



## HEALTH & SAFETY POLICY

July 2016

**Health & Safety Officer**  
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# Introduction

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Welcome to ADT Contractor Ltd Health & Safety Policy

This Health & Safety Policy details our commitments, responsibilities and the practical steps we take to reduce harm to all of our employees, contractors, visitors or any other person coming in to the workplace.

# Our Commitment & Responsibilities

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The management of ADT Contractor LTD is committed to a safe and healthy working environment for everyone using the premises as a place of work, or visiting on business.

## Management will:

- Set health and safety objectives and performance criteria for all managers and work areas
- Annually review health and safety objectives and managers' performance
- Encourage accurate and timely reporting and recording of all incidents and injuries
- Investigate all reported incidents and injuries to identify all contributing factors and, where appropriate, formulate plans for corrective action
- Actively encourage the early reporting of any pain or discomfort
- Provide treatment and rehabilitation plans that ensure a safe, early and durable return to work
- Identify all existing and new hazards and take all practicable steps to eliminate and minimize the exposure to any significant hazards using **Hierarchy of Control** method.
- Ensure that all employees are made aware of the hazards in their work areas and are adequately trained so they can carry out their duties in a safe manner
- Encourage employee consultation and participation in all health and safety matters
- Enable employees to elect health and safety representatives
- Ensure that all contractors and subcontractors are actively managing health and safety for themselves and their employees
- Promote a system of continuous improvement, including annual reviews of policies and procedures
- Meet our obligations under the Health and Safety in Employment Act 1992 (as amended by the Amendment Act 2002) (the HSE Act), the Health and Safety in Employment Regulations 1995, codes of practice and any relevant standards or guidelines.

## Every employee is expected to share in the commitment to health and safety.

- Each employee is expected to help maintain a safe and healthy workplace through:
  - Following all safe work procedures, rules and instructions
  - Properly using all safety equipment and clothing provided
  - Reporting early any pain or discomfort
  - Taking an active role in the company's treatment and rehabilitation plan, for their 'early and durable return to work'
  - Reporting all incidents, injuries and hazards to the appropriate person.

The Health and Health representative is responsible for implementing, monitoring, reviewing and planning health and safety policies, systems and practices.

General Manager's name: \_\_\_\_\_ Signature: \_\_\_\_\_

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

# Reporting and Investigation

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We expect mistakes will be made, and view mistakes as our way to learn and improve and become a more profitable company. We are so committed to this principal that we will reward individuals that demonstrate a personal commitment to reporting any incident.

However, any intentionally neglect e.g. not using hazard controls, or criminal activity will result in disciplinary action. We are separating mistakes from intentional actions and disregard for safety standards and expect the highest safety standards from all employees and contractors.

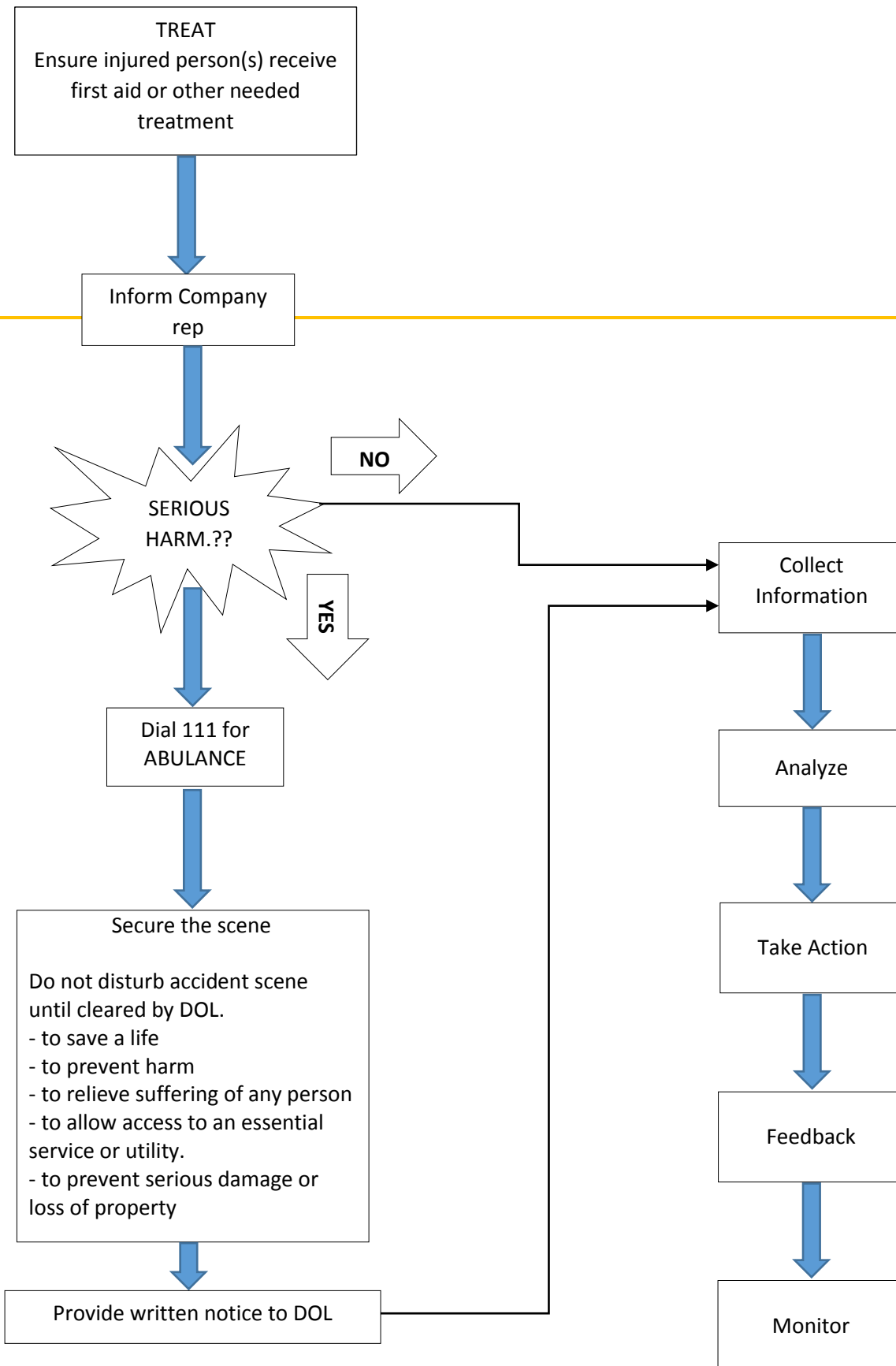
## Process

Once an incident occurs some kind of emergency response may be required. This may be anything from a complete shut-down and evacuation to using the first aid kit – or nothing at all. Once the situation is safe and people have been treated, then it is important to report the incident to the health and safety representative (H&S rep). We expect all accidents and incidents to be reported to the H&S rep. These include near misses, or things that occur which make you think ‘that was lucky’. This can be done verbally or in writing – by just jotting a few details on a piece of paper or even better, using the reporting form in this chapter.

The H&S rep will then document the incident and investigate using the form in Appendix A. If the injury is a Serious Harm, then the H&S rep will inform management immediately. The H&S rep will then inform the Department of Labor both verbally and in writing using the required form[. This process is detailed in the following ‘Reporting and Investigation Flowchart’.

The key to learning comes down to a thorough investigation of each incident. The only reason to investigate is to determine action steps we can put in place to prevent future occurrences. These recommendations will often come from the person on the ‘shop floor’ – you. Please speak up if during the investigation or at any other time. There are no dumb questions or ideas in our business.

# Investigation Flow Chart



Date:

Company

Site Name



Complete pre-start



Onsite



# Site/job hazard and risk register


This Site/Job Hazard Register is used by the contractor (PCBU 2) and relates to site or job-specific hazards only. It does not replace a company's overarching Health and Safety Hazard Register. This document relates to any activities, procedures, processes or equipment that a contractor brings to the site, or is working on. To successfully complete this register, you must also use the Risk Assessment Matrix and Hierarchy of Controls (overleaf).

Identified hazard or harm <i>e.g. Trip hazard on top step</i>	What is the initial risk assessment? <i>Use risk assessment matrix</i>	Controls <i>e.g. Build a ramp</i>	Level of control <i>Use hierarchy of controls table</i>	What is the residual risk assessment? <i>Use risk assessment matrix</i>	For discussion at a toolbox talk/safety meeting?
					<input type="radio"/> Yes <input type="radio"/> No
					<input type="radio"/> Yes <input type="radio"/> No
					<input type="radio"/> Yes <input type="radio"/> No
					<input type="radio"/> Yes <input type="radio"/> No
					<input type="radio"/> Yes <input type="radio"/> No
					<input type="radio"/> Yes <input type="radio"/> No
					<input type="radio"/> Yes <input type="radio"/> No
					<input type="radio"/> Yes <input type="radio"/> No
					<input type="radio"/> Yes <input type="radio"/> No

<b>Identified hazard or harm</b> <i>e.g. Trip hazard on top step</i>	<b>What is the initial risk assessment?</b> <i>Use risk assessment matrix</i>	<b>Controls</b> <i>e.g. Build a ramp</i>	<b>Level of control</b> <i>Use hierarchy of controls table</i>	<b>What is the residual risk assessment?</b> <i>Use risk assessment matrix</i>	<b>For discussion at a toolbox talk/safety meeting?</b>
					<input type="radio"/> Yes <input type="radio"/> No
					<input type="radio"/> Yes <input type="radio"/> No
					<input type="radio"/> Yes <input type="radio"/> No
					<input type="radio"/> Yes <input type="radio"/> No
					<input type="radio"/> Yes <input type="radio"/> No
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					<input type="radio"/> Yes <input type="radio"/> No
					<input type="radio"/> Yes <input type="radio"/> No
					<input type="radio"/> Yes <input type="radio"/> No
					<input type="radio"/> Yes <input type="radio"/> No



Consider the severity of the injury/illness	Risk Assessment Matrix	Consider the likelihood of a hazardous event occurring				
		Very unlikely to happen	Unlikely to happen	Possibly could happen	Likely to happen	Very likely to happen
Catastrophic (e.g fatal)	Moderate	Moderate	High	Critical	Critical	
Major (e.g Permanent Disability)	Low	Moderate	Moderate	High	Critical	
Moderate (eg Hospitalisation/Short or Long Term Disability)	Low	Moderate	Moderate	Moderate	High	
Minor (e.g First Aid)	Very Low	Low	Moderate	Moderate	Moderate	
Superficial (e.g No Treatment Required)	Very Low	Very Low	Low	Low	Moderate	

Hierarchy of controls		
	Most Effective	<b>ELIMINATE:</b>
	1	Eliminate the hazard - remove it completely from your workplace. <i>If this isn't reasonably practicable, then...</i>
		<b>MINIMISE:</b>
	2	Substitute the hazard - with a safer alternative. <i>If this isn't reasonably practicable, then...</i>
	3	Isolate the hazard - as much as possible away from the workers. <i>If this isn't reasonably practicable, then...</i>
	4	Use engineering controls - adapt tools or equipment to reduce the risk. <i>If this isn't reasonably practicable, then...</i>
5	Use administrative controls - change work practices and organisation. <i>If this isn't reasonably practicable, then...</i>	
Least Effective	6	Use personal protective equipment (PPE) - this is the last option after you have considered all the other options for your workplace.

Date:    Company  Site Name



# Task Analysis (TA) and Safe Work Method Statement (SWMS)

Use the Risk Assessment Matrix and Hierarchy of Controls tools to complete this document.

This Task Analysis (TA) has an Emergency Response Plan		<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Site name	<input type="text"/>
Subcontractor company name	<input type="text"/>		Site address	<input type="text"/>
Name of subcontractor	<input type="text"/>	Phone <input type="text"/>	Work activity - task description	<input type="text"/>
Office address	<input type="text"/>		PPE required for activity/task	<input type="text"/>
Date	<input type="text"/>		Administrative Controls	<input type="text"/>

## Task Analysis/Safe Work Method Statement sign-on

All workers must sign this register to show that they have been trained in the processes and will work to the requirements of this TA/SWMS.

Worker name	Worker signature	Worker name	Worker signature
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Worker name	Worker signature

Worker name	Worker signature

<b>Sequence of basic steps</b> <i>Describe each step in the activity – most will have 4-8 steps. Follow the flow of the product or process.</i>	<b>Potential hazards and risks</b> <i>Describe the key hazards and risks for each step – there will normally be more than one per step. Number each hazard e.g 1a, 1b, 1c; 2a, 2b, 2c.</i>	<b>Initial risk assessment</b> <i>Before the controls are in place. Refer to the risk assessment matrix.</i>	<b>Control methods and level of control</b> <i>Describe the key/significant way to control the risk and then refer to the hierarchy of controls</i>  <i>Control method</i> <span style="float: right;"><i>Level</i></span>		<b>Residual risk assessment</b> <i>After all controls are in place. Refer to the risk assessment matrix.</i>	
<div style="border: 1px solid black; width: 30px; height: 30px; margin-bottom: 5px;"></div> Step No.						
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<b>Sequence of basic steps</b> <i>Describe each step in the activity – most will have 4-8 steps. Follow the flow of the product or process.</i>	<b>Potential hazards and risks</b> <i>Describe the key hazards and risks for each step – there will normally be more than one per step. Number each hazard e.g 1a, 1b, 1c; 2a, 2b, 2c.</i>	<b>Initial risk assessment</b> <i>Before the controls are in place. Refer to the risk assessment matrix.</i>	<b>Control methods and level of control</b> <i>Describe the key/significant way to control the risk and then refer to the hierarchy of controls</i>  <i>Control method</i> <span style="float: right;"><i>Level</i></span>		<b>Residual risk assessment</b> <i>After all controls are in place. Refer to the risk assessment matrix.</i>	

<div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px;"></div> Step No.						

<b>Sequence of basic steps</b> <i>Describe each step in the activity – most will have 4-8 steps. Follow the flow of the product or process.</i>	<b>Potential hazards and risks</b> <i>Describe the key hazards and risks for each step – there will normally be more than one per step. Number each hazard e.g 1a, 1b, 1c; 2a, 2b, 2c.</i>	<b>Initial risk assessment</b> <i>Before the controls are in place. Refer to the risk assessment matrix.</i>	<b>Control methods and level of control</b> <i>Describe the key/significant way to control the risk and then refer to the hierarchy of controls</i>  <i>Control method</i>		<b>Residual risk assessment</b> <i>After all controls are in place. Refer to the risk assessment matrix.</i>	

<input data-bbox="56 539 112 630" type="text"/> Step No.						

<input data-bbox="56 1390 112 1481" type="text"/>						

<b>Sequence of basic steps</b> <i>Describe each step in the activity – most will have 4-8 steps. Follow the flow of the product or process.</i>	<b>Potential hazards and risks</b> <i>Describe the key hazards and risks for each step – there will normally be more than one per step. Number each hazard e.g 1a, 1b, 1c; 2a, 2b, 2c.</i>	<b>Initial risk assessment</b> <i>Before the controls are in place. Refer to the risk assessment matrix.</i>	<b>Control methods and level of control</b> <i>Describe the key/significant way to control the risk and then refer to the hierarchy of controls</i>  <i>Control method</i> <span style="float: right;"><i>Level</i></span>		<b>Residual risk assessment</b> <i>After all controls are in place. Refer to the risk assessment matrix.</i>	
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<i>Step No.</i>						

<div data-bbox="56 1066 112 1150" style="border: 1px solid black; width: 25px; height: 53px; display: inline-block;"></div> <i>Step No.</i>						





<b>Sequence of basic steps</b> <i>Describe each step in the activity – most will have 4-8 steps. Follow the flow of the product or process.</i>	<b>Potential hazards and risks</b> <i>Describe the key hazards and risks for each step – there will normally be more than one per step. Number each hazard e.g 1a, 1b, 1c; 2a, 2b, 2c.</i>	<b>Initial risk assessment</b> <i>Before the controls are in place. Refer to the risk assessment matrix.</i>	<b>Control methods and level of control</b> <i>Describe the key/significant way to control the risk and then refer to the hierarchy of controls</i>		<b>Residual risk assessment</b> <i>After all controls are in place. Refer to the risk assessment matrix.</i>	
			Control method	Level		
<div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 5px;"></div> Step No.						

Date:

Company

Site Name



Complete pre-start



Onsite



# Hazardous products and substances register

Hazardous products and substances include glues, resins, solvents, fuels, expanders, adhesives, bonding agents and cleaning agents. You are required by law to have a completed Hazardous products and substances register for every substance you bring to or use on site. Link to where to find SDS (online or via supplier). To successfully complete this register, you must also use the Risk Assessment Matrix and Hierarchy of Controls (overleaf).

Date Identified <i>DD/MM/YY</i>	Product or Substance <i>e.g. petrol</i>	Are safety data sheets held?	What is the related harm? <i>e.g. risk of explosion</i>	What is the initial risk assessment? <i>Use risk assessment matrix</i>	Is personal protective equipment required?	What other measures are required? <i>e.g. store in a locked space away from any ignition source</i>	What is the residual risk assessment? <i>Use risk assessment matrix</i>
		<input type="radio"/> Yes <input type="radio"/> No			<input type="radio"/> Yes <input type="radio"/> No		
		<input type="radio"/> Yes <input type="radio"/> No			<input type="radio"/> Yes <input type="radio"/> No		
		<input type="radio"/> Yes <input type="radio"/> No			<input type="radio"/> Yes <input type="radio"/> No		
		<input type="radio"/> Yes <input type="radio"/> No			<input type="radio"/> Yes <input type="radio"/> No		
		<input type="radio"/> Yes <input type="radio"/> No			<input type="radio"/> Yes <input type="radio"/> No		

## Special storage requirements

Product

Storage requirements


Location of product or substance


Date Identified <i>DD/MM/YY</i>	Product or Substance <i>e.g. petrol</i>	Are safety data sheets held?	What is the related harm? <i>e.g. risk of explosion</i>	What is the initial risk assessment? <i>Use risk assessment matrix</i>	Is personal protective equipment required?	What other measures are required? <i>e.g. store in a locked space away from any ignition source</i>	What is the residual risk assessment? <i>Use risk assessment matrix</i>
		<input type="radio"/> Yes <input type="radio"/> No			<input type="radio"/> Yes <input type="radio"/> No		
		<input type="radio"/> Yes <input type="radio"/> No			<input type="radio"/> Yes <input type="radio"/> No		
		<input type="radio"/> Yes <input type="radio"/> No			<input type="radio"/> Yes <input type="radio"/> No		
		<input type="radio"/> Yes <input type="radio"/> No			<input type="radio"/> Yes <input type="radio"/> No		
		<input type="radio"/> Yes <input type="radio"/> No			<input type="radio"/> Yes <input type="radio"/> No		

**Special storage requirements**

Product	Storage requirements	Location of product or substance

Consider the severity of the injury/illness	Risk Assessment Matrix	Consider the likelihood of a hazardous event occurring				
		Very unlikely to happen	Unlikely to happen	Possibly could happen	Likely to happen	Very likely to happen
	Catastrophic (e.g fatal)	Moderate	Moderate	High	Critical	Critical
	Major (e.g Permanent Disability)	Low	Moderate	Moderate	High	Critical
	Moderate (eg Hospitalisation/Short or Long Term Disability)	Low	Moderate	Moderate	Moderate	High
	Minor (e.g First Aid)	Very Low	Low	Moderate	Moderate	Moderate
Superficial (e.g No Treatment Required)	Very Low	Very Low	Low	Low	Moderate	

Hierarchy of controls		
<div style="text-align: center;">  </div>	Most Effective	<b>ELIMINATE:</b>
	1	Eliminate the hazard - remove it completely from your workplace. <i>If this isn't reasonably practicable, then...</i>
		<b>MINIMISE:</b>
	2	Substitute the hazard - with a safer alternative. <i>If this isn't reasonably practicable, then...</i>
	3	Isolate the hazard - as much as possible away from the workers. <i>If this isn't reasonably practicable, then...</i>
	4	Use engineering controls - adapt tools or equipment to reduce the risk. <i>If this isn't reasonably practicable, then...</i>
5	Use administrative controls - change work practices and organisation. <i>If this isn't reasonably practicable, then...</i>	
Least Effective	6	Use personal protective equipment (PPE) - this is the last option after you have considered all the other options for your workplace.

# Return to Work Procedure

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The return to work procedure was developed from the ACC1695 document[]. The benefits of having a return to work procedure are that:

- It improves the culture and cooperation in our workplace.
- It demonstrates that we are a supportive employer.
- It helps retain our employees.
- It reduces lost work time.
- It reduces the costs of recruitment and training.
- It reduces the costs associated with long-term disability.
- It provides a consistent approach to managing workplace absence (whether the injury happens at work or away from work, or is an illness).

The first steps are to treat any injury and ensure any reporting and investigation obligations are completed. Depending upon the severity of the injury, a return to work and rehabilitation plan will need to be developed between the employer, employee, ACC and treatment provider e.g. the doctor.

Manager's will then need to analyse the type of work being conducted, and determine if this work will be suitable for the returning employee. Answers to the following questions will help manager's determine a suitable work options.

1. Is there anything about this injury that prevents your employee travelling to their usual place of employment?
2. Is there anything about this injury that prevents your employee being at their usual place of employment for full normal hours?
3. Is there anything about this injury that prevents your employee performing their usual duties for some of the time? Ideally here you should analyse the job and work out the demands e.g. is it physical work, what type, how much, how often. What is the working environment, the level of productivity required?
4. Is there anything about this injury that prevents your employee performing their usual duties for full normal hours?
5. Does the injury cause any safety problems?

With this information provided to the treatment provider (by a Manager, Supervisor or in writing), an informed and workable plan will be developed. It is both the employee's responsibility to implement the plan, and our responsibility to ensure the plan is working.

Date:

Company

Site Name



Complete pre-start



Onsite



# Training and competency register

Complete the register for each employee working on this site, noting Site Safe training that has been completed, along with other safety and trade training. This register is a record of training, qualifications, experience and competencies for your employees working on this site. It is not simply a copy of your company's comprehensive Training and Competency Register.

Name and ID No. <i>First and last name</i>	Site Safe card type	Key role or tasks	Site induction date <i>DD/MM/YY</i>	Training/qualifications <i>(Any Site Safe training, trade and skills training, formal qualifications - certificates, licences, unit standards, etc relevant to the key role or task).</i>	Experience <i>No. of years experience relating to the key role or task</i>	Competence <i>Level of competence in current job, see below</i>

## Types of qualifications, certificates, licences, unit standards, other:

**EWP** (elevated work platform), **PAT** (powder actuated tool), **FL** (fork lift), **FA** (fall arrest), **SCA** (scaffold), **DOG** (dogman), **LBP** (Licensed Building Practitioner – card type and number), **CRA** (crane – specify type), **MP** (mobile plant – specify type), **RELECT** (registered electrical worker), **ELTAG** (electrical testing and tagging), **STMS** (site traffic management supervisor), **TC** (traffic controller), **EXP** (explosives), **NZQA** (trade or safety units)

## Competence designation:

**1** = Under direct supervision, is not competent (watch all the time); **2** = Under supervision, is partially competent (line of sight); **3** = Indirect or occasional supervision, is partially competent (supervision nearby); **4** = Fully competent to work unsupervised; **5** = Competent to train. LULU - L under supervision, is partially competent (line of sight); U Indirect or occasional supervision, is partially competent (supervision nearby);  Fully competent to work unsupervised;  Competent to train.






Date:

Company

Site Name



# Emergency response plan

You need to have an emergency response plan to deal with any incidents that arise from activities requiring a rescue as identified in the Site-Specific Safety Plan Agreement. Please complete an emergency response plan for each identified activity. The subcontractor (PCBU 2) completes the plan, which does not replace any overarching emergency response plans in place. Consider the roles and responsibilities for yourself, trained specialists, equipment operators, and emergency services.

<p>Type of emergency <i>eg. Fall from height while wearing a harness</i></p>	<input type="text"/>	<p>Location</p>	<input type="text"/>
<p>Describe work activity <i>e.g. Working from MEWP and fall off</i></p>	<input type="text"/>	<p>Main Contractor/ Principal</p>	<input type="text"/> Company <input type="text"/>
<p>Describe the rescue method <i>e.g. Safety watcher on the ground releases the bleed valve, and lowers the unit to the ground</i></p>	<input type="text"/>	<p>Supervisor</p>	<input type="text"/> Date <input type="text"/> <input type="text"/> <input type="text"/>
<p>List any equipment required <i>e.g. MEWP, cherry picker, scissor lift, ladder, breathing apparatus etc.</i></p>	<input type="text"/>	<p>List any equipment required <i>e.g. MEWP, cherry picker, scissor lift, ladder, breathing apparatus etc.</i></p>	<input type="text"/>

<p>Name each person involved in the rescue <i>First name and last name</i></p>	<p>Their role or responsibility in the rescue is to: <i>e.g. release the bleed valve</i></p>	<p>List the training required <i>e.g. competence using MEWP</i></p>	<p>Provide contact details <i>Phone number</i></p>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Name each person involved in the rescue</b> <i>First name and last name</i>	<b>Their role or responsibility in the rescue is to:</b> <i>e.g. release the bleed valve</i>	<b>List the training required</b> <i>e.g. competence using MEWP</i>	<b>Provide contact details</b> <i>Phone number</i>

Date:

Company

Site Name



After start



Frequently used

# Site briefing/toolbox meeting minutes

## Site-specific Briefing

### Project Information

Site name

Office location

### Who is running this meeting?

Name

Company

Date

### Agenda items

Agenda items

Theme of the week

### Health and safety Issues

**i** Site activities/  
safe work practices/  
incident reports and  
investigations discussed

Issues raised from site safety inspection

Actions

By who and when

Issues outstanding from previous briefings

Actions

By who and when

Employee-raised issues

Actions

By who and when

Positive safe-action observations

Actions

By who and when

Incidents or injuries

Actions

By who and when

### Job plans reviewed

**i** Site activities/  
safe work practices/  
incident reports and  
investigations discussed

Job/task	Action/outcome

### Operational issues

**i** Day-to-day site  
management issues/items  
for discussion

Issue	Action

### Other business

Item	Action

### Attendees

Name	Signature

### Review by management

Party 1	Party 2

Date:

Company

Site Name

*Not Applicable* *Not Frequently used*



# Site inspection checklist - generic

Location

Name of inspector

Time

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>
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## 1. Site control

- Hazard board and signage up-to-date
- Environmental plan – issues
- Toolbox talk last date
- Safety inductions for all on site
- Safety notice board current

## 2. Site facilities

- Offices clean, adequate & good lighting
- Smoko sheds – clean, potable water
- Toilets – clean, washing water
- Tool/equipment sheds adequate

## 3. General site tidiness and accessways

- Clear, safe access to work areas
- Stairways and accessways clear
- Hoardings/fence and gates secure
- Loose materials secure from wind

## 4. Personal safety equipment

- Signage displayed and legible
- Hardhats being worn
- Correct footwear being worn
- Glasses/ear muffs/vests/masks used

## 5. First aid/fire prevention

- First aid box *Available*
- Accident register
- Fire extinguishers *Available*
- Current (12mth)*
- Sufficient number*
- Evacuation *Procedure current*
- All emergencies incl*

## 6. Cranes/hoist/lifting equipment

- Proper lift assessment plan done
- Crane certification current
- Slings/chains certified
- Operator procedures in place
- Inspections being done
- Man cage available
- Emergency plan in place

## 7. Compressed air equipment

- In good condition
- Appropriate guards fitted
- Trained user

## 8. Excavations

- Correctly shored

## 9. Welding/gas cutting

- Hot work permits being issued
- Fire extinguishers on hand
- Operators using PPE

## 10. Electrical equipment

- Main board lockable/weatherproof
- Current tagged and damage-free leads
- Current tagged plant
- Current tagged lifeguards
- Leads safely placed
- Equipment in good condition
- Appropriate guards on equipment
- Adequate temporary lighting

## 11. Chemicals

- Correctly stored
- Safety Data Sheet (SDS) available
- Operators using PPE

## 2. Site facilities

- PAT tool WoF current and secure
- Staff trained in tool use (SWPS)
- PAT signage on site

## 13. Scaffolding

- Notifiable weekly Scaffag/current
- Handrails/mid-rails
- Toe boards
- Platforms
- Ladders/stairs
- Base sound
- Work platforms clear
- Platforms trip free
- Planks tied down
- Headroom clear
- Ties/bracing adequate

## 14. Ladders

- Good condition
- Secured top and bottom
- Stays to step ladders
- Working 2 steps down

## 15. Fall hazards

- Floor edges *Floor openings*
- Lift shafts *Stairs*

## Site inspection checklist - Remedial Action Required

Item	Comments/Action Description	Person to Action	Complete

Date:    Company  Site Name



# Site incident and injury register

Date and time <i>DD/MM/YY</i>	Details <i>Name of person (injured or observer), description of accident/incident/near miss, type of injury/disease (if any). How did it happen? (briefly).</i>	Immediate action taken?	Does this incident require a WorkSafe notification?	Should this incident be investigated by your company (PCBU 2)?	Is this incident the subject of a toolbox talk?	Signature and date <i>DD/MM/YY</i>
		First Aid <input type="radio"/> Yes <input type="radio"/> N/A Corrective action <input type="radio"/> Yes <input type="radio"/> N/A Update/ review hazard register <input type="radio"/> Yes <input type="radio"/> N/A Review hazard register <input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> N/A	
		First Aid <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A Corrective action <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A Update/ review hazard register <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A Review hazard register <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	
		First Aid <input type="radio"/> Yes <input type="radio"/> N/A Corrective action <input type="radio"/> Yes <input type="radio"/> N/A Update/ review hazard register <input type="radio"/> Yes <input type="radio"/> N/A Review hazard register <input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Yes <input type="radio"/> N/A	
		First Aid <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A Corrective action <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A Update/ review hazard register <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A Review hazard register <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	



