This sample procedure should be customized to fit the needs of your company. Refer to *the Excellence program Topic Requirements*. Once you have done that, simply add or delete from this procedure to integrate it into your internal processes.

This procedure is not meant to be used as-is.

**INTERNAL AUDIT**

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| **Date of Issue:** choose issue date | **Review Date:** choose date for review |
| **Written by:** person(s) who wrote document | **Date:** insert date written |
| **Reviewed by:** person(s) who reviewed | **Date:** insert date written |
| **Approved by:** person responsible for process | **Date:** insert date written |

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| **PURPOSE** | |
| Once a firm has the basics of a management system in place, it is recommended to audit the program on a regular basis. The purpose of the audit is to measure and verify the extent to which the occupational health and management system has been implemented and maintained. | |
| **SCOPE** | |
| The internal audit will cover all employees, locations, activities and departments of the company. It will be performed according to the Audit Schedule. | |
| **RELATED DOCUMENTATION** | |
| **Internal**   * Audit Checklist * Audit Plan / Schedule * Continual Improvement Plan   **External**   * Workplace Safety and Insurance Act | |
| **DEFINITIONS** | |
| HSMS | Health and Safety Management System |
| JHSC | Joint Health & Safety Committee |
| Lead Auditor | The person who leads the Audit Team (if applicable) |
| Workplace | Any place in, on, or near where a worker works. It could be a building, an open field, a road, forest, vehicle etc. |
| WSIA | Workplace Safety and Insurance Act |
| WSIB | Workplace Safety and Insurance Board |

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| **ROLES & RESPONSIBILITIES** |
| **Senior Management is responsible for:**   * Ensuring the requirements of this procedure are established, implemented, monitored and maintained * Identifying the Lead Auditor and Audit Team (if applicable) * Ensuring that the Auditor(s) have the time and resources to conduct an impartial, objective evidence based audit * Developing a Continual Improvement Plan that summarizes all the corrective actions to be taken to address the nonconformities   **Manager/Supervisor is responsible for:**   * Cooperating with audits when they are performed in their respective areas * Ensuring that the workers in their area(s) cooperate with the audits   **Lead Auditor is responsible for:**   * Preparing an Audit Plan / Schedule * Ensuring the Audit Team is trained and competent * Assigning responsibilities to individual Auditors on the Audit Team * Performing the audit, with help from the Audit Team * Ensuring management is kept informed of the audit dates, findings and conclusions   **Auditor(s) is/are responsible for:**   * Cooperating and Participating in the audit, per the Lead Auditor’s schedule / plan * Conducting the audit in an impartial manner, respecting the people and work areas being audited   **JHSC/Health and Safety Worker Representative are/is responsible for:**   * Assisting with the evaluation of the program by reviewing the policy/program annually, at a minimum, and providing suggestions on how to improve the audit process   **Employees are responsible for:**   * Cooperating with the auditors and the audit process * Following the guidelines outlined in this procedure |
| **PROCEDURE** |
| **Identifying the Lead Auditor**   * Senior Management (specify their title) assigns a Qualified Auditor who will complete the Internal Audit, using (specify which audit criteria, e.g. ISO 45001, COR, etc.). A Qualified Auditor is defined as someone who has received audit specific training recognized by WSIB (this training is required only once). The Audit can be performed by this Qualified Auditor (i.e. “Lead Auditor”) alone, or with the help of other auditor(s), i.e. Audit Team. Typically, unless otherwise stated, this person will be the (state the title, e.g. H & S Coordinator).   **The Audit Process**   * Managers, supervisors, workers and the JHSC shall participate in the audit process as required. An internal audit shall be completed at least once per year. * The lead auditor will develop an internal audit schedule with timelines, as needed. He will also assign responsibilities as applicable. He “communicates” the upcoming audit to all employees (describe how you’ll do this; posted memo? At an employee meeting? By email? Intranet? Other method?). * The lead auditor signs and dates the audit results/report, as well as the President or other senior manager responsible for health and safety. * The lead auditor participates in a JHSC meeting, towards the end of the year, where the process for Internal Audits is “evaluated”. * This audit/review will be conducted at least once per year to ensure that the HSMS is meeting its objectives, is up-to-date, implemented and working. The audit/review:  1. examines all the elements of the HSMS to determine the level of conformity and effectiveness, and includes interviews, observations, sampling document review, etc. 2. includes information from the system evaluations, worker input, investigation results, corrective and preventive actions records, reports and any other information that may be of benefit. The supporting evidence shall consist of a minimum one written document source (Standard) and sufficient other sources of evidence 3. ensures that any failures to conform to the HSMS are identified and deficiencies are remedied in a timely manner 4. evaluates progress towards the organization’s HSMS objectives and evaluates the effectiveness of follow-up actions from earlier commitments and/or management reviews 5. records the findings of the review and formally communicates to all appropriate internal and external parties   The audit findings and conclusions must be documented and include;   * conformities * non conformities * opportunities for improvement * acknowledgement of successes * communication to relevant interested parties   Identify nonconformities as major or minor as follows;  **Major nonconformities:**   * the issue will continue to occur because of how the HSMS and health and safety program are structured * there is unacceptable risk to a worker’s health or safety * there are serious legal implications, or * there is an accumulation of related minor nonconformities.   **Minor nonconformities:**   * the HSMS and the health and safety program structures are valid, but there was minor deviation * there is no unacceptable risk to the worker * there are no significant legal implications, and there is not an accumulation of related minor nonconformities * Senior Management, or their delegate, prepares a (continual improvement) action plan, which identifies all non-conformity findings and describes all the actions to be completed including who will do them, how and by when in order to address all the gaps identified in the audit. He shall develop and initiate this Continual Improvement / Action Plan to prioritize and address the non conformities of the Audit Report. Senior Management shall also sign-off on this Continual Improvement / Action Plan. Senior management must monitor and evaluate actions taken to address the non-conformities until they are resolved. |

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| **CHANGES TRACKING** | |
| **DETAILS OF CHANGES** | **DATE CHANGED** |
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