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LICENSEE IMPROVEMENT PROGRAM

NATIONAL AUDIT TOOL (CTH) AUDIT REPORT

Australian National University

Canberra

1st – 12th December 2025

Commercial-in-Confidence

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SCOPE OF AUDIT

Licensee:	Australian National University
Scope of audit:	This audit assessed the effectiveness of Australian National University's 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 Australian National University are an appropriate means for verifying conformance. At the conclusion of the audit, this report is prepared identifying positive aspects of Australian National University's health and safety management systems, and any deficiencies against the audit criteria.
Audit criteria:	This tool comprises 94 criteria combined into five 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 recognized 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:	Safety & Wellbeing Monday 1st December 2025, Tuesday 2nd December 2025 & Thursday 4th December 2025 Campus Environment Wednesday 4th December 2025 Residential Experiences Division 5th December 2025 John Curtin Research School of Medical Research Monday 8th December 2025 Research School of Biology Tuesday 9th December 2025 Research School of Physics Wednesday 10th December 2025 Research School of Earth Science Thursday 11th December 2025
Auditor(s)/Comcare Representative(s):	Peter Rawlings Lead WHS Auditor PR Risk Management Pty Ltd Comcare Representatives: Evan Hancock Assistant Director - Prevention Assurance
Primary licensee contact(s):	Simon Merten Acting Manager, Safety Systems and Audit Safety & Wellbeing
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 Australian National University and thank them for their contribution to the audit process.

Conflict of interest: The auditor(s) declare 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
Safety & Wellbeing DAY 1 - Monday 1 December 2025 / DAY 2 - Tuesday 2 December 2025 / DAY 4 -Thursday 4 December 2025	
Simon Merten	Acting Manager, Safety Systems and Audit
Pru May	Senior WHS Manager
Mark Cunningham	WHS Manager
Asmita Adhikari	WHS Consultant
Campus Environment DAY 3 - Wednesday 3 December 2025	
Jeremy Matthew	Chief Campus Environment Officer
Mark Talbot	A/g Director Operations
Lisa Huntley	WHS Manager
Ben Condron	Project Director University House
Aanchal Meshram	Associate Director Infrastructure, Procurement and Contracts
Mick Kelly	Manager Landscape and Conservation
Maddie Boyles	Contract Manager Electrical and Fire
Jason Lord	Manager Maintenance
Greg Urbaniak	Pac Blue
Phil Cullhan	Pac Blue
Cameron Butler	ANU Safety Manager, Hail Program
Alex Morgan	Hindmarsh Project Manager, University House Remediation
Phill Goodall	Hindmarsh Senior Site
Glenn Hobbs	Hindmarsh State HSEQ Manager
Dipesh Thakur	HSR
Zoe Zatschler	HSR
Zac Spencer	HSR
Simon Merten	Acting Manager, Safety Systems and Audit

Asmita Adhikari	WHS Consultant
Residential Experiences Division DAY 5 - Friday 5 December 2025	
Felicity Gouldthorp	Chief Residential Experience Officer
Millan Pintos-Lopez	Head Operations
Matilda Lilford	Deputy Head of Wright Hall
Karena Keys	Deputy Head of Wamburun Hall
Natalie Johnston	Property Manager
Samitha Ramanayake	Head of Wright Hall
Sam Murphy	Downer
Simon Merten	Acting Manager, Safety Systems and Audit
Asmita Adhikari	WHS Consultant
John Curtin Research School of Medical Research DAY 6 - Monday 8 December 2025	
Professor Ian Cockburn	Acting Director
Soumi Bala	School Manager
Holly Burke	WHS Manager
Erryn Mclatchie	HSR
Daniel Faccin	First Aider
Jason Price	Area Warden
Kirsten Volz	General worker
Denis Coombes	Supervisor
Sarika Abbott	Supervisor
Katherine Campbell	Supervisor
Simon Merten	Acting Manager, Safety Systems and Audit
Asmita Adhikari	WHS Consultant
Research School of Biology DAY 7 - Tuesday 9 December 2025	
Professor Craig Moritz	Director
Steve O'Connor	School Manager

Tim Butler	WHS Consultant
Paul Helliwell	WHS Support Officer
Sharyn Wragg	IT Manager
Ben Parker-Brown	Senior Purchasing Officer
Niccy Aitken	Divisional Senior Technical Officer (E&E), HSR
Scott Keogh	Professor Group Leader - Ecology and Evolution
Dan Noble	Associate Professor Group Leader - Ecology and Evolution, HSR
Matt Sutton	Operations Manager
Simon Merten	Acting Manager, Safety Systems and Audit
Asmita Adhikari	WHS Consultant

Research School of Physics DAY 8 - Wednesday 10 December 2025

Professor Jodie Bradby	Acting Director
James Irwin	School Manager
Rick Walsh	WHS Manager
Huma Latif	WHS Consultant
Dige Wang	Technical Officer
Nikki Azzopardi	Departmental Administrator
Matt Shadwell	Engineer Officer
Vince Craig	Professor
Adrian Sheppard	Professor
Steve Tims	Professor
Simon Merten	Acting Manager, Safety Systems and Audit People Safety & Wellbeing
Asmita Adhikari	WHS Consultant

Research School of Earth Science DAY 9 - Thursday 11 December 2025

Professor Dorrit Jacob	Director
Geoff Pearson	School Manager
Sofia Cepeda Rojas	WHS Consultant

Andrew Latimore	Manager
Brett Knowles	HSR
Hayden Miller	Senior Technical Officer
Yue Wang	Senior Technical Officer
Michael Anenburg	Professor
David Clark	Senior Technical Officer
Penny King	Associate Director
Kathryn Hayward,	Associate Professor
Callum Shakespeare	Senior Lecturer
Angus Rummery	Technical Officer
Simon Merten	Acting Manager, Safety Systems and Audit
Asmita Adhikari	WHS Consultant

EXECUTIVE SUMMARY

Although the audit gathered evidence of effective health and safety management processes and practices, there remained a number of areas where improvement is needed. There were **27** criteria that were rated as 'non-conforming' during this audit.

These non-conformances were identified in the following sub elements: -

- Structure and responsibility—Responsibility and accountability
- Structure and responsibility - Training and competency
- Document and data control
- Hazard identification, risk assessment and control and risks - General
- Hazard identification, risk assessment and control and risks - Specific
- Emergency preparedness and response
- Monitoring and measurement – General
- Incident investigation, corrective and preventive action

Conformance was identified in the following sub elements: -

- Structure and responsibility—Resources
- Consultation, communication and reporting—Consultation
- Consultation, communication and reporting—Communication
- Consultation, communication and reporting—Reporting
- Documentation
- Health surveillance
- Records and records management
- Health and safety management system audit

Observations and comments in this report indicate further opportunities for improvement. There were **13** criteria that were rated with observations. Detailed findings are contained in the body of the report.

The audit highlighted many key strengths of the work health and safety management system.

Key strengths:

- Positive strong enthusiasm, engagement and participation by all employees including senior management during the interview process. In particular RSPHYS Interim Director and RED CREO who sat in on the audit. All senior management participated in the entry and exit meetings.
- WHSMS Handbook is a comprehensive WHS Management System, meeting both legislative and NAT requirements with evidence-based information. There is an opportunity to refine the WHSMS.
- The organisational restructure of the Safety and Wellbeing Team provides an opportunity to standardize the management of the WHSMS across ANU and improve the skills set of the Safety and Wellbeing Team and gain better efficiencies in the delivery of a support service. Some more work is required in selling the virtues of a centralised Safety and Wellbeing Team to relevant stakeholders.
- Development of new Training Modules such as University Work Health and Safety Induction, Practical Work Health and Safety Risk Management and Work Health and Safety Management for Supervisors, designed around contemporary adult learning principles, with a focus on alignments Blooms Taxonomy in relation to assessment of knowledge.
- The Induction and Training based access system and gas management system and redundancy in RSPHYS.
- The ANU Emergency Management System in place across ANU and in particular student residents.
- Robust internal audit program as evident by 203 finding in 2024.

Areas for improvement:

- Monitoring and reviewing health and safety performance of maintenance service contractors.
- Clearly identifying responsibilities and competency requirements for isolation lockout and tagout.
- Ensure maintenance service reports include Check sheets on what was included as part of the scheduled service.

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- Ensuring a more effective incident investigation process.
 - Internal auditors for Safety and Wellbeing to undertake the ISO 45001 auditing course as opposed to the ISO 19011 auditing course.
 - Safety and Wellbeing to have full visibility of all Safety documentation such as Risk Assessments, Safe Work Procedures.
 - Modification to the risk assessment template to clearly delineate existing controls and proposed new controls with references to corrective action on digital database.
 - Ensuring service contractor check in with the building custodian prior to commencing work.

NON-CONFORMANCES (NCRS)

A number of non-conformances were identified during the audit. They are:

Criterion	Non-conformance
3.2.1	This criterion was rated as a non-conformance because several officers have not completed the face-to face or online Due Diligence training.
3.2.4	This criterion was rated as a non-conformance at ANU because: - - Persons responsible for the management of contractors could not demonstrate that their responsibilities had been adequately implemented. - Position Description for the Director Residential Experience Division and Operations Manager (Head of Operations) do not include specific requirements for the WHS management of contractors.
3.3.3	This criterion was rated as a non-conformance at the Research School of Biology because Appendix A WHS Local Training Plan has not been implemented as per the requirements of Chapter 3.3 WHS Local Training Plan.
3.3.4	This was rated as a non-conformance at RSPhys because a program for the training and assessment of staff and students in safe work procedures has not been fully developed and implemented.
3.3.5	This criterion was rated as a non-conformance because records of Tier Two induction could not be verified for all Campus Environment employees. The Project Manager for Hindmarsh on the University House refurbishment project had not completed the ANU Contractor Induction.
3.3.6	This criterion was rated as a non-conformance because it was not evident that the qualification and competency requirements for non-RTO trainers OR the RTO status was reviewed annually as per the requirements of Chapter 3.2 WHS Induction Training and Supervision.
3.3.11	This criterion was rated as a non-conformance because several Pulse online training courses were overdue for their review. Also, it was not evident that the external WHS face-to-face training courses had undertaken an annual review for their relevance.
3.8.4	This criterion was rated as a non-conformance because a significant number of WHSMS Handbook Chapters and management system procedures had exceeded their next review date.
3.9.2	This criterion was rated as a non-conformance because: - - Psychosocial Risk Assessments for RSB and RSES were not evident. - A risk assessment on the liquid nitrogen bulk tank located at the rear of Building 131 JCSMR Building 134 RSB and Building RSES and liquid argon at Building RSES were not evident. - BRF RA 24 Working with Robotics in the Biomolecular Resource Facility does not mention which robotic machines are captured in the risk assessment. Machine access requirements and machine isolation requirements have not been included in the risk assessment which is integral in determining adequacy in the risk controls. The risk assessment does not state what tasks need access such as clearing jams, adjustments and inspections and what energy sources are on the machine. - A confined space risk assessment for the Animal Bedding Waste Bin was not evident and the Bin was not identified in the Confined Space Register. - RSB had not identified psychosocial hazards relevant to its operations. - A crushing hazard was identified with the perimeter fencing on the front facing part of the RSB BOC bulk liquid nitrogen and an access gate to a loading dock. - The risk assessment has not been reviewed for the plant upgrade and modification to the Heavy Ion Accelerator Facility in RSPhys. - Traffic management risk assessments were not evident for JCSMR and RSPhys. - RSES WHS Hazard and Risk Assessment GFRT (rotating table) J7-110-RA03 dated 25-03-

	2024 did not identify all hazards, risk and controls associated with the rotating table. The bottom section of the table was unguarded and the line marking used as an administration control was not identified in the risk assessment. • A generic risk assessment was used for the 2 lathes which had different safety devices. Employee discussion identified that the Hercus lathe did not require an emergency stop. It was not documented as to why.
3.9.7	This criterion was rated as a non-conformance because several Hazard Management procedures have exceeded their review date as required by Work Health and Safety Documentation Management Procedure.
3.10.2	This criterion was rated as a non-conformance because Residential Experiences Division could not demonstrate that health and safety requirements are identified, evaluated and incorporated into all purchasing specifications for services.
3.10.3	This criterion was rated as a non-conformance because Residential Experiences Division could not demonstrate an effective process was in place for assessing and evaluating the adequacy of a contractor's health and safety management system information.
3.10.4	This was rated as a non-conformance because there is no systematic contractor monitoring and review process in place for non-construction contractors.
3.10.5	This criterion was rated as a non-conformance because: • The purpose of the Plant – Pre-Purchase Risk Assessment Checklist and Form and Plant risk assessment and management strategy is not clearly defined. • The form JCSMR used for the Tapestation Plant – Pre-Purchase Risk Assessment Checklist and Form was an incomplete version with several missing fields.
3.10.7	This criterion was rated as a non-conformance because a procedure that requires hazard identification, risk assessment and the development of control measures are undertaken during the product or process design stage or when the process is modified was not evident.
3.10.14	This criterion was rated as a non-conformance because permit issuer training records were not evident for all persons listed on the Campus Environment Authorised Permit Issuer Contact List.
3.10.16	This criterion was rated as a non-conformance at Campus Environment because: - • There was 4948 hours between services for the JCB Telescopic Wheel Loader model: 2023 JCB TM320 which was recorded on the maintenance service schedule and Service Tax Invoice from Tractor Specialist. • A completed maintenance record check sheet was not evident for the wood chipper other than to say the maintenance was conducted in accordance with the manufacturer's requirements. • There is no formal inspection regime in place for the steel storage racking system in Building 35.
3.10.18	This criterion was rated as a non-conformance because: • Competency requirements have not been determined for isolation/lockout/tag out for maintenance service contractors working on plant and equipment. • Records of training and course content for Campus Environment personnel was not evident. • Records of isolation permits were also not evident.
3.10.21	This criterion was rated as a non-conformance because at RSES: - • A procedure for the safe handling, movement and storage of rocks was not evident • A pre-start for the cranes in the Sensitive High Resolution Ion Micro Probe (SHRIMP) was not evident. • A Safe Work Procedure for the use of the Cranes in SHRIMP was not evident. • A traffic risk assessment and traffic management plan were not evident.

3.10.22	This criterion was rated as a non-conformance at RSPhys because a systematic process for checking compliance to safe work procedures was not evident.
3.11.6	This criterion was rated as a non-conformance at ANU because a system is in place to inform emergency authorities of all relevant hazards (including hazardous chemicals) and on attendance during an emergency was not evident.
3.11.7	This criterion was rated as a non-conformance at RSES because current first aid records were not available for requested first aiders.
4.1.1	This criterion was rated as a non-conformance at RSPhys because a significant number of workplace inspections have not been completed as per the Workplace Inspection Schedule.
4.1.3	This criterion was rated as a non-conformance because: • CE Landscape and Conservation could not demonstrate that its front-end loader includes a check of plant of warning device such as flashing light and reversing beeper that warn persons who may be at risk from the movement of the plant in a planned maintenance record and pre-start check • CE Landscape and Conservation could not demonstrate that wood chipper includes a check of safety devices such as emergency stop and safety bars in the planned maintenance record and pre-start check • A maintenance schedule was not evident for RSPhys heavy ion accelerator (HIAF) which includes safety devices such as light curtain, interlocks, radiation detectors and E stops.
4.3.1	This criterion was rated as a non-conformance at ANU because requested incidents were not fully investigated and there was insufficient evidence of involvement of line management in the incident investigation process.
4.3.2	This criterion was rated as a non-conformance because ANU could not demonstrate that an effective process is in place that ensures incidents be undertaken by a competent persons or persons in accordance with the ANU's procedure, identify the factor(s) that led to the injury, illness, incident or other system failure, review the identified hazards, assessed risks and effectiveness of the control measures and recommends appropriate control measures and corrective actions.
4.3.3	This criterion was rated as a non-conformance at ANU because it was not evident that there is an effective process in place for ensuring corrective actions from incidents are consulted prior to implementation and corrective actions are reviewed for their effectiveness.

OBSERVATIONS

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

Criterion	Observations
3.2.5	Apart from the WHS Manager, JCSMR Focus for WHS included a generic statement in determining compliance with ANU WHS responsibilities.
3.3.10	Forklift refresher training has not been considered in relevant schools and departments.
3.4.3	RSB WHS Committee is not always meeting quarterly as required by legislation.
3.7.2	RSES Safe Work Procedure General Lab Work (HF) J5 -204-205-SWP03 makes no mention of the use of a buddy.
3.8.2	There is inconsistency between the Policy Governance Procedure which states reviews of policies and procedures be carried out at least 5 yearly and Work Health and Safety Documentation Management states that WHS Management System documentation are reviewed every 3 years.
3.9.1	A procedure requiring a traffic management risk assessment and traffic management plan was not evident.
3.10.11	Safe Work Procedure SWP_0056_Forklift_operation did not include LPG cylinder changeover.
3.10.12	Discussion with the RSB Senior Purchasing Officer identified that he did not know how to access safety data sheets from ChemWatch.
3.10.23	A procedure detailing the safety requirements for a roadside breakdown was not evident for Wright Hall of Residential Experiences Division.
3.11.1	Emergency response scenarios identified in the Residential Experiences Division Emergency Plan do not exactly align with the Emergency Response procedures.
3.11.5	Emergency Response Procedure references AS 2293.2:1995 which is superseded; the current version is AS/NZS 2293.2:2019.
4.1.2	Not all RSES High Risk Area Workplace Inspection showed evidence of consultation with workers.
5.1.1	The University WHSMS Management Review 2024 does not capture all agenda items for example resourcing requirements for adequately implementing and maintaining the WHS Management System.

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

	Number of criteria	% of assessed criteria achieved/not achieved
Conformance	67	71%
Observations	13	
Non-conformance	27	29%
Not able to be verified	0	
Not applicable	0	

An action plan, which includes completion/review dates and responsibilities, must be developed by Australian National University to address each of the Non-conformances and Observations identified in this report. The action plan must be provided to Comcare within the requested timeframe.

The ANU is invited to discuss any aspect of this audit report with Comcare.

Signed:



Auditor name:

Peter Rawlings Exemplar Global Lead Auditor for OHS
Management Systems Certificate No. C-3626884

Date:

17/12/2025

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
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Safety & Wellbeing WHSMS DAY 1 - Monday 1 December 2025

Evidence:	• Work Health and Safety Policy ANUP_000432 (Effective Date: 25 Mar 2024) • WHSMS Chapter 2.1 University WHS Planning (V: 1.0; Release Date: 05 July 2019) • Work Health and Safety Responsibilities Procedure ANUP_015820 (Effective Date: 21 Aug 2025) • Work Health and Safety Management System (WHSMS) Handbook Chapter 5.1 WHSMS Management Review (V: 1.0; Release Date: 28 November 2019) • WHSMS Handbook Chapter 2.2 Local WHS Plan (V: 1.0; Release Date: 05 July 2019) • Work Health and Safety Management Review Procedure ANUP_015815 Effective Date: 21 Aug 2025) • Cost codes for Safety & Wellbeing (R22290 Safety & Wellbeing – salary; 22290 0101 WEG Operations General Expenditure - consultants, specialized training; 22290 0102 first aid training; • Forecasting / Planning Cost Spreadsheet • Non-Salaried Forecast – consultants, training providers, subscriptions such as Figtree, ChemWatch, SRCLA, WorkSafe Australia, Clayton Utes (legal advisor) • Bi monthly WHS Council Report (full reports) Nov 25; July 25, May 25 • Position Descriptions - WHS Support Officer; Manager Safety Management Systems and Auditor; Senior Management WHS • Position Descriptions for Associate Director Work Environment, Senior WHS Consultant Management Systems and Audit, WHS Manager • Item 6.2 WHSMS Management Review System 2024 • RFQ Evaluation Report WHS Functional Review dated 11th September 2025 – review of the current WHS Service Delivery and Org structure to enhance a future state the building capability, culture performance metrics business as usual reporting an organisation design framework.
Comment:	Work Health and Safety Policy include requirement to allocating sufficient financial and physical resources to enable the effective implementation of this policy. Chapter 2.1 University WHS Planning states that Chairpersons of Local WHS Committees, Service Division Directors, College Deans and School Directors are responsible for providing direction and resources (e.g. physical, financial) for areas under their control to meet the Local WHS Plan. The Chapter also states that the COO as University WHS Committee Chair is responsible for reviewing the University WHS Plan in the 2nd and 4th University WHS Committee meeting in a calendar year, taking into consideration the relevance of objectives, priorities and key performance measures, changes in the workforce/work environment/organisational structure and resources. Work Health and Safety Responsibilities Procedure state the General WHS responsibilities of Deans, General Managers, Service Division Directors, Research School Directors is to allocate resources to fulfil WHS requirements. Chapter 5.1 WHSMS Management Review includes a to review changes in organisational structure and/or resources which may prevent the implementation of these procedures and Chapters. Chapter 2.2 Local WHS Plan Part B. Plan for Schedulable Activities (PSA) includes a provision for allocating WHS specific budget for improving work health and safety under your control. Work Health and Safety Management Review Procedure require the management review of resourcing for adequate implementation and to maintain the WHS Management System and opportunities for continual improvement. Safety and Wellbeing have a forecast planning budget for WHS and is monitored regularly. Schools and business units have their own budget for costs such as specialized PPE and bespoke training. Bi monthly WHS Council Report includes a review of WHS Resources as a standard agenda item.

	Item 6.2 WHSMS Management Review System is provided to all WHS contact and HSRs for consideration review and feedback.
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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
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Safety & Wellbeing WHSMS

Evidence:	• WHS Officer Capability Framework • WHS Ops Org Chart • Simon Merten ANU Jobs Applicant Profile Manager Safety Management Systems and Auditor / Certificate of Attainment Internal Auditor Training ISO 19011 completed June 2025 • Pru May Senior Manager WHS CV; ANU Jobs Applicant Profile Senior WHS Manager; Certificate of Attainment Internal Auditor Training ISO 19011 completed June 2025 • Asmita Adhikari WHS Consultant Master of Public Advanced Promotion, Work Health and Safety completed 03/01/18 Certificate of Attainment Internal Auditor Training ISO 19011 completed April 2024 • Tonya Moss WHS Consultant ICAM Lead Investigator Course completed April 20024; Certificate of Attainment Internal Auditor Training ISO 19011 completed April 2024 • Sofia Rojas WHS Consultant Certificate IV in WHS completed 2022 • Nancy Martin WHS Consultant Lead Auditor Certificate • Huma Latif WHS Consultant Certificate IV in WHS completed 2022 External consultants include: - • Australian Red Cross for first aid training • Intertek SAI Global for Auditor • Chemwatch for the electronic chemical management system • ICAM Australia for ICAM training • Ferst for warden training • NOST for radiation Safety Officer Training • Aspire by Catapult – Development of WHS Training Modules • Safety Wise for ICAM Lead Investigator Training
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Comment:	WHS Capability Framework identifies WHS resource skill set based on staffing profile (number of people), hazard and inherent risk, build environment, location and whether you engage contractor. WHS Ops Org Chart shows there are 19 current team members with recruitment for another Senior WHS Consultant. ANU Jobs Applicant Profile provides a history of employment at ANU as well as an up-to-date as the role changes. Records of qualifications were sighted for members of the Safety and Wellbeing ANU also uses a range of external consultants for specialist WHS advice and support.
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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:	Non-conformance
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Safety & Wellbeing WHSMS DAY 1 - Monday 1 December 2025

Evidence:	• WHSMS Handbook Chapter 5.1 WHSMS Management Review (V1.0; Release Date: 28 November 2022) • Figtree WHSMSH Questionnaire for Leaders records • WHSMS Handbook Chapter 3.3 WHS Local Training Plan (LTP) (V1.3; Release Date: 20 May 2021) • ANU Insight Extract Report Training course completion by user training plan Due Diligence • Training course by user Training Plan Due Diligence Framework (face-to face) • WHS Due Diligence PowerPoint (40 slides) Ashurst Lawyers June 2024 / attachment Practical WHS for Managers • Online Work Health and Safety Due Diligence Framework course content slide pack 42 slides
Comment:	Chapter 5.1 WHSMS Management Review requires School Directors, Division Directors and College Deans to complete a WHSMS Management Questionnaire. The questionnaire outcome is to determine the University's progress towards meeting an element of the 'leadership involvement' objective as mentioned in University WHS Plan. WHSMSH Questionnaire for Leaders covers questions relating to WHS Resourcing and Planning. Chapter 3.3 WHS Local Training Plan (LTP) Appendix B. Reference to University required and legislatively prescribed WHS training Tier 1 Training - University WHSMS requires WHS Due Diligence Framework mandatory training for all Officers including School Directors, College Deans, General Managers, Division Directors and Senior Management Group (SMG). Senior management have completed the face-to-face Due Diligence training and or the online Due Diligence training course. A reconciliation was conducted of the ANU Insight Extract Report Training and the officers who have not completed the face-to face or online Due Diligence training are the, Director School of Engineering, Head of JIHEC, CISO Interim CIO.
Non-conformance:	This criterion was rated as a non-conformance because several officers have not completed the face-to face or online Due Diligence training.

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
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Safety & Wellbeing WHSMS DAY 1 - Monday 1 December 2025

Evidence:	• Work Health and Safety Responsibilities Procedure ANUP_015820 (Effective Date: 21 Aug 2025) • Quarterly University WHS Committee Minutes dated (Draft) 17/11/25, 18/08/25 • ANU Audit and Risk Management Committee dated 14 May 2025 Work Health and Safety Report (1 Jan – 30 Apr 2025) WHS Dashboard; dated 11 September 2025 Work Health and Safety Report (1 Jan – 30 Jun 2025) WHS Dashboard • Bi monthly WHS Council Reports Nov 25; July 25, May 25 • Quarterly Research School of Physics Due Diligence Report dated 13/10/25, 10/07/25 covers reporting on WHS Issue Resolution, Corrective actions, WHS Matters, Training, Hazard management, Workplace inspection and Leadership • Quarterly Research School of Biology Due Diligence Report 13/10/25
Comment:	Work Health and Safety Responsibilities Procedure states that the Vice-Chancellor has appointed the Chief Operating Officer (COO) with the overall responsibility for the WHS management system. The COO is responsible for reporting on the performance of the WHS management system to the Council, the Vice-Chancellor and the SLG. University WHS Committee attended by senior managers including the COO and HSRs covers agenda items WHS Reporting, WHS Council Report, Local Area WHS Committee updates, High level performance report (incidents, psychosocial incidents, training), Local WHS Committee and Advisory Group Committee, WHS Internal Audit Summary Updates, Updates from Safety Advisory Groups (e.g. radiation, electrical and chemical) and topics of interest. ANU Audit and Risk Management Committee / Work Health and Safety Audit Program is a standing agenda item. The COO approves and sponsors the Work Health and Safety Audit Program. Purpose of the paper is to provide an overview of the University's audit program and outstanding corrective actions. The agenda included topics such as incidents and hazards and audits. The COO also has oversight of the Bi monthly WHS Council Reports.

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
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Safety & Wellbeing- WHSMS DAY 1 - Monday 1 December 2025

Evidence:	• Work Health and Safety Responsibilities Procedure ANUP_015820 (Effective Date: 21 Aug 2025) • Pulse Online University Work Health and Safety (WHS) Induction training Slide 7 (General responsibilities and where to find specific WHS responsibilities and Actions)
Comment:	Procedure Work Health and Safety Responsibilities Table 1 WHS responsibilities of SMG defines functional level responsibilities for Strategic Leadership Group (SLG) and Chief Operating Officer. Table 2 WHS responsibilities of specific groups and roles sets out responsibilities for Safety and Wellbeing, Campus Environment Division, Finance and Business Services Division, Human Resources Division, WHS Committee members, Elected Health and Safety Representatives (HSRs), Fire Wardens / Emergency Control Organisation (ECO) and Emergency Planning Committees (EPC) members, Nominated First Aid Officers and Local Area Safety Officers. Table 3 General WHS responsibilities sets out responsibilities for Deans, General Managers, Service Division Directors, Research School Directors, Supervisors / managers and other workers (not described above and including visiting fellows and volunteers) WHS Training Reports confirmed new starters receive the Pulse Online University Work Health and Safety (WHS) Induction training. Various Handbook and system procedures define WHS responsibilities. Local areas were able to demonstrate an understanding of the relevant systems procedure and where to find them on the ANU internet.

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:	Non-conformance
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WHSMS	
Evidence:	- WHSMS Handbook Chapter 3.6 – Contractor Safety Engagement (V3.0; Release Date: 1 November 2025) - Contractor safety engagement Procedure ANUP_017807 (Effective Date: 25 Aug 2025) - WHSMS Handbook Chapter 3.3 WHS Local Training Plan (V1.4 ; Release Date: 30 November 2024) Appendix B. Reference to University required and legislatively prescribed WHS training - ANU Contractor Induction Story Board
Comment:	Work Health and Safety Management System (WHSMS) Handbook 3.6 Contractor Safety Engagement provides various functional level responsibilities for ANU management and workers and also contractor representatives. Contractor Work Health and Safety Procedure set out requirements for tender and contract requirements, tender requirements, contract requirements, contractor evaluation and selection, WHS risk management and workplace induction, monitoring contractor safety performance, evaluation of contractor safety performance and roles and responsibilities for various functional roles Chapter 3.3 WHS Local Training Plan Appendix B. Reference to University required and legislatively prescribed WHS training requires Contractor Safety Management (Pulse) training for all staff engaging, managing and monitoring contractors. ANU provides a link ANU Contractor WHS Induction for contractors to register, being inducted and gaining an access card. Contractors are required to sign in and sign out of building using a QR code.
Residential Experiences Division DAY 5 - Friday 5 December 2025	
Evidence:	- Pulse online Contractor Safety Management Extract 21 out of 27 have completed the training - Contractor Safety Management Extract Report Downer and Chartwell - ANU Contractor Induction - Services Agreement between Australian National University and Compass Group Education Hospitality Services dated 13/10/2025 Position Description for Director Residential Experience Division and Operations Manager (Head of Operations)
Comment:	Persons with responsibility for the management of contractor in Residential Experiences Division receive the Pulse online Contractor Safety Management training. Contractor Induction defines basic contractor responsibilities. The Service Agreements between ANU and the contractor includes WHS clauses which are signed off in the agreement document. Persons responsible for the management of contractors could not demonstrate that their responsibilities had been adequately implemented. Examples of were identified in a number of schools and divisions and include: - - The Project Manager for Hindmarsh on the University House refurbishment project had not completed the ANU Contractor Induction. - Lack of health and safety documentation provided for the catering tender evaluation. - Contractor not always reporting to the building custodian in RSB. - Little or no monitoring and review of contractor performance in CE. - Contractors not completing Isolation permits as required by the WHSMS.
Non-conformance:	This criterion was rated as a non-conformance at ANU because: - Persons responsible for the management of contractors could not demonstrate that their responsibilities had been adequately implemented.

	Position Description for the Director Residential Experience Division and Operations Manager (Head of Operations) do not include specific requirements for the WHS management of contractors.
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3.2.5 Workers are held accountable for health and safety performance in accordance with their defined responsibilities.

Finding:	Conformance (Observation)
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WHSMS

Evidence:	FOCUS development plan WHS objectives – Version 2.1
Comment:	FOCUS development plan WHS objectives provides examples of key performance indicators that that be used as SMART KPIs for WHS in employee performance reviews.

John Curtin School of Medical Science DAY 6 - Monday 8 December 2025

Evidence:	- Focus WHS Manager completed 03/12/25 - Focus Manager BRF Biomedical Research Facility (awaiting final completion) - Focus Student Administrator (awaiting final completion) - JCSMR-3.2.1-Due Diligence Report_Q3_2025
Comment:	Focus provides for an annual performance and development review which include personal goals and generic WHS KPIs. Generic KPIs include ANU WHS responsibilities which are across all positions JCSMR-3.2.1-Due Diligence Report_Q3_2025 provides a quarterly summary of due diligence compliance which includes WHS Issue Resolution, Corrective Actions Report, WHS Matters, Training, Hazard Management, Workplace Inspection and Leadership Involvement. ANU has identified the need for performance reviews to have SMART goals and have provided workers with training regarding using SMART goals.
Observation:	Apart from the WHS Manager, JCSMR Focus for WHS included a generic statement in determining compliance with ANU WHS responsibilities.

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
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WHSMS	
Evidence:	- WHSMS Handbook Chapter 3.2 WHS Induction Training and Supervision (V1.3; Release Date: 29 November 2022) - WHSMS Handbook Chapter 3.3 WHS Local Training Plan (LTP) (V1.3; Release Date: 20 May 2021) - Work Health and Safety Training Procedure ANUP015821 (Effective Date: 21 Aug 2025)
Comment:	Chapter 3.2 WHS Induction Training and Supervision classifies training into 3 tiers WHSMS Training (Tier 1); Compliance Training (Tier 2); and Work Safely Proficiency Training (Tier 3). Chapter 3.3 WHS Local Training Plan (LTP) sets out requirements for development of University WHS Training Matrix, development and implementation of Local WHS Training Plan and Monitoring and reviewing the WHS Local Training Plan. Appendix B provides a Reference to University required and legislatively prescribed WHS training for Inductions, Tier 1 Training - University WHSMS and Tier 2 Training - Compliance Training (Legislatively prescribed). Work Health and Safety Training Procedure states that the worker / HDR 's supervisor and / or manager is responsible for determining the WHS Tier 3 proficiency training needs as appropriate, in consultation with the workers or HDR students prior to their commencement on a specific activity.
Research School of Earth Science DAY 9 - Thursday 11 December 2025	
Evidence:	- Insight Extract WHS Training Requirements Report - RSES 3.3.1 Local WHS Training Plan-RSES-Q3 2025 / Training RSES
Comment:	Insight Extract WHS Training Requirements Report is also reflected in RSES 3.3.1 Local WHS Training Plan / Training RSES which defines training needs by position. Training needs for each laboratory have also been identified.

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

Finding:	Conformance
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WHSMS

Evidence:	- WHSMS Handbook Chapter 3.2 WHS Induction Training and Supervision (V1.3; Release Date: 29 November 2022) - WHSMS Handbook Chapter 3.3 WHS Local Training Plan (LTP) (V1.3; Release Date: 20 May 2021) - Work Health and Safety Training Procedure ANUP015821 (Effective Date: 21 Aug 2025)
Comment:	Chapter 3.2 WHS Induction Training and Supervision requires the inductor to identify Tier 1 and Tier 2 training needs of the inductee on the back of Appendix B (already having provision) in consultation with the inductee and Identify Tier 3 Training needs of the inductee at the back of the induction templates should your areas have any of these activities, in consultation with the inductee. Chapter 3.3 WHS Local Training Plan (LTP) requires Draft the University WHS Training Matrix for the upcoming year consultation with both management representatives and health and safety representatives on the draft University WHS Training Matrix and distribute the draft Local Training Plan to all workers under your control for consultation (3 weeks). Work Health and Safety Training Procedure states that the worker / HDR 's supervisor and / or manager is responsible for determining the WHS Tier 3 proficiency training needs as appropriate, in consultation with the workers or HDR students prior to their commencement on a specific activity.

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Evidence:	- Email 17/11/25 to Jin Yan Yap Project Officer from JCS Training Team defines mandatory training requirements for the job position - Email dated 27/03/25 Susannah Brown Team Lead for NTRMP from JCS Training Team defines training suite for liquid nitrogen - Email dated 24/11/25 to Student from JCS Training Team regarding safe work procedure - JCSMR WHS Committee dated 04/06/25 # 5.6 Training Completed in accordance with WHS Local Training Plan
Comment:	Email correspondence defines JCS Training Team defines mandatory training requirements for the job position for the new employees. SWP training needs for employees and students are consulted through email correspondence. Workers and students can login into Pulse which also defines training requirements. Training needs can also be identified and consulted with workers including HSRs through JCSMR WHS Committee Meetings.

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

Finding:	Non-conformance
WHSMS	
Evidence:	- WHSMS Handbook Chapter 3.2 WHS Induction Training and Supervision (V1.3; Release Date: 29 November 2022) - WHSMS Handbook Chapter 3.3 WHS Local Training Plan (LTP) (V1.3; Release Date: 20 May 2021)
Comment:	Chapter 3.2 WHS Induction Training and Supervision requires management, workers and HDR students to complete inductions as detailed below and these are identified in the Local Training Plan and to ensure supervisors assign tasks in accordance with the competency, skills and capability of workers and HDR students as identified through WHS Local Training Plan. Chapter 3.3 WHS Local Training Plan (LTP) is used to define the Inductions, Tier 1 Training - WHS Management System and Tier 2 Training - University and Legislative Compliance Training requirements through the Appendix A WHS Local Training Plan Template. The Chapter requires the Supervisor to identify mandatory Tier 3 training opportunities for needs identified and agreed during High-Risk Area Induction.
Research School of Biology DAY 7 - Tuesday 9 December 2025	
Evidence:	RSB Tier WHS Induction Robert Albiston PhD Student dated 22/09/25, Emmanuel Gyamfi PhD Student dated 15/09/25, Die Hu Staff member dated 10/09/25
Comment:	RSB Tier WHS Induction identifies Tier 1 Training, Tier 2 Training and required local training and induction. The Power BI reporting system does not fulfill the requirements of Appendix A WHS Local Training Plan.
Non-conformance:	This criterion was rated as a non-conformance at the Research School of Biology because Appendix A WHS Local Training Plan has not been implemented as per the requirements of Chapter 3.3 WHS Local Training Plan.

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

Finding:	Non-conformance
WHSMS	
Evidence:	- WHSMS Handbook Chapter 3.2 WHS Induction Training and Supervision (V1.3; Release Date: 29 November 2022) - Work Health and Safety Training Procedure ANUP015821 (Effective Date: 21 Aug 2025) - Pulse online Laser Safety Story Board - Pulse online Ionising Radiation – Machines Story Board
Comment:	Chapter 3.2 WHS Induction Training and Supervision requires a detailed SWP of the activity as assessment criteria to the trainee. The Handbook states competency can only be achieved through an assessment conducted by an already competent person in the same field. For the purpose of this chapter, it means the person's knowledge, skills, or abilities to perform a task safely and independently after being assessed as competent in accordance with WHS information, work instruction and training from an RTO/another competent person/authorised trainer of the same activity. Appendix D Tier 3 Work Safely Proficiency Training Record Booklet sets out requirements for recording a proficiency record for the activity. Work Health and Safety Training Procedure states that competency is only achieved through an assessment conducted by an already competent person in the same field. The methods of assessment of competency are as follows: - - For work activities requiring Tier 3 Work Safely Proficiency Training, a documented competency and proficiency assessment must be conducted by the supervisor of the activity and/or their delegate trainers via practical demonstrations by the trainee that they can complete the activity safely and independently in accordance with the Safe Work Procedure of the activity. - For Tier 1 and 2 training, there are a variety of options for competency assessment such as questionnaire confirmation of understanding after training, practical assignment and/or formal assessment by RTO. Pulse online Story Boards were sighted for Laser Safety and Ionising Radiation.
Research School of Physics DAY 8 - Wednesday 10 December 2025	
Evidence:	- RSPHys High Risk Area Training Matrix identifies by room Training can be sorted by the room. Available on intranet. - Kristy Bouskill Student WHS Induction Tier 1 completed 04/07/25; Tier 2 Induction 06/03/25; Figtree Incident and hazard reporting completed 04/07/25; Setting up your workstation completed 04/07/25 - Tier 3 Training Proficiency Record Liam Kennedy Lathe operation, Milling machine operation & Pedestal drill operation completed 05/02/2025 - Tier 3 Training Proficiency Record Wei Wang FEI Verios SEM-CL for sample characterisation - SWP_160_L3_P3.46 Principles of Working in Laser Lab dated 12/12/24 (5 names) - Mark Gwynneth Technical Officer ANU WHS Risk Management ED 26/7/2027; Cryogenic Materials ED 1/5/2028; Corrosive Substances ED 19/3/2029; Gas Cylinders and Aerosols ED 1/5/2028 - Deon Hickey Technical Officer ANU WHS Risk Management ED 17/1/2027; Gas Cylinders and Aerosols ED 28/3/2028
Comment:	Door signage is used to identify training requirements for the room. Access to room is excluded if the training requirements have not been met. Records of training were sighted and include assessment of competency for core WHS training and compliance training.
Non-conformance:	This was rated as a non-conformance at RSPHys because a program for the training and assessment of staff and students in safe work procedures has not been fully developed and implemented.

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:	Non-conformance
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WHSMS

Evidence:	- WHSMS Handbook Chapter 3.2 WHS Induction Training and Supervision (V1.3; Release Date: 29 November 2022) - Work Health and Safety Training Procedure ANUP015821 (Effective Date: 21 Aug 2025) - Contractor safety engagement Procedure ANUP_017807 (Effective Date: 25 Aug 2025) - University WHS Induction Tier One Induction Storyboard - ANU Contractor Induction Story Board
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Comment:	Chapter 3.2 WHS Induction Training and Supervision states that induction is classified into three Tiers including University WHS Induction (Tier 1); School/Service Divisional WHS Induction (Tier 2); High Risk Area WHS Induction (Tier 3). The Chapter provides the following templates for induction: - - Appendix B [School/Service Division] WHS Induction Template (Tier 2 Induction) - Appendix C [School/Service Division] High Risk Areas WHS Induction Template (Tier 3 Induction) Work Health and Safety Training Procedure sets out induction requirements for workers and HDR students. Contractors are required to complete their induction program in accordance with the Contractor Work Health and Safety procedure. Contractor safety engagement Procedure sets out the induction requirements for contractors. University WHS Induction topics include: - University Work Health and Safety (WHS) Induction - Why do we need Work Health and Safety? - University's Work Health and Safety Policy - WHS Management System (WHSMS) and WHSMS Handbook - WHS Legal and Other Requirements - General Responsibilities - Where to find your specific WHS responsibilities and actions? - Basic Hazard Management - Hazards on Campus or at work - Hazard & Incident Reporting and Notifiable Incident - Use Figtree to report incidents and hazards - Emergency Management at the University - Your Health and Safety Representatives - How to raise and manage WHS Complaints and Concerns - Agreed WHS Issue Resolution Process ANU Contractor Induction covers topics such as access, site access, restricted access, hazardous areas, hazardous materials, hazardous substances, traffic management, parking and loading zones, expected behaviour, no smoking, bullying and discrimination, health and safety risk management process, isolation of services, isolation lock out / tag out, incident reporting, fire safety equipment, emergency tones and procedures, permit to work, hot work, fire impairment notice, working at heights, excavation, electrical safety, noise, dust, odours, environment protection, protection of bushland and landscape, housekeeping and waste management.
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Campus Environment DAY 3 - Wednesday 3 December 2025

Evidence:	- Insight Extract Report CE Tier One Induction Mark Talbot Acting Director Operations completed 29/04/24; Jason Lord Maintenance Manager completed 17/02/20; Kieth Hickson Senior Manager Engineering Sustainability Engineering completed 12/10/21 - CE -3.3.3 Local WHS Training Plan Mark Talbot Acting Director Operations completed 26/06/24; Jason Lord Maintenance Manager no record; Kieth Hickson Senior Manager Engineering Sustainability Engineering no record - Contractor Induction Portal 242 current linked security access Greg Urvaniak ED 27/11/26
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	and Phil Culhane ED 27/11/26 Pack Blue Construction; Alex Hindmarsh Project Manager no record of induction
Comment:	Whilst records of employee and contractor induction were sighted records of Tier Two induction could not be verified for all CE employees. The Project Manager for Hindmarsh on the University House refurbishment project had not completed the ANU Contractor Induction.
Non-conformance:	This criterion was rated as a non-conformance because records of Tier Two induction could not be verified for all Campus Environment employees. The Project Manager for Hindmarsh on the University House refurbishment project had not completed the ANU Contractor Induction.

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

Finding:	Non-conformance
Safety & Wellbeing- WHSMS DAY 1 - Monday 1 December 2025	
Evidence:	• WHSMS Handbook Chapter 3.2 WHS Induction Training and Supervision (V1.3; Release Date: 29 November 2022) • Work Health and Safety Training Procedure ANUP_015821 (Effective Date: 21 Aug 2025) • Ferst (warden training) affiliated RTO Allens Training RTO 90909 • Australian Red Cross RTO 3605 • WHS Training Program spreadsheet 2019
Comment:	Work Health and Safety Management System (WSMS) Handbook Chapter 3.3 WHS Local Training Plan (LTP) requires ensuring that external or internal trainers for Tier 1 and 2 Training are reviewed for qualification and competency for non-RTO trainers OR the RTO status annually and recorded on the upcoming year's Training Program. WHS Training Program spreadsheet 2019 shows the title of the training workshop, Training provider, RTO code, RTO expiry, type of training, min/max participants, workshop duration and costs. The qualification and competency for non-RTO trainers or the RTO status was last reviewed back in 2019.
Non-conformance:	This criterion was rated as a non-conformance because it was not evident that the qualification and competency requirements for non-RTO trainers OR the RTO status was reviewed annually as per the requirements of Chapter 3.2 WHS Induction Training and Supervision.

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
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Safety & Wellbeing- WHSMS DAY 1 - Monday 1 December 2025

Evidence:	• Fitness to work Policy ANUP_014609 (Effective Date 17 Oct 2024) • ANU Jobs Portal contains links position available at ANU. The Position Description specifies selection criteria, pre-employment Work Environment Report which provides information on potential hazards relating to duties of the job. The potential Hazards identifies if the tasks are regular or occasional. • Position Descriptions – Senior Manager Operations for the Centre for personalized medicine; Senior Business Analyst for Finance and Business Services; Research Fellow Level B. • Appendix C High Areas WHS Induction Template (Tier 3 Induction) • Return to work plans from Campus Environment (restricted lifting capacity) and Residential Experience (modification to hours worked)
Comment:	Fitness to work Policy sets out requirements requires an individual is in a state (physically and psychologically) to perform tasks assigned to them competently and in a manner which does not compromise the safety and health of themselves or others. The policy requires health assessments where a risk assessment has identified them as necessary and responsibility for supervisors to monitor the fitness for work of workers within their responsibility ANU Jobs Portal contains links position available at ANU. The Position Description specifies selection criteria, pre-employment Work Environment Report which provides information on potential hazards relating to duties of the job. The potential hazards section identifies if the tasks are regular or occasionally performed. Pre-employment medicals are required as part of the employment process. Appendix C High Areas WHS Induction Template (Tier 3 Induction) ensures persons performing work in these high-risk areas have the capability and level of training to perform the tasks.

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
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WHSMS

Evidence:	WHSMS Handbook Chapter 3.2 WHS Induction Training and Supervision (V1.3; Release Date: 29 November 2022)
Comment:	Chapter 3.2 WHS Induction Training and Supervision states that COO; College Deans; School Directors; Service Division Directors; Local WHS Committee Chairs complete WHSMS and Due Diligence for Officers Training and WHSMS for Managers and Supervisors training.

Research School of Physics DAY 8 - Wednesday 10 December 2025

Evidence:	RSPHys High Risk Area Training Matrix Extract Reports - Vince Craig Professor / Associate Director WHSMS and Due Diligence for Officers completed; WHSMS for Managers and Supervisors ED 20/6/2026; ANU WHS Risk Management ED 23/4/2030; Ionising Radiation Safety – Machines ED 10/5/2028; Laser Safety ED 14/11/2028 - John Close Professor WHSMS for Managers and Supervisors ED 26/5/2026; Hazardous Substances ED 17/10/2029; Laser Safety ED 31/5/2028 - James Irwin School Manager ANU WHS Risk Management ED 21/9/2026; Gas Cylinders and Aerosols ED 2/2/2028; Laser Safety ED 24/2/2025; Flammable Substances ED 2/2/2028 - Jodie Bradby Director WHSMS and Due Diligence for Officers completed, ANU WHS Risk Management ED 19/3/2026; ANU WHS Risk Management ED 3/3/2030; Cryogenic Materials ED 7/5/2028; Ionising Radiation Safety – Machines ED 8/6/2028
Comment:	RSP High Risk Area Training Matrix Extract Reports were sighted for various functional management roles confirming WHS training is undertaken appropriate to their roles.

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
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WHSMS	
Evidence:	- WHSMS Handbook Chapter 3.20 WHS Committees and Representatives (V1.2; Release Date: 29 Apr 2024) - Work Health and Safety Committee and Representatives Procedure ANUP_015808 (Effective Date: 7 May 2020) - WHSMS Handbook Chapter 3.3 WHS Local Training Plan (LTP) (V1.3; Release Date: 20 May 2021) Appendix B. Reference to University required and legislatively prescribed WHS training - ANU WHS Committee Training Storyboard
Comment:	Chapter 3.20 WHS Committees and Representatives requires elected HSRs to complete Comcare Approved HSR Training and Initial 5-day course; and 1 day refresher course annually. Work Health and Safety Committee and Representatives Procedure states WHS Committee training is required for WHS committee members. Chapter 3.3 WHS Local Training Plan (LTP) Appendix B. Reference to University required and legislatively prescribed WHS training requires WHS Committee Member Training every 3 years. Pulse online WHS for committee members covers topics such as ANU WHS Committee Member Training, Objectives, Purpose of the University WHS Committees, How is a WHS Committee established?, ANU Governance structure, Selection of Committee Members, Committee Members - Roles and Responsibilities, Effective Committees Include Appropriate Senior Managers, Effective meeting practices, Steps for Issue Resolution and Safety and Wellbeing support.
Research School of Biology DAY 7 - Tuesday 9 December 2025	
Evidence:	Insight WHS Requirement Training Report WHS Committee Training (3 yearly refresher) - Yiming Li Educational Technical Support Officer / HSR ED 30/10/28, Stephen O'Connor School Manager ED 12/04/26, Daniel Noble ARC Future Fellow / HSR ED 23/04/27, Craig Moritz Director RSB ED 30/10/28
Comment:	WHS Committee members including management and workers representatives have received WHS Committee training. It was noted through employee discussion that many HSR across the ANU have declined to undertake the approved Comcare training for HSRs.

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 (Observation)
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WHSMS

Evidence:	- WHSMS Handbook Chapter 3.3 WHS Local Training Plan (LTP) (V1.3; Release Date: 20 May 2021) - Appendix A WHS Local Training Plan - Appendix B Reference to University required and legislatively prescribed WHS training - Work Health and Safety Training Procedure ANUP015821 (Effective Date: 21 Aug 2025) - WHSMS Handbook Chapter 3.20 WHS Committees and Representatives (V1.2; Release Date: 29 Apr 2024) - Fall Prevention Procedure ANU_000700 (V13; Effective Date: 16 May 2018) - Provision of First Aid Services Procedure ANUP_000530 (Effective Date: 21 Aug 2025) - Confined Space Safety Procedure ANU_00588 (Effective Date: 21 Aug 2025)
Comment:	Chapter 3.3 WHS Local Training Plan (LTP) requires determination of refresher training frequency. Appendix A WHS Local Training Plan includes color coding that defines the retraining frequency. Appendix B. Reference to University required and legislatively prescribed WHS training identifies refresher retraining frequency requirements. Work Health and Safety Training Procedure states that general WHS refresher training which is not linked to licences or compliance requirements shall be undertaken every three years. Refresher training which is required to maintain the currency of licences and compliances, such as First Aid training, Forklift licence and other licences or certifications, shall be undertaken prior to the expiry date. 3.20 WHS Committees and Representatives provides for 5 days in the first year and 1 day refresher course thereafter annually. Confined Space Safety Procedure (2 years), Fall Prevention Procedure (2 years) and Provision of First Aid Services Procedure (CPR annual) define refresher training requirements.
Observation:	Forklift refresher training has not been considered in relevant schools and departments.

Research School of Earth Science DAY 9 - Thursday 11 December 2025

Evidence:	- Insight Extract WHS Training Requirements Report - RSES 3.3.1 Local WHS Training Plan-RSES-Q3 2025 / Training RSES
Comment:	Insight Extract WHS Training Requirements Report and the RSES 3.3.1 Local WHS Training Plan-RSES-Q3 2025 / Training RSES both shows refresher training requirements for workers. Workers receive refresher training to perform their work safely. Examples of Pulse online Refresher training are ANU WHS Risk Management (5 years), Laser Safety (5 years) and Chemical Safety: Gas Cylinders and Aerosols (5 years). Face to face refresher training for first aid and warden is managed through the Local WHS Training Plan.

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:	Non-conformance
Safety & Wellbeing WHSMS DAY 1 - Monday 1 December 2025	
Evidence:	• WHSMS Handbook Chapter 3.2 WHS Induction Training and Supervision (V1.3; Release Date: 29 November 2022) • WHSMS Handbook Chapter 3.3 WHS Local Training Plan (LTP) (V1.3; Release Date: 20 May 2021) • Work Health and Safety Training Procedure ANUP_015821 (Effective Date: 21 Aug 2025) • Document Register Book 2025
Comment:	Chapter 3.2 WHS Induction Training and Supervision requires the Associate Director WEG to ensure Tier 1 and 2 training programs are reviewed annually and external or internal trainers for Tier 1 and 2 Training are reviewed for qualification and competency for non-RTO trainers OR the RTO status annually and recorded on the upcoming year's Training. Chapter 3.3 WHS Local Training Plan (LTP) includes a requirement that in late September each year, to meet and discuss the WHS Training Programs for the upcoming year. Work health and Safety Training Procedure Monitoring and Review requires The Chief People Officer, People and Culture to ensure the University health and safety training program, including the WHS Training Matrix is reviewed annually or after any of the following: • significant changes to the University's business operations; • changes to legislation; and/or • an incident that indicates the need for review of the training program. Document Register Book 2025 records the Pulse online training courses and their next review date.
Non-conformance:	This criterion was rated as a non-conformance because several Pulse online training courses were overdue for their review. Also, it was not evident that the external WHS face-to-face training courses had undertaken an annual review for their relevance.

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
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Safety & Wellbeing WHSMS DAY 1 - Monday 1 December 2025

Evidence:	- WHSMS Handbook Chapter 3.20 WHS Committees and Representatives (V1.2; Release Date: 29 Apr 2024) - WHSMS Handbook Chapter 3.17 Raising and Resolving WHS Issues and Management of Complaints (V1.0; Release Date: 24 October 2019) 3.17.2.4 Resolving WHS Issues - Work Health and Safety Communication and Consultation Procedure ANUP_015809 (Effective Date: 21 Aug 2025) - Pulse University Health and Safety Induction Tier 1 – Agreed WHS Issue Resolution Process and other consultation arrangements - Email dated 29/03/19 regarding issue resolution process / email reply dated 05/04/19 from H. Suominen College of Engineering and Computer Sciences; email dated 02/04/25 from Campus Environment
Comment:	Chapter 3.20 WHS Committees and Representatives sets out requirements for the University WHS Committee, Specialist Advisory Groups, Local WHS Committees, Establishing New Local WHS Committees, Consultation, Determination of Work Group, HSR Nomination and Elections, HSR Training and Development, HSR Rights and powers and Monitoring and Review. The related forms and templates include Appendix A. Flow Chart – WHS Committees and Reports Timeline, Appendix B. Local WHS Committee Standard Agenda, Appendix C. Safety Advisory Group Report, Appendix D. WHS Consultation Record Template, Appendix D.1 Information on Effective Consultation in Local Areas, Appendix D.2 - Flowchart: HSR Cessation of Unsafe Work and Issue Provisional Improvement, Appendix E - Topics for Discussion during the Negotiation of New Work Groups, Appendix F - HSR Nomination and Election Email Templates, Appendix G. HSR Functions and Powers and Appendix H. New HSR Welcome Letter Template. Chapter 3.17 Raising and Resolving WHS Issues and Management of Complaints 3.17.2.4 Resolving WHS Issues provides a chain of command for resolving WHS Issues. Work Health and Safety Communication and Consultation Procedure states that the issue resolution process has been agreed too. Email was sent to all University WHS Committee members, local WHS Chairs, HSR and WHS Officers with a requirement to distribute to both management and workers under their committee management for consultation and agreement of the proposed issue resolution process in accordance with your committee's consultative arrangements. Email correspondence was sighted confirming agreement of the issue resolution process. Also, the email sent out stated that if there was no reply then this inferred agreement to the issue resolution process.

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
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WHSMS	
Evidence:	- WHSMS Handbook Chapter 3.20 WHS Committees and Representatives (V1.2; Release Date: 29 Apr 2024) 3.20.3.1 Determination of Work Group and 3.20.3.2 HSR Nomination and Elections - Work Health and Safety Committees and Representatives Procedure ANUP_015808 (Effective Date: 7 May 2020) - Health and Safety Representative List 221025
Comment:	Work Health and Safety Management System (WHSMS) Handbook Chapter 3.20 WHS Committees and Representatives sets out requirements for determination of work group and HSR nomination and elections. Work health and safety committees and representatives sets out requirements for establishing new WHS committees and health and safety representatives. Health and Safety Representative List provide a listing of all HSRs across ANU.
John Curtin School of Medical Science DAY 6 - Monday 8 December 2025	
Evidence:	- Email dated 22/10/25 from the WHS Manager on behalf of the Director requesting nomination for 2 open position which includes a student representative - Nomination Form for the position of HSR dated 22 October 2025 - WHS Committee Meeting minutes dated 03/12/25 Welcome for new committee members - JCSMR intranet
Comment:	The WHS Manager reported that there is one designated work group for JCSMR which has been long standing for a number of years. Record this determination was not evident. Record of worker nomination for HSR was sighted. JCSMR intranet provides a list of HSRs. WHS Committee Meeting minutes list the names and positions of JSSMR management Representatives.

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 (Observation)
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WHSMS	
Evidence:	- WHSMS Handbook Chapter 3.20 WHS Committees and Representatives (V1.2; Release Date: 29 Apr 2024) - Appendix B. Local WHS Committee Standard Agenda
Comment:	Chapter 3.20 WHS Committees and Representatives outlines functions of the local health and safety committee allows HSRs to spend sufficient time to perform their functions or to exercise their powers under the WHS Act. Appendix B. Local WHS Committee Standard Agenda includes Summary of actions arising from previous meetings and from sub-advisory groups, Reports from the previous University WHS Committee including documents out for consultation, WHS Performance Reporting - Incidents / Injuries / Hazards Reports - Any new high or extreme residual risk activities - Corrective Actions Report - Local WHS Plan monitoring and review (4th committee only) - Training completion in accordance with WHS Local Training Plan - Workplace Inspections completion and results - Internal and External Audit schedule and results WHS Management System Implementation - Traffic Light Status Report - Due Diligence Report - Discuss actions required locally to implement the requirements of a Handbook Chapter Relevant WHS Legal and Other requirement update (if any), Feedback from Health and Safety Representatives (if elected) and HDR student representatives (if applicable) and WHS Complaints and Issues (if applicable)

Research School of Biology DAY 7 - Tuesday 9 December 2025	
Evidence:	- Unconfirmed RSB WHS Committee Meeting minutes dated 03/2025 dated 08/10/25; Confirmed 02/2025 9 July 2025; 01/2025 9 April 2025; 04/2024 19 November 2024 - Intranet / RSB WHS Committee Terms of Reference - Insight WHS Requirement Training Report WHS Committee Training (3 yearly refresher) - Yiming Li Educational Technical Support Officer / HSR ED 30/10/28, Daniel Noble ARC Future Fellow / HSR ED 23/04/27 - HSR Email Group dated 12/08/25; dated 13/05/25 regarding invitation to attend high risk workplace inspection - Audit 9GA00000892 dated 13/02/35 High risk areas level 1 & 2 of Building 46 includes prompt for have HSR of work group been invited answer Yes comment no attendance
Comment:	RSB WHS Committee Meeting minutes include standard agenda items such as WHS Management System Reporting, WHS Officer Report, Training, Risk Management, Figtree Reporting, ANU WHS Management System and Handbook, Internal WHS Inspections, Biosafety and Biosecurity Officer Report, Chemical and Radiation Safety Officer Report, HSR Update, Summary of issues and items for action from the University WHS Committee, Legislative / Legal and other requirements update, Policy and procedure review, Action items from previous meeting/s and WHS Management System implementation. RSB WHS Committee Terms of Reference sets out requirements for role, composition, quorum, membership responsibilities, reporting, resolution process, establishing the committee, vacancies, meeting and planning, attendance at meetings, secretariat and review of the terms of reference. Although RSB provides adequate time and resources to undertake their duties there is a low

	take up of participation, possibly due to many consultative forums.
Observation:	RSB WHS Committee is not always meeting quarterly as required by legislation.

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
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WHSMS

Evidence:	• Work Health and Safety Management System (WHSMS) Handbook Chapter 3.1 Hazard Management (V1.0; Release Date: 25 November 2019) • Work Health and Safety Hazard Management Procedure ANUP_015812 (Effective Date 21 Aug 2025)
Comment:	Chapter 3.1 Hazard Management states that the risk assessment must be approved by relevant persons in accordance with requirements of this chapter and the risk assessment must be consulted with people who would potentially be affected by the hazards or implemented controls and on completion of the SWP, consult with workers who may be involved in or affected by the activity and record names under the relevant provision in Appendix E. Work Health and Safety Hazard Management Procedure sets out requirements for consultation and communication of WHS hazards.

Research School of Earth Science DAY 9 - Thursday 11 December 2025

Evidence:	• Safe Work Procedure General Lab Work (HF) J5 -204-205-SWP03 dated 11/2024 • Safe Work Procedure J7-07-SWP04 GFD Construction Room Lathe dated 05/12/19 outside review of 2 years for medium risk • Safe Work Procedure J7-ICP-SWP05 ICP Maintenance dated 01/03/24 • Safe Work Procedure Duoplasamatron Service J%-G01-SWP02 dated 27/05/24
Comment:	Evidence was sighted confirming workers are involved in the development and review of 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 consider language and standards of literacy.

Finding:	Conformance
Safety & Wellbeing- WHSMS DAY 1 - Monday 1 December 2025	
Evidence:	• <i>ANU internet / Safety and Wellbeing / WHS Management System Handbook</i> • <i>University Tier 3 Local Induction / Appendix C High Risk Areas WHS Induction Template (Tier 3 Induction)</i> • <i>Hazard Alerts Number 10 17 Nov 2025 Decorative Coloured Sands, ACCC Product Recall; Draft Hazard Alert Number 11 Stand Desk Electrical Hazard</i> • <i>Pulse Contractor Non-Trade</i> • <i>Pulse Contractor Safety Management</i>
Comment:	<i>ANU internet / Safety and Wellbeing</i> contain access to the following: - • <i>Figtree (hazard and incident reporting)</i> • <i>Work Health and Safety / Chemical Management System (Chemwatch), Hazard Alerts and Safety Awareness; Workplace safety incident hazard reporting tool, WHSMS Handbook (Chapter, forms and templates, WHSMS procedures and relevant legislation, standards, codes of practice; WHSMS Policy and Procedures; Employee Assistance Program, Staff wellbeing psychosocial related links, HSR list, ANU WHS Hazard and Risk Assessment Template</i> The University Tier 2 and Tier 3 Induction include provision for checking inductees speak English as a second language and do you need translation service to understand this induction. It was reported that safety documentation was translated into Italian for a project which required installation and commissioning by a manufacturer and installer. The PCBU WHSMS and related links are sets out on the internet in a planned and organised manner. University WHS Induction is communicated to the WHS management system and information through navigation on the internet. The Contractor Induction includes an assessment questionnaire to verify understanding of induction training.

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

Finding:	Conformance
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Safety & Wellbeing- WHSMS DAY 2 - Tuesday 2 December 2025

Evidence:	• WHSMS Handbook Chapter 3.17 Raising and Resolving WHS Issues and Management of Complaints (V1.0; Release Date: 24 October 2019) 3.17.2.4 Resolving WHS Issues • Email dated 22/09/25 from Deputy Chief People Office sent HSR, Dean, and Directors regarding communication to all staff regarding cease work order before wider circulation; Email dated 23/09/25 regarding feedback and some edits from HSR on the communication drafted for all staff; Email dated 23/09/25 from HSRs regarding edited communication from all staff; email dated 25/09/25 from COO to all staff regarding lifting of the cease work order; On Campus electronic Newsletter article on Comcare monitoring and compliance in CASS dated 7/10/25 update from COO PIN withdrawn and dispute involved • Figtree Dashboard
Comment:	Chapter 3.17 Raising and Resolving WHS Issues and Management of Complaints 3.17.2.4 Resolving WHS Issues provides a chain of parties for resolving WHS Issues. Email correspondence was sighted showing a Provisional Improvement Notice was issued by a HSR regarding organisational change involuntary redundancy and psychosocial harm to workers and process followed to resolve the issue. Figtree Dashboard shows there are 14 overdue hazards Figtree includes an automatic email back to the person reporting that the hazard has been rectified and request to review the hazard closure on Figtree.

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
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Safety & Wellbeing- WHSMS DAY 2 - Tuesday 2 December 2025

Evidence:	• WHSMS Handbook Chapter 3.17 Raising and Resolving WHS Issues and Management of Complaints (V1.0; Release Date: 24 October 2019) • Work Health and Safety Communication and Consultation Procedure ANUP_015809 (Effective Date: 21 Aug 2025) • Email dated 02/12/25 from Comcare regarding issuing of a section 155 of the WHS Act in relation to management of psychosocial hazards, risk and consultation; Email dated 30/09/25 from Comcare regarding compliance monitoring • Email dated 19/05/25 from ANU regarding HSR representing parties outside their designated work group; email dated 27/05/25 from Comcare regarding response • Email dated 13/10/25 Workplace Safety Australia Pty Ltd regarding updates to legal and other requirements • Email dated 07/02/25 from Australian Red Cross regarding signing of a consultancy agreement to deliver first aid training • Email dated 06/11/25 from Ferst regarding ECO training
Comment:	Chapter 3.17 Raising and Resolving WHS Issues and Management of Complaints provides a listing of external parties Work Health and Safety Communication and Consultation Procedure provide for communicating with external parties on WHS matters. Several examples of communication with external parties on health and safety matter were sighted.

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
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Safety & Wellbeing- WHSMS DAY 2 - Tuesday 2 December 2025

Evidence:	• WHSMS Handbook Chapter 3.17 Raising and Resolving WHS Issues and Management of Complaints (V1.0; Release Date: 24 October 2019) 3.17.2.1 Management of External Complaints relating to health and safety • Work Health and Safety Communication and Consultation Procedure ANUP_015809 (Effective Date: 21 Aug 2025) • Due Diligence Report • Figtree INC 3736 dated 07/11/25 regarding allergic reaction and access to EpiPEN as part of a first aid contingency
Comment:	Chapter 3.17 Raising and Resolving WHS Issues and Management of Complaints 3.17.2.1 Management of External Complaints relating to health and safety set out requirements for resolving a complaint to achieve a resolution. If resolution is not reached, initiate an investigation process. This investigation may include the use of internal investigators from WEG or external investigation contractors liaised through WEG. Work Health and Safety Communication and Consultation Procedure set out requirements for resolving WHS complaints and concerns. Due Diligence Report includes a line item for WHS and management of complaints. Figtree includes a field for reporting a WHS complaint as an issue. The Senior WHS Manager reported that ANU is currently reviewing its first aid protocols in relation to the complaint INC 3736. It was reported that this has been the only complaint received by Safety and Wellbeing Team.

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
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WHSMS

Evidence:	- WHSMS Handbook 3.16 Incident and Hazard Reporting (V1.2; Release Date: 29 October 2025) - Work Health and Safety Hazard Management Procedure ANU_015812 (Effective Date: 21 Aug 2025) - Work Health and Safety Incident Management Procedure ANUP_015813 (Effective Date: 21 Aug 2025) - Figtree
Comment:	Procedures are in place for reporting incidents and hazards. Figtree includes separate tabs for reporting hazards and incidents.

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Evidence:	Hazard and Incidents Reporting Poster Figtree Incidents INC # 0003770 dated 04/12/25 regarding RSI laboratory work; INC 0003697 dated 20/10/25 regarding liquid nitrogen burn; INC 3619 dated 29/08/25 regarding trip on stairs Figtree Hazards Haz # 3804 dated 09/07/24 regarding strong smell of mould and bleach; Haz # 3565 04/03/24 regarding unbalance air pressure
Comment:	Hazard and Incidents Reporting Poster is located throughout the workplace and includes QR codes for access for Figtree for hazard and incident reporting. Personnel were aware of the processes for reporting incidents and hazards. Records of incident and hazard reports were verified on Figtree.

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
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Safety & Wellbeing- WHSMS DAY 2 - Tuesday 2 December 2025

Evidence:	• WHSMS Handbook 3.16 Incident and Hazard Reporting (V1.2; Release Date: 29 October 2025) • Work Health and Safety Incident Management Procedure ANUP_015813 (Effective Date: 21 Aug 2025) • Radiation safety Procedure ANUP_000682 (Effective Date: 29 Oct 2025) • Figtree # INC3328 dated 17/12/24 level 4 regarding fall off a ladder retrieving conduct from a mezzanine completed Notification of an Incident Form / notification from Comcare dated 17/12/24 Ref NOT 00037070 • Figtree # INC2847 dated 08/01/24 level 4 regarding fall off push bike completed Notification of an Incident Form / email notification from Comcare dated 12/01/24 Ref NOT 00033439 • Figtree # INC2838 dated 21/12/23 level 4 regarding electrical shock completed Notification of an Incident Form / email notification from Comcare dated 12/01/24 Ref NOT 00033377
Comment:	Work Health and Safety Management System (WSMS) Handbook Chapter 3.16 Incident and Hazard Reporting S3.16.2.2 Incident Reporting sets out requirements for reporting notifiable incidents to Comcare. Work health and safety incident management Procedure sets out requirements for reporting notifiable incidents using the Regulator's Online Incident Notification Form. Radiation safety Procedure requires incidents involving significant exposures and dangerous occurrences requires S&W to report the incident to ARPANSA by phone as soon as soon as practical to-do so and with written notification within 24 hours if it is a notifiable incident. Figtree includes prompt for notifiable incidents. Evidence was sighted confirming that ANU reports notifiable incidents to authorities such as Comcare.

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
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WSMS

Evidence:	• WHSMS Handbook Chapter 4.4 WHS Review and Reporting (V1.2; Release Date: 11 September 2024) Appendix B. Quarterly Due Diligence Report Template
Comment:	Chapter 4.4 WHS Review and Reporting requires the various areas to complete and submit a Due Diligence Report (Appendix B) via Figtree at the end of each quarter. Appendix B. Quarterly Due Diligence Report Template includes reporting on the two most significant trends found in workplace inspections. The Due Diligence Report is designed to assist the Directors and other leaders to demonstrate how they meet their due diligence obligations.

Research School of Biology DAY 7 - Tuesday 9 December 2025

Evidence:	• Unconfirmed RSB WHS Committee Meeting minutes dated 03/2025 Confirmed dated 08/10/25; 02/2025 9 July 2025; 01/2025 9 April 2025
Comment:	RSB WHS Committee Meeting minutes are posted on the RSB intranet and include Internal WHS Inspections as standard agenda which is attended by senior management and workers representatives.

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
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Safety & Wellbeing WHSMS DAY 2 - Tuesday 2 December 2025

Evidence:	• WHSMS Handbook Chapter 4.4 WHS Review and Reporting (V1.2; Release Date: 11 September 2024) • Work Health and Safety Reporting Procedure ANUP_015819 (Effective Date: 21 Aug 2025) • Quarterly University WHS Committee Minutes dated (Draft) 17/11/25, 18/08/25 • ANU Audit and Risk Management Committee dated 14 May 2025 Work Health and Safety Report (1 Jan – 30 Apr 2025) WHS Dashboard; dated 11 September 2025 Work Health and Safety Report (1 Jan – 30 Jun 2025) WHS Dashboard • Bi monthly WHS Council Reports Nov 25; July 25, May 25 • Quarterly Research School of Physics Due Diligence Report dated 13/10/25, 10/07/25 covers reporting on WHS Issue Resolution, Corrective actions, WHS Matters, Training, Hazard management, Workplace inspection and Leadership • Quarterly Research School of Biology Due Diligence Report 13/10/25 Due Diligence Report for Q3 2025 for the Campus Environment Division • Monitoring WHS Local Plan 2025 Q3 WHS Plan 2025 for Campus Environment Division
Comment:	Chapter 4.4 WHS Review and Reporting sets out requirements for WHS reporting which includes the quarterly Due Diligence Report, Local Area Report, Council WHS Performance Report six times a year (every two months) and a section report in the University Annual Report Work health and safety reporting Procedure contains table that describes the list of internal reports that are created for University stakeholders and the periods within which they are delivered. University WHS Committee attended by senior managers including the COO and HSRs covers agenda items WHS Reporting, WHS Council Report, Local Area WHS Committee updates, High level performance report (incidents, psychosocial incidents, training), Local WHS Committee and Advisory Group Committee, WHS Internal Audit Summary Updates, Updates from Safety Advisory Groups (e.g. radiation, electrical and chemical) and topics of interest. ANU Audit and Risk Management Committee / Work Health and Safety Audit Program is a standing agenda item. The COO approves and sponsors the Work Health and Safety Audit Program. Purpose of the paper is to provide an overview of the University's audit program and outstanding corrective actions. The agenda included topics such as incidents and hazards and audits. Due Diligence Report for Q3 2025 for the Campus Environment Division covers reporting on Corrective Actions Report – overdue actions, WHS Matters, Training and Workplace Inspections. Monitoring WHS Local Plan 2025 Q3 WHS Plan 2025 for Campus Environment Division covers progress reporting of the local plan.

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

Finding:	Conformance
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Safety & Wellbeing WHSMS DAY 4 - Thursday 4 December 2025

Evidence:	• Work Health and Safety Reporting Procedure ANUP_015819 (Effective Date: 21 Aug 2025) • Figtree AUD 0008339 dated 31/03/25 Coral Bell School of Asia Pacific Affairs conducted by Asmita Adhikari • Figtree AUD 0008358 dated 04/04/25 Research School of Social Sciences conducted by Tonya Moss • Figtree AUD 0008612 dated 08/10/25 School of Engineering conducted by Tim Butler
Comment:	Work Health and Safety Reporting Procedure includes requirements for reporting on WHS audits through the University WHS Performance Report and Local area WHS Report. Figtree records the email trail for review of the Draft and Final WHS Audit Reports to the audit reviewer and the auditee. Draft reports are distributed for feedback and consideration before the issue of the final report to the auditee. Audit reports are distributed to senior management of the school or business unit.

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

Finding:	Conformance
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Safety & Wellbeing WHSMS DAY 4 - Thursday 4 December 2025

Evidence:	• ANU internet / ANU Annual Report 2024 - Safe Healthy and Sustainable Work Environment page 139
Comment:	ANU Annual Report covers reporting on the objectives of the University Work Health and Safety (WHS) Plan in 2024 which included WHS Management System (WHSMS), Training, Risk management, Contractor safety, Psychosocial risk management, Body stressing and Health monitoring. The report also covered the number of hazards and incidents raised, notifiable incidents and investigations and notices. It was noted that only 140 hazards were reported for 2024 which probably indicates a culture of under reporting.

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
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Safety & Wellbeing WHSMS DAY 2 - Tuesday 2 December 2025

Evidence:	ANU internet / Safety and Wellbeing
Comment:	ANU internet / Safety and Wellbeing contain access to the following: - • Figtree (hazard and incident reporting) • Work Health and Safety / Chemical Management System (Chemwatch), Hazard Alerts and Safety Awareness; Workplace safety incident hazard reporting tool, WHSMS Handbook (Chapter, forms and templates, WHSMS procedures and relevant legislation, standards, codes of practice; WHSMS Policy and Procedures; Employee Assistance Program, Staff wellbeing psychosocial related links, HSR list, ANU WHS Hazard and Risk Assessment Template; ANU The PCBU WHSMS and related links are sets out on the internet in a planned and organised manner.

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

Finding:	Conformance (Observation)
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WHSMS

Evidence:	• WHSMS Handbook Work Chapter 3.1 Hazard Management (V1.0; Release date: 25 November 2019) Appendix E. Safe Work Procedure Template an Appendix F. Safe Work Procedure Decision Tree
Comment:	Chapter 3.1 Hazard Management provide for the development of a safe work procedure.

Research School of Earth Science DAY 9 - Thursday 11 December 2025

Evidence:	• Safe Work Procedure General Lab Work (HF) J5 -204-205-SWP03 dated 11/2024 (no mention of buddy) • Safe Work Procedure J7-07-SWP04 GFD Construction Room Lathe dated 05/12/19 outside review of 2 years for medium risk / WHS Hazard and Risk Assessment J7-107-RA04 • Safe Work Procedure J7-ICP-SWP05 ICP Maintenance dated 01/03/24 • Safe Work Procedure Duoplasamatron Service J5-G01-SWP02 dated 27/05/24
Comment:	Names of persons consulted in the development and review are recorded in the Safe Work procedures
Observation:	RSES Safe Work Procedure General Lab Work (HF) J5 -204-205-SWP03 makes no mention of the use of a buddy.

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
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Safety & Wellbeing WHSMS DAY 2 - Tuesday 2 December 2025

Evidence:	• WHSMS Chapter 5.2 Document Control and Record Management (V: 1.0; Release Date: 18 June 2021) • Work health and safety documentation management Procedure ANUP_015811 (Effective Date: 21 Aug 2025) • Document Register Book • Policy Governance Procedure ANUP_000371 (Effective Date: 30 Nov 2023) • Work Health and Safety Communication and Consultation Procedure ANUP_015809 (Effective Date: 21 Aug 2025) • Email dated 07/10/25 from Safety Wellbeing distributed to HSRs, Health and Safety Contacts University wide regarding a Draft Training Matrix / Consultation Feedback Log • Email dated 27/11/25 from Safety Wellbeing distributed to HSRs, Health and Safety Contacts University wide regarding 5.1 Appendix A University WHSMS Management Review Summary Consultation Feedback Log
Comment:	Chapter 5.2 Document Control and Record Management sets out requirements for creation of new WHSMS documents, changes to existing WHSMS documents, notification of new or changed WHSMS documents, storage of WHSMS documents, redundancy of existing WHSMS documents and monitoring and reviewing documents. Work Health and Safety Documentation Management Procedure sets out requirements for all WHS Management System documents to be written using the relevant template and in accordance with the University writing style guide. The procedure states that WHS Management System documents that are superseded or repealed will be removed from the accessible parts of the Policy Library and archived by the Policy Manager and recorded in the WHS Management System document register. Policy Governance Procedure sets out requirements for policy document hierarchy, content and design, implementation and communication and reviews. Work Health and Safety Communication and Consultation Procedure states that all relevant stakeholders are involved and consulted in the development, implementation and review of WHS policies, procedures and programs. Evidence was sighted showing consultation in reviewing procedures. A filing system was sighted confirming superseded procedures are archived.

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 (Observation)
Safety & Wellbeing WHSMS DAY 2 - Tuesday 2 December 2025	
Evidence:	• Work health and safety documentation management Procedure ANUP_015811 (Effective Date: 21 Aug 2025) • Policy Governance Procedure ANUP_000371 (Effective Date: 30 Nov 2023) • Document Register • Various WHS management system procedures
Comment:	Work health and safety documentation management Procedure sets out document control requirements such as: title of the document; • responsible Officer and Approved by Position (Policy Library) or Approved by Person (WSMS Handbook); • effective date (Policy Library) or release date (WSMS Handbook); • review date; and • version number WHS Management System documents are reviewed on a planned and unplanned basis. Planned reviews occur once every three years as per the Policy governance procedure. Changes can be requested at any time with Safety and Wellbeing. Changes can also arise from incidents or as the result of audits, changes in legislation, business processes or other requirements. Document Register identifies covers document status, Doc ID Doc title, next review date, responsible Officer and status. Evidence was sighted confirming that WHS system procedures were clearly identifiable, duly authorized prior to issue, kept legible and include their issue status.
Observation:	There is inconsistency between the Policy Governance Procedure which states reviews of policies and procedures be carried out at least 5 yearly and Work Health and Safety Documentation Management states that WHS Management System documentation are reviewed every 3 years.

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
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WHSMS

Evidence:	• ANU internet Policy and Procedures Library • Pulse online University WHS Induction
Comment:	Workers have ready access to the Policy and Procedures Library. Pulse online University WHS Induction show that workers are formally advised and what information they can access.

John Curtin School of Medical Science DAY 6 - Monday 8 December 2025

Evidence:	• Intranet WHS at JCSMR • Pulse JCSMR Tier 2 Work and Safety Module slide 8
Comment:	Intranet WHS at RSES provides links to Emergency & Safety contacts, ANU WHS Management System, Waste Management and SOPs, Health and Wellbeing (mental health first aiders), Emergency procedures / Accident & Injury Protocols, JCSMR Laboratory procedures (standard procedures, biological procedures, chemical procedures, radiation procedures, risk assessment template), Training (JCSMR specific training and ANU training courses). Pulse JCSMR Tier 2 Work and Safety Module slide 8 includes a requirement to familiarize yourself with the information found on the JCSMR WHS pages

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

Finding:	Non-conformance
Safety & Wellbeing WHSMS DAY 2 - Tuesday 2 December 2025	
Evidence:	• Work Health and Safety Management System (WHSMS) Handbook Work Chapter 3.1 Hazard Management (V1; Release Date: 25 November 2019 S3.1.3.1 Safe Work Procedures • Work health and safety documentation management Procedure ANUP_015811 (Effective Date: 21 Aug 2025) • Document Register • Various WHS management system procedures
Comment:	Work Health and Safety Management System (WHSMS) Handbook Work Health and Safety S3.1.3.1 Safe Work Procedures requires safe work procedures to be reviewed in conjunction the risk assessments using a risk-based approach. For example, Extreme require a review every 6 months and High yearly. Work Health and Safety Documentation Management Procedure requires WHS Management System documents to be reviewed on a planned and unplanned basis. Planned reviews will occur once every three years as per the Policy governance procedure. Various WHS management system procedures were sighted and several Handbook Chapters and management system procedures had exceeded their next review date.
Non-conformance:	This criterion was rated as a non-conformance because a significant number of WHSMS Handbook Chapters and management system procedures had exceeded their next review date.

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 (Observation)
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Safety & Wellbeing- WHSMS	
Evidence:	• WHSMS Handbook Work Chapter 3.1 Hazard Management (V1.0; Release date: 25 November 2019) • Work Health and Safety Hazard Management Procedure ANU_015812 (Effective Date: 21 Aug 2025) • WHSMS Handbook Chapter 3.15 Psychosocial Risk Management (V: 4.0; Release Date: 10/11/2025) • WHSMS Handbook Chapter 3.7 Chemical Safety Management (V1.0; Release date: 25 November 2019) • Chemical Management Procedure ANU_000636 (Effective Date: 24 Nov 2022) • Electrical Safety Management Procedure ANU_000573 (Effective Date: 28 Aug 2022) • Biological Safety Procedure ANU_018026 (Effective Date: 31 Mar 2022) • Confined Space Safety Procedure ANU_00588 (Effective Date: 21 Aug 2025) • Fall Prevention Procedure ANU_000700 (Effective Date 16 May 2018) • Plant and Equipment Safety Management Procedure ANUP_000569 (Effective Date: 21 Aug 2025) • Fixed Plant and Equipment - Machine Guarding Procedure ANUP_018020 (Effective Date: 29 May 2018) • Noise management Procedure ANUP_000581 (Effective Date: 21 Aug 2025) • Radiation safety Procedure ANUP_000682 (Effective Date: 29 Oct 2025)
Comment:	Chapter 3.1 Hazard Management provides the framework for hazard identified, assessment of risk (likelihood and consequence) controlling risks using the hierarchy of control, reviewing control measures, development of safe work procedures, permit to work requirements, risk assessment templates and various permit to work templates. The procedure provides links to various WHSMS Handbook Chapters that require a risk assessment. The ANU documents its methodologies through a number of procedures for the hazard identification, assessment of risk and control of risk using the hierarchy of control.
Observation:	A procedure requiring a traffic management risk assessment and traffic management plan was not evident.

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:	Non-conformance
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Safety & Wellbeing WHSMS DAY 2 - Tuesday 2 December 2025

Evidence:	- WHSMS Handbook Chapter 3.15 Psychosocial Risk Management (V: 4.0; Release Date: 10/11/2025) - University Psychosocial Risk Register V1.0 August 2025 (organisational risk assessment)
Comment:	University Psychosocial Risk Register includes the following fields: - hazard category, risk description, likelihood, consequence, inherent risk rating, preventive controls, responsive controls, likelihood, consequence, residual risk rating and review date based on risk annual high risk, 2 yearly medium risk and 3 yearly low risk. The hazard category include High and Low Job demands, Low Job Control, Fatigue, Poor Support, Lack of role clarity, Poor Organisational Change Management, Inadequate reward and recognition, Poor Organisational Justice, Traumatic Events or material, Remote and Isolated Work, Intrusive surveillance, Poor Physical Environment, Violence and aggression, Bullying, Harassment including sexual harassment, Conflict or poor workplace relationships and interactions and Conflict or poor workplace relationships and interactions.

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Evidence:	- Psychosocial Risk Assessment dated 08/07/25 (Consultation, reference to legal and procedures) RA 37 - JCSMR Static Risk Assessment Register 49 generic, 75 Genome Science Cancer, IID (100), Neuro 25, CHASM 12, BFR 29, Technical 12 and APF 32 - JCSMR RA 004 Working in the JCSMR Liquid Nitrogen Storage Facility dated 14/03/24 - IMM RA 032 Fixing and immunostaining dated 28/10/25 - APF RA 009 Cleaning, decontamination and disinfection with APF spaces dated 03/04/25 - BRF RA 24 Working with Robotics in the Biomolecular Resource Facility dated 17/07/25
Comment:	Evidence was sighted confirming hazards are identified, risks assessed and controls in place in accordance with the hierarchy of controls. BRF RA 24 Working with Robotics in the Biomolecular Resource Facility does not identify interactions with machine, energy sources and isolation lockout requirements.

Research School of Biology DAY 7 - Tuesday 9 December 2025

Evidence:	- RSB Hazard Management System (bespoke SharePoint tool) risk assessment, safe work procedures, contingency plans and local first aid procedures 375 Ras in place. - RSB Risk Assessment Tool V3.8c (bespoke chemical risk assessment template) - RSB Risk Assessment Tool RSB024 Chloroform dated 06/12/24 - RSB Risk Assessment Tool RSB02685-phospho-D-ribose-1-diophosphate pentasodium salt dated 19/08/24 - Risk assessment Fieldwork NSW & ACT RSB 03000 dated 29/09/25 - WHS Hazard and Risk Assessment RSB o178 Fieldwork on Sulphur Crested Cockatoos dated 05/01/22 - WHS Hazard and Risk Assessment Kubota Loader pls 157_AR_M_21 dated 27/04/21 - WHS Hazard and Risk Assessment eeg026_AR_M_22 Towing & hitching RSB trailer/caravan/mobile lab dated 30/06/23 - WHS Hazard and Risk Assessment lua003_AR_M_23 Tree climbing in the Aplin lab RA dated 23/06/2023
Comment:	Evidence was sighted confirming hazards are identified, risks assessed and controls in place in accordance with the hierarchy of controls. RSB had not identified psychosocial hazards relevant to its operations.

	Risk assessments for the BOC bulk liquid nitrogen was not evident. A crushing hazard was identified with the perimeter fencing on the front facing part of the RSB BOC bulk liquid nitrogen and an access gate to a loading dock.
Research School of Physics DAY 8 - Wednesday 10 December 2025	
Evidence:	• Draft Psychosocial Risk Assessment (Consultation, reference to legal and procedures) RA 0261 • RSPHys Risk Assessment RA 160 L1 P1.32 Raman Nanoindentation Laboratory dated 12 Jun 24 • RSPHys Risk Assessment RA 160 L1 P1.32 Chemical Storage dated 12 Jun 24 • AppB_RSPHys_RA-RA_V2_58A_L1_101Lab Heavy Ion Accelerator Facility (HIAF) dated 23/07/21
Comment:	Evidence was sighted confirming hazards are identified, risks assessed and controls in place in accordance with the hierarchy of controls.
Non-conformance:	This criterion was rated as a non-conformance because: - • Psychosocial Risk Assessments for RSB and RSES were not evident. • A risk assessment on the liquid nitrogen bulk tank located at the rear of Building 131 JCSMR Building 134 RSB and Building RSES and liquid argon at Building RSES were not evident. • BRF RA 24 Working with Robotics in the Biomolecular Resource Facility does not mention which robotic machines are captured in the risk assessment. Machine access requirements and machine isolation requirements have not been included in the risk assessment which is integral in determining adequacy in the risk controls. The risk assessment does not state what tasks need access such as clearing jams, adjustments and inspections and what energy sources are on the machine. • A confined space risk assessment for the Animal Bedding Waste Bin was not evident and the Bin was not identified in the Confined Space Register. • RSB had not identified psychosocial hazards relevant to its operations. • A crushing hazard was identified with the perimeter fencing on the front facing part of the RSB BOC bulk liquid nitrogen and an access gate to a loading dock. • The risk assessment has not been reviewed for the plant upgrade and modification to the Heavy Ion Accelerator Facility in RSPys. • Traffic management risk assessments were not evident for JCSMR and RSPHys. • RSES WHS Hazard and Risk Assessment GFRT (rotating table) J7-110-RA03 dated 25-03-2024 did not identify all hazards, risk and controls associated with the rotating table. The bottom section of the table was unguarded and the line marking used as an administration control was not identified in the risk assessment. • A generic risk assessment was used for the 2 lathes which had different safety devices. Employee discussion identified that the Hercus lathe did not require an emergency stop. It was not documented as to why.

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
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Safety & Wellbeing WHSMS DAY 2 - Tuesday 2 December 2025

Evidence:	• WHSMS Handbook Work Chapter 3.1 Hazard Management (V1; Release date: 25 November 2019) • Work health and safety hazard management Procedure ANUP_015812 (Effective Date: 21 Aug 2025) • Work Health and Safety Management System (WHSMS) Handbook Chapter 3.2 WHS Induction Training and Supervision (V1.3; Release Date: 10 March 2022) Appendix B [School/Service Division] WHS Induction Template (Tier 2 Induction) • Insight Extract Report Risk Management Training (5 yearly refresher) RSPHYS Christian Notthoff HAIF Computer Tech Manager completed 15/03/25; Stephen Tims Professor Accelerator mass spectrometry group completed 26/11/25; Safety and Wellbeing - Holly Burke completed 08/05/25; Sophie Rojas completed 31/03/25; Tim Butler completed ED 01/04/25; Kieth Hickson Senior Manager Engineering Sustainability completed 29/08/25
Comment:	Chapter 3.1 Hazard Management requires permit issuers to complete ANU Permit to Work Issuer Training, ANU Risk Management Training AND other relevant training in relation to activities you are allocated to issue Permit to Work (e.g. Confined Space). Work Health and Safety Hazard Management Procedure require the WHS hazard and risk assessment team complete a risk management course provided by S&W. Chapter 3.2 WHS Induction Training and Supervision Appendix B [School/Service Division] WHS Induction Template (Tier 2 Induction) provides for identification of training needs for ANU WHS Risk Management.

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

Finding:	Conformance
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WHSMS

Evidence:	• Work Health and Safety Management System (WHSMS) Handbook Chapter 4.4 WHS Review and Reporting (V1; Release Date: 26 September 2019) • Work health and safety hazard management Procedure ANUP_015812 (Effective Date: 21 Aug 2025) • Appendix A. Annual Risk Profile Review Template
Comment:	Chapter 4.4 WHS Review and Reporting requires conduct the Annual Risk Profile Review. The Chapter also requires all static risk assessments to be listed on the School/Service Division's Static Risk Assessment Register and available to workers and students of the School. Work health and safety hazard management Procedure requires every local area to ensure all WHS hazards are captured on a WHS hazard register for consolidation into the University WHS hazard register. Appendix A. Annual Risk Profile Review Template requires the Risk Profile Review to be undertaken once per year as part of the reporting process from the School/Division to the University WHS Committee and then through to the University Council.

Residential Experiences Division DAY 5 - Friday 5 December 2025

Evidence:	• Static Risk Assessment Register reviewed Sep 25 • HRA RED036 Inward Bound Send Off dated 21/06/25 • HRA Psychosocial Safety Deputy Heads RED dated 02/12/25 • HRA Operating a vehicle dated 29/01/24
Comment:	Static Risk Assessment Register provides the Static Risk Assessment Number, Static Risk Assessment Title, Owner (supervisor), Version, Top Inherent Risk, Top Residual Risk, Assessment Date, Review Due Date, and Associated Safe Work Procedure (SWP), if applicable. RED has 36 WHS Hazard and Risk Assessments in place which are reviewed quarterly to ensure their currency.

- 3.9.5 Risks of identified hazards are assessed in consultation with workers having regard to the likelihood and consequence of injury, illness 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
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WHSMS	
Evidence:	- Work health and safety hazard management Procedure ANUP_015812 (Effective Date: 21 Aug 2025) - Work health and safety hazard management Procedure ANUP_015812 (Effective Date: 21 Aug 2025)
Comment:	Chapter 3.1 Hazard Management states that the risk assessment must be consulted with people who would potentially be affected by the hazards or implemented controls. Also, consultation is required when reviewing the effectiveness of the control measures in place in consultation with workers. The Appendix B WHS Hazard and Risk Assessment Template includes provision for consultation. Work Health and Safety Hazard Management Procedure include requirements for consultation and communication of WHS hazards and involvement with the WHS hazard and risk assessment process. The procedure requires the assessors to consider - any legal or other requirements in accordance with WHS Legal and Other Requirements Matrix - any previously identified matters from inspections, audits, historical injuries, incidents and relevant hazard reports; - technical information such as manuals or supplier information; and - relevant policies, processes, standards, registers and guidelines.
Research School of Earth Science DAY 9 - Thursday 11 December 2025	
Evidence:	- WHS Hazard and Risk Assessment J5-204-205-RA03 General Lab Work HF dated 11/24 - WHS Hazard and Risk Assessment J6-103-RA04 CNC Machining Centre dated 17/10/24 - WHS Hazard and Risk Assessment J1-C1-RA002 Use of Diamond wet saws dated 25/03/24
Comment:	Evidence was sighted generally confirming that workers are consulted in the risk assessment process and that there is reference to state of knowledge such as legal and other requirements.

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

Finding:	Conformance
WHSMS	
Evidence:	- WHSMS Handbook Work Chapter 3.1 Hazard Management (V1.0; Release date: 25 November 2019) - WHSMS Handbook Chapter 4.2 Corrective Actions (V1; Release Date: 24 October 2019) - Work health and safety hazard management Procedure ANUP_015812 (Effective Date: 21 Aug 2025)
Comment:	Chapter 3.1 Hazard Management states that for extreme and high residual risk ratings work is to cease immediately. Implement, or seek advice from WHS Officer or Subject Matter Experts or Work Environment Group to implement, additional controls to reduce residual risk to medium. Chapter 4.2 Corrective Actions assigns the corrective action priority for example High extreme or high rating requires immediate – 4 weeks and medium risk rating 5-8 weeks depending on severity. Work Health and Safety Hazard Management Procedure states that for Prioritization of Controls that if a WHS hazard is assessed to have a residual hazard rating of 13 or above, WHS hazard rating table, then these hazards will take precedence for remedial action and are undertaken as reasonably practicable.
Research School of Biology DAY 7 - Tuesday 9 December 2025	
Evidence:	Figtree
Comment:	A review of Figtree showed that there were no open hazards for RSB.

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:	Non-conformance
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Safety & Wellbeing WHSMS DAY 4 - Thursday 4 December 2025

Evidence:	• WHSMS Handbook Work Chapter 3.1 Hazard Management (V1.0; Release date: 25 November 2019) • Work Health and Safety Hazard Management Procedure ANU_015812 (Effective Date: 21 Aug 2025) • WHSMS Handbook Chapter 3.15 Psychosocial Risk Management (V: 4.0; Release Date: 10/11/2025) • WHSMS Handbook Chapter 3.7 Chemical Safety Management (V1.0; Release date: 25 November 2019) • Chemical Management Procedure ANU_000636 (Effective Date: 24 Nov 2022) • Electrical Safety Management Procedure ANU_000573 (Effective Date: 28 Aug 2022) • Biological Safety Procedure ANU_018026 (Effective Date: 31 Mar 2022) • Confined Space Safety Procedure ANU_00588 (Effective Date: 21 Aug 2025) • Fall Prevention Procedure ANU_000700 (Effective Date 16 May 2018) • Plant and Equipment Safety Management Procedure ANUP_000569 (Effective Date: 21 Aug 2025) • Fixed Plant and Equipment - Machine Guarding Procedure ANUP_018020 (Effective Date: 29 May 2018) • Noise management Procedure ANUP_000581 (Effective Date: 21 Aug 2025) • Radiation safety Procedure ANUP_000682 (Effective Date: 29 Oct 2025)
Comment:	Whilst most Hazard Management methodologies are reviewed and revised within the 3 years as dictated by Work Health and Safety Documentation Management Procedure or to ensure relevance, some have exceeded their review date.
Non-conformance:	This criterion was rated as a non-conformance because several Hazard Management procedures have exceeded their review date as required by Work Health and Safety Documentation Management Procedure.

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

Finding:	Conformance
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WHSMS

Evidence:	• Work Health and Safety Hazard Management Procedure ANU_015812 (Effective Date: 21 Aug 2025) • Managing change Procedure ANUP_000490 (Effective Date: 5 May 2024)
Comment:	Work Health and Safety Hazard Management Procedure states that when changes are proposed or identified for work practices that have an impact on the safety and wellbeing of workers, the existing WHS Hazard and Risk Assessment is reviewed and updated, or a new WHS hazard and risk assessment is conducted. Potential changes include: • introducing new or different equipment; • using new/alternate substances; • planning to improve productivity or reduce costs; • designing and planning products, processes or places used for work; • updating drawings; • moving into new, renovated or refurbished workplaces; or • organisational changes. Managing change Procedure sets out requirements for managing change, preliminary consideration of change, formal change proposal, issuing an implementation paper, implementation of change and reviewing the change no later than 12 months after the change has been released.

John Curtin School of Medical Science DAY 6 - Monday 8 December 2025

Evidence:	• College of Science and Medicine Organisational Change Proposal Release date: 3 July 2025 • College of Science and Medicine Implementation Plan Release date: 26 November 2025 Appendix 3 WHS Psychosocial Assessment
Comment:	A management of change was initiated due to a reduced projected operational budget which includes shifting sector dynamics and changes in funding landscapes. Managing the organisation restructure included managing the psychosocial impact.

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
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WHSMS

Evidence:	- Control of Access to Restricted Locations Procedure ANUP_000582 (Effective Date: 1 Sep 2020) - Register of Confined Spaces
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Comment:	Control of Access to Restricted Locations Procedure sets out requirements for hazard assessment, when to restrict access, controls, monitor and review, resources, records and training and competency requirements. Register of Confined Spaces provides the following information: -Contact Person, Description, Location, Potential hazards, Entry's per year and Signage, Entry permits and controlled access requirements.
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Research School of Physics DAY 8 - Wednesday 10 December 2025

Evidence:	- WHS Training Matrix - RSPHys High Risk Area Workplace Inspection Checklist Building 58a Room No. Target areas control room dated 05/02/25 - RSPHys High Risk Area Workplace Inspection Checklist Building 160 Room No. 160 dated 13/11/25 - RSPHys High Risk Area Workplace Inspection Checklist Building 58 Room No. C4.54 dated 21/01/25 - RSPHys High Risk Area Workplace Inspection Checklist Building 58B Room Number W4.03A dated 11/02/25
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Comment:	RSPHys High Risk Area Workplace Inspection Checklist includes a check of that switch boards, plant rooms or power boxes in the area locked WHS Training Matrix shows employee, visitors and students access all rooms and spaces within a building. Access is granted if a person satisfies the training requirements to a room. Workplace inspection confirmed that access controls were in place for buildings rooms and spaces.
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3.10.2 Health and safety requirements are identified, evaluated and incorporated into all purchasing specifications for services.

Finding:	Non-conformance
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WHSMS

Evidence:	• Online Procurement Guide (version 13 Aug 2024) • WHSMS Handbook Chapter 3.6 Chapter 3.6 – Contractor Safety Engagement (V3.0; Release Date: 1 November 2025) • Appendix 1 - Engaging Construction Contractors • Appendix 2 - Engaging Repairs and Maintenance Contractors • Appendix 3 - Engaging Goods and Services Contractors • Appendix 4 - Engaging Scientific and Research Contractors • Appendix 5 - Engaging International Contractors • Appendix 6 - Engaging Contractors Outside of Australia • Contractor safety engagement Procedure ANUP_017807 (Effective Date: 25 Aug 2025)
Comment:	Online Procurement Guide refers to Chapter 3.6 Contractor Safety Engagement. Chapter 3.6 Contractor Safety Engagement sets out requirements for engaging a contractor which includes 5 basic requirements: - • Advice to a contractor about the hazards and/or risks associated with working on a university campus, site or location (workplace). • Verifying a contractor's WHSMS is satisfactory for the Work being undertaken (verifying the contractor has the capability and capacity to perform the Work in a safe and compliant manner). • Executing an agreement or contract which clearly articulates a contractor's WHS duties and the level of management or control of the workplace the contractor is granted by the University (a P/WO must identify the contractor's WHS obligations). Inducting a contractor to the University workplace appropriate to the Work and presence in the workplace. • Managing a contractor's safety performance. The Chapter refers to 6 different contractors' type each with an Appendix that describes requirements for engaging. Contractor safety engagement Procedure sets out requirements for Tender and contract requirements, Tender requirements, Contract requirements, Contractor evaluation and selection and WHS risk management.

Residential Experiences Division DAY 5 - Friday 5 December 2025

Evidence:	• ANU 23 -404 RFT Header • Annexure A, B and D Response Form Template • ANU _ RFT _ Chartwells _ Response (one page summary of their Safety management System) • TWG _ Indicative Key Performance Indicators • TPP _ tender _ EOI_ANU-2 (J Co Sydney)
Comment:	The health and safety requirements for the Annexure in the Request for Tender were not adequately identified. Residential Experiences Division principal contractors include: - • Unilodge – FOH customer service • Chartwells – Catering • Downer Hard facility management
No-conformance:	This criterion was rated as a non-conformance because Residential Experiences Division could not demonstrate that health and safety requirements are identified, evaluated and incorporated into all purchasing specifications for 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:	Non-conformance
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WHSMS

Evidence:	- WHSMS Handbook Chapter 3.6 Contractor Safety Engagement -(V3.0; Release Date: 1 November 2025) - Contractor safety engagement Procedure ANUP_017807 (Effective Date: 25 Aug 2025)
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Comment:	Chapter 3.6 Contractor Safety Engagement sets out requirements for Verifying a contractor's WHSMS depending on the type of contractor. Contractor safety engagement Procedure provides a table that summarises the contractor evaluation criteria.
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Residential Experiences Division DAY 5 - Friday 5 December 2025

Evidence:	RFT Evaluation Report Provision of Catering Services for Residents of Bruce and Wright Halls Student Accommodation and operation of Wright Hall Café ANU 23-404 dated 26/08/24
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Comment:	The evaluation against compliance showed the following evaluation scores for compliance (safety): - Trippas White Group Scored 8/10 (minimal documentation provided) Compass (Chartwells) scored 8/10 (minimal documentation provided) and J Co Sydney scored 6/10 (with no compliance documentation provided to give a score of 6/10)
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Non-conformance:	This criterion was rated as a non-conformance because Residential Experiences Division could not demonstrate an effective process was in place for assessing and evaluating the adequacy of a contractor's health and safety management system information.
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3.10.4 Temporary workers health and safety performance is monitored and reviewed to ensure continued adherence to the PCBU's health and safety requirements or specifications.

Finding:	Non-conformance
WHSMS	
Evidence:	- WHSMS Handbook Chapter 3.6 Contractor Safety Engagement (V3.0; Release Date: 1 November 2025) - Contractor safety engagement Procedure ANUP_017807 (Effective Date: 25 Aug 2025) - Appendix 7 – Project or work site WHS inspection checklist - Appendix 8 – Contractor WHSMS audit checklist - Permit to Work Procedure ANUP_018011 (Effective Date: 16 May 2018)
Comment:	Chapter 3.6 Contractor Safety Engagement sets out requirements for monitoring and managing contractor safety performance. Contractor Work Health and Safety Procedure set out requirements for monitoring and evaluating a contractor performance. The procedures provide for site inspections and audits. Contractor safety engagement Procedure sets out requirements for monitoring and evaluation of a contractor's performance. Permit to Work Procedure includes provision for monitoring of the work by the permit authority may not require constant surveillance but will include verification that control points are being correctly observed.
Campus Environment DAY 3 - Wednesday 3 December 2025	
Evidence:	- Transition-In meeting for the ANU Maintenance Services for Electrical Assets. Date: Jun 27, 2025 Project Building 60 Oliphant – Fire services upgrade and refurbishment - Project Pre-start Meeting dated 09/07/25 - Meeting minutes dated 23/10/25; 31/07/25 - Project or Work Site WHS Checklist dated 09/07/25 University House - Contract Management and Governance Plan Hail Damage Remediation Program Project Construction / Management Agreement (PCMA) dated 25 August 2023 - Anu Hail Team Meeting No.111 dated 14/11/25, No.113 dated 28/11/25 - UHHDR Project HCA Weekly Meeting Minutes Meeting no. 104 dated 21/10/25; Meeting No. 105 dated 04/11/25 - Hindmarsh PCG Progress Report PCG 41-17/09/25; PCG 40-20/08/25 - OHS Inspection Report Australian National University – Hail Remediation Project Building 29- Drill Hall Gallery dated 19th November 2025; Mitchell Furniture Assembly Factory dated 20th November 2025; University House Roof Void Access Permit & Register dated 23rd September 2025; Review of high-risk work / General site inspection dated 24th September 2025; On site Inspection Site Walk – University House and HCA HSE Project Management Plan dated 02/12/25
Comment:	Evidence was sighted showing that project contractors are monitored and reviewed to ensure continued adherence to the ANU's health and safety requirements or specifications through meetings, reporting, inspections and audits. Discussion with CE Maintenance Manager elicited that there is no systematic contractor monitoring and review process in place for service contractors.
Non-conformance:	This was rated as a non-conformance because there is no systematic contractor monitoring and review process in place for non-construction contractors.

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:	Non-conformance
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WHSMS

Evidence:	- Chemical Management Handbook (V3; Date 25/07/18) S4 Purchase and Acquisition - Plant and Equipment Safety Management Procedure ANUP_000569 (Effective Date: 21 Aug 2025)
Comment:	Chemical Management Handbook S4 Purchase and Acquisition states that it is a University requirement when ordering new chemicals into an area, that an assessment pre-purchase be completed. The Handbook also states that the University has established preferred arrangements with three suppliers for the supply of Scientific Consumables and Gases for Local Areas, who must ensure the appropriate delegated approvals prior to committing the University to any spend under the preferred supplier procurement arrangements. Plant and Equipment Safety Management Procedure requires a plant pre-purchase checklist to be completed for the acquisition, purchase or sale of plant and a Hazard assessment, is conducted to be documented via the Plant risk assessment and management strategy (PRAMS) form, or Hazard assessment form or other equivalent local area Hazard assessment documentation.

John Curtin School of Medical Science

Evidence:	- Plant – Pre-Purchase Risk Assessment Checklist and Form not dated - Plant risk assessment and management strategy Tapestation 4200 System (reconditioned)
Comment:	Consider combining the Pre-Purchase Risk Assessment Checklist and Plant risk assessment and management strategy into one pre-purchase checklist.
Non-conformance:	This criterion was rated as a non-conformance because: - The purpose of the Plant – Pre-Purchase Risk Assessment Checklist and Form and Plant risk assessment and management strategy is not clearly defined. - The form JCSMR used for the Tapestation Plant – Pre-Purchase Risk Assessment Checklist and Form was an incomplete version with several missing fields.

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
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John Curtin School of Medical Science DAY 6 - Monday 8 December 2025

Evidence:	• Delivery Report • ES Financials (The Purchasing Management System)
Comment:	Employee discussion and workplace inspection confirmed that a process is in place for verifying that received goods match the purchase order by stamping and initialing the Delivery Report. The Delivery Report is then used to receipt the goods in the ES Financials (The Purchasing Management System). It was reported by inward goods that any out of specification purchases are quarantined or put aside and the vendor contacted.

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:	Non-conformance
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WHSMS

Evidence:	Nil
Comment:	A procedure that requires hazard identification, risk assessment and the development of control measures is undertaken during the product or process design stage or when the process is modified was not evident.

Campus Environment DAY 3 Wednesday 3 December 2025

Evidence:	• ANU_1231 - Erich Weigold Physics Building 58B Refurbishment Safety in Design Register <i>University House</i> • Scaffold Workshop dated 4/08/22 / Design Drawings. Design Check Certificate of Structural Integrity Sufficiency • Hindmarsh PCG Progress Report PCG 41-17/09/25; PCG 40-20/08/25
Comment:	Although evidence was sighted confirming that safety in design was considered in building refurbishment projects, a procedure that requires hazard identification, risk assessment and the development of control measures is undertaken during the product or process design stage or when the process is modified was not evident in campus environment. It should be noted that design procedures are implemented to ensure: a) adequate definition of health and safety requirements in design documentation b) designs and modifications meet specified health and safety requirements and verification obtained where applicable c) reviewing the design process.
Non-conformance:	This criterion was rated as a non-conformance because a procedure that requires hazard identification, risk assessment and the development of control measures are undertaken during the product or process design stage or when the process is modified was not evident.

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

Finding:	Conformance
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Campus Environment DAY 3 - Wednesday 3 December 2025

Evidence:	- Plant and Equipment Safety Management Procedure ANUP_000569 (Effective Date: 21 Aug 2025) - CE-3.10.7 1231-ANU Weigold L2 Fitout Safety-in-Design Revised After Workshop - CBS Building Surveyors Letter of Compliance Design National Construction Code 2022 Volume 1 Building Code of Australia Class 2 to Class 9 Buildings ANU Erich Weigold Building Fitout Alterations dated 23 May 2025
Comment:	Letter from CBS Building Surveyors stated Compliance Design to the National Construction Code 2022 Volume 1 Building Code of Australia Class 2 to Class 9 Buildings for the ANU Erich Weigold Building Fitout.

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
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WHSMS	
Evidence:	- WHSMS Chapter 3.19 Managing Safety in relation to Facilities, Work Environment and Amenities (V1.0; Release Date: 17 June 2021) - Chemical Management Handbook (V 4.0a; Date Approved 13/3/2025) - Sharps Handling Procedure ANUP_000679.12 (Effective Date: 15 Nov 2022) - Plant and Equipment Safety Management Procedure (Effective Date: 21 Aug 2025) Decommissioning, dismantling and disposal - Pest Management Procedure ANUP_000591 (Effective Date: 21 Aug 2025) Disposal of pesticides and pesticide containers - Painting Management Procedure ANUP_000577.16 (Effective Date: 23 May 2019) Disposal of paints / solvents - Safe Management of Asbestos and Synthetic Mineral Fibres Procedure ANUP_018027 (Effective Date: 21 Aug 2025) Asbestos removal and disposal
Comment:	Chapter 3.19 Managing Safety in relation to Facilities, Work Environment and Amenities sets out two methods for ensuring the means of disposal of all types of waste. A risk assessment to identify waste disposal hazards and means of safe disposal and a safe work procedure which provide clear instruction safe disposal means or completion of Appendix B.1 Waste Stream Identification and Disposal Instruction Template. Chemical Management Handbook sets out requirements for the disposal of chemical waste including specific classes of liquid waste, dry or solid chemicals, oils, light tubes, batteries, biological waste, radioactive waste and cytotoxic waste. Procedures are in place for disposal of plant and equipment, pesticides and paints.
Research School of Biology DAY 7 - Tuesday 9 December 2025	
Evidence:	- Asbestos file label scientific equipment - RSB Asbestos Register is used to identify scientific equipment - Building 46 plant growth facility waste streams Poster Version No & Date: 1.0, 20 August 2021 - Disposal of waste from Building 46 plant facilities Version No: 1.01, 25 Sep 2023 - Cleaning procedure for the Waste Handling Facility Version No & Date: 1.00 15 July 2021 - Radiation waste management plan Version No. & Date: 2.01, 27Jun 2025 - Laboratory Waste Management Bldg. 134 Poster - Chemical waste procedure - Customer Chemical Manifest Form
Comment:	Asbestos file label scientific equipment (Warning this equipment may contain asbestos consult asbestos register prior to dis assembly or disposal). RSB Asbestos Register is used to identify scientific equipment. Procedures are in place for the safe disposal of waste materials from RSB. Customer Chemical Manifest Form is used by Cleanaway to identify chemicals and any segregation requirements in their safe disposal which can include a review by Cleanaway chemist. Workplace inspection confirmed that biological waste storage facilities are in place for collection by Cleanaway Daniels.

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

Finding:	Conformance
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WHSMS

Evidence:	- WHSMS Chapter 3.19 Managing Safety in relation to Facilities, Work Environment and Amenities (V1.0; Release Date: 17 June 2021) - WHSMS Handbook Chapter 4.1 Workplace Inspections (V1.1; Release Date: 23 July 2020) Appendix A.1 Workplace Inspection Template [High Risk Areas] 4.1 Appendix A.2 Workplace Inspection Template Low Risk Areas
Comment:	Chapter 3.19 Managing Safety in relation to Facilities, Work Environment and Amenities states that when planning for new buildings and renovating or refurbishing existing buildings or workplaces a Facilities and Amenities Assessment (Appendix A) is to be conducted to decide what facilities, work environments and amenities are required for the new or existing buildings or workplaces. Appendix A.1 Workplace Inspection Template [High Risk Areas] and 4.1 Appendix A.2 Workplace Inspection Template Low Risk Areas include a check handwashing facilities available suitable for work place tasks separate from work-related troughs or sinks.

Research School of Biology DAY 7 - Tuesday 9 December 2025

Evidence:	- ANU Cleaning Inspection Checklist dated 03/10/25 conducted Menzies Facilities Service Building 46 - Figtree Low Risk Audit 9GB0000776 dated 01/05/25 #9 Facilities and Amenities
Comment:	Workplace inspection checklist includes facilities and amenities as part of the inspection process. Workplace inspection confirmed workplace facilities and amenities meet acceptable standards.

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

Finding:	Conformance (Observation)
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WHSMS

Evidence:	- Chemical Management Handbook (V 4.0a; Date Approved 13/3/2025) - Chemical Management Procedure (Effective Date: 24 Nov 2022) - Compressed gas cylinder safety Procedure ANUP_017610 (Effective Date: 19 Feb 2018) - Chemwatch
Comment:	Chemical Management Handbook sets out requirements for working with hazardous chemicals, Electronic Chemical Management System, chemical handling, guides on the safe handling of chemicals, transportation of chemicals, requirements for disposal of chemicals. The Chemical Management Handbook requires all University workplaces to enter the maximum quantities of hazardous chemicals stored into the CMS stockholding for the relevant storage location (a partly empty container must be considered as full for this purpose). Each area shall check the CMS stockholding against the physical stock held (i.e. stock take) at least twice yearly to ensure all chemicals are entered and the information is correct. Chemical Management Procedure refers to the e Chemical Management Handbook includes information, instructions, procedures and tools associated with risk assessment of tasks involving chemicals, preparation for work, chemical waste and disposal and transportation of chemicals. Compressed gas cylinder safety Procedure sets out requirements for handling and use, safe use and safe transport. Chemwatch provides a register of hazardous chemicals stored, provides access to current manufacturer Safety Data Sheets (SDS), and can be used to generate substance labels, local hazardous substance registers and provides dangerous goods manifests for emergency services.

Research School of Physics DAY 8 - Wednesday 10 December 2025

Evidence:	- ChemWatch - Safe Work Procedure SWP-058B_L3_W4.03A-HF Work dated 16/06/25 - Safe Work Procedure SWP_0056_Forklift_operation_V1.0 dated 19/03/24 - RSPHys High Risk Area Workplace Inspection Checklist Building 58a Room No. Target areas control room dated 05/02/25 - RSPHys High Risk Area Workplace Inspection Checklist Building 160 Room No. 160 dated 13/11/25 - RSPHys High Risk Area Workplace Inspection Checklist Building 58 Room No. C4.54 dated 21/01/25 - RSPHys High Risk Area Workplace Inspection Checklist Building 58B Room Number W4.03A dated 11/02/25
Comment:	ChemWatch Inventory Building 160, 32, and 35a) shows inventory by room and level within a building. Risk assessments and procedures are in place for the safe handling, use and transfer of chemicals. High Risk Area Workplace Inspection include a check of are chemical quantities in the area keep to a minimum.
Observation:	Safe Work Procedure SWP_0056_Forklift_operation did not include LPG cylinder changeover.

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

Finding:	Conformance (Observation)
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WHSMS

Evidence:	- WHSMS Handbook Chapter 3.2 WHS Induction Training and Supervision (V1.3; Release Date: 29 November 2022) Appendix C [School/Service Division] High Risk Areas WHS Induction Template (Tier 3 Induction) - Chemical Management Handbook (V 4.0a; Date Approved 13/3/2025) - Chemwatch - Chapter 3.2 WHS Induction Training and Supervision (V1; Release Date: 29 November 2019) Appendix C [School/Service Division] High Risk Areas WHS Induction Template (Tier 3 Induction)
Comment:	Chapter 3.2 WHS Induction Training and Supervision Appendix C [School/Service Division] High Risk Areas WHS Induction Template (Tier 3 Induction) provides inductees with location of SDS and or Chemwatch/Chemical Register. The Chemical Management Handbook sets out requirements states that all university staff and students have read-only CMS access to SDS database via the chemical management website from a university computer. Chemwatch provide an inventory of live and maximum quantities for chemical storage. Appendix C [School/Service Division] High Risk Areas WHS Induction Template (Tier 3 Induction) include provision for showing the inductee of the Location of Safety Data Sheets (SDS) and/or access to Chemical Register or Chemwatch.

Research School of Biology DAY 7 - Tuesday 9 December 2025

Evidence:	ChemWatch
Comment:	Employees have ready access to login into ChemWatch to access safety data sheets electronically. Employee discussion identified that not all persons had knowledge on how to access ChemWatch. The Senior Purchasing Officer is responsible for receipt of all chemicals.
Observation:	Discussion with the RSB Senior Purchasing Officer identified that he did not know how to access safety data sheets from ChemWatch.

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

Finding:	Conformance
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WHSMS

Evidence:	- Chemical Management Handbook (V4.0a; Date Approved 13/3/2025) - Compressed gas cylinder safety Procedure ANUP_017610 (Effective Date: 19 Feb 2018) - ChemWatch
Comment:	Chemical Management Handbook sets out requirements for storage of chemicals and storage requirements, physical location, storage principles, ignition sources, ventilation, containment equipment, storage cabinets, containment trays, shelf liners, container material, quantity storage in cabinets, environmental storage conditions, chemical deterioration, explosive potential and ANU storage compatibility of dangerous goods in laboratories and stores table. Compressed gas cylinder safety Procedure provides storage requirements for gas cylinders. ChemWatch shows storage location of chemicals and maximum quantity stored.

Research School of Physics DAY 8 - Wednesday 10 December 2025

Evidence:	- RSPHys High Risk Area Workplace Inspection Checklist Building 58a Room No. Target areas control room dated 05/02/25 - RSPHys High Risk Area Workplace Inspection Checklist Building 160 Room No. 160 dated 13/11/25 - RSPHys High Risk Area Workplace Inspection Checklist Building 58 Room No. C4.54 dated 21/01/25 - RSPHys High Risk Area Workplace Inspection Checklist Building 58B Room Number W4.03A dated 11/02/25 - RSPHys Risk Assessment RA_160_L1_P1.32 Chemical Storage dated 12 Jun 24 - RSPHys Risk Assessment RA_60- L1_P1.47-1 Chemical Storage dated 12 Jun 24 - RSPHys Risk Assessment RA_058B_L3_W4.03A HF Lab dated 12 Jun 24
Comment:	RSPHys High Risk Area Workplace Inspection Checklist include a check of the items associated with storage such as: - - Are all incompatible chemicals segregated or separate in storage - Are all chemical cabinets clean, tidy and serviceable? Do all flammable cabinets self-close - gas cylinders appropriately secured A risk assessment is in place that includes a check of chemical storage. Workplace inspection confirmed that chemicals were safely store for example gas cylinders secured.

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

Finding:	Non-conformance
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WHSMS

Evidence:	- Permit to Work Procedure ANUP_018011 (Effective Date 16 May 2018) - Excavation and Surface Penetration Procedure ANUP_018010 (Effective Date: 15 May 2018) - Confined Space Safety Procedure ANU_00588 (Effective Date: 21 Aug 2025)
Comment:	Permit to Work Procedure sets out requirements for scope (covering confined spaces entry, excavation and surface penetration, fire monitoring and suppression systems, high voltage, hot works, working at heights, working near overhead power lines, working with asbestos contractors performing any of the above), responsibilities, permit to work, work permit distribution, permit authority, qualifications, display of permits, monitoring work, closing the permit, permits for high risk work and training. Excavation and Surface Penetration Procedure require a Clearance to excavate form to be completed for all excavations. Confined Space Safety Procedure sets out requirements for responsibility for approving and controlling entry into and work within a confined space.

Campus Environment DAY 3 - Wednesday 3 December 2025

Evidence:	- Campus Environment Authorised Permit Issuer Contact List - CE 3.3.3 Local Training Plan Register of Confined Space - Roof Access Permit dated 12/01/25 - Working at Height Permit dated 30/09/25 / SWMS / Roof Access Permit 01/09/25 - 30/09/25 no rescue plan - Hot Work Permit dated 16/05/25 - Application for Permission to Excavate 30/10/25 Light cable pole replacement - Application for Permission to Excavate dated 1/12/2025 - Statement of Attainment RIIWHS204E Work Safely at Heights Jason Lord completed 14/11/23; Darren Trynes completed 11/12/23; Brett Morrison completed 14/11/23
Comment:	The following permits were sighted: - Roof Access Permit, Working at Height Permit, Hot Work Permit and Application for Permission to Excavate. Permits sighted were issued by persons Campus Environment Authorised Permit Issuer Contact List. A SWMS that was sighted for a Working at Height Permit did not appear to align with the scope of works. Some of the Work Safely at Heights had recently expired. It was reported that there have been no confined space permits issued.
Non-conformance:	This criterion was rated as a non-conformance because permit issuer training records were not evident for all persons listed on the Campus Environment Authorised Permit Issuer Contact List.

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
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WHSMS	
Evidence:	- Chemical Management Handbook (V4.0a; Date Approved 13/3/2025) - Personal Protective Equipment Procedure ANUP_000629 (Effective Date: 21 May 2018) - WHSMS Handbook Chapter 3.2 WHS Induction Training and Supervision (V1; Release Date: 29 November 2019) Appendix C High Risk Areas WHS Induction Template (Tier 3 Induction) - Work Health and Safety Management System (WHSMS) Handbook Chapter 3.13 Noise and Lighting Safety Management (V1.0; Release Date: 24 October 2019)
Comment:	Chemical Management Handbook includes a comprehensive section on PPE covering Personal Protective Equipment Procedure sets out requirements for Selection and Use of Personal Protective Equipment, Types of PPE and their Uses and Responsibilities Associated with PPE Budget Unit Management. Personal Protective Equipment Procedure sets out requirements for responsibilities personal protective equipment, protective clothing, eye protection, prescription glasses, tinted or colored lenses, contact lenses, laser users, hand protection, head protection, face protection, hearing protection, breathing protection, footwear, signage, maintenance requirements, storage, contamination, instruction and training. Chapter 3.2 WHS Induction Training and Supervision Appendix C High Risk Areas WHS Induction Template (Tier 3 Induction) includes specific PPE used for chemical safety, including the demonstration of fit, use, storage and maintenance requirements. Chapter 3.13 Noise and Lighting Safety Management includes requirements for the personal hearing protector use, fit, care and maintenance in Tier 3 High Risk Area Induction for supervisors/managers to give specific instructions and training on the hearing protector. The Handbook also includes a requirement to inspect personal hearing protectors in line with your Workplace Inspection schedule.
Research School of Biology DAY 7 - Tuesday 9 December 2025	
Evidence:	- Safe Work Procedure Managing a radiation spill RSB0094 reviewed 31/01/25 (gloves, shoes, eye protection and lab coat) - WHS Hazard and Risk Assessment RSB 0005 dated 21/10/24 Using an angle grinder with cutting grinding and flapper disk attachments (P2 respirator, gloves, long pants steel toed shoes) - Safe Work Procedure RSB 0114 Dispensing transporting and using liquid nitrogen for sample freezing date 04/03/25 (gloves, face shield, glasses, lab coat safety shoes) - RSB Risk Assessment Tool Movento 240SC Insecticide last reviewed 13/03/25 (gloves, enclosed shoes, overalls, full face respirator and organic vapor filters)
Comment:	Information Signs are posted throughout the laboratories which depict the room's PPE requirements. Risk assessment and safe work procedures define specific PPE requirements. Employees who use pesticides receive specialized ChemCert Accreditation Training which includes the use of, fitting and maintenance of PPE. Workplace inspection confirmed that PPE is readily available and worn and that PPE signage is in place.

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:	Non-conformance
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WHSMS

Evidence:	- Plant and Equipment Safety Management Procedure ANUP_000569 (Effective Date: 21 Aug 2025) - Managing Fume Exhaust System Procedure ANUP_000702 (Effective Date: 19 Feb 2018)
Comment:	Plant and Equipment Safety Management Procedure sets out requirements for statutory, preventative and corrective maintenance. Managing Fume Exhaust System Procedure sets out requirements for periodic maintenance (six monthly), annual maintenance and performance testing specific inspection, testing and maintenance.

Campus Environment DAY 3 - Wednesday 3 December 2025

	- Maximo Priorities <i>Maximo</i> 35 Pressure vessel PM 3173 annually Certificate of Inspection Pressure Equipment CN 131668 dated 07/08/25 (internal / External) - PM 1719 EWP Inspection Service 3-month record - PM 1385 annual Roof Safety Plan / Height Safety System Inspection Report dated 20/11/25 - JCSMR PM 1785 annual Eye wash shower safety testing dated 17/07/25 <i>University House (Contractor Hindmarsh)</i> - EWP logbook (3 monthly maintenance dated 16/10/25; pre-start dated 03/12/25) <i>Work outside the CE Fulton Muir Office Building</i> - Daily Plant Inspection Checklist for 03/12/25 <i>Landscaping and Conservation</i> - Maintenance service Schedule (3 versions of service schedules were provided) - Tax Invoice dated 18/07/24; 13/06/25
Comment:	Maximo Priorities provides for response times ranging from 40 minutes for priority 1 to 1 week for priority 5. Requested maintenance schedules and records were verified in Maximo. The Maintenance Manager reported that a new maintenance management system will soon replace Maximo. Requested maintenance records were also verified in University House and Landscaping and Conservation. It is suggested that Grounds Maintenance utilize the maintenance management system for scheduling and recording maintenance activities.
Non-conformance:	This criterion was rated as a non-conformance at Campus Environment because: - - There was 4948 hours between services for the JCB Telescopic Wheel Loader model: 2023 JCB TM320 which was recorded on the maintenance service schedule and Service Tax Invoice from Tractor Specialist. - A completed maintenance record check sheet was not evident for the wood chipper other than to say the maintenance was conducted in accordance with the manufacturer's requirements. - There is no formal inspection regime in place for the steel storage racking system in Building 35.

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

Finding:	Conformance
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WHSMS

Evidence:	- Plant and Equipment Safety Management Procedure ANUP_000569 (Effective Date: 21 Aug 2025) - Isolation and Danger Tagging Procedure ANU_000571 (Effective Date: 21 Aug 2025) - Electrical Safety Management Procedure ANU_000573 (Effective Date: 28 Aug 2022)
Comment:	Plant and Equipment Safety Management Procedure requires operators to notify their immediate supervisor verbally of any defect or other hazard on the plant being operated, and lodge a hazard report via the Workplace incident and hazard reporting tool as per the WHS incident management procedure. The supervisor must act to eliminate the hazard or control the risk, as reasonably practicable. The plant must be isolated or 'Out of Service tagged' as per the Isolation and danger tagging procedure until repaired. Isolation and danger tagging Procedure sets out requirements for general responsibilities, isolation of energy sources, isolation methods, hazard assessment, safe work procedures, isolation equipment, red personal locks, de-isolating and removing red personal locks, cutting off red personal locks, danger tags, notice tags, out of service tags, caution barrier tape and danger tape. Electrical Safety Management Procedure includes provision for use of out of service tags.

Research School of Earth Science DAY 9 - Thursday 11 December 2025

Evidence:	Out of service tags
Comment:	Out of service tags are readily available. Workplace inspection confirmed that the cranes RSES loading dock. Discussion with employees elicited when an out of service tag would be used.

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:	Non-conformance
WHSMS	
Evidence:	- WHSMS Handbook Work Chapter 3.1 Hazard Management (V1.0; Release date: 25 November 2019) Appendix D.5 Fire System or Electrical Isolation Permit - Isolation and Danger Tagging Procedure ANU_000571 (Effective Date: 21 Aug 2025) - ANU Contractor Induction Story Board Isolation lock out / tagout
Comment:	Appendix D.5 Fire System or Electrical Isolation Permit provides for use of a Fire System or Electrical Isolation Permit which applies to both isolating fire systems and plant. The permit states that locally engaged contractors must not conduct fire system nor plant isolation activities. Isolation and danger tagging Procedure sets out requirements for general responsibilities, isolation of energy sources, isolation methods, hazard assessment, safe work procedures, isolation equipment, red personal locks, de-isolating and removing red personal locks, cutting off red personal locks, danger tags, notice tags, out of service tags, caution barrier tape, danger tape, commissioning tape, security tape, police exclusion zone tape and training and competency requirements. The procedure states that contractors will follow their contracting company's isolation rules and procedures and the ANU simple and complex isolation procedures. ANU Contractor Induction Story Board states that the University isolation and tagging procedures is to ensure that simple isolations are correctly applied. The Isolation lock out / tagout slide states that isolation permits must be completed prior to any isolation of services, these can be obtained by speaking to the ANU Responsible Officer.
Campus Environment DAY 3 - Wednesday 3 December 2025	
Comment:	Jason Lord Lock Out Tag Out Training completed 16 November 2022
Comment:	Discussion with the Maintenance Manager elicited that plant isolations can be performed by maintenance service contractors which is contrary to the requirements of the Appendix D.5 Fire System or Electrical Isolation Permit.
Non-conformance:	This criterion was rated as a non-conformance because: - Competency requirements have not been determined for isolation/lockout/tag out for maintenance service contractors working on plant and equipment. - Records of isolation permits were also not evident.

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

Finding:	Conformance
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WHSMS

Evidence:	- Isolation and Danger Tagging Procedure ANU_000571 (Effective Date: 21 Aug 2025) - Fixed Plant and Equipment - Machine Guarding Procedure ANUP_018020 (Effective Date: 29 May 2018) - Permit to Work Procedure ANUP_018011 (Effective Date: 16 May 2018) - Appendix D.1 General Permit to Work - Appendix D.2 Hot Work Permit (Individual Permit to Work, IPTW) - Appendix D.3 Confined Spaces Entry Permit - Appendix D.4 Working at Heights and Roof Access Permit - Appendix D.5 Fire System or Electrical Isolation Permit
Comment:	Isolation and Danger Tagging Procedure requires a competent worker has to confirm and verify that the plant, equipment or system is safe so that re-energisation can occur. The plant, equipment or system needs to be tested, confirmed and verified safe after re-energisation by a competent worker otherwise it is tagged and locked again until the faults are identified and corrected. Procedure Fixed Plant and Equipment - Machine Guarding Procedure requires that when maintenance has finished the job and prior to de-isolation, all guards will be re-instated, securely fixed and inspected before handing back the equipment to the Local area. The Local area must check that all guards are in place and securely fixed before re-starting the equipment. Permit to Work Procedure or to the return of a work permit to the permit authority, the permit to work holder is responsible for confirming that the work party leave the work area clean and safe and remove personal locks and/or danger tags. All permit documents include a version of confirmation that all work has been completed, people and equipment withdrawn from the plant/area, isolations removed and the plant/area is clean and safe for use.

Campus Environment DAY 3 - Wednesday 3 December 2025

Evidence:	- Working at Height Permit dated 30/09/25 - Hot Work Permit dated 16/05/25 - Schindler Service Report dated 28/11/25 WO 1193877 includes test operation and return lift to service - Stowe Reactive Service and Minor Work Report WO 1186009 dated 27/11/25 re-energised, clean and packed up - O'Neill Brown Electrical Service Report 600067 dated 24/11/25 cleaned up tested and working
Comment:	Permit to work records and maintenance service reports confirmed that plant and equipment is 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
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WHSMS

Evidence:	- WHSMS Chapter 3.19 Managing Safety in relation to Facilities, Work Environment and Amenities (V1.0; Release Date: 17 June 2021) - WHSMS Handbook Chapter 4.1 Workplace Inspections (V1.1; Release Date: 23 July 2020) Appendix A.1 Workplace Inspection Template [High Risk Areas] - Procedure Safety Signage Procedure ANUP_018013 (Effective Date: 21 Aug 2025) - Personal Protective Equipment Procedure ANUP_000629 (Effective Date: 21 May 2018)
Comment:	Chapter 3.19 Managing Safety in relation to Facilities, Work Environment and Amenities requires a signage assessment is conducted by a competent person once every two years in all areas under your control against Appendix G Signage Assessment Template. Chapter 4.1 Workplace Inspections Appendix A.1 Workplace Inspection Template [High Risk Areas] includes check of - Are Radiation warning signs displayed at entrance to lab or workshop - First Aid room or rest area stocked, clean and signed First aid signs on door, sharps disposal container) appropriately (CPR chart, AED location) - Is Fire Extinguisher signage installed as per AS2444 - Emergency Exit illuminated signs working and in good condition Safety Signage Procedure sets out requirements for responsibilities, regulatory signs, hazard signs, emergency information signs, identification of areas requiring signs, reviewing areas, provision of signs, chemical hazard signs, sign symbols, sign location and training. Personal Protective Equipment Procedure states that where specific PPE is mandatory in an area, appropriate signage complying with Safety signage procedure will be displayed at the entrance to each location.

Research School of Physics DAY 8 - Wednesday 10 December 2025

Evidence:	- RSPHys High Risk Area Workplace Inspection Checklist Building 58a Room No. Target areas control room dated 05/02/25 - RSPHys High Risk Area Workplace Inspection Checklist Building 160 Room No. 160 dated 13/11/25 - RSPHys High Risk Area Workplace Inspection Checklist Building 58 Room No. C4.54 dated 21/01/25 - RSPHys High Risk Area Workplace Inspection Checklist Building 58B Room Number W4.03A dated 11/02/25
Comment:	ANU Workplace Inspection Program includes a check and assessment of safety signage. Workplace inspection confirmed that safety signage is posted in the new Physics Building and rooms.

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

Finding:	Non-conformance
WHSMS	
Evidence:	Work Health and Safety Management System (WHSMS) Handbook Chapter 4.1 Workplace Inspections (V1.1; Release Date: 23 July 2020)
Comment:	Chapter 4.1 Workplace Inspections Appendix A.1 Workplace Inspection Template [High Risk Areas] includes a check of Storage, Waste, and Housekeeping and Plant, Equipment, Ladders and Steel Racking including lifting equipment.
Evidence:	• RSES High Risk Area Workplace Inspection dated 25/09/25 Building 61 Room number 104 Workshop No record of consultation • RSES High Risk Area Workplace Inspection dated 15/08/25 Jaeger 7 Room number J7 110, 110d records of consultation • RSES High Risk Area Workplace Inspection dated 02/09/25 Building 54 Room number B115, B116, B118 • WHS Hazard and Risk Assessment J6-103-RA02 Cranes dated 25/03/24 • Safe Work Procedure RockLabs Mill dated 18/03/21 • WHS Hazard and Risk Assessment J6-101g-RA02 Use of RockLabs Mill dated 25/03/24 • Safe Work Procedure Use of the 12" diamond set saw dated 04/08/21
Comment:	Whilst some risk assessments, safe work procedures associated with the handling of materials a procedure for the safe handling, movement and storage of rocks was not evident. Pre-start and safe work procedure for crane in SHRIMP, traffic management risk assessment and traffic management plan were also not evident for RSES.
Non-conformance:	This criterion was rated as a non-conformance because at RSES: - • A procedure for the safe handling, movement and storage of rocks was not evident • A pre-start for the cranes in the Sensitive High Resolution Ion Micro Probe (SHRIMP) was not evident. • A Safe Work Procedure for the use of the Cranes in SHRIMP was not evident. • A traffic risk assessment and traffic management plan were not evident.

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:	Non-conformance
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WHSMS

Evidence:	• Work Health and Safety Management System (WHSMS) Handbook Chapter 3.2 WHS Induction Training and Supervision (V1; Release Date: 10 March 2022)
Comment:	Chapter 3.2 WHS Induction Training and Supervision sets out the activities and the supervision requirements for workers and HDR/Honours students. The Chapter requires supervision checks for activities requiring tier 3 Work Safely Proficiency Training to ensure HDR/Honours students are adhering to the controls and safety requirements. The Chapter also covers supervision of WHS activities are conducted in accordance with the risk of the activities performed and provides a table of supervision requirements based on risk.

Research School of Physics DAY 8 - Wednesday 10 December 2025

Evidence:	• PDR Framework - Research School of Physics • Position Description Associate Professor • WHS Training Matrix
Comment:	PDR Framework - Research School of Physics included a section on supervising staff to meet WHS compliance requirements and training. Position Description Associate Professor include requirements for supervision. WHS Training Matrix provides a summary of completed training by staff and students. Competency assessments and compliance checks are current being developed as proficiency forms for Safe work procedures Whilst a very small amount of evidence was sighted showed a proficiency assessment had commenced for training and checking compliance to safe work procedures, the process was in its infancy with no plan using a risk-based approach.
Non-conformance:	This criterion was rated as a non-conformance at RSPhys because a systematic process for checking compliance to safe work procedures was not evident.

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 (Observation)
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WHSMS

Evidence:	Working Safely Away from Campus Procedure (V12; Effective Date: 9 Sep 2024)
Comment:	Working Safely Away from Campus Procedure set out requirements for Hazard assessment and incident reporting, Off Campus Office based work, Off Campus Studio based work, Insurance, International travel, communication, emergency procedures and first aid.

Residential Experiences Division DAY 5 - Friday 5 December 2025

Evidence:	- Pre-trip inspection QR code the Transport Officer (Student Leaders) to the Pre-trip inspection Checklist 24 - HRA – RED030 Inward Bound Training in Canberra Region dated 20/03/2025 2025 Significant Training Run (STR) Operational Plan - HRA Operating a vehicle dated 29/01/24 - Bruce Wright Hall Van Handbook - Driver Training Attendance Sheet Defensive Driver Training records Annika Sommer and Hugh Moseley dated 04/02/25 - Annika Sommer and Hugh Moseley Mini Bus Course dated 4th of February, 2025; - Travel Summary Josh Herridge (u7937131) NSW - Wee Jasper State Forest Wright Hall Mock Drop 2 dated 3/08/2025
Comment:	A process is in place permitting students to ride the RED own bus operated by a Student Mentor. Bruce Wright Hall Van Handbook provides instruction in the event of a breakdown. A process is in place for authorisation of a planned trip using a risk assessment as required. Pre-trip inspections are conducted for a bus trip and driver is to undertake a defensive driver training as part being an authorised driver.
Observation:	A procedure detailing the safety requirements for a roadside breakdown was not evident for Wright Hall of Residential Experiences Division.

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
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John Curtin School of Medical Science DAY 6 - Monday 8 December 2025

Evidence:	• Safe Work Procedure APF_APB_SWP_004_Receiving Rodents Domestic (not dated) • International Import ID • Domestic Import ID
Comment:	A process in in place for health screening of lice mice received from domestic and international locations.

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

Finding:	Conformance
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WHSMS

Evidence:	• Chemical Management Handbook (V3; Approved Date 25/07/18) S11 Labelling • ChemWatch • WHSMS Handbook Chapter 4.1 Workplace Inspections (V1.1; Release Date: 23 July 2020) Appendix A.1 Workplace Inspection Template [High Risk Areas] • Hydrofluoric Acid Handling Procedure ANUP_013807 (V2; Effective Date: 14 Nov 2023)
Comment:	Procedures are in place that defined labelling requirements for the labelling of chemicals. Labels can also be created by using Chemwatch. Appendix A.1 Workplace Inspection Template [High Risk Areas] includes a check of Are all chemicals and solutions, including decanted chemicals and solutions, that are not in their manufacturer container correctly labelled in accordance with the Globally Harmonised System (GHS)?

Research School of Physics DAY 8 - Wednesday 10 December 2025

Evidence:	• RSPHys High Risk Area Workplace Inspection Checklist Building 58a Room No. Target areas control room dated 05/02/25 • RSPHys High Risk Area Workplace Inspection Checklist Building 160 Room No. 160 dated 13/11/25 • RSPHys High Risk Area Workplace Inspection Checklist Building 58 Room No. C4.54 dated 21/01/25 • RSPHys High Risk Area Workplace Inspection Checklist Building 58B Room Number W4.03A dated 11/02/25
Comment:	RSPHys High Risk Area Workplace Inspection Checklist includes a check of labelling of chemicals and gas lines. Workplace inspection showed the dangerous gas store pipework was labelled as to its contents.

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 (Observation)
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WHSMS	
Evidence:	- WHSMS Handbook Chapter 3.5 Emergency Safety Management (V: 1.0; Release Date: 18 June 2021) - Emergency Response Procedure ANUP_000699 (Effective Date: 21 Aug 2025) Table 5 Emergency response - Emergency Procedure Flip Chart
Comment:	Chapter 3.5 Emergency Safety Management sets out requirements for identifying all potential emergency situations from a whole University general perspective, risk assessing these potential emergency situations using the University hazard and risk assessment methodology and provide the University General Emergency Plan to all local area Emergency Planning Committee (EPC) for them to develop their Local Emergency Plan and Procedures. The procedure requires a review of the Emergency Plan and procedure annually. Emergency Response Procedure Table 5 Emergency response defines the type of incident and contains links to the various emergency response plans. The procedure also sets out the requirements for the Emergency Planning Committee stating that there is an overarching University-wide EPC facilitated through Campus Environment and University Executive through the University Crisis Management Team. Emergency Procedure Flip Chart provides procedure Evacuation Fire / Smoke, Chemical Hazard / Spill / Gas Leak, Bomb Threat, White Powder Situation, Suspicious Mail or Package, Personal Injury, Personal Threat, Armed Offences and First Aid. Emergency Procedures Flipchart are posted at workstation with fixed landlines.
Residential Experiences Division DAY 5 - Friday 5 December 2025	
Evidence:	- Emergency Plan (March 2025) - Emergency Response Procedures Wright Hall Building 163 (March 2025) - Emergency Evacuation Diagrams - Emergency Control Organisation (ECO) Meeting dated 23 Jul. 25 - Emergency Planning Committee Meeting dated 9 April 2025 - Facility Evacuation Report 140 evacuations
Comment:	Emergency Plan has identified potential emergency scenarios and their risk levels. Emergency Response Procedures are in place for each residential building. The Emergency response procedures in place for wright hall covers evacuation, threat after hours, mail bomb, courier delivered bomb, placed bomb, vehicle bomb, earthquakes civil disorder, airborne contaminants, medical emergency, gas leak, chemical spills. Emergency Control Organisation (ECO) and Emergency Planning Committee Meeting agendas items include Emergency Procedure and Plan, Emergency Evacuation Drill (EEE), Personal Emergency Evacuation Plans (PEEP), Training and Residents and other stakeholder engagement. Emergency Planning Committee and Emergency Control Organisation meetings are held annually. Workplace inspection confirmed that Evacuation Diagrams are posted throughout Wright Hall.
Observation:	Emergency response scenarios identified in the Residential Experiences Division Emergency Plan do not exactly align with the Emergency Response procedures.

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
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WHSMS

Evidence:	- WHSMS Handbook Chapter 3.5 Emergency Safety Management (V: 1.0; Release Date: 18 June 2021) - Emergency Response Procedure ANUP_000699 (Effective Date: 21 Aug 2025) Table 5 Emergency response - Chapter 3.2 WHS Induction Training and Supervision (V1; Release Date: 29 November 2019) Appendix B [School/Service Division] WHS Induction Template (Tier 2 Induction); Appendix C [School/Service Division] High Risk Areas WHS Induction Template (Tier 3 Induction)
Comment:	Chapter 3.5 Emergency Safety Management requires F&S to maintain a current list of local area EPC Chairs as well as a list of Emergency Control Organisation Network (ECO) and ensure these two lists are readily available and accessible on the University website. Emergency Response Procedure states that one of the Chief Warden's responsibilities is to maintain and display a current list of all Floor Wardens and Deputies (with phone numbers and locations); The Appendix B [School/Service Division] WHS Induction Template (Tier 2 Induction) include provision for showing the inductee the Emergency Key Personnel Chart. Appendix C [School/Service Division] High Risk Areas WHS Induction Template (Tier 3 Induction) include provision for showing the inductee the Warden and first aiders contact details nearby the High-Risk area location.

Residential Experiences Division DAY 5 - Friday 5 December 2025

Evidence:	- Wright Hall – Key Emergency Personnel Register Wardens - Key Emergency Personnel Chart Building: Wright Hall (BLD #163) - Key Emergency Personnel Chart Building: Fenner Hall (BLD #152) - Key Emergency Personnel Chart Building: Yukeembruk (BLD 164,165,166,167,168)
Comment:	Key Emergency Personnel Charts are located throughout the residence buildings. Students get to meet their Residential Mentor who act as Chief Wardens are part of their induction. Apparel is readily available for those responsible for emergency situations.

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

Finding:	Conformance
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WHSMS

Evidence:	- WHSMS Handbook Chapter 3.5 Emergency Safety Management (V: 1.0; Release Date: 18 June 2021) - Emergency Response Procedure ANUP_000699 (Effective Date: 21 Aug 2025) - WHSMS Handbook Chapter 3.3 WHS Local Training Plan (LTP) (V1.3; Release Date: 20 May 2021) Appendix B. Reference to University required and legislatively prescribed WHS training
Comment:	Chapter 3.5 Emergency Safety Management requires F&S to provide information, instruction and training to both EPC and ECO members and re-fresher training following a revision of the University General Emergency. Emergency Response Procedure requires training of ECO personnel annually and Evacuation exercises, coordinated by the University Fire Safety Officer and Chief Warden, must be carried out at least once a year in all buildings, and twice a year for residences. Appendix B. Reference to University required and legislatively prescribed WHS training requires annual warden and extinguisher training.

Residential Experiences Division DAY 5 - Friday 5 December 2025

Evidence:	- Residential Experience Division Loca WHS Plan - Emergency Exercise Report Warrumbul Lodge Hutton Street, Acton Level 1 Zone 13 L3D69 dated 11/9/2025 Actwell Fire and Emergency Consultancy - Emergency Exercise Report Ursula Hall Laurus Wing Common Area Zone 13 - Level 2 - Loop 4 dated 31 July 2025 Actwell Fire and Emergency Consultancy - Key Emergency Personnel Register - Warden
Comment:	The Residential Experience Division Loca WHS Plan is used to schedule and record organised Emergency evacuation exercise practice drills. Key Emergency Personnel Register – Warden provides a summary of those who have received warden training for Burton and Garran Halls. Records of emergency evacuation exercise practice drills were sighted and those allocated emergency response responsibilities receive appropriate training to carry out their duties.

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

Finding:	Conformance
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WHSMS

Evidence:	WHSMS Handbook Chapter 3.5 Emergency Safety Management (V: 1.0; Release Date: 18 June 2021)
Comment:	Chapter 3.5 Emergency Safety Management requires implementing an operational program engaging competent persons to conduct assessments on the suitability, location and accessibility of emergency and fire protection equipment that are provided as a part of the building infrastructure by the University on a defined periodical cycle.

Campus Environment DAY 3 - Wednesday 3 December 2025

Evidence:	QBE Risk Report dated 05/06/25
Comment:	The QBE Risk Report states that protection of the facility includes street and on-site hydrant system to all major buildings and infrastructure. Where required automatic fire sprinkler protection has been provided to buildings in compliance with the Building Code of Australia. There are fire detection systems monitored through to the fire brigade to all main buildings, with an array of fire hose reels, and fire extinguishers to main buildings and plant rooms. There is a new fire station being constructed known as the Acton Station and this is situated on the perimeter of the ANU Acton Campus. Once construction is complete, the station will be a fully operational emergency services station and ACT Ambulance and ACT Fire & Rescue crews are expected to be based there from mid-2025. The report assesses the adequacy of fire water supply and combined systems, fire hydrants, sprinkler protection, special protection systems, fire detection, portable fire equipment and hose reels, emergency response and fire impairment management.

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 (Observation)
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WHSMS	
Evidence:	- WHSMS Handbook Chapter 3.5 Emergency Safety Management (V: 1.0; Release Date: 18 June 2021) - Emergency Response Procedure ANUP_000699 (Effective Date: 21 Aug 2025)
Comment:	Chapter 3.5 Emergency Safety Management sets out requirements for implementing an operational program in place that frequently and regularly inspects, tests and maintains, emergency and fire protection equipment, for example but not limited to: - Fire extinguishers; - Fire blanket; - Automatic fire sprinkler systems; - and others as specified in AS1851-2012. With timeframe in accordance with AS 1851-2012 Routine services of fire protection systems and equipment. - Emergency exit signs and emergency lighting system (see Chapter 3.13 Section 3.13.3); - Emergency alarm systems; - Emergency stops that are as a part of the building infrastructure; - Emergency shower and eyewash; - AED managed by Facilities and Service Emergency Response Procedure states that Campus Environment shall ensure emergency and fire protection equipment, exit signs and alarm systems are inspected, tested and maintained in accordance with frequencies defined in AS 1851:2012 and AS 2293.2:1995.
Observation:	Emergency Response Procedure references AS 2293.2:1995 which is superseded; the current version is AS/NZS 2293.2:2019.

Campus Environment DAY 3 - Wednesday 3 December 2025	
Evidence:	- Maximo PM 5559 monthly work orders O'Neill and Brown Fire (fire extinguishers, blankets, hose reels, hydrants, Fire panels, emergency exit lighting, fire doors) Building 67A Emergency exit lighting 6M dated 08/10/25; Building 71 Hinged Doors and Pivoted Doorsets 6M dated 27/10/25; Building 131 Fire Indicator Panel monthly dated 06/11/25 - Maximo PM 5603 monthly work orders Wormald's (fire extinguishers, blankets, hose reels, hydrants, Fire panels, emergency exit lighting, fire doors) Building 146 Fire Hydrant Systems dated 13/11/25; Summary record of service dated 17/09/25 Fire extinguishers - Work Inspection (High Risk Areas) dated 07/08/25 ANU Soil Yard
Comment:	Monthly work orders are issued to the 2 service providers of Emergency and fire protection equipment, exit signs and alarm systems. Service reports were sighted confirming emergency and fire protection equipment, exit signs and alarm systems are maintained. Work Inspection (High Risk Areas) includes a check of fire extinguishers and emergency exit lights.

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:	Non-conformance
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WHSMS

Evidence:	- WHSMS Handbook Chapter 3.5 Emergency Safety Management (V: 1.0; Release Date: 18 June 2021) - Chemical Management Handbook V4.0 - Hazardous Materials Register - Chemwatch
Comment:	Chapter 3.5 Emergency Safety Management requires the University General Emergency Preparedness Assessment Section 1. General Emergency Preparedness checklist to have a system in place to inform emergency authorities of all relevant hazards and on attendance during an emergency for example, a site plan showing location of confined spaces, drains, excavations, asbestos, unstable ground, and any other local hazards which may be of concern for emergency authorities. Chemical Management Handbook states that the University uses Chemwatch as its electronic Chemical Management System (CMS) to assist in meeting regulatory requirements. It provides a register of hazardous chemicals stored, provides access to current manufacturer Safety Data Sheets (SDS), and can be used to generate substance labels, local hazardous substance registers and provides dangerous goods manifests for emergency services. Hazardous Materials Register and Chemwatch can be used to provide information to emergency authorities of all relevant hazards (including hazardous chemicals). Hazardous Materials Register provides information such as asbestos, lead paint, SMF insulation, PCBs, ODS ozone depletion substances for each building.

Research School of Earth Science DAY 9 - Thursday 11 December 2025

Evidence:	Chemwatch
Comment:	Although a listing of hazardous chemicals can be generated through ChemWatch a system is in place to inform emergency authorities of all relevant hazards (including hazardous chemicals) and on attendance during an emergency was not evident. It was reported that Campus Environment previously had a Fire Safety Officer whose role it was to inform emergency authorities of all relevant hazards (including hazardous chemicals).
Non-conformance:	This criterion was rated as a non-conformance at ANU because a system is in place to inform emergency authorities of all relevant hazards (including hazardous chemicals) and on attendance during an emergency was not evident.

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

Finding:	Non-conformance
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WHSMS

Evidence:	• Work Health and Safety Management System (WHSMS) Handbook Chapter 3.4 First Aid (V1.3; Release Date: 01 March 2021) • Provision of First Aid Services Procedure ANUP_000530 (V8; Effective Date: 21 Aug 2025) • Figtree
Comment:	Chapter 3.4 First Aid sets out requirements for ensuring a first aid assessment for each building/workplace your area occupies is completed annually, first aider appointment, resignation, training and administration, first aid facilities and equipment, local first aid procedures, emergency response and monitor and review. Provision of First Aid Services Procedure sets out requirements for responsibilities local first aid procedures, first aider / worker ratios, first aid equipment, resuscitation equipment, first aid facilities, contaminated items, emergency procedures, health service on Acton Campus, immunisation, designated first aider appointment and designated first aider training Figtree includes provision for recording first aid treatment.

Research School of Earth Science DAY 9 - Thursday 11 December 2025

Evidence:	• RSES 3.3.1 Local WHS Training Plan-RSES-Q3 2025 / Part B First Aid • Key Emergency Personnel Chart Building Jaeger 6 (lists wardens and first aiders) • Ho Sonia Young ED 12/03/26 (certificate not on file) • Pengxiang Hu Issued 18/07/24; Jiade Wu (current certificate not on file) Hayden Miller 16/10/25 HLTAID013 Provide First Aid in remote or isolated site / HLTAID011 Provide First Aid / HTLAID 010 provide basic emergency lift support / HLTAID009 provide cardiopulmonary Resuscitation • First Aid Appendix A ANU First Aid Risk Assessment Jaeger 1, 2, 3,4 ,6 and A block dated 03/03/25 • First Aid Appendix A ANU First Aid Risk Assessment Jaeger 7 dated 03/03/25 • RSES Contingency Plan Handling Hydrofluoric Acid burns or spills dated 02/07/25 • Figtree • RSES High Risk Area Workplace Inspection dated 25/09/25 Building 61 Room number 104 Workshop No record of consultation • RSES High Risk Area Workplace Inspection dated 15/08/25 Jaeger 7 Room number J7 110, 110d records of consultation • RSES High Risk Area Workplace Inspection dated 02/09/25 Building 54 Room number B115, B116, B118 • Figtree records 01/01/24 – current (3 records of first aid treatment)
Comment:	Current lists of trained first aiders are maintained and displayed throughout the workplace. High Risk Area Workplace Inspection records include a check of first aid. First aid treatment injuries are recorded in Figtree. Workplace inspection confirmed that first kits are inspected by an external provider.
Non-conformance:	This criterion was rated as a non-conformance at RSES because current first aid records were not available for requested first aiders.

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

Finding:	Conformance
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Safety & Wellbeing DAY 4 -Thursday 4 December 2025

Evidence:	• WHSMS Chapter 3.5 Emergency Safety Management (V1.10; Release Date: 18 June 2021) 3.5.4 Work-related Critical Incident Stress Management • Internet / Safety and Wellbeing / EAP related links Converge and Assure / Assistance to Managers • University WHS Induction slide 19 • EAP Report Converge October 2025, • Student Critical Incident ANUP_002607 (Effective Date: 9 Aug 2024)
Comment:	WHSMS Chapter 3.5 Emergency Safety Management 3.5.4 Work-related Critical Incident Stress Management provides EAP assistance for critical incidents and mental health first aiders. The internet provides a login access to EAP service providers. There are 2 EAP service providers. ANU has 2 staff who are qualified in providing support as registered psychologists. University WHS Induction slide 19 provides information on advisory services for EAP. EAP Report Assure covers reporting on the top 3 reporting issues and comparative annual utilization. Student Critical Incident states that the Student Critical Incident Response Team arranges access to appropriate counselling support for the staff involved in the management of a student critical incident.

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:	Non-conformance
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WHSMS

Evidence:	- WHSMS Handbook Chapter 4.1 Workplace Inspections (V1.1; Release Date: 23 July 2020) - WHSMS Handbook Chapter 4.2 Corrective Actions (V1.0; Release Date: 24 October 2019) - Work health and safety actions Procedure ANUP_015810 (Effective Date 21 Aug 2025) - Workplace Health and Safety Monitoring and Testing Procedure ANUP_015816 (; Effective Date: 21 Aug 2025)
Comment:	Chapter 4.1 Workplace Inspections sets out requirements for resourcing, planning such as identifying all areas under the School/Service Division's control on a list and classify them into high risk or low risk, implementation – conducting the workplace inspections monitoring, review and evaluation and pre-occupancy inspections. The frequency of inspections is High Risk Areas at least 6 monthly and low risk areas at least yearly. Chapter 4.2 Corrective Actions sets out requirements for completing corrective actions including those arising from workplace inspections. Work health and safety actions Procedure requires corrective actions to be recorded in Figtree which includes corrective actions from inspections. Workplace Health and Safety Monitoring and Testing Procedure also covers Workplace inspections, Procedure reviews, plant and equipment inspections including engineering controls, workplace and personal monitoring, calibration of monitoring and testing equipment, health surveillance and training and competency.

Research School of Physics DAY 8 - Wednesday 10 December 2025

Evidence:	- Workplace Inspection Schedule 2025 - RSPHys High Risk Area Workplace Inspection Checklist Building 58a Room No. Target areas control room dated 05/02/25 - RSPHys High Risk Area Workplace Inspection Checklist Building 160 Room No. 160 dated 13/11/25 - RSPHys High Risk Area Workplace Inspection Checklist Building 58 Room No. C4.54 dated 21/01/25 - RSPHys High Risk Area Workplace Inspection Checklist Building 58B Room Number W4.03A dated 11/02/25
Comment:	26 out of 189 Workplace Inspections have been completed for calendar year 2025. The School Manager reported that an objective is to ensure full compliance with the workplace inspection schedule. It is suggested that staff in the local areas be trained to ensure compliance to the Workplace Inspection Schedule.
Non-conformance:	This criterion was rated as a non-conformance at RSPHys because a significant number of workplace inspections have not been completed as per the Workplace Inspection Schedule.

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

Finding:	Conformance (Observation)
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WHSMS

Evidence:	- WHSMS Handbook Chapter 4.1 Workplace Inspections (V1.1; Release Date: 23 July 2020) - Workplace Health and Safety Monitoring and Testing Procedure ANUP_015816 (; Effective Date: 21 Aug 2025) - Appendix A.1 Workplace Inspection Template [High Risk Areas] - Appendix A.2 Workplace Inspection Template [Low Risk Areas]
Comment:	Chapter 4.1 Workplace Inspections sets out requirements for consultation with and seek input from workers and HDR students of local areas, during the inspection process. Workplace Health and Safety Monitoring and Testing Procedure sets out requirements for inspections seeking input and involvement from the workers who are required to undertake the tasks being inspected. Appendix A.1 Workplace Inspection Template [High Risk Areas] and And Appendix A.2 Workplace Inspection Template [Low Risk Areas] both include provision for recording seeking input from local workers during inspection.

Research School of Earth Science DAY 9 - Thursday 11 December 2025

Evidence:	- RSES High Risk Area Workplace Inspection dated 25/09/25 Building 61 Room number 104 Workshop No record of consultation - RSES High Risk Area Workplace Inspection dated 15/08/25 Jaeger 7 Room number J7 110, 110d records of consultation - RSES High Risk Area Workplace Inspection dated 02/09/25 Building 54 Room number B115, B116, B118
Comment:	2 out 3 RSES High Risk Area Workplace Inspection documents viewed showed consultation with workers recorded
Observation:	Not all RSES High Risk Area Workplace Inspection showed evidence of consultation with workers.

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

Finding:	Non-conformance
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WHSMS

Evidence:	- Workplace Health and Safety Monitoring and Testing Procedure ANUP_015816 (Effective Date: 21 Aug 2025) Appendix A.1 Workplace Inspection Template [High Risk Areas] - Work Health and Safety Management System (WHSMS) Handbook Chapter 2.2 Local WHS Plan Part B. Plan for Schedulable Activities (PSA) (V1.0; Release Date: 05 July 2019)
Comment:	Chapter 4.1 Workplace Inspections Appendix A.1 Workplace Inspection Template [High Risk Areas]- J(1): Plant, Equipment, Ladders and Steel Racking includes a check of - Are safety guards in place and serviceable on workshop plant and equipment - Are interlocks, stops, and access covers in place and serviceable on workshop plant and equipment. - Have emergency stops been tested within last 6 months - Have interlocks been tested within last 6 months? (If NO tag out equipment until inspected). Chapter 2.2 Local WHS Plan Part B. Plan for Schedulable Activities (PSA) includes a requirement to check interlocks emergency stops and other safety devices.

Campus Environment DAY 3 - Wednesday 3 December 2025

Evidence:	- Pre-Operation Checklist - Avant Loader dated 05/12/2025 - Service Tax Invoice Make/Model: 2023 JCB TM320 18/07/2024 - Blank Vermeer Chipper BC1000XL Pre-operation Checklist
Comment:	Completed pre-operational checklist and planned maintenance records for checking safety devices for the front-end loaders and wood chipper were evident.

Research School of Physics DAY 8 - Wednesday 10 December 2025

Evidence:	Oxygen gas detector Certificate of Calibration Tag 077928 dated 09/07/25; Tag 074079 dated 09/07/25; Tag 077947 dated 08/07/25
Comment:	Records of oxygen gas detector Certificate of Calibration were sighted.
Non-conformance:	This criterion was rated as a non-conformance because: - CE Landscape and Conservation could not demonstrate that its front-end loader includes a check of plant of warning device such as flashing light and reversing beeper that warn persons who may be at risk from the movement of the plant in a planned maintenance record and pre-start check - CE Landscape and Conservation could not demonstrate that wood chipper includes a check of safety devices such as emergency stop and safety bars in the planned maintenance record and pre-start check - A maintenance schedule was not evident for RSPhys heavy ion accelerator (HIAF) which includes safety devices such as light curtain, interlocks, radiation detectors and E stops.

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

Finding:	Conformance
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Safety & Wellbeing WHSMS DAY 4 -Thursday 4 December 2025

Evidence:	• Safe management of asbestos and synthetic mineral fibres Procedure ANUP_018027 (Effective Date: 21 Aug 2025) • Confined Space Safety Procedure ANU_00588 (Effective Date: 21 Aug 2025) • Procedure Radiation Safety ANUP_000682 (Effective Date: 29 Oct 2025) • Letter dated 28 Feb 2025 from Radiation Safety Officer to Australian Phenomics Facility (JCSMR) regarding ionizing exposure dose rates for X-ray biological irradiator • Noise Hazard Identification Checklist dated 24/08/22 Maintenance Centre Workshop • Hazardous Materials Survey & Register Building J054 ANU dated 07/04/17 conducted by Safe Work and Environment (Reviewed Feb 2022) • RFQ ANU17-004 ANU Building 54 Immediate Action Reinspection dated 20/11/17 conducted by Robson Environmental • Landaur Radiation Badge Monitoring provides a quarterly dose report for radiation workers • Work orders
Comment:	Safe Management of Asbestos and Synthetic Mineral Fibres Procedure sets out requirements for static air monitoring will be in place at all times during asbestos removal, or where asbestos work poses significant risk of fibre emission or exposure. Confined Space Safety Procedure sets out requirements for monitoring the confined space atmosphere. Procedure Radiation Safety sets out requirements for personal ionising radiation monitoring and area, zone and equipment monitoring. Evidence was sighted confirming that ANU monitors the environment. Hazardous Materials Registers are readily available on the internet. Landaur Radiation Badge Monitoring provides a quarterly dose report for radiation workers. Work order used are to notify a person or contractor performing work in a building if there is hazmat present.

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

Finding:	Conformance
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Safety & Wellbeing WHSMS DAY 4 -Thursday 4 December 2025

Evidence:	• Work Health and Safety Monitoring and Testing Procedure (Effective Date: 21 Aug 2025) • Procedure Radiation Safety ANUP_000682 (Effective Date: 29 Oct 2025) • Monitor Ludlum Model 26-3 SN PF010991 dated 18/02/25 and 19/02/25 Dose rate monitor calibration check and Contamination probe calibration check
Comment:	Work Health and Safety Monitoring and Testing Procedure sets out requirements for calibration of monitoring and testing equipment. Procedure Radiation Safety requires must have their efficiency checked every year and calibrated by NATA accredited organisation at least every five years.

John Curtin School of Medical Science DAY 6 - Monday 8 December 2025

Evidence:	• Carbon dioxide fixed sensors Plant – Pre-Purchase Risk Assessment Checklist and Form Plant – Pre-Purchase Risk Assessment Checklist Plant – Pre-Purchase Risk Assessment Checklist Plant – Pre-Purchase Risk Assessment Checklist and Form Plant – Pre-Purchase Risk Assessment Checklist and Form Service Report Feb 25; • Radiation monitors Potable Certificate of Calibration Cal-25-1-001 dated 08/07/25; CAL-25-11824 dated 04/08/25; CAL-25-12335 dated 29/09/25
Comment:	The Local Work Health and Safety Plan Safety Devices Inspection is used to schedule Radiation dose monitor calibration. Calibration reports were sighted for carbon dioxide fixed monitors and radiation monitors. Workplace inspection confirmed that current calibration stickers were affixed to the radiation hand held monitors.

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
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WHSMS	
Evidence:	• Work Health and Safety Management System (WHSMS) Chapter 3.13 Noise and Lighting Safety Management V1; Release Date: 24 October 2019 • Health Monitoring Procedure ANUP_000504 (Effective Date 21 Aug 2025) • Radiation Safety Procedure ANUP_000682 (V12; Effective Date 25 Jun 2018)
Comment:	Health Monitoring Procedure includes a requirement to determine health surveillance requirements by a risk assessment. Radiation Safety Procedure requires laser eye testing for Staff involved with class 3B or 4 lasers shall undergo an ophthalmic screening (prior to working with lasers) to assess the baseline condition of their eyes.
Campus Environment DAY 3 - Wednesday 3 December 2025	
Evidence:	• Hearing Assessment Report Manager Landscaping Conservation • Brindabella hearing and Speech Centre Report for onsite screening dated 02/09/25 includes Maintenance and Landscaping
Comment:	Landscaping Conservation and maintenance workers have recently received audiometric testing.

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:	Non-conformance
Safety & Wellbeing WHSMS DAY 4 -Thursday 4 December 2025	
Evidence:	• WHSMS Handbook Chapter 4.3 Incident Investigations (V1.2; Release Date: 19 November 2019) • Work Health and Safety Incident Management Procedure ANUP_015813 (Effective Date: 21 Aug 2025) • Figtree # INC3328 dated 17/12/24 regarding fall off a ladder retrieving conduct from a mezzanine Causal analysis, Corrective actions, Appendix B Level 4-5 Incident Investigation no evidence of completion and attached, no involvement of line management, no review of existing risk assessment, no evidence of consultation with affected persons prior to implementation, no review of effectiveness of control • Figtree # INC2847 dated 08/01/24 level 4 regarding fall off push bike completed Notification of an Incident Form / email notification from Comcare dated 12/01/24 Ref NOT 00033439 no evidence of investigation stating that weather was a cause. • Figtree # INC2838 dated 21/12/23 level 4 regarding electrical shock completed Notification of an Incident Form / email notification from Comcare dated 12/01/24 Ref NOT 00033377 attachment Appendix B Level 4-5 Incident Investigation completed inadequate investigation to clearly identify location of potential electrical source
Comment:	Chapter 4.3 Incident Investigations requires involvement of supervisors in the incident investigation process. The process provides for different incident investigation template dependent on the incident investigation levels. Appendix A Level 2-3 incident investigation template (level 2 property damage, traffic incidents not level near miss) and level 3 medical treatment incidents) and Appendix B Level 4 and 5 notifiable incidents. Both incident investigation template uses a 5 why methodology. Level 2 and 3 can be investigated by Local Authorised Investigators, level 4 Investigation conducted by authorised investigators determined by Safety and Wellbeing and level 5 Investigation conducted by authorised investigators determined by Safety and Wellbeing; or Third-Party Investigators as required. Work health and safety incident management Procedure provides a table the summarises the incident category, incident characteristics and the incident investigation level required. The procedure requires actions are generated by the incident investigation team in consultation with the workers in the area where the incident occurred to address any deficiencies identified from the root causes, corrective actions no attachment of Appendix B Level 4, 5 Incident Investigation Template, no review of effectiveness, no involvement of line management.
Non-conformance:	This criterion was rated as a non-conformance at ANU because requested incidents were not fully investigated and there was insufficient evidence of involvement of line management in incident investigation for requested incidents.

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:	Non-conformance
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Safety & Wellbeing WHSMS DAY 4 -Thursday 4 December 2025

Evidence:	- WHSMS Handbook Chapter 4.3 Incident Investigations (V1.2; Release Date: 19 November 2019) - Work health and safety incident management Procedure ANUP_015813 (Effective Date: 21 Aug 2025) - Pulse Level 2 & 3 Incident Investigation Story Board 41 slides - Insight Extract Report - Local Authorised Investigator Lisa Huntley completed 06/07/22; Sheren Al-obaidei no record on file - ICAM Lead Investigator Training Attendee List dated 1st December 2025 to 2nd December 2025 conducted by Safety Wise - Figtree # INC3328 dated 17/12/24 regarding fall off a ladder retrieving conduct from a mezzanine Causal analysis, Corrective actions, Appendix B Level 4-5 Incident Investigation no evidence of completion and attached, no involvement of line management, no review of existing risk assessment, no evidence of consultation with affected persons prior to implementation, no review of effectiveness of control - Figtree # INC2847 dated 08/01/24 level 4 regarding fall off push bike completed Notification of an Incident Form / email notification from Comcare dated 12/01/24 Ref NOT 00033439 no evidence of investigation stating that weather was a cause. - Figtree # INC2838 dated 21/12/23 level 4 regarding electrical shock completed Notification of an Incident Form / email notification from Comcare dated 12/01/24 Ref NOT 00033377 attachment Appendix B Level 4-5 Incident Investigation completed inadequate investigation to clearly identify location of potential electrical source
Comment:	Chapter 4.3 Incident Investigations and Work health and safety incident management Procedure both require identification of root causes, corrective actions and training and competency requirements. Chapter 4.3 Incident Investigations includes a requirement to if the root cause is a 'failure to identify a hazard', the corrective action can be 'review existing risk assessment to include an assessment of the hazard and identify controls' or "conduct a risk assessment on XXX activity" if there is no existing risk assessments. Work health and safety incident management Procedure requires the collection of data such as safety working instructions, risk assessments, permits to work, relevant training records of persons involved, any manual or maintenance records for equipment involved, any material substance sheets for substances and any checklists. Nominated incidents showed no evidence of completed causal analysis or corrective actions. No involvement of line management and no review of existing risk assessment.
Non-conformance:	This criterion was rated as a non-conformance because ANU could not demonstrate that an effective process is in place that ensures incidents be undertaken by a competent persons or persons in accordance with the ANU's procedure, identify the factor(s) that led to the injury, illness, incident or other system failure, review the identified hazards, assessed risks and effectiveness of the control measures and recommends appropriate control measures and corrective actions.

Research School of Biology DAY 7 - Tuesday 9 December 2025

Evidence:	- ICAM Lead Investigator Training Attendee List dated 1st December 2025 to 2nd December 2025 conducted by Safety Wise ICAM Lead Investigator Training Paul Helliwell WHS Officer - Figtree INC 3751 dated 20/11/25 regarding manual handling injury with mobile lab lifting table (work in progress) - INC 0003277 dated 08/11/24 regarding ammonium hydroxide release (Lead by WHS Consultant / line management involvement / root cause no risk assessment tube removed
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	due to clog release of gas, respirator was inadequate, no contingency plan/ 5 corrective actions completed
Comment:	Evidence was sighted confirming that incidents are investigated, causes identified, review of existing risk assessments and corrective actions implemented.

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:	Non-conformance
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Safety & Wellbeing WHSMS DAY 4 -Thursday 4 December 2025

Evidence:	• WHSMS Handbook Chapter 4.3 Incident Investigations (V1.2; Release Date: 19 November 2019) • WHSMS Handbook Chapter 4.2 Corrective Actions (V1.0; Release Date: 24 October 2019) 4.2.2.1 Assign and consult on corrective actions and 4.2.2.4 Review of effectiveness of corrective actions involving implementation of control measures • Figtree # INC3328 dated 17/12/24 regarding fall off a ladder retrieving conduct from a mezzanine Causal analysis, Corrective actions, Appendix B Level 4-5 Incident Investigation no evidence of completion and attached, no involvement of line management, no review of existing risk assessment, no evidence of consultation with affected persons prior to implementation, no review of effectiveness of control • Figtree # INC2847 dated 08/01/24 level 4 regarding fall off push bike completed Notification of an Incident Form / email notification from Comcare dated 12/01/24 Ref NOT 00033439 no evidence of investigation stating that weather was a cause. • Figtree # INC2838 dated 21/12/23 level 4 regarding electrical shock completed Notification of an Incident Form / email notification from Comcare dated 12/01/24 Ref NOT 00033377 attachment Appendix B Level 4-5 Incident Investigation completed inadequate investigation to clearly identify location of potential electrical source
Comment:	Chapter 4.3 Incident Investigations requires consultation with affected workers or their representatives before implementation and review of the effectiveness of corrective actions for level 3 and above. Chapter 4.2 Corrective Actions includes a requirement assign and consult on corrective actions and to the review the effectiveness of corrective actions must also be consulted, so far as reasonably practicable.

Research School of Earth Science DAY 9 - Thursday 11 December 2025

Evidence:	• Figtree # INC 00003737 dated 14/11/25 Regarding educational colored sand containing asbestos / email trail 14/11/25 showing 9 emails of correspondence to all managers regarding actions to be taken / Robson Environment Material Assessment Jaeger Building 8 dated 17 November 2025 • Figtree INC 00003576 dated 06/08/25 regarding liquid nitrogen leak during an experiment an analysis of samples delayed investigation due no subject matter expert to identify the causes. Corrective actions have not been submitted. Email correspondence RA and SWP updated. Lab is currently closed.
Comment:	Evidence was sighted showing actions from the educational colored sand were communicated to all line management. The educational colored sand is scheduled for removal by a service provider.
Non-conformance:	This criterion was rated as a non-conformance at ANU because it was not evident that there is an effective process in place for ensuring corrective actions from incidents are consulted prior to implementation and corrective actions are reviewed for their effectiveness.

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
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Safety & Wellbeing WHSMS DAY 4 - Thursday 4 December 2025

Evidence:	• Work Health and Safety Documentation Management Procedure ANUP_015811 (Effective Date 21 Aug 2025) • WHS Management System Chapters
Comment:	Work Health and Safety Documentation Management Procedure Table 1 Minimum retention periods for WHS documentation covers WHS documentation types, minimum, storage period and action following retention period. Each of the WHS Management System Chapters includes a record management table identifying the record needed, where to archive, frequency to archive and how long to keep.

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
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Safety & Wellbeing WHSMS DAY 4 -Thursday 4 December 2025

Evidence:	• WHSMS Handbook Chapter 4.5 WHS Audit (V1.0; Release Date: 24 October 2019) • Work Health and Safety Audit Procedure ANUP_015807 (Effective Date: 20 Jul 2020) • Simon Merten ANU Jobs Applicant Profile Manager Safety Management Systems and Auditor Certificate of Attainment Internal Auditor Training ISO 19011 completed June 2025 • Asmita Adhikari Certificate of Attainment Internal Auditor Training ISO 19011 completed April 2024 • Tonya Moss WHS Consultant Certificate of Attainment Internal Auditor Training ISO 19011 completed April 2024 • Tim Butler WHS Consultant Certificate of Attainment Internal Auditor Training ISO 19011 completed June 2025 • Figtree AUD 0008339 dated 31/03/25 Coral Bell School of Asia Pacific Affairs conducted by Asmita Adhikari • Figtree AUD 0008358 dated 04/04/25 Research School of Social Sciences conducted by Tonya Moss • Figtree AUD 0008612 dated 08/10/25 School of Engineering conducted by Tim Butler
Comment:	Work Health and Safety Management System (WHSMS) Handbook 4.5 WHS Audit sets out requirements for Planning, Implementation – Conduct and report audit outcome and Monitoring and Review. The audit planning states that high risk Schools and Divisions are audited on an annual basis with selected Chapters, all WHSMS Handbook Chapters need to be audited against over the 3-year audit cycle, Low risk Schools and Divisions are audited once/twice per 3 years, to cover all applicable Chapters and Low risk Schools and Divisions are audited once/twice per 3 years, to cover all applicable Chapters. Schools and Divisions that are identified as non-conformance will be audited again in the next calendar year. The handbook only defines the internal audit process and does not cover the external audit program which is define in the WHS Audit procedure. The handbook requires observation of the workplace and work activities; Verification whether the work activities in the areas inspected comply with the WHSMS Handbook Chapter being audited; Seek worker input to verify the implementation of the Handbook Chapters being audited; and identify any gaps that are of conformity issues relative to the Chapters. The WHS Audit procedure sets out requirements for Types of WHS audits, Designing a WHS audit program, WHS auditor selection and competency, Consulting, approval and communication of the WHS audit program, WHS audit methodology and Reporting WHS audit results. Figtree houses the WHS Management System Audit Reports and is used the manage corrective actions arising from the audits. Audit documents provided during the audit are file filed in a structured audit folder. The rating system used is non-conformance where there are less than 65% and Observation between 65%-80% Opportunity for improvement is between 80%-95% with over 95% compliance

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

Finding:	Conformance
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Safety & Wellbeing WHSMS DAY 4 -Thursday 4 December 2025

Evidence:	• WHSMS Handbook Chapter 4.5 WHS Audit (V1.0; Release Date: 24 October 2019) • Work Health and Safety Audit Procedure ANUP_015807 (Effective Date: 20 Jul 2020) • University WHS Internal Tier 2 Program for 2023-2026 • Figtree AUD 0008339 dated 31/03/25 Coral Bell School of Asia Pacific Affairs conducted by Asmita Adhikari • Figtree AUD 0008358 dated 04/04/25 Research School of Social Sciences conducted by Tonya Moss • Figtree AUD 0008612 dated 08/10/25 School of Engineering conducted by Tim Butler
Comment:	Work Health and Safety Management System (WSMS) Handbook 4.5 WHS Audit states that the scope of the audit is to evaluate the School/Division's implementation of the WHSMS using the Handbook guidance. Work Health and Safety Audit Procedure include requirements to audit the WHS management system procedures; and the WHS safety procedures. The procedure requires The Tier 1 audits to be scheduled annually for the rehabilitation management system and every two years for the WHS management system and The Tier 2 audit inputs to be scheduled over the three-year period based on the hazard score of the document or the rating criteria as per table 1. University WHS Internal Tier 2 Program for 2023-2026 school / Division, WHS Contact, last audit, risk level, quarter, month, week auditor, status and comments.

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

Finding:	Conformance
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Safety & Wellbeing WHSMS DAY 4 -Thursday 4 December 2025

Evidence:	• WHSMS Handbook Chapter 4.5 WHS Audit (V1.0; Release Date: 24 October 2019) • Work Health and Safety Audit Procedure ANUP_015807 (Effective Date: 20 Jul 2020) • WHSMS Handbook Chapter 4.2 Corrective Actions (V1.0; Release Date: 24 October 2019) • University WHS Committee Meeting Q4 2025 dated 17/11/25 #4.1 Quarterly WHS Audit Update provides a summary of Q3 audits lists areas audited, Sections of the WHSMS and key findings and recommendations • University WHS Committee Meeting Q1 2025 #5.1 Annual WHS Internal Audit Summary Report 2024
Comment:	Chapter 4.5 WHS Audit states that corrective actions arising from audit must be assigned High Priority (up to 4 weeks completion) or Medium Priority (up to 8 weeks completion). The Chapter requires to monitor the corrective actions register in Figtree monthly and to actively advise the Directors should the above happen and intervene early to ensure these corrective actions are completed on time. Chapter 4.2 Corrective Actions defines the priority and timeframes to implement corrective actions as: - • High Priority (up to 4 weeks completion) • Medium Priority (up to 8 weeks completion) • Low (up to 8 weeks completion)

Research School of Biology DAY 7 - Tuesday 9 December 2025

Evidence:	• Figtree AUD 8569 dated 09/09/25 Chapter 3.17; 3.2; 3.5; 4.1; 4.4 and 5.2 6 actions / action priority 5 low and 1 medium status all completed • Unconfirmed RSB WHS Committee Meeting minutes dated 03/2025 dated 08/10/25 page 6 WHS Officers Report
Comment:	All corrective actions are prioritized and actions for internal audits have been closed out. The WHS Committee Meeting shows that there are no open corrective actions (incidents, audits, inspections and due diligence reporting).

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 (Observation)
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Safety & Wellbeing WHSMS

Evidence:	- WHSMS Handbook Chapter 5.1 WHSMS Management Review (V1.0; Release Date: 28 November 2022) - Work Health and Safety Management Review Procedure ANUP_015815 (Effective Date 21 Aug 2025) - University WHS Committee dated 19/05/25 / Item 6.2 University WHSMS Management Review Summary dated 13/05/25 / Item 6.1 University WHSMS Management Review (concise summary of item 6.2)
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Comment:	Chapter 5.1 WHSMS Management Review requires an annual management review to be conducted at the University WHS Committee Meeting. The agenda items include: - - Progress, and end-of-year summary for University WHS Plan objectives and targets, key performance measures and key performance indicators (i.e. to what extent they have been met); - Internal audit heat map and result report; - External audit result summary; - Corrective actions summary (e.g. how many assigned and how many completed on time, anything overdue, which area has the most overdue actions and which area has completed all corrective actions); - WHSMS Implementation Status (i.e. Traffic Light Status Report summary); - Changes in hazards and risk profiles and changes in resourcing or organisational structure that would impact the implementation and maintenance of WHSMS; - Key WHS legislative and other requirement (L&OR) changes during the year, their influences on the University's operation and the University's action in responding to the changes; - Status of actions arising from the previous management review, if any; - Resourcing requirements for adequately implementing and maintaining the WHS Management System; - Opportunities for continual improvement; and - HSR comments and feedback - Emerging issues in the Higher Education Sector The process requires Appendix A WHSMS Management Review Summary to be presented to the COO and the University WHS Committee in the final meeting of the calendar year. The COO is required to report to the University Council and Senior Management Group on the outcome of the WHSMS Management Review. The Work Health and Safety Management Review Procedure reiterate the requirements of the Chapter 5.1 WHSMS Management Review in a more concise summary. The University WHS Committee is made up of chief operating officer as chairperson, deans and directors. Item 6.1 WHS Management System Review is a concise summary of Item 6.2 University WHSMS Management Review Summary and includes a concise summary of Item 6.2 with recommendations. The management review is conducted annually.
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Observation:	The University WHSMS Management Review 2024 does not capture all agenda items for example resourcing requirements for adequately implementing and maintaining the WHS Management System.
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5.1.2 Recommendations arising from health and safety management system reviews generate actions to improve performance and those actions are implemented.

Finding:	Conformance
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Safety & Wellbeing WHSMS

Evidence:	• WHSMS Handbook Chapter 5.1 WHSMS Management Review (V1.0; Release Date: 28 November 2022) • Work Health and Safety Management Review Procedure ANUP_015815 (Effective Date 21 Aug 2025) • University WHS Committee dated 19/05/25 / Item 6.2 University WHSMS Management Review Summary dated 13/05/25 / Item 6.1 University WHSMS Management Review (concise summary of item 6.2)
Comment:	Chapter 5.1 WHSMS Management Review includes requirement to any additional corrective actions or provide strategic directions to promote performance improvement and prevention of adverse trends in WHSMS. Work Health and Safety Management Review Procedure require the outcome of the WHS management review including any actions arising from the review will be documented in details in the final University WHS Committee Meeting minutes. University WHS Committee minutes recommendations to continue to develop WHSMS Chapter 3.15 Psychosocial Safety and the procurement of 3 eLearning modules.3. Recommendations have been entered into Figtree.