Introduction

This document identifies AQA's expectations for clients seeking registration to OHSAS 18001. It is organized into the following sections:

1. Stage 1 Readiness Review Expectations
2. Stage 2 Conformance Audit Expectations
3. Surveillance Audit Expectations
4. Nonconformance Response Expectations

I. Stage 1 Readiness Review Expectations

The Stage 1 Readiness Review is usually performed on-site to determine if the organization is ready to proceed to the Stage 2 conformance audit. Prior to the Stage 1 Readiness Review clients are requested to complete AQA form OF-019 to depict how the client's Occupational Health and Safety management system (OHSMS) addresses OHSAS 18001 requirements and send it to the auditor along with the OH&S manual and procedures. The lead auditor will review documents and complete the OF-019 during the audit. General expectations of Readiness to proceed to Stage 2 include:

1. Address of **all requirements of OHSAS 18001,** including **all documented procedures** required by the standard.

2. The completion and record of **at least one (1) management review** which includes an assessment of the OH&S management system's suitability and effectiveness.

3. The completion and record of **at least one (1) full internal audit cycle** in which every element of the standard has been audited.

4. Sufficient evidence to demonstrate implementation of the system (such as several months of the records that are required by the standard).

Please contact AQA to reschedule the audit if any of these expectations cannot be fulfilled by the audit date.

II. Stage 2 Conformance Audit Expectations

The auditor will assess conformance to OHSAS 18001 and adherence to the policies, objectives and procedures. This assessment will be performed by observations, interviews and record review.

III. Surveillance Audit Expectations

All OH&S processes may not be audited every surveillance. The auditor will assess:

1. Effective implementation of corrective actions in response to previous non-conformances

2. Efforts made toward ***continuous improvement of safety performance and prevention of injury and ill health.***

3. Internal audits and Management Review

4. Treatment of complaints

5. Use of Marks and/or reference to certification

6. Effectiveness of the process for periodic evaluation and review of legal requirements (at least annually)

7. Progress of planned activities aimed at enhancing the OH&S, in particular, to achieve improvement in OH&S performance in line with the policy.

IV. Nonconformance Response Expectations

AQA Clients are required to transfer each AQA identified nonconformance to their internal corrective action form and system. Failure to submit an acceptable response utilizing their corrective action form and system by the established due date may have a negative impact on new or existing registrations.

Acceptable Client Corrective Action Responses Must Include:

I. The results of an investigation to determine the root cause or most basic cause(s) of the nonconformance.

If the root cause is not determined, it is unlikely the corrective actions will prevent recurrence of the nonconformance. In fact, a good test to determine if you have properly identified the root cause is to ask, "If we eliminate this cause, will the nonconformance happen again?" If the answer is no, then the root cause is properly identified. If the answer is yes or maybe, then the root cause needs to be further analyzed. It often takes asking "why did the potential root cause occur" several times to reach a root cause upon which corrective actions can be based to prevent recurrence

Below are some root causes that are usually inadequate and should be rarely used:

- "Operator error" or "Oversight on the part of the operator",
- "Poor training" or "Training not effective ",
- "Didn't understand the requirement" or "Not aware of the requirement"
- "Isolated occurrence"

Use of these root causes may result in AQA asking for further clarification or investigation because they are not specific and lend themselves to narrow corrective actions that may not prevent recurrence of the nonconformance. When these are encountered, "why" should be asked at least once more to determine an underlying or more basic cause. For example, if asked why an operator error occurred, it may be determined to have been caused by the operator inadvertently selecting the wrong switch that looked similar and was close to the correct switch. This root cause would lend itself to mistake proofing that would separate or distinguish the switches to prevent recurrence.

Root causes must also be sought over which management has control. A root cause of "severe weather" does not support preventing recurrence of the nonconformance where-as root causes of inadequate contingency planning or leaking trucks do support preventing recurrence of the nonconformance.

2. Corrective actions including both:

- Corrective actions taken to determine the extent of, contain and correct (i.e. fix) the specific nonconformance
- Corrective actions taken in response to the root cause(s) to eliminate recurrence of the nonconformance. These corrective actions focus on changing a process to eliminate the root cause and thus eliminate recurrence of the nonconformance.

Often, corrective actions are submitted that fix the specific nonconformance but do not address the root cause to prevent recurrence of the nonconformance.

3. Verification that corrective actions have been implemented.

The client must verify corrective actions have been implemented and submit this verification, along with evidence of implementation (procedures, records, pictures, control plans, etc.) to AQA. Usually, corrective actions that have not been implemented are not acceptable. Corrective actions that, by nature, require more time to implement may be accepted for future verification if accompanied by specific target dates and adequate justification.

Examples of Good Root Cause and Corrective Actions:

Nonconformance, Root cause and corrective action

Nonconformance: Several new employees have no records showing that they are competent.

Root Cause: These employees were determined to be competent during on the job training. Human resource manager

had been keeping these records but the procedure was recently changed for supervisors to keep these records. This change was not properly communicated to supervisors. No acknowledgement of procedural changes is required.
Corrective action:
Verified that on-the-job training records were on file with the Human Resource Manager for all new employees hired before the procedure was changed to have the supervisor keep theses records. On-the-job training has been verified for all new employees hired after the procedure was changed and records are attached. The training procedure has been revised to require a procedure (new or revision) sign off for all affected people indicating that they are properly trained to the revision. Attached are the revised training procedure and the sign off sheet for all affected people. An audit has been scheduled for August 2005 to evaluate the effectiveness of training to new procedures and procedure revisions.

Examples of Poor Root Cause and Corrective Actions:

Nonconformance, Root cause and corrective action	Reason for NOT being acceptable
Nonconformance: Annual audit plan does not provide objective evidence to support how the audits are planned according to environmental importance of the activity **Root Cause:** Not all the key points of internal auditing were grasped **Corrective Action**: Retraining is to be held for the internal auditor whose qualifications shall be conferred with by the management. The internal auditing plan for the year 2005 is to be formulated to ensure that the planned arrangements are prioritized per environmental importance.	**Root Cause** does not identify the underlying cause of the nonconformance. **Corrective action** fixes the 2005 audit plan, but needs to be verified as complete or have a target date established for completion. **Corrective action** of retraining of internal auditor suggests that the initial training was not effective. This should be examined as part of the root cause.
Nonconformance: Monitoring equipment in use is found to be out of calibration. **Root Cause:** Person responsible for calibration of equipment forgot to calibrate this equipment **Corrective action**: Equipment is now calibrated.	**Root Cause** doesn't address why the system allows equipment to go without calibration. **Corrective Action** fixes "equipment", but is not clear if all out of calibrated equipment was identified and fixed. **Corrective Action** does not make any change to prevent it from recurring.

V. General Expectations/Guidance:

1. Performance measurement and monitoring. One requirement in this area is to provide for proactive measures of performance that monitor conformance with the OH&S program, controls and operational criteria as well as reactive measures of the performance that monitor ill health, incidents and other historical evidence of deficient OH&S performance.

The following guidance can be used when considering proactive and reactive measures:

a. Proactive measures are those that determine safety performance prior to loss or potential events
b. Reactive measures are ones that determine performance based on loss events

Examples of reactive measures:
- Lost Time Incident (LTI) frequency and severity ratings,
- accident investigation and monitoring in response to a complaint)

Examples of proactive measures:
- monthly inspection of the machining shop;
- JSA (job safety analysis)
- periodic review of controls like hot work permits, fire extinguishers, lifts
- measuring the causes (rather than the effects) like the level of ergonomic risk present in a work area which may lead

work-related musculoskeletal disorder.

2. Evaluation of compliance: It is necessary for your auditor to be able to review the result of the evaluation of compliance to legal requirements. These would include Federal, state and local requirements. Many states have their on OSHA program and therefore have additional legal requirements.

OHSAS 18001 also requires evaluation of compliance to other requirements. Other requirements may include requirements from the customer, insurance company, parent company, etc.

VI. Objectives: Objectives must be measurable

- Example of an inadequate objective: Reduce incidents.
- Example of a good objective: reduce the recordable rate by 10%

Also, the objectives should be linked to the risks and legal requirements. For instance, if there is a hazard with a high risk associated with it dealing with man machine interface, then there might be an objective established for dealing with this high risk. An example might be to implement the MMI program by 80% this year; or implement machine guarding by year end for all stamping machines.