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|  | Western District Labour Hire |  | 2018 |  |  |
|  |  |  |  |  |
|  | Occupational Health and Safety Policy |  |  |  |  |
|  |  |  |  |  |  |



**Occupational**

**Health and**

**Safety Manual**

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|  | Western District Labour Hire |  | 2018 |  |  |
|  |  |  |  |  |
|  | Occupational Health and Safety Policy |  |  |  |  |
|  |  |  |  |  |  |

**Index**

**1. General Policy Statement** **Page 3**

1. Health and Safety Policy
2. Policy Authorised by senior Management
3. Staff responsibilities to Policies and Procedures
4. Directors responsibilities to Health and Safety

1.5 Individual employee’s responsibilities to Health and Safety **Page 4**

1. Consultation with employee representative
2. Reporting and recording of workplace incidents and injuries
3. Directors understand Health and Safety Management

**2. Training and Supervision** **Page 5**

1. Health and Safety Induction program for new employees
2. Identification of Health and Safety Training needs

|  |  |  |
| --- | --- | --- |
| 2.3 | Health and Safety documented control system | **Page 6** |
| 2.4 | Access to Health and Safety information |  |
| **3. Hazard Reporting** | | **Page 7** |

1. Definition of a hazard

3.2 Procedure for hazard reporting

**Appendix’s**

**A.** Host employer induction checklist **Page 8**

**B.** Employee Training Record **Page 9**

**C.** Notification of Injury or accident form **Page 10**

**D.** Hazard report form **Page 11**

**E.** Western District Labour Hire hazard register **Page 12**

**F.** OH&S Information sheets available **Page 13**

2

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  | Western District Labour Hire |  | 2018 |  |  |
|  |  |  |  |  |
|  | Occupational Health and Safety Policy |  |  |  |  |
|  |  |  |  |  |  |

**1. General Policy Statement:**

**Western District Labour Hire can demonstrate active, consultative commitment to all areas of Health and Safety management in the Workplace.**

1. **Health and Safety Policy**

Western District Labour Hire has developed and implemented a structures Health and Safety Management System to meet its obligations and legislative requirements. This will also assist to achieve a consistently high standard of safety performance. Regular review of OH&S at a senior level reinforces its importance to Western District Labour Hire, commercial objective and legal obligations.

1. **Policy Authorised by senior Management**

The Director will formally sign and date the current written Policy and display it in the designated areas. The Director will formally approve the Policy and Procedures. The Director reviews the documented Health and Safety Policy annually.

1. **Staff Responsibilities to Policies and Procedures**

Western District Labour Hire OH&S Policy is to inform employees and other interested parties that OH&S is an integral part of its operations. All staff are actively involved in the review and continual improvement of OH&S performance as this reinforces the Company’s objectives.

1. **Directors Responsibilities to Health and Safety** 
   * Formally approve the OH&S Policy
   * Assign custody to ensure procedure is maintained and updated
   * Formally approve the OH&S Procedures
   * Review overall organisational Health and Safety performance
   * Participate where required in the resolution of safety issues
   * Review serious accidents/incidents and monitor corrective actions
   * Ensure organisational compliance with health and safety legislation
   * Implement the OH&S Policy, OH&S Procedures and legislative requirements
   * Monitor health and safety performance within area of responsibility
   * Demonstrate commitment to health and safety through participation in formal and informal discussions, workplace visits, hazard inspections etc.
   * Participate, where required, in the resolution of safety issues
   * Investigate all accidents/incidents within area of responsibility
   * Ensure liaison with employees, particularly on any workplace changes which have a health and safety component

3

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|  |  |  |  |  |  |
|  | Western District Labour Hire |  | 2018 |  |  |
|  |  |  |  |  |
|  | Occupational Health and Safety Policy |  |  |  |  |
|  |  |  |  |  |  |

* + Initiate actions to improve health and safety within area of responsibility
  + Actively monitor the workplace to determine presence of hazards and take appropriate action to rectify any hazards found
  + Participate in consultation
  + Ensure all employees are inducted and receive regular training as required to perform jobs safely

1. **Individual Employees Responsibilities to Health and Safety** 
   * Adhere to all safe working procedures in accordance with instructions
   * Take reasonable care of themselves and others who may be affected by their actions
2. **Consultation with Employee Representative**

Western District Labour Hire is committed to consultation and co-operation between management and employees, to any change to input to the Health and Safety Policy that will affect the workplace.

1. **Reporting and recording of workplace incidents and injuries**

Western District Labour Hire has a strict procedure for internal reporting and recording of work related incident, injury or illness.

1. **Directors understand Health and Safety Management**

Western District Labour Hire Management are responsible for the development, promotion and implementation of OH&S Policies and Procedures and therefore have a thorough understanding of the scope and structure of Health and Safety Management. They are also responsible for communicating and training employees in all aspects of OH&S Management.

Various seminars, briefings, conferences and training sessions are attended as and when are necessary and available.

4

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|  |  |  |  |  |  |
|  | Western District Labour Hire |  | 2018 |  |  |
|  |  |  |  |  |
|  | Occupational Health and Safety Policy |  |  |  |  |
|  |  |  |  |  |  |

**2. Training and Supervision**

**Western District Labour Hire will ensure that all employees are informed of their own responsibilities for health and safety in the workplace.**

**Western District Labour Hire will ensure that employees have specific knowledge concerning the management of hazards to which they may be exposed. This will be achieved through training in workplace procedures, environment, equipment and materials.**

1. **Health and Safety Induction program for new employees**

“First Day” Induction for new employees is to be provided by the Director/Site

Supervisor. The induction is by way of a verbal explanation followed by supervised observation of the task in a safe working environment.

All items on the **Host Employer** **Induction Checklist (appendix “A”)** are to be explained to the employee and this includes:

* Hazards associated with the job and appropriate controls
* Safe and correct way to perform the required tasks
* Emergency procedures and equipment, facilities such as toilets, break rooms and first aid kit
* Shown a copy of the Health and Safety Policies and Procedures
* Safety equipment and how to use it correctly
* Procedures and forms used for reporting injuries/incidents

**The induction form is to be signed by both the new employee and the person facilitating the training/induction process and needs to be returned to WDLH within 2 days of commencement.**

1. **Identification of Health and Safety Training Needs**

Western District Labour Hire will undertake ongoing assessment and record required training in the **Training Register (Appendix “B”)** to ensure every employee is provided with the appropriate training. Procedures are in place to ensure that employees have appropriate competencies and these are kept up-to-date in tasks where hazards and risks have been identified.

Western District Labour Hire documents and records training provided to establish and evaluate its effectiveness.

5

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|  |  |  |  |  |  |
|  | Western District Labour Hire |  | 2018 |  |  |
|  |  |  |  |  |
|  | Occupational Health and Safety Policy |  |  |  |  |
|  |  |  |  |  |  |

1. **Health and Safety Documented Control System**

Documentation of operation processes and procedures are defined and appropriately documented and updated as necessary. Western District Labour Hire has clearly defined the various types of documents, which establish and specify effective operation procedure and control.

Employees are trained as to why and when these procedures are required and to be competent in their use. Procedures are reviewed regularly as well as when changes to equipment or processes have occurred.

OH&S documentation supports employee awareness of what is required to achieve the OH&S objectives and enables the evaluation of the system of performance. The documentation, also known as the OH&S Manual are current, comprehensive and dated (date of the last revision) to ensure it is the current version.

Access to the documentation is available to all employees.

1. **Access to Health and Safety Information**

OH&S Manuals are available where Western District Labour Hire operations are performed and are easily accessed by all employees.

6

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|  |  |  |  |  |  |
|  | Western District Labour Hire |  | 2018 |  |  |
|  |  |  |  |  |
|  | Occupational Health and Safety Policy |  |  |  |  |
|  |  |  |  |  |  |

**3. Hazard reporting**

**This procedure describes how hazards are reported by employees. The hazard report applies to the reporting of any health and safety issues other than personal injury. The Work Health Incident Report Form (Appendix “C”) is to be used for this purpose. The procedure applies to all employees and contractors.**

1. **Definitions:**

***“Hazard” - anything which has the potential to cause injury or damage.***

1. **Procedure for Hazard reporting** 
   1. Western District Labour Hire shall ensure that the Hazard Report Form

(Appendix “D”) is available to all employees in all work locations.

* 1. If there is an immediate risk of injury or illness an employee shall take action to make the area safe, ensuring their own safety is not jeopardised and immediately report the hazard to their supervisor.
  2. Employees shall immediately report any hazard to their supervisor and complete the Hazard Report Form. The employee should keep a copy of the completed form for their own records.
  3. The supervisor on receipt of the Hazard Report Form shall:
     1. Take action to remove the hazard if possible
     2. Take action to prevent employees being exposed to the hazard
     3. Forward the Hazard Report to the Director/Supervisor immediately
  4. Copies of Hazard Report Forms are to be filed at each location.
  5. The Director/Supervisor will ensure that the explanation of this procedure is included in the induction for new employees.
  6. Western District Labour Hire to keep a register of Hazards reported and the action taken as per Appendix ”E”.

7

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|  |  |  |  |  |  |  |  |  |  |
|  | Western District Labour Hire | |  |  |  |  | 2018 |  |  |
|  |  |  |  |  |  |  |  |  |
|  | Occupational Health and Safety Policy | |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | |  |  |
|  |  |  | **Appendix “A”** | | | | |  |  |
|  | **HOST EMPLOYER INDUCTION CHECKLIST** | | | | | | |  |  |
|  |  |  |  |  | | | |  |  |
|  | **Worker name:** |  |  | **Start date:** | |  | |  |  |
|  |  |  |  |  |
|  | **Position:** |  |  | **Agency:** |  |  | |  |  |
|  |  |  |  |  |  |  |  |
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|  |  |  |  |  | |  |  |
|  | **Host Employer:** |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
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**Instructions for Host Employer:**

* This Checklist **MUST BE** completed by a Representative/Supervisor of the Host Employer before any Labour Hire employee can commence work.
* All items must be discussed during the induction and should be ticked off on completion.
* Following the induction the Host Employer Representative/Supervisor and the Labour Hire employee must both sign and date the checklist to acknowledge that the induction has taken place.
* This checklist (once completed, signed and dated), **MUST BE** returned to Western District Labour Hire (fax or email accepted). **Please retain a copy for your records.**

**Please tick each topic covered in the induction:**

1. How to report injury, incidents, hazards or unsafe work practices at the work place.

2. Introduction to the Host Employers Occupational Health and Safety Representative.

3. Emergency Evacuation Procedures, including location of the nearest exits and assembly points.

4. Instructions and training given on equipment to be operated.

5. Personal Protective Equipment (PPE) provided (if applicable), including instructions in the correct use.

6. Tour of workplace to highlight amenities/facilities.

7. Access to onsite Policy and Procedures (ie: sexual harassment, bullying, storage of personal items, internet and phone usage etc)

I have received and understood the induction covering the items outlined above

**Labour Hire Employee Signature:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_/\_/\_**

**Host Employers Representative Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_/\_/\_ Host Employer Representatives Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Host Employers Representative Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

8

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|  |  |  |  |  |  |
|  | Western District Labour Hire |  | 2018 |  |  |
|  |  |  |  |  |
|  | Occupational Health and Safety Policy |  |  |  |  |
|  |  |  |  |  |  |

**Appendix “B”**

**Employee Training Record**

**Employee Name**:

**Job Title**:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | **Type of Training**  **(Internal**  **External/)** | **Training Description** |  | **Trainer Name**  **(if applicable)** | **Trainer Signature**  **(if applicable)** |
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**Training review date:**

**Employee Signature:**

**Manager Signature:**

9

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|  |  |  |  |  |  |
|  | Western District Labour Hire |  | 2018 |  |  |
|  |  |  |  |  |
|  | Occupational Health and Safety Policy Appendix “C” |  |  |  |  |
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**Work Health & Safety Incident Report Form**

**PART A – Details of the incident**

|  |  |
| --- | --- |
| Details of the person completing the report | Name: |
| Contact phone number: |
| Email address: |
| Company Name: |
| Position |

|  |  |
| --- | --- |
| Time and date of incident | \_\_\_\_\_\_: \_\_\_\_\_\_\_\_ am/pm on \_\_\_\_/\_\_\_\_/\_\_\_\_ |
| Location of incident |  |
| Activity being undertaken |  |
| Brief description of incident / near miss |  |
| Names and contact details for witnesses to the incident |  |
| Was anyone injured | □No (*s*kip to Part C) □Yes (complete Part B for each injured person) How many: \_\_\_\_\_\_ |

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_**

**Submitted to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_**

**(Name) (Position)**

**N.B. This form is to be treated as “CONFIDENTIAL”. Please retain the original and forward a copy to: laabourhire@wdlh.com.au**

**(Left Blank Intentionally)**

**PART B – Details of injury** Time and date of incident: \_\_\_\_\_\_:\_\_\_\_\_\_\_\_ am/pm on \_\_\_\_/\_\_\_\_/\_\_\_\_

\* N.B. If more than one person has been injured in this incident, please attach an additional part B for each injured person

|  |  |
| --- | --- |
| Details of injured Employee | Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Gender: □Male □Female Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ |
| Injured Employee Contact Details | Work phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Injured Employee Employment Details | Position Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Type of Employment: □Full time □Part time □Casual □ Shift Work  Will a WorkCover claim be lodged? □Yes □No □Unsure  Work cycle:- □ Journey □ Meal or rest break □ Work |
| Host Employer Details | Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Position Tile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
| Mechanism of Injury  (indicate all relevant) | □Slip/trip/fall □Manual handling □Body stressing □Being hit by falling object  □Hitting an objects with part of the body □Being hit by moving objects  □Exposure to heat /radiation /electricity □Exposure to biological agent (including body fluid)  □Exposure to Chemical agent □Exposure to asbestos □Exposure to work stress  □Violence □Other inappropriate behaviour □Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Nature of Injury  (indicate all relevant) | □Sprain/Strain □Fracture □Cuts/Scratch/Abrasion □Bruising □Burn □Bite/Sting  □Electrical shock □Concussion □Psychological □Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Bodily Location/s |  |
| Treatment required  highest level only) | □No treatment □First Aid □Doctor □Hospital outpatient □Hospital admission  □No of days in Hospital □Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PART C – Investigation** Time and date of incident: \_\_\_\_\_\_:\_\_\_\_\_\_\_\_ am/pm on \_\_\_\_/\_\_\_\_/\_\_\_\_

\* N.B. Investigations are usually conducted/coordinated by the supervisor/manager.

|  |  |
| --- | --- |
| Is this a notifiable incident?  (refer to [Work Health & Safety Incident Investigation Guide](file:///C:\Users\dewegera\Desktop\Incident%20reporting%20and%20Investigation\JAG-#2750541-v1-WHS_Incident_Investigation_Guide.docx)) | □Yes. Notify the Office of Fair and Safe Work Vic. (Call 1800 136 089 or complete an [online incident notification form](https://www.worksafe.qld.gov.au/online-services/incident)). Date Notified: \_\_ / \_\_ / \_\_\_\_  □No |
| Investigation Methods | □interviews □written statements □examination of accident site □CCTV review  □Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Brief Summary of findings  (refer to attachments if necessary) |  |
| Causal factors identified  (refer to the [Work Health & Safety Incident Investigation Guid](file:///C:\Users\dewegera\AppData\Roaming\OpenText\DM\Temp\JAG-#2750541-v1-WHS_Incident_Investigation_Guide.docx)e for definitions of causal factor categories) | □People: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □Equipment/plant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □Environment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □Processes/procedures: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □Organisational factors: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Recommendations  (refer to the [Work Health & Safety Incident Investigation Guide](file:///C:\Users\dewegera\AppData\Roaming\OpenText\DM\Temp\JAG-#2750541-v1-WHS_Incident_Investigation_Guide.docx) for hierarchy of control definitions) | □Elimination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □Substitution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □Isolation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □Engineering: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □Administrative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □Personal protective equipment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Will recommendations eliminate all hazards? | □Yes □No |

**Investigator Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_**

**Health & Safety Representative (HSR) (if applicable):**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_**

**WDLH Representative:**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_**

**Host Employer : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Company Name)**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_**

**PART D – Actions** Time and date of incident: \_\_\_\_\_\_:\_\_\_\_\_\_\_\_ am/pm on \_\_\_\_/\_\_\_\_/\_\_\_\_

\* N.B. Actions are usually coordinated by the supervisor/manager.

|  |  |
| --- | --- |
| **Confirmation of actions** | Are all recommendations accepted? □Yes □No  Note exceptions: |
| Additional actions to be taken |  |
| Actions completed | Are all actions completed? □Yes □No |
| Transfer to the risk register | All remaining hazards transferred to the risk register for monitoring/review: □Yes □No □N/A |
| Outstanding actions | All outstanding actions noted against hazards in the risk register: □Yes □No □N/A |
| Communication | □Incident reporter notified of outcomes on \_\_\_\_/\_\_\_\_/\_\_\_\_\_  □Relevant Host Employer notified of incident and outcomes on \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_  □Copy of this complete WDLH incident form filed in WDLH office |

**Supervisor/Manager Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Supervisor/Manager Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_**

10

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|  | Western District Labour Hire |  | 2018 |  |  |
|  |  |  |  |  |
|  | Occupational Health and Safety Policy |  |  |  |  |
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**Appendix “D”**

**Hazard Report Form**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reported by:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position held: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reported to:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position held: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Site Location:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

( ) Incident ( ) Near Miss

( ) Workplace Hazard ( ) Hazardous Work Practice

**Description of Hazard:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What needs to be done?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Witness:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11

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| Western District Labour Hire  Occupational Health and Safety Policy |  | 2018 |  |  |

**Appendix “E”**

**HAZARD REGISTER**

**(For Labour Hire Agency to record Hazards at the Host Employers Workplace)**

**Workplace: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_/\_\_/\_\_**

**NO. DATE HAZARD LOCATION HAZARD INJURY RISK EXISTING METHOD**

I**DENTIFIED (Plant/Machine Etc) OF RISK CONTROL**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |
| **5** |  |  |  |  |  |
| **6** |  |  |  |  |  |
| **7** |  |  |  |  |  |
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12

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|  | Western District Labour Hire |  | 2018 |  |  |
|  |  |  |  |  |
|  | Occupational Health and Safety Policy |  |  |  |  |
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“F”

**OHOH&S INFORMATION SHEETS AVAILABLE**

Building and Construction Code of Practice

Bullying – What to do

Cleaning inside agitator barrels of concrete trucks

Construction of Housing – Falls prevention

Construction – Prevention of nail gun injuries during framing

First Aid Compliance

Guidance Working in Heat

Guide to Safe Work-Related Driving

Guide to Safe Work-Related Driving

Health & Safety Guide to Construction

Health & Safety Guide to Noise

Manual Handling Booklet

OfficeWise Booklet

Prevent slips, trips and falls

Prevention of Falls – Truck Booklet

Prevention of Falls, Ladders

Prevention of Falls from Earthmoving Equipment

Storing and Handling of Dangerous Goods

Your Health and Safety Guide to Plant

Working Alone

13