

System Review – Audit

System Ratings:

1. Does not comply to State Workplace Safety Authority standards
2. Barely adequate at the moment
3. Adequate but requires further work
4. Almost complies
5. Complies with current State Workplace Safety Authority standards

WH&S Principal & Principal Element	System		Rating	
	Formal	Informal		
1. Management				
1.1 WHS is everybody's responsibility. Do all workers within the business (including contractors) have job descriptions that include specific OH&S responsibilities?	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	
1.2 Does management demonstrate a commitment to the implementation of systematic approaches to WHS and Injury Management?	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	
1.3 Are management meetings held that include discussions on WHS, inspections/audits conducted, systems analysed and are resources approved and provided? Are minutes taken & records maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	
1.4 Do workplace instructions for a particular job or function reflect identifiable responsibilities and accountabilities and a person who is responsible for a particular function?	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	
1.5 Are safe work practices observed and preventative measures used? i.e. fall arrest systems, railings, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	
1.6 Is personal protective equipment available and are employees trained in its use?	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	
1.7 Is there a preventative maintenance program in place to ensure all machinery is in good working order and safe to use?	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	
Additional Comments:				

WH&S Principal & Principal Element			System		Rating
	Formal	Informal			
2. Consultation and Communication					
2.1	Is information about OH&S and Injury Management provided regularly by managers and supervisors?		<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
2.2	Are there effective and adequate communication processes to ensure discussion at all levels on workplace OH&S and injury management issues?		<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
2.3	Have appropriate consultation processes been implemented to discuss workplace safety issues?		<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
2.4	Is there an WHS Committee or other arrangement in place?		<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
2.5	Have representatives been elected?		<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
2.6	Are the meetings properly convened and are minutes taken?		<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
2.7	Are recommended actions assigned to representatives or others to do?		<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
2.8	Is there a return to work program in place and has a person been assigned the task of dealing with the Workers' Compensation insurers?		<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
Additional Comments:					

WH&S Principal & Principal Element			System		Rating
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3. Risk Management					
3.1	Is there an WHS risk management program in place and does it include procedures for hazard identification, risk assessment and risk control?		<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>

3.2	Are Hazard Report sheets readily available throughout the plant/offices/trucks etc and have staff been educated in their use?	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	
3.3	Are Emergency Procedures in place?	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	
3.4	Does the organisation test the effectiveness of emergency procedures via evacuations etc?	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	
3.5	When hazards are noted that require changes to workplace functions, does the business provide adequate consultation regarding these changes and do they provide appropriate training?	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	
Additional Comments: <div style="border: 1px solid black; height: 100px; width: 100%;"></div>					

WH&S Principal & Principal Element		System		Rating
		Formal	Informal	
4. Training				
4.1	Within the organisation are the WHS and Injury Management skills at the necessary level?	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
4.2	Are the knowledge requirements in WHS identified for all contractors, labour hire employees and visitors to the workplace?	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
4.3	Are training programs developed in accordance with identified needs and do they provide for knowledge and skills development relevant to the workplace and its employees?	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
4.4	Are external courses offered to employees who have expressed an interest in becoming involved in the company's formal OH&S consultative process?	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
Additional Comments: <div style="border: 1px solid black; height: 100px; width: 100%;"></div>				

WH&S Principal & Principal Element		System		Rating
		Formal	Informal	
5. Records				
5.1	Is there a record management system in place for monitoring and reviewing return to work, WHS matters and hazard identification and control procedures within the workplace?	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
5.2	Are records maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
5.3	Are workers aware of the record keeping procedures including what is to be recorded, when it is to be recorded and who is responsible for recording?	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
Additional Comments:				

WH&S Principal & Principal Element		System		Rating
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6. Management				
6.1	Is an injury management procedure is in place that includes early notification of significant injuries within 48 hours of the incident and all other injuries within 7 days?	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
6.2	Are workers aware of the injury management process?	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
6.3	Are programs in place to ensure an active return to work for injured workers?	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
6.4	Are processes in place to support return to work programs? eg. Training, supervisor and support	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
6.5	Are suitable duties negotiated with all relevant parties and form part of the return to work program for an injured worker?	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
6.6	Are suitable duties time limited, and include regular reviews representing a gradual return to normal hours / duties.	<input type="checkbox"/> Yes <input type="checkbox"/> Partial <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments: