Catholic Diocese of Bunbury

Work Health & Safety Forms

July 2022

WHS TABLES, FORMS AND CHECKLISTS

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FORM 1 – EMERGENCY CONTACTS LIST

(To be displayed in appropriate location/s)

RESOURCE	PHONE	
Fire, Ambulance and Police **Life threatening or critical emergency**	**000**	**106** **Text emergency call**
Police	13 14 44	
FESA	13 3337 Emergency Info	132 500 SES Emergency Assist
St John Ambulance	13 12 33	
Hospital		
Doctor's surgery		
DFES – General emergency info	13 33 37	
State Emergency Service	132 500	
Health Direct	1800 022 222	
Poisons Help	13 11 26	
Western Power Emergency line	13 13 51	
Alinta Gas faults and emergencies	13 37 02	
Ware Corporation – Sewerage blockage	13 13 75	
Mental Health Emergency Hotline 24hrs	1300 555 788	
WorkSafe WA	1800 678 877	24hr serious incident and fatality reporting line
Adjacent Occupants		
First Aid Officer/s		

FORM 2 – HAZARD/INJURY/INCIDENT REPORT FORM

Notifiable incidents must be reported to WorkSafe WA.

PART A: HAZARD/INJURY/INCIDENT REPORT (to be completed by the involved worker or manager)

Is this a ☐ Hazard report ☐ Injury report ☐ Incident (i.e. near miss) report?

Is this a Notifiable Incident? ☐ No ☐ Yes Date Reported to WorkSafe WA:

Workplace Location

Date of Incident:	**Date Reported:**	**Time of Incident:** **am/pm**

Name of person reporting the incident/hazard/near miss (print name):

Name of person injured (if applicable):

Nature of injury (if applicable):

Part of body injured (if applicable):

Treatment Outcome (If applicable):
☐ Nil Required ☐ First Aid ☐ Medical treatment from GP ☐ Hospital

Location of the hazard/injury/incident:

Description of hazard/injury/incident:

How did the hazard/injury/incident occur (contributing factors)?

PART B: CORRECTIVE ACTIONS (to be completed by responsible person)

What needs to happen? (to ensure that similar incidents do not occur in the future or to minimise the risk from the hazard	**By When?**	**Person Responsible**

PART C: SIGN OFF

Person Reporting (print name):	**Responsible Person (print name);**
Signature:	**Signature:**
Date:	**Date:**
Contact Phone Number:	**Contact Phone Number:**

FORM 3 – WHS INDUCTION CHECKLIST FOR NEW WORKERS

Worker's Name		**Position/Job Title**	
Start Date		**Manager Name**	

Introduction	**Date Completed**
☐ Introduce other staff	
☐ Introduce the first aid officer and show location of first aid supplies	
☐ Explain and demonstrate emergency procedures	
☐ Show location of exits and equipment	
☐ Show the work area, toilet, drinking water and eating facilities	
☐ Show how to safely use, store and maintain equipment (tools etc) and hazardous substances (if applicable)	
Work Health and Safety	
☐ WHS Induction Training Program (complete copy)	
On completion of Safety Induction Training Program confirm the following:	
☐ Roles and responsibilities of people in the workplace regarding WHS	
☐ Hazards in the workplace and how they are controlled	
☐ How to report hazards	
☐ How to report an injury and the importance of immediate reporting of serious injuries	
☐ Consultation about WHS – how they will be kept informed about health and safety issues	
☐ Injury and Return to Work Procedures	
WHS Induction was conducted by:	
Person providing the induction (print name):	
Signature: **Date:**	
Worker's signature: **Date:**	

FORM 4 – WHS INDUCTION FOR CONTRACTORS/ VISITORS

WELCOME TO THE (INSERT PARISH/ORGANISATION NAME HERE) SAFETY BRIEFING FOR CONTRACTORS AND SITE VISITORS

(insert name of Parish/Organisation) is committed to ensuring the health and safety of our workers, contractors and all other visitors.

For your safety and the safety of others, it is a condition of entry to this workplace that you take a few minutes to read this briefing.

General Safety Information

- All visitors are required to report to the main office on arrival.
- All contractors and visitors are required to comply with all COVID-19 regulations.
- Obverse any posted speeding and parking restrictions.
- Obey all safety signs and barricades.
- Violent, threatening or other unacceptable behaviour is not tolerated.
- Smoking, alcohol or illegal drugs are not permitted on (insert name of Parish/Organisation) premises.
- All hazards, incidents and injuries **must** be reported to the main office. Injuries will be recorded in the *Register of Injuries.* First aid treatment is available on site.

Emergency Procedures

In a life threatening emergency **DIAL 000** for Fire, Police and Ambulance. In all cases advise a (insert name of Parish/Organisation) staff member.

Follow the directions of (insert name of Parish/Organisation) staff in the event of an evacuation.

Evacuation Alarms

Describe warning signal here

- Evacuate the building and proceed to the assembly area identified on the site map.
- Remain in the assembly area until advised otherwise.

Contractors

All contractors are to report to the main office to:

- indicate the location and duration of the job
- sign in/out of (insert name of Parish/Organisation) Visitor Register
- advise of the status of jobs before leaving the site
- remove all job and personal rubbish

Additionally, the contractor may be required to:

- produce a copy of their Safety Management Plan, including use of personal protective equipment and controls
- produce Public Liability Insurance documentation before work is commenced
- complete a Prohibited Employment Declaration concerning tasks requiring specific training or licenses

INSERT WORKSITE PLAN SHOWING EMERGENCY EVACUATION ROUTES AND ASSEMBLY POINTS

COVID-19

When visiting any of our sites, please consider the following and help us keep our customers, employees, and volunteers healthy and safe.

STOP

Do you think you have symptoms of coronavirus?

Have you travelled overseas in the last 14 days?

Have you been in close contact with a person that has returned from overseas in the last 14 days?

Do you think you may have been in close contact with a confirmed/suspected case of Coronavirus (COVID-19)?

If YES to any of the above, please don't enter the site

CAUTION

As a healthy visitor, please follow these recommendations:

Wash your hands with soap and water or alcohol-based hand rub before and after your visit.

Cover your cough or sneeze with your elbow or a tissue.

Social distancing – please avoid physical contact with others by keeping a distance of 1.5 metres

(insert name of Parish/Organisation)

CONTRACTORS/VISITORS/SIGN IN SHEET

IN		CONTRACTOR/VISITORS/SIGN IN SHEET					OUT
DATE	**TIME**	**NAME**	**ORGANISATION**	**PERSON VISITED (or purpose of visit if Supplier or Contractor)**	**Signature of Contractor / Visitor acknowledging Safety Briefing**	(insert name of Parish/Organisation) Representative signature	**TIME**

CONTRACTORS/VISITORS SIGN IN INSTRUCTIONS

All contactors and visitors must be provided with a Safety Briefing prior to coming onto the worksite. Upon arrival to the front office, ensure that:

- a laminated copy of the (insert name of Parish/Organisation) Safety Briefing is given to any contractors or visitors who will be coming onto the site
- a verbal advice is given regarding evacuation procedures
- an extra map of the worksite is provided to contractor/visitor, showing the facilities (eg toilets), evacuation routes and assembly points
- the contractor/visitor is advised to report any hazards, incidents or injuries to the front office immediately
- the contractor/visitor is advised where they can seek first aid treatment, if required

The contractor/visitor is required to sign the Sign In sheet acknowledging that they have read and understood the (insert name of Parish/Organisation) Safety Briefing.

FORM 5 – DETAILED WHS INDUCTION CHECKLIST FOR CONTRACTORS

1. Contract Details

Contract Name:	Contract Duration Dates: to
Contractor Name:	INSERT SHORT ORG NAME HERE Contact:
Contractor Representative:	Work area to be inducted:

2. Information Checklist

Contractor qualification/licence:	
Contractor qualification/licence and public liability/workers compensation cover provided	Yes
Safe Work Method Statement (SWMS):	
SWMS document/s with risk assessment and detailed controls (may be detailed in an attachment) sighted and discussed with the Manager	Yes (work will not commence until sighted)
Site Induction:	
Provided with contact numbers: Emergencies ph xxxxxxxx General Enquiries ph xxxxxxxx	Yes
First aid requirements discussed	Yes
Accident/Incident & hazard reporting procedure discussed	Yes
Emergency procedure discussed	Yes
Discuss building access requirements/hours of work	Yes
Identification of restricted access areas	Yes
Discuss vehicle access to work site	Yes
Advised of Alcohol/Drugs and Smoking policies	Yes
Consultation – discussion and agreement reached with contractor regarding:	
Asbestos management plan viewed	Yes
Location of any barricades to be erected	Yes
Access to electricity/use of extension leads	Yes
Contractors tools tested & tagged	Yes
Delivery/Storage/Removal of building waste	Yes
Storage of building material	Yes
Excavation sites	Yes
Lock out procedures for plant and equipment	Yes
Disconnection of utilities	Yes
Impact on fire alarm/smoke detection systems	Yes
Noise control measures	Yes
Chemicals *(if applicable)*:	
Will chemicals be used on job?	Yes
Safety Data Sheets for the chemicals being used are provided?	Yes

Hot Work (*if applicable)*: A Hot Works permit for welding, soldering, acetylene torch, or other related heat or spark producing operations must be obtained from the Manager prior to starting any Hot Works. Hot Work signage must be displayed on the site.	
Fire alarm system needs to be isolated or turned off?	Yes
Hot Work Permit is required and supplied to worksite	Yes Date supplied / /
Will appropriate additional firefighting equipment be located next to work site?	Yes
Working at heights *(if applicable)*:	
Has Contractor completed working at height safety training?	Yes
Are procedures detailed in the SWMS?	Yes
Working in a confined space *(if applicable)*:	
Has Contactor competed Confined Space safety training?	Yes
Are procedures detailed in the SWMS?	Yes
3. Sign-Off	
By signing this form I, the undersigned, agree that: ➢ I have participated in and understood the WHS Induction ➢ I agree to abide by the safety policies and procedures identified above whilst working for (Insert org name here)	

Responsible staff member:	Date
Contractor Representative	Date

Copy to Contractor, Copy to	(Insert org name here)

FORM 6 – WHS TRAINING REGISTER

This training register records the work health and safety (WHS) training undertaken by (insert name of Parish/Organisation) managers and workers, as required by the WHS Act 2020. Training can take place by on-the-job or by an instructor outside of the workplace. WHS training will provide (insert name of Parish/Organisation) workers with the information and skills they need to perform their duties without risk to their health and safety.

(insert name of Parish/Organisation) recognises that WHS may be required when:

- a new person starts work – induction, on the job training
- new machinery/equipment or hazardous chemicals, products or other things are introduced to the workplace
- a worker's job change
- there are new work health and safety regulations that affect our industry
- there has been an incident/near miss or injury at work.

To ensure the training was successful, (insert name of Parish/Organisation) will annually review WHS training to ensure that our managers and workers:

- understood what is required of them
- have the knowledge and skills needed to work safely and without risk to their health and safety
- are actually working as they have been trained

Additionally, (insert name of Parish/Organisation) will use this register as part of regular overall reviews of the WHS management system with the goal of determining if:

- there has been any improvement in (insert name of Parish/Organisation) health and safety performance
- the feedback from people who have been trained
- further information and/or training needed
- whether the most suitable training method was used
- improvement that can be made

Training records will be monitored so that refresher training can be given when needed.

WHS TRAINING REGISTER

Who was trained/job title	Skill/Competency	Reason for training	Duration of training	Who provided training	Method of training eg on the job, theory, practical	Location of training	Date completed

FORM 7—WHS RISK ASSESSMENT PROFORMA

Workplace location:

Name and position of person/s conduction assessment:

Date:

Hazard Identification		Risk Assessment		Risk Control			Review	
What is the hazard?	What injury, illness or consequence could occur?	List any Control Measures already implemented	Risk level	Describe what can be done to reduce the harm further	Whom responsible	When by	Are the Controls effective? (Revised Risk Score *)	Date finalised

CONDUCTING A RISK ASSESSMENT

Step 1: Identify the Consequences - or how severely could it hurt someone

Step 2: Identify the Likelihood – or how likely it is for an injury to occur

Steps 3 & 4: Identify the Risk Priority Score – to prioritise your actions

Step 5: Apply the hierarchy of hazard control

Step 6: Identify who, how and when the effectiveness of controls will be checked and reviewed

Step 1-CONSEQUENCES **How severely could it hurt someone**		**Step 2-LIKELIHOOD**			
		Very likely, could happen frequently	Likely, could happen occasionally	Unlikely, could happen, but rare	Very unlikely, could happen, probably never will
		L1	L2	L3	L4
Kill or cause permanent disability or ill health	C1	Very high risk (1)	Very high risk (1)	High risk (2)	Substantial risk (3)
Long term illness or serious injury	C2	Very high risk (1)	High risk (2)	Substantial risk (3)	Moderate risk (4)
Medical attention and several days off work	C3	High risk (2)	Substantial risk (3)	Moderate risk (4)	Acceptable risk (5)
First aid needed	C4	Substantial risk (3)	Moderate risk (4)	Acceptable risk (5)	Low risk (6)

Step 3-RISK PRIORITY SCORE	Step 4-ACTION AND RESPONSE
1 = Very high risk	Stop the activity—immediate action is required to ensure safety—safety measures applied must be cleared by the Manager before any activity recommences
2 = High risk	Proceed with caution—immediate reporting of emerging or ongoing risk exposure at this level to the Manager for decision is mandatory
3 = Substantial risk	Be aware—action required as soon as possible to prevent injury or illness Report these risks to the responsible Manager during the current shift or before the next shift
4 = Acceptable risk	Do something when possible. Manage by routine procedures.
5 = Low risk	These risks should be recorded, monitored and controlled by the responsible Manager

CONTROLLING THE RISKS – THE HIERARCHY OF CONTROL

Once the risk assessment process has been completed, those hazards identified as being a VERY HIGH RISK or HIGH RISK should be addressed as a matter of priority. In considering options for controlling the identified risks, the hierarchy of controls helps to ensure that the most effective controls are implemented.

Risk Control Hierarchy
Elimination: this is the best control measure. E.g. remove a trip hazard.
Substitution: e.g. substitute a hazardous chemical with a less hazardous substance.
Isolation: e.g. barricade off the area where the hazard is present.
Engineering: e.g. re-design of tools and equipment, provision of load shifting equipment (trolleys etc).
Administrative: e.g. written procedures, training, warning signs.
Personal Protective Equipment (PPE): Introduce PPE only when other control measures cannot be implemented or as a supplement.

FORM 8—WHS HAZARD INSPECTION PROCEDURE

Identify hazards in (Insert parish/organisation name here) workplaces by

- Conducting regular systematic inspections of the workplace
- Observe what hazards exist in the workplace and ask "what if?"
- Listen to feedback from people working with the task
- Maintain records of processes used to identify hazards

Frequency

Location	Frequency	By whom?
Buildings	Ongoing	The relevant manager, HSR or worker
	Formally – annually	The relevant manager, accompanied by HSR
Workshops and yards	Ongoing	The relevant manager, HSR or worker
	Formally – quarterly – location or task based	The relevant manager, accompanied by HSR
	Formally – annually – complete	The relevant manager, accompanied by HSR

Check

Air quality—extraction systems and ventilation

- Amenities—ventilation, slip/trip hazards, cleaning and hygiene
- Asbestos—register, management plan, condition
- Chemicals/dangerous goods—storage, labelling, spills, safety data sheets, PPE
- Electrical—leads, loading, testing and tagging
- Fire/emergency/first aid—communication, fire extinguishers, first aid kits
- Office/buildings—cleanliness, equipment serviceability, space, ergonomics
- Workshops—walkways, waste, storage, tools
- Lighting—adequacy, glare, cleanliness, repair
- Storage—adequacy, compatible materials, design, repair
- Noise—noise levels, designated zones, use of PPE
- PPE—availability, purpose, repair
- Premises security—adequacy, lighting
- Miscellaneous issues

At the end of the inspection a report should be drafted detailing all of the safety hazards identified. The report should provide a description of the risk assessment undertaken for each of these items and the risk rating allocated to each. This is done by considering the following:

- The frequency of persons exposed to the hazard—days per week, times per day.
- What the consequences might be—personal injury, environmental damage, associated costs or losses to replace or repair— how severe the outcome.
- What systems are currently in place, how effective are they or what other information is required

FORM 9—WHS HAZARD INSPECTION CHECKLIST

Work Health and Safety Hazard Inspection Summary							
Location details:					**Date of inspection:**		
Inspection undertaken by:			**Accompanying Manager:** **Accompanying HSR:**				
Reference Number	**Identified Hazard / Issue**	**Location**	**Recommended Control Measure**	**Priority**	**To be endorsed by Manager**		
					To be actioned by	**Completion Date**	**Review Date**

CATHOLIC DIOCESE OF BUNBURY
INSPECTION CHECKLIST FOR PLACES OF WORSHIP AND OTHER COMMUNITY BUILDINGS

Completed forms to be kept on record by Parish Council.
A copy should be forwarded to the Diocese dio@bunburycatholic.org.au

Location:		**Date and Time:**	
Person conducting inspection:			

This checklist provides a general guideline for auditing WHS hazards and is for informational purposes only. **It does not cover all potential risks.** The items listed in this checklist are those that generally appear to cause the most damage and result in the more frequent and severe claims. It is not an exhaustive list, and places of worship and community are encouraged to add items relevant to them.

ADMINISTRATION

	ITEM	COMMENTS	X
1.	WHS / Risk Management included as a standing agenda item in Parish Council meetings		
2.	Incident and Hazard Reports are raised		
3.	Certificate of Occupancy displayed and complied with		

PREVIOUS INSPECTION

1.	Was there a previous inspection?	**YES**	**NO**
2.	If so, on what date was this performed		
3.	Has this report been reviewed?	**YES**	**NO**
4.	Are there any outstanding actions?	**YES**	**NO**
	(please list and explain why any of these actions are not completed.		
		Expected completion date:	

FIRE

	ITEM	COMMENTS	X
1.	Fires hoses in good condition		
2.	There are enough fire extinguishers		
3.	Extinguishers in place and service is current		
4.	Access to all extinguishers is clear		
5.	Fire exit signs in place and working		
6.	Date of last fire evacuation training		

7.	Sprinkler system maintenance is current		
8.	Fire alarm system testing is current		
9.	Other		

EMERGENCY EVACUATION

	ITEM	COMMENTS	X
1.	Emergency plan is displayed		
2.	Assembly Area is clearly identified		
3.	Exits are not blocked		
4.	All doors and windows open freely		
5.	Hinged doors open outwards		
6.	Emergency lighting is operational		
7.	Immediate access to phones at all times		
8.	Smoke detectors active in all buildings		
9.	Other		

FIRST AID

	ITEM	COMMENTS	X
1.	Date of last audit of items in first aid cabinet		Date
2.	Are cabinets and contents clean and orderly?		
3.	Are the cabinets easily accessible?		
4.	Are the cabinets clearly labelled?		
5.	What items were replaced?		
6.	Were there items that were past their expiry date?		List items
7.	Is there a current list of First Aid Officers in the First Aid Kit?		
8.	Are Emergency telephone numbers clearly displayed?		

ELECTRICAL

	ITEM	COMMENTS	X
1.	No broken plugs, sockets or switches		
2.	No frayed or damaged leads		
3.	No untaped temporary leads across floor		
4.	Temporary power boards set up correctly		
5.	Power points fitted with child protection		

6.	Portable power items in good condition		
7.	Fixed electrical items in good condition		
8.	Earth Leakage Protection operative		
9.	RCDs in use on circuits		
10.	Electrical tags current on all equipment		
11.	Light fittings in good order		
12.	Other		

WALKWAYS

	ITEM	COMMENTS	X
1.	No slip or trip hazards		
2.	Walkways are clear of obstructions		
3.	Stairways are not blocked		
4.	Handrail installed if more than 4 stairs		
5.	Ramp is in good condition/accessible		
6.	Portable ramp is easily accessible		
7.	Sudden differences in floor height marked		
8.	Carpets not loose, fraying or threadbare		
9.	Other		

STORAGE

	ITEM	COMMENTS	X
1.	Racks, shelves are secure in good condition		
2.	Materials are stored safely		
3.	Obsolete material is discarded		
4.	How are excessive weights lifted		
5.	Maintenance equipment is in good order		
6.	Grounds equipment is in good order		

CHEMICALS

	ITEM	COMMENTS	X
1.	Chemicals are stored safely		
2.	Is the Hazardous Substance Register complete and available? Are there Material Data Sheets available for all chemicals?		

3.	Have all workers been trained in the use of hazardous substances?		
4.	All items clearly and accurately labelled		
5.	Storage signage is appropriate		
6.	Specific instructions are displayed		
7.	Chemicals such as fuels, poisons are locked		
8.	Cleaning rags stored in metal containers		
9.	Gas cylinders current and in good order		
10.	Relevant first-aid instructions are displayed		
11.	Spillage handling instructions are displayed		
12.	Other		

KITCHEN

	ITEM	COMMENTS	X
1.	Floors are clean		
2.	Benches are clean and in good condition		
3.	Refrigeration is well maintained		
4.	Dated items are cleared from fridges		
5.	Cooking equipment and vents maintained		
6.	Sharp items (e.g. knives) are safely stored		
7.	Rubbish bins are suitable and emptied		
8.	Hot water facilities (e.g. urns) are safe		
9.	Mops and buckets are available for spills		
10.	Warning signs or cones for wet areas		

OFFICES AND ROOMS

	ITEM	COMMENTS	X
1.	No exposed electrical leads		
2.	Air conditioning is well maintained		
3.	Filing cabinets are stable and in good order		
4.	Office machinery and furniture is maintained		
5.	Chairs are in good repair		

LADDERS

	ITEM	COMMENTS	X

1.	Are all ladders Industrial strength? (Non-household rated)		
2.	Are all ladders in good condition?		
3.	Are all ladders used in accordance with instructions?		

HEALTH IN GENERAL

	ITEM	COMMENTS	X
1.	"No smoking" signs are displayed		
2.	Availability of Personal Protective Equipment (PPE) is displayed		
3.	Safety noticeboard is prominent and current		
4.	Ushers and greeters trained on how to handle violent/threatening situations		
5.	Food serving rules are displayed/available		
6.	Sun protection cream is available		
7.	Signs or mats provided when floors are wet		
8.	Cooling fan blades are clean and safe		
9.	Drink fountains are clean		
10.	Full-length glass doors properly marked		
11.	All areas free from rodents and vermin		
12.	Pest control treatment is current		
13.	Insect screening is in good order		
14.	Toilet and shower facilities in good order		
15.	Adequate supplies in toilets and showers		
16.	"Out of Order – Do Not Use" signs on hand		
17.	Action required regarding asbestos status		
18.	Other		

SECURITY

	ITEM	COMMENTS	X
1.	All doors and windows in good condition		
2.	Door and window locks in good order		
3.	External night lighting is adequate		
4.	Emergency lighting works		
5.	Procedures in place for building lock- up		

6.	Working torches accessible in each building		

EXTERNAL

	ITEM	COMMENTS	X
1.	Car park markings are clear		
2.	Signage is appropriate		
3.	Speed limit is signed		
4.	Is there adequate night lighting		
5.	Trees do not pose a risk		
6.	No loose material lying about		
7.	No uneven surfaces with cracks or holes		
8.	No unsafe plants are used in gardens		
9.	Rubbish bins are at suitable locations		
10.	Bins are sealed and well maintained		
11.	Weather damage or mould is evident		
12.	Evidence of building structural problems		
13.	Evidence of roof deterioration or damage		
14.	Problems from adjoining properties		
15.	Speed bumps and signs in good condition		
16.	Playground equipment is well maintained. (These may need special inspection)		

ADDITIONAL COMMENTS OR RECOMMENDATIONS

SIGNATURES OF AUDITING TEAM _____

_____

_____