

productive
efficient
simple

Managers Guide to WHS

The Managers Guide to WHS is for the busy hospitality manager who needs clear and to-the-point guidance to set up and maintain better safety in a hospitality business in South Australia.

This guide outlines clear instructions on how to create simple, efficient, and productive safety processes.



Some simplifications have been made to condense detailed and complex work health and safety legislation and practices. It is not the intention of this document to be a comprehensive reference or provide formal legal advice.

This Managers Guide to WHS has been developed by the Hospitality Industry Work Health & Safety Association of South Australia. The guide is designed to assist hospitality businesses in South Australia with their work health and safety needs and assist them in meeting their legislative obligations under the relevant South Australian Work Health and Safety legislation.

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Instructions

Four Steps to Safety

This guide has four chapters for setting up a systematic way of managing safety:

- ✓ If you have only basic safety practices, then work through chapters 1 to 4 in order.
- ✓ More established businesses can selectively adopt or adapt parts where there is an opportunity to improve their existing processes.

1

Chapter 1: Leadership & Commitment

The simplest part to set up, the Leadership and Commitment chapter sets out everyone's general safety responsibilities. It will also help create a Work Health and Safety Policy which makes up the core of managing safety.

2

Chapter 2: Consultation & Communication

This part helps show how all safety will be communicated using practical ways of sharing and collecting important information. It also assists with obligations to maintain a safe workplace, inducting personnel, and keeping records. It will also help you produce an effective *Communication Policy*.

3

Chapter 3: Hazard Management

This is the biggest part of the process. It guides you step by step through using a Hazard Management tool for assessing and controlling hazards. This chapter also makes it easy to work out which documents to use from chapter 4. Parts of this step will also help cover important WHS legal duties, including:

- Maintaining a safe workplace
- Training
- Keeping records
- Due diligence

4

Chapter 4: Templates, Checklists & Examples

Sample templates and checklists are provided in this chapter. The documents in this part cover many, but not all, aspects of hazard management. Blank templates are also included in case you need to write more.

To reduce duplication, businesses may choose to combine their operational and safety needs within the same documents. This is often useful when writing "Standard" or "Safe" Operating Procedures (SOPs).

Additional Support & Services

SafeWork SA

SafeWork SA is the government regulator of WHS and can provide assistance and access to publications including standards, codes of practice and guidance documents. Specific enquiries can be made through the Help Centre either via email on help.safework@sa.gov.au or by phoning 1300 365 255.

ReturnToWorkSA

The government authority that operates the Return To Work Scheme can also provide access to injury data information and also hosts specialised training and events on workplace safety. Email info@rtwsa.com or phone 13 18 55 (within Australia).

Industry Group Associations

These associations may have additional information and training available for their members:

Australian Hotels Association (SA)
www.ahasa.com.au
Clubs SA
www.clubssa.com.au

Institute of Hospitality in Healthcare
www.ihhc.org.au
United Workers Union
www.unitedworkers.org.au

Chapter 1

Leadership & Commitment

This chapter will quickly help you show that your workplace has the necessary commitment to safety. For safety to be effective, the business must show that safety is taken seriously, and that there is a genuine commitment to preventing harm. A proven tool for this is a Work Health and Safety Policy. Use these four steps to create your own WHS policy and record your progress as you go on the Plan & Checklist at the end of this chapter.

Safety auditors and inspectors are often on the lookout for missing and outdated policies.

Step 1: Draft a policy

Draw up a Work Health and Safety (WHS) policy; a sample of a Work Health and Safety Policy is in Chapter 4 - Templates, Checklists and Examples.

The WHS policy needs to:

- State that the business takes safety seriously
- Mention the general duties and responsibilities of all parties
- Commit to improving Work Health and Safety

Step 3: Display

Display the signed WHS Policy where everyone can see it. For example, put up a copy in the reception area and/or on a staff noticeboard (multiple copies are okay providing you can keep track of them).

Make sure that future employees will also be made aware of the policy. Do this by checking that the WHS Policy is included as part of induction training.

Step 2: Consult

Before finalising the policy, let all workers have an opportunity to see and comment on the draft. Then take any feedback into consideration and note it on the draft as a record of consulting.

When complete, have the owner or a director sign and date the final version.

Step 4: File & keep it up-to-date

Be aware that the policy could become outdated, for example, by changes to the legislation. Be sure to keep the originals and put a review date on the bottom of the policy. Use the checklist in the section below as a reminder.

Chapter 1

Plan & Checklist

Use this checklist to plan and then track your progress with formalising Leadership and Commitment to WHS.

1. Mark any items that do not apply with an "x"
2. Items yet to be done are blank (unmarked)
3. Completed items are ticked to show progress

Done Not Done Does Not Apply

Leadership & Commitment to WHS

- | | |
|---|---|
| <input type="checkbox"/> A WHS Policy has been drafted | <input type="checkbox"/> The WHS policy is mentioned in the new worker induction process |
| <input type="checkbox"/> The policy has been consulted with workers and then signed by the director/owner | <input type="checkbox"/> Draft and Master copies of the policy are filed
Location(s): _____ |
| <input type="checkbox"/> The policy is now accessible (or on display)
Location(s): _____ | <input type="checkbox"/> Set a reminder for next WHS policy review in 3 years (if not sooner) __ / __ / _____ |



Chapter 2

Consultation & Communication

Consultation obtains useful feedback from the people who regularly do the work and it also shows that a business is considerate of worker safety. Consultation is the process of sharing WHS information and considering workers' feedback before making decisions; for example, when considering a change of process, or buying new equipment. The authority and responsibility for making decisions does not change, it still remains with management.

It is a legal requirement for information that affects workers' safety to be effectively communicated and consulted.

Step 1: Choose the best ways to communicate safety

The following is a list of different ways to communicate safety information in hospitality operations. Identify which ones you already have and any additional ones you need to improve communication.

VERBAL COMMUNICATION

Safety information can be communicated whenever there is a conversation directly with a worker; for example, giving a direction or a reminder. Workers should also be able to raise safety issues or concerns directly with their supervisor.

Conversations can eventually be forgotten, and this type of communication is not usually recorded. So, if the information is important, consider other ways to back it up. Also, some conversations may be important, like a supervisor giving a warning or reminder. In this case, keep a note about it in a work diary or personnel file.

WRITTEN POLICIES, PROCEDURES, SIGNS & GUIDES

These are the best way for providing clear and consistent information on routine safety matters, but written information is only effective if workers are aware of it in the first place, and where to find a copy.

Training records are important. For each worker, use a copy of the Worker Induction Record template (Chapter 4) to keep

record of the policies and procedures (and SOPs) they have been inducted or trained in.

REGULAR MEETINGS

Regular meetings are an easy way of providing updates and reminders on safety issues. Meetings can be in a casual format, and can include other topics, but should still invite workers to raise items they believe could be health or safety related.

A business should include the topic of safety as a routine agenda item in regular meetings. If practicable, also try to schedule the meetings to include part-time personnel.

Keep records of:

- Who was present
- Items/topic discussed
- Any agreed actions or outcomes

These records are also important for workers that need to catch up on a missed meeting.

REPORTS & FORMS

Prepared forms help workers record specific and structured information. Forms can be used by businesses to obtain information about hazards or events. Report forms are usually submitted to someone for action and/or record keeping.

NOTICEBOARDS

These are helpful for providing worker access to updates, reminders, topical information, contact, and emergency information. Noticeboards can be especially helpful for part-time and casual staff as well as any workers returning from leave.

These additional communication measures may also apply to your business:

SAFETY COMMITTEE

(optional unless formally requested)
 Safety committees can be helpful for consulting and advising on safety issues, particularly for larger businesses. More information on safety committees is available from SafeWork SA (www.safeworksa.gov.au ↗).

SAFETY REPRESENTATIVE

(optional unless formally requested)
 A safety representative is a worker who has been appointed either formally or informally. The role should be voluntary and focus on liaison between management and workers on safety issues.

Formally appointed representatives are known as Health and Safety Representatives (HSRs) and are elected by workers. HSRs can attend recognised training and be specially authorised under the WHS legislation. More information on HSRs is available from SafeWork SA (www.safeworksa.gov.au ↗).

ELECTRONIC MEDIA (MAIL, MESSAGING, SOCIAL NETWORKS ETC)

Many businesses distribute information quickly and efficiently by email, text messaging and even with social media. They are especially good for reminders. Take care not to rely on electronic media because it may not always be as effective as other communication methods:

- Emails can be overlooked
- Absent workers and others may miss out
- Emails are difficult to retrieve in the long-term
- New or future workers will not get the same information

Step 2: Develop a policy for safety communication

Use the Plan & Checklist on the next page to help create a communication policy. For your convenience, a sample Communication Policy is provided in Chapter 4.



Chapter 2

Plan & Checklist

Use this checklist to plan and then track your progress with formalising Leadership and Commitment to WHS.

1. Mark any items that do not apply with an "x"
2. Items yet to be done are blank (unmarked)
3. Completed items are ticked to show progress

Done Not Done Does Not Apply

WHS Consultation & Communication

A COMMUNICATION POLICY HAS BEEN DRAFTED AND IT STATES THAT:

- Safety concerns can be raised verbally between all workers regardless of seniority.
- Policies, procedures, signs, forms, and guides are being used to provide clear and consistent information on routine safety matters.
- Workers will be informed of any new or changed policies, procedures etc that effect their safety.
- Workers are encouraged to provide constructive feedback on policies, procedures etc.
- Safety will always be included as a topic at regular team meetings.
- A record of team meetings will be available for staff to read in case they were away.
- Email is not exclusively relied upon for implementing new safety rules and processes.

ONCE THE COMMUNICATION POLICY HAS BEEN DRAFTED:

- Workers are informed about the draft Communication Policy.
- Feedback is collected and considered.
- Completed policy signed by the director/owner.
- Managers/leaders apply the policy. Method(s) used: Training, meeting, _____
- Policy is accessible for all workers to follow. Location: _____
- The processes for communication and the policy are mentioned in the new worker induction process.
- Copies are filed. Location: _____
- Set reminder for next review in 3 years (if not sooner) ___ / ___ / _____

Chapter 3

Hazard Management

Hazards are anything that has the potential to cause harm. Hazard management improves efficiency and safety by finding any gaps and smoothing out inconsistencies. This chapter will take the most time to complete.

The law requires businesses to identify, assess and control foreseeable hazards.

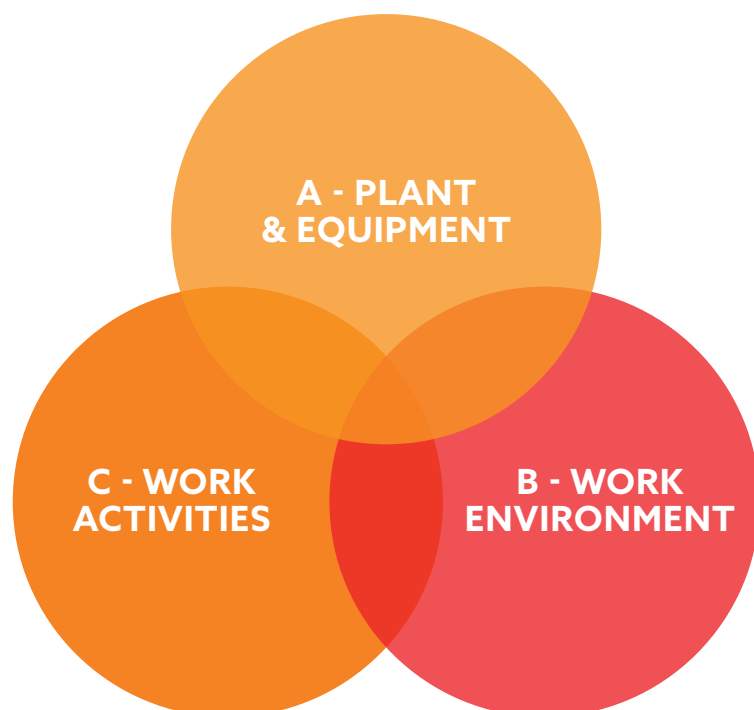
This part of the guide will step you through using a specialised hazard management tool. The tool will help you show that all reasonably foreseeable hazards are identified, assessed and sufficiently controlled. It is vital that you fill out this tool using the instructions below.

Remember to involve the people who do the work- Consultation is mandatory

A hospitality Hazard Management Tool is provided in the back of this chapter. It includes some of the common hazards and safety measures used in hospitality. There are three parts in the tool to help you find all the different sources of hazards by category:

- A: Plant and Equipment
- B: Work Environment, and
- C: Work Activities.

As pictured right, some hazards can overlap between categories. As long as the hazards are properly controlled it is not necessary to duplicate the items in the hazard tool.





Step 1: Identify Hazards

Part A of the Hazard Management Tool is for Plant and Equipment hazards. Examples of the hazards from plant and equipment include:

SOURCE OF HAZARD	TYPES OF HAZARDS
Espresso Machine	Burns, electric shock, manual tasks
Forklift	Collision, dropped load, toxic fumes, manual tasks
Fryer	Burns, slips/trips/falls
Kettle	Burns, electric shock
Sharp Knives	Cuts

- a) Starting with column 1, use a or to record which machinery and equipment is at your workplace. Use the extra space at the end of Section A to add any additional equipment.
- b) For each piece of equipment with in 1, complete the boxes in column 2 with a or to show which hazards can cause harm.
 - Only hazards with any likely consequences need to be ticked.
 - Include hazards that are already being well managed.
 - Add (and tick) any extra hazards in the extra space provided.

To help clarify if a hazard might cause actual harm, ask yourself:

- a) "What consequences could there be?"
- b) "Is there any likelihood these could happen?"

Placing an "x" in the box next to a hazard will also show that you have found no risk of harm and therefore safety measures (controls) will not be required in the next column (see **Step 2**).

Where it is possible, hazards must be removed (eliminated) or replaced with something less dangerous. If a hazard is removed, then update columns 1 & 2.

- c) Next, complete the first two columns in Part B of the Hazard Management Tool to identify Work environment hazards.

Some examples of the hazards from the environment are noise, dust, fumes, people, climate, neighbouring activities, and stored items. Sources of environmental hazard include (see table below):

SOURCE OF HAZARD	TYPES OF HAZARDS
Aggressive patrons	Assault, psychological abuse
Broken glass	Cuts, eye injuries
Vermin	Infection, bites/stings
Emergencies	Fire, evacuation, hold-up
Hot weather	Heat stress, sunburn
Cellar (underground)	Fall from height, asphyxiation
Community infection	Transmission of disease e.g. hepatitis, coronavirus
Untreated water (HVAC cooling towers, pools, humidifiers, ice-machines)	Legionnaires disease



d) Move on to Part C Work Activities and show all the work activities and process that have potential hazards. The table below gives examples of Work Activities and common hazards.

HAZARDOUS ACTIVITY	TYPES OF HAZARDS
Crowd control/ Security	Workplace violence (assault), psychological abuse, stress
Handling coin containers	Manual handling
Drive through operations	Hit by moving vehicle, toxic exhaust fumes, extreme weather
Shift work	Fatigue
Cleaning	Chemicals, manual tasks, isolated work, slips/falls
Receiving deliveries	Moving vehicles, manual tasks, slips/falls
Cash handling	Workplace violence (assault), psychological abuse, stress
Glass bottle recycling	Lifting, noise, ejected glass fragments

Step 2: Find the best ways to control the risks for each hazard

Often you can use more than one measure to control risk from a hazard. The third and fourth columns provide examples of commonly used control measures.

a) Complete column 3 with Yes or No to show which controls will be used to eliminate or minimise the risks. Add any extra measures in the space at the end.

- Hazards in column 2 marked with an will not need to be reduced or controlled.
- Controls (or safety measures) in column 3 must be effective enough to make the hazard as safe as it can reasonably be.
- Using Personal Protective Equipment (PPE) and/or Procedures as controls is least preferable as they are less effective than elimination, replacement, re-engineering, or isolation.

Tip: If there is some doubt over whether there are enough safety measures in column 3, you must consider:

- How severe the consequences could be?
 - Higher consequences need better controls.
 - Low consequences need less.
 - How likely are they to happen?
 - Higher likelihood needs higher control.
 - Highly unlikely events need less attention (unless they have extreme consequences)
 - Are safety measures readily or easily available?
 - i.e., automatically adopt readily available solutions
 - Control measures can only be excluded if the cost is grossly disproportionate to the amount of risk
- b) Wherever the hazards have been ticked in column 3, use column 4 to show which types of control are being used. Whenever there are too many low-level controls like PPE and Procedures, go back and check to see if any better controls can be used in column 3.

Step 3: Plan & track the safety improvements

Complete column "5. Priority & Date completed" to give a priority on any safety measures (or controls) that still need to be done.

Set the level of priority based on the risk. To calculate the risk, use a tool like the matrix shown in the table below.

As safety measures are completed, track them by recording the date they were completed.

The simple way to risk assess hazards is to:

- Step 1: Rate the possible consequence with a score of 1 to 4 (4 is highest e.g., a fatality)
- Step 2: Rate the likelihood of that consequence with a score between 1 and 4 (4 is most likely)
- Step 3: Use the table below to look up a risk rating (from Low to Very High)

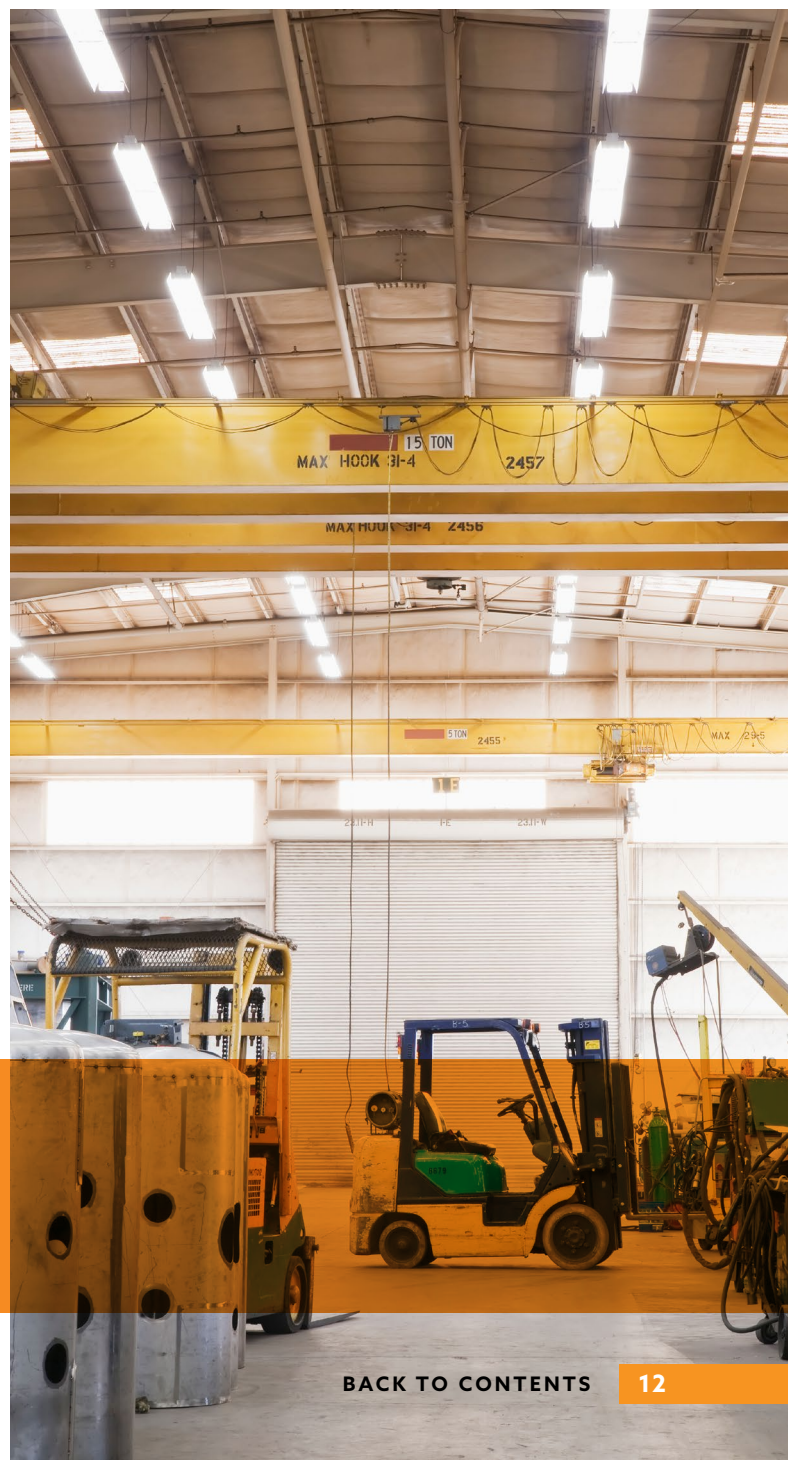
		CONSEQUENCE →			
LIKELIHOOD ↑	4	MEDIUM	HIGH	VERY HIGH	VERY HIGH
	3	MEDIUM	MEDIUM	HIGH	VERY HIGH
	2	LOW	MEDIUM	MEDIUM	HIGH
	1	LOW	LOW	MEDIUM	MEDIUM

Table 1 - A 4 by 4 Risk Assessment Matrix

Step 4: Inform the owner/director & set a review date

The business owner or director must be kept aware of the contents of the Hazard Management Tool as part of their duties and obligations. For more information on this topic, seek advice on "WHS Due Diligence".

It is important to set a review for the hazard management tool and keep it up to date. Safety standards, equipment, and processes can change, and will need to be updated.



Chapter 3

Plan & Checklist

Create a to-do list and keep track of progress, follow these prompts to check that the items that have been done, need to be done, or do not apply.

1. Mark any items that do not apply with an "x"
2. Items yet to be done are blank (unmarked)
3. Completed items are ticked to show progress

Done Not Done Does Not Apply

Hazard Management

HAZARD MANAGEMENT TOOL HAS BEEN CREATED:

- Hazard Management Tool has been created or adapted from template (including Business Name).

PART A - PLANT AND EQUIPMENT

- Completed the "Sources" and "Hazard Types" columns 1 & 2.
- Workers were involved in identifying the hazards.
- Completed the "Controlled By" and "Type of Controls" columns 3 & 4.
- Plan and track any remaining safety improvements using the column 5, "Priority and date completed" column.
- Completed Part B of the tool - Work Environment
- Completed Part C of the tool - Work Activities.

ONCE THE HAZARD MANAGEMENT TOOL HAS BEEN COMPLETED:

- Draft & Master copies are filed.
Location: _____
- Business owner/ Director advised of the contents.

Hazard Management Tool

Business Name _____

Last Updated _____

Record of all foreseeable hazards, their assessment, control measures and any planned improvements.

Part A: Plant & Equipment (include any hazards from servicing & breakdowns)

NAME OF SOURCE	TYPE OF HAZARD	CONTROLLED BY	TYPE OF CONTROLS USED	PRIORITY & DATE COMPLETED
What could be dangerous, e.g.: Forklift, glass washer etc.	List the risks of what could happen when using, cleaning, servicing: e.g., Electric shock, crushing, falling, tripping, poisoning, burns, etc	List the safety measures, for example: guarding, training, process/procedure, PPE	What is the type safety measure: Elimination (best), Replacement (better), Isolation (effective), Engineering (effective), Safe Process (okay), PPE (least effective).	If there are Safety Measures that need to be done, what is the level of risk? This will set the priority. Record the date once completed.
Do we have this? <input checked="" type="checkbox"/> Yes or <input type="checkbox"/> No	Could this happen? <input checked="" type="checkbox"/> Yes or <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes, we have this <input type="checkbox"/> Needs to be done <input checked="" type="checkbox"/> Does not apply	<input checked="" type="checkbox"/> Yes or <input type="checkbox"/> No	Low, Medium, High, or Very High
<input type="checkbox"/> Deep fryer	<input type="checkbox"/> Burns <input type="checkbox"/> Slip, trip or fall <input type="checkbox"/> Strains (moving oil containers) <input type="checkbox"/> Strains (lifting large baskets) <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> PPE (apron, gloves, shoes uniform) <input type="checkbox"/> Deep Fryer SWP <input type="checkbox"/> Manual Handling Policy <input type="checkbox"/> PPE Policy <input type="checkbox"/> Plant & Equipment Policy <input type="checkbox"/> Lock out Procedure <input type="checkbox"/> _____	<input type="checkbox"/> Isolation <input type="checkbox"/> Engineering <input type="checkbox"/> Safe-work process (procedure) <input type="checkbox"/> PPE <input type="checkbox"/> _____	
<input type="checkbox"/> Forklift	<input type="checkbox"/> Incompetent, impaired, or unlicensed operation <input type="checkbox"/> Pedestrians hit by vehicle <input type="checkbox"/> Crush from dropped load <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Fitness for Work Policy <input type="checkbox"/> Plant & Equipment Policy <input type="checkbox"/> PPE Policy <input type="checkbox"/> Lock out Procedure <input type="checkbox"/> Forklift SOP <input type="checkbox"/> _____	<input type="checkbox"/> Isolation <input type="checkbox"/> Engineering <input type="checkbox"/> Safe-work process (procedure) <input type="checkbox"/> PPE <input type="checkbox"/> _____	

NAME OF SOURCE	TYPE OF HAZARD	CONTROLLED BY	TYPE OF CONTROLS USED	PRIORITY & DATE COMPLETED
What could be dangerous, e.g.: Forklift, glass washer etc.	List the risks of what could happen when using, cleaning, servicing: e.g., Electric shock, crushing, falling, tripping, poisoning, burns, etc	List the safety measures, for example: guarding, training, process/procedure, PPE	What is the type safety measure: Elimination (best), Replacement (better), Isolation (effective), Engineering (effective), Safe Process (okay), PPE (least effective).	If there are Safety Measures that need to be done, what is the level of risk? This will set the priority. Record the date once completed.
<input type="checkbox"/> Compressed gas cylinders (CO2 & Nitrogen)	<input type="checkbox"/> Uncontrolled sudden release (explosion) <input type="checkbox"/> Suffocation <input type="checkbox"/> Cold burns <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> PPE (gloves & goggles) <input type="checkbox"/> Using CO2 & Nitrogen SWP <input type="checkbox"/> Gas monitoring equipment <input type="checkbox"/> Plant & Equipment Policy <input type="checkbox"/> PPE Policy <input type="checkbox"/> Hazardous Substances Policy <input type="checkbox"/> _____		
<input type="checkbox"/> Cool room <input type="checkbox"/> Walk-in freezer	<input type="checkbox"/> Entrapment <input type="checkbox"/> Exposure to cold (frostbite & hyperthermia) <input type="checkbox"/> Hazardous/ oxygen-deficient atmospheres <input type="checkbox"/> Working in isolation <input type="checkbox"/> Slips, trips, and falls <input type="checkbox"/> Noise <input type="checkbox"/> Poor lighting <input type="checkbox"/> Manual handling <input type="checkbox"/> _____	<input type="checkbox"/> PPE (covered non-slip footwear) <input type="checkbox"/> PPE (jacket, gloves, hat) <input type="checkbox"/> PPE (hearing protection) <input type="checkbox"/> Cool room SOP <input type="checkbox"/> Plant & Equipment Policy <input type="checkbox"/> PPE Policy <input type="checkbox"/> Lifting/ loading equipment <input type="checkbox"/> Alarm <input type="checkbox"/> _____	<input type="checkbox"/> Isolation <input type="checkbox"/> Engineering <input type="checkbox"/> Safe-work process (procedure) <input type="checkbox"/> PPE <input type="checkbox"/> _____	
<input type="checkbox"/> Espresso coffee machine	<input type="checkbox"/> Burns <input type="checkbox"/> Electric shock <input type="checkbox"/> Strain injury <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> PPE (covered non-slip footwear) <input type="checkbox"/> PPE (eye protection - cleaning) <input type="checkbox"/> Espresso Coffee Machine SOP <input type="checkbox"/> Plant & Equipment Policy <input type="checkbox"/> PPE Policy <input type="checkbox"/> Hazardous Substances Policy <input type="checkbox"/> _____	<input type="checkbox"/> Isolation <input type="checkbox"/> Engineering <input type="checkbox"/> Safe-work process (procedure) <input type="checkbox"/> PPE <input type="checkbox"/> _____	
<input type="checkbox"/> Electrical appliances (toaster, computer, fridge)	<input type="checkbox"/> Electric shock/burn <input type="checkbox"/> Fire <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Plant & Equipment Policy <input type="checkbox"/> Plant Inspection & Maintenance Record (Testing & tagging) <input type="checkbox"/> _____	<input type="checkbox"/> Engineering <input type="checkbox"/> Safe-work process (procedure) <input type="checkbox"/> PPE <input type="checkbox"/> _____	
<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Isolation <input type="checkbox"/> Engineering <input type="checkbox"/> Safe-work process (procedure) <input type="checkbox"/> PPE	

Part B: Work Environment (Surroundings)

NAME OF SOURCE	TYPE OF HAZARD	CONTROLLED BY	TYPE OF CONTROLS USED	PRIORITY & DATE COMPLETED
What could be dangerous, e.g.: Dust, Noise etc.	List the risks of what could happen: e.g. Electric shock, crushing, falling, tripping, poisoning, burns, etc	List the safety measures, for example: guarding, training, process/procedure, PPE	What is the type safety measure: Elimination (best), Replacement (better), Isolation (effective), Engineering (effective), Safe Process (okay), PPE (least effective).	If there are Safety Measures that need to be done, what is the level of risk? This will set the priority. Record the date once completed.
Do we have this? <input checked="" type="checkbox"/> Yes or <input checked="" type="checkbox"/> No	Could this happen? <input checked="" type="checkbox"/> Yes or <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes, we have this <input type="checkbox"/> Needs to be done <input checked="" type="checkbox"/> Does not apply	<input checked="" type="checkbox"/> Yes or <input checked="" type="checkbox"/> No	Low, Medium, High, or Very High
<input type="checkbox"/> Workplace violence (Hostile patron, armed robbery)	<input type="checkbox"/> Assault <input type="checkbox"/> Psychological trauma <input type="checkbox"/> _____	<input type="checkbox"/> Security & cash handling procedure <input type="checkbox"/> Responsible Service training (RSA) <input type="checkbox"/> Emergency Response - Hold up <input type="checkbox"/> CCTV recording/ monitoring <input type="checkbox"/> Psychological Safety Policy <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Isolation <input type="checkbox"/> Engineering <input type="checkbox"/> Safe-work process (procedure) <input type="checkbox"/> PPE <input type="checkbox"/> _____	
<input type="checkbox"/> Stored materials (non-hazardous)	<input type="checkbox"/> Trips, Slips, Falls <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> PPE Policy <input type="checkbox"/> Warning Signs (Addressed to personnel) <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Isolation <input type="checkbox"/> Engineering <input type="checkbox"/> Safe-work process (procedure) <input type="checkbox"/> PPE <input type="checkbox"/> _____ <input type="checkbox"/> _____	
<input type="checkbox"/> Used gas cylinders	<input type="checkbox"/> Gas leak <input type="checkbox"/> Fire <input type="checkbox"/> Explosion <input type="checkbox"/> _____	<input type="checkbox"/> PPE Policy <input type="checkbox"/> Emergency Response Plans (fire, explosion) <input type="checkbox"/> Emergency Response Plans (gas/ fuel leak) <input type="checkbox"/> Used Gas Cylinder SOP <input type="checkbox"/> Warning Signs <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Isolation <input type="checkbox"/> Engineering <input type="checkbox"/> Safe-work process (procedure) <input type="checkbox"/> PPE <input type="checkbox"/> _____ <input type="checkbox"/> _____	
<input type="checkbox"/> Pests & vermin	<input type="checkbox"/> Bites <input type="checkbox"/> Disease <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> PPE Policy <input type="checkbox"/> Container Sorting SOP <input type="checkbox"/> Emergency Response (first aid) <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Isolation <input type="checkbox"/> Engineering <input type="checkbox"/> Safe-work process (procedure) <input type="checkbox"/> PPE <input type="checkbox"/> _____ <input type="checkbox"/> _____	

NAME OF SOURCE	TYPE OF HAZARD	CONTROLLED BY	TYPE OF CONTROLS USED	PRIORITY & DATE COMPLETED
What could be dangerous, e.g.: Dust, Noise etc.	List the risks of what could happen: e.g. Electric shock, crushing, falling, tripping, poisoning, burns, etc	List the safety measures, for example: guarding, training, process/procedure, PPE	What is the type safety measure: Elimination (best), Replacement (better), Isolation (effective), Engineering (effective), Safe Process (okay), PPE (least effective).	If there are Safety Measures that need to be done, what is the level of risk? This will set the priority. Record the date once completed.
<input type="checkbox"/> Drugs, alcohol, fatigue	<input type="checkbox"/> Inability to work safely (self) <input type="checkbox"/> Inability to work safely (others) <input type="checkbox"/> Long-term health <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Fitness for Work Policy <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Safe-work process (procedure) <input type="checkbox"/> PPE <input type="checkbox"/> _____	
<input type="checkbox"/> Sharps & syringes	<input type="checkbox"/> Blood-borne disease <input type="checkbox"/> Psychological distress/trauma <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Syringes and Sharps Procedure <input type="checkbox"/> Container Sorting SOP <input type="checkbox"/> Emergency Response (first aid) <input type="checkbox"/> Sharps collection container <input type="checkbox"/> Tongs, gloves <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Safe-work process (procedure) <input type="checkbox"/> PPE <input type="checkbox"/> _____ <input type="checkbox"/> _____	
<input type="checkbox"/> Accidents, emergencies, threats	<input type="checkbox"/> Infection, loss of Blood etc <input type="checkbox"/> Fire, smoke, explosion, burns <input type="checkbox"/> Assault <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Incident & Accident Policy <input type="checkbox"/> Emergency Response Plans <input type="checkbox"/> First aid kit <input type="checkbox"/> Fire extinguishers <input type="checkbox"/> Trained first-aider(s) <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Engineering <input type="checkbox"/> Safe-work process (procedure) <input type="checkbox"/> PPE <input type="checkbox"/> _____ <input type="checkbox"/> _____	
<input type="checkbox"/> Climate (extreme)	<input type="checkbox"/> Sunburn <input type="checkbox"/> Heat stress <input type="checkbox"/> Hypothermia <input type="checkbox"/> Manual handling <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> PPE Policy <input type="checkbox"/> Emergency Response (first aid) <input type="checkbox"/> Manual Handling Policy <input type="checkbox"/> Sheltered work areas <input type="checkbox"/> Amenities <input type="checkbox"/> _____	<input type="checkbox"/> Isolation <input type="checkbox"/> Engineering <input type="checkbox"/> Safe-work process (procedure) <input type="checkbox"/> PPE <input type="checkbox"/> _____ <input type="checkbox"/> _____	
<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Isolation <input type="checkbox"/> Engineering <input type="checkbox"/> Safe-work process (procedure) <input type="checkbox"/> PPE <input type="checkbox"/> _____	
<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Isolation <input type="checkbox"/> Engineering <input type="checkbox"/> Safe-work process (procedure) <input type="checkbox"/> PPE <input type="checkbox"/> _____	

Part C: Work Activities

NAME OF SOURCE	TYPE OF HAZARD	CONTROLLED BY	TYPE OF CONTROLS USED	PRIORITY & DATE COMPLETED
Loading/unloading, food service, cleaning etc	Risk of: Electric shock, crushing, falling, tripping, poisoning, burns, etc	Guarding, training, process/procedure, PPE	Eliminating > Replacement > Isolation > Engineering > Safe Process > PPE	If there are Safety Measures that need to be done, what is the level of risk? This will set the priority. Record the date once completed.
Do we have this? <input checked="" type="checkbox"/> Yes or <input checked="" type="checkbox"/> No	Could this happen? <input checked="" type="checkbox"/> Yes or <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes, we have this <input type="checkbox"/> Needs to be done <input checked="" type="checkbox"/> Does not apply	<input checked="" type="checkbox"/> Yes or <input checked="" type="checkbox"/> No	Low, Medium, High, or Very High
<input type="checkbox"/> Table service (carrying plates)	<input type="checkbox"/> Slip, trip, fall <input type="checkbox"/> Burns <input type="checkbox"/> Manual Handling (strains) <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Plate Carrying SWP <input type="checkbox"/> PPE (footwear) <input type="checkbox"/> Manual Handling Policy <input type="checkbox"/> PPE Policy <input type="checkbox"/> First Aid <input type="checkbox"/> _____	<input type="checkbox"/> Engineering <input type="checkbox"/> Safe-work process (procedure) <input type="checkbox"/> PPE <input type="checkbox"/> _____ <input type="checkbox"/> _____	
<input type="checkbox"/> Deliveries (dispatched)	<input type="checkbox"/> Vehicle accident <input type="checkbox"/> Working in isolation <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Moving Cartons SWP <input type="checkbox"/> Plant & Equipment Policy <input type="checkbox"/> Training & Licences Record <input type="checkbox"/> Plant inspection & maintenance <input type="checkbox"/> _____	<input type="checkbox"/> Isolation <input type="checkbox"/> Engineering <input type="checkbox"/> Safe-work process (procedure) <input type="checkbox"/> PPE <input type="checkbox"/> _____	
<input type="checkbox"/> Deliveries (received)	<input type="checkbox"/> Vehicle accident <input type="checkbox"/> Manual handling <input type="checkbox"/> Dropped object <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Moving Cartons SWP <input type="checkbox"/> Forklift SOP <input type="checkbox"/> Plant & Equipment Policy <input type="checkbox"/> Training & Licences Record <input type="checkbox"/> Traffic Management Plan <input type="checkbox"/> Plant inspection & maintenance <input type="checkbox"/> _____	<input type="checkbox"/> Isolation <input type="checkbox"/> Engineering <input type="checkbox"/> Safe-work process (procedure) <input type="checkbox"/> PPE <input type="checkbox"/> _____	
<input type="checkbox"/> Moving furniture	<input type="checkbox"/> Manual handling <input type="checkbox"/> Dropped object <input type="checkbox"/> Hit by moving object <input type="checkbox"/> Crush, pinch, & shear points <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Furniture Moving SOP <input type="checkbox"/> PPE Policy (footwear) <input type="checkbox"/> Plant & Equipment Policy <input type="checkbox"/> Training & Licences Record <input type="checkbox"/> _____	<input type="checkbox"/> Isolation <input type="checkbox"/> Engineering <input type="checkbox"/> Safe-work process (procedure) <input type="checkbox"/> PPE <input type="checkbox"/> _____	
<input type="checkbox"/> Waste management	<input type="checkbox"/> Crush, pinch, & shear points <input type="checkbox"/> Cuts <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Plant & Equipment Policy <input type="checkbox"/> PPE Policy <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Isolation <input type="checkbox"/> Engineering <input type="checkbox"/> Safe-work process (procedure) <input type="checkbox"/> PPE <input type="checkbox"/> _____ <input type="checkbox"/> _____	

NAME OF SOURCE	TYPE OF HAZARD	CONTROLLED BY	TYPE OF CONTROLS USED	PRIORITY & DATE COMPLETED
Loading/unloading, food service, cleaning etc	Risk of: Electric shock, crushing, falling, tripping, poisoning, burns, etc	Guarding, training, process/procedure, PPE	Eliminating > Replacement > Isolation > Engineering > Safe Process > PPE	If there are Safety Measures that need to be done, what is the level of risk? This will set the priority. Record the date once completed.
<input type="checkbox"/> Bullying & harassment	<input type="checkbox"/> Psychological harm <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Work Health & Safety Policy <input type="checkbox"/> Psychological Safety Policy <input type="checkbox"/> Incident Report Form <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Safe-work process (procedure) <input type="checkbox"/> _____ <input type="checkbox"/> _____	
<input type="checkbox"/> General cleaning	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Isolation <input type="checkbox"/> Engineering <input type="checkbox"/> Safe-work process (procedure) <input type="checkbox"/> PPE <input type="checkbox"/> _____	
<input type="checkbox"/> _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Isolation <input type="checkbox"/> Engineering <input type="checkbox"/> Safe-work process (procedure) <input type="checkbox"/> PPE <input type="checkbox"/> _____	
<input type="checkbox"/> _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Isolation <input type="checkbox"/> Engineering <input type="checkbox"/> Safe-work process (procedure) <input type="checkbox"/> PPE <input type="checkbox"/> _____	
<input type="checkbox"/> _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Isolation <input type="checkbox"/> Engineering <input type="checkbox"/> Safe-work process (procedure) <input type="checkbox"/> PPE <input type="checkbox"/> _____	
<input type="checkbox"/> _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Isolation <input type="checkbox"/> Engineering <input type="checkbox"/> Safe-work process (procedure) <input type="checkbox"/> PPE <input type="checkbox"/> _____	
<input type="checkbox"/> _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Isolation <input type="checkbox"/> Engineering <input type="checkbox"/> Safe-work process (procedure) <input type="checkbox"/> PPE <input type="checkbox"/> _____	

Chapter 4

Templates, Checklists & Examples

This part contains sample policies, procedures and forms that can be adapted to suit your business. They cover many of the common hazards found in hospitality, but not all of them. Use this section as prompted by Parts A, B or C of the hazard management tool, or when looking for a new policy, procedure, or template. Blank templates are also included at the back to help with making additional documents. Each document must be reviewed and modified to suit your worksite. The documents are also written in a way to help manage worker competency, responsibilities, record keeping and systematic review.

Remember to consult and induct workers when updating policies and procedures and SOPs.

Policies

- Communication Policy
- Contractor Policy
- Fitness for Work Policy
- Hazardous Substances Policy
- Manual Handling Policy
- Plant and Equipment Policy
- Psychological Safety Policy
- Work Health and Safety Policy

Blank Templates

- Policy Template
- Procedure Template
- Guide Template
- Sample Register

Plans

- Emergency Response Plans
- Traffic Management Plan

Procedures

- Carrying Plates for Table Service SOP
- Cool Room and Walk-in Freezer SOP
- Compressed Gas SOP
- Deep Fryer SWP
- Espresso Coffee Machine SOP
- Fitness for Work SWP
- Furniture Moving SOP
- Forklift SOP
- Moving Cartons SWP
- Oil Straining SOP
- Syringes & Sharps SOP

Forms, Guides, Checklists

- Contractor Register
- Fitness for Work Assessment Form
- Forklift Daily Pre-Start Checklist
- Hearing Test Register
- Incident Report Form
- Injury Register Form
- Noise Management Guide
- Plant Inspection & Maintenance Record
- Training and Licences Record
- Worker Induction Record

Communication Policy

Business Name _____

The following methods of communication are to be used for distributing and receiving important health and safety information at this workplace.

SAFETY ISSUES & CONCERNS

- Concerns about work health and safety can be raised verbally between all workers regardless of their seniority.
- All personnel are expected to speak up or take action if they see something that is unsafe. (But must not take any action that will put themselves at risk of harm.)
- There will always be time to discuss Safety at regular team meetings.
- A record of team meetings will be available for staff to read in case they are away.

POLICIES, PROCEDURES, SIGNS, FORMS

- Policies are used to communicate information about our expectations, standards and rules. A copy of each policy will be kept in a practical location that all workers can easily access.
- *Standard Operating Procedures* (and *Safe Work Procedures*) are used to provide clear and consistent information on hazards and how to work safely. A copy of each procedure will be kept in a practical location near where the activity occurs.
- *Signs and notices* will be used to communicate reminders and specific site information.
- *Forms* such as incident and hazard reports are to be used to collect information and forward it to management. Supervisors and managers are to assist with forms if needed.
- Workers will be advised about any new or changed policies, procedures etc. that affect their safety.
- Some procedures may require workers to be inducted or trained by an experienced supervisor or manager.
- Staff are encouraged to provide constructive feedback on policies, procedures etc.
- Email will not be relied upon for implementing new safety rules and processes.

INDUCTIONS

- All workers, contractors and visitors will be provided with enough information about safety to suit the activities that they are involved in.
- Managers and supervisors will assess the safety needs of each worker/ contractor/ visitor and provide an appropriate level of information or training. Record using a copy of the *Worker Induction Record or Training & Licences Record*.
- Workers/contractors/visitors who are not properly inducted must be accompanied and supervised by a suitable person in non-public areas.

ADMINISTRATION OF COMMUNICATION POLICY

- A copy of the Communication Policy must be kept where all workers can easily access it. (Original: Located in "Safety" folder & copies are located: _____)
- All workers must have this policy either shown or explained to them.
- Record the training/induction in each worker's *Worker Induction Record*.

AUTHORISED BY

Owner/Director Signature _____

Name _____

Date _____

Next Review _____

Contractor Safety Policy

Business Name _____

Contractors are workers who provide supplementary services to the business and must be able to work safely while on site.

THE BUSINESS WILL:

- Seek assurance that contractors are competent and licensed to do the work.
- Consult and cooperate with contractors prior to and while working on our site.
- Provide necessary information, instruction, and oversight for known hazards and expected precautions.
- Take reasonable steps to provide and maintain a safe work environment for contractors.

CONTRACTORS WILL:

- Consult and cooperate with the business prior to and while working on site.
- Provide information on known hazards and safety measures that will be part of the contracted work.
- Ensure their workers and subcontractors are competent, licensed and fit for work.
- Report incidents and issues promptly to the nominated business manager.
- Observe all information and reasonable instructions provided by the business.
- Provide evidence of work method statements, worker competency and licensing upon request of the business manager.
- Take reasonable steps to use safe work processes, equipment, substances, and work environment.

MANAGERS & SUPERVISORS WILL:

- Provide contractors with enough information about known hazards and expected safety measures to suit the activities that they are involved in.
- Determine the risks involved and provide an appropriate level of supervision of contracted work.
- Monitor the adjacent work environment and work processes.

- Facilitate consultation and communication between the business and contractor.
- Maintain the *Contractor Register*.

ADMINISTRATION OF CONTRACTOR SAFETY POLICY

- A copy of the Contractor Safety Policy must be kept where all workers can easily access it. (Original: Located in "Safety" folder & copies are located: _____)
- All managers/supervisors and contractor must be familiar with this policy.
- Record the training/induction in each worker's *Worker Induction Record*.

AUTHORISED BY

Owner/Director Signature _____

Name _____

Date _____

Next Review _____

Fitness for Work Policy

Business Name _____

It is recognised that drugs, alcohol, and fatigue can affect a person's ability to work safely.

THE BUSINESS WILL:

- Support awareness about the effects of drugs, alcohol and fatigue at work.
- Respond appropriately to minimise potential harm from affected workers, contractors, and visitors. This can include stopping work, removing affected persons, undertaking assessments, taking disciplinary action and providing worker support. Disciplinary action will range from a formal warning through to dismissal.

ALL WORKERS MUST:

- Not use illicit drugs at the workplace.
- Not come to work while affected by fatigue, drugs, or alcohol.
- Notify their supervisor if taking prescribed medication that could affect the ability to work safely. The supervisor may choose to assign other duties if available.
- Notify their supervisor if they see that another person may be affected by alcohol, drugs or fatigue.

MANAGERS & SUPERVISORS WILL:

- Support awareness and information about the effects of fatigue, drug, and alcohol use.
- Monitor work activities for alcohol, drug, or fatigue related behaviour.
- Immediately direct affected worker to cease work if there are reasonable grounds for believing a worker is incapable of safely performing their duties or is a risk to others due to the effects of drugs, alcohol, or fatigue.
- Manage internal social events involving consumption of alcohol by adopting principles of responsible service such as:
 - Setting expectations and standards of behaviour
 - Providing low and non-alcoholic drinks

- Providing food
- Encouraging alternate transport
- Monitoring behaviour

ADMINISTRATION OF FITNESS FOR WORK POLICY

- A copy of the policy must be kept where all workers can access it. (Original: Located in "Safety" folder & copies are displayed at: _____)
- All workers must have the policy either shown or explained to them.
- Record the induction in each worker's *Worker Induction Record*.
- Managers and supervisors should also be aware of the *Fitness for Work Assessment Form*.

AUTHORISED BY

Owner/Director Signature _____

Name _____

Date _____

Next Review _____

Hazardous Substance Policy

Business Name _____

Hazardous Substances have high potential to cause harm through their chemical properties.

THE BUSINESS WILL:

- Identify and minimise the storage and use of hazardous substances where practicable.
- Ensure safe selection, storage and use of hazardous substances through providing necessary resources, supervision, information instruction and training.

ALL WORKERS MUST:

- Only use approved substances and materials according to manufacturer's instructions or Safety Data Sheet
- Not bring unapproved substances and materials to the workplace.
- Not put substances in unapproved or unlabelled containers.
- Report all spills, leaks, incidents, or near-miss events involving hazardous substances.

MANAGERS & SUPERVISORS WILL:

- Apply and administer this policy.
- Ensure workers have sufficient supervision, instruction, information, and training.
- Monitor the storage and use of dangerous substances.
- Ensure substances are correctly labelled and contained.
- Ensure a register of substances is maintained with access to current Safety Data Sheets for each substance. (Excludes regular application of household chemicals)
- Monitor quantity thresholds for additional obligations and licensing requirements (refer SafeWork SA).

ADMINISTRATION OF HAZARDOUS SUBSTANCE POLICY

- A copy of the policy must be kept where all workers can access it. (Original: Located in "Safety" folder & copies are displayed at: _____)
- All workers must have the policy either shown or explained to them.
- Record the induction in each worker's *Worker Induction Record*.

AUTHORISED BY

Owner/Director Signature _____

Name _____

Date _____

Next Review _____

Incident & Accident Policy

Business Name _____

This policy is to ensure incidents and accidents are reported and investigated.

THE BUSINESS WILL:

- Provide suitable response to emergency situations (See **Emergency Response Plan** ↻).
- Ensure all reported incidents are investigated.
- Notify external parties such as SafeWork SA, ReturnToWork SA and the Office of the Technical Regulator of relevant incidents.

ALL WORKERS ARE REQUIRED TO:

- Take necessary action for first-aid and safety first. (See also **Emergency Response Plan** ↻)
- Then inform their supervisor of any incident where someone was or could have been hurt.
- Assist with any investigation into an incident.

MANAGERS & SUPERVISORS ARE EXPECTED TO:

- Ensure necessary safety and first-aid measures are taken.
- Collect enough information on incidents for reporting and investigation.
- Immediately inform the business owner/director of serious incidents.
- Investigate for possible cause and safety improvements using the *Incident Report Form*
- Update the confidential *Injury Register*
- Update the *Hazard Management Tool* with any additional hazards or safety measures.

VISITORS & CONTRACTORS ARE ASKED TO:

- Report any incident where someone was or could have been hurt.

ADMINISTRATION OF POLICY

- A copy of the policy must be kept where all workers can access it. (Original: Located in "Safety" folder & copies are displayed at: _____)
- Supervisors and Managers must be familiar with this procedure and have it recorded in their *Worker Induction Record*.

AUTHORISED BY

Owner/Director Signature _____

Name _____

Date _____

Next Review _____

Manual Handling Policy

Hazardous Manual Tasks Policy

Business Name _____

THIS POLICY:

- Addresses how the business will manage the musculoskeletal risks from performing Hazardous Manual Tasks.

HAZARDOUS MANUAL TASKS CAN INVOLVE ANY OF THE FOLLOWING:

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

THE BUSINESS WILL:

- Ensure there is identification and assessment of foreseeable hazardous manual tasks
- Apply and review the most effective control measures as is reasonably practicable.

ALL WORKERS ARE REQUIRED TO:

- Assist with the identification and assessment of hazardous manual tasks
- Follow reasonable instructions/direction to use and maintain control measures.

MANAGERS & SUPERVISORS ARE EXPECTED TO:

- Conduct identification and assessments of hazardous manual tasks. Identification and assessment templates are available in the Safe Work Australia (*Hazardous Manual Tasks Code of Practice* www.safeworkaustralia.gov.au ↗)
- Ensure workers apply the prevention and protection measures provided.

AUTHORISED BY

Owner/Director Signature _____

Name _____

Date _____

Next Review _____

Personal Protective Equipment (PPE) Policy

Business Name _____

This policy is to ensure effective use of PPE when hazards are not otherwise fully controlled.

THE BUSINESS WILL:

- Identify hazards that will require the use of PPE.
- Specify when the use of PPE is required.
- Provide a reasonable supply of PPE as needed.
- Provide, instruct, and train personnel as needed for correct use of PPE.
- Undertake other statutory requirements such as compulsory audiometric testing.

ALL WORKERS ARE REQUIRED TO:

- Use and maintain PPE as instructed.
- Wear High-visibility clothing when working in areas that can be used by vehicles and mobile plant.
- Wear fully covered shoes when working in outdoor and processing areas.
- Wear sun (UV) protection while working in outdoor areas.
- Wear hearing protection in designated areas.

MANAGERS & SUPERVISORS ARE EXPECTED TO:

- Support workers with the proper use and maintenance of their PPE.
- Ensure all personnel adhere to PPE requirements.
- Ensure hazardous areas that may require hearing protection are clearly communicated to personnel.
- Manage the compulsory audiometric testing of personnel who are required to wear hearing protection' (See also [Noise Management Guide](#))

VISITORS & CONTRACTORS ARE ASKED TO:

- Follow reasonable instructions in relation to PPE.

ADMINISTRATION OF PPE POLICY

- A copy of the policy must be kept where all workers can access it. (Original: Located in "Safety" folder & copies are displayed at: _____)
- All workers must have this policy either shown or explained to them and then recorded in their Worker Induction Record.

AUTHORISED BY

Owner/Director Signature _____

Name _____

Date _____

Next Review _____

Psychological Safety Policy

Business Name _____

A mentally healthy workplace will minimise the risk of psychological harm.

PSYCHOLOGICAL WORKPLACE HAZARDS CAN ARISE FROM:

- Bullying or harassment
- Violence or traumatic events
- Unclear or conflicting roles
- Remote or isolated work
- Inadequate job control or support
- Worker conflict
- Excessive or insufficient workload
- Procedural unfairness

THE BUSINESS WILL:

- Identify, assess, and control applicable risks to psychological health.
- Work towards providing a positive and supporting work environment.
- Provide resources for the prevention and recovery from psychological trauma.

ALL WORKERS ARE REQUIRED TO:

- Report psychological hazards and stressors using the hazard or incident report process.
- Conduct themselves in way that does not harm the psychological health of others.
- Support awareness of this policy

MANAGERS & SUPERVISORS ARE EXPECTED TO:

- Monitor and supervise work practices, work environment and worker behaviour for risks to psychological health.
- Ensure workers are informed, trained, and instructed in preventing and minimising psychological harm.
- Respond promptly and with sensitivity to hazard reports and complaints.

ADMINISTRATION OF PSYCHOLOGICAL SAFETY POLICY

- A copy of the Psychological Safety Policy must be kept where all workers can access it. (Original: Located in "Safety" folder & copies are located: _____)
- All workers must have this policy either shown or explained to them.
- Record the training/induction of this policy in each worker's *Worker Induction Record*.

AUTHORISED BY

Owner/Director Signature _____

Name _____

Date _____

Next Review _____

Plant & Equipment Policy

Business Name _____

This policy is to ensure that plant and equipment is safely maintained and operated.

THE BUSINESS WILL:

- Obtain and follow plant and equipment manufacturer's maintenance and operational instructions.
- Comply with legislative requirements.
- Provide resources for the safe operation, inspection and maintenance of plant and equipment.

ALL WORKERS ARE REQUIRED TO:

- Operate equipment according to the manufacturers' instructions and/or any specific Standard Operating Procedures, Policies and/or Procedures.
- Not make unauthorised alterations to plant and equipment.
- Have the correct competency and/or licence for operation.
- Be fit for work. (See **Fitness for Work Policy**)
- Report plant hazards.

MANAGERS & SUPERVISORS ARE EXPECTED TO:

- Ensure inspection and maintenance of plant and equipment as required by manufacturer and/or legal requirements.)
- Ensure equipment is operated by competent/licensed workers and properly secured from unauthorised use.
- Update and monitor the *Training & Licences Record*
- Review the *Hazard Management Tool* if there are changes to plant or equipment.

ADMINISTRATION OF PLANT & EQUIPMENT POLICY

- A copy of the Plant & Equipment Policy must be kept where all workers can access it. (Original: Located in "Safety" folder & copies are located: _____)
- All workers must have this policy either shown or explained to them.

- Record the training/induction of this policy in each worker's *Worker Induction Record*
- Maintain a *Training & Licences Record*
- Maintain a *Plant Inspection & Maintenance Record*

AUTHORISED BY

Owner/Director Signature _____

Name _____

Date _____

Next Review _____

Work Health & Safety Policy

Business Name _____

THIS POLICY:

- Shows our commitment to the health and safety of all workers, contractors and visitors at our workplace and anyone else that may be affected by our operations.
- Will ensure a collaborative approach to identifying and solving issues of safety.
- Commits the workplace to continuously seeking ways to improve work health and safety.

THE BUSINESS WILL:

- Undertake its obligations under the Work Health and Safety Act.
- Take reasonable steps to provide and maintain safe equipment, substances (e.g., chemicals), work environment, and suitable facilities for workers.
- Endeavour to keep workers informed about, and involved in, health and safety issues.
- Provide necessary safety information, instruction, training, and supervision.
- Actively apply all policies and instructions, and apply remedial and disciplinary action as necessary.

ALL WORKERS ARE REQUIRED TO:

- Take reasonable care for their own health and safety, and not jeopardise the health and safety of others in the workplace.
- Follow reasonable safety policies and instructions given by the business.
- Report any workplace incidents or hazards to their supervisor
- Not deliberately interfere with or misuse items or facilities provided.

MANAGERS & SUPERVISORS ARE EXPECTED TO:

- Monitor worker activities and ensure workers receive sufficient information and training.
- Assist workers with understanding policies and instructions.

VISITORS AND CONTRACTORS ARE EXPECTED TO:

- Not put themselves or any other person at the workplace at risk.
- Comply with our safety rules and directions.

ADMINISTRATION OF WHS POLICY

- A copy of the WHS policy must be kept where all workers can access it. (Original: Located in "Safety" folder & copies are displayed: _____)
- All workers must have the WHS policy either shown or explained to them.
- Record the induction in each worker's *Worker Induction Record*.

AUTHORISED BY

Owner/Director Signature _____

Name _____

Date _____

Next Review _____

Emergency Response Plans

Business Name _____

Guidance for common emergency responses – actual events may need a combination of responses. Keep this plan up-to-date and accessible for all workers in case of emergency.

All incidents must be promptly recorded using an Incident Report Form.
All workers must be familiar with their roles in each of the response plans.

Emergency Contacts

Police, Fire Brigade and Ambulance	000
Poisons Information Line	13 11 26
State Emergency Service	13 25 00
Ambulance (non-urgent)	1300 136 272
SafeWork SA (24-hour incident number)	1800 777 209

Business Owner (after hours/mobile):

Medical (nearest clinic):

Hospital:

First Aider(s):

First Aid Kit Location(s):

Emergency Assembly Point(s):

Safety Data Sheets location(s):

Other (gas, electricity etc):

Medical Incident

1. Ensure any risks of further harm have been identified and made safe (switch off machinery, power supply, fuel supply, cordon off area if safe to do so)
2. Avoid moving the patient unless necessary
3. Call for first aid, avoid leaving the injured person(s) alone if possible
4. Call ambulance if advised by first aider or if there is any possibility that serious harm has occurred needing urgent immediate treatment
5. Promptly seek professional medical examination and/or treatment from nearest medical facility.
6. All injuries must be recorded using an *Injury Register Form*

Fire or Explosion

1. Remove people from harm if safe to do so
2. Raise the alarm to evacuate to the Emergency Assembly Point (if safe)
3. Manager/supervisor to dial 000 to call fire brigade.
4. Check for additional emergency response needs (e.g., *Medical Incident*, *Chemical Spill or Contact*, *Gas or Fuel Leak*)
5. If available, trained personnel ONLY are to consider containing the fire.

Chemical Spill or Contact

1. Raise the alarm, call for first aid and clear the immediate area
2. Avoid further exposure. If safe, isolate the supply or contain the spillage
3. Remove contaminated clothing, consider decontamination needs, e.g. eyewash, shower etc
4. Identify the chemical and call for the Safety Data Sheet from location listed on front page
5. Follow treatment advice of first-aider, Safety Data Sheet, the manufacturer's contact, Poisons Information listed on front page, or emergency services.
6. If flammable substance, refer to *Gas or Fuel Leak* response (below)
7. Call emergency services, refer to *Emergency Contacts* (above).

Gas or Fuel Leak

1. Raise the alarm and clear the immediate area
2. Workers and visitors to proceed to evacuation area

- (providing it is not at risk of the leak/spill)
3. If safe to do so, isolate the supply and/or contain the spillage
4. Call emergency services (Refer to *Emergency Contacts* above)
5. If safe to do so, shut down all potential ignition sources, e.g., power, appliances, lights, & vehicles.

Bomb Threat

Written bomb threat (including email)

1. Remain calm and avoid the use of mobile phones if possible and encourage others to do the same.
2. Minimise handling of the document containing the threat and the envelope it was delivered in.
3. Report to Manager or Supervisor
4. Telephone the Police (See **Emergency Contacts** list)
5. Follow the instructions of Emergency Services personnel. Do not evacuate unless told to do so.
6. Prior to evacuating, check your immediate work area to see if there are any packages, bags or other forms of container that are out of place or do not belong in the area.
7. Alert Emergency Services personnel if anything unusual is detected. Do not inspect the item.
8. When evacuating the building leave doors and windows open.
9. Follow the instructions of Emergency Services personnel to evacuate the building to the nominated evacuation assembly area and assist with the evacuation of disabled occupants.
10. Do not leave the evacuation assembly area until advised to do so.

Telephone bomb threat

1. Keep the caller talking (do not hang up even if the call has ended) as this may assist in tracing the call.
2. Remain calm and do not do or say anything that may encourage irrational behaviour.
3. Notify the Police as soon as possible, but not by mobile telephone. This may require the recipient of the call attracting the attention of someone else to contact Police, so as to avoid the recipient breaking the contact.
4. Record the follow details:
 - exact wording of the threat
 - location of the device, no matter how general
 - time of detonation
 - name, gender, and other details of the caller, such as estimated age
 - details of speech, accent, delivery, and background noises

5. Turn off mobile telephones and encourage others to do the same.
6. Follow the instructions of Emergency Services personnel. Do not evacuate unless told to do so.
7. Prior to evacuating, check your immediate work area to see if there are any packages, bags or other forms of container that are out of place or do not belong in the area.
8. Alert Emergency Services personnel if anything unusual is detected. Do not inspect the item.
9. When evacuating the building leave doors and windows open.
10. Follow the instructions of Emergency Services personnel to evacuate the building to the nominated evacuation assembly area and assist with the evacuation of disabled occupants.
11. Do not leave the evacuation assembly area until advised to do so.

Hold Up

1. During the hold up:

- Be calm, quiet and obey instructions
- Avoid making any sudden or quick movement
- Avoid or minimise direct eye contact
- Avoid answering or using the phone
- Obey any orders exactly and quickly
- Tell the offender(s) exactly what you are doing, e.g. "I'm opening the cash drawer"
- Don't volunteer to do anything other than what you are asked to do
- Don't try to delay the offender's departure.
- Don't shout or provoke the offender(s)
- Don't try to outsmart the offender(s)


2. If it's safe to do so:

- Note the offender's clothing and physical appearance
- Assess the offender's height against a display stand, post or doorway

3. After the hold-up:

- Stay out of danger
- Activate duress alarm/ Call the police (Refer to *Emergency Contacts* above.)
- Do not chase the offenders
- If safe to do so, observe the offender(s) direction and means of departure, description of vehicle etc.

Reporting Serious Injuries & Incidents

1. Follow the appropriate emergency response using the guidance listed above.
2. Secure the scene, make the incident area safe and keep non-essential personnel clear.
3. The supervisor must immediately report all serious incidents to the business owner (or person in charge) immediately.
4. The business owner (or person in charge) must determine if the incident needs to be notified and if so, immediately notify SafeWork SA. The SafeWork SA **Incident Notification Fact Sheet**  provides specific information on the types of event that must be notified.
5. If there has been a death or serious injury, the site must not be altered in any way without the permission of a SafeWork SA Inspector or police officer.
6. Co-operate with emergency services personnel and SafeWork SA Inspectors taking evidence or measurements.
7. All incidents must be recorded using the business's *Incident Report Form*

ADMINISTRATION OF THE EMERGENCY RESPONSE PLANS

- Copies of the plans must be available where all workers can access them in an emergency. (Original: Located in "Safety" folder & copies are located: _____)
- All personnel must be familiar with the expectations and their roles listed in the plans and have the induction recorded in their *Worker Induction Record*.
- The plans must be reviewed and re-inducted at regular intervals, e.g., every 6 months check emergency provisions such as contact numbers, first-aiders, first aid kits, and fire extinguishers.

AUTHORISED BY

Signature _____

Name _____

Date _____

Review Date (maximum of 6 months) _____

Traffic Management Plan

Business Name _____

Site Location _____

This document shows how hazards from traffic activities are identified and controlled. Items marked with * are shown on the appended Site Plan (Traffic Management).

DRIVE-THROUGH CUSTOMERS

Key Hazards:

Customer vehicles travelling through bottle shop or drive-through near pedestrians, workers and mobile plant

Safety Measures: (select most practicable)

- Clearly marked entry and exit points*
- Use of one-way lanes*
- Clearly posted speed limit*
- Clearly marked bays for browsing*
- High visibility clothing for workers
- Clearly marked walkways*
- Plant and equipment policy
- Physical barriers to separate pedestrians from vehicle path*
- Customers are monitored or supervised
- _____

- Clearly marked walkways*
- Physical barriers to separate walkways from vehicle path*
- Customers are monitored or supervised
- _____

CAR PARKING

Key Hazards:

Visitor and staff vehicles travelling near pedestrians, workers, and mobile plant

Safety Measures: (select most practicable)

- Clearly marked parking area*
- Car parks are accessible by using a walkway*
- High visibility clothing for workers
- Clearly marked speed limit & walkways*
- Physical barriers separate walkways from vehicle path*
- _____

USING MOBILE PLANT FOR UNLOADING (E.G. FORKLIFT)

Key Hazards:

Mobile plant operating in yard near pedestrians and workers

Safety Measures: (select most practicable)

- Plant and Equipment Policy
- Forklift SOP
- High visibility clothing for workers

**BULK WASTE BIN CHANGEOVER
(EXTERNAL SERVICE CONTRACTOR)**

Key Hazards:

Large trucks reversing and manoeuvring bins near pedestrians & workers. Obscured view of work area

Safety Measures: (select most practicable)

- Designated waste bin area*
- Competent contractor
- Area is as far as practicable from most traffic
- Clear pathway & directions for heavy vehicles
- High visibility clothing for workers
- Clearly marked walkways*

- Physical barriers to separate walkways from vehicle path*
- Safe Work Procedure for deliveries (e.g., temporary exclusion zone, spotter)
- _____

AUTHORISED BY

Owner/Director Signature _____

Name _____

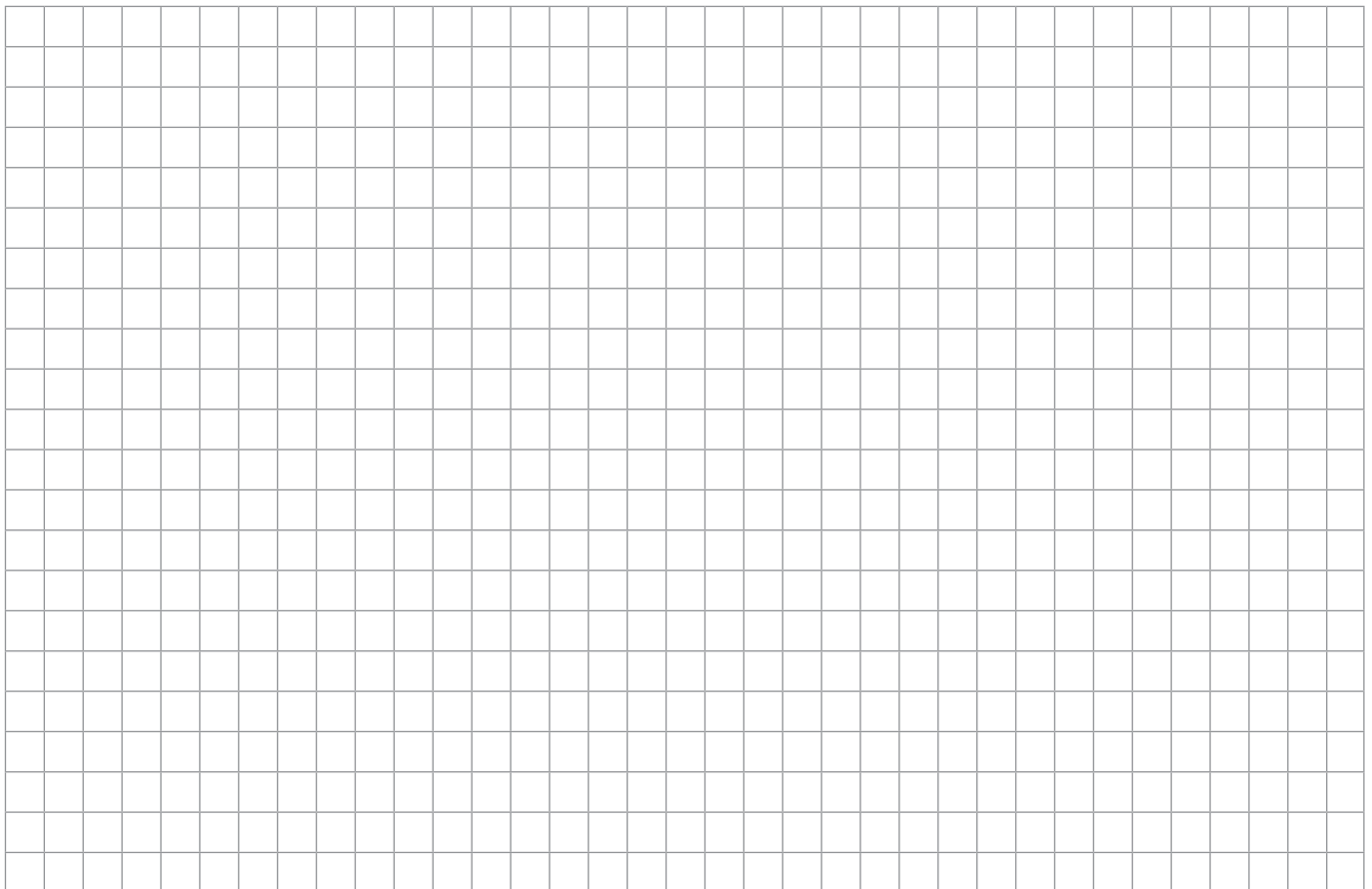
Date _____

Next Review _____

Site Plan (Traffic Management)

Site Location _____

Sketch of traffic areas showing the location of safety measures



Carrying Plates for Table Service SOP

Copy to be displayed as near as practicable to the food service area

DESCRIPTION	Serving multiple plates to customers at a table
HAZARDS	Slips, trips and falls Burns from hot plates or food Strains, repetitive use injury
PRECAUTIONS	Wear flat, enclosed footwear in good condition Use of an apron & service cloth are recommended

1. PREPARATION

- Clean your hands and fingernails.
- Check that your footwear is fit for use i.e., is clean and has enough sole to act as a non-slip surface and that the laces are done up.
- Keep a service cloth handy.
- Ensure the area between the pass and the service area is clear from any trip or slip hazards

2. SERVICE - CARRYING THREE PLATES

1. Use a service cloth to ensure your fingers are still clean and dry so as not to mark to the plates.
2. If the plates are hot, use the service cloth as a barrier.
3. If necessary, plan the order of service and prepare to pick plates up in the reverse order.
4. Pick up the first plate in your non-primary hand holding between thumb and first three fingers with fourth finger raised.
5. Using primary hand, lift second plate and rest on upturned flattened wrist with fourth finger to balance and stabilise. Ensure wrist is dropped to ensure plates remain level.
6. Using primary hand pick up third plate to serve.
7. Walk to the table making sure you carry plates away from your body. The elbow can be left at the waist level for stabilisation and to reduce tension on shoulders.
8. Keep your shoulders back, stand up straight and relax your arms.
9. When you reach the table, serve meals by stepping forward and bending your knee slightly. Announce each dish so the customers to confirm their order is correct

- If serving large plates, boards, or platters, only take what is comfortable, only take one plate or platter if unsure. Try to anticipate the service of share platters to the middle of the table. Ensure there is adequate space on the table prior to delivery and clear access to ensure leaning and reaching to the centre of the table is minimised to reduce lower back strain.

ADMINISTRATION OF SOP

- A copy of this procedure must be displayed where food service workers can access it. (Original: Located in "Safety" folder & copies are located: _____)
- Workers must be trained in this procedure prior to providing table service and have it recorded in their Worker Induction Record.

AUTHORISED BY

Signature _____

Name _____

Date _____

Review Date (maximum of 6 months) _____

Compressed Gas Cylinders SOP

Copy to be displayed as near as practicable to compressed gas cylinders

DESCRIPTION	Handling non-flammable compressed gas cylinders for drink dispensing systems (Carbon dioxide & nitrogen gas)
HAZARDS	<ul style="list-style-type: none"> • Carbon Dioxide (CO₂) will pool in low-lying areas before it dissipates • Concentrated amounts can cause Suffocation & various respiratory effects • Burns (from expelled liquid and rapidly expanding cold gas) • Strains, repetitive use injury (from handling cylinders)
PRECAUTIONS	<ul style="list-style-type: none"> • Hand Protection (gloves) • Wear flat, enclosed footwear • Eye Protection • Lifting equipment • Leak testing kit (brush & jar of soapy water) • Gas monitoring equipment (for indoor applications)

1. PREPARATION

You must be authorised and fit for work to undertake this activity (Refer to our *Fitness for Work Policy and Plant and Equipment Policy*).

- Use only cylinders that are compatible with the existing system and that comply with Australian Standards.
- Use only cylinders that are within their test date (i.e within 10 years from the latest date stamp)
- Cylinders should be kept in well-ventilated areas if practicable.
- Ensure the cylinders are stored upright and are secured with a chain or similar
- Unnecessary cylinders should be removed from the area and load volumes should be minimised to necessary quantities
- Warning signs and gas monitoring (CO₂ and/or O₂) should be used if stored indoors.
- You must be familiar with the emergency response procedure for gas leaks
- Ensure floors are clean and dry and ensure all access ways are unobstructed.
- To move cylinders, use a trolley that can secure the cylinder with a strap or rope.
- Spare O-rings & washers must be always available.
- Workers must be able to change O-rings before changing cylinders.
- Report any issues or faults immediately

2. CHANGING CYLINDERS

1. Bring the trolley for moving the gas cylinders through the path the gas cylinder needs to travel to ensure you have the appropriate space.
2. Turn and close off the valve on top of the empty cylinder
3. Using the correct spanner, undo the nut on the cylinder to disconnect the high-pressure hose or primary reducing valve, and allow residual gas to escape from the hose.
4. Place the reducing valve within safe reach (do not drop the spanner or leave it hanging).
5. Release the bracket or chain securing the cylinder.
6. Put on protective gloves and set the empty cylinder aside where it will be temporarily secure. (Do not replace plastic plugs on the outlet of empty cylinders).
7. Remove the plastic plug or tape from the new full cylinder outlet and discard it.
8. While wearing safety glasses, point the outlet away from your body and 'sniff' the replacement cylinder by quickly opening and closing the valve on the top to clear any dust or moisture from the outlet.
9. Connect the high-pressure hose or the primary reducing valve, and check that the sealing washer is fitted correctly.
10. Tighten the nut firmly with the spanner
11. Turn on the valve on top of the cylinder.
12. Check for leaks using a solution of soapy water or a commercial equivalent.
13. Retighten or replace seals if a leak is detected.

14. If unable to eliminate a leak, close the valve and report the fault immediately

If there is a sudden uncontrolled leak or a build-up of gas is detected, give priority to immediate evacuation of low-lying areas (pits, basements, cellars), where the danger of CO2 accumulation is especially severe. Follow the emergency guidelines of your facility or business. Call your manager or supervisor immediately.

15. Remove the old cylinder to the empty cylinder area using the trolley and correct manual handling technique, remember to secure the load with a strap or rope.

3. MAINTENANCE

In accordance with manufacturer’s instructions:

- Gas cylinder connections and lines should have a schedule of regular leak testing.
- Cylinders should be inspected regularly for damage and currency of inspection.
- Gas detection systems and the gas dispensing equipment must also be inspected regularly.

- Regularly check the cellar area, keep load volumes to a minimum (e.g. fewer cylinders stored in a cellar will reduce cellar clutter and the dangers of cylinder handling and storage)

ADMINISTRATION OF SOP

- A copy of this procedure must be displayed where bar and beverage workers can access it. (Original: Located in “Safety” folder & copies are located: _____)
- Workers must be trained in this procedure prior to changing compressed gas cylinders and also be familiar with the emergency response procedure for gas leaks and have it recorded in their *Worker Induction Record*.

AUTHORISED BY

Signature _____

Name _____

Date _____

Review Date (maximum of 6 months) _____



Cool Room & Walk-in Freezer Access SOP

Copy to be displayed as near as practicable to cool room / walk-in freezer

DESCRIPTION	Entering and Exiting Cool rooms	
HAZARDS	<ul style="list-style-type: none"> • Entrapment • Exposure to cold (frostbite & hyperthermia) • Hazardous/ oxygen-deficient atmospheres • Working in isolation 	<ul style="list-style-type: none"> • Slips, trips, and falls • Noise • Poor lighting • Manual handling
PRECAUTIONS	<ul style="list-style-type: none"> • Covered non-slip footwear • Loading equipment (e.g., trolley) • Hearing protection (prolonged exposure) 	For prolonged or extreme cold exposure: <ul style="list-style-type: none"> • Warm gloves • Warm hat • Insulated jacket & trousers

PREPARATION

1. You must be authorised and fit for work to undertake this activity (Refer to our *Fitness for Work Policy and Plant and Equipment Policy*).
2. Check and confirm that:
 - PPE is available and suitable for the room temperature and duration of the task
 - Door opening mechanisms are in good working order.
 - Internal lighting is adequate for the task.
 - Arrangement for external communication and supervision is in place.
 - Alarm is operational or has been recently tested (if fitted).
 - Access is clear of obstructions & hazards
3. Do not proceed until all these measures are confirmed. Report hazards immediately.

ACCESSING COOL ROOM/FREEZER

4. Keep pathways to the exit clear.
5. If using a high trolley e.g., gastronome rack, check the path you are travelling before you move and as you move by looking around each side as you walk.
6. Operate manual doors slowly and use both hands if needed.
7. Inspect and monitor the room for new hazards such as spills or ice build-up. Get supervisor assistance if any new hazards are found and before taking any additional action.
8. Where possible plan to place heavier items where they are stable and easiest to lift.

9. Keep any loads you are carrying below your eye line.
10. Do not use cleaning chemicals or other hazardous substances inside or in the vicinity of the room without manager/ supervisor approval.
11. Manager/ supervisor approval is required before starting any non-routine tasks such as repairs, deep cleaning, defrosting, or storage of unusual items.

WHEN COMPLETE

12. Clear the cool room of any remaining obstructions or debris.
13. Confirm with the supervisor that you have exited/ finished accessing the room.
14. Report any hazards to your supervisor.

ADMINISTRATION OF SOP

- A copy of this procedure must be displayed where workers who work in cool rooms and walk-in freezers can access it. (Original: Located in "Safety" folder & copies are located: _____)
- Workers must be trained in this procedure prior to working in cool rooms and walk-in freezers and have it recorded in their *Worker Induction Record*.

AUTHORISED BY

Signature _____

Name _____

Date _____

Review Date (maximum of 6 months) _____

Deep Fryer SWP

Copy to be displayed as near as practicable to the Deep Fryer(s)

DESCRIPTION	Cooking with a deep fryer
HAZARDS	Slips, trips, and falls Burns from hot oil Strains, repetitive use injury
PRECAUTIONS	Heat and oil resistant apron Heat and oil resistant gloves Enclosed, flat soled, slip resistant footwear

1. PRE-START

You must be able to operate the Deep Fryer before starting (refer to our *Fitness for Work Policy and Plant and Equipment Policy*).

1. Covered shoes and protective clothing must be in good condition.
2. Ensure the oil is clean and fresh. (See **Oil Straining SWP**)
3. Check oil level
4. Have baskets ready and dry.
5. Look at the fryer and surroundings for faults or hazards.
6. Check that power or gas shut off points are accessible.
7. Confirm that a 'foam' or suitable fire extinguisher is readily available.
8. Immediately report any hazards or maintenance issues.
9. Follow the manufacturer's instructions for lighting and heating up the fryer.
10. Set the temperature control to the desired temperature.

2. OPERATION

1. Confirm the operating temperature is correct.
2. Shake excess water and frost off the product before placing it in the deep fryer.
3. Place baskets slowly in hot oil.
4. Remove the basket from the oil and allow the excess to drip off.
5. Ensure the cover is placed on the fryer when not in use.

3. CLEANING, MAINTENANCE AND WHEN NOT IN USE

- Ensure the cover is placed on the fryer when not in use.
- Never stand on the cover of a fryer to clean the rangehood.
- NEVER store hot oil in plastic containers.

ADMINISTRATION OF SWP

- A copy of this procedure must be displayed where workers operating deep fryers can easily access it. (Original: Located in "Safety" folder & copies are located: _____)
- Workers must be trained in this procedure prior to operation and have it recorded in their Worker Induction Record.

AUTHORISED BY

Signature _____

Name _____

Date _____

Review Date (maximum of 6 months) _____

Espresso Coffee Machine SOP

Copy to be displayed as near as practicable to the Espresso Machine

DESCRIPTION	Starting, operating, and cleaning a commercial coffee machine
HAZARDS	Burns (hot water & Steam) Repetitive use injuries Electric Shock Slips, trips, and falls Burns (caustic cleaning chemical) Eye injury (caustic cleaning chemical)
PRECAUTIONS	Enclosed, slip resistant footwear Barista cloth Eye protection (while cleaning)

1. PREPARATION & STARTING

1. You must be authorised and fit to operate the espresso machine before starting (refer to our *Fitness for Work Policy and Plant and Equipment Policy*).
2. Covered shoes must be worn.
3. Check the machine is clean and securely positioned.
4. If the machine has been recently moved, check that the electrical cord has not been damaged.
5. Check for leaks or loss of boiler water, using the machine's sight gauge if fitted.
6. Report all faults and issues before continuing.
7. Switch on the coffee machine. For most machines, the boiler and group heads will need at least 30 minutes to heat up.
8. Rinse, dry and assemble the portafilters.
9. Place the portafilters in the group heads, align the slots and tighten.
10. Prepare the work area – tamper, milk jugs, barista cloth, milk cloth, etc.
11. Check & restock condiments, cups, lids & stirrers.
12. Inspect and refill the grinder with coffee beans. Purge any old coffee.
13. Check milk fridge temperature and remove dated stock.
14. After 30 minutes, if equipped with a pressure gauge, check the pressure gauge to confirm the boiler is ready (usually it reaches about "1 Bar" of pressure). If the gauge is reading higher than 1.5 Bar, switch off the machine and report immediately.

2. OPERATION

Brewing Espresso Coffee

1. Rinse and remove the portafilter from the group head. Use a barista cloth to avoid touching the hot parts and to also collect any dripping water.
2. Dry the espresso basket with a barista cloth and load the basket with the desired quantity of coffee from the grinder.
3. Level the coffee and place the portafilter in a suitable level position for tamping.
4. Hold the tamper such that it rests in the palm, and preferably the thumb and index finger should be pointing towards the coffee.
5. Apply a maximum of 15kg of downwards force to compress the coffee. Trying not to put direct load on your fingers and keeping your wrist straight. Most of the applied force should come from your elbow and shoulder.
6. Place the portafilter in the group head, align the slots and tighten.
7. Place a cup(s) under the portafilter spout and activate the machine to extract a "shot" of espresso coffee.
Note: The machine will pump hot water at high pressure through the ground coffee. Never loosen the portafilter while the machine is extracting coffee.
8. When the extraction is complete, remove the portafilter and dump the puck of used grounds into the knock box. If the puck is still clinging to the group head, hold the portafilter underneath to catch the puck and re-activate the machine until clear.

- Rinse the portafilter with hot water from the group head and fit it back in the group head.

Heating Milk

- Select a jug to suit the order and pour the milk into the jug so that it is no more than half full.
- Clip on the thermometer if used.
Caution: Steam wands can get extremely hot! Only use the finger-hold or a cloth to move the wand.
- Position the wand over the tray and briefly purge the steam.
- Reposition the wand inside the milk jug and make sure that it is placed just level or within with the milk.
- Bubbles of air should be allowed to blow into the milk for the first few seconds before you begin submerging the steam wand to heat the milk. This will also prevent the loud cavitation sound.
- When enough foam is achieved, submerge the steam wand completely and finish heating to the desired temperature.
- Turn off the steam as the milk approaches temperature and remove the jug.
- Wipe the wand with wand with a moistened 'milk' cloth.
- Reposition the wand over the drain tray and purge it with steam.

3. CLEANING, MAINTENANCE

The machine must be thoroughly cleaned and sanitised after each day's operation or anytime it is not to be used for an extended period. After each day's operation:

- Back flush the machine with the blind filter according to the manufacturer's instructions.

- Remove and disassemble the portafilters and baskets.
- If black residue has accumulated in the portafilter, use a chemical cleaning solution according to the manufacturer's instructions to soak the metallic section of portafilter and baskets.
- Empty the drip tray, drain, and rinse with water.
- If necessary, use a cleaning product to clean the steaming wand, follow manufacturer's instructions.
- Clean the exterior of your machine with surface cleaner.

ADMINISTRATION OF SOP

- A copy of this procedure must be displayed where workers operating the espresso machine can access it. (Original: Located in "Safety" folder & copies are located: _____)
- Workers must be trained in this procedure prior to operation and have it recorded in their Worker Induction Record.

AUTHORISED BY

Signature _____
 Name _____
 Date _____
 Review Date (maximum of 6 months) _____



Furniture Moving SOP

Copy to be kept near dining area

DESCRIPTION	Manual task of moving tables, chairs, and other types of furniture in and out of function rooms and restaurant areas.
HAZARDS	Slips, trips, and falls Strains, repetitive use injury Crush injuries Dropped objects
PRECAUTIONS	Covered footwear Steel cap footwear (recommended) Lifting & moving equipment (trolley, sack truck, dolly, lifters etc)

1. PREPARATION

- Covered shoes with good grip must be worn. Steel-capped shoes are recommended.
- Check the weight and size of the furniture to be moved and determine if you require assistance.
- Find available equipment to help assist with the lift e.g., sack truck, furniture dolly or chair mover.
- Check the route to ensure the path is clear and free from obstacles, slip and trip points.
- If using equipment with wheels, reduce the friction where possible (i.e., use furniture slides, remove rugs and mats, plan a detour around gravel and soft surfaces).
- Allow sufficient time to complete the task safely.
- Ensure the load is secure and balanced.
- If an item is identified as being too heavy or difficult to move, then a Risk Assessment must be conducted. Refer to a supervisor or manager for assistance. The assessment should focus on the sources of risk and best ways to control them. E.g., disassembly or sourcing specialised lifting equipment.

2. MOVING FURNITURE

1. Keep a sharp lookout for other people and traffic.
2. Ensure sufficient working room.
3. Maintain clear communication if team lifting and confirm all members are not under strain.
4. Be mindful of good posture and body positioning during the task to reduce strain.

5. Avoid using extreme force when lifting, pushing or moving furniture.
6. Take regular breaks if working for extensive periods to prevent repetitive strain injury.

3. COMPLETION

- Report any issues or incidents to your supervisor or manager.
- Store unused furniture in a safe manner (i.e., stacking without a risk of falling)
- Return load shift equipment

ADMINISTRATION OF PROCEDURE

- A copy of this procedure should be displayed near the main dining areas. (Original: Located in "Safety" folder & copies are located: _____)
- Workers must be trained in this procedure prior to moving furniture and have it recorded in their Worker Induction Record

AUTHORISED BY

Signature _____

Name _____

Date _____

Review Date (maximum of 6 months) _____

Forklift SOP

Copy to be kept with each forklift

DESCRIPTION	Operating a forklift
HAZARDS	Crush, strike from moving vehicle Dropped objects Slips, trips and falls Strains, repetitive use injury
PRECAUTIONS	Forklift licence High-visibility clothing Enclosed, flat soled, slip resistant footwear Exclusion zone (if available) Traffic management plan (if applicable) Hand & Eye protection (if refuelling LPG)

1. PRE-START

- You must be authorised and fit to operate the forklift before starting
- Refer to our Fitness for Work Policy and Plant & Equipment Policy.
- Complete the Forklift Daily Pre-start Check each day before using the forklift.
- Report hazards or maintenance requirements immediately.

2. OPERATION

- Forklift drivers should ensure the work area is going to be clear of pedestrians. If pedestrians and workers cannot be excluded, forklifts shall not be driven within 10 meters of any customer or worker.
- Forklift operators are to sound warning device when approaching any customer or employee that might be unaware of the forklift.
- Forklift drivers must sound warning device when entering/exiting any buildings
- All moving plant shall be driven at walking pace only.
- When forklifts are unloading vehicles
- Drivers must stand in an agreed location well clear of forklift
- Drivers are not to stand in the body of the vehicle.

3. REFUELLING

- Apply the park brake and turn off ignition.
- Ensure there is no smoking or sources of ignition.
- Confirm the location of nearest fire extinguisher.
- Gloves and eye protection must be worn.
- Change or refill cylinders in well-ventilated areas.
- Check all connections and cylinder securing devices.
- Always check for leaks.
- Return empty cylinders to storage area and/or secure dispensing cylinder.

ADMINISTRATION OF PROCEDURE

- A copy of this procedure must be displayed in each forklift. (Original: Located in "Safety" folder & copies are located: _____)
- Workers must be trained in this procedure prior to operating forklifts and have it recorded in their Worker Induction Record.

AUTHORISED BY

Signature _____

Name _____

Date _____

Review Date (maximum of 6 months) _____

Fitness for Work Assessment

Guidance for completing a Fitness for Work Assessment

Copy to be accessible to all managers and supervisors

1. PREPARATION

- The purpose of the assessment is to objectively determine the action that should be taken if there is concern that a worker is affected by drugs, alcohol or fatigue.
- Two manager/supervisors are needed to conduct the assessment.
- At least one person should be a manager if practicable.
- Have a copy of the *Fitness for Work Assessment* form ready.

2. ASSESSMENT

1. Upon receiving information regarding a worker being possibly affected, the two manager/supervisors should convene and act promptly.
2. Assess the situation for any immediate or serious risks to safety and if necessary, intervene immediately to stop the worker in question.
3. If there is opportunity, try to make observations without confrontation, use the observation checklist to note the presence or absence of any of the physical indicators.

3. SEEK EXPLANATION

4. If the responsible managers/supervisors agree on the presence of one or more physical indicators, they are to approach the worker and proceed to a suitable location to speak, such as an empty office or lunchroom.
5. If applicable, the worker may opt for an authorised Health and Safety Representative to accompany them.
6. Tell the worker that because concerns were raised some observations were made and then disclose what was observed.
7. Explain that because of these observations there is a suspicion that they could be impaired by alcohol, drugs or fatigue.
8. Using the prepared questions in Part 2 of the assessment form, ask the worker if they can provide an explanation for their behaviour or symptoms.

9. Before adjourning the meeting, ask the worker if there are other reasons that should be considered that might help justify the behaviour or symptoms and record any response in Part 3.
10. Adjourn the meeting and arrange for the worker to be supervised while a decision is made about actions to be taken.

4. DETERMINE ACTIONS

11. Consider the information at hand, including the type of work being undertaken at the time. The decision must also be consistent with the Fitness for Work Policy.
12. Reconvene the meeting, inform the worker, and take the necessary actions.
13. Record the decision and actions on the assessment form.

ADMINISTRATION OF SWP

- A copy of this procedure must be displayed where food service workers can access it. (Original: Located in "Safety" folder & copies are located: _____)
- Workers must be trained in this procedure prior to commencing work in the accommodation and food services sector and have it recorded in their *Worker Induction Record*.

AUTHORISED BY

Signature _____

Name _____

Date _____

Review Date (maximum of 6 months) _____

Moving Cartons SWP

Copy to be kept near the main loading areas

DESCRIPTION	Moving cartons of stock
HAZARDS	Strains, repetitive use injury Dropped objects Slips, trips and falls Pinch points
PRECAUTIONS	Enclosed, flat-soled, slip resistant footwear Lifting equipment (trolley, sack truck) Avoid tight or restrictive clothing

1. PRE-START

- Check how many cartons as well as their weight and size.
- Confirm where the load is going to be placed.
- Remove all obstructions, such as discarded wrapping materials and other boxes.
- Assess the conditions around you. Is it extremely hot, cold, windy, wet, dusty?
- Locate any available lifting equipment for the task. Suitable equipment can reduce carrying distance and possibly increase efficiency.
- Will help be needed with the load? If yes, do this rather than trying to lift yourself.
- For long lifts, such as from floor to shoulder height, consider resting the load mid-way on a table or bench to change your grip on it.
- Consider wearing suitable clothing for tasks that need extended movement.
- Know your limits, don't lift or handle more than you can easily manage. There's a difference between what people can lift and what they can safely lift. If you're in doubt, seek advice or get help.
- Consider your personal fitness level and physical condition, which may vary due to factors such as whether you've warmed up, are fatigued, have been ill, or are taking medication etc.

2. MANUAL LIFTING

- Keep the load close to the waist for as long as possible while lifting.
- Keep the heaviest side of the load nearest to the body.
- Approaching the load as close as possible. Reposition it first if possible.
- Adopt a stable position.
- Position your feet apart with one leg slightly forward to maintain balance (alongside the load if it's on the ground). Be prepared to move your feet during the lift in order to maintain a stable posture.
- Ensure a good hold on the load.
- Where possible, hug the load close to the body. This may be a better option than gripping it tightly with the hands only.
- Don't bend your back when lifting. When preparing to lift anything, keep your back perpendicular to the ground, not horizontal.
- A slight bending of the back, hips and knees at the start of the lift is preferable to either fully flexing the back (stooping) or fully flexing the hips and knees - in other words, fully squatting.
- Don't flex the back any further while lifting. This can happen if the legs begin to straighten before starting to raise the load.
- Don't twist when you lift. Avoid twisting the back or leaning sideways especially while the back is bent. Keep your shoulders level and facing the same direction as the hips. Turning by moving your feet is better than twisting and lifting at the same time.

- Keep your head up when handling the load. Look ahead, not down at the load once it has been held securely.
- Move smoothly. Don't jerk or snatch the load as this can make it harder to keep control and can increase the risk of injury.
- Lower down the load by bending at the knees and keeping your back straight and head up and lowering the load to the ground or place of rest. Remember lower first then adjust the load. If you need to position the load precisely, put it down first, then slide it into the desired position.

3. COMPLETION OF TASK

- Return lifting equipment and reposition items temporarily cleared from the path.
- Consider your maintaining and developing personal health with workplace health initiatives.

ADMINISTRATION OF PROCEDURE

- A copy of this procedure must be displayed near the main loading areas. (Original: Located in "Safety" folder & copies are located: _____)
- Workers must be trained in this procedure before moving cartons of stock and have it recorded in their *Worker Induction Record*.

AUTHORISED BY

Signature _____

Name _____

Date _____

Review Date (maximum of 6 months) _____



Oil Straining SWP

Copy to be displayed as near as practicable to the Oil Strainer

DESCRIPTION	Straining cooking oil from a deep fryer
HAZARDS	Slips, trips and falls Burns from hot oil Strains, repetitive use injury
PRECAUTIONS	Heat and oil resistant apron Heat and oil resistant gloves Enclosed, flat soled, slip resistant footwear in good condition Eye-protection (recommended) Thermometer (recommended) Access to spill clean-up equipment

1. PREPARATION

- Locate controls, turn off the fryer, and allow time for it to cool.
- Ensure that the receiving container is dry. Do not use plastic containers.
- If using a straining machine, seek supervisor advice before using for the first time.
- Ensure the filter is clean or has been replaced.
- Ensure clean up equipment is handy in case of a spill

2. OPERATION

1. Confirm the oil is less than 55°C before starting. Use a thermometer if uncertain.
2. Place the strainer as close to the fryer as possible
3. If there is a suitable hose available, connect it to the spout of the drain tap, and position it to direct the oil into a strainer or portable straining machine.
4. Do not attempt to move the strainer while being operated.
5. If using an oil straining machine, operate it in accordance with manufacturer's directions.
6. If there is a significant spill, stop the process and clean up the spill before completing the task.

3. CLEAN UP

- Wait until all the oil has finished straining before turning off the tap.
- Inspect the area is free of spills and that the tap is not leaking.
- Clean the strainer thoroughly after use.

ADMINISTRATION OF SWP

- A copy of this procedure must be displayed where workers using the oil strainer can access it. (Original: Located in "Safety" folder & copies are located: _____)
- Workers using deep fryers must be trained in this procedure prior to operation and have it recorded in their Worker Induction Record.

AUTHORISED BY:

Signature _____

Name _____

Date _____

Review Date (maximum of 6 months) _____

Syringes & Sharps SOP

There are potentially serious health risks associated with the exposure to used syringes including the chance of contracting hepatitis and HIV/AIDS if the needle was infected with the viruses.

PREPARATION

- A sharps container and tongs are kept in a secure and accessible location: _____
- The approved disposal company for the sharps container is: _____
- Always use gloves, tongs, or any other device that offers maximum protection
- Most incidents occur when a syringe is being disposed of in the container
- Never attempt to put a cap on a syringe

IF A SHARP OBJECT OR NEEDLE IS DISCOVERED

- Immediately secure the area surrounding the location of the sharp
- No attempt should be made to place cap over the tip of the needle
- Notify the supervisor/manager of the location of the sharp
- While wearing gloves, the supervisor/manager will bring the sharp container and tongs to the location
- The supervisor/manager will then pick up the sharp carefully with gloves on using tongs or other gripping device, with the sharpest end of the object pointing away from the person
- Then immediately place the sharp into the sharps container and return the sharps container to its storage location.

IF A PERSON SUSPECTS A PUNCTURE WOUND FROM A SHARP

- Immediately wash the area well with soap and or water. Encourage the wound to bleed, do not suck the wound.
- If water is not available, cleansing wipes provided in first aid kits should be used. Cover the wound with a dry plaster/dressing

- Use the same procedure as above for locating and removing the sharp but instead place the needle/syringe in a clean rigid walled container (Do not put it in a used sharps container)
- No attempt should be made to place cap over the tip of the needle
- The injured person and the collected needle/syringe should be taken immediately to an accident/emergency clinic
- Ensure the business owner is notified as soon as possible. See [Reporting Serious Injuries and Incidents](#).
- Complete an incident report form as soon as possible
- Potential exposure can be extremely traumatic for some people. It is important for the business to obtain professional advice on managing potential trauma.

ADMINISTRATION OF PROCEDURE

- A copy of this procedure must be available to workers where there is a risk of exposure to sharps/syringes. (Original: Located in "Safety" folder & copies are located: _____)
- Affected workers must be aware of this procedure prior to potential exposure to discarded syringes and sharps and have the induction recorded in their Worker Induction Record.

AUTHORISED BY

Signature _____

Name _____

Date _____

Review Date (maximum of 6 months) _____

Contractor Register

- Record of contractors, work performed, qualifications
- Record of safety requirements included in induction

NAME OF CONTRACTOR & CONTACT DETAILS	WORK PERFORMED	QUALIFICATION	INDUCTED IN	DATE	REMINDER SET
<i>Example:</i> Ajax Pty Ltd AJ Smith 041234567	<i>Example:</i> Forklift Service & mechanical	<i>Example:</i> MTA member 2021	<i>Example:</i> Contractor policy Fit for work policy Traffic plan Plant policy	<i>Example:</i> 8/9/21	<i>Example:</i> 01/2022 Outlook

NAME OF CONTRACTOR & CONTACT DETAILS	WORK PERFORMED	QUALIFICATION	INDUCTED IN	DATE	REMINDER SET
<i>Example:</i> Ajax Pty Ltd AJ Smith 041234567	<i>Example:</i> Forklift Service & mechanical	<i>Example:</i> MTA member 2021	<i>Example:</i> Contractor policy Fit for work policy Traffic plan Plant policy	<i>Example:</i> 8/9/21	<i>Example:</i> 01/2022 Outlook

Fitness for Work Assessment Form

Business Name _____ Name of person being assessed _____

Name and role of Responsible Persons:

#1 _____

#2 _____

Date _____ Time _____

This form is for managers and supervisors to objectively assess worker impairment as required by the *Fitness for Work Policy*.

1. OBSERVE INDICATORS OF IMPAIRMENT

Two responsible managers/supervisors are to observe the changes in the worker’s behaviour and identify any of the following physical indicators:

Physical Indicators	Observer 1	Observer 2
• Strong smell of alcohol on breath	<input type="checkbox"/>	<input type="checkbox"/>
• Slurred, incoherent or disjointed speech (losing track)	<input type="checkbox"/>	<input type="checkbox"/>
• Unsteadiness on the feet	<input type="checkbox"/>	<input type="checkbox"/>
• Poor coordination / muscle control	<input type="checkbox"/>	<input type="checkbox"/>
• Drowsiness or sleeping on the job or during work breaks	<input type="checkbox"/>	<input type="checkbox"/>
• Inability to follow simple instructions	<input type="checkbox"/>	<input type="checkbox"/>
• Nausea / vomiting	<input type="checkbox"/>	<input type="checkbox"/>
• Reddened or bloodshot eyes	<input type="checkbox"/>	<input type="checkbox"/>
• Jaw clenching	<input type="checkbox"/>	<input type="checkbox"/>
• Sweating / hot and cold flushes	<input type="checkbox"/>	<input type="checkbox"/>
• Other _____	<input type="checkbox"/>	<input type="checkbox"/>

- Could you be under the influence of drugs and/or alcohol?

- Have you consumed drugs and/or alcohol since starting work?

3. COMMENTS

Record any mitigating factors (reasons or special considerations).

4. ASSESSMENT RESULT

- No testing required (alternate action if applicable – note in Further Actions)
- Testing required – at least one physical indicator was observed, and responsible persons have a reasonable belief that the worker may be impaired.
- Both Responsible Persons agree

2. CHECK FOR POSSIBLE EXPLANATION

If the responsible managers/supervisors agree on one or more physical indicators, they are to approach the worker and proceed to a suitable location to speak, such as an empty office or lunchroom.

Tell the worker the observations from Step 1, and that because of these observations there is a suspicion that they could be impaired by alcohol or drugs. Ask the worker:

- Can you give any reason for your appearance and/or behaviour as noted above?

5. ANY FURTHER ACTIONS TO BE TAKEN

6. COMPLETION

Signatures (Responsible persons) _____
Names _____
Date _____

Forklift Daily Pre-Start Check

Spare copies of this checklist should be kept in each forklift. Additional blank forms are available from:
 Forklift Registration/Description _____
 Week Commencing _____

	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Fault Reported
GUARDS & COVERS								
CONTROLS & GAUGES								
ACCELERATOR PEDAL								
BRAKE PEDAL								
HANDBRAKE								
HYDRAULIC HOSES								
HYDRAULIC OIL LEVELS								
ENGINE OIL								
ENGINE WATER/ COOLANT								
TYRES								
HORN								
MIRRORS								
LIGHTS								
INDICATORS								
REGISTRATION								
SEAT								
OTHER								
PRINT NAME								
SIGNATURE								

Hearing Test Register

Workers who are frequently required to wear hearing protection from a noise that exceeds 85 dB(A) must be provided with audiometric testing at least every 2 years.

Hearing tests (Audiometric testing and assessment) must be carried out by a competent person using the procedures in AS/NZS 1269.4:2005 - Occupational noise management - Auditory assessment. See the *"Managing noise and preventing hearing loss at work"* Code of Practice at Safe Work Australia for more information. www.safeworkaustralia.com.au →

WORKER'S NAME	DATE STARTED WORK	DATE TESTED (WITHIN 3 MONTHS)	RESULTS AND WRITTEN EXPLANATION PROVIDED (Y/N)	NEXT TEST DATE (MAX 2 YRS)

Incident Report Form

This form is for workers and supervisors to record and review incidents and hazards.

WHEN AND WHERE WAS THE INCIDENT?	WHO WAS INVOLVED?
Date:	Person #1
Time:	Person #2
Location:	Person #3

What happened? [If there were injuries, also complete an Injury Register Form]

What were the causes?

Are there any hazards that need improvements or failures in process to address?

What needs to be done and when?

SIGNATURES

WORKER(S)		
SUPERVISOR		
MANAGER/OWNER		

INCIDENT REPORT FORM CHECKLIST

- All mandatory notifications completed, e.g., Return to Work SA, SafeWork SA, Office of the Technical Regulator (electric shock, gas leak)
- Injury Register Form submitted if applicable
- All actions completed or accounted for.
- Hazard Management Checklist reviewed/updated.
- Workers informed of the outcomes of the incident report.
- Management sign-off.



Injury Register Form (Confidential)

This form is for entry in the Confidential Injury Register and is also required for first aid incidents. Use one form per person for each incident.

WHEN AND WHERE WAS THE INCIDENT?	WHO WAS INVOLVED?
Date:	Name:
Time:	Position:
Location:	Supervisor:

Brief description of injury

What is the bodily location of injury?

How did the injury happen?

What treatment was given?

Was any equipment involved?

Did anyone else witness the incident?

Name _____

Position _____

Contact Phone _____

Was it reported to a supervisor?

Yes/No Name & Department _____

Has the worker returned to work?

Yes/No Date Returned _____

Has an Incident Report form been completed?

Yes/No Date submitted (if known) _____

Who is submitting this report?

Name _____

Position _____

Date _____

INJURY REPORT FORM CHECKLIST

- All mandatory notifications completed, e.g., Return to Work SA, SafeWork SA, Office of the Technical Regulator (electric shock, gas leak only)
- Incident Report Form* submitted
- Report forwarded to Management for secure filing in Injury Register.



Noise Management Guide

Business Name _____

Guide for managers and supervisors for implementing hearing protection requirements of the PPE Policy

IDENTIFY SOURCES OF NOISE

Specialist skills or equipment may not be necessary in making a preliminary assessment of hazardous noise. Assessment should be done in consultation with those who understand the work processes, such as affected workers. A walk-through inspection with workers will make a good start towards hazardous noise identification. There are two types of noise exposure that can cause harm; continually loud noise averaging over a significant part of the day, and loud percussive noise that is high in energy in short bursts or bangs. A rough indication of excessive noise levels is whether a person needs to shout to be heard from a distance of 1 metre, especially if workers are exposed to this level for a majority of their workday.

A walk-through inspection will help determine:

- sources of excessive noise (such as loud machinery or amplified music)
- which workers are likely to be exposed to excessive noise
- work practices that are noisy (such as emptying glass bins, working with live music)
- ways of reducing noise levels.

This type of preliminary assessment assists in establishing a list of activities in your workplace that may pose a risk to a worker's hearing. If you are unsure about the level of exposure or how to minimise the risks effectively, you should take the next step to assess the risks of hearing loss.

ASSESS THE NOISE

A noise assessment may not always need measurement, but more complex situations will require measurement and expertise to accurately determine a worker's exposure. A noise assessment should be done by a competent person in accordance with Australian Standard AS/NZS 1269.1 Measurement and assessment of noise emission and exposure.

To provide further guidance, a Code of Practice is available from SafeWork SA as an online publication *Managing Noise and Preventing Hearing Loss at Work*.

LIMIT EXPOSURE TO NOISE

Using one or more of the following control measures will manage excessive noise levels, in order of effectiveness:

1. Eliminating the noise source. (e.g., remove the noisy equipment)
2. Substituting noisy machinery with quieter machinery or 'buying quiet' - this is a cost-effective way to control workplace noise at the source.
3. Engineering controls by treating the noise at the source or in its transmission path e.g., using sound dampeners or silencers, noise barriers and isolation.
4. If none of the above is possible, introducing measures such as training and education, job rotation, job redesign or designing rosters to reduce the number of workers exposed to noise.
5. Providing Personal Protective Equipment (PPE) e.g., earmuffs, earplugs. However, if workers are frequently required to wear hearing protection, then an audiometric testing regime must be implemented (see next heading).

REVIEW CONTROL MEASURES

Any noise control measures that are implemented must be reviewed, and if necessary revised, to make sure they work as planned. For PPE, check the manufacturer's instructions and help workers with correct fitting. Supervisors are required to monitor and enforce the proper use of hearing protection. Update the business's Hazard Management Checklist and communicate the new arrangements using the processes in the Communication Policy. Record the details of workers who are required to wear hearing protection and keep a register of when testing is due. (See next page)

FURTHER REFERENCES

- SafeWork SA website, search "Noise and preventing hearing loss at work"
- Safe Work Australia Model Code of Practice "Managing Noise and Preventing Hearing Loss at Work" for more information.

Plant Inspection & Maintenance Record

- Any plant or equipment that may be hazardous is to be inspected and maintained in accordance with the manufacturers and/or legislative requirements.
- Common items needing inspection and maintenance include: *portable fire extinguishers, portable electrical equipment, powered plant, & gas cylinders.*
- Use this table for keeping track of routine maintenance and inspections.



PLANT/EQUIPMENT	TYPE	DATE COMPLETED	NEXT DUE	REMINDER SET	NOTES
<i>Example:</i> Forklift (Nissan)	<i>Example:</i> Scheduled Service	<i>Example:</i> 12/3/21	<i>Example:</i> 12/9/21	<i>Example:</i> Outlook	<i>Example:</i> -
<i>Example:</i> Fire Extinguishers	<i>Example:</i> Inspections	<i>Example:</i> NA	<i>Example:</i> Daily	<i>Example:</i> NA	<i>Example:</i> Every 6 months

PLANT/ EQUIPMENT	TYPE	DATE COMPLETED	NEXT DUE	REMINDER SET	NOTES
<i>Example:</i> Forklift (Nissan)	<i>Example:</i> Scheduled Service	<i>Example:</i> 12/3/21	<i>Example:</i> 12/9/21	<i>Example:</i> Outlook	<i>Example:</i> -
<i>Example:</i> Fire Extinguishers	<i>Example:</i> Inspections	<i>Example:</i> NA	<i>Example:</i> Daily	<i>Example:</i> NA	<i>Example:</i> Every 6 months

AUTHORISED BY

Signature _____

Name _____

Date _____

Review Date (maximum of 6 months) _____

Training & Licences Record

- Record the training and licences for all workers.
- Set a reminder in a diary or calendar to ensure the expiry dates are regularly checked and updated.

Important Notes:

Forklift operation requires a current *High Risk Work Licence*.
 Load Shifting Equipment operation (e.g., front-end loaders) requires evidence of competency.
 Further information and assistance is available from SafeWork SA (www.safework.sa.gov.au 📄).

WORKER'S NAME	PERMIT/ LICENCE TYPE	DATE ISSUED	EXPIRY DATE	REMINDER SET	NOTES
<i>Example:</i> Joe Example	<i>Example:</i> Forklift	<i>Example:</i> 12/3/21	<i>Example:</i> 12/9/21	<i>Example:</i> Outlook	<i>Example:</i> -

WORKER'S NAME	PERMIT/ LICENCE TYPE	DATE ISSUED	EXPIRY DATE	REMINDER SET	NOTES
<i>Example:</i> Joe Example	<i>Example:</i> Forklift	<i>Example:</i> 12/3/21	<i>Example:</i> 12/9/21	<i>Example:</i> Outlook	<i>Example:</i> -

Worker & Induction Record

Worker's Name _____

- If not already keeping records, use a copy of this record sheet for each worker.
- A supervisor or manager is to regularly assess each worker's activities and arrange induction and/or training into the relevant policies and procedures that apply.
- Workers should be aware of, and able to, easily locate all general policies and procedures.
- Workers must be able to access the operational procedures that apply to their work, and also understand and follow them.

POLICY/PROCEDURE	WORKER'S SIGNATURE	MANAGER/SUPERVISOR'S NAME	MANAGER/SUPERVISOR'S SIGNATURE	DATE
WHS Policy				
Fitness for Work Policy				
PPE Policy				
Communication Policy				
Traffic Management Plan				
Plant & Equipment Policy				
Incident & Accident Policy				
Emergency Response Plan				

POLICY/PROCEDURE	WORKER'S SIGNATURE	MANAGER/ SUPERVISOR'S NAME	MANAGER/ SUPERVISOR'S SIGNATURE	DATE

Policy Template

Business Name _____

THIS POLICY

THE BUSINESS WILL

ALL WORKERS ARE REQUIRED TO

MANAGERS AND SUPERVISORS ARE EXPECTED TO

VISITORS AND CONTRACTORS ARE EXPECTED TO

AUTHORISED BY

Signature (Owner/Director) _____

Name _____

Date _____

Review Date _____

Procedure Template

Business Name _____

Copy to be displayed as near as practicable to the...

1. PRE-START

- a) Text, e.g., requirements and checks before starting

2. OPERATION

- a) Text e.g., steps to follow, additional steps something goes wrong

3. CLEANING, MAINTENANCE AND WHEN NOT IN USE

- a) Text e.g., steps to follow for cleaning and maintenance when not in use

ADMINISTRATION OF SWP

- A copy of this procedure must be displayed where workers operating EQUIPMENT NAME can access it. (Original: Located in "Safety" folder & copies are located: _____)
- Workers must be trained in this procedure prior to operation and have it recorded in their *Worker Induction Record*.

AUTHORISED BY

Signature _____

Name _____

Date _____

Review Date _____

Guide Template

Business Name _____

Describe the purpose of the guide if not immediately apparent by the title.

ACTION 1 HEADING

Description of what to do and where to get additional information if needed. Use dot points to provide concise information:

- *Point 1*
- *Point 2 etc.*
- _____
- _____

ACTION 2 HEADING

Description of what to do and where to get additional information if needed. Use dot points to provide concise information:

- *Point 1*
- *Point 2 etc.*
- _____
- _____

FURTHER REFERENCES

- For example, SafeWork SA website details
- Safe Work Australia Model Code of Practice details "Managing Noise and Preventing Hearing Loss at Work" for more information.
- _____
- _____

Sample Register

Description and instructions

WORKER'S NAME				