	<b>Procedure</b>	<b>Medupi Power Station Project</b>
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## 1. Introduction

An audit is a process whereby a compliance to set requirements (Policies and Procedures) and legal requirements are objectively evaluated. Auditing is a valuable tool for the identification of management system deficiencies, legal requirements allowing for early rectification of these deficiencies. It is also an essential component of continuous improvement processes and necessary to satisfy the requirements of international standards such as International Organisation Standards (ISO 9001, 14001 and OSHAS 18001).

## 2. Supporting Clauses

### 2.1 Scope

The objective of this procedure is to establish the principles for the execution of the Health and Safety audits between the client and the principal contractors. The objectives are as follows:

- a) To evaluate health and safety performance against legal and other requirements.
- b) To proactively identify areas of non-conformity and non-compliance with the view to address such prior to incident, investigation or litigation. In this sense, it should be viewed as means of implementation of preventive actions.
- c) Where applicable to determine whether the HSMS conforms to the requirements of the relevant international standards.

**NB:** For Internal and external audits for the TM- Health and Safety Department, 39-33 CGD Safety, Health and Environment and Quality Audit Management Standard shall apply.

#### 2.1.1 Purpose

This document describes the processes employed in planning, performing and reporting of H&S audits by the Medupi Project Team on the Medupi Power Station project.

H&S audits covered within this procedure are:

- a) H&S plan compliance audits on Principal Contractors as per section 5.1 (0) of the Construction Regulations
- b) Health and Safety Specification
- c) Internal project-wide risk audits or ad-hoc audit of identified processes
- d) Internal HSMS audits (per OHSAS 18001:2007)

Auditees (including Principal Contractors and Contractors) shall be required to devote sufficient resources to enable successful completion of scheduled audits/assessments.

#### 2.1.2 Applicability

This Procedure is applicable to Team Medupi, Principal Contractors and their contractors performing construction activities, excluding activities handed over to Eskom Generation.

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### 2.1.3 Effective date

Date of authorisation of this document.

## 2.2 Normative/Informative References

Parties using this document shall apply the most recent edition of the documents listed in the following paragraphs.

Document Title	Document Number
[1] Occupational Health and Safety Act (85/1993)	External
[2] Development and Change of Medupi QMS Documents	200 5665
[3] Document Management Procedure	200 1680
[4] Occupational Health and Safety Management Systems, Requirements	OHSAS 18001
[5] Team Medupi Health, Safety and Environmental Management Manual	200 38424
[6] Medupi Health, Safety and Environmental Specifications	200 207219
[7] H&S Non-conformities and Corrective and Preventive Action	200 161023

### 2.2.1 Informative

Document Title	Document Number
[8] GCD Safety, Health Environment and Quality Management Standard	39-33
[9] Medupi QMS index	200 47329
[10] Team Medupi Occupational Health, Safety and Management Manual	200 28424
[11] Project Execution Plan	200 5919
[12] Project Quality Plan	200 1679
[13] Eskom SHEQ Policy	32-727

## 2.3 Definitions

Term	Definition
Audit	Systematic, independent and documented process for obtaining audit evidence and evaluating it objectively to determine the extent to which the audit criteria are fulfilled.
Audit Checklist	A "questionnaire" indicating specific requirements and acts as record of Audit
Auditee	Organization under audit
Auditor	Person with the competence to conduct an audit

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Term	Definition
Lead Auditor	Person responsible for successful completion of the Audit Process
Non-conformity	Failure to comply with requirement(s).
Opportunity for Improvement	Audit finding where HSE controls are inefficient or does not adequately address the requirement
Process	A Process is a composition of logically related business activities that together achieve a specified outcome or result. A process usually represents a subject or service area within a value chain.
RACI Matrix	The RACI matrix is a responsibility assignment matrix that describes the participation by various roles in completing tasks or deliverables for a business process.

## 2.4 Abbreviations

Abbreviation or Acronym	Description
HSE	Health, Safety and Environment
HSMS	Health and Safety Management System
KPA	Key Performance Area
KPI	Key Performance Indicator
TM	Team Medupi
PCAR	Preventive and Corrective Action Report
QA	Quality Assurance
QMS	Quality Management Systems
RACI	Derived from the four key responsibilities most typically used: Responsible, Accountable, Consulted, Informed

## 2.5 Roles and Responsibilities

### a) Responsible

Those who do the work to achieve the task. There is at least one role with a participation type of responsible, although others can be delegated to assist in the work required.

### b) Accountable (also approver or final approving authority)

The one ultimately answerable for the correct and thorough completion of the deliverable or task, and the one who delegates the work to those responsible. In other words, an accountable must sign off (approve) work that responsible provides. There **must** be only one accountable specified for each task or deliverable.

### c) Consulted (sometimes counsel)

Those whose opinions are sought, typically subject matter experts; and with whom there is two-way communication.

### d) Informed

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Those who are kept up-to-date on progress, often only on completion of the task or deliverable; and with whom there is just one-way communication.

**Table 1: RACI Matrix**

Process Step/Activity	Top Management	Line Managers	HS Manager	HS officers / practitioners	Principal Contractors
Compile and distribute Audit schedule	I	I	R	A	C
Compile and distribute Audit Report (including PCAR forms)	I	I	R	A	C
Maintain Audit Register	I	I	R	A	C
Follow-up and review of corrective actions implemented.	I	I	R	A	C

## 2.6 Related/Supporting Documents

The following documents are utilised to record necessary process data required to verify process conformity.

- Document self-assessment checklist (refer to Appendix A)
- HS audit yearly audit schedule (calendar year) (240- 133762535)
- HS audit report template (200 - 39015)
- Preventative and corrective action report form (200- 39012)
- Attendance register for opening and closing meeting (200- 57489)

## 3. Document Content

### 3.1 Process Map / Flowchart

The process defined in this procedure does not require documenting in the form of a Process Map / Flow Chart.

### 3.2 Auditor Competence

Safety Officers, acting as Lead Auditors / Auditors, shall be competent in line with requirements of Employer Policies and Procedures.

Where knowledge and experience is lacking training interventions will be applied through training awareness and competency procedure.

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### 3.3 Process description

#### 3.3.1 Audit Scheduling and notification

- Yearly audit schedule will be prepared by the TM Safety Department and send to the Contracts Management for contractual notification to the relevant contractor.
- TM Safety Officer to follow-up with relevant PC that notification have been received and is aware of audit schedule.
- Any reschedule of audit should be done in writing between the auditor and auditee at least a week (7 calendar days) before the audit date.
- Newly proposed date should still be within the same month.

#### 3.3.2 Audit process

- An opening meeting will be held chaired by the lead auditor with auditee management and those responsible for the functions/processes to be audited.. The following is discussed at the opening meeting
  - Confirmation of scope and resource requirements,
  - Feedback on the source document review,
  - Confirmation of communication channels,
    - An opportunity for the Auditee to ask questions.
- The lead auditor/auditor will use approved audit checklists (348-931159) for desktop audit. Additional scope will be added depending on the project risk, areas on concern or any other audit findings from internal or external audits/inspections.
- The Lead Auditor/auditor then undertakes the audit fieldwork. The fieldwork consists of observations and interviews of sampled activities and persons at the relevant work areas. The fieldwork will also focus on finding evidence of conformity to relevant requirements from desktop audit.
- The lead auditor/auditor will then be given the opportunity to summaries the feedback for the audit – conformity, non-conformity and opportunity for improvement.
- All non-conformities (including those identified during the document review) shall be recorded on the preventive and corrective (PCAR) action form.
- All opportunities for improvement shall be listed in the audit report.
- A Closing Meeting shall be held, attended by the Auditee, Management and those responsible for the functions/processes audited.

The following is discussed at the closing meeting:

- Each individual audit non-conformity (listed on the corrective and preventive action form)
- A summary of auditee conformity
- Arrangements and logistics of reporting and follow-up

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### 3.3.3 Audit Reporting

- The (Lead) Auditor will compile the audit report.
- The formal audit report will be signed and dated by the (Lead) auditor and the H&S Manager;
- The formal audit report will be send to the Contracts Management for formal distribution to the auditee within 7 days of completion of the audit.
- The (Lead) Auditor will attach the relevant corrective and preventive action forms, which will become part of the audit report.

### 3.3.4 Audit Follow-up and Closure

- The auditee has 30 calendar days from the conclusion date of the audit to close out non-conformances.
- Audit findings, listed in the relevant corrective and preventive action reports shall be followed-up as per the requirements listed in procedure 200-161023. Once the corrective action has been effectively implemented the PCAR shall be listed as closed on the PCAR Register.
- Opportunities for improvement shall not be followed-up, but shall be used as input to the next audit of the auditee.

## 4. Process for Monitoring

### 4.1 Key Performance Areas and Indicators

The following Key Performance Areas / Indicators (KPA's / KPI's) shall be measured, analysed and reported. The Process Owner shall be accountable, and assign the responsibility at the frequency as indicated below, documented as part of the QMS measurement, analysis and improvement initiative.

**Table 2: KPA's/KPI's**

Key Performance Area	Key Performance Indicator	Measure Frequency	Responsible	Record
H&S audits undertaken	Yearly audit schedule in place	Yearly	Safety Officers / Advisors	H&S Audit Schedule
	Audits conducted as per audit schedule	Monthly	Safety Officers / Advisors	H&S Audit Reports
	Audit findings raised and cleared within timeframe stipulated	Monthly	Safety Officers / Advisors	H&S Audit Reports
	PCAR Register to be updated	Monthly	Safety Officers / Advisors	PCAR Register

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## 4.2 Document Review and Self-Assessment

### 4.2.1 Document Self-Assessment

The “Process Owner” identified on the front page of this document along with departmental personnel and the project QMS Engineer shall undertake a “self-check” review of the process defined in this document at six monthly intervals, commencing from the effective date of this document, to check:

- a) the process / procedure operational integrity
- b) process efficiency
- c) The level of stakeholder knowledge and implementation.

Participants and results of the “self-check” review shall be documented by the Process Owner in the “Self-Assessment Checklist” (**QMS Template No. QMS PTZ 200 - 75592**) included as an Appendix to this procedure which shall be issued to [medupiqa@eskom.co.za](mailto:medupiqa@eskom.co.za) by the Process Owner once completed.

Process Owner shall proceed with any revision requirements in line with Medupi Procedures PPZ 200 5665 “Development and Change of Medupi QMS Documents” and PPZ 200 1680 “Document and Record Management”

### 4.2.2 Revision Period

All QMS documents shall undergo a 3-yearly compulsory revision.

## 4.3 Training Requirements

Personnel implementing this procedure require training in no specific criteria other than the operational requirements of this procedure by the respective Process Owner and Line Managers.

## 5. Acceptance

This document has been seen and accepted by:

Name	Designation
Ntahli Molapo	Health and Safety Manager (Acting)
Brenda Mgidlana	Quality Manager
Zandi Shange	Project Director (Acting)

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## 6. Revisions

Date	Rev.	Compiler	Remarks
September 2018	01	P.S. Malindi	Change to new template.
February 2016	00	K. Symms	Duplication on SPF Numbers (200-38428 rev 3)- Environmental audit procedure the same as Safety – change our procedure number

## 7. Development Team

The following people were involved in the development of this document:

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- c) Pauline Malindi
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**Appendix A – Process Self-Assessment Checklist**

Discipline:		Applicable Document No.: PPZ 200 - 220597				Self Assessment Date: / /	
Item No	Ref Section	Self-Assessment Question	Compliant			Comment	
			Yes	Part	No		
1		Was a yearly audit schedule compiled and sent to Contracts Management for contractual notification to the contractor?					
2		Has the audit checklist been compiled?					
3		Was the opening meeting held and is there an attendance register?					
4		Has the PCAR Register updated following the close out?					
5							
6							
Comments:							
Self-Assessment by:		Name:	Position:		Revision Required? (Yes / No)	Planned Revision Date:	
Attendees:							

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