

	STANDARD REPORT FORMS SCHEDULE
REF NO.	DESCRIPTION
SRF-001A	SWMS/JSA REGISTER
SRF-001B	SAFE WORK METHOD STATEMENT (SWMS) - SAMPLE
SRF-001C	JOB SAFETY ANALYSIS (JSA) - SAMPLE
SRF-001D	SWM CHECKLIST
SRF-002A	INDUCTION CHECKLIST
SRF-002B	SITE SPECIFIC INDUCTION
SRF-003A	REGISTER OF INDUCTION AND TRAINING
SRF-003B	COMPETENCY REGISTER
SRF-004A	OBSERVATION SHEET
SRF-004B	SITE SPECIFIC RISK ASSESSMENT
SRF-005A	PRE-START MEETING RECORD
SRF-005B	PRE-START MEETING SIGN OFF SHEET
SRF-006	TOOLBOX MEETING RECORD
SRF-007	HOT WORK PERMIT
SRF-008	CONFINED SPACE PERMIT
SRF-009	SAFETY EQUIPMENT REGISTER (INC PPE)
SRF-010	GAS BOTTLE COUNT
SRF-011	PLANT & STATIC PLANT REGISTER
SRF-012	PLANT & HIRED-IN PLANT INSPECTION REPORT
SRF-013	FORKLIFT DAILY CHECKLIST
SRF-014	REGISTER OF INCIDENTS
SRF-015	ACCIDENT INVESTIGATION REPORT
SRF-016	INJURED WORKER AUTHORISATION
SRF-017	HAZARDOUS SUBSTANCE RISK ASSESSMENT

## SRF-001A – SWMS/JSA REGISTER



COMPANY/SUBCONTRA	CTOR NAME:					
JSEA/SWMS REF. JSEA/S NUMBER		SWMS NAME/DESCRIPTION	EMPLOYEE NAME	SIGNATURE (CONFIRM. JSEA/ SWMS IS READ/UNDERSTOOD		



COMPANY: DEWPOINT AIR		SWM-##	# REV A: NAME										
Project Name : Principal Contractor:		Dewpoint Air Contact name and number:	Silvio Fiorin: 0418 730 889 Robert Anderson: 0477 698 008 Jayce Hartas: 0448 997 017										
Project Address:			Activity Area / Location:										
Activity Description:			Work That is Deemed High Risk Construction Work:										
Trades / Companies Involved:	<ul><li>✓ Dewpoint Air</li><li>☐ Controls</li><li>☐ Duct Installation</li></ul>		trical lation	ng									
Hazardous Chemicals Used: (MSDS & Risk Assessments must be included & referred to in the SWMS)	•		Plant & Equipment Used: (Operators manual info / risk assessment to be in SWM)	•									
PPE Required:	☐ Dust Mask (P2)	☐ Hearing Protection	☐ Height Safety	☐ Barricades (if req'd)									
(Tick as relevant) Mandatory PPE (in bold):	☐ Respirator  ✓ Hard Hat	☐ Face Shield	☐ Safety Harness	☐ Signage (if req'd)	☐ Extinguisher								
Maintenance / Prestart Checks Required:	<ul><li>Inspection of plant and e</li><li>User to carrier out pre-st</li></ul>	Hard Hat ☑ Safety Glasses/Goggles ☑ High Vis Shirt/Vest ☑ Safety Boots ☑ Gloves  Inspection of plant and equipment as per manufacture recommendation  User to carrier out pre-start checks prior to daily use											
Qualifications / Permits / Certificates Required:	<ul><li>General induction &amp; trair</li><li>User to be competently t</li><li>Electrical licence required</li></ul>	• • • • • • • • • • • • • • • • • • • •	ools										
Training / Competencies / Supervision Required:	<ul> <li>Induction into this SWM</li> <li>Plant Familiarisation Trai</li> <li>Site Specific Induction</li> <li>Emergency Response Trai</li> <li>HSR/Supervisor to monit</li> <li>Manual Handling</li> </ul>	ning	Consultation Team:  Review Date: PC Submission Date: Start Date: Next Review Date:										
Occupational Health, Safety or Environmental Legislation:	QLD.WHS.ACT.2011 QLD.WHS.REG.2011 AS/NZS2430.HAZARD.AREA		Codes or Standards Applicable to the Works:	COP2011.CONSULTATION COP2011.MANAGER RISK COP2011.FALLRISK	COP2013.PLANT.RISK COP2011.MANUALTASK								



### **Risk Matrix**

Perform a risk assessment for each hazard identified by:

- (i) Determining the consequences (refer **Table 1**);
- (ii) Determining the probability of the event occurring (refer **Table 2**);
- (iii) Apply the values obtained from Tables 1 & 2 to the Qualitative Risk Matrix (Table 3) to obtain the resultant Risk Score.

Table 1 - Consequence

Level	People	Environment
1	No Injuries – Incident report only	No environmental impact
2	First aid treatment	On-site release immediately contained
3	Medical treatment required	Off-site release contained with outside assistance
4	Lost time injury or illness	Off-site release with no detrimental effect
5	Fatality or permanent disability	Toxic release off site with detrimental effect

Table 2 - Probability / Likelihood

Level	Descriptor	Description
А	Almost Certain	The event is expected to occur in most circumstances
В	Likely	The event will probably occur in most circumstances
С	Possible	The event might occur at some time
D	Unlikely	The event could occur at some time
E	Rare	The event may occur only in exceptional circumstances

### **Risk Score**

Level	Descriptor	Description
VH	Very High	DO NOT PROCEED
н	High	SUPERVISION
М	Medium	CHECK HOURLY
L	Low	CHECK WEEKLY

Table 3 - Risk Level / Priority

	CONSEQUENCES										
LIKELIHOOD	1	2	3	4	5						
A (almost certain)	М	Н	Н	VH	VH						
B (likely)	М	М	Н	Н	VH						
C (possible)	L	М	М	Н	Н						
D (unlikely)	L	L	М	М	Н						
E (rare)	L	L	L	М	М						

### **Hierarchy of Control**

#### 1 = Elimination

Modify the process method or material to eliminate the hazard completely.

### 2 = Substitution

Replace the material, substance or process with a less hazardous one.

#### 3 = Separate

Isolate the hazard from the person by safeguarding or by space or time.

### 4 = Redesign / Engineering Controls

Redesign or modify the part or process to reduce or eliminate the risk.

### 5 = Administration

Adjust the exposure time of conditions or process by training, procedures / signs etc.

### 6 = PPE

Use appropriately designed and properly fitted equipment where other controls are not practicable or are accessed.



Safe	Work Methods																									
No	Task	Potential Hazards	Potential Risk		Risk		Risk		Risk		Risk		Risk		Risk		Risk		Risk		sk	Controls / Work Methods  1. Eliminate 2. Substitute 3. Isolate 4. Engineer  5. Admin 6. PPE	Responsible person/s			dual sk R
1	Arrival & Set Up	Unidentified Site Hazards to Plant & People Unfamiliar Site Conditions	В		Н	Attend Principal Contractors Site Specific Induction inc emergency procedures. Attend Dewpoint Air Site Specific Induction. Read, understand & sign off all applicable JSEA/SWMS relating to works Carry out all applicable risk assessments on work area, pre-start checks, obtain any applicable Permits including Working at Height Permits and Hot Work Permit (Angle Grinder) as required under the Principal Contractor Safety Plan. Emergency Procedure – All personnel are to ensure that the site specific emergency procedure, which is outlined at the site inductions, is followed at all times.	Supervisor/ Worker	E	4	M																
			-																							



Safe	Work Methods								
No	No Task Potential Hazards		Potential Risk			Controls / Work Methods  1. Eliminate 2. Substitute 3. Isolate 4. Engineer person/s		esid Ris	dual sk
			L	С	R	5. Admin 6. PPE	L	С	R



Safe	Work Methods								
No	Task	Potential Hazards	Potential Controls / Work Methods Risk 1 Eliminate 3 Substitute 3 Isolate 4 Engineer		Responsible	F	Residu Risk		
INO	Idak	Potential nazarus	L		1. Eliminate 2. Substitute 3. Isolate 4. Engineer 5. Admin 6. PPE	person/s	L	R	
					Note: All electrical equipment must have current test tags				
					and RCD protection.  Note: The dragging of duct is strictly forbidden. If duct is too				
					heavy to be carried comfortably, mechanical means shall be				
					used, such as sack trolleys or pallet jacks.				



Safe	Work Methods									
No	No Task Potential H		Potential Potential Potential Potential Risk			Controls / Work Methods Respo 1. Eliminate 2. Substitute 3. Isolate 4. Engineer	onsible	Residual Risk		
			L	С	R	5. Admin 6. PPE	on/s	L C	C R	



Methods for monitoring	and reviewing	g effectiveness o	f chosen c	ontrol measures
	,	0		• • • • • • • • • • • • • • • • • • • •

Workers: Follow this SWM procedure & report hazards. Subcontractor task additions/amendments for this SWM to be submitted by JSA and signed off on.

Supervisor: All SWMS are to be monitored on site using Task Observations (intervals max 3mths), reviewed in consultation at Toolbox Talks and recorded on the below Observation Log. All applicable workers will be re-inducted into the SWMS in the event of amendments/revisions being made.

The Site Supervisor (as listed on page 1 or as delegated from time to time by the Site Supervisor) is responsible for ensuring the implementation,

monitoring and compliance of this SWM

I acknowledge that I have been trained in the SWMS listed above, the controls are clearly understood, my qualifications are current to undertake the activity, I will comply with the SWMS and I have been consulted and had the opportunity to input into the SWMS. If at any stage the controls or methods identified can be improved I know I have the right to engage in further consultation in amending this SWM or submitting a subcontractor JSA for inclusion/approval into this SWM.

Print Names	Company / Trade / Position	Signature	Date
	L		ı

Monitoring & Review of SWMS Use and Effectiveness									
Observation Log	01	02	03	04	05	06			
Initial:									
Date:									



### **SRF-001C – JOB SAFETY ANALYSIS**



					1					
COM	IPANY:	S/C TO DEWP	TNIC	AIR	JSA	\-### REV A: TO SWM-### & NAME				
Droice	ct Name/Address/Client:					S/C Contact Name & No:				
Projec	ct Name/Address/Client:					Date Reviewed:				
Hazar	dous Substances Used: MSDS					Additional Plant &				
& risk	assessment must be included)					Equipment Used:				
Additi	ional PPE Required:					Additional Qualifications /				
(Tick as	relevant)					Training / Requirements:				
THE F	OLLOWING SAFE WORK METH	<b>ODS ARE IN ADDITION TO ANI</b>	) IN C	DIREC	T REL	ATION TO THE ABOVE REFERENCED DEWPOINT AIR SV	NMS ALL REFERE	NCE	D	
PROC	EDURES, LEGISLATION, CODES	OF PRACTICE, PPE, PLANT AN	D MA	TERI	ALS, C	QUALIFICATIONS AND CONTROLS NOTED ON THE SWIN	APPLY TO THIS J	SA۱	NΗ	ICH
<b>ACTS</b>	AS AN ADDITION TO THE ORIG	SINAL SWM. ONLY WORKERS S	IGNE	D OF	F TO	THE ORIGINAL SWM ARE PERMITTED TO SIGN ON TO T	THIS JSA. ALL ORIG	iIN	AL S	WM
METH	HODS FOR MONITORING AND I	REVIEW ARE TO APPLIED TO TH	is Js	SA.						
						Controls / Work Methods		R	esi	dual
No	Task	Task Potential Hazards			R	1. Eliminate 2. Substitute 3. Isolate 4. Engineer	Responsible	Risk		sk
			L	С		5. Admin 6. PPE	person/s	L	С	R
						2.7.4		_		
							,			
I ackr	nowledge that I have been trai	ned in the SWM & JSA listed a	oove	. the o	contr	ols are clearly understood, my qualifications are curre	nt to undertake th	ie a	ctiv	itv. I
						o input into the SWMS. If at any stage the controls or				
	oved I know I have the right to									
	Print Names	Company / Trade				Signature	Date	1		
	1 mit ivanies	company / made	,,,,	311101		Signature	Date			
							-			

# SRF-001D – SAFE WORK METHOD STATEMENT CHECKLIST



Project Name:		Dewpoint Supervisor:		
Subcontractor:		Works Supervisor:		
SWMS Title:				
SWMS No:	RevisionNo:	Review Date:		
	CLIDCONITDACT	OR SECTION		

SWMS No:		RevisionNo:	Review Date:	
		SUPCONTRACTOR (	SECTION	
	This checkli	SUBCONTRACTOR S st must accompany the SWMS and be com		vpoint
Item		Checklist Criteri	<u>-                                    </u>	Complies
		MANDATOR	Υ	·
1.	The SWMS includes	the organisation's name ABN, address and contact pe	erson details?	☐ Y ☐ N
2.	The SWMS includes	the name of the Principal Contractor and the <b>address</b>	where the work will be carried out?	YN
3.		s the date the SWMS was <b>prepared</b> and provided to the and the date the SWMS will <b>next be reviewed?</b>	e Principal Contractor, the date the SWMS	□ Y □ N
4.	The SWMS identific	es and states the work that is high risk construction wo	ork as defined in the WHS Regulations 2011?	☐ Y ☐ N
5.	Does the SWMS set project and work lo	t out a logical step-by-step process of all work activities cation?	s to be undertaken applicable to the specific	□ Y □ N
6.	Does the SWMS de	scribe how the activity will be carried out?		☐ Y ☐ N
7.	Has the SWMS bee this consultation p	n developed in consultation with workers/nominated l rovided?	HSR's (names and positions) and <b>dates of</b>	☐ Y ☐ N
8.		corporate controls that conform to relevant standards, er? (Is the legislation codes and standards referenced?)		□ Y □ N
9.	Does the SWMS co- undertaken?	nsider other trades, plant, equipment and the public ir	the vicinity where the activities are to be	□ Y □ N
10.		entify health and safety hazards that may arise through ave sufficient controls allocated.	n each step/tasks associated with the work?	□ Y □ N
11.		arly document a risk assessment and the specific cont ontrol? (In the body of the SWMS)	rols for each hazard identified in accordance	☐ Y ☐ N
12.	Does the SWMS de	scribe all plant, equipment, hazardous substances/ da	ngerous goods that will be used?	☐ Y ☐ N
13.	Does the SWMS ide	entify any pre-start and in-process certifications/ author	orisations/ permits/ meetings?	YN
14.	Does the SWMS ref risk register?	flect the risk controls stated in the plant risk assessmen	nt, hazardous goods assessment and project	☐ Y ☐ N
15.	Has responsibility f	or implementing, monitoring and compliance with the	e SWMS been allocated to a specific person?	Y N
16.	•	ovide for <b>emergency procedures</b> including rescue requ	<u> </u>	☐ Y ☐ N
17.	Does the SWMS ide specific tasks?	entify specific licensing, trade certificates, qualification	s and competencies required by workers for	☐ Y ☐ N
18.	Does the SWMS spe	ecify supervision, training and/or trialling required to e	enable the work to be done safely?	Y N
19.		scribe how and when the SWMS will be implemented, uring the project duration?	monitored and reviewed in consultation	□ Y □ N
		AS APPLICAB	LE	
20.	Does the SWMS eff interfacing trades?	ectively communicate and stipulate controls for any h	igh risk activities which may affect	Y N NA
21.	platform? - Note: If	ecify that step ladders, extension ladders and single lad f step ladders, extension ladders and single ladders are be approved by Dewpoint and accompanied by a risk o	the only access device that can be used for	☐ Y ☐ N ☐ NA
22.		ecify that harnesses <u>will not</u> be used for primary fall co are the only fall protection control measure that can be ment.		AN N N Y
		PROJECT SPECIFIC (add extra	ines as applicable)	
23.	stipulated and clea	n identified as a control method or a mandatory requi rly communicated for example; Safety glasses with me atory protection with a P2 rating, gloves with EN rating	dium impact lenses, face shield with a high	□ Y □ N

# SRF-001D – SAFE WORK METHOD STATEMENT CHECKLIST



24.				☐ Y ☐ N
Checke	d by: (Name)	(Signature)	Date:	

TO BE SIGNED BY THE SUBCONTRACTOR'S MANAGEMENT REPRESENTATIVE SUBMITTING THE SWMS PRIOR TO THE REVIEW BY DEWPOINT										
10 81 31	DEWPOINT AIR REVIEW AND COMMENTS									
DEMI-SIMILATION COMMENTS										
	SWMS has been reviewed/verified – no comments									
	SWMS has been reviewed – issues shown below have been rai	ised with Subcontractor, please tick and sp	ecify in summary.							
	Legislative (Acts, Regs, Codes, standards)	Project Risk Register/PMP								
	☐ Project Safety Management Plan	☐ Engineering/client approvals								
	Manufacturer/suppliers recommendations	☐ Plant/Equipment								
	☐ Environmental Management Plan	☐ MSDS								
	SWMS criteria not met	Other								
	Is the use of step ladders, extension ladders and /or single lad	ders appropriate for this specific task?	□Y □ N □ N/A							
	Has the use of step ladders, extension ladders and /or single la management?	adders been approved by Dewpoint	□Y □ N □ N/A							
	Has the use of harness systems as primary fall protection beer	n approved by Construction or OHS Manage	er?							
Summary of	issues/discussions/follow-up:									
Checked by I	Dewpoint Site Manager/Project Safety Advisor:									
(Name	e): (Signature).	:	Date:							

## SRF-002A EMPLOYEE AND SUBCONTRACTOR INDUCTION CHECKLIST



COMPANY NAME:				
EMPLOYEE NAME:				
PROJECT:				
JOB TITLE / WORKS PACKAGE:				
PROPOSED COMMENCEMENT DATE:				
	INDI	ICTED		
INDUCTION STEP	Y/N	N/A	COMMENTS	
Introduction to Project Staff				
Introduction to Legal Obligations / Responsibilities				
Review of Dewpoint Air QA Plan				
Review & Sign Off on Dewpoint Air Safety Plan				
Submission of Employee Start Up Pack or Subcontractor WHS Management Questionnaire				
Tour of Workplace & Amenities (Site Walk)				
Completion of Client Site Specific Induction including:				
- Site Evacuation and Emergency Procedures				
- Site First Aid Arrangements / Facilities				
<ul> <li>Site Security / Site Access Procedures (normal hours and after hours) including sign in register and visitor access</li> </ul>				
Site Hazard Reporting Training				
Hazardous Substance Training				
Permit to Work System Training				
Injury Management and Reporting Training				
SUBCONTRACTOR / EMPLOYEE SIGN OFF:  I have been inducted into each of the topics above and I am or requirements during the execution of the works as required by			uring my compliance with th	nese
SIGNED: NAME:			DATE:	
DEWPOINT AIR INDUCTOR TRAINING CONFIRMATION	SIGN OF	:	,	
SIGNED: NAME:			DATE:	
			•	

# SRF-003A – REGISTER OF INDUCTION AND TRAINING



### **CERTIFICATION/INDUCTION/QUALIFICATION NAME:**

### **COURSE TRAINER & LOCATION (IF APPLICABLE):**

EMPLOYEE/SUBCONTRACTOR		DESCRIPTION/REFERENCE	DATE		HRS (IF
NAME	COMPANY	NUMBER ETC	COMPLETED	SIGNATURE	APPLIC)

## **SRF-003B – COMPETENCY REGISTER**



### **COMPETENCY NAME:**

EMPLOYEE/SUBCONTRACTOR NAME	TRADE AND/OR COMPANY	CURRENT LICENCE/REFERENCE NUMBER/DESCRIPTION ETC	EXPIRATION DATE	SIGNATURE	YRS EXPNC
IVAIVIE	COMI AIVI	NOMBERY DESCRIPTION ETC	DAIL	SIGNATORE	LATIVE

## **SRF-004A – OBSERVATION SHEET**



## To be completed by the Site Supervisor or Delegate and in association with Risk Assessment & SWMS:

PROJECT:		SUPERVISOR/ DELEGATE:		COMPANY/ POSITION:		
SIGNATURE:		DATE:		TIME:		
OBSERVATIO	N DETAILS:					
COMPANY BEIN	NG OBSERVED:					
PEOPLE BEING	OBSERVED (#S/NAME	S:				
LOCATION OF (	DBSERVATION:					
ACTIVITY BEING	G OBSERVED:					
SWMS/RISK AS	SESSMENT CONDUCTE	ED FOR THE ACTIVI	TY OBSERVED?		YES NO	
SWMS/JSEA TIT	ΓLE:					
TICK ANY OF THE BELOW HIGH RISK ACTIVITIES THAT COMMOBILE EQUIPMENT				S TO (IF APPLICA	•	
□ POWER TOO		☐ LIFTING AND C		∃HAZARDOUS M		
					YES	
WORKERS INDU	JCTED & SIGNED INTO			NO		
CVA/NAC/ICEA AE	NEOLIATELY DECORDE	E DACIC IOD CTEDCO		YES		
SWIVIS/JSEA AL	DEQUATELY DESCRIBES	THE SEQUENCE O	r basic job steps:		NO	
CONTROLS ON	SWMS ADEQUATE TO	CONTROL THE RIS	KS IDENTIFIED?		YES	
					NO	
CONTROLS ON	SWMS ARE BEING FOI	LOWED?			YES NO	
ANY ADDITION	AL RISKS IDENTIFIED?				YES	
IF YES, COMME					NO	
OBSERVATIO			T			
SA	FE BEHAVIOURS OBSE	RVED	DIS	CUSSION/FEEDB	ACK	
AT RISK CO	NDITIONS/BEHAVIOU	RS OBSERVED	DISCUSSION/FEEDBACK			
CODDECTIVE	ACTIONS (IF DECLUD	ED).				
	ACTIONS (IF REQUIR R WHOM		NS REQUIRED	DV	\\/LIENI	
FUI	V VV TIOIVI	WHATACHU	INS VECTOIVED	ВТ	WHEN	



Site Specific Risk Assessments should be carried out prior to any works commencing on a project and at regular intervals or as necessary throughout the life of the project. Any assessed risks should be controlled immediately and reported to the appropriate persons.

QUESTION	RESPONSE	RISK DETAILS
1. WORKING AT HEIGHTS		
1.1. Fall risks of 2m or more? (including voids, pits, and trenches)		
1.2. Lack of edge protection?		
1.3. Unsafe or incomplete edge protection?		
2. PLANT & EQUIPMENT		
2.1. Unsafe or damaged plant/equipment? (including missing or damaged guards)		
2.2. Incorrect plant /equipment for job? (e.g. grinding discs for cutting)		
2.3. Unsafe or incompatible attachments used with plant/equipment?		
2.4. Unlicensed operators?		
2.5. Lack of safe work instructions?		
2.6. Lack of training in safe operation, clean-up and maintenance?		
2.7. Lack of LOTO procedures for cleaning, servicing and maintenance?		
2.8. Lack of inspection regime?		
3. SCAFFOLDS		
3.1. Unlicensed persons erecting scaffold above 4m?		
3.2. Unsafe or incomplete scaffold?		
3.3. Lack of inspection protocol for scaffold?		
3.4. Incompatible scaffold components? Unlabeled or do not meet AS?		
3.5. Safe Work Load (SWL) exceeded? (tools, stored materials, number of persons)		



QUESTION	RESPONSE	RISK DETAILS
4. LIFTING EQUIPMENT		
4.1. Unsafe or damaged plant?		
4.2. Loads lifted over persons, close proximity to obstacles incl. overhead power lines?		
4.3. Lack of maintenance, testing and inspection?		
4.4. Lack of SWL information displayed?		
4.5. Lack of daily inspection protocol?		
4.6. Unsafe or damaged lifting equipment, including ropes, slings, chains, hooks?		
4.7. Lifting equipment unlabeled, does not meet AS, no SWL displayed?		
4.8. Unlicensed operators?		
4.9. Lack of LOTO procedures for cleaning, servicing and maintenance?		
4.10. SWL of plant or any lifting equipment exceeded?		
5. HARNESS AND EQUIPMENT		
5.1. Unsafe or damaged harness or equipment?		
5.2. Incompatible hooks/equipment?		
5.3. Unlabeled or does not meet AS?		
5.4. Unsafe or uncertified anchor points?		
5.5. Lack of inspection protocol for equipment?		
5.6. Lack of or inadequate formal training for operators?		



QUESTION	RESPONSE	RISK DETAILS
6. LADDERS		
6.1. Unsafe or damaged ladders?		
6.2. Unsafe positioning of ladders?		
6.3. Ladder not properly secured?		
6.4. Ladder unsuitable for job? (e.g. metal ladder used for electrical work)		
7. HAZARDOUS MANUAL TASKS		
7.1. Lack of identification hazardous manual tasks?		
7.2. Lack of assessment of hazardous manual tasks?		
7.3. Inadequate risk controls? (examples: no job rotation, lighter loads, trolleys, lifting equipment, etc)		
7.4. Lack of training in risk controls and safe lifting/team lifting techniques?		
7. HAZARDOUS CHEMICALS (INCLUDING FUEL	& OIL)	
8.1. Unsafe storage location? (e.g. flammables near ignition sources, spills could enter stormwater drains, etc)		
8.2. Incompatible chemicals stored near each other?		
8.3. Inadequate spill containment equipment?		
8.4. Safety Data Sheets not accessible on site?		
8.5. Lack of emergency procedures for injury/spills/fire etc?		
8.6. Excessive quantities stored on site or in vehicles?		
8.7. Insufficient ventilation?		
8.8. Insufficient, or incorrect, PPE?		
8.9. Unsuitable storage containers? (unlabeled or stored in food containers)		



QUESTION	RESPONSE	RISK DETAILS
9. EMERGENCY RESPONSE		
9.1. Lack of, or no emergency plans for site?		
9.2. Emergency procedures not displayed at site?		
9.3. Lack of training and rehearsal of emergency plans?		
9.4. Lack of, or inadequate first aid kits aid equipment for site?		
9.5. Insufficient access to formally trained First Aiders for all shifts?		
9.6. Unsuitable or inadequate communication equipment?		
10. TRAFFIC MANAGEMENT		
10.1. Lack of, or inadequate, Traffic Management Plan (TMP) in place?		
10.2. Lack of training in TMP for all persons on site?		
10.3. Inadequate controls for TMP? (physical barriers, bollards, speed limits, flashing lights, spotters, etc)		
11. PERSONAL PROTECTIVE EQUIPMENT (PPE)		
11.1. Lack of, or inadequate PPE (including sun protection)		
11.2. Lack of system to issue, inspect, replace and monitor PPE?		
11.3. Lack of training in safe use, clean-up and inspection of PPE?		
12. WORK ENVIRONMENT		
12.1. Lack of/or inadequate amenities? (toilets, wash areas, lunch rooms, etc)		
12.2. Insufficient lighting?		
12.3. Inadequate housekeeping?		
12.4. Lack of, or inadequate noise/ vibration control?		



QUESTION	RESPONSE	RISK DETAILS
13. ELECTRICAL HAZARDS		
13.1. Unsafe electrical leads? (damaged, out of test date or untested)		
13.2. Lack of RCD protection?		
13.3. Contact with underground assets?		
13.4. Contact with overhead electrical lines?		
13.5. Overloading outlets?		
13.6. Leads placed on ground or on metal structures?		
13.7. Electrical equipment near water?		
13.8. Electrical equipment near flammables?		
13.9. Electrical equipment near chemicals that could cause damage?		
13.10. Electrical leads that may be damaged from contact with moving machinery parts?		
13.11. Electrical leads on work surfaces?		
13.12. Lack of Lock-out/tag-out (LOTO) procedures for electrical equipment?		
14. ENVIRONMENTAL HAZARDS		
14.1. Lack of/or inadequate Environmental Management plan (EMP)?		
14.2. Lack of/or inadequate, dust suppression system?		
14.3. Lack of/or inadequate systems to prevent contaminants entering stormwater drains?		
14.4. Lack of water re-use systems?		



QUESTION	RESPONSE	RISK DETAILS
15. ADMINISTRATIVE PROCEDURES		
15.1. Lack of/or inadequate Site Safety Plan?		
15.2. Failure to obtain permits (Council, EPA, WHS, also Hot Works, Confined Space etc)		
15.3. Lack of, or inadequate, induction for workers, contractors, visitors?		
15.4. Lack or, or inadequate, supervisory arrangements?		
15.5. Lack of/or inadequate training, licenses, skills, experience?		
15.6. Lack of/or inadequate Safe Work Method Statements (SWSM) for high- risk works?		
15.7. Lack of, or inadequate system to review SWMS a needed?	ıs	
15.8. Lack of/or inadequate incident notification procedures?		
15.9. Lack of, or inadequate, routine inspections, monitoring, audits?		
15.10. Lack of/or inadequate consultative arrangements?		
CORRECTIVE ACTIONS 1.		
2.		
3.		
4.		
SIGN OFF		
ON SITE REPRESENTATIVE		
AUDITOR'S SIGNATURE		

# SRF-005A – PRE-START MEETING RECORD



To be completed by the Site Supervisor or Delegate with all Employees and Subcontractors collectively:

PROJECT:			SITE SUPERVISOR/		DATE:				
			DELEGATE:		TIME:				
TODAY'S W	TODAY'S WORK (SAFETY, ENVIRONMENT, PROGRAMME, DELIVERIES, HIGH RISK ACTIVITIES):								
1. WEATHER:									
2. ALERTS:	2. ALERTS:								
3. ACCESS:									
4. EXCLUSIO	N ZONES:								
5. ACTIVITIE	S:								
6.									
7.									
8.									
9.									
10.									
	KLIST (CIRCLE		•						
				MS" covering today's wo	rk?	YES	NO		
	•		identified in the wo			YES	NO		
•	•		sures adequately im	plemented?		YES	NO		
•	•		naterials on site?			YES	NO		
			ork crew as per the			YES	NO		
				iate working order?		YES	NO		
Have exclusi	ion zones beer	i identifie	ed and implemented	wnere required?		YES	NO		
KEY RISKS II	DENTIFIED BY I	EMPLOYE	ES/SUBCONTRACTO	ORS (List key safety items tha	t will be fo	ocused on t	oday)		
A. NOTED IN			•	· · · · ·					
B.									
C.									
D.									
ATTENDE	ES NAME	SI	GNATURE	ATTENDEES NAME		SIGNATU	RE		

# SRF-005B – PRE-START SIGN OFF SHEETS



To be completed by the Site Supervisor or Delegate with all Employees and Subcontractors collectively:

PROJECT:			SITE SUPERVISOR/DELEGATI	E:	
DATE:			WEEK DAY:		
WORK	CER NAME	SUBBIE COMPANY	LOCATION	START TIME	FINISH TIME

### **SRF-006 – TOOLBOX CONSULTATION RECORD**



To be completed by the Site Supervisor or Delegate with all Employees and Subcontractors collectively:

PROJECT:			SITE SUPERVISOR/ DELEGATE:		DATE:	
SUBJECT:					DURATION:	
COMMENTS	& POINTS	RAISED:				l
1.						
2.						
3.						
4.						
5.						
REVIEW & C	OMMENT	S OF SWM	S/JSEAS:			
REF#						
REF#						
REF#						
KEY RISKS/I	HAZARDS I	DENTIFIED	BY EMPLOYEES/SUB	CONTRACTORS:		
A.						
В.						
C.						
D.						
	E MEASUR	ES FOR RIS	KS/HAZARDS:			
A.						
В.						
C.						
D.						

## **SRF-006 – TOOLBOX CONSULTATION RECORD**



ATTENDEES NAME	SIGNATURE	COMPANY
<u> </u>	<b>L</b>	<u> </u>

Copy Nun	nber: Cross	Вох									
1	2	3	Permit to Work Form				Permit Number				
		•					Doc	ument Number	:	SRF-007	
design I install I maintain AIR			HOT WORK PERM				Revision Number:  Issue Date:			0	
						VIIT					
							Next Revision				
Prepared					Reviewed:	Арр			Appr	roved:	
SECTION	1: JOB INFOR	MATION - (To b	e comple	ted by Hastie S	ervices Represen	tative)					
Permit Issued to:								Phone:			
Work Order / Contractor Permit #:					Location or Work:						
Date of Job	):			Job Duration:	From		Го	•	Hours		

SECTION 1: JOB INFORMATION - (To be comple	ted by I	Hastie Ser	vices Rep	resentat	ive)						
Permit Issued to:							Phone:				
Work Order / Contractor Permit #:					Location or Work:						
Date of Job: Job Duration: From						То		Hours			
Job Description and Equipment to be Used:											
SECTION 2: Fire Control Equipment Required	Υ	NA								Υ	NA
i) Extinguishers	Ι.		v) CO <sub>2</sub>								IVA
ii) Water			vi) Hose	e Reel							
iii) Foam			vii) Fire	Resistan	t Blan	kets					
iv) Powder			viii) Oth	ner (descr	ibe)						
SECTION 3: Atmospheric Testing				·	,						
	Used:	1	Natural Ω	)	Ford	ed Ω	Sn	ray $\Omega$			
Gas Testing Required: $\Omega$	<u> </u>		Continuou				36	Ω			
The atmosphere has been tested and the followin	g results				, <u>6</u>	equil cui					
Time	B resure	3 Obtained	1								
%LEL (> 5% )											
Hot Work Safe to Proceed											
Tester Initials											
SECTION 4: Precautions (Y or NA)  Combustible materials removed from the work a	roa or n	nado safo		Contin	uous t	iro watch	roquirod	during works and	1 hour after we	rke have	Т
Combustible materials removed from the work a	rea or n	naue saie					-	during works and work near EPS pa		rks nave	
All wall and floor openings covered				Spark/	flash s	creens in	place				
Drains, pits and depressions checked isolated and	d made	safe		Leaks from valves, pumps, flanges etc. controlled							
Tanks, valves, vents and pipelines blanked off or isolated	effectiv	ely		Equipment isolated (locked out/tagged) from potentially hazardous energy sources such as gas(es), electrical, process etc					,		
Fire services equipment such as sprinklers, hydra reels are in operation	ints, and	d hose		Pressure relief valves vented to safe area							
Equipment cleaned and purged				Weather conditions satisfactory							
Work area barricaded or roped off				Other – Specify – Appropriate PPE							
Hot Work prohibited	d on ex	kpanded	d polyst	yrene c	r po	yuretho	ane san	dwich panellin	g (EPS).		
SECTION 5: Permit Approval (to be completed by	ov Hastie	e Services	Authoris	ed persor	n)						
The location where work is to be done has bee						noted ab	ove are i	n place and permis	ssion granted fo	r this wor	k to
	•										
Signature	=		Name	(Print)				Position		Date/ T	ime
SECTION 6: Permit Acceptance (To be complete	d by Pe	rmit Recir	oient)								
I have read and understood the permit condition	•	•		k is safe t	o prod	eed. I wil	l adhere t	o all conditions as	outlined on the	permit	
Signature			Name (Print)				Position		Date/Ti	me	

Copy Number: Cross Box							
1	2	3	Permit to Wor	Permit Number			
				Document Number	: S	SRF-007	
design I install I maintain AIR		HOT WORK PERMIT		Revision Number: Issue Date:		)	
design I install I maintain AIR				Next Revision			
Prepared				Reviewed:	Approved:		ved:

SECTION 7: Permit Cancellation (To be completed by Hastie Services Authorised Person)								
The work site has been inspected at completion of the work and declared safe for normal operations to resume.								
Signature	Name (Print)	Position	Date/Time					
This Hot Work Permit must be displayed prominently at the work area								

# SRF-008 – CONFINED SPACE PERMIT



The Person Conducting a Business of Undertaking (PCBU) has a specific obligation to comply with the **Confined Spaces** provision of the <u>The Work Health & Safety</u> <u>Regulation 2011</u> before allowing workers to enter a confined space.

COMPANY NAME:		EN	ЛРLО	YEE NAME:				
LOCATION:		OE	SER	/ER NAME:				
NATURE OF WORK:								
PERMIT NUMBER:		DA	ATE A	PPROVED:				
TIME & DATE FROM:		TI	ME 8	DATE TO:				
AUTHORISER NAME								
TITLE & COMPANY:			SI	GNATURE:				
EMERGENCY RESPONSE PR	OCEDURES:							
REQUIREMENTS FOR CONF	INED SPACE WOR	K		DETAILS		DAT	E	TIME
Lockout/De-energise/Try-out								
Line(s) Broken/Capped/Blank								
Purge-flush & vent								
Ventilation								
Secure Area (including appropria	ite signage)							
Lighting (explosive proof)								
Hot Work Permit								
Fire Extinguishers								
Supplied Air Respirator/Air Purifi	er/Resuscitator							
Protective clothing								
Harness/Lifeline	inmont							
Emergency Escape Retrieval Equ Other	ipment							
ENTRY DETAILS:								
ENTRY DETAILS.								
EXIT DETAILS:								
WITHDRAWAL OF AUTHORITY:								
AIR TESTING		T						
SUBSTANCE	LEL/LFL/%		Г	MONITORII	NG RESUL	TS	ı	
			-					
			1		-			
	i	1	J		1		1	

# SRF-009 – SAFETY EQUIPMENT REGISTER (INC PPE)



COMPANY:											
PERSONAL PROTECTIVE	EQUIPME	NT (PPE)					DESCRIP	TION			
EMPLOYEE NAME	HARD HAT	SAFETY GLASSES	SAFETY BOOTS	HI VIS CLOTHES	SAFETY GLOVES	EAR PLUGS	FACE SHIELD	DUST /OTHER MASK	OTHER EYE	OTHER EAR	OTHER
FALL ADDECT FOLLIDMEN	NT.										
FALL ARREST EQUIPMENT DESCRIPTION	IDENTIF NUM		MANUFACTU MODEL NU	1 1 1 1 2	TE OF INSPEC	TION	INSPECTION REFERENCE		INSPECTION UE DATE		NT/ ISSUED TO:

# SRF-009 – SAFETY EQUIPMENT REGISTER (INC PPE)



FIRE PROTECTION							
EXTINGUISHER TYPE	SERIAL NUMBER	CONDITION	LAST INSPECT DATE	TION	INSPECTED BY OR INSPECTION NO.	DATE OF NEXT INSPECTION/EXPIR	COMMENT/ ISSUED TO:
HAZARDOUS SUBSTANO	CFS					<u> </u>	
EQUIPMENT DESCRIPTION	IDENTIFYING NUMBER	MANUFACTURER OR MODEL NUMBER	INTENDED US SITE	E ON	MSDS'S PROVIDED	SWMWS/JSEAS PROVIDED	COMMENT/ ISSUED TO:
ELECTRICAL EQUIPMEN	T (TESTING & TAGGING	FREQUENCY IS AS REQU	JIRED BY STATE (	OR TERI	RITORY)		
EQUIPMENT DESCRIPTION	IDENTIFYING NUMBER	MANUFACTURER OR MODEL NUMBER	DATE OF INSPECTION		PECTORS PARTICULARS ME, LICENCE#, SIGNOFF)	NEXT INSPECTION DUE DATE	COMMENT/ ISSUED TO:

## SRF-010 - GAS BOTTLE COUNT



Each bottle transaction (pick up or return) MUST be documented on this register. Register should be closed out and submitted to administration COB on the last working day of each month.

LAST MONTH CARE	RY OVER:					
SUPPLIER:						
GAS TYPE:						
QUANTITY:						
SUPPLIER:						
GAS TYPE:						
QUANTITY:						
NEW MONTH (MOI	NTH NAME):					
DATE	P/O NUMBER:	SUPPLIER NAME	GAS TYPE	SERIAL NUMBER	PICK UP QUANTITY	RETURN QUANTITY
MONTH END CLOSI	E OFF TOTALS:					
SUPPLIER:						
GAS TYPE:						
QUANTITY:						
SUPPLIER:						
GAS TYPE:						
QUANTITY:						

# SRF-011 – PLANT AND STATIC PLANT REGISTER



Inspections are to be made prior to use and re-inspected regularly. The Supervisor will ensure all Plant is certified upon completion by a competent person.

PLANT PURPOSE	IDENTIFYING NUMBER	DATE OF INSPECTION	CONDITION	INSPECTED BY:	ISSUED TO:
	PLANT PURPOSE	PLANT PHRPOSE			DIANI DIIRDOSE

# SRF-012 – PLANT AND HIRED-IN PLANT INSPECTION REPORT



Inspections are to be made prior to use and re-inspected regularly. Plant and hired-in Plant must by serviced and maintained by a competent person and to the manufacturers recommendations.

PLANT NAME	MAKE/MODEL	IDENTIFYING NO.	PLANT OWNER	PLANT OPERATOR	INSPECTED BY:	DATE
	TATAITC LICTED ADD	CHECKE AC ADDITION	DI E TO DI ANT			
		COND		ACCEPTABLE V/N	ACTIONED DECLI	DED /O DUE DATE)
	IST ITEM	COND	ITION	ACCEPTABLE Y/N	ACTIONED REQUI	RED (& DUE DATE)
Safety Guards Fitte						
Flashing Lights Ope						
Electrical System O	perational					
Veebelt Condition a	ınd Adjustment					
Reverse Alarm Ope	ration					
Oil Leaks						
Registration Valid (i	f applicable)					
Load Capacity Clear	ly Marked					
Mountings						
Battery Condition						
Pre-Delivery Check(	completd by hirer)					
All Systems Operati	onal					
Steering Linkages						
Other:						

## SRF-013 - FORKLIFT DAILY CHECKLIST



Operators are required to check the following items before commencing work each day. The checklist is to be kept with the machine at all times.



Check box if no obvious defect.

Cross box if fault identified & complete SRF-012 – Plant & Hired-In Plant Inspection Report

N/A

Item not applicable to to Plant or Operator

				]
Т	F	S	S	PLANT
				IDENTIFYING NO
				OPERATORS
				NAME
				DRIVERS LICENCE
				NO.
				OPERATORS
				NAME
				DRIVERS LICENCE
				NO.
				OPERATORS
				NAME
				DRIVERS LICENCE
				NO.
				FAULT REPORTED TO:
				DATE:

## **SRF-014 – REGISTER OF INCIDENTS**



DATE & TIME OF INCIDENT	EMPLOYEE/ SUBCONTRACTOR NAME	COMPANY	NATURE OF INJURY/ INCIDENT	ACTION TAKEN TO AVOID REPEAT	EMPLOYEE SIGN OFF
Report Ha.	zard • Take A Ph		plete • Consultation & Review SWMS		Monitor & Task Observations

# **SRF-015 – ACCIDENT INVESTIGATION REPORT**



the <b>Immediate Supervisor</b> for all accidents/incidents and returned to the Safety Officer.	Medical Treatment - Lost time 1 day/shift or more  Medical (doctor) Treatment - sent home  Medical (doctor) Treatment Only  First Aid Treatment  Incident / Near miss  Motor Vehicles				
Accident Site	PROPERTY DAMAGED / INCIDENT REPORT				
Where on Site					
Date Time am / pm	What property was damaged or lost? Attach incident report				
PERSONAL INJURY Yes Employee	VEHICLE REPORT Yes No N/A				
	VEHICLE REPORT				
No Subcontractor Surname (Capitals)	Vehicle accident form attached				
Christian Names	Verificie accident form attached				
Occupation					
Yes No	Yes No If no explain				
Sent to Doctor					
Sent to Hospital					
Treated by First Aid					
Name First Aider					
Apparent nature of injury	Apparent part of body inured				
Fracture Superficial Burn	☐ Head ☐ Hands / Fingers ☐ Back				
☐ Laceration ☐ Sprain / Strains ☐ Amputation	Eyes Arms / Shoulders Trunk				
Contusion Multiple Dislocation	Ears Legs / Hips Multiple				
Concussion Foreign Body Electric Shock	Face Feet / Toes Unknown				
Abrasions Open Wound Unknown	☐ Neck ☐				
Unless nature of injury is obvious tick unknown	Unless nature of injury is obvious tick unknown				
SAFETY EQUIPMENT USED					
Yes No N/A	Yes No N/A				
Eye Protection	<u> </u>				
Hard Hat Gloves					
Hearing Protection Other					
If no equipment used explain					
DESCRIPTION OF OCCURRENCE e.g.:					
<ul> <li>What was employee doing when injury occurred</li> </ul>					
<ul> <li>What machine or tool was being used</li> <li>List objects &amp; substances used</li> </ul>					
Sequence of events					

# SRF-015 – ACCIDENT INVESTIGATION REPORT



	BASIC CAUSE	AGENCY OF INJURY	Contributing Factor			
	Struck Against	Machinery	Unsafe Condition	Unsafe Act		
	Struck By	☐ Power tool	Guards not fitted	☐ Not wearing PPE		
	Caught in	Hand tool	Projecting hazards	Using incorrect tool		
	Caught on	☐ Manual handling	Fire/explosion hazards	Using incorrect lifting techniques		
	Caught between	☐ Ladder/steps	Poor housekeeping	Ignoring permit/tag procedures		
	Lifting	Electrical device	Congested work place	Using equipment incorrectly		
	Push/pull	Chemical	Defective equipment	Nullifying safety devices		
	Slip/trip	☐ Vehicle/fork lift	☐ Defective material	Operating at unsafe speed		
	Twist/turn	☐ Working environment	☐ Inadequate lighting	Failure to warn or secure		
	Repetitive work	Other	Inadequate ventilation	Using defective equipment		
		<u>other</u>	Inadequate elec. / install.	Other		
			Lack of training	<u>other</u>		
			I Protective Equipment / Proper sat			
			each for failure to use PPE / Proper			
		eport the injury / illness?		Yes / No		
- Is th	nere modified / light d	uties available?		Yes / No		
ACTI	ON NEEDED TO PREVE	ENT ACCIDENT RECURRENCE				
	To improve clean up	Corre	ection of congestion	Re-instruction of person/s involved		
	Order Job Safety Ana	alysis 🔲 To in	nprove inspection	Discipline of person/s involved		
	Equipment Repair or	r replacement Impr	oved personal protection	Reinstruction of others		
	To improve design	Orde	r regular pre-job instruction	ion Temporary relocation of person		
	To improve construc	ction Orde	r use of safer materials	Permanent relocation of person		
	Installation of guard	or similar Chec	k with manufacturer	Further training		
Injur	ed Worker or Supervi	sor				
Nam	-	Signature	Date			
Proie	ect or Service Manage	r to discuss with supervisor				
-	_	ner recurrence now been taken	Yes ☐ No ☐ Please	provide details		
1105 6	action to prevent furth	ier recurrence now been taken	res No riease	provide details		
				-		
	ional or General Man	<del>-</del>				
Do yo	ou concur that preven	tative action has taken place to	prevent recurrence of accident/inc	cident Yes □ No □ Details:		
Nam	e	Signature	Date			
Follo	w up Action Safety Off	ficer:		Yes No N/A		
Comi	ments:		Action by Supervisor			
			Action by Manager			
			Injured party counselled			
			Workers Comp Forms co	mplete		
			Pay office informed			
Signa	nture:		Action complete date			
	e out:		· —			
2,030			Fii	nal Medical clearance received		
				mployees report complete		
Sign	Off:	Date:		eturned to normal duties		
Sigil	OII.	Date:	Re	Eturneu to normai duties		

# SRF-016 – INJURED WORKER AUTHORISATION FORM



Date

Medibank Health Solutions C/- Canossa Private Hospital 169 Seventeen Mile Rocks Road Oxley Qld 4075

Tel: 07 3375 6155 Fax: 07 3257 4033 Em: oxley@hfi.comau

Em: oxley@hfi.comau Attn: Dr Dear Sir/Madam, **Patient Authorisation** Re: I \_\_\_\_\_\_ hereby give consent for my doctor: NAME: ADDRESS: PHONE: To discuss with my employer's Rehabilitation & Return to Work Coordinator, specific injury/illness information to assist with my rehabilitation plan and safe return to work. Date \_\_\_\_\_/ \_\_\_\_ Signature \_\_\_\_\_ (Worker)

## SRF-016B – DOCTOR LIAISON LETTER



**Date** 

### TO THE TREATING DOCTOR

Dear Sir/Madam,

Re: Injured Worker Rehabilitation

Dewpoint Air is committed to ensure the comprehensive work based occupational rehabilitation of every injured employee.

We have the ability to provide a selection of alternative suitable duties / employment for any injured employee, as an integral part of the rehabilitation process with due consideration for any partial disability our employee may be experiencing.

Our company's RRTW officer will work closely with you and our employee, in assisting them in returning to their normal duties of work as early as practically possible through our return to work processes.

Attached is our Company's Rehabilitation Policy, the employee's job description and suggested suitable duties to assist you in assessing the patient's return to work capabilities, which will be of benefit to both the employee and employer.

We will ensure that participation in a rehabilitation programme will not prove prejudicial to an injured employee.

Yours Sincerely.

Laraine McCarthy

RRTW Coordinator – Dewpoint Air Email: Laraine@dewpointair.com.au Phone: 07 3352 4446 / 0402 928 297

## SRF-016B – DOCTOR LIAISON LETTER



## 3.6 REHABILITATION POLICY

+

Dewpoint Air is committed to ensure that each employee is covered by the following work based occupational rehabilitation policy:

- Dewpoint Air will actively work to prevent injury and illness through the provision of a safe and healthy working environment.
- Dewpoint Air will ensure that where necessary, the occupational rehabilitation process is commenced as soon as possible after an injury, in a manner consistent with the medical advice given.
- Dewpoint Air will ensure that return to work by an injured employee takes place as soon as medically safe and that this becomes a normal practice and expectation.
- Wherever possible, Dewpoint Air will provide selected alternative duties/employment for an injured employee, as an integral part of the rehabilitation process and with due consideration for any partial disability.
- Dewpoint Air will consult with employees and their representatives on any matters arising out of the rehabilitation process.
- Dewpoint Air will ensure that participation in a rehabilitation programme will not prove prejudicial to an injured employee.

Approved by:	Date:
Approved by.	Dutc

Peter McGahon \_\_01/12/2015\_ Managing Director

# **SRF-016B – DOCTOR LIAISON LETTER**

Name of Worker:



injury Date:					
Employer to Complete	Treating Medical Practitioner to Complete				
Suggested Suitable Duties for the Injured Worker				Time Period	
Further Comment:					
Medical Practitioners Name:					
Medical Practitioners Signature:					
Date:					

## **SRF-017 – HAZARDOUS CHEMICAL RISK ASSESSMENT**



PRO	OJECT DETAI	LS		Cont	inuous	Intermittent			Acid	
Project Name:			Worker exposure	(all the t	ime)	daily		Apron	resistant	Boots
Company: Name of person			frequency:	Seve		Occasional - monthly		Other	:	•
undertaking risk assessment:			Duration of	☐ 8+ h	rs/day	<pre>&lt; 2 hrs/day</pre>		Chemical	Side shields	Face shield
Position:			use:	<15 < 15 < 15 < 15 < 15 < 15 < 15 < 15	<15 minutes in total		Glasses:	goggles		Silleiu
Signature:				HEALTH	RISKS			U Other	:	
Date of assessment:			Skin contact:	Irritan	: Se	evere Toxic	MONIT(	OR AND R	EVIEW PRO	CESS
PRODU Product Name:	JCT INFORMA	TION	Eye Contact:	☐ Irritan	: Se	evere Toxic	effectiveness measures be	of control		
Common Name:			Inhalation:	Irritan	: Se	evere Toxic	monitored? How will the	monitored?		
UN Number:		Ingestion:	☐ Irritan		Toxic	effectiveness of control measures be reviewed?				
Manufacturer/ Supplier:			PERSONA		TIVE EQ	UIPMENT			CONSIDERA	TIONS
Is the product a Hazardous Substance?	Yes	☐ No	Mask:	Dust Mask Type:	☐ Ha	alf Full Face	How are spills controlled / cleaned up?			
Is the product a Dangerous	□Yes	П No		Dispos Strap	able Doub	le Air Supplied	Additional		_ CONTROLS	
Goods  If Yes:			Respirator:	Filter	Other:		controls (if any	/): 		
	<u>Class</u>	Packaging Group		Long	Short	☐ PVC	<b>Note:</b> When consthe Hierarchy of C	Controls is ut	ilised:	ensure that
Date of MSDS:			Gloves:	Viton Neopre		ene Nitrile		<b>Hierarchy o</b> Most effectiv	<b>if Controls</b> e control meas	ure
DETAILS OF ON-SITE USE What is the			Butyl Rubber		Rubber	Substitution Substitute the substance with a less hazardous substance				
product used for?				Other:			<ul> <li>Isolation Pre to the substar</li> </ul>	nce during us	se	
Location of use on site:			Clothing:		 Polypropyl overalls	ene Slick suit	<ul><li>Engineering ventilation etc</li><li>Administration</li></ul>	:	out the had well a WMS, train w	•
product is used/applied:						<u>l</u>	<ul> <li>Personal Present</li> </ul>	otective Ec	<b>quipment</b> Lea Gloves, glas	st effective

## SRF-017 – HAZARDOUS CHEMICAL RISK ASSESSMENT



## **Risk Matrix**

Perform a risk assessment for each hazard identified by:

- (i) Determining the consequences (refer **Table 1**);
- (ii) Determining the probability of the event occurring (refer **Table 2**);
- (iii) Apply the values obtained from Tables 1 & 2 to the Qualitative Risk Matrix (Table 3) to obtain the resultant Risk Score.

Table 1 - Consequence

Level	People	Environment		
1	No Injuries – Incident report only	No environmental impact		
2	First aid treatment	On-site release immediately contained		
3	Medical treatment required	Off-site release contained with outside assistance		
4	Lost time injury or illness	Off-site release with no detrimental effect		
5	Fatality or permanent disability	Toxic release off site with detrimental effect		

Table 2 - Probability / Likelihood

Level	Descriptor	Description
А	Almost Certain	The event is expected to occur in most circumstances
В	Likely	The event will probably occur in most circumstances
С	Possible	The event might occur at some time
D	Unlikely	The event could occur at some time
E	Rare	The event may occur only in exceptional circumstances

### **Risk Score**

Level	Descriptor	Description
VH	Very High	DO NOT PROCEED
н	High	SUPERVISION
M	Medium	CHECK HOURLY
L	Low	CHECK WEEKLY

Table 3 - Risk Level / Priority

LIKELIHOOD	CONSEQUENCES					
	1	2	3	4	5	
A (almost certain)	М	Н	Н	VH	VH	
B (likely)	М	М	Н	Н	VH	
C (possible)	L	М	М	Н	Н	
D (unlikely)	L	L	М	М	Н	
E (rare)	L	L	L	М	М	

### **Hierarchy of Control**

#### 1 = Elimination

Modify the process method or material to eliminate the hazard completely.

#### 2 = Substitution

Replace the material, substance or process with a less hazardous one.

### 3 = Separate

Isolate the hazard from the person by safeguarding or by space or time.

### 4 = Redesign / Engineering Controls

Redesign or modify the part or process to reduce or eliminate the risk.

### 5 = Administration

Adjust the exposure time of conditions or process by training, procedures / signs etc.

#### 6 = PP

Use appropriately designed and properly fitted equipment where other controls are not practicable or are accessed.