

SERIOUS ABOUT FARM SAFETY TEMPLATES

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T1 Sample health and safety policy

<Insert Company Name> is committed to providing and maintaining a safe and healthy working environment for all workers, contractors, volunteers, visitors and members of the public.

Hazards or risks to health and safety will be eliminated or minimised, as far as is reasonably practicable, so as to prevent injury, illnesses and dangerous incidents.

<Insert Company Name> considers safety, health, wellbeing and incident prevention to be vital to the ultimate success of the organisation's operations and is an integral part of management's responsibilities.

Management will meet these requirements by:

- complying with legal requirements for all matters relating to work health and safety
- providing a safe and healthy working environment
- providing safe working conditions and safe operating procedures for all company activities
- eliminating workplace hazards
- providing a work environment that enables workers to make healthier lifestyle choices
- developing a consultation process that involves all workers in identifying opportunities and resolving issues in relation to safety, health and wellbeing
- providing workers with information, instruction, training and supervision in relation to safety, health and wellbeing
- providing contractors and visitors with information, instruction, training and supervision in relation to safety, health and wellbeing
- making safety equipment and personal protective equipment (PPE) available whenever required
- providing an injury management and rehabilitation system which encourages workers and contractors to stay at work and/or safely return to work minimising the impact of injury on them and their families.

Each worker has the duty to:

- follow all safe work practices, procedures, instructions and rules
- work in a manner which ensures the safety, health and wellbeing of him or herself and others
- encourage other workers to work in a healthy and safe manner
- participate in training
- participate in safety, health and wellbeing programs
- report or rectify any unsafe conditions that come to their attention
- follow the injury management and rehabilitation system to stay at work and/ or safety return to work after an injury or illness.

<Insert signature>

Date / /

<Insert Name – Senior Manager>

Review date / /

This policy is an integral part of our total management plan. Our goal is to provide workers, contractors and members of the public with a safe and healthy work environment which is free from workplace injury and illness. This can only be achieved through consultation with and cooperation by all.

T2 How is management commitment in your business?

	Yes	No	Don't Know	N/A
Does your business have a WHS policy?				
Can owner / managers state their WHS duties when asked?				
Do owner / managers update their WHS knowledge regularly?				
Do owner / managers participate in safety inspections, meetings, etc?				
Do owner / managers lead by example? For example, work safely, stick to procedures, wear correct PPE.				
Is WHS an obvious value in your business? For example, posters or signs, conversations topics, clear expectations?				
Can workers explain their WHS duties when asked?				
Are workers encouraged to report incidents and near misses?				
Is information about workers' WHS duties included in the induction?				
Does the business allocate funds for WHS management?				
Is time allocated to complete safety related activities, such as inspections and reviewing procedures?				
Are WHS issues addressed when they are identified?				
Are safety features considered when purchasing new equipment?				

How else could you improve management commitment in your workplace?

For more tips and information on this topic see the *Organisational Systems Benchmarking Tool* at worksafe.qd.gov.au

T3 Record of staff toolbox meeting

.....
(Your business/property name)

Group:

Meeting held at: Date:

Meeting conducted by: Signed:

Health and safety representative Signed:

Persons attending

1. 2.

3. 4.

5. 6.

Issues to be covered:

1.

2.

3.

4.

Other issues addressed:

1.

2.

3.

4.

Action required:

Action	Responsible	Timeframe
1.		
2.		
3.		

T4 Risk assessment form

Risk management template			
Company name:		Completed by:	
Work area:		Date completed:	
Hazard identification			
Hazard:			
Risk assessment			
What is the harm the hazard could cause			
What is the likelihood of this happening			
Persons at risk			
Existing control measure			
Consequence			
Likelihood			
Outcome			
Control measures			
Elimination			
Substitution			
Isolation			
Engineering			
Administrative or PPE			
Preferred control option			
Implementation			
Associated activities	Resources required	Person(s) responsible	Sign off and date
REVIEW			
Scheduled review date: / /			
Are the control measures in place?			
Are the controls eliminating/minimising the risk?			
Are there any new problems with the risk?			

T5 Risk register

Company name:

Location:					Date:			
Hazard	What is the harm that the hazard could cause?	What is the likelihood that the harm would occur?	What is the level of risk?	How effective are the current controls?	What further controls are required?	How will the controls be implemented?		
						Action by	Due date	Completed

T6 Task analysis template

Task: Using an angle grinder

Date of task analysis:/...../.....

Task analysis completed by:

Steps of task: (Use these headings in the safe work procedure)	What can go wrong (hazards/risks):	What to do about it (controls/work procedure) (transfer this information to the Safe Work Procedure)
<i>Before using the angle grinder</i>	<ul style="list-style-type: none"> • <i>Electric shock/electrocution</i> • <i>Grinding disc could explode because it is damaged</i> • <i>Grinding wheel could explode because it is not the correct disc for the job.</i> 	<ul style="list-style-type: none"> • <i>Check that the electrical lead has a current tag and is in good condition.</i> • <i>Ensure that the guard over the grinding disc is correctly positioned to protect the operator from any flying pieces from a broken disc and sparks.</i> • <i>Ensure that you are using the right sized disc for the size of the grinder (i.e do not use a 5 inch disc on a 4 inch grinder).</i> • <i>Ensure that you use the right disc for the material being cut (e.g. a steel disc for grinding steel, masonry disc for bricks etc.)</i> • <i>Use only grinding discs for grinding (these are generally thicker) and the thinner cutting discs for cutting.</i> • <i>Check grinding disc for broken areas or damage. Replace damaged disc immediately. Use on flanges specified for the machine.</i> • <i>Position the machine so that the power cord always stays behind the machine during operation.</i> • <i>Ensure personal protective equipment is available and used. i.e. safety goggles, apron and ear protection.</i>
<i>Grind material</i>	<ul style="list-style-type: none"> • <i>Noise</i> • <i>Projectiles hitting operator in the eye</i> • <i>Entanglement with grinding disc</i> • <i>Grinding disc fractures and explodes during use</i> • <i>Could trip over</i> 	<ul style="list-style-type: none"> • <i>Always wear eye and ear protectors, and an apron to protect against sparks during operation</i> • <i>Ensure the disc is not contacting the work piece before the switch is turned on.</i> • <i>Before using the machine on an actual work piece, let it run until it reaches full operation speed. It should run smoothly (i.e. with no vibration or wobbling) If it does not run smoothly, turn off and check the attachment of the disc and the disc itself.</i> • <i>Always use two hands to hold the grinder, one on the handle and the other on the body of the grinder.</i> • <i>Where possible have the job positioned so that the sparks travel away from the operator.</i> • <i>Do not touch the work piece immediately after operation it may be hot and could burn your skin.</i>
<i>Turning off the Grinder</i>	<ul style="list-style-type: none"> • <i>Trips on residue or waste</i> • <i>Entanglement with grinding wheel due to "run off"</i> 	<ul style="list-style-type: none"> • <i>Check leads for damage.</i> • <i>Check disc and replace if necessary.</i> • <i>Replace grinder in tool cupboard.</i> • <i>Clean the work area if residue or waste exists.</i>

Manager's name:

Manager's signature:

Date:

Review date:

T7.1 Safe work procedure

Task: Using an angle grinder

Steps	Procedures/Controls
<p><i>Before using the angle grinder</i></p>	<p><i>Check that the electrical lead has a current tag and is in good condition.</i></p> <p><i>Ensure that the guard over the grinding disc is correctly positioned to protect the operator from any flying pieces from a broken disc and sparks.</i></p> <p><i>Ensure that you are using the right sized disc for the size of the grinder (i.e. do not use a five inch disc on a four inch grinder).</i></p> <p><i>Ensure that you use the right disc for the material being cut (e.g. a steel disc for grinding steel, masonry disc for bricks etc.).</i></p> <p><i>Use only grinding discs for grinding, (these are generally thicker) and the thinner cutting discs for cutting.</i></p> <p><i>Check grinding disc for broken areas or damage. Replace damaged disc immediately. Use only flanges specified for the machine.</i></p> <p><i>Position the machine so that the power cord always stays behind the machine during operation.</i></p> <p><i>Ensure personal protective equipment is available and used. i.e. safety goggles, apron and ear protection.</i></p>
<p><i>When working</i></p>	<p><i>Always wear eye and ear protectors, and an apron to protect against sparks during operation.</i></p> <p><i>Ensure the disc is not contacting the work piece before the switch is turned on.</i></p> <p><i>Before using the machine on an actual work piece, let it run until it reaches full operation speed, It should run smoothly (i.e. with no vibration or wobbling). If it does not run smoothly, turn off and check the attachment of the disc and the disc itself.</i></p> <p><i>Always use two hands to hold the grinder, one on the handle and the other on the body of the grinder.</i></p> <p><i>Where possible have the job positioned so that the sparks travel away from the operator.</i></p> <p><i>Do not touch the work piece immediately after operation it may be hot and could burn your skin.</i></p>
<p><i>Turning off the Grinder</i></p>	<p><i>Check leads for damage.</i></p> <p><i>Check disc and replace if necessary.</i></p> <p><i>Replace grinder in tool cupboard.</i></p> <p><i>Clean the work area if residue or waste exists.</i></p>

Manager's name:

Manager's signature:

Date:

Review date:

T7.2 Safe work procedure

..... (Business name)

Riding a quad bike

Before riding your quad bike:

- assess the risks
- decide whether a quad bike is the right tool for your activity

Remember to:

- confirm that only trained and competent riders should operate a quad bike on this property
- consider if another vehicle or two wheel motor bike would be more appropriate for the task
- read the operator's manual.

Before setting out:

- dress in suitable work clothing and footwear
- understand the purpose and correct use of the vehicle
- never double passengers on a quad bike made for one person
- never overload a quad bike (always check manufacturer's load limit)
- understand the job the quad bike is to be used for
- know how to safely load, transport, unload and store the quad bike
- do a check of fuel, tyres, guards, chain tension and brakes
- make sure kids only ride a kid-sized quad bike
- always tell someone where you are going and estimated time of return.

Always:

- wear a helmet that complies with legislation
- wear suitable PPE and different PPE for different farm tasks
- observe the speed limits
- ride in designated areas
- advise your supervisor of any mechanical problems and do not ride a quad bike that is not in good repair
- take plenty of drinking water
- have appropriate communication device (i.e. mobile phone, two-way radio, EPIRB).

Signed:.....

Date:

Position:

Review date:

T7.3 Safe work procedure

Task:

SWP written by:

Job title/s:

Other safety risks from:

You must wear this personal protective equipment when doing this task:



Leather work gloves, safety glasses, steel cap boots, ear muffs or ear plugs, high visibility vest.

Safe work procedure approved by:

Manager's name

Manager's signature

Date

T8 Induction checklist for <business name>

Worker's name:	Position:
Supervisor's name:	Start date:
Subjects	Workers Initials
<p>1. Explain health and safety laws:</p> <ul style="list-style-type: none"> <input type="checkbox"/> PCBU has a legal duty of care for workers, contractors and visitors <input type="checkbox"/> Workers have a legal duty of care for self, fellow workers and visitors <input type="checkbox"/> PCBU expects workers to behave in a safe manner and not to put themselves or others at risk (no fooling around!) <input type="checkbox"/> 	
<p>2. How to report an incident, injury or hazard:</p> <ul style="list-style-type: none"> <input type="checkbox"/> If you are injured no matter how minor, report it immediately to your supervisor <input type="checkbox"/> If you see something unsafe, report it to your supervisor <input type="checkbox"/> The first aid kit and incident record forms are located at <location> <input type="checkbox"/> What to do if a fire breaks out or there is an emergency and emergency evacuation plan <input type="checkbox"/> 	
<p>3. Take new worker for a workplace tour to show them:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Toilets, sinks, showers <input type="checkbox"/> Fire extinguishers, fire hoses and fire blankets <input type="checkbox"/> Emergency plan, workplace exits, fire exits and any alarm processes <input type="checkbox"/> Assembly point (where to go if evacuating the work area) <input type="checkbox"/> Drinking water <input type="checkbox"/> First aid kit location <input type="checkbox"/> Workplace hazard signs and what they mean <input type="checkbox"/> Electrical switchboard locations <input type="checkbox"/> Dangerous areas in the workplace (e.g. slip, trip and falls) <input type="checkbox"/> Areas where workers can / cannot smoke <input type="checkbox"/> Introduce to co-workers <input type="checkbox"/> 	
<p>4. How to control manual task risks:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Explain the procedure for identifying and reporting hazardous manual tasks <input type="checkbox"/> Explain how to recognise the symptoms which may indicate a sprain or strain, and note the need to report symptoms early <input type="checkbox"/> Show workers the mechanical aids at the workplace (e.g. forklifts, pallet jacks and trolleys) <input type="checkbox"/> Train workers in safe work procedures, including the use of machinery, tools, equipment and work techniques <input type="checkbox"/> Have workers demonstrate the safe work procedure to do the manual tasks involved in their job <input type="checkbox"/> 	
<p>5. How to deal with hazardous chemicals:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Show worker where hazardous chemicals are stored <input type="checkbox"/> Explain any important handling and storage details about the chemical <input type="checkbox"/> Show worker where the SDS (safety data sheet) register is kept <input type="checkbox"/> Show worker where the SDS are kept and explain the information in the SDS <input type="checkbox"/> Explain any precautions for use and emergency procedures (e.g. location of eye wash stations) 	

<p>How plant and equipment can be dangerous:</p> <ul style="list-style-type: none"> • List all plant and equipment that could present a hazard (e.g. tractors, quad bikes, electrical equipment; ladders; hoists and compressors) <p>Show and explain:</p> <ul style="list-style-type: none"> ▫ Risks and hazards with each piece of plant ▫ Guards ▫ 'Danger' and 'Out of service' tags ▫ 'Lock out' procedures ▫ Emergency stops ▫ What to do if the equipment requires repairs ▫ Inspection and maintenance processes and schedules ▫ Anything else you must not do 	
<p>7. Show safe work procedures for your workplace:</p> <ul style="list-style-type: none"> ▫ Show procedures ▫ Indicate who the supervisor is for any problems for a work task ▫ Explain process for failing to comply with safety and site instructions ▫ Explain the risk assessment process and indicate current controls 	
<p>8. Provide PPE (personal protective equipment) and show workers how to use it:</p> <ul style="list-style-type: none"> ▫ Issue worker with PPE and/or show where it is stored (PPE is for personal use and not to be shared) ▫ Explain when PPE must be worn (stress importance!) ▫ Show worker how to fit and use PPE correctly ▫ Show worker how to clean and maintain PPE ▫ Show worker how to store PPE when not in use ▫ Explain what to do if PPE is damaged i.e. PPE replacement policy ▫ Demonstrate use of PPE ▫ Get the worker to demonstrate the use of PPE ▫ Get the worker to tell you when they will need to wear their PPE ▫ Add other as required 	
<p>9. Workplace bullying and harassment</p> <ul style="list-style-type: none"> ▫ Explain workplace bullying and harassment definitions ▫ Advise of workplace bullying and harassment policy 	
<p>10. Remote work</p> <ul style="list-style-type: none"> ▫ Explain definitions of remote work ▫ Advise of available communication equipment ▫ Training in use of available communication equipment 	
<p>11. Consultation process:</p> <ul style="list-style-type: none"> ▫ Introduce the worker to safety personnel (e.g. Health and safety representative and first aid staff) ▫ Indicate the times of staff meetings/toolbox talks where safety issues can be raised ▫ Show process for reporting hazards ▫ Explain purpose of 'toolbox talks' and when they will be held ▫ Workplace bullying will not be tolerated. Explain the policy and procedures. ▫ 	
<p>12. Workers compensation</p> <ul style="list-style-type: none"> ▫ Explain workers compensation insurance ▫ Return to work policies and procedures 	
Induction sign off	
Worker's signature:	Date:
Supervisor's signature:	Date:

T9 Contractor induction statement for <insert business name>

<insert name> Company (for managing external contractors) requires that all contractors, sub-contractors and other relevant workers shall:

1. Report to the site office on arrival and departure
2. Identify power poles, powerlines, SWERs and stay wires on the property
3. Be inducted to procedures which may affect them whilst on site:
 - First aid
 - Driving on grounds
 - Smoking policy
 - Emergency evacuation
4. Request information concerning specific hazards within the defined work area, e.g. electrical, chemical, asbestos, confined spaces, fragile roofs, etc
5. Possess the current licence/certification to perform task(s) for which you have been contracted e.g. forklift, electrical, etc
6. Only use electrical appliances with current testing certification and RCD protection
7. Take reasonable care of the health and safety of yourself and others
8. Correctly supply and use appropriate safety equipment (PPE), where required
9. Clearly mark the work area when doing hazardous work
10. Maintain a tidy work area and clean-up afterwards
11. Immediately report to the site manager or delegate, any unsafe condition or equipment (hazards)
12. Immediately report to the Site Manager or delegate, any injury or damage
13. Not use, possess or be under the influence of alcohol or drugs

Name: Signed:..... Date:
Contractor/Delegate*

Company:..... Type of contractor:.....

Name: Signed:..... Date:.....

Site manager or delegate

NOTES

1. Acceptance of this contract signifies that you have read this statement and agree to abide by the conditions expressed therein. This contract is current for one year from the date shown hereunder and allows fast track induction for that period unless circumstances relevant to the job change significantly.
 2. Contractor (*) may include volunteers, clients and invitees.
- The site reserves the right to take appropriate action for breaches of these requirements.

T10 Training register

Company name:

(one page per employee)

Items in *italics and blue* are an example

Employee Name: *Joe Bloggs* Date of birth: *19/06/1992*

Address: *21 Woods Rd, Black Stump 4687*

Telephone: *07 1234567* Mobile: *0404 444 444*

Date employment commenced: *01/01/2014*

Date Employment ceased: _____

Identified training needs

- 1. *Chain saw*
- 2. *Cattle handling*
- 3. *Tractor driving*
- 4. *Quad bike*
- 5.
- 6.

Subject of training	Date	Training resources provided	Competent	Training provided by	Trainee signature	Trainer signature
			Yes/No			
<i>Chain saw</i>	<i>01/01/14</i>	<i>Operating procedure, PPE</i>	<i>Yes</i>	<i>John Brown</i>		
<i>Cattle handling</i>	<i>01/01/14</i>	<i>Operating procedure</i>	<i>Yes</i>	<i>John Brown</i>		
<i>Tractor driving</i>	<i>02/01/14</i>	<i>Operating procedure</i>	<i>Yes</i>	<i>John Brown</i>		
<i>Quad bike</i>	<i>02/01/14</i>	<i>Operating procedure, PPE</i>	<i>Yes</i>	<i>John Brown</i>		

T11 Suitable duties

Employee: *John Doe*
 Phone number: *01 2345 6789*
 Claim number: *S14 1234567*
 Supervisor: *John Brown*
 Phone: *07 3456 7891*
 Treating doctor: *Dr Jack Jones*
 Phone: *07 4567 8912*
 Fit for suitable duties: *From 01/04/16 To 14/04/16*
 Job description: *Farm labourer*
 Injury: *Bruised ribs*

Task details		
Week	Duties	Restrictions
Week 1 – commencing: Days: 5 Hours: 4 per day	<ul style="list-style-type: none"> <i>sweeping of shed floor</i> <i>stock take of tools</i> <i>watering of gardens</i> 	<ul style="list-style-type: none"> <i>no lifting of weight above 5kgs</i> <i>no lifting above shoulder height</i>
Week 2 – commencing: Days: 5 Hours: 8	<ul style="list-style-type: none"> <i>minor mechanical repairs</i> <i>tractor driving</i> <i>header driving</i> 	<ul style="list-style-type: none"> <i>no lifting of weights above 15kgs</i> <i>no lifting above shoulder height</i>
Week 3 – commencing: Days: Hours:		
Week 4 – commencing: Days: Hours:		
Treatment occurring during this plan (e.g. physio-therapy):	Training required: Yes No If 'Yes', given by:	
Plan to be reviewed on: <i>14/04/16</i>	Training given on:	

Signatures	
<p>Treating medical practitioner</p> <p>I approve this plan. Signature: Date signed:</p>	<p>Worker</p> <p>I have been consulted about the content of this plan and agree to participate. Signature: Date signed:</p>
<p>Supervisor</p> <p>Name:</p> <p>I agree to ensure this plan is implemented in the work area. Signature: Date signed:</p>	<p>Rehabilitation and return to work coordinator</p> <p>Name:</p> <p>I agree to monitor this plan. Signature: Date signed:</p>

Source: WorkCover Queensland

T12 Manual tasks risk management worksheet

Refer to the Hazardous manual tasks code of practice 2011 or the Overview of the hazardous manual tasks regulation and code of practice 2011 for guidance.

Date of assessment:

Name of assessor(s):

Position(s):

Step 1: What is the manual task?

Name of task or activity:

Location where task occurs:

Who performs the task:

General description:

Step 2: Is the manual task hazardous?

(Hazardous manual tasks can result in a sprain or strain)

Work through the following questions to assist you in determining which postures, movements and forces of the task pose a risk.

Question 1 – Does the task involve any of the following risk factors?

- Repetitive movement
- Sustained or awkward postures
- Repetitive or sustained forces

'Repetitive' means that a movement or force is performed more than twice a minute and 'sustained' means a posture or force is held for more than 30 seconds at a time.

Question 2 – Does the task involve long duration?

Is the task done:

- for more than a total of two hours over a whole shift
 - continuously for more than 30 minutes at a time?
-

Question 3 - Does the task involve high or sudden force?

- Yes No
-

Question 4 – Does the task involve vibration?

- Yes No
-

Question 5 – Is there a risk?

The task involves a risk of sprain or strain if you have ticked any boxes or answered 'yes' to either:

- Question 1 and Question 2
- Question 3
- Question 4

If you answered 'yes' to Question 4 the task may be a risk but it will require further investigation. Further guidance on vibration can be obtained from worksafe.qld.gov.au.

Step 3: What is the source of the risk?

(These are the things that are causing the risk. They are also the things that may be changed in order to eliminate or minimise the risk).

Work area design and layout: work space available, design of workstation, furniture and equipment:

The nature, size, weight or number of things handled in performing the manual task:

Systems of work (e.g. pace and flow of work, resources available, maintenance):

The environment in which the manual task is performed (e.g. flooring, obstructions, lighting, hot/cold/humid environments):

Step 4: How do I control the risk? (Consider the hierarchy of control. A range of controls may be required).

- Can the task be eliminated?
- Can you change what is causing the risk (the source)? (e.g. change the work area, alter the size of loads, use mechanical aids, manage environmental conditions, use adjustable equipment, implement preventative maintenance program.)
- What training is needed to support the control measures? (Training needs to be task specific. Training in lifting techniques is not effective as the sole or primary means to control the risk of sprains/strains).

Implement controls

Person(s) responsible for approving controls:
Person(s) responsible for putting controls in place:
By when:

Step 5: Review the controls

Evaluated on: / / Assessor:

- Consultation undertaken with all workers?
- Have the controls implemented reduced the risks?
- Have any other risks been created by the controls?
- Can further controls be implemented to minimise the risk?

T13 Emergency information

FOR EMERGENCIES DIAL 000

Business name:	
Owner or manager:	
Property name:	
Nearest town:	
Property UHF	
Repeater channel	
GPS coordinates:	
Homestead	
Front entrance	
Airstrip: Latitude Longitude	
Yards	
Shed	
Description of entry/mailbox Roadside number or Emergency ID	(e.g. type of mailbox, colour, gates and signage)
Directions from nearest town	
Important phone numbers	
Emergency (Police/Fire/Ambulance)	000
Royal Flying Doctor Service (RFDS)	
State Emergency Service (SES)	
Rural fire brigade	
Local police station	
Poisons information	13 11 26
Local doctor	
Local hospital	
Neighbours:	
Local vet	
nergex	

T14 Queensland emergency plans checklist

Extract from the Code of practice for managing the work environment and facilities 2011 –Appendix A

Emergency plans	√/ X	Action to be taken
Is there a written emergency plan covering relevant emergency situations, with clear emergency procedures?		
Is the plan accessible to all workers?		
Are workers, managers and supervisors instructed and trained in the procedures?		
Has someone with appropriate skills been made responsible for specific actions in an emergency (e.g. appointment of an area warden)?		
Is someone responsible for ensuring workers and others in the workplace are accounted for in the event of an evacuation?		
Are emergency contact details relevant to the types of possible threats (e.g. fire, police, poison information centre) displayed at the workplace in an easily accessible location?		
Are contact details updated regularly?		
Is there a mechanism, such as a siren or bell alarm, for alerting everyone in the workplace of an emergency?		
Is there a documented site plan that illustrates the location of fire protection equipment, emergency exits and assembly points?		
If there is a site plan and is it displayed in key location throughout the workplace		
Are procedures in place for assisting mobility-impaired people?		
Does the workplace have first aid facilities and emergency equipment to deal with the types of emergencies that may arise?		
Is the fire protection equipment suitable for the types of risks at the workplace (e.g. foam or dry powder type extinguishers for fires that involve flammable liquids)?		
Is equipment easily accessible in an emergency?		
Are workers trained to use emergency equipment (e.g. fire extinguishers, chemical spill kits, breathing apparatus, lifelines)?		
Have you considered neighbouring businesses and how you will let them know about an emergency situation should one arise?		
Have you considered the risks from neighbouring businesses (e.g. fire from restaurant/takeaway food outlets, Q fever from cattle yards)?		
Are emergency practice runs (e.g. evacuation drills) regularly undertaken to assess the effectiveness of the emergency plan?		
Is someone responsible for reviewing the emergency plan and informing staff of any revision?		

T15 Hazardous chemical code of practice risk assessment checklist

Question		Y	N
1.	Does a risk assessment need to be carried out?		
2.	Has it been decided who will carry out the risk assessment?		
3a.	Have all the hazardous chemicals in the workplace been identified?		
3b.	Has a hazardous chemical register been produced?		
4.	Has information about the hazardous chemical been identified? (Refer to labels, SDS, placards and relevant Australian Standards for the type of hazardous chemical)		
Q. 5 – 9 should be answered for each hazardous chemical or each process where hazardous chemicals are used in the workplace			
5a.	Have you checked other records associated with the hazardous chemical? (Consider previous assessments, monitoring records, injury or incidents records, induction training, task specific training, etc.)		
5b.	If YES, are there any hazardous chemicals previously assessed as 'high' or as 'significant risk'? Specify the risk(s):		
6.	Does the chemical have health hazards? (Consider potential acute/chronic health effects and likely routes of entry)		
7.	Does the hazardous chemical have physicochemical hazards?		
8.	Does the hazardous chemical have an exposure standard? (Refer to the Workplace Exposure Standards for Airborne Contaminants)		
9.	Do workers using the hazardous chemicals require health monitoring? (Refer to Part 7.1, Division 6 and Schedule 14 of the WHS Regulation 2011). If YES, air monitoring may be required		
10.	Are workers, or can workers be potentially exposed to hazardous chemicals at the workplace, including by-products and waste? For each hazardous chemical or group of hazardous chemicals in the work unit, find out: <ul style="list-style-type: none"> Is the substance released or emitted into the work area? Are people exposed to the chemical? How much are the persons exposed to and for how long? Air monitoring may be required to determine exposure Are there any risks associated with the storage and transport of the chemical? Have all hazardous chemicals in the workplace been identified? If NOT , repeat Q. 2 for the next hazardous chemical		
11.	Are control measures currently in the workplace well maintained and effective in controlling the hazard? If NO , take appropriate action.		
12.	What are the conclusions about the risk? Only answer YES , to one conclusion <ul style="list-style-type: none"> Conclusion 1: Risks are not significant Conclusion 2: Risks are significant but effectively controlled If you answer YES to conclusion 1 or 2, go to Q. 14 <ul style="list-style-type: none"> Conclusion 3: Risks are significant and not adequately controlled Conclusion 4: Uncertain about risks If you answer YES to conclusion 3 or 4, go to Q. 13		
13.	Have actions resulting from conclusion about risks been identified? <ul style="list-style-type: none"> Seek expert advice Requires appropriate control measures Requires induction training Requires on-going monitoring Requires health monitoring Requires emergency procedures and first aid 		
14.	Has the assessment been recorded?		