



HSEQ Assurance Activities Procedure

Brief description

This Procedure defines the assurance framework for HSEQ systems and outlines the requirements for conducting audits, inspections and interactions.

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The current version of this Procedure is available on GPC's Intranet.

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1 Terms and definitions

In this Procedure:

“HSEQ” means health, safety, environment and quality.

Terms that are capitalised and not otherwise defined in this Procedure are defined in the GPC Corporate Glossary Instruction (as listed in Appendix 1 – Related documents).

2 Introduction

2.1 Purpose

This Procedure identifies how effective systems and performance monitoring can be achieved through:

- audits;
- inspections; and
- interactions.

These processes contribute to:

- the prevention of injuries, illness, environmental harm and property damage;
- improved HSEQ culture;
- enhanced ability to recognise hazards and risk;
- encourages Workers to voice HSEQ concerns; and
- stronger management systems.

2.2 Scope

This Procedure applies to GPC’s operations and all associated activities under the control of GPC.

2.3 Objectives

The objective of this Procedure is to:

- assist those responsible for carrying out workplace monitoring through the provision of standardised processes and useful tools;
- contribute to the improvement the HSEQ performance and culture of GPC; and
- support GPC’s HSEQ management systems.

The Procedure also aims to meet the requirements of:

- AS/NZS 4801:2001 Occupational Health and Safety Management Systems;
- AS/NZS ISO 14001:2015 Environmental Management Systems; and
- AS/NZS ISO 9001:2015 Quality Management Systems.

3 HSEQ assurance activities

3.1 HSEQ assurance framework

The HSEQ assurance framework consists of five (5) activities as illustrated in Figure 1.

Each activity is independent of the others, but together they provide assurance that HSEQ requirements are being applied in accordance with both internal and external expectations.

A 'layered process' is provided for the critical control verifications, planned task audits and safety interactions for leadership coaching opportunities. See 3.9 'Layered Process'.

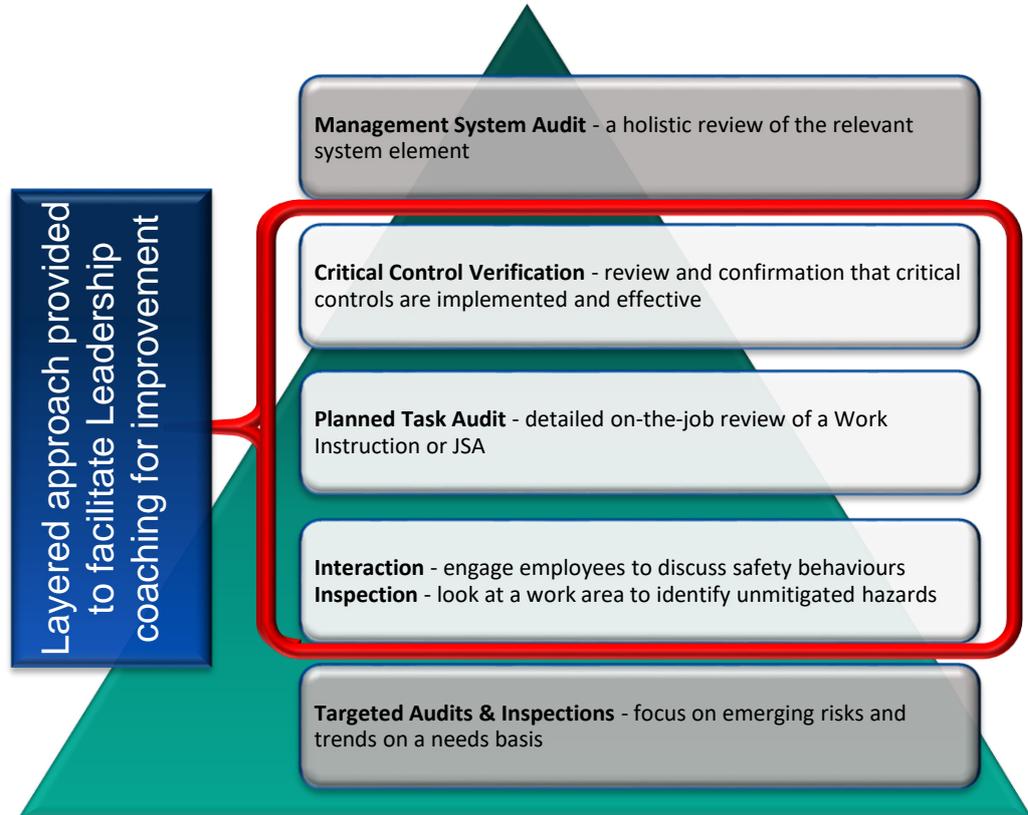


Figure 1: HSEQ assurance framework and activities

3.2 Management system audits

A management system audit is a formalised examination with defined criteria to assess against. They are scheduled annually by the subject matter expert (SME), typically, the System Specialist, and conducted to the schedule and includes both internal and external audits.

They are used to monitor compliance to a system and effectiveness of the system in meeting legal and other compliance and providing a safe workplace.

(a) Internal audits

Internal audits are organised and facilitated by the SME for the system or other delegated trained internal auditor.

It is a requirement of the safety, environment and quality management systems that GPC is certified against to conduct internal audits on a regular basis.

Internal Management Systems Audit schedules are available for safety, environment and quality.

(b) External audits

GPC is committed to maintaining certification to the relevant Australian / International standards for safety, environment and quality management systems.

These systems are certified by an external auditor on the frequency defined by the Standard (3 years) and subject to surveillance audits (annual) by the external auditor to monitor progress of improvement opportunities and rectification of any non-conformances.

Scheduling of the external certification and surveillance audits is the responsibility of the department/section responsible for maintaining that system. The relevant department/section must provide timely and sufficient communication with key GPC stakeholders who may be required to participate in the audit.

Regulatory authorities may also present to site to undertake audits or inspections. These may not be planned or only minimal notice provided. The department/section associated with the regulator must provide timely and sufficient communication with key GPC stakeholders who may be required to participate wherever possible. For example, if an environmental regulator has given notice that they are attending a GPC site to perform an inspection, the Environment Department shall give GPC stakeholders the appropriate communication prior to, during and after the inspection.

It is a requirement of some environmental approvals, that the external auditor is pre-approved by the regulatory authority. Prior to these audits, this requirement shall be confirmed by the Environment Section.

3.3 Conducting a management system audit

An audit is an evidence gathering process used to evaluate how well audit criteria are being met.

To ensure audits across GPC are being coordinated and conducted in a consistent manner, the following process should be applied:

1. Plan
2. Conduct
3. Report
4. Follow up

(a) 1. Plan

Management system audit schedules are reviewed annually and take into consideration regulatory obligations, the level of risk presented and the results of previous audits.

Management system audits are generally scheduled and coordinated by the relevant system SME's i.e. health, safety, environment, security and quality.

Prior to conducting an internal audit, relevant personnel who are required to be aware of or participate in the audit must be informed (e.g. meeting request via Outlook).

The auditor is responsible for planning the audit. The type, size and scale of the audit will determine how much planning is required.

The audit plan should state the:

- audit scope and objectives;
- individuals having direct responsibilities regarding the scope and objectives;
- reference documents;
- date and place where the audit is to be conducted;
- expected duration of the audit;
- schedule of meetings to be held with relevant parties i.e. opening and closing meetings; and
- Audit Report distribution list.

Pre-established management system audit templates are available:

- Safety – register of templates #1522978
- Environment Management Plan #804664
- Environment Management System #1056812
- Quality #TBA

(b) 2. Conduct

The auditor must collect and verify information ensuring there is objective evidence to support findings. This evidence can be based on observations, interviews, review of documents and sampling.

The auditor must document/record all findings and evidence associated with both positive and negative findings.

Any audit methods or criteria outlined in the audit plan must be adhered to at all times.

(c) 3. Report

Each audit finding is categorised as either:

- Compliant – locations, functions and requirements where no non-conformances have been identified;
- Observation – where an area requiring attention has been identified;
- Non-conformance – based on objective evidence which identifies a non-compliance with the criteria specified; or
- Major non-conformance - based on a significant discrepancy with the criteria specified placing the organisation in a medium to high risk situation.

The auditor must also provide an overall audit score based on these categories.

All non-conformances identified by an external audit must be subject to a process to identify the root cause of the system failure.

All major non-conformances identified in an internal audit must also be subject to a cause analysis. The auditor/auditee may use their discretion for as to whether other non-conformances identified in an internal audit should undergo a cause analysis.

At a suitable time following the audit, the auditor should discuss the findings with the auditee and agree on actions to address non-conformances and opportunities for improvement.

Once the audit findings/report have been agreed on by all relevant parties, it must be distributed to the appropriate stakeholders.

The SME accountable for the audit must log the audit findings and associated actions in the GPC audit database (SAI360), with any audit notes, evidence, records and reports attached/linked and the relevant stakeholders notified.

(d) 4. Follow-up

When necessary, a follow-up audit may be scheduled to address any identified deficiencies. This should be recorded in the audit database (SAI360) as an audit finding and action.

The auditor must verify that the corrective action is closed out.

3.4 Critical control verifications

Critical control verifications provide a process to allow personnel to effectively engage in a conversation about the expected behaviours and other controls associated with the GPC Life Saving Commitments and identified material HSE risks.

The critical control verification process:

- identifies behavioural, system and engineering gaps in relation to Life Saving Commitment controls and material HSE risks; and
- measures the effectiveness of behaviours and other controls in relation to Life Saving Commitments and material HSE risks.

A critical control verification has five steps:

1. identifying the Life Saving Commitment or material HSE risk to be verified and plan the observation;
2. observing work practices;
3. validating the critical controls by asking the 'three questions' (outlined in subsection (c) further below);
4. reviewing the observed behaviours against the critical controls on the critical control verification template; and
5. providing feedback and action your findings.

(a) 1. Identifying the Life Saving Commitment or material HSEQ risk to be verified and plan the observation

When identifying which Life Saving Commitment or material HSE risk to verify, it's important to understand:

- the Life Saving Commitment and material HSE risks in the work area; and
- any recent events that may have occurred in relation to them.

Speak to the relevant Leader to understand the tasks, area, people, equipment and suitable timing for conducting the verification. Review any supporting information, including the relevant critical control verification template to familiarise with the expected behaviours and other controls to observe.

Critical control verification templates are accessible via Neptune.

(b) 2. Observing work practices

Observe work practices and behaviours associated with the Life Saving Commitment or material risk.

(c) 3. Validating the critical controls by asking the ‘three questions’

Introduce yourself and explain the critical control verification you are performing and which Life Saving Commitment / material HSE risk it is in relation to.

Do not interrupt a high risk task until there is a break in the job sequencing or unless an unsafe situation is observed.

Ask the Worker/s the three questions and focus on ensuring the critical behaviours are demonstrated or explained:

- Question 1 – What are the risks in this task that can kill you?
- Question 2 – What critical controls are in place to protect you?
- Question 3 – How do you know these critical controls are effective?

(d) 4. Reviewing the observed behaviours against the critical controls on the critical control verifications template

Refer to the critical control verification template to ensure work practices align with the expected behaviours. Identify any behaviour gaps between the critical control verification and what’s happening in the field.

(e) 5. Providing feedback and action your findings

Once any actions have been determined, the observer must provide feedback and thank the participant/s. Feedback should always commence with positive aspects, followed by coaching to address aspects that require improvement and the associated identified actions.

Record the details of the critical control verification on the relevant template and forward through to Safety Department. If an action needs to be raised ensure the recipient is consulted first.

3.5 Planned task audits

A planned task audit is designed to assess personnel’s understanding and compliance to a Work Instruction or JSA. It involves the Supervisor observing personnel carrying out a work task and determining if the:

- Work Instruction or JSA is designed correctly to ensure safe and productive work; and
- Workers know how to apply the work instruction or JSA requirements correctly.

A planned task audit has four steps:

1. Identifying the Work Instruction or JSA
2. Informing and observing work practices
3. Reviewing observed practices against Work Instruction or JSA
4. Actioning findings and providing feedback

(a) 1. Identifying the Work Instruction or JSA

Identify the task and associated Work Instruction or JSA to be observed and review the chosen material to familiarise yourself with the requirements. Prepare the observation material (e.g. print out the JSA and highlight the sections to focus on.

(b) 2. Informing and observing work practices

On arrival to a task/job site, inform the personnel you are going to observe of the purpose of the observation.

Prior to the observation commencing, check the participants understanding of the Work Instruction or JSA and ask the participant to explain the task and any associated risks.

As the task is completed, observe and check the work practices against the Work Instruction or JSA.

If any at risk behaviours or deviations from the Work Instruction or JSA are observed, stop the job and provide coaching to the participant on how to safely continue.

Throughout the observation positive behaviours should be reinforced.

(c) Reviewing observed practices against the Work Instruction or JSA

On completion of the observation, review the notes made on the work practices against the Work Instruction or JSA. Consider the following aspects:

- gaps between the Work Instruction or JSA and the practices observed;
- opportunities to improve the risk controls as well as the Work Instruction or JSA; and
- if gaps or opportunities to improve are identified a determination will need to be made on how to action them.

(d) Actioning findings and providing feedback

Once the actions have been determined, the observer/s must provide feedback to and thank the participant/s for partaking. The feedback provided should always commence with recognition of positive aspects followed by coaching to address aspects that require improvement and identified actions.

3.6 Interactions

An interaction is a formal process followed (in an informal setting) to engage Workers to discuss work activities and conditions with the aim to understand and influence behaviours. They provide an opportunity to reinforce standards and tools such as the use of risk management tools. It is a process that supports and guides Workers to interact with one another to reinforce positive behaviours and discuss unacceptable behaviours and conditions. It is also an opportunity for Workers to learn from each other and look out for each other.

The expectation of frequency for performing interactions is set by the Leaders in each area.

The four stages of performing an interaction are:

1. Stop and observe
2. Engage and feedback
3. Re-set
4. Record

(a) 1. Stop and observe

Select the area and team to perform the interaction with and spend some time observing the work to enable the identification of safe or unsafe behaviours. Identify the specific behaviour to be discussed.

(b) 2. Engage and feedback

Approach the Workers and introduce yourself. Make enquiries about what work is being performed – this often leads to further conversation about the safety, environmental and quality aspects of the work.

Discuss the specific behaviour observed and get the Workers to articulate how this behaviour could lead to or prevent a personal injury and relate this consequence to their top 4.

Give positive feedback for the safe observations made. Always do this before any negative feedback. Discuss any unsafe acts or conditions and agree to suitable actions to immediately rectify.

For example:

- What are the hazards/risks you have identified in this task? If they don't identify what you observed, lead them to that.
- How could you get hurt and what would be the consequences of this on your top 4?
- Is there a better way to control the risk? (Or if it is already done well, commend them on controlling the risk.)
- How are you going to make sure the control remains effective?

(c) 3. Re-set

You should re-set the Workers back onto the task at hand after the interaction is complete.

Thank them for their time then ask them questions that will re-focus them back onto the work they were doing before you stopped them for the interaction.

(d) 4. Record

Using the appropriate form, record the interaction and ensure it is reported and recorded in SAI360.

3.7 Inspections

An inspection is the viewing of an area, activity or equipment to proactively identify hazards.

Inspections can be performed by any Worker on any given activity or area and will be done so in accordance with the expectation from their Leader.

The expectation of frequency for performing inspections is set by the Leaders in each area.

If a hazard is identified whilst conducting the inspection, the situation needs to be risk assessed and the appropriate controls implemented in a timely manner. These might be immediate, temporary short-term or long term controls and implemented in consultation with the person responsible for the area or activity.

Findings from inspections must be recorded in SAI360.

An Environment Site Inspection Form is available.

3.8 Targeted audits & inspections

Targeted audits and inspections are triggered by emerging risk and trends and conducted on a needs basis.

The process for planning and conducting targeted audits and inspections is the same as detailed above in the relevant sections.

3.9 Layered process

As illustrated in Figure 1, a layered process is provided for critical control verifications, planned task audits and interactions to facilitate leadership coaching for improvement.

The layered process is where two (2) direct levels of leadership undertake the activity together. For example: a GM with their Manager, a Manager with their Superintendent, a Superintendent with their Supervisor/Specialists. This may be within their own department or shared across departments if applicable.

The process provides an opportunity for the senior position to set their expectations and coach their subordinate leader.

3.10 Training

GPC's internal auditors are provided with training which is organised by the Training Department where this identified skill is required. Training records are maintained by the Training Department.

Guidance of how to conduct inspections, interactions and observations is provided on the job by Leaders with additional support available from SME's.

Training for data entry into SAI360 is provided by GPC Safety Specialists on a needs basis by request.

3.11 Procedure monitoring and review

This Procedure, its operation and implementation will be reviewed triennially or as a result of findings of internal and external audits or a change in legislation in order to preserve currency, relevance and accuracy.

4 Roles and responsibilities

All GPC Workers have a shared responsibility for monitoring hazards and risk in the workplace. For the purpose of this Procedure, the following specific roles and responsibilities have been defined:

Role	Responsibilities
General Managers	<ul style="list-style-type: none">• Ensure the dissemination and implementation of this Procedure throughout GPC.• Ensure adequate resources are available to implement this Procedure.• Monitor statistics to ensure overall systems effectiveness.
Managers, Superintendents and Supervisors (Leaders)	<ul style="list-style-type: none">• Monitor the implementation of this Procedure.• Establish the expectation of performing these initiatives in work groups, area or activities.• Assign an Area Custodian to ensure the expectation is being maintained within their responsibility (for the purpose of this procedure, the Leader can also be the Area Custodian).• Ensure the availability of relevant Workers and resources to fulfil the requirements of this Procedure.• Implementation of applicable actions.
Systems Specialists (HSEQ)	<ul style="list-style-type: none">• Ensure the tools necessary to fulfil the Procedures requirements are available, useful and current.• Ensure relevant plans and schedules are developed in accordance with this Procedure.• Communicate schedules to relevant Managers and staff.• Ensure findings are reported to the relevant stakeholders.• Ensure actions are appropriately managed in SAI360.• Evaluate the data from these monitoring initiatives to ensure the information from trends are contributing to the development of improvement initiatives.

Role	Responsibilities
All Employees and Workers	<ul style="list-style-type: none"> • Ensure compliance with this Procedure when involved in audits, inspections and interactions. • Provide evidence of compliance to auditors and inspectors if required. • Participate in interactions and observations when required. • Participate in training when required. • Take reasonable care for their own safety.

5 Appendices

5.1 Appendix 1 – Related documents

(a) Legislation and regulation

Key relevant legislation and regulation, as amended from time to time, includes but is not limited to:

Type	Legislation/regulation
Federal Acts	<i>Environment Protection and Biodiversity Conservation Act 1999 (Cth)</i>
State Acts	<i>Work Health and Safety Act 2011 (Qld)</i> <i>Work Health and Safety Regulation 2011 (Qld)</i> <i>Environmental Protection Act 1994 (Qld)</i> <i>Environmental Protection Regulation 2008 (Qld)</i>
Other	AS/NZS 4801:2001 Safety Management Systems ISO AS/NZS 14001:2015 Environmental Management Systems ISO 9001:2015 Quality Management Systems

(b) Gladstone Ports Corporation documents

The following documents relate to this Procedure:

Type	Document number and title
Tier 1: Policy	#1412364 Enterprise Risk and Resilience Policy #365624 Safety Policy

Type	Document number and title
	#366016 Environment Policy
Tier 2: Standard/Strategy	#854303 Safety Management Standard #809151 Environmental Management Standard
Tier 3: Specification/ Procedure/Plan	#142189 HSEQ SAI360 Action Management #697854 Safety Management System Plan Guide #146256 Environmental Management System Plan Guide
Tier 4: Instruction/Form/ Template/Checklist	#804664 Environmental Management Plan Audit Template #1056812 Environmental Management System Audit Template #730803 Environmental Site Inspection Form #1621179 GPC Corporate Glossary Instruction
Other	#49839 Quality Management System Guide #1522978 Safety Audit Template Register #1281763 Safety Audit Schedule #1178694 Environmental Audit Schedule #1490711 QA Audit Schedule

5.2 Appendix 2 – Revision history

Revision date	Revision description	Author	Endorsed by	Approved by
31/05/2016	Original document developed	Kylee Lockwood, Environment Superintendent	John Sherriff, Safety Environment and Risk General Manager	John Sherriff, Safety Environment and Risk General Manager
24/07/2019	Three yearly review. Content changed to HSEQ Assurance Activities.	Rebecca Devine, Safety Specialist	Tony Young, Safety Manager	Rowen Winsor, People Community and Sustainability

Revision date	Revision description	Author	Endorsed by	Approved by
				General Manager
05/08/2020	Legal review by HSF (minor formatting changes accepted). No material change to context or intent.	Kirsty Iszlaub, Acting Safety Specialist – Systems & Projects	Tony Young, Safety Manager	Rowen Winsor, People Community and Sustainability General Manager