

# OHSE SYSTEMS COMPLIANCE PLAN

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KA-PLN-OHSE-0010 OHSE Systems Compliance Plan

OCT 2013

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<b>ORGANISATION NAME</b>	
<b>ADDRESS</b>	
<b>PHONE</b>	
<b>EMAIL</b>	
<b>ACN/ABN</b>	

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## RELATED SYSTEMS AND PROCESSES

- ISO 9001 Quality Management Systems Standard
- ISO 14001 Environmental Management Systems Standard
- AS/NZS 4801 Occupational Health and Safety Management Systems Standard
- Department of Work Cover NSW Publication (Subby Pack)

# DOCUMENT CONTROL

'Company Name':

- Maintains an up to date version of this OHSE Systems Compliance Plan.
- Retains all obsolete pages of the Plan for a minimum of 7 years to demonstrate a record of OHSE management practices.
- Provides a copy of the current version of the Plan to 'The Client'
- Reviews the Plan on an annual basis
- Ensures all amendments to the Plan are recorded in the Register of Amendments.

Register of Amendments					
Date	Page/Form No.	Version No.	Description of Amendments	Prepared by	Approved by

Distribution Register			
Version No.	Date of Issue	Name of Recipient	Position / Organisation

# PROJECT DETAILS AND INTRODUCTION

Organisation Details	
Business/Trading name	
ACN/ABN	
Contract Job Number	
Director/Manager	
Address	
Phone	
Mobile	
Email	

The following table sets out a brief description of the work to be carried out by 'Company Name' during the course of the INSERT TRADE/ACTIVITY contract/agreed works on the INSERT SITE NAME project managed by INSERT PRINCIPAL CONTRACTOR NAME.

Date	Description of Works	No of Employees (inc subcontractors)

The table below identifies the designated person on site responsible for the management of occupational health safety and environment.

Name	Contact Details

'Company Name' DOES/DOES NOT intend to subcontract all or part of the works.

If engaged, the sub-subcontractors intended to be used on this site are:

Business	Contact Details

'Company Name' will ensure that the above mentioned subcontractors provide a SWMS for their specialised work, and that 'Company Name' shall review the SWMS, and append the SWMS to this Plan. If they are an employer, 'Company Name' will also ensure that evidence relating to a current workers compensation policy is provided.

Director / Manager \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_

# OHS AND ENVIRONMENTAL POLICY

*'Company logo'*

## OHS AND ENVIRONMENTAL POLICY

At *'Company Name'*, a commitment to occupational health, safety and the environment is part of our business.

This is achieved through:

- Complying with statutory requirements, codes, standards and guidelines
- Setting up objectives and targets with the aim of eliminating work related incidents in relation to our activities, products and services and
- Defining roles and responsibilities for occupational health, safety and environment

Strategies will include:

- Ensuring occupational health, safety and environment management principles are included in all organisational planning activities
- Providing ongoing education and training to all of our employees
- Consulting with employees and other parties to improve decision-making on occupational health, safety and environment matters
- Ensuring incidents are investigated and lessons are learnt within the organisation
- Distributing occupational health, safety and environment information, including this policy, to all employees and interested parties
- Providing enough resources to ensure occupational health, safety and environment is a central part of the organisation and
- Ensuring effective injury management and rehabilitation is provided to all employees

\_\_\_\_\_  
Signed  
CEO

\_\_\_\_\_  
Date

**"Company Name"**

# HAZARD IDENTIFICATION, RISK ASSESSMENT AND CONTROL

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'Company Name' will not commence construction work at a place of work unless:

- The principal contractor has provided 'Company Name' with a copy of the relevant parts of its workplace OHSE Systems Compliance Management Plan (or equivalent);
- 'Company Name' has undertaken an assessment of the risks associated with the work activities and has provided to the principal contractor a written Safe Work Method Statement (SWMS); and
- 'Company Name' has provided induction training to all employees.

'Company Name' maintains and updates the SWMS, and provides the updated SWMS to the principal contractor.

'Company Name' identifies the potential hazards of the proposed work activities, assess the risks involved and develops controls measures to eliminate, or minimise, the risks. The risk management process is carried out in consultation with employees.

## IDENTIFY HAZARDS:

'Company Name' breakdowns specific work activities into job steps to assist in identifying all potential hazards. These work activities are detailed in a SWMS. The SWMS is a list of job steps and other work related practices.

For each of the work activities and associated job steps identified in the SWMS, 'Company Name' has identified potential hazards and their risks.

To assist in identifying hazards and risks, 'Company Name' has considered the use of resources such as codes and standards, industry publications (i.e. safety alerts; hazard profiles for specific trade groups), workplace experience and consultation (i.e. Toolbox Talks).

## ASSESS RISKS:

'Company Name' has identified a risk class/ranking for potential workplace hazards by referring to the categories ranging from high to low in a Risk Matrix.

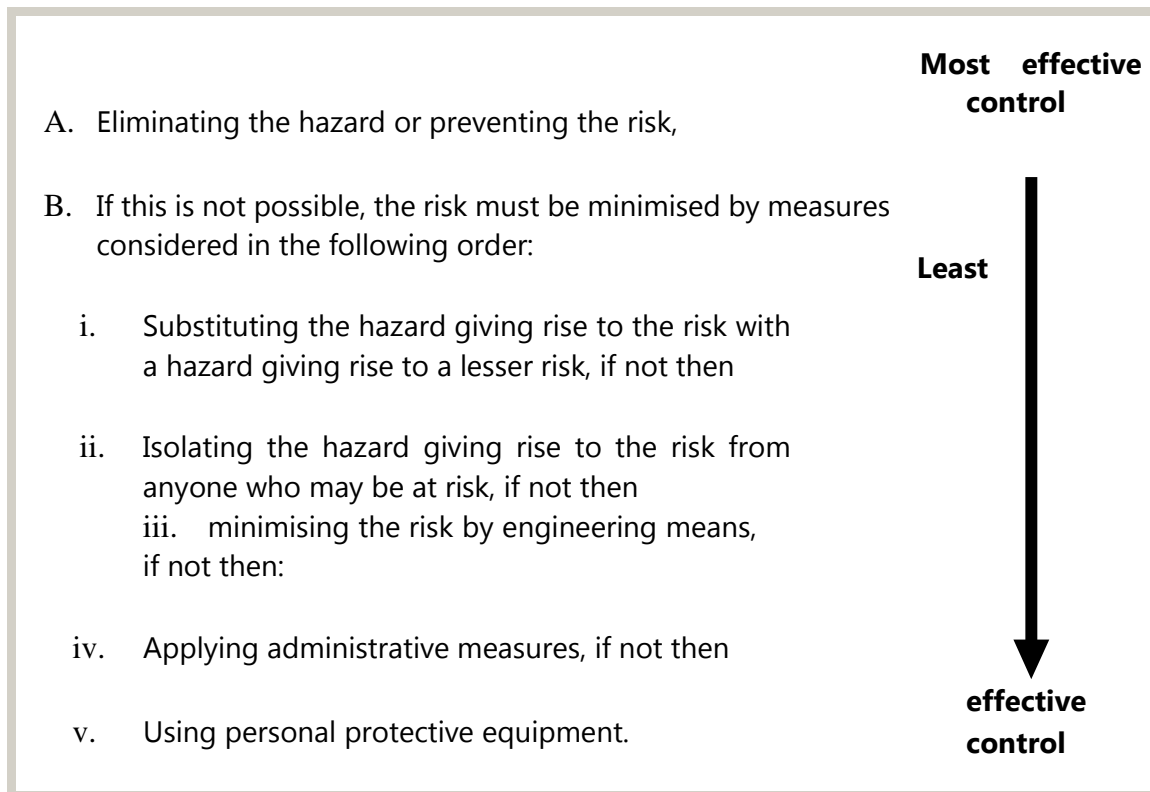
The Risk Matrix is used to determine the level of danger or seriousness (i.e. the consequence) of the risk, how likely it is that this risk will occur (i.e. likelihood/probability) and therefore how detailed control measures will need to be to eliminate or minimise the risk.

## CONTROL RISKS

'Company Name' selects control measures and implements, monitors and reviews their effectiveness.

Control measures are selected based on the Hierarchy of Controls. The evaluation of controls must start at the top of the hierarchy to select control measures from the highest order possible.

# HAZARD IDENTIFICATION, RISK ASSESSMENT AND CONTROL



The control measures can be divided into three (3) levels:

- The highest level includes measures that address the hazard at the source, or where it comes from (i.e. Elimination, substitution)
- The second level measures intervene in the hazard's course between the source and a worker (i.e. Isolation or engineering)
- The third and lowest level measures are implemented at the point of the worker (i.e. Administrative controls, personal protective equipment)

In many cases, it will be necessary to use a combination of measures to appropriately manage exposure to a risk. For example, to minimise exposure to a risk involving a chemical, the toxic chemical could be replaced with a less hazardous one (substitution), safer work procedures (administrative measures) introduced and personal protective equipment provided for workers to use.



# HAZARD CATEGORIES

The following is a list of the hazards 'Company Name' has identified arising from the contracted/agreed work activities. These hazards are addressed within the Safe Work Method Statement(s).

Occupational Health and Safety			
<input type="checkbox"/>	Access & egress	<input type="checkbox"/>	Confined/enclosed spaces
<input type="checkbox"/>	Coring/chasing	<input type="checkbox"/>	Dangerous Goods (Oxy/other)
<input type="checkbox"/>	Demolition/dismantling	<input type="checkbox"/>	Electricity (power tools/other)
<input type="checkbox"/>	Explosive/pneumatic power tools	<input type="checkbox"/>	Fatigue (shift work/hours of work)
<input type="checkbox"/>	Formwork erection/dismantling	<input type="checkbox"/>	Fire/explosion
<input type="checkbox"/>	Fumes/gas	<input type="checkbox"/>	Hazardous substances
<input type="checkbox"/>	Flying/falling objects/debris	<input type="checkbox"/>	Height & falls
<input type="checkbox"/>	Hazardous material	<input type="checkbox"/>	Hot/cold working environment
<input type="checkbox"/>	Hot work (cutting/welding/grinding)	<input type="checkbox"/>	Lasers
<input type="checkbox"/>	Lighting	<input type="checkbox"/>	Manual handling (lifting or twisting)
<input type="checkbox"/>	Machine/equipment guarding	<input type="checkbox"/>	Moving plant/traffic
<input type="checkbox"/>	Materials handling (crane/forklift/other)	<input type="checkbox"/>	Plant & equipment operation
<input type="checkbox"/>	Noise (hearing)	<input type="checkbox"/>	Structural alterations/support
<input type="checkbox"/>	Public (pedestrians/other)	<input type="checkbox"/>	Services (underground/overhead)
<input type="checkbox"/>	Subsidence	<input type="checkbox"/>	Ultra Violet Light (sunlight)
<input type="checkbox"/>	Trenching/excavation	<input type="checkbox"/>	Other.....
<input type="checkbox"/>	Work near/over water	<input type="checkbox"/>	Other.....
<input type="checkbox"/>	Young workers/unskilled labour	<input type="checkbox"/>	Other.....
<input type="checkbox"/>	Biological/bacteria	<input type="checkbox"/>	Other.....

Environment			
<input type="checkbox"/>	Air quality (dust/emissions)	<input type="checkbox"/>	Bulk excavation/spoil
<input type="checkbox"/>	Concrete or paint wastes	<input type="checkbox"/>	Contaminated soil/water
<input type="checkbox"/>	Dewatering/pump out	<input type="checkbox"/>	Habitats (protected flora/fauna)
<input type="checkbox"/>	Heritage & Archaeology	<input type="checkbox"/>	Noise or vibration
<input type="checkbox"/>	Noisy work (neighbourhood)	<input type="checkbox"/>	Spills & response
<input type="checkbox"/>	Slurry or other discharges	<input type="checkbox"/>	Traffic & parking
<input type="checkbox"/>	Waste hazardous (paint sludge, synthetic min fibre, asbestos/other)	<input type="checkbox"/>	Dangerous Goods/Hazardous Substances (use/storage/spills)
<input type="checkbox"/>	Stormwater/sediment control	<input type="checkbox"/>	Other.....
<input type="checkbox"/>	Waste disposal	<input type="checkbox"/>	Other.....

# RISK MATRIX

'Company Name' has identified a risk class/ranking for potential workplace hazards by referring to the categories in the matrix below.

Step 1: The organisation identifies the consequence for each potential risk by using the table below. Note: If a combination of harm, loss or damage could occur the worst case consequence is selected.

Level	Description of Consequence
Fatal/Disaster (1) (High level of harm)	Potential death, permanent disability or major structural failure/damage. Off-site environmental discharge/release not contained and significant long-term environmental harm.
Serious (2) Serious Level of harm	Very Serious. Potential temporary disability or minor structural failure/damage. On-site environmental discharge/release contained, minor remediation required, short-term environmental harm.
Medium (2) (Medium level of harm)	Substantial. (hazard can cause illness, injury or equipment damage but the results would not be expected to be serious)
Low (4) (Low level of harm)	Minor Injury Incident that has the potential to cause persons to require first aid. On-site environmental discharge/release immediately contained, minor level clean up with no short-term environmental harm.

Step 2: Using the following table, the organisation determines how likely it is that the risk will occur and result in the consequence identified above.

Level	Likelihood / Probability
Almost Certain	Guaranteed to happen. Likely to occur. To be expected
Probable	Not surprised. Will occur in given time.
Possible	Could happen occasionally
Remotely Possible	Unlikely though possible. May occur only in exceptional circumstances

Step 3: Using the risk matrix below, the organisation identifies the risk class/ranking.

Consequence	Likelihood / Probability			
	Almost Certain	Likely	Possible	Remote
High (1)	1	1	1	2
Serious (2)	1	1	2	2
Medium (3)	1	2	2	3
Low (4)	2	2	3	3

Class/ Ranking	Action	Description / Requirements
1	<b>Stop immediately? Risk is too high and not acceptable</b>	<b>Will require detailed pre-planning. Actions will be recorded on a Safe Work Method Statement</b>
2	<b>Requires immediate attention to bring the risk down to an acceptable level. Requires regular ongoing monitoring</b>	<b>Will require operational planning. Actions will be recorded on a Safe Work Method Statement</b>
3	<b>Continue with existing control, however monitor for changes</b>	<b>Will require localised control measures</b>

SWMS NO. \_\_\_\_\_

# SAFE WORK METHOD STATEMENT

Organisation Details			
Organisation Name:		Contact Name::	
ACN/ABN		Contact Position:	
Address:		Contract Phone No:	
Project Details:			
Project:		Area:	
Activity:		This SWMS has been developed in consultation with:  Reviewed by: _____  Position: _____ Date: _ / _ /	
Resources / Trades Involved:			
Equipment Used:			
Maintenance checks:			
Materials Used:			
Occupational Health Safety or Environmental Legislation:		Codes or Standards applicable to the works:	

Level	Description of Consequence or Impact	Consequence	Likelihood / Probability			
			Almost certain	Likely	Possible	Remote
<b>H (1)</b> <i>(High level of harm)</i>	Disaster Potential death, permanent disability or major structural failure/damage. Off-site environmental discharge/release not contained and significant long-term environmental harm.	<b>H (1)</b> <i>(Disaster)</i>	1	1	1	2
<b>S (2)</b> <i>Serious Level of harm</i>	Very Serious. Potential temporary disability or minor structural failure/damage. On-site environmental discharge/release contained, minor remediation required, short-term environmental harm.	<b>S (2)</b> <i>(Very Serious)</i>	1	1	2	2
<b>M (2)</b> <i>(Medium level of harm)</i>	Substantial. (hazard can cause illness, injury or equipment damage but the results would not be expected to be serious)	<b>M (3)</b> <i>(Substantial)</i>	1	2	2	3
<b>L (4)</b> <i>(Low level of harm)</i>	Minor Injury. Incident that has the potential to cause persons to require first aid. On-site environmental discharge/release immediately contained, minor level clean up with no short-term environmental harm.	<b>L (4)</b> <i>(Minor)</i>	2	2	3	3
Level	Likelihood / Probability					
Almost Certain	Guaranteed to happen. Likely to occur. To be expected					
Probable	Not surprised. Will occur in given time.					
Possible	Could happen occasionally					
Remotely Possible	Unlikely though possible May occur only in exceptional circumstances					
Risk Ranking/Class						
1	<b>HIGH</b>	<b>Stop immediately? Risk is too high and not acceptable</b>				
2	<b>MEDIUM</b>	<b>Requires immediate attention to bring the risk down to an acceptable level Requires regular ongoing monitoring</b>				
3	<b>LOW</b>	<b>Continue with existing control, however monitor for changes</b>				

SWMS NO. \_\_\_\_\_

# SAFE WORK METHOD STATEMENT

Item	Job steps	Hazards	Risk Class/ Ranking	Controls	Name of persons responsible for work

Qualifications and experience required to complete the task	Personnel, Duties and Responsibilities (Supervisory staff and others)	Training Required to Complete Work

SWMS NO. \_\_\_\_\_

# SAFE WORK METHOD STATEMENT

<b>Engineering Details / Certificates / WorkCover Approvals:</b>		



# OBJECTIVES AND TARGETS

'Company Name' has established the following objectives and targets to support and maintain the effectiveness of the OHSE Systems Compliance Plan.

## Planning

**Objective:**

Employees are provided with regular and up-to-date information on OHSE for the duration of the contracted/agreed works.

**Target:**

Review the content of the OHSE Systems Compliance Plan at maximum 3 month intervals (or more frequent as required) to maintain the currency of information provided to employees and others.

## Risk Management

**Objective:**

Employees are familiar with hazards and risks associated with the contracted/agreed works that are assessed as a medium to high risk.

**Target:**

Safe Work Method Statement(s) or the equivalent list as a minimum those hazards and risks associated with the contracted/agreed works that are assessed as a medium to high risk.

## Consultation

**Objective:**

Employees are regularly consulted on matters that affect OHSE.

**Target:**

Toolbox/Pre-start or other agreed methods of consultation are undertaken on a regularly basis.

## Training

**Objective:**

Employees are provided with training to enable work practices to be undertaken that are safe and minimise risk to the environment.

**Target:**

All employees involved with the contracted/agreed work have undertaken as a minimum the three levels of induction training, i.e. general industry (safety awareness) training, site specific training and work activity training as noted in the Safe Work Method Statement(s) specific to the contracted/agreed works.

## Other

**Objective:**

**Target:**

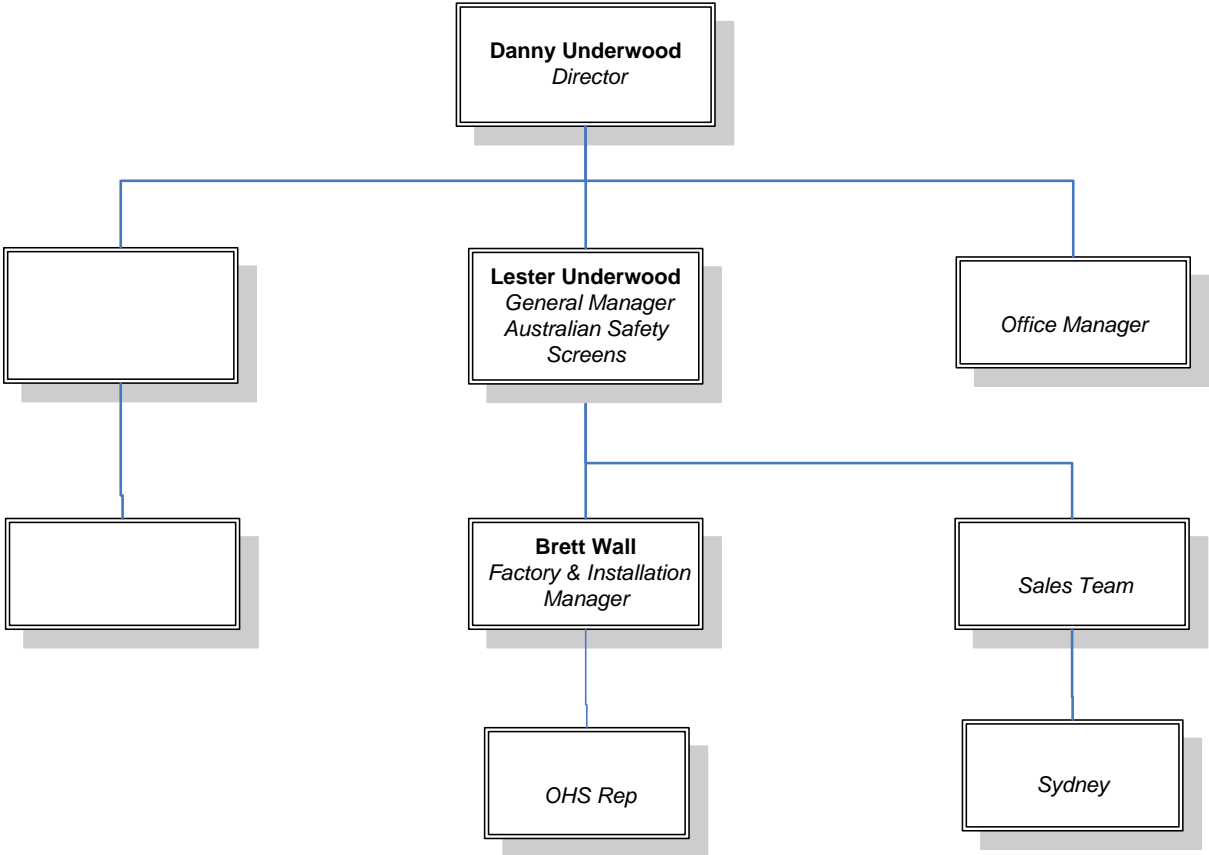




# ROLES AND RESPONSIBILITIES

'Company Name' Organisation chart is shown below.

## Organisation Chart



# ROLES AND RESPONSIBILITIES

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## ROLES AND RESPONSIBILITIES DEFINED

The roles and responsibilities of employees within 'Company Name' regarding OHSE are below.

### FACTORY AND INSTALLATION MANAGER

**INSERT NAME** is responsible for OHSE at the workplace and duties include:

- Implementing the OHSE Systems Compliance Plan;
- Using the Hierarchy of Controls in all design, fabrication and construct activities to minimise OHSE risks;
- Communicating with the principal contractor to reduce risks;
- Being a part of the planning and design stages of trade activities;
- Deciding when training on OHSE is required;
- Leading by example and promoting sound OHSE practices at every opportunity;
- Ensuring safe equipment and plant is provided and maintained;
- Reviewing OHSE reports and inspections, and following up on recommendations;
- Coordinating incident investigations and reporting to the controller of the workplace and relevant authorities, as required;
- Coordinating OHSE meetings and programs;
- Monitoring compliance with the OHSE Systems Compliance Plan , including Safe Work Method Statement; and
- Assisting injured employees to return to their pre-injury duties as soon as practicable after a work-related injury.

**Signed by:** \_\_\_\_\_ **Date:** \_\_ / \_\_ / \_\_

### WORKS SUPERVISOR

**INSERT NAME** is responsible for OHSE at the workplace and duties include:

- Implementing the OHSE Systems Compliance Plan ;
- Observing all OHSE rules and regulations;
- Making sure that work activities are carried out in a safe and environmentally sound manner;
- Planning to do all work safely including any interface with other work activities;
- Providing advice and assistance on OHSE matters to employees;
- Being part of the planning and design stages of trade activities;
- Deciding when training on OHSE is required;
- Actioning OHSE reports and carrying out workplace inspections;
- Setting up OHSE meetings and programs;
- Helping to prepare Safe Work Method Statements for the organisation's work activities;
- Investigating hazard reports and ensuring that they are completed and corrective actions undertaken;
- Carrying out project inductions, Toolbox Talks and team meetings;
- Being a part of incident investigations;
- Leading by example and promoting sound OHSE practices at every opportunity;
- Undertaking inspection of the contracted or planned works to ensure that OHSE control measures are implemented and effective; and
- Other OHSE duties as directed by the Works Manager.

**Signed by:** \_\_\_\_\_ **Date:** \_\_ / \_\_ / \_\_

# ROLES AND RESPONSIBILITIES

## OCCUPATIONAL HEALTH AND SAFETY ENVIRONMENT COORDINATOR

**INSERT NAME** is responsible for OHSE at the workplace and duties include:

- Communicating OHSE performance to the Works Manager;
- Assisting the Works Supervisor to develop and implement the OHSE Plan;
- Providing advice on OHSE to all employees;
- Being a part of planning and design in work activities;
- Determining OHSE legal requirements for the work activity or trade;
- Making sure OHSE work procedures are followed;
- Coordinating injury management / return to work for injured employees;
- Reviewing OHSE reports and inspections;
- Setting up and being a part of OHSE meetings and programs;
- Setting up Toolbox Talks on a regular basis;
- Insisting on sound OHSE practices at all times;
- Setting up and conducting OHSE inductions;
- Conducting incident investigations;
- Communicating with the Works Manager/Works Supervisor on OHSE matters;
- Making sure records are kept under these guidelines;
- Being part of inspections and ensuring recommendations are completed; and
- Other OHSE duties as directed by the Works Manager.

**Signed by:** \_\_\_\_\_ **Date:** \_\_\_ / \_\_\_ / \_\_\_

## INJURY MANAGEMENT COORDINATOR

**INSERT NAME** is responsible for the management of injuries at the workplace and duties include:

- Assisting injured employees to return to their pre-injury duties as soon as practicable after a work-related injury;
- Ensuring that, where appropriate, the injured employee is given access to occupational rehabilitation services;
- Liaising with any parties involved in the occupational rehabilitation of, or provision of medical services, to the injured employee;
- Monitoring the progress of the injured employee's capacity to work;
- Taking steps to prevent recurrence or aggravation of the relevant injury upon the injured employee's return to work; and
- Providing assistance to meet all legal requirements regarding injury management and return to work.

**Signed by:** \_\_\_\_\_ **Date:** \_\_\_ / \_\_\_ / \_\_\_

## EMPLOYEES

Are responsible for the following:

- Working in a safe manner without risk to themselves, others or the environment;
- Complying with the OHSE Systems Compliance Plan including all safe work method statements;
- Reporting all incidents to the works supervisor;
- Reporting all injuries and illnesses to the designated first aid officer;
- Reporting any OHSE hazards to the works supervisor;
- Providing suggestion, through agreed consultation methods, on how to improve OHSE issues;
- Seeking assistance if unsure of OHSE rules;
- Reporting any faulty tools or plant to the works supervisor;
- Complying with site rules;
- Correctly using all personal protective equipment; and
- Complying with emergency and evacuation procedures.

**Signed by:** \_\_\_\_\_ **Date:** \_\_\_ / \_\_\_ / \_\_\_

# TRAINING AND COMPETENCY REGISTER

Having regard to the hazards and risks associated with the work activity, 'Company Name' has assured that all employees are trained and competent to perform all tasks in a way that is safe and does not adversely impact on themselves, others or the environment.

The following register contains details of the skills and competencies of the organisation's employees.

Employee Name	Work on this project	Skills / Competencies / Experience (e.g. tickets / qualifications)	Card No. / Reg. No.	Date of Course	Duration

# CONSULTATION

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'Company Name' promotes the active participation of all employees in OHSE decisions.

Employees are consulted and given opportunity, encouragement and training to be proactively involved in OHSE matters affecting the organisation and their work activities.

Consultation occurs in reference to, but not limited to, the following subjects / topics:

- Hazard identification and risk assessment processes;
- Control measures for the management of hazards and risks;
- Changes to the organisation's policies and procedures or work routines which may affect OHSE;
- Make up of and representation on relevant committees; and
- Election of OHSE and employee representatives.

All workplace consultation is recorded and occurs on a *INSERT PERIOD* basis.

# TOOL BOX/PRE-START TALKS

All Toolbox / Pre-start Talks undertaken on behalf of 'Company Name' are recorded on this form and signed by participants.

All corrective actions noted on this form are implemented and signed by the nominated person. It is the responsibility of the Works Supervisor to ensure that all corrective actions are completed and reviewed for effectiveness.

Toolbox / Pre-start Talks			
Workplace:			
Subject of Talk:			
Presented by:			
Duration:		Date:	

Persons Present			
Print Name:	Signature:	Print Name:	Signature:
Points Raised / Comments:			





# WORK PLACE INSPECTION CHECK LIST

'Company Name' inspects the work activity(s) and work area, and provide a completed Workplace Inspection Checklist each week to the principal contractor for the duration of the works.

Workplace Inspection			
Workplace		Date	
Inspected By		Signature	

Item	Item Correct			Action Priority			Action By	Close Out By	Close Out Date
	Yes	No	n/a	1	2	3			
<b>Access/Egress</b>									
Access paths clear	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>			
Access paths defined (signage tape, other)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>			
Prohibited areas display warning signs and barricaded	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>			
<b>Dust/Air Quality</b>									
Dust suppressed/watered down	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>			
Stock piles protected from wind	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>			
Plant & equipment maintained to minimise emissions	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>			
<b>Electrical</b>									
Electrical equipment tested & tagged	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>			
Register of tagging current	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>			
Portable generator fitted RCD	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>			
Portable Residual Current Device (RCD) tested/ tagged	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>			
<b>First Aid/Emergency/Injury</b>									
First aid kit provided	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>			
Kit stocks refreshed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>			
First Aid Officer available	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>			
Evacuation procedure in place	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>			
Emergency contacts displayed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>			
Fire extinguisher/equipment available	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>			
<b>Manual Handling</b>									
Trolleys/aids in use	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>			
SWMS followed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>			
Training/job rotation undertaken	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>			

# WORK PLACE INSPECTION CHECK LIST

Item	Item Correct Yes No n/a	Action Priority 1 2 3	Action By	Close Out By	Close Out Date
<b>Hazardous Substances/Dangerous Goods</b>					
Register current	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			
MSDS available	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			
SWMS lists precautions for use	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			
Storage area bunded	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			
Refuelling SWMS followed	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			
<b>Height work</b>					
Perimeter protection	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			
Handrails in place	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			
Penetrations covered	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			
Fall restraint/arrest system in use	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			
Safe Work Method Statement followed	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			
<b>Housekeeping</b>					
Materials stacked	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			
Work area lit	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			
Bins available & in use	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			
Signage in place	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			
Leads suspended	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			
Walkway/stairs/work area clear	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			
<b>Noise</b>					
Plant & equipment maintained	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			
Site hours observed	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			
Noisy works identified	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			
Hearing protection used (SWMS)	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			
<b>Personal Protective Equipment</b>					
Used when required (SWMS)	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			
Correctly used by employees	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			
<b>Plant &amp; Equipment</b>					
Plant register current	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			
Maintenance records provided	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			
Daily log book completed	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			
Operator ticketed/competency verified	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			
SWMS followed	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			
<b>Public Protection</b>					
Work area secure from public	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			
Overhead protection provided	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			

# WORK PLACE INSPECTION CHECK LIST

Item	Item Correct Yes No n/a	Action Priority 1 2 3	Action By	Close Out By	Close Out Date
<b>Stormwater/run off</b>					
Silt control fences in place	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			
Stormwater inlets protected	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			
Discharges contained, e.g. pump out, slurry/other	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			
<b>Training</b>					
All employees have:					
- General industry (safety awareness) training	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			
- Site specific induction training	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			
- Work activity (SWMS) training	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			
<b>Vegetation</b>					
Fencing around drip line of retained trees	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			
No material/equipment stored within drip line	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			
<b>Waste Management</b>					
Waste reduction plan in place	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			
Waste contractor records available	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			
Bins for litter/cigarette butts/other provided	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			
Hazardous wastes captured & correct disposal, e.g. paint sludge/ contaminated soil/other	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			
<b>Other</b>					
.....	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			
.....	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			
.....	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			
.....	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			
.....	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			
.....	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			

<b><i>All items noted for correction have been rectified</i></b>			
Name		Signed	
Date		Time	

# PLANT AND EQUIPMENT

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'Company Name' carries out regular inspections and maintenance of all plant and equipment.

'Company Name' ensures plant and equipment is inspected and maintained in accordance with the relevant standard and manufacturer's recommendations.

The inspection and maintenance history of each item is documented.

Certain items of plant and equipment will be 'Item Registered' and or 'Design Registered' by the Regulatory Authority where required by Legislation

'Company Name' ensures control measures are implemented and documented for all plant and equipment, including its operation, deemed as high risk. The effect of all plant and equipment on the workplace is considered and documented in the Safe Work Method Statement

Pre-start checks, schedule of maintenance and fault reports are notified to the Works Supervisor, documented in plant log books and made available to relevant parties on request.

Where plant and equipment is hired, the same requirements as above apply.



# PLANT AND EQUIPMENT REGULAR CHECKLIST

'Company Name' completes the following checklist prior to initial plant operation at the workplace.

Item	Description	Check	
Risk assessment	A checklist should identify general hazards and associated risks relating to the use of the plant & equipment e.g. entanglement, crushing, striking, electrical or other. The checklist should then detail control measures to eliminate or minimise risk.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Log Book	A current log book recording daily safety Pre-start checks. These are subject to random inspection.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Maintenance Reports	Proof of ongoing maintenance, i.e. maintenance records. The records should note the most recent inspection and who conducted that inspection. It may also describe any repair work carried out on the plant. Most importantly, there should be no outstanding items noted for repairs.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Operator's Manual	An operator's manual relevant to the item of plant and which is to be kept with the plant.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Operator Certification	Copy of operator's certification or licence to operate the plant. Where no statutory certification is required, evidence of competence by the operator in the use of the plant.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Plant Provider					
Name		Signature		Date	

Plant Inspected	
Plant Type/Make	
Serial No.	
Company	

Inspection Verified By					
Name		Signature		Date	

The following checklist is completed by 'Company Name' as a general and regular check on plant operation at the workplace.

Plant and Equipment Checklist
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# PLANT AND EQUIPMENT REGULAR CHECKLIST

Service Provider name					
Plant type / make					
Plant No.		Serial No:			
Description		Check			
Risk assessment	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>		
Operator's manual	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>		
Maintenance reports	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>		
Log Book	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>		
Competency ticket/licence of operator	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>		
Fire extinguisher	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>		
Crack test reports	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>		
Chains tested and tagged	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>		
Regulatory Authority plant registration	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>		
Flashing light	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>		
Forward/reverse beeper	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>		
Tested and tagged electrically	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>		
Seat belt	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>		
Roll over Protection (ROPS)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>		
Plant Provider					
Name		Signature		Date	
Inspection Verified By					
Name		Signature		Date	

# PLANT AND EQUIPMENT REGULAR CHECKLIST

In undertaking regular checks of plant and equipment, 'Company Name' includes consideration of relevant aspects as follows:

Scissor Lifts / Boom Lifts	Excavators / Backhoes / Bob Cats
<ul style="list-style-type: none"> <li>• Risk Assessment</li> <li>• SWMS</li> <li>• Operators Manual</li> <li>• Maintenance Reports</li> <li>• Log Book</li> <li>• Certification/Competency of Operator</li> <li>• Safety Booklet</li> <li>• Company Name</li> </ul>	<ul style="list-style-type: none"> <li>• Risk Assessment</li> <li>• SWMS</li> <li>• Operators Manual</li> <li>• Maintenance Reports</li> <li>• Log Book</li> <li>• Certification/Competency of Operator</li> <li>• Fire Extinguisher</li> <li>• Seat Belt</li> <li>• Flashing Light</li> <li>• Forward &amp; Reverse Beeper</li> </ul>
Fork Lifts / Manatou's	Cranes
<ul style="list-style-type: none"> <li>• Risk Assessment</li> <li>• SWMS</li> <li>• Operators Manual</li> <li>• Maintenance Reports</li> <li>• Log Book</li> <li>• Certification/Competency of Operator</li> <li>• Fire Extinguisher</li> <li>• Seat Belt</li> <li>• Flashing Light</li> <li>• Forward &amp; Reverse Beeper</li> </ul>	<ul style="list-style-type: none"> <li>• Risk Assessment</li> <li>• SWMS</li> <li>• Operators Manual</li> <li>• Maintenance Reports</li> <li>• Log Book</li> <li>• Certification/Competency of Operator</li> <li>• Fire Extinguisher</li> <li>• Crack Test Report</li> <li>• Regulatory Authority Plant Registration</li> <li>• Chains Tested and Tagged</li> </ul>
Concrete Pumps	Other...
<ul style="list-style-type: none"> <li>• Risk Assessment</li> <li>• SWMS</li> <li>• Operators Manual</li> <li>• Maintenance Reports</li> <li>• Log Book</li> <li>• Certification/Competency of Operator</li> <li>• Fire Extinguisher</li> <li>• Crack Test Report</li> <li>• Line thickness Testing</li> <li>• Regulatory Authority Plant Registration</li> </ul>	



# HAZARDOUS SUBSTANCES/DANGEROUS GOODS

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'Company Name' provides a current (within 5 years of the date of issue) MSDS to the principal Contractor for all products and substances to be used for the work activity.

Before a product or substance is used for the work activity, 'Company Name' reviews the Material Safety Data Sheet (MSDS) to determine if the product or substance is classified as hazardous.

All employees involved in the use of products classified as hazardous, are provided with information and training to allow safe completion of the required task.

As a minimum standard, all safety and environmental precautions for use listed on the MSDS are followed when using the substance and are included in the Safe Work Method Statement.

No products or substances, including chemicals or fibrous materials, are brought to the workplace without a current MSDS.

All products and substances to be brought to the workplace are documented.

'Company Name' considers the following when selecting chemicals and substances for use on site:

- Flammability and exclusivity;
- Toxicity (short and long term);
- Carcinogenic classification if relevant;
- Chemical action and instability;
- Corrosive properties;
- Safe use and engineering controls;
- Environmental hazards; and
- Storage requirements.

All storage and use of hazardous substances and dangerous goods is in accordance with the MSDS and legislative requirements.

All hazardous substances and dangerous goods are stored in their original containers with the label intact at all times.

Hazardous substances and dangerous goods of any quantity are not stored in amenities, containers (unless properly constructed for the purpose), sheds or offices.

# HAZARDOUS SUBSTANCES/DANGEROUS GOODS REGISTER

The following hazardous substances exist in the work place. A copy of the MSDS has been forwarded to the person responsible for First Aid.

Product Name	Application	Quantity	Product labelled		MSDS		Classified as Hazardous in the MSDS		<b>If YES:</b> The risks and control measures associated with the use of the product/ substance and the precautions for its use are outlined in the Safe Work Method Statement
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

# ELECTRICAL EQUIPMENT

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'Company Name' ensures that the use of electrical wiring, equipment, portable tools and extension leads is in accordance with applicable codes and standards including AS3012, Electrical Installations – Construction and Demolition Sites and AS3000, Wiring Rules.

'Company Name' ensures that all electrical equipment brought on site is listed in the Electrical Equipment Register. The register is completed prior to commencement of the works and maintained for the duration of the works on site.

All electrical equipment including leads, portable power tools, junction boxes and earth leakage, or residual current, devices is inspected and tested by a suitably qualified person and labelled with a tag of currency before being used on site.

# ELECTRICAL EQUIPMENT REGISTER

'Company Name' records all electrical equipment brought on site in the Electrical Equipment Register.

Note: Testing and Tagging frequency is as required by State or Territory Legislation, codes and relevant standards.

Electrical Equipment			
Workplace		Date	

Equipment Description	Plant / Serial No.	Date of Inspection/ Test	Results and/or trip current (less 30mA) for Earth Leakage Device	Date of next Inspection/Test	Electrician's / qualified person's Signature	License/ Registration No.

Electrical item	Frequency of inspection / test (in accordance with relevant requirements)
Tools & leads or electrical equipment	
Sub-board earth leakage device	

# HAZARD REPORTING

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'Company Name' encourages all employees to report hazards **immediately** to the Works supervisor.

Where the hazard cannot be corrected immediately, 'Company Name' records the details of the hazard in the Hazard Register

'Company Name' investigates all reported hazards and implements control measures to eliminate and/or minimise the likelihood of an incident or injury.

'Company Name' identifies a risk class/ranking for all hazards by referring to the categories ranging from high to low in the Risk Matrix. The Risk Matrix is used to determine the level of danger or seriousness (i.e. the consequence) of the risk, how likely it is that this risk will occur (i.e. likelihood/probability) and therefore how detailed control measures will need to be to eliminate or minimise the risk.

'Company Name' regularly reviews and evaluates the effectiveness of control measures until the hazard is addressed and/or all risks have been mitigated or reduced.

'Company Name' will issue a copy of any completed Hazard Report form to the principal contractor, as required.

# HAZARD REPORT

Where a hazard cannot be immediately corrected, 'Company Name' records the hazard in the Hazard Report.

General			
Date			
Workplace			
Submitted By		Signature	
Submitted To		Signature	

Details of Hazard	
Location	
Work Activity	
Hazard identified in relation to the work activity	

Details of Risk	
Risk Class	High (1) <input type="checkbox"/> Medium (2) <input type="checkbox"/> Low (3) <input type="checkbox"/>

Control Measures			
Corrective Action Required			
By Whom			
By Whom		When	Immediate <input type="checkbox"/> Within 24 hrs <input type="checkbox"/> Within 7 Days <input type="checkbox"/>

Completion			
Corrective Action Completed By		Signature	
Time		Date	
Confirmed By		Signature	

# INJURY AND INCIDENT INVESTIGATION

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## **INJURIES:**

All injuries are reported to the designated First Aid Officer in the workplace.

'Company Name' records all injuries on the Register of Injuries.

Where the injury requires medical attention or off site treatment, 'Company Name' completes an Incident Investigation Report.

Copies of Incident Investigation Reports are provided to the principal contractor, as required.

## **INCIDENTS:**

For all incidents involving near misses, property/plant damage or injury to the public or the environment, 'Company Name' investigates and records the details in an Incident Investigation Report.

Copies of completed Incident Investigation Reports are provided to the principal contractor, as required.

## **NOTIFIABLE INCIDENTS:**

'Company Name' reports all notifiable incidents to the relevant Authority.

Where such an incident has occurred, 'Company Name' considers whether the site needs to be preserved for investigation by the relevant Authority.

## **RECORD KEEPING:**

'Company Name' keeps records of incidents and injuries in accordance with Statutory requirements.

# REGISTER OF INJURIES

'Company Name' records all injuries in the following register.

General			
Workplace Location			
Injured Persons Name			
Home Address			
Date of Birth		Male <input type="checkbox"/>	Female <input type="checkbox"/>
Occupation			
Employers Name			
Employers Address			
Details of Injury			
Date of Injury		Time of Injury	am <input type="checkbox"/> pm <input type="checkbox"/>
Activity in which the person was engaged at the time of injury			
Exact location where injury occurred			
Nature of injury e.g. fracture, burn, sprain, foreign body in eye.			
Body location of injury e.g. ear, eye, face, neck			
Details of Treatment			
Treatment provided by First Aid Officer	Yes <input type="checkbox"/> No <input type="checkbox"/>	Remarks:	
Follow up treatment required	Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>If yes, an Incident Investigation Report must be completed with 24 hours</i>	
Doctor/ Medical Centre attended			
Date attended		Medical Certificate Received	Yes <input type="checkbox"/> No <input type="checkbox"/>
Treatment i.e. x-ray, prescription			
Further consultation required	Yes <input type="checkbox"/> No <input type="checkbox"/>	Injury Management required	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, notify the Return-to-Work Coordinator</i>
Name of Witness			
Address of Witness:			
Name of Person Providing First Aid			
Signature		Date	



# INCIDENT INVESTIGATION REPORT

'Company Name' completes an Incident Investigation Report in the event of any injury involving medical attention or off site treatment or in the event of any incidents involving a near miss, property/plant damage or injury to the public or the environment.

The principal contractor will be informed **immediately** in the event of the above. Following discussions with the principal contractor, a decision will be made as to who will conduct the incident investigation. The principal contractor will be provided with a copy of the completed Incident Investigation Report.

Class of Incident		Reported
<input type="checkbox"/> Injury	<input type="checkbox"/> Property/Plant Damage	Yes <input type="checkbox"/> No <input type="checkbox"/> Details:
<input type="checkbox"/> Near Miss	<input type="checkbox"/> Environmental	<b>Further Action Required</b>
<input type="checkbox"/> Other.....		<input type="checkbox"/> Report to Authorities <input type="checkbox"/> Other:

Details of Incident			
Date of Incident		Time of Incident	am <input type="checkbox"/> pm <input type="checkbox"/>
Witness Name		Witness Contact	
Nature of Incident			
Location of Incident			
Description of Incident			
Details of damage to equipment/property?			

Injured Person/s (if applicable)			
Name			
Address			
Date of Birth			
Occupation		Employer	
Referred/transferred to			

Recommended Preventive Action	
Details	

Completed By			
Name		Position	
Signature		Date	

# OHSE SYSTEMS COMPLIANCE PLAN CHECKLIST

'Company Name' reviews all OHSE policies and procedures on a **INSERT TIME PERIOD** to determine the effectiveness of the OHSE Systems Compliance Plan in addressing OHSE in the workplace.

General	
Project Name	
Location	
Auditor	
Other Attendees	

Activities Reviewed	Conforms	
<b>Changes And Distribution Of the OHSE Systems Compliance Plan Are Recorded</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Project Details/Description Of Works/Organisation Details Are Current</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>OHSE Policy Signed And Dated By Director/Manager</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Hazards Are Identified And Risks Are Assessed</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Controls For High Risk Activities Are Documented (Safe Work Method Statement(s))</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Training And Competency Register Is Current</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Site Specific Induction Training Records Are Current</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>SWMS Training Is Current</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Roles And Responsibilities Are Allocated And Signed</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Consultation Arrangements Are Documented</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Plant/Equipment Register Is Current</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Hazardous Substances/Dangerous Goods Register Is Current</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Personal Protective Equipment Register Is Current</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Periodic Workplace Inspection Checklists Are Completed</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Register Of Injuries Is Current</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Incident Investigation Reports Are Completed</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Hazard Reports Are Completed</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Electrical Equipment Register Is Current</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Injury Management And Return-To-Work Program Displayed</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Workers Compensation Information Is Current</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Other:</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>



# INJURY MANAGEMENT AND RETURN-TO-WORK

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## OUR COMMITMENT:

'Company Name' is committed to the return to work of injured employees.

As part of this commitment, we will:

- prevent injury and illness by providing a safe and healthy working environment;
- participate in the development of an injury management plan and ensure that injury management commences as soon as possible after an employee is injured;
- support the injured employee and ensure that early return to work is a normal expectation;
- provide suitable duties for an injured employee as soon as possible;
- ensure that our injured employees (and anyone representing them) are aware of their rights and responsibilities – including the right to choose their own doctor and rehabilitation provider, and the responsibility to provide accurate information about the injury and its cause);
- consult with our employees and, where applicable, unions to ensure that the return-to-work program operates as smoothly as possible;
- maintain the confidentiality of injured employee's records.
- not dismiss an employee as a result of a work related injury within six months of becoming unfit for employment.

To support the **above, 'Company Name' has** established the following procedures.

## NOTIFICATION OF INJURIES:

- All injuries must be notified to the supervisor as soon as possible.
- All injuries will be recorded in the Register of Injuries.
- Our Workers Compensation Scheme Agent will be notified of any injuries that may require compensation within 48 hours.

## RECOVERY:

- All injured employees will receive appropriate first aid or medical treatment as soon as possible.
- The injured employee must nominate a treating doctor who will be responsible for the medical management of the injury and assist in planning return to work.

## RETURN TO WORK:

- A suitable person will be arranged to explain the return to work process to the injured employee.
- The injured employee will be offered the assistance of a WorkCover-accredited rehabilitation provider if it becomes evident that they are not likely to resume their pre-injury duties, or cannot do so without changes to the workplace or work practices.

# INJURY MANAGEMENT AND RETURN-TO-WORK

## SUITABLE DUTIES:

- An individual return to work plan will be developed when the injured employee, according to medical advice, is capable of returning to work.
- The injured employee will be provided with suitable duties that are consistent with medical advice and are meaningful, productive and appropriate to the injured employee's physical and psychological condition.
- Depending on the individual circumstances of the injured employee, suitable duties may be at the same workplace or a different workplace, the same job with different hours or modified duties, a different job and may involve full-time or part-time hours.

## DISPUTE RESOLUTION:

- If disagreements about the return to work program or suitable duties arise, the organisation will work with the injured employee and any union representing them to try to resolve the issue.
- If all parties are unable to resolve the dispute, the organization will seek to involve the Scheme Agent, an accredited rehabilitation provider, the treating doctor or an injury management consultant.

## CONTACTS:

'Company Name's' workplace contact for the return-to-work is:

Name	Organisation	Contact Details

'Company Name's' preferred WorkCover-accredited rehabilitation providers are:

Name	Organisation	Contact Details

'Company Name's' workers' compensation Scheme Agent is:

Name	Organisation	Contact Details