Victorian Hang Gliding and Paragliding Association

OHSE Management Plan

 for work activities on launch sites listed in Parks Victoria Licence

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# OHSE Management Plan

|  |  |
| --- | --- |
| PROJECT NAME | **Work activities at Hang Gliding and Paragliding launch sites within Parks Victoria Hang gliding and paragliding site Permit areas.** |
| ORGANISATION NAME | **Victorian Hang Gliding and Paragliding Association** |
| ADDRESS | **P.O. Box 157, Northcote, VIC 3070** |
| PHONE | **040 833 5559** |
| FAX | NA |
| EMAIL | **president@vhpa.org.au** |
| ACN/ABN | **ABN 29 852 506 455** |

# OHSE 001-Document control

*VHPA* :

* Maintains an up to date version of this OHSE Management Plan.
* Provides a copy of the current version of the Plan to

 INSERT *PRINCIPAL CONTRACTOR NAME.*

* Reviews the Plan on a 3 yearly 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 |
| 01/04/18 |  | 0 | Initial version | SHN | RvdK |
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| **Distribution Register** |
| Version no. | Date of issue | Name of recipient | Position/organisation |
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# OHSE 002-Introduction

This OHSE plan has been developed to comply with the licence conditions for VHPA to enter and use Parks Victoria permitted area for the purpose of hang gliding and paragliding. The permitted areas are listed and described in Annexures 1 and 2 respectively of the licence. This OHSE plan covers work activities associated with developing and maintaining the launch sites. It does not cover aviation activities as these come under the auspices of the Hang Gliding Federation of Australia (HGFA) rules and regulations.

Much of the contents of this OHSE plan applies to work activities initiated by VHPA to do work in the permitted areas, for example: ramp maintenance, ground works and major vegetation control. As such many of the pro-formas contained within this OHSE plan will be filled in by the contractor employed by VHPA or in some cases by VHPA volunteer workers as and when specific projects arise. These pro-formas are therefore left blank in this document and would be used when the projects arise.

In cases where minor works on site are to be done by voluntary VHPA members, for example: erection or maintenance of signage, minor vegetation maintenance, and launch surface maintenance, a Job Safety Analysis (JSA) or similar review of the hazards of the activity shall be prepared and then reviewed on site. .

Under the terms of the licence mentioned above an assessment of each site must be carried out on an annual basis. The template for this assessment is included in this OHSE document.

Although some of the sections of this document are unlikely to be used often they have been left in the document to cover any major work activities such as building a new launch ramp that may require the use of these sections.

For work to be carried out by contractors for VHPA on launch sites:

* before contractor mobilises to site:
* Parks Victoria must be notified
* Contractor employees should be inducted by a local PV workcentre
* Contractor employees are to read the “Parks Victoria Contractor Safety Handbook for contractors, sub-contractors and their employees”.
* A Safety Work Method Statement is to be completed and submitted to the local PV workcentre.
* before contractor starts a work activity on site:
* a Job Safety Analysis or similar document must be prepared and then reviewed on site.

.

# OHSE 003-Project details

|  |
| --- |
| **Organisation details** |
| Business/Trading name |  |
| ACN/ABN |  |
| Contract Job Number |  |
| Director/Manager |  |
| Address |  |
| Phone |  |
| Fax |  |
| Mobile |  |
| Email |  |

The following table sets out a brief description of the work to be carried out by *INSERT NAME OF ORGANISATION* 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**

|  |  |  |
| --- | --- | --- |
| **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** |
|  |  |

*INSERT ORGANISATION 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** |
|  |  |

*INSERT ORGANISATION* will ensure that the above mentioned subcontractors provide a SWMS for their

specialised work, and that *INSERT ORGANISATION* shall review the SWMS, and append the SWMS to

this Plan. If they are an employer, *INSERT ORGANISATION* will also ensure that evidence relating to a

current workers compensation policy is provided.

**Director / Manager\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_/\_\_\_\_/\_\_\_\_**

# OHSE 004-Occupational health safety and environment policy

|  |
| --- |
| At VHPAa commitment to occupational health, safety and the environment is part of the association.This is achieved through:* complying with statutory requirements, codes, standards and guidelines;
* complying with this document
* complying with VHPA’s site management plan
* performing the site assessments on an annual basis

Strategies will include:* ensuring occupational health, safety and environment management principles are included in all organisational planning activities;
* ensuring incidents are investigated and lessons are learnt within the organisation;
* distributing occupational health, safety and environment information, including this policy, to all interested parties;

**Director / Manager\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_/\_\_\_\_/\_\_\_\_** |

# OHSE 005-Hazard identification, risk assessment and control

VHPA will not allow construction work to start at a place of work unless:

* the principal contractor has provided VHPA with a copy of the relevant parts of its workplace OHSE Management Plan (or equivalent);
* *INSERT ORGANISATION* has undertaken an assessment of the risks associated with the work activities and has provided a written Safe Work Method Statement (SWMS); and
* *INSERT ORGANISATION* has provided induction training to all employees.

*INSERT ORGANISATION* 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:**

*INSERT ORGANISATION* 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, *INSERT ORGANISATION*

has identified potential hazards and their risks.

To assist in identifying hazards and risks, *INSERT ORGANISATION* 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:**

*INSERT ORGANISATION* 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.

# OHSE 006- Hazard categories

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

Occupational Health and Safety

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

|  |
| --- |
| **Environment** |
| 🞏 | Air quality (dust/emissions) | 🞏 | Bulk excavation/spoil |
| 🞏 | Concrete or paint wastes | 🞏 | Contaminated soil/water |
| 🞏 | Dewatering/pump out | 🞏 | Habitats (protected flora/fauna) |
| 🞏 | Heritage & Archaeology | 🞏 | Noise or vibration |
| 🞏 | Noisy work (neighbourhood) | 🞏 | Spills & response |
| 🞏 | Slurry or other discharges | 🞏 | Traffic & parking |
| 🞏 | Waste hazardous (paint sludge, synthetic minfibre, asbestos/other | 🞏 | Dangerous Goods/Hazardous Substances (use/storage/spills) |
| 🞏 | Stormwater/sediment control | 🞏 | Other…………………………. |
| 🞏 | Waste disposal | 🞏 | Other…………………………. |

# OHSE 007-Risk matrix

*INSERT ORGANISATION* 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** |
| High (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. |
| Medium (2)(Medium level of harm) | Potential temporary disability or minor structural failure/damage. On-site environmental discharge/release contained, minor remediation required, short-term environmental harm. |
| Low (3)(Low level of harm) | 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** |
| Likely | Could happen frequently |
| Moderate | Could happen occasionally |
| Unlikely | May occur only in exceptional circumstances. |

Level Likelihood / Probability

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

|  |  |
| --- | --- |
| **Consequence** | **Likelihood/Probability** |
| Likely | Moderate | Unlikely |
| High (1) | 1 | 1 | 2 |
| Medium (2) | 1 | 2 | 3 |
| Low (3) | 2 | 3 | 3 |

|  |  |
| --- | --- |
| **Class/Ranking** | **Description / Requirements** |
| 1 | Will require detailed pre-planning. Actions will be recorded on a Safe Work Method Statement |
| 2 | Will require operational planning.Actions will be recorded on a Safe Work Method Statement |
| 3 | Will require localised control measures |

*INSERT ORGANISATION LOGO INSERT SWMS NUMBER*

# OHSE 008–Safe Work Method Statement (SWMS)

Organisation Details

|  |
| --- |
| **Organisation details** |
| Organisation Name: |  | Contact Name: |  |
| ACN/ABN |  | Contact Position: |  |
| Address: |  | Contact 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: |  |

*INSERT ORGANISATION LOGO INSERT SWMS NUMBER*

|  |  |  |  |
| --- | --- | --- | --- |
| **Level** | **Description of Consequence or Impact** | **Consequence** | Likelihood/Probability |
| **L** *Likely* | **M** *Moderate* | **U** Unlikely |
| **H** (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. | **H** (1)*(High)* | **1** | **1** | **2** |
| **M** (2)*(Medium level of harm)* | Potential temporary disability or minor structural failure/damage. On-site environmental discharge/release contained, minor remediation required, short-term environmental harm.  | **M** (2)*(Medium)* | **1** | **2** | **3** |
| **L** (3)(*Low level of harm)* | 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. | **L** (3)*(Low)* | **2** | **3** | **3** |
| **Level** | **Likelihood / Probability** |
| Likely | Could happen frequently |
| Moderate | Could happen occasionally |
| Unlikely | May occur only in exceptional circumstances |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Item** | **Job steps** | **Hazards** | **Risk****Class/****Ranking** | **Controls** | **Name of persons****responsible for****work** |
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*INSERT ORGANISATION LOGO INSERT SWMS NUMBER*

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| --- | --- | --- |
| **Qualifications and experience required to complete the task** | **Personnel, Duties and Responsibilities****(Supervisory staff and others)** | **Training Required to Complete Work** |
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| **Engineering Details / Certificates / WorkSafe Approvals:** |
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*INSERT ORGANISATION LOGO INSERT SWMS NUMBER*

|  |
| --- |
| **This SWMS has been developed through consultation with our employees and has been read, understood and signed by all employees undertaking the works:** |
| **Print Names:** | **Signatures:** | **Dates:** |
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| **Review No** | **01** | **02** | **03** | **04** | **05** | **06** | **07** | **08** | **09** |
| Initial: |  |  |  |  |  |  |  |  |  |
| Date: |  |  |  |  |  |  |  |  |  |

# OHSE 009–Objectives and targets

*INSERT ORGANISATION* has established the following objectives and targets to support and maintain the effectiveness of the OHSE Management 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 Management 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. |

|  |
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| **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. |

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| **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:** |

# OHSE 010–Personal Protective Equipment (PPE)

*INSERT ORGANISATION* maintains the following register of all PPE supplied to employees where such PPE is specified as a control measure in the Safe Work Method Statement. *INSERT ORGANISATION* ensures all items of PPE are manufactured, used and maintained in accordance with the relevant standard. Proof of Standard compliance will be provided, e.g. labelling.

Each employee has been instructed and trained in the correct use of the PPE issued.

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee name**  | **Date of Issue/ replacement** | **Item supplied** | **Signature of recipient** |
| *I have received the listed PPE with appropriate instruction/training in its correct use.* |
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# OHSE 011–Roles and responsibilities

*INSERT ORGANISATION* provides the following key trained and competent personnel on site.

**Organisation**

*INSERT NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Injury Management Coordinator**

*INSERT NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Works Manager**

*INSERT NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Works Supervisor**

*INSERT NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**OHSE Coordinator**

*INSERT NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Employees**

**ROLES AND RESPONSIBILITIES DEFINED**

The roles and responsibilities of employees within *INSERT ORGANISATION* regarding OHSE are below.

**WORKS MANAGER**

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

* implementing the OHSE Management 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 Management 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 Management 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: \_\_\_ / \_\_\_ / \_\_\_**

**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 Management 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: \_\_\_ / \_\_\_ / \_\_\_**

# OHSE 012–Training and competency register

Having regard to the hazards and risks associated with the work activity, *INSERT ORGANISATION* 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.

**Course Duration**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Employee Name** | **Work on this project** | **Skills / Competencies / Experience (e.g. tickets / qualifications)** | **Card No. / Reg. No.** | **Date of course** | **Duration** |
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# OHSE 013–Consultation

*INSERT ORGANISATION* 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.

# OHSE 014–Toolbox/pre-start talks

All Toolbox / Pre-start Talks undertaken on behalf of *INSERT ORGANISATION* 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: |
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| **Points Raised / Comments:** |
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| **Corrective Action** | **Action by** | **Action Complete** |
| **Sign off** | **Date** |
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# OHSE 015–Workplace inspection checklist

*INSERT ORGANISATION* 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**Yes No n/a | **Action Priority**1 2 3 | **Action By** | **Close Out By** | **Close Out Date** |
| --- | --- | --- | --- | --- | --- |
| **Access/Egress**Access paths clearAccess paths defined (signage tape, other)Prohibited areas display warning signs and barricaded | Yes 🞏 No🞏 n/a 🞏Yes 🞏 No🞏 n/a 🞏Yes 🞏 No🞏 n/a 🞏 | 1🞏 2 🞏 3 🞏 1🞏 2 🞏 3 🞏1🞏 2 🞏 3 🞏 |  |  |  |
| **Dust/Air Quality**Dust suppressed/watered downStock piles protected from windPlant & equipment maintained to minimise emissions | Yes 🞏 No🞏 n/a 🞏Yes 🞏 No🞏 n/a 🞏Yes 🞏 No🞏 n/a 🞏 | 1🞏 2 🞏 3 🞏 1🞏 2 🞏 3 🞏1🞏 2 🞏 3 🞏 |  |  |  |
| **Electrical**Electrical equipment tested & taggedRegister of tagging currentPortable generator fitted RCDPortable Residual Current Device (RCD) tested/ tagged | Yes 🞏 No🞏 n/a 🞏Yes 🞏 No🞏 n/a 🞏Yes 🞏 No🞏 n/a 🞏Yes 🞏 No🞏 n/a 🞏 | 1🞏 2 🞏 3 🞏 1🞏 2 🞏 3 🞏1🞏 2 🞏 3 🞏1🞏 2 🞏 3 🞏 |  |  |  |
| **First Aid/Emergency/Injury**First aid kit providedKit stocks refreshedFirst Aid Officer availableEvacuation procedure in placeEmergency contacts displayedFire extinguisher/equipment available | Yes 🞏 No🞏 n/a 🞏Yes 🞏 No🞏 n/a 🞏Yes 🞏 No🞏 n/a 🞏Yes 🞏 No🞏 n/a 🞏Yes 🞏 No🞏 n/a 🞏Yes 🞏 No🞏 n/a 🞏 | 1🞏 2 🞏 3 🞏 1🞏 2 🞏 3 🞏1🞏 2 🞏 3 🞏1🞏 2 🞏 3 🞏1🞏 2 🞏 3 🞏1🞏 2 🞏 3 🞏 |  |  |  |
| **Manual Handling**Trolleys/aids in useSWMS followedTraining/job rotation undertaken | Yes 🞏 No🞏 n/a 🞏Yes 🞏 No🞏 n/a 🞏Yes 🞏 No🞏 n/a 🞏 | 1🞏 2 🞏 3 🞏 1🞏 2 🞏 3 🞏1🞏 2 🞏 3 🞏 |  |  |  |
| **Hazardous Substances/Dangerous Goods**Register currentMSDS availableSWMS lists precautions for useStorage area bundedRefuelling SWMS followed | Yes 🞏 No🞏 n/a 🞏Yes 🞏 No🞏 n/a 🞏Yes 🞏 No🞏 n/a 🞏Yes 🞏 No🞏 n/a 🞏 Yes 🞏 No🞏 n/a 🞏  | 1🞏 2 🞏 3 🞏 1🞏 2 🞏 3 🞏1🞏 2 🞏 3 🞏1🞏 2 🞏 3 🞏 1🞏 2 🞏 3 🞏 |  |  |  |
| **Height work**Perimeter protectionHandrails in placePenetrations coveredFall restraint/arrest system in useSWMS followed | Yes 🞏 No🞏 n/a 🞏Yes 🞏 No🞏 n/a 🞏Yes 🞏 No🞏 n/a 🞏Yes 🞏 No🞏 n/a 🞏 Yes 🞏 No🞏 n/a 🞏  | 1🞏 2 🞏 3 🞏1🞏 2 🞏 3 🞏 1🞏 2 🞏 3 🞏1🞏 2 🞏 3 🞏1🞏 2 🞏 3 🞏  |  |  |  |
| **Housekeeping**Materials stackedWork area litBins available & in useSignage in placeLeads suspendedWalkway/stairs/work area clear | Yes 🞏 No🞏 n/a 🞏Yes 🞏 No🞏 n/a 🞏Yes 🞏 No🞏 n/a 🞏 Yes 🞏 No🞏 n/a 🞏 Yes 🞏 No🞏 n/a 🞏 Yes 🞏 No🞏 n/a 🞏 | 1🞏 2 🞏 3 🞏1🞏 2 🞏 3 🞏1🞏 2 🞏 3 🞏 1🞏 2 🞏 3 🞏1🞏 2 🞏 3 🞏1🞏 2 🞏 3 🞏  |  |  |  |
| **Noise**Plant & equipment maintainedSite hours observedNoisy works identifiedHearing protection used (SWMS) | Yes 🞏 No🞏 n/a 🞏Yes 🞏 No🞏 n/a 🞏Yes 🞏 No🞏 n/a 🞏 Yes 🞏 No🞏 n/a 🞏 | 1🞏 2 🞏 3 🞏1🞏 2 🞏 3 🞏1🞏 2 🞏 3 🞏 1🞏 2 🞏 3 🞏 |  |  |  |
| **Personal Protective Equipment**Used when required (SWMS)Correctly used by employees | Yes 🞏 No🞏 n/a 🞏Yes 🞏 No🞏 n/a 🞏 | 1🞏 2 🞏 3 🞏1🞏 2 🞏 3 🞏  |  |  |  |
| **Plant & Equipment**Plant register currentMaintenance records providedDaily log book completedOperator ticketed/competency verifiedSWMS followed | Yes 🞏 No🞏 n/a 🞏Yes 🞏 No🞏 n/a 🞏Yes 🞏 No🞏 n/a 🞏Yes 🞏 No🞏 n/a 🞏Yes 🞏 No🞏 n/a 🞏 | 1🞏 2 🞏 3 🞏1🞏 2 🞏 3 🞏1🞏 2 🞏 3 🞏1🞏 2 🞏 3 🞏1🞏 2 🞏 3 🞏 |  |  |  |
| **Public protection**Work area secure from publicOverhead protection provided | Yes 🞏 No🞏 n/a 🞏Yes 🞏 No🞏 n/a 🞏 | 1🞏 2 🞏 3 🞏1🞏 2 🞏 3 🞏  |  |  |  |
| **Stormwater/run off**Silt control fences in placeStormwater inlets protectedDischarges contained, e.g. pump out, slurry/other | Yes 🞏 No🞏 n/a 🞏Yes 🞏 No🞏 n/a 🞏Yes 🞏 No🞏 n/a 🞏 | 1🞏 2 🞏 3 🞏1🞏 2 🞏 3 🞏1🞏 2 🞏 3 🞏 |  |  |  |
| **Training**All employees have:- General industry (safety awareness) training- Site specific induction training- Work activity (SWMS) training | Yes 🞏 No🞏 n/a 🞏Yes 🞏 No🞏 n/a 🞏Yes 🞏 No🞏 n/a 🞏 | 1🞏 2 🞏 3 🞏1🞏 2 🞏 3 🞏1🞏 2 🞏 3 🞏 |  |  |  |
| **Vegetation**Fencing around drip line of retained treesNo material/equipment stored within drip line | Yes 🞏 No🞏 n/a 🞏Yes 🞏 No🞏 n/a 🞏 | 1🞏 2 🞏 3 🞏1🞏 2 🞏 3 🞏  |  |  |  |
| **Waste Management**Waste reduction plan in placeWaste contractor records availableBins for litter/cigarette butts/other providedHazardous wastes captured & correct disposal, e.g.paint sludge/ contaminated soil/other | Yes 🞏 No🞏 n/a 🞏Yes 🞏 No🞏 n/a 🞏Yes 🞏 No🞏 n/a 🞏 Yes 🞏 No🞏 n/a 🞏 | 1🞏 2 🞏 3 🞏1🞏 2 🞏 3 🞏1🞏 2 🞏 3 🞏 1🞏 2 🞏 3 🞏 |  |  |  |
| **Other**     | Yes 🞏 No🞏 n/a 🞏Yes 🞏 No🞏 n/a 🞏Yes 🞏 No🞏 n/a 🞏 Yes 🞏 No🞏 n/a 🞏 | 1🞏 2 🞏 3 🞏1🞏 2 🞏 3 🞏1🞏 2 🞏 3 🞏 1🞏 2 🞏 3 🞏 |  |  |  |

|  |
| --- |
| ***All items noted for correction have been rectified*** |
| Name |  | Signed |  |
| Date |  | Time |  |

# OHSE 016–Plant and equipment

*INSERT ORGANISATION* carries out regular inspections and maintenance of all plant and equipment.

*INSERT ORGANISATION* 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.

*INSERT ORGANISATION* 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.

# OHSE 017–Plant and equipment register

The following register contains details of all plant and equipment to be used by *INSERT ORGANISATION* during the course of the work activities. Examples include lifting gear, fire fighting equipment, mobile plant, fall restraint equipment and other.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Plant Type** | **Serial No. / Registration No.** | **Make / Model** | **Registration with Authority Required? Y/N** | **Authority Registration Expiry Date (if applicable)** | **Date last service or maintenance record available**  | **Required Maintenance Frequency** | **Alteration Details Y / N / NA**  | **Date On Site**  | **Log Book Available**  |
|  |  |  |  |  |  |  |  |  |  |
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# OHSE 018–Plant and equipment pre-start checklist

*INSERT ORGANISATION* 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 🞏 | No 🞏 |
| Log Book | A current log book recording daily safety Pre-start checks. These are subject to random inspection. | Yes 🞏 | No 🞏 |
| 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 🞏 | No 🞏 |
| Operator’s Manual  | An operator’s manual relevant to the item of plant and which is to be kept with the plant.  | Yes 🞏 | No 🞏 |
| 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 🞏 | No 🞏 |

|  |
| --- |
| **Plant Provider** |
| Name |  | Signature |  | Date |  |

|  |
| --- |
| **Plant Inspected** |
| Plant Type/Make |  |
| Serial No. |  |
| Company |  |

|  |
| --- |
| **Inspection Verified By** |
| Name |  | Signature |  | Date |  |

# OHSE 019–Plant and equipment regular checklist

The following checklist is completed by *INSERT SERVICE PROVIDER OR INSERT ORGANISATION* as a general and regular check on plant operation at the workplace.

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

In undertaking regular checks of plant and equipment, *INSERT ORGANISATION* includes consideration of relevant aspects as follows:

|  |  |
| --- | --- |
| **Scissor Lifts / Boom Lifts**  | **Excavators / Backhoes / Bob Cats** |
| * Risk Assessment
* SWMS
* Operators Manual
* Maintenance Reports
* Log Book
* Certification/Competency of Operator
* Safety Booklet
* Company Name
 | * Risk Assessment
* SWMS
* Operators Manual
* Maintenance Reports
* Log Book
* Certification/Competency of Operator
* Fire Extinguisher
* Seat Belt
* Flashing Light
* Forward & Reverse Beeper
 |
| **Fork Lifts / Manatou’s**  | **Cranes** |
| * Risk Assessment
* SWMS
* Operators Manual
* Maintenance Reports
* Log Book
* Certification/Competency of Operator
* Fire Extinguisher
* Seat Belt
* Flashing Light
* Forward & Reverse Beeper
 | * Risk Assessment
* SWMS
* Operators Manual
* Maintenance Reports
* Log Book
* Certification/Competency of Operator
* Fire Extinguisher
* Crack Test Report
* Regulatory Authority Plant Registration
* Chains Tested and Tagged
 |
| **Concrete Pumps** | **Other…** |
| * Risk Assessment
* SWMS
* Operators Manual
* Maintenance Reports
* Log Book
* Certification/Competency of Operator
* Fire Extinguisher
* Crack Test Report
* Line thickness Testing
* Regulatory Authority Plant Registration
 |  |

# OHSE 020–Hazardous substances/dangerous goods

*INSERT ORGANISATION* 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, *INSERT ORGANISATION* 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 be documented.

*INSERT ORGANISATION* 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.

# OHSE 021–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** |
|  |  |  | Yes 🞏 | No 🞏 | Yes 🞏 | No 🞏 | Yes 🞏 | No 🞏 | **If YES:**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 🞏 | No 🞏 | Yes 🞏 | No 🞏 | Yes 🞏 | No 🞏 |
|  |  |  | Yes 🞏 | No 🞏 | Yes 🞏 | No 🞏 | Yes 🞏 | No 🞏 |
|  |  |  | Yes 🞏 | No 🞏 | Yes 🞏 | No 🞏 | Yes 🞏 | No 🞏 |
|  |  |  | Yes 🞏 | No 🞏 | Yes 🞏 | No 🞏 | Yes 🞏 | No 🞏 |
|  |  |  | Yes 🞏 | No 🞏 | Yes 🞏 | No 🞏 | Yes 🞏 | No 🞏 |
|  |  |  | Yes 🞏 | No 🞏 | Yes 🞏 | No 🞏 | Yes 🞏 | No 🞏 |
|  |  |  | Yes 🞏 | No 🞏 | Yes 🞏 | No 🞏 | Yes 🞏 | No 🞏 |
|  |  |  | Yes 🞏 | No 🞏 | Yes 🞏 | No 🞏 | Yes 🞏 | No 🞏 |
|  |  |  | Yes 🞏 | No 🞏 | Yes 🞏 | No 🞏 | Yes 🞏 | No 🞏 |
|  |  |  | Yes 🞏 | No 🞏 | Yes 🞏 | No 🞏 | Yes 🞏 | No 🞏 |
|  |  |  | Yes 🞏 | No 🞏 | Yes 🞏 | No 🞏 | Yes 🞏 | No 🞏 |
|  |  |  | Yes 🞏 | No 🞏 | Yes 🞏 | No 🞏 | Yes 🞏 | No 🞏 |

# OHSE 022–Electrical equipment

*INSERT ORGANISATION* 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.

*INSERT ORGANISATION* 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.

# OHSE 023–Electrical equipment register

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

**Electrical**

# OHSE 024–Hazard reporting

*INSERT ORGANISATION* encourages all employees to report hazards **immediately** to the Works supervisor.

Where the hazard cannot be corrected immediately, *INSERT ORGANISATION* records the details of the hazard in the Hazard Register.

*INSERT ORGANISATION* investigates all reported hazards and implements control measures to eliminate and/or minimise the likelihood of an incident or injury.

*INSERT ORGANISATION* 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.

*INSERT ORGANISATION* regularly reviews and evaluates the effectiveness of control measures until the hazard is addressed and/or all risks have been mitigated or reduced.

*INSERT ORGANISATION* will issue a copy of any completed Hazard Report form to the principal

contractor, as required.

# OHSE 025–Hazard report

Where a hazard cannot be immediately corrected, *INSERT ORGANISATION* 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) 🞏 Medium (2) 🞏 Low (3) 🞏 |

|  |
| --- |
| **Control Measures** |
| Corrective Action Required  |  |
| By Whom |  |
| By Whom |  | When | Immediate 🞏Within 24 hrs 🞏Within 7 Days 🞏 |

|  |
| --- |
| **Completion** |
| Corrective Action Completed By |  | Signature |  |
| Time |  | Date |  |
| Confirmed By  |  | Signature |  |

# OHSE 026–Injury and incident investigation

If the injury or incident occurs to contractor personnel during contractor activities at the launch site the reporting process as given below is to be followed.

In the case that the injury or incident occurs to VHPA person during VHPA activities e.g. minor maintenance work such as rubbish clearance, vegetation trimming, the same process is to be used.

**INJURIES:**

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

*INSERT ORGANISATION* records all injuries on the Register of Injuries.

Where the injury requires medical attention or off site treatment, *INSERT ORGANISATION* 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, INSERT ORGANISATION 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:**

INSERT ORGANISATION reports all notifiable incidents to the relevant Authority.

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

**RECORD KEEPING:**

INSERT ORGANISATION keeps records of incidents and injuries in accordance with Statutory requirements.

# OHSE 027–Register of injuries

*INSERT ORGANISATION* records all injuries in the following register.

|  |
| --- |
| **General** |
| Workplace Location |  |
| Injured Persons Name |  |
| Home Address |  |
| Date of Birth |  | Male 🞏 Female 🞏 |
| Occupation |  |
| Employers Name |  |
| Employers Address |  |
| **Details of Injury** |
| Date of Injury |  | Time of Injury |  am 🞏 pm 🞏 |
| 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 providedby First Aid Officer | Yes 🞏 No 🞏 | Remarks: |
| Follow up treatment required | Yes 🞏 No 🞏 | *If yes, an Incident Investigation Report must be completed with 24 hours* |
| Doctor/ Medical Centre attended  |  |
| Date attended |  | Medical Certificate Received | Yes 🞏 No 🞏 |
| Treatment i.e. x-ray, prescription  |  |
| Further consultation required | Yes 🞏 No 🞏 | Injury Management required | Yes 🞏 No 🞏 *If yes, notify the Return-to-Work Coordinator* |
| Name of Witness |  |
| Address of Witness |  |

|  |  |
| --- | --- |
| Name of Person Providing First Aid |  |
| Signature |  | Date |  |

# OHSE 028–Incident investigation report

*INSERT ORGANISATION* 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** |
| * Injury
 | * Property/Plant Damage
 | Yes 🞏 No 🞏 Details: |
| * Near Miss
 | * Environmental
 | **Further Action Required** |
| * Other…………………….
 | 🞏 Report to Authorities 🞏 Other: |

|  |
| --- |
| **Details of Incident** |
| Date of Incident |  | Time of Incident  |  am 🞏 pm 🞏 |
| 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 029–OHSE management plan checklist

*INSERT ORGANISATION* reviews all OHSE policies and procedures on a *INSERT TIME PERIOD* to determine the effectiveness of the OHSE Management Plan in addressing OHSE in the workplace.

|  |
| --- |
| **General** |
| Project Name |  |
| Location |  |
| Auditor |  |
| Other Attendees |  |

|  |
| --- |
| **Activities Reviewed Conforms** |
| Changes and distribution of the OHSE Mgt Plan are recorded | Yes 🞏  | No 🞏 |
| Project details / Description of works / Organisation details are current | Yes 🞏  | No 🞏 |
| OHSE Policy signed and dated by Director/Manager | Yes 🞏  | No 🞏 |
| Hazards are identified and risks are assessed | Yes 🞏  | No 🞏 |
| Controls for high risk activities are documented (Safe Work Method Statement(s)) | Yes 🞏  | No 🞏 |
| Training and Competency Register is current | Yes 🞏  | No 🞏 |
| Site Specific Induction Training records are current | Yes 🞏  | No 🞏 |
| SWMS Training is current | Yes 🞏  | No 🞏 |
| Roles and responsibilities are allocated and signed | Yes 🞏  | No 🞏 |
| Consultation arrangements (nature, topics, intervals) are documented | Yes 🞏  | No 🞏 |
| Plant / Equipment Register is current | Yes 🞏  | No 🞏 |
| Hazardous Substances / Dangerous Goods Register is current | Yes 🞏  | No 🞏 |
| Personal Protective Equipment Register is current | Yes 🞏  | No 🞏 |
| Periodic Workplace Inspection Checklists are completed | Yes 🞏  | No 🞏 |
| Register of Injuries is current | Yes 🞏  | No 🞏 |
| Incident Investigation Reports are completed | Yes 🞏  | No 🞏 |
| Hazard Reports are completed | Yes 🞏  | No 🞏 |
| Electrical Equipment Register is current | Yes 🞏  | No 🞏 |
| Injury Management and Return-to-Work Program is displayed | Yes 🞏  | No 🞏 |
| Workers Compensation Information is current | Yes 🞏  | No 🞏 |
| Other: | Yes 🞏  | No 🞏 |

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| --- |
| **Items Identified for Correction** |
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| **Outstanding Issues and Recommendations** |
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| Follow up actions required | Yes 🞏 No 🞏  | When  |  |

|  |
| --- |
| **Completed By** |
| Name |  | Position |  |
| Signature |  | Date |  |

# OHSE 030–Injury management and return-to-work

**OUR COMMITMENT:**

*INSERT ORGANISATION* 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*, INSERT ORGANISATION* 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.

**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:**

*INSERT ORGANISATION’*s workplace contact for the return-to-work is:

|  |  |  |
| --- | --- | --- |
| **Name** | **Organisation** | **Contact details** |
| Name |  | Position |
| Signature |  | Date |

*INSERT ORGANISATION’*s preferred WorkCover-accredited rehabilitation provider are:

|  |  |  |
| --- | --- | --- |
| **Name** | **Organisation** | **Contact details** |
| Name |  | Position |
| Signature |  | Date |

*INSERT ORGANISATION’*s workers’ compensation Scheme Agent is

|  |  |  |
| --- | --- | --- |
| **Name** | **Organisation** | **Contact details** |
| Name |  | Position |
| Signature |  | Date |

# OHSE 031–Site Assessment Template



# OHSE 032– Emergency Response

**RESPONSE TO AN EMERGENCY AT A LAUNCH SITE:**

* Assess the situation and carry out any immediate actions required.
* Call triple zero, notify police of location of emergency, using the Emergency marker reference number, If there is no emergency marker provide site co-ordinates and directions to get to the site. Advise the nature of the emergency to the police who will mobilise the appropriate emergency service.
* If the site is being flown at the time of the emergency close all flying activities near the launch site – request pilots in the air to immediately land in a safe location, request pilots waiting to launch to pack up their gliders. This is necessary in case an emergency helicopter is dispatched to the area.
* Ensure any vehicles that might impede access by emergency vehicles are removed from the site and access to the site.
* If necessary send someone to wait at the nearest road access to meet the emergency vehicle and guide it to the emergency location.
* Contact Parks Victoria to advise them of the incident.
* After the emergency has been stabilised make note of relevant details that will need to be included in an incident report (see Incident Reporting section of this document.

# OHSE 033 – Job Safety Analysis

| **Description of work activity**  |  | **Person authorising JSA for use** |  |
| --- | --- | --- | --- |
|  |  | Name: Edena Critch |
|  |  | Position: Area Chief Ranger |
| **Personal protective equipment** |  |  | **Training and competency requirements**  |
| [ ]  | Hearing | [ ]  | Eye and face | [ ]  | Other |  |  |  |  |
| [ ]  | Hand  | [ ]  | Respiratory |  |  |  |  |
| **Supporting information** Documents to be referenced for operational guidance and safe working | **Permits** Work control method to ensure the task is completed in a safe and controlled manner |  | **Plant and equipment** Mobile plant | fixed machinery or hand held equipment that is used to complete the activity | **Fuels and chemicals**Liquids, gases or substances that are used or handled |
|  | [ ]  | Hot work |  |  |  |
|  | [ ]  | Confined space entry |  |  |  |
|  | [ ]  | Excavation and trenching |  |  |  |
|  | [ ]  | Fall restraint and arrest systems |  |  |  |
| **Work activity health and safety risks** |
| **1.** | [ ]  | Risk of a person falling more than 2 metres  | **7.** | [ ]  | Work involving underwater diving |
| **2.** | [ ]  | The removal or likely disturbance of asbestos | **8.** | [ ]  | Work in, over or near water or liquids that involves a risk of drowning |
| **3.** | [ ]  | Work in or near a confined space | **9.** | [ ]  | Work on or near energised electrical installations or services |
| **4.** | [ ]  | Work in or near a shaft or trench deeper than 1.5m | **10.** | [ ]  | Work in an area that may have contaminated or flammable atmosphere |
| **5.** | [ ]  | Work using poisons, baits or restricted use chemicals | **11.** | [ ]  | Work on, in or adjacent to a road, railway or shipping lane that is in use |
| **6.** | [ ]  | Work using firearms | **12.** | [ ]  | Work in an area with movement of powered mobile plant |

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|  |  |  |
| --- | --- | --- |
| **Job Step** | **Hazards** | **Control Measures** |
| Steps required to perform the job in sequential order  | For each job step, identify what can cause injury to those doing the work or to anyone else nearby | For each identified hazard, list the measures that need to be put in place to fix the problem which prevents or minimises an injury from occurring  |
|  |  |  |
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|  |  |  |
| --- | --- | --- |
| **Job Step** | **Hazards** | **Control Measures** |
| Steps required to perform the job in sequential order  | For each job step, identify what can cause injury to those doing the work or to anyone else nearby | For each identified hazard, list the measures that need to be put in place to fix the problem which prevents or minimises an injury from occurring  |
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|  |  |  |
| --- | --- | --- |
| **Work crew sign on** The persons listed below acknowledge that they have been consulted in the work practices to perform work safely and agree to carry out the work in accordance with the methods prescribed in this JSA, or otherwise stop work until the most practical and safest way to carry out the task can be reachedName: Signature: Date: |  | **Emergency procedures**Discuss and communicate the initial response to emergency situations that are likely to occur before work commences |
|  |
|  |
|  | **First Aid Person** | **Telephone No** | **First Aid Level** |
|  |  |  |  |  |
|  |  |
|  |  | **Nearest Hospital** | **Telephone No** | **Address** |
|  |  |  |  |  |
|  |  |
|  |  | **Nearest Medical Centre** | **Telephone No** | **Address** |
|  |  |  |  |  |
|  |  |
|  |  | **Communication Plan** |  |  |
|  |  | Contact person: |  |  | [ ]  | Mobile phone |
|  |  | Contact number: |  |  | [ ]  | Satellite phone |
|  |  | Supervisor: |  |  | [ ]  | UHF radio |
|  |  | Contact number: |  |  | [ ]  | Other:  |

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