



OHSolutions

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OHS Management Systems

Check list –the OHS Management System Survey (OHSMS)

The following checklist can be used to survey an organisation’s OHS Management System in order to establish where there may be gaps or areas where performance could be improved. The checklist provides guidelines only and when designing a checklist for a particular workplace, individual circumstances and relevant legislation must be taken into account.

To facilitate its use, the checklist is set out in questionnaire form.

Checklist – The OHS management system survey

A. Management responsibility and staffing.

1.
 - Is there a written OHS policy signed by the most senior person Y/N
 - Is it publicized throughout the organization? Y/N
 - Is it disseminated to contractors/suppliers? Y/N
 - What are the policy contents?

 - How often is the policy reviewed?
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2. Top management – describe the extent to which they participate in the health and safety function and assist in its administration

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3. Are persons engaged in the following categories?

- 1) OHS officers/managers – full part-time;
- 2) first aid attendants;
- 3) Occupational health nurses – full/part-time;
- 4) Occupational physicians/company doctors – full/part-time or on a contract basis; and/or
- 5) OHS representatives or committees?

i. To whom do these persons report?

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ii. Are their duties, responsibilities and authority clearly set out?

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iii. Are the locations of these people suitable?

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iv. Do they have adequate equipment, time and facilities?

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v. What training is provided for them?

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4. Are there health and safety committees? Y/N

If so, how are they staffed (management only or joint employee/trade union/management)?

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What matters are included/excluded from their attention?

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To whom do they report?

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How much influence do they have?

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How often do they meet?

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What has been achieved by them?

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What training is provided for committee members?

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Where legislation exists, are the relevant provisions complied with?

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If there is no committee in operation, what forms of communication on health and safety matters exist between employees and management?

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5. How often (and to what extent) is health and safety discussed at board and management meetings?

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6. Are written operating rules or safe working procedures used to control risks?

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If so, how are they communicated to employees?

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How often are they reviewed?

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If some employees are not proficient in English, are written rules or procedures also issued in other languages or is the information conveyed by non-written means, as appropriate?

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Is the workers' understanding of the procedures checked?

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7. How and to what extent is responsibility for health and safety delegated to:

- Line managers;
- Supervisors; or
- Rank-and-file employees?

Are there any problems caused by the approach (es) taken?

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B. Accountability for health and safety.

1. How does management hold all levels of managers and supervisors accountable for risk management?

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2. If there a system of costing accidents/work-related illness and compensation claims (for example, by section or division)?

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3. Do performance appraisals of supervisors include discussion of their section's health and safety performance?

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4. Are supervisors responsible for regular equipment, facilities and machinery inspections, accident investigations, and health and safety training sessions? What means are there of ensuring that supervisors carry out these duties?

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4. What type of system operates to encourage suggestions and comments from staff and operatives (for example, a representative from each section on a safety committee)?

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5. Is the OHS Management System regularly reviewed by senior management to check its adequacy and effectiveness?

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C. Inspecting the workplace

1. What inspections are made of the workplace layout, conditions, machinery/equipment and facilities? How is compliance with health and safety rules and procedures enforced?

2. What systems are used for risk identification:

- Direct observation;
- Critical incidents;
- Sampling techniques;
- Statistical reports;
- Interviews/questionnaires; and/or
- Others?

Is there a need for further training in these techniques?

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How is each job broken down into component elements and movements to determine the location of any risks?

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1. Are risk assessment and control records kept and, if so, have they been appropriately followed up and monitored?

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4. Who is responsible for the inspections? To whom are the results reported?

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5. What type of follow-up action is taken? By whom?

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6. What procedure is followed to ensure safety of new plant, processes, operations or materials used? Is health and safety considered when purchase or installation is contemplated? (The success of initiatives here will often depend on gaining the cooperation of suppliers. It may be useful for organizations engaged in similar areas to formulate common health and safety oriented guidelines to assist suppliers.)

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7. When corrective action is found to be necessary, how is it initiated and carried out? Is there a written follow-up system?

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8. The list below represents items or conditions that may be found in a workplace. Obtain details of the type of safety inspection made and its frequency, or note risks arising from these matters.

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D. Employee selection

1. Check the relevance of recruitment application forms and recruitment interviews to health and safety issues.

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2. How are references and previous employment history checked?

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3. Is a pre-placement or pre-employment medical examination given? (Note the distinction between pre- placement and pre-employment – in the former case, the employee is to be hired and a suitable position is being sought.)

Y/N

4. Does the work involve any activities for which subsequent medical examinations are required for health surveillance purposes, and are subsequent medical examinations of employees arranged? Y/N

Or are employees encouraged (not compulsorily) to arrange them themselves?
Y/N

5. How is the information from medical examinations recorded?

6. Are any psychological or motor ability tests given at the recruitment stage?

7. Are any physical requirements of the job contained in the job specification? How are they taken into account when recruiting?

E. Training and induction

1. Do new employees receive health and safety instruction or training during induction? What form does this training take?

2. When a new employee is being trained on the job:

- Who does the training;
- How is it done;
- Are there written job instructions, work method statements, safe operating procedures, or some form of training manual used; and
- Do the instructions include health and safety aspects?

3. Are checks made to ensure employees' competence to carry out their tasks safely?

4. Is any training given to current employees who are transferred to different jobs?
5. Is use made of outside training courses (such as those conducted by government departments or technical colleges)? Are these courses evaluated?
6. Is there any provision for extra training of non-English-speaking employees (such as the issue of instructions in multilingual form, or the conducting of English-speaking classes wholly or partially in work time)?
7. What methods for training supervisors are used? Is health and safety instruction included in the training? Is the training evaluated?

F. Employee motivation

1. Which of the following approaches, if any, are used to motivate employees to observe health and safety requirements? How have they been evaluated to assess their contribution towards improved health and safety?
2. Have any special campaigns been adopted in the past (such as eye protection campaigns)? How successful were these?
3. Are such initiatives of a "one-off" kind or an integral part of an ongoing program that provides regular follow-up and reinforcement?
4. How can various jobs be made more interesting for employees (and therefore more satisfying and health and safety enhancing) by removing or reducing their monotonous or repetitive aspects?

G. Risk management

1. Has the organization established and maintained documented procedures to identify hazards and ensure OHS risks are controlled?
2. Does the organization have procedures to ensure it complies with legislation relevant to the control of OHS risks?
3. Does the organization formulate OHS-related objectives and targets as part of its planning process?
4. Does the organization maintain management plans for achieving its OHS objectives?
5. Is hazard identification carried out on an ongoing basis, and do hazard identification procedures taken into account:
 - Work organization?
 - Design of equipment and the workplace, as well as work processes and materials?
 - Purchasing, production, installation, handling, maintenance and disposal of materials and equipment?
 - Contract labour?
 - Inspection, maintenance, testing and repair?

- Existing controls?
6. Are all identified risks assessed to estimate the magnitude of risk and assign priorities for control?
 7. Are all risks controlled using higher-level controls (e.g. Elimination, engineering controls) where possible rather than personal protective equipment, according to the hierarchy of hazard controls?
 8. Are controls checked for effectiveness and suitability?
 9. Is supervision adequate to ensure control measures are used effectively and safe systems of work are adhered to?
 10. Are OHS risk control measures reviewed regularly?
 11. Is OHS performance measured and given suitable prominence in reports?
 12. Is there a system for managing all documentation and data relevant to the risk management process?

H. Protective clothing and equipment

1. List the areas and work processes identified as requiring the use of protective equipment.
2. In areas where protective equipment is used, can the risk be controlled by alternative methods, higher in the hierarchy of risk control, to make protective equipment unnecessary?
3. What approved types of equipment are provided? Are they appropriate? Is the currently used equipment now superseded?
4. What are the award and/or legislative provisions regarding protective equipment?
5. Is the equipment comfortable and convenient to use?
6. Is the equipment maintained in good condition? What arrangements are made for maintenance (such as laundering of clothing or replacement of cartridges in respirators)?
7. What arrangements are there for the supply and issue of equipment?
8. Is the equipment actually being used? What means of enforcement and supervision are available?
9. Is the equipment properly fitted for each individual (for example, are beards interfering with the proper fit of facemasks)?
10. Do employees fully appreciate the function of a particular safety device? (For example, the effectiveness of hearing protectors is, in part, a function of the length of time these are worn when exposed to noise. Damage to hearing can occur with exposure to levels well below that which might be felt as "uncomfortable").

I. Safety and health research

The quality of information available dictates the quality of a health and safety program based on that information.

1. Are the services of an outside professional organization used? Is it contacted often? How useful are the services and advice provided?
2. List the safety and health journals and publications to which the organization subscribes. Are they being read, and is the information being used? Should the circulation list within the organization be widened?
3. What are the main sources of the organizations information on health and safety matters?
4. Who carries out the research on health and safety matters (if any) on the organisation's behalf?
5. Is useful information being obtained from employers' associations, insurance companies, OHS authorities, government departments or other sources?

(A regularly scheduled OHS committee meeting with both employer and employee representatives provides an opportunity for all interested parties to receive the same information at the same time in the same way. This is known as "information parity" and the experience of other countries which have operated similar schemes for some time suggests that this is valuable, if not critical, to the implementation of a successful health and safety program.)

J. Emergency planning and fire safety

1. Does the organization have an emergency control plan in place?
2. Is there an emergency evacuation plan?
3. How (and how effectively) is employee instruction carried out in relation to emergency preparedness?
4. How often are fire drills or evacuation drills held?
5. Are fire wardens and/or fire fighting teams appointed?
6. Are fire exits clearly marked (and not blocked or locked)?
7. Are fire alarms installed? How often are they serviced or checked?
8. Are fire extinguishers accessible, with usage instructions clearly set out? How often are they checked?
9. Are precautions taken to reduce the risk of fire outbreaks (for example, due to inflammable materials not properly stored)?
10. Are all legislative requirements complied with?
11. How often are inspections held?

K. Accident investigation

1. What are the most common types of accidents or incidents with the potential for injury?
2. What are the most common types of injuries?
3. What conditions and circumstances determine which accidents will be investigated, if some are not?
4. Who carried out these investigations?
5. How are the investigations carried out? Are there set procedures?
6. What types of accident investigation reports are prepared? To whom are they submitted?
7. What follow-up action is (or can be) taken? Who takes the action? Has it been effective in preventing a recurrence of the accident?
8. Have any specific risk control programs been established? How successful are/were they?
9. Are the current report or investigation forms adequate?

L. Health and safety information, accident records and analysis

1. What records and statistics are kept (such as accident frequency and incidence rates, compensation claims, or accident reports)? By whom are they kept?
2. Who uses and/or has access to these records?
3. How often are records analysed (daily, monthly or yearly)?
4. Are risk assessment and control records kept? In what form are they kept? What forms of follow-up on them occur?
5. Is a cost analysis technique applied to the records?
6. Are time comparisons kept to provide an indication of safety/accident trends within the organization?
7. Is there any follow-up study resulting from the statistics kept? By whom is this done?
8. Are accident report books kept in all work sections, in an appropriate form?
9. Has the viability of computerizing such records been investigated? What computer resources are available?

M. Medical programs and facilities

1. Which of the following staff are employed (numbers):
 - First aid attendants (in each work section);
 - Occupational health nurses;
 - Occupational physicians; and/or
 - Occupational hygienists?
2. What makes these people appropriately qualified?
3. How often are first aid training courses held? If this sufficient?
4. Who is responsible for first aid supplies and facilities? Does this arrangement work effectively?
5. What is the procedure for obtaining first aid assistance?
6. Are first aid facilities suitably located?
7. Are medical treatment facilities adequate and kept in good order?
8. What emergency facilities are available if the normal first aid attendant is unavailable?
9. What facilities are available for transportation of the injured to a hospital?
10. Is a directory of physicians, hospitals, ambulances available?
11. Are any health education programs carried out by the organization? How have these been evaluated?
12. What leisure facilities are available (such as sporting, gymnasium or recreation areas)? Are these promoted by the organization? How often are they used?
13. Are counseling and/or referral facilities available to employees with health problems such as stress or alcohol/drug addiction?
14. Does the organization tend to promote a "healthy lifestyle" for its employees? In what ways?
15. Are there any particular health risks/problems at the workplace, such as harmful substances/work processes? How well do employees working with these understand the hazard(s)? What action can be taken to minimize the effects of these?
16. Are there warning signs of problems, such as "disease patterns" (for example, a number of employees suffering from headaches, nausea, rashes, eye irritations or coughing)? Are these investigated?
17. Where health hazards exist, are there adequate means of warning employees?
18. Is health surveillance carried out where appropriate or require by legislation?

