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**Form 1 - Annual Confirmation of Implementation of WHSMS**

**(Note: This form must be completed and submitted to the Archdiocese every year along with the Annual Parish/Agency WHS Audit, Form 5)**

Name of Parish/Agency:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This is to confirm that the work needed to establish and implement and Work, Health and Safety Management System in this Agency/Parish has been undertaken and the WHSMS is current and up to date.

The following elements are in place: (tick if completed)

* Archdiocesan WHS Policy is on display
* Workplace inspection has been conducted
* Risk Assessment of Hazards has been completed
* Risk Controls have been developed and Implemented

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On behalf of Parish/Agency Management

**Form 2 - Parish/Agency Health and Safety Hazard Checklist**

This checklist is a guide to help you identify common workplace hazards.

**Please use Form 2 or 2a.**

You will need to add or delete items relevant to your workplace. Ideally the checklist would be updated every quarter but at least every six months.

|  |  |  |  |
| --- | --- | --- | --- |
| **Manual Handling** | **N/a** | **Yes** | **No** |
| Have you identified tasks which involve lifting, carrying, pushing and/or pulling and assessed the potential for risk of injury? |  |  |  |
| Have your risk assessments taken into account posture, movement, forces, duration, frequency and environment factors such as heat and cold? (Refer to *Manual Handling Code of Practice* for guidance) |  |  |  |
| Are objects handled easy to grasp, have no sharp edges and are not hot, cold, slippery or bulky? |  |  |  |
| Is lifting from ground level or above shoulder height avoided? |  |  |  |
| Is the work area, equipment and system of work designed to eliminate sideways twisting of the body, excessive bending or reaching? |  |  |  |
| Are the work area, equipment and systems of work designed to minimise sustained or repetitive movements? |  |  |  |
| Are mechanical handling aids (trolleys or hand trucks) provided where possible to make the task safer? |  |  |  |
| Is there enough space to allow free movement while doing the task? |  |  |  |
| Is training provided about risk factors and the proper technique to do the task? |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Equipment, Machinery and Tools** | **N/a** | **Yes** | **No** |
| Is the correct equipment available and always used for each job? |  |  |  |
| Are tools and machinery properly guarded? |  |  |  |
| Are stop/start switches clearly marked and positioned within easy reach of the operator? |  |  |  |
| Are operators trained to use tools, equipment and machinery safely? |  |  |  |
| Do operators hold current licenses to perform work that requires certification? |  |  |  |
| Has provision been made to safely store or dispose of waste or off-cuts? |  |  |  |
| Is there sufficient workspace around machinery, for both operation and maintenance? |  |  |  |
| Are tools, equipment and machinery regularly maintained (in accordance with manufacturer’s instructions)? |  |  |  |
| Is there a process to ensure that tools and machinery are switched off before maintenance and cleaning is carried out and that other staff cannot inadvertently start them during maintenance and cleaning? (Danger Tag and Lock Out System) |  |  |  |
| Are unsafe or faulty tools, equipment or machinery reported immediately? |  |  |  |
| Are unsafe of faulty tools, equipment or machinery isolated or removed from use until they are repaired or replaced? |  |  |  |
| Are repairs always carried out by authorised and competent persons? |  |  |  |
| Are health and safety risks considered before modification or alteration to any tools, equipment or machinery? |  |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Work Environment** | | **N/a** | | | **Yes** | | **No** | |
| Is the workplace kept clean and tidy? (Rubbish bins suitably located and regularly emptied, oily rags and combustible waste kept in covered metal containers) | |  | | |  | |  | |
| Is there adequate storage for tools, equipment, stock or product supplies? (Storage designed to minimise manual handling problems, easy access, shelf racks and pallets in good condition) | |  | | |  | |  | |
| Have you ensured that things cannot fall onto people? (Goods cannot fall from height, shelving is securely fixed to floors and/or walls, stacks cannot fall over, people cannot walk under suspended loads, cargo barriers in vehicles) | |  | | |  | |  | |
| Is adequate ventilation provided to ensure a supply of sufficient clean air? | | |  | |  | |  | |
| Is air filtered to remove air-borne contaminants where necessary? | | |  | |  | |  | |
| Are people protected from noise exposure (if noise above 85dBA, protection must be provided) | | |  | |  | |  | |
| Is there enough light to perform tasks without eyestrain or glare? | | |  | |  | |  | |
| Is the working temperature comfortable? | | |  | |  | |  | |
| Are there sufficient fire extinguishers of the appropriate kind? | | |  | |  | |  | |
| Are the fire extinguishers checked every six months? | | |  | |  | |  | |
| Are first aid kits available/accessible? | | |  | |  | |  | |
| Is there a process in place for reporting accidents/incidents to the parish priest in the first instance? | | |  | |  | |  | |
| Do workers have access to clean and hygienic toilet and eating facilities? | | |  | |  | |  | |
|  | | | | | | | | |
| **Moving Around the Workplace** | | **N/a** | | | **Yes** | | **No** | |
| Have you made sure people cannot slip, trip or fall when moving around the workplace? (Look for oil, grease, water, leads, hoses or cables on the floor) | |  | | |  | |  | |
| Are appropriate fall prevention methods implemented for all tasks undertaken at height? (Guard rails, scaffolds, harness systems, ladders and steps that are designed for the job) | |  | | |  | |  | |
| Do illuminated exit signs clearly identify exits from parish facilities such as churches & halls? | |  | | |  | |  | |
| Aside from signage is it easy to get in and out of the workplace safely? (Look for unblocked exits) | |  | | |  | |  | |
| Can traffic and people move safely around the work site? (Look for clearly marked walkways, physical separation of vehicles and walkways, clear vision at intersections, use of mirrors in blind spots) | |  | | |  | |  | |
| Are stairs, ladders and climbing platforms safe? (Fixed handrails, ladders secured when in use, anti slip treads on stairs) | |  | | |  | |  | |
| Are vehicle drivers trained and aware of hazards? | |  | | |  | |  | |
| Do vehicle drivers have safe delivery schedules and are loads always secured properly? | |  | | |  | |  | |
|  | | | | | | | |
| **Chemicals and Other Hazardous Substances** | **N/a** | | | **Yes** | | **No** | |
| Is there an up-to-date list of all chemicals used in your business? (Cleaning products, solvents, paints, degreasers, petrol, inks, toner, oils adhesives, acids, acrylics and pesticides) |  | | |  | |  | |
| Do you have current Material Safety Data Sheets (MSDS) for all chemicals and have you made these available to all workers using any of the chemicals? |  | | | |  | |  | |
| Have you assessed the risk of exposure (via inhalation, skin contact or ingestion) during transport, handling, storage and use of any of the chemicals? |  | | | |  | |  | |
| Are cleaning materials etc kept in their original approved containers? That is, not decanted and stored in items such as soft drink bottles or juice containers. |  | | | |  | |  | |
| Are all containers clearly labelled? |  | | | |  | |  | |
| Are chemicals and other hazardous substances stored safely? (In specific storage rooms or cabinets, separated from other reactive substances and away from ignition sources) |  | | | |  | |  | |
| Are workers trained in the safe use, handling, transport and storage of the chemicals they use? |  | | | |  | |  | |
| Is there adequate ventilation and fume extraction? |  | | | |  | |  | |
| Have you ensured that chemical and hazardous substances cannot spill, leak or otherwise escape into the environment during storage, handling, transport or use? |  | | | |  | |  | |
| Are all gas cylinders stored upright, secured against falling, away from heat and ignition sources and in a ventilated area? |  | | | |  | |  | |
| Is monitoring and health surveillance undertaken if required? |  | | | |  | |  | |
| Are chemicals and hazardous substances disposed of correctly? |  | | | |  | |  | |
| Is appropriate Personal Protective Equipment (PPE) provided and used? (Gloves and respirators) |  | | | |  | |  | |
|  | | | | | | | | |
| **Electricity** | **N/a** | | | | **Yes** | | **No** | |
| Are electrical leads, plugs, sockets and switches in good condition (Not frayed or damaged) |  | | | |  | |  | |
| Have you ensured that there are no leads lying across floors or double adaptors used? |  | | | |  | |  | |
| Have electrical leads and power boards been inspected, tested and tagged? |  | | | |  | |  | |
| Is the location of power lines and cables checked before digging, drilling, using cranes, ladders or erecting scaffolding? (Overhead, underground or behind walls) |  | | | |  | |  | |
| Are portable electrical equipment items fitted with residual current devices? |  | | | |  | |  | |
|  |  | | | |  | |  | |
| **Working with Money** |  | | | |  | |  | |
| Is there a safe process for counting, storing, handling & transferring money? |  | | | |  | |  | |
| Is banking done by more than one person &/or at different times of day? |  | | | |  | |  | |
| Are workers trained in cash handling procedures? |  | | | |  | |  | |
| Are workers trained in what they should do in the event of a robbery? |  | | | |  | |  | |
| Do workers always have a way of quickly & easily contacting assistance? |  | | | |  | |  | |
| Is there a surveillance or security system? |  | | | |  | |  | |
| Is there good internal & external lighting? |  | | | |  | |  | |

**Form 2a - Parish/Agency Health and Safety Hazard Checklist**

This checklist is a guide to help you identify common workplace hazards.

**Form 2a may be used instead of Form 2.**

You will need to add or delete items relevant to your situation and it is recommended that a ‘check’ be undertaken every six months, preferably every quarter.

*\* MSDS = Material Safety Data Sheets*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **ITEM** | **YES** | **NO** | **ACTION** |
| **1** | **Fire** |  |  |  |
|  | Extinguishers are in place |  |  |  |
|  | Extinguishers are clearly marked & readily located |  |  |  |
|  | Extinguishers have been serviced in the last six months |  |  |  |
|  | The area around extinguishers is clear for a radius of 1 metre |  |  |  |
|  | Fire exit signs are in place |  |  |  |
|  | Fire exit signs are in working order |  |  |  |
|  | Exit doors are not blocked |  |  |  |
|  | Exit doors can be easily opened |  |  |  |
|  | Fire alarm is in working order |  |  |  |
|  | Emergency plan is displayed |  |  |  |
|  | There is safe access & egress |  |  |  |
|  | | | | |
| **2** | **Electrical** |  |  |  |
|  | Power outlets accessible to children are appropriately covered |  |  |  |
|  | Electrical plugs, sockets, switches are safe |  |  |  |
|  | Frayed or damaged leads are removed |  |  |  |
|  | Portable power tools are in good condition |  |  |  |
|  | Temporary leads on the floors are appropriately covered |  |  |  |
|  | Testing and tagging of electrical items has been completed |  |  |  |
|  | Everything on the switchboard is clearly labelled |  |  |  |
|  | Electrical fittings & equipment are regularly inspected |  |  |  |
|  | | | | |
| **3** | **General Lighting** |  |  |  |
|  | There is adequate illumination in working areas |  |  |  |
|  | There is good natural lighting |  |  |  |
|  | Light fittings are in good working condition and are clean |  |  |  |
|  | Emergency lighting is operational |  |  |  |
|  | | | | |
| **4** | **Walkways** |  |  |  |
|  | Walkways are free of oil or grease |  |  |  |
|  | Carpets are wrinkle free with no obvious trip hazards |  |  |  |
|  | Walkways are clear of obstructions |  |  |  |
|  | Stairs (altar) are not blocked and are in good condition |  |  |  |
|  | | | | |
| **5** | **Amenities** |  |  |  |
|  | Toilets are cleaned regularly |  |  |  |
|  | Bins are not overflowing |  |  |  |
|  | Tiled floors are free of chips or cracks causing sharp edges |  |  |  |
|  | Soap and handtowels are provided |  |  |  |
|  | Surfaces (including toilet seats & lids) are free of chips, cracks |  |  |  |
|  | | | | |
| **6** | **Work Areas** |  |  |  |
|  | Benches are clear of clutter |  |  |  |
|  | Tools are stored properly |  |  |  |
|  | Benches are at an adequate work height |  |  |  |
|  | Work benches are free of sharp edges |  |  |  |
|  | Chair backs & seat heights are adjustable |  |  |  |
|  | Storage shelves are organised to minimise bending & stretching |  |  |  |
|  | | | | |
| **7** | **Sacristy** |  |  |  |
|  | Fire extinguishers are in place |  |  |  |
|  | Floors are free from slip/trip hazards |  |  |  |
|  | Surfaces are free from chips and cracks causing sharp edges |  |  |  |
|  | Chemicals, cleaning products etc are stored correctly |  |  |  |
|  | MSDS are provided for chemicals where required |  |  |  |
|  | | | | |
| **8** | **Chemicals** |  |  |  |
|  | MSDS are available for all chemicals |  |  |  |
|  | The MSDS register is available an up to date |  |  |  |
|  | Chemical containers are clearly and accurately labelled |  |  |  |
|  | All chemicals are stored in accordance with the MSDS |  |  |  |
|  | | | | |
| **9** | **First Aid** |  |  |  |
|  | First aid kits and contents are clean and orderly |  |  |  |
|  | First aid kits are adequately stocked |  |  |  |
|  | First aid kits are readily accessible |  |  |  |
|  | A sign is displayed advising the location of the first aid kit |  |  |  |
|  | | | | |
| **10** | **Floors** |  |  |  |
|  | Floors are even with no large cracks, holes or trip hazards |  |  |  |
|  | Floors are not cluttered |  |  |  |
|  | Floors are free from slip hazards |  |  |  |
|  | | | | |
| **11** | **Parish Centre** |  |  |  |
|  | Fire extinguishers are in place |  |  |  |
|  | Electrical leads are safely covered |  |  |  |
|  | Electrical items are tagged and tested |  |  |  |
|  | Floors are free from trip/slip hazards |  |  |  |
|  | There is safe access and egress |  |  |  |
|  | Office machinery is regularly serviced |  |  |  |
|  | | | | |
| **12** | **Grounds and Garage** |  |  |  |
|  | Power equipment maintenance is carried out |  |  |  |
|  | Power equipment is clean |  |  |  |
|  | There is adequate signage for parking (disabled and no parking) |  |  |  |
|  | There are MSDS for all chemicals and gardening products |  |  |  |
|  | Safe operating procedures exist for plant such as ride on lawn mowers |  |  |  |
|  | Pathways and walkways clear and unobstructed |  |  |  |
|  | | | | |
| **13** | **Display Material** |  |  |  |
|  | The Archdiocesan WHS policy is signed and up to date |  |  |  |
|  | The Archdiocesan WHS policy is displayed |  |  |  |
|  | No smoking signs are displayed |  |  |  |
|  | A safety noticeboard is available and up to date |  |  |  |
|  | | | | |
| **14** | **WHS Information** |  |  |  |
|  | The Archdiocesan WHS manual is available to volunteers |  |  |  |
|  | Incident report forms are available |  |  |  |
|  | Hazard report forms are available |  |  |  |
|  | An emergency evacuation plan is displayed |  |  |  |
|  | An assembly point after evacuation has been identified |  |  |  |
|  | Training records are up to date |  |  |  |
|  |  |  |  |  |

**Form 3 - Parish/Agency Hazard List and Risk Assessment**

Parish/Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Risk Assessment / / . Risk Assessment Completed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Items answered **No** on the **Health and Safety Hazard Checklist** (Form 2) should be transferred to this document, with a brief Hazard Description. Then, using the **Risk Assessment Table** on the next page, determine what the Consequences and Likelihood are from the risk and allocate it a Risk Level from the table. This information will then be used in **Control the Risks in your parish/agency**.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Id #** | **Hazard Description** | **Consequences** | **Likelihood** | **Risk Level** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |
| 9 |  |  |  |  |
| 10 |  |  |  |  |

**Five key points about assessing risk**

1. The WHS Act requires all risks to be dealt with, whether the risk is serious or mild and whether controlling it is difficult or easy.
2. Assessment must include risks to non-workers (contractors and the public) who may be affected by your activities.
3. Where groups of workers are especially at risk (young workers, inexperienced staff or disabled workers), they must be considered as part of the assessment.
4. Review the original assessment before introducing new work practices, equipment, machinery or chemicals.
5. Never rely solely on common sense in determining safe behaviour, as it is much less common than is generally assumed.

**Risk Assessment Table**

**Consequence (Physical Injury)**

|  |  |  |
| --- | --- | --- |
| **Level** | **Description** | **Example detail description** |
| **1** | Insignificant | No injuries |
| **2** | Minor | No Injury/First aid treatment |
| **3** | Moderate | Minor Injury/Medical treatment required |
| **4** | Major | Major Injury/Hospital Treatment Required |
| **5** | Catastrophic | Death (or more than 1) |

**Likelihood**

|  |  |  |
| --- | --- | --- |
| **Level** | **Description** | **Example detail description** |
| **A** | Almost Certain | Will Occur |
| **B** | Likely | Likely to occur in most circumstances |
| **C** | Possible | Likely to occur at some time |
| **D** | Unlikely | Remote possibility could occur at some time |
| **E** | Remote | Would occur only in exceptional circumstances |

**Level of Risk**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  | **Consequences** |  |  |
|  | Insignificant | Minor | Moderate | Major | Catastrophic |
| **Likelihood** | 1 | 2 | 3 | 4 | 5 |
| E Remote | Negligible | Negligible | Low | Low | Significant |
| D Unlikely | Negligible | Low | Low | Significant | Significant |
| C Possible | Low | Low | Significant | Significant | High |
| B Likely | Low | Significant | Significant | High | High |
| A Almost Certain | Significant | Significant | High | High | Extreme |

**Form 4 - Parish/Agency Risk Control Plan**

Controlling risk in the workplace should be approached from the point of trying to eliminate the hazard as a first solution and then working down the “Hierarchy of Control” outlined below.

As a guide to what action should be taken at each level of risk, the following can be used as a guide:

* **Extreme** – Immediate Action Required – Resolve within 24 hours
* **High** – Senior Management Attention Required within 24 hours – Resolve within 48 hours
* **Medium** – Management Responsibility to Specify Attention within 24 hours – Resolve within 1 Week
* **Low** – Allocate Responsibility to Attend to ASAP – Resolve within 1 month

**Hierarchy of Control**

* Eliminate the Hazard
* Substitute the Hazard with something safer
* Isolate the Hazard
* Use Engineering Controls
* Use Administrative Controls
* Use Personal Protective Equipment (PPE)

**Risk Control Plan**

|  |  |  |  |
| --- | --- | --- | --- |
| **Id #** | **Control Action Required** | **Completion Date** | **Responsible Person** |
|  | **Extreme** |  |  |
|  |  |  |  |
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| --- | --- | --- | --- |
|  | **High** |  |  |
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|  |  |  |  |
|  | **Medium** |  |  |
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|  | **Low** |  |  |
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**Form 5 - Parish/Agency Annual WHS Audit**



|  |  |
| --- | --- |
| **Name of Parish/Agency** |  |

|  |  |
| --- | --- |
| **Name of Person Completing Audit** |  |
| **Date of Completion of Audit** |  |

**Instructions:**

Consider each of the elements on the WHS Audit and indicate by ticking (Yes) or crossing (No) as to what the current status is. For each cross (No) response you need to allocate a person to take action and set a target completion date. **Send a copy of the completed form to the Archdiocese and keep a copy for follow up**. On the next annual WHS Audit indicate when the item was completed and when it will be once again reviewed.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Element** | **Task/Question (Tick if Yes and Cross if No & NA if ‘not applicable’)** | **Person to Action** | **Target**  **Completion**  **Date** | **Actual Completion**  **Date** | **Review**  **Date** |
| 1 | WHS Policy | * Is a current copy of the approved Archdiocesan WHS Policy on display |  |  |  |  |
| 2 | Safety Rules | * Are specific safety rules are on display on the notice board |  |  |  |  |
| 3 | Housekeeping and Workplace Inspection | * Is the Work, Health and Safety Checklist are completed as recommended. |  |  |  |  |
| 4 | Consultation and Participation | * Does the parish/agency consult with staff and volunteers on a regular and ongoing basis?’ * Is WHS on the agenda of regular meetings? |  |  |  |  |
| 5 | Induction and Training | * Are all new staff/volunteers given a WHS induction when they start? * Is there a record created and filed of these inductions |  |  |  |  |
| 6 | Hazard Management | * Is an update of the Hazard List and Risk Assessment created from each quarterly completed Health and Safety Checklist? * Is this used to update the Risk Control Plan? |  |  |  |  |
| 7 | First Aid | * Do you have a First Aid kit in accordance with the First Aid Code of Practice? * Do you have a trained First Aid person available to render first aid if required? |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Element** | **Task/Question (Tick if Yes and Cross if No & NA if ‘not applicable’)** | **Person to Action** | **Target**  **Completion**  **Date** | **Actual Completion**  **Date** | **Review**  **Date** |
| 8 | Emergency Response Planning | * Do you have an emergency evacuation plan for each of your buildings? * Is the emergency evacuation plan practiced every six months? * Are hirers of parish/agency property given a copy of the Emergency Evacuation Plan? * Are locations and operation of fire appliances readily known to all users of the facility? * Are all fire extinguishers checked every six months? |  |  |  |  |
| 9 | Incident Reporting and Investigation | * Are all accidents, incidents or near misses reported immediately to the Insurer and the Archdiocese? * Is there a formal process of investigation to determine corrective action undertaken? |  |  |  |  |
| 10 | Purchasing | * Are the safety aspects of purchasing new equipment considered before purchase is made? |  |  |  |  |
| 11 | Manual Handling | * Have you identified all of the manual handling tasks associated with your parish/agency? * Have these Manual Handling Tasks been assessed to determine whether they present a risk of injury to workers or volunteers? * Can all materials be lifted & carried easily? |  |  |  |  |
| 12 | Occupational Health Controls | * Have parish/agency buildings been checked for asbestos. * If asbestos has been identified do you have an Asbestos Management Plan in place? * Is your location free of continuous noise, dust or chemical exposures. |  |  |  |  |
| 13 | Management of Chemicals and Hazardous Substances | * Is there a list of all chemicals and hazardous substances used at the parish/agency location? * Is this list readily available to all persons who use the Hazardous Substances? * Are Material Safety Data Sheets (MSDS) held for each Hazardous Substance? * Are they up to date? |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Element** | **Task/Question (Tick if Yes and Cross if No & NA if ‘not applicable).** | **Person to Action** | **Target**  **Completion**  **Date** | **Actual Completion**  **Date** | **Review**  **Date** |
| 14 | Contractors | * Is there a list of approved contractors that are used for repairs and maintenance within the parish/agency? * Do you require details of current insurance coverage from each contractor used on an annual basis? (Public Liability and Workers Compensation) * Are Contractors given a site safety induction and provided with a copy of any local safety rules before they start work? |  |  |  |  |
| 15 | Electrical Testing and Tagging | * Are all portable electrical appliances tested and tagged? * Are all circuits fitted with RCD’s and tested regularly? |  |  |  |  |
| 16 | Working at Heights | * Are all working at heights risks identified? * Is any work at heights restricted to “competent persons” (see definition of ‘work at heights)? * Is unauthorised access to roofs etc, controlled? |  |  |  |  |
| 17 | Notification to WorkCover Authority | * Have any injuries or dangerous occurrences been reported to WorkCover since the last audit? * Are copies of the reporting requirements readily available? * Are copies of notifications sent to the Archdiocesan Office? |  |  |  |  |
| 18 | Rehabilitation of injured or ill workers | * Have any injuries involving more than 7 days off work been jointly managed with Catholic Church Insurances Rehabilitation Unit? |  |  |  |  |
| 19 | Creating and Keeping Documentary Evidence | * Are all records (copies of this audit, copies of induction and training records and workplace inspections) kept in an accessible location? * Are all documents with a review date reviewed in accordance with the agreed timeframe? |  |  |  |  |
| 20 | Penalties for Breach of Duties | * Are all persons reminded on an annual basis of their duties under the WHS Act and the penalties that apply for breaches? |  |  |  |  |
| 21 | Working with Money | * Is there a safe process for counting, storing, handling & transferring money? * Is banking done by more than one person & at different times? * Are workers trained in what they should do in the event of a robbery? |  |  |  |  |

**Form 6 – Property Hire Agreement**



**Owner of Property**

|  |
| --- |
|  |

**Address/Description of Property Hired**

|  |
| --- |
|  |

**Name and Address of Hirer**

|  |
| --- |
|  |
|  |

**Hired From** **Hired To**

|  |  |
| --- | --- |
|  |  |

**Agreed Fee Bond (if any)**

|  |  |
| --- | --- |
|  |  |

*Hirer conditions*

1. To hold harmless the owner of the property of all damages, costs, actions demands and claims, which may be sustained by all suffered by the owner or its employees arising out of the hire of this property.
2. To provide evidence of public liability insurance and indemnity of not less than $10 million covering any damage to the hired property or any legal liability that may arise from the use of the hired property.
3. To keep the hired property in good repair and condition, returning it in the same state as it was at the commencement of the period of hire.
4. To reimburse the owner of the cost of repairing any damage incurred to the hired property or its contents during the period of hire.
5. Not to permit alcohol to be consumed or brought on to the hired property.
6. To allow the owner or its employees access to the hired property during the period of hire for the purposes of inspection.
7. Not to remove from the hired property contents or fixtures belonging to the owner.
8. To use the hired property in a manner that will not annoy, disturb, interfere with or damage property belonging to the owner, tenants, occupiers of the hired property or occupiers of other properties in the neighbourhood.
9. Not to use the hired property in a manner which could cause a risk to the health and safety of others.
10. Not to bring equipment or materials on to the hired property without the prior permission of the owner.
11. Not to carry out any activity on the hired property which may prejudice the insurance cover on the hired property.
12. To obtain any permits required in relation to the hirers use of the hired property.
13. This agreement is deemed to be cancelled immediately should any of the above conditions not be met by the hirer.
14. Either party can terminate this agreement by giving 28 days written notice.

Signed for Parish Date

|  |  |
| --- | --- |
|  |  |

Signed for Hirer Date

|  |  |
| --- | --- |
|  |  |

**Form 7 – Fire Extinguisher Use (Reference)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Type of Extinguisher** | **Colour** | **Type of fire** | | | | **Comments** |
| **Wood, textile, paper or cloth** | **Fat, petrol or oil** | **Live Electricity** | **Motor Vehicles** |
| 1. Water | Solid Red | Yes | No | No | Yes | Dangerous if used on electrical fires |
| 1. Foam | Red with Blue Band | Not Suitable | Yes | No | Yes | Dangerous if used on electrical fires |
| 1. Carbon Dioxide | Red with Black Band | Not suitable | Yes | Yes | Yes | Not suitable for outdoor use as CO2 will dissipate in air |
| 1. Dry Chemical Powder | Red with White Band | Not Suitable | Suitable but not as effective as 2 or 3 | Yes | Yes | Can cause serious damage to sensitive electrical and electronic equipment |
| 1. Fire Blanket | Red Bag on wall | Not Suitable | Yes | No | No | Used in kitchens only where cooking using fat or hot oil takes place. |

**Form 8 – Travel Planning and Tracking**

Parish/Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Travel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Outward Journey

Person/s Travelling: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Starting Location and Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Destination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expected Arrival time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Return Journey

Person/s Travelling: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Starting Location and Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Destination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expected Arrival time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Safety Check:

Person Travelling

Upon Arrival at destination either on the forward or return journey advise person in parish/agency who is holding control copy of this document that journey has been safely completed.

Travel Controller

If advice of completion of journey is not advised within half hour of estimated completion time take following actions:

Contact by mobile phone, if possible.

Contact destination by phone, if possible.

If unable to contact within additional half hour, contact emergency services.**Form 9 – Hazard Substances Register**



Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**List all s**ubstances on premises

|  |  |  |  |
| --- | --- | --- | --- |
| **Substance (description/name)** | **Material Safety Data Sheets (MSDS) Obtained Yes/No** | **Hazardous Yes/No** | **MSDS in Folder** |
|  |  |  |  |
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Document Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Next Review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prepared by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Form 10 – Volunteer Worker’s Application and Registration**



**Confidential**

Parish/Agency\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Applicant Date of birth

|  |  |
| --- | --- |
|  |  |

Address

|  |
| --- |
|  |
|  |

Telephone

|  |  |  |
| --- | --- | --- |
| W | h | m |

Email

|  |
| --- |
|  |

Current Employer (Name and Address)

|  |
| --- |
|  |
|  |
| Time with current employer: |

Worship (for Parish Volunteers)

|  |
| --- |
| How long have you attended this church? |
| If < 1 year have you attended another church and if so for how long? |
| Name of previous church: |
| Are you a member of this church? |

Details of any skills or qualifications you may have e.g. Electrician, Carpenter, Accountant

|  |
| --- |
|  |
|  |

Have you ever been charged and convicted of any criminal offence? If yes provide details

|  |
| --- |
|  |
|  |

What Ministry would you like to be involved in?

|  |
| --- |
|  |

What type of work would you like to perform?

|  |
| --- |
|  |
|  |

Referees (please provide the names and contact numbers of persons able to act as referees:

|  |  |
| --- | --- |
| Pastor: | Tel: |
| Employer: | Tel: |
| Personal: | Tel: |

I confirm that the information I have supplied on this form is true and correct to the best of my knowledge. Should it be found that the answers are untrue, I understand that may be grounds for dismissal from the position held. I accept that the Church may contact the referees mentioned in this document. I agree to release and hold harmless from liability any person or organisation that provides information, and that a copy of this application can be sent to any referee mentioned herein. I also agree to hold harmless the church, its officers, employees and volunteers in relation to the use of this application or information contained herein. I waive any rights I may have had to inspect references on my behalf.

|  |  |
| --- | --- |
| Signed: | Dated: |

**Form 11 – Volunteer Driver’s Application and Registration**

**Confidential (attach to Form 10 Volunteer Worker’s Application and Registration)**

Parish/Agency\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Name of Applicant: |

|  |  |
| --- | --- |
| Current Licence Number: | Expiry date: |

Type of License/s Held

|  |
| --- |
|  |
|  |

Are there any restrictions on your license? (if yes provide details)

|  |
| --- |
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|  |
|  |

Provide details of any vehicle accidents in which you have been involved as a driver in the past five years

|  |
| --- |
|  |
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|  |

Give details of any traffic offences you have been convicted of in the past five years (except parking offences)

|  |
| --- |
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|  |
|  |

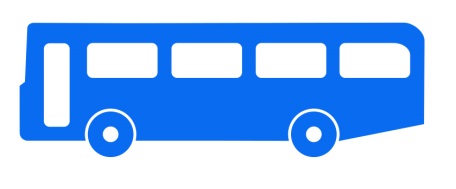
Is your vehicle comprehensively insured? (if so please provide details)

|  |
| --- |
|  |
|  |

All voluntary drivers must have insurance coverage. Without insurance drivers are not permitted to act as a volunteer driver. Please attach a photocopy of current driver’s license to this completed form

I confirm that the information I have supplied on this form is true and correct to the best of my knowledge.

|  |  |
| --- | --- |
| Signed: | Dated: |

**Form 12 – Program/Outing Risk Assessment**

Name of Parish/Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Outing/Program Risk Assessment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Details of Outing/Program being assessed:**

|  |
| --- |
|  |
|  |
|  |

**Person in Control of Outing/Program and contact details:**

|  |
| --- |
|  |
|  |

**Program Risk Assessment:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Program Element** | **Risk Potential (what could impact on the health, safety and wellbeing of people involved)** | **Risk Score (See Template)** | **Risk Controls (what can we do to control Risk Potential)** | **Any Residual Risk (any elements that cannot be controlled completely)** |
| Who is involved in the Program: (i.e., young people/children, older people, people with disabilities) |  |  |  |  |
| Where is the Program conducted(i.e., Parish hall, church building, agency facilities |  |  |  |  |
| What are the specific activities involved in the program and what, if any tools or equipment may be used in the program. |  |  |  |  |

**Outing Risk Assessment**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Outing Element** | **Risk Potential (what could impact on the health, safety and wellbeing of people involved)** | **Risk Score** | **Risk Controls** | **Any Residual Risk** |
| Who is involved in the Outing: (i.e., young people/children, older people, people with disabilities) |  |  |  |  |
| Where is the Outing to and what transport arrangements are required (bus/car). |  |  |  |  |
| What are the specific activities involved in the outing, what are the persons on the outing going to do at the destination location? |  |  |  |  |
| What arrangements need to be made for rest/toilet breaks and/or meals during the Outing? |  |  |  |  |
| Has the risk assessment from the destination location identified any additional risks not already identified? (If yes, list them) |  |  |  |  |

**Consequence Rating Table**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Rating** | **Time** | **$$** | **Reputation** | **Safety** |
| Severe | Organisation unable to function for more than 1 week – organisational continuity threatened | $100k | National damage to reputation and National media coverage | 1+ deaths |
| Major | Organisation unable to function for between 2 days and 1 week – organisational activities suspended | $50k | National damage to reputation. Local outrage and local media coverage | Major injury |
| Moderate | Organisation unable to function for 1 to 2 days – activity cancelled | $10k | Adverse media coverage  Criticism by significant segment of local community | Minor injury |
| Minor | Organisation unable to function for less than 1 day – activity rescheduled | $5k | Criticism by minor segment of local community | Nil injury |
| Insignificant | Organisation unable to function for up to 2 hours – activity delayed | Up to $2k | Internal criticism | Nil injury |

**Likelihood Rating**

|  |  |
| --- | --- |
| **Scale** | **Criteria to be used to establish rating** |
| Almost Certain | Will occur. Circumstances or situations are likely to arise often throughout the planning / project period in which provide the opportunity for crystallisation of risk. Expect frequent, regular occurrences. |
| Likely | Likely to occur more than once in the planning period but not an ‘everyday’ occurrence. Preconditions will arise at times throughout the period. |
| Possible | Likely to occur at least once but not expected to occur much more than this in the planning period. |
| Unlikely | Not likely to occur in the planning period. A small, but remote chance of occurrence due to circumstances/situations that could arise. |
| Remote | Would only occur in highly exceptional circumstances that are unlikely to exist in any planning period. Extremely remote chance of occurrence in planning period. ‘Once in a lifetime’ event. |

**Determination of Risk Level**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| CONSEQUENCE LIKELIHOOD | **Insignificant** | **Minor** | **Moderate** | **Major** | **Severe** |
| **Remote** | **Negligible** | **Negligible** | **Low** | **Low** | **Significant** |
| **Unlikely** | **Negligible** | **Low** | **Low** | **Significant** | **Significant** |
| **Possible** | **Low** | **Low** | **Significant** | **Significant** | **High** |
| **Likely** | **Low** | **Significant** | **Significant** | **High** | **High** |
| **Almost Certain** | **Significant** | **Significant** | **High** | **High** | **Extreme** |

**Tolerable risk level and management action required**

|  |  |
| --- | --- |
| Scale | Management action required |
| Extreme | Urgent and immediate action required. Close monitoring by Management. Spot review with Executive management report to Board immediately for intervention and advice |
| High | Attention required. Senior management oversight for decision on changed processes. Report to Executive Management and Board. |
| Significant | Attention required prior to activity. Monitor and report to Executive Management on effectiveness of proposed treatments. |
| Low | Watching brief required as part of activity management responsibilities. Update risk assessment to confirm rating and effectiveness of controls. |
| Negligible | No management action required. |

**Form 13 – Fete Planning Checklist**

When organising a Parish/Agency Fete there are a number of aspects that need to be considered from a Safety and Risk Management Perspective.

The following checklist can be used as a means of identifying the issues that require management.

|  |  |  |
| --- | --- | --- |
| **Issue** | **Yes/No/NA** | **Notes** |
| 1. Are permissions required to hold event? (Council Permits etc) If yes, in whose name should they be obtained? |  |  |
| 1. Is there safe access to and egress from the area where the fete is to be held? Have you considered disabled access or access for the elderly? |  |  |
| 1. What type of activities will be held? |  |  |
| 1. Are there any commercial rides involved? If yes, do the owners of these rides have appropriate insurance coverage? (Obtain copies of Certificates of Currency) |  |  |
| 1. Have you considered contingency arrangements for bad weather? Do you have a response plan in the event of high winds to secure all loose items? |  |  |
| 1. Are any electrical appliances going to be used? If yes, they must be tested and tagged to ensure they are safe. (including privately owned ones) |  |  |
| 1. Is there going to be any preparation or sale of food stuffs? If yes, need to check food hygiene & handling. |  |  |
| 1. Will gas be used to cook food such as deep frying or BBQs? If yes, need to ensure gas bottles are less than 10 years old for safety purposes. |  |  |
| 1. If cooking using gas, fire appliances (CO2 extinguisher & fire blanket) must be available. |  |  |
| 1. Will all stalls be manned by or supervised by a competent adult? |  |  |
| 1. Who will act as the “Person in Control” of the event & maintain general supervision of the activities? |  |  |
| GENERAL NOTES | | |
|  | | |
|  | | |

**Form 14 – Training Checklist**

|  |  |  |  |
| --- | --- | --- | --- |
| Have those people who have WHS responsibilities received training that enables them to meet the mandatory obligations and requirements set out in the acts and regulations? In particular: | | Yes | No |
|  |  |
| 1 | Training in consulting with workers and relevant other? |  |  |
| 2 | Training in risk management? |  |  |
| 3 | Do they understand the scope of their responsibilities? |  |  |
| 4 | Are they familiar with the Archdiocesan (parish) OH & S Policy |  |  |
| **Other Training** | |  |  |
| 5 | Do all workers (volunteers) receive induction training? |  |  |
| 6 | Does induction training include the Archdiocesan OH & S Policy |  |  |
| 7 | Have those who are members of the parish WHS Committee undertaken training courses? |  |  |
| 8 | Have the training needs of parish workers (volunteers) been identified? |  |  |
| 9 | Has a training program with a time frame been formulated? |  |  |
| 10 | Is the training program reviewed at least on an annual basis? |  |  |
| 11 | Is training and instruction carried out by qualified and competent people? |  |  |
| 12 | Is the content and method of the training and instruction documented? |  |  |
| 13 | Is up-dating training provided from time to time? |  |  |
| 14 | Have all people in positions of authority received OH & S training? |  |  |
| 15 | Is there an induction program and training for visitors and contractors? |  |  |



**Form 15 - Home Safety Hazard Checklist**

**PARISH GROUPS AT HOME - HOSTS**

**Work Health and Safety in the Home**

This Checklist is a guide to help Hosts identify common hazards.

Not all items identified may be relevant in which case they should be marked N/A.

This Form should be completed by the Host and given to the Parish Priest prior to the first meeting.

|  |  |  |  |
| --- | --- | --- | --- |
| **Criteria** | **Outcome** | | |
| **Access** | **N/A** | **Yes** | **No** |
| Are floor surfaces free from trip and slip hazards including; cords, bags, boxes etc? |  |  |  |
| Are the floor surfaces even for example – no torn carpets? |  |  |  |
| **Emergency** | **N/A** | **Yes** | **No** |
| Are there smoke alarms fitted within the house? Are they in good working order? |  |  |  |
| Does the home have a stocked first aid kit? |  |  |  |
| **Designated Area** | **N/A** | **Yes** | **No** |
| Have you ensured there are no items that can fall onto people i.e. shelving secure? |  |  |  |
| Is the sufficient lighting in the room? |  |  |  |
| Is there adequate seating for the participants? |  |  |  |
| Is the area clean and tidy? |  |  |  |
| **Moving Around the Home** | **N/A** | **Yes** | **No** |
| Can people move around safely (around the areas they will be required to pass through)? |  |  |  |
| Are the entry and exits to the home safe i.e. good lighting, home easily accessible? |  |  |  |
| Are stairs safe i.e. fixed handrails, non slippery surface? |  |  |  |
| Is there access to clean and hygienic toilet/bathroom facilities? |  |  |  |
| **Electrical** | **N/A** | **Yes** | **No** |
| Are all electrical items within the designated area, to be accessed, in good condition with no tears, rips, distortion or damage to the lead or plug? |  |  |  |
| Are all leads positioned to avoid risk of tripping or potentially damaging the lead? |  |  |  |
| Are there safety switches or earth leakage circuit breakers installed? |  |  |  |
| Have gas services been tested or serviced recently to determine leakage risk? |  |  |  |
| **Miscellaneous** | **N/A** | **Yes** | **No** |
| Have you received the necessary information to enable you to hold meetings at home safely? |  |  |  |

**Host’s name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date:** \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Received by:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This Checklist should be completed annually



**Risk Control – Steps Taken**

*To be completed by the person responsible for controlling risks identified*

**Risk assessment on hazards conducted?** ❑ Yes ❑ No

*Attach risk assessment where applicable*

**Control measures implemented?** ❑ Yes ❑ No

**Please describe the control measures implemented:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Completed by:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARISH GROUPS AT HOME**

**For Parish Priests**

**Work Health and Safety in the Home**

OBLIGATIONS

The *Work Health and Safety Act 2011* came into effect on 1 January 2012. This document is to assist you to meet your obligations under the WHS Act with respect to volunteers of the Parish. Parish priests have a duty to exercise due diligence to assist in ensuring the health and safety of volunteers ‘so far as is reasonably practicable’ while they are ‘working’ in parish activities. Everyone who does ‘work’ in the Parish will be considered a worker and ‘workplaces’ will extend to anywhere the work is conducted, by definition under the WHS Act. This means when parishioners host a parish group in their own home, the area of the home where the meeting is held and where participant’s access becomes a ‘workplace’. This parish work could include bible study groups, liturgy meetings or any parish activity.

PURPOSE

* To assist Parish Priests to comply with their obligations under the WHS Act
* To create a safe environment for all those participating parish activities in people’s homes
* To provide Parish Priests with documents to distribute to volunteers who are holding meetings in their homes on behalf of the parish
* To provide volunteer hosts direction as to their WHS responsibilities with respect to hosting meetings

WHAT YOU NEED TO DO

1. Hand the attached WHS Information Sheet and WHS Home Safety Hazard Checklist (checklist) to hosts before they host a meeting in their home
2. Talk through the items within in the information sheet and checklist
3. Ensure that you receive a completed checklist from the host prior to their first meeting
4. Review the completed checklist carefully, discuss and develop actions for minimising or eliminating a hazard prior to the meeting
5. Follow up to ensure any agreed actions have taken place prior to the meeting
6. Complete or organise the completion of the risk control report to document control measures taken
7. Document all action that has taken place throughout the process, incidents that have occurred and newly identified hazards and risks (the host may inform you of these immediately after a meeting)
8. Ensure a checklist is completed every 12 months as a minimum standard

CONTACT: Victor Dunn – (02) 6201 9871 if you have any concerns or queries

**PARISH GROUPS AT HOME**

**For HOSTS**

**Work Health and Safety in the Home**

KEEPING YOUR VISITORS SAFE

To take reasonable care of your health and safety and the health and safety of those who attend parish activities or meetings *in your home*, it is necessary for you to identify the areas of your home where visitors attending the meeting may go and complete a Home Safety Hazard Checklist (checklist) focusing on these areas. The areas may include; exit/ entry, walkways, the meeting area, bathroom or kitchen. A hazard checklist should be completed annually.

WHAT YOU NEED TO DO

**Prior to the first meeting**

* When you agree to host a meeting or activity, complete a checklist by walking through your home to identify each of the items in the checklist
* Do not complete an outcome for items of which you are unsure - mark any queries on the checklist
* Return and discuss the completed checklist with the parish priest and discuss any outcomes you were unable to complete or areas of concern identified during the course of completing the checklist
* Ensure agreed actions are developed and followed up i.e. make necessary changes or improvements
* Immediately prior to a meeting beginning, walk through the home with a copy of your checklist to ensure you have considered all the risks and eliminated or minimized the risks within the areas of the home that will likely be accessed by visitors at the meeting

**At the Start of the Meeting**

* Inform the visitors of house exit points and safety equipment such as fire extinguishers
* Inform the visitors of any potential hazards
* Ask participants/visitors to be aware of their own and other people’s health and safety and to tell you if they become aware of potential hazards in the home

**After the Meeting**

* Report any incidents or concerns to the parish priest as soon as possible after the incident occurs

Report any newly identified risks or hazards to the parish priest and develop agreed actions in anticipation of future meeting.

# Form 16 - Induction

Induction is about providing new workers and/or contractors accurate information about their work, safety expectations and safety procedures such as where the first aid kit is located, the emergency evacuation plan, exits, fire extinguishers.

**General Information**

Participants could be provided with information about:

* The parish: parish structure, role of the parish council and the parish finance committee, the school.
* The goals of the parish: what the parish is trying to achieve, the strategic plan, insight into the hopes and aspirations of the parish.
* Reference and copies of parish and archdiocesan policies: the Archdiocesan WHS Policy, parish policies in relation to evacuations, health & safety, bullying & harassment, privacy.

**Specific Information**

* Details of the tasks in which workers are to be engaged, that is, the specific tasks that workers will undertake.
* Introduction to supervisors and colleagues.
* Clear instructions about the importance of taking care of their own safety, being conscious of steps, floor surfaces, the location of exits, first aid facilities, access to fire extinguishers, use of protective equipment.
* Reference to safe operating procedures as appropriate, for example, the safe handling of chemicals or cleaning materials, working alone or out of sight of other workers, safe lifting in order to minimise stress on the spine and reduce the risk of developing a lower back injury.
* Safe use of machinery and equipment particularly small plant (mowers, cement mixers, ladders, trestles, wheelbarrows and shovels) and portable power tools (saws, drills, screw drivers, grinders, sanders). An experienced operator should detail the appropriate application techniques required for small plant and portable power tools and the correct tool for different jobs. In this regard reference should be made to electrical safety with respect to residual current devices, electrical lead tagging and the tagging of electrical tools and equipment.
* Depending on the nature of the tasks there could be need to draw attention to personal protective equipment such as foot protection, clothing, safety glasses, dust masks, hearing protection, hand protection, head protection.
* Attention should be drawn to how workers may direct any complaints that may arise as an outcome of being involved in the activity particularly in relation to stated archdiocesan policy.

**Risk Assessment**

Prior to any activity involving cleaning or gardening etc. a risk assessment should be done of the type of activities that are likely to be undertaken, for example, carrying buckets of water, using wheelbarrows, digging trenches. The organisers should consider the nature of the tasks identifying those actions which should be brought to the attention of the workers as carrying a risk.

* LIFTING: risks factors would include: weight of the load, size and shape of the load, manual handling skill, actions and movements, working posture and position when lifting, duration (frequency) of the manual handling task, location of the load and the distance to be moved. Whilst there are not prescribed maximum weight limits (due to age, gender) workers should not lift more than 16kg.
* **LIFTING SAFELY**
  + *Try to break down the load into smaller parts; check the pathway and clear any obstacles, check if doors need to be opened; test the weight of the load by lifting one corner.*
  + *Stand with feet shoulder width apart and in a staggered stance, move in close to the load, bend knees, keep head straight and maintain the spine’s natural curves, pull the load close to the body, secure grip, use a smooth controlled motion to lift the load, avoid twisting or turning body when lifting and be sure to use feet to change direction.*
  + *When setting the load down keep feet apart and in a staggered stance, get as close as possible to the area where load is to be placed, bend knees, keep head upright and maintain spine’s natural curves, keep the load close, once the load is where required release grip.*

Form 16 – Induction Checklist



|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of parish/agency:** | | | | |
| **Date:** | **Facilitator:** | | | |
| **THE PARISH** | | **Yes** | **No** | **N/A** |
| Introduction to supervisor & colleagues | |  |  |  |
| How the parish is organised | |  |  |  |
| The role of the parish council | |  |  |  |
| The role of the parish finance committee | |  |  |  |
| Parish goals & strategic plan | |  |  |  |
| Archdiocesan WHS policy | |  |  |  |
| Evacuation/emergency plan | |  |  |  |
| Bullying & Harassment Policy | |  |  |  |
| Privacy Policy | |  |  |  |
| Job description & responsibilities | |  |  |  |
| Leave entitlements | |  |  |  |
| Notification of sick leave or absences | |  |  |  |
|  | |  |  |  |
| **SPECIFIC SAFETY MATTERS** | | **Yes** | **No** | **N/A** |
| Location of exits; fire extinguishers; fire blankets; first aid kits. | |  |  |  |
| Handling of cleaners & chemicals. | |  |  |  |
| Trip hazards. | |  |  |  |
| Worker responsibility for personal safety & reporting. | |  |  |  |
| Use of protective equipment. | |  |  |  |
| Use of electrical devices (leads & tagging) | |  |  |  |
|  | |  |  |  |
|  | |  |  |  |
|  | |  |  |  |
|  | |  |  |  |
| **SPECIFIC TASKS** | | **Yes** | **No** | **N/A** |
| Operation of mowers | |  |  |  |
| Operation of cement mixers | |  |  |  |
| Use of ladders (height) & trestles | |  |  |  |
| Use of wheelbarrows & shovels | |  |  |  |
| Operation of saws & drills | |  |  |  |
| Operation of grinders & sanders | |  |  |  |
| Consideration of hearing protection, safety glasses, dust masks | |  |  |  |
| Consideration of foot, head & hand protection | |  |  |  |
| Cleaning activities | |  |  |  |
| Cleaning up after the task & relocating equipment & materials | |  |  |  |
|  | |  |  |  |
|  | |  |  |  |
|  | |  |  |  |

Form 16b – Induction Checklist



|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of parish/agency:** | | | | |
| **Start date:** | **Facilitator:** | | | |
| **Induction date:** | **Position:** | | | |
| **WORK AREA** | | **Yes** | **No** | **N/A** |
| The worker has been shown work area(s) | |  |  |  |
| The worker has been shown amenities. | |  |  |  |
|  | |  |  |  |
| **WORKPLACE HEALTH & SAFETY** | | **Yes** | **No** | **N/A** |
| WHS policies & responsibilities have been provided & explained. | |  |  |  |
| The archdiocesan policy on bullying, discrimination & harassment have provided & explained. | |  |  |  |
| The incident & hazard reporting process have been explained. | |  |  |  |
| The worker has been informed as to any risks to health & safety associated with performing his/her work. | |  |  |  |
|  | |  |  |  |
| **EMERGENCY PROCEDURES** | | **Yes** | **No** | **N/A** |
| Accident & emergency procedures including the fire evacuation procedures have been explained. | |  |  |  |
| The worker has been shown the emergency exit areas. | |  |  |  |
| The worker has been informed about bomb threat procedures. | |  |  |  |
| The names & locations of fire wardens have been provided. | |  |  |  |
|  | |  |  |  |
| **FIRST AID** | |  |  |  |
| The worker has been advised of the name & location of first aid officers. | |  |  |  |
| The worker has been informed as to the location of the first aid kit. | |  |  |  |
| The worker has been informed of the injury reporting procedures. | |  |  |  |
|  | |  |  |  |
| **WORKPLACE SPECIAL NEEDS** | |  |  |  |
| The worker has been asked if there are any special needs with respect to work health & safety (and they have been noted). | |  |  |  |
|  | |  |  |  |
| **Worker signature: Date:** | |  | | |
| **Facilitator signature: Date:** | |  | | |

Form 17 – First Aid Procedures & Responsibilities

In the event of an accident or injury, staff & visitors should follow the procedure outlined below:

1. Immediately seek assistance from First Aid personnel or anther staff member as appropriate.
2. If necessary call emergency services on “000”.
3. Once the accident or injury is attended to, complete an entry in the Incident Injury register located .
4. Advise your parish priest/manager and the Archdiocesan WHS Officer.

Location of First Aid Kits

First aid kits are located:

First Aid Kits will be provided & maintained in the workplace & be readily accessible in the case of emergency, with sufficient signage that is clearly visible. The name & work location of the First Aid Officers will be clearly marked on or next to the kits.

All workplace vehicles also carry an approved portable kit.

First Aid Officers

Staff with appropriate & current qualifications obtained from a nationally recognised First Aid training provider, may be appointed as First Aid Officers by the parish priest/manager. First Aid Officers must fulfil their responsibilities & maintain their current qualifications in order to continue with their appointment. The parish priest/manager will endeavour to have staff members appointed as First Aid Officers at all times.

Training of First Aid Officers

The parish/agency will pay or reimburse approved first aid officers for the cost of undertaking a first aid course & for their time to attend the course during working hours where they have been appointed as a parish/agency First Aid Officer. If approved, First Aid Officers are to renew their certificate prior to the expiry date.

Responsibilities of First Aid Officers

* First Aid Officers are responsible for the initial care of all ill or injured workers & other persons in the workplace by rendering first aid treatment in accordance with their approved training.
* A First Aid Officer attending to an injured or ill person must remain with them until no further treatment or assistance is required, or until the person is handed over to ambulance of other medical personnel, unless the First Aid Officer’s personal safety is at risk.
* First Aid Officers must regularly inspect & maintain first aid equipment in the workplace.
* First Aid Officers must record all treatments administered to workers & others.
* First Aid Officers are responsible for the provision of first aid support during evacuations & other emergencies in the workplace.

First Aid Kits

* First Aid Kits must be accessible & kept stocked (including any portable kits located in workplace vehicles).
* First Aid Kits must be replenished as soon as practicable after use of any supplies.
* The contents of First Aid Kits must not be allowed to deteriorate or pass their expiry dates.
* First Aid Officers should be familiar with the contents of the First Aid Kit.
* Contaminated items must be disposed of safely.
* First Aid Officers should maintain contact with an approved supplier for the replenishment of supplies.

Form 18 – Emergency Management Plan

The following checklist is intended to assist parishes/agencies in the development of an emergency plan. Formulating an Emergency Management Plan will help ensure that the parish/agency is well prepared.

Responsibilities

|  |  |
| --- | --- |
|  | Is there a plan on emergency response? |
|  | Has the plan been approved? |
|  | Has the plan been distributed to all who need to know? |
|  | Does the plan indicate who can declare a full evacuation? |
|  | Does the plan indicate who can declare an emergency over? |
|  | Is the emergency plan reviewed to ensure it remains effective? |
|  | Has someone with appropriate skills been made responsible for specific actions in an emergency (e.g. appointment of an area warden)? |
|  | Is there someone responsible for making sure all workers & others are accounted for in an evacuation? Attendance records made used. |
|  | Are specific procedures in place for critical functions such as power or gas isolation. |

Emergency Contact Details

|  |  |
| --- | --- |
|  | Are emergency contact details (ambulance, fire, police, SES) ddisplayed? |
|  | Are contact details updated regularly? |
|  | Is it detailed who will notify emergency services? |

Work Environment

|  |  |
| --- | --- |
|  | Has consideration been given to the types of emergencies that might arise within the workplace and outside the workplace? |
|  | Have workers & neighbouring businesses (if relevant) been consulted? |
|  | Is there a mechanism for alerting workers of an emergency? |
|  | Is there a site plan that illustrates the location of the fire protection equipment, emergency exits & assembly point? |
|  | If there is a site plan is it posted in key locations throughout the workplace? |
|  | Is the evacuation plan, emergency contacts & first aid equipment on display? |
|  | Are all exits, corridors & aisles kept clear of obstructions & does the workplace have illuminated exit signs? |
|  | Are procedures in place for assisting mobility impaired people? |
|  | Are emergency procedures regularly tested? |

Information, Training & Instruction

|  |  |
| --- | --- |
|  | Are relevant workers informed, trained & instructed in relation to implementing the emergency procedure? |

Fire Protection & Fire Fighting Equipment

|  |  |
| --- | --- |
|  | Does the workplace have fire protection & firefighting equipment? |
|  | Is the equipment suitable for the types of risks at the workplace? |
|  | Is equipment regularly tested by a local fire authority or fire equipment supplier? |
|  | Is equipment kept clear of obstructions? |
|  | Are workers trained to use fire extinguishers where required & do they know what type of extinguisher to use for different types of fires? |

Hazardous Chemicals

|  |  |
| --- | --- |
|  | Are current safety data sheets available for all hazardous chemicals on site? |
|  | Are all hazardous chemicals labelled & stored in a safe manner? |
|  | Is appropriate equipment available to initially respond to a hazardous chemical incident, such as absorbent material to contain a liquid spill? |
|  | Is appropriate personal protective equipment & training provided to protect workers who are called on to deal with a hazardous chemical release? |

Bushfire Danger Ratings

|  |  |
| --- | --- |
|  | Have the existing fire risk controls with respect to bushfires been reviewed? |
|  | Have the emergency evacuation procedures for days of declared fire ratings been reviewed – safe exit routes – the closest designated ‘safe place’ – consistency with the evacuation procedures of the relevant authorities – worker access to reliable communication equipment. |
|  | Have workers been trained in the bushfire emergency evacuation procedures? |
|  | Are there appropriate procedures in place for those occasions when workers may be required to travel into areas where fire ratings have been declared? |

Neighbouring Businesses

|  |  |
| --- | --- |
|  | Is there a procedure in place for advising neighbouring businesses should an emergency situation arise? |
|  | Has consideration been given to risks arising from neighbouring businesses? |

Testing & Review

|  |  |
| --- | --- |
|  | Are emergency practice runs undertaken to assess the effectiveness of the EMP? |
|  | Is someone responsible for documenting the results of the EMP practice runs? |
|  | Is someone responsible for reviewing the EMP & informing others of revisions? |

Form 19 – Notifiable Incident Report Form

**To be completed by the Responsible Person (or person with authority in their absence) reporting the incident.**

**Section 1: Type of Incident**

|  |  |
| --- | --- |
|  | **Death** |
|  | **Serious illness or death** |
|  | **Dangerous incident** |

**Section 2: Name of injured Person or Damaged Property or Equipment/Machinery or Property Exposed to Risk**

|  |  |
| --- | --- |
| Injured person’s address (home/work) | |
|  | |
|  | |
| Contact phone no. |  |
| Date of birth |  |
| Occupation |  |

**Section 3: Employer**

|  |  |
| --- | --- |
| Employer name | |
|  | |
|  | |
| Employer address | |
|  | |
|  | |
|  | |
| Employer phone |  |

**Section 4: Worker Status**

|  |  |
| --- | --- |
|  | Employee |
|  | Volunteer |
|  | Contractor |
|  | Permanent |
|  | Casual |
|  | Temporary |
|  | Full-time |
|  | Part-time |
|  | Clergy/Religious |

**Section 5: Incident Details**

|  |
| --- |
| Date of incident |
| Time of incident |
| Location where incident occurred |
|  |
|  |
| Names of witnesses to incident/hazard |
|  |
|  |
| Description of incident/hazard (attach diagram is necessary) |
|  |
|  |
|  |
|  |
|  |
|  |

Section 6: Injury/Illness Details

|  |  |  |  |
| --- | --- | --- | --- |
| Nature of injury/illness (cut, bruising…) | | | |
|  | | | |
|  | | | |
| Bodily location of injury/illness | | | |
|  | | | |
|  | | | |
| Treatment | | | |
|  | None |  | First aid |
|  | Doctor |  | Ambulance |
|  | Hospital |  |  |
| Date of report | |  | |
| Name workplace | |  | |
| Signature: | | | |

Section 7: Risk Identification

Consider all the factors that may have contributed to the incident or hazard.

|  |
| --- |
| Work/Patron Behaviour/Experience |
| Machinery/Equipment/Substances |
| Training/Instruction/Supervision |
| Worksite Design/Layout/Condition |
| Work Practices/Procedures |
| Temperature/Weather/Lighting/Noise Levels/Housekeeping/Personal Protective Equipment |

Section 8: Risk Assessment

Estimate the probability of the incident/hazard occurring again based on experience & previous incident/hazard data.

|  |  |
| --- | --- |
|  | Low |
|  | Medium |
|  | High |

What is the severity of the actual or potential injuries or damage to equipment etc.

|  |  |
| --- | --- |
|  | Low |
|  | Medium |
|  | High |

Section 9: Risk Control

Actions to be taken to eliminate or minimize the risks/contributing factors. Prioritise actions based on level of risk.

**Note: The incident site must not be tampered with prior to a WorkCover assessment if required.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Risk Controls** | **Priority** | | | **By Whom** | **By When** |
| Hazard Elimination/Substitution |  | | **Low**  **Low** |  |  |
|  | | **Medium** |
|  | | **High** |
| Engineering/Work Environment |  | **Low** | |  |  |
|  | **Medium** | |
|  | **High** | |
| Work Practices/Procedure |  | **Low** | |  |  |
|  | **Medium** | |
|  | **High** | |
| Instruction/Training/Supervision |  | **Low** | |  |  |
|  | **Medium**  **High** | |
|  | **High** | |

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_**