

مركز أبوظبي للصحة المهنية
ABU DHABI OCCUPATIONAL SAFETY AND HEALTH CENTER

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Abu Dhabi Occupational Safety and Health System Framework

(OSHAD-SF)

Management System Elements

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OSHAD-SF – Management System Elements

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Element 1 – Roles, Responsibilities and Self-Regulation

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1. Aims and Intent

- (a) The aims and intent of this Management System Element are to:
 - (i) Ensure that the OSH roles and Responsibilities within an entity implementing an OSH MS are clearly defined and a systematic process is in place for communication of these requirements; and
 - (ii) define the roles and responsibilities of stakeholders under the *OSHAD-SF*.

2. Application and Implementation

- (a) Successful implementation of an OSHMS by an entity requires all stakeholders to have clearly defined and communicated roles and responsibilities and active participation in self-regulation.
- (b) This requires clearly defined and communicated roles and responsibilities within the entity and by other external stakeholders because of the regulatory nature of the *OSHAD-SF*.

3. Requirements

- (a) To demonstrate compliance an entity shall:
 - (i) develop, implement and maintain appropriate OSH Roles and Responsibilities Procedure(s); and
 - (ii) actively participate in Self-Regulation of OSH.

3.1 OSH Roles and Responsibilities Procedure(s)

- (a) The Roles and Responsibilities procedure(s) of an entity implementing an OSH MS shall, at a minimum:
 - (i) ensure top management is ultimately responsible for the OSHMS and OSH matters;
 - (ii) appoint a member of top management as the 'Occupational Safety and Health Management Representative' with specific responsibility and authority for ensuring that the OSH MS is implemented and maintained and performance reports are presented to top management at least quarterly;
 - (iii) ensure appropriate and competent OSH resources to develop, implement and maintain an OSHMS;
 - 1. Where an entity has been classified as high risk by the concerned SRA to implement a full OSH MS, the entity shall ensure, as a minimum, one Grade A practitioner is employed as defined by *OSHAD-SF – Mechanism 8.0 – OSH Practitioner Registration*.
 - (iv) establish clearly defined and documented OSH roles and responsibilities and delegated authorities for each role within the entity;
 - (v) ensure roles and responsibilities link with those of external stakeholders as appropriate and applicable;

- (vi) establish clearly defined roles and responsibilities for an OSH Committee as required by *OSHAD-SF – Element 4 – Communication and Consultation*;
- (vii) ensure effective communication of roles and responsibilities to all employees and stakeholders; and
- (viii) establish the means to measure employee conformance against their defined roles, responsibilities and accountabilities.

3.2 Roles and Responsibilities of Relevant Stakeholders

3.2.1 OSH Competent Authority

- (a) OSHAD is the Competent Authority responsible for overseeing the implementation of *OSHAD-SF* and all issues related to Occupational Safety and Health in the Emirate of Abu Dhabi.
- (b) The mission of OSHAD is to develop integrated regulatory frameworks and systems designed to provide safe and healthy workplaces, and that keep pace with all the development plans and programs of Abu Dhabi government, and complies with and exceeds best international practices.
- (c) OSHAD has the authority to delegate relevant powers for regulating a concerned sector and can revoke this delegation in case of non-compliance with the implementation requirements.
- (d) OSHAD coordinates with all relevant authorities, at Emirate and Federal levels to ensure alignment and integration of *OSHAD-SF* with other OSH regulations.

Note: refer to *OSHAD-SF – Mechanism 2.0 – OSHAD-SF Administration* for roles and responsibilities of OSHAD and Sector Regulatory Authorities

3.2.2 OSHAD

- (a) For the roles and Responsibilities of OSHAD, refer to *OSHAD-SF – Mechanism 2.0 - OSHAD-SF Administration*.

3.2.3 Sector Regulatory Authorities

- (a) For the roles and Responsibilities of an SRA, refer to *OSHAD-SF – Mechanism 2.0 OSHAD-SF Administration*.

3.2.4 Entities (Government and Private)

- (a) When nominated by the Sector Regulatory Authority, the sector entity shall develop and implement an OSH MS within their scope of work complying with the requirements of the *OSHAD-SF* in order to protect employees and the community from adverse effects resulting from their activities.
- (b) Responsibilities of nominated entities include:
 - (i) complying with timelines for OSHMS development and implementation set by the SRA;
 - (ii) actively monitoring (e.g. audit and inspect) their system to ensure compliance with the *OSHAD-SF*;

- (iii) undergoing an annual third party external compliance audit by an OSH Auditor registered with Qudorat and submitting the results to the concerned SRA;
 - (iv) participating in OSH related activities / campaigns;
 - (v) notifying and reporting OSH incidents to the concerned SRA and other relevant authorities as per *OSHAD-SF – Management System Elements - Element 7 – Monitoring, Investigating and Reporting*; and
 - (vi) notifying and reporting periodically to the relevant SRA on the performance of their OSH MS as per *OSHAD-SF – Management System Elements - Element 7 – Monitoring, Investigating and Reporting*.
- (c) Medium risk entities notified by their concerned sector shall comply with the requirements of *OSHAD-SF – Mechanism 5.0 – OSH Requirements for Medium Risk Entities*.
- (d) Requirements of clauses 3.2.4 (a), (b) & (c) shall apply to government entities when informed (by OSHAD or otherwise) to comply with them as applicable.
- (e) All private and government entities (whether nominated /notified or otherwise) shall:
- (i) strive to comply with *OSHAD-SF*; and
 - (ii) manage their activities so as to reduce the risk of harm to employees and the community.

3.2.5 Employers

- (a) An employer shall provide and maintain for their employees, contractors, and relevant other persons a workplace that is, as far as reasonably practicable, safe and without risks to health.
- (b) An employer shall:
- (i) provide appropriate resources (e.g. budget, human, equipment, training) for achieving its OSH objectives;
 - (ii) employ or engage persons who are competent in relation to the management of the OSH to provide advice about the management of such issues;
 - (iii) ensure appropriate control measures and other safe systems of work are implemented, in line with *OSHAD-SF – Management System Elements - Element 2 – Risk Management*;
 - (iv) ensure, so far as is reasonably practicable, the safe use, handling, storage, transportation and disposal of materials, substances and wastes;
 - (v) provide and maintain plant, equipment and /or systems of work that are, so far as is reasonably practicable, safe and without risks to health;
 - (vi) provide appropriate facilities for the welfare of employees;
 - (vii) provide such information, instruction, training and supervision to employees, as is appropriate to enable those persons to perform their work in a way that is safe and without risks to health (in appropriate languages);
 - (viii) empower employees to stop work or remove themselves from a work situation of immediate or imminent exposure to a hazard if they consider it constitutes a

reasonable risk to the safety and health of themselves, their colleagues and/or the public;

- (ix) provide, without any cost to the employee, appropriate personal protective clothing and equipment which are reasonably necessary when hazards cannot be otherwise prevented or controlled, as per *OSHAD-SF – CoP 2.0 – Personal Protective Equipment*;
- (x) monitor the safety and health of employees;
- (xi) monitor conditions, discharges and emissions at any workplace under the employer's management and control;
- (xii) keep information and records relating to the management of safety and health of employees, in compliance to *OSHAD-SF – Element 9 – Compliance and Management Review*;
- (xiii) ensure, so far as is reasonably practicable, the general public are not at risk by the conduct of the entity; and
- (xiv) consult with employees and relevant stakeholders on OSH matters, so far as is reasonably practicable.

3.2.6 Self-Employed Persons

- (a) A self-employed person shall ensure, so far as is reasonably practicable, that persons are not exposed to risks to their safety and health arising from the conduct of the undertaking of the self-employed person.

3.2.7 Employees

- (a) While at work, (and while on work premises) an employee shall:
 - (i) take reasonable care of their own safety and health;
 - (ii) take reasonable care of the safety and health of persons that may be affected by their acts or omissions at work;
 - (iii) co-operate with their employer with respect to any instructions and/or actions taken by the employer to protect the employee and/or comply with OSH requirements;
 - (iv) report to their immediate supervisor any situation which they have reason to believe could present a hazard and which they cannot themselves correct;
 - (v) report all OSH incidents and work-related injuries; and
 - (vi) not intentionally or recklessly interfere with or misuse anything provided at the workplace in the interest of health, safety, or welfare.

3.2.8 Designers of Buildings and Structures

- (a) Designers shall ensure, as far as is reasonably practicable, that buildings and structures are designed to eliminate and minimize risk to the safety and health of persons who construct, use, demolish or dispose of the building or structure.
- (b) A designer of a building or a structure shall:
 - (i) ensure, so far as is reasonably practicable, that it is designed and/or manufactured to prevent risk of injury;

- (ii) eliminate hazards where reasonably practicable;
- (iii) reduce the risks from those hazards that are not reasonably practicable to eliminate;
- (iv) where significant residual risks remain, provide information to ensure other stakeholders (e.g. other designers, construction contractors) are aware of these risks and can take account of them;
- (v) co-ordinate their work with that of others involved in the process to ensure risks are managed and controlled;
- (vi) ensure the integration of hazard identification and risk assessment and risk control methods throughout the design process to eliminate or, if this is not reasonably practicable, minimize risks to safety and health;
- (vii) demonstrate, so far as is reasonably practicable, that measures have been taken to identify hazards and reduce risk throughout all phases, including:
 - 1. construction and/or manufacturing;
 - 2. installation / commissioning;
 - 3. operation (including maintenance, repair, refurbishment and cleaning operations); and
 - 4. decommissioning / demolition.
- (viii) provide adequate information to relevant stakeholders concerning:
 - 1. the purpose or purposes for which the building or structure was designed;
 - 2. any conditions necessary to ensure that the building or structure can be constructed and used for a purpose for which it was designed in a safe manner and without risks to safety and health; and
 - 3. the above information when requested by a person who constructs/ operates/ decommissions/ demolishes the building or structure.
- (c) A designer shall comply with the requirements of *OSHAD-SF – CoP 20.0 – Safety in Design (Construction)*.
- (d) For buildings and structures, a designer shall comply with the applicable requirements of any other statutory building code, requirement or guideline as issued by the concerned competent authorities

3.2.9 Designers, Manufacturers, Importers and Providers of Plant, Equipment or Substances

- (a) A designer, manufacturer, importer or provider of plant, equipment or substances shall:
 - (i) ensure the integration of hazard identification, risk assessment and risk control methods throughout the design process;
 - (ii) eliminate hazards where reasonably practicable;
 - (iii) reduce the risks from those hazards that are not reasonably practicable to eliminate;
 - (iv) ensure, so far as is reasonably practicable, that relevant processes are safe and without risk;

- (v) where significant residual risks remain, provide information to ensure other stakeholders (e.g. operators, service personnel, etc.) are aware of risks from their work/processes and can take account of them;
- (vi) co-ordinate their work with that of others involved to ensure risks are managed and controlled;
- (vii) demonstrate, so far as is reasonably practicable, that measures have been taken to identify hazards and reduce risk throughout all phases, including:
 - 1. design and/or manufacturing;
 - 2. installation / commissioning;
 - 3. operation (including maintenance, repair, refurbishment and cleaning operations); and
 - 4. decommissioning.
- (viii) ensure, as far as is reasonably practicable, that plant, equipment, or substance is used for a purpose for which it was designed / manufactured / imported / provided and in a manner to ensure the safety of those persons who use it;
- (ix) provide adequate information to relevant stakeholders concerning:
 - 1. the purpose or purposes for which the plant, equipment or substance was designed / manufactured / imported / provided;
 - 2. any conditions necessary to ensure that the plant, equipment or substance can be manufactured / operated and used for a purpose for which it was designed in a safe manner and without risks to safety and health; and
 - 3. the above information when requested by a person who imports / provides / operates or is to import / provide / operate the plant, equipment or substance.
- (x) For further requirements on manufacturing, importing, supplying, handling, transporting and storing hazardous substances refer to *OSHAD-SF — CoP 1.0 – Hazardous Materials*.

3.2.10 General Community

- (a) No person may recklessly engage in conduct that places, or may place a person who is at a workplace at risk.
- (b) Members of the community may make submissions on OSH matters of concern to them to the relevant government authorities and expect an appropriate response commensurate with the significance of the matter raised.
- (c) Members of the community are encouraged to report any actions that have the potential to cause harm to employees or the community to the relevant authorities.

3.3 OSH Responsibilities and Authorities for Developments / Projects

- (a) The *OSHAD-SF* shall serve as the platform and tool allowing OSHAD to delegate, to the extent practicable, implementation and enforcement of the OSH requirements to the concerned Sector Regulatory Authorities.

3.3.1 Planning and Evaluation Phase

- (a) The concerned Sector Regulatory Authority's primary role includes reviewing and approving the Safety and Health component of relevant Management Plans.

3.3.2 Construction Phase

- (a) The Building and Construction Sector Regulatory Authority has the primary responsibility and authority to implement, monitor and enforce the requirements of the *OSHAD-SF* during the construction phase ("construction work" activities) of all projects within the Emirate of Abu Dhabi, in coordination and cooperation with other relevant authorities.
- (b) This includes, but is not limited to:
 - (i) licensing and permitting of "construction work" projects and activities;
 - (ii) enforcement of OSH performance monitoring and reporting requirements;
 - (iii) OSH inspections, monitoring and auditing; and
 - (iv) investigation of relevant incidents.
- (c) The primary mechanism for managing this phase is the "Building Permit / No Objection Certificate" issued through the relevant municipality.

3.3.3 Operational Phase

- (a) The concerned Sector Regulatory Authority's primary role includes monitoring implementation and compliance to the *OSHAD-SF*, and delegated requirements from OSHAD during the operational phase of the development / project, as per Section 3.2.3 of this Element.

3.3.4 Decommissioning and Demolition

- (a) The Building and Construction Sector Regulatory Authority has the primary responsibility and authority to implement, monitor and enforce the requirements of *OSHAD-SF* during the decommissioning and demolition phase (“construction work” activities) of all projects within the Emirate of Abu Dhabi, in cooperation with other relevant Authorities.
- (b) This includes, but is not limited to:
 - (i) licensing and permitting of “construction work” projects and activities;
 - (ii) enforcement of OSH performance monitoring and reporting requirements;
 - (iii) OSH inspections, monitoring, and auditing; and
 - (iv) investigation of relevant incidents.
- (c) The primary mechanism for managing this phase is the “Building Permit / No Objection Certificate” issued through the relevant municipality.

4. Self-Regulation

- (a) To participate in self-regulation and achieve compliance the entity shall establish and maintain an effective OSHMS that is:
- (i) in compliance with all Federal and Local laws;
 - (ii) in compliance with *OSHAD-SF* requirements; and
 - (iii) achieving the entity's OSH policy objectives defined by the top management.
- (b) Government and private entities implementing an OSHMS have an important leadership role in supporting the implementation of *OSHAD-SF* by:
- (i) promoting to relevant stakeholders their involvement and compliance to the system;
 - (ii) promoting OSH performance improvements and successes;
 - (iii) requiring all contractors of works, services or supplies that are assessed to pose significant OSH hazards and risks to have an approved OSHMS; and
 - (iv) Requiring all other contractors or suppliers to comply with OSH requirements commensurate with the risks of the supplied works, services or supplies.
- (c) At the discretion of relevant Competent Authorities / Sector Regulatory Authorities, entities demonstrating effective management of OSH risks can be rewarded with reduced frequency of Sector Regulatory Authority audits, inspections and other enforcement activities (not including annual third party compliance audit).
- (d) Except as noted in (e) and (f) below, where internal audits, inspections or reports reveal non-compliance and this non-compliance is corrected in an appropriate manner within a reasonable time frame the entity shall be immune from prosecution against that non-compliance to the fullest extent allowed by applicable laws.
- (e) Entities undertaking corrective actions under (d) shall not be granted immunity from prosecution in the following cases:
- (i) gross negligence;
 - (ii) reckless conduct;
 - (iii) failure and/or repetitive failure to comply with an OSH instruction issued by a relevant Authority(s);
 - (iv) non-compliances identified as a result of investigations following incidents, complaints or referrals by third parties; and
 - (v) non-compliances identified as a result of routine or non-routine enforcement actions by relevant Authority(s).
- (f) Entities shall proactively identify areas where compliance is not reasonably practicable to achieve and agree with the concerned Sector Regulatory Authority on corrective actions and timelines for implementation to avoid prosecution, to the extent legally possible, as a result of routine (or non-routine) enforcement actions by these authorities.

5. Enforcement

- (a) Every effort shall be made so that enforcement of OSH requirements by the relevant Authorities is only undertaken for the purposes of:
 - (i) protecting safety and health of employees and the community;
 - (ii) ensuring that no commercial advantage is obtained by any person/entity who fails to comply with OSH requirements; and
 - (iii) influencing the attitude and behavior of persons whose actions may have adverse safety and health impacts, or who develop, invest in, purchase or use goods and services which may have adverse safety and health impacts.
- (b) Enforcement will occur as per Section 4 (e), unless otherwise deemed necessary by the relevant competent authorities / Sector regulatory authorities
- (c) Enforcement activities will be pursued by the Federal or Emirate Authorities and/or the concerned Sector Regulatory Authority by enforcing the requirements of laws under their control and enactment.

Element 2 – Risk Management

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1. Aims and Intent

- (a) The aims and intent of this Management System Element are to:
- (i) ensure a systematic approach to risk management;
 - (ii) ensure OSH hazards are identified, risks are assessed and appropriate control measures are implemented and monitored; and
 - (iii) prescribe standard methodologies in which the risk management process shall be conducted and compliance can be assessed.

2. Application and Implementation

- (a) Risk management is a tool that is intended to provide the information that is necessary to make decisions regarding the requirements for management of the safety and health of employees, other relevant stakeholders and the general community.
- (b) Risk management is a continuous process, rather than a one-off procedure that is applied to an individual hazard. Entities must continuously reassess hazards and risks and search for new ones. Risk management is a structured way of controlling risk.
- (c) Relevant, clear and timely communication and consultation at all stages of the risk management process will facilitate positive outcomes. Benefits include:
- (i) sharing relevant information about OSH;
 - (ii) providing opportunities for employees, contractors and other relevant stakeholders to contribute to development and implementation of control measures;
 - (iii) providing an opportunity for employees, contractors and other relevant stakeholders to work together to seek solutions that lead to healthier and safer workplaces; and
 - (iv) provide a forum for review and contribution towards policy and procedure development within the organization.
- (d) While it is not possible to have a totally risk-free work environment, it is possible to avoid, reduce or eliminate some of the risks.

3. Requirements

(a) To demonstrate compliance an entity shall:

- (i) develop, implement and maintain appropriate Risk Management Program / Procedure(s); and
- (ii) conduct an OSH review of all activities, products and services (e.g. Risk Assessment / Registers).

Note: Refer to *OSHAD-SF – Technical Guideline – Process of Risk Management*.

3.1 Risk Management Program

(a) The entity Risk Management program shall, at a minimum:

- (i) ensure risk management is an integral part of management and embedded in the entity culture and practices;
- (ii) ensure risk management shall be applicable to all activities that an entity undertakes and/or all phases of a project / development (from design to decommissioning / demolition);
- (iii) define risk management methodologies and competencies;
- (iv) be based on consultation with employees, contractors and other relevant stakeholders;
- (v) incorporate the recognized steps of risk management, which include:
 - 1. identify all OSH hazards in the workplace;
 - 2. assess the risks of these hazards;
 - 3. formulate control measures to reduce the risk to an acceptable and as low as reasonably practicable (ALARP) level;
 - 4. review the program on a regular basis; and
 - 5. incorporate a management of change process within the entity.
- (vi) address routine and non-routine activities of all persons having access to the workplace;
- (vii) address supply chain and contractor undertakings;
- (viii) address human behavior, including people with special needs and young persons;
- (ix) identify hazards outside the workplace capable of adversely affecting the work environment and/or the safety and health of employees;
- (x) address hazards presented by inclement weather and/or emergency situations;
- (xi) address potential risk to persons not in the entity's employment;
- (xii) address plant, machinery, equipment, substances and materials at the workplace;
- (xiii) address the design of work areas, processes, work organization and operating procedures; and
- (xiv) ensure documentation, recording and communication of the results of risk management activities.

(b) When determining control measures, or changes to existing control measures, consideration shall be given to reducing the risks according to:

(i) Occupational Safety and Health Control Hierarchy (Appendix 1).

3.2 Operational Safety

(a) Operational safety can be defined as “the condition of having acceptable risk to life, health or property caused by a system or subsystem in an operational workplace. This requires the identification of hazards, assessment of risk, determination of mitigating measures, and acceptance of residual risk.”

(b) Entities that operate complex process facility / system and / or vital Emirate infrastructure assets shall develop an integrated program combining OSH risk management, asset integrity, and reliability services to achieve major improvements in process and operational safety.

(c) As a minimum this integrated program shall be included into an entity's OSH MS to ensure integration with other management system control measures. Programs shall include, but are not limited to:

- (i) increased top management's commitment to, and awareness and leadership of, operational / process safety;
- (ii) increased focus on process safety issues through tools such as risk management assessments and activities (e.g. HAZOP, HAZID, Safety Case; Fault Tree Analysis);
- (iii) implementing inherently fail-safe designs (e.g. asset integrity and reliability);
- (iv) identifying key control measures and managing accountability for implementation;
- (v) implementing redundant processes to control both hardware, systems and procedures;
- (vi) increased focus on emergency response and management activities;
- (vii) building a strong safety culture to complement management commitment and technical safety programs;
- (viii) conducting comprehensive near miss / incident investigations, identifying root causes, and verifying control measure(s) effectiveness; and
- (ix) establishing priorities of monitoring activities, management follow-up and close-out tracking systems.

3.3 Safety Case

(a) The Competent Authority and/or Sector Regulatory Authorities, based on risk assessment, can request an entity to perform a more detailed, specialized risk management technique, commonly called a safety case. Reasons for this may include:

- (i) if they consider that there are high risk activities, substances or materials in use; and/or
- (ii) if they consider that a building / facility is a major hazard facility.

(b) Major hazard facilities (MHF's) are facilities that produce, store, handle or process large quantities of hazardous material (e.g. chemicals) and dangerous goods, including but not limited to:

- (i) Petroleum products;
 - (ii) petrochemical / chemical / gas refineries;
 - (iii) chemical manufacturing sites;
 - (iv) gas-processing plants;
 - (v) LPG facilities;
 - (vi) specific warehouses and transport depots; and
 - (vii) facilities of a similar kind to those listed.
- (c) Major hazard facilities have to demonstrate their operational safety through a Safety Case developed specifically for their unique operations and situation.
- (d) The safety case shall set out the adequacy of the site's OSH management system by specifying prevention measures as well as strategies for reducing the effects of a major incident if one does occur.
- (e) The safety case can only be prepared following a full examination of a site's activities to identify hazards and all potential major incidents, and to determine the necessary control measures.
- (f) The safety case shall be prepared with the full involvement of employees and their health and safety representatives from all of the different workgroups and functional areas at the site.
- (g) The relevant emergency services shall be consulted on emergency plan preparation, and other relevant authorities shall be consulted on actions required for the safety of local community members in the event of a major incident.

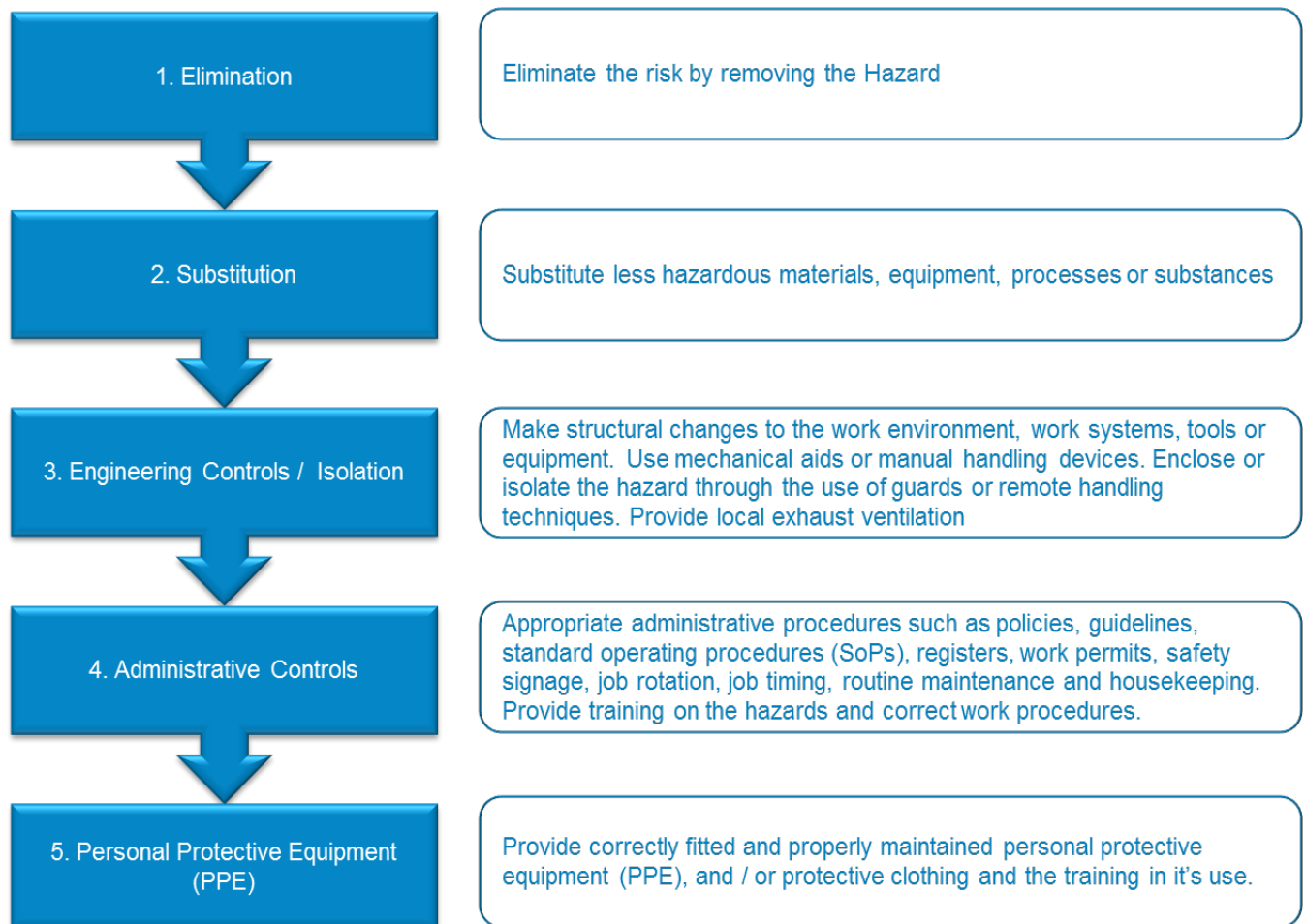
Appendix 1: - Occupational Safety and Health Control Hierarchy

Hazards and risks must be controlled in a systematic manner with the requirement to eliminate the hazard or risk wherever practicable.

If it is not practicable to eliminate the risks, then the risks need to be reduced through substitution and/or engineering control measures and/or administrative control measures. The last level of control is to provide personal protective equipment (PPE) against the risk.

This latter approach does nothing to minimize or alter the original risk, and any failure of the PPE exposes the wearer to the full hazard potential. This is why the control measures are referred to as a hierarchy, as one must start with the first control measure of elimination, and work downwards only if it is not reasonably practicable to implement that control measure.

Once the primary control measure has been selected, then the use of various other control measures may be utilized to further reduce the risk so far as is reasonably practicable.



Element 3 – Management of Contractors

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1. Aims and Intent

- (a) The aims and intent of this Management System Element are to:
- (i) ensure a systematic approach to the management of contractors so that risks to safety and health of contractors, employees and the community are minimised; and
 - (ii) provide specific requirements for the Building and Construction Sector for the management of OSH aspects of contractors engaged in “construction work”.

2. Application and Implementation

- (a) The *OSHAD-SF* defines a contractor (and/or sub-contractor) as a person, entity, their employees or a nominated representative engaged to carry out a scope of works for another entity in a contract for service arrangement.
- (b) For the purpose of the *OSHAD-SF* the term contractor and sub-contractor are interchangeable.
- (c) The duties of a contractor relate only to matters over which, and the extent to which, the contractor has control or can reasonably be expected to have control at the workplace / site.

3. Requirements

- (a) To demonstrate compliance an entity shall:
- (i) develop, implement and maintain appropriate Management of Contractors Procedure(s);
 - (ii) develop, implement and maintain appropriate procedure(s) in compliance with *OSHAD-SF – CoP 20.0 – Safety in Design (Construction)*, if applicable; and
 - (iii) develop, implement and maintain appropriate procedure(s) in compliance with *OSHAD-SF – CoP 53.0 – OSH Management during “Construction Work”*, if applicable.

3.1 Management of Contractors Process

- (a) To manage the safety and health risks arising from engaging contractors, the entity shall implement the relevant steps of the following contractor management process:
- (i) **Establishment of Project OSH Requirements** – the process of pre-qualifying contractors and/or including project OSH requirements in tender / specification documentation;
 - (ii) **Evaluation / Selection** – the process for evaluation and selection of contractors that possess appropriate OSH management tools commensurate with the scope of works;
 - (iii) **Contractual Agreement** – the contractual agreement process between the client and the contractor (once selected) including a clear scope of works and the project specific requirements for OSH management;
 - (iv) **Co-ordination and Communication** – the process of agreeing on the method of co-ordination of contractor(s) activities, with clear arrangements for communicating the OSH information and requirements to all relevant stakeholders;

- (v) **Mobilization / Work in Progress** – the process of ensuring OSH management is implemented during mobilization to the workplace / site and during work activities to achieve the successful completion of the scope of work;
- (vi) **Monitoring Performance** – the process of defining measures that are used to periodically evaluate contractor OSH performance and compliance against legislative and project specific OSH requirements and goals;
- (vii) **Commissioning** – the process of ensuring OSH management during the commissioning of buildings / machinery / plant / equipment;
- (viii) **Demobilization / Decommissioning** – the process of ensuring OSH management is implemented during demobilization / decommissioning activities, including transportation of personnel, equipment and supplies/materials not used, and including the disassembly, removal and site cleanup of any offices, buildings or other facilities assembled on the site; and
- (ix) **Contract Close-Out** – the contractual agreement termination process at the completion of scope of works. This step is particularly important for contracts that contain construction work. This is when official “control” of the site is returned to the Entity / Client / Developer.

Note: Demanding the presence of a full OSH MS from the contractor may not always be the best strategy. Simple low risk works / contracts may be sufficiently managed by simpler OSH management tools / requirements that are embedded in the contractual agreement. Refer to OSHAD-SF – Management System Elements - Element 1 – Clauses 4 (b) (iii) & 4(b) (iv).

3.1.1 Requirements for the Management of Contractor Process

- (a) Establishment of Project OSH Requirements: Entities shall include defined OSH requirements in tender and specification documents. This shall include but is not limited to:
 - (i) a detailed scope of works;
 - (ii) a list of known key OSH hazards and risks associated with the project;
 - (iii) minimum OSH requirements, with regards to:
 1. OSH resources;
 2. legal compliance;
 3. risk management;
 4. OSH performance monitoring and incident reporting;
 5. OSH training and competency;
 6. communication and consultation activities;
 7. OSH inspection and auditing requirements; and
 8. non-compliance and enforcement procedure.

(b) Evaluation / Selection:

- (i) entities shall develop a procedure that establishes a systematic approach to evaluating prospective contractor(s) OSH management procedures, capabilities, performance and resources;
- (ii) in making this assessment the entity shall take into account the complexity of the scope of works to be completed and the level of risks involved; and
- (iii) preference shall be given to contractors that have an approved OSH MS, unless having a full OSH MS is not warranted by the scope or complexity of the project.

(c) Contractual Agreement:

- (i) entities shall include defined OSH requirements in contract documents; and
- (ii) entities shall provide a clear scope of works to all engaged contractors that shall include, but is not limited to:
 - 1. that contractors have an approved OSH MS, or, if contractors do not need to have an approved OSHMS, then they shall comply with the entity's standards and have procedures in place to manage the risks from their undertakings;
 - 2. the requirement for adequate OSH resources;
 - 3. OSH roles, responsibilities and accountabilities of all relevant stakeholders that are clearly defined and communicated;
 - 4. a chronological division of work to be performed under the contract (or subcontract) up until the completion of a project;
 - 5. a description in sufficient detail to enable contractors to understand the complexity, potential hazards and level of risk of the work to be performed;
 - 6. other requirements of contractors in respect of OSH;
 - 7. mechanisms and/or penalties for managing on-going non-conformance to OSH requirements; and
 - 8. relevant project OSH documentation (e.g. site induction requirements, site safety plan, OSH procedures, permit systems and OSH policy).

(d) Co-ordination and Communication:

- (i) entities which engage contractors shall allocate appropriate levels of planning, coordination and communication to the management of contractors.
- (ii) coordination activities shall include, but not limited to:
 - 1. forward planning of work activities and tasks between contractors to minimize risks;
 - 2. joint risk assessment of work activities and tasks;
 - 3. contractor's participation in consultative activities (e.g. OSH committee);
 - 4. employee welfare related and transportation activities;
 - 5. emergency response and management arrangements;
 - 6. communication of OSH information (including hazard alerts, site safety alerts and incident reports, toolbox meetings, etc.); and
 - 7. OSH record keeping requirements.

(e) Mobilization / Work in Progress:

- (i) entities shall, as far as is reasonably practicable, ensure:
1. that contractors are performing work activities in a manner that is safe for employees and the community;
 2. that contractors are applying OSH systems / practices suitable for the work being carried out; and
 3. that all employees of the contractor and visitors complete an OSH induction process.

(f) Monitoring Performance:

- (i) entities shall, as far as reasonably practicable, monitor contractors' performance and compliance to OSH requirements, including but not limited to:
1. monitor and assess the performance of contractors to ensure that all OSH requirements are met (including the minimum Key Performance Indicators identified within *OSHAD-SF — Mechanism 6.0 – OSH Performance Monitoring and Reporting*);
 2. monitor and assess whether regular site inspections are conducted, if appropriate;
 3. monitor and assess compliance through audits of OSHMS , OSH procedures, etc.;
 4. monitor, assess and follow up non-conformances and corrective actions;
 5. review contractors OSH performance, incident reports, third party reports and complaints; and
 6. hold regular OSH performance meetings with the contractors.

(g) Commissioning:

- (i) entities shall ensure that:
1. appropriately trained and competent personnel perform commissioning activities;
 2. full written operating instructions shall be provided for all commissioning activities;
 3. commissioning procedures shall document a logical progression of steps necessary to verify that installation is fully functional and fit for purpose; and
 4. these procedures shall include the following steps (*not an exhaustive list*):
 - Permit to Work Procedures;
 - Isolation (Lock-out / Tag-out) Procedures;
 - Restrictive Access;
 - Operator Training and Competency;
 - System Configuration Check;
 - Calibration of Vessels and Instrumentation;
 - Start Up Protocol;
 - Shut Down Protocol;
 - Live Trials; and
 - Handover.

(h) Demobilization / Decommissioning:

(i) entities shall ensure that OSH requirements are complied with throughout all demobilization / decommissioning activities, including transportation of plant, equipment, supplies/materials and waste, and including the disassembly, removal and site cleanup of any offices, buildings or other facilities assembled on the site. Requirements shall include, but not be limited to the following:

1. a demolition / decommissioning plan shall be developed and approved by the Building and Construction Sector Regulatory Authority before work commences;
2. all equipment and materials shall be demobilized in accordance with all local and federal laws related to transportation, waste disposal and safety; and
3. upon completion of the work, all access areas shall be restored to the same condition as prior to the start of the work.

(i) Contract Close-Out:

(i) the process at the completion of the contract shall include clear provision and identification of when control of the workplace / site, where "Construction Work" has occurred, is returned / handed over to the Entity / Client / Developer.

Element 4 – Communication and Consultation

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1. Aims and Intent

- (a) The aims and intent of this Management System Element are to:
 - (i) ensure a systematic approach to the management of OSH:
 - 1. consultation activities; and
 - 2. communication.

2. Application and Implementation

- (a) Appropriate communication of OSH information to entity's employees and contractors ensures that everybody is made aware of the requirements of the OSH management system and they understand the importance of following the system. Communication is a one-way process, conveying or imparting a message to an intended audience.
- (b) The OSHMS sets out requirements for consultation, which involves fostering cooperation and developing partnerships between employers, employees, contractors and other relevant stakeholders to ensure protection of the safety and health of the workforce. Consultation is a two-way process, discussing, deliberating and exchanging ideas and information.
- (c) A comprehensive consultation process will also help to achieve better OSH outcomes through the risk management process.

3. Requirements

- (a) To demonstrate compliance an entity shall:
 - (i) develop, implement and maintain appropriate Communication Procedure(s); and
 - (ii) develop, implement and maintain appropriate Consultation Procedure(s).

3.1 Communication Procedure(s)

- (a) The entity's Communication Procedure(s) shall address, at a minimum:
 - (i) internal communication throughout the various levels of the entity;
 - (ii) communication with contractors and other visitors to the workplace;
 - (iii) relevant communication with external stakeholders; and
 - (iv) development of an annual OSH performance report, to be used for internal communication and management review purposes (external stakeholder communication / distribution is optional).

Note: Entities who release their annual OSH performance report to external stakeholders are responsible for the accuracy and quality of the information. It is recommended that official third party verification of information is obtained.

3.2 Consultation Procedure(s)

- (a) The entity's Consultation Procedure(s) shall address, at a minimum:
- (i) ensuring effective consultation and participation of employees in OSH matters;
 - (ii) appropriate involvement in risk management activities;
 - (iii) appropriate involvement in OSH incident investigation;
 - (iv) involvement in the development and review of OSH policies and objectives;
 - (v) structure of consultation committees and meetings; and
 - (vi) consultation with contractors and other external stakeholders.
- (b) Consultation shall take place at every stage of the risk management process including when:
- (i) new work processes, equipment or tools are being designed, purchased or modified (consult early to allow changes to be incorporated);
 - (ii) identifying hazardous activities which require assessment;
 - (iii) establishing priorities for the assessment of hazardous activities and during the risk assessment process;
 - (iv) deciding on control measures to manage risk;
 - (v) reviewing the effectiveness of implemented control measures and identifying whether further hazards and risks are created by the chosen control measures; and
 - (vi) deciding the contents of OSH procedural documents.
- (c) An entity / project / facility / site with greater than fifty (50) employees, or as warranted by risk assessment, shall establish an Occupational Safety and Health Committee or equivalent. Employees and management shall be represented on and participate in OSH Committee activities.
- (d) The Committee shall be chaired by a member of top management or a person with formal delegated authority.
- (e) The OSH Committee meetings shall be recorded and documented. The record of the meeting shall be available to all relevant stakeholders and displayed at appropriate locations.
- (f) The OSH Committee shall meet a minimum of 4 times a year. The employer shall provide facilities, resources and assistance to the OSH Committee as may reasonably be required for the purpose of carrying out the Committee's functions and duties.
- (g) Duties of the OSH Committee shall include:
- (i) review of issues and circumstances in the workplace which may affect the safety and health of persons in the workplace;
 - (ii) to promote co-operation between management and employees in achieving and maintaining healthy and safe working conditions; and

- (iii) to exercise other functions and duties prescribed or conferred on the Committee by the employer for assuring the health and safety of employees.

Note: the OSH committee should not be confused with a committee overseeing the implementation of the system or other management committees. The OSH committee is a forum for all staff to put forward OSH issues and receive feedback.

- (h) Consultation shall allow:

- (i) sharing of information relevant to OSH aspects in the workplace with employees; and
- (ii) the views of employees to be taken into account before OSH decisions are made and that the employees are advised of the outcome of the consultation in a timely manner.

Element 05 – Training, Awareness and Competency

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1. Aims and Intent

- (a) The aim and intent of this Management System Element are to:
- (i) ensure a systematic approach to the management of identifying, implementing and monitoring OSH training;
 - (ii) ensure all employees, contactors and visitors receive appropriate OSH training; and
 - (iii) ensure a systematic approach to identifying, assessing and monitoring the competencies that are required to ensure tasks can be performed in a safe manner by all employees and contractors.

2. Application and Implementation

- (a) OSH training and awareness shall be risk-based and consider the requirements of all employees, contractors, visitors and any other relevant stakeholders.

3. Requirements

- (a) To demonstrate compliance an entity shall:
- (i) develop, implement and maintain appropriate OSH Training and Awareness Procedure(s); and
 - (ii) develop, implement and maintain appropriate OSH Competency Procedure(s).

3.1 OSH Training Procedures

- (a) The entity OSH Training Procedure(s) shall address the following, at a minimum:
- (i) identification and evaluation of OSH training needs (e.g. Training Needs Analysis)
 - (ii) When undertaking a training needs analysis, the entity shall consider the following requirements as a minimum:
 1. OSH Policy and Management System training;
 2. Competency Requirements for identified roles or tasks;
 3. Risk Management Requirements;
 4. Requirements of relevant operational control procedures;
 5. OSH roles and responsibilities;
 6. OSH emergency response and management;
 7. OSH inductions, generic and site-specific, (including contractors and other persons) that at a minimum include compliance with *Article 98 of Federal Law No. 8, for 1980, on Regulation of Labour Relations*;
 8. OSH consequences of non-conformance to specified procedures;
 9. relevant subject specific OSH training (e.g. Manual Handling, Safety in the Heat, etc); and
 10. specialized task-specific training (e.g. Confined Spaces, Working at Heights, etc).

- (iii) Entities shall ensure that all identified training requirements are evaluated and planned based on risk (e.g. OSH Training Matrix)
 - (iv) When Planning and implementing training, entities shall consider the following as a minimum:
 - 1. learning aims and objectives;
 - 2. level of responsibility and competence;
 - 3. frequency of training;
 - 4. types of training;
 - 5. literacy, numeracy, language and other learning requirements;
 - 6. course selection / material development;
 - 7. trainer competency;
 - 8. assessment activities;
 - 9. training records; and
 - 10. refresher training requirements.
 - (v) Following delivery of training, entities shall ensure that training is evaluated including:
 - 1. learning Outcomes;
 - 2. training delivery.
 - (vi) Entities shall ensure that training requirements are reviewed at least annually
- (b) All externally provided OSH related training shall be performed by OSH Training and Service Entities registered with OSHAD, as per the requirements of *OSHAD-SF – Mechanism 7.0 – OSH Professional Entity Registration*.
- (c) All OSH related training that includes certification of competency shall be provided by a person who is registered with OSHAD, as per the requirements of *OSHAD-SF –Mechanism 8.0 – OSH Practitioner Registration*.

3.2 OSH Competency Procedure(s)

- (a) The entity OSH Competency Procedure(s) shall address, at a minimum:
 - (i) Identifying OSH competency requirements for all roles or tasks within the organisation;
 - (ii) Process to measure individual competencies against those that have been identified for the role or task;
 - (iii) Process to ensure that employees and other persons under its control performing tasks are competent on the basis of appropriate education, training and/or experience;
 - (iv) process to record competencies;
 - (v) maintaining and improving competencies; and
 - (vi) a system to review the OSH competency procedure(s).

Element 6 – Emergency Management

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1. Aims and Intent

- (a) The aims and intent of this Management System Element is to:
- (i) ensure a systematic approach to emergency management planning and response; and
 - (ii) facilitate harmonization of relevant Authority(s) requirements and provide a clear hierarchy of control in the event of significant emergencies.

2. Application and Implementation

- (a) Risk management is a process for analyzing risk and deciding on the most appropriate control measure(s) to manage and reduce risk. Although all reasonably practicable efforts to reduce risk may be taken, there will normally be some residual risk. It is this residual risk that may lead to emergencies. Anticipated emergency scenarios shall be identified during the process of risk assessment.
- (b) Emergency management involves the process of containing and controlling incidents so as to minimize the effects and to limit danger to persons and property. An emergency management program may consist of a number of specific response plans.
- (c) Emergency response plans shall be simple and straightforward, flexible and achieve compliance with legislative requirements. Furthermore separate on-site and off-site emergency response plans shall be prepared if applicable.
- (d) Emergency response plans provide the basis for emergency preparedness.

3. Requirements

- (a) To demonstrate compliance an entity shall:
- (i) develop, document, implement and maintain appropriate Emergency Management Procedure(s) in compliance with the requirements of this document and all relevant Federal and Local Authorities requirements (e.g. latest editions of *UAE Fire and Life Code and Business Continuity Management Standard – AE/HSC/NCEMA 7000*).

3.1 Emergency Management Procedure

- (a) Entities shall develop, document, implement and maintain an emergency management procedure that includes, as a minimum the following requirements.

3.1.1 Identification of Potential Emergency Scenario(s)

- (a) The entity shall develop procedure(s) to identify all potential emergency scenarios that could have an impact upon their undertakings or cause danger to persons and property.
- (b) The identification of potential emergency scenarios shall be risk based and follow the requirements of *OSHAD-SF – Element 2 – Risk management*.
- (c) During identification of scenarios, the entity shall consider the following information:
 - (i) legal Requirements;
 - (ii) the results of risk management activities;
 - (iii) previous incidents; and
 - (iv) emergency situations that have occurred elsewhere, specifically in similar operations or industries.
- (d) The entity shall consider emergency scenarios that can occur during:
 - (i) normal Operations; and
 - (ii) abnormal conditions, including start up or shut down activities, construction and demolition.
- (e) Examples of emergency scenarios can include:
 - (i) incidents leading to serious injuries/fatalities or ill health;
 - (ii) explosion / fire;
 - (iii) release of hazardous materials or gases;
 - (iv) natural disaster (e.g. storm, flood, earthquake);
 - (v) bomb threat / terrorism / unrest;
 - (vi) pandemic of communicable or infectious disease;
 - (vii) communications failure;
 - (viii) radiological accident; and
 - (ix) biological agent release.
- (f) As part of the identification and assessment of emergency scenarios, the entity shall consider how identified scenarios will impact upon:
 - (i) immediate surroundings, including other workplaces or buildings;
 - (ii) all persons within and/or in the immediate vicinity of the area of operation; and
 - (iii) persons with special needs.

3.1.2 Planning for Emergency scenarios

- (a) Emergency Response Plans (ERPs) are action execute documents that are produced and maintained for immediate implementation to safeguard people, property or business from foreseeable emergency scenarios.
- (b) Entities shall develop specific emergency response plans (ERP) for all identified emergency scenarios as per section 3.1.1 of this document.
- (c) As a minimum each entity shall develop:
 - (i) Fire Management Plan, in line with the requirements of the latest editions of the *UAE Fire and Life Safety Code*; and
 - (ii) Emergency Evacuation Plan (refer to section 3.1.7)
- (d) Each ERP shall be :
 - (i) appropriate to the size and nature of the employer's activities and commensurate with the scenarios it intends to manage;
 - (ii) based on examination of relevant emirate, national or international standards and recommended inclusions for emergency management;
 - (iii) linked with other plans where appropriate (e.g. plans of sector, contractor, mutual aid or government that are led, supported, relied upon, or triggered by this plan);
 - (iv) flexible;
 - (v) straightforward and easy to understand and follow;
 - (vi) in place prior to any operations involving the underlying risk;
 - (vii) communicated to employees and other relevant parties / authorities;
 - (viii) put in use when a corresponding emergency occurs; and
 - (ix) well controlled and maintained.
- (e) To ensure emergency scenarios are managed in a manner appropriate to the risk posed by each emergency, entities shall evaluate each emergency scenario using the tiers below:
 - (i) Tier 1: Events are typically of localized significance and can be handled using resources immediately available within / to the employer;
 - (ii) Tier 2: Events are typically of regional or Emirate significance and may require involvement of specialized emergency services; and
 - (iii) Tier 3: Events are typically of international significance and may require access to national / international resources and emergency response services.
- (f) When developing Emergency Response plans, entities shall as a minimum include the following information:
 - (i) Document Control:
 1. including authorization, distribution, revision record, and glossary of terms & abbreviations.

- (ii) Introduction:
 - 1. aim / Objectives;
 - 2. scope; and
 - 3. roles and responsibilities.
 - (iii) Linkage with Other Plans:
 - 1. key stakeholders (and their roles and responsibilities); and
 - 2. linked plans and linkage guidelines.
 - (iv) Risk Assessment:
 - 1. credible scenarios;
 - 2. worst case scenario; and
 - 3. definition of response tiers.
 - (v) Organization:
 - 1. tier 1 organization of operations;
 - 2. tier 2 organization of operations; and
 - 3. tier 3 organization of operations.
 - (vi) Emergency Response Activities:
 - 1. alerts and notifications;
 - 2. immediate reactions;
 - 3. combat operating procedures; and
 - 4. communications system/s.
 - (vii) Post Incident Activities:
 - 1. site restoration / remediation / waste management; and
 - 2. post incident evaluation.
 - (viii) Training & Exercises:
 - 1. training plan and matrix; and
 - 2. exercise and drill plan.
 - (ix) Checklists / Aide-Memoirs;
 - (x) Reporting Requirements; and
 - (xi) Appendices:
 - 1. Including essential data, e.g. equipment inventories, critical vendors, emergency contacts, Safety Data Sheets, etc.
- (g) ERP(s) shall be subject to exercises, tests and/or drills at a frequency necessary to assure that all participants are aware of and able to perform required duties under the Plan. Following each exercise, test or drill:
- (i) performance of the exercise, test or drills shall be reviewed and documented; and
 - (ii) the plan shall be modified as necessary to resolve deficiencies noted in the review.

- (h) ERP(s) shall be reviewed at least annually, or whenever significant operational changes or conditions in the workplace necessitate additional review. When the plan is reviewed:
 - (i) all affected persons shall be informed of significant changes in duties, actions and obligations under the Plan; and
 - (ii) all controlled copy holders of the Plan shall receive exact revision updates.

3.1.3 Emergency Response Personnel

- (a) Employers shall ensure appropriate emergency response personnel are provided / allocated based on the results of emergency planning and risk assessment.
- (b) Employers shall ensure emergency response personnel receive and maintain appropriate training and competency levels.
- (c) Employers shall ensure clearly documented emergency response personnel duties and responsibilities.
- (d) Employers shall ensure that all staff are aware of the identity of emergency response personnel and how to contact them in the case of an emergency.

3.1.4 Identification of Emergency Response Personnel

- (a) During an emergency situation, all members of the entity's emergency response team / personnel shall be identifiable in accordance with the following:
 - (i) personnel shall be identifiable by the use of coloured vest;
 - (ii) in-house first aid personnel shall be identified by a white cross / crescent on a green background;
 - (iii) identification apparel shall be prominently marked with the wearer's emergency response role / title;
 - (iv) the specific floor, area or building may also be identified;
 - (v) the type of identification used for each designation shall be consistent throughout the facility / entity; and
 - (vi) if there is a specific emergency response team to support the Emergency Operations Center (EOC) they shall be clearly identified.

3.1.5 Emergency Operations Center (EOC)

- (a) To enhance coordination and communication during emergencies, an area shall be assigned where decision makers gather during an emergency. This area would serve as the main communication link between the on-scene team, the business line managers, any incident support teams, and with local emergency services where required. For purposes of this management system element this area shall be referred to as an Emergency Operations Centre (EOC) regardless of its size, complexity of equipment and operations, or assigned name.
- (b) The EOC shall be:
 - (i) of a size, design, equipment, manning level, and leadership structure that is commensurate with the size and potential risks of the entity;
 - (ii) located in a safe area so that command and control is maintained throughout the duration of an emergency. If warranted by risk assessment, an alternate location shall also be identified and fitted to serve as a temporary or alternate EOC; and
 - (iii) ready for and capable of activation at short notice.
- (c) For small sized entities and/or those with low risk levels, a conventional EOC may not be required but some asset shall be identified for coordination purposes such as an office, a portable building or a vehicle.
- (d) For large sized entities and/or those having high risk levels, a typical EOC with full emergency management functionality shall be provided and equipped with:
 - (i) space and seating large enough to accommodate the core required emergency role members, which conventionally may include an Incident Commander, Liaison Officer, Safety Officer, Operations Chief, Logistics Chief, Planning Chief, Board Keeper, Log Keeper;
 - (ii) required equipment and supplies, which conventionally may include:
 1. uninterrupted power supply;
 2. communication devices to receive and transmit voice and data (telephone, e-mail and fax as minimum, satellite, UHF and VHF as options);
 3. backup communication network / arrangements in case one communication means fails;
 4. computer(s) for information management;
 5. decision aid software e.g. computer models for predicting fate and movement of oil, chemical and gas release;
 6. intranet and internet access to useful relevant data, e.g. news services, weather services and information centres;
 7. information management forms, e.g. sign-in / sign-out, initial incident facts, situation report, and log sheet; and
 8. situation displays / boards (to report / present incident facts, maps/ charts/ diagrams, problems, proposed solutions, tasks, etc).

- (iii) required reference documentation, which conventionally may include:
 - 1. contact directories of all concerned parties;
 - 2. ready access and scenario specific call plans;
 - 3. controlled issues of linked Emergency Response Plans (internal or external) that shall be consulted / relied on;
 - 4. mutual aid plans / agreements;
 - 5. relevant manuals / guides;
 - 6. relevant maps, charts, diagrams;
 - 7. equipment inventories; (i) own, (ii) contract, (iii) mutual aid, (iv) other; and
 - 8. relevant Safety Data Sheets (in case of handling hazardous materials);
- (e) Emergency management personnel and other concerned stakeholders shall be fully aware of work procedures for the activation, operation and deactivation of the EOC.
- (f) In an emergency, the incident commander takes over until restoration and normal management control is handed over.

3.1.6 Communication and Reporting

- (a) The emergency management communications system shall address at a minimum:
 - (i) dissemination of relevant information;
 - (ii) issuing of alarms;
 - (iii) issuing and receiving of notifications of potential or actual emergencies;
 - (iv) activation of the appropriate commensurate response plan(s);
 - (v) reporting of incidents and outcomes of their investigation and post incident evaluation; and
 - (vi) any required communications with the media.
- (b) To ensure comprehension and understanding by all affected persons, emergency contact information, notification and reporting procedures, evacuation plans and other pertinent information shall be communicated:
 - (i) to all employees and occupants of the workplace;
 - (ii) in an appropriate manner;
 - (iii) in Arabic and English, as well as in other languages where necessary; and
 - (iv) In a format that any person with special needs that is employed by the entity can easily understand.
- (c) Alarm systems in the workplace shall:
 - (i) be appropriate to the nature, size and complexity of the entity's operations and its risks;
 - (ii) comply with applicable Abu Dhabi Building Codes and / or applicable international standards;

- (iii) ideally combine audible alarm and public address systems;
 - (iv) provide for alternate arrangements (e.g. manual alarm systems) for cases when the principal alarm systems fail to operate; and
 - (v) consider the requirements of any persons with special needs that are on the premises.
- (d) Entity shall have procedures in place to assure that notifications of emergencies are received quickly, and that appropriate actions are executed in a timely manner.
- (e) Emergency incidents involving employees, property and/or members of the community, shall be:
- (i) recorded;
 - (ii) notified to the relevant SRA;
 - (iii) notified to other relevant competent authorities where required;
 - (iv) notified to local emergency services if external support is required to control the incident, including the following as / where necessary:
 1. Ambulance Services – to administer first aid, and provide medical and transport services;
 2. Local Fire Services (Civil Defence) – to manage and control a fire situation (potential or otherwise);
 3. Police Services – to control traffic, offsite exclusion zones and public evacuations; and if incident is suspected to be a deliberate and potentially criminal act;
 4. Health Authority - Abu Dhabi – regarding incidents involving biological health hazards, and medical coordination of disasters and major incidents in Abu Dhabi;
 5. Federal Authority for Nuclear Regulation – regarding incidents involving radiological hazards;
 6. Municipality – to provide logistics and information and to inform, advise, or assist local populations during the incident; and
 7. Media – to inform, advise or warn local populations of the nature of the incident, as allowed by the entity's emergency management communication system.
 - (v) Investigated and reported by the entity in line with the requirements of *OSHAD-SF-Mechanism 11.0 – Incident Notification, Investigation and Reporting*.

3.1.7 Emergency Evacuation Plan

- (a) Each employer shall have an Emergency Evacuation Plan to ensure the prompt and orderly evacuation of employees and other occupants (including visitors, customers, etc) when an actual emergency situation occurs.
- (b) The Emergency Evacuation Plan shall be specific to the premises and shall include:
 - (i) the duties and identity of staff who have specific responsibilities in evacuation;
 - (ii) identification of key escape routes, and how occupants can gain access to them and escape to a place of total safety;
 - (iii) how occupants shall be warned if there is need to evacuate;

- (iv) how the evacuation of the premises shall be carried out and any arrangements for phased evacuation (where some areas are evacuated while others are alerted but not evacuated until later);
 - (v) where occupants shall assemble after they have left the premises and what procedures shall be used to account for employees / occupants and confirm full evacuation;
 - (vi) arrangements for the safe evacuation of people with special needs, such as those with disabilities, lone employees, pregnant workers and young persons;
 - (vii) arrangements for the evacuation of any special risk areas;
 - (viii) arrangements to deal with occupants once they have left the premises;
 - (ix) procedures for meeting rescue service(s) on their arrival and notifying them of any special risks or any staff that could not be evacuated;
 - (x) training needs and arrangements for ensuring this training is given; and
 - (xi) guidance to employees / occupants on how to safely exit the building and assemble, stressing that preservation of life requires individuals reacting immediately to the evacuation alarm.
- (c) The evacuation routes shall be selected, equipped and managed such that they:
- (i) lead to emergency exits that are appropriate for the risks and size of the premises / workplace and the number of occupants that may be present at any one time;
 - (ii) lead to emergency exit doors that open in the direction of escape (sliding or revolving doors shall not be used as emergency exits) and are not locked or fastened;
 - (iii) lead as directly as reasonably practicable to a place of safety;
 - (iv) are marked by signs and with appropriate illumination to guide occupants to a place of safety; and
 - (v) are kept clear of obstructions at all times.
- (d) The Emergency Evacuation Plan shall cover any special equipment and arrangements that are justified by risk assessment, including but not limited to the following:
- (i) wind direction indicator, such as a windsock or pennant, for outdoor processes where wind direction is important for selecting the safe route to a safe area. The indicator shall be placed at a high point that can be seen throughout the process area, so that employees can assess the wind direction and move upwind or cross wind to gain safe access to the safe area;
 - (ii) alternative assembly stations for large or complex premises; and
 - (iii) safe refuge locations for premises that cannot guarantee safe evacuation access to all scenarios. These locations shall be fitted with any supplies that may be required to provide a guaranteed length of survivability, e.g. water, food and medical supplies.
- (e) Evacuation route maps, complete with locations of emergency exits and assembly points, shall be posted throughout the facility in a manner and quantity that assures the availability of the information to all occupants.

3.1.8 Periodic Testing of Emergency Response Procedures

- (a) Each entity shall ensure that all emergency response plans are tested at a frequency necessary to maintain the plan, at least annually.
- (b) The entity shall ensure that as part of the testing program, credible implementation scenarios are also tested for each plan, such as closure of emergency escape routes, persons requiring special assistance during an emergency, loss of power etc.
- (c) Entities shall ensure that where required, external stakeholders, such as civil defence or AD Police are involved in testing of emergency response plans
- (d) All testing activities shall be documented and recorded, including:
 - (i) Description of test scope and scenario
 - (ii) Timeline of events
 - (iii) Information of any significant achievements or problems

3.1.9 Review and Update of Emergency Response procedures

- (a) Entities shall ensure that all Emergency Response Plans are reviewed at least annually.
- (b) The entity shall utilize information collected from testing of ERP's as part of the review.
- (c) Emergency Response plans shall also be reviewed in line with any major changes within the entity as part of the management of change process required in *OSHAD-SF – Element 9 - section 3.6*
- (d) The review and update shall be documented.

Element 7 – Monitoring, Investigation and Reporting

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1. Aims and Intent

- (a) The aims and intent of this Management System Element are to:
- (i) ensure a systematic approach to the OSH monitoring, investigation and reporting;
 - (ii) ensure accurate, timely and informative data on incidents, injuries and occupational illnesses is collected and analyzed; and
 - (iii) ensure effective investigation of OSH incidents are conducted for identifying root causes and ensuring appropriate corrective action(s) are implemented.

2. Application and Implementation

- (a) Monitoring and reporting are important components of any OSH MS. The overall aim of monitoring and reporting is to quantify and demonstrate progress towards goals and targets. Regular monitoring, reporting and evaluation of OSH performance is an integral part of the process of continual improvement.
- (b) Employers are responsible for monitoring the health of employees, particularly those deemed to be working in high-risk areas or with high-risk chemicals, substances or materials.

3. Requirements

- (a) To demonstrate compliance an entity shall:
- (i) develop, implement and maintain appropriate OSH Targets and Objectives Procedure(s);
 - (ii) develop, implement and maintain appropriate OSH Incident (including Hazard and Near-Miss) Investigation Procedure(s);
 - (iii) develop, implement and maintain appropriate OSH Monitoring Procedure(s);
 - (iv) develop, implement and maintain appropriate OSH Reporting Procedure(s); and
 - (v) ensure compliance with this document and *OSHAD-SF – Mechanisms 6.0 – OSH Performance Monitoring and Reporting & OSHAD-SF - Mechanism 11.0 Incident Notification, Investigation and Reporting*.

3.1 OSH Targets and Objectives Procedure(s)

- (a) The entity OSH Targets and Objectives Procedure(s) shall as a minimum:
- (i) ensure documented OSH targets and objectives, including as a minimum the *OSHAD-SF* mandatory key performance indicators as defined within *OSHAD-SF – Mechanism 6.0 – OSH Performance Monitoring and Reporting*;
 - (ii) ensure all targets and objectives are effectively communicated at appropriate levels throughout the organization;
 - (iii) ensure targets and objectives, where practicable shall be measurable;

- (iv) incorporate requirements of:
 - 1. the entity OSH policy;
 - 2. legal requirements;
 - 3. Risk Management programs;
 - 4. relevant Competent Authorities requirements; and
 - 5. *OSHAD-SF* mandatory key performance indicators, as defined in *OSHAD-SF – Mechanism 6.0 – OSH Performance Monitoring and Reporting*.
- (b) The entity shall develop, document, implement and maintain program(s) for achieving the set targets and objectives, including resources, methods, timeframes, monitoring and evaluation activities and responsibilities;
- (c) The entity shall ensure that where targets and objectives are not being met, a corrective action plan is developed and communicated to top management; and
- (d) The entity shall ensure targets, objectives and procedure(s) are reviewed periodically, at least annually, to ensure they remain relevant and appropriate.

3.2 OSH Incident Investigation Procedure(s)

- (a) The entity OSH Incident Investigation Procedure(s) shall be compliant with *OSHAD-SF – Mechanism 11.0 – OSH Incident Notification, Investigation and Reporting* and shall as a minimum:
 - (i) Address the process of recording, investigating and analyzing OSH incidents;
 - (ii) ensure investigations are performed by competent person(s) in consultation and coordination with relevant stakeholders;
 - (iii) ensure investigations are performed in a timely manner;
 - (iv) Address the process to determine the root causes of OSH incidents;
 - (v) identify opportunities for corrective and preventative control measures; and
 - (vi) ensure effective communication of the outcomes of the investigation to relevant stakeholders.

3.3 OSH Monitoring Procedure(s)

- (a) The entity OSH Monitoring Procedure(s) shall address, at a minimum:
 - (i) monitoring of the entity's OSH targets and objectives;
 - (ii) monitoring the effectiveness of OSH programs and control measures;
 - (iii) proactive and reactive measures of performance to monitor conformance with OSH programs and control measures;
 - (iv) monitoring compliance with applicable Federal Occupational Standards and to the extent possible with the *OSHAD-SF – Occupational Standards and Guideline Values*;
 - (v) other relevant requirements of OSHAD and the *OSHAD-SF*;
 - (vi) requirements outlined in SRA / Competent Authorities permits / licenses / no objection certificates, or equivalent;

- (vii) requirements outlined in approved OSH Plans and Studies;
 - (viii) requirements outlined by relevant SRA / Competent Authority(s); and
 - (ix) description of methodologies and instruments used to monitor, including, calibration requirements and records.
- (b) The monitoring of occupational safety and health shall be risk based and include, at a minimum:
- (i) occupational air, noise and other relevant work amenities (e.g. lighting, ventilation);
 - (ii) ergonomic and workplace design factors;
 - (iii) wellness programs;
 - (iv) waste management;
 - (v) hazardous substances;
 - (vi) health surveillance;
 - (vii) occupational illnesses; and
 - (viii) OSH hazards, near-misses and incidents.

3.4 OSH Reporting Procedure(s)

- (a) The entity OSH Reporting Procedure(s) shall address, at a minimum:
- (i) hierarchies, timetables and responsibilities for reporting;
 - (ii) internal OSH performance and incident notification and reporting requirements;
 - (iii) external OSH performance and incident notification and reporting requirements, including:
 1. OSH Incidents to the concerned SRA as required;
 2. quarterly OSH performance to the concerned SRA;
 3. annual third party external compliance audit results to the concerned SRA;
 4. requirements of *OSHAD-SF – Mechanism 6.0 – OSH Performance Monitoring and Reporting* and *OSHAD-SF Mechanism 11.0 – OSH Incident Notification, Investigation and Reporting* ; and
 5. other legal and regulatory reporting requirements.
 - (iv) requirements outlined in SRA / Competent Authorities requirements / permits / licenses / no objection certificates, or equivalent;
 - (v) requirements outlined in approved OSH Plans and Studies;
 - (vi) other requirements by OSHAD and the *OSHAD-SF* ; and
 - (vii) other requirements outlined by the entity's approved OSH MS.

Element 8 – Audit and Inspection

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1. Aims and Intent

- (a) The aims and intent of this Management System Element are to:
- (i) ensure a systematic approach to OSHMS audit and OSH inspection;
 - (ii) ensure regular OSHMS audits and OSH inspections are conducted; and
 - (iii) ensure that OSH non-conformances are identified and an appropriate corrective action plan is implemented as early as possible.

2. Application and Implementation

- (a) An audit shall be a systematic, independent and documented process for obtaining evidence and evaluating it objectively to determine the extent to which the audit criteria are fulfilled (Reference: *ISO 19011:2003*). The process will include planning, document review, on-site audit/inspection, issuing of audit findings, formulation of action plans and follow up of the action plans.
- (b) Management of audit programs should be based on the plan-do-check-act methodology as described in the current version of *ISO 19011(Guidelines for Quality and/or Environmental Management Systems Auditing)*.
- (c) OSH Inspections refer to critical examination of work tasks, facilities and equipment during a physical walk-through of an area to determine conformance to applicable requirements, standards and policies.
- (d) Third party audits refer to an annual audit that each entity with an approved OSH MS, in accordance with *OSHAD-SF*, shall undertake within one year of approval and then in an annual basis thereafter. The third party audit shall be against the requirements of the *OSHAD-SF*.

3. Requirements

- (a) To demonstrate compliance an entity shall:
- (i) develop, implement and maintain appropriate risk based OSH MS Audit Procedure(s);
 - (ii) develop, implement and maintain appropriate risk based OSH Inspection Procedure(s);
 - (iii) develop, implement and maintain appropriate Non-Conformance and Corrective Action Procedure(s); and
 - (iv) undergo an annual external third party compliance audit of the entity OSHMS, as per the requirements of *OSHAD-SF – Mechanism 6.0 – OSH Performance Monitoring and Reporting*.

3.1 OSH MS Audit Program

- (a) The entity OSH MS audit program / procedure(s) shall address, at a minimum:
- (i) scope, criteria, and objectives of audits to be conducted;
 - (ii) audit program responsibilities, competencies and resources;
 - (iii) audit program planning and implementation processes, including:
 - 1. documented criteria;
 - 2. frequency and schedules;
 - 3. methods of collecting and verifying information;
 - 4. reporting audit results;
 - 5. Non Conformance and Corrective action process; and
 - 6. audit program record keeping;
 - (iv) audit program monitoring and review; and
 - (v) internal and external reporting requirements.
- (b) The internal audit criteria shall be fully documented and cover all relevant requirements to the entity such as:
- (i) Federal and Local OSH Legislation;
 - (ii) OSHAD-SF requirements; and
 - (iii) other specific entity requirements (e.g., OHSAS 18001).

3.2 OSH Inspection Program

- (a) The entity OSH inspection program / procedure(s) shall address, at a minimum:
- (i) scope, criteria and objectives of inspections to be conducted;
 - (ii) inspection program responsibilities, competencies and resources;
 - (iii) inspection program planning and implementation processes, including:
 - 1. criteria;
 - 2. frequency and schedules;
 - 3. methods of collecting and verifying information;
 - 4. reporting inspection results;
 - 5. non-conformance and corrective action process; and
 - 6. inspection program record keeping.
 - (iv) inspection program monitoring and review; and
 - (v) internal reporting requirements.

3.3 Annual Third Party OSH MS Compliance Audit

- (a) Each entity shall undergo an annual third party OSH MS compliance audit that as a minimum meets the following criteria:
 - (i) review of the entity's approved OSH MS to ensure regulatory compliance to the *OSHAD-SF*; and
 - (ii) a systematic examination to determine whether activities and related results conform to planned arrangements. The audit shall determine whether these arrangements are implemented effectively and are appropriate in achieving the entity's objectives.
- (b) The entity shall ensure that scope and duration of the audit are reasonable and in line with the size and complexity of its operations. Entities shall give consideration to the guidelines within the *International Accreditation Forum (IAF) guideline; IAF-MD5:2013*.
- (c) Entities shall undertake their initial third party compliance audit within one year of official notification of approval of their entity OSH MS from the concerned SRA.
- (d) Subsequent annual audits shall be undertaken within one year of the previous third party compliance audit date.

Note: Government entities shall be advised by OSHAD or relevant body on the need to undertake an annual 3rd party audit.

3.3.1 Third Party OSH MS Compliance Audit Reporting

- (a) The annual external compliance audit results shall be submitted to the concerned SRA by completing and submitting *OSHAD-SF – Form F – Annual External OSH MS Audit Form* and the detailed audit report within 30 calendar days of the audit.
- (b) The entity shall submit a detailed action plan for all major non-compliance(s) identified during the audit, including timescales for completion.
- (c) The entity shall ensure that the SRA is updated as to the progress of implementation of the corrective actions.
- (d) The intent of the audit reporting is to provide evidence and inform the SRA of the level of compliance of an entity.

3.4 Competency requirements for OSH MS auditing Personnel

- (a) Internal OSH MS auditors shall be suitably knowledgeable, experienced and competent to undertake OSH MS audits and have adequate knowledge of the *OSHAD-SF*.
- (b) External Auditors, Certification Bodies and Consultancy Offices engaged to undertake an annual third party compliance audit shall be approved by OSHAD for conducting such an audit in compliance with *OSHAD-SF – Mechanism 7.0 - OSH Professional Entity Registration* and *OSHAD-SF – Mechanism 8.0 – OSH Practitioner Registration*.
- (c) To ensure objectivity and that no conflict of interest exist, the third party external audit shall not be performed by an auditor / company who has assisted or was contracted within the

last two years to develop and/or implement the entity's OSH MS. Entities are to select an audit team that has relevant sector specific experience.

3.5 Non-Conformance and Corrective Action

- (a) The entity non-conformance and corrective action procedure(s) shall address, at a minimum:
 - (i) identifying and correcting non-conformity(s) and taking actions(s) to mitigate their OSH consequences;
 - (ii) means to report potential non-conformances at appropriate levels throughout the entity;
 - (iii) means to record, monitor and manage all reported non-conformances appropriate to the entity;
 - (iv) investigating non-conformity(s), determining their root cause(s) and taking actions to avoid their reoccurrence;
 - (v) evaluating the need for action(s) to prevent non-conformity(s) and implementing appropriate actions designed to avoid their occurrence;
 - (vi) recording and communicating the results of corrective action(s) and preventative action(s) taken; and
 - (vii) reviewing the effectiveness of corrective action(s) and preventative action(s) taken as part of the close-out procedure.
- (b) The entity shall ensure that where actions are identified to correct a non-conformance, timescales and individual responsibilities are assigned.
- (c) Where an action proposed to correct or prevent non-conformity(s) identifies a new hazard or the need for new or changed control measures, the proposed action shall undergo a risk assessment prior to implementation.
- (d) Where applicable or requested, entities shall:
 - (i) submit corrective action plans to the relevant SRA for review and approval; and
 - (ii) ensure that the relevant SRA is informed of the progress against the submitted corrective action plan.

Element 9 – Compliance and Management Review

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1. Aims and Intent

- (a) The aims and intent of this Management System Element are to:
 - (i) define system compliance requirements; and
 - (ii) ensure a systematic approach to the review of the entity's OSH MS.

2. Application and Implementation

- (a) An OSH Management System requires appropriate level of documentation, quality control, and continual improvement processes to ensure the system's relevance and effectiveness.
- (b) OSH Management System documentation must be proportional to the level of operational complexity, hazards and risks of the individual concerned entity.
- (c) Compliance with legal requirements is one of the main pillars upon which OSH management systems shall be based since the potential costs of non-compliance can be very high. Applicable legal requirements shall be considered during the development of all OSH procedures.
- (d) An OSH Management System shall strive to continually improve its performance and goals. As part of this, a robust process is required to ensure that the results and outputs of the OSH MS are systematically reviewed to allow more informed decisions to be made on any potential improvements or changes to the management system.

3. Requirements

- (a) To demonstrate compliance an entity shall develop, implement and maintain:
 - (i) appropriate OSH Policy;
 - (ii) appropriate Legal Compliance Procedure(s);
 - (iii) appropriate Operational Procedures(s);
 - (iv) appropriate Document Control(s);
 - (v) appropriate OSH Record Retention Procedure(s);
 - (vi) appropriate Management of Change Process;
 - (vii) appropriate Management Review Procedure(s); and
 - (viii) appropriate programs and procedures prescribed under all *OSHAD-SF Management System Elements*.

3.1 OSH Policy

- (a) The entity OSH Policy shall, at a minimum:
- (i) demonstrate Safety and Health commitments;
 - (ii) be authorized by Top Management;
 - (iii) be appropriate to the nature and scale of the entity's OSH risks;
 - (iv) include commitment to:
 - 1. prevention of injury and illness;
 - 2. enhancement of employee health and wellbeing;
 - 3. identification and management of OSH risks;
 - 4. legal compliance;
 - 5. setting, monitoring and reviewing OSH targets and objectives;
 - 6. provision of appropriate OSH resources; and
 - 7. continual improvement.
 - (v) be communicated to all relevant stakeholders; and
 - (vi) be reviewed periodically to ensure it remains relevant and appropriate.

Note: The OSH Policy must be independent of any other policy adopted by the entity.

3.2 Legal Compliance

- (a) The entity Legal Compliance Procedure(s) shall address, at a minimum:
- (i) provision of resources, both internal and external, to meet legal requirements;
 - (ii) means to identify and access relevant legal and other requirements;
 - (iii) mechanism to ensure relevant legal requirements are considered when developing OSH MS procedures, processes and programs;
 - (iv) means to evaluate compliance to all legal requirements;
 - (v) means to determine any changes that affect the applicability of legal requirements;
 - (vi) process to identify what legal information is required at each level throughout the organization and how this will be communicated;
 - (vii) communication channels to all relevant stakeholders of legal requirements;
 - (viii) including a documented register of all applicable legal requirements that contains the following as a minimum;
 - 1. OSH Law / Regulation full title, as gazetted;
 - 2. Applicable clause(s), article(s) or reference(s);
 - 3. Applicable process / activity impacted by the legal requirement;
 - 4. Internal OSH MS procedure(s) / document(s) / reference(s) to ensure compliance; and
 - 5. Compliance monitoring requirements.

- (ix) The documented register shall be reviewed periodically, as a minimum annually, to ensure it remains relevant and appropriate.

3.3 Operational Procedures

- (a) The entity operational program(s) / procedure(s) shall address, at a minimum:
- (i) operations and activities that are associated with identified hazard(s) that require implementation of control measure(s) to manage risk(s);
 - (ii) control measures related to supply chains (purchase of goods, equipment and services);
 - (iii) control measures related to contactors and other visitors to the workplace; and
 - (iv) stipulated operating criteria / instructions and/or maintenance instructions / integrity programs where their absence could lead to an increase in OSH risk(s).
- (b) The entity shall ensure that documented operational control procedures are fully integrated into the OSHMS and appropriately referenced through risk management programs.
- (c) The entity shall ensure that all operational controls are reviewed on a regular basis, as a minimum annually.

3.4 Document Control

- (a) The entity Document Control procedure(s) shall , at a minimum:
- (i) address approval process prior to issue;
 - (ii) ensure documents are reviewed and updated as necessary;
 - (iii) ensure documents remain legible and identifiable;
 - (iv) ensure that changes and current revision status of documents are identified;
 - (v) ensure relevant version control to prevent unintended use of obsolete documents; and
 - (vi) implement a controlled distribution process for OSH documents to ensure that applicable documentation is readily available at points of use.

3.5 Record Retention

- (a) The entity Record Retention procedure(s) shall address, at a minimum:
- (i) process to maintain OSH records as necessary to demonstrate conformity to the requirements of this document and Section 3 of *Federal Law No. 8, for 1980, on Regulation of Labour Relations*;
 - (ii) process to ensure identification, storage, protection, retrieval, retention and disposal of records;
 - (iii) process to retain OSH documents and records for a minimum period of 5 years; and
Note: Where specific OSHAD-SF Mandatory Requirements state a lesser timescale, this shall be reflected in the Entity OSH SM procedure”.
 - (iv) process to retain medical / occupational health records for a minimum period of employment plus 30 years thereafter.

3.6 Management of Change

- (a) The entity Management of Change process shall , at a minimum:
- (i) Consider change management requirements when developing all OSH MS procedures, processes and programs;
 - (ii) ensure that changes in organizational structure, personnel, plant, machinery, equipment, materials, documentation, processes or procedures do not result in the inadvertent introduction of hazards and increased risk;
 - (iii) analyze changes in operational procedures or processes to identify any required changes in training, documentation or equipment;
 - (iv) analyze changes in location, equipment or operating conditions for any potential hazards;
 - (v) Ensure that information on changes are documented, and OSH risks are assessed prior to implementing planned changes; and
 - (vi) ensure that all personnel are made aware of and understand any changes in requirements, procedures and applicable control measures.

3.7 Management Review

- (a) The entity Management System Review procedure(s) shall , at a minimum:
- (i) ensure top management reviews the entity's OSHMS, at planned intervals to ensure its suitability and effectiveness, minimum of one full review per year;
 - (ii) identify key review team members;
 - (iii) specify clear roles and responsibilities assigned to review team members;
 - (iv) define the process of recording, implementing and communicating the results of management reviews; and
 - (v) define the criteria for the review, that shall include as a minimum:
 1. review of the OSH MS by entity OSH staff;
 2. Status of action on previous OSH Management system review results;
 3. the adequacy of resources for maintaining an effective OSH management system;
 4. results of internal and external audits and action on audit findings;
 5. risk management program;
 6. OSH performance against targets and objectives;
 7. changes to legal and other requirements;
 8. other changes that impact the organisation;
 9. relevant communications and complaints;
 10. OSH incidents, investigations, non-conformances and corrective and preventative actions; and
 11. recommendations for continual improvement.

- (b) The entity shall record the results of the OSH Management system review, along with any recommendations or changes.
- (c) Any recommendations or changes that are to be implemented shall be assigned timescales and individual responsibilities.

Document Amendment Record

Version	Revision Date	Description of Amendment	Page/s Affected
2.0	Feb 2012	First Issue	All
3.0	1 st July 2016	General	
		Change of Logo	All
		Change from AD EHS Center to OSHAD	Throughout
		Change of document title: AD EHSMS RF to OSHAD-SF	Throughout
		EHS changes to OSH, with consequent other changes	Throughout
		Change of Document title from Regulatory Framework Element to Management System Element	Throughout
		Editorial changes for further clarity and to link with changes in other SF documents	Throughout
		Element 1	
		Clause 2(b) added	4
		Clause 3.1(a)(ii) appoint of member of top management as Management representative added	4
		Clause 3.1(a)(iii)(1) added	4
		Clause 3.1(a)(v) added	4
		Clause 3.1(a)(vi) added	4
		Clause 3.2.1 updated to OSH Competent Authority – updated to provide further clarity in requirements	5
		Clause 3.2.2 updated	5
		Claus 3.2.3 updated	5
		Clause 3.2.4(c) renumbered to (e) and updated	6
		Clause 3.2.4(c) & (d) added	6
		Clause 3.2.8(d) updated to provide further clarity on requirements	8
		Old Clause 4(a)(iii) deleted	12
		Clause 4(b) (iv) added	12
Reference to subject TG deleted	12		
Element 2			
Clause 3(a)(ii) Risk Assessment added as example	15		
Clause 3.1(a)(viii) updated and 3.1(a)(x) added	16		

Version	Revision Date	Description of Amendment	Page/s Affected
		Clause 3.2(c) (viii) updated	16
		Appendix B deleted	N/A
		Appendix A renumbered to Appendix 1	19
		Element 3	
		Clause 3.1(a) note added to provide clarity on requirements	22
		Element 4	
		Clause 3.2(c) split into clause 3.2(c) and clause 3.2(g)	28
		Clause 3.2(d) updated to clause 3.2(f)	28
		Clause 3.2(e) updated to 3.2(h)	28
		New Clauses 3.2(d) and (e) added	28
		Clause 3.2 (g): Note added to provide clarity	29
		Element 5	
		Title changed (leading to some consequent changes on body)	30
		Clause 3.1 – updated to provide further clarity on requirements.	31
		Clause 3.2 – Updated to provide further clarity on requirements	32
		Element 6	
		Clause 2(a) deleted	34
		Clause 3(a)(i) updated	34
		Old Clause 3.1 & 3.2 Deleted	34
		Clause 3.1 added and additional requirements incorporated including from COP 6 (COP consequently deleted).	34-43
		Element 7	
		Clause 3.1(a)(i) added	45
		Clause 3.1(a)(iv)(3) added	46
		Clause 3.1(a) (iv) & (v) deleted and replaced with 3.1(b), (c) & (d)	46
		Element 8	
		Clause 2(d) added	49
		Clause 3.1(a)(iii)(5) added	50
		3.1(b) – ‘fully documented’ added	50

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		Clause 3.2 renumbered to 3.4 and updated	51	
		Clause 3.3 renumbered to 3.2	50	
		New clause 3.3 added	51	
		Clause 3.4 renumbered to 3.5 and updated to provide further clarity on requirements	52	
		Element 9		
		Section 2 updated to provide further clarity on requirements	54	
		Clause 3.1(a)(iv) (3) added	55	
		Old Clause 3.1(a)(vi) deleted	55	
		Clause 3.2 updated with additional requirements	55	
		Clause 3.3(b) & (c) added	56	
		Clause 3.4 updated to provide further clarity on requirements	56	
		Clause 3.6 - Updated to provide further clarity on requirements	57	
		Clause 3.7 - Updated to provide further clarity on requirements	57	
3.1	19 th March 2017	General		
		Edits to correct typos or clarify requirements without changing them	Throughout	
		Element 1		
		Clause 3.2.5 (c) deleted	7	
		Clause 3.2.7(a)(vi) – delete the phrase “or protection of the environment”	7	
		Element 6		
		Clause 3(a)(i) & 3.1.2(c)(i) – clarify that reference shall be made to latest editions of the named documents	34, 36	
		Clauses 3.1.1 & 3.1.2 – replace “situation” with “scenario” throughout and make few consequent changes	35, 36	
		Clause 3.1.2(f)(iv) & (v) – clarify requirements related to response tiers	37	
		Clause 3.1.7 – replace “people” with “occupants	41-42	
		Clause 3.1.8(c) – deleted (moved to next section)	43	
		Clause 3.1.9(c) – added (moved in, from previous section)	43	
		Element 8		
Clause 3.1(b)(iii) – deleted (redundant with (iv))	50			

Version	Revision Date	Description of Amendment	Page/s Affected
		3.3(a)(i) – deleted reference to requirements other than OSHAD-SF	51
		Clause 3.3.1(a) – corrected deadline for submitting audit report to the SRA	51
		Element 9	
		Clause 3.1(a) – added note (on independence of OSH policy)	55
		Clause 3.5(a)(iii) – added note (on applicability of timeframes stipulated in other SF documents)	56

