



**Directorate of Corporate Services**

# **Audit Procedure**

**POLICY OWNER:**

**Health Safety & Welfare**

**ISSUE DATE:**

**October 2010**

**REVIEW DATE:**

**October 2011**

## CONTENTS PAGE

### Section:

- 1 Introduction**
- 2 Responsibilities**
- 3 Audit process**
  - 3.1 Notification and planning**
  - 3.2 Pre Audit**
  - 3.3 Audit**
- 4 Audit Report**
- 5 Review Meeting**

### Appendices:

- Appendix A: Audit Checklist**  
**Appendix B: Corrective Action Report**  
**Appendix C: Prohibition Notice**

## 1. Introduction

**1.1.** The Isle of Wight Council aims to ensure high standards of Health and Safety are maintained. This document outlines the procedures for the monitoring of Health and Safety performance within all premises by undertaking workplace inspections and by auditing the Health and Safety management systems.

## 2. Responsibilities

**2.1.** The Health, Safety and Welfare Section shall be responsible for co-ordinating the audit programme. The audit shall be a formal evaluation of how Health and Safety is managed within the establishment. All premises shall receive a Health and Safety audit at least during a 24 month period. The timescale may be brought forward should it be considered necessary e.g. a change in personnel or services provided

**2.2.** The facility manager shall be responsible for ensuring that any identified corrective actions have been addressed.

## 3. AUDIT PROCESS

### 3.1 Notification

An audit schedule shall be produced by the Health, Safety and Welfare Section. The Health and Safety Advisors shall consult with the appropriate facility manager to agree a convenient time for the audit to be carried out. The Health and Safety Advisor shall give the manager at least 10 days notice.

### 3.2 Pre Audit Meeting

Prior to the audit, the Health and Safety Advisor shall:

- (a) Provide a general overview of the audit process to the auditee
- (b) Confirm the areas which shall be audited
- (c) Advise the information which shall be required during the audit e.g. risk assessments, training records
- (d) Indicate other relevant personnel who may be required to assist during the audit process e.g. site manager, school governors
- (e) Review outstanding issues from previous audits
- (f) Review accident statistics

### 3.3 Audit Visit

The audit visit shall consist of a 3 step process, consisting of an initial interview with the facility manager, review of the information presented and a final closing meeting. The closing meeting will allow the Health and Safety Advisor to provide the facility manager with a verbal report of their findings, highlighting strengths and opportunities for improvements. Details of any corrective actions, timescales and responsibilities will be discussed at this time.

## 4 AUDIT REPORT

### 4.1 Audit Report

The audit report shall be produced within 2 weeks of the audit taking place. The report shall consist of 3 parts

### 4.2 Part 1

Part 1 shall be the audit introduction and shall outline the purpose of the audit, and those who were present at the audit meeting.

### 4.3 Part 2

Part 2 shall record the observations made and outline details of strengths, opportunities for improvements or any non conformances.

### 4.4 Part 3

Part 3 shall be the corrective action report, which shall detail the corrective action required, the responsible persons and the date by which the actions should be implemented.

### 4.5 A copy of the audit report shall be forwarded to the facility manager and the directorate Health and Safety Liaison Officer.

## 5 REVIEW MEETING

### 5.1 A review meeting shall be held between the auditor and the facility manager between 3 and 6 months after the audit has taken place. The purpose of this meeting will be to determine the status of the required corrective actions, review timescales and to offer further assistance as required.

---

## Appendix A      Audit Checklist

### 1. H&S policy

- Has the policy been communicated to all staff
- Is there a H&S law poster displayed within the building

### 2. Accidents

- Have all accidents been investigated, recorded and reported
- BI 510 location

### 3. First aid

- Are there adequate arrangements for first aid
- Adequate equipment

### 4. Fire

- Is there a risk assessment in place
- Have fire extinguishers been serviced within the last 12 months
- Has a fire drill been held during the past 12 months
- Call points tested frequently
- Training
- Special hazards – flammable liquids stored, heat sources, combustible materials
- Evacuation routes clear, adequately signed and illuminated
- Fire notices posted

### 5. Working at height

- Risk assessment
- Training
- Ladders, stepladders, kick stools regularly inspected and recorded

### 6. Manual handling

- Risk assessment
- Training

### 7. Electrical safety

- Is PAT testing carried out, by whom
- Are tests, inspection records available

### 8. DSE

- Have users been identified
- Have workstation assessments been carried out
- Have there been any ill health issues

### 9. Training

- Have new staff received induction training – records available
- Have training needs been identified, training carried out

10. Asbestos

Survey report available  
Contractors signing sheet in place, used  
Asbestos management plan

11. COSHH

Are chemicals used, stored on site  
Risk assessments and data sheets available  
Training  
Storage and use  
Disposal

12. Contractors

Signing in records  
How are they appointed, risk assessments, CDM

13. PPE

PPE used on site  
Type of PPE, suitability, training in its use

14. Equipment

Are there safe systems of work for equipment/machinery  
Is the equipment maintained, condition, service records, training

15. Waste

Types of waste on site, storage  
Disposal arrangements, documents

16. Previous inspection/audit

Have recommendations from the last inspection/audit been satisfactorily implemented.

**Appendix B                  Corrective Action Report**

<b>Request no.</b>	<b>Date :</b>
<b>Name of premises :</b>	
<b>A. Details of Non- conformance</b>	
Signed .....	Date .....
Title .....	
<b>B. Proposed Corrective Action</b>	
<b>Date for completion .....</b>	
Signed .....	Date .....
Title .....	
<b>C. Evaluation of Corrective Action</b>	
Signed .....	Date .....
Title .....	
<b>D. Corrective Action Signed as completed</b>	
Signed .....	Date .....
Title .....	

Please complete and return this form to the Health, Safety & Welfare Assistance Section by xxxxx

**Appendix C            Prohibition Notice**

Corporate Health, Safety & Welfare Audit

**PROHIBITION NOTICE**

**Section A**

Name & address of premises: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact name \_\_\_\_\_ Contact number \_\_\_\_\_

Date of audit: \_\_\_\_\_ Time of audit: \_\_\_\_\_

<b>Equipment</b>	
Description	ID number

The above equipment is prohibited from use for the following reason(s)

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

<b>Auditor</b>	<b>Receiving manager</b>
Print name _____	Print name _____
Signature _____	Signature _____

**Section B** – Complete this section after action has been taken and send to the Health, Safety & Welfare Assistance Section

*Tick box as appropriate*

- I hereby state that the prohibition equipment described in Section A above has been inspected/tested/repaired/labelled by

\_\_\_\_\_ *State name of tester and attach evidence*

- I request permission to restore the equipment to use
- I confirm that the prohibited equipment described in Section A above has been destroyed.

<b>Print name</b>	<b>Signature</b>	<b>Date</b>
_____	_____	_____

**Section C** – Complete this section and return to the premises if permission to restore the equipment to use is given

<b>Print name</b>	<b>Signature</b>	<b>Date</b>
_____	_____	_____