



INTERNAL HSE AUDIT REPORT

<Location's Name>

Ref. Audit Plan– OGF-HSE-041(01)

Audit Date:	
Audit Session:	
Audit Conducted By:	
Report Prepared By:	
Report Reviewed by:	
Report Endorsed by:	
Forwarded For C&P Actions:	
Copy to:	
Date:	

Audit Outcome				
	Nonconformity	Observation	OFI	Total
Plan				
Do				
Check				
Act				
Total				
Score:				
Percentage Compliance:				
Grade:				
Star Rating:				

1. Objective

This was the first/ second Internal HSE Audit of _____ FYxx-yy in compliance with the Annual Internal HSE Audit Schedule FY 20xx-yy. The audit was conducted as per already furnished Audit Plan in order to determine whether activities and related results comply with the planned arrangements as per the requirements of OGDCL's Integrated HSE Management System and whether these arrangements are implemented effectively. The Internal HSE Audits are to be conducted at least once in 06 months for each field/plant on mandatory basis to fulfill the requirements of OGDCL's Integrated HSE System Manual Rev-6.0 (duly approved by MD/CEO). The Internal HSE Auditors were selected from different organizational functions based on their experience and professional skills. The Internal HSE Auditors were trained on auditing skills by conducting internal training sessions. HSEQ Department maintains the audit-training records of these qualified auditors.

2. Scope

Section Audited	Functions	Standards' Requirements
		Leadership
		1. HSE & RM Policy Statements OGM/P-HSE-4.1
		2. Fatality Control Policy Guidelines OGM/P-HSE-4.2
		3. Roles, Responsibilities, Accountabilities, and Authorities OGM/P-HSE-4.3
		4. Crisis Management OGM/P-HSE-4.4
		5. Structure OGM/P-HSE-4.5
		Planning
		6. Enterprise Risk Management OGM/P-HSE-5.1
		7. Job Vulnerability /Hazard Analysis OGM/P-HSE-5.2
		8. Legal & Other Requirements OGM/P-HSE-5.3
		9. Objectives & Management Program OGM/P-HSE-5.4
		Support
		10. Competence & Awareness OGM/P-HSE-6.1
		11. Communication & Consultation OGM/P-HSE-6.2
		12. Documented Information OGM/P-HSE-6.3
		13. Control of Records OGM/P-HSE-6.4
		Operation
		14. Operational Planning and Control OGM/P-HSE-7.1
		15. Permit to Work System OGM/P-HSE-7.2
		16. Handling, Segregation and Disposal of Waste OGM/P-HSE- 7.3
		17. Journey Management OGM/P-HSE-7.4
		18. Management of Project Contractors & Service Companies OGM/P-HSE-7.6
		19. Use of Personal Protective Equipment OGM/P-HSE-7.7
		20. Framework for Site Restoration
		Performance Evaluation
		21. UBUC (Hazards) Identification & Reporting OGM/P-HSE-8.1
		22. Monitoring, Measurement & Compliance Evaluation OGM/P-HSE-8.2
		23. Analysis of Data OGM/P-HSE-8.3
		24. Reward, Recognition & Penalties OGM/P-HSE-8.4
		25. Internal Audits OGM/P-HSE-8.5
		26. Management Reviews OGM/P-HSE-8.6
		Improvement
		27. Opportunities for Continual Improvement OGM/P-HSE-9.1
		28. Management of Change OGM/P-HSE-9.2
		29. Incident Investigation OGM/P-HSE-9.3

3. Audit Modalities

Categories of Audit Findings

- ⊕ *Non-conformity (Category 1): As defined in the standardized audit checklist it is either a) a SYSTEMATIC FAILURE, SIGNIFICANT DEFICIENCY in part of the HSE system, or the LACK OF IMPLEMENTATION of such a part, governed by applicable standards or b) an ISOLATED or SPORADIC LAPSE in the content or implementation of procedures or records which could reasonably “lead to” a systematic failure or significant deficiency if not corrected.*
- ⊕ *Observation (Category 2): As defined in the standardized audit checklist it is an AREA OF CONCERN, a process, document or activity that is CURRENTLY CONFORMING or a WEAK PRACTICE which, if not improved, RESULTS IN A NONCONFORMING system, product or service.*
- ⊕ *Opportunity For Improvement – OFI (Category 3): OFI is a RECOMMEND BEST INDUSTRIAL PRACTICE which results in improvement of HSE management system.*

Scoring Criterion for Audit Findings

Compliance Level (Against Each Requirement)	Score
Documentation and implementation is totally absent	0
Documentation is partially available but not completely implemented	2.5
Documentation is completely available but partially implemented Or Implementation is there but documents partially in place	5.0
Documentation & implementation is in place to a larger extent	7.5
Documentation and implementation is fully in place	10

Audit Grade & Star Rating

	Audit Grade	Star Rating	Percentage Compliance
A	Excellent Compliance Level	★★★★	More than 75 Percent
B	Good Compliance Level	★★★	60 – 75 Percent
C	Average Compliance Level	★★	45 – 59 Percent
D	Poor Compliance Level	★	Less than 45 Percent

4. Audit Score Sheet

Plan		
Leadership	HSE & RM Policy Statements OGM/P-HSE-4.1	
	Fatality Control Policy Guidelines OGM/P-HSE-4.2	
	Roles, Responsibilities, Accountabilities, and Authorities OGM/P-HSE-4.3	
	Crisis Management OGM/P-HSE-4.4	
Planning	Risk Management OGM/P-HSE-5.1	
	Job Vulnerability /Hazard Analysis OGM/P-HSE-5.2	
	Legal & Other Requirements OGM/P-HSE-5.3	
	Objectives & Management Program OGM/P-HSE-5.4	
Support	Competence & Awareness OGM/P-HSE-6.1	
	Communication & Consultation OGM/P-HSE-6.2	
	Documented Information OGM/P-HSE-6.3	
	Control of Records OGM/P-HSE-6.4	
		Sub Score (A)
Do		
Operation	Operational Planning and Control OGM/P-HSE-7.1	
	Permit to Work System OGM/P-HSE-7.2	
	Handling, Segregation and Disposal of Waste OGM/P-HSE- 7.3	
	Journey Management OGM/P-HSE-7.4	
	Framework For Hydrogen Sulfide Management OGM/P-HSE-7.5	

	Management of Project Contractors & Service Companies OGM/P-HSE-7.6	
	Use of Personal Protective Equipment OGM/P-HSE-7.7	
	Framework For Site Restoration OGM/P-HSE-7.8	
	Sub Score (B)	
Check		
Performance Evaluation	UBUC (Hazards) Identification & Reporting OGM/P-HSE-8.1	
	Monitoring, Measurement & Compliance Evaluation OGM/P-HSE-8.2	
	Analysis of Data OGM/P-HSE-8.3	
	Reward, Recognition & Penalties OGM/P-HSE-8.4	
	HSE Audit OGM/P-HSE-8.5	
	Management Reviews OGM/P-HSE-8.6	
	Sub Score (C)	
Act		
Improvement	Opportunities For Continual Improvement OGM/P-HSE-9.1	
	Management of Change OGM/P-HSE-9.2	
	Incident Investigation OGM/P-HSE-9.3	
	Sub Score (D)	

Audit Score (Sub Score A+B+C+D)

Percentage Compliance

5. Good Practices Observed

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6. Audit Findings

6.1 PLAN (CONTEXT, LEADERSHIP, PLANNING & SUPPORT)				
#	FINDING	REF. CLAUSE/ SEVERITY	RECOMMENDATION	RESPONSIBILITY
6.2 DO (OPERATION)				
#	FINDING	REF. CLAUSE/ SEVERITY	RECOMMENDATION	RESPONSIBILITY
6.3 CHECK (PERFORMANCE EVALUATION)				
#	FINDING	REF. CLAUSE/ SEVERITY	RECOMMENDATION	RESPONSIBILITY
6.4 ACT (IMPROVEMENT)				
#	FINDING	REF. CLAUSE/ SEVERITY	RECOMMENDATION	RESPONSIBILITY

7. Key Personnel Interviewed

S/No.	Name	Designation	Department/Section

8. Problems Faced/Areas Missed

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9. Instruction For HSE Audit Corrective Action Plan and Follow-up

Auditee (Area/ Location InCharge) MUST SUBMIT HSE AUDIT CORRECTIVE ACTION PLAN to HSEQ Department within a week (after receiving of the audit report) in the following format:

#	Audit Finding	Probable Cause(s) (In perspective of PDCA Cycle)	Action(s) Recommended	Responsibility	Target Deadline

Lead Auditor/ HSE Rep. shall follow-up the audit to determine if corrective actions have been implemented effectively and submit Audit Follow-up Status Report in the following format:

#	Audit Finding (Ref. Audit Report)	Action Recommended (Ref. Audit Report)	Action(s) Actually Taken	Audit Finding's Closure Status	Further Follow- up Required (Yes/ No)

When there is sufficient objective evidence that the corrective action(s) are effective, audit shall be closed out.
If more work is needed to fully implement the corrective actions, a new follow-up date shall be agreed upon and audit shall be closed out accordingly.

10. Pictorial/ documented evidence.