

Sample Management Review Meeting Agenda ¹

Date:

Venue:

Present:

Apologies:

1. REVIEW OF PREVIOUS MINUTES

- Outstanding Action Status

2. REVIEW OF LEGISLATIVE OR POLICY CHANGES

- Impact or Implications for WHSMS

3. REVIEW OF WHS KEY INFORMATION

- Incident / Injury Statistics
- Health and Safety Committee Minutes
- Corrective and Preventative Actions
- Audit Schedule Compliance
- Audit Reports and Findings
- Hazard Register
- Risk Score
- Training Records

4. WHSMS SYSTEM EFFECTIVENESS

- Changes not covered by existing policies and procedures.
- Compliance with WHS Management System - %

5. CONTINUOUS IMPROVEMENT

- Actions agreed to address changes, gaps and shortcomings of current WHSMS.
- Revised WHS Objectives and Targets.

¹ SafeWork SA (2012). Work Health & Safety Management Systems
http://www.safework.sa.gov.au/uploaded_files/wsmk-module3_tools.pdf

Sample Action Plan – WHS Activities

Use this document to plan and monitor WHS Activities

ACTION	WHO	COMPLETION DATE
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		

Sample Incident Form

Instructions: Please complete within 24 hours of the event occurring, and forward to Manager immediately. *Please attach extra sheets if you require more on this form.*

Incident Form Part A: Details of incident (eg property, plant or environmental damage)			
Date of incident		Time of incident	am / pm
Nature of incident	Hazard Near miss (i.e. incident nearly occurred and could be prevented in the future) Physical assault Verbal assault Slip and/or trip Self-harm Left premises Medical condition Other		
Location of incident			
Description of incident			
Name of person who received the report		Telephone	

Incident Form Part B: Details of injury (e.g. to a staff member or client) and treatment

Date of incident		Time of incident	am pm
Name of injured person		Date of birth	
Exact site location where injury occurred		Telephone	
Activity in which the person was engaged at the time	<i>(e.g. during a visit, in a break, in the office)</i>		
Nature of injury	Sprain / strain Open wound Fracture Bruising (contusion) or crushing Burn Psychological injury (e.g. from aggression or harassment) Slip, trip or fall Object in the eye Choking		
Body location of injury if physical (indicate location of injury on the diagram)			
Treatment given on site		Name of treating person	

Referral for further treatment?	<input type="checkbox"/> Yes Name of doctor or hospital: <input type="checkbox"/> No	Medical certificate received?	<input type="checkbox"/> Yes Attach copies <input type="checkbox"/> No
Injury management required?	<input type="checkbox"/> Yes Notify return to work coordinator <input type="checkbox"/> No	Name of return to work coordinator	
Reported to authorities	<input type="checkbox"/> Yes Provide details (when and whom): <input type="checkbox"/> No		

Witness to event (each witness may be contacted to provide an account of what happened)

Witness name		Witness phone number	
Witness name		Witness phone number	

Incident Form Part C: Notification:	Notifiable Incident? <input type="checkbox"/> No <input type="checkbox"/> Yes
If it is a notifiable incident, has NSW WorkCover and or Insurer notified? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Body Notified <input type="checkbox"/> NSW WorkCover <input type="checkbox"/> Insurer	Date and time of notification
Method of notification	Name of notifier
Notes: (eg notification number)	

Incident Form Part D: Investigation and Follow-Up

What actions (if any) contributed to this incident?

What were the reasons for these actions?

What conditions (if any) contributed to this incident?

What were the reasons for these conditions existing?

Provide details of any further action required

eg changes to training, equipment modifications, changes to procedures

Incident Form Part E: Action Plan

Preventative actions

include what needs to be done, who will do it and when it will be done

Person to action:

Due Date:

Actions complete: No Yes

Due date extended to:

Additional comments:

Completed by

Name

Position

Signature

Date

Manager's
Signature

Date

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