to the SRA;</li><li>c. annual external third party compliance audit results reported to the SRA.</li></ul></li></ul>
<p><u>Positive Points</u></p> <ul style="list-style-type: none"><li>▪ Incident register is accurate, includes all information of OSH incidents from incident date to completion of investigation, and follow up and closure of corrective actions required.</li><li>▪ All the reported incidents are investigated thoroughly, and corrective actions implemented and verified for effectiveness.</li><li>▪ Employees are encouraged to report Near Miss Reporting, which can prevent major incidents in the future.</li><li>▪ A unified register exists for all OSH incidents that occurred in the entity (entity with multiple locations).</li><li>▪ All serious incidents reported to OSHAD and included in the performance report.</li></ul>	
<p><u>Evidence of Conformance</u></p>	

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### Evidence of Non-Conformance

- There was no evidence of an incident log record developed
- Occupational incidents were not recorded (e.g. incident log); although there were incidents occurred as stated by the auditees.
- The Incident Reporting process is not available and employees were not familiar on how to report incidents.
- Serious OSH incidents not reported to OSHAD.
- Investigation reports were not identifying the root causes and the corrective action plan and follow-up requirements.
- An incident was not reported using correct Forms for closure.
- Performance Reporting submitted to OSHAD does not reflect the incident statistics shown as evidenced during the audit.
- Not all reported incidents were investigated.
- No investigation conducted for the Incidents notified to OSHAD to identify the corrective actions.
- No evidence of corrective actions taken to prevent the reoccurrence of similar incidents e.g. an incident where an electrical cable got burned and no action taken to identify the root cause and check all other cables that could lead to same incident.
- Incident corrective actions need to be included in the incident register for follow up and ensuring closeout.
- Corrective Action identified in Incident Investigation has not been implemented.

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<b>16. Incident Investigation</b>	
Criteria	<ul style="list-style-type: none"><li>▪ OSHAD-SF, Element 9, Heading 3.2</li><li>▪ OSHAD-SF, Mechanism 11 – Incident Notification, Investigation and Reporting</li><li>▪ ISO 45001:2018, clause 10.2</li></ul>
What's Required	<p>The procedure is implemented with regards to the following:</p> <ul style="list-style-type: none"><li>▪ the incidents are investigated</li><li>▪ investigations are performed by competent person(s) in consultation and coordination with relevant stakeholders;</li><li>▪ investigations are performed in a timely manner;</li><li>▪ root causes are determined;</li><li>▪ opportunities for corrective and preventative control measures are identified; and</li><li>▪ investigation outcomes are effectively communicated to relevant stakeholders.</li></ul>
<u>Positive Points</u>	
<u>Evidence of Conformance</u>	
<u>Evidence of Non-conformance</u>	

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<b>17. Communication</b>	
Criteria	<ul style="list-style-type: none"> <li>▪ OSHAD SF, Element 4, Communication and consultation</li> <li>▪ OSHAD-SF, Technical Guideline for Communication and consultation</li> <li>▪ ISO 45001:2018, clause 7.4</li> </ul>
What's Required	<p>The procedure for requirements regards communication is implemented:</p> <ul style="list-style-type: none"> <li>▪ internal communication throughout the various levels of the entity;</li> <li>▪ communication with contractors and visitors to the workplace;</li> <li>▪ relevant communication with external stakeholders; and</li> <li>▪ development of an annual OSH performance report, to be used for internal communication and management review purposes (external stakeholder communication/distribution is optional).</li> </ul>
<p><u>Positive Points</u></p> <ul style="list-style-type: none"> <li>▪ Some good initiatives in place including development of an OSH portal internally for the department website and OSH E-awareness &amp; training for their staff.</li> <li>▪ Good OSH communication through Display screens and emails.</li> <li>▪ Advance Document Management System for sharing OSHMS documents with all employees.</li> <li>▪ Safety instructions at the visited sites were displayed in multiple languages.</li> <li>▪ A monthly OSH newsletter is issued to all employees.</li> <li>▪ Safety and Health Cards provided to all employees visiting the sites (as part of the licensing activities).</li> </ul>	
<p><u>Evidence of Conformance</u></p>	
<p><u>Evidence of Non-Conformance</u></p> <ul style="list-style-type: none"> <li>▪ There was no evidence of OSH communication through various levels for the following:               <ol style="list-style-type: none"> <li>a. OSH Policy</li> <li>b. OSH roles &amp; responsibilities of employees</li> <li>c. OSH related Forms like incident notification Forms</li> <li>d. Emergency response plan/evacuation plan</li> <li>e. First aiders and fire wardens' names</li> </ol> </li> <li>▪ Ineffective communication between the Corporate OSH and OSH Team at other locations e.g. difference in risk registers and incident statistics.</li> </ul>	

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<b>18. Consultation</b>	
Criteria	<ul style="list-style-type: none"><li>▪ OSHAD-SF, Element 4, Heading 3.2</li><li>▪ OSHAD-SF, Technical Guideline for Communication and consultation</li><li>▪ ISO 45001:2018, clause 5.4, participation and consultation and 7.4, communication</li></ul>
What's Required	<p>The Procedure(s) implemented in regards to the following:</p> <ul style="list-style-type: none"><li>▪ effective consultation and participation of employees in OSH matters;</li><li>▪ appropriate involvement in risk management;</li><li>▪ appropriate involvement in OSH incident investigation;</li><li>▪ involvement in the development and review of OSH policies and objectives;</li><li>▪ structure of consultation committees and meetings; and</li><li>▪ consultation with contractors and other external stakeholders</li><li>▪ *OSH Committee is established provided entity has <math>\geq 50</math> employees, or as warranted by risk assessment,</li></ul> <p>* OSH committee is considered as a platform that allows all employees to raise their issues and concerns and receive the required feedback.</p>
<u>Positive Points</u>	
<u>Evidence of Conformance</u>	
<u>Evidence of Non-Conformance</u> <ul style="list-style-type: none"><li>▪ OSH committee not established</li><li>▪ OSH committee has only met once in the last 12 months, instead of 4 times as required in OSHAD-SF.</li><li>▪ OSH committee' minutes of meetings were recorded; however, actions identified in the minutes of meetings were not tracked, monitored and closed.</li></ul>	



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<b>19. Audit and Inspection</b>	
Criteria	<ul style="list-style-type: none"> <li>▪ OSHAD-SF, Element 8 – Audit and inspection</li> <li>▪ OSHAD-SF, Technical Guideline for Audit and Inspection</li> <li>▪ ISO 45001:2018, clause 9.2</li> </ul>
What's Required	<p>The Procedure is implemented with regards to the following:</p> <ul style="list-style-type: none"> <li>▪ Annual internal audits and inspections Program that include responsibilities, competencies, resources</li> <li>▪ An audit/inspection plan: scope, criteria, objectives, methods of collecting and verifying information; reporting, record keeping</li> <li>▪ Program monitoring and review; and Internal and external reporting requirements.</li> </ul>
<p><u>Positive Points</u></p> <ul style="list-style-type: none"> <li>▪ Management safety walk through done on a regular basis.</li> <li>▪ Each member of the management has to do three walk through during the year.</li> <li>▪ All internal auditors are trained on auditing requirements.</li> <li>▪ Corrective Actions completed on observations, minor and major NCs raised in OSHAD Audits.</li> <li>▪ Internal audits conducted on multiple levels in the entity.</li> </ul>	
<p><u>Evidence of Conformance</u></p> <ul style="list-style-type: none"> <li>▪ Inspection and testing procedure</li> <li>▪ Inspection and testing annual plan</li> <li>▪ Civil Defence certificate, 2018-1-111111, reviewed</li> <li>▪ Summary of the internal inspections for the year 2018, reviewed</li> </ul>	
<p><u>Evidence of Non-Conformance</u></p> <ul style="list-style-type: none"> <li>▪ No OSH Audit &amp; Inspection plan was available</li> <li>▪ Inspection plan is not suitable to adequately cover entity's areas and facilities requiring large-scale inspections.</li> <li>▪ Audit scope needs to refer to OSHAD-SF as a requirement within the audit procedure/report/plan etc.</li> <li>▪ Internal OSHMS Compliance Audits were not conducted since approval.</li> <li>▪ Moreover, there is no plan in place for internal audit.</li> <li>▪ Internal audits were conducted, however, the audit reports and non-compliances reports template (as per the internal audit SoP) were not used.</li> <li>▪ Inspection planned to be done at least once a month according to Workplace Inspection Procedure. However, inspection reports were not available.</li> <li>▪ Corrective actions of non-conformance raised during the internal audit were not monitored for closure.</li> <li>▪ The third party audit scope does not cover OSHAD SF requirements.</li> </ul>	

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20. OSH Performance Monitoring and Reporting	
Criteria	<ul style="list-style-type: none"> <li>▪ OSHAD-SF, Element 7, Heading 3.3</li> <li>▪ OSHAD-SF, Mechanism 6 – OHS Performance Monitoring and Reporting</li> <li>▪ OSHAD-SF, Technical Guideline – Occupational Air Quality Management (V 3.0 and V 3.1)</li> <li>▪ OSHAD-SF, Occupational Standards and Guideline Values</li> <li>▪ ISO 45001:2018, clause 9.1.1</li> </ul>
What’s Required	<p>The Procedure(s) is implemented with regards to the following at minimum:</p> <ul style="list-style-type: none"> <li>▪ targets and objectives;</li> <li>▪ effectiveness of OSH programs and control measures;</li> <li>▪ requirements outlined in SRA/CA permits/licenses/no objection certificate etc.;</li> <li>▪ requirements outlined in approved OSH Plans and Studies;</li> <li>▪ *occupational noise, air and lighting in line with OSHAD SF Standards and Guideline Values;</li> <li>▪ ergonomics and workplace design factors;</li> <li>▪ wellness programs;</li> <li>▪ waste management;</li> <li>▪ hazardous substances;</li> <li>▪ health surveillance;</li> <li>▪ occupational illnesses; and</li> <li>▪ OSH hazards, near misses and incidents.</li> </ul> <p>* The monitoring reports should include description of methodologies and instruments used to monitor, including, calibration requirements.</p>
<p><u>Positive Points</u></p> <ul style="list-style-type: none"> <li>▪ Implementing programs for occupational health &amp; safety to enhance employee awareness and wellbeing e.g. (ergonomic program, Blood donation campaign, Heat Stress and Healthy heart campaigns etc.).</li> <li>▪ Conducting health campaign for employees like blood pressure campaign.</li> <li>▪ Implementing programs for vaccination and health follow up for relevant employees in order to protect them from animal infectious disease.</li> <li>▪ Noise monitoring survey to assess indoor noise levels</li> <li>▪ Organizing annual OSH week including health campaigns and programs like blood pressure and healthy diets, etc.</li> <li>▪ Project OSH performance included in the entity performance reporting on monthly basis.</li> </ul>	
<p><u>Evidence of Conformance</u></p>	

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### Evidence of Non-Conformance

- LTISR not defined in the OSHMS and neither monitored through objectives.
- Quarterly report sent to OSHAD does not include OSH Performance data for the operational activities within the scope of entity's OSHMS.
- OSH Performance data (KPIs) reported to OSHAD does not include all sites/locations.
- No Health Surveillance Program established for employees involved in specific activities/exposed to health hazards.
- Health Surveillance of employees exposed to occupational health hazards is not conducted.
- No monitoring process of the proactive and reactive actions (e.g. tracking register). A tracking register can help in recording the identified actions in order to monitor and track them for closure.
- No corrective action taken on indoor air quality tests.
- OSH corrective actions were not tracked, monitored and closed. Examples are:
  - a. Internal audit non conformities
  - b. Incident investigation corrective actions
  - c. Inspections reports corrective actions
  - d. Findings of risk management activities (controls)
- No indoor air quality monitoring conducted although identified in Risk Register.
- Indoor air quality monitoring not done in high risk areas.
- Air quality monitoring in the laboratory has not been conducted despite warning of carcinogens being present within certain areas.

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21. Control of Documents and Records	
Criteria	OSHAD-SF, Element 9, Heading 3.4 ISO 45001:2018, clause 7.5
What's Required	<p>Documents (are):</p> <ul style="list-style-type: none"> <li>▪ legible,</li> <li>▪ traceable</li> <li>▪ secure;</li> <li>▪ controlled (relevant version distributed at the point of use and previous version is retrieved) to prevent unintended use of obsolete documents; and</li> <li>▪ appropriately reviewed and approved.</li> </ul> <p>Records (are):</p> <ul style="list-style-type: none"> <li>▪ Identified,</li> <li>▪ stored, and protected,</li> <li>▪ retrievable,</li> <li>▪ *retention period is defined and disposed off accordingly</li> </ul> <p>* Medical/occupational health records to be retained for a minimum period of employment plus 30 years thereafter.</p>
<p><u>Positive Points</u></p> <ul style="list-style-type: none"> <li>▪ OSHMS records are effectively managed with well-established logs.</li> <li>▪ The entity OSHMS is very well structured and documented and updated as per latest version of OSHAD-SF</li> <li>▪ Management System processes effectively managed using software application.</li> </ul>	
<p><u>Evidence of Conformance</u></p>	
<p><u>Evidence of Non-Conformance</u></p> <ul style="list-style-type: none"> <li>▪ Process of record management and control requires improvement, as some records were unavailable during the audit.</li> <li>▪ The OSHMS is not upgraded in compliance with OSHAD-SF latest version.</li> <li>▪ There was no approval signature on all the OHS documents as required under “Document Control &amp; Record Retention Procedure”.</li> <li>▪ Record Retention was not defined as minimum retention period of OSH records for 5 years and employee medical/occupational health records for employment duration plus 30 years.</li> </ul>	

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22. Management Review	
Criteria	OSHAD-SF, Element 4, Heading 3.7 ISO 45001:2018, clause 9.3
What's Required	<ul style="list-style-type: none"> <li>▪ *The frequency is defined (and suitable in the context of the organization)</li> <li>▪ top management is involved in the review process</li> <li>▪ key review team members are identified and roles and responsibilities assigned</li> <li>▪ the minutes are recorded, approved and communicated</li> <li>▪ the agenda includes at a minimum:               <ul style="list-style-type: none"> <li>a) review of the OSHMS by OSH staff;</li> <li>b) status of the previous review minutes;</li> <li>c) results of internal and external audits;</li> <li>d) objectives and targets;</li> <li>e) changes to legal and other requirements;</li> <li>f) relevant communications and complaints;</li> <li>g) OSH incidents, and investigations,</li> <li>h) non-conformances and corrective actions; and</li> <li>i) recommendations for continual improvement</li> </ul> </li> </ul> <p>* minimum one full review per year</p>
<p><u>Positive Points</u></p> <ul style="list-style-type: none"> <li>▪ High-level commitment from the Top Management about OHS follow-up and monitoring by involvement in the OSH committee</li> <li>▪ Weekly OSH action plan status update is sent to the management.</li> <li>▪ High-level commitment from the Top Management about OHS follow-up and monitoring to close all issues related to OSH.</li> </ul>	
<p><u>Evidence of Conformance</u></p>	
<p><u>Evidence of Non-conformance</u></p> <ul style="list-style-type: none"> <li>▪ Management review did not cover the minimum agenda as defined in OSHAD-SF.</li> <li>▪ Management review not conducted in the last 12 months.</li> <li>▪ Management review meeting is confused with OSH committee meeting.</li> <li>▪ Management review minutes of meeting not available.</li> <li>▪ Management review was done; however, actions recommended from the management review were not implemented.</li> </ul>	

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- i From implementation point of view only; as documentation is reviewed and approved already by the SRA.
- ii Description of System and Evidence of Conformance that includes Documentation, Records, Observation of “Acts & Conditions”, Interview of Process Owners, Discussions with Top Management.
- iii Points that can lead to Non-conformance

End of checklist