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1. Important Notes:

1.1. Due date for return of list of areas

14 August 2020

1.2. Due date for return of registers

16 October 2020

1.3. UNSW Faculty/School restructures

For the purpose of fulfilling this audit corrective action the [file names for the returning registers](#) will not be updated to meet any new structure or nomenclature.

2. Instructions:

2.1. Deans/DVCR to communicate with:

- all Heads of Schools, ~~Directors/Managers of Research Centres and Business Units in your~~ areas, the findings from the [KPMG internal Audit report](#) (three moderate improvement findings, and two minor improvement findings)

3. Link to the site for the Register and Guidance documents

The following documents are found on the [2020 UNSW Biological and Facility Register](#) webpage:

- Instructions for Deans/DVCR, Heads of Schools, Directors/Managers of Business Units and Research Centres (pdf) - *this* instruction document.
- Definitions and Abbreviations (pdf) – biological materials and agents
- Material flow diagram (pdf)
- The template for the UNSW Biological and Facility Register (xlsx)
- The Guide for the U-5.9(s)60s-0vd163 0 Td (li)-13 (st)-9 (e)-8-9 (e)Tw 4.102 Tc -0.5Instr 261 (07/10/20)

4. Summary Audit report findings ([UNSW KPMG Internal Audit final report](#))

4.1. Section 2: Five improvement findings:

Finding 2.1 - Moderate:

- The University is currently unable to confirm the extent of non-GMO biological agents on-site

Finding 2.2 - Moderate:

- Controls for the acquisition of non-GMO biological agents (c)-2 ((x)-2 (t)47.9Tw (-)Tpi)2.6 (ol)2.6 (og)
 - Controls for the acquisition rco-6..6 [q3wv (M)4.9pp.17 gf-

- R4: Management will define, as part of the process updated in Finding 2.3, the requirement for risk based, regular and/or periodic inspections on facilities to ensure compliance with WH&S legislation and AS/NZS Standard 2243.3 requirements. The process will require the following:
 - Audits to be conducted on non OGTR certified and DAWE regulated facilities within a defined time period, based on risk, including the consideration of different audit types, for example, self declaration, health check or full detailed inspection; and
 - Outcomes of audits will be articulated in a report which includes root cause analysis and presented to an appropriate governance mechanism (including reporting on the closure of actions as a standing agenda item of the Committee).

In determining a three-year audit plan, resource requirements, consideration of responsible stakeholders and potential constraints will be articulated and presented to the Division of Research and WH&S leadership to ensure adequate resourcing is allocated to the undertaking of the audit plan. Additionally, where facilities will not be included as part of the audit plan, reasoning will be documented

R5 - Minor

- R5A: University Compliance Owners assigned under the Biosecurity Act 2015 (Cth) (as agreed in action R5B) to update existing internal controls (eg Biosafety Procedure) & establish new internal controls necessary to effectively manage the obligation and give assurance under the existing legislative compliance certification program (in accordance with the Legislative Compliance Procedure). This will include the requirements for annual compliance declarations to be completed for key roles within the revised procedure (ie Principle researchers, HoS etc) to specify compliance with biosecurity and biosafety responsibilities to the relevant Compliance owner.

Review and ensure the appropriateness of the current compliance