2.0 SAFETY POLICY

At SPPS our Occupational Health Safety Policy is based on a belief that the well-being of people employed at work or people affected by our work, is a major priority and must be considered during all work performed on our behalf.

People are our most important asset and their health and safety is our greatest responsibility. The public shall be given equal priority to that of our employees.

The objectives of our Safety Policy are:

- To achieve an accident free workplace.
- To make health and safety an integral part of every managerial and supervisory position.
- To ensure health and safety is considered in all planning and work activities.
- To involve our employees in the decision making processes through regular communication consultation and training.
- To provide a continuous program of education and learning to ensure that our employees , work in the safest possible manner.
- To identify and control all potential hazards in the workplace through hazard identification and risk analysis
- To ensure all potential accident/incidents are controlled and prevented.
- To provide effective injury management and rehabilitation for all employees.

The success of health and safety management is dependent on:

- Pro-active planning of all work activities with due consideration given to implementing occupational health and safety (OHS) controls that are suitable to each given situation.
- Understanding the total work process and associated CH3 risks.
- Ensuring the work team is totally committed to achieving our objectives.
- Ensuring that open and honest communication exists between management and all employees.

Director's name	**Signature**	**Date**

3.0 ROLES AND RESPONSIBILITIES

3.1 ROLES AND RESPONSIBILITIES DEFINED:

[Organisation] will provide the following key personnel during the archaeological assessment. The roles and responsibilities regarding safety are outlined below.

SITE MANAGER: [Name]

[Name] is responsible for safety on the project. Duties include.

- Implementing the company Occupational Health Safety and Rehabilitation procedures.
- Carrying out a design review with the Principal Contractor's project team to assist in the identification of further risk reduction controls measures.
- Stimulating a high level of safety awareness at all times.
- Identifying safety training needs.
- Leading by example.
- Ensuring safe equipment and plant is provided and maintained.
- Insisting on correct and safe work practices at all times.
- Assisting in the identification and preparation of safe work procedures.
- Reviewing safety reports and inspections and initiating rectification where necessary.
- Participating in accident/incident investigations.

ASSISTANT SITE MANAGER: [Name]

[Name] is jointly responsible for safety on the project when the Site Manager is present and in the absence of the Site Manager is solely responsible for safety on the project: Duties include:

- Implementing the company Occupational Health Safety and Rehabilitation procedures.
- Carrying out a design review with the Principal Contractor's project team to assist in the identification of further risk reduction controls measures.
- Stimulating a high level of safety awareness at all times.
- Identifying safety training needs.
- Leading by example.
- Ensuring safe equipment and plant is provided and maintained.
- Insisting on correct and safe work practices at all times.
- Assisting in the identification and preparation of safe work procedures.
- Reviewing safety reports and inspections and initiating rectification where necessary.
- Participating in accident/incident investigations.

4.0 DOCUMENT CONTROL

4.1 ISSUE, REVISION AND REVIEW

[Organisation] is responsible for:

- Completing the Safety Work Method Statement and providing a copy to the Principal Contractor before work commences on site.
- Maintaining an up to date version of the Safety Work Method Statement**.** A record of revisions that occur will be kept in the Record of Revision table below. All obsolete pages will be destroyed.
- Providing an updated copy to the Principal Contractor whenever changes occur.
- Maintaining a register of people to whom the Safety Work Method Statement is issued using the Distribution List table below
- Issuing a completed Safety Work Method Statement to all those registered.
- Ensuring revisions are distributed to all registered people.
- Reviewing the document at intervals of not more than one month to ensure it is up to date.

4.2 RECORD OF REVISION

Edition/ Revision	Date	Section	Page	Revision Details
Issue A/ Revision 0				Original

4.3 DISTRIBUTION LIST

Controlled copies of this document have been issued to the holders nominated below:

No.	User	Position	Issue Date
01			
02			
03			

5.0 HAZARD IDENTIFICATION AND RISK ASSESSMENT

For each potential hazard identified a Risk Class will be determined by referring to the class categories listed below. The attached Risk Management chart will be used to determine the requirement for management of risks.

Class 1 (High Risk): The hazard has the potential to kill or permanently disable.

Class 2 (Medium Risk): The hazard has the potential to cause serious injury or illness, which will temporarily cause a disability.

Class 3 (Low Risk): The hazard has the potential to cause a minor injury which will not cause a disability.

6.0 SAFE WORK METHOD STATEMENTS

Risk Management

Project:

Date:

Company:

Work Activity	**Potential Hazards**	**Activity Risk Score**	**SWMS** Required	**SWMS No.** & **Date Produced**
Travel to and from the site	• Accident	Class 1	Yes: [X] No: [ ]	SWMS No. 1 (Attached below) [date]
Attend Initial on-site meeting	• None	-	Yes: [ ] No: [X]	N/A
Excavation by mechanical means	• Excavator disturbs u/w cables or other services, • Entanglement in control lines and hoses	Class 1&2	Yes: [X] No: [ ]	SWMS No 2 (Attached Below) [date]
Excavation by hand/hand fanning of trenches	• Twisting, pushing and pulling, lifting and carrying • Possible cuts on sharp objects	Class 1 & 2	Yes: [X] No: [ ]	SWMS No 3 (Attached Below) [date]
Moving excavated artefacts and crates	• Twisting, pushing and pulling, lifting and carrying, • Trip hazards on deck	Class 2	Yes: [X] No: [.]	SWMS No 4 (Attached below) [date]

Risk Management (Contd)

Project:

Date:

Company:

Work Activity	**Potential Hazards**	**Activity Risk Score**	**SWMS** Required	**SWMS No.** & **Date Produced**
Diving	• Decompression sickness. • Nitrogen narcoses	Class 2 & 3	Yes: [X] No: [ ]	SWMS No. 5 (Attached below) [date]
	• Twisting, pushing and pulling, lifting and carrying. • Trip hazards	Class 2 & 3	Yes: [X] No: [ ]	SWMS No. 6 (Attached below) [date]
Artefact retrieval and conservation	• Twisting, pushing and pulling, lifting and carrying. • Trip hazards • Hit by moving crane arm • Contact with dangerous/hazardous materials	Class 1 & 2	Yes: [X] No: [ ]	SWMS No. 7 (Attached below) [date]
Outdoor Work	• Environmental-Exposure to sun, wind and rain • Biological-Snakes, insects and/or other pests.	Class 1 & 2	Yes: [X] No: [.]	SWMS No. 8 (Attached below) 20/02/08

7.0 SKILLS AND COMPETENCIES

7.1 PROCEDURE

[Organisation] will ensure that its employees are adequately trained to a level of competency sufficient to ensure their health and safety when at work

Personal Qualifications and Experience:	Personnel, Duties and Responsibilities:
	Site Manager/Archaeologist: • Check that required safety gear is available and in good working order, including first aid kit. • Ensure all required dive gear and other PPE & clothing is available. • Ensure means of communication and diver recall procedures in case of emergency.
	Assistant Site Manager/Archaeologist: • Check that required safety gear is available and in good working order, including first aid kit. • Ensure all required PPE is being worn. • Follow and enforce communication and recall procedures.
	Archaeologist: • Check that required safety gear is available and in good working order, including first aid kit. • Ensure all required PPE is being worn. Follow and enforce communication procedures.

	Dive Supervisor • Plan and communication dive times • Ensure dive plan is adhered to • Check divers and diver equipment prior to entry • Monitor divers and dive times • Record and archive details of dive
	Stand-by Diver • Respond to all instructions of the Dive Supervisor • Prepare personal dive equipment and ensure it is ready for immediate deployment • Be ready to enter the water immediately if an emergency develops

8.0 OHS INDUCTION

8.1 PROCEDURE

[Organisation] will ensure that people carrying out the nominated work have relevant training including Occupational Health and Safety (OHS) Induction Training. Workers will not carry out the site inspection until they have received the minimum requirements for OHS induction training.

1. Industry (general) induction:
2. Work Activity OHS induction; and
3. Site Specific OHS Induction.

8.2 SELECTION AND USE

All workers will receive the above three minimum OHS induction training requirements before work on site commences and a record of the training provided on the form overleaf.

Induction Register

Organisation:		**Project**:		**Date**:	
Name	**Course Description 1, 2, or 3**	**Card No./ Reg No.**	**Date of Course**	**Duration**	**Conducted by**

Key

1 Industrial general
2 Work Activity Induction
3 Site Specific Induction

9.0 TOOL BOX TALKS

9.1 PROCEDURE

Occupational Health and Safety Legislation requires the identification of potential workplace hazards, the assessment of the risk of the hazard and the development of controls to eliminate or minimise the risk. To assist in hazard identification and the development of controls [Organisation] employees will undertake consultation in the form of Tool Box Talks conducted by [Site Manager/Archaeological Director].

All Tool Box Talks will be recorded on the form attached overleaf and signed off by participants. Any corrective action will be followed up and signed off by the nominated person.

9.2 CONSULTATION

[Organisation] recognise the involvement of workers as essential in identifying potential hazards that can be eliminated, or minimised, before injuries occur.

Tool Box Talks will be used to help Supervisors manage safety, to provide a forum for workers to have their say about safety issues and to help ensure safety awareness is maintained throughout the project.

Where required specific safety issues will be raised accidents reviewed. Safe Work Method Statement developed and presented for evaluation and familiarisation or safety alerts discussed. Tool Box Talks will be used to induct workers into and "sign off" their understanding of the controls provided in the Safe Work Method Statement for the specific work in which they will be involved.

Record of Tool Box Talk

Workplace:	**Date:**
Supervisor/presenter:	
Subject:	**Duration:**

Persons Present

Print Name	Signature	Print Name	Signature

Comments & points raised:

Corrective Action	Action by	Action Complete	
		Sign off	Date

10.0 FIRST-AID & ACCIDENT INVESTIGATION

10.1 FIRST-AID PERSONNEL AND LOCATION OF FIRST-AID

The qualified First-Aid persons on site is: [Name]
The nearest First-Aid box to the work. in progress is: [Location]

10.2 REPORTING

All injuries will be reported to the appropriate First-aid Officer on site. Injuries will be recorded in the following Site Injury Register.

Records will be. kept for a minimum of 5 years. Where the injury results in an absence from the workplace of 7 days or more the injury and its circumstances will be reported to the WorkCover Authority using the appropriate form.

10.3 INVESTIGATION

- [Organisation] will investigate all accidents within 1 hour.
- Investigation will be recorded on Accident Investigation Form (attached).
- Accidents will be recorded by: Archaeological Director/ Site Manager and [Director of Organisation]
- Accidents will be investigated by: Archaeological Director/ Site Manager and [Director of Organisation]
- Accidents will be reported to WorkCover by: Archaeological Director/ Site Manager or [Director of Organisation]

Register of Injury

Details of Injured Person:

Name:

Surname: _____ **Given Name/s:**_____ **Sex(M/F):** _____

Address:

No. _____ **Street:** _____ **Suburb**: _____ **Post Code:** _____

City: _____ **State:** _____ **Contact Phone No:** (__)_____

Employer:

Business Name: _____

Address:

No. _____ **Street:** _____ **Suburb**: _____ **Post Code:** _____

City: _____ **State:** _____ **Business Phone No:** (__)_____

Accident/Incident Details:

Description of Events:

Date of injury: ___/___/___ **Time of Injury:** _____ **am. / pm.**

Task/operation undertaken at the time of the injury:

_____

_____

Physical location (area) where injury occurred:

_____

_____

Type of injury: (e.g bruise, cut, fracture, grit in eye)

_____

_____

_____

Part of Body Injured: (e.g arm, torso, head) _____

_____

Cause of injury: (what happened) _____

_____

_____

_____

_____

_____

Treatment Given/Action Taken: _____

_____

_____

_____

Person completing this form:

Surname: _____ **Given Name/s:** _____ **Signature:** _____

Date: ___/___/___ **Time:** _____ **am. / pm**.

Did the person cease work? Yes /No.

Has a referral for further treatment been issued? Yes /No

(cross out whichever is not applicable)

Accident Investigation Report

NOTE: A separate form should be completed for each person injured. This investigation is aimed at identifying causes, not attributing blame. All investigating personnel should be trained in investigation techniques.

Reference No. _____ ☐ Injury ☐ Damage ☐ Near Miss

1. Project: _____

2. Personal Details:

Surname | First Name | Other Initials

Date of Birth (Day / Month / Year) | Gen (M/F) | Preferred Language | Contact No.

3. Occupation/Job Title & Details:

Description of occupation or job title

How long at this Occupation/job (Day / Month / Year)

Main tasks performed

Training provided:
- ☐ Induction.
- ☐ Trade/task specific.
- ☐ Both of the above.
- ☐ Neither of the above.

4. Time& Date of Damage/Acc/Near Miss: am/pm (Day / Month / Year)

Time & Date Report Received: am/pm (Day / Month / Year)

5. Accident Results:
- ☐ Fatal
- ☐ Hospital inpatient
- ☐ Doctor only
- ☐ First aid only
- ☐ Property damage
- ☐ Nil (injury/damage)

Nature of injury, disease or damage:

_____

_____

_____

_____

_____ Nature Code

Bodily location of injury, disease or damage:

_____

_____

_____

_____

_____ Bodily location Code

6. Outcome: **(Questions to be answered, as information becomes available)**

Rehabilitation
- ☐ Not Required
- ☐ Required

Date of Resumption
- Short-term alternate duties
- Permanent alternate duties

Normal duties

Day Month Year

	Total number of days lost.
	Government report completed and sent.
	Investigation undertaken.

7. Description of Incident: **(include any particular chemical, product, process, equipment involved)**
What was the worker doing at the time?_____
_____
_____
_____

Name/s of witnesses	Signature of worker	Date:

Mechanism of injury Code		

How exactly was the injury, disease or damage sustained?
_____
_____
_____

Breakdown agency Code		

What happened? **(undesired event)**
_____
_____

Reconstruct the sequence of events that led to the undesired event.

1.	4.
2.	5.
3.	6.

List contributing factors
_____
_____
_____

Investigating Person:

Name	Position	Signature

Date investigation conducted: Day Month Year

8. Corrective Action Undertaken: _____
_____
_____

Estimated Cost of Incident: $	Estimated Cost of Correction: $

9. Manager's Comments: **(manager, employer or Principal Contractor to sign and date)**
_____
_____

Signature:	Date:

10. Safety Co-ordinator's Comments: **(sign and date)**
_____
_____

Signature:	Date:

WorkCover Offices: