IMS Internal Audit Checklist

Use this form to audit MCK Group's quality, environmental and work health and safety management system. Record evidence from documents, completed records, worker interviews and observations to establish whether requirements are met and controls work in practice.

Document control	Details
Document number and version	HS-FO-015 V3.0
Document owner	Director
Revision description	Expanded V2.0 safety checklist to cover the integrated management system; added audit evidence, findings, actions and reporting fields.
Approval and issue	Approved by: _____ Date: _____ Issue date: _____ Next review date: _____

Audit details

Field	Complete for each audit
Audit reference and schedule entry	_____
Audit dates and location	Start: _____ Finish: _____ **Office:** _____ Start: _____ Finish: _____ **Site:** _____ Start: _____ Finish: _____ **Project:** _____
Scope and exclusions	Processes, activities and sites included: _____ _____ Exclusions and justification: _____
Audit criteria	Applicable certification editions of ISO 9001, ISO 14001 and ISO 45001; IMS-PR-002; relevant MCK Group policies, procedures, project/client requirements and compliance obligations. Confirm editions and list specific criteria: _____ _____
Auditors and allocation	Name / area audited / competence: _____ Objectivity arrangements where auditing own work could arise: _____
Programme priorities	Consider risks, process importance, changes, previous findings and worker feedback: _____ _____

How to complete the audit

Plan the audit against the Inspection & Audit Register. Confirm scope, criteria, sites, dates and competent auditors; allocate checks to preserve objectivity and impartiality.

For each question, check the applicable requirement and sample actual records and work practices. Record document numbers, versions, record dates, project/plant identifiers, interview roles and observations. A document's existence alone does not establish implementation.

Enter a result only after checking: C = Conformance; NC = Nonconformity; OFI = Opportunity for improvement; NA = Not applicable with justification. Leave unchecked items blank and identify unfinished checks in the summary.

For an NC, identify the requirement, evidence and gap. Record the finding before fixing it. Link actions to the Incident / NCR / Corrective Action Register and verify effectiveness after implementation.

Use continuation sheets where needed, retaining the audit reference and check ID. This checklist is a starting point: add checks for the actual scope, applicable standard requirements and site/client obligations.

Report results to relevant management and communicate relevant WHS findings to workers or their representatives. Retain the completed checklist, report, evidence references and follow-up records in the controlled IMS record location.

Audit preparation

Preparation check	Evidence or notes
Schedule, scope and criteria agreed	_____
Auditor competence and objectivity confirmed	_____
Previous findings and significant changes reviewed	_____
Relevant documents and sample records available	_____
Worker consultation and site visit arranged	_____

Common IMS planning and leadership

Auditor: _____ Date: _____ Site / project: _____

Record the applicable criteria and evidence. Result codes: C / NC / OFI / NA.

ID	Audit check	Result and evidence
G01	Does the IMS scope reflect actual activities and sites? Have context, interested parties and relevant climate considerations been evaluated?	Result: ____ Evidence and findings: Action / continuation ref: _____
G02	Are quality, environmental and WHS policies approved, current, communicated and supported by clear responsibilities and resources?	Result: ____ Evidence and findings: Action / continuation ref: _____
G03	Are risks and opportunities assessed, actions implemented and effectiveness evaluated across all three systems?	Result: ____ Evidence and findings: Action / continuation ref: _____
G04	Are measurable objectives supported by responsibilities, resources, timescales and progress records?	Result: ____ Evidence and findings: Action / continuation ref: _____
G05	Are legal, client and other obligations identified, updated and translated into operational controls? Is compliance evaluated and recorded?	Result: ____ Evidence and findings: Action / continuation ref: _____
G06	Are organisational, plant, project and work-method changes assessed before implementation?	Result: ____ Evidence and findings: Action / continuation ref: _____

Document control competence and communication

Auditor: _____ Date: _____ Site / project: _____

Record the applicable criteria and evidence. Result codes: C / NC / OFI / NA.

ID	Audit check	Result and evidence
D01	Compare a policy, procedure and risk assessment across the register, approved master and App. Do identification, version and review details agree? Is approval traceable?	Result: ____ Evidence and findings: Action / continuation ref: _____
D02	Can workers retrieve current documents? Are changes controlled and superseded copies prevented from unintended use?	Result: ____ Evidence and findings: Action / continuation ref: _____
D03	Are completed records legible, retrievable and protected? Are access, backup, retention and disposal arrangements defined and applied?	Result: ____ Evidence and findings: Action / continuation ref: _____
D04	Are external documents such as specifications, permits, SDS and codes identified and kept current where needed?	Result: ____ Evidence and findings: Action / continuation ref: _____
D05	Do skills and training records demonstrate competence for assigned duties? Are licences current and training effectiveness checked?	Result: ____ Evidence and findings: Action / continuation ref: _____
D06	Do workers understand relevant policies, risks, responsibilities and reporting routes? Are required internal and external communications recorded?	Result: ____ Evidence and findings: Action / continuation ref: _____

Quality planning procurement and delivery

Auditor: _____ Date: _____ Site / project: _____

Record the applicable criteria and evidence. Result codes: C / NC / OFI / NA.

ID	Audit check	Result and evidence
Q01	Are client requirements, specifications, approvals and changes reviewed before work is accepted or started?	Result: ____ Evidence and findings: Action / continuation ref: _____
Q02	Are work methods, acceptance criteria, inspection points and resources planned for the sampled project? Where applicable, are design responsibilities and design controls addressed?	Result: ____ Evidence and findings: Action / continuation ref: _____
Q03	Are suppliers and subcontractors assessed and monitored, and purchasing requirements communicated and checked on receipt?	Result: ____ Evidence and findings: Action / continuation ref: _____
Q04	Are equipment, materials, client property and completed works identified, protected and traceable where required?	Result: ____ Evidence and findings: Action / continuation ref: _____
Q05	Are inspections and tests completed against acceptance criteria? Are measuring resources suitable and calibration or verification records available where required?	Result: ____ Evidence and findings: Action / continuation ref: _____
Q06	Is completion or release authorised with supporting records? Are defects, rework and nonconforming outputs identified, controlled and rechecked?	Result: ____ Evidence and findings: Action / continuation ref: _____
Q07	Are customer feedback, complaints and satisfaction evaluated, with actions and performance trends reviewed?	Result: ____ Evidence and findings: Action / continuation ref: _____

Environmental aspects and operational controls

Auditor: _____ Date: _____ Site / project: _____

Record the applicable criteria and evidence. Result codes: C / NC / OFI / NA.

ID	Audit check	Result and evidence
E01	Does the aspects and impacts register cover actual activities, normal/abnormal conditions, emergencies and relevant life-cycle considerations? Are significant aspects determined using defined criteria?	Result: ____ Evidence and findings: Action / continuation ref: _____
E02	Are environmental obligations, permits and client conditions available, implemented and periodically evaluated for compliance?	Result: ____ Evidence and findings: Action / continuation ref: _____
E03	Do site controls protect waterways, drainage, soil and sensitive areas, including erosion/sediment measures, no-go zones and rehabilitation where applicable?	Result: ____ Evidence and findings: Action / continuation ref: _____
E04	Are fuel, chemicals, spill prevention, waste handling and disposal controlled? Are SDS, storage inspections and disposal records available?	Result: ____ Evidence and findings: Action / continuation ref: _____
E05	Are dust, noise, vegetation, wildlife, weeds and biosecurity managed to suit site conditions and applicable obligations?	Result: ____ Evidence and findings: Action / continuation ref: _____
E06	Are environmental monitoring, inspections and objectives evaluated? Are incidents and deviations investigated and corrected?	Result: ____ Evidence and findings: Action / continuation ref: _____

WHS hazards consultation and safe work

Auditor: _____ Date: _____ Site / project: _____

Record the applicable criteria and evidence. Result codes: C / NC / OFI / NA.

ID	Audit check	Result and evidence
W01	Are workers and representatives consulted on hazards, controls, changes and relevant IMS decisions? Are barriers to participation addressed?	Result: ____ Evidence and findings: Action / continuation ref: _____
W02	Do risk assessments cover actual tasks, site conditions and affected people, including psychosocial, fatigue, noise and manual handling hazards?	Result: ____ Evidence and findings: Action / continuation ref: _____
W03	Are controls selected using the hierarchy of controls and verified in practice? Are relevant SWMS understood and followed for high-risk construction work?	Result: ____ Evidence and findings: Action / continuation ref: _____
W04	Are plant pre-starts, defects, servicing and maintenance recorded and followed up? Are unsafe items isolated and operator competence confirmed?	Result: ____ Evidence and findings: Action / continuation ref: _____
W05	Are contractors, visitors and workers inducted and coordinated? Are traffic, excavation, services, lifting and other applicable high-risk activities controlled?	Result: ____ Evidence and findings: Action / continuation ref: _____
W06	Are PPE, welfare, first aid, exposure monitoring and health surveillance provided where required? Are heavy vehicle and CoR controls implemented where applicable?	Result: ____ Evidence and findings: Action / continuation ref: _____
W07	Can workers report hazards, incidents and near misses through the App? Are investigations, contributing causes and corrective actions recorded and communicated?	Result: ____ Evidence and findings: Action / continuation ref: _____

Emergency preparedness monitoring and improvement

Auditor: _____ Date: _____ Site / project: _____

Record the applicable criteria and evidence. Result codes: C / NC / OFI / NA.

ID	Audit check	Result and evidence
P01	Are credible office and site emergencies identified, including environmental events? Are responsibilities, communication and response arrangements workable?	Result: ____ Evidence and findings: Action / continuation ref: _____
P02	Are office and site drills completed and evaluated, with dates, participants, scenarios, observations and follow-up actions recorded?	Result: ____ Evidence and findings: Action / continuation ref: _____
P03	Are emergency equipment, access, first aid and remote-site arrangements inspected and ready? Are workers aware of response actions?	Result: ____ Evidence and findings: Action / continuation ref: _____
P04	Are quality, environmental and WHS performance data monitored and evaluated using suitable methods and reliable measuring resources?	Result: ____ Evidence and findings: Action / continuation ref: _____
P05	Does the internal audit programme cover applicable IMS requirements at planned intervals, considering risks, changes and previous findings? Are competent, impartial auditors and reports evidenced?	Result: ____ Evidence and findings: Action / continuation ref: _____
P06	Are nonconformities corrected, causes assessed and actions checked for effectiveness? Are recurring issues and opportunities addressed?	Result: ____ Evidence and findings: Action / continuation ref: _____
P07	Does management review cover the required inputs across all three systems, including performance, compliance, audit results and worker consultation? Are decisions, resources and actions recorded?	Result: ____ Evidence and findings: Action / continuation ref: _____

Audit summary and reporting

Summary field	Record actual outcomes
Completed scope and limitations	_____ _____
Conformance and effective practices	_____ _____
Nonconformities and improvement opportunities	_____ _____
Incomplete checks and follow-up audit needs	_____ _____
Overall conclusion on conformity and effectiveness	_____ _____
Results reported to management	Name: _____ Date: _____ Meeting / email reference: _____
Relevant findings communicated to workers	Recipients / method / date / reference: _____
Evidence and completed record location	_____
Auditor confirmation	Name: _____ Signature: _____ Date: _____
Management acknowledgement	Name: _____ Signature: _____ Date: _____

Findings and corrective action follow up

Complete one record for each finding requiring action. Link to the corrective action register. Add copies of this page as needed. Do not mark a finding closed until completion and effectiveness have been verified.

Field	Finding and follow up
Finding ID and check ID	_____ Classification: NC / OFI
Requirement evidence and gap	Requirement: _____ Evidence / gap: _____ _____
Correction cause and corrective action	Immediate correction: _____ Cause assessment: _____ Action to prevent recurrence: _____
Responsibility and tracking	Owner: _____ Due: _____ Corrective action register reference: _____
Verification and closure	Completion evidence / date: _____ Effectiveness check / result: _____ Verified by: _____ Date: _____ Status: Open / In progress / Closed

Field	Finding and follow up
Finding ID and check ID	_____ Classification: NC / OFI
Requirement evidence and gap	Requirement: _____ Evidence / gap: _____ _____
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Verification and closure	Completion evidence / date: _____ Effectiveness check / result: _____ Verified by: _____ Date: _____ Status: Open / In progress / Closed