

PART 2:

SAFETY MANAGEMENT PLAN TEMPLATE

CONTENTS

No	Program	Tab
1.0	POLICY & PLANNING	1
2.0	RESPONSIBILITIES.....	2
3.0	DOCUMENT CONTROL.....	3
4.0	CONSULTATION.....	4
5.0	RISK MANAGEMENT	5
6.0	WORKPLACE INSPECTIONS & HAZARD REPORTING	6
7.0	WORK ENVIRONMENT & HEALTH SURVEILLANCE	7
8.0	SAFE WORK METHOD STATEMENTS	8
9.0	EMERGENCY PLANNING	9
10.0	MAINTENANCE.....	10
11.0	ACCIDENT & INCIDENT REPORTING.....	11
12.0	CONTRACTOR MANAGEMENT	12
13.0	TRAINING.....	13
14.0	FITNESS FOR WORK.....	14
15.0	HAZARDOUS SUBSTANCES & DANGEROUS GOODS.....	15
16.0	REGISTERS	16

Note:

The order in which the programs appear, and are undertaken, in Part 2: Mine Safety Management Plan Template is a suggested order for preparing your mine safety management plan (MSMP). You may wish to follow the suggested order of the programs that make up your MSMP or you may prepare the programs in an order that suits your mine.

The format and number of programs is structured so as to easily identify the “needs” and principles that make up the structure of your mine safety management plan. Again, if you feel you need more or less programs, then that is up to you.

Remember that the MSMP is about demonstrating your “duty of care” as required by common law and health and safety legislation.

1.0 POLICY & PLANNING

1.1 AIM: The aim of this program is to develop a health and safety policy which will guide management and employees in planning, developing and implementing their mine safety management plan (MSMP). It also includes developing a "Mine Plan" which will assist management in predicting and controlling workplace hazards.

1.2 WHAT: This policy is the basis of the MSMP and looks at what we believe are our main health and safety goals.

<h1 style="margin: 0;">OH&S Policy</h1>	
Goals	
<ul style="list-style-type: none">• _____• _____• _____• _____• _____• _____	
_____	_____
Management	Date
_____	_____
Employee Representative	Date

1.3 WHO: This policy has been developed and reviewed jointly by management and employees. Both management and employees have signed off on this policy document displaying commitment and ownership.

1.4 HOW: At the site safety meeting the workforce will be involved in developing the goals of the policy. The policy is to be reviewed _____ by a joint committee of management and employees.

1.5 WHEN: Each year, at the site safety meeting we intend to use FORM 1A “Yearly Safety Plan” to record our safety targets for the year. We will review this at the end of each year to see if we have achieved our target. We will modify our following year’s targets to account for any shortcomings.

The “mine plan” (FORM 1B) will be developed after reviewing the development consent conditions that relate to the operation. Our plan will include all rehabilitation requirements, basic design and staging processes that may affect workplace safety. The plan will be reviewed on an annual basis.

1.6 ACTION: The yearly safety plan (FORM 1A) is to be completed by _____ listing all safety goals for the year.

1.7 DOCUMENT CONTROL: A copy of this policy is to be displayed in the _____ with the master remaining in the MSMP.

REFERENCES:

(NSW) Mine Health & Safety Act 2004 Section 27(1), 30(1)(b),
(NSW) Mine Health & Safety Regulation 2007 Clause 14(a)
Minerals Industry Safety Handbook 1.4 Policies and Management Plans

FORM 1A - EXAMPLE

YEARLY SAFETY PLAN – EXAMPLE

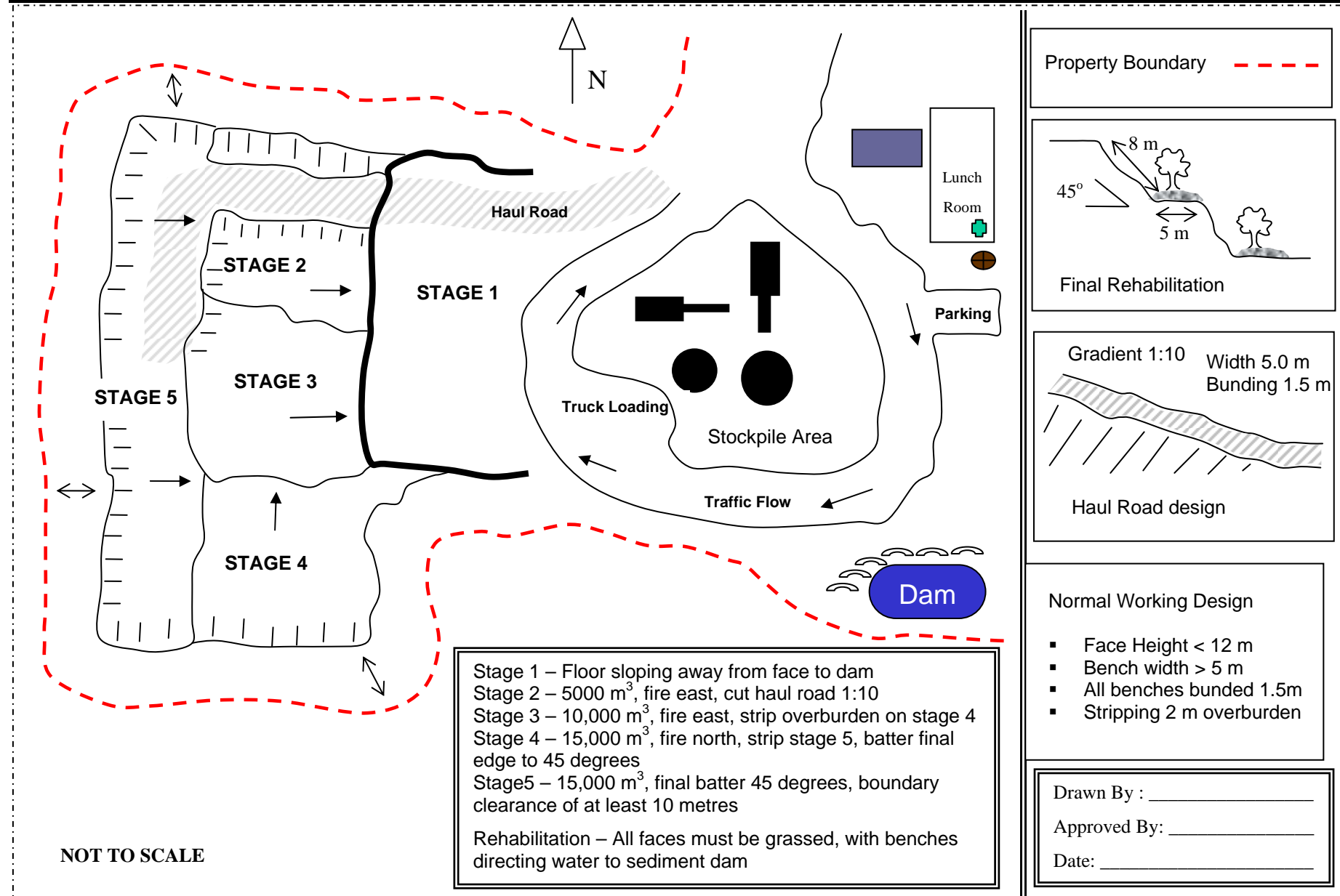
ACTIVITY / YEARLY TARGET	ACTION BY	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Site Safety Toolbox Meetings – Form 4A		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Review Induction Process – Form 12C		✓											
Review Employee Training / Competency Register – Form 13B		✓											
PPE Audit – Form 6D & Register No:		✓											
First Aid Kit Audit		✓											
Lifting Gear Inspection – Register No:		✓						✓					
Electrical Equipment Tagging – Register No:		✓						✓					
Fire Fighting Equipment Testing – Register No:		✓						✓					
Fire Extinguisher Training										✓			
Review of Hazardous Substance Register – Register No:							✓						
Collection of Daily Mobile Plant Pre-Start Checklist – Form 10B		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Undertake Mock Emergency Drill											✓		
Review of Mine Safety Management Plan													✓
Review MSMP program & SWMS (one per month)		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Complete General Workplace Inspection Checklist – Form 6D							✓						
Review Mine Plan - Form 1 B											✓		
Prepare DPI Reports –(1/4 report form)		✓			✓			✓			✓		
Completed / Signed Off													

FORM 1A

YEARLY SAFETY PLAN – Year _____

ACTIVITY	ACTION BY	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Site Safety Toolbox Meetings – Form 4A													
Review Induction Process – Form 12C													
Review Employee Training / Competency Register – Form 13B													
PPE Audit – Form 6D & Register No:													
First Aid Kit Audit													
Lifting Gear Inspection – Register No:													
Electrical Equipment Tagging – Register No:													
Fire Fighting Equipment Testing – Register No:													
Fire Extinguisher Training													
Review of Hazardous Substance Register – Register No:													
Collection of Daily Mobile Plant Pre-Start Checklist – Form 10B													
Undertake Mock Emergency Drill													
Review of Mine Safety Management Plan													
Review MSMP program & SWMS (one per month)													
Complete General Workplace Inspection Checklist – Form 6D													
Review Mine Plan - Form 1 B													
Prepare DPI Reports –(1/4 report form)													
Completed / Signed Off													

Example of Mine Plan





NOT TO SCALE

Stages -

Rehabilitation -

Property Boundary

Final Rehabilitation

Haul Road design

Normal Working Design

-
-
-
-
-

Drawn By : _____

Approved By: _____

Date: _____

2.0 MANAGEMENT STRUCTURE including RESPONSIBILITIES

2.1 AIM: The objective of this program is to document the management structure for the mine and give health and safety responsibilities to each position within the structure and to ensure all persons are aware of their roles and requirements.

2.2 WHAT: A management structure will be drawn, using FORM 2B, for each of the positions on the site. A list of responsibilities for each of the listed positions will be created (on FORM 2A) and discussed with each employee. The register, FORM 2C will be used to record persons occupying those positions currently and for the past 5 years.

2.3 WHO: _____ will be responsible for identifying and recording this information.

2.4 HOW: Meetings will be held with the employees to consult and set up the responsibilities for the above positions. We will include the relevant sections of the governing legislation in each position description.

2.5 WHEN: The site safety meeting will be used as the forum for discussions.

2.6 ACTION: Responsibilities will be set up for the above positions and recorded using FORM 2A. Employees, contractors and visitors will be told of these responsibilities during their induction (see Program 12).

2.7 DOCUMENT CONTROL: The responsibilities for each of the positions are to remain part of this MSMP. Changes to this program must be approved by the mine operator and recorded in the document control master list (FORM 3A).

REFERENCES:

(NSW) Mine Health & Safety Act 2004 Subdivision 3, Section 50, 55, 56, 59, 60
Minerals Industry Safety Handbook 1.3 Responsibilities and Accountabilities

Responsibilities & Accountabilities

Operator / Management

Production Manager

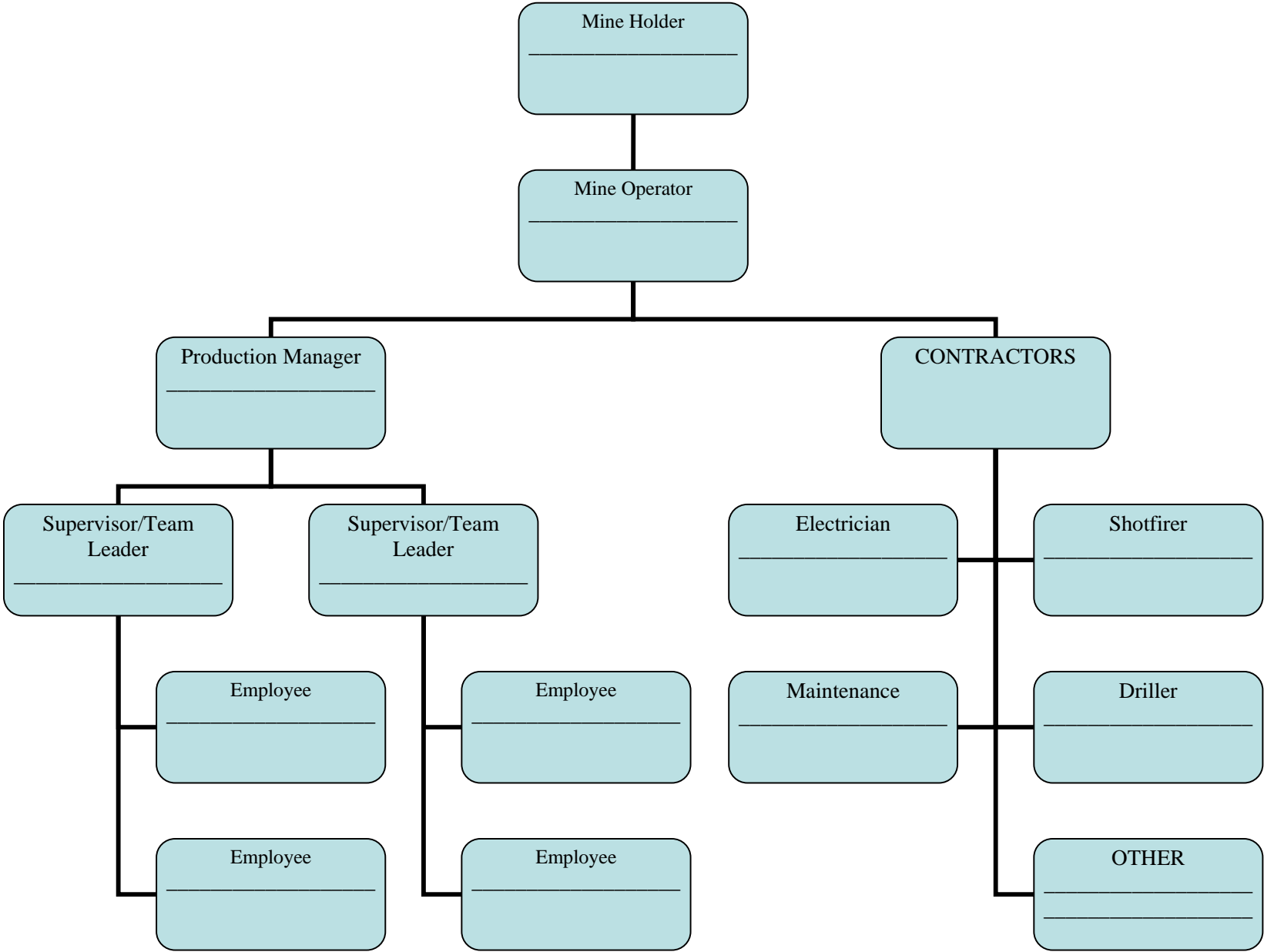
Supervisors

Employees

Contractors & Sub Contractors

Visitor

MANAGEMENT STRUCTURE



Register of persons occupying positions in the Management Structure

Position	Occupants details		Start Date	End Date	Certification/Permit/Licence Details
	Name	Date of Birth			
eg Production Manager	Bill Bloggs	27/05/1963	01/09/2008		Production Manager Permit number 007

3.0 DOCUMENT CONTROL

3.1 AIM: The aim of this program is to ensure that all MSMP documents are maintained and controlled in a consistent manner. This will ensure that they are current, approved for use and available for training purposes at all times.

3.2 WHAT: All MSMP documents will be controlled in accordance with this program.

3.3 WHO: _____ is responsible for maintaining the “Document Control Master List”. They will also be responsible for issuing and filing of documents.

The most senior person in the management structure (Section 2.0) is required to sign off on all documents approving their use. This person is the approver at the bottom of each document.

3.4 HOW: All documents referred to will have the following written on the bottom of each page, (*footer*).

- a. name of document
- b. date it was written or reviewed
- c. initial of the most senior person in the management structure
- d. page number

3.5 WHEN: All MSMP documents will be approved for use and entered on the “Document Control Master List” (FORM3A) prior to distribution (eg inspection forms, induction sheets and site rules).

Old documents are to be removed from circulation and filed where necessary. We intend to keep/ store most of our documents for a minimum of 5 years.

3.6 ACTION: All programs, procedures, plans, registers, inspections and forms associated with this MSMP are to be recorded in the “Document Control Master List” (FORM 3A).

As new documents are developed in the mine safety management plan the “Document Control Master List” (FORM 3A) will be updated.

When programs or parts of programs are reviewed the “Document Control Master List” (FORM 3A) will be updated stating the program, section and page number of the program or document, the date the reviewed document was issued, changes made to the document and signed off by the responsible person.

3.7 DOCUMENT CONTROL: The “Document Control Master List” (FORM 3A) will be filed in _____, located _____.

REFERENCES:

(NSW) Mine Health & Safety Act 2004 Subdivision 6 Keeping of records and reporting

(NSW) Mine Health & Safety Regulation 2007 Clause 12(d), 14(h)

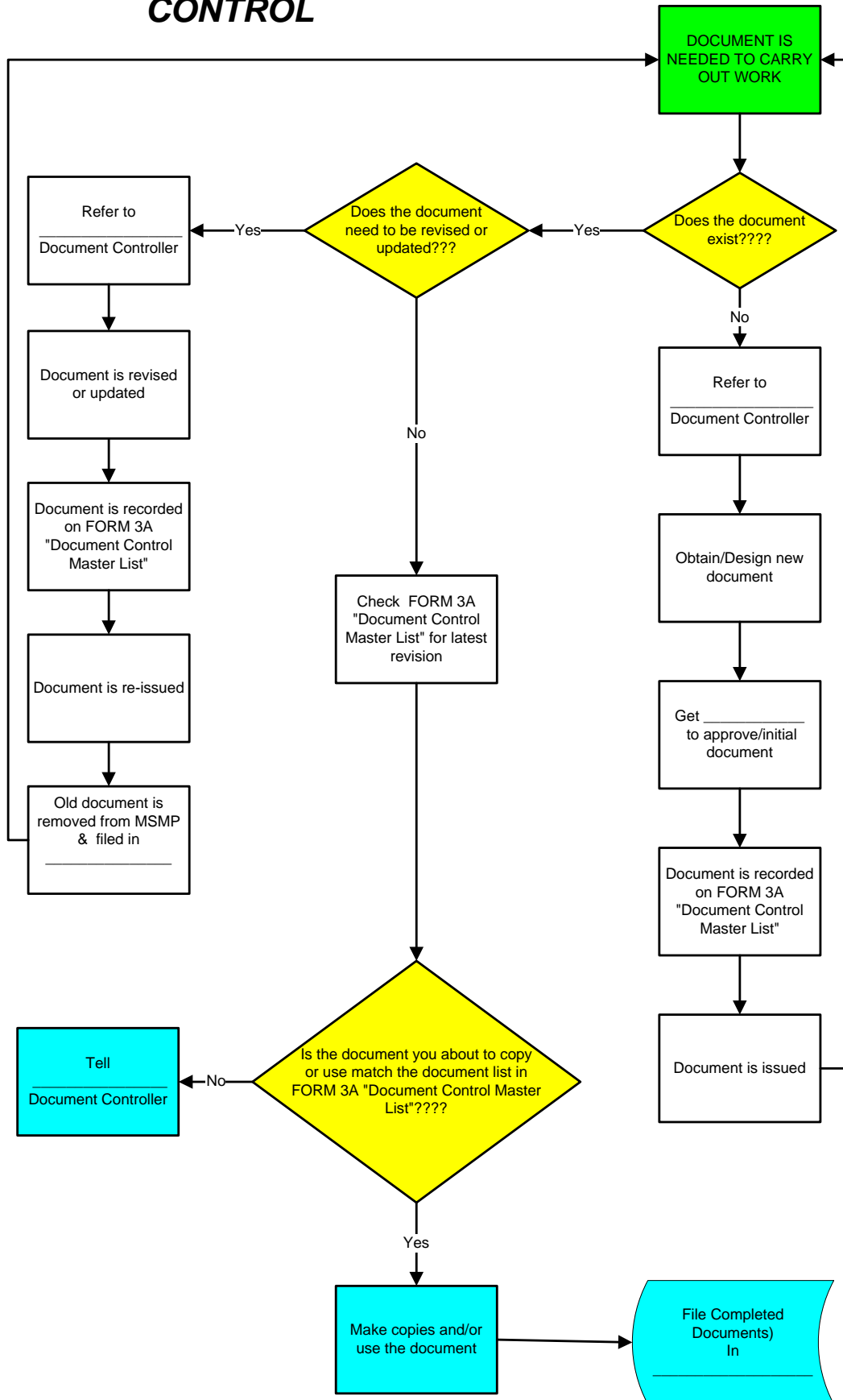
Minerals Industry Safety Handbook 1.1 Keeping Records, 1.2 Controlling Records

FORM 3A

DOCUMENT CONTROL MASTER LIST

Document Title	Section #	Page #	Issue Date	Change made	Sign Off
<i>eg Inspection sheet</i>	<i>Modified Form 6B</i>	<i>6–4</i>	<i>30/07/01</i>	<i>Added new gyro to list</i>	<i>A McD</i>
<i>SWMS</i>	<i>8.0 SWMS</i>	<i>8–4</i>	<i>08/09/01</i>	<i>New SWMS for Blasting</i>	<i>A McD</i>
<i>Safety Policy</i>	<i>Policy</i>	<i>All</i>	<i>01/01/09</i>	<i>Annual Review</i>	<i>A Mc D</i>

3.0 DOCUMENT CONTROL



4.0 CONSULTATION

4.1 AIM: The aim of developing a consultation program is to assist in ensuring that all parties at the mine are actively involved in achieving occupational health and safety goals. By promoting an open line of consultation we will ensure that everyone is aware of their responsibilities and has the chance to participate in developing and implementing the mine safety management plan.

4.2 WHAT: The consultation program will allow all people on site to openly discuss safety related matters and will be mainly based around our SITE SAFETY MEETING / TOOLBOX MEETING. Other forms of consultation and communication that will take place include:

_____, _____ & _____

4.3 WHO: The person responsible for organising the site safety meeting and ensuring that it takes place is _____.

The mine has elected _____ to chair the meeting.

The mine has elected _____ as the person who will be responsible for taking the minutes of the meeting.

All personnel are required to attend the meeting. Contractors will also be encouraged to attend.

4.4 HOW: The site safety meeting will be held using the Site Safety Meeting Record / Toolbox Meeting (FORM 4A) or recorded in the rear of the daily diary, while following the agenda items of FORM 4A. This form outlines the topics that will be discussed during the meeting and will act as the minutes for the meeting.

All site personnel are encouraged to provide the meeting organiser with issues to be discussed prior to the meeting.

4.5 WHEN: The site safety meeting / toolbox talk will be held _____.

If the meeting cannot be held at this time it will be held on the next working day after the meeting date.

A site safety meeting **may** also be held if one of the following events occurs:

1. When a risk assessment is carried out and a decision about the controls required is to be undertaken
2. When new or amended procedures for monitoring risks are introduced
3. When decisions about the facilities for welfare are made
4. When changes that affect health, safety and welfare are made to:
 - a. premises
 - b. systems or methods of work
 - c. plant
 - d. substances
5. When decisions about procedures for consultation are made
6. _____
7. _____

4.6 ACTION: Any issues that are raised in the meeting that require work to improve the level of safety will be entered onto an action plan or into the daily diary.

4.7 DOCUMENT CONTROL: A copy of the minutes will be posted on the notice board for a period of _____ weeks. After removing the minutes a copy will be filed _____.

REFERENCES:

(NSW) Mine Health & Safety Act 2004 Section 31, 32(a), 32(b), 39,

(NSW) Mine Health & Safety Regulation 2007 Clause 14(f)(ii)

(NSW) Occupational Health & Safety Act 2000 Division 2

(NSW) Occupational Health & Safety Regulations 2001 Chapter 3

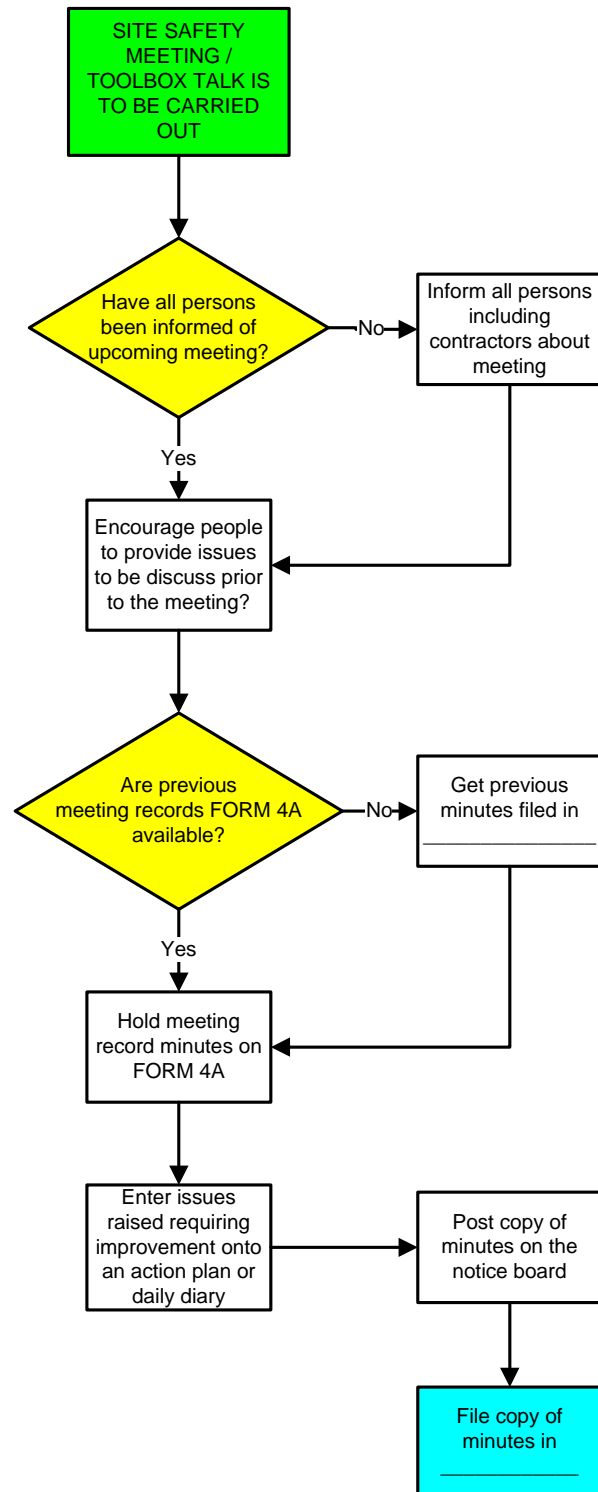
(NSW) WorkCover Code of Practice OHS Consultation

Minerals Industry Safety Handbook 2.1 Communication and Consultation

FORM 4A Site Safety Meeting Record/Toolbox Meeting		
DATE:	TIME:	LOCATION:
PRESENT	NAME	POSITION
APOLOGIES		
OBSERVERS		
AGENDA ITEM	ACTION	TIME FRAME
1. Welcome & Apologies		
2. Minutes from last meeting agreed as a true and accurate record	Yes	No
3. Report on action items (from last meeting)		
4. New Business		
5. Review of hazards / incidents since last meeting (check diary)		

FORM 4A Site Safety Meeting Record/Toolbox Meeting		
AGENDA ITEM	ACTION	TIME FRAME
6. Review of any Safety Alerts		
7. Review any results of any workplace safety inspections (check diary)		
8. Review of 'one' SWMS and 'one' MSMP program		
9. General Business		
10. Next meeting	Date & Time:	Where:
Distribution of these minutes Date:	1. File	2. Notice Board
Person taking minutes		
Name:	Signature:	Date:
Most Senior Person		
Name:	Signature:	Date:

4.0 CONSULTATION



5.0 RISK MANAGEMENT

5.1 AIM: The aim of this program is to develop a process that will continually allow us to identify work hazards, to rank the risks of these hazards, implement controls to remove or reduce the risk to the lowest practicable level and review these hazards to ensure they are maintained at the lowest reasonable risk.

5.2 WHAT: The risk management process will consistently identify hazards at our mine by way of applying the process to all of our activities. This is done by way of the following:

- Reporting hazards immediately as found (FORM 6E or Daily Diary)
 - Agenda item at safety meeting / toolbox talk (FORM 4A)
 - Regular Workplace Inspections (FORM 6B or 6D)
 - Safe Work Method Statements (FORM 8A)
 - Reviewing hazards with contractors during inductions (FORM 12 C)
 -
 -
-

5.3 WHO: The risk management program will be used by all people who work at our mine. It is the responsibility of _____ to explain to the employees and contractors the importance of using our risk management program.

5.4 HOW: We intend to use our “Workplace Inspection Form” (FORM 6B or 6D) as the centrepiece of our risk management program. _____ and _____ will conduct a whole of site hazard identification process as the first step in developing our mine safety management plan.

Once we have identified our potential hazards we intend to apply our risk assessment program to these hazards. This consists of systematically assessing the hazards against our risk matrix, which determines the appropriate response required to protect the health and safety of workers on site.

When a hazard is identified the risk associated with it is determined by looking at the **likelihood** of a hazard to result in injury and the potential **consequence** or severity of the injury.

RISK ASSESSMENT RATING

Risk = Likelihood (Probability) x Consequence

Step 1 Assess the Likelihood				Step 2 Assess the Consequences		
L1	Happens every time we operate	Almost Certain	Common or repeating occurrence	C1	Fatality	Catastrophic
L2	Happens regularly (often)	Likely	Known to have occurred "has happened"	C2	Permanent disability	Major
L3	Has happened (occasionally)	Possible	Could occur or "heard of it happening"	C3	Medical/hospital or lost time	Moderate
L4	Happens irregularly (almost never)	Unlikely	Not likely to occur	C4	First aid or no lost time	Minor
L5	Improbable (never)	Rare	Practically impossible	C5	No injury	Insignificant

RISK ASSESSMENT MATRIX

Risk Rank Likelihood x Consequence		L1 Almost Certain	L2 Likely	L3 Possible	L4 Unlikely	L5 Rare		
C1 Catastrophic		1	2	4	7	11	RISK RATING <div> High Risk 1 – 6 </div> <div> Medium Risk 7 – 15 </div> <div> Low Risk 16 – 25 </div>	
		3	5	8	12	16		
		6	9	13	17	20		
		10	14	18	21	23		
		15	19	22	24	25		
							(Note: we conduct our risk assessment with the current controls in place)	

5.5 CONTROLLING THE HAZARD: Once the hazard has been identified and risk rated, the following action must be taken. It is essential that we place the highest possible control once we have identified the hazard, as per 5.6 Hierarchy of Controls.

HIGH RISK

- Stop work
- Barricade area or take short-term action
- Select highest possible control within your capabilities
- Immediately notify supervisor
- Record in daily diary / hazard form
- Fix within _____
- Discuss at next safety meeting
- Other _____


MEDIUM RISK

- Take short term action
- Select highest possible control within your capabilities
- Notify supervisor at end of shift
- Record in daily diary / hazard form
- Fix within _____
- Discuss at next safety meeting
- Other _____

LOW RISK

- Select highest possible control within your capabilities
- Fix within _____
- Review during next workplace inspection to ensure still low
- Other _____

5.6 HIERACHY OF CONTROLS: When we select a control for an identified hazard, we will always choose the highest measure of control possible.

<i>Best Control</i>  <i>Worst Control</i>	Elimination	<i>Is it possible to eliminate the hazard altogether?</i>
	Substitution	<i>Is it possible to replace the substance or, equipment with something less hazardous?</i>
	Isolation	<i>Is it possible to stop persons from interacting with the hazard eg machine guarding, remote handling?</i>
	Engineering	<i>Where people have to interact with a hazard, is it possible to engineer a less hazardous solution eg stairs instead of a ladder, ventilation devices, refuel machinery from the ground?</i>
	Administrative	<i>Is it possible to lessen the exposure of people through changing the way the job is done, rotating people through the job, administrative controls such as training, high risk permits?</i>
	PPE	<i>Last resort – is PPE appropriate to the type, level of hazard and has it been selected correctly?</i>

If no single control is sufficient, a combination of the above controls will be put in place to minimise the risk to the lowest level that is reasonably practical.

5.7 WHEN: This process of identifying hazards, assessing risk and implementing controls underpins all of our programs and will be applied to all of our work. Many of our documents include our risk rating categories eg Workplace Inspection (FORM 6B), Contractor & Visitor Induction (FORM 12C).

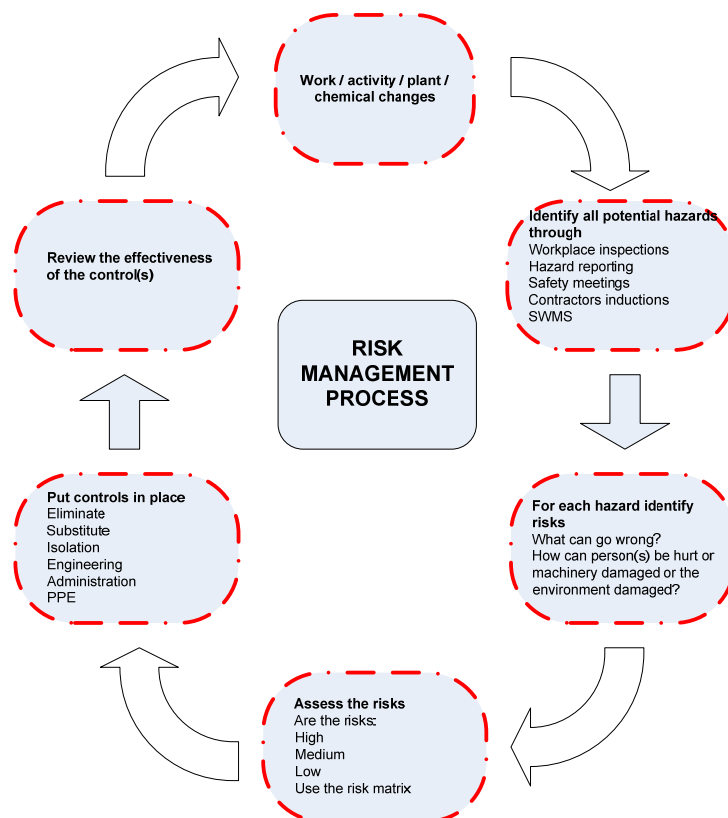
All people on site will apply these categories when formally assessing hazards or during their normal work practice.

Risk assessments **should** be undertaken if one of the following events occurs:

1. before setting up and using any new premises as a place of work
2. when planning work processes
3. before installation, erection, commissioning or alteration of plant
4. whenever changes are made to:
 - a. the workplace
 - b. the system or method of work (SWMS)
5. before hazardous substances are introduced into a place of work
6. when new or additional health and safety information relevant to our business becomes available. eg safety alerts

5.8 ACTION: If during the course of any normal activity on site, any person is made aware of a hazard, then that person will apply our sites risk management strategy and will take the necessary actions to reduce the hazard to the lowest practicable level. If a person identifies a hazard and is not able to control the hazard immediately then it should be reported as per section 5.2

5.9 DOCUMENT CONTROL: The concept of risk management has been included in the majority of our documentation. Therefore, all documentation will be filed as per the document control section of each program.



REFERENCES:

(NSW) Mine Health & Safety Act 2004 Section 30(2), 56(d), 56(e), 60(b), 60(c),
 (NSW) Mine Health & Safety Regulation 2007 Clause 4, 14(c), Part 4 OH&S risk assessments relating to prescribe hazards, Division 3 Documentation of OH&S risk assessments
 (NSW) Occupational Health & Safety Act 2000 Section 8, 9 & 10
 (NSW) Occupational Health & Safety Regulations 2001 Clause 5, 9 to 12, 16, 34 to 38,
 Minerals Industry Safety Handbook 1.5 Risk Management
 NSW DPI MDG 1010 Risk Management for the Mining Industry, MDG 1014 Guide to Reviewing a Risk Assessment of Mine Equipment and Operations

6.0 WORKPLACE INSPECTION & HAZARD REPORTING

6.1 AIM: The aim of this program is to develop an inspection system to identify and report all hazards found in the workplace. These inspections will be completed regularly and will use our risk management process to identify, assess and control hazards. It will also include a hazard report form (FORM 6E) which can be used at any time.

Our inspection program includes all hazards prescribed in the mining legislation.

6.2 WHAT: To ensure that workplace inspections cover all areas of the work place, the site has been divided into the following inspection areas: *(see example PLAN 6C)*

Mobile plant and all fixed equipment will be inspected prior to operation in accordance with program 10, (FORM 10B & 10 C).

Contractors and sub contractors will be monitored on a regular basis, as described in the "Inspection Matrix" (FORM 6A). This will include as a minimum compliance with Safe Work Method Statements (SWMS), inspections of their plant and competency checks.

6.3 WHO: Inspections will be conducted as per the "Inspection Matrix" (FORM 6A).

6.4 HOW: The hazards found during each inspection will be recorded on our "Workplace Inspection" (FORM 6B or 6D). This form requires the following actions to take place.

- a) inspect the plant/equipment as stated on the form looking for any hazards, defects or missing components, (eg guarding).
- b) record the condition of the plant/equipment in area provided
- c) record any hazard noticed in area provided
- d) allocate a risk rating for each hazard found (using the risk assessment program)
- e) comment on the action taken (short term and long term)
- f) sign and date the form *(remember that high and medium risks are transferred to the daily diary or action plan).*

Any hazards found during the course of normal duties, not as a result of a planned workplace inspection, should be recorded on FORM 6E “Hazard Reporting Form” or written in the daily diary.

6.5 WHEN: Inspections will be conducted as per the inspection matrix (FORM 6A).

6.6 ACTION: Completed forms are to be signed off by the person who conducted the inspection and given to the _____.

High and medium hazards found during the inspection, along with the actions required to control these hazards are to be recorded in the daily diary or an action plan.

The daily diary or action plan is to be signed off as each action is completed.

6.7 DOCUMENT CONTROL: All inspection forms are to be recorded on the “Document Control Master List”, (FORM 3A). Completed forms are to be filed in _____ located _____.

REFERENCES

(NSW) Mine Health & Safety Act 2004 Section 14(b), 30(2)(a), 56(b)

(NSW) Mine Health & Safety Regulation 2007 Clause 14(c),

(NSW) Occupational Health & Safety Regulation 2001 Clause 9

(NSW) WorkCover Advice Sheet 5 Reporting Safety

Minerals Industry Safety Handbook 1.5 Risk Management, 2.3 Workplace Inspection

WORKPLACE INSPECTION MATRIX

[illegible]

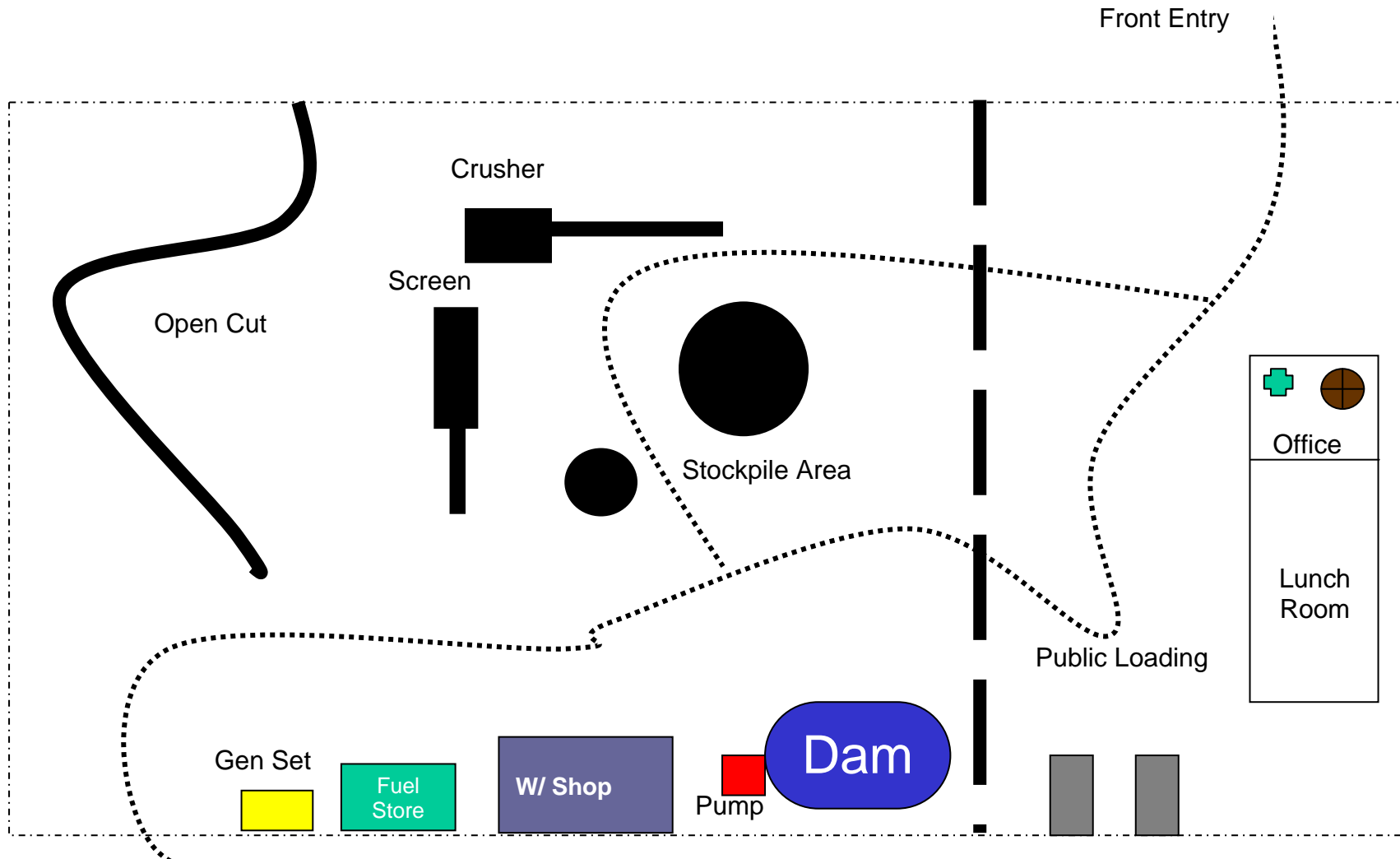
WORKPLACE INSPECTION

Area:_____

Completed by:_____

Plant / Equipment	Item Inspected	Tick if O.K	Identified Hazard or Condition	Risk Score	Comment	Recorded in Diary
eg Gyro crusher	<i>Guarding</i>	✓				
	<i>Access Way</i>		<i>Broken Handrail – minor</i>	<i>Medium</i>	<i>To be fixed week ending 30/07/01</i>	✓

Example of Inspection Areas



Suggested Inspection Areas :

Area 1 – Open Cut

Area 2 – Crusher , Screen & Stockpiles

Area 3 – W/Shop, Gen Set, Pump, Dam & Fuel

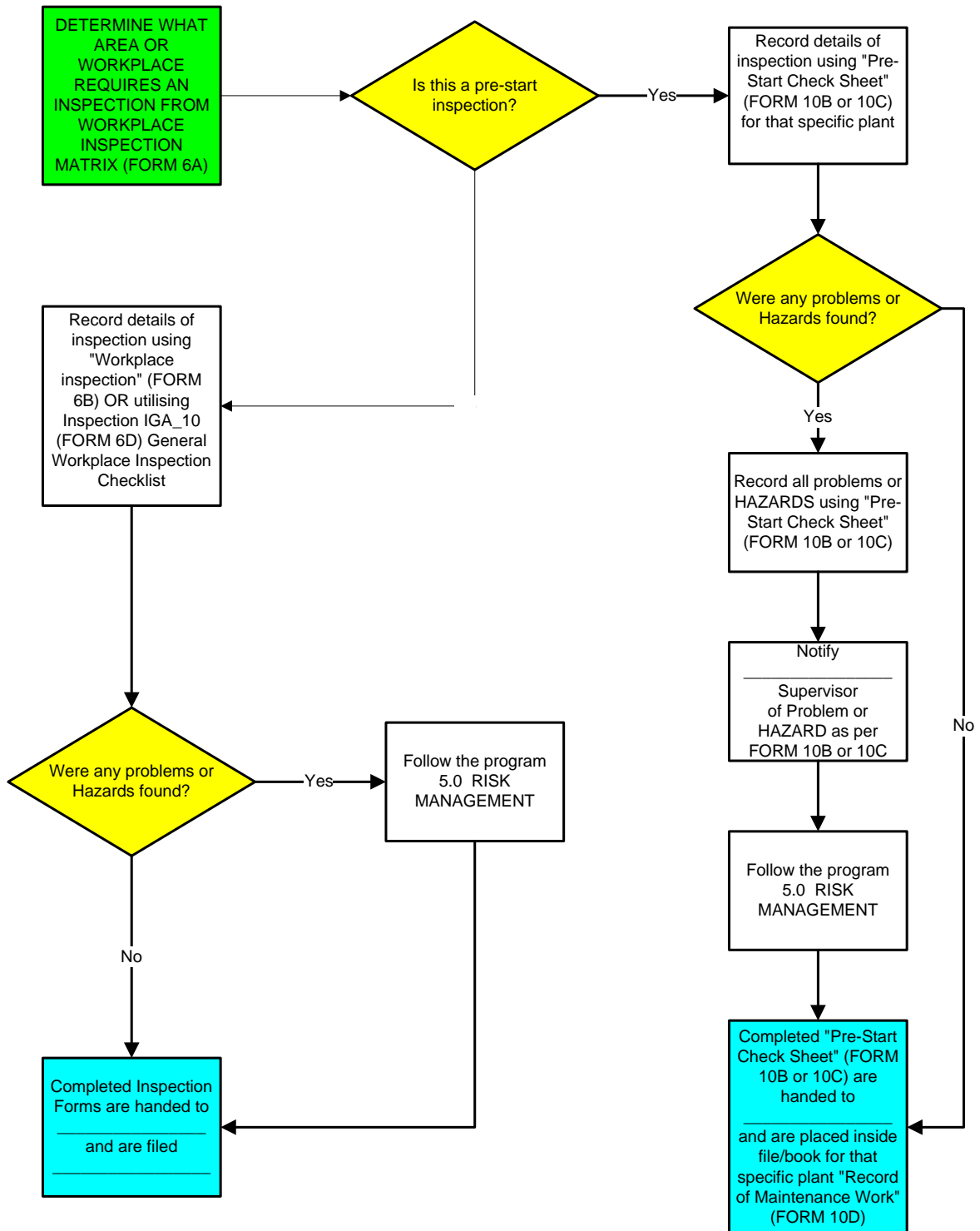
Area 4 – Office, public areas (including roads)

INCLUDE NEW IGA _10 “Prescribed Hazards”

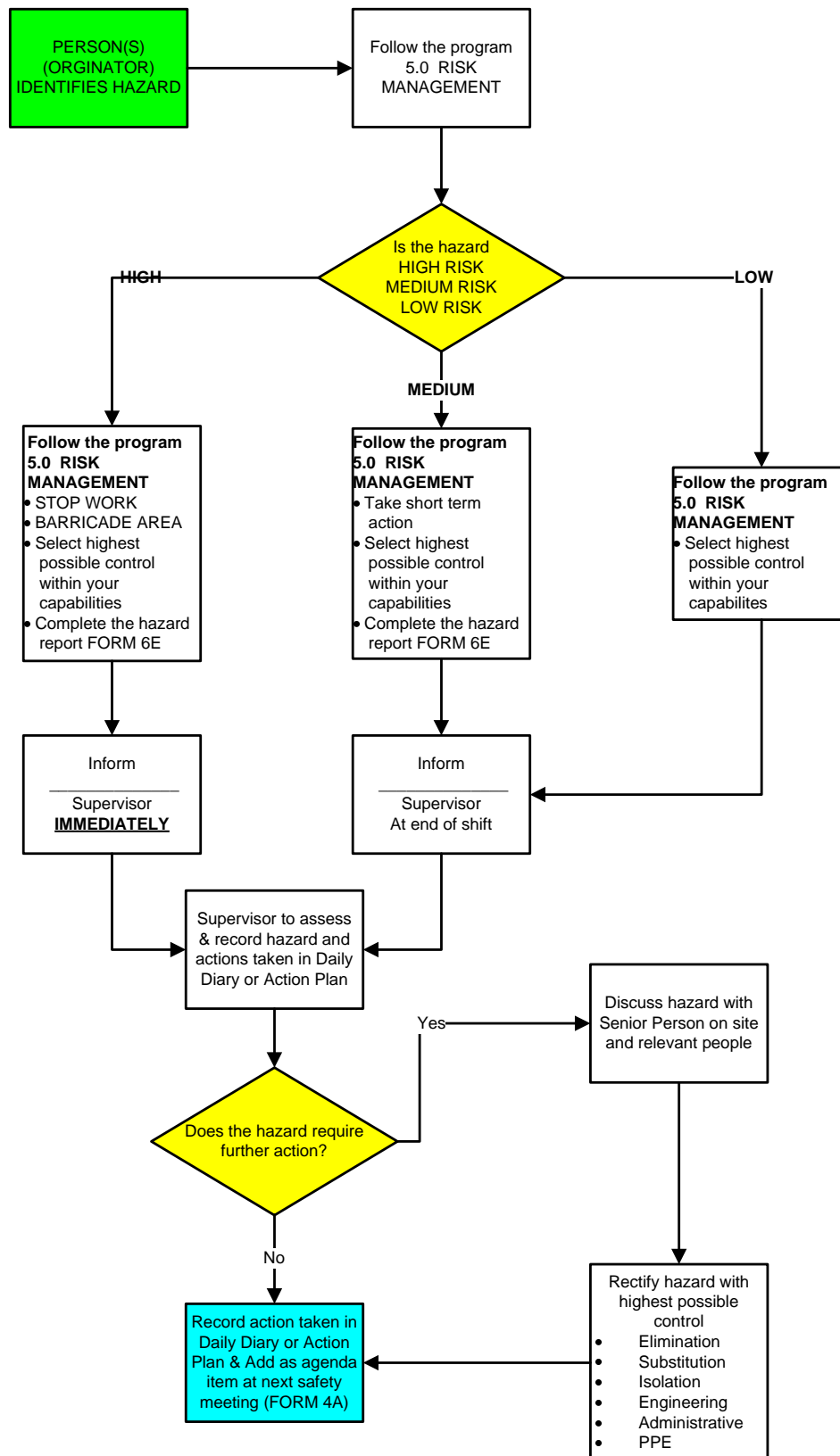
FORM 6E

HAZARD REPORT FORM	
NAME:	
DATE / TIME REPORTED:	
DEPARTMENT:	
SUPERVISOR:	
HAZARD (DETAILS / LOCATION):	
IMMEDIATE ACTION TAKEN:	
RECOMMENDED ACTION TAKEN:	
RISK ASSESSMENT:	
LIKELIHOOD:	
CONSEQUENCE:	
Risk Rank: HIGH MEDIUM LOW (circle)	
FOLLOW UP ACTION:	
REVIEWED AT MEETING / TOOLBOX DATE:	
FEEDBACK TO PERSON (who gave the report):	
DATE COMPLETED:	

6.0 WORKPLACE INSPECTION



6.1 HAZARD IDENTIFICATION & REPORTING



7.0 WORK ENVIRONMENT & HEALTH SURVEILLANCE

7.1 AIM: The aim of our work environment program is to identify and assess all potential work environment hazards at the mine. After assessing these hazards, controls will be developed, including ongoing monitoring programs.

7.2 WHAT: The initial site inspection that was conducted under *Program 5.0: Risk Management*, has been used as the starting point to assess whether our site has any work environment hazards. During this inspection we identified the following hazards that are applicable to our site:

	Hazard Source		Hazard Source
Dust <input type="checkbox"/>	_____	Vibration <input type="checkbox"/>	_____
	_____		_____
	_____		_____
Noise <input type="checkbox"/>	_____	Radiation <input type="checkbox"/>	_____
	_____		_____
	_____		_____
Lighting <input type="checkbox"/>	_____	Poor Ergonomics <input type="checkbox"/>	_____
	_____		_____
Hazardous Substances <input type="checkbox"/> _____			
Other <input type="checkbox"/> _____			

7.3 WHO: The _____ is responsible for completing the Work Environment – Hazard Management Matrix (FORM 7A) for each of the work environment hazards that were identified during the site inspection.

7.4 HOW: By completing the Work Environment – Hazard Management Matrix (FORM 7A) we will develop a control and monitoring program for each of the identified hazards.

Once the control and monitoring program is developed, the site inspection sheet used in Program 6.0 (FORM 6B) will be modified to include a control checklist for the work environment hazards.

Immediate controls that are required will be entered onto an action plan or in the daily diary.

7.5 WHEN:

Work environment hazards

Inspections: The frequency of work environment inspections will be as per the schedule for workplace inspections (the work environment issues will be included on the workplace inspection checklist).

Monitoring: The frequency of the monitoring program will be as per the schedule determined in the “Review” column of FORM 7A.

Health surveillance

Health surveillance will be carried out according to the schedule in the column “health surveillance” of FORM 7A.

7.6 ACTION: If during the course of normal daily activities or during a workplace inspection, anyone becomes aware of a work environment hazard, then the _____ will be notified and the hazard will be recorded on an action plan or in the daily diary.

The person identifying the hazard will apply our site’s risk assessment process and will act according to its outcome.

7.7 DOCUMENT CONTROL: All documentation relating to the program (eg FORM 7A) will be filed _____.

Any health surveillance information will be treated as strictly confidential and will be filed on the employee’s personal file, using the “Health Surveillance Register”.

REFERENCES

(NSW) Mine Health & Safety Regulation 2007 Division 4 Health surveillance of person at work

(NSW) Occupational Health & Safety Regulation 2001 Clause 9(2)(i)(vi), Division 2 Lighting, Division 3 Heat and cold, Division 4 Noise management, Division 5 Atmosphere, Clause 189 Ultraviolet radiation – particular risk control measures, Clause 197(2), Clause 198 exposure to radiation – particular risk control measures

NSW WorkCover Code of Practice Noise management and protection of hearing at work

NSW WorkCover Code of practice Work in hot and cold environments

Minerals Industry Safety Handbook 4.8.5 Radiation, 4.9 Vibration, 4.10 Noise, 4.11 Workplace Temperatures, 4.12 Dust, 4.13 Ventilation

FORM 7A - Example

WORK ENVIRONMENT - HAZARD MANAGEMENT MATRIX

Hazard	Health effects	Information * legislation * guidelines	Identify source	Measurement	Assess risk	Controls	Review 1. Re-monitor	2. Health Surveillance
Dust	.respiratory .lung cancer .silicosis	OHSR cl 51 MHSR 86 – Health Surveillance Guidelines for Safe Mining – 3.1.5.1	1. drilling 2. crushing 3. screening 4. drying 5. loading 6. roads	personal dust monitoring at each source max allowable concentrations: NOHSC Inhalable :10 mg/cu m Respirable:3 mg/cu m Silica: 0.1 mg/cu m	Near or > limit High	engineer control at each source by: 1. extraction 2. suppression with water 3.remove operator from source eg Air conditioned cabin 4. dust mask	when controls in place re- monitor to gauge effectiveness of controls. Depending on results determine new monitoring frequency eg 1 to 3 years	depending on results of monitoring determine which people require medical check of lungs: any problems move people from job, regular re-examination
Noise								

FORM 7A

WORK ENVIRONMENT - HAZARD MANAGEMENT MATRIX

Hazard	Health effects	Information * legislation * guidelines	Identify source	Measurement	Assess risk	Controls	Review 1. Re-monitor	2. Health Surveillance

8.0 SAFE WORK METHOD STATEMENTS

8.1 AIM: The aim of this program is to establish a set format that will be used when tasks require the development of a “Safe Work Method Statement” (SWMS). The development of safe work method statements will enable all people on site to carry out jobs in the same, safe, efficient manner. SWMS will be developed by identifying the hazards, assessing the risks, documenting and implementing the controls and providing supervision to ensure people comply with the procedures.

8.2 WHAT: We intend to develop SWMS for the following activities.

Note: (SWMS should be developed for all non routine tasks conducted in a non routine work place or where the risk for the task is found to be HIGH or MEDIUM).

SWMS (to be developed)	Date (for completion)	Who (is responsible)
<i>eg Removing oversize material from the crusher</i>		

8.3 WHO: The _____ will organise the development of SWMS. He or she will request people that are involved in the task to assist in the preparation of the SWMS. Wherever possible at least two people will be involved in the development process.

8.4 HOW: We have chosen to use the format in (FORM 8A) to complete our SWMS. This format combines the process of identifying hazards, assessing risk and implementing controls, into one document.

After a task has been selected for a SWMS, the person responsible for organising the group will obtain a copy of FORM 8A and will assemble the team at the place of the task. Once all steps have been identified the process of highlighting hazards will be completed, with an assessment of risk noted. In each case a control method will be chosen, remembering that we will always attempt to apply the hierarchy of controls.

The _____ will then be responsible for documenting the SWMS and ensuring it is included in the training program and discussed at the next site safety meeting.

Where an activity is classified as “Hot Work”, “Working at Height” or a “Confined Space Entry” (FORM 8B) will be used in addition to any existing SWMS. This form outlines key controls that must be in place before a task is undertaken.

8.5 WHEN: SWMSs will be developed as a method to control risks associated with hazards found at the mine. We will also continue to develop SWMSs at a rate of _____ per month, until we have covered all high and medium risk activities at the mine as well as any SWMS required under the OH&S Act & Regs, MH&S Act & Regs.

8.6 ACTION: Where the process of developing a SWMS highlights a hazard that is **high** or **medium** it will be recorded in the daily diary or action plan for completion.

8.7 DOCUMENT CONTROL: All SWMSs will be filed in the SWMS register located _____. This register will be readily available to the workforce and will include an index at the front.

REFERENCES

(NSW) Mine Health & Safety Act 2004 Section 63(2)(f),

(NSW) Mine Health & Safety Regulation 2007 Clause 4(d), Clause 56, Clauses 63 to 65, Clause 66(1)

(NSW) Occupational Health & Safety Regulation 2001 Clause 9(2)(b),

NSW WorkCover Guidelines for Writing Work Method Statements in Plain English

Doc: 8.0 Safe Work Method Statements	Approver:	Date:	Program 8 - 2
--------------------------------------	-----------	-------	---------------

FORM 8A SAFE WORK METHOD STATEMENT (PART 1 OF 2)

Mine Name:	Signed Off:
Project/Task/Job:	Date:
SWMS ID:	Accepted:

Risk Rank likelihood x consequence	L1 Almost Certain	L2 Likely	L3 Possible	L4 Unlikely	L5 Rare									
C1 Catastrophic	1	2	4	7	11	<table><tr><th colspan="2">RISK RATING</th></tr><tr><td>High Risk</td><td>1 – 6</td></tr><tr><td>Medium Risk</td><td>7 – 15</td></tr><tr><td>Low Risk</td><td>16 – 25</td></tr></table> <p>(Note: we conduct our risk assessment with the current controls in place)</p>	RISK RATING		High Risk	1 – 6	Medium Risk	7 – 15	Low Risk	16 – 25
RISK RATING														
High Risk	1 – 6													
Medium Risk	7 – 15													
Low Risk	16 – 25													
C2 Major	3	5	8	12	16									
C3 Moderate	6	9	13	17	20									
C4 Minor	10	14	18	21	23									
C5 Insignificant	15	19	22	24	25									

[illegible]

FORM 8A SAFE WORK METHOD STATEMENT (PART 2 OF 2)

Personal Qualification & Experience:	Personnel, Duties & Responsibilities:	Training Required to Complete Work:
Engineering Details/Certificates/Approvals:	Codes of Practice, Legislation:	
Plant/Equipment:	Maintenance Checks:	
Read & Signed By Persons Using this SWMS		

High Risk Permits

Permit Number:		Date:		Completed by:	
Type: <i>(Please circle)</i>		A. Hot Work	B. Working at Height	C. Confined Space	
Task to being performed: <i>(describe)</i>					
Period of permit: <i>(day)</i>		Time:	From	To	
Does a SWMS already exist: Yes / No <i>(if yes, review SWMS and proceed by answering related questions)</i>					

1. Task Assessment (Must be completed for all high risk permits)	Yes	No
Has a Risk Assessment been completed for the specific task?: Risk Rating (H/M/L)		
Did the risk assessment highlight a need for a Safe Work Method Statement? (If a SWMS already exists please reference that document and complete the relevant section of this form, if not a SWMS should be developed)		
Have all persons that will be affected by this work been notified?		
Are you required to isolate before starting?		

A. Hot Work (includes welding, cutting & grinding outside designated hot work areas, excluding open areas in plant away from combustible materials).	Yes	No
Does a fire ban apply to the location? (You may need to consult the local fire brigade) (Fire rating for the day is)		
Is suitable fire fighting equipment available where the task is being performed? (Please list)		
Are flammable and combustible items removed before commencing? (No flammable or combustible items within metres of hot work activities).		
Do you need to wet down combustible areas before commencing hot works? (If yes who will complete this task) Record _____		
Do you need to purge or ventilate for flammable liquids or vapours?		
Do you need a welding screen or welding blanket to complete the task? (if yes please list)		
Do you need to barricade or sign post the area before commencing? (if yes please list)		
What PPE is required to perform the task? (Please list)		
Does the work area need to be hosed down after the task? (Who will complete this task) Record _____		
Do you need to monitor the area after the task has been completed? (If so who will complete this task and for how long) Record _____		

B. Working at Height (access or work at height, above 2 m or greater, that is not a normal place of work.	Yes	No
Are warning signs & barricades to restrict unauthorised access required? (if yes please list what required and where)		
Is an elevated work (EWP) required to complete the task? Please note some EWPs require licences to operate		
Is scaffolding required to complete the task? Remember scaffolding must be erected/dismantled by certified scaffolders to Aust. Standards		
Is Personnel Fall Prevention Equipment required for the task? (harness & lanyards) You must consider adequate anchorage points, potential loadings and inspection checks		
Are persons able to attach and disconnect to the system without a risk of falling?		
Have you established safe access and egress to the work area?		
Have you considered falling objects and restricted areas? No works to be conducted within _____ metres radius of working at height activities.		
What PPE is required to perform the task? (Please list)		
Have you considered an emergency response plan for recovering a person who may have fallen? (Hang syndrome can have fatal consequences within minutes)		

C. Confined Space (An enclosed or partially enclosed space that is not intended or designed primarily as a place of work. It may also have an atmosphere which is harmful or have restricted entry or exit)	Yes	No
Is there restricted entry or exit to the work area?		
Are you required to conduct pre-entry atmospheric testing? (if yes please list who, what is required and limits)		
Are you required to conduct continuous atmospheric testing during the task? (if yes please list who, what is required and limits)		
Have you a designated standby person in constant communication for the task? (if yes please list who will be the standby person and what is required of them)		
Have you got retrieval/rescue equipment at the confined space location? (if yes please list what equipment and who will be responsible)		
Does the task require other high risk permits to be completed? (Is the work being conducted outside or at height?)		
During the task can you be affected by noise, chemicals/gases/fumes, vibration, flooding, thermal extremes or radiation? (Please circle and address in risk assessment)		
Will the task require manual handling? (Many confined spaces have restricted workspace available)		
Have you identified where you must isolate before starting? (if yes please list who will be responsible for isolating the work area)		
What PPE is required to perform the task? (Please list)		

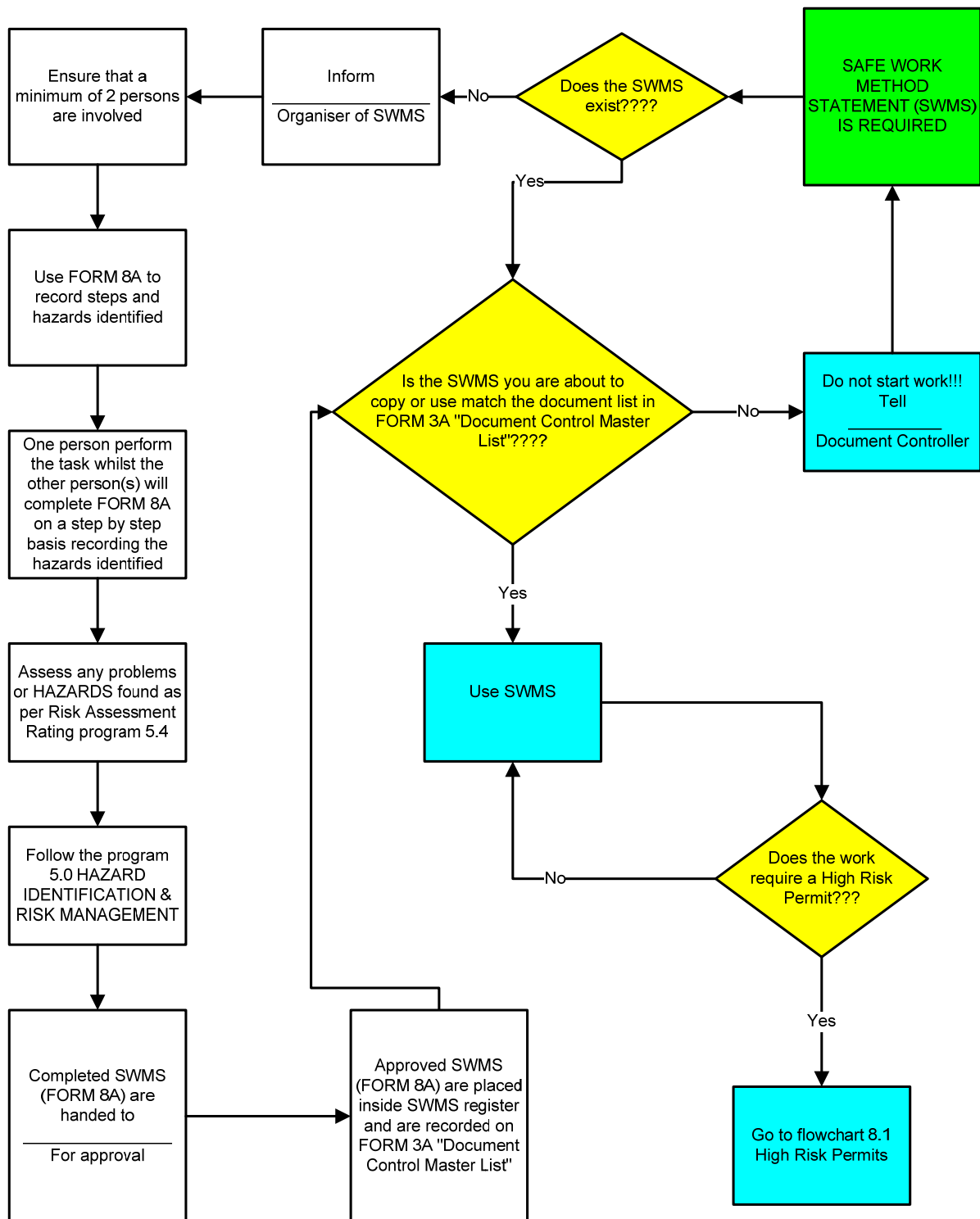
Permit Approved by Supervisor: _____	Date: _____
---	--------------------

FORM 8C

HIGH RISK PERMIT REGISTER

[illegible]

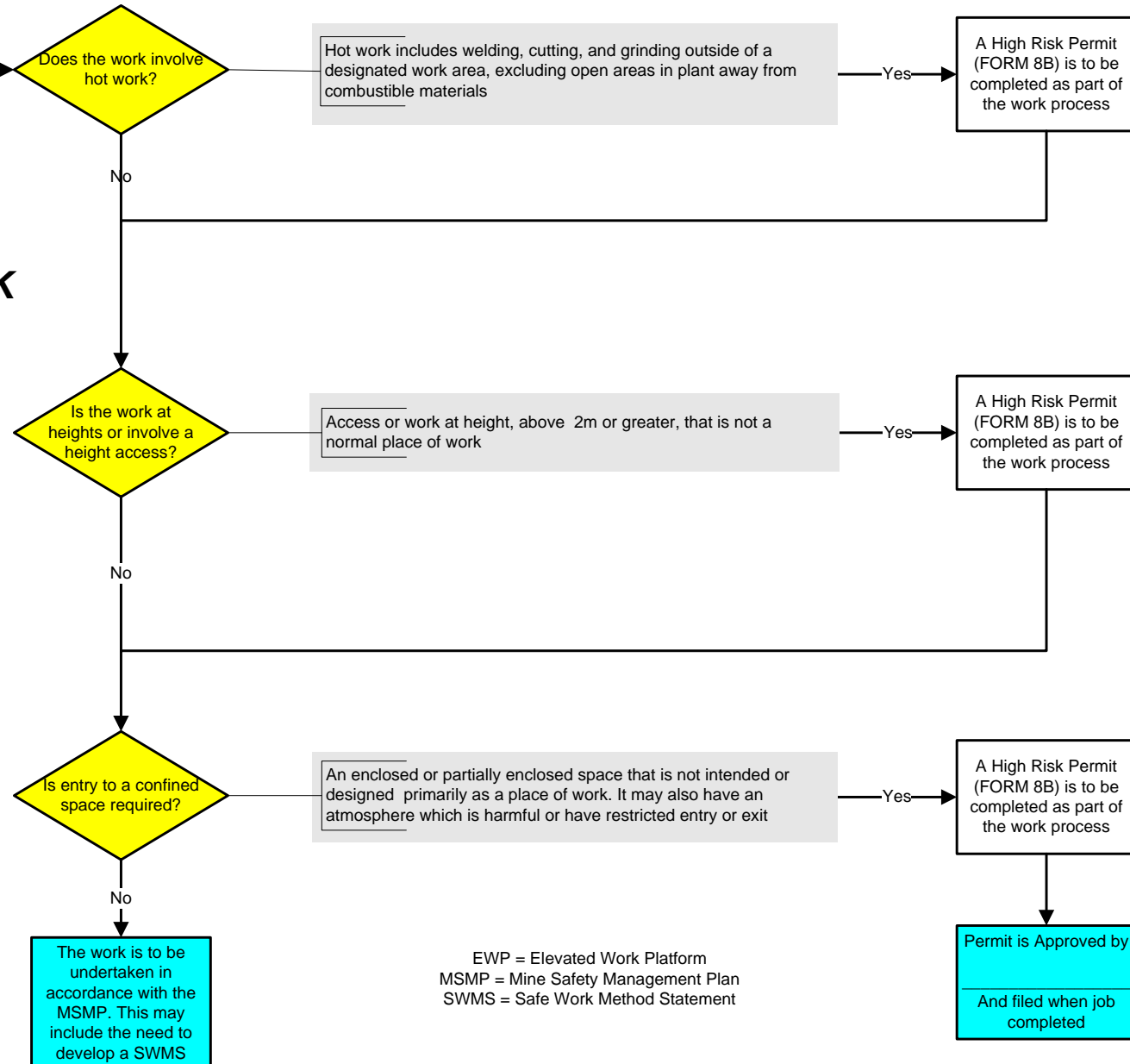
8.0 SAFE WORK METHOD STATEMENTS



SWMS = Safe Work Method Statement

**HIGH RISK PERMIT
IS REQUIRED**

8.1 HIGH RISK PERMITS



9.0 EMERGENCY PLANNING

9.1 AIM: The aim of this program is to develop emergency response plans and procedures to prevent further injury to persons, damage to property or the work environment, in the event of an unplanned incident.

9.2 WHAT: Our emergency response plan will consist of:

Procedure

Our procedure (FORM 9A) has been developed to help in the control of emergencies and it includes the following incidents.

- Fire
- Medical (injury)
- _____
- _____

It has been posted _____, so that it is near communication and available to everyone on site.

Site Plan

Our site plan drawn on Form 9C is a diagram showing the items below that exist at our operation, (see plan 6C as an example).

- | | |
|---------------------------------|-----------------------------------|
| ▪ work and storage areas, | ▪ fuel and chemical storage areas |
| ▪ first aid equipment locations | ▪ fire fighting equipment |
| ▪ emergency muster points | ▪ access and egress points |
| ▪ high wall, buildings, roads | ▪ fixed plant |
| ▪ power isolation points | ▪ emergency phones |

It has been displayed at _____.

A letter, (FORM 9B) informing local emergency services of the operations existence will be distributed by the _____. A copy of the site procedure and plan will be sent with this letter.

First Aid Personnel

There are sufficient people trained to carry out first aid on site during each shift (First Aid Officers). These people will renew their training as required. A list (FORM 9D) will be posted beside all first aid equipment, with the names of the first aid officers.

9.3 WHO: The emergency response plan and procedure has been developed by _____ after consultation with the workforce and local emergency services.

9.4 HOW: Our mine has identified our potential emergencies by way of the risk management program. After consultation with the employees, and where possible emergency services using FORM 9A, the procedure and plan has been developed. Completed procedures will be communicated to the workforce through our safety meetings.

9.5 WHEN: The procedure will be tested by way of an emergency drill, _____ per year.

9.6 ACTION: Emergency procedures will be set-up and employees trained in the use of these procedures and their roles during an emergency. Letters, with a copy of the site plan, will be sent to all local emergency services.

9.7 DOCUMENT CONTROL: Emergency procedures and the site plan will be recorded on the "Document Control Master List" (FORM 3A). Originals are to remain part of this MSMP.

REFERENCES

(NSW) Mine Health & Safety Act 2004 Section 30(3)(b), Subdivision 4 Emergency management, Section 61, Section 67

(NSW) Mine Health & Safety Regulation 2007 Division 4 Emergency management

(NSW) Occupational Health & Safety Regulation 2001 Clause 17

Minerals Industry Safety Handbook 2002 Chapter 2.5 Emergency Planning and Response

EMERGENCY PROCEDURE

In the event an emergency

KEEP CALM

DIAL 000 or 112_(mobile)

1. Tell the operator which service you require and provide them with the site's details
2. If possible send a person to the front gate to direct Ambulance or Emergency Services

Address: _____

Nearest Cross Road: _____

Contact Name: _____

Contact Number: _____

Further Information: _____

GPS Coordinates Lat: _____ Long: _____

Nearest Ambulance Phone: _____ Local Fire Brigade Phone : _____

FIRE	MEDICAL	OTHER
Type of Fire	No. of persons injured	
Size of Fire	Type of emergency	
Ensure all persons are accounted for	Type of injuries	
If safe to do so remove all plant from the area	Ensure the area is made safe before attempting to render assistance.	
Contact Management _____	Contact Management _____	
NOTE: Only attempt to extinguish the fire if safe to do so	NOTE :Once area is safe, complete DRABC (if trained) and give assistance	
Contact the Department of Primary Industries Mine Safety	Contact the Department of Primary Industries Mine Safety	
Investigate – Program 11	Investigate – program 11	

REMEMBER
QUICK RESPONSE CAN SAVE LIVES

FORM 9B

Date: _____

Dear Officers,

I am writing this letter to inform your station of an extractive industry we are operating within your station zone.

The attached page lists the following information:

1. name of operation and manager
2. type of operation
3. written directions to the operation, a map and site plan
4. contact telephone numbers and names
5. extraction taking place
6. plant and equipment used to win and process the product
7. the maximum number of persons that may be on site at the time of an emergency
8. equipment on site to assist in the event of an emergency

The site is open _____. When open the hours of operation are _____ to _____.

We would also like to extend an invitation to all station officers to visit the site for an inspection of the operation and review emergency procedures.

We hope this information may assist officers in the event of an emergency and look forward to further communication with your station.

I may be contacted by telephoning _____ for further information or to arrange a site visit.

Yours sincerely,

DETAILS OF QUARRY OPERATIONS

Mine Operation Name

Type of Operation

Surface Open Cut ☐Underground ☐Processing Plant ☐

Other:

LOCATION DETAILS

Street & No

Suburb / Town

Nearest Cross Road

GPS Coordinates

Lat:

Long:

CONTACTS

Primary Contact

Phone:

Secondary Contact

Phone:

After Hours Contact

Phone:

Maximum Number of People on site

DETAILS OF WORK UNDERTAKEN**PLANT & EQUIPMENT ON SITE****CHEMICALS / FUELS / EXPLOSIVES ON SITE****EMERGENCY EQUIPMENT ON SITE****OTHER INFORMATION**

Name

Signature

Date

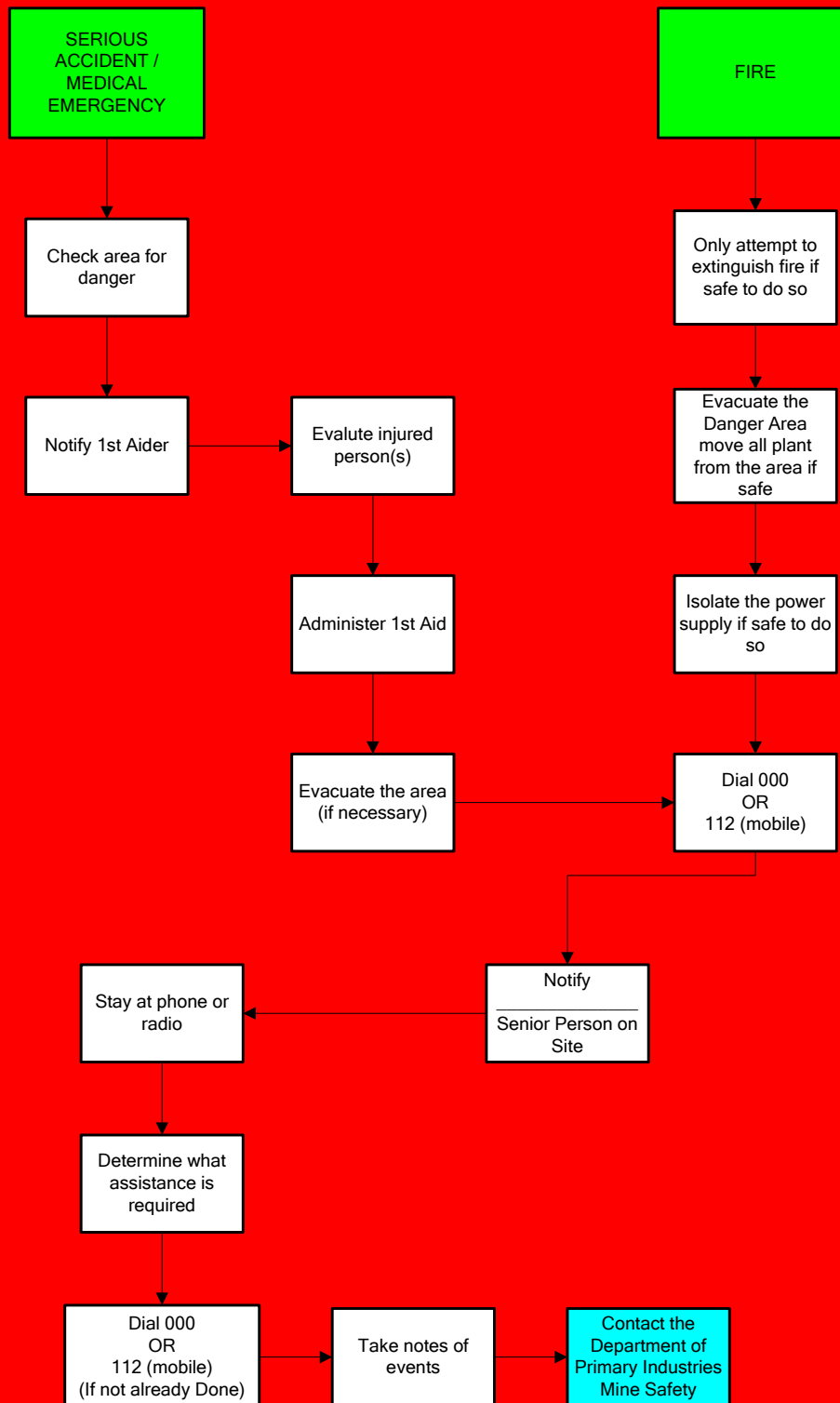
FORM 9C SITE PLAN

FORM 9D

FIRST AID OFFICERS

Name	Qualification	Date issued	Expire Date

9.0 EMERGENCY PROCEDURE



10.0 MAINTENANCE – (MOBILE...FIXED...ELECTRICAL)

This program contains two sections, Mobile & Fixed Plant 10.0 (A) and Electrical Equipment 10.0 (B).

10.0 (A) MOBILE & FIXED PLANT

10.1 AIM: The aim of this program is to provide a system that allows all mobile and fixed plant to be regularly inspected and maintained. All maintenance will be recorded to provide a history of work completed and to enable better planning of scheduled maintenance.

10.2 WHAT: This maintenance program includes all the pieces of plant contained in the “Mobile Plant” and “Fixed Plant” section of the Plant Register (FORM 10A).

10.3 WHO: The people responsible for completing maintenance activities are listed on the Maintenance Schedule (FORM 10A).

10.4 HOW: The _____ will be responsible for developing a full list of plant and equipment on site, known as a Plant Register (FORM 10A). Once the plant register is completed the _____ will then allocate the type of maintenance and the frequency of maintenance to be completed on all mobile plant.

Maintenance will be performed according to the following methods:

Pre start: Mobile - (FORM 10B) – according to the type of plant.

Fixed Plant – (FORM 10 C) - according to the type of plant.

Scheduled: According to the manufacturer’s service manuals or previously established systems (if service manuals are not available).

Service manuals for each piece of plant and equipment are available and are located at _____.

10.5 WHEN: Maintenance will be conducted on each piece of plant as per the “Plant Register & Maintenance Schedule” (FORM 10A). These frequencies are based on information obtained from the respective plant service manuals.

10.6 ACTION: If during the course of completing any pre start checks something is found not to meet the site's standards, then the person completing the maintenance will record it on (FORM 10B or FORM 10 C) and will notify _____ of the problem. If the problem is not fixed immediately then the hazard will be recorded in the daily diary or action plan.

10.7 DOCUMENT CONTROL: Each piece of mobile plant will have its own plant file/ record book located _____, (FORM 10D)

Pre start: The _____ will be responsible for collecting the pre start maintenance forms and the _____ will be responsible for filing the documents in each plant file/book.

Scheduled Maintenance: All scheduled maintenance will be recorded in the plant file/record book (*eg attach completed supplier service sheets, where applicable*),

Breakdown Maintenance: All unexpected breakdown maintenance will be recorded on the plant file/ record book.

External Service Provider: All documentation received during the course of completing service work by external service providers will be recorded in the plant file/record book.

FORM 10 A - Example

PLANT REGISTER & MAINTENANCE SCHEDULE

TYPE	DETAILS - Rego - Make - Item number - Serial number	TYPE OF MAINTENANCE - Pre start - Scheduled	FREQUENCY Of maintenance	WHO Performs maintenance	FORMS To be used
MOBILE					
<i>eg Loader</i>	<i>Cat 966C # 2</i>	<i>Pre start</i>	<i>Daily</i>	<i>Operator</i>	<i>FORM 10 B</i>
<i>Loader</i>	<i>Cat 966C # 2</i>	<i>Regular Service</i>	<i>250 hour</i>	<i>Mechanic</i>	<i>Service Manual</i>
FIXED PLANT					
<i>eg Screen</i>	<i>Power Screen #1</i>	<i>Scheduled</i>	<i>Weekly, tonnes or hours?</i>	<i>Operator & Mechanic</i>	<i>FORM 10 C</i>
<i>Pump</i>	<i>Settling Dam</i>	<i>Scheduled</i>	<i>Quarterly</i>	<i>Mechanic</i>	<i>Service Manual</i>
ELECTRICAL					
<i>eg Motor #1</i>	<i>Jaw Crusher</i>	<i>Scheduled</i>	<i>Weekly</i>	<i>Electrician</i>	<i>Site Inspection sheet</i>
<i>Switchboard</i>	<i>Control Room</i>	<i>Scheduled</i>	<i>Annual</i>	<i>Electrician</i>	<i>AS/NZS 3019 Form 2</i>
<i>Flexible leads</i>	<i>Whole of site</i>	<i>Scheduled</i>	<i>3 & 6 monthly</i>	<i>Electrician or competent person</i>	<i>AS/NZS 3760 Table 4</i>

FORM 10 A

REGISTER & MAINTENANCE SCHEDULE

TYPE	DETAILS <ul style="list-style-type: none"> - Rego - Make - Item number - Serial number 	TYPE OF MAINTENANCE <ul style="list-style-type: none"> - Pre start - Scheduled 	FREQUENCY Of maintenance	WHO Performs maintenance	FORMS To be used
MOBILE					
FIXED PLANT					
ELECTRICAL					

FORM 10 B – EXAMPLE

MOBILE – PRESTART CHECK SHEET

Vehicle details			
	✓ = OK	x = Fault	n/a – not applicable

	Mon	Tues	Wed	Thur	Fri	Sat	Sun
Date:							
Operators Name:							
Start Hours:							

Priority “HIGH” Faults. The machine must be tagged OUT OF SERVICE and NOT operated until repaired. Report to _____

Normal Brake							
Emergency Brake							
Park Brake							
Normal Steering							
Emergency Steering							
Warning Lights/Alarms							
Guards							
Hydraulic Controls							
Seat Belt							

Priority “MEDIUM” Faults. _____ **Authorisation required before operating machine**

Body / Bucket damage							
Bolts / nuts							
Pins and Brushes							
Oil Leaks							
Reverse Warning Device							
Water Leaks							
Fuel Leaks							
Air Leaks							
Horn							
Lights							
Gauges							
CB / 2Way Radio							
Fire Extinguisher							

Priority “LOW” Faults. Repairs required report to _____

Windscreens/Windows							
Air conditioner							
Steps / Access / Handrails							
Mirrors							
Wipers / Washers							
Flashing Lights							
Oils							
Tyre Inflation / Condition							
Rims							

Fluids – All vehicles shall be refuelled and fluids checked before use

Fuel	Lts	Lts	Lts	Lts	Lts	Lts	Lts
Transmission Oil							
Hydraulic Oil							
Steering Oil							
Brake fluid							
Radiator Fluid / Coolant							
Engine Oil							

Date	Fault Description	Priority (CIRCLE)	Actions taken to Rectify	Date Completed
		H M L		By who
		H M L		
		H M L		

FORM 10 C - EXAMPLE

FIXED PLANT - PRESTART CHECK SHEET

Plant details			
	✓ = OK	× = Fault	n/a – not applicable

	Mon	Tues	Wed	Thur	Fri	Sat	Sun
Date:							
Operators Name:							
Start Hours:							

Priority "HIGH" Faults. The machine must be tagged OUT OF SERVICE and NOT operated until repaired. Report to _____

Guards							
Tail drums							
Idler rollers							
Other nip points							
Lanyards							
Emergency Stops							
Electrical wiring							
Warning Lights/Alarms							
Pre-start warning device (if fitted)							
Major structural damage							
Conveyor Belt condition							

Priority "MEDIUM" Faults. _____ Authorisation required before operating machine

Hydraulic hoses							
Minor structural damage							
Spillage interfering with operation							
Communication systems							
Belt tracking correctly							
Fluid leaks							

Priority "LOW" Faults. Repairs required report to _____

Windscreens/Windows							
Air conditioner							
Steps / Access / Handrails							
Mirrors							
Housekeeping							
Fire Extinguisher							
Damaged signage							
Safety equipment							

Fluids – All vehicles shall be refuelled and fluids checked before use

Hydraulic oil – check							
Engine oil – check							
Fuel level – check							
Water level radiator - check							

Date	Fault Description	Priority (CIRCLE)	Actions taken to Rectify	Date Completed By who
		H M L		
		H M L		
		H M L		

FORM 10 D

RECORD OF MAINTENANCE WORK

PLANT DESCRIPTION _____ (name of plant)

DATE – Work was completed	DESCRIPTION - of work completed	Work Completed by	Estimated Cost
eg 25/12/2002	5000 hour service – as per service schedule		

10.0 (B) ELECTRICAL INSTALLATION & MAINTENANCE

10.8 AIM: The aim of this program is to provide a system that allows all electrical plant and equipment that is used on site to be designed, installed, operated and maintained in a safe manner and in accordance with AS/NZS 3007 and AS3000. It also ensures that all electrical equipment is maintained by competent persons who hold appropriate qualifications.

10.9 WHAT: Our electrical installation and maintenance program relates to all electrical equipment listed on the "Plant register" (FORM 10A) and it will manage all activities associated with the installation and maintenance of this equipment.

10.10 WHO: The people responsible for completing electrical maintenance activities are listed on the Maintenance Schedule (FORM 10A) or nominated below.

10.11 HOW: This electrical program is divided into the following sections:

- a. **Competencies** – All electrical work will be performed by our electrician _____, who has supplied us a copy of his trade certificate and a copy of his "Qualified Supervisor certificate". He has also provided a record of skills and experience in using these qualifications and his most recent work, which demonstrates his competency.

Our extra low voltage (< 120 volts DC) automotive work will be performed by _____, who has been assessed as competent.

Because our total connected power exceeds 1000kW or our power supply is high voltage (>1000 volts) we intend to get a qualified electrical engineer _____ to periodically review our electrical installations, (*remove if not applicable*).

- b. **Risk assessment** – An electrical risk assessment will be completed to identify all hazards associated with the use of electricity. A starting point for the risk assessment will be the development of an electrical equipment register as per FORM 10A. This ensures we have identified all electrical equipment.

Our risk assessment will be completed by _____ and our electrician's representative _____, using the electrical risk assessment (FORM 10 E, example).

Once completed all identified hazards will be risk rated and appropriate controls will be documented as site standards and put in place.

- c. Equipment** – All new circuitry and modified circuitry will be tested in accordance with AS 3000 & AS 3007, with a compliance certificate supplied to the operator of the mine before the application of power, (FORM 10F example). The test results will be recorded on the compliance certificate or on a separate form attached to the compliance certificate. Our electrical circuit diagram will also be updated to reflect the changes.

Maintenance of our electrical equipment will be performed as per the Maintenance Schedule (FORM 10A). An example of an electrical maintenance program has been supplied on (FORM 10 G). This can be used to develop your own schedule.

A record will be kept of the maintenance activities performed on electrical equipment.

- d. Systems of work** – Our mine will have a number of SWMSs that will control the following activities; *(Electrical contractors will be required to conduct risk assessments and submit SWMSs for the work they are going to perform).*

- i. Electrical isolation procedure, including a “test before you touch” procedure
- ii. Removal and restoration of power
- iii. Electric Shock protocol

Note: To download (<http://www.dpi.nsw.gov.au/minerals/safety/resources/electrical-engineering/guidance-material>)

10.12 WHEN: Maintenance will be conducted on each piece of plant and equipment as per the “Plant Register & Maintenance Schedule” (FORM 10A). These frequencies are based on information obtained from the respective plant service manuals and discussions with our electrician.

10.13 ACTION: If during the course of completing the initial electricity risk assessment something is found not to meet the site's standards, then the person completing the assessment will record it on (FORM 10E) and will notify _____ of the problem. If the problem is not fixed immediately then the hazard will be transferred into the daily diary or action plan

10.14 DOCUMENT CONTROL: Larger pieces of electrical equipment may have there own plant file/book located _____, (FORM 10C). Where the site has a number of small electrical appliances all maintenance will be recorded in a single file/book (FORM 10C).

Scheduled Maintenance: All scheduled maintenance will be recorded in the plant file/book (*eg attach completed supplier service sheets, where if applicable*).

Breakdown Maintenance: All unexpected breakdown maintenance will be recorded on the plant file/book.

External Service Provider: All documentation received during the course of completing service work by external service providers will be recorded in the plant file/book.

REFERENCES

(NSW) Mine Health & Safety Regulation 2007 Clause 14(b), Clause 42, Clause 61, Clause 67

(NSW) Occupational Health & Safety Regulation 2001 Clause 9(2)(c), Clause 42, Clause 65, Clause 137

Minerals Industry Safety Handbook 2002 Chapter 5.4 Maintenance and Repairs

FORM 10 E

ELECTRICITY – RISK ASSESSMENT

Mine : _____	Inspection Area : _____
Electrical Contractor Representative : _____	Site Representative : _____
Date: _____	

Category	Risk Assessment Questions	Risk			Audit Observations – Controls
		H	M	L	
Systems					
Management	Is there an electrical maintenance plan? <i>(should include an electrical register)</i>				
	Does the maintenance plan refer to compliance with AS 3000 and AS 3007?				
	Does the electrician issue a statement of compliance for new installations? <i>(section 8 tests performed – AS/NZS 3000:2007)</i>				
	Is there an electric shock protocol?				
	If HV is delivered to the site is there a high voltage management plan as required by the local supply authority service rules?				
	Is there electrical circuit diagrams on site and available for use?				
Isolation	Is there an isolation system (tag out / lock out)? <i>(including documented procedure)</i>				
	Does it include a “test before you touch” policy and procedure?				
	Is there a removal and restoration of power procedure? <i>(SWMS)</i>				
	Is there a “No Live Work” policy at the mine?				
	Is there a written “Live Testing Policy” at the mine?				
Competencies					
Tradesperson	Is electrical work only conducted by qualified persons?				
	Has the site obtained copies of the electrician’s qualifications?				
	Has the electrician been given a site induction?				
	Does the site induction include the site isolation procedures?				
	Does the site induction include the site removal and restoration of power procedures?				
	Does the site induction include the site the “Test before you touch “policy?				
	Does the site induction include the site policy for “No Live Line Work”?				

Category	Risk Assessment Questions	Risk			Audit Observations – Controls
		H	M	L	
	Does the site induction include the site “Live Testing Policy”?				
	Does the site induction include the site’s “Electric Shock Protocol”?				
Employees	Do mine workers know the electric shock protocol?				
	Have mine workers been trained in the isolation procedure?				
	Have mine workers been trained in the Removal and Restoration of Power procedures?				
Equipment					
General	Are all installations appropriately IP rated to prevent ingress of contaminants?				
	Are all cables routed so as to protect them against physical damage?				
	Are all cables supported to prevent strain?				
	Have all redundant cables been removed or terminated properly?				
	Is permanent equipment supplied by extension leads? (It should not be)				
OHL	Have OHL’s (Over Head Lines) been assessed to confirm clearances, signage and exclusion zones?				
	Are all OHL’s drawn on a site plan, including clearances and isolation points?				
	There should be no stockpiling, loading or storage of material and equipment under OHL.				
	Have local authorities been contacted to confirm clearances? (<i>clearance depends on voltage</i>)				
	Does your emergency procedure include OHL emergencies?				
	Are power lines, poles and transformers included in workplace inspections?				
Unauthorised access	Are all cabinets labeled to highlight “no unauthorised access”?				
	Are all cabinets labeled with the maximum contained voltage?				
	Do all cabinets require the use of a tool to access live terminals >50 volts?				
	Are all cabinets clean and in good physical condition.				
Generators < 25kW (portable -stand alone)	Are portable 240volt generators provided with earth stakes ? Are controls placed on the use of tools powered from generators without RCDs? (eg no “earthed” device, max. of one double insulated device)				
Generators > 25kW (mobile-stand alone)	Is there earth leakage protection? (<i>refer to NSW DPI - EES 014 Generator principles</i>) Is there no earth electrode? Is equipotential earth bonding provided?				

Category	Risk Assessment Questions	Risk			Audit Observations – Controls
		H	M	L	
Large Generators with fixed installations	Was system design by a professional electrical engineer? (Requirement for earth stake depends on design system utilized)				
Earthing	Have earthing arrangements for the site been tested and confirmed compliant to AS/NZS3000 and AS3007?				
	Are the electrical protection arrangements suitable for detecting and clearing <u>all</u> faults so as to maintain touch potential clearance times to as AS/NZS3000:2007 Fig. 4B				
	Are all socket outlets protected by 30mA RCD's in accordance with AS/NZS3000?				
	Is there documented evidence that electrical tests are performed and recorded in accordance with AS/NZS 3000?				
Hand Held Tools	Are tools and extension leads tested and tagged in accordance with AS 3760? (min 6 monthly, depends on exposure)				
	Has the mine considered hand tools powered by energy source other than mains power?				
Welding	Do procedures (SWMS) exist to control welding activities? (AS 1674.2)				
	Are welders regularly inspected and tagged by your electrician?				
	Are HRD (Hazard Reduction Devices) fitted to welders? VRD (Voltage Reduction Device), or Trigger Switch, or Open Circuit Safety Switch				
	Does the mine restrict electric welding to qualified persons?				
	Are people trained in electric welding and assessed as competent?				

FORM 10 F – EXAMPLE CERTIFICATE OF COMPLIANCE

CERTIFICATE OF COMPLIANCE – ELECTRICAL WORK				<i>Customer COPY</i>	
CUSTOMER DETAILS				CERTIFICATE NO: 0587612	
Name	<div style="border: 1px solid black; height: 20px;"></div>			Telephone Contact	<div style="border: 1px solid black; height: 20px;"></div>
Site Address	<div style="border: 1px solid black; height: 20px;"></div>			Meter No:	<div style="border: 1px solid black; height: 20px;"></div>
Cross Street	<div style="border: 1px solid black; height: 20px;"></div>	Postcode	<div style="border: 1px solid black; height: 20px;"></div>	NMI (if applicable)	<div style="border: 1px solid black; height: 20px;"></div>
INSTALLATION WORK DETAILS Indicate the type of installation and types of work performed under this Notice					
Type of Installation	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial	<input type="checkbox"/> Rural	<input type="checkbox"/> Other
Special Conditions	<input type="checkbox"/> over 100 amps	<input type="checkbox"/> High Voltage	<input type="checkbox"/> Hazardous Area	<input type="checkbox"/> Generator	<input type="checkbox"/> Unmetered Supply
CERTIFICATE MUST BE ISSUED TO THE CUSTOMER FOR ALL ELECTRICAL WORK Work of the following type must ALSO be notified to the ELECTRICITY DISTRIBUTOR (DNSP)					
<input type="checkbox"/> New Installation <input type="checkbox"/> Network connection or metering					
<input type="checkbox"/> Additions or alterations to a switchboard or associated equipment <input type="checkbox"/> Defect Rectification No:					
DETAILS OF EQUIPMENT Describe the equipment and estimate load increase of the work affected by this Notice. If insufficient space attach separate sheets.					
EQUIPMENT	RATING	No.	PARTICULARS OF WORK		
<input type="checkbox"/> Switchboards					
<input type="checkbox"/> Circuits					
<input type="checkbox"/> Lighting					
<input type="checkbox"/> Socket-outlets					
<input type="checkbox"/> Appliances					
Estimated increase in load A/ph			<input type="checkbox"/> Increased load is within capacity of installation/service mains		
<input type="checkbox"/> Work is connected to supply			<input type="checkbox"/> Work is not connected to supply pending inspection by DNSP		
The work has been carried out or supervised by:			Licence No:		
<div style="border: 1px solid black; height: 20px;"></div>			<div style="border: 1px solid black; height: 20px;"></div>		
TEST REPORT Indicate the relevant tests and checks that have been performed on the work. If test records are provided attach as separate sheets.					
<input type="checkbox"/> Earthing system integrity Ω		<input type="checkbox"/> Residual current device operation			
<input type="checkbox"/> Insulation resistance MΩ		<input type="checkbox"/> Visual check that installation is suitable for connection to supply			
<input type="checkbox"/> Polarity		<input type="checkbox"/> Stand-alone power system complies with AS 4509			
<input type="checkbox"/> Correct circuit connections		<input type="checkbox"/> Fault loop impedance (if necessary)			
I confirm that I have carried out the above tests and visually checked that the installation work described in this Certificate complies with AS/NZS 3000 and is suitable for its intended use.					
Name:			Licence No:		
<div style="border: 1px solid black; height: 20px;"></div>			<div style="border: 1px solid black; height: 20px;"></div>		
Signature:			Date of Testing:		
<div style="border: 1px solid black; height: 20px;"></div>			<div style="border: 1px solid black; height: 20px;"></div>		
CERTIFICATION I, the Electrical Contractor give notice to the Customer and _____ (Name of DNSP or OFT), that the work described in this Certificate has been completed in accordance with the Electricity (Consumer Safety) Regulation 2006					
Name:			Licence No:		
<div style="border: 1px solid black; height: 20px;"></div>			<div style="border: 1px solid black; height: 20px;"></div>		
Signature:			Date of Notice:		
<div style="border: 1px solid black; height: 20px;"></div>			<div style="border: 1px solid black; height: 20px;"></div>		
Address:			Telephone No. or Other Contact		
<div style="border: 1px solid black; height: 20px;"></div>			<div style="border: 1px solid black; height: 20px;"></div>		
ELECTRICITY DISTRIBUTOR (DNSP) REMARKS					
Inspected by:			Date		
<div style="border: 1px solid black; height: 20px;"></div>			<div style="border: 1px solid black; height: 20px;"></div>		
Comments:					
<div style="border: 1px solid black; height: 20px;"></div>					

FORM 10G

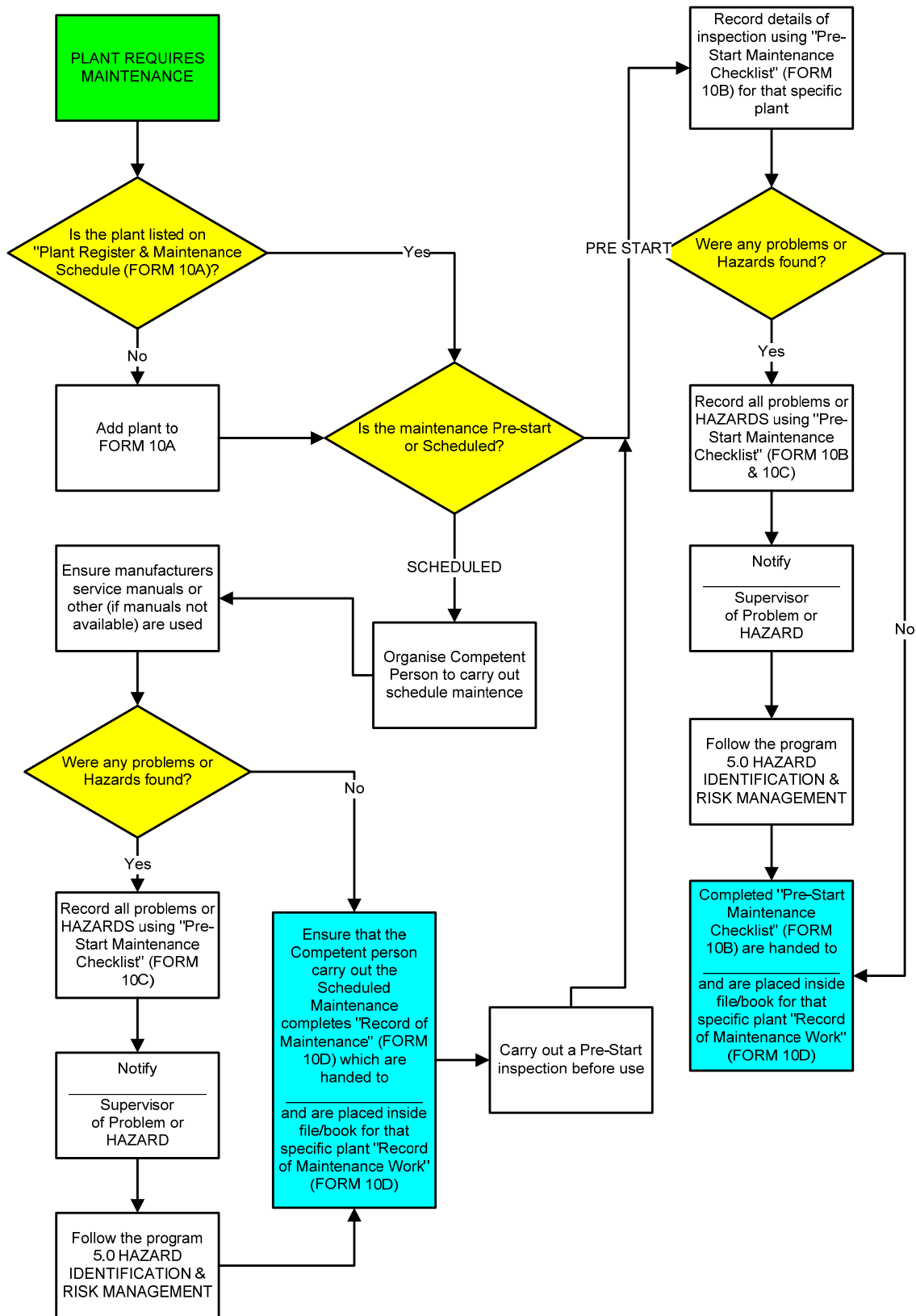
EXAMPLE OF AN ELECTRICAL MAINTENANCE SCHEDULES FOR A PROCESS PLANT

PROCESS PLANT		
DESCRIPTION OF PLANT AND MAINTENANCE TASK.	FREQUENCY OF MAINTENANCE TASKS	SCOPE OF MAINTENANCE TASK
Control panel power supply cable External examination Condition monitoring Overhaul / replace	Monthly 6 Monthly As required	External inspection Insulation and continuity tests As determined by inspections & electrical tests
Control / distribution panels External examination Internal examination Condition monitoring Condition monitoring Overhaul	Monthly 6 Monthly 12 Monthly 12 Monthly As required	External inspection Internal inspection Insulation and continuity tests Thermograph study – Accessible areas As determined by examinations & electrical tests
Protection systems Operational function test Operational function test Operational function test Internal examinations Calibration Calibration Electrical protection grading Overhaul / replace	Monthly Monthly 6 Monthly 12 Monthly 12 Monthly 12 Monthly As required As required	Fire detection system - Conducted by external specialists Belt slip, signal line, brake lift, blocked chute, man on belt, tracking limits, emergency stops Earth leakage test Internal inspection – Mechanical devices (tracking switches), junction boxes (slip, blocked chute etc.) Certification of performance of earth leakage, overload & short circuit – specialised task Certification of fire detection system – specialised task Determined by fault level/load flow study As determined by examinations, electrical tests, certification process or failure
Motors Internal examination External examination Lubrication Internal examination Condition monitoring Condition monitoring Overhaul	Weekly Monthly 6 Monthly 6 Monthly 6 Monthly 12 Monthly As required	Carbon brush examination – replace as required External inspection Grease motors-type and quantity of grease specified Internal inspection Insulation and continuity tests Thermograph study – Accessible areas As determined by examinations & electrical tests

PROCESS PLANT		
DESCRIPTION OF PLANT AND MAINTENANCE TASK.	FREQUENCY OF MAINTENANCE TASKS	SCOPE OF MAINTENANCE TASK
Motor supply cable External examination Internal examination Overhaul / replace	Monthly 12 Monthly As required	External inspection Internal inspection As determined by examinations & electrical tests
Vibratory Feeders External examination Calibration Internal examination Condition monitoring Overhaul	Monthly 6 Monthly 12 Monthly 12 Monthly As required	External inspection Confirmation of feeder stroke setting – specialised task Internal inspection – general condition Insulation and continuity tests As determined by examinations & electrical tests
Overhead crane External examination Lubrication Internal examination Condition monitoring Lubrication Overhaul	Monthly 3 Monthly 12 Monthly 12 Monthly 6 Monthly As required	External inspection Grease motors-type and quantity of grease specified Internal inspection – general condition – connections, contamination ingress Insulation and continuity tests Grease motors with specified grease As determined by examinations & electrical tests
Field devices External examination Operational function test Lubrication Calibration Internal examination Internal examination Overhaul / replace	Monthly Monthly 3 Monthly 6 Monthly 6 Monthly 12 Monthly As required	External inspection Confirm effective operation ie emergency stops, isolators, indicators etc. Lubrication of moving mechanical parts Certification of belt coal weigher operating parameters – specialised task Internal inspection – Marshalling boxes, welding outlets, conveyor belt winding outlet – connections , contamination ingress Internal inspection As determined by examinations & electrical tests
Air conditioning systems External examination Internal examination Operational function test Service / Overhaul	6 Monthly 12 Monthly 12 Monthly 12 Monthly	External inspection Internal inspection – Conducted by external specialists Conducted by external specialists Conducted by external specialists

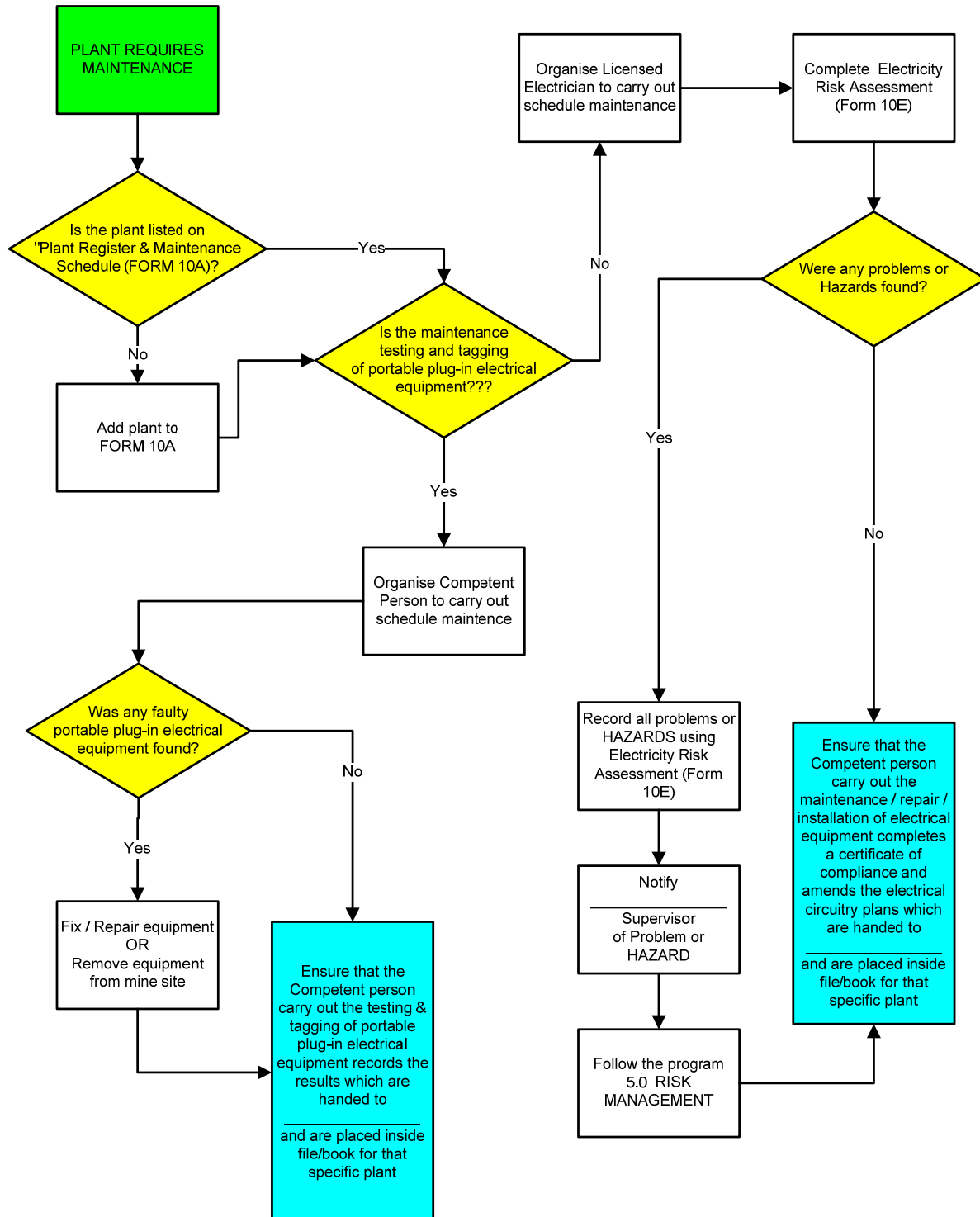
PROCESS PLANT		
DESCRIPTION OF PLANT AND MAINTENANCE TASK.	FREQUENCY OF MAINTENANCE TASKS	SCOPE OF MAINTENANCE TASK
General power & lighting circuits External examination Condition monitoring Operational function test Calibration Internal examination Internal examination Overhaul / replace	Monthly 6 Monthly 12 Monthly 12 Monthly 12 Monthly As required As required	External inspection Insulation and continuity tests Audit performance of circuits and report. Circuits protected by RCD's –test RCD's for trip current and time Internal inspection – distribution board(s) – connections, contamination ingress Electrical fixtures – Carried out at time of repair As determined by examinations & electrical tests.
Metal Structure earthing External examination Condition monitoring	Monthly 24 Monthly	External inspection Earthing resistance test conducted by external specialists

10.0 MAINTENANCE



10.1 MAINTENANCE

Electrical Plant



11.0 ACCIDENT & INCIDENT REPORTING

11.1 AIM: The aim of this program is to ensure that all accidents and incidents are reported and recorded in a standard format. This allows the site to take positive action to prevent a repeat of the incidents.

The program also contains a procedure that will allow the operator to determine which accidents and incidents will be investigated.

11.2 WHAT: The following accidents and incidents will be reported as required by this program.

First Aid Injuries	Restricted Duties
Near Misses	Off Site Medical Treatment
Notifiable Incidents	Lost Time Injuries
Death of a person	Serious Injuries

11.3 WHO: It is the responsibility of the person who has been injured to report the accident or incident. The _____ will be responsible for ensuring that the forms are filled out correctly and that they are forwarded to the correct people, eg Government Agency and our workers compensation insurer _____.

11.4 HOW:

Internal Reporting – Record Keeping

All injuries, no matter how big or small will be recorded in the register of injuries that is located _____, (FORM 11A)

External Reporting to Government Agency

It is generally a requirement by Government Agencies that information about accidents, incidents, near misses, injuries and deaths at mine sites are reported to that Government Agency within specified time frames eg the NSW DPI requires the notification of deaths, prescribed injuries, notifiable incidents on a prescribed form within prescribed times. NSW

DPI also requires certain types of workplace injuries to be reported using the “MHSR Quarterly Workplace Injury Report” and faxed to the nearest DPI office within 30 days after the end of each quarter ending 31 March, 30 June, 30 September and 31 December.

11.5 WHEN: All accidents and incidents will be recorded on the appropriate forms at the earliest possible time after the event.

All documentation will be kept for a minimum of 5 years.

The _____ will discuss any accident or incident reports at the safety meetings to ensure that everyone is aware of the outcomes of the investigations.

11.6 ACTION: The _____ will review all accident and incident reports and will decide on which events will be **investigated**. The investigation will be completed by _____ & _____ using (FORM 11B section C & D). The results of the investigation will be discussed at the next safety meeting and the _____ will make sure that any identified hazards are recorded on an action plan or daily diary and are completed and signed off.

11.7 DOCUMENT CONTROL: All information relating to accidents, incidents or investigations, including Government Agency forms, will be filed in _____ located _____.

REFERENCES

(NSW) Mine Health & Safety Act 2004 Part 7 Notification of certain incidents

(NSW) Mine Health & Safety Regulation 2007 Part 10 Division 2 Notifications of certain incidents

Minerals Industry Safety Handbook 2002 Chapter 1.7.1.4 Injury/Illness Reporting and Records, Chapter 2.4 Accident Investigation

FORM 11A**REGISTER of INJURIES**

Date/Time	Name Address Age	Occupation	Description (what, where, how)	Treatment given	Outcome RTW, home medical/hospital	Lost time Y/N	First aiders initials	Supervisor informed (who, when)

(This form may be used or an alternative such as a pre-printed book, exercise book – however, to meet statutory requirements, ALL of the above information must be recorded.)

RTW = Return to Work

Doc: 11.0 Accident & Incident Reporting	Approver:	Date:	Program 11 - 3
---	-----------	-------	----------------

FORM 11 B

ACCIDENT / INCIDENT REPORT & INVESTIGATION FORM

Report No. _____

SECTION A:

WHO was injured (or involved in the incident)? _____
SURNAME NAME

WHO were the witnesses? _____

WHO was the supervisor? _____

WHO was the accident / incident first reported to? _____ Time _____ Date _____

WHEN did the accident / incident occur? Time _____ Date _____

WHERE did the accident / incident occur (be specific) _____ Dept. _____

HOW did the accident / incident occur? _____

WHAT was the injury? (if none N/A) _____ Part of body. _____

WAS the employee referred to Doctor? _____ Hospital _____ Returned to work _____

Other _____

Is this a lost time injury? Yes/No

Signed (First Aider) _____

SECTION B**INVESTIGATION BY SENIOR PERSON ON SITE or DELEGATE**

HOW and WHY did the accident / incident happen (explain how and what the employee was doing and with what)

WAS the situation foreseen in the Safe Work Procedure _____

SECTION C**ACCIDENT / INCIDENT CAUSE ANALYSIS**

Report No. _____

(If more space is required please attach extra pages to the back)

1. **IMMEDIATE CAUSES** Work environment and work practices (list each of the immediate factors that appear to have caused the accident eg machine unguarded, operator used wrong tool, forklift with tynes up, fumes ignited)

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

2. **UNDERLYING (BASIC) CAUSES – SYSTEMS FAILURES** (eg inadequate training programs, inadequate work procedures, inadequate maintenance system, inadequate housekeeping system)

3. **GENERAL RECOMMENDATIONS** (review systems identified above)

SECTION D

SENIOR PERSON ON SITE – PLAN / ASSESSMENT

ACTION PLAN

What's to be done	Who's to do it	By when

COMMENTS (Please include a picture/diagram of accident / incident)

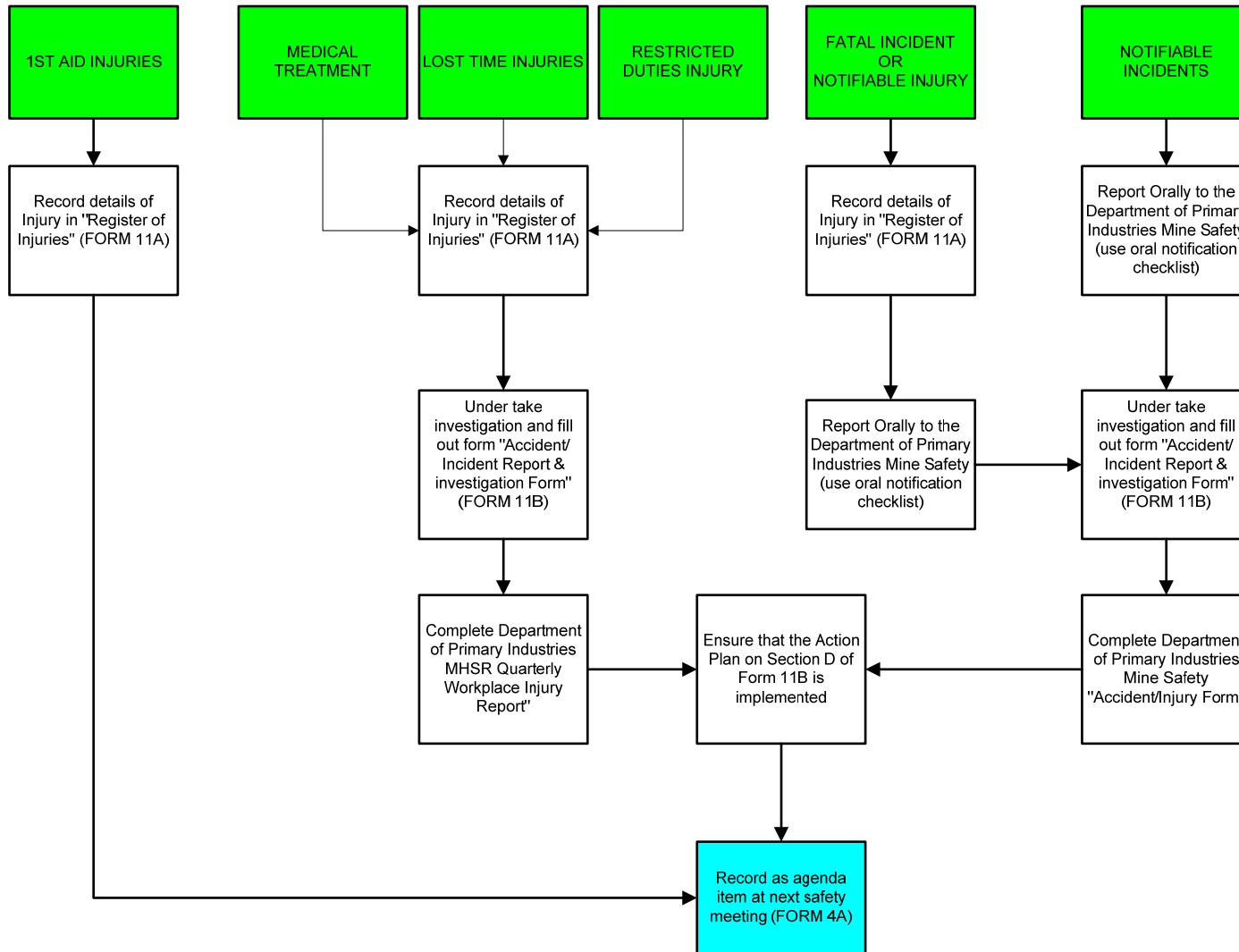
Signature (Senior Person) _____

REVIEW AT SAFETY MEETING:

Yes/No

Date_____Satisfactory? Yes/No

11.0 ACCIDENT & INCIDENT REPORTING



12.0 CONTRACTOR MANAGEMENT

12.1 AIM: Our contractor management program will allow the mine to control all visitors to the mine, including their plant and equipment. It will ensure that visitors, employees and contractors are suitably trained and equipped, and that their plant and equipment is safe and fit for purpose for the work being carried out.

12.2 WHAT: All people visiting the site, whether for private or commercial reasons, will be controlled by our contractor management program. This will be achieved by ensuring that all people are made aware of their health and safety requirements, including equipment standards.

Each category of visitor/contractor will be controlled according to the level of risk they will be exposed to on site.

12.3 WHO: People who enter the site and do not go past the _____ will be controlled by way of our entry signs and are not required to complete any form of induction.

If people proceed past the _____, they will be managed depending on their category. Table 1 indicates who will be able to complete the various types of induction.

ALL NEW EMPLOYEES WILL BE CONSIDERED A MEDIUM RISK. THEY WILL COMPLETE AN INDUCTION WHEN THEY START WORK.

12.4 HOW: Each contractor/visitor will be assessed against the following table to determine the type of induction required. If the company representative believes the contractor/visitor may be exposed to a higher risk category, than nothing shall prevent him from insisting that the contractor/visitor complete a higher category of induction.

Contractors **should** participate in the consultation process as per Program 4 CONSULTATION.

12.7 DOCUMENT CONTROL: All inductions completed under medium risk and high risk categories will be signed by the employee/contractor and the _____ will transfer their name onto the induction register.

Each person being inducted will keep a copy of the site safety rules. The induction form will be filed with the induction register _____.

REFERENCES

(NSW) Mine Health & Safety Act 2004 Section 30(3)(b), Section 32(b), Subdivision 4 Duties regarding contractors, Section 63, Section 64

(NSW) Mine Health & Safety Regulation 2007 Clause 29

(NSW) Occupational Health & Safety Act 2000 Section 8

(NSW) Occupational Health & Safety Regulation 2001 Clause 13(1), Clause 171(b)

Minerals Industry Safety Handbook 2002 Chapter 3.5.5 Specific Training Requirements, Chapter 1.6 Contractor Management

FORM 12 A

_____ - SITE SAFETY RULES

Thank you for visiting our site.

While you are visiting our mine we are responsible for your health and safety. These site rules summarise the work practices that apply to our mine. The nominated company representative will read through this document with you and will discuss any issues that arise.

- THE PERSON RESPONSIBLE FOR YOUR SUPERVISION IS _____
- A FIRST AID KIT IS LOCATED _____ AND _____ IS TRAINED IN FIRST AID
- IN THE CASE OF AN EMERGENCY, GO TO _____ AND FOLLOW THE EMERGENCY PROCEDURE
- YOU CAN ONLY VISIT THOSE AREAS AS DIRECTED BY THE COMPANY EMPLOYEE
- YOU MUST WEAR PERSONAL PROTECTIVE EQUIPMENT (PPE) AS INDICATED BY THE SIGNS ON SITE OR AS INDICATED BY THIS SAFETY PLAN
- YOU MUST REPORT TO _____ WHEN YOU ARRIVE ON SITE
- PLEASE BE AWARE OF MOBILE PLANT AT ALL TIMES
- OUR COMPANY POLICY ON CHILDREN ENTERING THE SITE IS _____
- TRAFFIC WILL ABIDE BY THE SITE SPEED LIMIT, WHICH IS _____
- IF YOU SEE ANY HAZARDS ON SITE PLEASE REPORT THEM IMMEDIATELY TO _____ AND RECORD THEM ON THE HAZARD REPORT FORM 6E

This document will be brought to the attention of all people entering the site.

FORM 12B

VISITORS BOOK

Date	Name	Company	Person visiting and/or task to perform	No. Hours Worked Prior	Time in (Arrive)	Time out (Depart)	Signature On departure

FORM 12C

CONTRACTOR AND EMPLOYEE INDUCTION

This induction form is to be completed by any contractor/employee or visitor that is considered a medium risk or high risk. This form is to be completed by a suitably authorised person.

SECTION 1

To be completed by **Medium Risk** **High Risk** (Circle Risk Category)

Contractors/Employee/Visitor Name:
Name of Company or Trade Name:
Contact Details:
Date of Induction:
Person Completing Induction:
Type of Work being carried out:

The following items will be discussed with the new contractor / employee:

You need to check: (✓ or x)

- The contractor/employee/visitor will receive a copy of the site rules ☐
- Isolation procedure ☐
- Drug and alcohol policy (Program 14) ☐
- Traffic controls and restrictions ☐
- Reporting of accidents and incidents (Program 11) ☐
- Reporting of hazards (FORM 6E) ☐
- Relevant SWMS (Safe Work Method Statements) (Program 8) ☐
- Relevant MSDS (Material Safety Data Sheets) (Program 16) ☐
- Other issues _____ ☐

In addition, the following will be discussed with a new employee:

- Brief overview of company ☐
- Conditions of employment ☐
- Description of job ☐
- Role and responsibilities of employee and supervisor (Program 2) ☐
- The Senior Management or PM will discuss the contents of the MSMP (or summary of) with the employee ☐
- Other issues _____ ☐

Operating Equipment

Where a contractor is bringing equipment on to mine, the _____ will inspect the equipment the first time it arrives to ensure that it meets the mine's equipment standards. The _____ will conduct regular inspections to confirm that the equipment is maintained to this standard.

You need to check: (✓ or x)	
<ul style="list-style-type: none"> Necessary licences/permits are held (record details) <input type="checkbox"/> _____ has assessed operator to be competent <input type="checkbox"/> Does mobile plant conform to site Standards? <input type="checkbox"/> <ul style="list-style-type: none"> ROPS CANOPY (except for Road Trucks, Drills, Excavator)? All safety guards fitted? Seatbelt fitted and in good condition? Fire extinguisher fitted and charged? Reverse alarm operational? All vehicle systems operational? Other issues _____ <input type="checkbox"/> 	<ul style="list-style-type: none"> Have power tools been checked recently (tagged by electrician)? <input type="checkbox"/> Flashback arrestors fitted to oxy-acetylene equipment <input type="checkbox"/> First aid facilities be available for the full duration of the job <input type="checkbox"/> Are fire fighting facilities available? <input type="checkbox"/> Has entry/exit to the site been agreed (after hours work)? <input type="checkbox"/> HAS AN ASSESSMENT OF THE HAZARDS ASSOCIATED WITH THE WORK BEEN CARRIED OUT? <input type="checkbox"/> SWMS PROVIDED <input type="checkbox"/> MSDS <input type="checkbox"/>

I have reviewed and discussed the material in section 1 of this "Contractor and Employee Induction" with the company representative.

Signed Contractor/Employee/Visitor: **Date:**

Signed (Person providing induction): **Date**

SECTION 2

To be completed by **High risk only**

Where a contractor is conducting work that is classified as a high risk due to:

- the complexity and size of the project;
- the requirement for increased supervision; or
- the fact that the work requires greater technical knowledge.

Senior Management **may** require the contractor to prepare and provide a "Contractor Safety Management Plan" of his own, that includes an assessment of risks associated with the work to be carried out by the contractor at the mine.

I have supplied to _____ a copy of our "Contractor Safety Management Plan" and SWMS's. These documents include an assessment of the risks associated with the work to be carried out.

Signed Contractor **Date:**

I have reviewed the "Contractor Safety Management Plan" using FORM 12D and SWMS's and found them to be acceptable.

Signed Senior Manager on Site..... **Date**

FORM 12D**ASSESSMENT OF CONTRACTORS SAFETY MANAGEMENT**

This form is used to determine if a Medium or High risk contractor is suitable to use on the mine site.
This includes an assessment of the Contractor's Safety Management Plan.

Mine Details			
Contractor's Name:		Contact Name:	
ACN/ABN:		Contact Position:	
Address:		Contact Phone No:	
Project / Task Details			
Project / Task:		Area:	
Activity:		This has been developed in consultation with: Contractor Rep: Reviewed By: _____ Position: _____ Date: __/__/__	
Resources / Trades Involved:			
Equipment Used:			
Maintenance Checks:			
Materials Used:			
Occupation Health & Safety or Environmental Legislation:		Codes or Standards Applicable To The Works:	

REVIEW OF CONTRACTORS HEALTH & SAFETY PERFORMANCE					
Questions			Is the Standard acceptable?		Comments
Has the contractor provided their company's current health & safety policies?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Has the contractor provided their company's current procedures?(SWMS)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Has the contractor provided a copy of their employees' competencies?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Has the contractor provided a record their company's occupational health and safety performance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Has the contractor provided fit for purpose plant?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is the mine satisfied with the contractor's health & safety performance?	Yes <input type="checkbox"/>		No <input type="checkbox"/>		

Reviewed by _____

Signature: _____

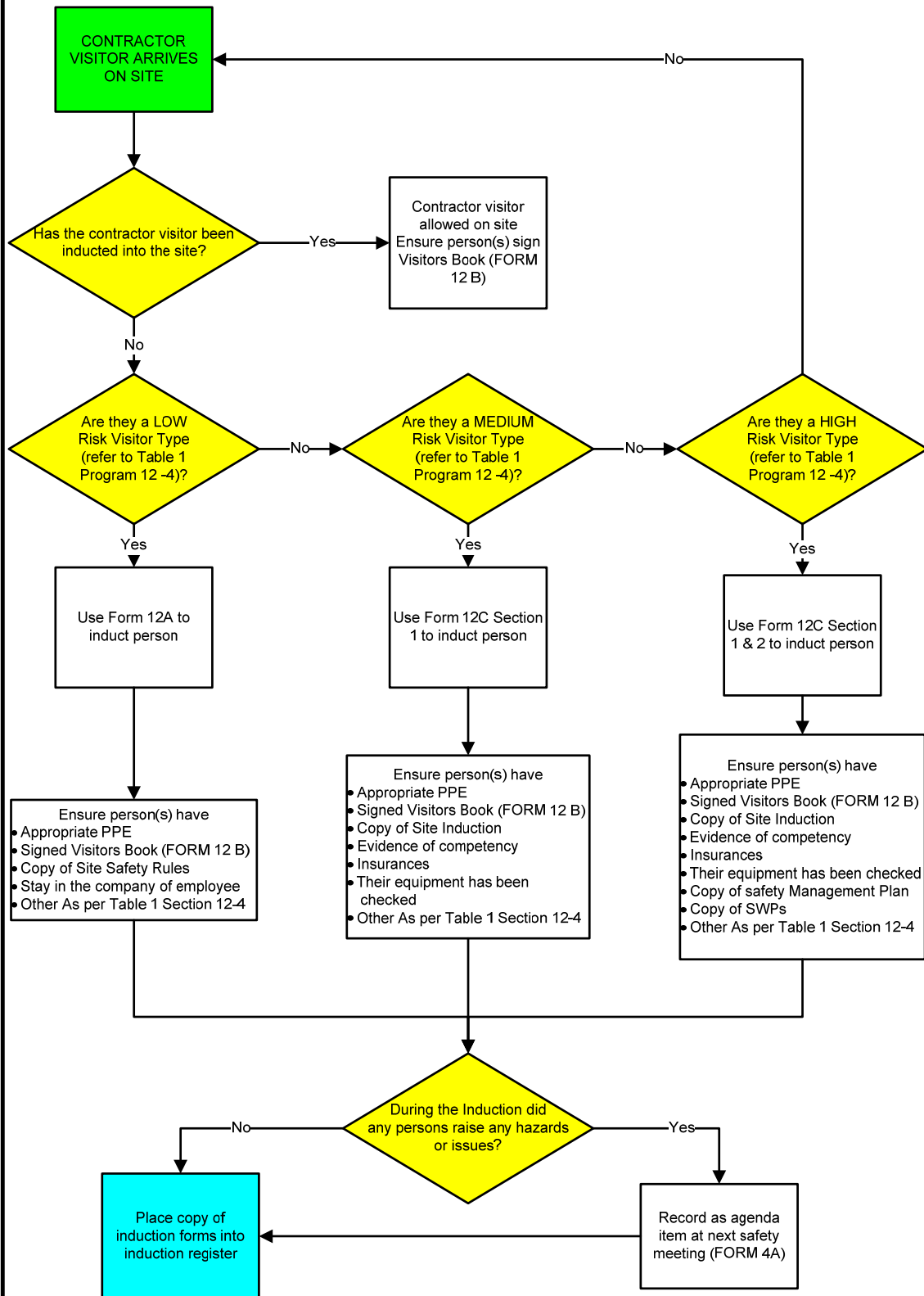
Date: ____ / ____ / ____

ASSESSMENT OF CONTRACTOR'S SAFETY MANAGEMENT PLAN			
Criteria	Yes	No	Comments
Does the plan include an assessment of risks associated with the project / task?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Does the plan include:			
1. Work process?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
2. Equipment to be used?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
3. A list of Standards or codes to be complied with?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
4. Record keeping of the project / task?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
5. Competencies of personnel doing the work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
6. SWMS of all the work activities assessed as having risks?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Does the plan have a compatible and equivalent stand of risk assessment as program 5 of this MSMP?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is the plan up-to-date and maintained by the contractor?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If subcontractors are to be used does the plan have a method for determining compliance with the plan?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Have the personnel doing the work been inducted into the contractor's plan?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is the contractor's plan accepted by the mine?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<i>If yes, a copy of the contractors plan will be stored _____. The inspection matrix in Program 6 will be updated for compliance inspections of the contractor with their plan.</i>

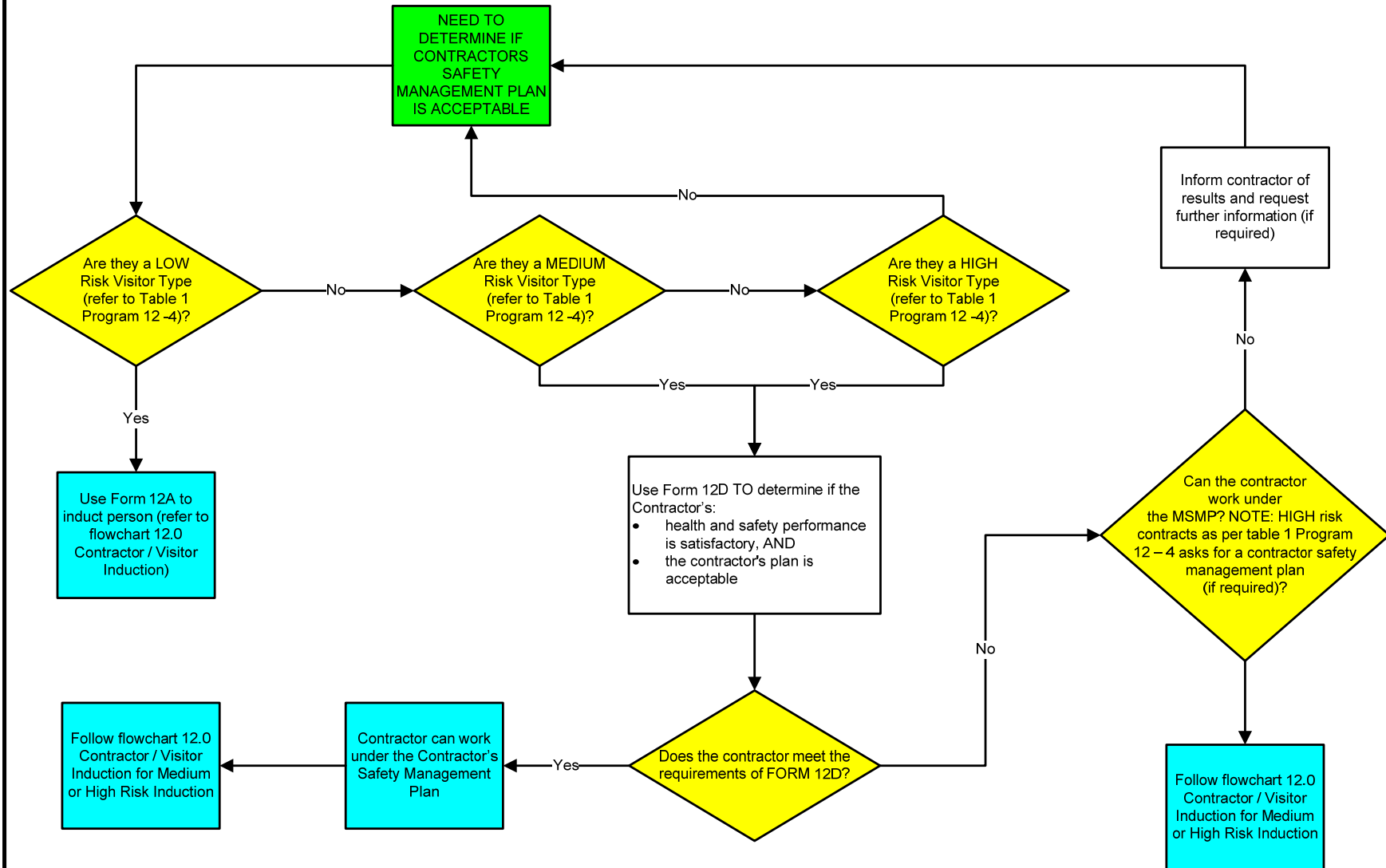
Assessed by : _____

Signature: _____ Date: ____ / ____ / ____

12.0 CONTRACTOR / VISITOR INDUCTION



12.1 CONTRACTOR SAFETY MANAGEMENT PLAN ASSESSMENT



13.0 TRAINING

13.1 AIM: The aim of this program is to ensure that all employees have the appropriate training and skills to work safely and competently.

13.2 WHAT: All employees and contractors will need to have the appropriate competencies to operate machinery and equipment at the mine. These competencies will be checked and recorded. If employees have not yet achieved the required competency then a training program will be developed to obtain the appropriate competency level.

13.3 WHO: People who undertake the following activities will be given training:

- _____
- _____
- _____
- _____

13.4 HOW: During the course of the Site Safety Meeting / toolbox meeting we will analyse the training needs of people employed at the mine. We will discuss the tasks that are performed at the mine and we will schedule training where it is deemed necessary.

A training/competency register will be maintained for each employee (FORM 13B) and it will be filed in the employee's personnel file. This register will list all training completed by the employee, including a record of all competencies (permits, tickets) that he/she holds, eg fork lift, first aid, loader ticket, crusher operation, induction.

When a person has been deemed competent to operate mobile plant or other equipment, FORM 13B will be signed off and a record will be kept of how he/she was deemed to be competent. If an external provider is used then a record of the permit number will be recorded.

13.5 WHEN: All training requirements will be recorded on the Training Plan (FORM 13 A). A review our training requirements will be conducted as per the yearly plan (FORM 1A).

13.6 ACTION: _____ is responsible for maintaining the training registers.

13.7 DOCUMENT CONTROL: Documents associated with this program shall be recorded on the “Document Control Master List” (FORM 3A).

REFERENCES

(NSW) Mine Health & Safety Regulation 2007 Clause 14(d), Clause 32(1)(c)

(NSW) Occupational Health & Safety Act 2000 Section 8(1)(d)

(NSW) Occupational Health & Safety Regulation 2001 Clause 13

Minerals Industry Safety Handbook 2002 Chapter 3.5 Training and Development

Doc: 13.0 Training	Approver:	Date:	Program 13 - 2
--------------------	-----------	-------	----------------

FORM 13A**TRAINING PLAN - Example**

Prepared by: _____

Year : _____

Approved by: _____

Type of training	Employee	Provided by	Completion Date	When / Refresher	Expire Date
First Aid	Employee 1	ABC 1 st Aid	1/1/2006	3 years	1/1/2009
	Employee 2	ABC 1 st Aid	1/1/2006	3 years	1/1/2009
Rear Dump Truck	Employee 2	Mine Manager	1/2/2006	2 years	1/2/2008
Front End Loader	Employee 1	Mine Manager	1/2/2006	2 years	1/2/2008
Shotfirer	Employee 1	TAFE	1/12/2007		

FORM 13B - Example

EMPLOYEE TRAINING / COMPETENCY REGISTER

Name _____

TRAINING / COMPETENCY	PERMIT OR COMPETENCY NUMBER	DATE ACQUIRED	EXPIRY	APPROVED BY
Induction		1/1/2006	1/1/2007	
UHL (Unsupervised Handling Licence)	Workcover #### @ @ @ @	1/1/2006	1/12/2011	
BEUL (Blasting Explosive User Licence)	Workcover #### @ @ @ @	1/12/2006	1/12/2011	
FEL	National Competency Cert III #### @ @ @ @ @	1/12/2007		

14.0 FITNESS FOR WORK

14.1 AIM: The aim of this program is to protect people at our site from the harmful effects of alcohol, drugs and fatigue. We are committed to ensuring that all people working on our site are in a physical and mental state that will allow them to fulfil their work competently without putting themselves and others at risk.

14.2 WHAT: We intend to openly discuss and educate all employees and visitors on the mine's policy on alcohol, drugs and fatigue. While we respect the consultation process we also intend to be very clear on our policy of preventing persons from working at the mine if they exhibit any signs of alcohol, drug use or fatigue that is likely to affect their ability to work safely.

Alcohol and drugs

- Education and awareness
- Site Limits
- Testing
- Discipline

Fatigue

Education and awareness
Hours of work
Rest breaks
Task rotation

14.3 WHO: The following persons are covered by this program:

- Employees
- Contractors & Subcontractors
- Management
- Visitors
- _____

14.4 HOW: To maintain a safe and healthy work environment we have agreed on the following procedures for dealing with alcohol, drugs and fatigue.

- **DRUGS**

Prescription drugs

Illegal drugs

- **ALCOHOL**

Site Limit _____

Consumption of alcohol on site

- **FATIGUE**

14.5 WHEN: All people involved with this program will be made aware of their requirements on induction.

These limits are enforceable as of the date of induction.

14.6 ACTION: People believed to be exceeding the above limits of alcohol and other drugs will abide by our agreed disciplinary process:

Drugs

- _____

_____.

Alcohol

- _____

_____.

Employees that are required to work beyond their set hours shall

- _____

_____.

14.7: DOCUMENT CONTROL: All documents associated with this program shall be recorded on "Document Control Master List" (FORM 3A) and filed in _____.

REFERENCES

(NSW) Mine Health & Safety Regulation 2007 Division 2 Fitness for Work

(NSW) Occupational Health & Safety Regulation 2001 Clause 9(2)(b)

Minerals Industry Safety Handbook 2002 Chapter 3.6.2 Fitness for Work

15.0 HAZARDOUS SUBSTANCES/DANGEROUS GOODS

15.1 AIM: The aim of our hazardous substances/dangerous goods program is to identify all potential products that maybe hazardous at the mine. After identifying and assessing these products, controls will be developed, including ongoing monitoring programs.

15.2 WHAT: Regular site inspections will be conducted to identify products that are hazardous or dangerous. These products and any new products introduced to the mine will be recorded on the Hazardous Substances/Dangerous Goods Register (FORM 15A). Before a product or substance is introduced a current (within 5 years of the date of issue) Material Safety Data Sheet (MSDS) will be obtained.

Any product on Form 15A that has been eliminated from the site will be crossed off the form.

All safety and environmental precautions listed on the MSDS are to be followed when using the substance and should be included in the appropriate Safe Work Method Statement (SWMS). _____ is responsible for considering the following when selecting chemicals and substances for use on site:

- Flammability and exclusivity;
- Toxicity (short and long term);
- Carcinogenic classification if relevant;
- Chemical action and instability;
- Corrosive properties;
- Safe use and engineering controls;
- Environmental hazards; and
- Storage requirements.

All hazardous substances and dangerous goods will:

- Be stored in accordance with the MSDS and legislative requirements.
- Be stored in their original containers with the label intact at all times.

15.3WHO: _____ is responsible for the site inspection, completing the Hazardous Substances/Dangerous Goods Register (FORM 15A), obtaining current MSDSs and ensuring they are available in the workplace.

REMEMBER THAT CONTRACTORS USING HAZARDOUS SUBSTANCES OR DANGEROUS GOODS MUST BE IN POSSESSION OF CURRENT MSDSs APPLICABLE TO THEIR WORK.

15.4HOW: By completing the Hazardous Substances/Dangerous Goods Register (FORM 15A), we will ensure that the controls required by the MSDS for a product are implemented and if needed recorded in the appropriate Safe Work Method Statement.

15.5WHEN: Before a product or substance is used for a work activity, the Material Safety Data Sheet (MSDS) will be reviewed to determine if the product or substance is classified as hazardous. All persons involved in the use of products classified as hazardous, are provided with information and training to allow safe completion of the required task.

15.6ACTION: If during the course of normal daily activities or during a workplace inspection, anyone becomes aware of a product that maybe hazardous or dangerous, then _____ will be notified. The product will be recorded on the Hazardous Substances/Dangerous Goods Register (FORM 16A), and a MSDS obtained and the recommended controls implemented

15.7DOCUMENT CONTROL: All documentation relating to the program (eg FORM 15A) will be filed _____.

REFERENCES:

(NSW) Occupational Health & Safety Regulation 2001 Part 6.4 Use of hazardous substances

(NSW) WorkCover Control of Workplace Hazardous Substances Code of Practice 2006

Minerals Industry Safety Handbook 2002 Chapter 4.14 Hazardous Substances

FORM 15A

HAZARDOUS SUBSTANCES/DANGEROUS GOODS REGISTER

Product name	Used For (application)	Quantity	Product labelled		MSDS		Classified as Hazardous in the MSDS	
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If YES:
The risks & control measures and precautions associated with the product will be outlined in the SWMS

16.0 REGISTERS

16.1 AIM: The registers program of this MSMP includes a series of documents that are generally used to record inspection results of specific parts of the operation. These registers may not be referred to in the main programs of the MSMP, however they are an integral part of recording regular inspection and maintenance checks.

16.2 WHAT: Registers will be developed for areas of the operation that require ongoing maintenance. The information that is recorded on these documents will act as a service history for each piece of plant or equipment.

16.3 WHO: The _____ is responsible for controlling and maintaining the register system.

16.4 HOW: Registers will be developed with input from employees and where available, information supplied from relevant sources (eg trades persons, suppliers, service manuals, Australian Standards).

16.5 WHEN: These registers will be used as instructed by the senior site person, required by legislation or stated within programs. They are to be reviewed on an as need basis.

16.6 ACTION: The senior site person will approve and issue registers that are required to maintain a safe system of work. If not stated within a program, each register shall have the following format;

- a. Title
- b. Instructions of use
- c. Person responsible for maintaining the document
- d. A unique number to identify the document.

16.7 DOCUMENT CONTROL: All master registers published in this program are to remain part of the MSMP. This will allow for future use, when and if new plant or equipment is brought onto the mine.

Registers that are used at the mine become controlled documents and must be recorded in the "Document Control Master List" (FORM 3A).

Doc: 16.0 Registers	Approver:	Date:	Program 16 - 1
---------------------	-----------	-------	----------------

LIFTING GEAR INSPECTION CONTROL AND REGISTER- CHAINS

Register # _____

Lifting equipment shall be inspected quarterly by _____. The areas of inspection shall be as stated in the legend box. Equipment found unsafe shall be removed from service and _____ informed of the findings.

ID No	LOCATION	1 ST QUARTER		2 ND QUARTER		3 RD QUARTER		4 TH QUARTER		LEGEND	
		Check	Action	Check	Action	Check	Action	Check	Action	Chains	Note
										Chains 1. Twisted, stretched, bent 2. Nicked, gouged, cracked 3. Inter link & side barrel wear 4. Distorted/damaged master links 5. Distorted/damaged coupling links 6. Distorted/damaged attachments Hooks 1. Spread in throat opening 2. Cracked, nicked, chafed 3. Wear on eye 4. Wear on elevis 5. Wear on saddle 6. Wear on load pin 7. Side bending Shackles 1. General condition 2. Wear on pin 3. Max. mass load (SWL) marked	Do not "tick". Write OK. If the equipment is defective it must be tagged 'defective' and must be reported to the person responsible for repairing the equipment. If the equipment is beyond repair it should be destroyed and discarded. New equipment to replace the discarded items must be provided to discourage the use of makeshift equipment. Corrective action (Indicate the action to be taken in the ACTION column by number as indicated below, specify the exact repairs to be done on a works requisition or job card) 1. None – in good state of repair 2. Replace chain 3. Equipment to be cleaned 4. Fit safety latch on hook 5. Provide proper storage rack 6. Beyond repair – discard 7. Other

PERSONAL PROTECTIVE EQUIPMENT (PPE) REGISTER

Register # _____

Each person shall complete this register on issue of PPE. This register shall be located _____ and maintained by _____.

Name	PPE	Date issued	Date for renewal	Signature	Training provided

HEALTH SURVEILLANCE REGISTER

Register # _____

Each person on site required to undergo any form of health surveillance shall be recorded on this register. The areas that this register may cover are pre-employment medicals, work related medicals, statutory medicals and worker compensation medicals

This register shall be maintained by _____

Examination/test required	Name	Date notified	Date required	Next review date	Report review filed

PREFERRED CONTRACTOR REGISTER

Register # _____

This register lists the preferred suppliers of plant, equipment, products, labour and service. These suppliers have been chosen because of their management systems, knowledge of the product or service provided and commitment to safety.

This list should be referred to whenever the services of contractors are required. This list is to be maintained by _____

Name of contractor	Type of contractor	Date selected	Inducted	Safety Management Plan (SMP)

EARTH LEAKAGE TESTING REGISTER

Register # _____

The testing of earth leakage equipment is to be conducted as required by the Australia Standard _____ and the results recorded on this form. The testing of earth leakage is to be conducted by a competent person. This register is to be maintained by _____

Equipment tested	By	Test at .. milli amps (mA)	Date	Result

FIRE FIGHTING EQUIPMENT TESTING REGISTER

Register # _____

All fire fighting equipment on site shall be inspected as required by the Australia Standard _____. Testing shall take place by a competent person and recorded on this register. This register shall be maintained by _____.

Equipment	Location	Test by	Test preformed	Date	Result

EMERGENCY EQUIPMENT TESTING REGISTER

Register # _____

A competent person shall inspect all emergency equipment at an interval of _____ per year, with the results of the inspection documented on this register. This register shall be maintained by _____.

Equipment	Location	Checked by	Date	Result

ELECTRICAL TOOL AND EXTENSION LEAD REGISTER

Register # _____

All electrical tools and extension leads shall be inspected and tagged by a competent person to ensure they are safe for operation. The results of these inspections shall be recorded in this register or a register supplied by the competent person. Equipment shall be inspected _____. This register shall be maintained by _____

Equipment #	Location	Test by	Test results	Date	Retest date

INDUCTION REGISTER

Register # _____

All employees and contractors that undergo a site induction in accordance with Program 12 shall be recorded on this register.

This register is to be maintained by _____

Name	Employee/Contractor	Type of induction	Date	Person completing induction signature