



HSEQ Assurance Activities Procedure

Brief description

This Procedure defines the assurance framework for HSEQ systems and outlines the requirements for conducting audits, inspections, interactions and verifications.

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If you require any further information, please contact the Custodian.

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The current version of this Procedure is available on GPC's Intranet.

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1 Terms and definitions

In this Procedure:

“HSEQ” means health, safety, environment and quality.

Terms that are capitalised and not otherwise defined in this Procedure are defined in the GPC Corporate Glossary Instruction (as listed in Appendix 1 – Related documents).

2 Introduction

2.1 Purpose

This Procedure identifies how effective systems and performance monitoring can be achieved through:

- audits;
- verifications
- interactions
- inspections.

These processes contribute to:

- the prevention of injuries, illness, environmental harm and property damage;
- improved HSEQ culture;
- an understanding of work as intended vs. work done;
- enhanced ability to recognise hazards and risk;
- Workers voicing HSEQ concerns; and
- stronger management systems.

2.2 Scope

This Procedure applies to GPC’s operations and all associated activities under the control of GPC.

2.3 Objectives

The objective of this Procedure is to:

- assist those responsible for carrying out workplace monitoring through the provision of standardised processes and useful tools;
- contribute to the improvement of the HSEQ performance and culture of GPC; and
- support GPC’s HSEQ management systems.

3 HSEQ assurance activities

3.1 HSEQ assurance framework

The HSEQ assurance framework consists of seven (7) activities as illustrated in Figure 1.

Each activity provides assurance that HSEQ requirements are being applied in accordance with both internal and external expectations.

A 'layered process' is provided for the critical control verifications, Life Saving Commitment verifications, planned task audits and interactions for leadership coaching opportunities. See 3.10 'Layered Process'.

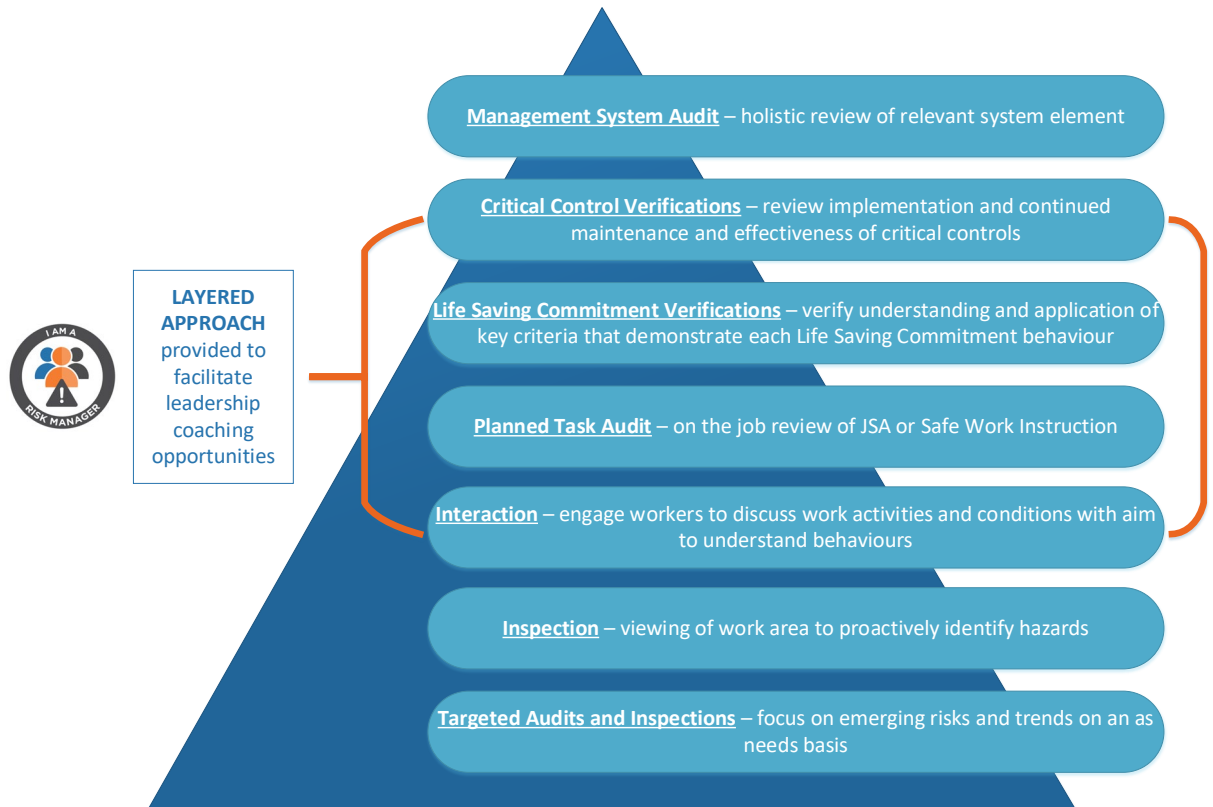


Figure 1: HSEQ assurance framework and activities

3.2 Management system audits

A management system audit is a formalised examination with defined criteria to assess against. They are scheduled annually by the Subject Matter Expert (SME), typically, the System Specialist, and conducted to the schedule and includes both internal and external audits.

These audits are used to monitor compliance to a system and effectiveness of the system in meeting legal and other compliance and providing a safe workplace.

(a) Internal audits

Internal audits are organised and facilitated by the SME for the system or other delegated trained internal auditor.

It is a requirement of the safety, environment and quality management systems that GPC is certified against to conduct internal audits on a regular basis.

Internal Management Systems audit schedules are available for safety, environment and quality.

(b) External audits

GPC is committed to maintaining certification to the relevant Australian / International standards for safety, environment and quality management systems.

These systems are certified by an external auditor on the frequency defined by the International Standards (three (3) years) and subject to surveillance audits (annual) by the external auditor to monitor progress of improvement opportunities and rectification of any non-conformances.

Scheduling of the external certification and surveillance audits is the responsibility of the department/section responsible for maintaining that system. The relevant department/section must provide timely and sufficient communication with key GPC Stakeholders who may be required to participate in the audit.

Regulatory authorities may also present to site to undertake audits or inspections. These may not be planned or only minimal notice provided. The department/section associated with the regulator must provide timely and sufficient communication with key GPC Stakeholders who may be required to participate wherever possible. For example, if an environmental regulator has given notice that they are attending a GPC site to perform an inspection, the Environment Department shall give GPC Stakeholders the appropriate communication prior to, during and after the inspection.

It is a requirement of some environmental approvals, that the external auditor is pre-approved by the regulatory authority. Prior to these audits, this requirement shall be confirmed by the Environment Team.

3.3 Conducting a management system audit

An audit is an evidence gathering process used to evaluate how well audit criteria are being met.

To ensure audits across GPC are being coordinated and conducted in a consistent manner, the following process should be applied:

1. Plan
2. Conduct
3. Report
4. Follow up

(a) 1. Plan

Management system audit schedules are reviewed annually and take into consideration regulatory obligations, the level of risk presented and the results of previous audits.

Management system audits are generally scheduled and coordinated by the relevant system SME's i.e. health, safety, environment, security and quality.

Prior to conducting an internal audit, relevant personnel who are required to be aware of or participate in the audit must be informed (e.g. meeting request via Outlook).

The auditor is responsible for planning the audit. The type, size and scale of the audit will determine how much planning is required.

The audit plan should state the:

- audit scope and objectives;
- individuals having direct responsibilities regarding the scope and objectives;
- reference documents;
- date and place where the audit is to be conducted;
- expected duration of the audit;
- schedule of meetings to be held with relevant parties i.e. opening and closing meetings; and
- Audit Report distribution list.

Pre-established management system audit templates are available:

- Safety Audit Template Register
- Environmental Audit Schedule

(b) 2. Conduct

The auditor must collect and verify information ensuring there is objective evidence to support findings. This evidence can be based on observations, interviews, review of documents and sampling.

The auditor must document/record all findings and evidence associated with both positive and negative findings.

Any audit methods or criteria outlined in the audit plan must be adhered to at all times.

(c) 3. Report

Each audit finding is categorised as either:

- Compliant – locations, functions and requirements where no non-conformances have been identified;
- Observation – where an area requiring attention has been identified;
- Non-conformance – based on objective evidence which identifies a non-compliance with the criteria specified; or
- Major non-conformance – based on a significant discrepancy with the criteria specified placing the organisation in a medium to high risk situation.

The auditor must also provide an overall audit score based on these categories.

All non-conformances identified by an external audit must be subject to a process to identify the root cause of the system failure.

All major non-conformances identified in an internal audit must also be subject to a cause analysis. The auditor/auditee may use their discretion for as to whether other non-conformances identified in an internal audit should undergo a cause analysis.

At a suitable time following the audit, the auditor should discuss the findings with the auditee and agree on actions to address non-conformances and opportunities for improvement.

Once the audit findings/report have been agreed on by all relevant parties, it must be distributed to the appropriate Stakeholders.

The SME accountable for the audit must log the audit findings and associated actions in SAI360, with any audit notes, evidence, records and reports attached/linked and the relevant stakeholders notified.

(d) 4. Follow-up

When necessary, a follow-up audit may be scheduled to address any identified deficiencies. This should be recorded in SAI360 as an audit finding and action.

The auditor must verify that the corrective action is closed out.

3.4 Critical control verifications

Critical control verifications provide a process for Critical Control Owners and Risk Owners to audit the implementation and continued maintenance and effectiveness of critical controls. Further details on these verifications and how they occur can be found in the Fatal Risk Prevention Procedure and the Environmental Material Risk Procedure (DRAFT).

3.5 Life Saving Commitment verifications

Life Saving Commitment verifications provide a process to verify worker understanding and application of key criteria that demonstrate each Life Saving Commitment behaviour, including the 'I am a Risk Manager' behaviour. There are nine (9) Life Saving Commitment verifications in total, each with a unique focused set of criteria to guide observations and discussions.

The aim of this verification process is to:

- identify behavioural, system and engineering control gaps in relation to Life Saving Commitment controls; and
- measure the effectiveness of behaviours and other controls in relation to Life Saving Commitments.

A Life Saving Commitment verification has five steps:

1. identifying the Life Saving Commitment to be verified and plan the observation;
2. observing work practices as approaching the work area;
3. validating understanding and application of the Life Saving Commitment;
4. reviewing the observed behaviours / confirming understanding against the criteria on the Life Saving Commitment verification question set template; and
5. providing feedback and actioning your findings.

(a) **1. Identifying the Life Saving Commitment to be verified and plan the observation**

When identifying which Life Saving Commitment to verify, it's important to understand:

- the Life Saving Commitment relevant to the work area and work task being performed; and
- any recent events that may have occurred in relation to them.

Speak to the relevant Leader to understand the tasks, area, people, equipment and suitable timing for conducting the verification. Review any supporting information, including the relevant Life Saving Commitment verification template to familiarise with the expected behaviours and other controls to observe.

Life Saving Commitment verification question set templates are accessible via Neptune.

(b) **2. Observing work practices**

Observe work practices and behaviours associated with the Life Saving Commitment. This is best performed when approaching the work group to not cause any unintended distractions / nervousness by the team members.

(c) **3. Validating the understanding and application of the Life Saving Commitment**

Introduce yourself and explain the verification you are performing and which Life Saving Commitment it is in relation to.

Do not interrupt a high risk task until there is a break in the job sequencing or unless an unsafe situation is observed.

Ask the Worker/s about what work is being performed and discuss the specific Life Saving Commitment to get the Worker/s to articulate how they are applying the key controls/behaviours associated with the commitment.

(d) **4. Reviewing the observed behaviours / confirming understanding against the criteria on the Life Saving Commitment verification question set template.**

Refer to the verification template to ensure work practices align with the expected behaviours. Identify any behaviour or system gaps between the Life Saving Commitment verification and what's happening in the field.

(e) **5. Providing feedback and action your findings**

Once any actions have been determined, the observer must provide feedback and thank the participant/s. Feedback should always commence with positive aspects,

followed by coaching to address aspects that require improvement and the associated identified actions.

Record the details of the Life Saving Commitment verification within SAI360. If an action needs to be raised, ensure the recipient is consulted first.

3.6 Planned task audits

A planned task audit is designed to assess personnel's understanding and compliance to a Safe Work Instruction or JSA. It involves the Supervisor observing personnel carrying out a work task and determining if the:

- Safe Work Instruction or JSA is designed correctly to ensure safe and productive work; and
- Workers know how to apply the Safe Work Instruction or JSA requirements correctly.

A planned task audit has four steps:

1. Identifying the Safe Work Instruction or JSA
2. Informing and observing work practices
3. Reviewing observed practices against Safe Work Instruction or JSA
4. Actioning findings and providing feedback

(a) 1. Identifying the Safe Work Instruction or JSA

Identify the task and associated Safe Work Instruction or JSA to be observed and review the chosen material to familiarise yourself with the requirements. Prepare the observation material (e.g. print out the JSA and highlight the sections to focus on). The planned task audit does not need to review the whole job task – a focus on the critical controls is also sufficient.

(b) 2. Informing and observing work practices

On arrival to a task/job site, inform the personnel you are going to observe of the purpose of the observation.

Prior to the observation commencing, check the participants understanding of the Safe Work Instruction or JSA and ask the participant to explain the task and any associated risks.

As the task is completed, observe and check the work practices against the Safe Work Instruction or JSA.

If any at risk behaviours or deviations from the Safe Work Instruction or JSA are observed, stop the job and provide coaching to the participant on how to safely continue and discuss the deviation to understand reasons or if any changes are required to the Safe Work Instruction or JSA

Throughout the observation positive behaviours should be reinforced.

(c) Reviewing observed practices against the Safe Work Instruction or JSA

On completion of the observation, review the notes made on the work practices against the Safe Work Instruction or JSA. Consider the following aspects:

- gaps between the Safe Work Instruction or JSA and the practices observed;

- opportunities to improve the risk controls as well as the Safe Work Instruction or JSA; and
- if gaps or opportunities to improve are identified a determination will need to be made on how to action them.

(d) Actioning findings and providing feedback

Once the actions have been determined, the observer/s must provide feedback to and thank the participant/s for partaking. The feedback provided should always commence with recognition of positive aspects followed by coaching to address aspects that require improvement and identified actions.

3.7 Interactions

An interaction is a formal process followed (in an informal setting) to engage Workers to discuss work activities and conditions with the aim to understand and influence behaviours. They provide an opportunity to reinforce standards and tools such as the use of risk management tools. It is a process that supports and guides Workers to interact with one another to reinforce positive behaviours and discuss unacceptable behaviours and conditions. It is also an opportunity for Workers to learn from each other and look out for each other.

The expectation of frequency for performing interactions is set by the Leaders in each area.

The four stages of performing an interaction are:

1. Observe
2. Engage and feedback
3. Re-set
4. Record

(a) 1. Observe

Select the area and team to perform the interaction with and observe the work while approaching the work area (where possible) to enable the identification of safe or unsafe behaviours. Identify the specific behaviour to be discussed (where relevant).

(b) 2. Engage and feedback

Approach the Workers and introduce yourself. Make enquiries about what work is being performed – this often leads to further conversation about the safety, environmental and quality aspects of the work.

Discuss the specific behaviour observed and get the Workers to articulate how this behaviour could lead to or prevent a personal injury and relate this consequence to their top 4.

Give positive feedback for the safe observations made. Always do this before any negative feedback. Discuss any unsafe acts or conditions and agree to suitable actions to immediately rectify.

For example:

- What are the hazards/risks you have identified in this task? If they don't identify what you observed, lead them to that.
- How could you get hurt and what would be the consequences of this on your top 4?

- Is there a better way to control the risk? (Or if it is already done well, commend them on controlling the risk.)
- How are you going to make sure the control remains effective?

(c) 3. Re-set

You should re-set the Workers back onto the task at hand after the interaction is complete.

Thank them for their time then ask them questions that will re-focus them back onto the work they were doing before you stopped them for the interaction.

(d) 4. Record

Record details of the interaction within SAI360. If an action needs to be raised, ensure the recipient is consulted first.

3.8 Inspections

An inspection is the viewing of an area, activity or equipment to proactively identify hazards.

Inspections can be performed by any Worker on any given activity or area and will be done so in accordance with the expectation from their Leader.

The expectation of frequency for performing inspections is set by the Leaders in each area.

If a hazard is identified whilst conducting the inspection, the situation needs to be risk assessed and the appropriate controls implemented in a timely manner. These might be immediate, temporary short-term or long term controls and implemented in consultation with the person responsible for the area or activity.

Findings from inspections must be recorded in SAI360.

Inspection forms are available to provide further guidance to Workers on what to verify. Available inspection forms:

- Environmental Site Inspection Checklist
- Safety Site Inspection Form
- Safety Office Inspection Form

3.9 Targeted audits & inspections

Targeted audits and inspections are triggered by emerging risk and trends and conducted on a needs basis.

The process for planning and conducting targeted audits and inspections is the same as detailed above in the relevant sections.

3.10 Layered process

As illustrated in Figure 1, a layered process is provided for verifications, planned task audits and interactions to facilitate leadership coaching for improvement and to enhance the quality of these assurance activities.

The layered process is where two (2) direct levels of leadership undertake the activity together. For example: a GM with their Manager, a Manager with their Superintendent, a Superintendent

with their Supervisor/Specialists. This may be within their own department or shared across departments if applicable.

The process provides an opportunity for the senior position to set their expectations and coach their subordinate leader.

3.11 Training

GPC's internal auditors are provided with training which is organised by the Training Team where this identified skill is required. Training records are maintained by the Training Team.

Guidance of how to conduct inspections, interactions and verifications is provided on the job by Leaders with additional support available from SMEs.

Training for data entry into SAI360 is provided by Safety Team on a needs basis by request.

4 Roles and responsibilities

All GPC Workers have a shared responsibility for monitoring hazards and risk in the workplace. For the purpose of this Procedure, the following specific roles and responsibilities have been defined:

Role	Responsibilities
Executive Management Team	<ul style="list-style-type: none"> • Ensure the dissemination and implementation of this Procedure throughout GPC. • Ensure adequate resources are available to implement this Procedure. • Monitor statistics to ensure overall systems effectiveness.
Managers, Superintendents and Supervisors (Leaders)	<ul style="list-style-type: none"> • Monitor the implementation of this Procedure. • Establish the expectation of performing these initiatives in work groups, area or activities. • Conduct assurance activities in accordance with this Procedure and corporate objectives/KPIs. • Assign an Area Custodian to ensure the expectation is being maintained within their responsibility (for the purpose of this procedure, the Leader can also be the Area Custodian). • Ensure the availability of relevant Workers and resources to fulfil the requirements of this Procedure. • Implementation of applicable actions.
Systems Specialists (HSEQ)	<ul style="list-style-type: none"> • Ensure the tools necessary to fulfil the Procedures requirements are available, useful and current. • Ensure relevant plans and schedules are developed in accordance with this Procedure.

Role	Responsibilities
	<ul style="list-style-type: none"> Communicate schedules to relevant Managers and staff. Ensure findings are reported to the relevant stakeholders. Ensure actions are appropriately managed in SAI360. Evaluate the data from these assurance activities to ensure the information from trends are contributing to the development of improvement initiatives.
All Employees and Workers	<ul style="list-style-type: none"> Comply with this Procedure when involved in audits, inspections, verifications and interactions. Provide evidence of compliance to auditors and inspectors if required. Participate in interactions and verifications when required. Participate in training when required. Take reasonable care for their own safety.

5 Appendices

5.1 Appendix 1 – Related documents

(a) Legislation and regulation

Key relevant legislation and regulation, as amended from time to time, includes but is not limited to:

Type	Legislation/regulation
Federal Acts	<i>Environment Protection and Biodiversity Conservation Act 1999 (Cth)</i>
State Acts	<i>Work Health and Safety Act 2011 (Qld)</i> <i>Work Health and Safety Regulation 2011 (Qld)</i> <i>Environmental Protection Act 1994 (Qld)</i> <i>Environmental Protection Regulation 2008 (Qld)</i>
Other	ISO 45001:2018 Occupational Health and Safety Management Systems ISO 14001:2015 Environmental Management Systems

Type	Legislation/regulation
	ISO 9001:2015 Quality Management Systems

(b) Gladstone Ports Corporation documents

The following documents relate to this Procedure:

Type	Document number and title
Tier 1: Policy	#1412364 Enterprise Risk and Resilience Policy #365624 Safety Policy #366016 Environment Policy
Tier 2: Standard/Strategy	#854303 Safety Management Framework Standard #809151 Environmental Management Framework Standard
Tier 3: Specification/ Procedure/Plan	#142189 HSEQ SAI360 Action Management #697854 Safety Management System Plan #146256 Environmental Management System Plan #1509120 Fatal Risk Prevention Procedure
Tier 4: Instruction/Form/ Template/Checklist	#730803 Environmental Site Inspection Checklist #1626554 Safety Site Inspection Form #1806624 Safety Office Inspection Form #1621179 GPC Corporate Glossary Instruction
Other	#49839 Quality Management System Guide #1522978 Safety Audit Template Register #1281763 Safety Audit Schedule #1178694 Environmental Audit Schedule

5.2 Appendix 2 – Revision history

Revision date	Revision description	Author	Endorsed by	Approved by
31/05/2016	Original document developed	Kylee Lockwood,	John Sherriff, Safety Environment and Risk	John Sherriff, Safety Environment

Revision date	Revision description	Author	Endorsed by	Approved by
		Environment Superintendent	General Manager	and Risk General Manager
24/07/2019	Three yearly review. Content changed to HSEQ Assurance Activities.	Rebecca Devine, Safety Specialist	Rowen Winsor, People Community and Sustainability General Manager	Tony Young, Safety Manager
05/08/2020	Legal review by HSF (minor formatting changes accepted). No material change to context or intent.	Tony Young, Safety Manager		Tony Young, Safety Manager
10/08/2022	Updated framework diagram to represent current processes. Modification of verification activities to clarify Life Saving Commitment verification process that is currently in place. Addition of reference to safety office inspection form. V9 published	Safety & Training Specialist - Systems	Safety & Training Manager	Acting General Manager Safety & ESG