

Work Health & Safety Management System Procedure WHS-001

1 Procedure Aim

Panasonic Australia (PAU) is committed to providing a safe and healthy workplace.

The WHS Management System Procedure (**WHSMS Procedure**) has been developed to provide a systematic management approach across PAU to meet legal requirements, effectively manage risks and strive for sustained improvement in WHS performance.

The following topics are covered by the WHSMS Procedure:

- Consultation and communication
- Incident reporting and investigation
- Emergency management
- Injury management (including workers' compensation)
- Training and competency
- Risk management
- Contractor management plan

2 Definitions

“Accident”: An Incident that has resulted in an injury or property damage.

“Contractor”: Individuals or companies contracted to undertake work at PAU premises (including temporary employees or employees contracted via an “agency”).

“Controls”: The measures put in place to eliminate or minimise risks to health and safety associated with identified hazards.

“Hazards”: A hazard is a situation or thing that is a potential source of physical or psychological harm. Hazards can include objects in the workplace and can also relate to the way work is done, such as a process the behaviour of an individual or group that may have potential to harm and include psychosocial hazards.

“Hazardous Chemicals”: Hazardous chemicals are substances, mixtures and articles that can pose a significant risk to health and safety if not managed correctly. They may have health hazards, physical hazards or both (i.e. toxic chemicals and those that cause skin damage, carcinogens, flammable liquids and compressed gasses).

“Incident”: Any unplanned event resulting in or having the potential for injury, ill health, damage or loss.

“Injury Management Plan”: A plan created and monitored by an insurer which outlines all of the services required to return the injured worker to the workplace. It includes details about the Worker and employer, information about the injury, the rehabilitation goal as well as actions required by the worker, the NTD, rehabilitation provider and insurance company.

“Injury”: A personal injury arising out of, or in the course of, employment. An injury could be physical, psychiatric or psychological, disease related, aggravation of a pre-existing condition or death.

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“Manager”: Department managers not considered “Senior Managers” or a PCBU.

“Nominated Treating Doctor” (NTD): A doctor appointed by a worker who is responsible for coordinating all aspects of injury management and assisting in the worker’s recovery at/return to work. The NTD is usually, but not always, the worker’s general medical practitioner.

“Notifiable Incident”: A death, serious injury or illness, or dangerous incident that results from a business’ conduct or an action at a workplace. A serious injury or illness may include but is not limited to immediate medical treatment as an in-patient within a hospital or for amputation, electric shock, spinal injury, loss of bodily function and/or serious injury to the head, eye(s) or skin. A ‘dangerous incident’ means any incident in relation to a workplace that exposes a worker or any other person to a serious risk to a person’s health or safety caused by incidents such as uncontrolled escape, spillage or leakage of a substance, an uncontrolled implosion, explosion, fire, escape of gas or steam.

“Officer”: An officer is a person who has the authority to make decisions, or participates in making decisions that affect the whole, or a substantial part, of a business or undertaking and has the capacity to significantly affect the financial standing of the business or undertaking. An officer is personally liable to undertake due diligence to ensure PAU complies with its Work Health & Safety duties.

“Other Persons”: Persons other than “workers” within the meaning of the WHS Act, including customers.

“Person Conducting a Business or Undertaking (PCBU)”: A Person Conducting a Business or Undertaking.

“Pre-injury Duties”: The usual work duties performed by an injured worker prior to the worker sustaining an injury.

“Psychosocial hazard”: a hazard that may cause psychological harm (whether or not it also causes physical harm) that arises from or relates to the design or management of work, a work environment, plant at a workplace or workplace interactions or behaviours

“Psychosocial risk”: a risk to the health or safety of a worker or other person arising from a psychosocial hazard.

“Reasonably Practicable”: That which is, or was at a particular time, reasonably able to be done in relation to ensuring health and safety, taking into account cost and range of controls, the degree of harm and likelihood of the risk and any other relevant factors.

“Return-to-Work (RTW) Coordinator”: A worker nominated by the employer (who may be an employee, or a contractor engaged specifically for the role), whose principal purpose is to assist injured workers with returning to work in a safe and timely manner. PAU’s General Manager – Human Resources and General Affairs (GM-HR and GA) shall appoint an RTW Coordinator. Where a qualified RTW Coordinator cannot be sourced internal to PAU from existing workers, an external Coordinator will be contracted.

“Return-to-Work (RTW) Plan”: Outlines an organisation’s commitment to assist injured workers with accessing necessary treatment and rehabilitation and specifies the steps to be taken to achieve a safe, timely and durable return-to-work. (**Appendix 6 – ‘Return to Work Plan’ Template**).

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“Risks”: A risk arises when it’s possible that a hazard will cause harm to people. The level of risk depends on factors such as how often the job is done, the number of workers involved and how serious any injuries that result could be.

“Risk Management”: A systematic process for addressing WHS hazards in the workplace. It is the process of identifying hazards, assessing the significance of the risk, eliminating or controlling the risk, and evaluations, monitoring and reviewing the control measures effectiveness.

“Safe Work Method Statement (SWMS)”: A safe work procedure which gives specific instruction on how to safely perform a work-related task or operate a piece of plant or equipment.

“Senior Manager”: Directors, Group Managers, General Managers including those which are Associate or Deputy Managers of the like. Note that a senior manager may also be considered an officer of PAU should their roles and responsibilities fit the definition stated in this Procedure.

“Suitable Duties” (Suitable Employment): Short-term work duties, agreed between the employer and the injured worker to assist the injured worker’s rehabilitation having regard to matters such as the injured worker’s current medical certificate, age, education and work experience. Suitable duties may include parts of the worker’s pre-injury duties, pre-injury duties but on reduced hours, different duties to the worker’s pre-injury duties altogether, pre-injury duties at a different site and/or training opportunities.

“WHS Act”: *Work Health and Safety Act 2011* (NSW) or equivalent legislation in other jurisdictions

“WHS Law”: Means the WHS Act and WHS Regulation.

“WHS Regulations”: *Work Health and Safety Regulation 2017* (NSW) or equivalent legislation in other jurisdictions

“Worker”: Has the meaning given to it in the WHS Act. A person is a worker of PAU if the person carries out work in any capacity for a PCBU, including work as:

- an employee;
- a contractor or subcontractor;
- an employee of a contractor or subcontractor;
- an employee of a labour hire company who has been assigned to work in the person's business or undertaking;
- an outworker;
- an apprentice or trainee;
- a student gaining work experience; or
- a volunteer.

“Workers’ Compensation Insurer”: A certified insurer providing PAU with workers’ compensation insurance in a worker’s state and/or territory.

“Workers’ Compensation”: Compensation payable to a worker who suffers an injury or disease arising from, or during, his or her employment. Workers’ compensation benefits encompass the payment of:

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incapacity payments to compensate for lost earnings; medical and related expenses; and lump sum payments for permanent impairment or death.

“Work Health & Safety (WHS)”: Involves the assessment and mitigation of risks that may impact the health, safety or welfare of those in a workplace.

“Workplace Rehabilitation Provider (WRP)”: A medical provider approved by regulatory authorities who can assist the employer and injured worker if there are problems with the return-to-work process. WRPs are commonly health professional such as occupational therapists, physiotherapists or psychologists who have expertise in addressing the physical, psychological and/or workplace barriers that may prevent an injured worker returning to work.

“Workplace”: has the meaning given to it in WHS Act.

3 Relevant Legislation

3.1 WHS

PAU must comply with the WHS Act and the WHS Regulation. Compliance with applicable standards and Codes of Practice (e.g. those issued by SafeWork NSW) is also required.

3.2 Workers' Compensation

The following legislation governs PAU's approach to Injury management (including workers' compensation):

- *Workers Compensation Act 1987 (NSW)* or equivalent legislation in other jurisdictions.
- *Workplace Compensation Regulation 2016 (NSW)* or equivalent legislation in other jurisdictions.
- *Workplace Injury Management and Workers' Compensation Act 1998 (NSW)* or equivalent legislation in other jurisdictions

4 Eligibility/Applicability

The WHSMS Procedure applies to all Workers at a PAU Workplace and other places where Workers may be working or representing PAU: for example, when visiting a customer, client, or supplier (collectively referred to as “workplace”).

5 Responsibility

5.1 Management responsibility

The **Managing Director**, as a **PCBU**, is responsible for:

- Providing appropriate resourcing and promoting implementation and compliance with all company policies including the WHS Policy Statement and WHSMS Procedure; and
- Leadership in developing a safe work culture.

Senior Managers, in addition to responsibilities as stated for Managers, are responsible for:

- Acquiring and keeping up-to-date knowledge of WHS matters;

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- Gaining an understanding of the hazards and risks (including both physical and psychosocial hazards and risks) associated with the nature of the operations;
- Ensuring the business or undertaking:
 - has appropriate resources and processes to enable risks to WHS arising from work carried out as part of the business or undertaking to be eliminated or minimised;
 - has appropriate processes for receiving and considering information about incidents, hazards and risks and responding in a timely way;
 - implements processes for complying with its duties and obligations; and
- Verifying the provision and use of resources and processes referred to above.

Managers are responsible for:

- Compliance with this WHSMS Procedure and any other related policies or procedures;
- Compliance with any reasonable instruction given by PAU to allow it to adhere to WHS Laws;
- Actively following agreed safety practices and model positive attitudes towards WHS matters;
- Ensuring that WHS is a standing agenda item at all staff meetings;
- Ensuring all new workers are inducted into WHS aspects of their respective work areas;
- Ensuring that WHS responsibilities are included in job descriptions and performance objectives;
- Reporting any serious risks which cannot be immediately controlled to Human Resources;
- Notifying Senior Managers and Human Resources of any incidents, hazardous situations, dangerous occurrences or immediate risks to health and safety of any workers
- Promptly fixing identified and reported workplace safety problem;
- Participating in workplace inspections and consulting with workers about WHS hazards and risks;
- Providing adequate WHS training and resources to all workers and other persons;
- Implementing, maintaining and updating workplace procedures in their areas of control;
- Including this WHSMS Procedure in contractor selection and engagement; and
- Ensuring that contractors, in their areas of control are aware of, and understand their responsibilities under this WHSMS Procedure and are compliant with this WHSMS procedure.

5.2 Worker and other persons' responsibility

Workers are responsible for:

- Compliance with all aspects of this WHSMS Procedure, relevant emergency evacuation procedure and directions from Fire Wardens;
- Making sure that the work area is safe when leaving it;
- Ensuring they take reasonable care for their own health and safety while at work and take reasonable care that their acts or omissions do not adversely affect the health and safety of other persons;
- Complying, so far as they are reasonably able, with any reasonable instruction given by PAU that allows the company to comply with WHS Laws;
- Undertaking yearly online WHS compliance module courses as issued by Human Resources;
- Notifying PAU of a workplace injury, incident or hazard within 24 hours or as soon as reasonable practicable (**Appendix 1 - Accident and Incident Report Form**);
- Cooperating with PAU to enable the company to meet its injury management obligations; and

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- Cooperating in workplace changes designed to assist the return to work of injured peers.

While they are Workers, **contractors** are also responsible for:

- Ensuring they are competent to do the job asked of them (have the qualifications, training, experience and certificates of competency);
- Complying with the requirements of the WHS Laws that apply in the State or Territory in which they work;
- Maintaining the premises in which they work in a safe and healthy manner for themselves and for PAU staff;
- Ensuring they employ safe tools and systems of work to do a job;
- Complying with relevant standards appropriate to their line of work;
- Ensuring instructions and supervision from the contracting company are adequate; and
- Reporting hazards and incidents to their PAU supervisor, manager or contact person(s).

Other Persons at a workplace must take reasonable care for their own health and safety, ensure that their acts or omissions do not adversely affect the health and safety of other person and adhere to, so far as the person is able, with any reasonable instruction that is given by the PCBU in order to comply with the WHS Act.

An **injured worker submitting a workers' compensation claim** is responsible for:

- Ensuring insurer and PAU documentation is provided within 24 hours of seeking medical treatment or requiring time away from the workplace as a result of an incident (if not possible, another person nominated by the worker may do this on their behalf);
- Specifying one NTD to provide information for the purposes of developing and implementing an Injury Management Plan and **RTW Plan (Appendix 6)**;
- Actively participating and complying with the establishment and implementation of Injury Management Plans and RTW Plans and any subsequent plans thereafter;
- Making all reasonable efforts to return to work with PAU as soon as possible;
- Accepting all reasonably identified suitable duties;
- Performing suitable duties within restrictions;
- Ensuring certificates of capacity remain current; and
- Taking responsibility for their own health, wellbeing and ability to perform their duties.

5.3 Responsibility of specific positions/departments and external parties

The **General Manager Human Resources and General Affairs** is responsible for:

- Ensuring that a qualified worker is appointed to the position of Return-to-Work (RTW) Coordinator.

The **Human Resources Department** is responsible for:

- Assisting managers in the planning, development and implementation of appropriate WHS training;
- Maintaining all WHS report forms and registers referenced in this Procedure;

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- Consulting with workers to determine agreed methods of workplace consultation in accordance with relevant WHS Laws;
- Publishing the WHSMS on the Company intranet for worker access;
- Consulting with all affected parties in the instance of a dismissal of a worker in receipt of workers' compensation in accordance with this Procedure;
- Ensuring First Aid Officers & Fire Wardens are appointed in each office location where state or territory legislation requires their appointment;
- Providing advice and information regarding requirements under WHS Laws to assist senior managers, managers, supervisors and workers in carrying out their roles and ensuring consistency across PAU; and
- Reporting WH&S performance indicators to the PCBU.

Workers' Compensation Insurers are responsible for:

- Contacting the injured worker and PAU (and the treating doctor if required) within state workers' compensation regulations to ensure the worker receives the necessary assistance to recover and return to work;
- Determining liability for all claims for compensation;
- Informing PAU of all liability and approval decisions;
- Developing a meaningful Injury Management Plan for all workers with a significant injury (i.e. an injuring preventing a worker from doing their usual job continuously for seven or more calendar days) through consultation with the worker, RTW Coordinator and treating doctor;
- Giving effect to the Injury Management Plan;
- Ensuring that all stakeholders understand and comply with their obligations under the Injury Management Plan;
- Ensuring that PAU is made aware of their legislative obligations in relation to the insurer's Injury Management Program;
- Beginning provisional payments of weekly benefits and medical expenses within governing state regulations or advise the worker of why they will not make payments;
- Informing the injured worker of their rights to choose their own or change their NTD;
- Ensuring that referrals to a Workplace Rehabilitation Provider are approved by PAU;
- Consulting with the worker, PAU and NTD when referring to a Rehabilitation Provider and advising the injured worker that they can select a rehabilitation provider and the process involved to change a rehabilitation provider; and
- Ensuring Vocational Retraining is provided, or arranging for an injured worker to receive vocational rehabilitation when a RTW to pre-injury duties or suitable duties is no longer possible.

The **NTD** is responsible for:

- Participating in the development of and implementation of Injury Management Plans and RTW Plans;
- Completing and signing workers' compensation medical certificates;
- Specifying restrictions to guide PAU to allocate suitable duties and develop a RTW Plan;

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- Monitoring medical treatment and participating and approving the development of the RTW Plan;
- Reviewing the progress of the injured worker regularly on evidence based medical grounds;
- Increasing duties and decreasing restrictions as an injured worker increases fitness for work; and
- Consulting with the injured worker, PAU's RTW Coordinator, insurers, rehabilitation providers and health providers, as required.

A **Workplace Rehabilitation Provider (WRP)** is responsible for:

- Providing an independent and objective service to PAU and the injured worker;
- Providing advice and consulting with all stakeholders participating in the RTW process;
- Providing evidence based physical and psychological capacity assessments and rehabilitation needs;
- Provisioning for timely and appropriate vocational rehabilitation including retraining (if required where RTW pre-injury duties is not possible);
- Providing prompt response times when receiving and managing referrals;
- Ensuring the Privacy Act is adhered to;
- Ensuring early RTW remains the focus; and
- Delivering service in a cost effective, timely and pro-active manner in accordance with accreditation guidelines, Company and insurer agreements.

A **Return-to-Work (RTW) Coordinator** is responsible for:

- Assisting in the development and implementation of this WHSMS Procedure;
- Providing information on the RTW process and workers' compensation benefits to injured workers;
- Ensuring the Worker Compensation insurers ('insurers') are advised of injured worker's pre-injury average weekly earnings and any weekly payments due to the injured worker are made promptly in the regular monthly pay run in coordination with Payroll;
- Determining injured worker's needs by discussion with the worker, NTD and other treatment practitioners;
- Working with insurers as they develop an Injury Management Plan for the injured worker;
- Identifying appropriate suitable duties and assisting the injured worker to return to work as soon as possible;
- Preparing a RTW Plan (**appendix 6**) to document suitable duties and work restrictions so that all parties are informed and managing the RTW process;
- Being the key company contact relating to all injury-related matters;
- Coordinating and monitoring progress in treatment, rehabilitation services and RTW Programs;
- Maintaining confidential case files in accordance with privacy standards; and
- Undertaking necessary, accredited training where required by state regulations and legislation, before acting in the role of RTW Coordinator.

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6 Process/Procedure

6.1 Consultation and Communication

Item	Action	Responsibility	When	Tools
Review of the WHSMS	Proposed revisions to the WHSMS are shared with the Executive Team and all workers to allow for comments and suggestions before executive approval.	Human Resources	On final draft of the WHSMS	PAU email and/or intranet
PAU's Monthly Communication Meeting	Actively consult with all workers on WHS matters discussed as relevant and required.	Human Resources/ Executives/ PCBU	On a case by case basis	PAU email, video conferencing and/or intranet
	Human Resources will consult with Executives on PAU's WHS Strategic Objectives as progress, achievement or change of objectives requires	Human Resources	On case-by-case basis	PAU WHS Strategic Objectives
PAU Management	Regular communication regarding hazard review and control with respect to a worker's duties and working environment	Managers	At all times	Nil
WHS Queries and Notifications	Workers to raise any non-urgent incidents/hazards/queries by emailing WHS@au.panasonic.com .	Workers	On a case-by-case basis	Office 365 WHS@au.panasonic.com

6.1.1 Source of consultation requirements

PAU will consult with its Workers, in accordance with the requirements of the WHS Law to enable workers to contribute to the making of decisions affecting their health and safety at work.

6.1.2 WHS issue resolution

In the first instance, WHS concerns should be resolved through consultation between workers, their representatives and their manager. If the WHS concerns are not able to be resolved, the WHS concerns can be referred to the Manager for resolution. If the Manager is unable to resolve the concerns, then they me referred to a Senior Manager for resolution. Where the issue remains unresolved, the default procedure for issue resolution set out in the WHS Regulation must be followed.

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6.2 Incident reporting and investigation

Item	Action	Responsibility	When	Tools
Incident & Accident Reporting	<ul style="list-style-type: none"> Contact Emergency Services (dial 000) if necessary for urgent/serious incidences. Take immediate action to minimize risk of further injury or damage (i.e. isolating the hazard, requesting first aid, evacuation) Report incident to Manager and send to WHS@au.panasonic.com 	All Workers and Managers	As soon as reasonably practicable	Accident & Incident Report Form (Appendix 1)
	<ul style="list-style-type: none"> Advise the relevant WHS regulator of a notifiable incident when required 	Human Resources	Immediately	Relevant WorkSafe authority ('Contacts' section of this Procedure)
Hazard Reporting	<ul style="list-style-type: none"> Eliminate hazards if reasonable and practicable to do so; and/or Report hazards to Manager and WHS@au.panasonic.com 	All Workers and Managers	As soon as reasonably practicable	Hazard & Risk Assessment Form (Appendix 2)
Register Maintenance	Maintenance of a register to record all/any instances of WHS reported occurrences at PAU	Human Resources	On every reported occasion	<i>Nil (Internal registers maintained by Human Resources)</i>
Accident or Incident Investigation	The direct Manager will investigate the accident/incident in consultation with Human Resources and the relevant worker(s).	Direct Manager (investigation lead) & Human Resources (support role)	As soon as reasonably practicable or within 24 hours of the incident occurring	Accident & Incident Report Form (Appendix 1) Hazard & Risk Assessment Form (Appendix 2)

6.2.1 Accident and Incident Investigation Procedure

Depending on the complexity and nature of the accident/incident, the investigation may involve other Workers or stakeholders and may require expertise from an external source. The findings of the investigation must be recorded within the relevant Accident & Incident Report Form (Appendix 1) in which corrective and preventative actions as well as controls to monitor and review actions for effectiveness will be outlined.

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6.3 Emergency Management

Item	Action	Responsibility	When	Tools
Immediate Injury Management	<p>In case of injury, depending on the severity of the injury and the injured worker’s preference, appropriate first aid or medical attention should be sought from one or more of the following:</p> <ul style="list-style-type: none"> • A First Aid Officer from the immediate work area • An Ambulance Officer • The nearest available hospital or medical facility • The injured worker’s NTD 	All Workers and Managers	Immediately	<p><i>Ambulance – dial 000.</i></p> <p><i>First Aid Officer</i></p> <p><i>Posters and/or PAU Organisation Chart (final page, states acting First Aid Officers)</i></p>
Maintaining the site of accident and/or incident	<p>Ensure, so far as is reasonably practicable, that the site is not disturbed until a WorkSafe Inspector, Human Resources or executive management arrives at the site or any earlier time that either party direct.</p>	All Workers and Managers	Immediately in the event of serious accidents or incidents	<i>Nil.</i>
Emergency Procedure (in the event of an emergency or drill)	<ol style="list-style-type: none"> 1. Should you hear an alert signal ('beep' sound), look to your Fire Warden for further instructions and give your full compliance. Request that any visitors comply with directions given. 2. On the evacuation signal ('whoop' sound), leave the building via the designated exit and proceed to the assembly area using the fire exits (alert Fire Warden if you require aid using staircases). 3. Do not use the lifts under any circumstances. 4. Once at the assembly area, do not leave the area until directed to do so by the Fire Warden in charge. 5. Outside normal working hours, evacuate the building immediately via the stairs if the alert or evacuation alarm sounds. 	All Workers	At the sound of an alert or evacuation signal	<p><i>Evacuation Procedure Diagrams – displayed in all PAU offices.</i></p> <p><i>PAU Organisation Chart (Fire Warden list)</i></p>
Post Emergency Incident Follow-Up	<p>A follow-up investigation will occur post incident to prevent a similar incident occurring again</p>	Building Management	Following the emergency incident	<i>Nil</i>

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6.3.1 First Aid Officers

From time to time, PAU may require volunteers among workers to act as First Aid Officers within various office locations in which a vacancy is available in accordance with the model Code of Practice: First Aid in the Workplace. At such times, Human Resources will coordinate with management the appointment of such volunteers within the business.

6.3.2 Evacuation Measures & Fire Prevention

PAU will ensure that emergency procedures are maintained, communicated, and practiced in line with all applicable federal and state regulations. Non-compliance could be considered a serious violation of this Procedure and may lead to disciplinary action as determined appropriate by Human Resources.

The following areas must remain clear and unobstructed at all times:

- Exit doors;
- Aisles;
- Electrical panels; and
- Fire extinguishers.

Always be aware of the danger of fire and ensure you observe basic preventative measures (such as turning off electrical appliances after use, not using damaged equipment, reporting potential electrical/fire hazards and refraining from smoking in office/restricted areas).

6.4 Injury Management (including Workers' Compensation)

Item	Action	Responsibility	When	Tools
Immediate Injury Management	<p>In case of injury, depending on the severity of the injury and the injured worker's preference, appropriate first aid or medical attention should be sought from one or more of the following;</p> <ul style="list-style-type: none"> • A First Aid Officer from the immediate work area • An Ambulance Officer • The nearest available hospital or medical facility • The injured worker's treating doctor 	All Workers and Managers	Immediately	<p><i>Ambulance – dial 000.</i></p> <p><i>First Aid Officer Posters and/or PAU Organisation Chart</i></p>
Workers' compensation Claims	<p>Notify Human Resources of a workplace injury within 24 hours via submission of an Accident & Incident Report Form (if practicable) or via telephone or in writing (alternatively)</p>	All Workers and Managers	Within 24 hours of the accident or incident	<p><i>Accident & Incident Report Form (Appendix 1)</i></p>

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Item	Action	Responsibility	When	Tools
	Submit a workers' compensation claim form to PAU's workers' compensation insurer for assessment	Human Resources	Within 48 hours of the reported accident or incident	<i>Nil</i>
	Lead the injury management process, including overseeing the development of an Injury Management Plan and/or Return-to-Work (RTW) Plan	Human Resources (in consultation with PAU's relevant workers' compensation insurer)	For all accepted workers' compensation claims	<i>Return to Work Plan (Appendix 6)</i>

6.4.1 Recordkeeping and Privacy Management

It is the responsibility of all employees to maintain and manage the privacy and confidentiality of personal and health information pertaining to an injured worker or person in accordance with the requirements of Australian privacy legislation. Records generated in relation to Workers' Compensation will be kept forever. This may mean that the hard copy records are scanned and placed in soft copy and maintained off site.

6.4.2 Worker's Compensation & Injury Management

Only workers who are considered insured by PAU for workers' compensation are eligible to submit a workers' compensation claim via PAU's workers' compensation insurers. This may exclude some workers contracted for employment by third parties who may have their own insurance – in all cases, PAU will seek advice from the relevant workers' compensation insurer to determine eligibility.

PAU is committed to helping injured workers recover at work and return to work. Following a reported injury and submission of a workers' compensation claim, a RTW Coordinator will be assigned by Human Resources and the injured worker should follow the advice of the coordinator for procedural direction as this may vary depending on the state and territory of the injured worker and place the injury occurred, however responsibilities for all stakeholders in the injury management process has been detailed in the 'responsibilities' section of this Procedure

Procedural information common to all states and territories has been detailed below;

- **Treatment by a NTD**

An injured worker may need to receive treatment following a workplace related injury. Workers have the right to choose their own NTD and in this case the RTW Coordinator with the worker's approval will liaise with their NTD where required to support the worker's RTW (refer to ***Appendix 3 – 'Information Consent Form'***).

- **Workplace Rehabilitation Provider (WRP) and RTW Coordinator.**

PAU's RTW Coordinator and WRP's are listed within the HR intranet sub-site. Where a WRP is not listed, a preferred/nominated provider may not be yet identified. In such cases, the

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RTW Coordinator will appoint an appropriate Provider and advise the injured worker of their details. Reasonable access to the workplace will be provided to the Provider, and the RTW Coordinator will ensure full cooperation with the Provider and help facilitate any onsite consultation.

- **Disputes**

If a worker wishes to dispute any aspect of PAU’s management of a Workers’ Compensation claim or associated RTW Plan, the insurer will be notified and will provide advice to remedy the dispute. In conjunction with referring a dispute to an insurer, workers can also refer to PAU’s Workplace Grievance Reporting & Resolution Policy & Procedure (HR-012).

6.5 Training and Competency

Adequate training (and accreditation where legally required) will be provided to the following workers to support their WHS duties, responsibilities and/or voluntary service;

- For all directly employed PAU employees:
 - Evacuation training on or about the first day of employment
 - WHS related training as per their 90 Day Plan as required
 - Regular online WHS compliance training as required
- For nominated or relevant workers only:
 - Fire Warden training
 - First Aid Officer training
 - Manual handling training
 - WHS training for Human Resources personnel and the appointed PAU ‘Return to Work Officer’

6.6 Risk management

Item	Action	Responsibility	When	Tools
Building/Office WHS Inspections	Conduct WHS inspections annually to assess office compliance with building regulations and compliance with this Procedure	Human Resources with nominated office/state representatives	Annually	Building Inspection Checklists (Appendix 3 & 4)
Ad Hoc Reported Hazards	Carry out a hazard & risk assessment for all reported accidents and incidents where a hazard is identified. Identify corrective and preventative actions required to ensure no occasions of reoccurrence of hazard/incident.	Human Resources with nominated office/state representatives	As soon as reasonably practicable following the reported accident/incident	Accident & Incident Report Form (Appendix 1) Hazard & Risk Assessment Form (Appendix 2)

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Item	Action	Responsibility	When	Tools
Monitor & Review Hazard Controls and Actions for Effectiveness	Track any implementation of corrective and preventive actions, and ensure Direct Manager compliance in ensuring monitoring and review of actions	Human Resources	Following the implementation of corrective and preventative actions of a reported accident/incident/hazard	Hazard & Risk Assessment Form (Appendix 2) <i>Internal registers maintained by Human Resources</i>
Hazardous Chemicals	Obtain a compliant Safety Data Sheet for hazardous chemicals used in the workplace from manufacturers or importers in consultation with Human Resources, alongside a printed copy of PAU’s hazardous chemicals register	Workers	Where required, on the use of Hazardous Chemicals	<i>Nil (Safety Data Sheet provided by product manufacturer or importer and internal register maintained by Human Resources)</i>
	Maintenance of a register for all hazardous chemicals used in the workplace as per maintained Safety Data Sheets	Human Resources	At all times	<i>Nil (Internal registers maintained by Human Resources)</i>
Analyzing Job-Specific Hazards & Safe Work Method Statements (SWMS)	Complete a Hazard & Risk Assessment Form (Appendix 2) to assist in the development of a SWMS	Human Resources	On report or identification of a potential health & safety risk inherent to a particular role or task	Hazard & Risk Assessment Form (Appendix 2) SWMS Template (Appendix 5)
	Provide to relevant workers a SWMS for roles or tasks in which there is a sustained and inherent health and safety risk	Human Resources	On worker’s employment commencement and/or implementation or revision of SWMS	SWMS Template (Appendix 5)

6.6.1 Risk Management Procedure following Hazard Identification

Once a hazard or risk is reported and assessed via the completion of a Hazard & Risk Assessment Report Form details of the matter and its manner of resolution:

- will be brought to the attention of all workers; and
- may be forwarded by the parties to any other relevant organisation.

A Worker may cease, or refuse to carry out, work if the worker has a reasonable concern that to carry out the work would expose the Worker to a serious risk to the worker’s health or safety, emanating

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from an immediate or imminent exposure to a hazard. During any period of cessation of work for health and safety reasons, workers may be assigned to suitable alternative duties.

6.6.2 Hazardous Chemicals Maintained on Register

All hazardous chemicals that are stored, handled or used at a workplace must be listed on the hazardous chemicals register maintained by Human Resources except where they are considered 'in-transit' (not kept onsite for more than 5 days) or consumer products. Chemicals that are not hazardous do not need to be included on the register.

However, where a workplace frequently has in-transit hazardous chemicals present—or they are present in significant quantities—these should be listed on the register.

Consumer products are those that are packed primarily for use by a household consumer and are used in a way that is consistent with normal household use (i.e. dish washing detergents) and also include hazardous chemicals used in an office, for example printer toner and whiteboard cleaners.

6.7 Contractor Management Plan

6.7.1 Contractor Register

Human Resources maintain a register of approved contractors who may undertake work at the direction of PAU through the PAU iPad. Contractors must be approved to conduct work onsite or for PAU by Human Resources. In some cases, contractors may be required to complete a **Contractor Safety Management Plan (Appendix 8)**. Contractors undertaking work for building management corporations will be registered by those corporations, but must meet the criteria and adhere to the responsibilities of a contractor under the terms of this WHSMS

6.7.2 Onsite Management & Hazard Management Approach

Contractors shall be provided with this Procedure and specific information relevant to worksite hazards prior to commencing work on site and will be required to acknowledge that this Procedure has been read and understood and agreed to as a condition of contract. Contractors are required to assess the hazards and risks involved with the Contract Works and give due consideration to how those risks will be controlled. The worker who arranged the contractor is required to supervise the contractor to ensure work is being conducted safely. Human Resources should be contacted for assessment and direction if potential unsafe work has been detected. Workers who identify that a Contractor, or the contractor's workers are operating in an unsafe manner, are responsible for reporting the unsafe practice to the relevant PAU supervising worker.

6.7.3 Event Management

All events hosted, managed or coordinated by PAU, whether onsite at PAU premises or at an external venue, where contractors are directly engaged by the Company are covered by this WHSMS.

The Event Project Manager (PAU representative) is encouraged to work through a consultation process with all Contractors and Venue representatives, where appropriate, to ensure safe work practices are adopted at all times, reducing risks to all parties and the general public.

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7 Other information

7.1 Approval/Authorisation

Human Resources are responsible regular review and maintenance of the WHS Procedure and amendments. As a result of this review, changes may be made to this Procedure from time to time and all responsible persons are required to comply with those changes and to be familiar with their responsibility in regard to workplace safety. Human Resources shall consult with Executives and workers, and any industrial unions representing workers, before implementing any intended changes to this Procedure.

7.2 Reference Policy Documents/Forms

- Accident and Incident Report Form (WHS-001-F01)
- Building Inspection – General Office Areas (WHS-001-Ch01)
- Building Inspection– Workshops (WHS-001-Ch02)
- Hazard and Risk Assessment Form (WHS-001-F02)
- Management Responsibility & Authority Policy (MGT-002)
- 90 Day Plan (HR-004-T01)
- WHS Policy Statement (WHS-001-P01)
- Privacy Guidelines (HR-001)
- Records Management Policy (PRO-006)
- Safe Work Method Statement Template (WHS-001-T01)
- Return to Work Plan Template (WHS-001-T02)
- Injury Management Information Consent Form (WHS-001-F03)
- Contractor Safety Management Plan (WHS-001-F04)
- WHS Management System Schedule (*HR internal document*)
- WHS Register (*maintained via company intranet by Human Resources*)
- Workplace Grievance Reporting & Resolution Policy (HR-012)

7.3 Contacts

- Human Resources
- iCare
- Safe Work Australia
- SafeWork NSW
- SafeWork SA
- WorkSafe ACT
- WorkSafe Tasmania
- WorkSafe Victoria
- WorkSafe WA
- NT WorkSafe
- Workplace Health and Safety Queensland, Office of Industrial Relations (WHSQ)

7.4 Guidelines

Tools, Forms & Guidelines are provided as attached in Appendices 1 – 9.

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Appendix 1 – Accident and Incident Report Form

Accident & Incident Report Form

All accidents, incidents and injuries should be recorded as soon as practically possible. Please complete section 1 of this report and send via email to Human Resources.

Section 1 – Details of Incident

<i>Details of Person Reporting Incident (injured person if applicable)</i>			
Family Name:		Given Name:	
Home Address:		State:	Postcode:
Home Phone No:	Mobile:	Email:	
Occupation or Job Title:		Group/Department (if applicable):	
<i>Detail the incident, as well as activity being performed at the time:</i>			
If injury sustained:			
_____	_____	_____	
Date of injury	Time of injury	Where did injury happen (include room/section/department)	
<i>Details of all contributing factors:</i>			
<i>Description of injury sustained (if applicable):</i>			
<i>Describe any First Aid treatment administered or medical attention/treatment (if applicable):</i>			
<i>First Aid and witness acknowledgement (if applicable):</i>			
_____	_____	_____	_____
First Aid Attendant Name	First Aid Attendant Signature	Phone Number	Date
_____	_____	_____	_____
Witness No. 1 Name	Witness No. 1 Signature	Phone Number	Date
_____	_____	_____	_____
Witness No. 2 Name	Witness No. 2 Signature	Phone Number	Date
_____	_____	_____	_____

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Section 2 – Incident Investigation Report (HR ONLY)

Report No: _____

Injured/Effectuated Person is: PAU Employee <input type="checkbox"/> Contractor <input type="checkbox"/> Visitor <input type="checkbox"/> Member of public <input type="checkbox"/>
Is the task usually performed by this person? (if applicable) Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

Mark those boxes you believe contributed to the Accident or Incident:

<input type="checkbox"/> Ineffective guarding	<input type="checkbox"/> Unsuitability	<input type="checkbox"/> Incorrect Method
<input type="checkbox"/> Defective material / equipment	<input type="checkbox"/> Improper planning	<input type="checkbox"/> Incorrect Dress
<input type="checkbox"/> Inadequate lighting	<input type="checkbox"/> Lack of supervision	<input type="checkbox"/> Failure to use safety equipment
<input type="checkbox"/> Improper work conditions	<input type="checkbox"/> Inexperience	<input type="checkbox"/> Failed to seek medical attention
<input type="checkbox"/> Bad Housekeeping	<input type="checkbox"/> Unsafe practice	<input type="checkbox"/> Fatigue
<input type="checkbox"/> Failure to provide rules/instruction	<input type="checkbox"/> Lack of knowledge	<input type="checkbox"/> Contributing condition
<input type="checkbox"/> Lack of potential hazard awareness	<input type="checkbox"/> Breach of rules	<input type="checkbox"/> Inadequate warning system

Please detail the factors contributing to the incident or injury:

If a contractor, was there an agreed/signed Safe Work Method Statement (SWMS)? Yes No

If no, give reason:

Is a Hazardous Manual Task Risk Assessment & Job Hazard Analysis required to develop a SWMS? Yes No

What Control Systems?

Should exist, but do not:

Exist, but are inadequate:

Exist, are adequate, but were not observed:

Section 3 – Acknowledgement and Action Plan

Appropriate parties to acknowledge viewing report below.

<i>Corrective Actions (include Hazard Report & Risk Assessment Form numbers)</i>	<i>Person Responsible</i>	<i>Implementation Date</i>

Employee (Print)	Date	Manager (Print)	Date	Human Resources	Date
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Appendix 2 – Hazard & Risk Assessment Form

Hazard and Risk Assessment Form

All hazards should be reported as soon as practically possible. **Please complete section 1 of this report and send via email to Human Resources.** If injury sustained, please complete an Incident and Injury Report Form unless otherwise advised by Human Resources.



Section 1 – Identify Hazard *(Worker or Reporting Personnel)*

<i>Details of person reporting hazard:</i>			
Family Name:		Given Name:	
Home Address:		State:	Postcode:
Home Phone No:		Mobile:	Email:
Occupation or Job Title:		Group/Department (if applicable):	
<i>Describe the hazard and/or detail what happened:</i>			
<i>Detail any possible solutions you have identified and/or ways to prevent reoccurrence (optional field):</i>			

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Section 2 – Assess Risk *(Human Resources or WHS Personnel section 2 - 4)*

Report No:

<i>Risk Assessment:</i>			
Was a risk assessment completed to evaluate this hazard? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
<i>If risk assessment was not completed or not applicable, detail why below:</i>			
<i>Risk assessment completed and approved by:</i>			
WHS Personnel (if not HR)	Date	HR Approval	Date

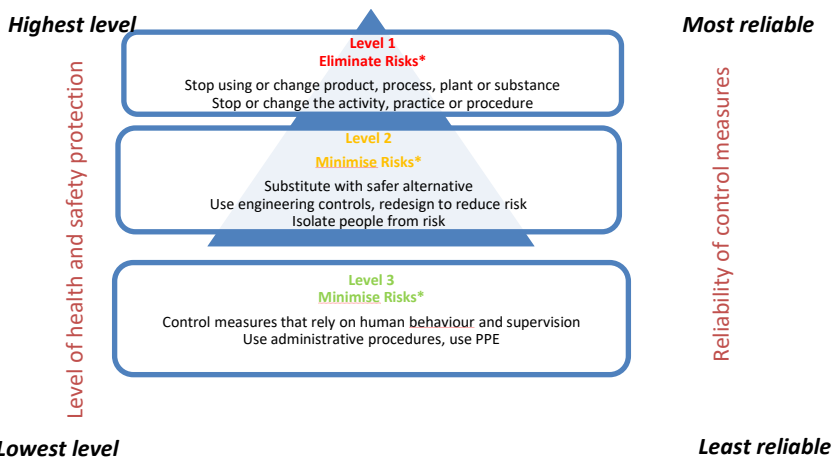
<i>Hazards Identified (attach supporting evidence i.e pictures or correspondence)</i>	<i>Risk Assessment (rank as per Risk Assessment Grid)</i>	<i>Risk Control Measure (use Hierarchy of Control as guide)</i>	<i>Rank (in order of priority of action needed for multiple hazards)</i>	<i>Who Will Action and By When?</i>
i.e. Coffee break out room – no fire scape exit	1	2	N/A	Business Support – by 30/09/2017

Risk Assessment Grid

Consequence – Definition			Likelihood – Definition (HS&E)		Risk Matrix - (Align Likelihood x Consequence = Risk)					
Category	Health and Safety	Environmental	Category	Definition		0.5 Minor	0.4 Serious	0.3 Severe	0.2 Major	0.1 Catastrophic
Catastrophic	Fatalities or total permanent disabilities	Actual material harm to the environment (onsite and/or offsite) with long term or irreparable effects	Almost Certain	Will almost certainly occur once (or more) every couple of years. (Expected to happen, happens frequently).	0.1 Almost Certain	Moderate	High	Extreme	Extreme	Extreme
Major	Total permanent disability	Actual material harm to the environment (onsite and/or offsite) with short term effects and is reparable through remedial action	Likely	Will probably (>50%) occur once (or more) in 20 years. Could occur within business unit or similar sites.	0.2 Likely	Moderate	Significant	High	Extreme	Extreme
Severe	Single permanent or partial disability / LTI	Discharge of any substance from site, which poses potential material harm to the environment	Possible	Could occur, but not probable.	0.3 Possible	Moderate	Moderate	Significant	High	Extreme
Serious	Lost Time Injury / Medical Treatment	Spillages, leaks or other escapes which have migrated offsite or where the potential for harm to the environment has been diminished through intervention (clean up) and leaves minor residual impact on the environment.	Unlikely	Not expected to occur. Has not occurred but has occurred within the industry within Australia.	0.4 Unlikely	Low	Low	Moderate	Significant	High
Minor	First Aid, No Medical Treatment	Spillages, leaks or other escapes which occur and are contained within the site boundary. Is not a reportable incident to the authorities and has no impact to the environment.	Rare	May occur only in exceptional circumstances. Has occurred in known history worldwide or is conceptually possible.	0.5 Rare	Low	Low	Moderate	Moderate	Significant

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Hierarchy of Control



*So far as is reasonably practicable

Section 3 – Control Risks (complete following action taken after section 2 risk assessment)

Risk Management:	
Were any hazard control measures implemented to manage any identified risk? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
If hazard control was not completed or not applicable, detail why below:	
Detail hazard control implemented below (if applicable):	
If any Personal Protective Equipment (PPE) issued, detail the equipment below and attach to this form any product information or correspondence related to the purchase, issue and maintenance of this product:	
Personal Protective Equipment issued by (if applicable):	
HR/WHS Personnel	Date

Section 4 – Review Control Measures

Hazard Report Register:	
Was this hazard reported on the Hazard Report Register? Yes <input type="checkbox"/> (Hazard must be recorded regardless of legitimacy)	
Recommended hazard control review date (if required earlier than the coming April from being recorded on Hazard Report Register – all hazard controls reviewed annually in April):	
HR/WHS Personnel	Recommended Review Date
Recommended hazard control review including further recommendations if required (if applicable):	
Hazard Report Form Closure Date:	
HR Personnel	Date

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Appendix 3 – Building Inspection (General Office Areas)

Building Inspection – General Office Areas

Area Inspected:				Date Inspected:	
1. GENERAL SAFETY AT PANASONIC		YES	NO	N/A	Comments
1.1	IS evacuation procedure in place and effectively communicated so it is understood by all staff members?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.2	Are the Fire Alarms installed, operating and audible throughout all areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.3	Can emergency signals and alarms be clearly heard?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.4	“In Case of Fire” instructions prominently displayed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.5	Fire drill conducted in last 12 months.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.6	Is emergency lighting installed and in operating condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.7	Are photocopiers located away from personal workstations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.8	Are health, safety and emergency information clearly posted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.9	Are waste bins routinely emptied?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.10	Adequate ventilation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.11	Acceptable atmospheric contamination levels (i.e. fumes, dust or vapour)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. TRAINING		YES	NO	N/A	Comments
2.1	Are staff given appropriate information and training to ensure safety during work? (e.g. evacuation procedures, awareness of Health and Safety representatives, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.2	Are staff knowledgeable in how to identify and report a safety hazard?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. SECURITY (Where applicable)		YES	NO	N/A	Comments
3.1	Perimeter Secure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.2	Alarm system operative?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.3	Maintenance current?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. FLOORS AND COVERINGS		O.K.	NO	N/A	Comments
4.1	Do floors have even surfaces? [no cracks or holes]?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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4.2	Are the floors and aisles clear of rubbish, materials and equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.3	Are walkways free of trip hazards (e.g. electrical cords)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.4	Are handrails in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.5	Are there no uplifted joins in the carpet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.6	There are no worn or threadbare areas on the carpet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

5. PASSAGEWAYS AND CORRIDORS		YES	NO	N/A	Comments
5.1	Wide enough for goods or traffic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.2	Adequately lit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.3	Surface free from defects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.4	Clean and clear of rubbish or obstruction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

6. STAIRS, LANDINGS AND FIRE EXITS		YES	NO	N/A	Comments
6.1	Exit doors easily open?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.2	Fire doors are self-closing and latching?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.3	Exit lights are operative?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.4	Are emergency exit stairs adequately lit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.5	Are there sufficient numbers of well-lit exits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.6	Fire exits are clearly marked and visible day or night?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.7	Are stair treads in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.8	Are handrails in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.9	Stairs and landings are clean and free of dirt and spillages?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

7. FIRST AID KITS		YES	NO	N/A	Comments
7.1	Are First Aid Kits readily accessible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.2	Are First Aid Kits stocked in line with regulations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.3	Are emergency phone numbers clearly displayed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.4	Are notices indicating the location of each kit on display?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.5	Are names and contact numbers of First Aid Officers clearly displayed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

8. FIRE EXTINGUISHERS		YES	NO	N/A	Comments
8.1	Suitable type fire extinguishers and fire blankets are available, mounted and identified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.2	Are fire extinguishers marked for the type(s) of fires to be fought?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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8.3	Safety "pin" in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.4	Fire extinguishers at accessible height and handy to hazardous areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.5	Have fire extinguishers been inspected and tagged on a regular basis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.6	Maintenance of hose reels and hydrants are up to date?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.7	Relevant Staff know how to use fire fighting equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.8	Relevant Staff know what to do in case of fire?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.9	Are relevant staff properly instructed on how to use the extinguishers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

9. WORK AREAS AND OFFICE FURNITURE		YES	NO	N/A	Comments
9.1	Clear of rubbish, tidy and uncluttered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.2	Adequate workspace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.3	Desks and chairs are in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.4	Screen displays are legible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.5	Are work surfaces [e.g. desks] set up at the appropriate height?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.6	Is work oriented for easy access to phones and computers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.7	Is adjustable seating available when appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.8	Are footrests available for those who need them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

10. OFFICE EQUIPMENT		YES	NO	N/A	Comments
10.1	Clear of rubbish, tidy and uncluttered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.2	Adequate workspace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.3	Provision to store wastage and reams of paper etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.4	Is the noise level satisfactory?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

11. ELECTRICALS		YES	NO	N/A	Comments
11.1	Are there adequate power points available and unobstructed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11.2	Are electrical plugs, leads, sockets and switches in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11.3	Are electrical cords free from fraying and damage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11.4	Do portable electrical appliances have a current inspection tag?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11.5	Has the usage of double adaptors been eliminated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11.6	Are all flexible power leads been tested and appropriately tagged in the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

12. LIGHTING		YES	NO	N/A	Comments
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12.1	Are windows clean, allowing plenty of natural light?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12.2	Is there adequate lighting for the work undertaken?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12.3	Are lights suitable free from dust and dirt?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12.4	Is glare and reflection controlled to acceptable levels?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12.5	Is area lighting steady, with no flickering light?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12.6	Is emergency lighting available in rooms without windows?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

13. LUNCHROOM & KITCHEN FACILITIES		YES	NO	N/A	Comments
13.1	Is floor clean?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13.2	Are tables & chairs clean?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13.3	Are tables and chairs in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13.4	Is stock stored in an appropriate manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13.5	Are cooking facilities clean and in good working order?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13.6	Are the kitchen benches clean?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

14. TOILET FACILITIES		YES	NO	N/A	Comments
14.1	Are there adequate supplies (soap, toilet paper, cleaning provisions)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14.2	Are there disabled toilet facilities? Are they freely accessible and free of clutter?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14.3	Toilets operated by dual flush system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14.4	Is there adequate lighting of toilet and sink areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14.5	Are tiles neither loose nor wet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

15. ENVIRONMENTAL MANAGEMENT		YES	NO	N/A	Comments
15.1	Are papers recycling boxes supplied at each workstation area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15.2	Are recycling boxes filled only with clean office paper, envelopes, etc?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15.3	Are there "Cartridges 4 Planet Ark" recycling boxes for imaging consumables in area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15.4	Are imaging consumables placed in "Cartridges 4 Planet Ark" recycling boxes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15.5	Are Paper-recycling boxes near photocopies, filled only with clean office paper, envelopes, etc?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15.6	Are redundant CDs and batteries placed in the battery/CD recycling box provided by the Q&E Team located in the relevant areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15.7	Are kitchenette area Recycling bins filled only with: <ul style="list-style-type: none"> ➤ Aluminium/Steel cans, ➤ Glass/Plastic Bottles 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15.8	Are the appropriate waste/recycle bins filled only with:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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	<ul style="list-style-type: none"> ➤ Newspapers, ➤ Magazines, ➤ Brochures, ➤ Cardboard ➤ Paper 				
--	---	--	--	--	--

16. HAZARDOUS SUBSTANCES	YES	NO	N/A	Comments
Are there hazardous substances?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do hazardous substances have a Safety Data Sheet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are all containers labelled correctly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

17. STORAGE ROOMS & SHELVING	YES	NO	N/A	Comments
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SUMMARY OF UNSATISFACTORY ITEMS			
Item No	Action Required	By Whom	By When

Inspected by:	_____	_____	_____
	Name	Signature	Date
Inspected by:	_____	_____	_____
	Name	Signature	Date

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Appendix 4 – Building Inspection (Workshops)

Building Inspection - Workshops

Area Inspected:	Date Inspected:
-----------------	-----------------

1. GENERAL SAFETY AT PANASONIC		YES	NO	N/A	Comments
1.1	Is an evacuation procedure in place and effectively communicated so it is understood by all staff members?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.2	Are the Fire Alarms installed, operating and audible throughout all areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.3	Can emergency signals and alarms be clearly heard?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.4	“In Case of Fire” instructions prominently displayed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.5	Fire drill conducted in last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.6	Is emergency lighting installed and in operating condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.7	Are health, safety and emergency information clearly posted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.8	Are waste bins routinely emptied?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.9	Adequate ventilation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.10	Acceptable atmospheric contamination levels (i.e. fumes, dust or vapour)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.11	Is Personal Protective Equipment (PPE) adequate and available (e.g. Ear protection, safety glasses, high-visibility vests)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.12	Do machines have guarding?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.13	Is machinery maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.14	Have machines been calibrated appropriately?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

2. TRAINING		YES	NO	N/A	Comments
2.1	Are staff given appropriate information and training given to new employees to ensure safety during works? (e.g. correct manual handling, evacuation procedures, awareness of Health and Safety representatives, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.2	Are staff knowledgeable in how to identify and report a safety hazard?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

3. FLOORS AND COVERINGS		O.K.	NO	N/A	Comments
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3.1	Do floors have even surfaces? [no cracks or holes]?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.2	Are the floors and aisles clear of rubbish, materials and equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.3	Are walkways free of trip hazards (e.g. electrical cords)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.4	Are there any uplift joins in the carpet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.5	Are there any worn or threadbare areas on the carpet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

4. FIRST AID KITS		YES	NO	N/A	Comments
4.1	Is a First Aid Kit readily accessible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.2	Is the First Aid Kit stocked in line with regulations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.3	Are emergency phone numbers clearly displayed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.4	Are notices indicating the location of each kit on display?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.5	Are names and contact numbers of First Aid Officers clearly displayed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

5. FIRE EXTINGUISHERS		YES	NO	N/A	Comments
5.1	Suitable type fire extinguishers and fire blankets are available, mounted and identified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.2	Are fire extinguishers marked for the type(s) of fires to be fought?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.3	Safety "pin" in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.4	Fire extinguishers at accessible height and handy to hazardous areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.5	Have fire extinguishers been inspected and tagged on a regular basis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.6	Maintenance of hose reels and hydrants are up to date?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.7	Relevant Staff know how to use fire fighting equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.8	Relevant Staff know what to do in case of fire?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.9	Are relevant staff properly instructed on how to use the extinguishers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

6. WORKSHOP AREAS		YES	NO	N/A	Comments
6.1	Clear of rubbish, tidy and uncluttered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.2	Adequate workspace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.3	Desks and chairs in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.4	Screen displays legible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.5	Is work organised to limit unnecessary or excessive bending or stooping?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.6	Are work surfaces [e.g. desks & benches] set up at the appropriate height?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.7	Are work desks & benches protected with anti-static mat anti-static wrist straps?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.8	Is work oriented for easy access to tools, phones, and computers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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6.9	Are routine tasks organised so that individuals do not have to lift excessive weight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.10	Is mechanical equipment available for lifting heavy loads?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.11	Is adjustable seating available when appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.12	Are footrests available for those who need them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.13	Stock materials not stacked dangerously	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.14	Are the Material Safety Data Sheets easily accessible and available e.g. solder, chemicals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

8. ELECTRICALS		YES	NO	N/A	Comments
8.1	Are there adequate power points available and unobstructed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.2	Are electrical plugs, leads, sockets and switches in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.3	Are electrical cords free from fraying and damage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.4	Do portable electrical appliances have a current inspection tag?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.5	Has the usage of double adaptors been eliminated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.6	Are all flexible power leads been tested and appropriately tagged in the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.7	Are testing equipment and electrical tools properly grounded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

9. LIGHTING		YES	NO	N/A	Comments
9.1	Is there adequate lighting for the work undertaken?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.2	Are lights suitable free from dust and dirt?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.3	Is glare and reflection controlled to acceptable levels?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.4	Is area lighting steady, with no flickering light?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.5	Is emergency lighting available in rooms without windows?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

10. WORKSHOP STORAGE AREAS		YES	NO	N/A	Comments
10.1	Are materials stored on shelves or in storage rooms as appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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10.2	Are storage shelves free of rubbish?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.3	Are heavy items stored between mid-thigh and shoulder height?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.4	Is stored material secured to prevent shifting/falling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.5	Are storage rooms neat and tidy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

12. ASBESTOS		YES	NO	N/A	Comments
12.1	Was the building built before 31 December 2003?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12.2	Is an asbestos management plan required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12.3	Is an asbestos register required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

11. HAZARDOUS SUBSTANCES		YES	NO	N/A	Comments
Are there hazardous substances?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do hazardous substances have a Safety Data Sheet?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are all containers labelled correctly?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SUMMARY OF UNSATISFACTORY ITEMS			
Item No	ACTION REQUIRED?	BY WHOM?	BY WHEN

Inspected by:	Name	Signature	Date
Inspected by:	Name	Signature	Date

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Appendix 5 – Safe Work Method Statement (SWMS) Template

Panasonic Australia Pty. Ltd

A.B.N. 83 001 592 187

Tel: (02) 9491 7400

Fax: (02) 9491 7405

Safe Work Method Statement

Activity: _____ SWMS Approved By (HR Representative): _____ Date Review Due (min. every 5 years): _____	Primary Manager/Contact Responsible for SWMS Development: _____ Date SWMS Established: _____ SWMS Number (as per HR register): _____			
Key steps	Equipment or plant required	Possible hazards	Safety controls including personal protective equipment (PPE)	Licences, qualifications or work permits
1.				
2.				
3.				
4.				
5.				
<p>Consultation & Sign Off Record:</p> <p>This form is to be used to verify that training and awareness in the relevant SWMS has been completed. I confirm by my signature below, that I have undertaken training on the requirements of the attached SWMS and agree to perform the work in the manner detailed on it. I understand that when there is non-compliance with the attached SWMS, work is stopped immediately, or when it is safe to do so, and not resumed until the SWMS is complied with.</p> <p>Employee/Contractor Name: _____ Signature: _____</p> <p>Date: _____</p>				

Appendix 6 – ‘Return to Work Plan’ Template

Return to Work Plan

PERSONAL DETAILS			
Name:			
Position Title:			
Area/Location:			
Supervisor:			
Date of Commencement:		Length of Program	
REHABILITATION PROCESS			
Rehabilitation goal (as agreed by doctor, worker and employer):			
Medical restrictions/Duties to be avoided:			
Duties to be performed:			
WORKING HOURS			
Week 1:	<i>Depending on Progress:</i>		
Week 2:	Week 4:		
Week 3:	Week 5:		
Relevant industrial issues addressed:			
Workplace modifications as necessary:			
Other Considerations (e.g. pause /breaks):			
MONITORING AND REVIEW			
Review Date:			
Completion Date:			
The above return to work program has been agreed to by:			
<i>Worker:</i>		<i>Date:</i>	
<i>Manager:</i>		<i>Date:</i>	
<i>Return to Work Coordinator:</i>		<i>Date:</i>	
<i>Nominated Treating Doctor:</i>		<i>Date:</i>	
<i>Claim Case Manager:</i>		<i>Date:</i>	

Injury Management Information Consent Form

Claim No.			
I (name)		Authorise (name)	
(title)		of (name of	to
OBTAIN information either verbal or written, in relation to my injury management from (inset specific names):			
a)	Doctor		
b)	Hospital		
c)	Rehabilitation		
d)	Employer		
e)	Other		

Claim No.			
I (name)		Authorise (name)	
(title)		of (name of	to
RELEASE information concerning relevant aspects of my injury management to, and discuss that information with, representatives of the agencies nominated below (insert Specific names):			
a)	Doctor		
b)	Union		
c)	Rehabilitation		
d)	Employer		
e)	Worker’s solicitor		
f)	Employment Service		
g)	Other		
The information provided will be of a factual nature concerning injury management.			

I understand that I may change or cancel this authority at any time, however my injury management and/or Workers’ Compensation benefits could be affected.			
Signature:		Date:	
Signature of Interpreter (if applicable):		Name:	
Some organisations are legally entitled to receive injury management information about an injured worker who is claiming workers’ compensation – insurers and their legal advisers, theWHS regulators in each State & Territory, State & Territory Courts of Law and the relevant Workers’ Compensation commissions and agencies in each State & Territory.			

Contractor Safety Management Plan

The contractor may be required to complete this plan (or provide an equivalent) specific to the works and forward to Human Resources before commencing any work.

Attach all supporting documentation to this form.

Contract details

Contractor company name:	_____		
Phone number:	_____		
Address:	_____		
Contractor key contact:	_____		
Contract description:	_____		
Contract number:	_____		
Location of works:	_____		
Timing of works (approximate):	Start date:	/ /	End date: / /

Safety Responsibilities

Name	Position held	Safety responsibilities	Contact number (direct/mobile)

Emergency contact details

Contact	Name	Position	Contact number (direct/mobile)
First contact			
Second contact			
Third contact			
Fourth contact			

Scope and activity details

Major activities

Work Method Statements

Complete the following section outlining how you will ensure that all employees and subcontractors are trained in and understand the Safe Work Method Statements (SWMSs).

Attach copies of the relevant SWMS.

Emergency procedures

List emergency procedures that you will have in place and how they will link with our emergency procedures, for example emergency plan, emergency equipment or liaison with other workplaces.

First aid and injury management

Do you have a documented procedure for first aid and injury management?

Yes / No

If **yes**, attach a copy to this form.

If **no**, complete the following section outlining how first aid and injury management will be managed for the contract works.

Incident reporting and investigation

Do you have a documented incident reporting and investigation procedure? **Yes / No**

If **yes**, attach a copy to this form.

If **no**, complete the following section outlining how incident reporting and investigation will be managed for the contract works.

Hazard reporting and management

Do you have a documented hazard reporting and management procedure? **Yes / No**

If **yes**, attach a copy to this form.

If **no**, complete the following section outlining how hazards will be reported and managed for the contract works.

Specialised work or licensing

List any special licences required for the contract works.

Training and inductions

Do you have a documented induction process and training procedure that covers the safety requirements of the contract works? **Yes / No**

If **yes**, attach a copy to this form.

If **no**, complete the following section outlining any relevant communication or training methods to be used to ensure all employees and subcontractors will be inducted and trained with regards to the contract works (eg specific training programs, weekly toolbox meetings).

(Training records must be available on request.)

Safety monitoring

Outline how employees and subcontractors will be monitored with regards to their safety performance during the contract works (eg spot checks/inspections or audits)

Plant and equipment register

For any plant or equipment to be brought on site for the contract works, complete the attached Plant and Equipment Register.

Chemical management

For any chemicals to be brought on site for the contract works, complete the attached Chemical Register.

Subcontractor management

For all subcontractors to be used for the contract works, complete the attached Subcontractor Register.

Contractor Acknowledgement

I acknowledge that the details outlined in this Safety Management Plan are accurate and that this plan will be implemented in the delivery of the contract works.

Name:	Position:
Signature:	Date:

Internal use only Contractor Safety Management Plan Reviewed: Yes / No	
PAU Representative:	Signature:

Subcontractor Register

Activity/Work to be subcontracted	Name and contact number of subcontracting company	Method and frequency of monitoring the subcontractor	Contractor representative responsible for monitoring the subcontractor

Contractor Chemical Register

Product name	Hazard	Control	Location Stored	Quantity

MSDS's must be made available by the contractor for all chemicals listed.
 If chemical(s) are to be stored on site, the contractor must provide a chemical register and copies of the
 MSDS's for retention on site.

Contractor Plant Register

Item of plant or equipment	Registration or plant Identification	Plant owner	Plant, Risk assessment available (Yes/No)	Plant maintenance records available (Yes/No)