Work Health and Safety Document Control Procedure

March 2024 – This document is expired. It is replaced by the [Health, Safety and Wellbeing Policy](#).

Section 1 - Purpose

(1) To detail the process for the creation, maintenance and management of Work Health and Safety (WHS) documentation at Charles Sturt University (the University); as well as the record keeping requirements for records produced by the WHS Management System (WHSMS).

Scope

(2) This Procedure applies to all Faculties, Divisions, Offices and organisational units of the University and its controlled entities.

(3) This Procedure applies to all documents and records created as part of the University's WHS Management System (WHSMS). This includes:

    a. policies;

    b. procedures;

    c. guidelines;

    d. schedules;

    e. manuals;

    f. forms;

    g. instructional documents e.g. user guides, Safe Work Method Statements (SWMS) and Safe Work Procedures (SWPs); and

    h. checklists and fact sheets created by the WHS Unit or by Health and Safety Representatives (HSRs) or individual Designated Work Groups (DWGs).

Section 2 - Glossary

(4) For the purpose of this Procedure:

    a. Work Health and Safety (WHS) records – means completed copies of:

        i. forms;

        ii. checklists;

        iii. WHS reports;

        iv. risk assessments; and

        v. externally produced documentation such as:

            • external WHS audit reports;

- health surveillance/monitoring records; and
- workplace monitoring reports.

Section 3 - Policy

(5) Refer to the [Health, Safety and Wellbeing Policy](#).

Section 4 - Procedures

Part A - Responsibilities

Manager, Health Safety and Wellbeing

(6) The Manager, Health Safety and Wellbeing will:

a. review and approve Faculty/Division/Office WHS documents; and
b. restrict the access of any document listed as having privacy or confidentiality properties.

Work Health and Safety Systems and Compliance Officer

(7) In addition to the Work Health and Safety (WHS) Unit responsibilities, the Work Health and Safety Systems and Compliance Officer is responsible for:

a. developing documentation and record keeping requirements for the WHS management system and Faculty/Division/Office WHS documents.
b. non-conformance checks, as per Part B;
c. location of WHS documents, as per Part B; and
d. obsolete documents, as per Part B.

Work Health and Safety Unit

(8) The Work Health and Safety (WHS) Unit is responsible for the following requirements of Part B:

a. document design;
b. document properties;
c. WHS document creation for creation of University WHS documents, where the topic applies to the entire University;
d. consultation and communication;
e. document review;
f. documentation verification;
g. document retention;
h. disposal of documents; and
i. privacy and confidentiality of WHS records.

Health and Safety Representatives or Designated Work Groups

(9) Health and Safety Representatives (HSRs) or Designated Work Groups (DWGs) are responsible for the following requirements of Part B:

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a. document design;

b. document properties;

c. WHS document creation for creation of Faculty/Division/Office WHS documents, where necessary;

d. consultation and communication;

e. location of WHS documents;

f. document review;

g. non-conformance;

h. document retention;

i. obsolete documents;

j. disposal of documents; and

k. privacy and confidentiality of WHS Records.

Part B - Document Control

Document Design

(10) Create Work Health and Safety (WHS) documentation in the relevant University style guidelines/templates to ensure consistency with regards to style, format and document control properties. The only exceptions include:

a. evacuation and first aid posters;

b. safety posters; and

c. brochures.

Document Properties

(11) Ensure all WHS documentation has the following document properties:

a. document identifier or name, in the following format:

i. using the WHS management system numbering and naming (refer to Work Health & Safety Management System Manual or contact the Work Health and Safety Systems and Compliance Officer); and

ii. the Faculty/Division/Office name, where applicable, should be included immediately after the identifier number e.g. 3.1.1 Faculty of Science WHS Risk Management Procedure.

b. current version number, as per the following:

i. minor amendments, such as spelling, grammatical or inconsequential content changes will result in the decimal number increasing by one; or

ii. major amendments will result in the whole version number increasing by one.

c. current review authorisation date; and

d. next review date (within three years of authorised date).

(12) Document headers should be used and must include:

a. the University logo; and

b. document identifier or name.

(13) An example of the document properties footer which should be used:

| Work Health & Safety Management System | 3.1.1 WHS Risk Management Procedure | Version 1.0 | Authorised 2/08/2018 |
| | | | Review 2/08/2021 |

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Work Health and Safety Document Creation

University Work Health and Safety Documents

(14) Create, where necessary, Work Health and Safety (WHS) procedures, schedules, and guidelines.

(15) Follow the CSU Policy Library guides when developing and reviewing WHS procedures, schedules and guidelines.

Faculty/Division/Office Work Health and Safety Documents

(16) Create, where necessary, Faculty/Division/Office WHS documents (i.e. manuals, instructional documents, checklists, forms, brochures, posters and fact sheets).

(17) Consult with the WHS Unit when developing Faculty/Division/Office WHS documents to ensure that they are consistent with University WHS requirements. Where applicable, the Radiation Safety Committee, Biosafety Committee and Chemical Safety Committee must also be consulted.

(18) Forward Faculty/Division/Office draft WHS procedures, schedules and guidelines to the Manager, Health Safety and Wellbeing for review and approval.

Consultation and Communication

(19) Consult with relevant stakeholders when developing Work Health and Safety (WHS) documents.

(20) Document evidence of consultation e.g. meeting minutes, memorandums, emails, CSU Policy Library bulletin board, etc.

(21) Consider the means by which WHS document can be effectively communicated to people, prior to publishing the document.

Location of Work Health and Safety Documents

University Work Health and Safety Documents

(22) Liaise with the Office of Governance and Corporate Affairs so that WHS policies, procedures, schedules and guidelines are placed in the CSU Policy Library.

Faculty/Division/Office Work Health and Safety Documents

(23) Ensure Faculty/Division/Office WHS documents are located on Faculty/Division/Office websites.

Document Review

(24) Review all documents at a minimum of every three years or where there is a need due to changes in legislation or practices.

Documentation Verification

(25) Conduct regular audits to ensure compliance with document control requirements. These audits maintain the integrity of the WHS management system by ensuring current documents and records are suitable and appropriate to the needs of those using them; and in assisting the University achieve the objectives of the WHS Policy.

Non-conformance

(26) Review all existing WHS documents to determine that they conform to these procedures. Amend any non-conforming WHS documents to ensure compliance.

Document Retention

(27) Keep all versions of documents maintained in accordance with the [State Records Act 1998 No 17](#).

Obsolete Documents

(28) Remove obsolete WHS documentation from relevant web pages.

(29) Inform the WHS Unit of the obsolete document.

Disposal of Documents

(30) Dispose of documents following the prescribed methods in the University's [Records Management Policy](#) and in accordance with the [State Records Act 1998 No 17](#).

Work Health and Safety Document Control Register

(31) The CSU Policy Library acts as the WHS Document control register for all WHS policies, procedures, guidelines and associated documentation.

Privacy and Confidentiality of Work Health and Safety Records

(32) Observe and apply the University's [Privacy Management Plan](#) and all legal requirements related to data and information contained in WHS records.

(33) Identify records which require the collection of private or confidential information and store in a manner consistent with [Privacy and Personal Information Protection Act 1998 No 133](#) and in accordance with the [Health Records and Information Privacy Act 2002 No 71](#).

(34) Restrict the access of any document listed as having privacy or confidentiality properties to personnel with legitimate business needs. Requests for access to these documents are to be made in writing to the Manager, Health Safety and Wellbeing.

Section 5 - Guidelines

(35) Nil.

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