

## OHS Risk management forms

### Appendix 1

#### Housekeeping checklist

<b>Safety issue</b>	✓
Is the washroom and toilet clean and tidy?	
Is the eating area in the kitchen (or lunchroom) clean and tidy?	
Are the floors clean, dry and in good condition?	
Are desks and work areas tidy?	
Are there enough rubbish bins in the work area to allow all rubbish to be disposed of during work?	
Is rubbish cleared regularly?	
Are there enough recycling bins in the work area to allow all recyclables to be disposed of during work?	
Are the recycling bins cleared regularly?	
Are aisles and areas around workstations free of clutter?	

### Appendix 2

#### Ergonomics Checklist

<b>Safety issue</b>	✓
Is the furniture is fit for purpose?	
Do the office chairs have five supports?	
Is the furniture adjustable at computer desks so that a worker can ensure: <ul style="list-style-type: none"> <li>• a straight back</li> <li>• forearms parallel to the floor</li> <li>• upper legs parallel to the floor?</li> </ul>	
Are footrests provided where necessary?	

Are document supports provided?	
Are computer screens positioned to avoid glare?	
Are workstations and equipment positioned to: <ul style="list-style-type: none"> <li>• reduce manual handling •</li> <li>reduce repetitive handling •</li> <li>improve workflow?</li> </ul>	

### Appendix 3

#### EIA safety inspection checklist

Criteria	N/A	Yes	No	Comments
<b>EMERGENCY PROCEDURES</b>				
Are designated emergency persons' details posted, including the: <ul style="list-style-type: none"> <li>• WHS/OHS health and safety representative (HSR)</li> <li>• fire warden</li> <li>• first aid person?</li> </ul>				
Are the instructions for calling emergency services posted?				
Is a map of the workplace on display?				
Are emergency evacuation muster/assembly areas signposted?				
Have all staff been inducted and trained in emergency procedures?				
Are entry and exit doors marked and free of clutter?				
Are emergency exit routes and aisles and corridors are free of clutter?				
Are fire extinguishers provided and maintained?				

Have personnel on site been trained in the use of fire extinguishers?				
Is the first aid kit stocked according to its contents list?				
Are first aid supplies replenished as they are used?				
<b>HOUSEKEEPING</b>				
Is the washroom, toilet clean and tidy?				
Is the eating area (kitchen or lunch room) clean and tidy?				
Are floors clean, dry and in good condition?				
Are desks and work areas tidy?				
Are there enough rubbish bins in the				
work area to allow all rubbish to be disposed of during work?				
Is the rubbish cleared regularly?				
Are there enough recycling bins in the work area to allow all recyclables to be disposed of during work?				
Are the recycling bins cleared regularly?				
Are aisles and areas around workstations free of clutter?				
<b>ERGONOMICS</b>				
Is furniture fit for purpose?				
Do all office chairs have five supports?				

Is the furniture adjustable at computer desks so that a worker can ensure: <ul style="list-style-type: none"> <li>• a straight back</li> <li>• forearms parallel to the floor</li> <li>• upper legs parallel to the floor?</li> </ul>				
Are footrests provided where necessary?				
Are document supports provided?				
Are computer screens positioned to avoid glare?				
Are workstations and equipment positioned to: <ul style="list-style-type: none"> <li>• reduce manual handling</li> <li>• reduce repetitive handling</li> <li>• improve workflow?</li> </ul>				
<b>HAZARDOUS SUBSTANCES</b>				
Are all chemicals, including liquid fuels, properly labelled, stored and signposted?				
Are spill kits available?				
Are safety data sheets (SDS's) readily available for hazardous substances?				
Is the hazardous substance register maintained?				
<b>PPE (for hazardous areas)</b>				
Is safety signage accurate?				
Is safety signage displayed correctly?				
Are safety glasses worn when required?				
Is high visibility clothing provided where required?				
<b>OTHER</b>				


#### Appendix 4

##### EIA Risk Register

Risk/hazard description	Type of risk	Risk likelihood	Risk consequence	Risk level	Controls	Person responsible

#### Appendix 5

##### EIA incident report

---

**Note:** All sections of this form are to be completed. All incidents shall be advised within 12 hours of the incident to ensure appropriate action is initiated.

Personal details	
Family name:	First name:
Contact phone no: (w)	(h - if injured)
Occupation:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Staff employment status:	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Casual <input type="checkbox"/> Contractor <input type="checkbox"/> Visitor	
Division/Department:	

Incident details		
Date of incident:	Time of incident:	AM / PM
Location where the incident occurred:		
Briefly describe what happened:		
This incident resulted in:		
<input type="checkbox"/> Injury <input type="checkbox"/> No injury <input type="checkbox"/> Near miss <input type="checkbox"/> Property damage <input type="checkbox"/> Hazard identified		
The incident was reported to (supervisor):		
Name of Supervisor:		Date: _____
Injury/damage details		
If an injury was sustained, what part of the body was affected or if damage to property occurred what was damaged?		

--

<b>Medical treatment</b>	
If MEDICAL EXPENSES or LOST TIME is incurred, a 'Workers Compensation Claim form' must be completed and forwarded to WHSW and IM Services 'as soon as possible'.	
Do you intend to seek medical treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you intend to lodge a claim for workers compensation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any time been lost from work? ( <i>More than 1 complete shift</i> )	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, have you returned to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have/will medical expenses been incurred?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain at this time
Were there witnesses? If so, name of witness(es):	Contact phone number:
Employee signature:	Date:

If a medical certificate has been provided please send to: Fax xxxx xxxx or email: xxx@xxx.xx.xx

<b>Describe in detail what occurred</b>
It is the responsibility of the supervisor/line manager to complete this section in consultation with the injured staff member.

Please describe the events and contributing factors that led to the incident:

**How could this be prevented from happening again?**

The Supervisor/Line Manager is to complete this section in consultation with the injured staff member and the health and safety representative (if applicable).

Suggestions to avoid recurrence of this incident/accident:

Name of health and safety representative, if consulted:

**Action plan**



<b>Note:</b> From the previous section, list the actions required to prevent this happening again.			
<b>Action to prevent recurrence</b> <i>(Do not leave blank)</i>	<b>Person responsible for action</b>	<b>Action taken</b>	<b>Sign-off completed</b> <i>(signature required)</i>
<input type="checkbox"/> Referred to Line Manager <input type="checkbox"/> Placed issue on local action plan <input type="checkbox"/> Consulted employees <input type="checkbox"/> Advised Senior Manager <input type="checkbox"/> Advised WHSW Services <input type="checkbox"/> CSR raised, referred to FMU <input type="checkbox"/> Feedback provided to affected person on outcome			
Is rehabilitation required?  <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Rehabilitation consultant advised  Date:	

Name of Supervisor:	Contact phone number:
Signed:	Date: