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**Site-Specific Safety Plan** 

*Required for ‘Follow safe workplace practices, and contribute to a health and safety culture, in a BCATS environment’*

*(Unit standard 29677)*

As mentioned in your student handbook, a Site-Specific Safety Plan (SSSP) is the usual method by which site safety is managed on a building and construction site. They record the safety activities a Person (in charge of) Conducting a Business or Undertaking (PCBU) will undertake on a specific site.

The SSSP is updated as tasks change because the hazards change with each task. It is normally referred to in ‘toolbox’ meetings. Toolbox meetings are where objectives for the day are discussed, the status of any hazards updated, issues raised and resolved, and tasks allocated.

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| Completing an SSSP will help you to:     * identify any hazards * think about how to keep the risk of hazards causing harm as low as possible * think about how to keep your class and workmates safe * gain experience in completing an SSSP from the perspective of someone responsible for getting a job finished while keeping everyone safe. Even though you’re unlikely to be formally in this role for a few years to come, understanding what an employer has to consider will help make you a better, safer employee and colleague.   Your SSSP will also contribute to your achievement of these unit standards:   * 29678 - *Demonstrate knowledge of, select, and use materials for a Stage 3 BCATS project* * 29679 - *Develop and use BCATS project documentation for a Stage 3 BCATS project* |

This SSSP is a shortened version of Site Safe NZ’s one. In a commercial environment, the full one would need to be completed in detail and kept updated. You can find guidance on how to complete it on Site Safe’s website: [www.sitesafe.org.nz](http://www.sitesafe.org.nz) (A lot of the information you need will be familiar from when you did Level 2 BCATS.)

A full SSSP would normally include:

* A Site-Specific Health and Safety Agreement
* Job Hazard and Risk Register
* Hazardous Products and Substances Register/Inventory
* Emergency Response Plan
* Briefing/Toolbox Meeting Minutes (You only have to complete this once.)
* Site Inspection Checklist
* Site Incident and Injury Register

It would also contain these, which are not included in this shortened version:

* Task Analysis/Safe Work Method Statement
* On-site Training and Competency Register
* Hazardous Works Notification (if relevant)

**Site Specific Health and Safety Agreement**

This agreement establishes the basis on which businesses (including trades and other organisations) agree to work on a specific construction site. A Site-Specific Safety Plan (SSSP) forms part of this agreement. For more information on how to complete this agreement, please refer to Site Safe’s ‘How to’ guide.

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| **The site this**  **agreement relates to:** |  | Site address | | | | |  |
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| **Site activities this**  **agreement covers:** |  | Brief outline of agreed activities | | | | |  |
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|  |  | | | | |  |
| **This agreement**  **is between:**  **And** |  | **PCBU 1 (Principal/Main contractor – make this your teacher’s or employer’s name)**  Business name | | | | |  |
|  |  | | | | |  |
|  | Main contact on site |  | | | Main contact phone |  |
|  |  |  | | |  |  |
|  | **PCBU 2 (Subcontractor – make this your name)**  Business name | | | | |  |
|  |  | | | | |  |
|  | Main contact |  | | | Main contact phone |  |
|  |  |  | | |  |  |
|  | Onsite-safety representative | |  | Onsite-safety representative phone | |  |
|  |  | |  |  | |  |
|  | First-aid representative | |  | First-aid representative phone | |  |
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| **The agreement** |  | | **Hazard and risk management** | | | | | | | |  | |  | | |  |
|  | | Have you provided a hazard register for activities on this site? | | | | | |  | |  | |  | | |  |
|  | | **If no,** you must use a hazard board on site. | | | | | | | |  | |  | | |  |
|  | | **Hazardous products and substances** | | | | | | | |  | |  | | |  |
|  | | Will any hazardous products or substances be brought onto the site to perform any agreed activities? | | | | | | | |  | |  | | |  |
|  | | **If yes,** we agree to record these products in a hazardous products and substances register. | | | | | | | |  | |  | | |  |
|  | | **If yes,** we agree to have the relevant safety data sheets available onsite. | | | | | | | |  | |  | | |  |
| *How will you be communicating health and safety information and activities with others?* |  | | **Communication** | | | | | | | | | | | | |  |
|  | | **Type of communications** | | | | | **Frequency** | | | | | | | |  |
| Toolbox talks | |  | |  |  | | | | | |  | |
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| Project pre-start briefings | |  | |  |  | | | | | |  | |
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| Daily pre-start briefing | |  | |  |  | | | | | |  | |
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| Progress meetings | |  | |  |  | | | | | |  | |
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| Other |  | |  | | | | | | | |  | |
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|  | | We agree to report the following types of incidents to PCBU 1 (Main principal/contractor) immediately:   * Serious injury * Injury requiring first aid * Near miss – serious * Near miss – minor * Damage to plant/equipment/machinery | | | | | | | | | | | | |  |
|  | |  | | | | | | | | | | | | |  |
|  |  | **Training/experience/competency** | | | | | | | |  | |  | | |  | |
| We agree that every worker under our control on site will hold a current site safety card. | | | | | | | |  | |  | | |
| We agree that every worker under our control on site will be given a job-specific safety induction. | | | | | | | |  | |  | | |
| We agree that every worker under our control on site will be appropriately qualified, competent, or fully supervised. | | | | | | | |  | |  | | |

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| *Briefly describe high risk activity and corresponding competency.* |  | | **Activity type** | | | **Competency required** | | | | | | | | |  |
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|  | | **Environmental** | | | | | |  | | |  | | |  |
| Is there an environmental plan required for this site? | | | | | |  | | |  | | |
| Is a resource consent required for any of the activities you will undertake on this site? | | | | | |  | | |  | | |
| **If yes,** is a copy of the consent attached to this SSSP? | | | | | |  | | |  | | |
| Will dust or fumes or smoke be generated that could affect members of the public or others in the vicinity? | | | | | |  | | |  | | |
| **If yes –** Explain how this will be controlled. | | | | | |  | | |  | | |
|  | |  | | | | | | | | | | | |
|  | |  | | | | | | | | | | | |
|  |  | Will noise be generated that could affect members of the public or others in the vicinity? | | | | |  | | | |  | | |  | |
|  | **If yes –** Explain how this will be controlled. | | | | | | | | | | | |  | |
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|  | Will your activity potentially cause dirty water or wash-down runoff, silt or other contaminants to be released? | | | | | |  | |  | | | |  | |
|  | **If yes –** Explain how this will be controlled. | | | | | | | | | | | |  | |
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|  | How will you manage construction waste? | | | | | | | | | | | |  | |
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| **Declaration**  *To be signed when agreement is reached.* |  | **PCBU 1 (Principal/Main contractor)** | | | |  |
|  | We have read the Site-Specific Safety Plan information provided by Party 2 and agree that it is the appropriate approach to health and safety on this site for the duration of the contract. | | | |  |
|  | Signed |  | | Date |  |
|  |  |  | |  |  |
|  | **PCBU 2 (Subcontractor)** |  | |  |  |
|  | We agree to act according to the content of the Site-Specific Safety Plan as outlined above. | | | |  |
|  | Signed | |  | Date |  |
|  |  | |  |  |  |
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**Note:**

In a proper Site Specific Health and Safety Agreement, the PCBU would also need to sign that they give their approval for work to begin. We have removed this section because you are completing this as part of a learning programme – your teacher will let you know when you can get start your project.

# **Site Inspection Checklist - Generic**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | Location | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | Name of inspector | | | | | | | | | | | | | | | Time | | | Date | | | | | |  |
|  |  | | | | | | | | | | | | |  | |  | |  |  |  |  | | | |  |
|  | Y = Yes N = No NA = Not Applicable | | | | | | | | | | | | |  | |  | |  |  | | | | | |  |
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|  | **1. Site control** | | | | | |  | **6. Cranes/hoist/lifting equipment** | | | | |  | | **11. Hazardous products/substances** | | | | | | | | | |  |
|  | 1. Hazard board and signage up-to-date | | |  | | |  | 1. Proper lift assessment plan done | | |  | |  | | 1. Correctly stored | | | | | | | | |  |  |
|  | 1. Environmental plans/measures | | |  | | |  | 1. Crane certification current | | |  | |  | | 1. Safety Data Sheet (SDS) available | | | | | | | | |  |  |
|  | 1. Toolbox talk last date | | |  | | |  | 1. Slings/chains certified | | |  | |  | | 1. Operators using PPE | | | | | | | | |  |  |
|  | 1. Safety inductions for all on site | | |  | | |  | 1. Operator procedures in place | | |  | |  | |  | | | | | | | | | |  |
|  | 1. Safety notice board current | | |  | | |  | 1. Inspections being done | | |  | |  | | **12. PAT’s and Nailers** | | | | | | | | | |  |
|  |  | | | | | |  | 1. Man cage available | | |  | |  | | 1. PAT tool WoF current and secure | | | | | | | |  | |  |
|  | **2. Site facilities** | | | | | |  | 1. Emergency plan in place | | |  | |  | | 1. Staff trained in tool use (SWPS) | | | | | | | |  | |  |
|  | 1. Offices clean, adequate & good lighting | | | |  | |  |  | | | | |  | | 1. PAT signage on site | | | | | | | |  | |  |
|  | 1. Smoko sheds – clean, potable (drinkable) water | | | |  | |  | **7. Compressed air equipment** | | | | |  | |  | | | | | | | | | |  |
|  | 1. Toilets – clean, washing water | | | |  | |  | 1. In good condition | | | |  |  | | **13. Scaffolding** | | | | | | | | | |  |
|  | 1. Tool/equipment sheds adequate | | | |  | |  | 1. Appropriate guards fitted | | | |  |  | | 1. Notifiable weekly Scaftag/current | | | | | | |  | | |  |
|  |  | | | | | |  | 1. Trained user | | | |  |  | | 1. Handrails/mid-rails | | | | | | |  | | |  |
|  | **3. General site tidiness and accessways** | | | | | |  |  | | | | |  | | 1. Toe boards | | | | | | |  | | |  |
|  | 1. Clear, safe access to work areas | |  | | | |  | **8. Excavations** | | | | |  | | 1. Platforms | | | | | | |  | | |  |
|  | 1. Stairways and accessways clear | |  | | | |  | 1. Correctly shored |  | | | |  | | 1. Ladders/stairs | | | | | | |  | | |  |
|  | 1. Hoardings/fence and gates secure | |  | | | |  | 1. Access controlled |  | | | |  | | 1. Base sound | | | | | | |  | | |  |
|  | 1. Loose materials secure from wind | |  | | | |  |  | | | | |  | | 1. Work platforms clear | | | | | | |  | | |  |
|  |  | |  | | | |  | **9. Hotworks** | | | | |  | | 1. Platforms trip free | | | | | | |  | | |  |
|  |  | | | | | |  | 1. Hot work permits being issued | | |  | |  | | 1. Planks tied down | | | | | | |  | | |  |
|  | **4. Personal safety equipment** | | | | | |  | 1. Fire extinguishers on hand | | |  | |  | | 1. Headroom clear | | | | | | |  | | |  |
|  | 1. Signage displayed and legible | |  | | | |  | 1. Operators using PPE | | |  | |  | | 1. Ties/bracing adequate | | | | | | |  | | |  |
|  | 1. Hardhats being worn | |  | | | |  |  | | | | |  | |  | | | | | | |  | | |  |
|  | 1. Correct footwear being worn | |  | | | |  | **10. Electrical equipment/plant** | | | | |  | |  | | | | | | | | | |  |
|  | 1. Glasses/ear muffs/vests/masks used | |  | | | |  | 1. Main board lockable/weatherproof | |  | | |  | | **14. Ladders** | | | | | | | | | |  |
|  |  | | | | | |  | 1. Current tagged and damage-free leads | |  | | |  | | 1. Good condition | | | | | | |  | | |  |
|  | **5. First aid/fire prevention** | | | | | |  | 1. Current tagged plant | |  | | |  | | 1. Secured top and bottom | | | | | | |  | | |  |
|  | 1. First aid box | *Available* | | | |  |  | 1. Current tagged lifeguards | |  | | |  | | 1. Stays to step ladders | | | | | | |  | | |  |
|  | 1. Accident register |  | | | |  |  | 1. Leads safely placed | |  | | |  | | 1. Working 2 steps down | | | | | | |  | | |  |
|  | 1. Fire extinguishers | *Available* | | | |  |  | 1. Electrical equipment/plant – good condition | |  | | |  | |  | | | | | | | | | |  |
|  |  | *Current (12mth)* | | | |  |  | 1. Electrical equipment/plant – appropriate guards on plant | |  | | |  | | **15. Fall hazards** | | | | | | | | | |  |
|  |  | *Sufficient number* | | | |  |  | 1. Adequate temporary lighting | |  | | |  | | 1. Floor edges | | *Floor openings* | | | | | |  | |  |
|  | 1. Evacuation | *Procedure current* | | | |  |  |  | | | | |  | | 1. Lift shafts | | *Stairs* | | | | | |  | |  |
|  |  | *All emergencies incl* | | | |  |  |  | | | | |  | |  | | | | | | | | | |  |

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|  | **Site Inspection Checklist - Remedial Action Required** | | | |  |
|  |  | | | |  |
|  | Item | Comments/Action Description | Person to Action | Complete |  |
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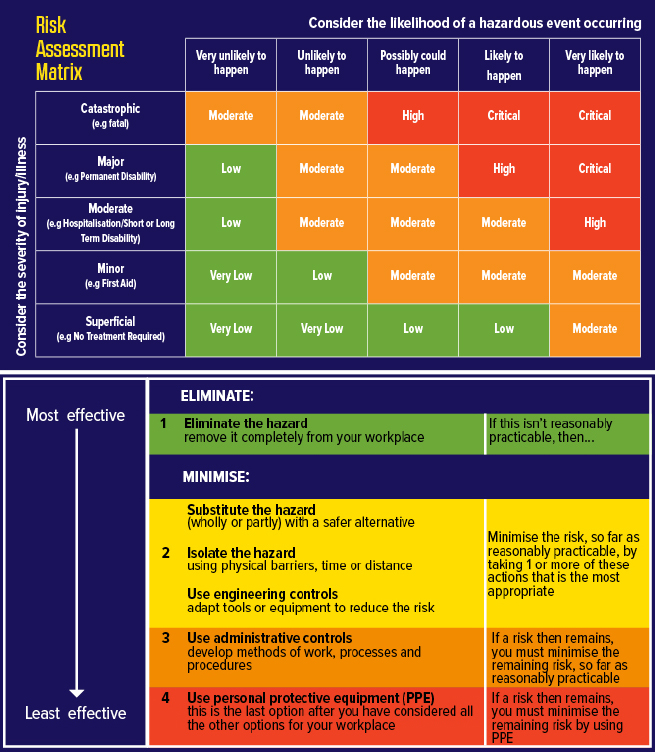
**Briefing/Toolbox Meeting Minutes**

This document is a companion document to the site inspection checklist.

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| **Site-specific Briefing** |  | | | | | | | | | | | | | | | | | |
| **Project**  **Information** |  | Site name | | | | |  | | Office location | | | | | | | |  | |
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| **Who is running this**  **meeting?** |  | Name | |  | Company | | | | |  | | | Date | | | |  | |
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| **Agenda items** |  | Agenda items | | | | | | | |  | | Theme of the week (topic for focus) | | | | | |  |
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| **Health and safety**  **Issues**  *Site activities/ safe work practices/ incident reports and investigations discussed* |  | Issues raised from site safety inspection | | | | Actions | | | | | By who and when | | | | | |  | |
|  |  | | | |  | | | | |  | | | | | |  | |
|  | Issues outstanding from previous briefings | | | | Actions | | | | | By who and when | | | | | |  | |
|  |  | | | |  | | | | |  | | | | | |  | |
|  | Employee-raised issues | | | | Actions | | | | | By who and when | | | | | |  | |
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|  | Positive safe-action observations | | | | Actions | | | | | By who and when | | | | | |  | |
|  |  | | | |  | | | | |  | | | | | |  | |
|  | Incidents or injuries | | | | Actions | | | | | By who and when | | | | | |  | |
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| **Job plans reviewed**    *Includes task analysis or other documented work-planning process* |  | | Job/task | | | | | Action/outcome | | | | | | | |  | | |
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| **Operational issues**    *Day-to-day site management issues/items for discussion* |  | | Issue | | | | | Action | | | | | | | |  | | |
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| **Other business** |  | | Item | | | | | Action | | | | | | | |  | | |
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| **Attendees** |  | | Name | | | | | Signature | | | | | | | |  | | |
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| **Review by**  **management** |  | | Party 1 | | | |  | | Party 2 | | | | | | |  | | |
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**Risk Assessment Matrix and Hierarchy of Controls**

You will need to use the Risk Assessment Matrix and the Hierarchy of Controls to help you complete the Site/Job Hazard and Risk Register and the Hazardous Products and Substances Register.





**Job Hazard and Risk Register**

This Site/Job Hazard Register is used by the contractor (PCBU 2) and relates to site or job-specific hazards only. It does not replace a company’s overarching Health and Safety Hazard Register. This document relates to any activities, procedures, processes or equipment that a contractor brings to the site, or is working on. To successfully complete this register, you must also use the Risk Assessment Matrix and Hierarchy of Controls (overleaf).

| Date  *DD/MM/YYYY* | Identified hazard or harm  *e.g. Trip hazard on top step* | What is the initial risk  assessment?  *Use Risk Assessment Matrix* | Controls  *e.g. Build a ramp* | Level of control  *Use Hierarchy of*  *Controls table* | What is the residual risk  assessment?  *Use Risk Assessment Matrix* | For discussion at  a toolbox talk/  safety meeting? |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  | Yes No |
|  |  |  |  |  |  | Yes No |
|  |  |  |  |  |  | Yes No |
|  |  |  |  |  |  | Yes No |
|  |  |  |  |  |  | Yes No |
|  |  |  |  |  |  | Yes No |
|  |  |  |  |  |  | Yes No |



**Hazardous Products and Substances Register/Inventory**

You are required to have a completed register/inventory for products/substances you bring on site. These can include paints, surface coatings, glues, resins, solvents, fuels, lubricants, expanders, adhesives, bonding agents and cleaning products. Use the Risk Assessment Matrix and Hierarchy of Controls to help you complete this register.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Product, Substance or Material Name and UN Number (located on SDS)** | **Maximum Quantity Onsite**  *Volume of substance or mass* | **Storage Location of Substance**  *Area and storage type* | **Product Storage and Segregation Requirements** *Area and special conditions needed* | **Location of Safety Data Sheet (SDS)** *Area/place stored* | **Waste Type and Identifier**  *Explain waste type* | **Maximum Quantity of Waste Onsite**  *Amount held before removal* | **Location of Waste**  *Area and storage type* | **Waste Storage and Segregation Requirements** *Storage and disposal conditions* |
|  |  |  |  |  |  |  |  |  |
| **Solid, Liquid or Gas** | **Hazard Type** | | **Potential Harm**  *Effects of exposure or incident* | **Initial Risk Assessment**  *What is the risk level without controls?* | **Control Measures**  *Other than PPE use, how can the risk be reduced?* | **Personal Protective Equipment Required** *List in detail* | **Residual Risk Assessment** *What is the risk level after controls are in place?* |
| Solid Liquid Gas | Explosive Health effects  Flammable Corrosive  Oxidiser Eco-toxic  Other: | |  | Critical High  Moderate Low  Very Low |  |  | Critical High  Moderate Low  Very Low |

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| **Product, Substance or Material Name and UN Number (located on SDS)** | **Maximum Quantity Onsite**  *Volume of substance or mass* | **Storage Location of Substance**  *Area and storage type* | **Product Storage and Segregation Requirements** *Area and special conditions needed* | **Location of Safety Data Sheet (SDS)** *Area/place stored* | **Waste Type and Identifier**  *Explain waste type* | **Maximum Quantity of Waste Onsite**  *Amount held before removal* | **Location of Waste**  *Area and storage type* | **Waste Storage and Segregation Requirements** *Storage and disposal conditions* |
|  |  |  |  |  |  |  |  |  |
| **Solid, Liquid or Gas** | **Hazard Type** | | **Potential Harm**  *Effects of exposure or incident* | **Initial Risk Assessment**  *What is the risk level without controls?* | **Control Measures**  *Other than PPE use, how can the risk be reduced?* | **Personal Protective Equipment Required** *List in detail* | **Residual Risk Assessment** *What is the risk level after controls are in place?* |
| Solid Liquid Gas | Explosive Health effects  Flammable Corrosive  Oxidiser Eco-toxic  Other: | |  | Critical High  Moderate Low  Very Low |  |  | Critical High  Moderate Low  Very Low |



**Emergency Response Plan**

You need to have a response plan to deal with any incidents that may require a rescue or containment or other emergency response as identified in the Site-Specific Safety Plan Agreement.

Please complete an Emergency Response Plan for each identified activity. The subcontractor (PCBU 2) completes the plan, which does not replace any overarching Emergency Response

Plans put in place by the Main Contractor (PCBU 1). Consider the roles and responsibilities for yourself, trained specialists, equipment operators, and emergency services.

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|  | Type of emergency *eg. Fall from height while wearing a harness* |  |  | Location |  | | | | | | |  |
|  |  |  |  | | | | | | |  |
|  |  | Main Contractor/ Principal |  | Company |  | | | | |  |
|  |  |  |  |  |
|  | Describe work activity  *e.g. Working from MEWP and fall off* |  |  |  |  | | | | | | |  |
|  |  | Supervisor |  | | | Date |  |  |  |  |
|  |  |  |  | | | | | | |  |
|  |  |  |  |  |  | | | | | | |  |
|  | Describe the rescue method  *e.g. Safety watcher on the ground releases the bleed valve, and lowers the unit to the ground* |  |  | List any equipment required  *e.g. MEWP, cherry picker, scissor lift, ladder breathing apparatus etc.* |  | | | | | | |  |
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| |  | | --- | | **Name each person involved in the response**  *First name and last name* | | Their role or responsibility in the response is to:  *e.g. release the bleed valve* | List the training required  *e.g. competence using MEWP* | Provide contact details  *Phone number* |
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**Site Incident and Injury Register**

You are required by law to record these incidents in your company’s own incident and injury register. This document is for site-specific reporting only.

| Date and time  of occurrence  *DD/MM/YY* | Details  *Name of person (injured or observer), description of*  *incident/near miss, type of injury/disease (if any).*  *How did it happen? (briefly).* | Immediate action taken? | Does this incident  require a WorkSafe notification? | Should this incident be investigated by your company  (PCBU 2)? | Is this incident the  subject of a toolbox  talk? | Signature and  date of signoff  *DD/MM/YY* |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | First Aid Yes N/A  Corrective action Yes N/A  Update/ review hazard register Yes N/A  Review hazard register Yes N/A | Yes N/A | Yes N/A | Yes N/A |  |
|  |  | First Aid Yes N/A  Corrective action Yes N/A  Update/ review hazard register Yes N/A  Review hazard register Yes N/A | Yes N/A | Yes N/A | Yes N/A |  |
|  |  | First Aid Yes N/A  Corrective action Yes N/A  Update/ review hazard register Yes N/A  Review hazard register Yes N/A | Yes N/A | Yes N/A | Yes N/A |  |