

Perth Property Improver

OHSE Management Plan



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OHSE Management Plan

PROJECT NAME	Property Maintenance
ORGANISATION NAME	Perth Property Improver
ADDRESS	55 Robinson Rd, Morley Perth WA 6062
PHONE	0417960652
EMAIL	jamesdrilling@optusnet.com.au
ABN	83738098393



OHSE 001-Document control

Perth Property Improver:

- Maintains an up to date version of this OHSE Management Plan.
- Retains all obsolete pages of the Plan for a minimum of 7 years to demonstrate a record of OHSE management practices.
- Provides a copy of the current version of the Plan to BGC Construction
- Reviews the Plan on an annual basis
- Ensures all amendments to the Plan are recorded in the Register of Amendments.

Register of Amendments					
Date	Page/Form no	Version No.	Description of amendments	Prepared by	Approved by

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



OHSE 002-Project details and introduction

Organisation details	
Business/Trading name	Perth Property Improver
ACN/ABN	83738098393
Contract Job Number	
Director/Manager	James Officer
Address	55 Robinson Rd, Morley WA 6062
Phone	
Fax	
Mobile	0417960652
Email	jamesdrilling@optusnet.com.au

The following table sets out a brief description of the work to be carried out by Perth Property Improver during the course of the project maintenance contract/agreed works on the various projects managed by BGC construction

Date	Description of works	No of employees (inc subcontractors)
Sep 2015	Project general maintenance	1

The table below identifies the designated person on site responsible for the management of occupational health safety and environment.

Name	Contact Details
James Officer	0417960652

Perth Property Improver does intend to subcontract all or part of the works.
If engaged, the sub-subcontractors intended to be used on this site are:

Business	Contact Details
TBA	TBA

Perth Property Improver will ensure that the above mentioned subcontractors provide a SWMS for their specialised work, and that Perth Property Improver shall review the SWMS, and append the SWMS to this Plan. If they are an employer, Perth Property Improver will also ensure that evidence relating to a current workers compensation policy is provided.

Director / Manager _____ Date ____/____/____



OHSE 003-Occupational health safety and environment policy

At Perth Property Improver, a commitment to occupational health, safety and the environment is part of the business.

This is achieved through:

- complying with statutory requirements, codes, standards and guidelines;
- setting up objectives and targets with the aim of eliminating work related incidents in relation to our activities, products and services; and
- defining roles and responsibilities for occupational health, safety and environment.

Strategies will include:

- ensuring occupational health, safety and environment management principles are included in all organisational planning activities;
- providing ongoing education and training to all of our employees;
- consulting with employees and other parties to improve decision-making on occupational health, safety and environment matters;
- ensuring incidents are investigated and lessons are learnt within the organisation;
- distributing occupational health, safety and environment information, including this policy, to all employees and interested parties;
- providing enough resources to ensure occupational health, safety and environment is a central part of the organisation; and
- ensuring effective injury management and rehabilitation is provided to all employees.

Director / Manager _____ Date ____/____/____



OHSE 004-Hazard identification, risk assessment and control

Perth Property Improver will not commence construction work at a place of work unless:

- the principal contractor has provided Perth Property Improver with a copy of the relevant parts of its workplace OHSE Management Plan (or equivalent);
- Perth Property Improver has undertaken an assessment of the risks associated with the work activities and has provided to the principal contractor a written Safe Work Method Statement (SWMS); and
- Perth Property Improver has provided induction training to all employees.

Perth Property Improver maintains and updates the SWMS, and provides the updated SWMS to the principal contractor.

Perth Property Improver identifies the potential hazards of the proposed work activities, assess the risks involved and develops controls measures to eliminate, or minimise, the risks. The risk management process is carried out in consultation with employees.

IDENTIFY HAZARDS:

Perth Property Improver breakdowns specific work activities into job steps to assist in identifying all potential hazards. These work activities are detailed in a SWMS. The SWMS is a list of job steps and other work related practices.

For each of the work activities and associated job steps identified in the SWMS, Perth Property Improver has identified potential hazards and their risks.

To assist in identifying hazards and risks, Perth Property Improver has considered the use of resources such as codes and standards, industry publications (i.e. safety alerts; hazard profiles for specific trade groups), workplace experience and consultation (i.e. Toolbox Talks).

ASSESS RISKS:

Perth Property Improver has identified a risk class/ranking for potential workplace hazards by referring to the categories ranging from high to low in a Risk Matrix.

The Risk Matrix is used to determine the level of danger or seriousness (i.e. the consequence) of the risk, how likely it is that this risk will occur (i.e. likelihood/probability) and therefore how detailed control measures will need to be to eliminate or minimise the risk.



OHSE 005- Hazard categories

The following is a list of the hazards Perth Property Improver has identified arising from the contracted/agreed work activities. These hazards are addressed within the Safe Work Method Statement(s).

Occupational health and safety			
<input checked="" type="checkbox"/>	Access & egress	<input type="checkbox"/>	Confined/enclosed spaces
<input type="checkbox"/>	Coring/chasing	<input type="checkbox"/>	Dangerous Goods (Oxy/other)
<input type="checkbox"/>	Demolition/dismantling	<input checked="" type="checkbox"/>	Electricity (power tools/other)
<input type="checkbox"/>	Explosive/pneumatic power tools	<input type="checkbox"/>	Fatigue (shift work/hours of work)
<input type="checkbox"/>	Formwork erection/dismantling	<input type="checkbox"/>	Fire/explosion
<input type="checkbox"/>	Fumes/gas	<input checked="" type="checkbox"/>	Hazardous substances
<input type="checkbox"/>	Flying/falling objects/debris	<input type="checkbox"/>	Height & falls
<input type="checkbox"/>	Hazardous material	<input type="checkbox"/>	Hot/cold working environment
<input type="checkbox"/>	Hot work (cutting/welding/grinding)	<input type="checkbox"/>	Lasers
<input type="checkbox"/>	Lighting	<input checked="" type="checkbox"/>	Manual handling (lifting or twisting)
<input type="checkbox"/>	Machine/equipment guarding	<input type="checkbox"/>	Moving plant/traffic
<input type="checkbox"/>	Materials handling (crane/forklift/other)	<input type="checkbox"/>	Plant & equipment operation
<input checked="" type="checkbox"/>	Noise (hearing)	<input type="checkbox"/>	Structural alterations/support
<input type="checkbox"/>	Public (pedestrians/other)	<input type="checkbox"/>	Services (underground/overhead)
<input type="checkbox"/>	Subsidence	<input type="checkbox"/>	Ultra Violet Light (sunlight)
<input type="checkbox"/>	Trenching/excavation	<input type="checkbox"/>	Other.....
<input type="checkbox"/>	Work near/over water	<input type="checkbox"/>	Other.....
<input type="checkbox"/>	Young workers/unskilled labour	<input type="checkbox"/>	Other.....
<input type="checkbox"/>	Biological/bacteria	<input type="checkbox"/>	Other.....

Environment			
<input type="checkbox"/>	Air quality (dust/emissions)	<input type="checkbox"/>	Bulk excavation/spoil
<input type="checkbox"/>	Concrete or paint wastes	<input type="checkbox"/>	Contaminated soil/water
<input type="checkbox"/>	Dewatering/pump out	<input type="checkbox"/>	Habitats (protected flora/fauna)
<input type="checkbox"/>	Heritage & Archaeology	<input checked="" type="checkbox"/>	Noise or vibration
<input type="checkbox"/>	Noisy work (neighbourhood)	<input type="checkbox"/>	Spills & response
<input type="checkbox"/>	Slurry or other discharges	<input checked="" type="checkbox"/>	Traffic & parking
<input type="checkbox"/>	Waste hazardous (paint sludge, synthetic min fibre, asbestos/other)	<input type="checkbox"/>	Dangerous Goods/Hazardous Substances (use/storage/spills)
<input type="checkbox"/>	Stormwater/sediment control	<input type="checkbox"/>	Other.....
<input type="checkbox"/>	Waste disposal	<input type="checkbox"/>	Other.....



OHSE 006-Risk matrix

Perth Property Improver has identified a risk class/ranking for potential workplace hazards by referring to the categories in the matrix below.

Step 1: The organisation identifies the consequence for each potential risk by using the table below. Note: If a combination of harm, loss or damage could occur the worst case consequence is selected.

Level	Description of Consequence
High (1) (High level of harm)	Potential death, permanent disability or major structural failure/damage. Off-site environmental discharge/release not contained and significant long-term environmental harm.
Medium (2) (Medium level of harm)	Potential temporary disability or minor structural failure/damage. On-site environmental discharge/release contained, minor remediation required, short-term environmental harm.
Low (3) (Low level of harm)	Incident that has the potential to cause persons to require first aid. On-site environmental discharge/release immediately contained, minor level clean up with no short-term environmental harm.

Step 2: Using the following table, the organisation determines how likely it is that the risk will occur and result in the consequence identified above.

Level	Likelihood/Probability
Likely	Could happen frequently
Moderate	Could happen occasionally
Unlikely	May occur only in exceptional circumstances.

Step 3: Using the risk matrix below, the organisation identifies the risk class/ranking.

Consequence	Likelihood/Probability		
	Likely	Moderate	Unlikely
High (1)	1	1	2
Medium (2)	1	2	3
Low (3)	2	3	3

Class/Ranking	Description / Requirements
1	Will require detailed pre-planning. Actions will be recorded on a Safe Work Method Statement
2	Will require operational planning. Actions will be recorded on a Safe Work Method Statement
3	Will require localised control measures



OHSE 007--Safe Work Method Statement (SWMS)

Organisation details	
Organisation Name:	Contact Name:
ACN/ABN	Contact Position:
Address:	Contact Phone No:
Project details	
Project:	Area:
Activity:	This SWMS has been developed in consultation with: Reviewed by: _____ Date: __ / __ / Position: _____ Date: __ / __ /
Resources / Trades Involved:	
Equipment Used:	
Maintenance checks:	
Materials Used:	



Level	Description of Consequence or Impact	Consequence	Likelihood/Probability		
			L <i>Likely</i>	M <i>Moderate</i>	U <i>Unlikely</i>
H (1) <i>(High level of harm)</i>	Potential death, permanent disability or major structural failure/damage. Off-site environmental discharge/release not contained and significant long-term environmental harm.	H (1) <i>(High)</i>	1	1	2
M (2) <i>(Medium level of harm)</i>	Potential temporary disability or minor structural failure/damage. On-site environmental discharge/release contained, minor remediation required, short-term environmental harm.	M (2) <i>(Medium)</i>	1	2	3
L (3) <i>(Low level of harm)</i>	Incident that has the potential to cause persons to require first aid. On-site environmental discharge/release immediately contained, minor level clean up with no short-term environmental harm.	L (3) <i>(Low)</i>	2	3	3
Level Likelihood / Probability					
Likely	Could happen frequently				
Moderate	Could happen occasionally				
Unlikely	May occur only in exceptional circumstances				

Item	Job steps	Hazards	Risk Class/ Ranking	Controls	Name of persons responsible for work



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



This SWMS has been developed through consultation with our employees and has been read, understood and signed by all employees undertaking the works:		
Print Names:	Signatures:	Dates:

Review No	01	02	03	04	05	06	07	08	09
Initial:									
Date:									



OHSE 008–Objectives and targets

Perth Property Improver has established the following objectives and targets to support and maintain the effectiveness of the OHSE Management Plan.

Planning

Objective:

Employees are provided with regular and up-to-date information on OHSE for the duration of the contracted/agreed works.

Target:

Review the content of the OHSE Management Plan at maximum 3 month intervals (or more frequent as required) to maintain the currency of information provided to employees and others

Risk Management

Objective:

Employees are familiar with hazards and risks associated with the contracted/agreed works that are assessed as a medium to high risk.

Target:

Safe Work Method Statement(s) or the equivalent list as a minimum those hazards and risks associated with the contracted/agreed works that are assessed as a medium to high risk.

Consultation

Objective:

Employees are regularly consulted on matters that affect OHSE.

Target:

Toolbox/Pre-start or other agreed methods of consultation are undertaken on a regularly basis.

Training

Objective:

Employees are provided with training to enable work practices to be undertaken that are safe and minimise risk to the environment.

Target:

All employees involved with the contracted/agreed work have undertaken as a minimum the three levels of induction training, i.e. general industry (safety awareness) training, site specific training and work activity training as noted in the Safe Work Method Statement(s) specific to the contracted/agreed works.

Other

Objective:

Target:



OHSE 009–Personal Protective Equipment (PPE)

Perth Property Improver maintains the following register of all PPE supplied to employees where such PPE is specified as a control measure in the Safe Work Method Statement. Perth Property Improver ensures all items of PPE are manufactured, used and maintained in accordance with the relevant standard. Proof of Standard compliance will be provided, e.g. labelling.

Each employee has been instructed and trained in the correct use of the PPE issued.

Employee name	Date of Issue/ replacement	Item supplied	Signature of recipient
			<i>I have received the listed PPE with appropriate instruction/training in its correct use.</i>



OHSE 010–Consultation

Perth Property Improver promotes the active participation of all employees in OHSE decisions.

Employees are consulted and given opportunity, encouragement and training to be proactively involved in OHSE matters affecting the organisation and their work activities.

Consultation occurs in reference to, but not limited to, the following subjects / topics:

- hazard identification and risk assessment processes;
- control measures for the management of hazards and risks;
- changes to the organisation's policies and procedures or work routines which may affect OHSE;
- make up of and representation on relevant committees; and
- election of OHSE and employee representatives.

All workplace consultation is recorded and occurs on a regular basis.



OHSE 011–Training and competency register

Having regard to the hazards and risks associated with the work activity Perth Property Improver has assured that all employees are trained and competent to perform all tasks in a way that is safe and does not adversely impact on themselves, others or the environment.

The following register contains details of the skills and competencies of the organisation's employees.

Employee Name	Work on this project	Skills / Competencies / Experience (e.g. tickets / qualifications)	Card No. / Reg. No.	Date of course	Expires
James Officer	General Maintenance	HR driver's license	43991895		26/01/2016



OHSE 012–Toolbox/pre-start talks

All Toolbox / Pre-start Talks undertaken on behalf of Perth Property Improver are recorded on this form and signed by participants.

All corrective actions noted on this form are implemented and signed by the nominated person. It is the responsibility of the Works Supervisor to ensure that all corrective actions are completed and reviewed for effectiveness.

Toolbox / Pre-start Talks			
Workplace:			
Subject of Talk:			
Presented by:			
Duration:		Date:	

Persons Present			
Print Name:	Signature:	Print Name:	Signature:

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



OHSE 013–Workplace inspection checklist

Perth Property Improver inspects the work activity(s) and work area, and is able to provide a completed Workplace Inspection Checklist when required to the principal contractor for the duration of the works.

Workplace inspection						
Workplace:		Date:		Action By	Close Out By	Close Out Date
Inspected by		Signature:				
Item	Item Correct Yes No n/a	Action Priority 1 2 3				
Access/Egress Access paths clear Access paths defined (signage tape, other) Prohibited areas display warning signs and barricaded	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>				
Dust/Air Quality Dust suppressed/watered down Stock piles protected from wind Plant & equipment maintained to minimise emissions	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>				
Electrical Electrical equipment tested & tagged Register of tagging current Portable generator fitted RCD Portable Residual Current Device (RCD) tested/ tagged	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>				
First Aid/Emergency/Injury First aid kit provided Kit stocks refreshed First Aid Officer available Evacuation procedure in place Emergency contacts displayed Fire extinguisher/equipment available	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>				



Item	Item Correct Yes No n/a	Action Priority 1 2 3	Action By	Close Out By	Close Out Date
Manual Handling					
Trolleys/aids in use	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			
SWMS followed	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			
Training/job rotation undertaken	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			
Hazardous Substances/Dangerous Goods					
Register current	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			
MSDS available	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			
SWMS lists precautions for use	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			
Storage area bunded	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			
Refuelling SWMS followed	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			
Height work					
Perimeter protection	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			
Handrails in place	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			
Penetrations covered	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			
Fall restraint/arrest system in use	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			
SWMS followed	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			
Housekeeping					
Materials stacked	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			
Work area lit	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			
Bins available & in use	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			
Signage in place	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			
Leads suspended	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			
Walkway/stairs/work area clear	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			
Noise					
Plant & equipment maintained	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			
Site hours observed	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			
Noisy works identified	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			
Hearing protection used (SWMS)	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			
Personal Protective Equipment					
Used when required (SWMS)	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			
Correctly used by employees	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			
Plant & Equipment					
Plant register current	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			
Maintenance records provided	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			
Daily log book completed	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			
Operator ticketed/competency verified	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			
SWMS followed	Yes <input type="checkbox"/> No <input type="checkbox"/> n/a <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			



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

All items noted for correction have been rectified

Name	Signed
Date	Time



OHSE 014–Plant and equipment regular checklist

The following checklist is completed by Perth Property Improver as a general and regular check on plant operation at the workplace.

Plant and Equipment Checklist					
Service Provider name					
Plant type / make					
Plant No. Serial No:		Serial No:			
Description			Check		
Risk assessment			Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>
Operator's manual			Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>
Maintenance reports			Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>
Log Book			Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>
Competency ticket/licence of operator			Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>
Fire extinguisher			Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>
First aid kit			Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>
Tested and tagged electrically			Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>
Seat belt			Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>
Plant Provider					
Name		Signature		Date	
Inspection Verified By					
Name		Signature		Date	



OHSE 015–Hazardous substances/dangerous goods

Perth Property Improver provides a current (within 5 years of the date of issue) MSDS to the principal Contractor for all products and substances to be used for the work activity.

Before a product or substance is used for the work activity, Perth Property Improver reviews the Material Safety Data Sheet (MSDS) to determine if the product or substance is classified as hazardous.

All employees involved in the use of products classified as hazardous, are provided with information and training to allow safe completion of the required task.

As a minimum standard, all safety and environmental precautions for use listed on the MSDS are followed when using the substance and are included in the Safe Work Method Statement.

No products or substances, including chemicals or fibrous materials, are brought to the workplace without a current MSDS.

All products and substances to be brought to the workplace are documented.

Perth Property Improver considers the following when selecting chemicals and substances for use on site:

- Flammability and exclusivity;
- Toxicity (short and long term);
- Carcinogenic classification if relevant;
- Chemical action and instability;
- Corrosive properties;
- Safe use and engineering controls;
- Environmental hazards; and
- Storage requirements.

All storage and use of hazardous substances and dangerous goods is in accordance with the MSDS and legislative requirements.

All hazardous substances and dangerous goods are stored in their original containers with the label intact at all times.

Hazardous substances and dangerous goods of any quantity are not stored in amenities, containers (unless properly constructed for the purpose), sheds or offices.



OHSE 016–Hazardous substances/dangerous goods register

The following hazardous substances exist in the work place. A copy of the MSDS has been forwarded to the person responsible for First Aid.

Product Name	Application	Quantity	Product labelled		MSDS		Classified as Hazardous in the MSDS		If YES: The risks and control measures associated with the use of the product/substance and the precautions for its use are outlined in the Safe Work Method Statement
			Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Liquid Nails	Adhesive	2	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Silicone	Sealant	2	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
WD 40	Lubricant	1	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
PVC glue	PVC adhesive	1	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	



OHSE 017–Electrical equipment

Perth Property Improver ensures that the use of electrical wiring, equipment, portable tools and extension leads are in good working order.

Perth Property Improver ensures that all electrical equipment brought on site is listed in the Electrical Equipment Register. The register is completed prior to commencement of the works and maintained for the duration of the works on site.

All electrical equipment including leads, portable power tools, junction boxes and earth leakage, or residual current, devices is inspected and tested by a suitably qualified person and labelled with a tag of currency before being used on site.



OHSE 018—Electrical equipment register

Perth Property Improver records all electrical equipment brought on site in the Electrical Equipment Register.

Note: Testing and Tagging frequency is as required by State or Territory Legislation, codes and relevant standards.

Electrical equipment	
Workplace	Date

Equipment Description	Plant / Serial No.	Date of Inspection/ Test	Results and/or trip current (less 30mA) for Earth Leakage Device	Date of next Inspection/Test	Electrician's /qualified person's Signature	License/ Registration No.
4 1/2 " grinder						
9" grinder						
Cordless drill						
Jig saw						
Circular saw						
Jack hammer						
Corded Drill						

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



OHSE 019–Hazard reporting

Perth Property Improver encourages all employees to report hazards **immediately** to the Works supervisor.

Where the hazard cannot be corrected immediately, Perth Property Improver records the details of the hazard in the Hazard Register.

Perth Property Improver investigates all reported hazards and implements control measures to eliminate and/or minimise the likelihood of an incident or injury.

Perth Property Improver identifies a risk class/ranking for all hazards by referring to the categories ranging from high to low in the Risk Matrix. The Risk Matrix is used to determine the level of danger or seriousness (i.e. the consequence) of the risk, how likely it is that this risk will occur (i.e. likelihood/probability) and therefore how detailed control measures will need to be to eliminate or minimise the risk.

Perth Property Improver regularly reviews and evaluates the effectiveness of control measures until the hazard is addressed and/or all risks have been mitigated or reduced.

Perth Property Improver will issue a copy of any completed Hazard Report form to the principal contractor, as required.



OHSE 020–Hazard report

Where a hazard cannot be immediately corrected, Perth Property Improver records the hazard in the Hazard Report.

General			
Date			
Workplace			
Submitted By		Signature	
Submitted To		Signature	

Details of Hazard	
Location	
Work Activity	
Hazard identified in relation to the work activity	

Details of Risk			
Risk Class	High (1) <input type="checkbox"/>	Medium (2) <input type="checkbox"/>	Low (3) <input type="checkbox"/>

Control Measures			
Corrective Action Required			
By Whom			
By Whom		When	Immediate <input type="checkbox"/> Within 24 hrs <input type="checkbox"/> Within 7 Days <input type="checkbox"/>

Completion			
Corrective Action Completed By		Signature	
Time		Date	
Confirmed By		Signature	



OHSE 021–Injury and incident investigation

INJURIES:

All injuries are reported to the designated First Aid Officer in the workplace.

Perth Property Improver records all injuries on the Register of Injuries.

INCIDENTS:

Perth Property Improver reports all notifiable incidents to the relevant Authority.

Where such an incident has occurred, Perth Property Improver considers whether the site needs to be preserved for investigation by the relevant Authority.

RECORD KEEPING:

Perth Property Improver keeps records of incidents and injuries in accordance with Statutory requirements.



OHSE 022–Register of injuries

Perth Property Improver records all injuries in the following register.

General			
Workplace Location			
Injured Persons Name			
Home Address			
Date of Birth		Male <input type="checkbox"/>	Female <input type="checkbox"/>
Occupation			
Employers Name			
Employers Address			
Details of Injury			
Date of Injury		Time of Injury	am <input type="checkbox"/> pm <input type="checkbox"/>
Activity in which the person was engaged at the time of injury			
Exact location where injury occurred			
Nature of injury e.g. fracture, burn, sprain, foreign body in eye.			
Body location of injury e.g. ear, eye, face, neck			
Details of Treatment			
Treatment provided by First Aid Officer	Yes <input type="checkbox"/> No <input type="checkbox"/>	Remarks:	
Follow up treatment required	Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>If yes, an Incident Investigation Report must be completed with 24 hours</i>	
Doctor/ Medical Centre attended			
Date attended		Medical Certificate Received	Yes <input type="checkbox"/> No <input type="checkbox"/>
Treatment i.e. x-ray, prescription			
Further consultation required	Yes <input type="checkbox"/> No <input type="checkbox"/>	Injury Management required	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, notify the Return-to-Work Coordinator</i>
Name of Witness			
Address of Witness			
Name of Person Providing First Aid			
Signature		Date	



OHSE 023–Incident investigation report

Perth Property Improver completes an Incident Investigation Report in the event of any injury involving medical attention or off site treatment or in the event of any incidents involving a near miss, property/plant damage or injury to the public or the environment.

The principal contractor will be informed **immediately** in the event of the above. Following discussions with the principal contractor, a decision will be made as to who will conduct the incident investigation. The principal contractor will be provided with a copy of the completed Incident Investigation Report.

Class of Incident		Reported	
<input type="checkbox"/> Injury	<input type="checkbox"/> Property/Plant Damage	Yes <input type="checkbox"/> No <input type="checkbox"/>	Details:
<input type="checkbox"/> Near Miss	<input type="checkbox"/> Environmental	Further Action Required	
<input type="checkbox"/> Other.....		<input type="checkbox"/> Report to Authorities <input type="checkbox"/> Other:	

Details of Incident			
Date of Incident		Time of Incident	am <input type="checkbox"/> pm <input type="checkbox"/>
Witness Name		Witness Contact	
Nature of Incident			
Location of Incident			
Description of Incident			
Details of damage to equipment/property?			

Injured Person/s (if applicable)			
Name			
Address			
Date of Birth			
Occupation		Employer	
Referred/transferred to			

Recommended Preventive Action	
Details	

Completed By			
Name		Position	
Signature		Date	



OHSE 024–OHSE management plan checklist

Perth Property Improver reviews all OHSE policies and procedures on a periodic basis to determine the effectiveness of the OHSE Management Plan in addressing OHSE in the workplace.

General	
Project Name	
Location	
Auditor	
Other Attendees	

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



Items Identified for Correction

Outstanding Issues and Recommendations			
Follow up actions required	Yes <input type="checkbox"/> No <input type="checkbox"/>	When	

Completed By			
Name		Position	
Signature		Date	



OHSE 025–Injury management and return-to-work

OUR COMMITMENT:

Perth Property Improver is committed to the return to work of injured employees.

As part of this commitment, we will:

- prevent injury and illness by providing a safe and healthy working environment;
- participate in the development of an injury management plan and ensure that injury management commences as soon as possible after an employee is injured;
- support the injured employee and ensure that early return to work is a normal expectation;
- provide suitable duties for an injured employee as soon as possible;
- ensure that our injured employees (and anyone representing them) are aware of their rights and responsibilities – including the right to choose their own doctor and rehabilitation provider, and the responsibility to provide accurate information about the injury and its cause);
- consult with our employees and, where applicable, unions to ensure that the return-to-work program operates as smoothly as possible;
- maintain the confidentiality of injured employee’s records.
- not dismiss an employee as a result of a work related injury within six months of becoming unfit for employment.

To support the above, Perth Property Improver has established the following procedures.

NOTIFICATION OF INJURIES:

- All injuries must be notified to the supervisor as soon as possible.
- All injuries will be recorded in the Register of Injuries.
- Our Workers Compensation Scheme Agent will be notified of any injuries that may require compensation within 48 hours.

-

RECOVERY:

- All injured employees will receive appropriate first aid or medical treatment as soon as possible.
- The injured employee must nominate a treating doctor who will be responsible for the medical management of the injury and assist in planning return to work.

-

RETURN TO WORK:

- A suitable person will be arranged to explain the return to work process to the injured employee.

-

SUITABLE DUTIES:

- An individual return to work plan will be developed when the injured employee, according to medical advice, is capable of returning to work.



- The injured employee will be provided with suitable duties that are consistent with medical advice and are meaningful, productive and appropriate to the injured employee’s physical and psychological condition.
- Depending on the individual circumstances of the injured employee, suitable duties may be at the same workplace or a different workplace, the same job with different hours or modified duties, a different job and may involve full-time or part-time hours.
-

DISPUTE RESOLUTION:

- If disagreements about the return to work program or suitable duties arise, the organisation will work with the injured employee and any union representing them to try to resolve the issue.
- If all parties are unable to resolve the dispute, the organization will seek to involve the Scheme Agent, an accredited rehabilitation provider, the treating doctor or an injury management consultant.

CONTACTS:

Perth Property Improver’s workplace contact for the return-to-work is:

Name	Organisation	Contact details
Name	TBA	Position
Signature		Date

Perth Property Improver’s preferred WorkCover-accredited rehabilitation provider are:

Name	Organisation	Contact details
Name	TBA	Position
Signature		Date

Perth Property Improver’s workers’ compensation Scheme Agent is

Name	Organisation	Contact details
Name	TBA	Position
Signature		Date

