

مركز أبوظبي للصحة المهنية  
ABU DHABI OCCUPATIONAL SAFETY AND HEALTH CENTER

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# Abu Dhabi Occupational Safety and Health System Framework

**(OSHAD-SF)**

**OSHAD-SF Technical Guideline**

**OSHAD-SF Audit Non Conformance**

**A Guide for Auditors**

**Version 3.0**

**August 2019**

ABU DHABI PUBLIC  
HEALTH CENTRE

مركز أبوظبي  
للصحة العامة



## Important Note:

(Document Republished for Continued Implementation  
under Abu Dhabi Public Health Center)

(إعادة نشر الوثيقة لاستمرار التطبيق بإشراف مركز أبوظبي للصحة العامة)



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## Table of Contents

1.	Introduction.....	3
2.	Definitions.....	4
3.	Identification of Audit Results .....	5
3.1	Audit Findings and Non-conformance Process .....	5
3.2	Classification of Non-Conformance .....	6
3.3	Recording Non-Conformance.....	6
4.	Guidance on levels of Non-Conformance .....	7
5.	References .....	27
6.	Document Amendment Record .....	28

## 1. Introduction

- (a) This technical guideline provides additional information to assist entities to comply with the requirements of *OSHAD-SF- Element 8 – Audit and Inspection*. The contents of this technical guide are not mandatory; however adopting the information within this guide will assist you in compliance to the requirement of the Element.
- (b) Within the OSHAD-SF, there is no definition of a major or minor non-conformance or indeed the need to classify any findings as anything other than a non-conformance, however it is common practice of auditors, both internal and external to classify any non-conformance as either major or minor.
- (c) This classification of non-conformance will always lead to debate as there is no strict criteria that states one issue must be set as a major or minor non-compliance. This is due to the many different circumstances within each organisation that will be audited.
- (d) Further to this, the competency of the lead auditor will also have an impact upon how audits non-conformances are classified. The lead auditor should have sufficient experience and knowledge to review the information that is presented as documented evidence and from this make a reasonable judgment upon the impact of the non-conformance
- (e) The purpose of this technical guideline is to provide information to entities and auditors with some base information on which these judgements can be made, leading to a more consistent approach to auditing thorough the emirate of Abu Dhabi.

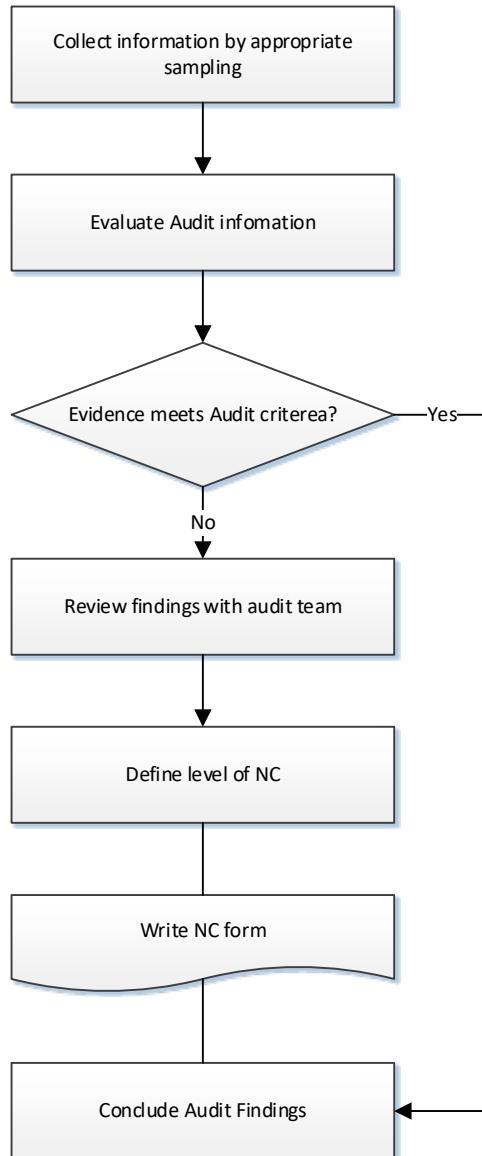
## 2. Definitions

- (a) An audit has been defined within the *OSHAD-SF* as:
  - (i) a systematic, independent and documented process for obtaining audit evidence and evaluating it objectively to determine the extent to which audit criteria are fulfilled.
- (b) A non-conformance has been defined within the *OSHAD-SF* as:
  - (i) a non-fulfillment of a requirement. Specifically, a nonconformance is any deviation from work standards, practices, procedures, regulations, management system performance etc. that could either directly or indirectly lead to injury or illness, property damage, damage to the workplace, or a combination of these.
- (c) A corrective action has been defined within the *OSHAD-SF* as:
  - (i) corrective actions are steps that are taken to remove the causes of an existing non-conformity or undesirable situation. The corrective action process is designed to prevent the recurrence of nonconformities or undesirable situations.

### 3. Identification of Audit Results

#### 3.1 Audit Findings and Non-conformance Process

(a) Audit findings, conforming or non-conforming, will be established following the process described below:



### 3.2 Classification of Non-Conformance

- (a) As highlighted in section 1, the OSHAD-SF does not include any mandatory requirements for classification or indeed definitions of what constitutes a major or minor non-conformance, however for the purposes of this guideline, the following definitions are provided:
- (i) A non-conformance may be as 'major' if the audit evidence shows one or more of the following situations:
    1. An issue, which has or can lead to harm to human safety and health and / or property damage;
    2. Failure to document (such as procedure or work instruction) an OSHAD-SF requirement;
    3. Non-implementation of an OSHAD-SF requirement rendering the overall system non-effective; and
    4. Continuous presence of one or more 'minor' non-conformance without action.
  - (ii) Minor Non Conformance:
    1. A Minor Non Conformance has been defined as issues that reduce the effectiveness of the OSHMS implementation, partial breakdown of a process.
  - (iii) Positive Point:
    1. Worth mentioning points of strength, good practice which organization should continue.
  - (iv) Observation:
    1. Requirements and expectations have been met, but with minor inadequacies or omissions, and / or in the opinion of the auditor preventive action will improve effectiveness of the implemented OSHMS where corrective action is not mandatory.

### 3.3 Recording Non-Conformance

- (a) A nonconformance should be written in a brief and simple manner to convey the identified problem fully and without ambiguity. While writing a nonconformance, the following should be considered:
- (i) Description of the problem (e.g. not inspected ... not conducted .... not maintained etc.) with audit evidence (objective and reproducible);
  - (ii) Where the problem was found e.g. identify the process / activity / location etc.; and
  - (iii) Reference to audit criteria not met (e.g. section / clause of an element of OSHAD-SF).

## 4. Guidance on levels of Non-Conformance

- (a) The table below provides auditors with guidance on certain non-conformances that have been observed during audits undertaken by OSHAD. The table goes through each element within the OSHAD-SF.
- (b) The table is not intended to provide an absolute guide as to the level of non-compliance, however more to provide the auditor with information which can help them make a more informed decision on the level of non-conformance observed.
- (c) Auditors must ensure that the information gathered during the audit is the determining factor when deciding levels of non-conformance.
- (d) There are many methods that auditors can use when determining the levels of non-conformance, however the auditor should ensure they refer back to the definitions provided in section 2 and the process in section 3.



#	Possible Evidence / Issue	Suggested Non Compliance	Comments / Considerations
1.0	OSHAD-SF – Element 9 – Clause 3.1 – OSH Policy		
1.1	Signed OSH Policy, dated with the current year, fully communicated, however missing some of the required commitments within clause 3.1(a)(iv)	Minor / Major	The level of NC would depend upon how the entity has implemented the requirements of the policy, along with how many of the required commitments are missing from the policy.
1.2	OSH policy is not appropriate to the scale or cover all the undertakings of the entity	Minor / Major	The level of NC will depend on the level of risk of the entity and how much information is missing within the policy.
1.3	OSH policy not updated for more than two years	Major	The level of noncompliance will depend on what evidence the entity can show on the review of the OSH policy. If the entity can demonstrate that the policy has been reviewed periodically and no update was required, then no Non Compliance should be given, however without this evidence the auditor should make a judgement dependent on the level of implementation
1.4	OSH policy is not independent of other polies (i.e. includes environment or other standards)	Major	It is an absolute requirement of the OSHAD-SF that the OSH policy should be standalone from all other polices.
1.5	OSH policy has not been communicated	Minor / Major	The auditor should check what knowledge employees of the entity have of the OSH policy.
1.6	No OSH Policy in place	Major	The entity must have an OSH policy.
2.0	OSHAD-SF – Element 1 – Roles, Responsibilities and Self-Regulation		
2.1	No procedure in place for the entity	Major	It is an absolute requirement that the entity has developed and implemented a roles and responsibility procedure. The auditor may decide to downgrade it to a minor NC if this is the only procedure not developed and the requirements of Clause 3.1 have been implemented and can be demonstrated through records.

#	Possible Evidence / Issue	Suggested Non Compliance	Comments / Considerations
2.2	Procedure developed however does not cover all requirements as detailed in Clause 3.1.	Minor / Major	The level of Non-Compliance will be dependent on the implementation of the requirements. If the entity can fully demonstrate implementation then a minor NC should be given (unless this becomes a common theme throughout an audit), however if little or no implementation of the requirements can be demonstrated then a major NC should be given.
2.3	No Management Representative appointed or the person appointed not a member of top management.	Minor	Each entity must ensure that a member of top management is appointed as the MR.
2.4	Roles and responsibilities developed for all employees however have not been communicated.	Minor / Major	The entity should be able to demonstrate effective communication of the requirements. This should be tested through interviews and/or questioning of general employees and also reviewing records of communication. The level of non-compliance will be dependent on the outcome. If during the interview process it becomes clear that employees are not fully aware of the requirements, this may lead to the NC being elevated to major.
2.5	No mechanism to measure conformance of employee roles and responsibilities	Minor	A vital element of employees delivering OSH roles and responsibilities is ensuring that mechanism exists to measure performance. The level of Non-Compliance will differ dependent on what the entity has implemented. If this has not been considered then a minor NC should be considered.

#	Possible Evidence / Issue	Suggested Non Compliance	Comments / Considerations
2.6	None or Insufficient resources available within the entity.	Minor / Major	The level of non-compliance will depend upon what resource is available and also at what level of competency. The Auditor should review the organization chart to determine what resource has been identified as required against what is available. If there is a large disparity against the org chart the auditor may consider a major non-compliance. Further consideration should also be given to what plans the entity has in place to recruit further resource. If documented evidence is available to show progress this should be considered when determining the level of non-compliance.
3.0	OSHAD-SF – Element 2 – Risk Management		
3.1	No procedure in place for the entity	Major	Is it an absolute requirement for all entities to have a documented risk management procedure in place for their business and ensure this has been fully implemented? The auditor may choose to downgrade the NC if evidence is available of a plan to implement the requirements or some evidence to show that risk assessments have been undertaken.
3.2	Procedure developed, however not implemented, or does not meet the requirements of the OSHAD-SF or documented risk assessments in place	Major	
3.3	Risk Management program does not cover the full scope of the entities undertaking / activities (routine and non-routine) or all employees or persons affected by the entities undertakings.	Minor / Major	The level of non-compliance will be dependent upon what activities have not been included as part of the risk management program. If these are considered low risk then the NC may be given as minor, however if these are high risk activities then the auditor should consider raising a major non-compliance.
3.4	Hierarchy of controls has not been considered when identifying control measures for specific hazards.	Minor / Major	The audit may choose to raise the level of non-compliance dependent on the level of risk. If the entity has continually identified PPE as a control measure for higher risk issues then a major NC should be considered.

#	Possible Evidence / Issue	Suggested Non Compliance	Comments / Considerations
3.5	Risk Assessments developed however control measures have not been implemented.	Major	As previous the level of non-compliance would depend upon the degree of non-implementation. The entity should be able to provide demonstrable evidence that they have implemented each identified control measure.
3.6	Risk Assessments have not been updated / reviewed on a regular basis, including following incidents, implementation of control measures, non-compliance etc.	Minor / Major	Risk assessments must be reviewed on a regular basis and updated as required to ensure they are still valid and relate to the entity undertaking. The auditor may choose to raise the level of non-compliance if no evidence or review is available.
3.7	Employees not consulted on risk management activities or results of risk assessments not communicated to employees	Minor	Staff who are undertaking the works should be consulted to ensure that the risk assessment is suitable and sufficient and also that any control measures that are identified are appropriate for the actual task.
4.0	<b>OSHAD-SF - Element 3 – Contractor Management</b>		
4.1	No procedure in place for the entity	Major	It is an absolute requirement that the entity must develop and implement a process that complies with the requirements of the OSHAD-SF
4.2	Procedure developed but not implemented within the entity	Major	
4.3	Procedure does not meet the requirements of the OSHAD-SF or does not cover the scope and risk of the contractors engaged by the entity	Minor / Major	The auditor should review the procedure and determine the level of non-compliance through evaluating how much information is not incorporated into the procedure and what risk does this pose to the entity. The level of NC should be based upon the review findings
4.4	OSH not involved in the development of tender documents or OSH not specified within tender documents	Major	Entities must ensure that OSH requirements are specified within all tender documents to allow contractors to submit appropriate responses that meet requirements and also ensure that OSH is built into the commercial proposal.
4.5	No OSH criteria to evaluate contractor selection or OSH not involved in contractor selection	Major	It is vital OSH is included in the contractor selection process and defined criteria is available. This should include a minimum pass mark for contractors to meet before being considered for selection.

#	Possible Evidence / Issue	Suggested Non Compliance	Comments / Considerations
4.6	No OSH requirements set within the contractual agreement.	Major	Requirements for OSH must be included within the contractual agreement to provide both parties with a clear scope of the minimum standards that must be implemented during the works.
4.7	No risk assessments or method statements (RA/MS) submitted for the works being undertaken or RA/MS submitted but insufficient or not reviewed or approved by the entity.	Major	The entity must ensure that the hazards that are present from the works being undertaken are assessed and appropriate controls in place. This should also consider what risks (if any) are present to the entities own staff. The risk assessments submitted by the entity should also consider what hazards are present to the contractors staff from the entities own undertakings.
4.8	No monitoring of the contractors activities	Major	The auditor should consider what the entity has committed to undertake as part of their process and from this determine what level of non-compliance is appropriate.
4.9	Contractors staff not inducted to the entity	Minor	The entity must ensure that all staff that are working within their workplace are fully inducted and aware of any hazards and risks that may be present. The auditor may choose to raise the level of non-compliance dependent on the risk and hazards present or indeed the number of contractors working within the entity.
5.0	OSHAD-SF - Element 4 – Communication and Consultation		
5.1	Communication		
5.1.1	No procedure in place for the entity	Major	It is an absolute requirement that the entity must develop and implement a process that complies with the requirements of the OSHAD-SF
5.1.2	Procedure developed but not implemented within the entity	Major	
5.1.3	Procedure developed but does not meet the requirements of the OSHAD-SF or the scope of the entity	Minor	The auditor should review the procedure and determine the level of non-compliance through evaluating how much information is not incorporated into the procedure and also what risk does this pose to the entity.
5.1.4	Annual performance report not developed	Minor	The entity is required to develop an annual performance report as part of the overall management review process.

#	Possible Evidence / Issue	Suggested Non Compliance	Comments / Considerations
5.2	Consultation		
5.2.1	No procedure in place for the entity	Major	It is an absolute requirement that the entity must develop and implement a process that complies with the requirements of the OSHAD-SF
5.2.2	Procedure developed but not implemented within the entity	Major	
5.2.3	Procedure developed but does not meet the requirements of the OSHAD-SF or the scope of the entity	Minor	The auditor should review the procedure and determine the level of non-compliance through evaluating how much information is not incorporated into the procedure and also what risk does this pose to the entity.
5.2.4	Consultation with staff not considered at all stages of risk management.	Minor	The auditor should consider what consultation (if any) has been undertaken and also the hazards and risks in relation to the entity.
5.2.5	No OSH committee within the entity	Major	OSH committee shall be established in compliance with Element 4 requirements
5.2.6	OSH committee established however has not met 4 times within the last calendar year	Major / Minor	The auditor should consider what meetings have taken place (if any) during the last year and decide the level of non-compliance based upon this information.
5.2.7	OSH committee not chaired by a member of top management with formal delegated authority	Minor	The OSH committee must have authority to make decisions based upon the information given during the meetings. If top management do not attend or do not have the authority to make any decisions, the purpose of the committee will not be met.
5.2.8	OSH committee meetings are not documented with minutes distributed to relevant stakeholders, including staff	Minor	The entity must ensure that they have a mechanism to provide feedback to all stakeholders on the output of the committee meetings.
5.2.9	Actions agreed within the OSH committee not implemented.	Minor / Major	The auditor should consider what actions have been agreed on (if any) and decide the level of non-compliance based upon this information. The auditor may choose to raise the level by considering the risk posed by not implementing agreed actions and determine the level of non-compliance based upon this information.

#	Possible Evidence / Issue	Suggested Non Compliance	Comments / Considerations
6.0	OSHAD-SF – Element 5 – Training, Awareness and Competency		
6.1	No procedure in place for the entity	Major	It is an absolute requirement that the entity must develop and implement a process that complies with the requirements of the OSHAD-SF
6.2	Procedure developed but not implemented within the entity	Major	
6.3	Procedure developed but does not meet the requirements of the OSHAD-SF or the scope of the entity	Minor	The auditor should review the procedure and determine the level of non-compliance through evaluating how much information is not incorporated into the procedure and also what risk does this pose to the entity.
6.4	Training needs analysis not developed for the entity or doesn't cover all roles within the entity or all OSH training required, including refresher training.	Minor / Major (for no training need analysis)	The entity must ensure that it has identified all training needs within the organization. The analysis should consider the outputs of a number of issues such as risk management, role competency requirements, Operational control procedures, role specific training. The audits should review information available and form this determine the level of non-compliance.
6.5	Identified training not planned or delivered	Minor	The auditor should review what training has been identified against what has been delivered and from this information make a judgment of the level of non-compliance. If no training or a small percentage has been delivered, the auditor may choose to raise the level of non-compliance to a major.
6.6	Content of training delivered does not meet the requirements of the training matrix or the OSHAD-SF	Minor / Major	The auditor should review a sample of the training to ensure that it meets the requirements of the identified training within the matrix. The level of non-conformance will be dependent on the information supplied.
6.7	Training delivered is not evaluated to ensure it meets the required outcomes.	Minor	The entity should ensure that following the delivery of training, an evaluation is undertaken to ensure that delegates have met the desired outcome. The complexity of the training delivered should dictate the level of evaluation the entity undertakes.
6.8	New staff OSH induction has not been developed or does not cover all OSH topics relevant to the entity.	Minor	The entities OSH induction should cover all necessary information to ensure they are aware of the requirements within the entity. The auditor should review the induction procedure against what has been developed and decide upon the level of non-compliance based on this information.

#	Possible Evidence / Issue	Suggested Non Compliance	Comments / Considerations
6.9	Staff have not been provided with an OSH induction	Minor	All staff within an entity must receive an SH induction within a reasonable timescale of joining the company. There may also be a need to refresh this information. The auditor should review the records for new staff and based on this determine the level of non-compliance.
6.10	Internal trainers not competent to deliver training.	Minor	The entity must ensure that when training is being delivered internally, the persons assigned to train staff are competent to do so. This would normally include a specific train the trainer or teaching qualification and also subject specific knowledge of the subject they are training upon.
6.11	Competency requirements not identified for individual roles or not communicated to individuals.	Minor / Major	The entity should identify the minimum competency requirements for each roles within the organisation and document this. This is normally done through job descriptions. The auditor may choose to raise the NC to major if no consideration of competency has been undertaken.
6.12	No mechanism to measure individual competencies against those identified for the specific role	Minor	The entity must ensure that those persons who are performing tasks are competent to do so. Each role should have specific competency requirements and the entity should have a mechanism in place to measure individuals against this. This is normally done when the employee joins the organisation and then on an annual basis as part of a performance review.
6.13	Training records are not available for the training that has been delivered	Minor	The entity must be able to demonstrate that employees have been trained and are competent in the tasks they are assigned. Part of this will be training records.



#	Possible Evidence / Issue	Suggested Non Compliance	Comments / Considerations
7.0	OSHAD-SF – Element 6 – Emergency Management		
7.1	No procedure in place for the entity	Major	It is an absolute requirement that the entity must develop and implement a process that complies with the requirements of the OSHAD-SF
7.2	Procedure developed but not implemented within the entity	Major	
7.3	Procedure developed but does not meet the requirements of the OSHAD-SF or the scope of the entity	Minor	The auditor should review the procedure and determine the level of non-compliance through evaluating how much information is not incorporated into the procedure and also what risk does this pose to the entity.
7.4	Emergency scenarios have not been developed or are not linked to the entity's undertakings – i.e risk based.	Major	The entity must ensure that they identify emergency situations that are relevant to their business. Identification of generic emergency situations should not be considered as compliant. For each scenario that has been identified the entity should be able to demonstrate why this is identified as an emergency situation through risk assessment.
7.5	Emergency Response plans have not been developed	Major	The entity must ensure that specific emergency response plans are developed for all identified scenarios, however at a minimum this must include a Fire management plan and an emergency evacuation plan. The emergency response plans must be specific to the entity and comply with the requirements as set within the OSHAD-SF
7.6	Emergency Response plans have been developed but do not cover all identified scenarios.	Minor	
7.7	Emergency response plans have been developed but are not specific to the entities undertaking or workplace or cover all requirements within the OSHAD-SF.	Minor	
7.8	Emergency response plans do not include a Fire management plan and an emergency evacuation plan.	Major	

#	Possible Evidence / Issue	Suggested Non Compliance	Comments / Considerations
7.9	Emergency Response Team not identified	Major	The entity must ensure that an appropriate emergency team has been identified and are competent to undertake the role. The entity must provide specific training to team members on the role and duties they are expected to undertake. The training should be in line with the complexity of the roles. The auditor should also ensure that staff are fit and able to undertake the role assigned.
7.10	Emergency Response team identified however no training provided and/or team members not communicated within the organization	Major	
7.11	Emergency evacuation procedures and routes not communicated or clearly posted around the building	Minor/Major	The auditor should check around the building for the procedure and evacuation routes, however this should also be followed up by checking with a random sample of staff to check their awareness.
7.12	Emergency response plans not tested on a regular basis	Minor / Major (if never tested)	The entity is required to ensure that all emergency response plans are tested on a regular basis to ensure that staff are aware of the contacts and action to take during a specific emergency. The entity should be able to provide demonstrable evidence of the testing. The testing of ERP's should not be limited to fire or emergency evacuation, however should cover all identified scenarios.
7.13	Emergency response plans not reviewed or updated	Minor	The entity should review all emergency plans at least annually to ensure they are still valid. The review should incorporate feedback form any drills or actual emergencies that have happened.
7.14	Emergency equipment not in place, not maintained or out of service, such as: firefighting equipment, evacuation chairs, fire blankets, fire alarm system, emergency signage, and communications.	Major	The auditor should judge the level of non-compliance against the severity of the missing equipment.
8.0	OSHAD-SF – Element 7 – Monitoring, Investigation and Reporting		
8.1	Targets and Objectives		
8.1.1	No procedure in place for the entity	Major	It is an absolute requirement that the entity must develop and implement a process that complies with the requirements of the OSHAD-SF
8.1.2	Procedure developed but not implemented within the entity	Major	

#	Possible Evidence / Issue	Suggested Non Compliance	Comments / Considerations
8.1.3	Procedure developed but does not meet the requirements of the OSHAD-SF or the scope of the entity	Minor	The auditor should review the procedure and determine the level of non-compliance through evaluating how much information is not incorporated into the procedure and also what risk does this pose to the entity.
8.1.4	Documented Key Performance Indicators not established for the entity	Major	Each entity must establish documented KPI's, including those set within Mechanism 6.0, that are specific to the entity.
8.1.5	Key Performance indicators do not include the mandatory KPI's as set within the OSHAD-SF	Minor / Major	
8.1.6	Documented KPI's do not have measurable targets set for each individual KPI.	Minor	The KPI's that the entity sets must have measurable targets. A common NC seen is when entities will set KPI's such as a 10% reduction however no base line figure has been set on which the 10% reduction can be measured upon.
8.1.7	Documented programs for achieving each individual KPI have not been developed.	Major	For each individual KPI, a program on how the entity will deliver the KPI should be in place. The program should include detailed information on how the KPI plans to meet the objective, including timelines, responsibilities etc.
8.1.8	Set target and objectives are not monitored to ensure compliance.	Major	The entity must ensure that as part do the plan to achieve the set targets, a monitoring plan is developed and implemented.
8.1.9	Targets set have not been met, however no action has been taken by the entity.	Minor	The entity must ensure that where it does not meet the set target, this is escalated and a corrective action plan developed. The auditor should review what information is available and from this decide upon the level of non-compliance. If all targets have not been met and no action taken, the auditor may decide to raise the NC to major.
8.1.10	Targets and Objectives not communicated to all relevant stakeholders	Minor	This is vital to ensure that all persons are aware of what the entity has committed to achieve within the set timescale and also to ensure they are aware of their individual roles within.

#	Possible Evidence / Issue	Suggested Non Compliance	Comments / Considerations
8.2	Incident Notification, Investigation and Reporting (including Mechanism 11.0 requirements)		
8.2.1	No procedure in place for the entity	Major	It is an absolute requirement that the entity must develop and implement a process that complies with the requirements of the OSHAD-SF
8.2.2	Procedure developed but not implemented within the entity	Major	
8.2.3	Procedure developed but does not meet the requirements of the OSHAD-SF or the scope of the entity	Minor	The auditor should review the procedure and determine the level of non-compliance through evaluating how much information is not incorporated into the procedure and also what risk does this pose to the entity.
8.2.4	Competency requirements for those designated to investigate incidents not defined	Minor	It is vital that the entity defines what the minimum competency levels are for those designated to undertake incident investigations.
8.2.5	Completed investigations reports do not include all required information as stated within <i>OSHAD-SF – Mechanism 11.0</i>	Minor / Major	The auditor should review a sample of all completed investigation reports and from this information decide upon the level of non-compliance. If all investigation reports are missing information then the auditor may decide to raise the level of non-compliance to major.
8.2.6	Completed investigation reports do not identify the root cause of incidents	Minor / Major	The auditor should review a sample of all completed investigation reports and from this information decide upon the level of non-compliance. A common error is to identify immediate causes for the root cause or identify human error as the main cause.  If all or the majority of investigation reports are missing information then the auditor may decide to raise the level of non-compliance to major.
8.2.7	Output of completed investigations are not communicated internally or to other stakeholders	Minor	The entity must ensure that all stakeholders are aware of the results of the investigation and also the outputs and actions.
8.2.8	Entity unable to demonstrate the status of investigations. i.e which are closed, still under investigation.	Minor	The entity should be in a position to identify which investigations are currently ongoing or closed and also what the status of any corrective actions that may have been identified as part of the investigation.
8.2.9	Entity unable to demonstrate the status of any corrective actions identified within completed investigations	Minor	

#	Possible Evidence / Issue	Suggested Non Compliance	Comments / Considerations
8.2.10	Relevant Risk assessments, Standard operating procedures or other relevant information not reviewed following an incident	Major	As part of each investigation the entity should review all relevant information relating to the incident and ensure this is current and up to date following the incident. This should not only be limited to risk assessments and SoP, but also consider training and other information.
8.2.11	Serious OSH incidents not notified to the relevant SRA / OSHAD	Major	The auditor may choose to downgrade the NC if this is limited to an isolated incident and all other information is correct.
8.2.12	Serious OSH incidents not reported to the relevant SRA / OSHAD within the correct timescales.	Minor	The auditor should review a sample of investigations and determine the level of NC from this information. If a significant number are not reported within the correct timescales, the auditor may decide to upgrade the NC to a major NC.
8.2.13	Completed incident investigation reports not reviewed by top management / OSH management representative.	Minor	Top Management must be aware of incidents that are occurring within and entity and should also be signing / endorsing the incident investigation to ensure that any actions that are identified have been agreed by top management, especially where there is a requirement for budgets etc.
<b>8.3</b>	<b>OSH Performance Monitoring and Reporting including Mechanism 6.0 requirements</b>		
8.3.1	Monitoring requirements not identified to ensure the effectiveness of OSH programs and control measures	Major	Entities need to identify the monitoring requirements for a number of issues within their organisation such as Occupational Noise, indoor air quality, targets and objectives etc.
8.3.2	Monitoring requirements identified but not checked or do not meet the agreed standards/parameters	Minor	
8.3.3	Equipment used for monitoring has not been calibrated.	Minor	Monitoring equipment should be calibrated annually and the entity should be able to demonstrate this through certification for each individual device.
8.3.4	Quarterly Performance reports, as required by OSHAD-SF – Mechanism 6.0, have not been submitted or the information within is not accurate	Minor / Major	The auditor should review a sample of submitted reports and decide the level of NC from this information. If no reports have been submitted this should be considered a major NC

#	Possible Evidence / Issue	Suggested Non Compliance	Comments / Considerations
9.0	OSHAD-SF – Element 8 – Audit and Inspection		
9.1	No procedure in place for the entity	Major	It is an absolute requirement that the entity must develop and implement a process that complies with the requirements of the OSHAD-SF
9.2	Procedure developed but not implemented within the entity	Major	
9.3	Procedure developed but does not meet the requirements of the OSHAD-SF or the scope of the entity	Minor / Major	The auditor should review the procedure and determine the level of non-compliance through evaluating how much information is not incorporated into the procedure and also what risk does this pose to the entity.
9.4	Audit / Inspection plan for the entity not developed	Minor	Each entity is required to develop an audit and inspection plan that covers the scope of the organisation and also the OSH MS. The entity should be able to demonstrate effective implementation of the plan through documented audit and inspection records. The auditor should review the plans and from this information decide upon the level of non-compliance.
9.5	Audit / Inspection plan does not cover the scope of the entity and/or the complete OSHMS.	Minor	
9.6	Audit / Inspection plan developed but not implemented	Minor	
9.7	Documented criteria for undertaking audits not available (audit checklist) or doesn't cover entire scope of the entity and/or all applicable legal requirements).	Minor	
9.8	Auditor undertaking internal audits not competent to do.	Minor	Internal auditors are not required to hold a recognized lead auditor or internal auditor qualification, however must be suitable knowledgeable of the auditing process and also of the OSHAD-SF.
9.9	Non Conformance and corrective action procedure not in place for the entity	Major	It is an absolute requirement that the entity must develop and implement a process that complies with the requirements of the OSHAD-SF
9.10	Non Conformance and corrective action procedure developed but not implemented within the entity	Major	
9.11	Corrective actions identified do not effectively address the non-conformance i.e. prevent reoccurrence	Minor	The auditor should review the corrective actions that have been identified, through audits, inspections or other means within the entity, and review how effective they are in preventing re occurrence of the non-compliance. Each identified non-compliance should be allocated timescales for closure and also responsibilities for implementation. The entity
9.12	The entity is unable to effectively demonstrate current status of all corrective actions that have been identified	Minor	

#	Possible Evidence / Issue	Suggested Non Compliance	Comments / Considerations
9.13	Corrective actions identified have not been allocated timescales or responsibilities	Minor	should also be able to effectively demonstrate the current status of non-conformances within the organisation.
9.14	3 <sup>rd</sup> Party audit has not been undertaken within one year of approval or annually thereafter	Major	Failure to undertake a 3 <sup>rd</sup> party audit should always be classified as a major non-compliance. The auditor may choose to downgrade this to a minor NC if a plan is in place to undertake the audit, dependent on the timescales.
9.15	Entity undertaking 3 <sup>rd</sup> party audit not approved by OSHAD or audit led by practitioner not approved by OSHAD as an auditor	Major	Failure to use an approved OSH Professional entity or OSH practitioner should always be classified as a major non-compliance. Similarly if an entity has been engaged that helped with the development of the internal OSHMS this should also be viewed as a major non-compliance.
9.16	Entity and/or practitioner undertaking 3 <sup>rd</sup> party audit has worked on the development of the entity OSHMS within the last 2 years.	Major	
9.17	Man days undertaken on the audit not in line with the scope and complexity of the entity	Minor	The auditor should review the scope of the entity against the number of man days that have been delivered as part of the 3 <sup>rd</sup> party audit and check if this appears reasonable to cover the scope of the entity. As an example if an entity has multiple locations and is involved in complex industrial processes, however the 3 <sup>rd</sup> party audit only delivered 2 man days, this may be seen as unreasonable
9.18	3 <sup>rd</sup> party audit does not cover the scope of the OSHAD-SF	Major	The scope of the audit must be against the requirements of the OSHAD-SF and not voluntary standards such as 45001 etc.
9.19	3 <sup>rd</sup> Party audit not reported to the relevant SRA / OSHAD	Minor	The entity is required to report the audit to the relevant SRA within 30 calendar days of the audit.
10.0	OSHAD-SF – Element 9 – Compliance and Management Review		
10.1	Legal Compliance		
10.1.1	No procedure in place for the entity	Major	It is an absolute requirement that the entity must develop and implement a process that complies with the requirements of the OSHAD-SF
10.1.2	Procedure developed but not implemented within the entity	Major	

#	Possible Evidence / Issue	Suggested Non Compliance	Comments / Considerations
10.1.3	Procedure developed but does not meet the requirements of the OSHAD-SF or the scope of the entity	Minor	The auditor should review the procedure and determine the level of non-compliance through evaluating how much information is not incorporated into the procedure and also what risk does this pose to the entity.
10.1.4	Monitoring and / or verification of identified legal requirements not undertaken or implemented	Major	Where legislation dictates, a monitoring plan will be required to ensure compliance to the legal requirements.
10.1.5	Legal register not developed	Major	Failure to develop a robust legal register should be considered as a major non-compliance within an entity.
10.1.6	Legal register does not include all requirements as stated within OSHAD-SF	Minor	The auditor should review the legal register and how this has been implemented within the entity and form this determine the level of non-compliance. The entity should be able to demonstrate how the have communicated the requirements to relevant stakeholders.
10.1.7	Legal register does not consider all applicable legislation	Minor / Major	
10.1.8	No process to communicate the legal requirements to relevant stakeholders	Minor	
10.2	<b>Standard Operating Procedures</b>		
10.2.1	Standard operating Procedures (SoP) not developed for higher risk tasks	Major	Each entity should develop SoP's for those tasks that require additional administrative controls to minimize risk. Staff must be trained on the requirements of the SoP's and they should contain sufficient information for staff to follow to reduce the risks associated with the tasks.  The auditor should review the SoP's that are available against the risk register to determine if the required SoP's have been developed. Further training records should be available for staff that are undertaking the task.
10.2.2	Staff not trained on the requirements of SoP's	Major	
10.2.3	SoP's do not provide adequate information to adequately control the risks associated with the task	Minor / Major	
10.2.4	SoP's do not comply with, fully meet the requirements of, or are contrary to the requirements of the OSHAD-SF and the specific CoP.		
10.3	<b>Document Control and Record Retention</b>		
10.3.1	No procedure in place for the entity	Major	It is an absolute requirement that the entity must develop and implement a process that complies with the requirements of the OSHAD-SF
10.3.2	Procedure developed but not implemented within the entity	Major	



#	Possible Evidence / Issue	Suggested Non Compliance	Comments / Considerations
10.3.3	Procedure developed but does not meet the requirements of the OSHAD-SF or the scope of the entity	Minor	The auditor should review the procedure and determine the level of non-compliance through evaluating how much information is not incorporated into the procedure and also what risk does this pose to the entity.
10.3.4	Obsolete versions of documents available for use	Minor	The entity should control their documents to ensure that only current versions are available. A master document list is one method of ensuring this along with a distribution record. The auditor should check issued versions of documents to ensure they are current.
10.3.5	Revision history not available for documents	Minor	
10.3.6	Record retention timescales not identified	Minor	A common error is not fully identifying the retention timescales for individual documents. The audit should review the process to ensure it is correct and then sample a number of records to check compliance.
10.4	<b>Management of Change</b>		
10.4.1	No process in place for the entity	Major	It is an absolute requirement that the entity must develop and implement a process that complies with the requirements of the OSHAD-SF
10.4.2	Process developed but not implemented within the entity	Major	
10.4.3	Procedure developed but does not meet the requirements of the OSHAD-SF or the scope of the entity	Minor	The auditor should review the procedure and determine the level of non-compliance through evaluating how much information is not incorporated into the procedure and also what risk does this pose to the entity.
10.4.4	Changes are implemented without appropriate hazard identification and Risk Assessment	Major	The auditor should review the procedure and determine the level of non-compliance through evaluating how much information is not incorporated into the procedure and also what risk does this pose to the entity.

#	Possible Evidence / Issue	Suggested Non Compliance	Comments / Considerations
10.5	Management Review		
10.5.1	No procedure in place for the entity	Major	It is an absolute requirement that the entity must develop and implement a process that complies with the requirements of the OSHAD-SF
10.5.2	Procedure developed but not implemented within the entity	Major	
10.5.3	Procedure developed but does not meet the requirements of the OSHAD-SF or the scope of the entity	Minor	The auditor should review the procedure and determine the level of non-compliance through evaluating how much information is not incorporated into the procedure and also what risk does this pose to the entity.
10.5.4	OSH Management review not undertaken within last calendar year	Major	Each entity must undertake a full OSH management review at least annually.
10.5.5	Agenda / Inputs / Criteria for OSH management review does not meet the requirements of the OSHAD-SF	Minor	The management review must cover the minimum criteria as stated within the OSHAD-SF and should review the past performance.  A member of top management must attend / chair the OSH management review to ensure that the committee has the authority to agree / approve and changes that are recommended within the OSH Management review.
10.5.6	OSH Management review not attended / chaired by member of top management	Minor	
10.5.7	OSH Management review not recorded or outputs do not include recommendations for improvement/ Targets and objectives for following year / approval for any agreed changes	Major	

#	Possible Evidence / Issue	Suggested Non Compliance	Comments / Considerations
11.0	OSHAD-SF – Codes of Practice		
11.1	Not identifying or complying with relevant Codes of Practice	Major	<p>Each entity regardless of risk must comply with the requirements of those codes of Practice that are relevant to their operations. This should be identified through their legal register and internal OSH MS.</p> <p>The auditor should review this information and determine the level of risk from not identifying or complying with the requirements. If the non-conformance is an isolated event the auditor may choose to downgrade the level of non-conformance.</p>

## 5. References

- *OSHAD-SF – Element 8 – Audit and Inspection*
- *OSHAD-SF – TG – Audit and Inspection*

## 6. Document Amendment Record

Version	Revision Date	Description of Amendment	Page/s Affected
3.0	11th August 2019	New Document	N/A



