	<b>Angaston Agricultural Bureau WHS CORRECTIVE AND PREVENTATIVE ACTION PROCEDURE</b>	<b>Version No:</b> 1.0
		<b>Issued:</b> October 2017
		<b>Next Review:</b> October 2022

## 1. Overview

- 1.1. Angaston Agricultural Bureau (AAB) and its Subsidiary, Barossa Improved Grazing Group (BIGG) as part of its Administration Policy, recognises its obligation to identify and manage non-conformances to ensure measurable continuous improvement in WHS and comply with legislative obligations.
- 1.2. This procedure aims to:
  - 1.2.1. Provide minimum standards for identifying, assessing and eliminating, or minimising, risks associated with the hazards identified so as to prevent any recurrence of WHS risk to workers and others.
  - 1.2.2. Outline the process for identifying WHS non-conformances and documenting and implementing corrective and preventative actions to control them.
  - 1.2.3. Describe the activities that verify preventative and corrective actions to ensure effectiveness and close out.
  - 1.2.4. Describe the review processes that confirm system effectiveness.

## 2. Core components

- 2.1. The core components of our corrective and preventative action procedure aims to ensure our WHS management system has:
  - 2.1.1. Defined processes to identify corrective and preventative actions.
  - 2.1.2. A system for recording, tracking and communicating corrective and preventative actions.
  - 2.1.3. Assigned corrective and preventative actions to a person with defined close out dates.
  - 2.1.4. A process to verify the effectiveness of selected corrective and preventative actions.
  - 2.1.5. Requirements for reports to be provided to workgroups and management on the performance and effectiveness of the corrective or preventative action process.


## 3. Definitions

Refer to the Definitions list.

## 4. Procedure

### 4.1. Incident and Action Register

- 4.1.1. Management shall develop and maintain an Incident and Corrective Actions Register and ensure it is readily available to workers.
- 4.1.2. The register should record all identified WHS non-conformances and corrective and/or preventative actions required to be implemented and should identify, as a minimum:
  - a. The date the non-conformance was identified.
  - b. A description of the non-conformance.
  - c. Risk rating and priority for action.
  - d. The required corrective or preventative action.
  - e. Person responsible for implementing actions.
  - f. Required close out date.
  - g. Status, e.g. closed out or outstanding.
  - h. Residual risk ratings after controls have been implemented.

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- i. The method of verification of effectiveness, e.g. audit, inspection, testing etc.

#### 4.2. Identify, investigate and assess WHS non-conformances

4.2.1. WHS non-conformances should be identified through a number activities, such as:

- a. Consultation.
- b. Risk assessment.
- c. Hazard and incident reporting.
- d. Workplace inspections.
- e. Inspection and testing of plant and equipment.
- f. Assessment or monitoring of contractors and other stakeholder activities in the workplace.
- g. Internal or external WHS audits.
- h. WHS document review.
- i. Management review.

4.2.2. Once a non-conformance has been identified an investigation should be undertaken to identify its root cause and assess the level of risk.

- a. Managers should investigate non-conformances arising in their areas of responsibility in consultation with workers.
- b. Depending upon the nature and complexity of the non-conformance the investigation may require external expertise.
- c. The investigation should determine the likelihood of the non-conformance recurring, the potential consequence or harm and the level of risk using the risk rating table.
- d. Priorities for action should be set in accordance with the risk classification table.

#### 4.3. Identify corrective and preventative actions

4.3.1. Management shall:

- a. Determine if it is reasonably practicable to eliminate the potential for recurrence of the non-conformance.
- b. If not, select the corrective and preventative actions by applying the Hierarchy of Control in accordance with the *Hazard Management and Consultation Procedures*.
- c. Assign responsibility for implementing the required actions and communicate that information to the person(s) concerned.
- d. Set a timeframe by which actions are to be closed out. The timeframe should be determined with regard to the risk rating and what is reasonably practicable in the circumstances.
- e. Complete the relevant sections of the Incident and Actions Register.
- f. Communicate the corrective or preventative actions to workers.


#### 4.4. Monitor and review actions for effectiveness

4.4.1. Management shall formally monitor the implementation and effectiveness of corrective or preventative actions. Meeting minutes will record progress of items and actions being implemented.

4.4.2. If any new hazards or risks are identified during the monitoring or evaluation process the manager will recommence the risk assessment process in accordance with *Hazard Management Procedure*.

4.4.3. Control measures should be assessed for effectiveness by a method appropriate to the non-conformance. This may include, but not be limited to:

- a. Consultation with workers.
- b. Testing or inspection of plant or equipment.

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- c. Review of any controls during workplace inspections.
- d. Undertaking an audit or re-audit.
- e. Monitoring hazard and incident statistics and trends.

4.4.4. When actions have been implemented and deemed effective management shall check that the item is identified as closed out on the Incident and Actions Register.

4.4.5. The AAB and BIGG Committee should regularly review the list of outstanding items on the Incident and Actions Register and direct action and enforce close out of items when required. Meeting minutes should record outcomes of discussions and actions undertaken.

4.4.6. The Incident and Actions Register shall be subject to possible Audit or review.

#### 4.5. Monitoring and Evaluation

4.5.1. All workers shall be informed about the control measures or corrective actions implemented to control non-conformances, retain records and ensure that any new hazards that may have been introduced by the selected control methods are identified by:

- a. Monitoring and evaluating controls for effectiveness.
- b. Recommencing the risk assessment process if new hazards are identified.
- c. Closing out Incident and Actions Register items within set time frames.

4.5.2. Workers should:

- a. Review information relating to the corrective action process and direct action when required. Meeting minutes should record outcomes of discussions and actions undertaken.
- b. Review the Incident and Actions Register and other relevant documents.
- c. Include the corrective action procedure as part of an ongoing review process.

### 5. Training

5.1. Workers will have the Corrective and Preventative Action procedure explained to them during the induction process.

5.2. AAB and BIGG workers should be trained in the requirements of this procedure.

### 6. Records


6.1. The following records should be maintained:

- 6.1.1. Records relating to the Consultation Process.
- 6.1.2. Hazard reports.
- 6.1.3. Inspections.
- 6.1.4. Incident investigations.
- 6.1.5. Risk assessments.
- 6.1.6. Incident and Actions Register
- 6.1.7. Procedures and Safe Work Instructions (SWIs).
- 6.1.8. Training records.

### 7. Responsibilities

7.1. AAB & BIGG Committees are accountable for the actions listed above, and:

- 7.1.1. Recommending budgetary expenditure necessary to support this procedure.

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7.1.2. Providing workers with any necessary information, instruction, training and supervision to enable the application of this procedure.

7.2. Workers are accountable for the actions listed above, and:

7.2.1. Reporting all non-conformances, including incidents, to their manager as soon as they are identified.

7.2.2. Participating in any investigation, as required, and in any associated consultation processes.

7.2.3. Complying with any agreed corrective and preventative actions.

## 8. Review

8.1. This procedure should be reviewed by AAB Committee in consultation with workers every 5 years, or earlier if one or more of the following necessitates change:

8.1.1. Legislative compliance issues.

8.1.2. Internal or external audit findings.

8.1.3. Incident and hazard reports related to electrical safety, claims costs and trends.

8.1.4. Feedback from managers, workers, contractors or other stakeholders.

8.1.5. Other relevant information.

8.2. Results of reviews may result in preventative and/or corrective actions being implemented and revision of this document.

SIGNED: .....

AAB President

.....

BIGG Chair

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## 9. References

South Australia Work Health and Safety Act 2012

South Australia Work Health and Safety Regulations 2012

South Australia Return to Work Act 2014

## 10. Related documents

Definitions List

Incident Reporting and Investigation Procedure

Hazard Management Procedure

Consultation and Communication Procedure

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	1.0	15/10/2017	New Document



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