

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

Distribution Register			
Version no.	Date of issue	Name of recipient	Position/organisation

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 (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 VHPA a 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			
<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.....

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.

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

OHSE 008–Safe Work Method Statement (SWMS)

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:	

Level	Description of Consequence or Impact	Consequence	Likelihood/Probability		
			L <i>Likely</i>	M <i>Moderate</i>	U <i>Unlikely</i>
H (1) <i>(High level of harm)</i>	Potential death, permanent disability or major structural failure/damage. Off-site environmental discharge/release not contained and significant long-term environmental harm.	H (1) <i>(High)</i>	1	1	2
M (2) <i>(Medium level of harm)</i>	Potential temporary disability or minor structural failure/damage. On-site environmental discharge/release contained, minor remediation required, short-term environmental harm.	M (2) <i>(Medium)</i>	1	2	3
L (3) <i>(Low level of harm)</i>	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) <i>(Low)</i>	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

INSERT ORGANISATION LOGO

INSERT SWMS NUMBER

Qualifications and experience required to complete the task	Personnel, Duties and Responsibilities (Supervisory staff and others)	Training Required to Complete Work
Engineering Details / Certificates / WorkSafe Approvals:		

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:

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.

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:

OHSE 010–Personal Protective Equipment (PPE)

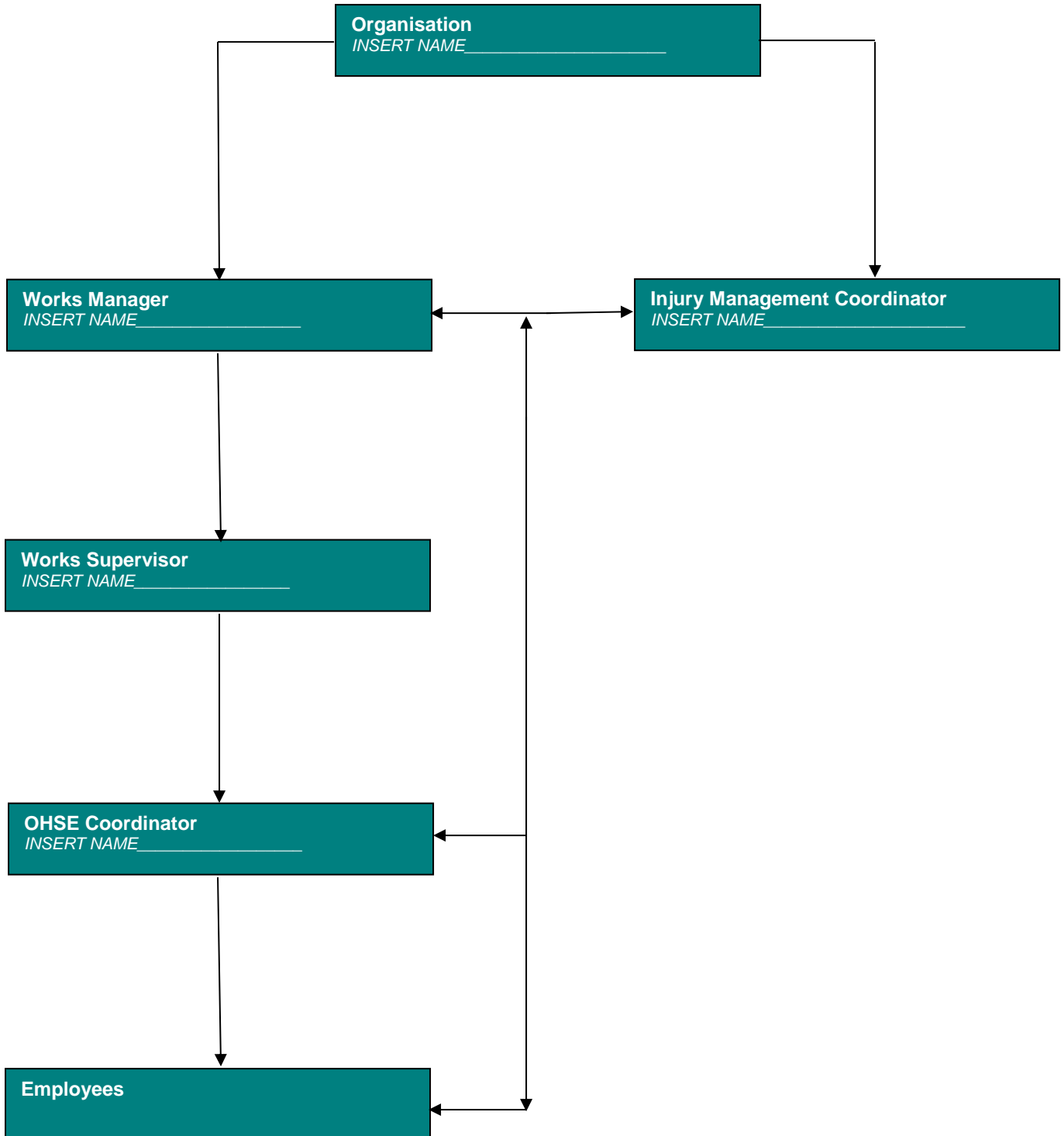
INSERT ORGANISATION maintains the following register of all PPE supplied to employees where such PPE is specified as a control measure in the Safe Work Method Statement. *INSERT ORGANISATION* ensures all items of PPE are manufactured, used and maintained in accordance with the relevant standard. Proof 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>I have received the listed PPE with appropriate instruction/training in its correct use.</i>

OHSE 011–Roles and responsibilities

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



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.

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

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:

Points Raised / Comments:			
Corrective Action	Action by	Action Complete Sign off	Date

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 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"/>			
Dust/Air Quality					
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"/>			
Electrical					
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"/>			
First Aid/Emergency/Injury					
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"/>			

Item	Item Correct Yes No n/a	Action Priority 1 2 3	Action By	Close Out By	Close Out Date
Manual Handling					
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"/>			
Hazardous Substances/Dangerous Goods					
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 bundled	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"/>			
Height work					
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"/>			
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"/>			
Housekeeping					
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"/>			
Noise					
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"/>			
Personal Protective Equipment					
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"/>			
Plant & Equipment					
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"/>			

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

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

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 <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	

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 <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

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
<ul style="list-style-type: none"> • Risk Assessment • SWMS • Operators Manual • Maintenance Reports • Log Book • Certification/Competency of Operator • Safety Booklet • Company Name 	<ul style="list-style-type: none"> • 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
<ul style="list-style-type: none"> • Risk Assessment • SWMS • Operators Manual • Maintenance Reports • Log Book • Certification/Competency of Operator • Fire Extinguisher • Seat Belt • Flashing Light • Forward & Reverse Beeper 	<ul style="list-style-type: none"> • 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...
<ul style="list-style-type: none"> • 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 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		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 <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"/>	

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.

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

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) <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	

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 <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	

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	
<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	Further Action Required	
<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 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 <input type="checkbox"/>	No <input type="checkbox"/>
Project details / Description of works / Organisation details are current	Yes <input type="checkbox"/>	No <input type="checkbox"/>
OHSE Policy signed and dated by Director/Manager	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hazards are identified and risks are assessed	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Controls for high risk activities are documented (Safe Work Method Statement(s))	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Training and Competency Register is current	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Site Specific Induction Training records are current	Yes <input type="checkbox"/>	No <input type="checkbox"/>
SWMS Training is current	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Roles and responsibilities are allocated and signed	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Consultation arrangements (nature, topics, intervals) are documented	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Plant / Equipment Register is current	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hazardous Substances / Dangerous Goods Register is current	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Personal Protective Equipment Register is current	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Periodic Workplace Inspection Checklists are completed	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Register of Injuries is current	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Incident Investigation Reports are completed	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hazard Reports are completed	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Electrical Equipment Register is current	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Injury Management and Return-to-Work Program is displayed	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Workers Compensation Information is current	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Items Identified for Correction			
---------------------------------	--	--	--

Outstanding Issues and Recommendations			
--	--	--	--

Follow up actions required	Yes <input type="checkbox"/> No <input type="checkbox"/>	When	
----------------------------	--	------	--

Completed By			
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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



VICTORIAN HANG GLIDING AND PARAGLIDING ASSOCIATION Site Assessment Report (ref. Parks Vic License, Schedule 1, para 3.2)

SITE

Site Name			Date of inspection	/ /
Site Inspected by		HGFA no. / Position		Signature
Report Reviewed by		HGFA no. / Position		Signature

RESULTS OF ASSESSMENT

Assessed as satisfactory at date of inspection?	Comments
– Yes/No	–

NOTES/ACTIONS

Items	Comments
–	–

CHECKLIST AID

CHECKLIST ITEMS	STATUS (tick appropriate box)			Describe action required (if any)
	Not Applicable	Good	Needs attention	
Site Guide contents for site				
Access track condition				
Emergency Marker Post				
Site signage				
Fencing/Barriers				
Set up area				
Launch area				
Launch structure				
Vegetation				
Clear of rubbish				
Other				

PLANS FOR MANAGEMENT OF SITE

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

Job Safety Analysis

Activity:
Location:

Date started:
Date completed:

Description of work activity

Person authorising JSA for use

Name: Edena Critch
Position: Area Chief Ranger

Personal protective equipment

- Hearing Eye and face Other
 Hand Respiratory

Training and competency requirements

-
-

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

- Hot work
 Confined space entry
 Excavation and trenching
 Fall restraint and arrest systems

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

-
-
-
-

Work activity health and safety risks

- | | |
|---|---|
| 1. <input type="checkbox"/> Risk of a person falling more than 2 metres | 7. <input type="checkbox"/> Work involving underwater diving |
| 2. <input type="checkbox"/> The removal or likely disturbance of asbestos | 8. <input type="checkbox"/> Work in, over or near water or liquids that involves a risk of drowning |
| 3. <input type="checkbox"/> Work in or near a confined space | 9. <input type="checkbox"/> Work on or near energised electrical installations or services |
| 4. <input type="checkbox"/> Work in or near a shaft or trench deeper than 1.5m | 10. <input type="checkbox"/> Work in an area that may have contaminated or flammable atmosphere |
| 5. <input type="checkbox"/> Work using poisons, baits or restricted use chemicals | 11. <input type="checkbox"/> Work on, in or adjacent to a road, railway or shipping lane that is in use |
| 6. <input type="checkbox"/> Work using firearms | 12. <input type="checkbox"/> Work in an area with movement of powered mobile plant |

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Job Safety Analysis

Activity:
Location:

Date started:
Date completed:

Job Step Steps required to perform the job in sequential order	Hazards For each job step, identify what can cause injury to those doing the work or to anyone else nearby	Control Measures 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
1.		
2.		
3.		
4.		
5.		

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Job Safety Analysis

Activity:
Location:

Date started:
Date completed:

Job Step Steps required to perform the job in sequential order	Hazards For each job step, identify what can cause injury to those doing the work or to anyone else nearby	Control Measures 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
6.		
7.		
8.		
9.		
10.		

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Job Safety Analysis

Activity:
Location:

Date started:
Date completed:

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 reached

Name: 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: _____

Contact number: _____

Supervisor: _____

Contact number: _____

<input type="checkbox"/> Mobile phone
<input type="checkbox"/> Satellite phone
<input type="checkbox"/> UHF radio
<input type="checkbox"/> Other:

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