



# Five Star Integrated Safety, Health and Environmental Audit

Specification August 2019

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# 1.

## Introduction to the Integrated Safety, Health and Environmental (SHE) Five Star Audit model

This document is intended to provide a summary of the British Safety Council Integrated Safety, Health and Environment (ISHE) Five Star Audit process, together with details of the 2019 audit specification.

The Five Star Integrated Safety, Health and Environmental Audit process involves an in-depth examination of an organisation's entire integrated safety, health and environmental management system(s) and associated arrangements.

The audit focuses on the key aspects of managing safety, health and the environment throughout the workforce and in the supply chain and offers a structured path for continual improvement towards best practice status.

Utilising extensive worldwide industry experience and acknowledging aspects of internationally integrated safety, health and environmental management systems and standards, the British Safety Council has developed a unique integrated audit model that objectively evaluates integrated safety, health and environmental management systems and arrangements against current best practice techniques. The audit model is reflective of the recognised PLAN – DO – CHECK – ACT management cycle.

### Five Star Integrated Safety, Health and Environmental Audit: 2019 specification



#### Six Best Practice Indicators:

- BP1 Leadership
- BP2 Stakeholder understanding and participation
- BP3 ISHE Risk management
- BP4 Organisational SHE culture
- BP5 Continual improvement
- BP6 Wellbeing.

# 2.

## Five Star Integrated Audit process

The Five Star Audit is carried out using the following process of objective verification:

The auditor will review all aspects of the organisation's integrated safety, health and environmental management systems and supportive arrangements against the requirements of the British Safety Council's Integrated Safety, Health and Environmental Management Five Star Audit specification. The auditor will also assess the effectiveness of implementation of these arrangements through an inspection of relevant (agreed) site(s) and sampling of operational activities.

During the audit process, management, staff and other stakeholders will be interviewed (as agreed) to confidentially discuss aspects of safety, health and environmental management relevant to their roles and responsibilities.

A subsequent report is produced identifying the strengths and areas for improvement within the organisation's integrated safety, health and environmental management system. The report also includes observations and recommendations, together with action planning, for consideration.

### Five Star Integrated Safety, Health and Environmental Audit 2019: Audit delivery process



# 3.

## Scoring and grading system

The Five Star Integrated Safety, Health and Environmental Management Audit outcome is determined by application of the British Safety Council's quantified system of evaluation (see below).

The overall audit grading is as follows:

| Marks %  | Star rating |
|--|-------------|
| <b>92 – 100:</b> Excellent<br>(best practice verified in most elements)                            | ★★★★★       |
| <b>85 – 91.9:</b> Very good<br>(best practice verified in many elements)                           | ★★★★        |
| <b>75 – 84.9:</b> Good<br>(best practice verified in some elements)                                | ★★★         |
| <b>60 – 74.9:</b> Adequate<br>(significant improvements required to achieve best practice)         | ★★          |
| <b>50 – 59.9:</b> Less than adequate<br>(extensive improvements required to achieve best practice) | ★           |

The Five Star Integrated Safety, Health and Environmental Audit process focuses on four sections (60 elements) and six best practice indicators (BPI) as shown below:

| Section | Audit criteria                                     | Maximum accredited audit figure |
|---------|--|---------------------------------|
| 1.      | Organisational leadership, commitment and planning | 1,750 Points                    |
| 2.      | Implementation and operation                       | 1,500 Points                    |
| 3.      | Performance monitoring and measurement             | 1,000 Points                    |
| 4.      | Evaluation and continual improvement               | 750 Points                      |
|         |  | Total: 5,000 Points             |

BPI 1: Leadership

BPI 2: Stakeholder participation

BPI 3: SHE risk management

BPI 4: Organisational SHE culture

BPI 5: Continual improvement

BPI 6: Wellbeing

The four sections of the audit are divided into 60 scored elements which attract a maximum numerical value of 5,000 points.

Wherever an element of the audit is not applicable to the organisation, it is excluded from the audit.

Individual element findings and outcomes are detailed within the subsequent audit report.

The 2019 specification also includes one unscored element; Use of Technology.

This will be audited in the same way as other elements and findings will be documented in the audit report. Where appropriate, suitable recommendations will also be given for this element. However, it will not be awarded a score and therefore not contribute to the overall audit grade.

Throughout the audit, six best practice indicators are evaluated either as elements in their own right, or alternatively as scoring areas within other elements. The overall scoring for each of these indicators is illustrated separately within the report's executive summary against an indicative level of best practice. This aspect of the audit process is designed to encourage organisations to focus upon continually developing their integrated safety, health and environmental management systems and culture.

# 4.

## Audit report and action planning

Upon completion of the audit process, a comprehensive report is prepared by the auditor and will be issued within 28 days. The report content will include:

- Executive summary (including graphical performance indicators)
- Overall star grading and sectional scoring
- Observations
- Recommendations for improvement
- Action planning tables.

The recommendations against the requirements of the Five Star Integrated Safety, Health and Environmental Audit specification are presented in tabulated colour coded format as per the key below:

### Grading system

| Colour code   | Priority   | Definition  |
|---|--|---|
|    | <b>High:</b><br>Less than 60% awarded in this element          | Recommendations to be implemented as a high priority action                     |
|   | <b>Medium:</b><br>Between 60% and 100% awarded in this element | Recommendations to be implemented as a medium priority action                   |
|  | <b>Low:</b><br>100% awarded in this element                    | Monitor existing arrangements in this area to demonstrate continual improvement |
|   | <b>Not applicable</b>  | The requirements of this element are not applicable                             |

The **green** coded area indicates **full marks** have been awarded in respect of the Five Star Integrated Safety, Health and Environmental Management Audit scoring criteria. The organisation should continue to monitor these elements in order to maintain best practice.

The **amber** coded area indicates where **some** marks have been deducted.

The **red** coded area indicates where **significant** marks have been deducted in respect of the Five Star Integrated Safety, Health and Environmental Audit scoring criteria.

Wherever marks have been deducted, a recommendation will be provided that, if followed and effectively implemented, will assist the organisation in working toward best practice standards.

The action planning tables are also designed to allow the organisation to plan for implementation of the recommendations by self-populating the relevant columns as appropriate.

If any elements of the audit specification are not applicable to the audited organisation then these will be left blank within the relevant table and indicated as N/A.

As with any time-bound audit, observations and recommendations made are based upon the agreed scope and depth of information made available during the audit process.

# 5.

## Preparing for the audit

In order for the audit process to be as effective as possible, it is considered important that pre-audit preparations are agreed and completed.

Once all logistical arrangements have been confirmed with the relevant British Safety Council account manager, the allocated auditor will make contact with the appropriate person within the organisation no later than 10 days before the audit start date to discuss and agree the audit details (timings, interviews, site inspections, induction process, security / PPE arrangements, etc.)

This specification document (see section 8) outlines the various forms of information and documentation that the auditor is likely to request for review, together with personnel who may be requested for interview.

It would be advantageous if documentation is readily available (either electronically or in hard copy) for the auditor. Some of this material may be retained by the auditor during the audit process (with explicit consent of the auditee).

All British Safety Council auditors are mindful of operational demands and requirements and will apply as much flexibility with the audit schedule as is reasonably practicable to accommodate such matters.

# 6.

## Standardisation and quality assurance

British Safety Council auditors are appropriately qualified, highly experienced safety, health and environmental management professionals who are subject to a robust internal quality assurance and appraisal process, in addition to the requirements of relevant professional bodies with whom they are members.

All audit reports are technically verified and quality endorsed before being issued to clients. Auditors are also subject to "on-site" monitoring (subject to client agreement) on a sampling basis.

Mandatory auditor standardisation meetings also take place on a regular basis.

This specification document is reviewed at least annually to reflect changes in legislation and relevant developments and trends in safety, health and environmental management best practice technique.

# 7.

# Specification details

## Element headings

| Plan  | Do  | Check  | Act  |
|---|---|--|--|
| <b>Section 1<br/>Organisational leadership,<br/>commitment and planning</b> | <b>Section 2<br/>Implementation and operation</b>   | <b>Section 3<br/>Performance monitoring and<br/>measurement</b>  | <b>Section 4<br/>Evaluation and continual<br/>improvement</b>        |
| 1.01 Leadership and commitment  | 2.01 Identification of environmental aspects and health and safety hazards, SHE opportunities and assessment of SHE risks | 3.01 Monitoring of SHE objectives  | 4.01 Top management review process                                   |
| 1.02 Scope and context of the SHE management system                         | 2.02 Management, control and minimisation of air emissions (including greenhouse gases)                                   | 3.02 Monitoring of SHE programmes and plan(s)  | 4.02 Review of effectiveness of leadership, resource and support     |
| 1.03 Status assessment (including benchmarking)                             | 2.03 Management and control of work equipment   | 3.03 SHE Auditing (internal and external)  | 4.03 Opportunities for improvement (evaluation and planning)         |
| 1.04 Legislative (and other) compliance                                     | 2.04 Management and control of manual handling and workstation ergonomics (including DSE)                                 | 3.04 SHE Monitoring systems (including air and water monitoring, inspections and risk assessment review) | 4.04 Evaluation of legislative (and other) compliance                |
| 1.05 Stakeholder consultation and participation                             | 2.05 Transport management (including occupational road risk and travel planning)  | 3.05 Health surveillance   | 4.05 Evaluation of competence and capability (including behavioural) |
| 1.06 SHE policy statements  | 2.06 Permit to work and safe isolation systems  | 3.06 Monitoring of procurement, outsourcing and contractors  | 4.06 Evaluation of organisational SHE culture                        |
| 1.07 Structure (roles, responsibilities, accountabilities and authorities)  | 2.07 Management and control of work at height   | 3.07 Effectiveness of information and communication management   | 4.07 Corporate social responsibility                                 |
| 1.08 SHE objectives   | 2.08 Management, control and minimisation of waste  | 3.08 Accident, incident, near miss report and investigation monitoring                                   | 4.08 Stakeholder Reporting   |
| 1.09 SHE programmes and planning  | 2.09 Management and control of lifting operations   | 3.09 Ill health monitoring (including absenteeism and presenteeism)                                      |  |
| 1.10 Provision of resources and support                                     | 2.10 Management and control of pressure systems   | 3.10 Loss/damage analysis  |  |
| 1.11 Competence and capability (including behaviours)                       | 2.11 Management, control and minimisation of water use and discharges   | 3.11 Non-conformance monitoring  |  |
| 1.12 SHE Risk management  | 2.12 Management and control of hazardous substances (including biological agents and asbestos)                            | 3.12 Monitoring of competence and capability (including behaviours)                                      |  |
| 1.13 SHE Change management  | 2.13 Management and control of confined spaces, excavations and below ground work   | 3.13 Monitoring of organisational SHE culture  |  |
| 1.14 Information data and communication management                          | 2.14 Management and control of electrical hazards   |  |  |
| 1.15 Procurement, outsourcing and contractor management                     | 2.15 Management, control and minimisation of energy   |  |  |
| 1.16 Crisis management and business continuity                              | 2.16 Management and control of noise, vibration and other nuisances   |  |  |
| 1.17 Wellbeing strategy, scope and objectives                               | 2.17 Management and control of personal protective equipment  |  |  |
|   | 2.18 Wellbeing management   |  |  |
|   | 2.19 Workplace welfare (housekeeping, storage, welfare facilities, etc.)  |  |  |
|   | 2.20 Management, control and minimisation of raw material resources and assets  |  |  |
|   | 2.21 Implementing crisis management and business continuity plans   |  |  |
|   | 2.22 Fire prevention and management   |  |  |

# 8.

## Specification guidance

**Five Star Integrated Safety, Health and Environmental Audit 2019: Specification details. Best practice statements are given below for each of the elements. Please note that these are provided as guidance and give only a summary of what is expected.**

| Plan  | Do   | Check  | Act  |
|---|--|--|--|
| <b>Section 1</b><br><b>Organisational leadership, commitment and planning</b><br><b>(1,750 points)</b>  | <b>Section 2</b><br><b>Implementation and operation</b><br><b>(1,500 points)</b>   | <b>Section 3</b><br><b>Performance monitoring</b><br><b>(1,000 points)</b>   | <b>Section 4</b><br><b>Evaluation and continual improvement (750 points)</b>   |
| <b>1.01 Leadership and commitment</b><br>A named member of top / senior management will be designated with a documented responsibility for SHE and they must show that objectives are established and are compatible with the strategic direction of the organisation. Top managers will ensure the integration of the SHEMS requirements into the organisation's business process. They will also show evidence that they lead by example, providing direction and support to enable the effective development and implementation of the SHEMS and promote a positive SHE culture. | <b>2.01 Identification of environmental aspects and health and safety hazards, SHE opportunities and assessment of SHE risks</b><br>The organisation has documented risk assessments for all significant SHE hazards and environmental aspects, which concentrate on control of hazards and risks, rather than scoring the likelihood and severity of adverse events. The risk assessments should also identify any opportunities for improvement. The organisation has provided training, monitoring and authority to allow relevant stakeholders to assess SHE risk and implement effective control measures themselves. | <b>3.01 Monitoring of SHE objectives</b><br>The organisation has utilised technology to manage and carry out internal audits. There is a documented internal audit programme which has been effectively implemented. All personnel undertaking audits are trained, competent and, where appropriate, independent. The organisation has ensured that all levels of the workforce are demonstrably involved in the audit process. The organisation promotes proactive monitoring by senior managers and directors. The frequency of auditing is appropriate to the level of associated risk and audits are suitably recorded, include recommended remedial actions with evidence of assignment, target dates and monitoring to completion. | <b>4.01 Top management review process</b><br>There will be a defined, documented process for the top-level management review of SHE performance which is appropriate to the nature and scale of the organisation. The review will consider results of internal (and external) audits, results of internal and statutory inspections, compliance evaluations, regulatory inspections / investigations, accident / incidents / risk assessment reviews (including assessment of opportunities), and actions arising from previous top management reviews. Any identified actions arising from the top management review process will be assigned to responsible personnel with a defined timescale for completion. |

| Plan  | Do  | Check   | Act  |
|---|---|---|--|
| <b>Section 1</b><br><b>Organisational leadership, commitment and planning (1,750 points)</b>  | <b>Section 2</b><br><b>Implementation and operation (1,500 points)</b>  | <b>Section 3</b><br><b>Performance monitoring (1,000 points)</b>  | <b>Section 4</b><br><b>Evaluation and continual improvement (750 points)</b>   |
| <b>1.02 Scope and context of SHE management system</b><br>The scope of the SHEMS will be clearly documented and defined, consider the needs of all stakeholders and includes reference to occupational health and wellbeing. It will include a description of the main elements of the SHEMS and their interaction with, and reference to, other related business areas, documents and systems. The organisation will have determined external and internal issues that affect its ability to achieve the intended outcome(s) of its SHEMS. | <b>2.02 Management, control and minimisation of air emissions (including greenhouse gases)</b><br>The site / organisation will have identified monitored and measured all relevant GHG Emissions including Scope 1, 2 and 3 Emissions. The organisation will have set relevant GHG emission reduction targets and must have demonstrated specific and relevant GHG emission reduction measures used to control and manage GHGs. Consideration will have been given to GHG offsetting or carbon neutrality projects. The organisation will maintain an asset register of relevant Fluorinated Gas equipment, recording CO <sub>2</sub> e as well as F-gas type and quantity, and the organisation will measure, monitor and record losses (leaks) of F-Gas from all operational, manufacturing or HVAC sources. The organisation will have set relevant F-Gas emission reduction or phase out targets in relation to international law and national interpretations and maintain an asset register of relevant ODS containing equipment, type and quantity with routine inspection and maintenance activities. It will measure, monitor and record losses (leaks) of ODS from all sources. The organisation will know the nature, size and location of all other areas of non-GHG emissions and have in place plans to monitor, measure and reduce all potential emission sources. | <b>3.02 Monitoring of SHE programmes and plan(s)</b><br>The organisation will have a robust process for monitoring and measurement of organisational safety, health and environmental performance, and documented evidence of monitoring of performance against the SHE plan. Stakeholders are actively involved in the monitoring process (through representatives or individually) and these are suitably competent and have the necessary authority. | <b>4.02 Review of effectiveness of leadership, resource and support</b><br>Top management review of the SHEMS and related programmes will include evaluation of support and resources, and will be shown to allow for effective implementation of competency, consultation, control of organisational risk and contingency and emergency planning. |

| Plan  | Do   | Check   | Act   |
|---|--|---|---|
| <b>Section 1</b><br><b>Organisational leadership, commitment and planning (1,750 points)</b>  | <b>Section 2</b><br><b>Implementation and operation (1,500 points)</b>   | <b>Section 3</b><br><b>Performance monitoring (1,000 points)</b>  | <b>Section 4</b><br><b>Evaluation and continual improvement (750 points)</b>  |
| <b>1.03 Status review (including benchmarking)</b><br>The organisation reviews the status of its SHEMS prior to developing the policy, objectives and subsequent programmes and plans and the review process considers legislative (and other sector) requirements, occupational health and wellbeing provision, opportunities for improvement, and consultation with all stakeholders. The organisation carries out internal (e.g. between departments) and external benchmarking with similar workplaces and/or sectors. The organisation will have undertaken a benchmarking exercise of relevant processes to develop and apply suitable key Performance Indicators (KPIs) that may be used to measure SHE performance. | <b>2.03 Management and control of work equipment</b><br>The organisation has a documented process in place for the management of work equipment, including arrangements for selection, maintenance, inspection and examination, training and competence. The organisation has empowered relevant stakeholders and management to choose work equipment themselves, through training, monitoring and provision of authority. All work equipment has been risk assessed by relevant stakeholders, who have chosen the safest and most pragmatic solution. Technology has been used to manage the ongoing maintenance and inspection of work equipment. Safe operating procedures have been documented for use of high risk equipment. | <b>3.03 SHE auditing (internal and external)</b><br>The organisation has utilised technology to manage and carry out internal audits. There is a documented internal audit programme which has been effectively implemented. All personnel undertaking audits are trained, competent and, where appropriate, independent. The organisation has ensured that all levels of the workforce are demonstrably involved in the audit process. The organisation promotes proactive monitoring by senior managers and directors. The frequency of auditing is appropriate and audits are suitably recorded, include recommended remedial actions with evidence of assignment, target dates and monitoring to completion.  | <b>4.03 Opportunities for improvement (evaluation and planning)</b><br>There will be evidence that the SHE plan has been informed by previous audits and that progress has been made to action recommendations from it. The organisation will use the outcome of active (leading) and reactive (lagging) performance monitoring, (including top management review), to improve the environmental performance. |
| <b>1.04 Legislative (and other) compliance</b><br>There will be a documented procedure for the identification of applicable legislation (and other sector requirements), supported by a suitable legal register. This will be supported by an internal and external audit process which includes an evaluation of compliance. Management and others will be updated on legislative changes that are applicable to the organisation.   | <b>2.04 Management and control of manual handling and workstation ergonomics (including DSE)</b><br>Where elimination of manual handling has not been possible and is higher risk, technology has been used to evaluate the impact of activities on the body and process. Competent persons have been used to provide individual risk assessments and training to ensure the workforce remain healthy. The organisation has designed all workstations to suit the person using them. The organisation has created a flexible workspace which provides a range of workstations (seated, standing etc.). Standardised equipment has been used and all stakeholders are able to adjust workstations to suit their needs.              | <b>3.04 SHE monitoring systems (including air and water monitoring, inspections and risk assessment review)</b><br>The organisation has a comprehensive and documented monitoring system in place. All levels of the workforce are demonstrably involved and the frequency and types of monitoring are appropriate. Suitable and sufficient monitoring should include all areas of the workplace and risk assessments will be reviewed<br><br>Risk assessments are reviewed in accordance with the relevant procedures, following incident / accident / ill health events (including near misses), following changes and the introduction of new hazards and/or opportunities, following emergency procedure drills / events, in accordance with relevant legislative (and sector) requirements and following internal and external audit reports / findings.<br><br>All relevant environmental monitoring and measurement equipment will have been identified and calibrated based on recognised standards. Where applicable, the equipment will conform to the relevant MCERTS requirements including both hardware and software (i.e. training). | <b>4.04 Evaluation of legislative (and other) compliance</b><br>The organisation has a documented procedure for the evaluation of legal (and other) compliance, and documented evaluations undertaken and the process includes a means of evaluating the understanding of legal requirements by staff and a formal evaluation of the legal register.  |

## 8.

# Specification guidance cont.

| Plan  | Do   | Check  | Act   |
|---|--|--|---|
| <p><b>Section 1</b><br/> <b>Organisational leadership, commitment and planning</b><br/> <b>(1,750 points)</b></p> <p><b>1.05 Stakeholder identification, consultation and participation</b><br/>           There will be a documented process for consulting with, and ensuring the participation of, stakeholders in the continued development of the SHEMS. This will include relevant stakeholder involvement in risk assessment and risk profiling, the development of SHEMS objectives and plans, processes for procurement and outsourcing, scoping and establishing the context of the SHEMS, and change management.</p>   | <p><b>Section 2</b><br/> <b>Implementation and operation</b><br/> <b>(1,500 points)</b></p> <p><b>2.05 Transport management (including occupational road risk and travel planning)</b><br/>           The site / organisation will have completed a staff transport survey and put in place measures to reduce staff travel. The organisation will actively seek to reduce the environmental impacts of staff travel, where possible, through the introduction and use of alternative technologies. Where applicable the organisation will actively seek to reduce the environmental impacts of owned or outsourced freight transport.</p> <p>Where the elimination of road risk has not been possible, the organisation does not rely on high-visibility clothing alone. Where the organisation provides vehicles, the safest vehicles have been selected for use. Organisations utilising employee's vehicles have a robust process for ensuring suitability to drive and vehicle type. There is a hierarchy of training for users, from basic awareness, to defensive driving. The organisation has ensured segregation of pedestrians from vehicles through design of the workplace and where this is not possible, has used a hierarchy of control.</p> | <p><b>Section 3</b><br/> <b>Performance monitoring</b><br/> <b>(1,000 points)</b></p> <p><b>3.05 Health surveillance</b><br/>           The organisation has designed a suitable health surveillance programme which includes (where appropriate) consideration of exposure to noise hazards, vibration hazards, airborne contaminants (including asbestos), dermatological agents and contaminants, eye and eyesight hazards, driving related hazards, ergonomic hazards (such as manual handling or the effects of long-term driving) and work-related stress. The health surveillance programme is carried out by competent personnel and in accordance with the OH&amp;S programme and the effectiveness of health surveillance provision is included within internal auditing and other performance monitoring processes.</p> | <p><b>Section 4</b><br/> <b>Evaluation and continual improvement</b><br/> <b>(750 points)</b></p> <p><b>4.05 Evaluation of competence and capability (including behavioural)</b><br/>           The organisation has a documented process in place for the evaluation of competence and capability which includes the issue of assessments to verify understanding and acquisition of skills, together with task observations to verify competence, understanding and awareness. Training programmes (including behavioural safety training programmes) are subject to formal review and training needs analyses are updated and reviewed at appropriate intervals. Appraisal and CPD programmes include a formal review of training needs.</p> |
| <p><b>1.06 SHE policy statements</b><br/>           Within the policy statements there is expected to be an explicit commitment to comply with relevant legislation and/or any other relevant requirements, continual improvement, provision of adequate resources and support, conducting a periodic review, identifying and managing risks and opportunities throughout the organisation, to consult with employees and stakeholders and provide training, information, instruction and adequate supervision. It will also outline the framework for SHE objective setting, define a commitment to the environment and life cycle thinking. It will be endorsed (signed) by the most senior person within the organisation.</p> | <p><b>2.06 Permit to work and safe isolation systems</b><br/>           Where a permit to work or authorisation to work system has been implemented, technology has been used to ensure a robust process. The organisation ensures that all work requiring a PTW is monitored by competent stakeholders. The organisation has implemented a robust lock out, tag out system for safe isolation.</p>  | <p><b>3.06 Monitoring of procurement, outsourcing and contractors</b><br/>           The organisation will have a clear process for monitoring procurement throughout the businesses (materials / suppliers / contractors etc). The outsourcing / contractor / supplier approval and management process is formally monitored as well as the actual performance of the contractor or supplier. The approved contractor / supplier index is reviewed and amended if necessary, and approval documents reviewed at suitably designated intervals. Accidents / incidents / ill health reports / near misses / complaints involving contractors / suppliers are included within relevant organisational statistics and contractors / suppliers are informed of the findings arising from formal monitoring.</p>                        | <p><b>4.06 Evaluation of organisational SHE culture</b><br/>           The organisation has a clear process in place for reviewing and evaluating the organisational SHE culture, which includes consultation with employees and other relevant stakeholders, the issue of surveys or questionnaires, analysis of the results of monitoring (such as audits) and consideration of employee participation and engagement. The evaluation process considers whether staff participation and acquisition of new competencies and skills are encouraged.</p>  |

| Plan  | Do   | Check   | Act   |
|---|--|---|---|
| <b>Section 1</b><br><b>Organisational leadership, commitment and planning (1,750 points)</b>  | <b>Section 2</b><br><b>Implementation and operation (1,500 points)</b>   | <b>Section 3</b><br><b>Performance monitoring (1,000 points)</b>  | <b>Section 4</b><br><b>Evaluation and continual improvement (750 points)</b>  |
| <b>1.07 Structure (roles, responsibilities, accountabilities and authorities)</b><br>The organisation has ensured that the SHEMS clearly defines and documents the SHE roles, responsibilities, authorities and accountabilities of key individuals, and also defines how these are communicated. Persons with specific SHE duties have been given the necessary authority to effectively carry out their roles and a member of top management has been designated with accountability and authority for SHE. | <b>2.07 Management and control of work at height</b><br>The organisation has identified all WAH activities and where possible, designed the task/workplace to remove the need to work at height. Where this is not possible, the organisation has ensured all WAH tasks are planned, organised and carried out by competent personnel. The organisation does not rely on fall arrest systems, rather engineering solutions and work positioning. Where access equipment is required, the organisation has selected the safest option and tried to limit the use of ladders.  | <b>3.07 Effectiveness of information and communication management</b><br>The organisation has ensured the effective implementation of the document and data management process is subject to internal and external auditing and any non-conformances are addressed and included within reports to management. The content of SHE documentation and data, including the document index, is reviewed on a regular basis and updated following changes within the organisation and/or to legislation.  | <b>4.07 Corporate social responsibility</b><br>The organisation will have formally assessed the potential impact of their operational activities on the wider community and stakeholders, and subsequently developed a corporate social responsibility policy/process. The CSR process will include defined areas of concern and be integral with the management review, management of change and continual improvement process. The organisation will be able to demonstrate tangible involvement with local community groups and report publicly on performance and the effects on environmental and social wellbeing of relevant stakeholders. |
| <b>1.08 SHE objectives</b><br>There must be a documented procedure for the setting and development of SHE objectives at all organisational, functional and individual levels. This process will include the participation of relevant stakeholders and include consideration of legislative (and sector) requirements, outcomes of risk assessments and risk profiling, outcomes of active and reactive monitoring and the outcomes of top management reviews.  | <b>2.08 Management, control and minimisation of waste</b><br>The organisation is expected to meet any legal requirements in respect of waste licenses or permits. It will manage all liquid and solid hazardous waste, Waste Electronic and Electrical Equipment (WEEE), batteries, radioactive, personal hygiene/medical waste, animal by-products waste as required by relevant law and to best practice. The organisation will store all solid and liquid bulk waste storage as per Duty of Care principles in clearly marked waste storage areas that are clearly labelled with their intended contents, not overloaded, segregated and kept in good order. The organisation will have up to date data on waste volumes of all waste streams generated and set relevant waste reduction targets for key waste streams and be able to demonstrate practical examples of using the waste management hierarchy or reduce waste. | <b>3.08 Accident, incident, near miss report and investigation monitoring</b><br>The organisation has a clear documented process for the reporting and investigation of SHE accidents, incidents and near misses. The organisation has made it easy for any stakeholder to be able to report accidents, incidents and near misses and the process identifies suitable actions, and their closure is being monitored. The organisation has ensured that the accident reporting process is carried out in accordance with data protection requirements and the effective implementation of the reporting and investigation process included within internal audit programmes. Accident, incident and ill health data is analysed for identification of trends, opportunities for improvement and benchmarking with national/sector rates. | <b>4.08 Stakeholder Reporting</b><br>The organisation will formally report SHE performance to those identified internally, and externally to appropriate stakeholders. There will be an external corporate responsibility (CR), sustainability (or similar) report that is validated by an independent third party to a recognised reporting standard.  |

| Plan   | Do   | Check  | Act  |
|--|--|--|--|
| <b>Section 1</b><br><b>Organisational leadership, commitment and planning (1,750 points)</b>   | <b>Section 2</b><br><b>Implementation and operation (1,500 points)</b>   | <b>Section 3</b><br><b>Performance monitoring (1,000 points)</b>   | <b>Section 4</b><br><b>Evaluation and continual improvement (750 points)</b> |
| <b>1.09 SHE programmes and planning</b><br>A suitably detailed SHE plan will have been established which is intended to ensure the SHE objectives are achieved and reflects the requirements of organisational policy commitments. This will clearly define responsibilities, timescales for completion and the resources required for achievement.  | <b>2.09 Management and control of lifting operations</b><br>The organisation has identified all lifting equipment and has utilised technology to manage use, inspection, maintenance and service. There is proactive lifecycle planning to ensure equipment is replaced/maintained prior to failure or defects being raised. The organisation has documented plans and stakeholders are able to demonstrate their knowledge of the plans without the formal documentation.   | <b>3.09 Ill health monitoring (including absenteeism and presenteeism)</b><br>The organisation has ensured that absence attributable to work related ill-health is reported, included in performance statistics and analysed. Information relating to work related ill-health is considered in risk assessment reviews and reflected in improved controls. The organisation has a clear process for identifying ill-health caused by work activity and managers are suitably qualified to recognise symptoms of work related ill-health. The organisation ensures the performance of wellbeing initiatives is measured and monitored for effectiveness.                      |  |
| <b>1.10 Provision of resources and support</b><br>There will be demonstrable evidence of consideration of SHE resource requirements within the overall business planning for the organisation. This will include resources of personnel, infrastructure, finance, training, and competent advice and support. There will also be contingency planning of resources and support to facilitate effective implementation of any unforeseen SHE changes within the organisation.   | <b>2.10 Management and control of pressure systems</b><br>The organisation has identified pressure systems in their entirety and has utilised technology to manage the use, inspection, maintenance and service. There is proactive lifecycle planning to ensure equipment is replaced/maintained prior to failure or defects being raised. The organisation has identified industry best practice working procedures and has successfully implemented them.   | <b>3.10 Loss/damage analysis</b><br>The organisation ensures that damage or other loss events are reported, included in statistics and analysed. The costs (actual and potential) of SHE incidents, accidents and ill health is calculated and used to aid analysis. Litigation costs (civil and statute) are included within this analysis. The organisation ensures that improvement of the workplace (e.g. through planned, preventative maintenance programmes) is included within this analysis.  |  |
| <b>1.11 Competence and capability (including behaviours)</b><br>The organisation will have identified SHE training and competency needs which are reflective of policy commitments, role requirements and legislative (and sector) duties. Core SHE competency requirements and behaviours for all levels and functions will be included within documented roles and responsibilities. A suitably detailed training programme and arrangements to promote CPD and individual progression through appraisal will have been established. | <b>2.11 Management, control and minimisation of water use and discharges</b><br>The organisation must meet legal and licensing requirements with respect to water use and discharges. They will have undertaken a water audit / water balance at the site and water saving schemes will have been investigated, evaluated and / or have been implemented. It is expected that there will be an up to date, detailed drainage plan and there will be suitable drainage monitoring in place. All drainage systems will be maintained in good working order with a programme of regular inspection and cleaning. There will be suitable colour coding (e.g. of manhole covers), suitable provision for loading and oil/diesel interceptors or other pollution control equipment will be regularly inspected, maintained, emptied, cleaned and / or replaced as necessary to maintain effectiveness. | <b>3.11 Non-conformance monitoring</b><br>The organisation has a clear documented process for the reporting and investigating of non-conformities other than accidents, near misses and incidents, such as those identified at internal and external audit. All non-conformities are closed out and controlled in a timely manner and the results of investigation of non-conformities used to determine whether similar issues could be suitably prevented. The results of investigation of non-conformities is communicated to stakeholders. The effective implementation of the process for the reporting and investigation is included within internal audit programmes. |  |

## 8.

## Specification guidance cont.

| Plan   | Do   | Check   | Act  |
|--|--|---|--|
| <b>Section 1</b><br><b>Organisational leadership, commitment and planning (1,750 points)</b>   | <b>Section 2</b><br><b>Implementation and operation (1,500 points)</b>   | <b>Section 3</b><br><b>Performance monitoring (1,000 points)</b>  | <b>Section 4</b><br><b>Evaluation and continual improvement (750 points)</b> |
| <b>1.12 SHE Risk management</b><br>The organisation will have established a documented process for assessing and managing all relevant strategic and operational SHE risks and opportunities. In addition, the organisation will have identified the environmental aspects associated with its activities, products and services, taking a life-cycle perspective. | <b>2.12 Management and control of hazardous substances (including biological agents and asbestos)</b><br>The organisation has identified all hazardous substances used or generated and has an index of all hazardous substances stored, used or generated. The organisation has assessed the risk of hazardous substances and actively substituted for a safer alternative or have designed work processes to eliminate risks to workers. The organisation has documented processes for the management and control of legionella, and where appropriate, other microorganisms. The organisation has a documented asbestos management plan. This should include suitable arrangements for provision of information (e.g. to staff and contractors), roles and responsibilities, review and monitoring, inadvertent exposure to asbestos, provision of training and compliance with legal and other requirements.<br><br>All bulk storage tanks will be of sufficient strength and structural integrity to prevent leaks or burst in normal circumstances. and designed to prevent failure due to corrosion or chemical interaction and have the correct bund integrity, volumes and are impermeable. All drums, canisters and IBCs will be in a condition of sufficient strength and structural integrity and stored on suitable drip trays, drum bunds or drum stacking systems with Safety Data Sheets available at point of use for key drum and IBC storage locations. | <b>3.12 Monitoring of competence and capability (including behaviours)</b><br>The organisation has a documented process for monitoring of competence and capability. Training processes are formally assessed for quality and effectiveness, effectiveness being a change in behaviour. Audits and inspections assess and record behaviour, and the way that training needs are identified should be subject to internal audit. |  |

## 8.

## Specification guidance cont.

| Plan   | Do  | Check   | Act  |
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| <b>Section 1</b><br><b>Organisational leadership, commitment and planning (1,750 points)</b>   | <b>Section 2</b><br><b>Implementation and operation (1,500 points)</b>  | <b>Section 3</b><br><b>Performance monitoring (1,000 points)</b>  | <b>Section 4</b><br><b>Evaluation and continual improvement (750 points)</b> |
| <b>1.13 SHE Change management</b><br>There will be a defined, documented, process for planning and managing all change within the organisation that requires the consideration of the potential impact on SHE performance. This process will include assessment of potential risk and opportunities resulting from the change and there will be demonstrable evidence of stakeholder involvement in the management of change process.                              | <b>2.13 Management and control of confined spaces, excavations and below ground work</b><br>The organisation has ensured that all activities requiring entry into confined spaces are suitably planned, organised and carried out by competent personnel. The safe systems of work include risk assessment, safe operating procedures, permit to work, environmental testing/ monitoring, safe isolation, suitable training and competence. Access and egress equipment will be regularly inspected, maintained and secured when not in use. The organisation will have a suitable, documented procedure in place for the management of excavations and below ground work, and all activities will be organised and carried out by competent personnel. Suitable information will be available before any excavation begins, and measures in place to control hazards such as ground collapse, ingress of water, falling in of persons/objects, access to underground services and contaminated land. | <b>3.13 Monitoring of organisational SHE culture</b><br>The organisation actively measures SHE culture of the stakeholders. The organisation has a culture management plan and has identified all of the factors that affect it's culture. The organisation has implemented a programme of continual improvement based on the outcomes of monitoring. |  |
| <b>1.14 Information, data and communication management</b><br>There will be a documented process for communication of SHE information (internal and external) and a documented process for the identification, approval and control of data and documentation relating to the SHEMS. SHEMS documentation will be listed within an appropriate index / register and be adequately protected (e.g. from loss of confidentiality, improper use or loss of integrity). | <b>2.14 Management and control of electrical hazards</b><br>The organisation has documented procedures for the management of electrical hazards. This will include suitable arrangements for safe isolation, safe operating procedures, risk assessment, competence, maintenance and inspection. Any identified controls relating to fixed electrical installations and portable electrical appliances will be suitable and sufficient, and effectively implemented. Electrical equipment used within potentially hazardous atmospheres will be correctly assessed and safe.  |   |  |

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| <b>Section 1</b><br><b>Organisational leadership, commitment and planning (1,750 points)</b>   | <b>Section 2</b><br><b>Implementation and operation (1,500 points)</b>  | <b>Section 3</b><br><b>Performance monitoring (1,000 points)</b> | <b>Section 4</b><br><b>Evaluation and continual improvement (750 points)</b> |
| <b>1.15 Procurement, outsourcing and contractor management</b><br>There will be a documented procedure for the approval and control of contractors, suppliers and outsourcing. This process will include formal assessment and approval by competent persons and review of suitable documentation, such as relevant risk assessment(s) and method statements, competency requirements, insurance documentation, SHE policy(s) and arrangements, external accreditation, previous performance (including any legal breaches) and client references. SHE considerations will be evident within the design and planning of operational projects and acquisition of equipment. | <b>2.15 Management, control and minimisation of energy</b><br>The organisation will have a clearly defined and documented energy policy (or as part of the Environmental Policy). This will clearly define the boundaries of the energy management system, appropriate to the nature and scale of the organisation's energy use. Top management will have appointed a management representative for energy management and the organisation will have clearly assigned and communicated the necessary roles, responsibilities and authorities for effective energy management system implementation. The organisation will have documented an energy planning process, suitable Energy Performance Indicators, clear energy objectives and targets, and implemented appropriate internal communication processes to report and allow for feedback and suggestions with respect to energy management. The organisation will consider energy performance improvement in the design of new activities that can have a significant impact on energy use. |  |  |

## 8.

## Specification guidance cont.

| Plan   | Do  | Check  | Act  |
|--|---|--|--|
| <b>Section 1</b><br><b>Organisational leadership, commitment and planning (1,750 points)</b>   | <b>Section 2</b><br><b>Implementation and operation (1,500 points)</b>  | <b>Section 3</b><br><b>Performance monitoring (1,000 points)</b> | <b>Section 4</b><br><b>Evaluation and continual improvement (750 points)</b> |
| <b>1.16 Crisis management and business continuity</b><br>A process will have been developed for identifying all potential emergencies that may adversely affect the organisation and arrangements documented to respond to and manage such events, including post event recovery. Testing of emergency plans will be included within SHE plans, and communication of the emergency plans and arrangements will be included within training programmes. | <b>2.16 Management and control of noise, vibration and other nuisances</b><br>The organisation will know and understand the nature, size and location of all environmentally sensitive areas (their proximity and potential vulnerability) and have in place plans to reduce all potential sources of nuisance. In addition to noise and dust, the organisation will consider other forms of nuisance such as light, vibration, pests, vermin and odour nuisances, where applicable. Where the organisation has not been able to eliminate risks to the workforce associated with noise and vibration, the organisation will have conducted noise and vibration risk assessments and undertaken surveys to assess the sources of noise and vibration. The organisation actively monitors exposure to noise and vibration. Control measures have been identified based upon a suitable hierarchy of control, and control measures should be suitably applied and maintained. The organisation will have undertaken baseline health assessments of all employees potentially exposed to noise and vibration and have a suitable health surveillance programme in place. |  |  |

| Plan  | Do  | Check  | Act  |
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| <b>Section 1</b><br><b>Organisational leadership, commitment and planning</b><br><b>(1,750 points)</b>  | <b>Section 2</b><br><b>Implementation and operation</b><br><b>(1,500 points)</b>  | <b>Section 3</b><br><b>Performance monitoring</b><br><b>(1,000 points)</b> | <b>Section 4</b><br><b>Evaluation and continual improvement</b><br><b>(750 points)</b> |
| <b>1.17 Wellbeing strategy, scope and objectives</b><br><p>The organisation has identified all of the lifestyle, clinical and psychological wellbeing risks that are prevalent and may affect relevant interested parties and documented this within the scope of its wellbeing management plan.</p> <p>The organisation has a documented policy/strategy for managing wellbeing within the organisation which includes roles and responsibilities, identification of interested parties, identification ill health conditions/symptoms prevalent, and strategy for control.</p> <p>The most senior level of management has lead the development of strategies/policies to improve and maintain the wellbeing of workers and other relevant interested parties and has embedded the wellbeing strategy/policy with other business strategies such as organisational growth, expansion into new areas, expansion into new geographies.</p> <p>The organisation uses competent persons to advise on and manage the wellbeing / strategy and has ensured that sufficient resources are provided for the successful implementation of strategy and interventions.</p> | <b>2.17 Management and control of personal protective equipment</b><br><p>The organisation has a documented process relating to the use of personal protective equipment to include selection, use, storage, issue, risk assessment, training, consultation, maintenance and inspection. The organisation actively seeks to improve the performance of PPE.</p> |  |  |

## 8.

## Specification guidance cont.

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| <b>Section 1</b><br><b>Organisational leadership, commitment and planning (1,750 points)</b> | <b>Section 2</b><br><b>Implementation and operation (1,500 points)</b>   | <b>Section 3</b><br><b>Performance monitoring (1,000 points)</b> | <b>Section 4</b><br><b>Evaluation and continual improvement (750 points)</b> |
|  | <p><b>2.18 Wellbeing management</b><br/>           The organisation has assessed the impact of work processes on it's stakeholders and how stakeholders impact on work processes. From the assessment, the organisation has implemented primary control measures such as designing the workplace / processes / tasks to prevent any deterioration in the wellbeing of it's stakeholders. Secondary control measures have also been implemented to assist in early identification of physical/ mental ill health and prompt further control implementation. Tertiary wellbeing interventions have been implemented to assist in rehabilitation or to prevent chronic ill health becoming worse. The organisation will have appointed competent persons to advise on all matters of wellbeing to the organisation.</p> |  |  |
|  | <p><b>2.19 Workplace welfare (housekeeping, storage, welfare facilities, etc.)</b><br/>           The organisation has ensured that all areas within the workplace are maintained in a clean, tidy and hygienic condition, and inspected on a regular basis. The organisation has a high level of provision of sanitary conveniences, washing facilities, drinking water, accommodation for clothing and changing, rest areas for pregnant employees, nursing mothers and others with any specific health (or other) requirements, suitably appointed areas for eating meals and taking rest breaks away from the work.</p>  |  |  |

| Plan   | Do   | Check  | Act  |
|--|--|--|--|
| Section 1<br>Organisational leadership, commitment and planning (1,750 points) | Section 2<br>Implementation and operation (1,500 points)   | Section 3<br>Performance monitoring (1,000 points) | Section 4<br>Evaluation and continual improvement (750 points) |
|  | <p><b>2.20 Management, control and minimisation of raw material resources and assets</b></p> <p>The organisation will quantify actual and potential raw materials and set relevant targets for resource management and reduction purposes. Where applicable, there will be demonstrable raw material use reduction initiatives in place. The organisation will have in place an asset register so that it understands all the resources located on site and how they are maintained and managed.</p>   |  |  |
|  | <p><b>2.21 Implementing crisis management and business continuity plans</b></p> <p>Details and requirements of emergency incident and post event recovery plans will be documented, and procedures and assessments will be effectively communicated to staff, contractors, visitors and other relevant stakeholders. Staff with specific roles and responsibilities during an emergency incident will be able to demonstrate a clear understanding and awareness of their duties.</p>  |  |  |
|  | <p><b>2.22 Fire prevention and management</b></p> <p>The organisation will have a fire strategy and fire risk assessments for all its premises. The organisation will have documented arrangements in place for the management of fire safety including those for allocation of responsibilities, competence and training, prevention, detection and evacuation (including those for less abled people). The organisation will have a proactive internal audit and inspection programme that includes compartmentation and fire doors. There should be evidence that all aspects of the fire safety management process are suitably inspected, maintained and reviewed as appropriate.</p> |  |  |



**No-one should  
be injured or  
made ill through  
their work.**

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