



Document & Record Management Element

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1.0 Purpose

The purpose of the Document & Record Management element is to outline the requirements for creation, maintenance and management of health and safety documents across Memorial University of Newfoundland (university); as well as the recordkeeping requirements for records required to be maintained as part of the university's Health and Safety Management System (HSMS) in accordance with provincial occupational health and safety legislation.

2.0 Scope

This element applies to all documents and records created as part of the university's HSMS in accordance with provincial occupational health and safety legislation. This includes policies, procedures, guidelines, manuals, forms, instructional documents, checklists and fact sheets created by Environmental Health and Safety (EHS) and/or individual work units.

3.0 Definitions

Controlled Document - A reference document which, through the course of its lifecycle may be reviewed, modified and distributed several times.

Major Revision - A change to a document that has an operational impact on an academic or administrative unit.

Minor Revision - Formatting and changes derived from major changes to other documents. A minor change does not have an operational impact on an academic or administrative unit.

4.0 Responsibilities

4.1. Senior Executives, Deans and Directors

Including Unit Heads and Managers are responsible to:

- Ensure that this element is communicated to all faculty, staff and students and that compliance is maintained; and
- Monitor the adequacy and effectiveness of this element and make recommendations for improvement to EHS.

4.2. Supervisors

Ensure:

- That this element is implemented within their areas of responsibility; and
- Documentation and records are generated as part of HSMS activities in the workplace and that compliance is maintained.
- Monitor the adequacy and effectiveness of this element and make recommendations for improvement to EHS.

4.3. Workplace Health and Safety Committees

- Support and promote the implementation of this element; and
- Monitor the adequacy and effectiveness of this element and make recommendations for improvement to EHS.

4.4. Member of the University Community

Comply with this element in the use of system documentation and the creation of records that are generated as part of HSMS activities in the workplace.

4.5. Environmental Health and Safety (EHS) Unit

- Responsible and accountable for the documents created by EHS as part of the HSMS. This responsibility includes development, maintenance, review, and evaluation of documents.
- Provide guidance to all levels of management, employees and students on the development, maintenance, review, evaluation and approval of documents and ensure that this element is periodically reviewed and updated.
- Provide ERMC necessary information regarding newly created documents or documents that have undergone major revisions, requesting approval of documents once necessary consultation process has occurred.

5.0 Document and Record Hierarchy

Memorial is guided by the following hierarchy for documentation and records management:

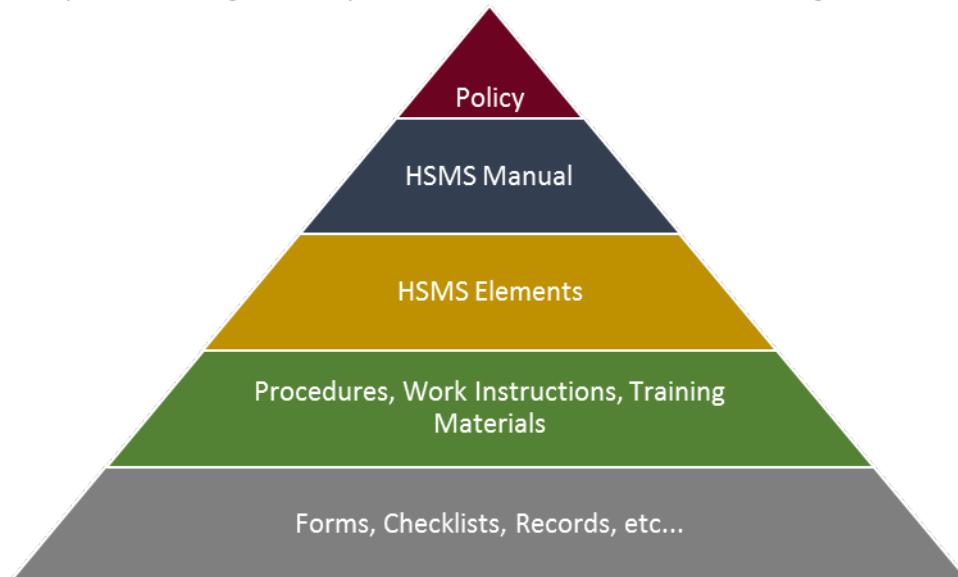


Figure 1: Document and Record Hierarchy

Level	Description
Policy	Overall statement and commitment to health and safety
HSMS Manual	Overarching document that identifies system elements and outlines their integration within the HSMS
HSMS Elements	Provides oversight and guidance on how elements within the HSMS are to be implemented
Standard Operating Procedures (SOP)	Established procedures to be followed when performing a specific task

Forms, Checklists, Records, etc...	Documents that furnish objective evidence of activities performed or results achieved, records the outcomes
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6.0 Procedure

6.1. Development of Controlled Documents

The creation of a document to be introduced to the HSMS may be initiated by the EHS, Enterprise Risk Management (ERM) committee, Senior Executive, Dean, Director, or Unit Head.

Possible reasons for creating new documents include the following:

- Legislative requirement;
- System failure reported or identified during an incident investigation;
- Internal or external evaluation findings;
- Outcome of system reviews;
- Suggestion from employees;
- Change of university business activities or structure; and
- Industry or organizational best practice initiatives.

Individual units may develop health and safety documents (i.e. manuals, instructional documents, checklists, forms, brochures, posters and fact sheets) as required. Consultation with EHS is required to ensure that documents are consistent with HSMS requirements.

6.2. Documentation Format

All controlled documents, created as part of the HSMS, must conform to a standard template. EHS has created and will maintain templates for the various documentation requirements of the HSMS on the EHS website.

6.3. Document Title

Each controlled document created for the HSMS requires the following document properties in the document title:

- Name of document, including the document type (procedure, guideline, etc); and
- Month and year that the document was approved for implementation (most recent approval).

6.4. Document Footer

To indicate the status of each document and prevent the use of obsolete or outdated documents, each controlled document created for the HSMS is required to display the following document properties in the footer:

- Unique document control name including version number;
- Date of first issue;
- Page numbers;
- Statement indicating printed documents are uncontrolled; and
- Sentence indicating where the latest electronic version of the document can be found.

If a document changes type, e.g. guideline to procedure, it will be given a new date of issue

6.5. Template for Standard Footer

Document is uncontrolled when printed

For the latest version of this document please go to: http://www.mun.ca/health_safety/procedures/procedures.php

6.6. Approval Process for Controlled Documents

Consultation on new and revised HSMS documents, created by EHS, is required prior to finalization. Consultation process must comply with the HSMS – Communication –v1 element. The university’s ERM has approval authority for the HSMS.

This approval process involves:

- Outlining the basis for the new or revised documentation;
- Describing the input sought leading to the development or amendment of the draft for circulation;
- The WHS committee, with members providing local health and safety working groups, EHS representatives and other associated university committees/groups within the area they represent a genuine opportunity to provide feedback on new or revised draft documentation (where applicable); and
- Obtaining other specialist expertise where relevant, on matters relating to a specific subject matter.

Regardless of document creator, new or revised draft documents must be communicated to relevant stakeholders. Evidence of consultation shall be documented through meeting minutes, memorandums or emails and records maintained. Feedback shall be reviewed and incorporated into draft documents, where relevant, and a final draft prepared by document creator for approval.

Documents created at the unit level must be submitted to the unit head or designate for review and approval.

6.7. Control of Documentation

Documented information required by the HSMS or created as part of the HSMS shall be controlled to ensure that each document is:

- available,
- suitable for use and
- adequately protected.

Electronic versions of documents created by EHS as part of the HSMS will be accessible on the EHS website, with the source files for the web documents maintained on the EHS shared drive.

Electronic versions of documents created by units specific to their operation, as part of the HSMS, must be accessible to all personnel requiring access.

6.8. Modifications and Revisions

All controlled documents must be reviewed at least once every 3 years. All major revisions require approval as indicated in section 6.6.

6.9. Version Control of Documents

- A document must be identified as version 1 when it is a new document or if a document changes type, e.g. guideline to procedure.
- A document must be given the next consecutive number following a major change, e.g. version 1, version 2, etc.

- A minor change must be given decimal point changes with the integer of the version, e.g. version 1.1, version 1.2, etc.

6.10. Document Control Registry

A master HSMS document control registry shall be maintained by EHS for all overarching system documentation. Individual units are required to maintain a document control procedure for documents created within their unit. The master control document registry will include the following:

- Document Number:
- Document Title:
- Version Number
- Date Created
- Date Reviewed
- Document Owner (Position and Name)

6.11. Obsolete Documents and Disposal of Documents

Obsolete controlled documents are those which are no longer required, replaced or superseded as determined by the needs of the HSMS. Documents identified as obsolete shall be removed from points of issue, archived electronically (where possible) or in hard copy and retained for system evaluation purposes and legal requirements (where relevant). Hard copies or saved electronically copies of confidential or sensitive documents requiring disposal must be done so through a secure records disposal agreement. If a unit doesn't have access to a secure disposal service then documents must be shredded prior to being placed in a paper recycling bin or verification of deleted saved electronic copies.