Safety and Health Management Assurance

Non-conformance with statutory and regulatory regulations can have a significant effect on an operation. Regulatory agencies can enforce work stoppages and levy substantial monetary penalties. While significant efforts are devoted to maintaining compliance, the resources required to address a pattern of non-conformance can become even more substantial and at the same time, distract from the positive and proactive efforts.

Safety and Health Management Assurance is the process of:

- Establishing a procedure to assess compliance with applicable legal requirements.
- Maintaining current information.
- Developing an improvement cycle that is integrated with the company’s safety and health management system.

How it works

Operations should be in full compliance with statutory and regulatory requirements to ensure value-added regulations are leveraged. This can be best accomplished by integrating an improvement cycle within the company’s safety and health management system and applying the Plan-Do-Check-Act process to each regulation. Each requirement should have someone responsible for ensuring the requirements have been met and are working as designed on an ongoing basis. This feedback is essential for consistent compliance.

Flow of the Process

- Establish a procedure to assess compliance with applicable legal and other S&H management requirements and keep this information current.
- Compliance with regulations should be managed through the Plan-Do-Check-Act improvement cycle and should be integrated with the company SHMS.
Workbook Materials For Module 16

Continued compliance toward meeting the 0:50:5 goals can be achieved by developing processes to measure performance against applicable legal requirements and by developing an improvement cycle that is integrated with the company’s safety and health management system.

Compliance Assessment

Measurement Tools and Corrective Planning:

Violations/Citations:
Record and trend violation history identifying patterns of non-compliance

- Period: ________________________________
- Standard: ______________________________
- Number Issued: _________________________
- Compliant with Expectations: Yes ______ No __________

Inspections:
Identify hazards through regular examination of the workplace and equipment

- Inspection Type:
  - Pre-task Workplace Exam: ________________________________
  - Pre-Op Equipment Inspection: ______________________________
  - General Inspection: ______________________________
  - Person Inspecting: ______________________________
  - Date: ______________________________
  - Description of Condition: ______________________________

- Compliant with Regulation: Yes ______ No ______
- Compliant with Policy: Yes ______ No ______
Evaluations and Audits

Establish and effective system to periodically evaluate compliance to applicable legal and company policy requirements.

Audit Type:
- Internal: _____________________________________________________________
- Third Party: __________________________________________________________

Responsible Department: _______________________________________________

Audit Leader: __________________________________________________________

Audit Team: Person Department

________________________________________  ____________________________
________________________________________  ____________________________
________________________________________  ____________________________

Management Review: __________________________________________________

Audit Objective: _________________________________________________________

________________________________________________________________________

Schedule/Frequency: ____________________________________________________

________________________________________________________________________

Audit Results: ___________________________________________________________

________________________________________________________________________

Compliant with Regulation: Yes _____ No ________

Compliant with Policy: Yes _____ No ________
If assessment results are non-compliant with expectations in any measurement category, improvement efforts should be initiated using the PLAN-DO-CHECK-ACT process

**Improvement Management Process:**

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<th>Responsibilities</th>
<th>Person</th>
<th>Department</th>
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**Corrective Action Plan:**

- Findings of Non-Compliant Issues: ________________________________
  ____________________________________________________________
- Targets to reduce non-conformities: ______________________________
  ____________________________________________________________
- Plan to Implement: ______________________________
  ____________________________________________________________
- Schedule: ______________________________
- Crews/Employees: ______________________________

**Plan Implementation:**

- Assigned Responsibilities: ______________________________
  ____________________________________________________________
- Schedule: ______________________________
- Equipment/Materials: ______________________________
  ____________________________________________________________
- Crews/Employees: ______________________________
  ____________________________________________________________
- Follow Up/Feedback: ______________________________
  ____________________________________________________________
Evaluation:

Observation Findings: ________________________________________________
Feedback Discussion: ________________________________________________
Schedule: ___________________________________________________________
Participants: _________________________________________________________
Performance Reassessment Results: ____________________________________
Compliant with Expectations: Yes _______ No ________

Action Items:

What Worked: _______________________________________________________
____________________________________________________________________
Actions to Improve: _________________________________________________
____________________________________________________________________
Roll Out to Other Areas: ______________________________________________
____________________________________________________________________
What Didn’t Work: ___________________________________________________
____________________________________________________________________
Where They Needed: Yes _______ No _______
If Yes, Actions to Improve: _____________________________________________
____________________________________________________________________
If No, Discontinue: _________________________________________________
____________________________________________________________________
Other Action Required: _______________________________________________
____________________________________________________________________