

MODEL HEALTH AND SAFETY PROCEDURES

FOREWORD:

This model procedure has been prepared to assist subcontractors who do not have Health and Safety Procedures that comply with the Health and Safety Employment Act.

You should adapt this model as necessary to fit in with your business operation.

It is not enough to have a policy and procedure - these must be implemented and constantly managed and reviewed.

Mainzeal firmly believes that implementing the processes outlined in this model coupled with **real commitment** by both management and workers will reduce the potential for accidents.

The model has been structured into the following two parts.

1. Company Health and Safety Policy and Procedures; (company processes)
2. Site Safety Plan. (Site specific Forms 1 - 6)

Once your Health and Safety Policy and Company Procedures have been evaluated and accepted by Mainzeal you will only be required to submit a brief Site Specific Safety Plan on each project. This will considerably reduce the administration cost/time, and focus on site specifics.

COMPANY HEALTH AND SAFETY PROCEDURES

FOR: **Date:**
(Company Name)

- 1.0 Contents Management Commitment:
 - 1.1 Policy
 - 1.2 Responsibilities
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- 7.0 Documentation - Site Safety Plan
 - 1. Site Safety Plan
 - 2. Significant Hazard Form
 - 3. Accident/Near Miss Register
 - 4. Accident/Incident Report
 - 5. Health and Safety Induction Register
 - 6. Employee Induction Form

HEALTH AND SAFETY POLICY

.....
(Company Name)

Is committed to the protection of:

Employees,
Property,
and other people

from accidental injury or
damage from work carried out by and on behalf of the company

and adopts

Health,
Safety and Welfare

as a fundamental business objective.

In meeting this commitment the management will comply with all legislative requirements and take all practicable steps to ensure they;

1. Provide a safe place of work and safe equipment to prevent injury, loss or damage to people and plant.
2. Actively encourage and insist that safe work methods are practised.
3. Provide appropriate supervision and training to complete works safely.
4. Ensure employees and other person understand and accept their responsibility to promote a safe and healthy place of work.
5. Ensure Client's Health and Safety requirements are adhered to on specific contracts.

(Company Representative)

-----/-----/-----
(Date)

1.2 RESPONSIBILITIES:

1.2.1 Employees:

Every employee is responsible for taking all reasonably practicable steps necessary to prevent harm to themselves and all other people.

1.2.2 Managers/Supervisors:

Every manager/supervisor is responsible for taking all reasonably practicable steps to prevent harm to their employees.

1.2.3 Company Safety Representative:

To actively promote Health & Safety in the workplace the company has assigned the following personnel to be responsible for ensuring the company has an appropriate Health & Safety procedure at all places of work and that those procedures are complied with.

.....
(Company Safety Representative)

Duties:

- Set up and approve Site Safety Plans prior to issue.
- Implement the legislative requirements for health and safety in the workplace.
- Involve employees and develop the company's safety policy and procedures.
- Assign safety responsibilities to specific staff at all places of work
- Make supervisors accountable for safety and occupational health of the people working under their direction.
- Make sure that all staff and subcontractors understand the company's approach to safety and are aware of their responsibilities.
- Promote training of employees to make sure that they are able to perform their work as safely as practicable.

1.2.4 Site Safety Representative:

A Site Safety Representative in a line with supervision/management position will be nominated for each site.

Duties:

- Co-ordinate the implementation of the Site Safety Plan
- Communicate safety information to employees (eg. Tool box meetings, memos, etc.)
- Establish and monitor Safety Audit Programme.
- Induct new employees and subcontracted parties into the Site Safety Plan.
- Make sure employees have the opportunity to comment on Health and Safety issues and receive safety information by conducting tool box and safety meetings.
- Make sure that persons assigned to tasks have the appropriate skill and experience to carry out that task or is properly supervised by a person who has the appropriate skill and experience.
- Make sure staff have access to and use the appropriate safety equipment and protective clothing for the task.
- Maintaining first aid kit.

2.0 TRAINING AND INDUCTION:

2.1 Induction:

All new employees to the company or employees starting on a site, must undergo an induction session. The Site Safety Supervisor is required to make all necessary arrangements for Safety Induction and record evidence of completed induction. (Refer forms 5 & 6).

2.2 Training/Experience:

Tasks will be carried out by employees who are either suitably trained/experienced or appropriately supervised. The company will hold records of training and experience of employees.

The Site Safety Supervisor shall assess employees capabilities to safely carry out assigned tasks and using plant and equipment and arrange appropriate supervision or training.

3.0 HAZARD MANAGEMENT:

3.1 Hazard Identification and Control:

Significant hazards shall be identified and recorded on Form 2. Hazards that may affect other workers on site must be communicated to the Main Contractor and other workers.

All site employees shall be involved in the process of identifying significant hazards and methods for their control.

All site personnel shall be informed of the identified hazards via inductions, safety meeting, noticeboards, pre task meetings, etc.

Where further subcontractors are engaged, the Site Safety Supervisor shall ensure that significant hazards are collected from these subcontractors and all site personnel informed of hazards that may affect them.

3.2 Site Emergency Procedures:

Emergency procedures for the site will be outlined in Site Safety Plan, and will normally follow Main Contractors Emergency Procedure. All employees are to report to the Site Safety Representative following an evacuation.

3.3 Site Safety Inspections:

The Site Supervisor shall conduct a regular site inspections at a frequency nominated on the Site Safety Plan. Inspections should cover all hazard controls identified on the Significant Hazard Identification form (refer form 2), and identify any other unsafe practices/situations.

Where an unsafe practice has been observed, remedial action is to be taken with a matter of urgency. All unsafe practices shall be reported in writing.

3.4 Site Safety Reviews:

Site Safety Reviews will be undertaken at intervals consistent with the size of the site as set in the Site Safety Plan.

It is the responsibility of the Company Safety Representative to arrange these reviews and attendance would be a minimum of the Safety Representative, Site Safety Supervisor and other supervision staff as appropriate.

Minutes of the meeting are required to be kept. Any areas of major concern should be raised with Management by the Safety Representative.

The objective of the Site Safety Review is to ensure onsite safety compliance and to report to the Company Safety Committee.

3.5 Safety/Tool Box Meeting:

The Site Safety Supervisor shall hold regular Tool Box Meetings in accordance with the following guidelines.

1. Preferably immediately after smoko or lunch break.
2. 10-15 minutes duration max.
3. Only involve company employees unless there is a particular problem with a subcontractor.
4. Discuss results of site safety check/audit and agree solutions with view to prevent recurrence.
5. Explain the direction of the job during the next few days, itemise tasks required and the hazards they will create.
6. Ask for feedback from staff as to what equipment is necessary to safely perform the tasks ahead.
7. Ask for information on any unsafe plant/equipment/practices observed on site.
8. Identify problems with subcontractors
9. Review Significant Hazard Identification list and update

4.0 ACCIDENT/INCIDENT REPORTING

- 4.1 Reports are required to be completed for all accidents/near misses whether serious or not, and it is the responsibility of the Site Safety Supervisor to complete, file and return copies to the Company Safety Representative on a weekly basis. (Use either OSH form or Form 3)
- 4.2 Should minor accidents consistently occur on any contract, an investigation should be undertaken by the Site Safety Representative and action taken to prevent recurrence of such.
- 4.3 Should an accident or harm occur which results in an employee possibly being off work for more than 48 hours then OSH must be advised within 2 working days on the prescribed OSH Form (available in "A Workplace Accident Register" published by Department of Labour, held by the Safety Representative).

Should a serious injury or fatality occur the following procedure should be followed:

1. The medical needs of the injured are to be attended to in accordance with applicable emergency procedures.

2. No interference or corrective action to the area of the site of the accident is permitted until advised after OSH inspection, unless it is required;
 - to save a life, prevent further harm, or relieve suffering.
 - maintain general public access to an essential service
 - prevent serious damage to or loss of property
3. Immediate notification should be made to the Safety Representative who has the responsibility to inform OSH.
4. In the case of fatality the Police should be advised for notification of next of kin.
5. No communication with the news media or other persons not directly involved.
6. Statements should be taken from witnesses and details and facts/photos pertaining to the accident should be recorded.
7. Accident Reports completed.

5.0 SUBCONTRACTORS:

- 5.1 Subcontractors will be given a copy of the Company's Health & Safety Policy.
- 5.2 If it is apparent that a subcontractors operations is not meeting the Company's policy or the subcontractors own safety procedures the subcontractor is to be advised in writing that action is required.
- 5.3 Follow up of such notice shall be actioned within an agreed time. Review of such notice shall be discussed at Site Safety Meetings.
- 5.4 Subcontractors are required to;
Provide a copy of their Health & Safety Site Plan
 - To submit information on significant hazards and means to control, any product information that has Health & Safety implications.
 - Attend Site Safety Meetings if requested/required.

6.0 SITE SAFETY PLANS

All workplaces shall have a specific site safety plan (refer Form 1).

The Site Safety Plan shall be completed by the Company Safety Representative, Site Safety Supervisor and other employees prior to the commencement of a contract.

7.0 SITE SAFE

All staff shall hold a current Site Safe Passport and Safety Supervisors shall hold a current Supervisor Gold Card.

ACCIDENT/ INCIDENT REPORT

WORK PLACE/SITE JOB NO. REPORT NO.
 REPORTED BY: DATE: / / TIME OF
 INCIDENT:

TYPE OF INCIDENT:

LOST TIME:

- A: Serious Harm Injury [As defined by the Act]
 Days/Hrs
- B¹: Harm Accident (Off site medical treatment and rehabilitation/ rest for not severe
 or permanent injury but involving lost time.....
 Days/Hrs
- B²: Minor Harm Accident (Onsite First Aid treatment with no lost time)
- C: Potential Incident (any event/observation that could have caused/resulted in injury or property damage)

NAME OF PERSON injured/involved in incident	NAME OF EMPLOYER
POSITION	TRADE

Name and Address of Witness (if any)

Statement Attached Yes No

Location of accident/ near miss
 & Weather Conditions:

Photo attached: Yes No

WHAT HAPPENED (Record all facts prior to and including accident/incident. Include conditions of work area. Use separate page if necessary)

EFFECT OF ACCIDENT:

- | | | |
|---|---|---|
| <input type="checkbox"/> Fatal | <input type="checkbox"/> Other fractures | <input type="checkbox"/> Open Wound |
| <input type="checkbox"/> Amputation | <input type="checkbox"/> Hearing Loss | <input type="checkbox"/> Laceration Cut |
| <input type="checkbox"/> Burns | <input type="checkbox"/> Head Injury | <input type="checkbox"/> Foreign Body |
| <input type="checkbox"/> Poisoning/Toxic effect | <input type="checkbox"/> Dislocations | <input type="checkbox"/> Superficial (scratch/abrasion) |
| <input type="checkbox"/> Multiple Injury | <input type="checkbox"/> Puncture Wound | <input type="checkbox"/> Gradual Process Injury |
| <input type="checkbox"/> Internal injury | <input type="checkbox"/> Bruising or crushing | <input type="checkbox"/> <i>Other (specify)</i> |
| <input type="checkbox"/> Fracture of spine | <input type="checkbox"/> Sprain or strain | |

Treatment of Injury: Nil On Site First Aid Only Doctor Hospitalised

Name of Treatment Provider

Description of Injury:

.....

.....

Property Damage:

..... \$.....

ZARD ANALYSIS:

Mechanism of Accident

- Fall trip or slip
- Hitting objects with part of body
- Being hit by moving objects
- Body stressing
- Heat, radiation or energy
- Chemicals or other substances
- Sound or pressure
- Other (specify)

Agency of Accident

- Access to workface
- Powered equipment, tools, appliance
- Non powered hand tools/equipment
- Mobile plant or transport
- Machinery or fixed plant
- Environmental (dust, rain, wind)
- Material or substances
- Other (specify)

.....
What was the cause of the Accident? (Note any contributing factors)

Major Contributing Factor

- Lack of PPE
- Housekeeping
- Scaffolding Platform
- Excavation
- Electrical
- Incorrect use of Tools
- Incorrect work method

Was the injured person trained in the task/activity being carried out at the time? Yes No

Was there a plant or equipment failure? ----- Yes No

How long has the injured person, or the person(s) involved in the near miss, been employed for?

How bad could it have been? Serious Minor

What are the chances of this happening again? Likely/Often Unlikely _____

Was the appropriate means to control identified on the hazard sheet? Yes No (if no, amend hazard sheet)

PREVENTATIVE ACTION:

Describe controls/methods to minimise risk of recurrence.

Recommended Corrective Action

- Re-train Personnel
- Improve Hazard ID
- Improve Hazard Control
- Improve Task Analysis
- Discuss in Tool Box Talks
- Increase Supervision

ACTION TO BE COMPLETED BY:

Name:

Employer:

by Date:/...../.....

CLOSE OUT: Agreed actions have been completed and this situation is now satisfactory.

Signed:/...../.....

SITE SAFETY INDUCTION CHECKLIST

To be used for all staff on their commencement at a new site

EMPLOYEE NAME: COMPANY:

INDUCTION NO: INDUCTED BY:

POSITION: SITE SAFE PP/GC NO.:

SITE: DATE:/...../.....

ITEM	DESCRIPTION	† when completed
1.0	Health & Safety Policy and Site Safety Plan: Show location of Health & Safety Policy and Site Safety Plan and familiarise employee with contents and duties.	<input type="checkbox"/>
2.0	Emergency Procedure: Show and discuss emergency procedures.	<input type="checkbox"/>
3.0	Site Hazards: Discuss site hazards from the Significant Hazard Sheets (F8 & F9). Identify any hazards that the employee may create or be exposed to and how to control these. Confirm process for notification of new hazards introduced.	<input type="checkbox"/>
4.0	Safety Equipment: Advise employee of location of First Aid Kit and trained First Aid Givers Advise employee of location of Fire Extinguishers, fire call points, fire hose reels, etc.	<input type="checkbox"/>
5.0	Accident Reporting & investigation: Discuss the responsibility and importance of reporting all accidents or near misses. Advise location of Accident Register and Reporting forms	<input type="checkbox"/>
6.0	Safety Information: Confirm locations of other information appropriate to their position, e.g. OSH Guidelines, Codes of Practice, Material Safety Data Sheet (MSDS).	<input type="checkbox"/>
7.0	Safety Training: Confirm that all employees hold a current Site Safe Passport. Confirm that the employee is adequately trained in the <u>safe use</u> of all plant, equipment and personal protective equipment that they will be required to use during their time on site. Note: Mainzeal Safety Training 1 video (Construction Safety Essentials and Office Safety) is available from the Area Quality Coordinator.	<input type="checkbox"/>
8.0	Site Amenities: Show location of toilets, wash areas, smoko sheds.	<input type="checkbox"/>
9.0	Personal Protective Equipment (PPE): The following PPE is required on this site (tick). <input type="checkbox"/> Safety Hat <input type="checkbox"/> Safety Earmuffs Grade:..... <input type="checkbox"/> Safety Footwear <input type="checkbox"/> Safety Goggles..... <input type="checkbox"/> Other (as identified on hazard sheets)	<input type="checkbox"/>
10.0	Ask the employees to identify any conditions that they are aware of that would affect their ability to perform their duties where there is a risk of harming themselves or others (record actions to manage and agree the method of maintaining confidentiality of this information).	<input type="checkbox"/>
11.0	Other site induction requirements: (list as appropriate, eg. Videos, clients briefing etc.)	

I acknowledge that I have been inducted in Health & Safety on this Site as outlined above, and I am aware of my responsibilities.

SITE SPECIFIC SAFETY PLAN

To be completed and handed to the Main Contractor's
Site Supervisor prior to commencement of work on site.

To:
(Contractor) (Project)

From:
(Subcontractor) (Date)

Subcontract Works:

Site Safety Representative:

Our nominated Safety Representative for this project.....

Hazard Management:

- Form 2 (or similar), which list hazards associated with our subcontract works and the methods to control such hazards, is attached.
- Hazardous products are associated with our subcontract works and the applicable Material Safety Data Sheets are attached.

Notifiable Works:

- We have notifiable works associated with our subcontract works and OSH has been advised.

Communicating:

Means of communicating safety information to employees (eg. Toolbox/pre task planning meetings, noticeboard, etc.)

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Emergencies:

Our first aid kit is located:

The site emergency signal is:

In the event of an evacuation our staff report to:

Accident Reporting: (All reports will be copied to the Contractor)

Our accident register is located:

Safety Inspections and Safety Reviews:

Frequency of inspections is:

Frequency of reviews is:

Training/Induction:

All employees are holders of Site Safe passports, • Yes, • No, if no, provide proof that employees have been booked on the Passport course:

All employees are trained to carry out works safely, • Yes, • No, if no, explain responsibilities for supervision:

.....

Other:

.....

Approved: Date:

(Company Safety Representative)