***Company name***

***Date***

**Health, Safety, and Environment (HSE) Management Plan**

**PURPOSE OF THIS DOCUMENT**

The purpose of this document is to provide guidance and supporting information to enable Suppliers to meet Water Corporation’s requirements for HSE qualification.

***Note:*** *a HSE Management Plan is an organisational document that describes the supplier’s processes to manage their risk and meet its objectives. The HSE Management Plan is submitted for prequalification only. A HSE or OSH Management Plan, specific for the scope of works, must be submitted when participating in the tendering process.*

How to use this document:

* Read the requirements of each section
* Use the provided templates as a guide and prepare your own company specific documents
* Collate your documents and submit when you complete the supplier registration form

If you believe a section is not applicable please state N/A and include a supporting statement as to why it does not apply.

***Note:*** *Should you require any guidance on your HSE submission contact the Pre-Qualification team:*

🖂 *HSE.prequal@watercorporation.com.au*

*🕿 (08) 9420 2266*

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# 1 Leadership and Planning

# 1.1 Company Organisational Structure

Define all levels of personnel working within your Company, including:

* Each position title.
* Who each role reports to.
* Contact details (key personnel).

Refer to Appendix A. You can complete and refer to Appendix A here

# 1.2 Management HSE Commitment and Expectations

How is HSE Commitment and expectations demonstrated in your Company? Include examples such as:

* HSE Policy.
* Identification of the activities that are monitored monthly for HSE compliance (e.g. Workplace Inspections, Safe Work Method Statement (SWMS) / Job Safety and Environmental Analysis (JSEA) reviews, Daily prestart, HSE meetings, training and compliance).
* How personnel are made aware of their HSE responsibilities when joining the Company.

# 1.3 HSE Responsibilities and Accountabilities

1. Define HSE responsibilities and accountabilities for all levels within your organisation.
2. Management communicate expectations to reinforce HSE responsibilities and accountabilities.
3. Management have processes to assign and monitor adequate Supervision in the field.

# 2 Compliance

# 2.1 HSE Legal Compliance

1. Define how your Company identifies and meets its HSE legal obligations.
2. List the HSE legal obligations that affect your scope of work (e.g. Codes of Practice, Australian Standards, etc.).

# 2.2 Document and Records Management

Define your process for document control and records management that includes:

* A number system for HSE documents.
* Creation date.
* Document creator.
* Approver of document.
* Next review date.

# 3 HSE Risk Management

# 3.1 HSE Risk Management Tools

1. Define the processes / tools used by your Company to identify and manage risk (e.g.: Risk Register, SWMS, JSEA, Step Back/ Take 5, etc.).
2. Outline how each risk tool is applied (e.g. what tool gets used and when).

Refer to Appendix B Risk Management Procedure. You can complete and refer to Appendix B here.

# 3.2 HSE Risk Register

Provide your current HSE Risk Register that identifies:

* Key risks for the category of work you wish to provide.
* Risks prioritisation (sorted high, medium, low).
* Control methods to reduce risk to as low as reasonably practicable (ALARP).
* All High Risk Work (as per OHS Regulations 1996).
* Identifies all Environment, Health and Hygiene risks (e.g. wastewater, dust, noise, heat exposure, etc.).

Refer to Appendix C. You can complete and refer to Appendix C here.

# 3.3 Safe Work Method Statements (SWMS)

Provide an example of a SWMS for the type of work the company will be conducting.

**Note:** SWMS’s are required where work is deemed, by Division 12, Section 3.137 & 3.143 of WA OSH Regulations 1996 as “Construction High Risk” or if requested by the Water Corporation.

 Refer to Appendix D. You can complete and refer to Appendix D here.

# 3.4 Stop Work

Define the process that stipulates the right and obligation to stop work where personal safety or the environment is at risk of harm for all personnel including Contractors.

* Describe how this is communicated to all levels of the workforce, including Contractors.
* Supports stopping work without fear of discipline or repercussions?

# 3.5 Job Safety and Environmental Analysis (JSEA)

Provide example JSEA’s for the type of works the Company will be conducting. The following requirements are minimum expectations:

* All JSEA’s MUST be developed prior to the task commencing.
* All JSEA’s MUST be reviewed at the commencement of each shift.
* All JSEA’s MUST remain at work front.
* Copies of JSEA’s MUST be retained and made available to Company upon request.

Refer to Appendix E. You can complete and refer to Appendix E here.

# 3.6 Personal Protective Equipment (PPE)

Define how your personnel identify and maintain the correct PPE required for the tasks they are performing (e.g. Work at height equipment, breathing apparatus, Hi-visibility clothing, steel capped boots, safety glasses, ear plugs/muffs, hard hat, safety gloves, hat brim, sunburn cream, etc.).

# 3.7 Management of Change (MOC)

Define your process to manage changes to plant, equipment, process or procedure, including how:

* Changes are identified and recognised.
* Changes are reflected in relevant documentation (e.g. Risk Register, SWMS, etc.).
* Changes are communicated to personnel, including Sub-Contractors.

# 4 Systems of Work

# 4.1 Environmental Management

Define your process for the assessment and management of environmental impacts, including how you:

* Reduce, Reuse and recycle waste materials where possible.
* Manage and dispose of construction wastes in an acceptable approved manner.
* All spills and releases must be reported immediately through to your Water Corporation representative.
* Spill prevention and response measures.

# 4.2 Chemical Management

Provide a Listing/ Register of all chemicals used by your Company and the PPE required to be worn during use

* The register must be readily available to workers.
* Workers must have access to hardcopy Safety Data Sheets (SDS).
* All containers must be labelled with name, risk and safety precautions.

Refer to Appendix F. You can complete and refer to Appendix F here.

# 5 Stakeholders, Consultants & Communications

# 5.1 HSE Communications and Consultation

1. Define your Company process to communicate and consultant with employees and Sub-Contractors on HSE matters (e.g. HSE notice boards, meetings and toolbox topics).
2. Define how personnel are informed of hazards (including learnings from incidents), required safe work practices and regulations associated with their work.

Refer to Appendix G. You can complete and refer to Appendix G here.

# 6 Contractors and Suppliers

# 6.1 Sub-Contractor Safety Management

Define how Sub-Contractors are engaged and managed. This shall include as a minimum:

* HSE Contractor selection process.
* Induction, training and competency requirements.
* Monitoring the implementation Sub-Contractors HSE Management System Plan and systems of work.
* Performance monitoring of Sub-Contractors.
* Inclusion of Sub-Contractors in HSE Meetings.

# 7 People

# 7.1 Alcohol and Other Drugs

Describe how your Company manages alcohol and other drugs in the workplace. As a minimum:

* All personnel must be advised to report to work in a condition capable of safely carrying out the required tasks.
* Any person considered being under the influence of alcohol or other drugs must be prevented from commencing or continuing work.
* Agree to participate in Client random drug and alcohol testing if completing duties at a Client workplace.

# 7.2 Fatigue Management

Define your process for managing fatigue (e.g. what are your standard working hours, duration of each shift, hours between shifts).

# 7.3 Pre-Employment Medicals

Describe how your Company:

* Knows personnel are fit for work (e.g. pre-existing injuries).
* How do you select and manage people who are unfit (e.g. restrict certain work activities)

# 7.4 Injury Management

Define your processes to prevent and manage workplace injuries/ illness, including:

* Emergency procedures (e.g. first aid, first aid kits, trained first aid personnel).
* Medical attention and follow-up.
* Workers Compensation process.
* Return to Work process.

# 7.5 Training and Competency Management

1. Provide a Training Needs Register/Listing that captures:
* Name and description of the work activities to be undertaken.
* The equipment to be used during each work activity.
* Skills required.
* Specific work activity training (e.g. WA Driver Licence, High Risk Licence and National Tickets).
1. Provide a Training Register/Listing that shows the following details:
* Employee name.
* Position held (e.g. fitter, excavator operator).
* Skills / Competencies / Experience (e.g. tickets / qualifications).
* Training provider.
* Certificate/Licence number.
* Certificate/Licence expiry date.
1. Define your process for the on-boarding/induction of personnel to your Company.

Refer to Appendix H. You can complete and refer to Appendix H here.

# 8 Incident Management, Reporting and Investigation

# 8.1 Emergency Response and Management

1. Define your processes to manage and respond to emergency situations (e.g. fire, medical emergency, chemical spills, etc.).
2. Include a listing of all your emergency equipment (e.g. First Aid equipment, fire extinguisher, etc.).

# 8.2 Hazard/ Incident Reporting

1. Define your process for Hazard, Near Miss and Incident Reporting.

**Note:** Verbal advice to the Water Corporation is required immediately following an incident (as a minimum within two (2) hours) and a formal written incident report is required to be provided to the Water Corporation within five (5) working days of the incident.

# 8.3 Hazard/ Incident Investigation

1. Define your process for Hazard, Near Miss and Incident Investigation, including how you:
* Investigate incidents, near misses and hazards.
* Track and close out actions.
* Analyse hazard and incident trends.
* Notification process to Worksafe of injuries/incidents reportable under OSH Regulations.

Refer to Appendix I. You can complete and/or refer to Appendix I here.

# 9 Assets, Plant and Equipment

# 9.1 Vehicle, Plant and Equipment

Define how you ensure vehicles, plant and equipment are safe to use. For example: Licensing and inspection of equipment (e.g. pre-start checks) and maintenance/servicing of equipment.

**Note:** The following equipment is banned by the Water Corporation:

* 9” Angle Grinders
* Concrete Cutting Saws (Quick Cut Saws), exception if trolley mounted for the purpose of ground cutting.

# 10 Performance monitoring, Audit & Improvement

# 10.1 Review and Evaluation

Define your process for periodic review and evaluation of your Company’s compliance to this HSE Management System Plan, including:

* Audit and inspection schedule.
* Key document reviews (e.g. Procedures, Risk Register, etc.).
* Leadership Key Performance Indicators (e.g. leadership time on site).
* How are Managers involved in the review process.

Refer to Appendix J. You can complete and/or refer to Appendix J here.

# 10.2 Workplace Inspections

Provide an annual inspection schedule that covers the following:

* All the work categories you have listed on your Risk Register (e.g. chemical storage, general area housekeeping)
* All key equipment used for your work (e.g. vehicle, lawn mower, etc.)
* The requirements for all personnel and management to conduct inspections

Refer to Appendix K. You can complete and/or refer to Appendix K here.

# 11 Reference Documents

Provide a list/register of documents (i.e. Plans, Procedures, Forms, Checklists, etc.) associated with this Management Plan and Scope of Work.

|  |  |
| --- | --- |
| Document Number | Document Name |
|  |  |
|  |  |
|  |  |
|  |  |

# Appendix A – Organisational Structure & Roles (Refer section 1.1)

The following Organisational Structure outlines the roles that have a Health, Safety and Environmental responsibility within *INSERT ORGANISATION.*



**Roles and Responsibilities Defined**

The following examples of roles and responsibilities for personnel within *INSERT ORGANISATION* regarding HSE are below.

This list should reflect positions within your organisational structure. .

**WORKS SUPERVISOR**

*INSERT NAME* is responsible for HSE at the workplace and duties include:

* implementing the HSE Management Plan
* observing all HSE rules and regulations
* making sure that work activities are carried out in a safe and environmentally sound manner
* planning to do all work safely including any interface with other work activities;
* providing advice and assistance on HSE matters to personnel
* being part of the planning and design stages of trade activities
* deciding when training on HSE is required
* actioning HSE reports and carrying out workplace inspections
* setting up HSE meetings and programs
* helping to prepare Job Safety Environmental Analysis / Step Back Forms for the organisation’s work activities
* investigating hazard reports and ensuring that they are completed and corrective actions undertaken
* carrying out project inductions, Toolbox Talks and team meetings
* being a part of incident investigations
* leading by example and promoting sound HSE practices at every opportunity;
* undertaking inspection of the contracted or planned works to ensure that HSE control measures are implemented and effective; and
* other HSE duties as directed by the Works Manager.

**EMPLOYEE**

Are responsible for the following:

* working in a safe manner without risk to themselves, others or the environment
* complying with the HSE Management Plan including all Job Safety Environmental Analysis / Step Back Forms
* reporting all incidents to the Works Supervisor
* reporting all injuries and illnesses to the designated First Aid Officer
* reporting any HSE hazards to the Works Supervisor
* providing suggestion, through agreed consultation methods, on how to improve HSE issues
* seeking assistance if unsure of HSE rules
* reporting any faulty tools or plant to the Works Supervisor
* complying with site rules
* correctly using all personal protective equipment; and
* complying with emergency and evacuation procedures.

# Appendix B – Risk Management Procedure (Refer section 3.1)

*INSERT ORGANISATION* uses the following Risk Tools to identify and record hazards associated with specific activities.

|  |  |
| --- | --- |
| **Tool** | **Description** |
| Work Method Statement  | Formally documented process that details the high risk construction work activities and the agreed methodology to be carried out for a specific job. It clearly outlines the hazards that may arise and the controls that must be put in place to mitigate and manage the identified risks.  |
| Job Safety Environment Analysis (JSEA) | A documented risk assessment which breaks down the job into work steps with the identified hazards and required control measures formally recorded for each step. |
| Step Back / Take 5 | A simple form for work team members to use for hazard identification and control assessment by stopping, looking and discussing the situation with colleagues before proceeding with any work. Primarily used for Low – Medium risk activities, which do not require a JSEA. |

Prior to commencement of works, *INSERT ORGANISATION* will:

* Conduct a start-up meeting with all personnel involved in the works
* Appoint a responsible person for the works and application of the Risk Tool
* Break down specific work activities into job steps to identify all potential hazards associated with the works.
* Record hazards identified in the applicable Risk Tool (JSEA, Step Back etc.)
* Ensure all persons on site understand the requirements and application of the Risk Tool
* Apply appropriate controls as identified on the Risk Tool.

During the works, *INSERT ORGANISATION* will review the Risk Tool:

* At the commencement of each shift
* New personnel are introduced to the worksite
* Where on site conditions have changed (weather etc.)
* Where there is a change in methodology or scope of works (change in machinery required, change in location of works, additional activities required etc.)

For all high risk Works identified on the Risk Register, *INSERT ORGANISATION* will:

* Conduct works in accordance with the applicable Work Method Statement



Site Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_ Job #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Task: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Assess the risk**

Is the activity a High Risk Construction Work task? Check the back page for a list of these activities.

[ ]  NO [ ]  YES If yes, JSEA is required.

Have you used the risk matrix on the inside cover to measure the level of risk of the task BEFORE

Putting any controls in place? Is the risk level high or extreme?

[ ]  NO [ ]  YES If yes, JSEA is required.

Do you need to obtain a Permit for the task?

[ ]  NO [ ]  YES If yes, JSEA is required.

I

**Identify the hazards** (e) = also an environmental hazard/control

|  |  |  |
| --- | --- | --- |
| **Identify Hazards** | **✓** | **Risk (M / L)** |
|  Air Tools |[ ]   |
| Chemical / herbicide exposure (e) |[ ]   |
| Clearing of vegetation (e) |[ ]   |
| Contaminated W/water (e) |[ ]   |
| Driving |[ ]   |
| Engulfment / flooding (e) |[ ]   |
| Excavation under 1.5m (if deeper, JSEA must be used) (e) |[ ]   |
| Fatigue |[ ]   |
| Falls from height under 2m (if higher, JSEA must be used) |[ ]   |
| Fuel / Oil / Chemical spill (e) |[ ]   |
| Other: |[ ]   |
| Other: |[ ]   |

|  |  |  |
| --- | --- | --- |
| **Identify Hazards** | **✓** | **Risk (M / L)** |
| Fumes (e) |[ ]   |
| Harm to wildlife (e) |[x]   |
| Hazardous manual tasks (please identify tasks): |[ ]   |
| Insects / aggressive animals |[ ]   |
| Lifting |[ ]   |
| Night work / poor lighting |[ ]   |
| Noise / odour / dust (e) |[ ]   |
| Overhead objects |[ ]   |
| Pinch / crush points |[ ]   |
| Risk to the public |[x]   |

|  |  |  |
| --- | --- | --- |
| **Identify Hazards** | **✓** | **Risk (M / L)** |
| Power Tools |[ ]   |
| Public / customers / contractors |[x]   |
| Service under pressure (if gas, JSEA must be used) |[ ]   |
| Severe weather (heat/rain) |[ ]   |
| Sharps / needles / cutting |[ ]   |
| Slip / trip obstacles |[ ]   |
| Waste disposal (e) |[ ]   |
| W/water contact/sewage discharge (e) |[ ]   |
| Water discharge / dewatering / soil erosion (e) |[ ]   |
| Working alone |[x]   |
| Other |  |  |

/L)



|  |  |
| --- | --- |
| **Controls** | **✓** |
| Portable safety switch / RCD |[x]
| Relevant driver training (as required) |[ ]
| Rescue / evacuation planned |[ ]
| Safe hygiene practices |[ ]
| Safe means of access / egress |[ ]
| Safety grate and barriers |[ ]
| Sand bags/Silt control / Blue Metal (e) |[ ]
| Shoring/Benching |[ ]
| Spotter |[ ]
| Sunscreen / insect repellent |[ ]
| Tagged and inspected |[ ]
| Team lifting |[ ]
| Traffic management plan / signs / cones |  |
| Vehicle checks |  |
| Ventilation / Extraction / Purging |  |
| Work day not exceeding 12 hours |  |
| 10 hour break before work day |  |
| 4Ps: plan, pothole / prodder, protect, proceed |  |
| Other: |  |

|  |  |
| --- | --- |
| **Controls** | **✓** |
| Harness |[ ]
| Heat Stress Assessment |[ ]
| Hearing protection |[ ]
| Identify slip/trip hazards, inform others |[ ]
| Induction (Empl. and Contractor) (e) |[ ]
| Inform Western/Horizon Power |[ ]
| Inspect for underground services |[ ]
| Isolation, tagging, lock out |[ ]
| Job rotations |[ ]
| Keep area tidy and remove trip hazards |[x]
| Lighting |[ ]
| Lone worker – log on / off |[ ]
| Machine guarding fitting |  |
| Material safety data sheet (MSDS) (e) |  |
| Mechanical assistance |  |
| Mechanical lifting aids |  |
| Overalls (e) |  |
| Personal Protective Equipment – standard issue |  |
| Other: |  |

**Choose your controls:** Choose all appropriate controls for all identified hazards.

|  |  |
| --- | --- |
| **Controls** | **✓** |
| Adequate breaks during task |[ ]
| Air monitoring equipment |[ ]
| Appropriate waste disposal (e) |[ ]
| Barricading |[ ]
| Bridging cables, rubber gloves |[ ]
| Cable locator |[ ]
| Communications |[ ]
| Contact Supervisor or Environmental Advisor (e) |[ ]
| Dewatering, divert water flow (e) |[ ]
| Dial Before You Dig |[ ]
| Dust / Face mask / SCBA (e) |[ ]
| Edge protection |[ ]
| Exclusion zone |  |
| Eye protection |  |
| First aid kit and water |  |
| Fuel, chemical spill kit (e) |  |
| Gloves |  |
| Hard-hat |  |
| Other: |  |



I have read the contents of and agree to work in accordance with this Step Back. **Responsible person / Supervisor / Line Manager Review**

**Team Sign On**

|  |  |  |  |
| --- | --- | --- | --- |
| Role | Name | Signature | Contractor Induction Card # |
|  |  |  |[ ]
|  |  |  |[ ]
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|  |  |  |[ ]
|  |  |  |[x]
|  |  |  |[ ]
|  |  |  |[ ]
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| --- | --- | --- |
| **Reviewed by** | **Date** | **Signature** |
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# Appendix C – Risk Register (Refer section 3.2)

*INSERT ORGANISATION* has identified, assessed and rated all risk associated with the activities that we wish to provide for the Water Corporation (normal works portfolio).

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Step 1** | **Step 2** | **Step 3** | **Step 4** | **Step 5** | **Step 6** | **Step 7** | **Step 8** |
| **Ref.** | **Task/Job** | **Safety EssentialHigh Risk Work** | **Hazard(Top Event)** | **Causes** | **Existing Controls (Prevention/ Detection/ Control/ Mitigation)** | **C** | **L** | **R** | **Action/ Recommendations** | **Action By & When** | **C** | **L** | **R** |
|
| **EXAMPLE** |  |
|  | Description of the required broad staged steps within a task.The details provided shall:• Be descriptive and use active wording /command language (e.g.: lifting, entering and applying).• Provide specific details (e.g.: what is the actual: type/model, location, weight, height,volume, size, quantity ical).  | **1.**  List the relevant Water Corporation Safety Essentials associated with this task/job step.**2.** Lists the relevant High Risk Work activities associated with this task/job step (As per OSH Regulations 1996, Division 12, section 3.317 and 3.143  | **1.** This is about what will cause the most harm. **2.** There could be more than one, and we're only considering the Top Event(s), those things that will cause you or the environment the most harm. **3.** Other events (hazards) are typically addressed in the WMS or the JSEA. | **1.** These are the causes of the Top Event(s), so in considering if it's a cause, ask the question, does this cause the Top Event to arise?**2.** Each cause is to be individually numbered and on a separate line. | **1.**  Controls are to be specific, realistic, practicable, verifiable and actual (e.g. documented in procedures, plans) or can be confirmed as in place by inspection / audit). They do not include actions / recommendations - Step 7).**2.** Elimination, Substitution, Engineering and/or Isolation shall be given preference over identification of lower level controls (Administration and PPE). |  |  |  | **1.** These are additional controls that will be implemented and will further reduce the risk level identified.**2.** An additional risk ranking (Step 8) will determine the effectiveness this control (e.g.: will it actually reduce the risk). |   |  |  |  |

# Appendix D - Work Method Statement Template

| **Contractor** |  |  |
| --- | --- | --- |
| **Contract #** |  |  |
| **SOW Title** |  |  |
| **Location** |  |  |
| **Document #** |  | **Revision #** |  | **Date** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Contractor** | **Name** | **Signature** | **Date** |
| Completed by: |  |  |  |
| Authorised by: |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Water Corporation** | **Name** | **Signature** | **Date** |
| Accepted by: |  |  |  |

# Introduction

*Provide background and description of the Project, including CRAW details.*

|  |  |  |
| --- | --- | --- |
| **CRAW Title** | **Document Number** | **Date** |
|  |  |  |

# Schedule

*Describe the proposed Project schedule for the activity (start / end dates, sequence of work activities and where this work activity fits into the overall SOW schedule).*

# Roles and Responsibilities

*List roles of those responsible for the safe execution of the work activity.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Position** | **Company** | **Brief Outline of Role** |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |
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# Training and Competency Requirements

*List minimum training and competency requirements required to safely complete the work activity described by the WMS.*

***Note: All personnel involved in the work activity must be trained and competent to perform their assigned roles.***

|  |  |
| --- | --- |
| **Position** | **Licenses, qualifications and / or certifications** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

# Work Methodology

*Detail the work methodology in a logical sequence listing the step by step necessary for conducting the activity in a safe and sustainable manner.*

# Plant and Equipment

*Identify plant and equipment (including type and capacity) necessary to complete the work activity described.*

# Hazards, Risk and Control Measures

*Provide a list of all potential hazards, specific risk controls and residual risk scores.*

| **Item** | **Hazard** | **Inherent Risk Level** | **Established Controls Measures** | **Residual Risk Level** |
| --- | --- | --- | --- | --- |
|  |  |  | Use the hierarchy of controls* Elimination
* Substitution
* Isolate
* Engineering
* Administration
* PPE
 |  |
|  |  |  |  |  |

# Emergency Response Requirements

*Define the emergency response and rescue requirements for the work activity including any specialist personnel and equipment.*

**Emergency Contact Details**

|  |  |
| --- | --- |
| **Contact Name / Resource** | **Number** |
|  | Emergency radio channel and/or telephone number |
|  |  |
|  |  |
|  |  |
|  |  |

**Emergency Response Personnel**

|  |  |
| --- | --- |
| **Name** | **Role** |
|  | i.e. First Aid, Senior First Aid, Fire Wardens |
|  |  |
|  |  |
|  |  |
|  |  |

**Emergency Response Equipment**

|  |  |
| --- | --- |
| **Emergency Response Equipment** | **Location** |
| i.e. First aid kit, defibrillator, fire extinguishers emergency showers, eye wash station, etc |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Project Specific Emergency Response Plans**

|  |  |
| --- | --- |
| **Emergency Response Plan** | **Document** |
| i.e. Confined Space, Spills, hazardous substances, medical emergency (first aid),etc. |  |
|  |  |
|  |  |
|  |  |
|  |  |

# Environmental Management Requirements

*Define Environmental aspects and requirements for the work activity. Include reference to the Construction Environmental Management Plan, where required.*

**Key Environmental Aspects associated with the SOW**

**Key Requirements as specified in the relevant Environmental approvals**

*Include work approvals and licenses, and Project Environmental Mitigation strategies (i.e. lighting, fauna / flora management and waste management)*

|  |  |  |
| --- | --- | --- |
| **Construction Environmental Management Plan** | **Document Number** | **Date** |
|  |  |  |

# Hazardous Substances and Dangerous Goods Inventory

*Identify by name all hazardous substances and dangerous goods associated with the work activity*.

***Note:*** *transport, storage, use and disposal of any hazardous substances / dangerous goods associated with work activities shall be in compliance with the requirements of the relevant SDS.*

|  |  |
| --- | --- |
| **Hazardous Substances and Dangerous Goods** | **SDS** |
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# Personal Protective Equipment

*List any personal protective equipment required for the work activity that is additional to the minimum standard PPE.*

# Change Management

*Identify the necessary tools or processes required to manage change to the work activity, location, conditions, or engineering and how changes shall be communicated to project personnel and all other affected parties.*

# Simultaneous Operation (SIMOPS) Management and Planning

*Identify any potential work activity interfaces, incompatible work activities and specify the minimum controls required to mitigate any risks associated with these activities.*

|  |  |  |
| --- | --- | --- |
| **SIMOPS** | **Control measures** | **Risk level** |
| Work activity interfaces and/or incompatible work undertaken at the same time that the described work activity. |  |  |
|  |  |  |
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# Supporting Documents and Drawings

*List supporting documentation associated with the work activity to be undertaken ( i.e. plans/elevations, schematics, P&IDs, photos).*

|  |  |
| --- | --- |
| **Document number** | **Document Title** |
|  |  |
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# Compliance Mapping

*List statutory/regulatory requirements specific to the work activity eg. Australian / New Zealand Standards, Codes of Practice, and industry guidelines).*

# Appendix E – Job Safety Environment Analysis (Refer section 3.5)

Project Name / Site Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job / Work Order #: \_\_\_\_\_\_\_\_\_

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

Valid Until: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

JSEA prepared by: \_\_\_\_\_\_\_\_\_\_\_

Task Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permits / Plan Required:

[ ] Clearance to Work Permit [ ] Hot Work Permit [ ] Complex Isolation Permit [ ] Rescue Plan [ ] Other:\_\_\_\_\_\_\_\_\_\_\_\_\_

[x] Confined Space Entry Permit [ ] Grid Mesh Reinstatement Permit [ ] Hazardous Gas Zone Permit [ ] Traffic Management Plan

|  |  |
| --- | --- |
| Equipment Used | Qualifications, Licenses, Training Required |
|  |  |  |  |

**All site specific actions, identified hazards and control measures are to be detailed and assessed below:**

| Action/Step*Eg Clearing land surface* | What could harm me or the environment? (Hazard)*Dust**Damage to Traditional Land**Noise**Risk to the Public* | Initial Risk*Low**Mod**High* | What can I do to reduce risk? (control measure)*Schedule work for low wind conditions**Obtain clearing permit**Suppress with use of water carts* | Residual RiskL*ow**Med* *High* | Person Responsible for control*Bill Mac – Supervisor**Bill Mac – Supervisor**Joe – Water Cart Op* |
| --- | --- | --- | --- | --- | --- |
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**Team Sign On**

I have read the contents of and agree to work in accordance with this JSEA. **Responsible person / Supervisor / Line Manager Review**

| Role | Name | Signature | ContractorInduction Card # |  | Reviewed by | Date | Sign |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Responsible person |  |  |  |  |  |  |
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*Need more lines? Simply add another sign on page*

# Appendix F – Chemical Register (Refer section 4.2)

**Chemical Register**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Chemical | Manufacturer | Use | Quantity  | PPE requirements | SDS Date |
| Diesel Fuel | BP | Fuelling lawn mower | 20 litres | Safety glassesViton / Nitrile gloves | 9 Jan 2017 |
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# Appendix G – Toolbox Meeting (Refer section 5.1)

All Toolbox Talks undertaken on behalf of *INSERT ORGANISATION* are recorded on this form and signed by participants.

All corrective actions noted on this form are implemented and signed by the nominated person. It is the responsibility of the *INSERT RESPONSIBLE POSITION* to ensure that all corrective actions are completed and reviewed for effectiveness.

|  |
| --- |
| **Toolbox Talks** |
| Workplace: |  |
| Subject of Talk: |  |
| Presented by: |  |
| Duration:  |  | Date: |  |

|  |
| --- |
| **Persons Present** |
| Print Name: | Signature: | Print Name: | Signature: |
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| **Points Raised / Comments** |
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| **Corrective Action** | **Action by** | **Action Complete** |
| **Sign off** | **Date** |
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# Appendix H – Training Register (Refer section 7.5)

Having regard to the hazards and risks associated with the scope of work performed by the contractor, *INSERT ORGANISATION* has assured that all personnel are trained and competent to perform all tasks in a way that is safe and does not adversely impact on themselves, others or the environment.

The following register contains details of the skills and competencies of the organisation’s personnel.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Employee Name** | **Position Held** | **Skills / Competencies / Experience** **(e.g. tickets / qualifications)** | **Training Provider** | **Card No. / Reg. No** | **Expiry** |
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# Appendix I – Incident Investigation Report (Refer section 8.3)





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| --- | --- | --- | --- | --- | --- |
| **Date Identified** | **Reported By** | **Source of Identification** | **Description** | **Planned Actions** | **Completion Date** |
| 13/01/16 | J Darling | Management Plan Compliance Review | Organisational chart does not reflect current staff  | * Update Organsational Chart to reflect new employees
* Update process for on board new staff to include change on Organisational Chart
 | 10/02/16 |
| 13/01/16 | J Darling | Management Plan Compliance Review | Training register has not been updates to reflect training in the past 3 months  | * Update training to current status
* Update processes to ensure recording of new qualifications gained is completed
 | 07/02/16 |
| 13/01/16 | J Darling | Management Plan Compliance Review | Recent change to fatigue management standards have not been communicated to the workforce | * Prepare communications to inform workers of new rules
* Present new rules at toolbox meeting
 | 16/02/16 |
| 14/02/16 | N. Naitanui  | Workplace Inspection | Power cord damaged on drill at 12 Weaponess Rd Northam | * Remove of damage tool, tag drill out of service, send tool to manufacturer for repair
 | 14/01/16 |
| 21/02/16 | J Kennedy  | On the job | Lifting sling torn | * Dispose of lifting sling, order replacement
 | 22/02/16 |
| Date Identified | Reported By | Source of Identification | Description | Planned Actions | Completion Date |

# Appendix J – Management Plan Audit and Improvement (Refer section 10.1)

|  |
| --- |
| **General** |
| Auditor |  |
| Other Attendees |  |

|  |  |
| --- | --- |
| **Example Activities Reviewed** | **Conforms** |
| *Changes and distribution of the HSE Management Plan are recorded* | Yes [ ]  | No [ ]  | N/A [ ]  |
| *Scope of works delivered by company and organisation details are current* | Yes [x]  | No [ ]  | N/A [ ]  |
| *HSE Policy signed and dated by Director/Manager* | Yes [ ]  | No [ ]  | N/A [ ]  |
| *HSE Risk Register is maintained*  | Yes [ ]  | No [ ]  | N/A [x]  |
| *Controls for high risk activities are documented* | Yes [ ]  | No [ ]  | N/A [ ]  |
| *Training and Competency Register is current* | Yes [ ]  | No [ ]  | N/A [ ]  |
| *Induction Training records are current* | Yes [ ]  | No [ ]  | N/A [ ]  |
| *Roles and responsibilities are allocated and signed* | Yes [ ]  | No [ ]  | N/A [ ]  |
| *Plant / Equipment Register is current* | Yes [ ]  | No [ ]  | N/A [ ]  |
| *Hazardous Substances and Dangerous Goods Register is current* | Yes [ ]  | No [ ]  | N/A [ ]  |
| *Waste Management is managed as per the Waste Management Procedure*  | Yes [ ]  | No [ ]  | N/A [ ]  |
| *Traffic Management is managed as per the Traffic Management Procedure* | Yes [ ]  | No [ ]  | N/A [ ]  |
| *Public Safety is managed as per the Public Safety Procedure* | Yes [ ]  | No [ ]  | N/A [ ]  |
| *Fitness for work is managed as per the Fitness for Work Procedure* | Yes [ ]  | No [ ]  | N/A [ ]  |
| *Lifting activities are managed as per the Lifting Procedure* | Yes [ ]  | No [ ]  | N/A [ ]  |
| *Working alone is managed as per the Lone Worker Procedure*  | Yes [ ]  | No [ ]  | N/A [ ]  |
| *Mobile Plant is managed as per the Mobile Plant Procedure* | Yes [ ]  | No [ ]  | N/A [ ]  |
| *Excavation is managed as per the Excavation Procedure* | Yes [ ]  | No [ ]  | N/A [ ]  |
| *Hazardous Substances and Dangerous Goods are managed as per the Hazardous Substances and Dangerous Goods Procedure* | Yes [ ]  | No [ ]  | N/A [ ]  |
| *Work at heights is managed as per the Working at Heights Procedure* | Yes [ ]  | No [ ]  | N/A [ ]  |
| *Work is confined space is managed as per the Confined Space Procedure* | Yes [ ]  | No [ ]  | N/A [ ]  |
| *Workplace Inspections are conducted as per schedule*  | Yes [ ]  | No [ ]  | N/A [ ]  |
| *Register of Injuries is current* | Yes [ ]  | No [ ]  | N/A [ ]  |
| *Incident Investigation Reports have been completed and corrective actions have been transferred to the Corrective Actions Register* | Yes [ ]  | No [ ]  | N/A [ ]  |
| *Actions on the Corrective Actions Register are closed* | Yes [ ]  | No [ ]  | N/A [ ]  |
| *Plant, tools and Equipment Register is current* | Yes [ ]  | No [ ]  | N/A [ ]  |
| *Leadership activities are defined and measured* | Yes [ ]  | No [ ]  | N/A [ ]  |
| *Workers Compensation Information is current* | Yes [ ]  | No [ ]  | N/A [ ]  |
| *Work sites have appropriate emergency preparedness*  | Yes [ ]  | No [ ]  | N/A [ ]  |
| *Other:* | Yes [ ]  | No [ ]  | N/A [ ]  |
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| **Items Identified for Correction** |
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| **Outstanding Issues and Recommendations** |
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| Follow up actions required | Yes [ ]  No [ ]  | When  |  |

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| --- |
| **Completed By** |
| Name |  | Position |  |
| Signature |  | Date |  |

# Appendix K – Workplace Inspection (Refer section 10.2)

|  |  |  |
| --- | --- | --- |
| **ITEM** | **Freq** | **2017** |
| **1M, 3M, 6M, 12M** | **January** | **February** | **March** | **April** | **May** | **June** | **July** | **August** | **September** | **October** | **November** | **December** |
|  |  | **Date By who** | **Date By who** | **Date By who** | **Date By who** | **Date By who** | **Date By who** | **Date By who** | **Date By who** | **Date By who** | **Date By who** | **Date By who** | **Date By who** |
| **Induction** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **PPE Compliance** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Certified plant**  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Workplace Amenities** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Chemicals** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Mobile cranes** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |