



1.0 HEALTH, SAFETY & ENVIRONMENT POLICY

1.1 Policy

“Insert Company Name Here” is committed to ensuring the health, safety and welfare of all their employees, employees, contractors and/or sub-contractors, customers, and visitors to their sites. It is also committed to maintaining pollution-free operating practices and to comply with any relevant standards and guidelines.

All levels of employees, contractors and/or sub-contractors are to acquaint themselves fully with the contents of this policy statement to ensure compliance within their area of responsibility.

“Insert Company Name Here”'s Occupational Health and Safety Program is the guide to safe operation and pollution prevention for all “Insert Company Name Here” company locations. This Occupational Health & Safety Program and applicable policies and procedures conform to the Occupational Health and Safety Regulations of Australia WHS Regulations & Guidelines and the Australia Environmental Protection Agency.

1.2 Objectives

The “Insert Company Name Here” intends to provide a safe workplace by:

- Developing a comprehensive occupational health, safety, environment and welfare program;
- Assigning responsibility to all levels of management for compliance with all aspects of this program;
- Continuously identifying hazards in the workplace and either eliminating them or reducing the risk associated with them;
- Providing appropriate training, instruction and education to all employees, contractors and/or sub-contractors; and
- Enforcing this policy equally among employees, contractors and/or sub-contractors, customers and visitors.

1.3 Responsibilities

All employees, contractors and/or sub-contractors have a duty to maintain vigilance and foresight in identifying and correcting hazards to health, safety or the environment. When necessary, they are to contact their Supervisor to take the appropriate steps to eliminate or reduce mitigate hazards at work. The Joint Health and Safety Committee and/or Safety Representative including Management will be contacted where doubt or uncertainty may exist with respect to appropriate actions to be taken.

All employees, contractors and/or sub-contractors have a regulatory duty to take reasonable care of themselves and others that may be affected by their acts or omissions. They are expected to know and comply with the requirements of this policy and the health and safety policies and procedures that specifically apply to any worksite and/or department.

1.4 Commitment Statement

By placing my signature below, I personally endorse this policy and expect that all employees, contractors and/or sub-contractors have the same high level of commitment that I do to the health, safety and welfare of our employees, contractors and/or sub-contractors, contractors, customers, visitors, our clients and the general public at large to the protection of the environment affected by our operating procedures.

Signature: Manager of “Insert Company Name Here”

Date Signed



2.0 RIGHTS AND RESPONSIBILITIES POLICY

2.1 Policy

“Insert Company Name Here” is committed to ensuring the health and safety of all their employees, contractors and/or sub-contractors and visitors to their sites. All levels of employees, contractors and/or sub-contractors have certain responsibilities when it comes to ensuring the health, safety and welfare of themselves and their fellow employees, contractors and/or sub-contractors.

2.2 Employer Responsibilities

1. Provide a safe and healthy workplace;
2. Develop, initiate and maintain a comprehensive Occupational Health and Safety Program;
3. Appoint company Joint Health and Safety Committee and/or Safety Representative members;
4. Ensure that regular safety inspections are conducted and appropriate follow up action is taken as necessary to correct all unsafe conditions;
5. Ensure accident/incident investigations are conducted and appropriate follow up action is taken as necessary to correct all unsafe conditions;
6. Ensure all employees, contractors and/or sub-contractors are adequately trained and educated in all company safe work procedures, safe operating procedures and policies;
7. Ensure that regular management and safety meetings are held;
8. Provide personal protective equipment and conduct training in the use and maintenance of such equipment;
9. Maintain safety records, documents and statistics; and
10. Provide First Aid and its facilities.

2.3 Supervisor Responsibilities

1. Ensure that all new employees, contractors and/or sub-contractors receive a safety orientation when they start employment with “Insert Company Name Here”;
2. Ensure compliance by all employees, contractors and/or sub-contractors and outside contractors under their supervision with the company’s safe work procedures, safe operating procedures and policies;
3. Ensure that all employees, contractors and/or sub-contractors under their supervision are adequately trained and are properly instructed in the safe performance of their tasks;
4. Conduct regular departmental safety inspections of their areas including both equipment and work practices;
5. Investigate all accidents and/or incidents involving their employees, contractors and/or sub-contractors and complete the “Insert Company Name Here” Accident Investigation Report – taking whatever corrective action is necessary to prevent future similar accidents; and
6. Investigate and correct any alleged unsafe conditions in their area and ensure that proper follow-up action is taken.



2.4 Employee Responsibilities

1. Learn, follow and comply with all company safe work procedures, safe operating procedures and policies;
2. Comply with Australia WHS Regulation, Employee, contractor and/or sub-contractors Australia WHS OSH Regulations and Australia Environmental Protection Agency;
3. Report any unsafe conditions to their Supervisor immediately;
4. Participate and make recommendations in correcting unsafe conditions and the overall health and safety program;
5. Ensure personal protective equipment is properly used where required; and
6. Report any injury to the First Aid Department and/or their Supervisor immediately.

2.5 Contractors and Sub-contractors Responsibilities

Each contractor shall take reasonable care to protect his employee, contractor and/or sub-contractor's health and safety as well as the health and safety of other employee, contractor and/or sub-contractors who may be affected by his/her acts or omissions. The basic responsibilities include, but are not limited to, the following:

1. Planning work with health and safety considerations;
2. Following a health and safety program that is structured to meet the needs of the job site as well as the pertinent Legislation;
3. Participating in the site safety systems;
4. Co-operating with the site personnel and other contractors in all matters of health and safety;
5. Advising the appropriate site personnel of all health and safety matters which may impact on the operation of the site (includes incidents and hazards);
6. Conducting regular inspections of their work area while on site;
7. Conducting an investigation in the event of an incident and to provide site personnel with a copy of the investigation report;
8. Holding regular structured tail board meetings with employee, contractor and/or sub-contractors on site in addition to pre-job meetings as needed;
9. Understanding and following the Emergency Response Plan;
10. Participating in site processes such as emergency drills;
11. Promoting health and safety at all times while on site;
12. Conducting safety orientations with company employees, contractors and/or sub-contractors; and
13. Maintain safety program certification requirements and audit standards required by industry or association.

2.6 Visitors Responsibilities

1. Report to the office prior to accessing any worksite;
2. Do not proceed until you have been orientated and have been given permission to do so;
3. Follow orientation guidelines and rules;
4. Obey all warning and instructional signs;
5. Do not enter restricted areas;
6. Where applicable, wear proper personal protective equipment; and
7. Report any unsafe conditions or incidents to project personnel.



3.0 HAZARD AND RISK MANAGEMENT POLICY

3.1 Policy

The management of “Insert Company Name Here” is responsible for developing a system of risk management that is based on the process of hazard identification, evaluation and control. The hazard identification and risk management process must be clearly understood by all company employees, contractors and/or sub-contractors and the company is committed to providing training and instruction in this discipline.

3.2 Process

The hazard and risk management system is based on the following criteria:

- a. An inspection program that assesses company worksites, work methods and practices, structures and equipment and contractor operations in accordance with regulatory requirements.
- b. A hazard communication process where hazards that are identified are communicated to affected parties.
- c. Development of a risk assessment and rating process for identified hazards and implementing control measures based on the associated risks.
- d. Assigning responsibilities for taking corrective action.

3.3 Responsibilities

“Insert Company Name Here” will provide training, instruction and support to company employees, contractors and/or sub-contractors involved in the hazard identification and risk management process. Provide direction and support in the development of inspectional criteria, equipment maintenance processes and documentation requirements.

Supervisors

Implement the hazard identification and risk management process. Assist with the development of the inspectional program that covers all workplaces, equipment, vehicles, buildings, tools and work methods.

Employee, contractor and/or sub-contractors

Participate in the hazard identification process during pre-work and regular work activities. Implement control measures and communicate the action taken with supervisors. Document the hazards identified and the action taken. Follow established safe work procedures and instructions.

3.4 Definitions

“Hazard” is defined as any source having the ability to cause harm or damage or a situation that has the potential to cause harm or damage.



4.0 WORKPLACE INSPECTIONS POLICY

4.1 Purpose

“Insert Company Name Here” shall ensure that regular safety inspections are conducted for all areas of the workplace, including buildings, structures, grounds, tools, equipment, machinery, and work methods and practices; at intervals that will prevent the development of unsafe working conditions.

Regular safety inspections of the workplace are intended to:

- a. Identify conditions and unsafe acts with the potential to cause injury or disease;
- b. Determine necessary corrective measures; and
- c. Prevent unsafe work conditions from developing.

4.2 Policy

1. Any unsafe or harmful condition must be reported to the Supervisor immediately and remedied without delay.
2. A workplace safety inspection can be conducted by the Supervisor, Joint Health and Safety Committee and/or Safety Representative members and/or employees, contractors and/or sub-contractors that are familiar with the work process.
3. Employees, contractors and/or sub-contractors shall be adequately trained and educated to inspect their machinery, tools, and equipment regularly, following the manufacturer’s recommendations and the Australia OHS Regulations.
4. A visual workplace inspection of tools, machinery and equipment must be conducted on a **daily basis** depending on the work process and the type of hazard(s) involved and/or might develop.
5. A workplace inspection of buildings, structures and grounds must be conducted on a **monthly basis** depending on the work process and the type of hazard(s) involved and/or might develop. Findings of all inspections must be recorded on the “**Insert Company Name Here**” **Safety Inspection Checklist Form**. The Safety Inspection Checklist forms must be kept and filed for due diligence purposes.
6. A copy of all safety inspection records shall be made available to Supervisor, Joint Health and Safety Committee and/or Safety Representative members and as well as to all “Insert Company Name Here” employees, contractors and/or sub-contractors, where it is easily accessible, by posting the findings on the company safety bulletin board throughout the various sites.
7. Information obtained through inspections must be reviewed by Management and decisions shall be taken as soon as possible as to the corrective action required.



15.0 OCCUPATIONAL FIRST AID POLICY

15.1 Purpose

The purpose of this policy and procedure is to provide employees, contractors and/or sub-contractors with prompt, easily accessible, and appropriate first aid treatment and to keep a record of each treatment. All of the following shall be required at “Insert Company Name Here” to effectively provide first aid treatment:

1. Occupational First Aid Attendant(s) with appropriate level of training.
2. First Aid kits with appropriate types and quantities of supplies.
3. First Aid record keeping system.
4. Appropriate means of transporting an injured employee, contractor and/or sub-contractor to a first aid facility or a hospital.
5. Effective means of communication between First Aid Attendant(s) and employee, contractor and/or sub-contractors who may need their help.

15.2 Requirements for Provision of First Aid

1. First aid equipment, supplies, and services shall be readily accessible to employees, contractors and/or sub-contractors during working hours and to visitors, customers and contractors through “Insert Company Name Here” first aid services.
2. Signs clearly indicating the location of and how to call for first aid shall be:
 - a. Posted conspicuously throughout the workplace, and
 - b. Effectively communicated and educated to all “Insert Company Name Here” employees, contractors and/or sub-contractors.

15.3 Reporting Injuries

1. All employees, contractors and/or sub-contractors covered by AUSTRALIA WHS Regulations insurance are required to report all work related injuries or disabling occupational disease immediately to their Supervisor and/or First Aid Attendant.
2. All employees, contractors and/or sub-contractors who are injured on the job must report all injuries on the day of the incident regardless of the severity, unless symptoms of injury or illness is delayed due to mechanism and cause of injury.

15.4 Summoning First Aid in an Emergency

1. Ensure accident scene is safe to avoid further danger to injured person or self.



18.0 WORKING ALONE OR IN ISOLATION POLICY

18.1 Purpose

The purpose of this policy is to protect the health and safety of, and minimize risk to, all “Insert Company Name Here” employees, contractors and/or sub-contractors who are assigned to work alone or in isolation under conditions which present a risk of disabling injury and if the employee, contractor and/or sub-contractor might not be able to secure assistance in the event of an injury, ill health or emergency.

18.2 Definition

“Working Alone” A person is alone at work when they are on their own; when they cannot be seen or heard by another person; and when they cannot expect a visit from another employee, contractor and/or sub-contractor, customer or a member of the public.

18.3 Policy

1. Supervisors must be aware of the area perimeter and location of where their employees, contractors and/or sub-contractors are performing work at all times.
2. At no time shall any employee make the decision of working alone or in isolation, without the notification and consent of their supervisor.
3. Management and/or supervisors shall review each worksite under their control to identify individuals who work alone and ensure all reasonably practicable steps are taken to protect the health and safety of those employee, contractor and/or sub-contractors.
4. A hazard assessment must be conducted to identify existing or potential working alone hazards at “Insert Company Name Here”. The hazard assessment and applicable safe work procedures must be reviewed with all employees, contractors and/or sub-contractors who are required to work alone.
5. The employee working alone or in isolation shall be checked every 20 minutes, 30 minutes or 1 hour or less depending on the nature of hazard of the activity.
6. Employees, contractors and/or sub-contractors working alone shall be equipped with a cellular phone and/or a personal radio at all times.
7. A record of checks shall be maintained by the person responsible for checking on the well-being of the employee, contractor and/or sub-contractor.
8. Where an employee fails to check in at a pre-determined time, cellular phone contact with the employee shall be initiated. If the employee fails to respond, a search of the employee, contractor and/or sub-contractors last known



ACCIDENT – INCIDENT INVESTIGATION FORM

INCIDENT OCCURRED: LOCATION & DATE

| | |
|-----------------------------------|--|
| Location of Accident or Incident: | |
| Date of Incident mm-dd-yy: | Time AM <input type="checkbox"/> PM <input type="checkbox"/> |

INJURED PERSON

| Last Name (print) | First Name (print) | Phone Number |
|-------------------|--------------------|--------------|
| | | |

NATURE OF INJURY/INJURIES

| |
|----|
| 1. |
| 2. |

WITNESSES

| Last Name (print) | First Name (print) | Phone Number |
|-------------------|--------------------|--------------|
| | | |
| | | |

ACCIDENT / INCIDENT DESCRIPTION

Briefly describe what happened, including the sequence of events preceding the incident (attach description to this form if more room is required):

STATEMENT OF CAUSES & CONTRIBUTING FACTORS

List any unsafe conditions, acts, or procedures that in any manner contributed to the accident / incident:

RECOMMENDATIONS

| Recommend Corrective Actions(s) | Action by Whom | Action Date By |
|---------------------------------|----------------|----------------|
| 1. | | |
| 2. | | |
| 3. | | |

Investigation Completed By:

Signature:



FIRST AID RECORD FORM

| | | |
|--|--|--------------------|
| Name: | Occupation: | Department: |
| Date of Injury/Illness (D/M/Y): | Time of Injury/Illness (AM/PM): | |
| Date and Time of Injury Reported (D/M/Y - AM/PM): | | |

Description of how the injury, exposure, or illness occurred (*print clearly - what happened?*)

Description of the nature of the injury, exposure, or illness (*print clearly - what you see – signs and symptoms*)

Description of treatment given (*print clearly*)

Interventions: CPR Airway Cleared Airway Maintained Ventilated Controlled Bleeding

Any Witnesses?: Yes No If yes, please provide name(s): _____

Recommendations (Check): Return to Work Medical Aid Follow Up – When? _____

Transported By (Check): Ambulance Taxi Company Vehicle Other – Explain _____

Graduated Return to Work: Alternate Duty Options Return to Work Form – Medical Aid Employee, contractor and/or sub-contractors Supervisor Informed

Provided Employee, contractor and/or sub-contractor Handout: Yes No If yes, which form:

| | |
|---------------------------------------|-----------------------------|
| Attendant Name (Please Print): | Attendant Signature: |
| Patient Name (Please Print): | Patient Signature: |



CREW TOOL BOX TALK FORM

Date : _____ **Location:** _____

| Topics Covered (Please Print Clearly): | |
|--|-------|
| 1. | _____ |
| 2. | _____ |
| 3. | _____ |
| 4. | _____ |
| 5. | _____ |

Was a safety video(s) used for the tool box talk? Yes No

Name of Video(s): _____ Length (min): _____

Were any handout(s) given to the employees, contractors and/or sub-contractors during this tool box talk? Yes
 No

Handout(s): _____

*** Please attach any handouts or any other material used in the toolbox talk with this form ***

Employees, contractors and/or sub-contractors Present at Crew Toolbox Talk:

| Print Name: | Signature: | Print Name: | Signature: |
|-------------|------------|-------------|------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Crew Talk Conducted By: _____ Signature: _____