Assurance

Similar to the statutory and regulatory assurance process of Module 16, a system should be in place to provide stakeholders assurance that the safety and health management system is effective and adequate for the operation. The plan should be reviewed periodically taking into account changes in operations, personnel, hazards and risks, and the environment. Any non-conformities should be addressed in a timely manner.

Assurance is the process of:

- Implementing a process to assure internal and external stakeholders of the adequate structure, fitness and effectiveness of the safety and health management system.
- Ensuring management is using assurance information to determine how to improve the safety and health management system.
- Providing for corrective action and continual improvement based on senior management direction.

How it works

It is necessary to periodically assess implementation of and conformance with the expectations of the safety and health management system (SHMS) to assure an adequate structure exists to analyze the fitness and effectiveness of the SHMS. This process should be managed by senior management and may involve both internal and external audits and assessments. Where nonconformance is identified, corrective action should be taken to ensure continual improvement in both SHMS effectiveness and the resulting safety and health performance.
Flow of the Process

- Develop a process to measure system and S&H management performance through the use of lagging and leading indicators.
- Ensure senior management participates in the performance assurance process to optimize transparency and ensure there are adequate resources to facilitate system improvement.
- Non-conformance against the SHMS should be addressed with appropriate actions to correct the non-conformance.
- Internal audits should be scheduled in advance and conducted by personnel with adequate experience and knowledge of SHMS audit methods and processes.
- Routine audits (and periodic external audits) should be conducted by a competent third party at an interval sufficient to ensure continuous improvement.
Workbook Materials For Module 17

Health & Safety Management Plan - Auditing & Evaluation

It is critical to periodically measure performance against the SHMS goals and objectives. Evaluations can be completed through both internal and third party audits. An audit can include one section of the plan or a review of the entire system. It is also critical that the results of the audits are reviewed by management and where there are non-conformities, action plans are developed to better address any deficiencies.

Auditing and Evaluation Process:

Audit Type:
- Internal: _____________________________________________________________
- External: (Third Party) _______________________________________________
  - Organization: _____________________________________________________
  - Contact: _________________________________________________________

Responsibilities:
- Department: _________________________________________________________
- Senior Manager: _____________________ Title: __________________________

Audit Team

Planning - Lead _______________ _______________ ________________
Reporting - Lead _______________ _______________ ________________
Audit - Lead _______________ _______________ ________________
Action Plan - Lead _______________ _______________ ________________

Schedule: ______________________________________________________________
HSMP Section or Overall Review: __________________________________________
Audit Measurements against Standards and Goals:
Performance measurements should include but not be limited to the following categories

Plan Objectives: _____________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

Data and Statistics: ______________________________________________________
(Quantitative) ______________________________________________________

Compliance & Behavior: _________________________________________________
(Qualitative) ______________________________________________________

Effectiveness of Controls: _________________________________________________
_______________________________________________________________________

Proactive Measures of Conformance: _______________________________________
_______________________________________________________________________

Reactive Measures of Monitoring Incidents: _________________________________
_______________________________________________________________________

Reporting of Non-Conformance & Action Taken: _____________________________
_______________________________________________________________________

Audit Reporting and Document Maintenance:
Review and Sign Off: ______________________________________________________
Title: ________________________ Title: ________________________ Title: ________________________

Distribution:
Management: _____________________________________________________________
Title: ________________________ Title: ________________________ Title: ________________________

Departments: _____________________________________________________________

Assurance
Document Administrator:  _________________________________________________
Title:  ____________________________
Department:  _______________________________________________________________________

Storage Location:  ___________________________________________________________________
Hard Copy:  _______________________________________________________________________
Electronic:  _______________________________________________________________________

Follow Up Actions: (Plan-Do-Check-Act, Module 16)

Audit Non Conformities:
  Finding:  _______________________________________________________________________
  Department:  _______________________________________________________________________
  Responsible Person:  _______________________________________________________________________
Action Plan Responsibility:
  Department:  _______________________________________________________________________
  Responsible Person:  _______________________________________________________________________
Tracking Tool:  _______________________________________________________________________
Schedule:  _______________________________________________________________________

Continuous Improvement Items:
  Department:  _______________________________________________________________________
  Responsible Person:  _______________________________________________________________________
Tracking Tool:  _______________________________________________________________________
Schedule:  _______________________________________________________________________