**Procedure Verification**

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# Instructions for completing the procedure verification

Catholic Safety Health and Welfare will issue the Procedure Verifications to each worksite for completion by a specified due date.

These procedure verifications are to assist worksites to review the implementation of that procedure and where any gaps are identified, corrective actions can be implemented.

Each question is out of one (1). If the question is not applicable to the worksite, indicate N/A but still give yourself a one (1).

# Maintaining Workplace Health Procedure (1)

|  |  |  |
| --- | --- | --- |
| **Measurement** | **RESULT**  **SCORE** | **ACTIONS** |
| Does the workplace have signage displayed indicating smoke free / designated smoking area? |  |  |
| Has the workplace instigated UV protection measures for workers exposed to ultraviolet radiation |  |  |
| Where voice issues have been identified have strategies been put into place? |  |  |
| Are workers aware of the Employee Assistant Program and know how to access? |  |  |
| TOTAL SCORE | / 4 |  |

***Verification completed by:***

***Signature:***

***Name:*       *Date:***

***Officer:***

***Signature:***

***Name:*       *Date:***

# Incident Reporting & Investigation (2)

|  |  |  |
| --- | --- | --- |
| **Measurement** | **RESULT**  **SCORE** | **ACTIONS** |
| Are Incidents reported and logged onto the incident data base or equivalent? |  |  |
| Are Investigations commenced within 24 / 48 hours? |  |  |
| Is a corrective action system in place, and actions implemented within a reasonable time frame? |  |  |
| Are Notifiable Incidents reported to CSH&WSA |  |  |
| TOTAL SCORE | / 4 |  |

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# Work Environment & Facilities (3)

|  |  |  |
| --- | --- | --- |
| **Measurement** | **RESULT**  **SCORE** | **ACTIONS** |
| Is there adequate lighting? |  |  |
| Are there appropriate number of toilets for workers (and any others at the site)? |  |  |
| Are there adequate dining facilities? |  |  |
| Is there enough storage for workers belongings? |  |  |
| Is racking correctly signed? |  |  |
| TOTAL SCORE | / 5 |  |

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***Officer:***

***Signature:***

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# Asbestos (4)

|  |  |  |
| --- | --- | --- |
| **Measurement** | **RESULT**  **SCORE** | **ACTIONS** |
| Does the site have an Asbestos Register that has been reviewed in the last five (5) years by a competent person? |  |  |
| Does the site have an Asbestos Management Plan has been reviewed in the last five (5) years by competent worker? |  |  |
| Annual asbestos inspections completed at site level? |  |  |
| Asbestos removed from site and documentation kept? |  |  |
| TOTAL SCORE | / 4 |  |

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# Consultation and Communication (5)

|  |  |  |
| --- | --- | --- |
| **Measurement** | **RESULT**  **SCORE** | **ACTIONS** |
| WHS is an Agenda item at staff meetings? |  |  |
| Where WHS Committee has been established:   * Committee has met at least 4 times in the last 12 months. * Minutes made available to all workers? |  |  |
| WHS Board / Council report is completed at least 6 monthly? |  |  |
| If there have been any changes to the worksite (new building works, significant renovations), workers have been consulted and records retained? |  |  |
| Where worksite has a Health and Safety representative (HSR):   * Nomination / election forms retained (within 3-year period) * HSR has been given the opportunity to attend training |  |  |
| TOTAL SCORE | / 5 |  |

***Verification completed by:***

***Signature:***

***Name:*       *Date:***

***Manager:***

***Signature:***

***Name:*       *Date:***

# Contractor Management (6)

|  |  |  |
| --- | --- | --- |
| **Measurement** | **RESULT**  **SCORE** | **ACTIONS** |
| Preferred Contractor Register has been reviewed and updated within last 12 months? |  |  |
| Contractors have been inducted / re-inducted (within last 5 years) and records retained? (Please note: this is not required for emergency work)? |  |  |
| Where building / renovations / improvement works have been completed, has a risk assessment been completed on the impact to the workers on site? |  |  |
| Are contractors monitored? |  |  |
| Has any building project over $450,000 commenced within the last 12 months? If answered yes, has the worksite been provided with a copy of the Principal Contractors Safety Management Plan? |  |  |
| TOTAL SCORE | / 4 |  |

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***Signature:***

***Name:*       *Date:***

# Audit (7)

|  |  |  |
| --- | --- | --- |
| **Measurement** | **RESULT**  **SCORE** | **ACTIONS** |
| Has the site reported any audit activity and Non-conformances to worksite WHS Committee /Board / Council? |  |  |
| Has the site completed corrective actions required in the allocated timeframes and records retained? |  |  |
| TOTAL SCORE | / 2 |  |

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***Signature:***

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# Driver Safety (8)

|  |  |  |
| --- | --- | --- |
| **Measurement** | **RESULT**  **SCORE** | **ACTIONS** |
| If workers are driving for work purposes the site has visually sighted the workers licence and documented the expiry date? |  |  |
| Site owned vehicles (tractors, gators, buses) serviced as per manufacturers recommendations and registered as required? |  |  |
| TOTAL SCORE | / 2 |  |

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# Electrical (9)

|  |  |  |
| --- | --- | --- |
| **Measurement** | **RESULT**  **SCORE** | **ACTIONS** |
| Electrical testing & tagging register is current (updated within last 12 months)? |  |  |
| New to service tags visible on new items put into service prior to testing & tagging? |  |  |
| Worksite has system in place to dispose of electrical items? |  |  |
| Person who conducts the testing & tagging, copy of their competency paperwork is recorded on file? |  |  |
| For sites that complete the testing & tagging internally, has the machine been calibrated within the last 12 months and records retained? |  |  |
| 6 monthly fixed RCD testing completed, and records retained? |  |  |
| 1 yearly trip time fixed RCD testing completed, and records retained? |  |  |
| Where portable RCDs are used, are records retained of their testing prior to use? |  |  |
| Certificate of compliance (COC) retained on site for any electrical work completed? |  |  |
| No piggyback plugs / double adaptors are in use? (Exception is in drama where piggyback plugs are acceptable) |  |  |
| TOTAL SCORE | / 10 |  |

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# Emergency Management (10)

|  |  |  |
| --- | --- | --- |
| **Measurement** | **RESULT**  **SCORE** | **ACTIONS** |
| Has the site established an Emergency and Disaster Management Plan? Does the site have PEEPs if required? |  |  |
| Are Emergency Diagrams prominently displayed and meet Australian Standards? |  |  |
| Firefighting equipment, tested in line with legislative requirements? |  |  |
| Signage for emergency equipment / evacuation routes visible and in good condition? |  |  |
| Emergency exit lights, & emergency lighting (when fitted) tested in line with legislative requirements? |  |  |
| Smoke, thermal detectors been tested? |  |  |
| Site has nominated Emergency Wardens? |  |  |
| Emergency Plans tested at site? (Education (2) lock ins & (2) evacuations per year) Health at least annually desktop. Social (12) monthly, Parish 6 monthly verbal instruction in Bulletin |  |  |
| TOTAL SCORE | / 8 |  |

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***Officer:***

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# First Aid (11)

|  |  |  |
| --- | --- | --- |
| **Measurement** | **RESULT**  **SCORE** | **ACTIONS** |
| Has the site determined and implemented first aid requirements? |  |  |
| Designated first aiders are trained and the names displayed? |  |  |
| Are First Aid Kits compliant? |  |  |
| Signage that clearly identifies first aid rooms and location of first aid kits / AED's |  |  |
| First Aid Incidents recorded, and regular review occurs? |  |  |
| Where there is a defibrillator onsite is the defibrillator checked? |  |  |
| TOTAL SCORE | / 6 |  |

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***Officer:***

***Signature:***

***Name:*       *Date:***

# Responsibility, Authority & Accountability (12)

|  |  |  |
| --- | --- | --- |
| **Measurement** | **RESULT**  **SCORE** | **ACTIONS** |
| Are WHS responsibilities detailed in position descriptions? |  |  |
| Have the RAA's been communicated to the relevant persons? |  |  |
| TOTAL SCORE | / 2 |  |

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***Officer:***

***Signature:***

***Name:*       *Date:***

# Induction & Training (13)

|  |  |  |
| --- | --- | --- |
| **Measurement** | **RESULT**  **SCORE** | **ACTIONS** |
| New workers are inducted within the first week? Re - inducted when significant change or absence has occurred? |  |  |
| Have Officers had training within the last three (3) years? |  |  |
| Has a Training Needs Analysis for the site been implemented? |  |  |
| Has role specific training been completed as required? |  |  |
| TOTAL SCORE | / 4 |  |

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***Officer:***

***Signature:***

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# Hazard Management (14)

|  |  |  |
| --- | --- | --- |
| **Measurement** | **RESULT**  **SCORE** | **ACTIONS** |
| Are Hazards reported & captured in a hazard register? |  |  |
| Have actions for identified Hazards been implemented? |  |  |
| Are workplace inspections completed? |  |  |
| Is there a planned approach to completing required WHS Activities? |  |  |
| Are Hazards reported & captured in a hazard register? |  |  |
| TOTAL SCORE | / 5 |  |

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***Officer:***

***Signature:***

***Name:*       *Date:***

# Plant (15)

|  |  |  |
| --- | --- | --- |
| **Measurement** | **RESULT**  **SCORE** | **ACTIONS** |
| Plant / Asset Register available? |  |  |
| Are Risk Assessment's undertaken where required & SOP's developed where relevant and been reviewed within the last five (5) years or if there has been a significant change? |  |  |
| Is there a Preventative Maintenance Program in place? |  |  |
| "Lock out" - "Tag Out" system in place? |  |  |
| Is there an isolation process in place? |  |  |
| Equipment that is disposed of / dismantled / decommissioned - paperwork retained and register updated. |  |  |
| Safe Work SA - plant registered? (Pressure equipment / lifts etc..) |  |  |
| TOTAL SCORE | / 7 |  |

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***Officer:***

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# Hazardous Manual Tasks (16)

|  |  |  |
| --- | --- | --- |
| **Measurement** | **RESULT**  **SCORE** | **ACTIONS** |
| Workers have been provided adequate information, instruction and / or training in Hazardous Manual Tasks? |  |  |
| Has Hazardous Manual Tasks been identified in risk assessments for various tasks? |  |  |
| Are mechanical devices available? |  |  |
| TOTAL SCORE | / 3 |  |

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***Officer:***

***Signature:***

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# Remote / Isolated Work (17)

|  |  |  |
| --- | --- | --- |
| **Measurement** | **RESULT**  **SCORE** | **ACTIONS** |
| Has the site assessed the risks associated with working in isolation and / or remote travel (greater than 2 hours)? |  |  |
| Community workers: have appropriate procedures been implemented for work in the community? (Applies to Social, Health and Parish sectors) |  |  |
| TOTAL SCORE | / 2 |  |

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***Officer:***

***Signature:***

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# Challenging Behaviour, Aggression & Violence (18)

|  |  |  |
| --- | --- | --- |
| **Measurement** | **RESULT**  **SCORE** | **ACTIONS** |
| Have Challenging Behaviours, Aggression & Violence been identified as an issue at the site? |  |  |
| Where training needs have been identified has training been provided? |  |  |
| TOTAL SCORE | / 2 |  |

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***Officer:***

***Signature:***

***Name:*       *Date:***

# Management of Hazardous Chemicals (19)

|  |  |  |
| --- | --- | --- |
| **Measurement** | **RESULT**  **SCORE** | **ACTIONS** |
| Are there Hazardous Chemicals on site and a chemical register available? |  |  |
| Are Safety Data Sheets available and in date? |  |  |
| Are Chemicals labelled and stored correctly? |  |  |
| Have Chemical risk assessments been completed where required? |  |  |
| Emergency equipment installed, accessible and checked? |  |  |
| Where applicable appropriate Dangerous Substance Licence obtained? |  |  |
| Fume cupboards inspected, tested, and labelled? |  |  |
| TOTAL SCORE | / 7 |  |

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***Officer:***

***Signature:***

***Name:*       *Date:***

# Purchasing (20)

|  |  |  |
| --- | --- | --- |
| **Measurement** | **RESULT**  **SCORE** | **ACTIONS** |
| Where items have been purchased (solar panels, plant, equipment) has a pre-purchase checklist been completed? |  |  |
| Has a formal risk assessment been completed if the pre-purchase checklist requires one to be completed? |  |  |
| TOTAL SCORE | / 2 |  |

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***Officer:***

***Signature:***

***Name:*       *Date:***

# Bullying & Harassment (21)

|  |  |  |
| --- | --- | --- |
| **Measurement** | **RESULT**  **SCORE** | **ACTIONS** |
| Are there processes in place to manage potential bullying & harassment risks? |  |  |
| Have contact officer(s) been appointed and trained where required? |  |  |
| TOTAL SCORE | / 2 |  |

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***Signature:***

***Name:*       *Date:***

# Volunteers (22)

|  |  |  |
| --- | --- | --- |
| **Measurement** | **RESULT**  **SCORE** | **ACTIONS** |
| Volunteer Register on site and has it been reviewed? |  |  |
| Have the volunteers been inducted / re-inducted in line with required checks |  |  |
| Has training been identified and provided as required? |  |  |
| TOTAL SCORE | / 3 |  |

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# Document Control (23)

|  |  |  |
| --- | --- | --- |
| **Measurement** | **RESULT**  **SCORE** | **ACTIONS** |
| Documents are kept for the prescribed time allocation? |  |  |
| Are the site documents readily retrievable if required? |  |  |
| TOTAL SCORE | / 2 |  |

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# Fall Prevention (24)

|  |  |  |
| --- | --- | --- |
| **Measurement** | **RESULT**  **SCORE** | **ACTIONS** |
| Ladder registers available? |  |  |
| Does the site have any fragile roofing and are appropriate controls in place? |  |  |
| Are fixed ladder points, platforms or anchor points and safety harnesses inspected regularly? |  |  |
| For all high-risk work, do workers have the appropriate licence? |  |  |
| For high-risk work has a risk assessment been completed including emergency rescue arrangements? |  |  |
| Mobile scaffolding on site and are they inspected, and records retained? |  |  |
| TOTAL SCORE | / 6 |  |

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***Officer:***

***Signature:***

***Name:*       *Date:***

# Infection Control (25)

|  |  |  |
| --- | --- | --- |
| **Measurement** | **RESULT**  **SCORE** | **ACTIONS** |
| Does the site have appropriate PPE to manage the risk of infection? |  |  |
| Does the site have an immunisation program where required? |  |  |
| Have workers been provided with relevant information / instruction / training? |  |  |
| TOTAL SCORE | / 3 |  |

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***Officer:***

***Signature:***

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# Confined Space / Restricted Space (26)

|  |  |  |
| --- | --- | --- |
| **Measurement** | **RESULT**  **SCORE** | **ACTIONS** |
| Confined / Restricted Access Register at site? |  |  |
| Have the confined space / restricted access areas been secured? |  |  |
| TOTAL SCORE | / 2 |  |

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***Officer:***

***Signature:***

***Name:*       *Date:***

# Traffic Management (27)

|  |  |  |
| --- | --- | --- |
| **Measurement** | **RESULT**  **SCORE** | **ACTIONS** |
| Has an assessment been made? |  |  |
| Are traffic control measures reviewed and effective? |  |  |
| TOTAL SCORE | / 2 |  |

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***Officer:***

***Signature:***

***Name:*       *Date:***

# Waste Management (28)

|  |  |  |
| --- | --- | --- |
| **Measurement** | **RESULT**  **SCORE** | **ACTIONS** |
| Worksite has system for regular waste disposal / removal? |  |  |
| Grease pits are inspected and cleaned annually by a competent person? (If worksite has septic tank, check this has been cleaned regularly) |  |  |
| TOTAL SCORE | / 2 |  |

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***Officer:***

***Signature:***

***Name:*       *Date:***

# Noise (29)

|  |  |  |
| --- | --- | --- |
| **Measurement** | **RESULT**  **SCORE** | **ACTIONS** |
| Where workers are required to wear hearing protection, have workers had audio metric testing conducted and records retained? |  |  |
| Where noise hazards have been identified, have risk assessments been completed and appropriate controls implemented? |  |  |
| TOTAL SCORE | / 2 |  |

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# Personal Protective Equipment (30)

|  |  |  |
| --- | --- | --- |
| **Measurement** | **RESULT**  **SCORE** | **ACTIONS** |
| Is relevant PPE provided to workers? |  |  |
| Is PPE stored appropriately? |  |  |
| Is appropriate signage for required PPE displayed? |  |  |
| Have workers been provided with relevant information / instruction / training? |  |  |
| TOTAL SCORE | / 4 |  |

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# Event Management (31)

|  |  |  |
| --- | --- | --- |
| **Measurement** | **RESULT**  **SCORE** | **ACTIONS** |
| Has an Event Planning Checklist / Event Management Plan been completed for any events? |  |  |
| Have Workers / Volunteers signed in / out for the event and induction provided where relevant? |  |  |
| Has a risk assessment been completed for an event not requiring an Event Planning Checklist? |  |  |
| TOTAL SCORE | / 3 |  |

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# Hazardous Work (32)

|  |  |  |
| --- | --- | --- |
| **Measurement** | **RESULT**  **SCORE** | **ACTIONS** |
| Has a Permit to Work be provided for relevant work at heights, confined space, high voltage electrical, excavation, gas, or other relevant work? |  |  |
| TOTAL SCORE | / 1 |  |

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***Officer:***

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