

Health, Safety and Environment Internal Audit Terms of Reference

Approving Body	<i>Health, Safety and Environment Operational Group</i>
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Policy / Guidance Owner	<i>Health, Safety and Environment Manager</i>
Policy / Guidance Contact	<i>Health, Safety and Environment Team</i> hasstaff@aber.ac.uk or 01970 62(2073)
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1.0 Purpose:

- 1.1 To review compliance of Faculties and Professional Service Departments in accordance with Aberystwyth University Health, Safety and Environment Policies and Procedures, legal requirements, and recognised best practices.
- 1.2 To review the management of risks and hazards in line with Faculty and Departmental Health and Safety Handbooks, which should in turn reflect the University's associated Policies and Procedures.
- 1.3 To identify and consider any perceived high risk activities and practices.
- 1.4 To ensure that goods and services provided and/or procured consider and address relevant health and safety legislation and practices.
- 1.5 To confirm the suitability of management systems and document controls for health and safety documentation, such as risk and COSHH assessments.
- 1.6 Proactively review activities and associated control measures, and provide recommendations for improvement.

2.0 Scope:

- 2.1 All University Faculties and Professional Service Departments are to be subject to health, safety and environment internal audits, scheduled at appropriate intervals, and revisited periodically.
- 2.2 Audits will consider the adequacy of local arrangements including the availability and communication of suitable and sufficient health and safety procedures and documentation.
- 2.3 Areas to be audited will be prioritised by their perceived level of risk. A representative sample of work areas will be audited.
- 2.4 The scope includes the control, management and governance of the University's risks and hazards.
- 2.5 Specific scopes may be developed on an individual audit basis, which must be agreed in writing beforehand where applicable.
- 2.6 During the audit, auditors may make reference to the following documentation:
 - 2.6.1 Health and Safety Legislation;
 - 2.6.2 University Health, Safety and Environment Policies and Procedures;
 - 2.6.3 HSG65 Managing for health and safety document;
 - 2.6.4 Faculty/Professional Service Department Health and Safety Handbooks;
 - 2.6.5 Universities Safety and Health Association (USHA) Health and Safety Management Profile (HASMAPP) document.

3.0 Definitions and Abbreviations:

- 3.1 *Internal Audit*: A systematic, independent and documented process for obtaining audit evidence and evaluating it objectively to identify any health, safety or environmental concerns.
- 3.2 *AU HS&E*: Aberystwyth University Health, Safety and Environment Team.
- 3.3 *ToR*: Terms of Reference.



4.0 General:

- 4.1 The AU HS&E Team will ensure that AU Policies and Procedures reflect the requirements of current legislation. Any changes in AU HS&E policies and practices will be communicated to Faculties and Professional Service Departments upon publication.

5.0 Responsibilities:

- 5.1 The Faculty Manager/HoD will facilitate the confirming of audit arrangements with the auditor(s). The ToR may be amended as appropriate according to local facilities and activities, where applicable.
- 5.2 The Faculty Manager/HoDs will ensure the availability of local representatives for individual sections or areas included within the agreed audit schedule.
- 5.3 The Faculty Manager/HoDs will help define areas which will be included on the audit schedule in conjunction with the appointed auditor(s).
- 5.4 Local representative(s) will be available to accompany the auditor(s) at agreed times.
- 5.5 Local representative(s) will present requested documentation in accordance with agreed timescales.
- 5.6 The Faculty Manager/HoDs is responsible for retaining, and distributing as applicable, copies of the audit report, either electronically or in hard copy.
- 5.7 The Faculty Manager/HoDs will be responsible for addressing and rectifying any findings highlighted in the audit report.
- 5.8 Faculty Manager/HoD shall provide regular progress reports and notification of completion of agreed action points and recommendations.

6.0 Procedure

- 6.1 Correspondence to agree the ToR, audit scope and schedule will be facilitated with the appropriate managers.
- 6.2 The appointed auditor shall undertake each internal audit in accordance with the defined scope, audit criteria and schedule.
 - 6.2.1 During the audit, the appointed auditor shall categorise findings according to the relevant element of the audit criteria, as either recommendations or areas for improvement.
 - 6.2.2 Upon completion of each internal audit, the appointed auditor shall produce an audit report for the Faculty Manager/HoDs, summarising their findings.
 - 6.2.3 The auditor(s) shall detail any agreed actions and recommendations in the audit report.
 - 6.2.4 A follow-up visit shall be arranged if necessary to review the implementation of any major actions.
 - 6.2.5 The actions shall be reviewed at an appropriate time as defined by the audit schedule.

7.0 Safety:

- 7.1 All relevant Health and Safety Policies and Procedures must be adhered to.



8.0 Associated Documentation:

8.1 Audit schedule

8.2 Audit report