
OCCUPATIONAL HEALTH & SAFETY PLAN

ELEMENTS: -

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1. CODE OF PRACTICE FOR INDUCTIONS:
 - **REFER TO APPENDIX-A**
 - A COPY OF THE CODE OF PRACTICE FOR INDUCTION'S SHOULD BE ISSUED TO THE OWNER, AND OR FOREMAN [OR ESTIMATOR] WHO WILL BE RESPONSIBLE FOR THE WORKS TO BE PERFORMED.
 - THIS WILL ENSURE THAT ALL RELEVANT DETAILS FOR EMPLOYEES OR SUBCONTRACTORS ARRIVE ON SITE PRIOR TO THEIR COMMENCEMENT.
 - IT IS THE RESPONSIBILITY OF EACH CONTRACTOR ON SITE TO SUPPLY RELEVANT PAPERWORK FOR EVERY SUBCONTRACTOR AND EMPLOYEE ENGAGED TO EXECUTE WORKS ON SITE.

2. SITE INDUCTION CHECK-LIST SHEET:
 - **REFER TO APPENDIX-B**
 - A COPY OF THE SITE INDUCTION SHOULD BE READ AND FULLY UNDERSTOOD BY ALL INDUCTEES AT TIME OF INDUCTION.

3. SITE INDUCTION REQUIREMENTS CHECK-LIST:
 - **REFER TO APPENDIX-C**
 - A COPY OF THE SITE INDUCTION REQUIREMENTS SHOULD BE FILLED OUT FOR ALL INDUCTEES AT TIME OF INDUCTION.
 - A COPY SHOULD BE KEPT ON SITE AS A RECORD OF THOSE WHO HAVE BEEN INDUCTED ONTO THE SITE.

4. SITE INDUCTION SHEET & EMPLOYEE REGISTER:
 - **REFER TO APPENDIX-D**
 - A COPY OF THE SITE INDUCTION & EMPLOYEE REGISTER SHOULD BE FILLED OUT FOR ALL INDUCTEES AT TIME OF INDUCTION.
 - A COPY SHOULD BE KEPT ON SITE AS A RECORD OF THOSE WHO HAVE BEEN INDUCTED ONTO THE SITE AND OF PRE-EXISTING MEDICAL CONDITIONS.

5. SITE EVACUATION PLAN:
 - **REFER TO APPENDIX-E**
 - A COPY OF THE EVACUATION PLAN SHOULD BE GIVEN TO ALL INDUCTEES AT TIME OF INDUCTION.
 - COPIES OF THE EVACUATION PLAN SHOULD BE PLACED IN EACH LUNCH SHED, CHANGE ROOM AND FIRST AID ROOM ALONG SIDE THE EMERGENCY PROCEDURE.
 - COPIES SHOULD ALSO BE PLACE ON THE OUTSIDE WALLS OF SHEDS WHERE IT CAN BE EASILY IDENTIFIED.

6. SITE EMERGENCY PROCEDURE:
 - **REFER TO APPENDIX-F**
 - A COPY OF THE EMERGENCY PROCEDURE SHOULD BE PLACED IN EACH LUNCH SHED, CHANGE ROOM AND FIRST AID ROOM.
 - ALSO ENSURE THAT ONE IS PLACE NEAR THE SITE OFFICE PHONE AND NEAR ANY PUBLIC PHONE THAT IS USED SOLELY BY THE SITE.
 - COPIES SHOULD ALSO BE PLACE ON THE OUTSIDE WALLS OF SHEDS WHERE IT CAN BE EASILY IDENTIFIED.

7. HAZARD IDENTIFICATION:

- **REFER TO APPENDIX-G**
- A COPY OF THE HAZARD IDENTIFICATION SHOULD BE ISSUED TO EACH CONTRACTOR PRIOR TO COMMENCEMENT ON SITE.
- THIS INFORMATION SHOULD ALSO BE RECEIVED BY SITE STAFF AND SAFETY STAFF PRIOR TO COMMENCEMENT ON SITE.

8. JOB SAFETY ANALYSIS:

- **REFER TO APPENDIX-H**
- A COPY OF THE JOB SAFETY ANALYSIS SHOULD BE ISSUED TO EACH CONTRACTOR PRIOR TO COMMENCEMENT ON SITE FOR THE ANALYSIS OF ANY TASKS THAT MAY BE DEEMED HAZARDOUS OR DANGEROUS.
- THIS INFORMATION SHOULD BE RECEIVED BY SITE STAFF AND SAFETY STAFF PRIOR TO COMMENCEMENT OF THE HAZARDOUS WORKS.

9. SAFETY INSPECTION SHEET:

- **REFER TO APPENDIX-I**
- A COPY OF THE SAFETY INSPECTION/ACTION ITEMS SHOULD BE USED, WHEN DEEMED NECESSARY, AFTER WEEKLY SAFETY WALKS.
- A COPY OF THE COMPLETED SAFETY INSPECTION/ACTION ITEMS SHOULD BE ISSUED TO THOSE RESPONSIBLE FOR REQUIRED RECTIFICATION.
- A COPY CAN ALSO BE ISSUED TO ANY SUBCONTRACTOR WHO DOES NOT RESPOND IN A REASONABLE TIME TO RECTIFY A SAFETY BREACH, WHEN ADVISED BY THE SAFETY COMMITTEE AND OR SITE MANAGEMENT STAFF.

10. INCIDENT REPORT SHEET:

- **REFER TO APPENDIX-J**
- IN THE EVENT OF AN INCIDENT, NEAR MISS OR ACCIDENT AN INCIDENT INVESTIGATION REPORT SHOULD BE COMPLETED.
- IF DEEMED REQUIRED A SAFETY INSPECTION CAN BE CARRIED OUT AND A SAFETY INSPECTION/ACTION ITEMS REPORT COMPLETED AND ISSUED TO THOSE RESPONSIBLE FOR REQUIRED RECTIFICATION.
- COPY SHOULD BE KEPT ON SITE AS A RECORD.
- ALSO ANY DEFICIENCIES IN ANY SAFETY PROCEDURE SHOULD BE ASSESSED AND REMEDIED.

11. DAILY DIARY REPORT SHEET:

- **REFER TO APPENDIX-K**
- THE SITE MANAGER/SUPERVISOR/FOREMAN OR OTHER RESPONSIBLE PERSON SHOULD BE DELEGATED TO KEEP A PROPER JOURNAL, RECORDING KEY INFORMATION AS IT RELATES TO THE BUILDING ACTIVITY ON A DAILY BASIS.
- COPY SHOULD BE KEPT ON SITE AS A RECORD.

12. ELECTRICAL TOOL/TAG REGISTER:

- **REFER TO APPENDIX-L**
- NOTE: ALL ELECTRICAL TOOLS MUSTS BE TAGGED EVERY 3-MONTHS.
- A REGISTER OF ALL ELECTRICAL TOOLS SHOULD BE KEEP ON-SITE, NOTING THE DATE OF LAST TAGGING, & DATE DUE FOR TAGGING.
- COPY SHOULD BE KEPT ON SITE AS A RECORD.

OCCUPATIONAL HEALTH & SAFETY PLAN

APPENDIX-A

SITE INDUCTION – CODE OF PRACTICE

STEP ONE:

- SUB-CONTRACTORS ARE REQUIRED TO INFORM RELEVANT SITE MANAGEMENT AT LEAST 24 HOURS (UNLESS OTHERWISE AGREED BY THE SITE MANAGER AND SHOP STEWARD) PRIOR TO ANY NEW STARTER.
- THIS MUST BE INCLUSIVE OF BOTH DIRECT EMPLOYEES AND ANY SUBCONTRACTORS STARTING WORK ON SITE.
- SUB-CONTRACTORS MUST ALSO SUBMIT ALL RELEVANT PAPERWORK TO THE SITE OFFICE AT THIS TIME FOR ASSESSMENT PRIOR TO COMMENCEMENT.

NOTE: - IT IS THE RESPONSIBILITY OF EACH SUB-CONTRACTOR ON SITE TO SUPPLY RELEVANT PAPERWORK FOR EVERY SUB-CONTRACTOR AND EMPLOYEE ENGAGED TO EXECUTE WORKS ON SITE.

RELEVANT PAPERWORK INCLUDES:

1. CURRENT PROOF OF PAYMENT FOR EMPLOYEES:
 - A. CONSTRUCTION INDUSTRY RED CARD
 - B. SUPERANNUATION [C+BUS] OR OTHER ACCEPTABLE SUPER FUND [AS PER EBA]
 - C. LONG SERVICE LEAVE SCHEME/FUND [CO-INVEST]
 - D. REDUNDANCY SCHEME [INCOLINK]
 - E. WORK-COVER INSURANCE DETAILS [CURRENT COVERAGE STATEMENT FROM INSURER]
 - F. OTHER MEMBERSHIP DETAILS AND PROOF OF PAYMENT AS APPLICABLE [E.G. UNION MEMBERSHIPS]
2. PROOF OF CURRENT PUBLIC LIABILITY INSURANCE COVERAGE
3. APPROVED OHS PLAN INCLUDING JOB SAFETY ANALYSIS SHEETS [AS ISSUED AT THE PRE-AWARD REVIEW] & MATERIAL SAFETY DATA SHEETS FOR ANY POTENTIALLY HAZARDOUS MATERIAL TO BE BROUGHT ONTO SITE.
4. EVIDENCE OF SIGNED CURRENT EBA AGREEMENT, (IF APPLICABLE).

STEP TWO

THE EMPLOYEES REPORT TO THE SITE OFFICE AT 7AM SHARP FOR THE SITE INDUCTION. FAILURE TO ARRIVE AT THE REQUIRED TIME OR ISSUE THE REQUIRED PAPERWORK WILL RESULT IN THE EMPLOYEES BEING SENT AWAY AND NOT INDUCTED THAT DAY.

NOTE: - NEITHER BUILDER NOR THE CLIENT WILL BE HELD RESPONSIBLE FOR ANY COSTS INCURRED DUE TO WORKERS NOT BEING INDUCTED (AND THEREFORE NOT BEING ABLE TO WORK ON SITE) DUE TO THE SUB-CONTRACTORS/COMPANY'S FAILURE TO ADHERE TO THE ABOVE INDUCTIONS PROCEDURE.

OCCUPATIONAL HEALTH & SAFETY PLAN

APPENDIX-B

SITE INDUCTION – REQUIREMENTS CHECK-LIST

PROJECT

1. FIRST AID ROOM LOCATED..... TREATMENT BY CERTIFIED FIRST AID OFFICER ONLY.
2. ALL PPE (PERSONAL PROTECTIVE EQUIPMENT) TO BE IN GOOD CONDITION AND WORN AT ALL TIMES. [I.E.: HARDHATS TO BE WORN ON HEAD, NO STEEL CAPS SHOWING]. ENFORCED BY ALL SUPERVISORY STAFF AND O.H.& S. REPRESENTATIVES.
3. NO ALCOHOL OR ILLEGAL DRUGS TO BE CONSUMED ON SITE.
4. ALL ACCIDENTS, INCIDENTS AND NEAR-MISSES MUST BE REPORTED TO THE O.H.& S REP. OR O.H.& S. OFFICER.
5. ALL ELECTRICAL EQUIPMENT IS TO HAVE CURRENT TAGS AND BE RECORDED IN REGISTER ON SITE.
6. ALL ELECTRICAL LEADS TO BE SUSPENDED (WITH INSULATED HOOKS) OVER-HEAD, VIA. EARTH-LEAKAGE PROTECTED SUPPLY.
7. ALL PLANT TO COMPLY WITH OH&S PLANT REGULATIONS, RISK ASSESSMENTS TO BE SUBMITTED, TOGETHER WITH EVIDENCE OF REGULAR MAINTENANCE, DETAILS OF CERTIFIED OPERATORS, ALL TO BE RECORDED ON A DAILY BASIS WITH THE SITE MANAGER.
8. LOW VELOCITY EXPLOSIVE TOOLS TO BE USED BY QUALIFIED AND ACCREDITED PERSONNEL.
9. HANDRAILS AND BARRIERS ARE NOT TO BE REMOVED WITHOUT PERMISSION OF SITE MANAGER AND O.H.& S. REPRESENTATIVE. ACTION WILL BE TAKEN IF THIS IS NOT ADHERED TO.
10. ALL SCAFFOLDS NO MATTER WHAT SIZE, MUST HAVE A "SCAFFOLD-TAG" SIGNED BY A TICKETED SCAFFOLDER. IF NO "SCAFFOLD-TAG", DO NOT USE SCAFFOLD. FAILURE TO COMPLY WITH THE ABOVE MAY RESULT IN A REPRIMAND AND RE-INDUCTION, OR RELOCATION OFF THE SITE.
11. ONLY O.H.& S. CERTIFIED PERSONNEL TO SPECIFIC TASKS [E.G. DOGMAN, SCAFFOLDER OR ELECTRICIAN].
12. HAZARDOUS MATERIALS ARE ONLY TO BE STORED ON SITE IN A DESIGNATED AREA ACCOMPANIED BY M.S.D.S'S
13. LADDERS/STEPLADDERS ARE TO BE USED CORRECTLY AND NOT IN THE VICINITY OF OPENINGS, NEAR EDGE OF BUILDINGS OR STAIRWELLS ETC. LADDERS MUST EXTEND 900MM ABOVE LANDINGS ETC.
14. WORKS UNDERTAKEN ABOVE 2.0M WILL REQUIRED TO BE CARRIED OUT WITH SUITABLE FALL-PROTECTION. IE. SCAFFOLD, WORK PLATFORMS OR SCISSOR LIFTS ETC.
15. IN CASE OF EMERGENCY WHERE A SITE EVACUATION IS REQUIRED – LONG CONTINUOUS BLASTS OF SIRENS WILL BE SOUNDED. WORK WILL CEASE IMMEDIATELY AND ALL PERSONNEL WILL PROCEED TO THE ASSEMBLY AREA NOTED ON THE SITE EVACUATION PLAN.
16. NO HAZARDOUS MATERIALS ARE TO BE BROUGHT ON SITE UNLESS PRECEDED BY A M.S.D.S. & A JOB SPECIFIC J.S.A. DRAWN UP.
17. ALL EXTRA-ORDINARY WORK REQUIRES A SIGNED AND ACCEPTED J.S.A. BEFORE THAT TASK COMMENCES.
18. A SAFETY WALK IS HELD ON A WEEKLY BASIS [MINIMUM] WITH A MEMBER FROM EACH TRADE/SUB-CONTRACTOR IN ATTENDANCE. A SAFETY MEETING IS TO BE HELD THE FOLLOWING DAY.
19. IF YOU HAVE ANY MEDICAL CONDITION [E.G. HIGH BLOOD PRESSURE], PLEASE INFORM FIRST AID OFFICER IN PRIVATE AFTER INDUCTION. A LIST OF THESE WILL KEPT IN THE FIRST-AID OFFICE.
20. FIRE EXTINGUISHER MUST BE PRESENT WITH ALL HOT WORK. OXY-ACETYLENE KITS MUST HAVE A FLASH-BACK ARRESTOR.
21. SITE AMENITIES ARE PROVIDED FOR YOUR CONVENIENCE. PLEASE USE THEM CORRECTLY AND LEAVE THEM CLEAN. EXCESSIVE CLEANING WILL BE CHARGED BACK TO THE SUB-CONTRACTOR.
22. PARKING IS LOCATED OUTSIDE THE SITE. PARKING MUST NOT BLOCK ANY ROAD ACCESS AS TRUCKS AND LARGE VEHICLES REQUIRE ACCESS [ALSO EMERGENCY VEHICLES MAY NEED ACCESS]. DO NOT COVER ANY ENTRY GATES.
23. ALL DEBRIS AND WASTE GENERATED BY CONSTRUCTION WORK MUST BE SWEEPED-UP AND PLACED IN THE BINS SUPPLIED ON EACH LEVEL OR IN EACH AREA ETC, ON A DAILY BASIS.
24. ALL SUB-CONTRACTORS/FOREMEN MUST ADVISE THE SITE MANAGER OF THE NUMBER OF WORKERS ON SITE ON A DAILY BASIS [BEFORE MORNING SMOKO].
25. ALL VISITOR/DELIVERIES FOR SUB-CONTRACTORS MUST REGISTER IN THE SIGN-IN BOOK LOCATED IN THE SITE OFFICE AND BE WEARING THE APPROPRIATE SAFETY EQUIPMENT.
26. PLEASE INFORM ONE DAY IN ADVANCE OF ANY WORK TO BE COMPLETED AFTER NORMAL WORKING HOURS SO THAT APPROPRIATE SUPERVISION CAN BE IN ATTENDANCE. THERE ARE TO BE NO SUB-CONTRACTORS WORKING ALONE AFTER HOURS.
27. DO NOT USE TOILETS/WASHING FACILITIES OF COMPLETED AREAS. PLEASE USE ONLY THE DESIGNATED SITE TOILET FACILITIES.
28. FAILURE TO COMPLY WITH THE ANY ABOVE MAY RESULT IN A REPRIMAND AND RE-INDUCTION, OR RELOCATION OFF THE SITE [DEPENDING ON THE SEVERITY OF THE BREACH].

OCCUPATIONAL HEALTH & SAFETY PLAN

APPENDIX-C

SITE INDUCTION –CHECK-LIST SHEET

PROJECT: _____

NAME OF INDUCTEE: _____

DATE: _____

BEFORE COMMENCING WORK ON SITE, EACH EMPLOYEE AND/OR SUB-CONTRACTOR IS TO BE MADE AWARE OF THE SPECIFIC SITE REQUIREMENTS RELEVANT TO THE ABOVE PROJECT.

AS AN EMPLOYEE, YOU ARE REQUIRED TO ACKNOWLEDGE THAT YOU HAVE FORMALLY BEEN TRAINED IN THE SITE RULES AND REQUIREMENTS AS THEY APPLY TO THIS SITE, SAFETY PROCEDURES AND EMERGENCY PROCEDURES.

PLEASE ACKNOWLEDGE YOU HAVE BEEN TRAINED IN/ARE AWARE OF THE FOLLOWING:

	YES	NO
SITE SHED, TOILET & AMENITIES LOCATIONS		
FIRST AID KIT LOCATION & NOMINATED FIRST-AIDERS		
GENERAL PPE REQUIREMENTS		
STEEL CAPPED BOOT REQUIREMENTS		
HARD HAT REQUIREMENTS		
EXPLOSIVE TOOL REQUIREMENTS		
FALL HAZARD & SCAFFOLD REQUIREMENTS		
ELECTRICAL TOOL & LEAD SAFETY REQUIREMENTS		
DRUG & ALCOHOL REQUIREMENTS		
VEHICLE PARKING REQUIREMENTS		
SECURITY OF SITE REQUIREMENTS [INC. SHED & SITE ACCESS]		
ACCESS REQUIREMENTS [INC. SCAFFOLDING/LADDERS]		
PUBLIC SAFETY AROUND THE WORK SITE AREA		
PROJECT WORK METHOD STATEMENT		
PROJECT HAZARD IDENTIFICATION METHODS		
M.S.D.S. REQUIREMENTS		
EMERGENCY PROCEDURES & PHONE NUMBERS		
EQUIPMENT/PLANT SAFETY PROCEDURES		
PLANT REGULATIONS & CERTIFIED OPERATION		
HOUSE KEEPING REQUIREMENTS		
HAZARDS AROUND THE SITE [I.E. POWERLINES ETC].		
ZERO TOLERANCE ON SAFETY POLICY BREACHES		
OTHER:		

I ACKNOWLEDGE THAT I HAVE BEEN TRAINED IN/ARE AWARE OF ALL OF THE ABOVE SITE SPECIFIC REQUIREMENTS AND RULES.

SIGNED: _____

DATE: _____

O. H. & S. PLAN



OCCUPATIONAL HEALTH & SAFETY PLAN

APPENDIX-D

SITE INDUCTION SHEET & EMPLOYEE REGISTER

PROJECT: _____

COMPANY: _____ PHONE: _____

EMPLOYEE NAME: _____ DATE: _____

TRADE CLASSIFICATION: _____

DATE OF BIRTH: _____ AGE: _____ PHONE: _____

ADDRESS: _____

PERSON TO IDENTIFY
IN CASE OF EMERGENCY: _____ PHONE: _____

SKILLS / TICKETS / TRADE QUALIFICATION / CLASS: _____

PRE-EXISTING MEDICAL CONDITIONS: _____

CONSTRUCTION SAFETY COURSE (Red Card): FUND No: _____

WORKERS COMPENSATION FUND: FUND No: _____

UNION MEMBERSHIP: FUND No: _____

LONG SERVICE REG.: FUND No: _____

SUPERANNUATION SCHEME: FUND No: _____

REDUNDANCY FUND: FUND No: _____

INDUCTED BY: _____

SIGNED: _____

DATE: _____

OCCUPATIONAL HEALTH & SAFETY PLAN

APPENDIX-E

SITE EVACUATION PLAN

PROJECT:

ANY SITE WORKER UPON DISCOVERING SOME POTENTIALLY DANGEROUS, OR EMERGENCY SITUATION, IS TO REPORT IMMEDIATELY TO THE SITE MANAGER.

IF EMERGENCY SITE EVACUATION IS REQUIRED – LONG CONTINUOUS BLASTS OF SIRENS, HORNS OR OTHER ALARM WILL BE SOUNDED BY THE SITE MANAGER.

THE SITE MANAGER WILL IMMEDIATELY CONTACT ANY EMERGENCY SERVICES AS MAY BE REQUIRED, & AWAIT THEIR ATTENDANCE.

WORK WILL CEASE IMMEDIATELY AND ALL PERSONNEL WILL PROCEED TO THE ASSEMBLY.

ANY MAN MATERIALS HOIST/LIFT WILL STOP IMMEDIATELY AFTER THE SIREN SOUNDS.

PROCEED IN AN ORDERLY MANNER TO THE ASSEMBLY AREA AND ADVISE ANY OTHER PERSONS OF THE EMERGENCY AND MUSTER POINTS.

NOTE STAIRS AND LADDERS SHOULD BE USED TO EXIT ELEVATED AREAS.

ONCE ASSEMBLED IN THE DESIGNATED AREA REMAIN CALM. A HEAD COUNT SHOULD BE DONE BY EACH FOREMAN TO ENSURE THAT NO PERSONS ARE LEFT ON THE SITE.

THE SITE MANAGER WILL TAKE DIRECTION FROM THE EMERGENCY SERVICES PERSONNEL.

THE SITE MANAGER WILL ADVISE AS TO WHEN THE SITE IS SAFE TO RESUME, OR TO SUSPEND WORKS FOR THE BALANCE OF THE DAY.

SITE PLAN SHOWS THE ASSEMBLY AREA: -

**- SCALED-DOWN VERSION
OF THE
SITE & BUILDING AREAS.**

**- SHOWING SAFE
EVACUATION
ROUTES AND MUSTER
POINTS.**



OCCUPATIONAL HEALTH & SAFETY PLAN

APPENDIX-F

EMERGENCY PROCEDURE

PROJECT:

- A) UPON THE EVACUATION WARNING BEING GIVEN ALL EMPLOYEES ARE TO TURN OFF ALL TOOLS AND MACHINERY, (IF SAFE TO DO SO), AND PROCEED IN AN ORDERLY MANNER TO THE EVACUATION ASSEMBLY AREA. THIS AREA IS SHOWN ON THE PLAN PROVIDED TO ALL INDIVIDUALS AT THEIR INDUCTION AND DISPLAYED IN ALL SHEDS.
- B) UPON REACHING THE ASSEMBLY AREA THE FOREMAN OR LEADING HAND OF THE INDIVIDUAL WORK GROUPS WILL UNDERTAKE A HEAD COUNT TO ENSURE NO PERSON/S ARE LEFT ON SITE.
- C) SITE MANAGER TO CONTROL, COORDINATE AND ENSURE NO PERSON/S ARE LEFT ON SITE AND THAT WORKGROUPS HAVE ALL DONE RESPECTIVE HEAD COUNTS.
- D) IF DEEMED APPLICABLE THE SITE MANAGER (OR OTHER RESPONSIBLE PERSON) WILL PHONE EMERGENCY SERVICES.
- E) IF THE SCENARIO ARISES THAT THERE ARE INJURED PERSON/S ON SITE, SAFETY REP. AND FIRST-AIDER WITH VOLUNTARY ASSISTANCE, PROVIDING IT IS SAFE TO DO SO, TREAT INJURIES UNTIL THE EMERGENCY CREWS ARRIVE ON SITE AFTER WHICH THEY TAKE OVER NOBODY IS TO RE-ENTER THE SITE UNTIL THE EMERGENCY CREW/S HAVE GIVEN THE SITE MANAGER THE ALL CLEAR [ONLY AFTER A FULL SAFETY INVESTIGATION HAS TAKEN PLACE WITH ALL RELEVANT PERSON/S TO DETERMINE WHY THE SITE WAS EVACUATED AND OR PERSON/S INJURED AS TO ENSURE THERE IS NO REPEAT].

EMERGENCY CONTACT NUMBERS:

AMBULANCE/POLICE/FIRE:	PHONE	000
POWER SUPPLY COMPANY:	PHONE.....	
GAS SUPPLY COMPANY:	PHONE.....	
WATER SUPPLY COMPANY	PHONE.....	

NEAREST HOSPITAL IS: PHONE.....

LOCATED AT: MEL/REF.....

NEAREST DOCTOR/MEDICAL CENTRE IS: PHONE.....

LOCATED AT: MEL/REF.....

NEXT NEAREST DOCTOR/MEDICAL CENTRE IS: PHONE.....

LOCATED AT: MEL/REF.....

THE FIRST AID KIT IS LOCATED:

THE NOMINATED FIRST-AIDERS ARE:

- 1)
- 2)
- 3)

SITE CONTACT NUMBERS:

.....	[SITE MANAGER]:	MOBILE:
.....	[SHOP STEWARD]:	MOBILE:
.....	[DIRECTOR]:	MOBILE:
.....	[CONSTRUCTION MANAGER]:	MOBILE:
.....	[OFFICE]:	BH FAX

OCCUPATIONAL HEALTH & SAFETY PLAN

APPENDIX-G

HAZARD IDENTIFICATION

PROJECT: _____

PERSON IDENTIFYING: _____ POSITION: _____ DATE: _____

IDENTIFY AND NOTE DOWN ANY HAZARDS THAT MAY CAUSE HARM:

<u>ITEMS:</u>	<u>IDENTIFIED HAZARDS:</u>
1) BASIC BEGINNINGS <ul style="list-style-type: none"> • SAFETY POLICY, & COMMITTEE IN PLACE: • SAFETY SIGNS DISPLAYED: • SITE INDUCTION OF ALL EMPLOYEES: 	
2) WHERE YOU WORK LOOK FOR: <ul style="list-style-type: none"> • BUILDINGS / DRIVEWAYS: • STAIRS/FIRE EXITS: • ACCESS/LADDERS: • PLACEMENT OF RUBBISH BINS: • PLACEMENT OF SHEDS / EQUIPMENT: 	
3) WHAT MOVES LOOK FOR: <ul style="list-style-type: none"> • FORKLIFTS, MECHANICAL PLANT, BLADES ETC: • VEHICLE MOVEMENTS, ACCESS ROADS: • PEOPLE MOVEMENTS, CLEAR WALKWAYS: 	
4) WHAT SUBSTANCES YOU WORK WITH <ul style="list-style-type: none"> • LOOK FOR: <ul style="list-style-type: none"> • PAINTS/SOLVENTS: • PETROL/DIESEL: FUELS: • GASSES, FUMES & VAPOURS: 	
5) WHAT EQUIPMENT IS USED: <ul style="list-style-type: none"> • PLANT & MAINTENANCE REGISTER: • NOISE & EXHAUST EMISSIONS: • ELECTRICAL TAGGING & LEADS: • OPERATOR QUALIFICATIONS: • PROTECTIVE CLOTHING: 	
6) HOW & WHERE THINGS ARE USED: <ul style="list-style-type: none"> • OPEN AIR/CONFINED SPACES: • LIFTING/MANUAL-HANDLING REQUIREMENTS: 	
7) HOW YOU DO THINGS: <ul style="list-style-type: none"> • THE WAY YOU MOVE HEAVY OBJECTS: • SCAFFOLDING/ACCESSING AREAS: • BOOMS/SCISSOR LIFTS/SWING STAGES: 	
8) CLEANING MAINTENANCE & REPAIRS: <ul style="list-style-type: none"> • THE WAY YOU DISPOSE OF RUBBISH: • EQUIPMENT IS PROPERLY SERVICED: • ELECTRICAL TAGS ARE UP TO DATE: 	
COMMENTS:	

O. H. & S. PLAN

APPENDIX-H JOB SAFETY ANALYSIS Sheet 1 of 2



BUILDERS, CIVIL CONTRACTORS AND THE LAW

THE OCCUPATIONAL HEALTH AND SAFETY (OHS) LEGISLATION IMPOSES DUTIES ON EMPLOYERS, SELF-EMPLOYED, EMPLOYEES, CONTRACTORS AND OTHERS WHO EXERCISE CONTROL OVER A WORKING ENVIRONMENT.

OF COURSE GOOD MANAGEMENT OF HEALTH AND SAFETY CAN ALSO SAVE MONEY! THIS IS BECAUSE BEING PRO-ACTIVE WILL:

- * IMPROVE WORKER MORALE LEADING TO HIGH PRODUCTION
- * IMPROVE METHODS OF WORK
- * ASSIST IN SATISFYING YOUR CLIENTS
- * LOWER THE INCIDENCE OF WORKERS COMPENSATION CLAIMS
- * MINIMISE WORK STOPPAGES DUE TO SAFETY DISPUTES, INVESTIGATION OF INCIDENTS, ETC
- * REDUCE THE POSSIBILITY OF ACTION FROM WORKCOVER.

THIS JOB SAFETY ANALYSIS HAS BEEN DEVELOPED TO PROVIDE AN EASILY UNDERSTOOD METHOD FOR BUILDING AND CIVIL CONTRACTORS TO BECOME PRO-ACTIVE IN MANAGING HEALTH AND SAFETY AS PART OF THEIR EVERYDAY MANAGEMENT STRATEGY.

THE BENEFITS FOR CONTRACTORS:

- * LESS HEALTH AND SAFETY RELATED INCIDENTS
- * BETTER ON-SITE COMMUNICATION WITH THEIR SUBCONTRACTORS
- * A TRANSPORTABLE PLANNING TOOL WHICH ONLY REQUIRES SITE SPECIFIC UPDATING
- * ASSIST THEM IN MEETING BASIC HEALTH AND SAFETY RESPONSIBILITIES.

SITE MANAGEMENT INCLUDES SAFETY MANAGEMENT

SAFETY SHOULD NOT BE REGARDED AS SEPARATE FROM OTHER ASPECTS OF MANAGEMENT'S ROLE. IT SHOULD BE A CRUCIAL ASPECT OF DAY-TO-DAY MANAGEMENT. PRINCIPAL CONTRACTORS, SITE FOREMEN, LEADING HANDS, SUBCONTRACTORS AND EMPLOYEES ALL HAVE A PART TO PLAY IN INTEGRATING HEALTH AND SAFETY INTO THEIR DAILY ROUTINES.

THE BUILDING BLOCKS OF GOOD HEALTH AND SAFETY MANAGEMENT INCLUDE SUPERVISION, COMMUNICATION, PLANNING, COORDINATION, INSPECTION AND WHEN REQUIRED, TRAINING.

SUBCONTRACTOR'S ROLE

BUILDERS HAVE A HEALTH AND SAFETY RESPONSIBILITY TO THE WAY THE WHOLE SITE IS MANAGED AND TO ANY ACTIVITY THEY HAVE DIRECT CONTROL OVER (OR WOULD HAVE HAD OVER, BUT FOR AGREEMENT WITH THE CONTRACTOR TO THE CONTRARY). SUBCONTRACTORS HAVE A HEALTH AND SAFETY RESPONSIBILITY FOR THE WORK THEY HAVE CONTROL OVER
THE ROLE OF THE SUBCONTRACTOR IS THEREFORE TO DOCUMENT THE TASKS THEY HAVE CONTROL OVER ON A BUILDING AND CONSTRUCTION SITE AND MANAGE THOSE TASKS AS DOCUMENTED. NATURALLY NOT ALL SUBCONTRACTORS WILL HAVE UNDERTAKEN THE JSA APPROACH AND THE SITE FOREMAN OR DELEGATED OFFICER SHOULD BE PREPARED TO SIT DOWN AND ASSIST A SUBCONTRACTOR TO ASSIST THE JSA.

A SIMPLE APPROACH

JOB SAFETY ANALYSIS (JSA).

THIS GUIDANCE HAS BEEN DEVELOPED IN CONSULTATION WITH THE MBAV, MTIA (VIC), TRADES HALL COUNCIL AND WORKCOVER.

THE JSA PROCESS NEED NOT REQUIRE ENORMOUS AMOUNTS OF TIME NOR ENDLESS REAMS OF PAPER. THE APPROACH SUGGESTED REQUIRES A FEW MINUTES OF YOUR TIME PRIOR TO EACH SIGNIFICANT TASK.

THE JSA APPROACH PROCESS RECOGNISES DIFFERENT TRADES DO DIFFERENT TASKS, MANY TASKS UNDERTAKEN ON BUILDING AND CONSTRUCTION SITES ARE UNDERTAKEN ROUTINELY. THEY HAVE BEEN DONE LIKE THAT FOR YEARS. SOME OF THESE TASKS ARE DONE SAFELY. SOME ARE NOT. LUCK SHOULD NOT BE A PART OF WHETHER SOMEONE GETS INJURED OR NOT. STATISTICS INDICATE THAT THE MOST FREQUENT WAY IN WHICH BUILDING AND CONSTRUCTION WORKERS ARE KILLED ARE THROUGH;

- * FALLS, PARTICULARLY OFF ROOFS,
- * NOT RECOGNISING THE DANGERS OF PLANT AND MACHINERY, AND
- * ELECTROCUTION.

THE MAJORITY OF INJURIES WHICH OCCUR ON BUILDING SITES RELATE TO MANUAL HANDLING I.E., LIFTING, PUSHING, PULLING OR STRETCHING.

IT IS THEREFORE ESSENTIAL THAT THOSE DOING THE TASKS KNOW THE BEST AND SAFEST WAY OF COMPLETING THE TASK. IT IS ALSO ESSENTIAL TO INCLUDE WORKERS AND SUBCONTRACTORS IN THE DEVELOPMENT OF THE JSA WHERE APPROPRIATE. THIS COULD BE DONE AT TOOL BOX MEETINGS.

FIVE STEPS TO EFFECTIVE JSA

1. DOCUMENT THE ACTIVITY
ASSEMBLE THOSE INVOLVED IN THE ACTIVITY AND THEN, USING THE PROFORMA ATTACHED, WRITE DOWN IN STEP-BY-STEP FORM THE TASKS THAT MAKE UP THE ACTIVITY.
2. IDENTIFY THE HAZARDS
NEXT TO EACH TASK IDENTIFY WHAT PART OF THE TASK MAY CAUSE INJURY TO THOSE ENGAGED IN THE TASK OR OTHERS IN THE VICINITY
3. DOCUMENT THE CONTROL MEASURES
FOR EACH IDENTIFIED HAZARD, ASSESS THE ASSOCIATED LEVEL OF RISK TO THOSE INVOLVED, AND THEN LIST THE CONTROL MEASURES REQUIRED TO ELIMINATE OR MINIMISE THOSE RISKS.
4. IDENTIFY WHO IS RESPONSIBLE
DOCUMENT THE NAME OF THE PERSON RESPONSIBLE FOR IMPLEMENTING THE CONTROL MEASURE.
5. MONITOR AND REVIEW
ENSURE SUPERVISION OF THE ACTIVITY TO ENSURE THE DOCUMENTED PROCESS IS FOLLOWED. REVIEW THE MANNER IN WHICH IT IS CARRIED OUT IF IT IS WARRANTED DUE TO ANY CHANGE, CHANGE OF PERSONNEL OR AFTER AN APPROPRIATE LENGTH OF TIME.

REMEMBER.....

- A. THE JSA PROVIDES A WRITTEN RECORD OF THE PROCESS TO BE USED TO PROCEED ON A TASK. AS IT IS A RECORD THAT CAN BE USED IN COURT, IT SHOULD BE SIGNED OFF BY THE PARTIES WHO HAVE RESPONSIBILITY FOR THE TASKS.
- B. THE JSA IS ONLY A WRITTEN RECORD. MANAGEMENT PROCESSES MUST BE IN PLACE TO ENSURE WORKERS HAVE THE SKILLS TO COMPLETE THE JOB AND THAT THERE IS A REQUIRED LEVEL OF SUPERVISION TO ENSURE THE TASKS ARE COMPLETED AS DOCUMENTED.
- C. THE JSA SHOULD BE COMPLETED BY ALL EMPLOYEES INVOLVED IN THE ACTIVITY, NOT JUST THE PRINCIPAL CONTRACTOR OR SUPERVISOR.

HIGH RISK TASKS

THE FOLLOWING IS A LIST OF HIGH RISK TASKS FOR WHICH A JSA APPROACH COULD INITIALLY BE UNDERTAKEN. OVER TIME IT IS RECOMMENDED THAT CONTRACTORS COMPILER JOSÉ'S FOR ALL TASKS ON BUILDING SITES.

- * TRENCHING AND EVACUATION
- * WORK AT HEIGHTS, PARTICULARLY ROOFS
- * WORKING WITH CONSTRUCTION MACHINERY
- * WORKING NEAR POWER LINES
- * LIFTING HEAVY WEIGHTS
- * ENTERING A CONFINED SPACE
- * WORKING WITH CHEMICALS AND/OR HAZARDOUS SUBSTANCES
- * WORKING IN PUBLIC PLACES
- * WORKING NEAR GAS OR ELECTRICITY
- * WORKING WITH/NEAR ASBESTOS OR LEAD
- * STEEL ERECTION
- * PILING
- * WELDING WORKING WITH CRANES
- * REMOVAL OF ASBESTOS
- * ERECTION AND DISMANTLING OF FORMWORK
- * DEMOLITION

REMEMBER 88% OF DEATHS ON BUILDING AND CONSTRUCTION SITE IN VICTORIA SINCE 1985 HAVE BEEN DUE TO FALLS, ELECTROCUTION OR CONTACT WITH HEAVY MACHINERY.

THE JSA WORKSHEET ON THE REVERSE MAY BE PHOTOCOPIED IF ADDITIONAL SPACE IS REQUIRED.

A SOLICITOR'S VIEW

THE FOLLOWING INFORMATION IS QUOTED FROM PETER BARBER, A PARTNER IN THE MELBOURNE OFFICE OF DEACONS GRAHAM & JONES, SOLICITORS. (#1)

"I HAVE OFTEN HAD TO LISTEN TO ARGUMENTS IN COURT TO THE EFFECT THAT MY CLIENT HAD INSTITUTED SAFETY PROCEDURES BUT HAD FAILED TO ENSURE THEY WERE CARRIED OUT. THIS SORT OF FAILURE CAN PROVIDE GROUNDS FOR CHARGES OF RECKLESSNESS, BECAUSE THERE CAN BE NO ARGUMENT THAT THE EMPLOYER DID NOT APPRECIATE THE RISK."

"IN RECENT MONTHS WE HAVE HAD TO DEFEND MANAGERS AGAINST CHARGES OF MANSLAUGHTER AND CRIMINAL NEGLIGENCE, AND COMPANIES ACCUSED OF POSSIBILITY FOR, OR CONTRIBUTION TO WORKPLACE FATALITIES."

"THESE DAYS MOST EMPLOYERS ARE AWARE OF THE NEED FOR SAFETY INDUCTION FOR SUBCONTRACTORS AND GET THEM TO SIGN AN ACKNOWLEDGMENT AT THE BACK OF A SAFETY BOOKLET

O. H. & S. PLAN

APPENDIX-I

SITE SAFETY INSPECTION SHEET



PROJECT: _____
ATTENDEES: -1 _____
 -2 _____
 -3 _____

DATE: - ____ / ____ / ____
TIME: - ____ : ____ / M

HAZARD CLASSIFICATION KEY:

'A' – CONDITION OR PRACTICE THAT IS DANGEROUS AND REQUIRES IMMEDIATE ACTION.

'B' – CONDITION OR PRACTICE THAT IS LESS DANGEROUS THAN A BUT REQUIRES PROMPT ACTION THAT DAY.

'C' – CONDITION OR PRACTICE THAT IS POTENTIALLY DANGEROUS WHICH NEEDS SOME ADMINISTRATIVE ATTENTION.

ITEM	CONDITION OR PRACTICE	NO HAZARD	HAZARD	KEY	ITEM	CONDITION OR PRACTICE	NO HAZARD	HAZARD	KEY
A	ADMINISTRATION				D	ELECTRICAL			
1	ENFORCING SAFETY POLICY				16	SUFFICIENT TEMPORARY POWER			
2	APPROPRIATE SAFETY SIGNS DISPLAYED				17	RCD'S ON ALL CIRCUITS			
3	INDUCTION OF ALL EMPLOYEES				18	SWITCHBOARD TESTED			
B	WORK AREAS				19	LEADS TAGGED CORRECTLY			
4	HOUSEKEEPING				20	LEAD STANDS IN USE			
5	ADEQUATE LIGHT				E	WORK PLATFORMS / SCAFFOLDS			
6	SUFFICIENT VENTILATION				21	SUITABLE WORK PLATFORMS BEING USED			
7	EXCESSIVE NOISE				22	MOBILE SCAFFOLDS IN GOOD ORDER			
8	FUMES, DUST AND GASES				23	SCAFFOLDS ERECTED CORRECTLY			
9	CLEAR WALKWAYS				24	EDGE PROTECTION PROVIDED			
10	LADDER ACCESS AND HANDRAILS				F	STORAGE AREAS			
11	EMERGENCY EXITS CLEAR				25	DESIGNATED AREAS			
C	HAND AND POWER TOOLS				26	APPROPRIATE SIGNAGE			
12	TAGGED CORRECTLY				G	PLANT AND EQUIPMENT			
13	MAINTAINED				27	MAINTENANCE RECORDS			
14	IN GOOD WORKING ORDER				28	SAFETY CHECKS			
15	SAFETY GUARDS IN PLACE				H	FIRE PROTECTION			
					29	FUNCTION OF EQUIPMENT			
					30	ASSEMBLY AREA DESIGNATED			

OCCUPATIONAL HEALTH & SAFETY PLAN

APPENDIX-J

INCIDENT REPORT SHEET

PROJECT: _____

EMPLOYER DETAILS:

NAME OF EMPLOYER: _____ TELEPHONE _____
ADDRESS OF EMPLOYER: _____

INJURED PERSON:

SURNAME: _____ GIVEN NAMES: _____
AGE: _____ MALE: FEMALE: TIME OF INCIDENT: _____
NAME: _____
ADDRESS: _____ TELEPHONE: _____
NEXT OF KIN: _____ TELEPHONE: _____

DETAILS OF INCIDENT OR INJURY:

DATE OF INCIDENT / INJURY: _____ TIME OF INCIDENT / INJURY: _____
TYPE OF INCIDENT / INJURY: _____
PART OF THE BODY AFFECTED: _____
HOW DID THE INCIDENT / INJURY HAPPEN: _____

WORKPLACE LOCATION: _____
NAMES OF WITNESSES: _____

DETAILS TREATMENT:

FIRST AID: BY WHOM: ? _____ DOCTORS VISIT?:
HOSPITAL: OTHER [PLEASE SPECIFY]: _____
TIME OFF: No. OF DAYS [IF KNOWN]: _____
WHAT ACTION HAS BEEN TAKEN TO PREVENT REOCCURRENCE?: _____

DETAILS OF REPORT:

SIGNATURE: [COMPLETING REPORT]: _____ DATE: _____
INJURED PERSONS SIGNATURE: _____ DATE: _____
SIGNATURE OF WITNESSES': _____ DATE: _____
EMPLOYERS SIGNATURE: _____ DATE: _____

O. H. & S. PLAN



OCCUPATIONAL HEALTH & SAFETY PLAN APPENDIX-K

DAILY DIARY REPORT SHEET

PROJECT: _____

DATE: ____ / ____ / ____

WEATHER [AM]: _____ WEATHER [PM]: _____

MAJOR ACHIEVEMENTS [IE SLAB POURED, POWER CONNECTED, ETC] _____

<u>PERSONNEL:</u>	<u>No.:</u>	<u>ACTIVITY [FURTHER ACTION & DATE REQ'd. BY]:</u>
•		
•		
•		
<u>SUB-TRADES:</u>		
•		
•		
•		
•		
•		
•		
•		
•		
<u>DELIVERIES:</u>		<u>COMMENT/NOTE [ie. MSDS REJECT'd, DEL'd LATE]</u>
•		
•		
•		
<u>VISITORS:</u>		
•		
•		
<u>PLANT & EQUIPMENT:</u>		<u>ON HIRE/OFF HIRE [NOTE JOB/ON/OFF HIRE No.]:</u>
•		
•		
•		
<u>FURTHER COMMENTS:</u>		
•		

