



Document Control & Record Management

- Purpose
- Definitions
- Roles and Responsibilities
- Procedure for Document Control & Record Management
 1. Electronic Format
 2. Document Creation
 3. Document Review
 4. Obsolete Documents
 5. Document Format
 6. Document Properties
 7. Consultation & Communication
 8. Document Approval Process
 9. Document Control Register
 10. OHSW&IM Record Management
- Documents/Forms
- References
- Further Assistance

Purpose

The purpose of this procedure is to outline the process for OHSW&IM Document Control and Record Management at UniSA in accordance with OHSW and other related legislative and University system requirements.

This procedure describes:

- the methodology for ensuring that University OHSW&IM system documentation is current and suitable for use by schools, institutes, units and centres. This includes the process to be followed for:
 - Document creation
 - Document review
 - Modification and update of documents (where necessary) that ensures the relevant competent personnel or parties are consulted and given a genuine opportunity to provide input prior to approval
 - Identification of documents to ensure the most current versions are identifiable, legible and available at points of use
 - The prevention of unintended use of obsolete documents
 - Document approval prior to issue
 - Communication of approved new or modified documents to relevant personnel.
- the process for managing OHSW&IM records that form part of the OHSW&IM system and are generated as part of University business. OHSW&IM records shall be maintained, archived and disposed of in accordance with legislative requirements, the State Records Act Disposal Schedule and the University Records Management system.

Definitions

OHSW&IM Documentation – is important for the success of the University OHSW&IM System allowing for consistency and uniformity in applying health and safety in the workplace. Typical documents include plans, policies, procedures, guidelines and forms that define the System.

A controlled document or record – any document for which distribution and status are required to be kept current by the issuer to ensure that authorised holders or users have the most up to date version available.

Document control – the process established in this procedure to define controls needed for the management of OHSW&IM documentation.

Records – *‘information created, received, and maintained as evidence and information by an organization or person, in pursuance of legal obligations or in the transaction of business’ (AS ISO 15489.1-2002 Australian Standard Records Management Part 1: General).*

Records of OHSW&IM activity are generated as part of University business and reflect what was communicated or decided or what action was taken.



OHSW&IM records can include, but are not limited to, the following:

- OHSW local action plans
- Audit reports
- Workplace inspections
- Risk assessments
- Training needs analysis and plans
- Incident reports
- Claims management & Rehabilitation case records
- Licensing and certification
- OHS working group meeting agendas and minutes
- Training and induction
- Performance management plans
- Emergency evacuation reports
- Registers
- Maintenance inspections and testing
- Health monitoring reports and testing

Records Management – *‘the efficient and systematic control of the creation, receipt, maintenance, use and disposal of records, including processes for capturing and maintaining evidence of and information about business activities and transactions in the form of records’ (AS ISO 15489.1-2002 Australian Standard Records Management Part 1: General).*

Retention Period – a specified period for which a record must be kept before it may be destroyed.

Roles And Responsibilities

Manager OHSW&IM Services is responsible for:

- The custodianship of University OHSW&IM System controlled documentation
- The process of developing, approving and reviewing OHSW&IM documentation and ensuring the currency of such documentation is maintained and accessible on the OHSW&IM website
- Establishing an effective system of communicating requirements outlined in this procedure to University personnel
- Ensuring effective systems are provided to assist the process of maintaining records.

Head of School, Director of a Unit, Research Institute or Centre and Division Managers are responsible for:

- Ensuring the requirements of this procedure are implemented at the local level in accordance with Strategy 17 of the OHSW Local Action Plan – Document Control & Record Management
- Allocating sufficient resources by appointing a person (custodian) within the workplace to establish and maintain controlled documentation for use at the local level (school/unit/institute/centre) and keeping records of OHSW&IM-related business activities in accordance with this procedure and Strategy 5 of the OHSW Local Action Plan – Adequate Resources.

Appointed Person (Custodian) is responsible for:

- Ensuring OHSW&IM system documents for local use are accessed from the OHSW&IM website
- Ensuring OHSW&IM system documents created or modified for local use are controlled and maintained in accordance with this procedure
- Ensuring workplace records that are generated are managed so that they properly and adequately record evidence of the OHSW&IM-related business activities of the work functions for the area of responsibility.

Employees are responsible for:

- Complying with this procedure and related advice in the use of OHSW&IM system documentation and records generated as part of OHSW&IM-related business activities in the workplace.

Procedure

1. Electronic Format

All documentation that is used or introduced to the OHSW&IM web site forms part of the UniSA OHSW&IM system. This documentation is maintained in a controlled electronic format and only current versions of documentation are made available on the UniSA OHSW&IM website. Where workplaces have established local websites, the OHSW&IM web site link shall be provided for local employees to ensure accessibility to current and reliable OHSW&IM system documentation.

2. Document Creation

The requirement or need for new or additional documentation to be introduced to the OHSW&IM system may be initiated by the Senior Management Group (SMG), Manager OHSW&IM Services or by recommendation of the University OHSW&IM Committee. The requirement or need may be based on, but not limited to:

- Legislative requirements;
- WorkCover Self Insurance requirements



- Identified system failures reported or identified during incident investigations
- Internal/external audit findings
- Outcome of system reviews
- Suggestions from employees or consultation arrangement;
- Changes to University business activities and/or structure
- Industry or organisational best practice initiatives, including an opportunity to integrate OHSW&IM into other University business processes.

3. Document Review

Any OHSW&IM controlled documentation requires regular review (at least every 3 years) to ensure currency with internal/external requirements and continuous improvement in the provision of an effective system to meet the business needs of the University. Requirements for review and update are based on, but not limited to, the criteria outlined in Section 2 above.

The review process includes consideration of the following:

- Suitability and relevance to the workplace
- Identified areas requiring improvement
- Effectiveness in achieving desired outcomes, in particular where non-conformance or corrective action is required
- Compliance with legislative requirements.

4. Obsolete Documents

Obsolete controlled documents are those which are no longer required, replaced or superseded as determined by the needs of the OHSW&IM system. Obsolete documents may be identified as part of the review process and shall be removed from the OHSW&IM website and appropriately archived to prevent unintended use. Archived documents must be retained and accessible for system evaluation and legal purposes.

Locally owned or developed OHSW documentation identified as obsolete shall be removed from points of issue by the workplace (appointed custodian), archived electronically (where possible) or in hard copy and retained for system evaluation purposes and legal requirements (where relevant).

5. Document Format

All OHSW&IM procedural documentation and associated forms or guidance notes are to use a standard format. Workplaces are encouraged to review OHSW&IM system documentation to ensure relevance to their business and where necessary, make modifications to suit identified needs whilst maintaining the standard format.

Exceptions to the standard document format outlined in this procedure include:

- Policy documents that are required to observe the University Policy standard format;
- Non-Human Resources documentation in which OHSW&IM content is integrated and another standard format is followed;
- Any other material approved by the Manager OHSW&IM Services ie. Newsletters, brochures, notes, posters, etc.

The following standard format is applicable to all OHSW&IM procedures:

- Title
- Purpose
- Definitions
- Roles and responsibilities
- Procedural content
- Performance measures (where applicable)
- Documents/ Forms/Guidance Notes (where applicable)
- References
- Further Assistance (where applicable)

OHSW&IM system documentation listed in Documents/Forms/Guidance Notes and References shall be hyperlinked for easy access. Other University business system documents referenced within the body of the document may be hyperlinked where relevant.

OHSW&IM forms and guidance notes are designed to further support OHSW&IM procedures by guiding users in effectively implementing procedural requirements. OHSW&IM forms display a standard form title and number. Guidance notes are clearly identified in the document title including



a reference to the relevant OHSW&IM procedure. The guidance note standard format includes purpose, scope, responsibilities and guidance content.

Draft documentation shall be easily identifiable by use of a 'DRAFT' watermark along with identification of draft in the footer.

6. Document Properties

Each OHSW&IM controlled document created for the OHSW&IM system is required to display the following document properties in the footer:

- *Document Identifier*: the title of the document, the authorising area of the document ie. OHSW&IM Services and the version (V) number.
Note: The first version of an approved document is version 1. Early drafts are version 0. A change in whole numbers reflects significant change to a document (refer to criteria outlined in section 2 above). Minor changes made will maintain the current version number but also include one decimal place to reflect each minor change made to a version (including drafts).
- *Release Date*: the month and year of release of the document;
Example:
'Document Control & Record Management Procedure, OHSW&IM Services, V1.1, February 2010.'
- *Page Number*: the page and number of pages in the document;
- *Disclaimer*: outlines that the electronic OHSW&IM system website contains the latest document version and that hard copies are considered uncontrolled (not applicable to memorandums, agenda and minutes, newsletters etc).
Example:
'Hardcopies of this document are considered uncontrolled. Please refer to the OHSW&IM website for the latest version.'

Locally developed OHSW&IM documentation or documentation modified from the OHSW&IM system to suit local needs (ie. Forms) shall maintain the above requirements for document properties. Where a modification has been made to OHSW&IM system documentation, the custodian of the document shall identify the following in the document footer:

- The operational area concerned ie. *name of school/unit/institute/centre*
- The document custodian ie. *name of document creator*
- The words '*modified locally*'
- Month and Year of modification.
Example:
'Document Control & Record Management Procedure, School/Unit/Institute/Centre (jonesp), Version 1.1 modified locally, March 2010.'

7. Consultation and Communication

Consultation on new or revised documents that form part of the OHSW&IM system is required prior to finalisation. The key method for consultation is through the established University OHSW&IM Committee.

This process involves:

- outlining the basis for the new or revised documentation and the input sought leading to the development or amendment of the draft for circulation
- Facilitating the exchange of information between the workplace and the Committee, with members providing local OHSW&IM workgroups, Health & Safety Representatives, OHSW Contacts and other associated University committees/groups within the area they represent, a genuine opportunity to provide feedback on new or revised draft documentation (where applicable)
- Obtaining other specialist expertise where relevant, on matters relating to a specific subject matter.

New or revised draft documents are communicated to relevant stakeholders and posted on the OHSW&IM web page '*Draft Documents for Comment*' inviting feedback. Draft documents will remain on this web page for a period of at least ten (10) working days. Feedback is to be communicated in accordance with the instruction outlined on the web page.

Evidence of consultation shall be documented through meeting minutes, memorandums or emails and records maintained. Feedback shall be reviewed and incorporated into draft documents, where relevant, and a final draft prepared by OHSW&IM Services for approval.



8. Document Approval Process

New or revised final draft documents are approved by the Manager OHSW&IM Services. The Manager OHSW&IM Services and/or the University OHSW&IM Committee will determine the need for referring final draft documents to the Senior Management Group where there is potential for significant impact to University business.

Once approved, the final controlled document is released by publishing on the OHSW&IM website and communication provided to relevant personnel to allow implementation.

Minor changes, including grammar or spelling, are not deemed as content change and are exempt from the approval process.

Where OHSW documents are created locally, input shall be sought from the Divisional OHSW Coordinator/Consultant (where applicable) or OHSW&IM Services and approved by the relevant Head of School/Director of Unit/Institute/Centre/Division Manager or other senior authority for which the document relates, to ensure the requirements of this procedure are met.

9. OHSW&IM Document Control Register

A master OHSW&IM document control register shall be maintained by OHSW&IM Services for all system documentation created or modified.

The Master OHSW&IM Document Control Register will include the following:

- Document Title
- Version Number
- Date Created
- Date Reviewed
- Reasons/Comments for creation/review
- Document Custodian

Documentation developed or modified locally by schools, units, institutes and centres as part of the OHSW&IM system shall be recorded on a local OHSW&IM document control register and maintained (refer to Appendix 2).

10. OHSW&IM Record Management

The purpose of record management is to ensure that business activity records of evidential quality are created, managed and disposed of in accordance with legal requirements.

Records of OHSW&IM-related business activities include, but are not limited to, completed plans, forms, checklists, assessments, incident reports, registers, committee/working group meeting agendas and minutes, claims management and rehabilitation case management documentation. OHSW&IM records may also include externally produced documentation such as external consultancy reports, statutory compliance notices or material safety data sheets used as part of an OHSW activity.

Records generated may be in the form of hardcopy or electronic media. Records must be stored in an orderly manner, be easily identifiable to facilitate their efficient and effective retrieval/replacement by any authorised person for purposes such as:

- analysis/investigation
- internal/external auditing
- evidence of legal compliance
- evaluation and review
- training needs.

The medium used for storing OHSW&IM records needs to be useable, reliable and allow preservation for as long as required in accordance with legislative requirements and administrative efficiency. Some of these retention periods are lengthy or permanent. Archives are records relocated to long term storage for preservation beyond their immediate business function, including permanent records. The University [Records Management Team](#) can provide further assistance regarding the assessment and storage of long term records and the retrieval of archived material. The Master OHSW&IM Record Index (Appendix 1) outlines the records (where relevant) that shall be retained both centrally and locally. Local areas may utilise the table to record the physical location of local records generated.



Documents/Forms

Not applicable to this procedure.

References

[University OHSW&IM Policy](#)

[University OHSW Strategic Plan \(PDF 126kb\)](#)

[University OHSW&IM Management System \(PDF 250kb\)](#)

[Occupational Health, Safety & Welfare Act, 1986](#)

[Occupational Health, Safety & Welfare Regulations, 2010](#)

[AS/NZS 4801:2001 Occupational health and safety management systems – Specification with guidance for use](#)

[AS/NZS ISO 9001:2008 Quality Management Systems – Requirements](#)

[AS ISO 15489.1-2002 Records Management - General](#)

[State Records of SA General Disposal Schedule No.15, 7th Edition](#)

Further Assistance

Further advice and/or assistance on document control and keeping OHSW&IM records is available from OHSW&IM Services, in the Central Human Resources Unit.



APPENDIX 1: MASTER OHSW&IM RECORDS INDEX

OHSW&IM Documentation	Records Required	Record Location	Responsibility			Retention Period
			Manager OHSW&IM	Head of School/ Director of Unit/Institute /Centre/ Division Manager	FMU / Other	
OHSW&IM Policy	Records relating to Policy formulation and authorization by the VC for example: <ul style="list-style-type: none"> • master copies of proposals adopted • consultation papers • final reports 	OHSW&IM Services Archive	✓			A permanent record
	Records relating to input by Schools, Units, Institutes, Centres, Divisions & Portfolios into OHSW&IM Policy	OHSW&IM Services	✓			Destroy 2 years after last action
OHSW Strategic Plan Injury Management Strategic Plan	Master copies of approved Strategic OHSW&IM Plans	OHSW&IM Services Archive	✓			A permanent record
	Records relating to the development of Strategic Plans ie: <ul style="list-style-type: none"> • input and comments on drafts • monitoring reports on system performance 	OHSW&IM Services	✓			Destroy 2 years after last action
OHSW Local Action Plan	Records of OHSW Local Action Plan as a working document	Local workplaces (as determined)		✓		Destroy at least 2 years from the expiry date of the plan
OHSW&IM Procedures & Regulatory Compliance	Records relating to the development, implementation and review of OHSW&IM Procedures, Forms & Checklists ie. <ul style="list-style-type: none"> • Consultation papers • Input and comments on drafts • Communication of final documents 	OHSW&IM Services	✓			Destroy 5 years after last action
	Letters/reports of breaches of OHSW compliance requirements	Archive	✓			A permanent record
Auditing OHSW&IM	Internal OHSW Workplace, System & Program audit reports	OHSW&IM Services	✓	✓		Destroy at least 7 years after action completed
	Official audit compliance reports (WorkCover Evaluation reports)	Archive	✓			A permanent record



OHSW&IM Documentation	Records Required	Record Location	Responsibility			Retention Period
			Manager OHSW&IM	Head of School/ Director of Unit/Institute /Centre/ Division Manager	FMU / Other	
Chemical Spill Management	OHSW58 – Chemical Spill - Incident & Risk Assessment Response Checklist			✓		Retain until 2040, retention subject to review at that date
	OHSW59 – Risk Assessment - Chemical Spill and Environmental Risk Worksheet			✓		Retain until 2040, retention subject to review at that date
Communicable Disease	OHSW2 - General Hazard Identification and Risk Assessment			✓		At least 5 years
Confined Space	Training records in relation to confined space			✓	✓	At least 5 years from the date of training
	OHSW35 – Confined Space Risk Assessment Worksheet			✓	✓	At least 5 years
	OHSW36– Confined Space Written Authority (Entry Permit)			✓	✓	At least 1 year
	OHSW37 – Confined Space Entry Permit – High Risk			✓	✓	At least 1 year
	OHSW38 – Hot Work Permit for Confined Spaces			✓	✓	At least 1 year
OHSW Consultation	OHSW19 – Health and Safety Representative Nomination			✓		At least 3 years
	OHSW21 – Notice of Election Result		✓			At least 3 years
	SafeWork SA – Health and Safety Representatives Notification of Election		✓	✓		At least 6 months
	Default Notice –declaration by the health and safety representative under the OHSW Act		✓	✓		At least 3 years



OHSW&IM Documentation	Records Required	Record Location	Responsibility			Retention Period
			Manager OHSW&IM	Head of School/ Director of Unit/Institute /Centre/ Division Manager	FMU / Other	
	University OHSW&IM Committee Minutes, agendas and reports	OHSW&IM Services Archive	✓	✓		A permanent record
	Workplace OHSW&IM Committee/Workgroup minutes and reports			✓		Until 2040, retention subject to review at that date
	Nomination and election of OHSW committee members		✓	✓		Destroy 3 years after election
	OHSW Committee meeting administrative arrangements (inc contact lists, venue bookings, equipment hire etc.)		✓	✓		Destroy 2 years after last action
Contractor Management	OHSW27 – Contractor’s Permit to Work			✓	✓	At least 8 years
	OHSW28 – Contractor OHSW Induction Checklist			✓	✓	At least 5 years
	OHSW76 – Contractor OHSW Evaluation Checklist			✓	✓	At least 8 years
	OHSW77 – Contractor Site Observation Checklist			✓	✓	At least 8 years
Electrical Equipment Inspection and Testing	OHSW25 – Electrical Equipment Register (Including records of inspection and testing of electrical equipment)			✓	✓	At least 7 years
	OHSW26 – Residual Current Devices Register				✓	At least 7 years
Emergency Evacuation	Records of Evacuation Warden training		✓	✓		Destroy 5 years after premises vacated or systems superseded



OHSW&IM Documentation	Records Required	Record Location	Responsibility			Retention Period
			Manager OHSW&IM	Head of School/ Director of Unit/Institute /Centre/ Division Manager	FMU / Other	
Ergonomic for Screen-based Workstations	OHSW45 – Workstation Assessment			✓		At least 5 years
Fieldwork Health and Safety	OHSW39 – Fieldwork Health and Safety Acknowledgment			✓		At least 2 years
	OHSW71 – Fieldwork health and safety information			✓		At least 2 years
	OHSW72 – Fieldwork health and safety information notice			✓		At least 5 years
	OHSW73 – Fieldwork Health and Safety Checklist & any subsequent risk assessments (OHSW2)			✓		At least 5 years including any risk assessments
First Aid	Records of first aid treatment provided			✓		Destroy 7 years after last action
	First aid officer appointments		✓			Destroy 7 years after last action
	First aid training records		✓			Destroy 7 years after action completed
Hazard Management	OHSW1 - Hazard Register			✓		At least 40 years
	OHSW2 - General Hazard Identification and Risk Assessment			✓		At least 5 years
	OHSW40 - Plant Register			✓		At least 40 years
	OHSW41 - Plant Hazard Identification and Risk Assessment			✓		For the currency of that assessment and for at least 5 years
Hazardous Substances and	OHSW10 – Hazardous Substances Register			✓		A permanent record
	OHSW12– Chemical Process Risk Identification and Assessment			✓		At least 5 years and must be



OHSW&IM Documentation	Records Required	Record Location	Responsibility			Retention Period
			Manager OHSW&IM	Head of School/ Director of Unit/Institute /Centre/ Division Manager	FMU / Other	
Dangerous Goods Management						reviewed at intervals not exceeding 5 years
	OHSW12A – Initial Risk Assessment for Laboratory Procedures by Researchers using Substances			✓		At least 40 years
	OHSW78 – Emergency Dangerous Goods Manifest			✓		A permanent record
	Hazardous substances instruction and training			✓		At least 5 years
	Monitoring and/or health surveillance assessment & results			✓		At least 30 years
Incident/Hazard Reporting and Investigation	OHSW9 – Incident Report		✓	✓		Workplace copy at least 5 years, Central copy destroy 45 years after action completed
	Reports of notifiable injury and dangerous occurrences to SafeWork SA. Statutory reports or other obligation to external agencies. (ie. Responsible Officer Report).		✓			Retain until 2040, retention subject to review at that date
OHSW Induction	OHSW23 – Induction Checklist			✓		At least 5 years
Ionising Radiation	OHSW 54 - Radiation Worker Registration		✓	✓		Retain until 2040, retention subject to review at that date
	OHSW 55- Unsealed Radioactive Substances Register		✓	✓		
	OHSW 56 – Sealed Radioactive Substances Register		✓	✓		
	OHSW 57 – Radiation Safety Clearance Form		✓	✓		
	OHSW 62 – Departmental Radiation Safety Officer Report		✓	✓		
	OHSW 63 – Radiation Audit Checklist		✓	✓		
	OHSW 68 – Ionising Radiation Apparatus Register Form		✓	✓		



OHSW&IM Documentation	Records Required	Record Location	Responsibility			Retention Period
			Manager OHSW&IM	Head of School/ Director of Unit/Institute /Centre/ Division Manager	FMU / Other	
Licences, Registrations and Certificates of Competence	OHSW 30 – Employee Licence and Certificate of Competency Register			✓		At least 30 years
	OHSW31 – Plant Registration Register			✓	✓	A permanent record
	OHSW32 – Licensed Dangerous Substance Storage Register		✓	✓		At least 40 years
	OHSW33 – Premises Containing Unsealed Radioactive Sources Register		✓	✓		At least 40 years
	OHSW34 – Sealed Radioactive Sources Register		✓	✓		at least 40 years
Manual Handling	OHSW 46 – Manual Handling Risk Checklist			✓		At least 5 years
Project Proposal Safety Authorisation	OHSW 70 - Project Proposal Safety Authorisation			✓		At least 10 years
Purchasing and OHSW	OHSW79- Pre Purchasing Checklist, Design, Plant and Substances			✓		For the currency of that assessment and for at least 5 years
Rehabilitation for Injured Employees	OHSW42 – Authority to Exchange Information		✓			Until 75 years after the employee's date of birth or at least seven years after the case has been closed whichever is the later
	OHSW43 – Rehabilitation and Return to Work Plan		✓			Until 75 years after the employee's date of birth or at least seven years after the case has been closed whichever is the later
	OHSW49 – Workers' Compensation Leave Notification		✓			Until 75 years after the employee's date of birth or at least seven years after the case has been closed



OHSW&IM Documentation	Records Required	Record Location	Responsibility			Retention Period
			Manager OHSW&IM	Head of School/ Director of Unit/Institute /Centre/ Division Manager	FMU / Other	
						whichever is the later
	OHSW 67 - Rehabilitation Case Closure Report		✓			Until 75 years after the employee's date of birth or at least seven years after the case has been closed whichever is the later
Signage of OHSW	OHSW 48 – Safety Sign Requirements			✓		At least 5 years
Standard operating procedure	OHSW8 – Standard Operating Procedure, or Manufacturer's Operator's Manual			✓		At least 5 years
Training Needs and Planning	OHSW13 – Training Needs Analysis			✓		At least 5 years
	OHSW training records relating to plant, substances or activity that is a risk to health or safety			✓		5 years from the date of the last entry
	Course material developed for training		✓	✓		At least 5 years and following discontinuance of course
	Records of OHSW training & induction programs provided (including specific hazard awareness & OHSW management training)		✓	✓		At least 30 years
Workplace Inspection	OHSW16 - Workplace Inspection - General Environment			✓		At least 5 years
	OHSW17 - Workplace Inspection - Laboratory Environment and Chemical Handling Areas			✓		At least 5 years



OHSW&IM Documentation	Records Required	Record Location	Responsibility			Retention Period
			Manager OHSW&IM	Head of School/ Director of Unit/Institute /Centre/ Division Manager	FMU / Other	
Working Alone or in Isolation	Records of approval			✓		At least 5 years
	OHSW2 - General Hazard Identification and Risk Assessment			✓		at least 5 years

Appendix 2: Local OHSW Document Register

EXAMPLE:

School/Unit/Institute/Centre:

Document Title	Version Number	Date Created/Modified	Reasons for Creation/Modification	Review Date	Name of Document Custodian/Creator
<i>Fieldwork Health and Safety Checklist</i>	1.0	<i>Modified 1/1/2010</i>	<i>To reflect workplace environment</i>	<i>(To be determined as outlined in Section 3)</i>	<i>John Pilsner (Position held)</i>