

# OCCUPATIONAL HEALTH AND SAFETY MANAGEMENT SYSTEM

**FORMS** 

Revision No.: 00

Effective Date: 20-10-2016

Document No.: HSF-HSA-01

TITLE: HEALTH & SAFETY SYSTEM AUDIT PLAN

Page 1 of 1

# **HEALTH & SAFETY SYSTEM AUDIT PLAN**

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

SL. No.	Area	to	to	to	to
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Management/Deputy Management Representative Date:

Reviewed by (MR):

Approved by (MD):



### OCCUPATIONAL HEALTH AND SAFETY **MANAGEMENT SYSTEM**

Document No.: HSF-HSA-02 Revision No.: 00

**FORMS** TITLE: HEALTH & SAFETY SYSTEM AUDIT CIRCULAR

Effective Date: 20-10-2016

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# **HEALTH & SAFETY SYSTEM AUDIT CIRCULAR**

Ref. No.: AUD/CIR/	
Date:	
To: Mr. Auditor	
Mr. Auditor	
SUB: HEALTH & SAFETY SYSTEM AUDIT OF DEPARTMENT/SECT ON AT AM/PM	ION
Dear Sir,	
You are hereby requested to conduct a Health & Safety System Audit as per the absubject.	oove
<b>Scope of the Audit</b> : All the relevant Procedures and System related documents/recand works of the department/section. In addition to these Follow up of the last Audit will conducted, where relevant.	ords II be
Recording of the Audit findings and all other works will be done as per Procedure No. H HSA-1 Auditee is requested to provide all the support to the Auditors for conducting Audits. The Schedule of the Audit can be changed if both Auditors and Auditee agree changed schedule. In case of change of schedule the undersigned should be information two days of the issue of the circular.	the
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)	
Λ	

Reviewed by (MR):

Approved by (MD): W-(M)



Name of the Department:

Ref

**Date of Audit** 

# OCCUPATIONAL HEALTH AND SAFETY MANAGEMENT SYSTEM

FORMS

TITLE: AUDIT CHECK LIST

Document No.: HSF-HSA-03

Revision No.: 00

Effective Date: 20-10-2016

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## **AUDIT CHECK LIST**

Requirement	Ok	Notes
4		
		T.
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Signature of the Auditor Date:

Reviewed by (MR):

Approved by (MD): W-



Reviewed by (MR):

# OCCUPATIONAL HEALTH AND SAFETY MANAGEMENT SYSTEM

**FORMS** 

TITLE: NONCONFORMITY REPORT (NCR)

Document No.: HSF-HSA-04

Revision No.: 00

Effective Date: 20-10-2016

Page 1 of

## NONCONFORMITY REPORT (NCR)

Date of Audit:	Name of the Depa	rtment or Funct	ion:	Name of the Auditor:
NC No	Circular I	Reference		Name of the Auditee
Nonconformity Statement				Standard & Clause
		7		Reference
Signature of Auditor	Signa	ture of Auditee		
Correction taken:	V			
Action Implemented by: Verified by:				
Record of Investigation (conclu	ide with root cause).	Da	te:	
(********				
		¥		a v
Signature of the Auditee with d				
Recommended corrective action	on:			
, A				
Approved by:	Assigned to:		To be Co	ompleted by (Date):
Action Implemented and Comp Verified by:	leted Satisfactorily:	Б.		
		Dat	e: 	
Follow up/Verification Findings Corrective Action Effective Yes				
Comments:				
Signature of Auditor with date	Ciamatura CA			
orginature of Additor with date	Signature of Au	ditee with date	S	Signature of MR with date
		NCP CLOS	ED	
		NCR CLOS	on l	Date:
Management Ponrocont				×

Approved by (MD):



Document No.: HSF-HSA-05 Revision No.: 00 Effective Date: 20-10-2016 FORMS
TITLE: HEALTH & SAFETY SYSTEM AUDIT REPORT Page 1 of OCCUPATIONAL HEALTH AND SAFETY **MANAGEMENT SYSTEM** 

# HEALTH & SAFETY SYSTEM AUDIT REPORT

Audit Standard: OHSAS 18001

				_		_	_	_	_	_	_	
	Date:	Remarks										
		Comment (or Innovation	Opportunity)									
		Non- conformances										
		Positive Aspect										
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	Claned	No.										
10001	Function	No. Audit Audited										
200	Date of	Audit	Z									
0	<u>.</u>	No.										

Signature of Auditor: Name of Auditor: Date:

Signature of MR/DMR: Date:

Reviewed by (MR):



Document No.: HSF-HSA-06 Revision No.: 00 Effective Date: 20-10-2016 OCCUPATIONAL HEALTH AND SAFETY **MANAGEMENT SYSTEM** 

TITLE: CORRECTIVE ACTION REQUEST (CAR) LOG Page 1 of

# CORRECTIVE ACTION REQUEST (CAR) LOG

Signature	of MR						-3					
Date NCR	cleared									C		
Proposed	tollow up date		70						21 - Alberta			
Action to prevent	recurrence					2		. 19				
	completion date									**		
Date	sent							3				
Initials of		4	45									
Audit	2									=		
Deficiency				1							8	
NCR issued to			9									
NCR serial	ė.											

Approved by (MD): M-M

Reviewed by (MR):



### OCCUPATIONAL HEALTH AND SAFETY **MANAGEMENT SYSTEM**

**FORMS** 

TITLE: FUNCTIONWISE NCR ANALYSIS OF HSA

Document No.: HSF-HSA-07 Revision No.: 00

Effective Date: 20-10-2016

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## **FUNCTIONWISE NCR ANALYSIS OF HSA**

Standard:	
For the period	

Number of Non-conformities

Reviewed by (MR):

Approved by (MD): W-M



### OCCUPATIONAL HEALTH AND SAFETY MANAGEMENT SYSTEM

Document No.: HSF-HSA-08 Revision No.: 00

Effective Date: 20-10-2016

**FORMS** TITLE: CLAUSEWISE NCR ANALYSIS OF HSA

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### CLAUSEWISE NCR ANALYSIS OF HSA

Standard:	
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Clause No. of OHSAS 18001

Reviewed by (MR):