

## HEALTH & SAFETY SYSTEM AUDIT PLAN


FROM ..... TO .....

[illegible]

Management/Deputy Management Representative  
Date:

Reviewed by (MR):

Approved by (MD):

	<b>OCCUPATIONAL HEALTH AND SAFETY MANAGEMENT SYSTEM</b>	<b>Document No.:</b> HSF-HSA-02
	<b>FORMS</b>	<b>Revision No.:</b> 00
	<b>TITLE: HEALTH &amp; SAFETY SYSTEM AUDIT CIRCULAR</b>	<b>Effective Date:</b> 20-10-2016
		<b>Page</b> 1 <b>of</b> 1

## HEALTH & SAFETY SYSTEM AUDIT CIRCULAR

Ref. No.: AUD/CIR/-----

Date:

To:  
Mr.  
Auditor

Mr.  
Auditor

**SUB: HEALTH & SAFETY SYSTEM AUDIT OF ----- DEPARTMENT/SECTION  
ON ----- AT ----- AM/PM**

Dear Sir,

You are hereby requested to conduct a Health & Safety System Audit as per the above subject.

**Scope of the Audit:** All the relevant Procedures and System related documents/records and works of the department/section. In addition to these Follow up of the last Audit will be conducted, where relevant.

Recording of the Audit findings and all other works will be done as per Procedure No. HSP-HSA-1 Auditee is requested to provide all the support to the Auditors for conducting the Audits. The Schedule of the Audit can be changed if both Auditors and Auditee agree on a changed schedule. In case of change of schedule the undersigned should be informed within two days of the issue of the circular.

Thanking you.

Management/Deputy Management Representative

Copy to:

Mr.-----  
(Designation of the Section In charge of the Department to be Audited)

Mr.  
(Designation of the Auditee): Please attend the audit as per schedule.)


Mr.-----  
(Superior of the Auditors)

Reviewed by (MR):

Approved by (MD):



Approved by (MD):

	<b>OCCUPATIONAL HEALTH AND SAFETY MANAGEMENT SYSTEM</b>		Document No.: HSF-HSA-04
	<b>FORMS</b>		Revision No.: 00
	<b>TITLE: NONCONFORMITY REPORT (NCR)</b>		Effective Date: 20-10-2016
			Page 1 of 1

## NONCONFORMITY REPORT (NCR)

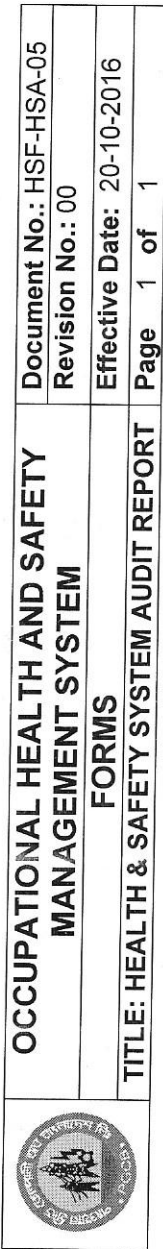
Date of Audit:	Name of the Department or Function:	Name of the Auditor:
NC No. ...	Circular Reference	Name of the Auditee
Nonconformity Statement		Standard & Clause Reference
Signature of Auditor	Signature of Auditee	
Correction taken:		
Action Implemented by:		
Verified by:		Date:
Record of Investigation (conclude with root cause):		
Signature of the Auditee with date		
Recommended corrective action:		
Approved by:	Assigned to:	To be Completed by (Date):
Action Implemented and Completed Satisfactorily:		
Verified by:		Date:
Follow up/Verification Findings		
Corrective Action Effective Yes <input type="checkbox"/> No <input type="checkbox"/>		
Comments:		
Signature of Auditor with date	Signature of Auditee with date	Signature of MR with date

**NCR CLOSED on Date:**

**Management Representative**

Reviewed by (MR):

Approved by (MD):



Audit Standard: OHSAS 18001

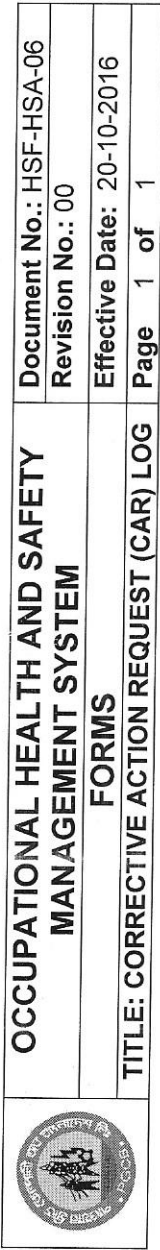
[illegible]

Signature of Auditor:  
Name of Auditor:  
Date:

Signature of MR/DMR:  
Date:

Reviewed by (MR):

Approved by (MD):

[illegible]

Reviewed by (MR):

Approved by (MD): 



**OCCUPATIONAL HEALTH AND SAFETY  
MANAGEMENT SYSTEM**

**Document No.:** HSF-HSA-07

**Revision No.:** 00

**FORMS**

**Effective Date:** 20-10-2016

**TITLE:** FUNCTIONWISE NCR ANALYSIS OF HSA

**Page** 1 **of** 1

**FUNCTIONWISE NCR ANALYSIS OF HSA**


**Standard:** .....

**For the period** .....

Number of Non-conformities

Reviewed by (MR):

Approved by (MD):

	<b>OCCUPATIONAL HEALTH AND SAFETY MANAGEMENT SYSTEM</b>	Document No.: HSF-HSA-08	
		Revision No.: 00	
	<b>FORMS</b>		Effective Date: 20-10-2016
	<b>TITLE: CLAUSEWISE NCR ANALYSIS OF HSA</b>		Page 1 of 1

## CLAUSEWISE NCR ANALYSIS OF HSA

Standard: .....  
For the period .....

Number of Non-conformities

Clause No. of OHSAS 18001

Reviewed by (MR):

Approved by (MD):

*(Signature)*