



**3. Immediate Containment Action** (What was the immediate response)


**4. Details of Incident or Near Miss**

Nature of injury, disease or near miss (e.g. burn, cut, sprain, infection)

Cause of injury (e.g. fall, impact, crush, strain)

Location on body (e.g. back, left forearm)

Agency (e.g. plant, tools, hot water)

**5. Treatment Administered**

Was first aid given?  Yes  No

First Aiders name:

Treatment:

Referred to:

**6. Did the Worker Stop Work?**

Yes  No  Yes, stop work for  Time:

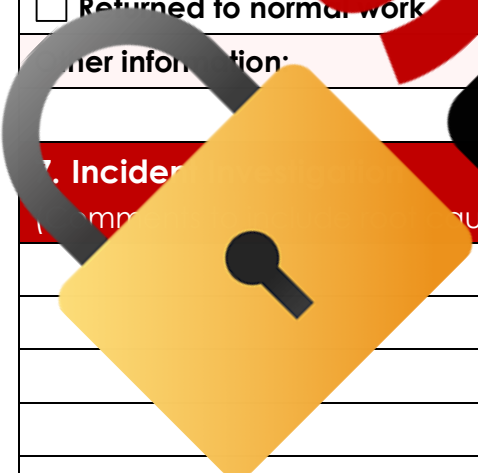
Treated by Doctor  Lost work  Compensation

Returned to normal work  Resigned  Rehabilitated  Rehabilitation

Other information:

**7. Incident Cause and Contributing Factors**


What was the severity? (See the table below)  Low  Medium  High  Extreme



**8. Actions to Prevent Re-Occurrence**

Action	By Whom	By When	Date Completed

**9. Actions Completed**

Was feedback given to personnel?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Date feedback was given:		

**10. Management Review Comments**

Discussed at safety/staff meeting	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Comments:

Name:  Signature:

Risk Severity Table



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# CONTRACTOR PRE-QUALIFICATION

This form must be completed by the contractor and a company representative before any work can commence.

**Page 1 is to be Completed by the Contractor.** (Refer to page 2 for reference)

## Please Describe the Scope of Work

Do you have safe work, quality and environmental control methods in place to undertake the work indicated above?  Yes  No

Have you been trained and are you competent in the safe working method/s?  Yes  No

Have you been consulted on the safety, quality and environmental requirements and given the necessary information?  Yes  No

**Note:** If any of the requirements above are marked No, work will not commence until management have been consulted.

The section below must be completed.

## Hazard Identification: What are the hazards related to this work?

## Hazard Control: How will you control the hazards? Detail your safe, quality and environmental control measures here (attach documents if needed)

## Statement by Contractor

I, \_\_\_\_\_  
(Contractor Name) \_\_\_\_\_  
(Contractor Name)

### Declare that

Have read and understand the obligations under Work Health and Safety Regulations and standards.

Will provide documentation and/or the safety systems that are applicable to the work and to the circumstances in which the contract will be affected.

Have the necessary qualifications that are required by legislation.

Have workers compensation, rehabilitation and public liability insurance policy in place.

Will discuss site-specific safety concerns with management

I understand that if I fail to comply with these standards, my work at the site will cease.

**Name:**

**Signature:**

**Date:**

**Page 2 is to be completed by a Company Representative.**

# HAZARD REPORT FORM

This form may be used for any hazard or issue.

Please complete this form and forward to the appropriate person(s).

<b>Name:</b>	<b>Date:</b>
<b>Supervisor:</b>	<b>Time:</b>
<b>Work Area:</b>	

**Please tick appropriate**     WHS Issue     Environmental Issue     Hazard identified

**Please Risk Assess and Describe the Issue or Hazard**

**Perceived Risk Rating Definitions**  
**Extreme Risk** – Potential to cause death, serious injury or permanent environmental damage.  
**High Risk** – Potential to cause serious injury, ill health or major environmental damage.  
**Medium Risk** – Potential to cause temporary disability, minor damage to property and equipment, or environmental damage.  
**Low Risk** – Potential to have required minor first aid.

**Use the Matrix Rate the Severity of the Hazard**

	Constantly	Hourly	Daily	Weekly	Monthly	Yearly	Interpretation
Extreme Risk	4	4	4	3	2	1	4 = to be rectified immediately
High Risk	4	3	3	3	2	1	3 = to be rectified within 7 working days
Medium Risk	3	2	2	2	1	1	2 = to be rectified within 1 month
Low Risk	2	1	1	1	1	1	1 = to be rectified within 3 months

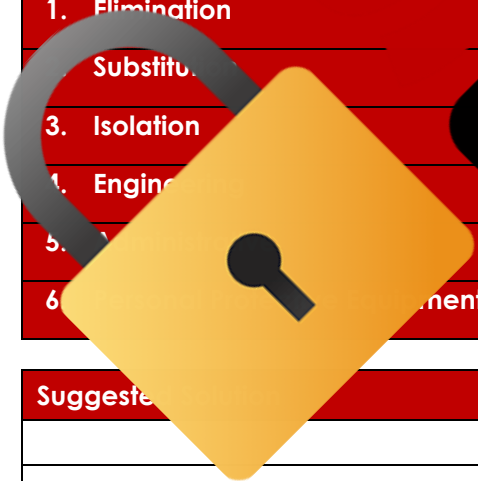
**Rectifying Identified Hazards**  
 All risks assessed will have an appropriate control measure developed and implemented in accordance with the following order of control measures otherwise known as the 'Hierarchy of Controls':

1. **Elimination** – Complete removal of the exposure of the hazard or risk.
2. **Substitution** – Replacing the hazardous plant, equipment, or work process.
3. **Isolation** – Separation of the hazard through distance or enclosure.
4. **Engineering** – May include the re-design of the work area, fixing guards, etc.
5. **Administrative** – Development of safe work procedures, supervision, or training.
6. **PPE** – Provision of safety footwear, goggles, hearing protection, etc.

**Suggested Control Measures**

**What has been done to rectify the issue/hazard?**

**Manager/Supervisor sign off:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# PRE-PURCHASE CHECKLIST

<b>Description of Item(s) to be Purchased:</b>			
<b>Suggested Supplier:</b>			
<b>Person Requesting the Purchase:</b>		<b>Date:</b>	

This document can be used to confirm that the health, safety, environmental and quality requirements have been considered prior to purchasing equipment or materials.

All items are to be completed by the person requesting the purchase and checked by the person authorising the purchase.

This form may be used for any hazard or issue.

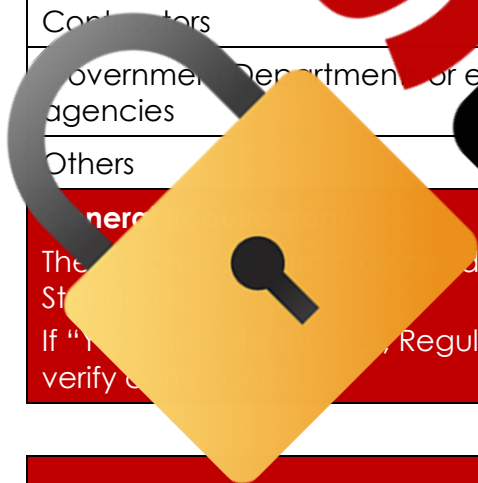
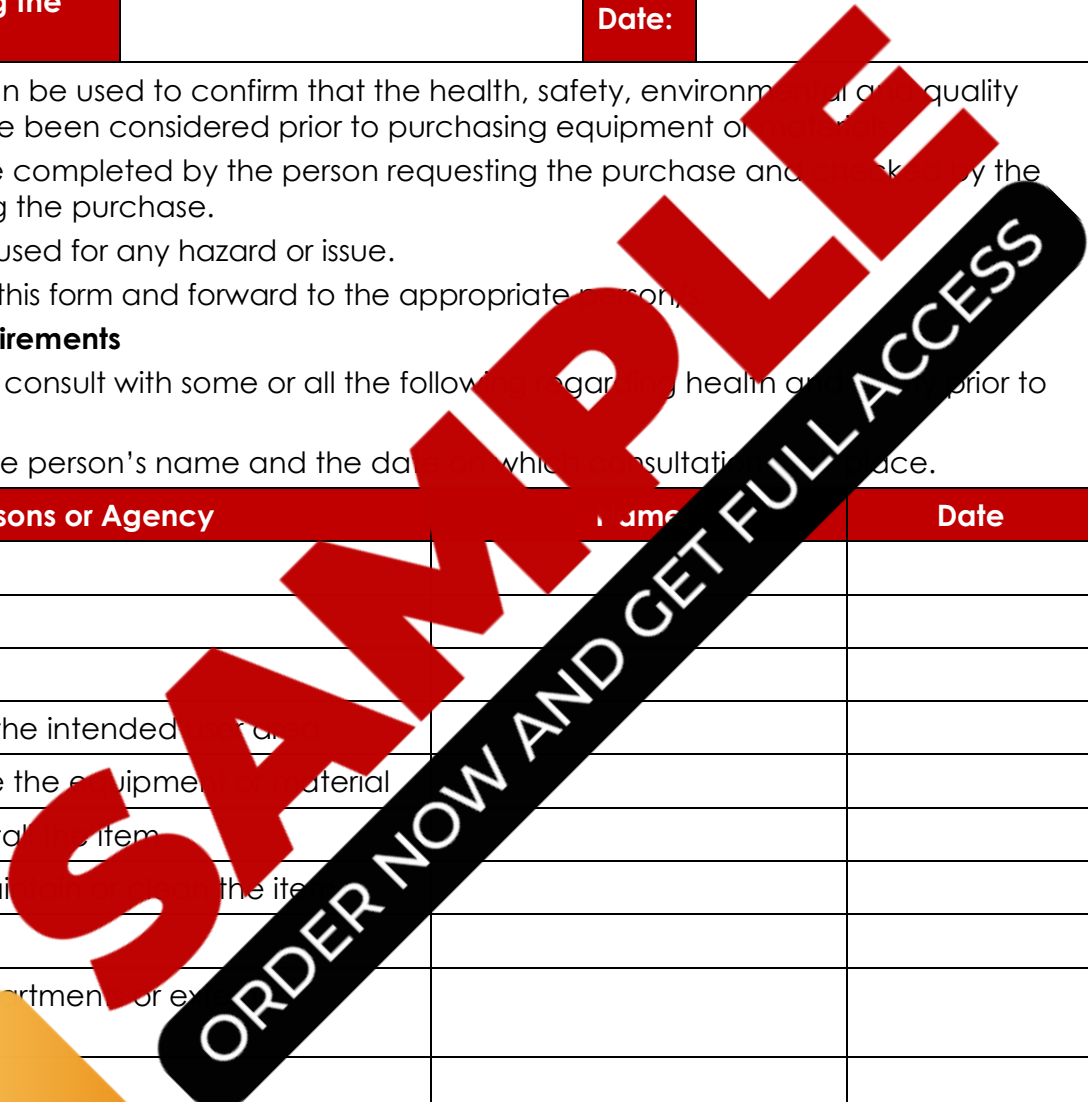
Please complete this form and forward to the appropriate person.

**Consultation requirements**

You may need to consult with some or all the following regarding health and safety prior to the purchase.

If "Yes" Provide the person's name and the date when consultation will take place.

Persons or Agency	Name	Date
Manager		
Supervisor		
Safety		
Management of the intended work		
Those who will use the equipment/material		
Those who will install the item		
Those who will maintain the item		
Contractors		
Government Department or external agencies		
Others		



**Other requirements**

The purchase must comply with specific requirements of legislation or standards.

If "Yes" specify Regulation, Code of Practice, Standard, etc., and state who will verify compliance.

Pre-Purchase Health and Safety Considerations	Tick if Required			Verification Following Receipt of Order
Manual handling legislation	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Plant safety legislation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	

Pre-Purchase Health and Safety Considerations	Tick if Required			Verification Following Receipt of Order
Operator Licence, permit, certificate of competency	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Registration of plant and equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Public safety legislation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Dangerous goods legislation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Noise legislation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Guarding / emergency stops / safety devices	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Ergonomics	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Workplace layout, access and storage	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Safety signage	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Instruction manuals, information about safe use	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Training for those who will install, use or maintain	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Relevant Standards (state ISO number)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
<p><b>Special Health Safety, Environmental and Regulatory Requirements</b></p> <p>The following issues may need to be considered during the purchase of certain types of equipment or materials.</p> <p>If "Yes" indicate when all of the above information has been received and verify that it has been received.</p>				
Revision of dangerous goods manifests	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Labels and packaging (e.g. weight, type, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Storage with other materials	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Access to safety sheets (SDS)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Additional information	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Additional safety kits required	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Risk assessment based on the product	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Monitoring of the work place on:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Radiation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Dust	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Fumes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Vapours	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	

SAMPLE

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