

**Occupational
Health & Safety**

Program Implementation Guide



RISKLOGIC
FORWARD THINKING RISK MANAGEMENT

Introduction

Enclosed is your complimentary Occupational Health & Safety (OHS) Program Implementation Checklist.

This document provides a best practice guide to implementing a comprehensive OHS program. It is designed to provide an overview of the key steps and actions to ensure that your program operates effectively and complies with relevant OHS legislation and regulations.

It is recommended that you use the enclosed checklist to assess your OHS program and then develop a plan to address any weaknesses or gaps.

The main steps when reviewing your OHS program are:

- Identify the program components that you need to implement or improve.
- Identify the person(s) who will be responsible for implementing that part of the program. Ensure that all individuals are aware of their responsibilities and have agreed to the assigned role.
- Identify any specific resources that will be required to complete the item in question.
- Decide on an appropriate implementation schedule.

For more information on our services or for assistance with any aspect of your OHS program, contact us by calling 1300 731 138 or emailing info@risklogic.com.au

Yours sincerely,



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This complementary checklist should be used as a guide to assess whether an OHS program has gaps or deficiencies. When providing this checklist, RiskLogic assumes that the reader is a qualified OHS professional and is also familiar with the legislative and regulatory requirements relevant to their organisation. By providing this checklist, it should be noted that RiskLogic is not providing any form of opinion or assessment regarding the adequacy of the reader's OHS program.

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Implementation Checklist

Element	Step #	Action Required	Status
OHS Policy	1	Do you have a written and signed OHS Policy?	<input type="checkbox"/>
	2	Is your OHS Policy readily available to employees (ideally mounted on the wall)?	<input type="checkbox"/>
Employee Consultation	1	Have you held a meeting with staff to discuss their consultation options and gain acceptance for the company's recommended method?	<input type="checkbox"/>
	2	If applicable, were OHS Representatives or Committee members democratically elected?	<input type="checkbox"/>
	3	Have you documented the process used to establish your consultation arrangements?	<input type="checkbox"/>
	4	Are all employees aware of the consultation arrangements? (eg. by completing and displaying a Consultation Statement)	<input type="checkbox"/>
Training	1	Have you conducted a training needs assessment (in conjunction with employees) to determine the training required to ensure that staff have the appropriate skills and qualifications to do their jobs safely?	<input type="checkbox"/>
	2	Have you scheduled and provided appropriate OHS training for staff as indicated in your training assessment?	<input type="checkbox"/>
	3	Do new staff receive OHS induction training that outlines the company's OHS requirements?	<input type="checkbox"/>
	4	Is all training documented?	<input type="checkbox"/>
	5	Do you hold copies of any licences and qualifications required by employees for their job?	<input type="checkbox"/>
Risk Management Hazard Reporting Workplace Inspections	1	Have all staff received training on hazard identification and are they encouraged to report any hazards?	<input type="checkbox"/>
	2	Are regular workplace inspections conducted for all areas of the company's premises and operations? (i.e. monthly).	<input type="checkbox"/>
	3	Are other means such as an OHS Risk Assessment and the use of Hazard/Incident Report forms used to identify hazards?	<input type="checkbox"/>
	4	Is the level of risk assessed for identified hazards? (eg. using a risk matrix)	<input type="checkbox"/>
	5	Are appropriate measures implemented to control identified hazards? These controls must reflect the level of risk presented by the hazard.	<input type="checkbox"/>

Element	Step #	Action Required	Status
	6	Are staff familiar with any identified hazards and the related safety procedures?	<input type="checkbox"/>
	7	Do you periodically follow-up to ensure that control measures have been implemented effectively? Have all control measures been documented?	<input type="checkbox"/>
Visitors & Contractors	1	Are appropriate OHS measures in place to protect visitors from any hazards?	<input type="checkbox"/>
	2	Are appropriate OHS measures in place when using contractors?	<input type="checkbox"/>
Emergency Preparedness	1	Are person(s) trained to safely evacuate all staff and visitors in the event of an emergency?	<input type="checkbox"/>
	2	Are evacuation drills conducted on a regular basis? (i.e at least annually.)	<input type="checkbox"/>
	3	Are all staff aware of emergency procedures and related information?	<input type="checkbox"/>
	4	Are evacuation diagrams displayed at key locations throughout the premises including all major exits?	<input type="checkbox"/>
	5	Do you review and update your emergency procedures at least annually?	<input type="checkbox"/>
First Aid	1	Are there an appropriate number and type of first aid kits available?	<input type="checkbox"/>
	2	Is there appropriate signage to designate the location of first aid kits?	<input type="checkbox"/>
	3	Are your first aid kits inspected at least biannually to ensure that they are complete and the contents are within the expiry dates?	<input type="checkbox"/>
	4	Are the names of first aiders made known to employees?	<input type="checkbox"/>
	5	Do all first aiders renew their certification every three years?	<input type="checkbox"/>
	6	Is a first aid report completed whenever first aid is administered?	<input type="checkbox"/>
	7	Has someone been assigned the responsibility to look after the first aid program?	<input type="checkbox"/>
Ergonomics	1	Is all office/other equipment appropriate to suit the task and the user?	<input type="checkbox"/>
	2	Are all staff trained in the proper use and adjustment of equipment to avoid working in difficult postures?	<input type="checkbox"/>
	3	Have you developed purchase specifications that consider ergonomic requirements for new equipment?	<input type="checkbox"/>

Element	Step #	Action Required	Status
Manual Handling	1	Have all routine manual handling tasks been identified? Has the level of risk associated with each task been assessed?	<input type="checkbox"/>
	2	Have any particular problem areas been identified by referring to reported incidents, completed risk assessments, etc?	<input type="checkbox"/>
	3	Have appropriate control measures been implemented to reduce the likelihood/consequences of injuries?	<input type="checkbox"/>
	4	Have you provided training for all relevant staff in manual handling techniques and use of equipment to facilitate manual handling?	<input type="checkbox"/>
Injury Management	1	Is the "Watching Out for You" poster displayed on your staff notice board? (note that this is only for NSW)	<input type="checkbox"/>
	2	Are staff aware of injury management and reporting procedures?	<input type="checkbox"/>
	3	Are correct notification and injury management procedures followed in the event of an injury?	<input type="checkbox"/>
	4	Do you have a Return to Work Program to support staff that suffer a workplace injury?	<input type="checkbox"/>
Equipment Safety	1	Have you identified any equipment that presents an increased risk to employees if defective?	<input type="checkbox"/>
	2	Is there a regular maintenance schedule and documentation for all required inspections/servicing?	<input type="checkbox"/>
	3	Do employees have appropriate training to operate equipment?	<input type="checkbox"/>
	4	Is a procedure in place for defective equipment to be tagged and removed from service?	<input type="checkbox"/>
Hazardous Substances	1	Have all hazardous substances used on the premises been identified and documented?	<input type="checkbox"/>
	2	Do you have Material Safety Data Sheets (MSDS) for all required substances?	<input type="checkbox"/>
	3	Have all required safety precautions for each substance including PPE, appropriate storage cabinets, etc been identified and implemented?	<input type="checkbox"/>
	4	Have all employees received adequate training for the substances they use?	<input type="checkbox"/>
Health Surveillance	1	Have you noted whether any hazardous substances from the list of designated substances are used on your premises?	<input type="checkbox"/>
	2	Have you identified any other substances that are known to have a reasonable likelihood of causing disease or illness?	<input type="checkbox"/>



Element	Step #	Action Required	Status
	3	If required, have you investigated the health surveillance requirements for the identified substances and developed monitoring procedures?	<input type="checkbox"/>
Personal Protective Equipment	1	Is appropriate PPE available for each employee/job?	<input type="checkbox"/>
	2	Are employees aware of the correct use and limitations of the PPE?	<input type="checkbox"/>
Safe Work Practices	1	Have you identified activities that present a potential risk to employees and developed safe work procedures for these activities?	<input type="checkbox"/>
	2	Do all affected employees have appropriate equipment, instructions and training to perform the work safely?	<input type="checkbox"/>
Purchasing	1	Have procedures been implemented that consider OHS issues when purchasing new equipment?	<input type="checkbox"/>
	2	Have procedures been implemented to identify any faults or hazards with the equipment before use?	<input type="checkbox"/>
Smoking, Drugs, Alcohol Use & Harassment	1	Are staff aware of the company's policies on: <ul style="list-style-type: none"> - Smoking - Drug use - Alcohol use - Harassment - Bullying 	<input type="checkbox"/>
Program Monitoring	1	Do you conduct periodic reviews to assess whether your OHS program is being implemented effectively and to identify ways to make further improvements?	<input type="checkbox"/>
	2	Are these findings provided to senior management for review?	<input type="checkbox"/>