

Planning for safety

Template WHS Management Plan for mail & parcel contractors

Your safety plan

Australia Post requires contractors to submit a Work Health & Safety Management Plan with their tender. Your safety plan sets out the things you will do to make your business, and the work you do for us, safe. If have any employees and subcontractors, they must also comply with your safety plan.

Your safety plan will do three things:

1. show us that you understand how to manage safety. This gives us the confidence to engage you and renew future contracts with you;
2. help you and us to fulfil our duties under work health and safety laws; and most importantly
3. help us achieve our vision for zero injuries, zero harm to anyone, and zero tolerance of unsafe acts or workplaces.

We are increasing our focus on contractor safety. Australia Post will use your safety plan as one way to measure your safety performance. We can check that you are following your safety plan at any time and meet with you periodically to review it. As part of this process we will check your safety documents, and help you develop your safety system if needed. Australia Post can cancel your contract if your safety plan is incomplete or you don't follow it. However, this is our last resort and we expect that contractors will work together with us to create a safe work environment.

Australia Post understands that small businesses may struggle to have a comprehensive safety plan, at least initially. We will help you develop your safety plan, but we cannot do it for you. As a starting point, we have prepared this Template Work Health and Safety Management Plan to guide you. It will help you meet our minimum standards. You do not have to use this template; you can develop your own safety plan if you wish, provided it meets our standards. If you use this template plan or parts of it, you should adapt it for your business.

Resources

WHS authorities such as Safe Work Australia, WorkCover in your state and Comcare are a good source of helpful information. Their websites have resources for contractors as well as general safety material such as guidance notes, fact sheets, codes of practice and links to the safety laws. Some industry bodies can also help.

DISCLAIMER: This template plan is provided as a sample document only. Australia Post expressly disclaims all and any liability to any person in respect of anything done or omitted to be done in reliance, whether wholly or partially, on this generic document. Contractors are encouraged to seek independent advice on their work health and safety duties prior to implementing this document.

Work Health & Safety Management Plan

<insert contractor/ company name>

Version No.	Date	Authorised by	Changes
		< name > < position e.g. director/principal >	

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Work Health and Safety Policy

<Insert contractor name> recognises that safety is paramount for the success of our business.

We acknowledge that Australia Post has a vision of Zero injuries, Zero harm to anyone, and Zero tolerance of unsafe acts or workplaces. Therefore, as a partner in Australia Post's business, we share this vision.

We are committed to protecting the health and safety of our workers, Australia Post's workers, agents, visitors and customers. Our safety commitment extends to the broader community and the environment as we work with Australia Post.

To achieve our commitment, we will;

- Strive for safety excellence by considering safety in everything that we do
- Identify health & safety hazards, eliminate and control the risks
- Consult with workers, Australia Post, their agents and customers, and work with them to improve safety
- Train, instruct and supervise our workers so they understand our safety policy, their responsibilities, and the safety rules and procedures that apply to them
- Provide and maintain safe plant and equipment, train workers to use it safely and supervise them
- Provide personal protective equipment (PPE), replace it when needed and instruct workers when and how to use it
- Respect and abide by Australia Post's, their agents' and customers' safety rules and processes when working on their premises
- Report incidents to Australia Post, analyse them and take action to prevent a recurrence
- Comply with Australia Post's work health and safety standards for contractors and other safety laws and regulations that apply to us
- Manage employee work-related injuries and promote early return to work on suitable, meaningful duties.

We will review our safety plan within 3 months of starting the contract work. Then, at least annually, we will review our safety plan and our safety performance to renew our commitment to safety and ensure we contribute towards Australia Post's safety vision.

<Signature>

<Name>

<Position e.g. director / principal>

<Date>

Attachment 1 Hazard and Risk Register <contractor>

<Note: *This table outlines typical hazards and risks with mail and parcel work. Remove the ones that don't apply to you. Add any others you identify.*>

Examples of Safety Controls: Training, Safety procedure/rule, PPE, Scheduled maintenance / servicing, Pre-use inspection, Equipment (lifter, trolley, hand truck, tailgate loader) Give details, specifics. See attached templates.

Task	Hazards	Safety Controls
Handling, sorting, delivering mail e.g. lifting, carrying, pushing, pulling <ul style="list-style-type: none"> ▪ sorting / arranging parcels ▪ using sorting frames / tables ▪ moving items to and from vehicles ▪ loading and unloading vehicles ▪ delivering items ▪ using trolleys ▪ using unit loaded devices (ULDs) 	Body stressing injury e.g. muscles, tendons, joints, repetition See Attachment2	
	Suspicious, hazardous items; e.g. spill, leak, suspicious item	
	Dangerous goods e.g. biological, infectious, flammable	
	Needles, syringes, other sharp items in unprocessed mail	
	Slipping, tripping over things, falling	
Using vehicles <ul style="list-style-type: none"> - Heavy vehicle >4.5 t - Light truck, van, ute, 4x4 - Motorcycle (Learner riders <i>not</i> allowed) - Electric bicycle 	Skill, licence, experience	
	Unsafe vehicle, faulty	
	Driver fatigue	
	Vehicle roll-away	
	Terrain, surface, effects of weather e.g. gravel, mud	
	Fall e.g. off truck	
	Load restraint, mail in cabin, load carrying, unsecured	
	Pedestrians e.g. when reversing	
	Hit by passing / moving vehicles	
	Working at loading docks e.g. moving vehicles, fork-lifts	
	Crash risk while reading addresses on mail when driving / riding	
	Animals on the road e.g. roos, wombats at dusk, night	

Task	Hazards	Safety Controls
Load shifting equipment & plant <ul style="list-style-type: none"> ▪ hand pallet jacks ▪ forklifts ▪ stackers ▪ conveyors ▪ loading docks 	Skill, licence, authority to use Hit by moving LSE or vehicle Falling load e.g. ULD stack Unsafe, faulty	
Working outdoors	Sun (UV) Extreme heat / cold Animals, insects, birds e.g. dog attack, stings, poisonous bites, swooping magpie	
Working alone, in an isolated area.	Violence, attack No help available Missing Contacts Emergencies such as break down in extreme weather, bushfire	

Prepared by:	Date:	Next review date:
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Attachment 2a **Vehicle Safety Check – condition & operation:** <Contractor>

Frequency: <insert>

Date:
Registration No.: Odometer:

External	<i>Lights & reflectors</i> <input type="checkbox"/> Stop / tail <input type="checkbox"/> Hazard / Indicators <input type="checkbox"/> Head / fog / driving <input type="checkbox"/> Clearance	<i>Tyres & wheels</i> <input type="checkbox"/> Tread depth <input type="checkbox"/> Pressure <input type="checkbox"/> Damage <input type="checkbox"/> Wheel nuts / pointers	<input type="checkbox"/> Doors, boot, bonnet <input type="checkbox"/> Curtain / straps / buckles, <input type="checkbox"/> Toolboxes <input type="checkbox"/> Warning signs <input type="checkbox"/> Posture	<input type="checkbox"/> Windscreen <input type="checkbox"/> Mirrors <input type="checkbox"/> Body / tray <input type="checkbox"/> All secure <input type="checkbox"/> Other: <insert>
Under bonnet	<input type="checkbox"/> Engine coolant <input type="checkbox"/> Engine Oil <input type="checkbox"/> Clutch / transmission <input type="checkbox"/> Brake fluid <input type="checkbox"/> Power steering	<input type="checkbox"/> W'screen wash <input type="checkbox"/> Battery <input type="checkbox"/> Fuel additive <input type="checkbox"/> Air tank – drain water. Air leaks?	<input type="checkbox"/> No fluid leaks <input type="checkbox"/> Spare / tools / jack / wheel chocks <input type="checkbox"/> Other: <insert>	<i>Couplings</i> <input type="checkbox"/> Turntable / locks / pins <input type="checkbox"/> Hoses & cables <input type="checkbox"/> Trailer supports <input type="checkbox"/> Other <insert>
In vehicle	<i>Gauges, warnings</i> <input type="checkbox"/> Hazard / indicator <input type="checkbox"/> Battery <input type="checkbox"/> Air pressure / brake warning	<input type="checkbox"/> Horn <input type="checkbox"/> Reversing beeper / camera <input type="checkbox"/> Foot brake / park brake	<input type="checkbox"/> Mirrors <input type="checkbox"/> Wipers / washer <input type="checkbox"/> Emergency e.g. first aid kit fire extinguisher comm's equipment hj-vis reflective vest triangle/s torch	<input type="checkbox"/> Log book <input type="checkbox"/> Seat adjust/ seat belt <input type="checkbox"/> All equipment secure <input type="checkbox"/> Other: <insert>
Other: <insert>				

This vehicle is safe to use: ☐ Yes ☐ No Name & Signature:

Repairs, maintenance required / completed:
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<insert instructions e.g. who to report faults to, who is the authorised repairer, attach repair evidence>

<insert document control e.g. version date>

Attachment 2b **Motorcycle Safety Check – condition & operation: <Contractor>**

Frequency <insert>

Date:				
Registration No.:			Odometer:	
Motor & Electrical	<i>Lights & reflectors</i> <input type="checkbox"/> Stop / tail <input type="checkbox"/> Headlight H/L beam <input type="checkbox"/> Indicators / beeper <input type="checkbox"/> Horn <input type="checkbox"/> Ignition kill switch <input type="checkbox"/> Reflectors <input type="checkbox"/> Battery	<i>Motor</i> <input type="checkbox"/> Oil level <input type="checkbox"/> Oil leaks <input type="checkbox"/> Fuel leaks <input type="checkbox"/> Exhaust system	<i>Chain</i> <input type="checkbox"/> Wear <input type="checkbox"/> Adjustment <input type="checkbox"/> Lubrication	Other: <insert>
	<i>Tyres</i> <input type="checkbox"/> Tread depth / wear <input type="checkbox"/> Damage <input type="checkbox"/> Tyre pressure	<i>Wheels</i> <input type="checkbox"/> Spokes <input type="checkbox"/> Wheel rims <input type="checkbox"/> Axle nuts	<i>Brakes</i> <input type="checkbox"/> Wear <input type="checkbox"/> Pedal and lever adjustment	Other: <insert>
	<i>Handlebars</i> <input type="checkbox"/> All control cables <input type="checkbox"/> Throttle twist grip <input type="checkbox"/> Control lever/s <input type="checkbox"/> Parking brake <input type="checkbox"/> Steering <input type="checkbox"/> Mirrors	<i>Frame & Suspension</i> <input type="checkbox"/> Stands / rubbers <input type="checkbox"/> Footrests <input type="checkbox"/> Oil leaks <input type="checkbox"/> Seat <input type="checkbox"/> Loose, missing, damaged parts	<i>Mail racks / bags</i> <input type="checkbox"/> Secure <input type="checkbox"/> Condition <input type="checkbox"/> Emergency e.g. first aid kit, tool kit	Other: <insert>
Other:<insert>				

This motorcycle is safe to use: ☐ Yes ☐ No Name & Signature:

Repairs, maintenance required / completed:
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<insert instructions e.g. who to report faults to, who is the authorised repairer, attach repair evidence>

<insert document control e.g. version date>

Attachment 3 **Manual Handling Risk Assessment** <Contractor>

Task:	Date of Assessment:
Location:	Assessed By:

Actions and Posture	Loads	Job Design
<input type="checkbox"/> Bending, twisting, stretching or over reaching <input type="checkbox"/> Pulling, pushing, lifting or lowering <input type="checkbox"/> Carrying or holding loads <input type="checkbox"/> Sudden or jerky movements <input type="checkbox"/> Awkward posture <input type="checkbox"/> Other	<input type="checkbox"/> Awkward to lift or handling <input type="checkbox"/> Heavy weight (more than 16kg) <input type="checkbox"/> Large force to push/pull <input type="checkbox"/> Can't be held close to body <input type="checkbox"/> Other	<input type="checkbox"/> Repetitive movements <input type="checkbox"/> Prolonged task <input type="checkbox"/> Lack of people <input type="checkbox"/> Load carried a long way <input type="checkbox"/> Other

Workplace	Equipment	People
<input type="checkbox"/> Unsuitable height <input type="checkbox"/> Clutter/trip/slip hazards <input type="checkbox"/> Lack of space <input type="checkbox"/> Too hot or cold <input type="checkbox"/> Poor lighting	<input type="checkbox"/> Aids not available <input type="checkbox"/> Aids hard to use <input type="checkbox"/> Other	<input type="checkbox"/> Not trained/inexperienced <input type="checkbox"/> Task too demanding <input type="checkbox"/> Special needs (disability) <input type="checkbox"/> Other

Likelihood	Consequences				
	Insignificant	Minor	Moderate	Major	Severe
Almost certain	M	H	H	E	E
Likely	M	M	H	H	E
Possible	L	M	M	H	E
Unlikely	L	M	M	M	H
Rare	L	L	M	M	H

Major Problems	Possible Solutions

Action Needed	By Whom	By When	Review Date

Attachment 4 **Workplace Safety Inspection Checklist** <Contractor>

Workplace name /address:

Date:

Conducted by:

<insert inspection frequency>

INSPECTION CRITERIA	(Mark each box '✓', '✗', or 'N/A')				Action required and taken/Comments (A 'X' response indicates action required)	Date Actioned By whom
	Grounds & Main Entrance	Office	Process Area	Kitchen & Dining		
1. FLOORS / STEPS						
Absence of loose or damaged flooring, tiles, paving						
Absence of slippery, wet or oily surfaces						
Absence of excess dirt or debris						
Good housekeeping (floor relatively clear)						
2. ACCESS & EGRESS (including Public Areas)						
Adequate Lighting						
Egress routes clear (min. 1 metre)						
Absence of trip hazards, damage						
Non-slip surfaces						
Emergency exits & fire equipment clear of obstruction						
Handrails in place and secure						
3. LIGHTING						
Absence of missing/broken globes						
Covers/diffusers in place						
Lighting levels appear adequate (particularly around sorting frames, and Public Areas at night)						

Attachment 2b Motorcycle Safety Check – condition & operation: <Contractor>

	(Mark each box '✓', 'x', or 'N/A')				Action required and taken/Comments (A 'X' response indicates action required)	Date Actioned
	Grounds & Main Entrance	Office	Process Area	Kitchen & Dining		
4. ENVIRONMENT						
Building and fittings in good repair						
Noise levels appear acceptable						
Air-conditioning / ventilation / heating adequate						
Exhaust / chemical odours controlled						
5. ELECTRICAL						
Absence of damaged cords & fittings						
Switches / cords protected from damage where necessary						
Switch boxes closed						
Absence of cord trip hazards						
Absence of double adaptors						
Portable electrical equipment inspected and tagged						
Portable RCDs (safety switches) tested (press button)						
6. GENERAL HOUSEKEEPING & EQUIPMENT						
Absence of damaged equipment and fittings						
Chairs - castors used on carpet, glides on smooth floors						
Trolleys & wheelers in good condition and roll freely						

Attachment 2b Motorcycle Safety Check – condition & operation: <Contractor>

	(Mark each box '✓', '✗', or 'N/A')				Action required and taken/Comments (A 'X' response indicates action required)	Date Actioned
	Grounds & Main Entrance	Office	Process Area	Kitchen & Dining		
Absence of string, labels, rubber bands on floor						
Microwave oven sign displayed						
Equipment stored neatly						
Appropriate safety signage is displayed.						
Cleanliness and hygiene of food preparation/recreation areas acceptable						
7. CHEMICALS MSDS available to staff						
Chemicals appropriately stored						
All chemicals / cleaning product containers correctly labelled						
8 Work Practices. Manual Handling is consistent with recommended procedures and SOPs.						
Equipment is appropriate to the task and is being used correctly in accordance with procedures and SOP. Eg trolley/LSE correct one for the task.						
Staff are adhering to correct work practices when undertaking duties						

Attachment 5 **Hazardous Substance Register: for materials used by <Contractor>**

Excludes substances in the mail.

Name of substance & what it is used for	Supplier & SDS date	Classified as Hazardous (Yes / No) Include DG class	Assessed by: Date	Assessment findings / safety controls (Where risk is not significant, record the type of risks, assessment findings and safety controls. Attach assessment report where risk is significant or special storage / placards / manifest required. Assessment is optional for substances not classified as hazardous.)

<inset version date>

Attachment 6 **Personal Protective Equipment Register:** <Contractor>

Employees shall:

- take reasonable care of the PPE, maintain, store and clean it as instructed
- not modify it
- use it as instructed
- immediately report damage, defects

[illegible]

Status: ☐ Worker ☐ Contractor ☐ Other
Outcome: ☐ Near miss ☐ Person injured ☐ Property damage

1. DETAILS OF INVOLVED PERSON

Name: _____ Phone: (H) _____ (W) _____
 Address: _____ Sex: ☐ M ☐ F
 _____ Date of birth: _____
 _____ Position: _____
 Experience in the job: _____ (years/months)
 Start time: _____ ☐ am ☐ pm
 Work arrangement: ☐ Casual ☐ Full-time ☐ Part-time ☐ Other

2. DETAILS OF INCIDENT

Date: _____ Time: _____
 Location: _____
 Describe what happened and how: _____

3. DETAILS OF WITNESSES

Name: _____ Phone: (H) _____ (W) _____
 Address: _____

4. DETAILS OF INJURY

Nature of injury (eg burn, cut, sprain) _____
 Cause of injury (eg fall, vehicle collision) _____
 Location on body (eg back, left forearm) _____
 Plant/equipment involved (eg trolley, van) _____

5. TREATMENT ADMINISTERED

☐ First Aid ☐ Treated by doctor ☐ Admitted to hospital
 Treatment given by (name): _____
 Treatment: _____
 Referred to: _____

SECTION 6-9 MUST BE COMPLETED BY EMPLOYER

6. DID THE INJURED PERSON STOP WORK?

☐ Yes ☐ No

If yes, ☐ Has not returned to work.

☐ Returned to normal work.

Date:

Time:

☐ Returned to work on modified duties. Date:

Time:

☐ Workers compensation claim

☐ Rehabilitation

7. INCIDENT INVESTIGATION (comments to include causal factors):

8. RISK ASSESSMENT

Likelihood of recurrence: _____

Severity of outcome: _____

Level of risk: ☐ High ☐ Moderate ☐ Low _____

9. ACTIONS TO PREVENT RECURRENCE

Action	By whom	By when	Date completed

10. ACTIONS COMPLETED

Signed (Manager): _____ Title: _____

Date: _____

☐ Feedback to person involved

Date: _____

Attachment 8 First Aid Officer Register: <Contractor>

This register shows our first aiders and first aid equipment. We have identified our first aid needs in accordance with the <insert applicable first aid law / code of practice>.

Trained First Aid Personnel				
Name of First Aider	Worksite location	Level of training (certificate)	Expiry date	Contact number (if applicable)

[illegible]

Attachment 9 Drivers Licence Register: <Contractor>

<Make a separate register for forklift certificates of competency or other licences>

Frequency of scheduled license checks:

[illegible]

[Insert]

Attachment 11 **Training Register:** <Contractor>

This training register template will help you record the training you provide to your workers. Make a separate sheet for each worker if preferred. Training can be given by a supervisor on the job, or by an external organisation.

Training may t be required when;

- a new person starts work - induction, on the job training
- new machinery/equipment or hazardous chemicals, products or other things are introduced to the workplace
- worker’s jobs change
- there are new work health and safety regulations, codes of practice or laws that affect your industry or business
- there has been an incident / near miss or injury at work.

Who was trained:	
Job title	
Reason for training, topics covered	
Duration of training:	
Who provided training:	
Method of training:	
Location of training:	
Scheduled date:	
Date completed:	

Who was trained:	
Job title	
Reason for training, topics covered	
Duration of training:	
Who provided training:	
Method of training:	
Location of training:	

Scheduled date:	
Date completed:	

Who was trained:	
Job title	
Reason for training, topics covered	
Duration of training:	
Who provided training:	
Method of training:	
Location of training:	
Scheduled date:	
Date completed:	

Who was trained:	
Job title	
Reason for training, topics covered	
Duration of training:	
Who provided training:	
Method of training:	
Location of training:	
Scheduled date:	
Date completed:	

NOTE:

To ensure the training was successful ask your workers and supervisors the following:

- Do they understand what you require of them?
- Do they now have the knowledge and skills needed to work safely?
- Supervise them to confirm they are working as trained, and safely?
- Has there been any improvement in your business's health and safety performance?
- What feedback are you getting from supervisors and the people who have been trained?
- Is further information and/or training needed?
- Was the most suitable training method used?
- What improvements can be made?

It is important to keep records of training, even in-house training. You should monitor training records so that refresher training can be given when needed.

Attachment 12 Plant, Vehicle and Equipment Register <Contractor>

[illegible]

SAFE OPERATING PROCEDURE	
<Description of plant / task>	
Hazards <ul style="list-style-type: none">•••	
Safety Instructions <ul style="list-style-type: none">•••••	
PPE	

Authorised By _____ Date _____