



Australian Government

Comcare

LICENSEE IMPROVEMENT PROGRAM

NATIONAL AUDIT TOOL (CTH) AUDIT REPORT

Australian National University
• John Curtin School of Medical Research • Research School of Biology • Research School of Earth Sciences • Campus Environment • Residential Experiences Division • Research School of Physics
3-7 November 2025

Commercial-in-Confidence

TABLE OF CONTENTS

SCOPE OF AUDIT	2
EXECUTIVE SUMMARY	8
ELEMENT 3: IMPLEMENTATION	15
ELEMENT 4: MEASUREMENT AND EVALUATION	76
ELEMENT 5: MANAGEMENT REVIEW	89
APPENDIX 1: SITE SPECIFIC FINDINGS	90

Version	6
Release Date	September 2014
Release Status	Endorsed for use
Prepared by	Comcare
Confidentiality Category	Unrestricted

SCOPE OF AUDIT

Licensee:	Australian National University
-----------	--------------------------------

Scope of audit:	This audit assessed the effectiveness of the Australian National University health and safety policy, health and safety procedures, and its health and safety management systems. It verifies that management systems are in place and evaluates the implementation and effectiveness of those systems. The audit consists of examining documentation and records to verify that systems exist and are working. There are also circumstances where observations and discussions with relevant personnel at the Australian National University health and safety policy, health and safety procedures, and its health and are an appropriate means for verifying conformance. At the conclusion of the audit, this report is prepared identifying positive aspects of the Australian National University health and safety policy, health and safety procedures, and its health and health and safety management systems, and any deficiencies against the audit criteria.
Audit criteria:	This tool comprises 94 criteria combined into three elements as listed below: Element 3. Implementation (79 Criteria) Element 4. Measurement and evaluation (13 Criteria) Element 5. Management review (2 Criteria)
Ratings	The findings in the audit report have been classified and marked as follows: > Conformance: indicates that the criterion has been met. > Non-conformance: indicates that the criterion has not been met. > Not able to be verified: indicates that the PCBU has documented procedures in place but there have been no cases to test that the PCBU has followed those procedures. It is expected that this classification will only be used in limited circumstances and where applied, the reasons for the finding will be explained by the auditor. > Not applicable: indicates that the criterion does not apply to the licensee. Where a criterion has been met but the auditor has identified a 'once off' situation or a 'minor' deviation from the documented management system or reference criterion, an 'observation' may be made. These findings, while representing a non-fulfilment of a requirement, are recognised as being of lower risk to the licensee. However, corrective action to address the identified deficiency is required. An 'observation' can be made against a criterion which has been rated as either Conformance or Non-conformance.
Dates and locations of audit:	• John Curtin School of Medical Research – 3 November 2025 • Research School of Biology – 4 November 2025 • Research School of Earth Sciences – 5 November 2025 • Campus Environment – 6 November 2025 • Residential Experiences Division – 6 November 2025 • Research School of Physics – 7 November 2025

Auditor(s)	Dr Michael Barbour PhD
	Principal Consultant – Operational Risk BRM Risk Management Pty Ltd Exemplar Global WHS Lead Auditor ISO 45001 Certificate number C-359957
Primary licensee contact(s):	Mr. Simon Merten Acting Manager, Safety Systems and Audit People Safety & Wellbeing The Australian National University Acton, Canberra ACT 2601
Record of audit:	This report contains a summary of the audit outcomes. A detailed record of the documentation and records sighted, issues observed and auditor comments are retained on the auditor's file.
Acknowledgment:	The auditor(s) wish to acknowledge the cooperation and assistance provided by the management and staff of the Australian National University and thank them for their contribution to the audit process.
Conflict of interest:	The auditor declares that there is no conflict of interest between them and the licensee being audited, nor those people representing the auditee.

LIST OF PERSONS INTERVIEWED

Name	Position
People and Culture Division	
Simon Merten	Acting Manager, Safety Systems and Auditing
Asmita Adhikari	Safety and Wellbeing Team
John Curtin Research School of Medicine	
Ian Cockburn	Acting Director
Holly Burke	WHS Manager
Soumi Bala	School Manager

Erryn Mclatchie	Animal Technician, Health and Safety Representative (HS), Fire Warden (FW)
Daniel Facchin	Lab Support, First aider (FA)
Jason Price	Lab Manager, FW
Denis Coombes	Facility Manager, Chief FW
Harpreet Vohra	CHASM Facility Manager
David Tscharke	Group Leader
Carolina Correa Ospina	Technologies Specialist
Research School of Biology	
Craig Moritz	Director
Shane O'Connor	School Manager
Tim Butler	WHS Consultant
Paul Helliwell	WHS Technician
Ben Parker-Brown	Purchasing and Stores
Niccy Aitken	Senior Technical Officer, HSR, FW
Sharon Wragg	Research IT Support Manager, FA, FW
Scott Keogh	Professor Evolution Biology
Daniel Noble	Associate Professor Evolution Ecology
Matt Sutton	Operations Manager
Research School of Earth Sciences	
Geoff Pearson	School Manager
Sofia Cepeda Rojas	WHS Consultant

Adam Norman	Administration Manager
Yve Wang	SHRIMP Lab Manager
Jiade Wu	SHRIMP Technical Officer
Yang Wu	ICP-MS Lab Manager
Brett Knowles	Worker J7, HSR, FA. FW
Hayden Miller	Engineering Workshop, Chief FW J107, FA
Pengxiang	Researcher Black Mountain, FW, FA, Mental Health FA
Callum Shakesphere	Supervisor
Campus Environment	
Jeremy Matthew	Chief Campus Environment Officer
Lisa Huntley	WHS Manager
Aanchal Meshram	Associate Director Capital Works
Keith Hickson	Associate Director Procurement and Contracts Engineering
Zia Abdullah	UNISAFE Operations Manager
Brett Morrison	Hazardous Materials Security Officer, FA
Zac Spencer	Leading Hand Carpenter, HSR, FA
Residential Experiences Division	
Felicity Gouldthorp	Director
Sarah O'Calloghan	Head of Halls - Ursula
Sophie Taylor	WHS Officer
Research School of Physics	

Vince Craig	Acting Director
James Irwin	School Manager
Rick Walsh	WHS Manager, FW
Huma Latif	WHS Consultant
Dige Wang	Education Technical Officer
Shankkar Dutt	Research Fellow
Sam Legge	Research Fellow, FW
Ilya Shadrivou	Professor, HSR, FA

EXECUTIVE SUMMARY

The auditor found the University conformed with 94 of the 94 criteria, noting the auditor found 13 instances of criteria rated as conformance with observation; 17 recommendations were made. There were no non-conformances identified during the audit.

The auditor identified many strengths in the approach taken by the University to manage work health and safety (WHS) matters in respect to the 94 criteria. The strengths included the following:

- The University has established and implemented a comprehensive, systematic, and mature WHS management system (WHSMS) that supports conformance with audit criteria.
- The WHSMS includes policies, procedures, and tools such as risk assessment templates, workplace hazard inspection checklists and permit to work templates, all readily accessible to managers and workers.
- Management maintains a strong focus on the health and safety of employees, contractors, visitors, and the public, demonstrating active implementation of the WHSMS.
- The University communicates with and consults the workforce on relevant WHS matters. Employees interviewed confirmed their participation in consultations and WHS activities, including developing risk assessments and safe work procedures, and conducting site inspections.
- The University provides appropriate training and educational materials to managers and employees, equipping them to understand and follow safe work practices.
- Hazards associated with University activities are identified, assessed, and managed through risk control measures. For psychosocial hazards, several initiatives have been introduced, and the auditor noted ongoing management focus and activities in this area.
- Suitable first aid and emergency management arrangements are in place.
- Across the operational sites visited, workplaces appeared neat and well-organised, reflecting the strong safety focus of both University management and staff.

The auditor made 17 recommendations to address the observations made against 13 criteria to assist to improve some aspects of the WHS management approach. These were discussed with the University’s management representatives during the audit. The observations and recommendations are described in the report.

OBSERVATIONS

A number of observations were identified during the audit. They are:

Criterion	Observations
3.3.4	Workers are trained and their understanding verified. Research School of Earth Sciences (RSES) Finding: The auditor was advised that RSES keeps a training register for staff. However, the auditor found several cases where the register did not show that staff had completed the required Tier 2 training.

Criterion	Observations
	Recommendation: Ensure that the RSES has ready access to accurate information that records the health and safety training provided to RSES staff.
3.3.5	Induction program Campus Environment (CE) Finding: The auditor found several instances of records of Tier 2 induction that were incomplete, for example, lacking a 'sign off' by the 'Inductor'. Recommendation: Ensure records of Tier 2 induction are completed fully showing, for example, that the 'Inductor' has suitable 'signed off' the record.
3.9.2	Hazard identification, risk assessment and control. Research School of Biology (RSB) Finding: The auditor observed that the RSB WHS Hazard Register 2025 groups hazards related to chemicals and assigns risk ratings and controls to these groups. During discussions with management representatives about this grouping approach, the auditor noted that certain chemicals may not be suitable for grouping because their hazards differ significantly from others in the same group. For example, phenol presents unique risks that may require separate consideration. Recommendation: Review the RSB's approach to documenting the hazards and risk control measures associated with the hazardous chemicals used by the RSB to ensure that the hazards and risk control measures areas are suitably documented for the chemicals.
3.9.2	Hazard identification, risk assessment and control – psychosocial hazards. Research School of Physics (RSPHys) Finding: The auditor found that the RSPHys had not established a risk assessment of psychosocial hazards as required by the ANU procedure Chapter 3.15 Psychosocial Risk Management paragraph 47 'conduct a risk assessment'. Recommendation: Establish a risk assessment relating to psychosocial hazards that aligns with the requirements of the ANU procedure Chapter 3.15 Psychosocial Risk Management.
3.9.3	Hazard identification, risk assessment and control is undertaken by competent persons. RSB Finding: The auditor found that RSB did not have accessible records to show that the

Criterion	Observations
	individuals who completed risk assessments RSB1020 and RSB0116 had undertaken ANU WHS risk management training, which is necessary to confirm their competence in conducting the assessments. Recommendation: Ensure workers who undertake risk assessments are competent in the use of the ANU's risk assessment methodology.
3.10.5	Health and safety requirements determined prior to the purchase of goods and services. RSB Finding: The auditor found that the request to purchase the Conviron Plant Growth Chamber, dated 19 November 2024, did not include a risk assessment for the Chamber, as required by the PRAMS process. Recommendation: Remind relevant RSB staff that a documented risk assessment must be included when requesting to purchase any item of plant.
3.10.12	Access to chemical information. John Curtin School of Medical Research (JCSMR) Finding: During interviews with workers, the auditor found there was little understanding of how to use and access information in Chemwatch. Recommendation: Remind workers about how to access health and safety information about hazardous chemicals using Chemwatch.
3.10.12	Access to chemical information. Research School of Earth Science (RSES) Finding: During interviews with management representatives, the auditor found several instances of Safety Data Sheets (SDSs) located in the RSES Chemwatch module that were older than five years, indicating that the SDSs were outdated. Action was taken to obtain current SDSs from the Chemwatch provider. Recommendation: Set up practical ways to help Chemwatch users easily access current SDSs and reduce the number of outdated ones.
3.10.13	Storage of hazardous chemicals CE-Workshops Finding: During a viewing of three CE workshops, the auditor found that some hazardous chemicals such as solvents, paints and lubricants were stored in suitable storage cabinets but also found several instances of similar chemical

Criterion	Observations
	substances located in storage rooms and on benches. Recommendation: Ensure all hazardous chemical substances located in the CE Workshops are stored in suitable cabinets when the substances are not in use.
3.10.16	Maintenance of electrical equipment CE Workshops Finding: The auditor found several examples of 415V electrical cables connected to wall sockets where the testing was overdue. Additionally, in the mechanical workshop, the auditor found that the thermal imaging testing of the electrical cabinets was overdue. Recommendation: Ensure relevant items of electrical equipment located in the workshops, including 415V electrical cables connected to wall sockets and the electrical cabinets are suitably tested and tagged by a competent person.
3.10.21	Safe handling, transport and storage of materials CE – Workshops Finding: During a viewing of three CE workshops, the auditor found numerous examples of rooms and workspaces where materials such as tools, electrical cables, stock, containers of paint and lubricants were stored on floors and tables. Additionally, the auditor was informed that several items of plant, such as the 'sand blasting' machine located in the mechanical workshop, were no longer used and possibly were surplus to requirements. Recommendation: Ensure that plant and equipment located in the CE workshops are stored in a safe manner and, where relevant, dispose of surplus items.
3.11.1	Emergency arrangements JCSMR Finding: During interviews with workers, the auditor found there were differences in understanding about actions to take when an audible emergency alarm was sounded; some workers mentioned they would evacuate the building on the first alarm and others said they would await a second alarm before evacuating. Recommendation: Remind workers about the actions they should take when they hear an audible emergency alarm.
3.11.1	Emergency arrangements RSB Finding: During interviews with workers, the auditor found there were differences in

Criterion	Observations
	understanding about actions to take when an audible emergency alarm was sounded; some workers mentioned they would evacuate the building on the first alarm and other said they would await a second alarm before evacuating. Recommendation: Remind RSB workers and visitors to RSB about the actions they must take when they hear an audible emergency alarm.
3.11.4	Assess the suitability, location and accessibility of emergency equipment. CE Finding: No information was available for review during the audit to demonstrate that the suitability, location and accessibility of emergency equipment is periodically assessed. Recommendation: Ensure that information is readily available for review by an auditor to demonstrate that competent persons have periodically assessed the suitability, location and accessibility of emergency equipment.
3.11.7	First aid requirement and first aid program. RSES Finding: During a site viewing, the auditor found an instance where the saline ampoules located in a first aid kit were outdated. Recommendation: Ensure the contents of first aid kits, such as saline ampoules, are within their expiry date.
3.11.7	First aid requirement and first aid program. RSPHys Finding: During a site viewing, the auditor found an instance where the saline ampoules located in a first aid kit were outdated. Recommendation: Ensure the contents of first aid kits, such as saline ampoules, are within their expiry date.

4.2.1	Health surveillance results. RSPHys Finding: The auditor was advised that the RSPHys conducts radiation exposure monitoring using personal 'radiation dosimetry badges'. The auditor found that the relevant RSPHys managers are not provided with the results of this monitoring to assist them to determine whether the workers were exposed to levels of radiation that exceeded or approached exposure limits. The auditor considers that these managers should be provided with the results while maintaining the confidentiality of the records. Recommendation: Share the results of radiation exposure monitoring for RSPHys workers with the appropriate managers, while ensuring that individual personal records remain confidential.
-------	--

In summary, for the 94 criteria within the NAT, the outcomes are:

	Number of criteria	% of assessed criteria achieved/not achieved
Conformance	81	100%
Observations	13	
Non-conformance	0	0%
Not able to be verified	0	
Not applicable	0	

An action plan, which includes completion or review dates and responsibilities, must be developed by the Australian National University to address each of the Observations identified in this report.

The Australian National University is invited to discuss any aspect of this audit report with the auditor.

Signed:	
Auditor name:	Dr Michael Barbour PhD
Date:	18 November 2025

ELEMENT 3: IMPLEMENTATION

3.1 STRUCTURE AND RESPONSIBILITY—RESOURCES

- 3.1.1 Financial and physical resources have been identified, allocated and are periodically reviewed, to enable the effective implementation of the PCBU's health and safety management system.**

Finding:	Conformance
----------	-------------

Evidence:	People and Culture Division (P&CD) Interviews
Comment:	The auditor was informed that the University has established, implements and reviews a fund for resourcing relevant health and safety activities including the salary of WHS staff, the provision of first aid arrangements, health and safety representative training. Additionally, the auditor found that the University provides resources for specific health and safety activities such the display of safety signage through the campuses, provision of suitable personal protective equipment, provision of fire prevention and suppression equipment and the provision of health and safety-related training as part of the University's approach to ensuring staff are competent to perform their tasks safety. The auditor did not request to see details of this funding but found that, on the basis of evidence sighted during this audit in respect of the audit criteria, the University provides suitable financial and physical health and safety-related resources.

- 3.1.2 There are sufficient qualified and competent workers to implement the PCBU's health and safety management system as identified through documented review.**

Finding:	Conformance
----------	-------------

Evidence:	P&CD Safety and Wellbeing Team comprising several professional staff.
-----------	--

	John Curtin School of Medical Research (JCSMR) - WHS Manager and WHS Advisor, plus access to the ANU Safety and Wellbeing (S&W) Team. Research School of Biology (RSB) - WHS Consultant and WHS Technician, plus access to the ANU Research School of Earth Sciences (RSES) - WHS Consultant and access to the ANU S&W Team. Research School of Physics (RSPHys) - WHS Manager and access to the ANU S&W Team. Campus Environment (CE) - WHS Manager and access to the ANU S&W Team. Residential Experiences Division (RED) - WHS Consultant and access to the ANU S&W Team.
Comment:	The auditor found that the ANU provides sufficient qualified and competent workers to assist the University to implement the ANU's work health and safety management system.

3.2 STRUCTURE AND RESPONSIBILITY— RESPONSIBILITY AND ACCOUNTABILITY

3.2.1 Senior management understands the PCBU's legal obligations for health and safety and can demonstrate how they fulfil them.

Finding:	Conformance
----------	-------------

Evidence:	JCSMR - Interview with the Interim Director RSB - Interview with the Director RSES - Interview with the School Manager RSPHys - Interview with the Interim Director CE
-----------	--

	• Interview with the CCEO RED • Interview with the CREO.
Comment:	Through interviews, the abovementioned senior managers demonstrated they understood legal obligations and how to fulfil them.

3.2.2 A member of senior management or the board of directors has been allocated overall responsibility for the health and safety management system and reports to that group on its performance.

Finding:	Conformance
----------	-------------

Evidence:	P&CD • Interview
Comment:	Through interviews with members of the S&W Team, the auditor was advised that the Deputy Chief People Officer, Safety and Wellbeing has overall responsibility for the health and safety management system and reports to the Chief People Officer on its performance.

3.2.3 The specific health and safety responsibilities (including legislative obligations), authority to act and reporting relationships in the PCBU have been defined, documented and communicated.

Finding:	Conformance
----------	-------------

Evidence:	JCSMR • Examples of training records of senior management representatives, accessed by the WHS Manager: ○ School Manager ▪ WHS Due Diligence, dated October 2025, record in Pulse. ○ Director ▪ WHS Due Diligence, dated November 2024, record in Insight Training Report. ○ A Department Head, J.V. ▪ WHS Due Diligence, dated October 2024, record in
-----------	---

	Insight Training Report. ▪ WHS Management Systems for Managers and Supervisors, November 2021, record in Insight Training Report. • Excerpt of the Position Description of the Director, accessed by the WHS Manager. RSB • Training records of the following, accessed by the WHS Consultant: ○ Director: ▪ WHS Due Diligence, April 2021 ▪ WHS Management Systems for Managers and Supervisors, June 2023 ▪ WHS Committee Training, October 2025. ○ A Group Leader (a management position): ▪ WHS Due Diligence, July 2020 ▪ WHS Management Systems for Managers and Supervisors, July 2022.
Comment:	The auditor found that the University defines, documents and communicates health and responsibilities in several ways such as through position descriptions and training of managers and staff.

3.2.4 Where contractors (workers) are utilised in the PCBU, the health and safety responsibilities and accountabilities of the PCBU and the contractor(s) have been clearly defined, allocated and communicated within the PCBU and to the contractor(s) and their workers.

Finding:	Conformance
----------	-------------

Evidence:	P&CD • WHS Management System Handbook, access provided by the Acting Manager, Safety Systems and Auditing ○ Chapter 3.6 Contractor Safety Management RSB • Solve Scientific Pty Ltd, Mr P.S. Induction Card ID #6840, expiry date 27 April 2026 RED • Extract of contract with UniLodge Pty Ltd, chapter 4.22 WHS &
-----------	--

	Safety; defines health and safety responsibilities of the contractor in providing property services.
Comment:	The auditor found that the organisation defines the health and safety responsibility of the ANU and contractors in the abovementioned Chapter 3.6 of the WHS Management System Handbook. Additionally, the organisation defines the responsibilities of contractors through the contract with contractors and the induction of contractor workers.

3.2.5 Workers are held accountable for health and safety performance in accordance with their defined responsibilities.

Finding:	Conformance
----------	-------------

Evidence:	JCSMR - Interviews about formal performance review process and normal day-to-day supervisory practices. RSES - Interviews about the FOCUS performance review process and normal day-to-day supervisory practices. RSB - Interview about the use of the local WHS committee and normal day-to-day supervisory practices.
Comment:	The auditor was advised that the sites that were interviewed use a variety of methods to hold workers, including managers, accountable for health and safety performance. These included using formal performance review processes and normal day-to-day supervisory practices. These approaches appeared suitable.

3.3 STRUCTURE AND RESPONSIBILITY— TRAINING AND COMPETENCY

3.3.1 The PCBU has a procedure for identifying and defining the health and safety training needs of workers.

Finding:	Conformance
Evidence:	P&CD - WHS Management System Handbook, access provided by the Acting Manager, Safety Systems and Auditing. - Chapter 3.2 WHS Induction, Training and Supervision - Chapter 3.3 WHS Local Training Plan JCSMR - WHS Local Training Plan, developed Q1 2025; accessed by the WHS Manager. RSB - Training Matrix, version 15, located in the Schools WHS folder. RSPHys - HR Area Training Matrix and WHS Training Plan, located on the School's SharePoint.
Comment:	The abovementioned Chapters of the WHS Management System Handbook describe the ANU's procedure for identifying and defining the health and safety training needs of workers. This approach appeared to be comprehensive and suitable. The auditor found that the sites that were visited implemented a comprehensive approach such as local training plans and training matrices to identifying and defining the health and safety training needs of workers in line with the procedures.

3.3.2 The PCBU consults with workers to identify their training needs in relation to performing their work activities safely.

Finding:	Conformance
Evidence:	JCSMR Interviews with employees.

	RSB • Interviews with employees. RSES • Interviews with employees. RSPHys • Interviews with employees.
Comment:	During interviews, the employees confirmed that their managers consult with them to identify their health and safety training needs, for example, during a worker's induction.

3.3.3 A documented training plan(s) based on training needs shall be developed and implemented.

Finding:	Conformance
----------	-------------

Evidence:	P&CD • WHS Management System Handbook, access provided by the Acting Manager, Safety Systems and Auditing. ◦ Chapter 3.2 WHS Induction, Training and Supervision ◦ Chapter 3.3 WHS Local Training Plan JCSMR • WHS Local Training Plan, developed Q1 2025; accessed by the WHS Manager. RSB • Training Matrix, version 15, located in the Schools WHS folder. RESE • WHS Local Training Plan, accessed by the WHS Consultant RSPHys • HR Area Training Matrix and WHS Training Plan, located on the School's SharePoint.
Comment:	The auditor found that the sites that were visited implemented a comprehensive approach including using local training plans and training matrices to identify and define the health and safety training needs of workers in line with the procedures. The auditor found that the sites that were visited provided training relating

	to the activities of workers that integrated the health and safety-related training relevant to the activities.
--	---

3.3.4 The PCBU trains workers (as appropriate) to perform their work safely and verifies their understanding of that training.

Finding:	Conformance with observation
----------	------------------------------

Evidence:	P&CD - WHS Management System Handbook, access provided by the Acting Manager, Safety Systems and Auditing. - Chapter 3.2 WHS Induction, Training and Supervision. JCSMR - Training records of workers, accessed by the WHS Manager. - Worker S.S. Purchasing Officer – WHS Induction, dated 27 July 2023; WHS Risk Management, dated 27 July 2023 - Worker D.F. Lab Support Team – Manual Task Risk Assessment, dated 3 March 2024; Chemical Safety, dated 4 March 2024 - Worker S.P. Lab Technician – Chemical Safety, dated 4 July 2021; Non-ionising Safety – UV, dated 23 March 2025. - Completed record of worker A.P. dated 16 June 2025 - JCSMR Hazard Risk Assessment WHS Induction Template (Tier 3 Induction) Liquid Nitrogen Rooms, Proficiency Record of Activity, accessed by the WHS Manager. RSB - Several training records, accessed by the WHS Consultant. - Worker A.P. Tier 2, dated 24 November 2024 - Worker A.A. Tier 3, 9 May 2025. RSES - Several training records, accessed by the WHS Consultant and the SHRIMP Facility Manager: - Worker Y.W. Tier 3, SHRIMP Facility, dated 7 February 2025 - Worker J.W. Tier 3, SHRIMP Facility, dated 7 February 2025. RSPHys - Several training records, located in SharePoint, accessed by the WHS Manager:
-----------	--

	○ Worker ID 4139008 ○ Worker ID 4734923.
Comment:	The auditor found that abovementioned Chapter 3.2 describes a process to train workers (grouped into three Tiers (University WHS Induction (Tier 1); School/Service Divisional WHS Induction (Tier 2); High Risk Area WHS Induction (Tier 3)) and verify their understanding of the training. The auditor sighted several records of relevant training provided to workers. At JCSMR and RSES, the auditor sighted examples of a 'proficiency assessment' of workers following training about high risk activities. Additionally, supervisors who were interviewed described that they verify their worker's understanding of their training as part of normal day-to-day supervisory activities. During interviews, employees confirmed their proficiency was assessed formally as needed and they were aware that their supervisors monitored them carrying out their activities. RSES Finding: The auditor was advised that RSES keeps a training register for staff. However, the auditor found several cases where the register did not show that staff had completed the required Tier 2 training.
Observation:	RSES Ensure that the RSES has ready access to accurate information that records the health and safety training provided to RSES staff.

3.3.5 The PCBU has an induction program for all workers including management which is based on their likely risk exposure and provides relevant instruction in the PCBU's health and safety policy and health and safety procedures.

Finding:	Conformance with observation
----------	------------------------------

Evidence:	P&CD - WHS Management System Handbook, access provided by the Acting Manager, Safety Systems and Audit - Chapter 3.2 WHS Induction, training and Supervision JCSMR - Records of the induction of worker S.B, accessed by the WHS Manager: - Tier 1 and Tier 2, dated 12 March 2025 induction - Tier 3, dated 19 March 2025. RSB - Several induction records, accessed by the WHS Consultant. - Worker A.P. Tier 2, dated 24 November 2024 - Worker A.A. Tier 3, 9 May 2025. RSPHys - Several induction records, located in SharePoint, accessed by the WHS Manager: - Worker ID 4139008 - Worker ID 4734923. CE - Several Tier 3 and Tier 3 induction records of workers, some records of which were incomplete, lacking a 'sign off' by the 'Inductor' the person conducting the induction: - Tier 2, R.S. dated 3 March 2025; record complete - Tier 2, Employee K.O'S. dated 25 August 2025, no 'Inductor' sign off. - Tier 2, Employee L.Z, dated 2 September 2025, no 'Inductor' sign off. - Tier 3, Contractor B.J. electrician, dated 23 June 2022, incomplete record
-----------	---

Comment:	The auditor found that the Chapter 3.2 WHS Induction, training and supervision outlined the ANU's process for induction comprising three Tiers: • Tier 1 – University WHS Induction • Tier 2 – School/Service Divisional WHS Induction • Tier 3 – High Risk Areas WHS induction involving proficiency testing. Additionally, the auditor found that the sites that were visited implemented an induction program that, among other things, included Tier 3 induction that addressed the high risk activities in these sites. Induction program CE Finding: The auditor found several instances of records of Tier 2 and Tier 3 inductions that were incomplete, for example, lacking a 'sign off' by the 'Inductor'.
Observation	CE Ensure records of Tier 2 and Tier 3 inductions are completed fully showing, for example, that the 'Inductor' has suitable 'signed off' the record.

3.3.6 Training and assessment is delivered by competent persons with appropriate knowledge, skills and experience.

Finding:	Conformance
----------	-------------

Evidence:	RSES • Interviews with management representatives. RSPHys • Interviews with management representatives.
Comment:	During interviews with management representatives about the training and assessment provided in respect of Tier 2 and Tier 3 induction and training, the auditor was advised that the training and assessment are delivered by staff members who are either responsible for the relevant activity or are a subject matter expert about the topic of the training. This approach appears to be suitable.

3.3.7 The specific requirements of tasks are identified and applied to the recruitment and placement of workers, and tasks are allocated according to the capability and level of training.

Finding:	Conformance
----------	-------------

Evidence:	P&CD - WHS Management System Handbook, access provided by the Acting Manager, Safety Systems and Auditing. - Chapter 3.2 WHS Induction, Training and Supervision - Chapter 3.3 WHS Local Training Plan JCSMR - WHS Local Training Plan, developed Q1 2025; accessed by the WHS Manager. RSB - Training Matrix, version 15, located in the School's WHS folder. RESE - WHS Local Training Plan, accessed by the WHS Consultant RSPHys - HR Area Training Matrix and WHS Training Plan, located on the School's SharePoint.
Comment:	As commented at elements 3.3.1 and 3.3.4, the auditor found that the sites that were visited implemented a comprehensive approach to identifying and defining the health and safety training needs of workers and provided appropriate training to enable them to work safely. This enabled the sites to allocate tasks according to the capability of the worker and the level of training.

3.3.8 Management has received training in health and safety management principles and practices appropriate to their role and responsibilities, and the relevant health and safety legislation.

Finding:	Conformance
----------	-------------

Evidence:	JCSMR - Training records of the following, accessed by the WHS Manager: - School Manager, WHS Due Diligence, October 2025 - Interim Director, WHS Due Diligence, November 2024 - A Department Head, WHS Due Diligence, October 2024; WHS Management Systems for Managers and Supervisors,
-----------	--

	November 2021. RSB • Training records of the following, accessed by the WHS Consultant: ◦ Director: ▪ WHS Due Diligence, April 2021 ▪ WHS Management Systems for Managers and Supervisors, June 2023 ▪ WHS Committee Training, October 2025. ◦ A Group Leader (a management position): ▪ WHS Due Diligence, July 2020 ▪ WHS Management Systems for Managers and Supervisors, July 2022.
Comment:	The auditor found that senior managers received training in relevant health and safety management principles and practices appropriate to their role and responsibilities, and the relevant health and safety legislation.

3.3.9 Those representing the PCBU and the worker(s) on health and safety matters, including representatives on consultative committee(s), receive appropriate training to enable them to undertake their duties effectively.

Finding:	Conformance
----------	-------------

Evidence:	P&CD • WHS Management System Handbook, access provided by the Acting Manager, Safety Systems and Audit ◦ Chapter 3.20 WHS Committees and Representatives RSB • Training record of the following, accessed by the WHS Consultant: ◦ Director: ▪ WHS Committee Member Training, October 2025. ◦ Health and Safety Representative N.A. ▪ WHS Committee Member Training, April 2023 RSPHys • Employee interviews
-----------	---

Comment:	The auditor found that the University provides training to WHS Committee Members to enable them to undertake their representative duties effectively. Additionally, during interviews with a Health and Safety Representative (HSR), the HSR advised that they had undertaken the Comcare HSR 'five day' training course; the auditor did not request to view a record of this training. Also, during interviews with several HSRs, the auditor was informed that they had not requested to undertake the Comcare HSR training.
----------	--

3.3.10 Refresher training (as identified by the training needs) is provided to all workers to enable them to perform their tasks safely.

Finding:	Conformance
----------	-------------

Evidence:	P&CD - WHS Management System Handbook, access provided by the Acting Manager, Safety Systems and Auditing. - Chapter 3.3 WHS Local Training Plan JCSMR - WHS Local Training Plan, developed Q1 2025; accessed by the WHS Manager. RSB - Training Matrix, version 15, located in the Schools WHS folder. RESE - WHS Local Training Plan, accessed by the WHS Consultant RSPHys - HR Area Training Matrix and WHS Training Plan, located on the School's SharePoint.
Comment:	The auditor found that the abovementioned Chapter 3 WHS Local Training Plan described the University's approach to make sure that local WHS training plans described approaches to providing refresher training as needed. The auditor found that the referenced training plans provided for refresher training, as needed, and that associated training records are maintained in the Pulse (online training management system).

3.3.11 The training program is reviewed on a regular basis and when there are changes in the workplace that impact on the health and safety of workers, to ensure that the skills and competencies of workers remain relevant.

Finding:	Conformance
----------	-------------

Evidence:	P&CD - WHS Management System Handbook, access provided by the Acting Manager, Safety Systems and Auditing. - Chapter 3.3 WHS Local Training Plan - Email correspondence to 6 November 2025 relating to the review of training related to 'X Ray Radiation Machines', accessed by the Acting Manager, Safety Systems and Auditing.
Comment:	The abovementioned Chapter 3.3 described the University's approach to ensuring the local WHS training plan is reviewed annually (objective 3.3.1.1 f) by Directors of the local area. The auditor sighted an example of current management activities to review a training program relating to 'X Ray Radiation Machines'. While this review is yet to be completed, the auditor found that the review process was undertaken by suitably competent staff and appeared to be comprehensive.

3.4 CONSULTATION, COMMUNICATION AND REPORTING—CONSULTATION

3.4.1 There are procedures agreed to by workers outlining worker involvement and consultation in:

- a) health and safety matters
- b) health and safety issues
- c) any proposed changes to the work environment, processes, practices or purchasing decisions that impact on their health and safety.

Finding:	Conformance
----------	-------------

Evidence:	P&CD - WHS Management System Handbook, access provided by the Acting Manager, Safety Systems and Audit - Chapter 3.20 WHS Committees and Representatives RSPHys - Copy of Physics WHS Committee Minutes, dated 2 September 2025,
-----------	---

	accessed by the WHS Manager Interviews
Comment:	The auditor found that the abovementioned Chapter 3.20 described the University's approach to consult with workers about health and safety matters, such as the topics described at Chapter 3.20.2.4 Consultation. The auditor sighted an example of the minutes of WHS Committee meeting, a consultation forum, that showed worker representatives attended the meeting. The approach appeared to be comprehensive and suitable.

3.4.2 The PCBU has:

- a) **in consultation with workers, determined the number of work groups and HSRs required to effectively represent all workers**
- b) **made arrangements to allow the workers to select those who will represent them on health and safety matters**
- c) **communicated the consultative arrangements to workers, including names of their worker and employer representatives for health and safety matters.**

Finding:	Conformance
----------	-------------

Evidence:	P&CD • WHS Management System Handbook, access provided by the Acting Manager, Safety Systems and Audit ◦ Chapter 3.20 WHS Committees and Representatives ▪ Chapter 3.20.3.1 Determination of Work Group • HSR List – HSR Master Contacts List, dated 22 October 2025, access provided by the Acting Manager, Safety Systems and Audit. Interviews.
Comment:	The auditor found that the University consulted with workers to determine the number of work groups and HSR, and communicated the consultative arrangements to workers.

3.4.3 Those who represent workers on health and safety matters:

- a) **are provided time and resources to effectively undertake this role**
- b) **meet regularly with management about health and safety issues and the minutes of their meetings are available to all workers.**

Finding:	Conformance.
----------	--------------

Evidence:	Interviews
Comment:	During interviews, HSRs confirmed that they were provided with time and resources to undertake their representative roles, including meeting with management about health and safety matters and attending WHS Committees.

3.4.4 Workers or their representatives are involved in the development, implementation and review of procedures for the identification of hazards and the assessment and control of risks.

Finding:	Conformance
----------	-------------

Evidence:	P&CD - WHS Management System Handbook, access provided by the Acting Manager, Safety Systems and Audit - Chapter 3.20 WHS Committees and Representatives JCSMR - Risk assessment, BRF-RA-024, Working with Robotics, dated 17 July 2025, accessed by the WHS Manager - Safe work procedure, BRF-SWP-001, Working with Robotics, dated 3 Julu 2025, accessed by the WHS Manager. RSB - Risk assessment, Number RSB0120, ACT and Surrounding Regions Field Work (withing 100kms; one day), dated 11 March 2025, accessed by the WHS Coordinator. RSPhys - Safe work procedure, SWP-58-L2-C4.54, Soldering Station Operations. Dated 5 September 2024, accessed by the WHS Manager.
Comment:	The auditor sighted several examples of risk assessments and safe work procedures that demonstrated that workers were involved in developing, implementing and reviewing the procedures for the identification of hazards and the assessment and control of risks.

3.5 CONSULTATION, COMMUNICATION AND

REPORTING—COMMUNICATION

3.5.1 The PCBU's health and safety policy and other relevant information on health and safety is communicated to all workers, and considers language and standards of literacy.]

Finding:	Conformance
----------	-------------

Evidence:	P&CD - Policy: Work health and safety. Located in the ANU website at ANU Policy Library - Policy - Work health and safety. JCSMR - Example of email from WHS Team dated 19 March 2025 reminding staff about a forthcoming training about non-ionising radiation – UV, accessed by the WHS Manager. RSB - Online Induction Program, accessed by the WHS Consultant - Email communication to staff from the Director describing psychological support available to staff, dated 25 June 2025, accessed by the WHS Consultant, RSES - Example of a newsletter emailed to staff (#327, dated 15 September 2025) covering several WHS-related topics, accessed by the WHS Consultant.
Comment:	The auditor found that the ANU publicised the Work Health and Safety Policy on the University's website and that new staff and contractors were introduced to it through their induction. The auditor found the University communicated to workers in a variety of ways, depending on the topic; this appeared to be a suitable approach. Additionally, the auditor was informed that all staff were expected to be literate and proficient in the English language; this is a reasonable approach.

3.5.2 The PCBU regularly communicates to workers the progress towards the resolution of health and safety disputes.

Finding:	Conformance
----------	-------------

Evidence:	JCSMR
-----------	--------------

	- Interviews with employees. RSB - Interviews with employees. RSES - Interviews with employees. RSPHys - Interviews with employees.
Comment:	During interviews with workers, they confirmed that they were kept informed about the progress towards the resolution of health and safety issues they may have raised with management.

3.5.3 There are procedures for exchange of relevant health and safety information with external parties including customers, suppliers, contractors and relevant public authorities.

Finding:	Conformance
----------	-------------

Evidence:	P&CD - WHS Management System Handbook, access provided by the Acting Manager, Safety Systems and Audit - Chapter 3.6 Contractor Safety Management - Chapter 3.16.2.3 Notifiable Incident Reporting to Regulators.
Comment:	The auditor found that the ANU has established procedures describing its approach to exchanging relevant health and safety information to external parties including contractors (refer to Chapter 3.6 above) and the regulators Comcare and ARPANSA. These procedures appeared to be suitable.

3.5.4 There is a procedure that encompasses health and safety issues for dealing with formal and informal complaints received from external parties.

Finding:	Conformance
----------	-------------

Evidence:	P&CD WHS Management System Handbook, access provided by the Acting
-----------	--

	Manager, Safety Systems and Audit Chapter 3.17 Raising and Resolving WHS Issues and Management of Complaints
Comment:	The auditor found that the abovementioned Chapter 3.17 describes the University's approach to deal with formal and informal complaints received from external parties, and to resolve the complaints. This approach appeared to be comprehensive and suitable. The auditor did not request to review instances of such complaints.

3.6 CONSULTATION, COMMUNICATION AND REPORTING—REPORTING

3.6.1 Workplace injuries, illnesses, incidents, health and safety hazards, dangerous incidents and systems failures are reported and recorded in accordance with relevant procedures.

Finding:	Conformance
----------	-------------

Evidence:	P&CD - WHS Management System Handbook, access provided by the Acting Manager, Safety Systems and Audit - Chapter 3.16 Incident and Hazard Reporting - Numerous records on incidents recorded in Figtree, access by the Acting Manager, Safety Systems and Audit JCSMR - Example of an incident record located in Figtree, accessed by the WHS Manager: - Date of incident 12 August 2025, incorrect labelling of a hazardous chemical in an animal cage.
Comment:	The auditor found that the workers can report hazards and incidents to management using the application Figtree. During interviews, employees confirmed their understanding of the processes to report hazards and incidents including reporting through their manager or directly in Figtree to which they had access.

3.6.2 Where there is a legislative requirement, injuries, illnesses, incidents and dangerous incidents are notified to the appropriate authorities within the stipulated timeframes.

Finding:	Conformance
----------	-------------

Evidence:	P&CD - WHS Management System Handbook, access provided by the Acting Manager, Safety Systems and Audit - Chapter 3.16.2.3 Notifiable Incident Reporting to Regulators. - Comcare notifiable incident, INC0003328, date of incident 17 December 2024, notified 18 December 2024, record located in Figtree.
Comment:	The auditor found that the procedure outlines how the organisation reports specific incidents to the relevant authority. The auditor sighted the record of an incident that was notified to Comcare, within the required timeframe.

3.6.3 Reports on health and safety inspections, testing and monitoring, including recommendations for corrective action, are produced and forwarded to senior management and worker representative(s) as appropriate.

Finding:	Conformance
----------	-------------

Evidence:	P&CD - WHS Management System Handbook, access provided by the Acting Manager, Safety Systems and Audit - Chapter 4.1 Workplace Inspections JCSMR - Example of inspection record, Neuroscience, dated 24 September 2025, four issues identified and actioned to completion, accessed by the WHS Manager. RSB - Example of inspection record, Outbuilding, dated 20 August 2025, two issues identified and actioned to completion, accessed by the WHS consultant. RSES - Example of inspection record, Jaeger 7 Building, dated 29 August 2025, nil issues arising, accessed by the WHS consultant.
Comment:	The auditor found that each site that was visited conducts systematically a

	program of workplace inspections. The auditor noted that some sites such as RSES use the third party application Safety Culture- iAuditor to assist with recording the findings of a workplace inspection with the iAuditor report uploaded to Figtree as a record linked to the site. The auditor found this approach provided a suitable record and report to be associated with the site. Additionally, as commented at criterion 4.2.1 and 4.1.4, some sites provided suitable health surveillance to workers and the monitoring of the work environment, respectively.
--	---

3.6.4 Regular, timely reports on health and safety performance—including reports against health and safety objectives, targets and management plans—are produced and distributed within the PCBU.

Finding:	Conformance
----------	-------------

Evidence:	P&CD - Agenda papers, the University WHS Committee, access by the Acting Manager, Safety Systems and Audit: - Dated 19 February 2025 - Dated 18 August 2025.
Comment:	The auditor found that the Agenda Papers for the abovementioned University WHS Committee meetings included reports on health and safety performance. The Papers were distributed to Members of the Committee and to Directors across the University. These reports and the distribution with the University appeared to be suitable.

3.6.5 Reports of audits and reviews of the health and safety management system are produced and distributed within the PCBU.

Finding:	Conformance
----------	-------------

Evidence:	P&CD - Agenda papers, the University WHS Committee, access by the Acting Manager, Safety Systems and Audit: - Dated 19 February 2025 - Dated 18 August 2025.
-----------	--

Comment:	The auditor found that the Agenda Papers for the abovementioned University WHS Committee meetings included reports on health and safety related audits (e.g. the Annual Work Health and Safety Internal Audit Summary Report) and reviews of performance. The Papers were distributed to Members of the Committee and to Directors across the University. These reports and the distribution with the University appeared to be suitable.
----------	---

3.6.6 The PCBU's annual report or an equivalent document includes information about health and safety performance.

Finding:	Conformance
----------	-------------

Evidence:	The ANU Annual Report 2024, page 139, located at ANU-2024-Annual-Report-4.pdf .
Comment:	The auditor found that the ANU's Annual Report included information about health and safety performance.

3.7 DOCUMENTATION

3.7.1 The PCBU's health and safety policy, plans and procedures are documented in a planned and organised manner.

Finding:	Conformance
----------	-------------

Evidence:	P&CD - WHS Management System Handbook, access provided by the Acting Manager, Safety Systems and Audit - Chapter 5.2 Document Control and Record Management - Document Register Book – April 2025, accessed by the Acting Manager, Safety Systems and Audit.
Comment:	The auditor found that the University implements a comprehensive and systematic approach to document and organise health and safety related policies, plans and procedures.

3.7.2 Specific instructions and safe work procedures associated with particular products, processes, projects or sites have been developed where appropriate.

Finding:	Conformance
----------	-------------

Evidence:	P&CD - WHS Management System Handbook, access provided by the Acting Manager, Safety Systems and Audit - Chapter 5.2 Document Control and Record Management - Document Register Book – April 2025, accessed by the Acting Manager, Safety Systems and Audit. JCSMR - Numerous examples of documented risk assessments and associated safe work procedures, located on the School's SharePoint: - BRF-RA-024 Working with Robotics, dated 17 July 2025 - RA-037 Psychosocial Hazards, version 1.1. RSB - Numerous examples of documented risk assessments and associated safe work procedures, located on the School's SharePoint: - Static Risk Assessment No. RSB0120, ACT and Surrounding Regions Field Work (withing 100kms, one day), assessment date 11 March 2025 RSES - Numerous examples of documented risk assessments and associated safe work procedures, located on the School's SharePoint: - J5-G01-RA06 Electronic Cabinet Access, v3.0, Review date 27 May 2026. RSPHys - Numerous examples of documented risk assessments and associated safe work procedures, located on the School's SharePoint: - RA_160_L3_P3.45-1 Chemical Storage - SWP_58_L2_C4.54_Soldering Station Operation, dated 5 September 2025
Comment:	The auditor found that each site visited developed and maintained specific instructions and safe work procedures that were relevant to the work activities of the sites. The documents were stored in an organised manner and were readily accessible to workers at the sites.

3.8 DOCUMENT AND DATA CONTROL

- 3.8.1 The PCBU has a system for creating, modifying and approving health and safety documents and data and notifying relevant persons of any changes. Obsolete documents and data are identified and retained, where required, for legal and/or knowledge preservation purposes and are removed from all other access points to prevent unintended use.**

Finding:	Conformance
----------	-------------

Evidence:	P&CD - WHS Management System Handbook, access provided by the Acting Manager, Safety Systems and Audit - Chapter 5.2 Document Control and Record Management. - Document Register Book – April 2025, accessed by the Acting Manager, Safety Systems and Audit.
Comment:	The auditor found that the University has a comprehensive and systematic system for managing health and safety documents and data that meets the requirements of the criterion 3.8.1. This system includes the University's Enterprise Records Management System that is used to, among things, retain documents.

- 3.8.2 Documents and data critical to health and safety shall be clearly identifiable, duly authorized prior to issue, kept legible and include their issue status.**

Finding:	Conformance
----------	-------------

Evidence:	P&CD - WHS Management System Handbook, access provided by the Acting Manager, Safety Systems and Audit - Chapter 3.9 Radiation Safety Management - Chapter 5.2 Document Control and Record Management. Interviews
Comment:	The auditor found that the University implements a comprehensive approach to managing documents and data critical to health and safety. Additionally, the auditor was informed that personal data such as the

	reports of personal radiation dosimetry monitoring are provided to the workers and reports retained securely by the Injury Management Team of P&CD and stored in the Enterprise Records Management System. The approach appeared to be suitable.
--	--

3.8.3 The PCBU provides workers with ready access to relevant health and safety documents and data and advises them of its availability.

Finding:	Conformance
----------	-------------

Evidence:	P&CD - WHS Management System Handbook, access provided by the Acting Manager, Safety Systems and Audit - Chapter 5.2 Document Control and Record Management - Document Register Book – April 2025, accessed by the Acting Manager, Safety Systems and Audit. JCSMR - Numerous examples of documented risk assessments and associated safe work procedures, located on the School's SharePoint: - BRF-RA-024 Working with Robotics, dated 17 July 2025 - RA-037 Psychosocial Hazards, version 1.1. RSB - Numerous examples of documented risk assessments and associated safe work procedures, located on the School's SharePoint: - Static Risk Assessment No. RSB0120, ACT and Surrounding Regions Field Work (withing 100kms, one day), assessment date 11 March 2025 RSES - Numerous examples of documented risk assessments and associated safe work procedures, located on the School's SharePoint: - J5-G01-RA06 Electronic Cabinet Access, v3.0, Review date 27 May 2026. RSPHys - Numerous examples of documented risk assessments and associated safe work procedures, located on the School's SharePoint: - RA_160_L3_P3.45-1 Chemical Storage - SWP_58_L2_C4.54_Soldering Station Operation, dated 5
-----------	---

	September 2025. SWP_P3.45-2, Laser Diode Characterisation, dated 13 March 2025.
Comment:	As commented at criterion 3.8.3, the auditor found that at each site visited, the sites provided workers with ready access to relevant health and safety documents and data and advised them of its availability. During interviews, employees confirmed that they had ready access to relevant health and safety documents. Additionally, they advised that if they needed assistance to access a health and safety document they could seek the assistance of their manager and/or the WHS team.

3.8.4 Documents and data are regularly reviewed by competent persons to ensure their effectiveness, suitability, and the currency of the information.

Finding:	Conformance.
----------	--------------

Evidence:	P&CD - WHS Management System Handbook, access provided by the Acting Manager, Safety Systems and Audit - Chapter 5.2 Document Control and Record Management. - Document Register Book – April 2025, accessed by the Acting Manager, Safety Systems and Audit. - Email correspondence to 6 November 2025 relating to the review of training related to 'X Ray Radiation Machines', accessed by the Acting Manager, Safety Systems and Auditing.
Comment:	The auditor found that the abovementioned documents describe the University's approach to regularly review health and safety documents and data in line with the criterion 3.8.4. Additionally, the auditor sighted an example of current management activities to review a training program relating to 'X Ray Radiation Machines'. While this review is yet to be completed, the auditor found that the review process was undertaken by suitably competent staff and appeared to be comprehensive.

3.9 HEALTH AND SAFETY RISK MANAGEMENT PROGRAM

3.9.1 The PCBU documents its methodology to reduce health and safety risks through hazard identification, risk assessment and development of risk control measures in accordance with the 'hierarchy of controls' and legal requirements.

Finding:	Conformance
----------	-------------

Evidence:	P&CD - WHS Management System Handbook, access provided by the Acting Manager, Safety Systems and Audit - Chapter 3.1 Hazard Management.
Comment:	The auditor found that the University's Chapter 3.1 Hazard Management and its associated appendices outline a comprehensive methodology to managing hazards in line with the requirements of criterion 3.9.1.

3.9.2 The PCBU has identified the hazards, including public safety hazards that are associated with its activities, processes, products or services, and has assessed the risks involved and implemented suitable control measures in accordance with the PCBU's methodology.

Finding:	Conformance with observation
----------	------------------------------

Evidence:	P&CD - WHS Management System Handbook, access provided by the Acting Manager, Safety Systems and Audit - Chapter 3.1 Hazard Management - Chapter 3.15 Psychosocial Risk Management - University Psychosocial Risk Register – V1.0 – August 2025, access provided by the Acting Manager, Safety Systems and Audit JCSMR - Hazard Register 2025, accessed by the WHS Manager - Risk Assessment Register, Working Doc, accessed by the WHS Manager - Numerous examples of documented risk assessments and associated safe work procedures, located on the School's SharePoint: - BRF-RA-024 Working with Robotics, dated 17 July 2025 - RA-037 Psychosocial Hazards, version 1.1. RSB - RSB Hazard Register 2025, accessed by the WHS Consultant. - Numerous examples of documented risk assessments and associated
-----------	--

	safe work procedures, located on the School's SharePoint: - Static Risk Assessment No. RSB0120, ACT and Surrounding Regions Field Work (withing 100kms, one day), assessment date 11 March 2025 RSES - RSES Hazard Register, Last Review 19 September 2025, accessed by the WHS Consultant - Numerous examples of documented risk assessments and associated safe work procedures, located on the School's SharePoint: - J5-G01-RA06 Electronic Cabinet Access, v3.0, Review date 27 May 2026. - J5-G01-RA08 Duoplasmaton Swap, v3.0, Review date 28 May 2026. - J60101g-RA2 Use of Rock Lab Mill, dated 25 March 2024. RSPHys - Risk Assessment Register, updated weekly, located on the School's SharePoint. - Numerous examples of documented risk assessments and associated safe work procedures, located on the School's SharePoint: - RA_160_L3_P3.45-1 Chemical Storage - SWP_58_L2_C4.54_Soldering Station Operation, dated 5 September 2025. - Copy of the Physics WHS Committee Meeting Minutes, date of meeting 2 September 2025, item 10 Other business mentioning action to establish a psychosocial hazards risk assessment for the School, accessed by the WHS Manager.
Comment:	The auditor found that the University implements a comprehensive approach to identify the hazards that are associated with its activities and has assessed the risks involved, and implemented suitable control measures in accordance with the ANU's methodology. The auditor sighted numerous examples of suitable risk assessments and safe work procedures. Additionally, the auditor sighted the University Psychosocial Risk Register – V1.0 – August 2025 which appeared to comprehensively describe relevant hazards and associated risk control measures. The auditor considers that it represents a suitable reference to assist the sites visited to develop their risk assessments of psychosocial hazards that are relevant to their workplaces. RSB Finding: The auditor found that the RSB WHS Hazard Register 2025, grouped

	hazards associated with chemicals and assigned risk ratings and risk controls to the group. During discussions with management representatives about the approach to grouping, the auditor found there may be types of chemicals that should not be grouped due to the nature of the hazards associated with these chemicals, such as phenol. A recommendation was made. RSPHys Finding: The auditor found that the RSPHys had not established a risk assessment of psychosocial hazards as required by the ANU procedure Chapter 3.15 Psychosocial Risk Management paragraph 47 'conduct a risk assessment'. A recommendation was made.
Observation:	RSB Review the RSB's approach to documenting the hazards and risk control measures associated with the hazardous chemicals used by the RSB to ensure that the hazards and risk control measures areas are suitably documented for the chemicals. RSPHys Establish a risk assessment relating to psychosocial hazards that aligns with the requirements of the ANU procedure Chapter 3.15 Psychosocial Risk Management.

3.9.3 The hazard identification, risk assessment and risk control process is undertaken by persons competent in the use of the PCBU's methodology.

Finding:	Conformance with observation
----------	------------------------------

Evidence:	P&CD • WHS Management System Handbook, access provided by the Acting Manager, Safety Systems and Audit ◦ Chapter 3.1 Hazard Management ▪ Appendix B WHS Hazard and Risk Assessment Template RSB • Records of risk assessments for which no evidence was available to the auditor to show the workers had received the required risk management training, accessed by the WHS Consultant:
-----------	--

	○ RSB0120, ○ RSB0116. RSPHys • Records of risk management training to workers relating to risk assessment number 9302338, dated 4 August 2025, records located on Insight and the JCSMS training plan, accessed by the WHS Manager.
Comment:	The auditor found that the ANU Chapter 3.1 Appendix BWHS Hazard and Risk Assessment Template requires the persons completing the risk assessment to indicate that they have completed the ANU WHS Risk Management Training. If they had not, there were not to proceed to complete the risk assessment. The auditor sighted examples where the workers completing a risk assessment were suitably trained. However, the auditor sighted some instances where no evidence was available to the auditor to show that the workers had completed the required training. Consequently, there is the potential that the relevant risk assessments may not have adequately identified relevant hazards and applicable risk control measures. RSB Finding: The auditor found that RSB did not have accessible records to show that the individuals who completed risk assessments RSB1020 and RSB0116 had undertaken ANU WHS risk management training, which is necessary to confirm their competence in conducting the assessments. A recommendation was made.
Observation:	RSB Ensure workers who undertake risk assessments are competent in the use of the ANU's risk assessment methodology.

3.9.4 The PCBU documents all identified hazards, risk assessments and risk control plans.

Finding:	Conformance
Evidence:	P&CD • WHS Management System Handbook, access provided by the Acting Manager, Safety Systems and Audit

	- Chapter 3.1 Hazard Management. JCSMR - Hazard Register 2025, accessed by the WHS Manager - Risk Assessment Register, Working Doc, accessed by the WHS Manager - Numerous examples of documented risk assessments and associated safe work procedures, located on the School's SharePoint: - BRF-RA-024 Working with Robotics, dated 17 July 2025 - RA-037 Psychosocial Hazards, version 1.1. RSB - RSB Hazard Register 2025, accessed by the WHS Consultant. - Numerous examples of documented risk assessments and associated safe work procedures, located on the School's SharePoint: - Static Risk Assessment No. RSB0120, ACT and Surrounding Regions Field Work (withing 100kms, one day), assessment date 11 March 2025 RSES - RSES Hazard Register, Last Review 19 September 2025, accessed by the WHS Consultant - Numerous examples of documented risk assessments and associated safe work procedures, located on the School's SharePoint: - J5-G01-RA06 Electronic Cabinet Access, v3.0, Review date 27 May 2026. - J60101g-RA2 Use of Rock Lab Mill, dated 25 March 2024. RSPhys - Risk Assessment Register, updated weekly, located on the School's SharePoint. - Numerous examples of documented risk assessments and associated safe work procedures, located on the School's SharePoint: - RA_160_L3_P3.45-1 Chemical Storage - SWP_58_L2_C4.54_Soldering Station Operation, dated 5 September 2025.
Comment:	The auditor found that the sites that were visited documented identified hazards, risk assessments and risk control plans in an organised manner, locating the documents in their SharePoint sites or local School shared drives.

3.9.5 Risks of identified hazards are assessed in consultation with workers having regard to the likelihood and consequence of injury, illness

Licensee Improvement Program – National Audit Tool (CTH) Audit Report

or incident occurring, taking into consideration:

a) legal requirements

b) evaluation of available information

c) records of incidents, illness and disease

d) potential for emergency situations.

Finding:	Conformance
----------	-------------

Evidence:	P&CD - WHS Management System Handbook, access provided by the Acting Manager, Safety Systems and Audit - Chapter 3.1 Hazard Management. JCSMR - Hazard Register 2025, accessed by the WHS Manager - Risk Assessment Register, Working Doc, accessed by the WHS Manager - Numerous examples of documented risk assessments and associated safe work procedures, located on the School's SharePoint: - BRF-RA-024 Working with Robotics, dated 17 July 2025 - RA-037 Psychosocial Hazards, version 1.1. RSB - RSB Hazard Register 2025, accessed by the WHS Consultant. - Numerous examples of documented risk assessments and associated safe work procedures, located on the School's SharePoint: - Static Risk Assessment No. RSB0120, ACT and Surrounding Regions Field Work (withing 100kms, one day), assessment date 11 March 2025 RSES - RSES Hazard Register, Last Review 19 September 2025, accessed by the WHS Consultant - Numerous examples of documented risk assessments and associated safe work procedures, located on the School's SharePoint: - J5-G01-RA06 Electronic Cabinet Access, v3.0, Review date 27 May 2026. - J60101g-RA2 Use of Rock Lab Mill, dated 25 March 2024. RSPHys - Risk Assessment Register, updated weekly, located on the School's
-----------	--

	SharePoint. - Numerous examples of documented risk assessments and associated safe work procedures, located on the School's SharePoint: - RA_160_L3_P3.45-1 Chemical Storage - SWP_58_L2_C4.54_Soldering Station Operation, dated 5 September 2025.
Comment:	The auditor found that the risk assessments that were reviewed during the audit were established in consultation with affected workers and paid regard to the matters described in the criterion 3.9.5.

3.9.6 The level of risk is assessed and used to prioritise the implementation of risk control measures.

Finding:	Conformance
----------	-------------

Evidence:	P&CD - WHS Management System Handbook, access provided by the Acting Manager, Safety Systems and Audit - Chapter 3.1 Hazard Management. JCSMR - Hazard Register 2025, accessed by the WHS Manager - Risk Assessment Register, Working Doc, accessed by the WHS Manager - Numerous examples of documented risk assessments and associated safe work procedures, located on the School's SharePoint: - BRF-RA-024 Working with Robotics, dated 17 July 2025 - RA-037 Psychosocial Hazards, version 1.1. RSB - RSB Hazard Register 2025, accessed by the WHS Consultant. - Numerous examples of documented risk assessments and associated safe work procedures, located on the School's SharePoint: - Static Risk Assessment No. RSB0120, ACT and Surrounding Regions Field Work (withing 100kms, one day), assessment date 11 March 2025 RSES - RSES Hazard Register, Last Review 19 September 2025, accessed
-----------	---

	by the WHS Consultant - Numerous examples of documented risk assessments and associated safe work procedures, located on the School's SharePoint: - J5-G01-RA06 Electronic Cabinet Access, v3.0, Review date 27 May 2026. - J60101g-RA2 Use of Rock Lab Mill, dated 25 March 2024. RSPHys - Risk Assessment Register, updated weekly, located on the School's SharePoint. - Numerous examples of documented risk assessments and associated safe work procedures, located on the School's SharePoint: - RA_160_L3_P3.45-1 Chemical Storage - SWP_58_L2_C4.54_Soldering Station Operation, dated 5 September 2025.
Comment:	The auditor found that the level of risk is assessed and used to prioritise the implementation of risk control measures in accordance with the legislated Hierarchy of Controls.

3.9.7 Hazard management methodology and associated procedures shall be reviewed and revised where necessary to ensure relevance, adequacy and compliance with health and safety management system requirements.

Finding:	Conformance
----------	-------------

Evidence:	P&CD - WHS Management System Handbook, access provided by the Acting Manager, Safety Systems and Audit - Chapter 3.1 Hazard Management, release date 25 November 2019. - Chapter 5.2 Document Control and Record Management. - Email correspondence to 6 November 2025 relating to the review of training related to 'X Ray Radiation Machines', accessed by the Acting Manager, Safety Systems and Auditing.
Comment:	The auditor was informed that the University process to review the hazard management methodology and associated procedures is described in the Chapter 5.2. The auditor sighted an example of current management activities to review a training program relating to 'X Ray Radiation Machines' including

	associated safe work practices. While this review is yet to be completed, the auditor found that the review process was undertaken by suitably competent staff and appeared to be comprehensive. Additionally, the auditor was informed that the University intends to conduct a review of relevant hazard management and associated procedures during 2026 as part of a project to review and upgrade WHS documents. The auditor found this approach to reviewing the hazard management methodology and associated procedures is suitable.
--	--

3.9.8 The PCBU has a program for identifying and managing change that may impact on health and safety.

Finding:	Conformance
----------	-------------

Evidence:	P&CD - WHS Management System Handbook, access provided by the Acting Manager, Safety Systems and Audit - Chapter 3.1 Hazard Management - Chapter 3.15 Psychosocial Risk Management - Chapter 3.18 Change Management in WHS Context JCSMR - Email correspondence dated 21 October 2025 relating to specifying an item of plant to be introduced in the School, described in the Plant Pre-Purchase Risk Assessment Checklist and Form – Plant Sealer, dated 8 October 2025, accessed by the WHS Manager. RSB - Example of a risk assessment and associated safe work procedure for a change in a workplace layout and work processes, accessed by the WHS Consultant: - Risk Assessment RSB0066 Frog Relocation, dated 6 December 2024 - Safe work procedure RSB0070, dated 6 December 2024 - Work in progress to establish a risk assessment relating to psychosocial hazards. RSES - Several examples of risk assessments addressing changes to the location of a work process, accessed by the ICP-MS Lab Manager:
-----------	--

	○ Risk assessments J5-0G06-RA1 to RA6. RSPHys • Example of a change to room access approval process to room 34.5; accessed by the WHS Manager.
Comment:	The auditor found that the abovementioned Chapter 3.18 describes a systematic process to applying a risk management approach to managing health and safety hazards and impacts of change. The auditor sighted examples where the sites applied the risk assessment methodology to managing change associated with change in their operations. The auditor found that workers participated in undertaking the risk assessment and identifying risk control measures including in design work processes. Additionally, the auditor found that the University provides workers with access to a variety of support services to support them in addressing the personal impacts of the change, such as through an Employee Assistance Program. The auditor found that the University is progressively implementing the abovementioned Chapter 3.15 Psychosocial Risk Management to assist Schools and other work areas in managing, among other things, the psychological aspects and impacts of change.

3.10 HAZARD IDENTIFICATION, RISK ASSESSMENT AND CONTROL OF RISKS

3.10.1 The PCBU determines those areas where access controls are required and ensures effective controls are implemented and maintained.

Finding:	Conformance
----------	-------------

Evidence:	Site viewings
Comment:	During viewings of the audit site, the auditor found that the sites had implemented suitable and strict access controls, such as, authorised 'swipe card' access to doors.

3.10.2 Health and safety requirements are identified, evaluated and incorporated into all purchasing specifications for services.

Finding:	Conformance
----------	-------------

Evidence:	P&CD - WHS Management System Handbook, access provided by the Acting Manager, Safety Systems and Audit - Chapter 3.6 Contractor Safety Management RED - Extract of contract with UniLodge Pty Ltd, chapter 4.22 WHS & Safety; defines health and safety responsibilities of the contractor in providing property services such as cleaning.
Comment:	The auditor found that in the abovementioned Chapter 3.6, the University described a comprehensive approach to identifying, evaluating and incorporating health and safety requirements into purchasing specifications for services. The auditor found that at the RED site, the management team suitably implements the requirements described above in the purchasing of a provider of property services in the Residential Halls such as cleaning and food services.

3.10.3 The ability to meet health and safety requirements is assessed in the selection of contractors and labour hire workers (workers).

Finding:	Conformance
----------	-------------

Evidence:	P&CD - WHS Management System Handbook, access provided by the Acting Manager, Safety Systems and Audit - Chapter 3.6 Contractor Safety Management RSB - Solve Scientific Pty Ltd, Mr P.S. Induction Card ID #6840, expiry date 27 April 2026 RED - Extract of contract with UniLodge Pty Ltd, chapter 4.22 WHS & Safety; defines health and safety responsibilities of the contractor in providing property services.
Comment:	Further to the comments at criterion 3.10.2 above, the auditor found an example where a site, the RSB, required a contractor worker to successfully undergo the RSB induction, as a means of determining the worker's capability to meet the RSB's health and safety requirements.

3.10.4 Temporary worker's health and safety performance is monitored

and reviewed to ensure continued adherence to the PCBU's health and safety requirements or specifications.

Finding:	Conformance
----------	-------------

Evidence:	P&CD - WHS Management System Handbook, access provided by the Acting Manager, Safety Systems and Audit - Chapter 3.6 Contractor Safety Management RSB - Solve Scientific Pty Ltd, Mr P.S. Induction Card ID #6840, expiry date 27 April 2026 RED - Extract of contract with UniLodge Pty Ltd, chapter 4.22 WHS & Safety; defines health and safety responsibilities of the contractor in providing property services. - Copy of ANU Quarterly KPI Report, Quarter 3, July to September 2025, accessed by the WHS Officer.
Comment:	The auditor was advised that the relevant managers of the RSB and RED monitor the health and safety performance of temporary workers such as contractor workers as part of normal day-to-day supervisory practices. Additionally, the auditor found that senior managers of the RED site formally monitored the performance of the UniLodge property service provider through quarterly meetings to discuss, among other things, quarterly KPI performance reports. These approaches appeared to be suitable.

3.10.5 The PCBU determines their health and safety requirements prior to the purchase of goods and communicates those specifications to the supplier.

Finding:	Conformance with observation
----------	------------------------------

Evidence:	JCSMR Email correspondence dated 21 October 2025 relating to specifying an item of plant to be introduced in the School, described in the Plant Pre-Purchase Risk Assessment Checklist and Form – Plant Sealer, dated 8 October 2025, accessed by the WHS Manager. RSB
-----------	--

	- Purchasing request PRAMS process – Microbalance, dated 11 September 2025, accessed by the School Manager - Purchasing request PRAMS process –Conviron Plant Growth Chamber, dated 19 November 2024 – lacked a risk assessment as required by the PRAMS process. Refer to the finding below. RSES - Purchasing request – Boots for Fieldwork, dated 14 October 2025, accessed by the WHS Consultant. RSPHys - Example SAGE Automation – Safety Requirements Specification; ANU – Accelerator PCS Upgrade, dated 15 March 2025, located in SharePoint - Example purchasing form – Enriched Isotope Samples of Fe, Ti, Cr, dated 24 February 2025, located in SharePoint.
Comment:	The auditor found that the sites visited generally determine their health and safety requirements prior to the purchase of goods and communicates those specifications to the supplier. As described below, the auditor found an instance where the RSB did not include a required risk assessment as part of documentation to support a request to purchase an item of plant. RSB Finding: The auditor found that the request to purchase the Conviron Plant Growth Chamber, dated 19 November 2024, did not include a risk assessment for the Chamber, as required by the PRAMS process. A recommendation was made.
Observation:	RSB Remind relevant RSB staff that a documented risk assessment must be included when requesting to purchase any item of plant.

3.10.6 Procedures shall be established and implemented for verifying that purchased goods conform to health and safety requirements and address discrepancies before the goods are put into operational use.

Finding:	Conformance
----------	-------------

Evidence:	RSPHys PPS Software Test Procedure, accessed by the WHS Manager
-----------	---

	○ 82527 ANU – Accelerator PPS Upgrade, SAGE Automation, dated 26 June 2024. ○ SGS Certificate of Calibration of a Radiation Detector (NATA), dated 3 April 2025.
Comment:	The auditor sighted an example of processes used by the RSPHys to verify that purchased goods conform to health and safety requirements. The auditor noted that the example showed that the verification process involved certification of calibration of the provided goods by an external certification body.

3.10.7 Hazard identification, risk assessment and the development of control measures are undertaken during the design stage of plant, products, buildings or processes, or when the design is modified.

Finding:	Conformance
----------	-------------

Evidence:	CE • LD Architects, Weigold Fitout Safety in Design, Revised after Workshop.xlsx, dated 24 January 2025, accessed by the WHS Manager.
Comment:	The auditor was informed about and sighted evidence relating to the processes implemented to identify and risk assess hazards and determine risk control measures associated with a construction project to refurbish the RSPHys Building 58B. This process appeared to be comprehensive and suitable.

3.10.8 Competent persons verify that designs and modifications meet specified health and safety requirements.

Finding:	Conformance
----------	-------------

Evidence:	CE LD Architects, Weigold Fitout Safety in Design, Revised after Workshop.xlsx, dated 24 January 2025, accessed by the WHS Manager.
Comment:	Further to the comments at criterion 3.10.7, the auditor found that competent persons were involved in verifying designs and modifications meet specified health and safety requirements, namely, the engaged

	architects and the involved CE project managers.
--	--

3.10.9 There are procedures to ensure that materials and substances are disposed of in a manner that minimises risk of personal injury and illness.

Finding:	Conformance
----------	-------------

Evidence:	P&CD - WHS Management System Handbook, access provided by the Acting Manager, Safety Systems and Audit - Chapter 3.6 Contractor Safety Management - Chapter 3.7 Chemical Management - Chapter 3.9 Radiation Safety Management JCSMR - Safe Work Procedure SWP_011_Waste Disposal, version 1.2, dated 22 April 2025, accessed by the WHS Manager. Site viewings
Comment:	The auditor found that the abovementioned Chapters described suitable processes for the safe disposal of materials and substances. Additionally, during the site viewing, the auditor found that the sites implemented suitable processes for the safe disposal of materials and substances

3.10.10 Facilities and amenities in workplaces conform, as a minimum, to relevant legislation, standards and codes of practice.

Finding:	Conformance
----------	-------------

Evidence:	Site viewings
Comment:	During site viewings, the auditor found that the facilities and amenities in the workplaces were clean and tidy and appeared to conform to relevant regulatory standards and requirements.

3.10.11 The PCBU has a program for the safe use, handling, transfer, inventory management and transport of hazardous chemicals.

Finding:	Conformance
----------	-------------

Evidence:	P&CD - WHS Management System Handbook, access provided by the Acting Manager, Safety Systems and Audit - Chapter 3.6 Contractor Safety Management - Chapter 3.7 Chemical Management - Chapter 3.9 Radiation Safety Management RSES - Risk assessment, J5-G06-RA03, Epoxy Mount Cleaning, version 1, dated 28 May 2025, accessed by the SHRIMP Technical Officer. Site viewings
Comment:	The auditor found that the Research School sites that were visited implemented suitable methods for the safe use, handling, transfer, inventory management and transport of hazardous chemicals. With respect to inventory management of hazardous chemicals, the auditor found that the Research School sites used the third party application, Chemwatch, to assist in managing important information relating to chemicals such as safety data sheets (SDSs), chemical registers and manifests, risk assessments, chemical storage locations and container labels.

3.10.12 Comprehensive health and safety information on all hazardous chemicals is readily accessible.

Finding:	Conformance with observation
----------	------------------------------

Evidence:	P&CD - WHS Management System Handbook, access provided by the Acting Manager, Safety Systems and Audit - Chemical Management System (including Chemwatch) Interviews
Comment:	As commented at criterion 3.10.11, the auditor found that the Research School sites used the third party application, Chemwatch, to assist in managing important information relating to chemicals. The auditor was informed that workers were educated about Chemwatch

	during their induction and that workers can access Chemwatch as needed During interviews, the auditor found: • Some workers had little understanding about how to use Chemwatch. • Some instances of SDSs held in Chemwatch that were outdated. • Some workers mentioned that they did not use Chemwatch to access SDS but would request directly a supplier of a chemical substance to provide a SDS. JCSMR Finding: During interviews with workers, the auditor found there was little understanding of how to use and access information in Chemwatch. A recommendation was made. RSES Finding: During interviews with management representatives, the auditor found several instances of SDSs located in the RSES Chemwatch module that were older than five years, indicating that the SDSs were outdated. Action was taken to obtain current SDSs from the Chemwatch provider. A recommendation was made.
Observation:	JCSMR Remind workers about how to access health and Safety information about hazardous chemicals using Chemwatch. RSES Set up practical ways to help Chemwatch users easily access current SDSs and reduce the number of outdated ones.

3.10.13 The PCBU ensures that hazardous chemicals are safely stored in accordance with legislative requirements.

Finding:	Conformance with observation
----------	------------------------------

Evidence:	P&CD • WHS Management System Handbook, access provided by the Acting Manager, Safety Systems and Audit ◦ Chapter 3.9 Radiation Safety Management
-----------	---

	ANUP_000384 Policy: Chemical Management, access provided by the Acting Manager, Safety Systems and Audit Site viewings
Comment:	The auditor found that the abovementioned documents describe suitable arrangements and requirements for the safe storage of hazardous chemicals. During viewings of the Research Schools sites, the auditor found that the sites suitably stored hazardous chemicals, such as using designated and labelled. CE – Workshops During a viewing of three CE workshops, the auditor found that some hazardous chemicals such as solvents, paints and lubricants were stored in suitable storage cabinets but also found several instances of similar chemical substances located in storage rooms and on benches. A recommendation was made.
Observation:	CE – Workshops Ensure all hazardous chemical substances located in the CE Workshops are stored in suitable cabinets when the substances are not in use.

3.10.14 The PCBU permit to work procedures are available for use when required.

Finding:	Conformance
----------	-------------

Evidence:	P&CD - WHS Management System Handbook, access provided by the Acting Manager, Safety Systems and Audit - Chapter 3.1 Hazard Management RSB - Permit to Work, Working at Heights, 'Tree Climbing', SW-01/23, dated 28 June 2023, accessed by the WHS Consultant RSPHys - Confined Spaces Entry Permit, '14UD Tank Opening for preventative maintenance entry', dated 6 March 2024, accessed by the WHS Manager. CE - Roof Access Permit, dated 29 February 2024, accessed by the WHS Manager
-----------	--

Comment:	The auditor found that the Chapter 3.1 described suitable procedures relating to permit to work. The auditor sighted examples of permits issued in line with the Chapter 3.1 procedure. These permits appeared to be comprehensive and suitable.
----------	--

3.10.15 Where personal protective equipment is required it is appropriate for the task, its provision is accompanied by suitable training or instruction, and it is used correctly and maintained in a serviceable condition.

Finding:	Conformance
----------	-------------

Evidence:	P&CD - WHS Management System Handbook, access provided by the Acting Manager, Safety Systems and Audit - Chapter 3.1 Hazard Management JCSMR - Record of maintenance hearing protection device used for communication – 'Headset 3M Reallocation', dated December 2024, accessed by the WHS Manager. Site viewings
Comment:	The auditor found that the Chapter 3.1 described the University's requirements to ensure suitable personal protective equipment (PPE) is provided and maintained, as required and that that requirement is defined in documented risk assessments and permits to work. The auditor sighted numerous examples of risk assessments and permits to work that described the PPE requirements. During site viewings, the auditor found that workers used suitable PPE.

3.10.16 Plant and equipment is maintained to ensure safe operational use and a record is kept which includes (but is not limited to) relevant details of inspections, maintenance, repair and alteration of plant.

Finding:	Conformance with observation
----------	------------------------------

Evidence:	P&CD WHS Management System Handbook, access provided by the Acting Manager, Safety Systems and Audit
-----------	--

	○ Chapter 3.1 Hazard Management • ANUP_000569 Procedure, Plant and equipment management, access provided by the Acting Manager, Safety Systems and Audit JCSMR • Numerous examples of records of inspection and maintenance - fume hoods where the records were displayed on the fume hood. RSES • Records of maintenance of SHRIMP modules, accessed by the SHRIMP Technical Officer RSPHys • Maintenance record – Oxygen Detection Sensor, Certificate of Calibration, dated 9 July 2025, accessed by the WHS Manager. • Electrical item certification, Magnet Power Remote Controller, Certificate number 43560/CV/0717, dated 25 March 2025, accessed by the WHS Manager. CE • Preventative Maintenance Program (using the third party application Maximo), accessed by the WHS Manager ○ Record of crane inspection by Complete Crane and Electrical, Job Number 11306, Building 35, dated 10 October 2025, accessed by the WHS Manager. • Workshops – examples of electrical items where their testing was overdue ○ Several 415V electrical cables connecting to wall sockets ○ Electrical cabinets in the mechanical workshop where the 'testing sticker' showed that thermal imaging testing was overdue.
Comment:	The auditor found that the University implements a systematic and suitable process to maintain plant and equipment. The auditor found the CE division is responsible for maintaining plant and equipment associated with building and grounds infrastructure such as gantry cranes, and that Research Schools are responsible for maintaining their plant and equipment such as fume hoods and gas detection devices. Additionally, the auditor found that the Permit to Work process requires details about the maintenance of relevant plant and equipment to be defined on applicable permits. With respect to the 'testing and tagging' of electrical items, the auditor found that those items were suitable 'tested and tagged' except for specific items located in the CE workshops.

	CE Workshops Finding: The auditor found several examples of 415V electrical cables connected to wall sockets where the testing was overdue. Additionally, in the mechanical workshop, the auditor found that the thermal imaging testing of the electrical cabinets was overdue. A recommendation was made.
Observation:	CE Workshops Ensure relevant items of electrical equipment located in the workshops, including 415V electrical cables connected to wall sockets and the electrical cabinets are suitably tested and tagged by a competent person.

3.10.17 There is a procedure for unsafe plant and equipment to be identified and quarantined or withdrawn from service.

Finding:	Conformance
----------	-------------

Evidence:	P&CD • WHS Management System Handbook, access provided by the Acting Manager, Safety Systems and Audit ◦ Chapter 3.1 Hazard Management • Procedures, access provided by the Acting Manager, Safety Systems and Audit ◦ ANUP_000569 Procedure, Plant and equipment management ◦ ANUP_000571 Procedure, Isolation and danger tagging. Site viewing and interviews
Comment:	The auditor found that the University has established suitable procedure relating to the management of unsafe plant and equipment, including their isolation, quarantining and removal from service. During site viewings and interviews, the auditor found that the sites implemented the procedures including displaying 'out of service' tags to items plant.

3.10.18 Controls are implemented to ensure the safety of persons (including members of the public) while plant and equipment is in the process of being cleaned, serviced, repaired or altered.

Finding:	Conformance
----------	-------------

Evidence:	P&CD - WHS Management System Handbook, access provided by the Acting Manager, Safety Systems and Audit - Chapter 3.1 Hazard Management - Procedures, access provided by the Acting Manager, Safety Systems and Audit - ANUP_000569 Procedure, Plant and equipment management - ANUP_000571 Procedure, Isolation and danger tagging. Site viewing and interviews
Comment:	The auditor found that the abovementioned procedures described processes to ensure the safety of persons while plant and equipment is in the process of being cleaned, serviced, repaired or altered; such as demarcate exclusion zones to ensure on unauthorised workers entered the exclusion zone. During the site viewings, the auditor found that the persons interviewed demonstrated a sound understanding of those processes.

3.10.19 Competent persons verify that plant and equipment is safe before being returned to service after repair or alteration.

Finding:	Conformance
----------	-------------

Evidence:	P&CD - WHS Management System Handbook, access provided by the Acting Manager, Safety Systems and Audit - Chapter 3.1 Hazard Management - ANUP_000569 Procedure, Plant and equipment management, access provided by the Acting Manager, Safety Systems and Audit JCSMR - Numerous examples of records of inspection and maintenance - fume hoods where the records were displayed on the fume hood. RSES - Records of maintenance of SHRIMP modules, accessed by the SHRIMP Technical Officer
-----------	--

	RSPHys • Maintenance record – Oxygen Detection Sensor, Certificate of Calibration, dated 9 July 2025, accessed by the WHS Manager. • Electrical item certification, Magnet Power Remote Controller, Certificate number 43560/CV/0717, dated 25 March 2025, accessed by the WHS Manager. CE • Preventative Maintenance Program (using the third party application Maximo), accessed by the WHS Manager ◦ Record of crane inspection by Complete Crane and Electrical, Job Number 11306, Building 35, dated 10 October 2025, accessed by the WHS Manager.
Comment:	The auditor found that the abovementioned items of evidence showed that competent persons verified that plant and equipment are safe before being returned to service after repair or alteration.

3.10.20 Safety signs, for example, hazard, emergency information and fire signs, meet relevant standards and codes of practice and are displayed in accordance with legal and organisational requirements.

Finding:	Conformance
----------	-------------

Evidence:	Site viewing
Comment:	During the viewing of sites during the audit, the auditor found the University displayed suitable and relevant signage such as safety signs, and emergency exit and evacuation signs.

3.10.21 There are procedures to ensure that materials are transported, handled and stored in a safe manner.

Finding:	Conformance with observation
----------	------------------------------

Evidence:	P&CD • WHS Management System Handbook, access provided by the Acting Manager, Safety Systems and Audit ◦ Chapter 3.11 Manual tasks and ergonomics safety management.
-----------	---

	- Policy Library, access provided by the Acting Manager, Safety Systems and Audit - Procedure, ANUP_000569, Plant and equipment safety management Site viewing
Comment:	The auditor found that the abovementioned documents describe the University's approaches to safely manage plant and equipment including equipment systems. The approaches appeared to be comprehensive. During the viewing of sites during the audit, the auditor found that the Research School sites appeared to transport, handle and store materials in a safe manner. Additionally, the auditor found that the workplaces in the Research Schools were clean and tidy. CE – Workshops Finding: During a viewing of three CE workshops, the auditor found numerous examples of rooms and workspaces where materials such as tools, electrical cables, stock, containers of paint and lubricant were stored on floors and tables. Additionally, the auditor was informed that several items of plant, such as the 'sand blasting' machine located in the mechanical workshop, were no longer used and possibly were surplus to requirements. A recommendation was made.
Observation:	CE Workshop Ensure that plant and equipment located in the CE workshops are stored in a safe manner and, where relevant, dispose of surplus items.

3.10.22 Workers are supervised according to their capabilities to ensure that tasks are performed safely and work instructions and procedures are followed.

Finding:	Conformance
----------	-------------

Evidence:	P&CD - WHS Management System Handbook, access provided by the Acting Manager, Safety Systems and Auditing. - Chapter 3.2 WHS Induction, Training and Supervision. JCSMR - Training records of workers, accessed by the WHS Manager. - Worker S.S. Purchasing Officer – WHS Induction, dated 27
-----------	--

	July 2023; WHS Risk Management, dated 27 July 2023 ○ Worker D.F. Lab Support Team – Manual Task Risk Assessment, dated 3 March 2024; Chemical Safety, dated 4 March 2024 ○ Worker S.P. Lab Technician – Chemical Safety, dated 4 July 2021; Non-ionising Safety – UV, dated 23 March 2025. • Completed record of worker A.P. dated 16 June 2025 - JCSMR Hazard Risk Assessment WHS Induction Template (Tier 3 Induction) Liquid Nitrogen Rooms, Proficiency Record of Activity, accessed by the WHS Manager. RSB • Several training records, accessed by the WHS Consultant. ○ Worker A.P. Tier 2, dated 24 November 2024 ○ Worker A.A. Tier 3, 9 May 2025. RSES • Several training records, accessed by the WHS Consultant and the SHRIMP Facility Manager: ○ Worker Y.W. Tier 3, SHRIMP Facility, dated 7 February 2025 ○ Worker J.W. Tier 3, SHRIMP Facility, dated 7 February 2025. RSPHys • Several training records, located in SharePoint, accessed by the WHS Manager: ○ Worker ID 4139008 ○ Worker ID 4734923.
Comment:	As commented at criteria 3.1.1 to 3.3.4 in relation to the training of workers, the auditor found that, as needed, a site would verify that a worker is competent to perform the work safely. During interviews, the auditor was advised that, depending on the type of work activities and associated risks, a supervisor would supervise a worker while performing those activities and, where needed, would reinforce the safe work practices. Additionally, during interviews, workers confirmed that their managers and supervisors supervised them in making sure they were carrying out the tasks safely. The auditor found that these processes of supervision were suitable.

3.10.23 The PCBU has a program to effectively manage the safety of workers when working at workplaces not under the control of the PCBU.

Finding:	Conformance
----------	-------------

Evidence:	P&CD - Procedure, access provided by the Acting Manager, Safety Systems and Audit - ANUP_000531, Procedure, Working safety away from campus. RSES - Field work risk assessment – RSES-FW-RA01, Field Work in New Zealand, version 1, dated 8 September 2025, accessed by the WHS Consultant.
Comment:	The auditor found that the abovementioned procedure describes the University's approach to assisting local areas with identifying, evaluating and managing WHS risks associated with working away from campus. Among other things, before any work away from a University campus rated as high risk is approved or undertaken, a risk assessment is carried out with the travelling workers to identify hazards and controls required to eliminate or minimise the risk of injury or harm to persons. The procedure appeared to be suitable. The auditor sighted an example of a risk assessment relating to field work carried out by RSES workers; it appeared to be comprehensive and suitable.

3.10.24 Customer-supplied goods and services used in the PCBU's work processes are subject to hazard identification, risk assessment and control prior to use.

Finding:	Conformance
----------	-------------

Evidence:	RSES interviews
Comment:	During interviews with representatives of the RSES, the auditor was informed about RSES work processes where RSES workers received samples of rock from external parties for analysis by RSES staff and would provide a report of the analysis to the third party. The auditor was advised that in relation to rock samples that may contain

	asbestos fibres, the RSES staff would determine if the rock sample may contain asbestos fibres and, if so, would not accept the sample for analysis. The auditor found that this example suitably addressed the criterion 3.10.24.
--	--

3.10.25 All substances in containers and transfer systems are identified and clearly labelled to avoid inadvertent or inappropriate use.

Finding:	Observation:	
----------	--------------	--

Evidence:	P&CD - WHS Management System Handbook, access provided by the Acting Manager, Safety Systems and Audit - Chemical Management System (including Chemwatch) - Policy and procedures: access provided by the Acting Manager, Safety Systems and Audit - ANUP_000384 Policy: Chemical Management - ANUP_000636 Procedure: Chemical Management Site viewings
Comment:	The auditor found that the abovementioned policy and procedures suitable described the University's approach to ensuring that substances in containers and transfer systems are identified and clearly labelled. During the site viewings, the auditor found that substances in containers and transfer systems were suitably labelled in accordance with regulatory requirements.

3.11 EMERGENCY PREPAREDNESS AND RESPONSE

3.11.1 Potential emergency situations have been identified and an emergency plan is:

- a) developed for the PCBU and its workplace
- b) in accordance with legislative requirements
- c) regularly reviewed.

Finding:	Conformance with observation
----------	------------------------------

Evidence:	P&CD - Procedures: access provided by the Acting Manager, Safety Systems and Audit - ANUP_000699 Procedure: Emergency response. JCSMR - Emergency Response Plan, version 5.0, dated January 2025, accessed by the WHS Manager RSB - Emergency Response Procedures for RN Robertson building #46, dated May 2025, accessed by the WHS Coordinator. RSES - Emergency Plan, BLD061, Jaeger 1 to Jaeger 7, dated August 2025, accessed by the WHS Consultant. RSPhys - Emergency Response Procedures, dated 15 April 2024, accessed by the WHS Manager RED - ANU Emergency Plan, dated April 2025, accessed by the WHS Officer.
Comment:	The auditor found that the sites mentioned above had established, implemented and reviewed annually an emergency procedure or plan that suitably described emergency arrangements for relevant emergency scenarios. The auditor was informed that, due to the nature of the emergency panel system installed in some areas, the emergency alarms may differ between work areas, for example: - Two tones, an alert tone followed, possibly, by an evacuation tone accompanied by a spoken 'evacuate' message. - Two tones, an alert tone followed quickly by an evacuation tone. - One tone, an evacuation tone. Interviews with workers from the JCSMR and RSB demonstrated that they did not know that, in these areas, workers should evacuate on hearing an alarm tone, they explained that would wait for the second 'evacuation' alarm. The auditor acknowledged that the nature of the emergency alarms varied between some sites. However, the auditor found that persons responsible for the emergency arrangements at the site should ensure workers and visitors understand the action they must take when they hear an emergency alarm.

	JCSMR Finding: During interviews with workers, the auditor found there were differences in understanding about action to take when an audible emergency alarm was sounded; some workers mentioned they would evacuate the building on the first alarm and others said they would await a second alarm before evacuating. A recommendation was made. RSB Finding: During interviews with workers, the auditor found there were differences in understanding about action to take when an audible emergency alarm was sounded; some workers mentioned they would evacuate the building on the first alarm and others said they would await a second alarm before evacuating. A recommendation was made.
Observation:	JCSMR Remind JCSMR workers and visitors to JCSMR about the actions they must take when they hear an audible emergency alarm. RSB Remind RSB workers and visitors to RSB about the actions they must take when they hear an audible emergency alarm.

3.11.2 The PCBU has allocated overall responsibility for control of emergency situations to specified individuals and communicated this information to all workers.

Finding:	Conformance
----------	-------------

Evidence:	P&CD - Procedures: access provided by the Acting Manager, Safety Systems and Audit - ANUP_000699 Procedure: Emergency response. JCSMR - Emergency Response Plan, version 5.0, dated January 2025, accessed by the WHS Manager
-----------	--

	RSB - Emergency Response Procedures for RN Robertson building #46, dated May 2025, accessed by the WHS Coordinator. RSES - Emergency Plan, BLD061, Jaeger 1 to Jaeger 7, dated August 2025, accessed by the WHS Consultant. RSPHys - Emergency Response Procedures, dated 15 April 2024, accessed by the WHS Manager RED - ANU Emergency Plan, dated April 2025, accessed by the WHS Officer.
Comment:	The auditor found that the sites mentioned above had established, implemented and reviewed annually an emergency procedure or plan that suitably described the allocation of overall responsibility for control of emergency situations to specified individuals at the sites. They communicated this information to workers through the induction program and displayed the contact details of those persons throughout their sites.

3.11.3 Workers receive training and practice in emergency plans appropriate to their allocated emergency response responsibilities.

Finding:	Conformance
----------	-------------

Evidence:	P&CD - Procedures: access provided by the Acting Manager, Safety Systems and Audit - ANUP_000699 Procedure: Emergency response. JCSMR - Record of evacuation exercise, dated 8 April 2025, accessed by the Acting Manager, Safety Systems and Audit RSB - Record of evacuation exercise, dated 24 March 2025, accessed by the WHS Consultant. RSES - Advice that an evacuation exercise was carried out on 12 September 2025; a record not available to the auditor.
-----------	---

	○ Records of warden training, accessed by the Acting Manager, Safety Systems and Audit: ▪ Worker B.K. Certificate of Completion, Emergency Control Organisation, dated 29 March 2022 ▪ Worker S.Z. Certificate of Completion, Emergency Control Organisation, dated 1 October 2021. RSPHys • Record of evacuation exercise, dated April 2024, accessed by the WHS Manager. ○ Records of warden training, accessed by the Acting Manager, Safety Systems and Audit: ▪ Worker R.W. Emergency Control Organisation, dated 29 June 2022 ▪ Worker S.L. Emergency Control Organisation, dated 30 May 2023. RED • Record of evacuation exercise, dated September 2025, accessed by the WHS Officer
Comment:	The auditor found that the abovementioned procedure stated that evacuation exercises must be carried out at least once a year in all buildings, and twice a year for residences. The auditor found that the sites visited conducted evacuation exercises in line with the requirements of the procedure.

3.11.4 Competent persons have periodically assessed the suitability, location and accessibility of emergency equipment.

Finding:	Conformance with observation
----------	------------------------------

Evidence:	P&CD • Procedures: access provided by the Acting Manager, Safety Systems and Audit ○ ANUP_000699 Procedure: Emergency response. Site viewings and interviews
Comment:	The auditor was advised that the CE division arranges for competent persons to inspect and test emergency equipment. During site viewings, the auditor found that the emergency equipment was

	suitably inspected and tested. CE Finding: No information was available for review during the audit to demonstrate that the suitability, location and accessibility of emergency equipment is periodically assessed. A recommendation was made.
Observation:	CE Ensure that information is readily available for review by an auditor to demonstrate that competent persons have periodically assessed the suitability, location and accessibility of emergency equipment.

3.11.5 Emergency and fire protection equipment, exit signs and alarm systems are inspected, tested and maintained. Suitability, location and accessibility are reviewed if there has been a change in the workplace.

Finding:	Conformance
----------	-------------

Evidence:	P&CD - Procedures: access provided by the Acting Manager, Safety Systems and Audit - ANUP_000699 Procedure: Emergency response. CE - Records of inspection, testing and maintenance of emergency and fire protection equipment, accessed by the WHS Manager: - Equipment check by O'Neill and Brown in Fulton Muir 95, dated 14 April 2025 - Check of fire indicator panel in Fulton Muir 95, dated 6 August 2025.
Comment:	The auditor found that suitable arrangements were implemented to inspect, test and maintain emergency and fire protection equipment.

S

3.11.6 The PCBU ensures that a system is in place to inform emergency authorities of all relevant hazards (including hazardous chemicals) and on attendance during an emergency.

Finding:	Conformance
----------	-------------

Evidence:	P&CD - Procedures: access provided by the Acting Manager, Safety Systems and Audit - ANUP_000699 Procedure: Emergency response. Interviews
Comment:	The auditor was advised that emergency services such as the fire brigade are informed about the nature of hazards present on campus. The auditor noted that the abovementioned procedure described a responsibility of an area's Chief Warden is to brief emergency services personal on arrival of the type, scope and location of the emergency, the status of the evacuation and any on-site hazards associated with the building and or facility. The auditor found that this process is suitable.

3.11.7 The PCBU has assessed its first aid requirements and the first aid program is in place.

Finding:	Conformance with observation
----------	------------------------------

Evidence:	P&CD - WHS Management System Handbook, access provided by the Acting Manager, Safety Systems and Audit - Chapter 3.4 First Aid JCSMR - Appendix A: First Aid Risk Assessment, dated 11 February 2025, accessed by the WHS Manager RSB - First aid risk assessment, COSM/RSB, Roberston Building, dated 3 March 2025 RSES - First aid risk assessment, dated March 2025, accessed by the WHS Consultant. RSPHys - First Aid – RSPHys First Aid Risk assessment, South Complex, 2025, dated 3 March 2025, accessed by the WHS Manager. - Trained first aiders: - Worker L.S. Provide Advanced First Aid, Repeat date 20
-----------	--

	August 2027 Worker S.D. Provide Advanced First Aid, Repeat date 17 March 2026
Comment:	The auditor found that the abovementioned Chapter describes the University's approach to provide suitable first aid arrangements. It described the provision of trained first aiders, mental first aiders and suitable first aid kits. The auditor found that each of the above sites visited had established and implemented a first aid risk assessment, provided training first aiders and first aid kits. The auditor observed that the sites displayed notices throughout the sites describing the contact details of the first aiders and mental first aiders. As described below, the auditor identified instances where saline solutions located in first aid kits were outdated indicating that the kits were not suitably serviced and contents replenished. RSES Finding: During a site viewing, the auditor found an instance where the saline ampoules were outdated. A recommendation was made. RSPHys Finding: During a site viewing, the auditor found an instance where the saline ampoules were outdated. A recommendation was made.
Observation:	RSES Ensure the contents of first aid kits, such as saline ampoules, are within their expiry date. RSPHys Ensure the contents of first aid kits, such as saline ampoules, are within their expiry date.

3.11.8 The PCBU has procedures in place to assist workers who are exposed to critical incidents at work.

Finding:	Conformance
----------	-------------

Evidence:	P&CD - WHS Management System Handbook, access provided by the Acting Manager, Safety Systems and Audit - Chapter 3.15 Psychosocial Risk Management - Website – Staff wellbeing - Content Hub Services Site viewings and interviews
Comment:	The auditor found that the University provided suitable services to support workers who are exposed to critical incidents at work. These services included: - Access to confidential counselling services through a Emergency Assistance Program provider. - Access to Mental Health First Aiders. Persons who were interviewed demonstrated they were aware of these services.

ELEMENT 4: MEASUREMENT AND EVALUATION

4.1 MONITORING AND MEASUREMENT—GENERAL

4.1.1 There is a health and safety inspection, testing and monitoring program that incorporates timely and effective corrective action processes.

Finding:	Conformance
----------	-------------

Evidence:	P&CD - WHS Management System Handbook, access provided by the Acting Manager, Safety Systems and Audit - Chapter 4.1 Workplace Inspections - ANUP_000569 Procedure, Work health and safety monitoring and testing, access provided by the Acting Manager, Safety Systems and Audit JCSMR - Example of inspection record, Neuroscience, dated 24 September 2025, four issues identified and actioned to completion, accessed by the WHS Manager. RSB - Example of inspection record, Outbuilding, dated 20 August 2025, two issues identified and actioned to completion, accessed by the WHS consultant. RSES - Example of inspection record, Jaeger 7 Building, dated 29 August 2025, nil issues arising, accessed by the WHS consultant. RSPHys - Example of inspection record, RSPHys High Risk Area Workplace Inspection, building 58C-BO, dated 31 July 2025, accessed by the WHS Manager.
-----------	--

Comment:	The auditor found that the University implements a program of workplace inspections that is described in the abovementioned Chapter 4.1, involving the workplace inspection of both low and high risk areas (such as laboratories, workshops, plant rooms, radiation facilities and stores). Additionally, the auditor sighted example of the records of workplace inspections. They appeared to be suitable.
----------	---

4.1.2 Inspections seek input and involvement from the workers who are required to undertake the tasks being inspected.

Finding:	Conformance
----------	-------------

Evidence:	P&CD - WHS Management System Handbook, access provided by the Acting Manager, Safety Systems and Audit - Chapter 4.1 Workplace Inspections - ANUP_000569 Procedure, Work health and safety monitoring and testing, access provided by the Acting Manager, Safety Systems and Audit JCSMR - Example of inspection record, Neuroscience, dated 24 September 2025, four issues identified and actioned to completion, accessed by the WHS Manager. RSB - Example of inspection record, Outbuilding, dated 20 August 2025, two issue identified and actioned to completion, accessed by the WHS consultant. RSES - Example of inspection record, Jaeger 7 Building, dated 29 August 2025, nil issues arising, accessed by the WHS consultant. RSPHys - Example of inspection record, RSPHys High Risk Area Workplace Inspection, building 58C-BO, dated 31 July 2025, accessed by the WHS Manager.
-----------	--

Comment:	The auditor found that workers were involved in the abovementioned inspections. During interviews, workers confirmed that they were consulted about and involved in inspections.
----------	--

4.1.3 Engineering controls including safety devices are regularly inspected and tested (where appropriate) to ensure their integrity.

Finding:	Conformance
----------	-------------

Evidence:	P&CD - WHS Management System Handbook, access provided by the Acting Manager, Safety Systems and Audit - Chapter 3.1 Hazard Management - ANUP_000569 Procedure, Plant and equipment management, access provided by the Acting Manager, Safety Systems and Audit JCSMR - Numerous examples of records of inspection and maintenance - fume hoods where the records were displayed on the fume hood. RSES - Records of maintenance of SHRIMP modules, accessed by the SHRIMP Technical Officer RSPHys - Maintenance record – Oxygen Detection Sensor, Certificate of Calibration, dated 9 July 2025, accessed by the WHS Manager. - Electrical item certification, Magnet Power Remote Controller, Certificate number 43560/CV/0717, dated 25 March 2025, accessed by the WHS Manager. CE - Preventative Maintenance Program (using the third party application Maximo), accessed by the WHS Manager - Record of crane inspection by Complete Crane and Electrical, Job Number 11306, Building 35, dated 10 October 2025, accessed by the WHS Manager. 'E Stop Button testing' Service Report, Five Star Electrical, dated 10 September 2025, accessed by the WHS Manager.
-----------	---

Comment:	As commented at criterion 3.10.16, the auditor found that the University implements a systematic and suitable process to maintain plant and equipment; it included checking engineering controls. The auditor found that the CE division is responsible for maintaining plant and equipment associated with building and grounds infrastructure such as gantry cranes, and that Research Schools are responsible for maintaining their plant and equipment such as fume hoods and gas detection devices. Additionally, the auditor found that the Permit to Work process requires details about the maintenance of relevant plant and equipment to be defined on applicable permits. The auditor found that these processes appeared to be suitable.
----------	--

4.1.4 Monitoring of the workplace environment (general and personal) is conducted where appropriate and records of the results are maintained.

Finding:	Conformance
----------	-------------

Evidence:	P&CD - WHS Management System Handbook, access provided by the Acting Manager, Safety Systems and Audit - Chapter 4.1 Workplace Inspections - ANUP_000569 Procedure, Work health and safety monitoring and testing, access provided by the Acting Manager, Safety Systems and Audit JCSMR - Records of radiation monitoring – Radiation Monitor Geiger Counter, including a Certificate of Calibration, dated 29 September 2025, accessed by the WHS Manager. RSES - Record of noise monitoring – Noise Survey and Personal Noise Assessment, Jaeger 5 and 6, dated December 2022, accessed by the WHS Consultant. CE - Record of noise monitoring – Noise Hazard Identification Checklist, dated 15 September 2025, accessed by the WHS Manager.
Comment:	The auditor found that, where needed, site management monitors the work environment and maintains records of the results of the monitoring.

4.1.5 Inspection, measuring and test equipment related to health and safety monitoring is appropriately identified, calibrated, maintained and stored.

Finding:	Conformance
Evidence:	P&CD • WHS Management System Handbook, access provided by the Acting Manager, Safety Systems and Audit ◦ Chapter 4.1 Workplace Inspections • ANUP_000569 Procedure, Work health and safety monitoring and testing, access provided by the Acting Manager, Safety Systems and Audit JCSMR • Record of calibration – Radiation Monitor Geiger Counter, including a Certificate of Calibration, dated 29 September 2025, accessed by the WHS Manager. RSPHys • SGS Certificate of Calibration of a Radiation Detector (NATA), dated 3 April 2025. • Maintenance record – Oxygen Detection Sensor, Certificate of Calibration, dated 9 July 2025, accessed by the WHS Manager.
Comment:	The auditor found that the sites that were visited that used equipment for health and safety monitoring ensured the equipment was calibrated and maintained.

4.2 MONITORING AND MEASUREMENT—HEALTH SURVEILLANCE

4.2.1 The PCBU has identified those situations where worker health surveillance should occur and has procedures to conduct this surveillance. The health of workers exposed to specific hazards is monitored, recorded, and reported, and action is taken to address any adverse effects.

Finding:	Conformance with observation
----------	------------------------------

Evidence:	P&CD - WHS Management System Handbook, access provided by the Acting Manager, Safety Systems and Audit - Chapter 4.1 Workplace Inspections - ANUP_000569 Procedure, Work health and safety monitoring and testing, access provided by the Acting Manager, Safety Systems and Audit JCSMR - Interview about the following testing types; records kept by the P&CD Injury Management Team: - Laser – baseline eye health test prior to working with lasers. - Radiation dosimetry – quarterly check. - Audiometric testing – on commencement and annually (if required to wear hearing protection). RSB - Interview about the following testing types; records kept by the P&CD Injury Management Team: - Pesticide exposure. - Toxoplasma exposure. - Ionising radiation exposure. RSES - Record of monitoring – Noise Survey and Personal Noise Assessment, Jaeger 5 and 6, dated December 2022, accessed by the WHS Consultant. - Interview about audiometric testing; records kept by the P&CD Injury Management Team. RSPHys - the following testing types; records kept by the P&CD Injury Management Team: - Baseline eye health testing relating to work with Class 3 and 4 lasers. - Radiation dosimetry testing – refer to the Finding below. CE - Interview about audiometric testing; records kept by the P&CD Injury Management Team and stored in the Electronic Records Management System.
-----------	--

Comment:	The auditor found that the sites visited provided health surveillance to workers, where required. Results of the health surveillance are kept securely and confidentially by the P&CD Injury Management Team and stored in the Electronic Records Management System; the results are provided to a worker on request. RSPHys Finding: The auditor was advised that the RSPHys conducts radiation exposure monitoring using personal 'radiation dosimetry badges'. The auditor found that the relevant RSPHys managers are not provided with the results of this monitoring to assist them to determine whether the workers were exposed to levels of radiation that exceeded or approached exposure limits. The auditor considers that these managers should be provided with the results while maintaining the confidentiality of the records.
Observation:	RSPHys Share the results of radiation exposure monitoring for RSPHys workers with the appropriate managers, while ensuring that individual personal records remain confidential.

4.3 INCIDENT INVESTIGATION, AND CORRECTIVE AND PREVENTIVE ACTION

- 4.3.1 There are procedures (incorporating appropriate methodologies) for investigating and implementing corrective action following injuries, illnesses, incidents and other systems failures impacting on health and safety.**

Finding:	Conformance
----------	-------------

Evidence:	P&CD - WHS Management System Handbook, access provided by the Acting Manager, Safety Systems and Audit - Chapter 4.3 Incident Investigation Responsibility, Accountability and Actions.
Comment:	The auditor found that the abovementioned Chapter 4.3 and its associated appendices describe suitable procedures for the investigation of incidents in a timely manner, to identify their root causes, to identify corrective actions to address the root causes and maintain documents relating to incidents and investigations in the application Figtree.

4.3.2 Investigations shall:

- a) be undertaken by a competent persons or persons in accordance with the PCBU's procedure**
- b) identify the factor(s) that led to the injury, illness, incident or other system failure**
- c) review the identified hazards, assessed risks and effectiveness of the control measures**
- d) recommend appropriate control measures and corrective actions.**

Finding:	Conformance
----------	-------------

Evidence:	P&CD - WHS Management System Handbook, access provided by the Acting Manager, Safety Systems and Audit - Chapter 4.3 Incident Investigation Responsibility, Accountability and Actions. RSB
-----------	---

	- Record of incident investigation, located in Figtree, undertaken by workers trained in incident investigation, accessed by the WHS Consultant: - Inc0003564, date of incident. RSES - Several records of incidents located in Figtree, none requiring investigation, accessed by the WHS Consultant. RSPHys - Records of two investigation reports, located in Figtree, undertaken by workers trained in incident investigation, accessed by the WHS Manager: - Inc0003580, date of incident 19 November 2024 - Inc0003270, date of incident 19 November 2024
Comment:	The auditor found that incident investigations were undertaken competent workers in line with the University's procedure. The auditor found that the investigations were suitably carried out.

4.3.3 Corrective actions are:

- a) implemented in a timely manner**
- b) undertaken in consultation with affected workers**
- c) assessed for their effectiveness by assigned workers.**

Finding:	Conformance
----------	-------------

Evidence:	P&CD - WHS Management System Handbook, access provided by the Acting Manager, Safety Systems and Audit - Chapter 4.3 Incident Investigation Responsibility, Accountability and Actions. RSB - Record of incident investigation, located in Figtree, undertaken by workers trained in incident investigation, accessed by the WHS Consultant: - Inc0003564, date of incident. RSES - Several records of incidents located in Figtree, none requiring investigation, accessed by the WHS Consultant. RSPHys - Records of two investigation reports, located in Figtree, undertaken by workers trained in incident investigation, accessed by the WHS Manager: - Inc0003580, date of incident 19 November 2024 Inc0003270, date of incident 19 November 2024
Comment:	Consistent with the comment at criterion 4.3.3, the auditor found that suitable corrective actions were implemented.

4.4 RECORDS AND RECORDS MANAGEMENT

4.4.1 The PCBU has a program for the management of health and safety records, including their:

- a) identification and traceability**
- b) collection, indexing, and filing**
- c) access and confidentiality**
- d) retention and maintenance**
- e) protection against damage, deterioration or loss**
- f) retrieval**
- g) disposal.**

Finding:	Conformance
----------	-------------

Evidence:	P&CD • WHS Management System Handbook, access provided by the Acting Manager, Safety Systems and Audit ◦ Chapter 5.2 Document Control and Record Management. • Document Register Book – April 2025, accessed by the Acting Manager, Safety Systems and Audit.
Comment:	The auditor found that the University has a comprehensive and systematic system for managing health and safety records that meets the requirements of the criterion 4.4.1. This system includes the University's Enterprise Records Management System that is used to, among things, retain documents such as records.

4.5 HEALTH AND SAFETY MANAGEMENT SYSTEM AUDITS

- 4.5.1** There is a health and safety management system audit program to verify the effectiveness of the PCBU's health and safety management system requirements. The audit program takes into consideration the significance of health and safety risks and the results of previous audits.

Finding:	Conformance
----------	-------------

Evidence:	P&CD - University WHS Internal Tier 2 Audit Program for 2023-2026, version 2.0, accessed by the Acting Manager, Safety Systems and Audit. - Agenda papers, the University WHS Committee, accessed by the Acting Manager, Safety Systems and Audit: - Dated 19 February 2025 - Dated 18 August 2025.
Comment:	The auditor found that the University implements a systematic internal audit program in line with the requirements of the criterion 4.5.1. Among other things, the audit program provides for high risk activities to be audited annually and non-high risk activities audited on a three yearly basis. This approach seems reasonable. Additionally, the auditor found the implementation of the audit program is monitored and reviewed by the University's WHS Committee; detailed summary reports about the implementation and outcome of audits are provided to the Committee.

- 4.5.2** The PCBU conducts scheduled audits to verify that:
- workplace activities comply with health and safety procedures
 - procedures are properly implemented and maintained and
 - procedures are effectively implemented across the PCBU.

Finding:	Conformance
----------	-------------

Evidence:	P&CD - University WHS Internal Tier 2 Audit Program for 2023-2026, version 2.0, accessed by the Acting Manager, Safety Systems and Audit. - Example audit report: Audit AUD0007771, School of Medicine and Psychology, dated 16 June 2024, accessed by the Acting Manager, Safety Systems and Audit.
Comment:	The auditor found that the University implements a systematic and scheduled program of audits in line with the requirements of the criterion 4.5.2. The auditor sighted an example of an audit report; it was a comprehensive report focusing on the management of health and safety risks relevant to the audit site.

4.5.3 Deficiencies highlighted by the audits are prioritised and progress is monitored to ensure corrective action is implemented.

Finding:	Conformance
----------	-------------

Evidence:	P&CD - University WHS Internal Tier 2 Audit Program for 2023-2026, version 2.0, accessed by the Acting Manager, Safety Systems and Audit. - Agenda papers, the University WHS Committee, accessed by the Acting Manager, Safety Systems and Audit: - Dated 19 February 2025 - Dated 18 August 2025. - Example audit report: Audit AUD0007771, School of Medicine and Psychology, dated 16 June 2024, accessed by the Acting Manager, Safety Systems and Audit.
Comment:	The auditor found that the outcomes of health and safety audits are reported in an audit report and that the implementation and key findings of the audits are reported to and monitored by the WHS Committee. The auditor was informed that the Safety Systems and Audit section of the Safety and Wellbeing Team monitors action taken to address issues arising from an audit. This approach seems suitable.

ELEMENT 5: MANAGEMENT REVIEW

5.1 MANAGEMENT REVIEW

5.1.1 The PCBU has a health and safety management system review program to ensure the continuing suitability and effectiveness of the system. The review program is undertaken with senior management and officers and takes into account:

- a) health and safety management system audit results**
- b) objectives, targets and performance indicators**
- c) changing circumstances**
- d) opportunities for continuous improvements.**

Finding:	Conformance
----------	-------------

Evidence:	P&CD • WHS Management System Handbook, access provided by the Acting Manager, Safety Systems and Audit ◦ Chapter 5.1 WHS Management Review • Agenda papers, the University WHS Committee, accessed by the Acting Manager, Safety Systems and Audit: ◦ Dated 19 February 2025, item 6.2 University WHSMS Management Review Summary 2024.
Comment:	The auditor found that the University conducts an annual review of the WHS Management System to ensure its continued suitability and effectiveness. The review is undertaken by representatives of the University's Senior Management Group and Officers who are members of the WHS Committee. The auditor sighted an example of a report submitted to the University WHS Committee to assist it in reviewing the WHS Management System. The auditor found that the University implements a comprehensive approach for senior management to review the WHS Management System.

5.1.2 Recommendations arising from health and safety management system reviews generate actions to improve performance and those actions are implemented.

Finding:	Conformance
----------	-------------

Evidence:	P&CD - WHS Management System Handbook, access provided by the Acting Manager, Safety Systems and Audit - Chapter 5.1 WHS Management Review - Agenda papers, the University WHS Committee, accessed by the Acting Manager, Safety Systems and Audit: - Dated 19 February 2025, item 6.2 University WHSMS Management Review Summary 2024.
Comment:	As commented at criterion 5.1.1 above, the auditor found that the University implements a comprehensive approach for senior management to review the WHS Management System. The auditor was informed that the review did not generate recommendations to improve performance. The auditor considered this outcome of the review was reasonable.

APPENDIX 1: SITE SPECIFIC FINDINGS

SUMMARY OF NCRS AND OBSERVATIONS BY SITE/BUSINESS DIVISION

Criterion	Rating (NCR and/or Observation)	Reason for Observation
RSES		
3.3.4	Observation	The auditor was advised that RSES keeps a training register for staff. However, the auditor found several cases where the register did not show that staff had completed the required Tier 2 training.
3.10.12	Observation	During interviews with management representatives, the auditor found several instances of Safety Data Sheets (SDSs) located in the RSES Chemwatch module that were older than five years, indicating that the SDSs were outdated. Action was taken to obtain current SDSs from the Chemwatch provider.
3.11.7	Observation	During a site viewing, the auditor found an instance where the saline ampules located in a first aid kit were outdated.

CE		
3.3.5	Observation	The auditor found several instances of records of Tier 2 induction that were incomplete, for example, lacking a 'sign off' by the 'Inductor'.
3.10.13	Observation	During a viewing of three CE workshops, the auditor found that some hazardous chemicals such as solvents, paints and lubricants were stored in suitable storage cabinets but also found several instances of similar chemical substances located in storage rooms and on benches.
3.10.16	Observation	The auditor found several examples of 415V electrical cables connected to wall sockets where the testing was overdue. Additionally, in the mechanical workshop, the auditor found that the thermal imaging testing of the electrical cabinets was overdue.
3.10.21	Observation	During a viewing of three CE workshops, the auditor found numerous examples of rooms and workspaces where materials such as tools, electrical cables, stock, containers of paint and lubricant were stored on floors and tables. Additionally, the auditor was informed that several items of plant, such as the 'sand blasting' machine located in the mechanical workshop, were no longer used and possibly were surplus to requirements.
3.11.4	Observation	No information was available for review during the audit to demonstrate that the suitability, location and accessibility of emergency equipment is periodically assessed.
RSB		
3.9.2	Observation	The auditor found that the RSB WHS Hazard Register 2025, grouped hazards associated with chemicals and assigned risk ratings and risk controls to the group. During discussions with management representatives about the approach to grouping the auditor found there may be types of chemicals that should not be grouped due to the nature of the hazards associated with these chemicals, such as phenol.
3.9.3	Observation	The auditor found that RSB did not have accessible records to show that the individuals who completed risk assessments RSB1020 and RSB0116 had undertaken ANU WHS risk management training, which is necessary to confirm their competence in conducting the assessments.

3.10.5	Observation	The auditor found that the request to purchase the Convion Plant Growth Chamber, dated 19 November 2024, did not include a risk assessment for the Chamber, as required by the PRAMS process.
3.11.1	Observation	During interviews with workers, the auditor found there were differences in understanding about actions to take when an audible emergency alarm was sounded; some workers mentioned they would evacuate the building on the first alarm and other said they would await a second alarm before evacuating.
RSPHys		
3.9.2	Observation	The auditor found that the RSPHys had not established a risk assessment of psychosocial hazards as required by the ANU procedure Chapter 3.15 Psychosocial Risk Management paragraph 47 'conduct a risk assessment'.
3.11.7	Observation	During a site viewing, the auditor found an instance where the saline ampules located in a first aid kit were outdated.
4.2.1	Observation	The auditor was advised that the RSPHys conducts radiation exposure monitoring using personal 'radiation dosimetry badges'. The auditor found that the relevant RSPHys managers are not provided with the results of this monitoring to assist them to determine whether the workers were exposed to levels of radiation that exceeded or approached exposure limits. The auditor considers that these managers should be provided with the results while maintaining the confidentiality of the records.
JCSMR		
3.10.12	Observation	During interviews with workers, the auditor found there was little understanding of how to use and access information in Chemwatch.
3.11.1	Observation	During interviews with workers, the auditor found there were differences in understanding about actions to take when an audible emergency alarm was sounded; some workers mentioned they would evacuate the building on the first alarm and others said they would await a second alarm before evacuating.