



# OCCUPATIONAL SAFETY & HEALTH POLICY

**SEABREEZE CONTRACTING** is committed to providing a safe and healthy work environment to ensure that high standards of Occupational Safety and Health for all employees, visitors & contractors and sub-contractors are maintained. Management shall make every reasonable effort in the areas of accident prevention, control and removal of hazards and injury protection.

*We will achieve this by:*

- Developing and implementing, in consultation with our employees, a comprehensive and effective Occupational Safety and Health Management Plan (OSHMP);
- Ensuring that all laws and regulations are complied with. Where adequate laws and regulations do not exist develop and apply, in consultation with and involvement of its employees, standards and work practices that reflect management’s commitment to high levels of safety and health;
- Implementing risk management programs for the control of hazards;
- Providing training to ensure that high standards of work and safety are maintained;
- Demonstrating a commitment to continuous improvement in occupational safety and health and safety performances; and
- Ensuring that no task shall commence if safety and health standards are compromised.

All employees are responsible for their own safety and the safety of their fellow employees. The success of a safety and health programme is dependent on the total commitment and cooperation of all employees of the organisation, including management.

The safety committee and employee initiatives shall be totally supported by management.

.....  
Michael Venables

Director

Date: .....

## APPENDIX 2

### Safety and health representative election notification and registration form

The following person was elected as a safety and health representative

Surname:		Given names:	
Preferred postal address: (if different from employer's main street address below)			
	Suburb/town	Post code:	

#### The employer's details

Employer name: (business or company name)		ACN, ABN or ABR	
Postal address:	Post code:		
Main street address:			
	Suburb/town	Post code:	
Contacts:	Tel	Email	Fax
Please tick the category which best describes the employer's industry.	<input type="checkbox"/> accommodation/café/restaurant <input type="checkbox"/> agriculture/forestry/fishing <input type="checkbox"/> communication services <input type="checkbox"/> construction/building <input type="checkbox"/> cultural/recreational services <input type="checkbox"/> education <input type="checkbox"/> finance/insurance <input type="checkbox"/> government <input type="checkbox"/> health/community services		<input type="checkbox"/> manufacturing <input type="checkbox"/> mining <input type="checkbox"/> personal/other services <input type="checkbox"/> property/business services <input type="checkbox"/> retail trade <input type="checkbox"/> transport/storage <input type="checkbox"/> utilities - electricity/gas/water <input type="checkbox"/> wholesale trade <input type="checkbox"/> other

#### The election details

Date of the election:	day	month	year	
Name of the person who conducted the election:			Name of the organisation who conducted the election:	
Contacts:	Tel:			Fax:
Which workplace location/s and/or which group of people you were elected to represent.				












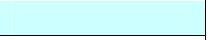


NOTE: The person who ran the election must notify the Department and the elected SHR's employer of the outcome. Please use one form per elected safety and health representative and forward completed form to WorkSafe and a copy to the relevant employer.

When the safety and health representative (SHR) in your workplace has registered they will receive an ID card and a resource pack.

Please send the completed form to: **Mail:** Westcentre 1260 Hay Street  
West Perth WA 6005  
**Email:** [wslibrary@commerce.wa.gov.au](mailto:wslibrary@commerce.wa.gov.au)  
**Facsimile:** (08) 9321 8973  
**Telephone:** 1300 307 877

APPENDIX 3							STRATEGIC SAFETY PLAN																											
Month	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S						
Jan																																		
Feb																																		
Mar																																		
Apr																																		
May																																		
Jun																																		
Jul																																		
Aug																																		
Sep																																		
Oct																																		
Nov																																		
Dec																																		

**Legend**

 Safety Meetings	 JHA & SWP Regas	 Workplace Safety Inspections	 Job Hazard Identification Studies	 Review Incident Action Reports	 Develop Purchasing & Engineering Controls	 Hazardous Substances Review Study
 JHA & SWP for Install A/C Unit						

**APPENDIX 4**

**Job Hazard Analysis Worksheet**

Company name:  Date:  JSA No.

Site name:  Permit to work requirement: Yes  No

Contractor  Approved by:

Activity

PPE & other special requirements

TASK - STEPS	HAZARDS OR POTENTIAL HAZARDS	REMEDIAL ACTIONS / CONTROL MEASURES

Name of participant	Signature of participant	Name of participant	Signature of participant

**APPENDIX 5**



<b>STOP TAKE FIVE</b>	Date:
TASK / WORK ORDER:	

1.	THINK THROUGH THE TASK	YES	NO	N/A
	• Has a JHA been developed for the task?			
	• Is the JHA understood?			
	• Has a Permit to Work been obtained?			
	• Is correct PPE available and used?			
	• Is equipment in good order?			

2.	<b>SPOT THE HAZARD</b> • Hazards Observed:
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<b>Details:</b>

**3. ASSESS THE RISK**

Is Risk Level:

VERY HIGH      
 HIGH      
 MEDIUM      
 LOW

**4. HAZARD REMOVED?**

YES	NO
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**Details:**

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**5. DO THE JOB SAFELY**

- Can this job continue safely?

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YES	NO

**Details:**

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<b>APPENDIX 6</b>		<b>INCIDENT/ACCIDENT REPORT</b>					
Surname of Person Involved/Injured							
First Name:							
Signature:							
Date				Time:			
Reported To				Date:		Time:	
<b>Near Miss</b>	<b>Personal Injury</b>	<b>Equipment/Property Damage</b>	<b>Fire</b>	<b>Electrical</b>	<b>Environment</b>	<b>Loss of Property</b>	<b>Other</b>
<b>Nature of Injury</b>							
<b>Part of Body</b>							
<b>BRIEF INCIDENT/ACCIDENT SUMMARY</b>							
<b>REMEDIAL ACTIONS AND FEEDBACK</b>							
WHAT WILL BE DONE TO PREVENT RE-CURRENCE OF THIS TYPE OF INCIDENT / ACCIDENT?							

**APPENDIX 7**

**MATRIX**

*TASKS AND ASSOCIATED PERSONAL PROTECTIVE EQUIPMENT*

Task Description	Safety Boots		Safety Helmet		Eye Protection		Gloves		Other PPE								
	Safety Boots	Sun Hat	On-Site	Off-Site	Safety Goggles	Safety Glasses	Fabric	Rubber	Hearing Protect	Spats	Long Trousers	Long Sleeve Shirt	Safety Harness	Safety Vest	Welding Goggles	Welding Hemet / Mask	Welding Gloves
Push Petrol Powered Lawn Mower	<	<	<			<			<					<			
Sit-on Mower	<	<	<			<			<					<			
Weed Slasher	<	<	<			<			<					<			
Whipper Snipping	<	<	<		<				<		<			<			
Electric Welding	<		<			<			<	<	<	<				<	<
Oxy Welding	<	<	<						<	<	<	<			<		<
Oxy Heating	<	<	<							<	<	<			<		<
Grinding	<	<	<		<		<		<								
Gardening	<	<	<		<		<							<			
Mobile Equipment	<					<			<								
Manual Lifting	<	<	<			<	<										
Pedestal Drill	<	<	<		<												

**APPENDIX 8**

**REGISTER PORTABLE ELECTRICAL EQUIPMENT**

YEAR

DESCRIPTION OF ITEM	REF. NO.	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
NAME OF INSPECTOR													
SIGNATURE OF INSPECTOR													
DATE OF INSPECTION													

1.	Equipment in safe and good working order.	6.	Physical damage to handle, housing switch.
2.	Equipment scrapped	7.	Faulty cord, continuity or plug.
3.	Equipment being repaired	8.	
4.	Equipment or identification missing.	9.	
5.		10.	



**APPENDIX 9**

**VEHICLE SAFETY CHECK**

NAME: ..... VEHICLE TYPE: .....

REGISTRATION No. .... **Check frequency - weekly**

CARS (Sedans, station wagons, vans, utes, minibuses)  
Excessive wear, and damage to motorised equipment can be controlled and reduced to a minimum by using preventative maintenance checklists and proper selection, training, licensing and supervision of drivers or operators.

LIGHTING:  
Tail, headlights (high and low beam), brake, indicators, safety lights if fitted, hazard, reversing and instrument lighting ..... ( )

BRAKES:  
Park, foot brake ..... ( )

HORN:  
Horn ..... ( )

VISION:  
Condition of glass, wipers, washers, mirrors (internal and external) and positioning ..... ( )

FIRE EQUIPMENT:  
Extinguishers charged and held correctly if fitted ..... ( )

FLUID LEVELS:  
Engine oil, transmission oil, radiator coolant, brake fluid, clutch fluid, battery, fuel, washer water level ..... ( )

TYRES AND RIMS:  
Inflation, condition (wear) ..... ( )

COMMUNICATIONS:  
Two-way radio in working order if fitted ..... ( )

GENERAL CLEANLINESS:  
Reasonable cleanliness both internal and external ..... ( )

GENERAL SAFETY:  
Seat belts, body damage, whip aerial when required, seat adjustment, spare wheel, tools, jack where fitted ..... ( )

OPERATING CHECK:  
All controls and gauges are in good working order, noises (engine, transmission, road noise) ..... ( )

LEGEND – OK: 0 ACTION REQUIRED: X

OPERATOR TO SIGN:

DATE:

If action is required complete work request form:

## APPENDIX 10

<b>WORKPLACE MONTHLY SAFETY INSPECTION</b> <b>Checklist</b>	
<b>Month:</b> _____	
<b>Year:</b> _____	
<b>Standards</b>	
Check	Comment
<b>Buildings &amp; Floors:</b> <ul style="list-style-type: none"> <li>Building damage</li> <li>Floors damaged/dirty</li> <li>Inadequate/damaged hand rails</li> </ul>	<b>Machine Guarding:</b> <ul style="list-style-type: none"> <li>Evidence of guards not replaced after maintenance</li> <li>Loose, broken or inadequate guards</li> <li>Employee concerns</li> </ul>
<b>Aisles &amp; Storage:</b> <ul style="list-style-type: none"> <li>Demarcation in place &amp; used</li> <li>Colors uniform</li> </ul>	<b>Labeling of Switches, Valves, Motors:</b> <ul style="list-style-type: none"> <li>Not labelled</li> <li>Labels missing</li> </ul>
<b>Stacking &amp; Storage Practices:</b> <ul style="list-style-type: none"> <li>Unsafe/untidy</li> <li>Obstructs flow &amp; services</li> <li>Insufficient racks/cupboards</li> </ul>	<b>Lock-out System/usage:</b> <ul style="list-style-type: none"> <li>Switches not lockable</li> <li>Locks not available</li> <li>Are lock-out systems being applied</li> <li>Employee concerns</li> </ul>
<b>Color Coding:</b> <ul style="list-style-type: none"> <li>Items not adequately color coded</li> <li>Uniform code used</li> <li>Employee knowledge of usage acceptable</li> </ul>	<b>Ladders, Handrails &amp; Scaffolding:</b> <ul style="list-style-type: none"> <li>Identified on inspection systems</li> <li>Scaffolds/ladders being used in a safe manner</li> <li>Defective items left in storage areas</li> </ul>
<b>Workshop or Yard:</b> <ul style="list-style-type: none"> <li>Redundant material – workshops</li> <li>Redundant material – yard</li> <li>Untidy</li> </ul>	<b>Lifting Gear &amp; Records:</b> <ul style="list-style-type: none"> <li>Equipment identified and SWL clearly marked</li> <li>Gear being used safely</li> <li>Defective items in storage area</li> </ul>
<b>Scrap Removal System:</b> <ul style="list-style-type: none"> <li>Sufficient dins/lids</li> <li>Adequate removal system</li> <li>Other</li> </ul>	<b>Compressed Gases:</b> <ul style="list-style-type: none"> <li>Pressure vessels and piping condition, e.g. corrosion or oil leaks</li> <li>Safety valve locked or sealed</li> <li>Are hoses perished on cutting edges</li> <li>Flash back arrestors in use</li> <li>Gas cylinders individually secured and stored clear of ignition sources</li> </ul>

## APPENDIX 10

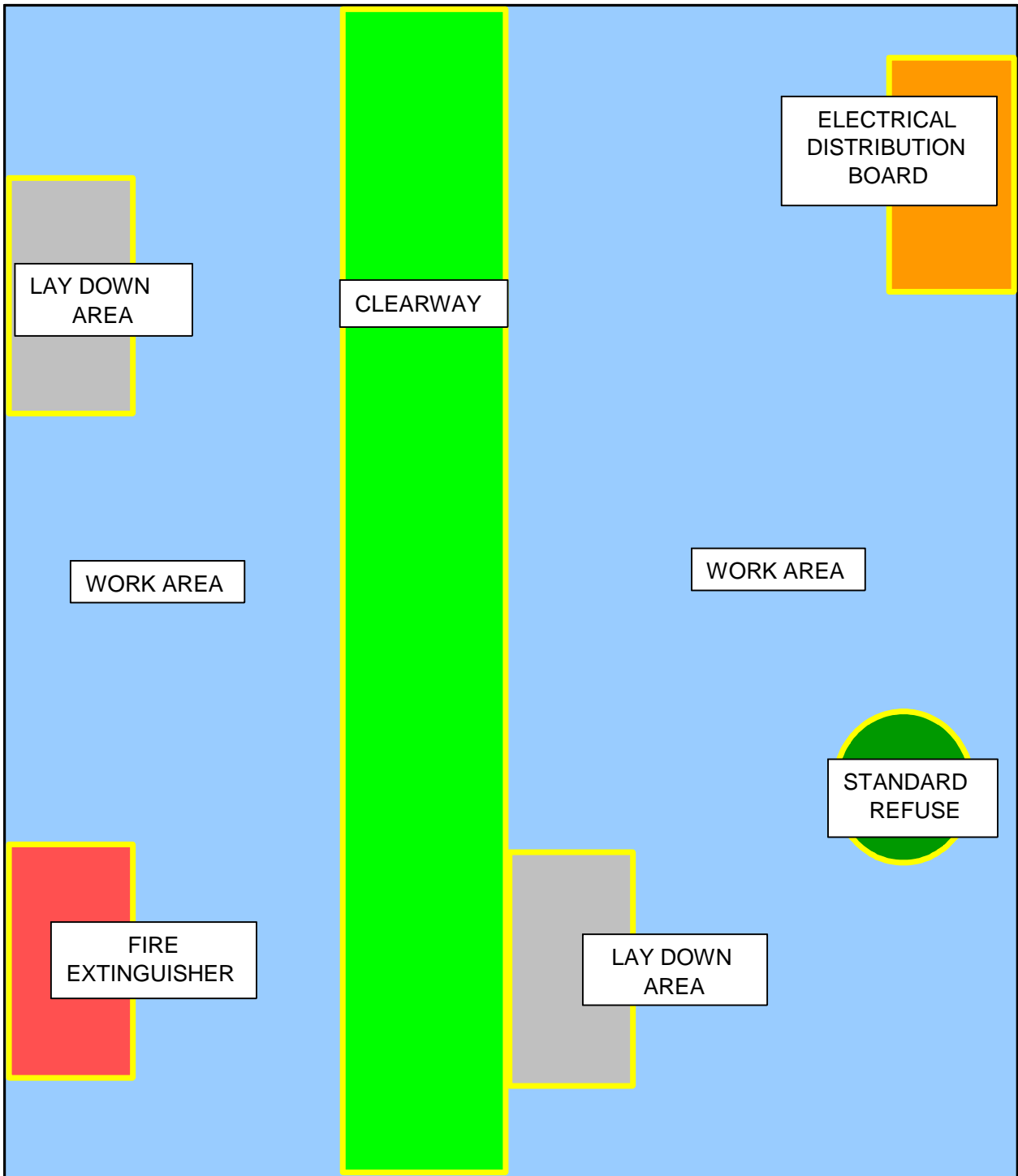
<b>WORKPLACE MONTHLY SAFETY INSPECTION</b> <b>Checklist</b>	
<p><b>Lighting:</b></p> <ul style="list-style-type: none"> <li>• Lights out/dirty</li> <li>• Condition of light fittings</li> <li>• Employee concerns, e.g. glare/poorly lit areas</li> </ul>	<p><b>Sanitation Facilities:</b></p> <ul style="list-style-type: none"> <li>• Toilets/urinals clean</li> <li>• Kitchen clean</li> <li>• Change room/lockers clean</li> </ul>
<p><b>Chemicals &amp; other Hazardous Substances:</b></p> <ul style="list-style-type: none"> <li>• Chemicals identified</li> <li>• High risk substances identified</li> <li>• MSDS available</li> <li>• Employees knowledge in the use of them</li> </ul>	<p><b>Safety Harnesses:</b></p> <ul style="list-style-type: none"> <li>• Areas clearly defined where required to be worn</li> <li>• Used where required</li> <li>• Serviceable</li> <li>• Numbered/on register/checked</li> </ul>
<p><b>Motorised Equipment:</b></p> <ul style="list-style-type: none"> <li>• Daily checks completed</li> <li>• Defective items on equipment</li> <li>• Vehicles being operated in a reasonable way</li> <li>• Employee concerns</li> </ul>	<p><b>Fire Equipment:</b></p> <ul style="list-style-type: none"> <li>• Adequate and correct type of extinguishers provided</li> <li>• Correctly sited and sign posted</li> <li>• Locations clearly marked and kept clear</li> <li>• Maintenance tags up to date</li> <li>• Alarm system available, has it been tested</li> <li>• Fire team available</li> <li>• Do employees k</li> <li>• Procedures practiced now how to use fire equipment</li> </ul>
<p><b>Protective Clothing &amp; Equipment:</b></p> <ul style="list-style-type: none"> <li>• Provided where required</li> <li>• Worn/used where required</li> </ul>	<p><b>Hearing Conservation:</b></p> <ul style="list-style-type: none"> <li>• Noise zones sign posted</li> <li>• Hearing protection provided and worn where required</li> </ul>
<p><b>Earth Leakage Protection (RCD'S):</b></p> <ul style="list-style-type: none"> <li>• Are distribution boards protected</li> <li>• Portable units used where required</li> <li>• Portable units have current tags</li> </ul>	<p><b>Eye, Head &amp; other Protective Equipment:</b></p> <ul style="list-style-type: none"> <li>• Areas for use suitably identified</li> <li>• Is the equipment serviceable</li> <li>• Is it being worn where required</li> </ul>
<p><b>Portable Electrical Equipment:</b></p> <ul style="list-style-type: none"> <li>• Are portable tools and other equipment in good order</li> <li>• Do they have current tags of inspection</li> </ul>	
<p><b>Ergonomics:</b></p> <ul style="list-style-type: none"> <li>• Valves/switches/levers accessible</li> <li>• Seats/chairs in poor condition</li> </ul>	

**APPENDIX 11**

<b>OS&amp;H NON-COMPLIANCE REGISTER</b>					
<b>COMPANY NAME:</b>					
Inspected by:					
Date:					
No.	Location	Unsafe Condition / Practice	Action By	Date By	Complete Date

## Example of a Demarcated Workplace

There is no requirement to completely fill areas, 75 mm lines of the designated colour is sufficient with a 75mm yellow line separating respective areas.



**APPENDIX 13**

<b>EMPLOYEE RECORDS</b>									
Name	Drivers licence & Class	Expiry Date	First Aid & Level	Expiry Date	Riggers Certificate	First Aid Certificate & Level	Safe Work Procedures	Accident Investigation	Safety Reps Course

## APPENDIX 14

**Competency:** Follow defined occupational health and safety policies and procedures relating to the work being undertaken in order to ensure own safety and that of others in the workplace, prevent damage to Plant & Equipment.

**Assessee Name:**

**Date:**

**Assessor Name:**

**Title:**

Element of competency	Performance criteria	Supervisor review		Action/evidence
		Not yet competent	competent	
<b>Operation of a Backhoe</b>	1. Conducts a thorough pre-start safety inspection of the machine, including operation of the controls			
	2. Checks that manufacturers manual is with the machine			
	3.			

<b>Observation of operation of machine at the job</b>	1. Checks site for loose materials, stability / levelness of the ground.			
	2. Advises other workers of the machine working in the area.			
	3. Positions machine and lowers outriggers			
	4. Does a test 'swing' of the mast to ensure it won't come into contact with buildings and other equipment.			
	5.			
	6.			



## APPENDIX 15

**Competency:** Follow defined occupational health and safety policies and procedures relating to the work being undertaken in order to ensure own safety and that of others in the workplace, prevent damage to Plant & Equipment.

**Assessee Name:**

**Date:**

**Assessor Name:**

**Title:**

Element of competency	Performance criteria	Supervisor review		Action/evidence		
		Not yet competent	competent			
<b>Follow workplace procedures for hazard identification and risk control.</b>	4. Hazards in the work area are recognised and reported to <i>designated personnel</i> according to workplace procedures.					
	5. Workplace procedures and work instructions for controlling risks are followed accurately.					
	6. Workplace procedures for dealing with accidents, fires and emergencies are					

	followed whenever necessary within scope of responsibilities and competencies.			
<b>Contribute to <i>participative arrangements</i> for the management of occupational health and safety</b>	7. Occupational health and safety issues are raised with <i>designated personnel</i> in accordance with workplace procedures and relevant occupational health and safety legislation.			
	8. Contribute to <i>participative arrangements</i> for occupational health and safety management in the workplace within organisational procedures and scope of responsibilities and competencies.			

## APPENDIX 16

Item No.	ACTIVITY – PART A.									
2.	CIVIL CONSTRUCTION			Uncontrolled Risk			Residual Risk			
	Sub-Activity	Hazard	Risk	P	C	Score	Existing Controls	P	C	Score
	a) Excavation - machine	No permit - hidden services.	Disruption, electric shock. Engulfment, damage.	P	CR	1.5	Obtain Permit to Work	O	M	3.2
		Collapse.		P	M	2.3	Adequate shoring up of excavation	O	M	3.2
		No PPE.		P	M	2.3	Wearing of appropriate PPE	R	M	3.4
		No air purity sampling.		P	CR	1.5	Conduct air purity sampling prior to entry and during work. PPE as required (risk assessment).	R	M	3.4
		Faulty machinery.		P	CR	1.5	Pre-start checks, maintenance programmes.			
		Working close to edge		P	CR	1.5	Only work close to edge if necessary. Ensure trench adequately shore to support weight.	R	M	3.4
	b) Excavation – hand	No permit - hidden services.	Disruption, electric shock. Delays – rework. Personal injury / back injury.	P	CR	1.5	Obtain Permit to Work	O	M	3.2
		Incorrect tool. Incorrect posture.		P	M	2.3	Use of equipment fit for purpose. Correct posture.	R	M	3.4
		No PPE – above No air purity sampling - above								
		Trench unshored		P	CR	1.5	Training	R	M	3.4

Item No.	ACTIVITY – PART B.	Mandatory Requirements							
2.	CIVIL CONSTRUCTION				Policy				HSE
	Sub-Activity	Statutory	Aus Std	Code Pract	State	SHEMP	Proced	Induct	Train
a)	Excavation - Machine	OS&H Regs Subdivision 6 – Excavations & Earthworks	Yes	Yes	General Statement in OS&H Policy	Item - 5.22	WSWP # - 11	Yes	Yes
b)	Excavation – hand	OS&H Regs Subdivision 6 – Excavations & Earthworks	Yes	Yes		Item - 5.22	WSWP # - 11	Yes	

**APPENDIX 17**

<b>DOCUMENT CONTROL REGISTER</b>							
<b>Location</b>	<b>Document/Record Number</b>	<b>Document/Record Title</b>	<b>Initial Issue Date</b>	<b>Current Version Number</b>	<b>Current Version Issue Date</b>	<b>Next Review Date</b>	<b>Responsible Officer</b>

**APPENDIX 18**

**MANAGEMENT SELF AUDIT OF THE OSHMP**

Audit conducted by:		Title:	Date:
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Ref:	Section	Comments	Remedial Action