



Work Health & Safety Manual

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Section 1 INTRODUCTION

This Work, Health and Safety Management System (**WHSMS**) is in place to assist Tank Stream Lab Pty Ltd (**TSL**) to meet our WHS obligations. In conjunction with the applicable tools and forms, this plan provides workplace processes and procedures for the management of Health, Safety and Environmental (**HSE**) aspects for our workplace.

This WHSMS is available for inspection by all relevant people, including visitors, workers, contractors, members and government-appointed inspectors. The WHSMS will be monitored and updated as required, and the most current copy kept at the workplace.

The WHSMS includes essential information for people at the workplace to ensure health and safety as far as is reasonable. This information includes roles and responsibilities of key personnel, and participation arrangements, guides for resolving issues, workplace rules, and processes in place for hazard identification, risk assessment and controls, managing incidents, emergency response and review/monitoring procedures.

1.1 MANAGEMENT COMMITMENT AND APPROVAL

The WHSMS has been approved and endorsed by Cassandra Diaz, Chief Operating Officer and demonstrates a commitment to the policy, procedures and tools contained within this plan.

Senior Management Sign-off:

Date:

1.2 REVIEW

Senior Management will review this WHSMS at least once annually, or if any of the following arise:

- there are changes in the workplace that may affect the WHSMS;
- the WHSMS is not deemed effective;
- there are legislative changes that affect the WHSMS;
- there is a breach of this WHSMS.

The review will be undertaken in consultation with workers, company representatives and other relevant parties. All relevant persons will be made aware of changes made as a result of the review.

1.3 REFERENCES AND APPLICABLE DOCUMENTS

1.3.1 References

WHS Regulator

- SafeWork NSW

Legislation and Regulations

- Work Health and Safety Act 2011
- Work Health and Safety Regulation 2017
- Work Health and Safety Amendment (Penalty Notices) Regulation 2022
- Work Health and Safety Amendment Act 2023

Codes of Practice

- First Aid in the workplace code of practice 2020
- Hazardous manual tasks code of practice 2019
- How to manage work health and safety risks code of practice 2019

- Managing electrical risks in the workplace code of practice 2019
- Managing noise and preventing hearing loss at work code of practice 2022
- Managing the risk of falls at workplace code of practice 2019
- Managing the work environment and facilities code of practice 2019
- Managing the risks of plant in the workplace code of practice 2022
- Work health and safety consultation, co-ordination, and co-operation code of practice 2022
- Managing Psychosocial Hazards at Work Code of Practice 2021

Standards

- Standards Australia 2001, – Occupational health and safety management systems - Specification with guidance for use, AS/NZS 4801: 2001 (Superseded by AS/NZS ISO 45001)
- Standards Australia 2018, – Occupational health and safety management systems — Requirements with guidance for use, AS/NZS ISO 45001:2018
- Standards Australia 2016, – Quality management systems – Requirements, AS/NZS ISO 9001:2016

Further information on legislation and codes of practice can be found here

- WHS Legislation – <https://www.safework.nsw.gov.au/legal-obligations/legislation>
- WHS Codes of Practice - <https://www.safework.nsw.gov.au/resource-library/list-of-all-codes-of-practice>

1.3.2 Standards and Guidelines

AS/NZS ISO 45001:2018 - Occupational Health and Safety Management Systems

1.4 DOCUMENT CONTROL

To ensure the effective operation of the WHSMS, we will ensure that documents are easily located, relevant and kept up to date. This WHSMS together with relevant documents and forms will be available to access-

1. On the TSL Portal (electronic copy); and
2. At the Reception of each TSL site (hard copy).

Documented information will be protected from loss of confidentiality about our processes, improper use or loss of document integrity.

The TSL, Chief Operating Officer, will control all WHS documents, including checklists, forms and registers using the **Document Register (attached as an appendix)**.

1.4.1 Distribution Record Register

Copy	Issued to	Controlled Copy		Authorised by	Recipient Signature	Issue Date
		Y	N			
1		<input type="checkbox"/>	<input type="checkbox"/>			
2		<input type="checkbox"/>	<input type="checkbox"/>			
3		<input type="checkbox"/>	<input type="checkbox"/>			
4		<input type="checkbox"/>	<input type="checkbox"/>			
5		<input type="checkbox"/>	<input type="checkbox"/>			

1.4.2 Amendment Record Register

ISSUE #: 1

ISSUE DATE: [INSERT ISSUE DATE]

Rev. #	Date	Details		Description of Changes	Approved By
		Section #	Para. #		
1					
2					
3					
4					
5					

1.5 TERMINOLOGY

1.5.1 Abbreviations and Acronyms

AS/NZS: Australian Standard/New Zealand Standard.

CEO: Chief Executive Officer.

COP: Code of Practice.

HSE: Health Safety and Environmental.

HSW: Health and Safety at Work.

ISO: International Organisation for Standardisation.

PCBU: Person who Conducts a Business or Undertaking.

WHS: Work, Health and Safety.

1.5.2 Definitions

Act: A law (legislation) passed and enacted by a state or territory parliament, also commonly known as an Act of Parliament. Acts are the principal pieces of law covering, in this case, health and safety in the workplace.

Code of Practice is a practical guide to achieving the standards of OHS required under legislation. A COP applies to anyone who has a duty of care in the circumstances described in the code. Mostly, following an approved COP would achieve compliance with the health and safety duties in the relevant OHS Act, concerning the subject matter of the code.

Contractor: A contractor is any person (other than a TSL employee) or a company performing work for, or on behalf of TSL.

Controlled document or record: Any document for which distribution and status are to be kept current by the issuer to ensure that authorised holders or users have available the most up to date version.

Corrective Action: A corrective action is an action, which is taken to eliminate the cause of an identified compliance breach or a hazard.

Dangerous Goods: Dangerous Goods within the meaning of the Dangerous Goods (Road and Rail Transport) Act 2008, and Dangerous Goods (Road and Rail Transport) Regulation 2014 for NSW.

Emergency service:

- Rural Fire Authority; or
- Fire Brigade (NSW); or
- Ambulance Service; or
- State Emergency Service; or
- Police (NSW).

Employee: A person employed under a contract of employment or contract of training. An employee is not a contractor.

Hazard: A hazard is a source or a situation with the potential for harm causing human injury or illness, damage to property, damage to the environment, or a combination of these.

Hierarchy of Control: A hierarchical structure of actions that can be used to control risk, listed in order of effectiveness.

Incident: An incident is any unplanned event resulting in, or having a potential to result in injury, ill health, damage or loss.

ISO 45001: International audit tool system intended to audit OHS Management Systems and provide international OHS benchmarks.

Members: Company who has a Membership Agreement and/or a Sub-Lease Agreement with TSL and their workers who they nominate to receive an Access Card and who have been onboarded with an active TSL account.

PCBU: "Person who Conducts a Business or Undertaking". The definition of a PCBU is similar to an employer; however, it is termed PCBU to ensure other relevant relationships (such as someone who commissions work, or a landlord) recognised under the current HSE legislation.

Plant: includes -

- Any machinery, equipment, appliance, implement and tool; and
- Any component of any of those things; and
- Anything fitted, connected or related to any of those things.

Regulations: Regulations are laws created under the authority of an Act. Regulations are subordinate to an Act and are the second level of law covering, in this case, health and safety in the workplace.

Risk: Risk is a combination of the likelihood and consequences of any injury or harm occurring.

Self-employed person: A person, other than a PCBU, who works for gain or reward otherwise than under a contract of employment or training.

Uncontrolled document: These are documents that are produced for information only and are not formally reviewed, maintained, subject to change review, or approved before release. They do not have traceable distribution. They should be identified as "uncontrolled". Note: A controlled document may be "uncontrolled" once printed, but must be labelled as such.

Worker: is a person, who carries out work in any capacity for an Organisation, including work as:

- a. An employee, or
- b. An outworker, or
- c. An apprentice or trainee, or
- d. A student gaining work experience, or
- e. A volunteer, or
- f. A person of a prescribed class, or
- g. A contractor or subcontractor, or
- h. A worker of a contractor or subcontractor, or
- i. A worker of a labour-hire company who has been assigned to work in the Organisation.

Workplace – means a place where work is carried out for a business or undertaking.

Section 2 WHS POLICY

TSL is committed to the prevention of work-related injury and ill health of its staff, members, contractors and visitors within its working environment. It is our policy to ensure that any work carried out within the scope of the business is conducted in compliance with the WHSMS and complies with all applicable regulatory requirements.

Emphasis will be placed on effective management, ensuring a systematic approach to the identification of risks using a hierarchy of controls (figure 2).

To deliver these responsibilities, TSL undertakes to:

- maintain a safe and healthy place of work by providing plant, equipment and systems of work which reduces risks to people's health and safety;
- Allocate financial and physical resources to control risks;
- promote WHS awareness within the company and encourage workers to participate in the decision-making processes within the WHSMS;
- ensure compliance with all relevant safety legislation, regulations, codes of practice and other requirements associated with our operations;
- for outsourced process or services, TSL will determine criteria and methods of control to ensure conformity to our needs and regulatory authorities;
- arrange for the effective planning, organisation, control, monitoring and review of preventative and protective measures;
- have in place a framework for setting and reviewing our WHS objectives and targets to continually improve our practices to prevent harm;
- train, educate and inform our workers about WHS issues that may affect their work; and
- commit to reporting WHS performance with measurable targets to ensure continued improvement.

Cassandra Diaz, Chief Operating Officer, has been appointed as the Management Representative for the WHSMS. The Management Representative has the full support of TSL Senior Management to establish, implement and maintain the WHSMS per this manual, AS/NZS ISO 45001:2018 and other applicable regulations, standards, and guidance.

Signature:

Date:

Section 3 CONSULTATION, COOPERATION & COORDINATION

❖ Policy

TSL will foster a culture of open communication and discussions relating to WHS and ensure all worker's and members interests are represented through formalised consultative arrangements.

The consultation will take place directly with workers, to identify and assess hazards, before and during the implementation of risk controls. Consultation with workers and other relevant parties will also occur when there's changes or new information that may affect health and safety.

TSL will establish the following consultative arrangements:

- Regular management meetings with WHS as a standing agenda item;
- Inductions;
- Training;
- Standard Operating Procedures, documented safety instructions;
- Hazard, incident and near miss reporting;
- Communication via Member Portal;
- Suggestion scheme via the Members Portal; and
- Coordination meetings with contractors or members.

❖ Procedure

TSL will facilitate consultation with its Workers, Members and other duty holders to ensure that they are provided with an opportunity to contribute to decision making on health and safety matters. Consultation will be facilitated via-

- Consultation meetings, where appropriate (refer to the checklist below);
- The HSE email address, where members, workers and duty holders can directly email TSL with any issues, suggestions or concerns relating to health and safety.

Records of health and safety meetings will be maintained using the template for Meeting/Toolbox Talk Record (attached as an appendix).

TSL will ensure effective communication and consultation with other Duty Holders (such as contractors) as relevant for the tasks undertaken. All efforts will be made to identify hazards, consult with duty holders, cooperate and coordinate with duty holders to ensure health and safety for the duration of the contract.

TSL will ensure effective communication and consultation with other Duty Holders (such as members) as relevant for the tasks undertaken in the workplace. All efforts will be made to identify hazards, consult with duty holders, cooperate and coordinate with duty holders to ensure health and safety in the workplace.

When consulting with other Duty Holders, such as Members and Contractors, TSL will have regard to the checklist below.

❖ Process:

The process around use of the HSE Email Address will be as follows:

Submission of Suggestions:

Suggestions regarding health and safety can be submitted by any worker, member, or duty holder via email to WHS@tankstreamlabs.com.

Review Process:

All received emails are directed to the inbox monitored by the Chief Operating Officer (COO).

The COO will review each suggestion within 5 working days of receipt.

Evaluation and Action:

The COO evaluates the feasibility and relevance of each suggestion based on current health and safety guidelines and business operations.

Necessary actions are determined based on the evaluation. This might involve further investigation, consultation with safety committees, or direct implementation of safety improvements.

Feedback and Follow-Up:

The COO or a designated safety officer will provide feedback to the individual who submitted the suggestion. This feedback will detail any actions taken or explain why a suggestion may not be implemented at this time.

Feedback will be provided via email within 10 working days from the initial review.

Documentation and Monitoring:

All suggestions and the outcomes of the review process are documented and maintained in a safety suggestions log.

This log is reviewed quarterly by the COO to monitor the effectiveness of implemented changes and to ensure continuous improvement in health and safety practices.

Checklist for the consultative arrangement with other Duty Holders/Contractors:

	Y	N
Are other Duty Holders/Members aware of your proposed activities?	<input type="checkbox"/>	<input type="checkbox"/>
Have all persons who will be affected/impacted from proposed activities been identified? (Include workers of contractors, members, public etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Are other Duty Holders/Contractors aware of when and how plant and substances will be used?	<input type="checkbox"/>	<input type="checkbox"/>
Are other Duty Holders/Members aware who has decision-making power over proposed activities?	<input type="checkbox"/>	<input type="checkbox"/>
Are other Duty Holders/Members aware of how proposed activities will affect the work environment?	<input type="checkbox"/>	<input type="checkbox"/>
Has sufficient information been provided concerning hazards/risks that may affect Duty Holders/Members?	<input type="checkbox"/>	<input type="checkbox"/>
Are Duty Holders/Members aware of risk controls that will be implemented?	<input type="checkbox"/>	<input type="checkbox"/>
Are procedures in place for the following:		
Resolving health and safety issues?	<input type="checkbox"/>	<input type="checkbox"/>
Cooperating to ensure the use of complimenting controls?	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of activities to reduce risk where possible?	<input type="checkbox"/>	<input type="checkbox"/>
Monitoring the effectiveness of cooperation/coordination procedures?	<input type="checkbox"/>	<input type="checkbox"/>

3.1 WHS ISSUE RESOLUTION

❖ Policy

The Organisation will adhere to the guidelines and requirements of the WHS legislation and follow a process of natural justice to resolve any WHS issues raised in the workplace.

In attempting to resolve any WHS issue, TSL will have regard to relevant matters, including, but not limited to:

- the degree and immediacy of the risk to workers or other persons affected by the OHS issue;
- the number and location of workers and other persons affected by the OHS issue;
- corrective measures (temporary or permanent) that must be implemented to resolve the issues;
- responsibility for implementing the resolution measures; and
- consultation between all parties involved and affected by the OHS issue.

Workers will not be penalised for raising safety issues.

❖ Issue Resolution Procedure

All workers are responsible for actively participating in and following reasonable directions in respect of issue resolution.

Informal Issue Resolution Procedure: A worker(s) who wishes to raise an OHS hazard/concern must first discuss the issue directly with their supervisor or manager. The Supervisor/Manager will:

- consider and investigate the issue, including contacting other workers who may be able to assist with resolving the OHS issue;
- if possible, implement, or arrange to be implemented, actions to address the hazard/issue, as soon as practicable;
- inform the worker who raised the issue of the outcome of the investigation and all corrective actions;
- ensure a Hazard Report Form (attached as an appendix) is completed and retained as a record; and
- monitor and review the issue at an appropriate and agreed time to ensure there is no repeat of the problem.

If the OHS issue is resolved satisfactorily at this stage, then there is no need for further action.

If the OHS issue is NOT resolved at this stage, it will progress to the Formal Issue Resolution Procedure.

In the event of severe immediate risk to workers

In the situation when a definite and immediate safety hazard is perceived, workers will inform the Chief Operating Officer. The Chief Operating Officer will call an immediate halt to work while the matter is investigated.

In the event the Chief Operating Officer fails to agree about the degree of risk present or the Chief Operating Officer is not available, any worker from that workgroup can direct people to withdraw from the hazardous area until the issue is resolved. They will then inform the appropriate manager of the actions taken pending a full investigation.

Work will not resume until the hazard has been controlled and no longer presents an unacceptable risk to the safety and health of workers and others. Alternative duties will be found for those workers affected.

Section 4 RISK MANAGEMENT

❖ Policy

During the planning phase, we will consider management issues and determine:

- the WHS risks and mitigation strategies that negatively impact the operation;
- the opportunities that the company can leverage to improve the WHS management by adapting the work, organisation or the work environment;
- the opportunities that the company can leverage to ensure growth and sustainability.

The processes developed will assure that the practices that TSL use will mitigate, as much as practicable, our WHS impacts with the goal to:

- enhance the desired effects of the opportunities that may occur;
- prevent, mitigate and reduce the effects of undesired outcomes; and
- achieve planned improvements.

❖ Hazard and Risk Management Process

TSL has implemented the following mechanisms to provide system and tools to ensure effective risk management in the workplace:

- effective consultation and planning during every phase of the Risk Management Process;
- hazards are identified and reported via the following;
 - consultation –meetings, HSR's, briefings, direct discussions etc.;
 - workplace inspections;
 - audits – internal reporting – Incident Report Form, Investigation Checklist and Action Report Form, Hazard Report Form, Corrective/Preventative Action Registers etc.;
- research – information is gathered and interpreted from State and Local Authorities, Manufacturers, Suppliers, Industry groups, other Organisations and workers;
- risk assessment – task-specific risk assessments and environmental impact risk assessments conducted as required by suitably trained and experienced workers;
- a Risk Matrix (figure 3) which accompanies each *Risk Assessment Form* used to assist in determining risk levels;
- actions Prioritised – once risk levels are assessed; a list of action priorities is specified;
- risk control – identified hazards are systematically eliminated or reduced by implementing practical control measures. The Hierarchy of Controls (figure 2) used;
- all controls will be reviewed and monitored;
 - When/if an incident/near miss occurs;
 - As per legislative requirements;
 - As requested by relevant persons (such as HSR);
 - Other times necessary to maintain effectiveness;
- monitor and review – regular checks are carried out to ensure that suitable control measures are implemented, that they continue to be adequate, and that no new hazards have been introduced into the workplace either by implemented control actions or by changes to the workplace; and
- documentation – all risk management activities conducted and the outcome of those activities, in particular, those outlined in this procedure, are fully documented and records maintained.

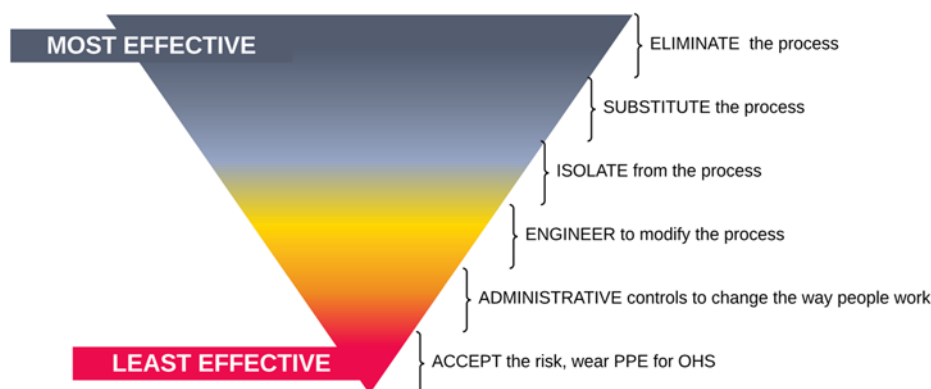


Figure 2. Hierarchy of Controls.

For all identified hazards, a risk assessment must be undertaken to determine how likely to the hazard is to harm people, and how severe the harm could be. The process used to conduct a risk assessment is outlined below:

STEP 1: DETERMINE LIKELIHOOD: What is the possibility that the effect will occur?

	CRITERIA	DESCRIPTION
ALMOST CERTAIN	Expected in most circumstances.	The effect is a typical result.
LIKELY	Will probably occur in most circumstances.	The effect is known to have occurred previously.
POSSIBLE	Might occur at some time.	The effect could occur, or, I've heard of it happening.
UNLIKELY	Could occur at some time.	The effect is not likely to occur or, I have not heard of it happening before.
RARE	May occur only in exceptional circumstances.	The effect is practically impossible.

STEP 2: DETERMINE CONSEQUENCE: What will be the expected effect?

LEVEL OF EFFECT:	EXAMPLE OF EACH LEVEL:
INSIGNIFICANT/ACCEPTABLE	No effect – or so minor that effect is acceptable.
MINOR	First Aid treatment only.
MODERATE	Serious injuries, medium business interruption, medium environmental impact.
MAJOR	Extensive injuries/Death; significant business interruption, significant loss of credibility, environmental harm, prosecution.
CATASTROPHIC	Multiple Permanent Total Disability injuries and deaths. Business failure, substantial environmental harm, prosecution/imprisonment.

STEP 3: DETERMINE THE RISK SCORE:

LIKELIHOOD	CONSEQUENCE				
	INSIGNIFICANT	MINOR	MODERATE	MAJOR	CATASTROPHIC
ALMOST CERTAIN	3 HIGH	3 HIGH	4 ACUTE	4 ACUTE	4 ACUTE
LIKELY	2 MOD.	3 HIGH	3 HIGH	4 ACUTE	4 ACUTE
POSSIBLE	1 Low	2 MOD.	3 HIGH	4 ACUTE	4 ACUTE
UNLIKELY	1 Low	1 Low	2 MOD.	3 HIGH	4 ACUTE
RARE	1 Low	1 Low	2 MOD.	3 HIGH	3 HIGH

STEP 4: RECORD RISK SCORE ON THE WORKSHEET: (Note – Risk scores have no absolute value and should only be used for comparison and to engender discussion.)	
SCORE	ACTION
4A: ACUTE	<u>DO NOT PROCEED.</u> Requires immediate attention. Introduce further high-level controls to lower the risk level. Re-assess before proceeding.
3H: HIGH	<u>Review before commencing work.</u> Introduce new controls and/or maintain high-level controls to lower the risk level. Monitor frequently to ensure control measures are working.
2M: MOD.	<u>Maintain control measures.</u> Proceed with work. Monitor and review regularly, and if any equipment/people/materials/work processes or procedures change.
1L: Low	<u>Record and monitor.</u> Proceed with work. Review regularly, and if any equipment/people/materials/work processes or procedures change.

Figure 3. Risk Assessment Matrix

4.1 ORGANISATION STRUCTURE & RESPONSIBILITIES

Chief Operating Officers name: Cassandra Diaz	
Address: Level 17, International Tower 3-300 Barangaroo Avenue, Barangaroo NSW 2000	Email: cass@tankstreamlabs.com
Workplace Phone: N/A	Mobile Phone Number: 0435 929 722
<ul style="list-style-type: none"> • Approval of the WHSMS and the policies; • Communication of WHSMS and policies; • Leadership; • Allocating sufficient resources; • Reviewing performance; • Providing direction for increasing performance; • Establishing a workplace culture that promotes health and safety. 	



All Senior Managers
<ul style="list-style-type: none"> • Integration of health and safety considerations into all decision making; • Consult with workers and contractors; • Planning, developing, implementing, monitoring and reviewing WHSMS, policies and programs; • Control risks; • Communication with WHS plans, policies, programs; • Identify training needs and enable training as required; • Reporting and recording; • Liaise with relevant State Authorities; • Meet legislative requirements.



All workers, Member Companies and Members
<ul style="list-style-type: none"> • Take reasonable care of themselves and others at work; • Comply with WHSMS, policies, procedures and programs; • Work in a manner that does not create unnecessary risks to WHS; • Report and assist in rectifying hazards/non-conformances; • Participate in consultative arrangements.

4.2 OBJECTIVES AND TARGETS

❖ Policy

The WHS objectives for the company have been established by Senior Management and delegated to each TSL Site Manager responsible for setting objectives. Each Site Manager is accountable in meeting those objectives and reports on the progress of those objectives to Senior Management regularly.

Objectives based on the following:

- having an WHSMS that incorporates outcomes, measurements and positive performance of WHS factors;
- the engagement of physical and human resources to ensure the objectives and targets of WHS policies and procedures are met; and
- open and transparent consultation that encourages and enables continual improvement of internal WHSMS and outcomes.

WHS targets include:

- Establish a workplace culture that aims for zero harm across all operations, where safety is ingrained in every activity.
- Ensure 100% of scheduled safety inspections and audits are completed on time, and all necessary corrective actions are implemented within one month of identification.
- emergency management plan practices are undertaken bi-annually or annually depending on the location;
- review of consultative arrangements.

❖ Objectives and Targets Procedure

1. Management will identify objectives and targets required to meet the identified goals;
2. The objectives and targets for each process recorded using the Objectives Summary Form (attached as an appendix). They can then be summarised within the Objectives and Targets Register (attached as an appendix);
3. Objectives are represented as follows:

- N = New Process
- I = Improve Process
- C = Control/Maintain Existing process
- E = Explore or Examine new process.



Figure 4. Objectives and Targets Flow Chart.

4.3 CORRECTION AND NON-CONFORMANCE

❖ Identification of Non-conformances

It is the responsibility of all workers to bring suspected non-conformances to the attention of the Chief Operating Officer. Non-conformances may be identified through the following methods:

- audit findings (internal or external);
- complaints (internal or external);
- observation;
- incidents/near-misses.

❖ Control of Non-conformances

When non-conformity occurs with one of our products or services, including where a member is not satisfied with what they have received, we will do all possible to:

- Acknowledge the report of nonconformity; A form for recording the nonconformity can be found at Non-Conformance Form (attached as an appendix) and we will, as applicable;
- take the appropriate actions to control the process and correct the issue;
- do all possible to fix the issue and provide assurance that the nonconformity does not occur again;
- investigate and evaluate where the nonconformity occurred and develop actions to eliminate or mitigate the causes of the nonconformity. We will do this by:
 1. Reviewing and analysing the nonconformity for the causes of the failure;
 2. Determining if similar nonconformities exist in our processes or if they could potentially occur;
 3. Attach the Non-Conformance Form to detail the nature and scale of the non-conformance. This should include proposals for corrective and preventive actions, as appropriate;
 4. Implement the actions needed to ensure that the nonconformity does not occur again within our processes;
 5. Review, monitor and measure the effectiveness of the new corrective actions;
 6. Use the analysis in the planning cycle and update our known risks and opportunities;
 7. Update the WHSMS as required.

The corrective action taken will be of an appropriate magnitude to the effects of the nonconformities encountered. The corrective actions are risk assessed to ensure that the benefits of the change are forthcoming. Corrective/Preventative Actions Form (attached as an appendix).

Any nonconformity will be kept as a record to provide evidence of:

- what the nonconformity was;
- what the subsequent actions that were taken to fix the nonconformity; and
- the results of monitoring and measurement on the corrective actions.

Repeated non-conformances of similar nature are to be reported to the Chief Operating Officer for action and resolution.

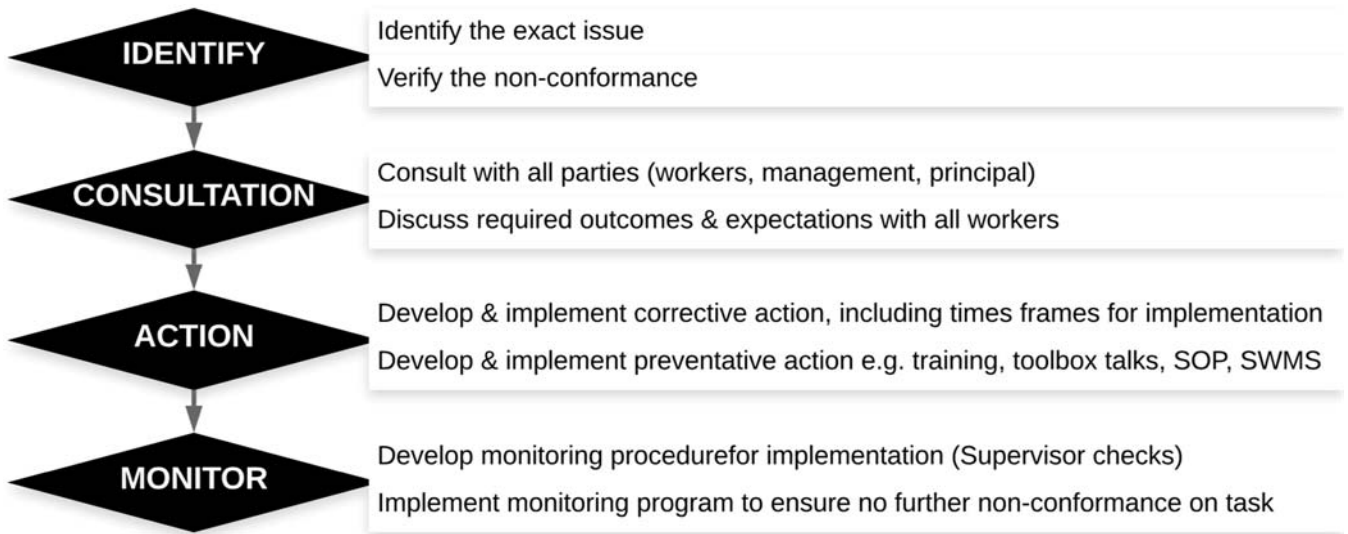


Figure 5. Non-Conformance Process

Section 5 MONITOR & REVIEW

5.1 LEGISLATIVE CHANGE

❖ Policy

TSL is committed to providing a safe and healthy workplace for workers, members, contractors and visitors and embraces opportunities to improve knowledge about new legislation and best practice solutions.

TSL will proactively seek out advice, education and industry knowledge to foster continual improvement in the WHSMS and updates of relevant legislation.

TSL will endeavour to manage legislative change by:

- assigning responsibilities for researching legislative variations with State and Federal Authorities;
- participating in learning opportunities such as information sessions provided by industry stakeholder groups, unions, and relevant authorities;
- seeking advice from suitably qualified people where required (such as work consultants and legal practitioners);
- attending conferences, trade shows etc. where possible;
- ensuring refresher training is undertaken where required;
- liaising with local authorities as needed.

❖ Procedure

TSL has put in place mechanisms to manage legislative change by:

- regularly reviewing WHS policies, procedures, systems and processes to ensure they are current and in line with relevant legislation;
- Cassandra Diaz, Chief Operating Officer is assigned responsibilities for researching and recording relevant legislative changes and provisions and taking action to address those changes as required at TSL);
- reviewing WHSMS policies, procedures, systems and processes to maintain currency;
- notifying, all relevant persons on the changes;
- maintaining documented records of modifications to policies, procedures, systems and methods due to legislative changes via the document control system. Seeking advice from suitably qualified persons where required (such as WHS consultants) to assist with the management of legislative changes;
- ensuring workers can access relevant WHS information either in electronic form or hard copies as required;
- liaising with local authorities as required.

Compliance Requirements Register (attached as an appendix)

5.2 MANAGEMENT REVIEW

❖ Policy

TSL recognises the importance of reviewing the adequacy and effectiveness of the WHSMS to identify opportunities for improvement.

Management meetings will be held at regular intervals and will include the following agenda items:

- Review of internal audit results,
- Evaluation of legal compliance issues;
- Results of participation and consultation from all levels - management, workers and members;
- Performance evaluation of the WHSMS Manual and objectives;
- Status of incident reports, investigations, corrective and preventive actions;
- Communication from interested parties, complaints - take action status and suggestions;
- Management of change;
- Corrective actions, accountability and timeframes;
- Follow-up action on previous management reviews.

Determine meeting intervals/timeframes on a risk basis, minimum bi-yearly. Meeting minutes will be recorded, and the results of these will be provided to Senior Management.

❖ Procedure

This procedure is accessible to all workers, and all workers can input into the WHS management review process via Cassandra Diaz, Chief Operating Officer.

WHS management review meetings are held bi-yearly and include the following management review agenda items:

- Legislative requirements - including incident notification, hazardous work, licensing, certification and audits;
- Review of internal and external audit results, inspection and other compliance plans;
- Evaluation of legal compliance issues;
- Results of participation and consultation from all levels - management, workers and members;
- Performance evaluation of the WHSMS and objectives;
- Status of incident reports, investigations, corrective and preventive actions;
- Hazard reporting - corrective actions, accountability and timeframes;
- Recommendations for continual improvement;
- Communication between workers and other relevant parties, complaints - take action status and suggestions;
- Planned changes to the WHSMS (documents, processes, training etc.) that affect workers;
- Management of legislative change;
- Follow-up action from previous WHSMS management review meetings.

WHSMS management review meeting intervals are determined on a risk basis and with a maximum of 6 months between scheduled meetings. Informal meetings and consultation will occur regularly. Management will notify outcomes of WHSMS management review meetings that have a direct influence, impact or effect on workers' health and safety. A record of management review meetings, including minutes and notes, will be kept as a WHSMS record. Keep records in either paper or electronic form and provide a copy to Senior Management.

5.3 COMPLIANCE EVALUATION

❖ Policy

TSL will evaluate performance and compliance with the current WHS Legislation and the worker's compensation provisions to create benchmarks for continual improvement of workplace safety.

TSL is committed to the continual development, improvement and implementation of its WHSMS.

At TSL, compliance with legislation and this WHSMS is evaluated using several strategies including, but not limited to:

- review of internal results, inspection and other compliance plans;
- evaluation of legal compliance issues;
- results of consultation from all levels - management, workers and contractors;
- performance evaluation of the WHSMS Manual and work, health and safety objectives;
- status of incident reports, investigations, corrective and preventive actions;
- communication from interested parties, complaints - take action status and suggestions;
- corrective actions, accountability and timeframes;
- follow-up on previous compliance reviews.

❖ Procedure

Tanks Stream Labs will implement the following:

- In-house inspections as required:
 - Daily;
 - Weekly;
 - Monthly;
 - 6-monthly;
 - 12-monthly;
- Routine maintenance plans;
- Internal audits;
- Health surveillance monitoring where needed;
-

Undertake audits to evaluate compliance in line with:

- Legal obligations;
- Current OHS Act and Regulations;
- TSL WHSMS policies and procedures;
- AS/NZS ISO 45001:2018 - Occupational Health and Safety Management Systems;

Reports detailing compliance evaluations, including audit and workplace inspection results, will be recorded and results provided to Senior Management at regular intervals.

Results of any audits, inspections, and any corrective actions that indicate workers and relevant contractors may be at immediate at risk of harm must be actioned immediately.

5.4 AUDITING

❖ Policy

TSL is committed to assessing compliance with the WHSMS and the relevant standards.

Regular internal audits will be undertaken to assess compliance.

Audit plans identifying criteria, scope, frequency, and methods will be developed and administered by the Chief Operating Officer (or delegate). Audits will be scheduled, organised, performed and recorded following detailed procedures and work instructions. Suitably competent persons who are not accountable for WHS outcomes in the area audited will perform audits.

All audit findings and results will be maintained. Where corrective actions are identified, a report created accordingly, and management responsible for the non-conforming result ensure the necessary corrective actions are taken without undue delay. All follow-up actions will be verified and signed off as complete by the Chief Operating Officer (or delegate).

❖ Audit Process

Management is required to:

- implement an Annual Audit Schedule (attached as an appendix) to determine whether the WHSMS conforms to the documented policies and procedures;
- allocate sufficient resources to ensure the WHSMS is properly affected and maintained;
- nominate an WHSMS Audit Manager to develop and lead the audit process.

All workers are required to:

- participate and assist in audits as required;
- bring it to the attention of their Supervisor/Manager immediately any issue that may affect a current audit.

The WHSMS Audit Manager will:

- develop an internal audit programme;
- ensure an internal audit of the WHSMS is undertaken annually (at minimum);
- select an audit team (ensuring the auditor team has appropriate audit training);
- appoint an audit team leader (if not themselves);
- establish and implement an Internal Audit Plan (attached as an appendix); (considering breadth and depth of audit);
- communicate the audit schedule to the organisation;
- select an audit team.
- provide audit findings to Senior Management;
- professionally conduct all audits.

❖ Audit Plan Procedure

The Lead Auditor is responsible for ensuring the preparation of a written audit plan. See applicable Internal Audit Checklist (attached as an appendix).

The audit plan will consider:

- relevant system documents and records;
- internal audit criteria and components of applicable standards

❖ Conducting the Audit

1. A pre-audit meeting is held with appropriate personnel to confer on the scope, plan and timing for the audit;
2. The Lead Auditor may modify the audit scope and plan if necessary;
3. All audit findings to be documented;

4. Corrective actions from previous audits considered and documented;
5. A post-audit meeting held to present preliminary audit findings, clarify any misinterpretations and summarise the audit outcomes.

❖ Reporting Audit Outcomes

1. The Team Leader will prepare an audit report;
2. The audit report will state the scope of the audit, identify the audit team, define the evidence used, and summarise the results of the audit;
3. Audit findings indicating that corrective actions are required entered into the Corrective/Preventative Actions Register;
4. The WHSMS Audit Manager is responsible for distributing the audit results to Senior Management;
5. The WHSMS Audit Manager is responsible for ensuring audit reports are tabled for review at the next Management Review

❖ Audit Follow-up

- Non-conformances identified as a result of the audit listed in the Non-Conformance Form and the Corrective/Preventative Actions Form;
- The WHSMS Audit Manager will be responsible for the completion and effectiveness of corrective actions.

❖ Record Keeping

- All Internal Audit Reports are to be retained for at least two years from the date of the audit;
- The WHSMS Audit Manager is responsible for assigning audit records to the WHSMS Manager for storage (including any records relating to the training of auditors).

Note: Should any evidence collected during the Internal Audit suggest an extreme risk exists, this information must be communicated directly to Senior Management immediately. Work tasks involving the identified extreme risk must stop until effective control measures are implemented.

External Audit

❖ Purpose

To provide a framework for the conduct of external audits by a third party. These External Audits will be arranged at the discretion of TSL, when considered necessary or required.

❖ External Audit Procedure

The Chief Operating Officer determines the need for an external audit and submits information and recommendations to the Organisation, for approval of an external audit to proceed.

Upon approval to proceed with the audit, the Chief Operating Officer:

1. Determines the nature and scope of the audit;
2. Investigates a suitable experienced and qualified auditor;
3. Negotiates the Terms of Engagement of the audit;
4. Engages the auditor;
5. The Chief Operating Officer will consult with relevant Managers and workers to schedule in the audits and allocated time for workers to participate in the audit process as required;
6. Information and evidence collected during the audit documented in a detailed External Audit Checklist and Summary Report by the auditor;
7. Notes from interviews and original photographs kept with the External Audit Summary Report as evidence collected by the auditor;
8. The External Audit Checklist and Summary Report will be submitted to Senior Management inclusive of a list of recommended corrective actions for the management to address;
9. Follow up meetings between the Chief Operating Officer/Senior Management will occur to ensure the corrective actions are completed in a suitable timeframe.

Note: Should any evidence collected during the external audit suggest an extreme risk exists, this information must be communicated directly to Senior Management immediately. Work tasks involving the identified extreme risk must stop until effective control measures have been implemented.



Company Name: Tank Stream Labs Pty Ltd

Company Address: Level 8, Railway House 7-11 York Street, Sydney, NSW, 2000

ACN: 160 034 480

5.5 DOCUMENT AND RECORD KEEPING

❖ Policy

To ensure the effective operation of the WHSMS, TSL will ensure that documents and records are easily located, relevant and kept up-to-date. At TSL the control of document information ensures that:

- documented information is readily available to workers and managers and that it is suitable for use; and
- documented information is protected from loss of confidentiality about our processes, improper use or loss of document integrity.

In the control of documented information including records management, the following actions are taken to ensure documents, content and records are:

- able to be distributed, accessed, retrieved and used in an appropriate, effective and efficient manner;
- stored and preserved including legibility for prescribed times as per legislative or regulatory requirements;
- version controlled and changes are documented and communicated;
- retained and disposed of according to legislative or regulatory requirements;
- all electronic forms will be maintained and backed up as per document keeping procedure;
- all hardcopy records will be protected from damage by storage in suitable compartments.

Records subjected to regulated timeframes must be kept for the required period. All other records will be kept for a period of seven years;

Documented information necessary for the planning and operation of our Company's processes will be identified. Once identified, the document will be controlled in the same manner as internally generated documented information.

Documented information retained as evidence of conformity in the form of records will be protected and stored for the length of time required by regulatory requirements. The WHS records kept by TSL detailed in the H&S Document Register.

The types of documents that can be controlled documented information include (but are not limited to):

- | | |
|-------------------------------------|----------------------|
| • HTML and Java scripted Web Pages; | • Work Instructions; |
| • WHSMS Manual; | • Forms; |
| • Procedures; | • Company templates. |

Records such as:

- | | |
|-----------------------|------------------------|
| • Corrective Actions; | • Customer Complaints; |
| • Management Reviews; | • Calibration Results. |

All printed documents are considered uncontrolled.

The documents are to be approved by the Chief Operating Officer, and only nominated people shall have the authority to create and modify documents. Control external documents such as law guides, standards and legislation through subscription to online databases, which maintain up-to-date versions of all materials.

Control health and safety records and worker's compensation records per legislative requirements. Nominated persons shall have responsibility for holding, storing, retaining and disposition of WHS related records.

TSL will keep records in line with specific legislative requirements for health monitoring data, injury records, risk assessments, SOP, notifiable incidents, worker's compensation and other specified matters. Records will be kept for the required timeframe and will be accessible for review by regulatory bodies and HSR as appropriate.

TSL has implemented a system to develop, maintain and retain WHS and Worker's Compensation records that meet legislative requirements.

Document Register (attached as an appendix)

Section 6 INCIDENT & HAZARD REPORTING

6.1 INCIDENT REPORTING

❖ Policy

TSL is committed to reducing the frequency, impact and severity of incidents in the workplace, and to comply with legislative requirements regarding the notification and management of incidents.

TSL will identify and record all WHS incidents, whether or not they cause injury or damage, to ensure the potential for harm is minimised, and to prevent a recurrence.

❖ Incident Reporting

TSL will identify and record all safety incidents, whether or not these cause injury or damage, to ensure the potential for harm is minimised and to prevent a recurrence.

❖ Procedure

- a. Follow the Incident Response Procedure to ensure that workers are cared for, and the incident area is cleared of people and secured to prevent further harm;
- b. Report all incidents as soon as possible to the Chief Operating Officer;
- c. When a Reportable Incident has occurred, the Chief Operating Officer determines whether the workplace needs to be preserved for investigation by the relevant Regulator;
- d. A Person involved with the incident completes an *Incident Report Form, Investigation Checklist and Action Report Form*;
- e. A Person involved with the incident completes a *Hazard Report Form*;
- f. If the person involved with the incident is not able to complete the form, a Supervisor/Manager or if unavailable at the time a TSL worker will complete the form, in consultation with the involved person, if possible;
- g. A copy of the *Incident Report Form, Investigation Checklist and Action Report Form* is provided to – the person involved and to the Chief Operating Officer;
- h. The Chief Operating Officer records the incident on the Incident/Near Miss Register (attached as an appendix);
- i. A copy of the Incident Report is provided to any the Chief Operating Officer and Senior Management, as required;
- j. The Chief Operating Officer reports all Notifiable Incidents to the relevant authority, within the timeframe required by legislation;
- k. The Chief Operating Officer keeps records of incidents and injuries per Statutory requirements.

❖ Notifiable Incident Response Procedure

- a. Follow the Emergency Response Procedure to care for workers, and the incident area is cleared of people and secured to prevent further incident;
- b. Report all incidents as soon as possible to the Chief Operating Officer;
- c. When a Reportable Incident has occurred, the Chief Operating Officer determines whether the workplace needs to be preserved for investigation by the relevant Regulator;
- d. The person involved in the incident completes an *Incident Report Form, Investigation Checklist and Action Report Form*;
- e. If the person involved in the incident is not able to complete the form, the Chief Operating Officer will complete the form, in consultation with the involved person, if possible;
- f. A copy of the *Incident Report Form, Investigation Checklist and Action Report Form* is provided to – the person involved and to the Chief Operating Officer;
- g. Person Responsible records the incident on the *Incident/Near Miss/Hazard Report Register*;
- h. A copy of the *Incident Report Form, Investigation Checklist and Action Report Form* is provided to any Principal Contractor, as required;
- i. The Chief Operating Officer reports all Notifiable Incidents to the relevant authority, within the timeframe required by legislation;
- j. The Chief Operating Officer keeps records of incidents and injuries per Statutory requirements;
- k. Follow the Incident Investigation Procedure.

Contact details for notification to State Authority:

Name of Authority: SafeWork NSW
Telephone number of notification: 13 10 50
The email address for notification: Notification is to be via the telephone number above
The website address for notification forms: https://www.safework.nsw.gov.au/notify-safework/incident-notification
Name of Person Responsible for notifying: Cassandra Diaz, Chief Operating Officer.

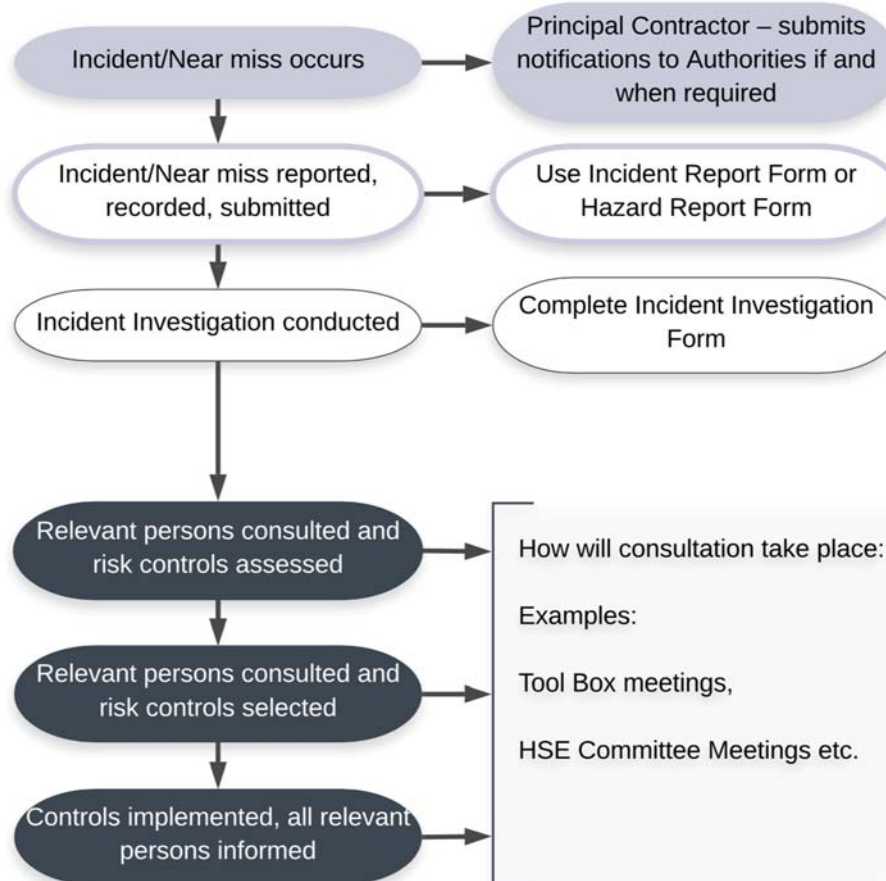


Figure 6. Incident Reporting Flow Chart

6.2 REPORTING

❖ Policy

TSL is committed to the provision of a functional and practical WHSMS and as such, understands the value of maintaining feedback. Effective reporting will take place via relevant individuals, affected workers, other duty holders/contractors to manage hazards and risks.

A proactive, planned, and systematic approach to WHS reporting will help respond to change and improve health, safety and welfare outcomes. Reporting will be an on-going process conducted in line with the requirements of WHSMS and relevant legislation.

❖ Procedure

TSL will report on all identified WHS issues, hazards, risks and legislated reportable incidents.

Legislative	Non-legislative
<ul style="list-style-type: none"> • Injury reporting • Notifiable incidents • Worker's compensation and return to work • Health monitoring and health surveillance • Reviews of risk controls • Consultative arrangements • Hazard Identification • Risk assessments • Other legislated matters as relevant (such as plant registration etc.) 	<ul style="list-style-type: none"> • WHSMS performance • Results of audits • Incident reports and investigation • Preventative actions • Corrective actions

6.3 INCIDENT INVESTIGATION

❖ Purpose

This procedure covers the formal investigation of incidents at TSL. In the event of a serious incident or dangerous occurrence, an incident investigation is carried out "internally" by the Chief Operating Officer at TSL on behalf of the Organisation.

❖ Objective

The primary objectives of an incident investigation are to:

- identify the factors that contributed to the incident so that action and control procedures can be implemented to prevent the recurrence of a similar incident;
- identify the "change" in systems or processes that lead to the error;
- establish a systematic method of recording causation of serious incidents;
- determine compliance with legislation;
- use a 'No Blame' approach to determine the cause of incidents;
- improve systems of work, policy, and procedures to eliminate or at least lower the number and severity of workplace incidents.

The intent of the investigation is to determine what happened and what it was that went wrong to allow the incident to occur. The intent is not to establish blame of any person but to identify any causal factors and their effects.

❖ When an Investigation Shall Take Place

The requirement and the circumstances in which it is necessary to conduct an incident investigation is aligned to the Incident Reporting Policy, Incident Reporting Procedure and legislative requirements. Incident Investigations may be required to start immediately completed within 24 hours after a notifiable incident. Note: incidents include near misses/near hits concerning OHS.

❖ The Incident Investigation Team

The size and makeup of the Incident Investigation team will depend upon the type and seriousness of the incident and injury. It is the responsibility of the Organisation directly involved to establish an Incident Investigation Team. The size and makeup of the team will be influenced by, but not limited to:

- type of incident;
- type of injury/injuries if applicable;
- the seriousness of injury/injuries (severity);
- number of persons impacted;
- number of persons in that workplace;
- size of the workplace;
- types and complexities of the activities undertaken;
- types of hazards and risks.

In the case of a notifiable incident involving a permanent injury, illness or death of a person an indicative Incident Investigation Team would be composed of the following persons:

- the Organisation/Business owner;
- the Senior Manager;
- the person(s) involved (if possible);
- the person(s) supervisor;
- the Field/Workplace Supervisor;
- the HSR;
- a person with specialised knowledge of hazards involved with the incident. E.g. a person with chemical training and qualifications if the incident involves chemicals, an electrician if the incident involves electricity.

❖ **How to Conduct the Investigation**

Investigators shall avoid any emphasis on placing blame for the incident. The level of effort involved in the investigation will depend largely on the severity or potential severity of the incident. Regular and supportive consultation between management and the members of the Incident Investigation Team members will be an essential part of the investigation process.

The investigation should be conducted with full cooperation with officers and Inspectors from relevant State Authorities (e.g. WorkSafe, Police, Emergency Services)

❖ **The investigators shall**

1. Visit the scene of the incident before the physical evidence is disturbed.
2. Collect samples of any substance, which may have contributed, to the incident, noting conditions that may have affected the sample. (Using Personal Protective Equipment if required).
3. Make comprehensive visual records, e.g. video, photos, diagrams.
4. Determine which incident-related items must be preserved.
5. Identify and interview the people who were involved in the incident, including eyewitnesses.
6. Review all sources of potentially useful information. These may include original designs, design specifications, drawings, operation records, purchasing records, previous reports, maintenance records, safe work method statements, standard operational procedures, inspection and testing records, worker training records.
7. Identify and analyse all of the contributing (causal) factors as evidenced by the facts. Keep an open and objective mind.
8. Determine and document interim and long-term control measures aimed at preventing the recurrence of similar incidents. The determination and implementation of control measures should be based on the hierarchy of control principles and made in consultation with all members of the investigation team, and when appropriate, the Principal Contractor
9. Complete the relevant sections on an *Incident Investigation Checklist and Action Report Form*.

10. Maintain a high level of confidentiality and professionalism before, during and after the investigation.

❖ Evaluation

When the investigation is completed, investigating staff will complete an Incident Investigation Report. This report will then be submitted for evaluation and action to:

1. The Organisation
2. The Senior Manager
3. The relevant Field Supervisor
4. Any relevant Principal Contractor or Workplace Supervisor
5. The relevant investigating Regulator, if required.

❖ Corrective Measures (Control Actions)

Any hazardous situation or causal factor identified during the investigation must not be allowed to remain, without attention, while the proposed control actions are pending.

It is the responsibility of the relevant Senior Manager to ensure that any interim and long-term corrective measures identified by the Incident Investigation are carried out and communicated to all relevant persons. Interim and long-term corrective measures and any preventative measures must be signed off by the relevant Senior Manager on an Incident Investigation Form once completed.

❖ Records

The Investigation Report form will be filed and kept in the Organisations' Head Office in a secure, confidential and appropriate environment, in alignment with the Document Control Policy and Procedure. Review of the Incident Investigation file shall be conducted regularly to ensure that all corrective and preventative measures have been addressed.

The records will be maintained for a minimum of thirty (30) years.

❖ Guidance Notes for Incident Investigation

Incident Causation Factors	
Events leading up to the incident (at least to think about):	<ol style="list-style-type: none"> 1. The system of work adopted 2. The instructions, if any, given to the worker for the work to be done 3. Any alternative method or variation from instructions given 4. Workplace conditions such as lighting, floor surfaces, warning signs, temperature
Facts of the incident - it is important to determine:	<ol style="list-style-type: none"> 1. What happened at that exact moment? 2. The person(s) directly involved 3. The tools, plant, equipment, substances and materials used at the time 4. The time it happened.
What occurred immediately after the incident:	<ol style="list-style-type: none"> 1. Any injuries or damage incurred? 2. What did the person(s) involved do when the incident happened? 3. Any problems, damage or faulty equipment identified during the incident

Section 7 EMERGENCY MANAGEMENT

❖ Policy

TSL commits to preparing for potential accidents and emergencies which may arise. The policy ensures TSL can continue to deliver services in the event of a serious emergency or incident by defining a framework that enables:

- risk reduction in the event of an emergency or serious incident;
- availability of systems required to support critical processes post-incident;
- compliance with regulatory requirements;

❖ Emergency Response Plan

An Emergency Response Plan is current for all TSL work sites, and has been developed by the relevant TSL work sites building management. TSL will utilise and make available to all workers and members on the TSL online portal each TSL work site's building management Emergency Response Plan. The Emergency Response Plan will cover emergency incidents that may be reasonably anticipated due to the nature of the work, the size and location of the workplace, and the proximity to health services.

- All persons engaged by TSL are responsible for ensuring that they are familiar with the content of the Emergency Response Plan;
- Workers must be competent in carrying out the emergency response procedures contained within the Emergency Response Plan;
- Relevant persons must participate in consultation and emergency response drills and training when required to maintain a high level of emergency preparedness at all times.

TSL will review the work sites Emergency Response plan, to ensure the following is addressed::

- effective responses to an emergency;
- evacuation procedures;
- testing of the emergency procedures;
- emergency contacts;
- medical treatment and assistance;
- communication protocols;
- information, training and instruction for relevant workers.

TSL will consult with site building manager to discuss any issues following this review, in order to satisfy itself that Emergency Response procedures are adequate.

7.1 FIRST AID

❖ Policy

The WorkSafe Code of Practice for First Aid and relevant regulations will be followed to ensure a coordinated first aid response to:

- meet legislative requirements;
- identify and assess the potential for an injury/incident occurring by;
 - observing tasks/work performed/work environment;
 - consulting with workers;
 - reviewing near misses and past incident reports;
 - reviewing the Safety Data Sheet for hazardous chemicals;
 - other means as necessary;
- determine suitable resources based on the nature of the work, hazards, size and location and number and composition of persons at the workplace;
- specify minimum requirements based on risk. For example;
 - type, contents and number of kits;
 - number and location of FAO's (including remote locations);
 - provision of first aid rooms and specialist kits;
- appointing, training and replacing FAO's as required and FAO training provided by RTO.

❖ First Aider Information/Responsibilities

- a. First, aider training will detail the expected responsibilities and roles of all workers, reporting details and emergency response procedures. This will also include the required parameters to be deemed competent to handle the emergency;
- b. The Manager will ensure that all workers under their control have received training in emergency response;
- c. New workers will receive information, training and instruction on first aid procedures at the earliest opportunity, e.g. induction;
- d. First-aid workers and their associated responsibilities are detailed in the First Aid Worker Register (attached as an appendix),

Section 8 HAZARDOUS WORK

8.1 ELECTRICAL SAFETY

❖ Policy

Electric shock can be received by either direct or indirect contact with an energised item, tracking through or across a medium (such as water), or by arcing electrical burning. Arcing from equipment can also release toxic gases and air contaminants. Injuries from electricity can include muscular contraction (leading to falls if working at height, collisions if operating plant vehicles) burns, cellular damage and death.

TSL commits to protect workers and others from the risk of injury from the use of electricity, and from working in the vicinity of electricity.

Only licensed electricians may work on energised electrical equipment and only under strictly enforced SWMS and utilising suitable PPE and equipment.

Relevant information concerning any electrical work being carried out at the workplace will be communicated to other duty holders, including Members at the workplace.

❖ Electrical Safety Procedure

The Electrical Equipment Register (attached as an appendix) will be completed by the Chief Operating Officer before work begins in line with agreed audit timeframes:

- any incidents involving electric shock will be reported to the State Regulator as required by the current regulations;
- workers will visually check all electrical plant and equipment, including portable equipment and tools, before use;
- workers must report any new electrical hazards at the workplace (isolate power source immediately if possible, to do so safely);
- licenced electricians will be used to conduct installation, maintenance and repair tasks at the workplaces;
- workers must comply with reasonable directions given to them in respect to electrical safety.

Regular inspections will be undertaken to ensure all electrical leads and equipment are supplied with a compliant tag, in good condition and used/ handled in a safe manner. The scope of the inspections will include verification that electrical leads and extension leads are not placed in areas that may pose tripping hazards, on or near water or chemicals (or other deteriorating agents) and are not exposed to mechanical damage (from power tools).

Where TSL enters into a sub-leases part of its site to a Member Company, that Member Company will be responsible for carrying out regular electrical safety inspections in that area, including ensuring that tagging and testing is up to date.

8.2 MANUAL HANDLING TASKS

Manual handling tasks include any lifting, carrying, pushing, pulling or moving of objects, operating plant/equipment or repetitive movements that could lead to Musculoskeletal Disorders (MSD). MSD may include sprains and strains, back, joint or bone injuries, nerve injuries or compression, muscular and vascular disorders, hernias or chronic pain. MSD can occur suddenly or over an extended period.

❖ Policy

TSL is committed to preventing injuries caused by manual tasks through the identification of manual handling tasks and implementation of suitable risk controls.

❖ Manual handling tasks Procedure

Hazardous manual handling tasks will be identified by:

- discomfort surveys;
- observing tasks;
- breaking tasks down where required;
- hazard reports;
- seeking worker input; and
- consulting with ergonomic or other persons with specialised knowledge and skills if required.

❖ Hazard Identification

In consultation with relevant persons, TSL will ensure manual handling tasks undertaken are identified.

❖ Risk Assessment and Control

A risk assessment will be completed using the worksheets contained in SafeWork Australia (2011) [Manual handling tasks Code of Practice](#).

Controls will be selected as per the requirements of Regulations and also following a hierarchy. Risks will be eliminated wherever possible. Where risk cannot be entirely eliminated, it will be reduced as far as reasonably practicable using one or a combination of the following the hierarchy of controls (figure 2).

If risk still remains, administrative controls will be used. If persons are still exposed to risk after this, then PPE will be utilised to reduce risk. Where PPE is used, it will be suitable for the nature of the work and hazards. PPE must be the correct size and fit, reasonably comfortable, maintained and repaired as required to ensure effective control.

Implementation of suitable controls will be supported by the development of procedures, SWMS, information, training, and adequate supervision.

Risk controls will be maintained to ensure they are suitable for the task, installed/used correctly, and they remain effective for the duration of the task.

Reviews of controls will take place regularly, and in the event of any of the following:

- If the control failed to reduce the risk adequately;
- Changes to the workplace occur that may create new or different risks where the control may no longer be effective;
- New hazards are identified;
- Consultation with relevant persons indicate that a review of the control is needed;
- A Health and Safety Representative requests a review in line with the requirements of current Regulations.

The process of hazardous manual task identification, risk assessment and control is an on-going process and will be conducted in full consultation with relevant persons.

The following table identifies examples of manual handling tasks:

Repetitive or sustained use of reasonable force
<ul style="list-style-type: none"> • Lifting • Stacking • Gripping heavy items • Holding items in place • Bearing down or using force to assist power tools • Pushing/pulling trolleys, wheelbarrows etc.
A high or sudden force
<ul style="list-style-type: none"> • Lifting/ lowering or carrying a heavy object • Lifting/lowering carrying a large or bulky object • Gripping heavy items using a finger-grip, pinch-grip or open-handed-grip • Pushing /pulling items that are hard to move • Squeezing tightly when using tools • Two or more people usually required • Unstable loads • Throwing or catching objects • Working with materials that may kickback or cause a jerking motion
Repetitive Movement
<ul style="list-style-type: none"> • Painting with a brush, roller, or other similar movements • Packing/unpacking materials for long periods • Mixing (such as mixing cement) • Assembling components • Using non-powered hand tools such as spanner, to unscrew long bolts etc.
Awkward Posture
<ul style="list-style-type: none"> • Squatting while performing tasks • Kneeling • Working with arms overhead or raised • Bending over, sideways or leaning backward • Overreaching • Neck twisted or tilted
Sustained Posture
<ul style="list-style-type: none"> • Supporting materials whilst they are secured • Placing weight on one body part (e.g. one leg or arm) for extended periods
Vibration
<ul style="list-style-type: none"> • Whole-body (Such as driving heavy-duty vehicles or driving on rough terrain) • Hand/arm (Such as the use of jackhammers, drills, compacting plates, etc.)

8.3 SLIPS, TRIPS, FALLS PREVENTION

❖ Policy

TSL is committed to preventing injuries caused by slips, trips, falls and falling objects. This will occur through the identification of tasks and situations where a risk of slips, trips, falls and falling objects hazard is present and the implementation of appropriate risk controls.

TSL will endeavour to eliminate or reduce the number and severity of injuries caused by slips, trips, falls and falling objects by implementing procedures to identify and manage falls hazards and the associated risks arising from those hazards.

In consultation with relevant persons, TSL will identify all tasks that have a potential for falls and falling objects.

❖ Falls Prevention Procedure

Hazard Identification:

- An inspection of the intended workplace will be conducted to identify fall risks including falling objects;
- These tasks will be recorded on the Risk Register (attached as an appendix), including details of the falls hazards, the level of assessed risk and recommended control measures. The Risk Register will be regularly reviewed and updated as required;
- Risk controls will be maintained to ensure they are suitable for the task, installed/used correctly, and they remain effective for the duration of the task.

Section 9 PLANT, EQUIPMENT & STRUCTURES

9.1 FACILITY MANAGEMENT

Policy:

TSL understands that workers and members of the public are more at risk of being involved with, or causing an accident if the facilities are not suited to the work environment. The organisation is committed, therefore to providing and maintaining a physical work environment that is without risks to health and safety.

TSL will:

- ensure the health and safety of workers, members and visitors to the workplace concerning facilities management;
- engage with workers and members on facilities requirements;
- identify and assess hazards arising from facilities management;
- eliminate or control facilities related risks, including by consulting with landlords/building management when premises are leased; and
- provide information and instruction on managing facilities.

❖ Procedure

To eliminate, reduce or manage the risk associated with facilities management, TSL will consult with workers to identify and assess hazards arising from these facilities to ensure:

- the layout of the workplace allows people to enter and exit the workplace and to move within it safely;
- floors and other surfaces are maintained to allow work to be carried out safely;
- that work areas have sufficient space for work to be carried out safely;
- there is suitable and sufficient lighting to enable a worker to carry out work safely;
- there is suitable and sufficient ventilation to enable workers to carry out their work safely; and
- there are sufficient facilities for drinking and wash water, toilets and rest areas.

TSL will use the Workplace Inspection Checklist (attached as an appendix) to conduct an assessment.

TSL will ensure that these facilities are maintained to be clean, safe and in good working order with consideration of:

- the type of work being carried out at the workplace;
- the nature of hazards and risks at the workplace;
- the size, location and number of people at the workplace (with consideration of gender and/or physical disabilities).

To the extent that responsibility for facilities management items fall outside the control of TSL, for example when a work is being conducted in leased premises, TSL will actively engage consult with the building manager/landlord on any issues arising with respect to the safe provision of facilities to workers, members and visitors.

9.2 PERSONAL PROTECTIVE EQUIPMENT (PPE)

❖ Policy

The purpose of PPE is to protect workers from exposure to workplace hazards. In the unlikely event that PPE is required for TSL workers, TSL will provide suitable PPE for the workplace and job role.

TSL requires that all contractors identify when PPE is required for their job roles and ensure that it is worn and maintained at all times when completing work at TSL.

9.3 STANDARD OPERATING PROCEDURE

❖ Policy

TSL requires the use of Standard Operating Procedures (**SOP**) when their use is indicated as a result of a risk assessment. Where the requirement for a SOP is identified, a SOP will be developed and maintained by those undertaking the activity (developed in consultation with workers).

A SOP will be used as the format to write safety instructions for hazardous tasks. SOP will be task-specific and detail all steps involved in the task.

❖ SOP Procedure

TSL will engage suitably qualified external third parties to complete all hazardous tasks, where TSL workers are not qualified to undertake the work. All third parties will be required to develop and maintain SOPs, which may be inspected by TSL from time to time.

SOPs must be developed in consultation with all relevant persons, and risk assessment/controls must be developed following the risk management protocols outlined in this manual. Everyone involved in the task must be trained in the content of the SOP, and all risk controls detailed therein.

All SOPs must be written in a concise, logical, step-by-step, easy-to-read format with sufficient detail to ensure that someone with limited experience can successfully carry out the procedure in a safe manner when unsupervised. The SOP may reference other material such as operating manuals or another SOP.

For each step in the work task, list the most appropriate risk control measure that will eliminate or minimise the risk to the workers completing the work task. The SOP should be written by a member of staff who has good knowledge of the task and has performed a particular task. Consultation with others involved in the task is recommended. SOP Template attached as an appendix.

All current TSL SOPs can be found on the Company's shared Drive.

Section 10 HEALTH & WELFARE

10.1 FITNESS FOR WORK

❖ Policy

TSL recognises many factors may affect a person's fitness for work. Factors can often interact with each other to increase the risk of harm. A worker who is unfit for work is not only risking their health and safety but potentially the health and safety of others at the workplace.

When responding and to action issues related to fitness for work, all persons must be sensitive to an individual's right to confidentiality, privacy and dignity.

Supervisors/Managers are responsible for the initial identification and assessment of a worker's fitness for work, and for responding to notifications from other concerned workers. If a Supervisor/Manager suspects a worker may not be able to perform their duties safely, they will take immediate action. The matter will be dealt with sensitively on a case by case basis with the primary consideration of safety and welfare.

❖ Incident Response

The investigation of incidents at TSL will take into consideration fitness for work matters, identified hazards and associated risk factors. *(Incident Report Form, Investigation Checklist and Action Report Form).*

❖ Education and Awareness

Worker induction and training sessions will include awareness and training regarding fitness for work requirements at TSL.

All workers will participate in training to recognise common behaviour and symptoms associated with the effects of fatigue and drugs and alcohol. Training will include worker support options that are available such as Worker Assistance Programs and counselling services.

10.2 DRUGS AND ALCOHOL

❖ Policy

TSL is committed to providing a work environment for its workers, members and visitors that is safe and without risks to health and safety. The misuse or abuse of alcohol and other drugs represents a significant problem to both Organisations and workers in terms of workplace incidents/near misses, absenteeism and other individual costs.

Workers must not perform work duties under the influence of alcohol or any other drug, except where a registered medical practitioner legally prescribes the drug to treat a medical condition.

Where a worker is on prescribed medication that may impair their judgement or performance, they must notify their supervisor, and work will be modified to accommodate impairment.

Possession of, use, distribution or sale of alcoholic beverages or illegal drugs on the premises of TSL, is not allowed.

On occasion, TSL will host social functions, where Senior Management may permit limited alcohol consumption. At these functions, people, including workers and Members, must remember they are representing their employer and must appropriately conduct themselves. TSL reserves the right to refuse to serve alcohol to a person and ask a person to leave when inappropriate behaviour is observed, including intoxication.

Supervisors and workers must ensure no person commences or continues duty if a person appears affected by alcohol or drugs that may lead to a health and safety risk.

❖ Procedure for TSL Workers

The following Drug and Alcohol Procedure will be as follows:

1. Approaching a worker who may be under the influence:
 - Only Senior Management should approach a worker who may be under the influence. "Reasonable Suspicion" should be assessed before approaching any worker suspected of being under the influence. Reasonable Suspicion is suspicion drawn from direct observations concerning the appearance, behaviour, speech or body odours of the individual, or reliable information from another source.
 - care needs to be taken when making this judgement in case the worker is ill or injured, taking prescribed medication or in some other form of distress, which may account for their behaviour;
 - when approaching an intoxicated worker, it can be more effective and less confronting to talk in terms of their approach to safety and general work performance rather than their alcohol or drug use;
2. As far as is reasonably practicable discuss the matter with the worker in a private location away from other people;
3. Explain to the worker that they have been approached for a breach of the Drug and Alcohol Policy;
4. It must be made clear that there is Reasonable Suspicion that the worker appears impaired by drugs and/or alcohol;
5. The worker must be allowed to explain the observed behaviour;
6. After speaking with the worker, if Reasonable Suspicion no longer held and no further action is required, the worker can return to duty;
7. The worker must be told that refusal to submit to Reasonable Suspicion testing is a violation of this Procedure, which can lead to discipline, up to, and including, termination of employment;
8. Where Reasonable Suspicion is confirmed, the worker will be advised that they are to leave the workplace;
9. Suitable arrangements will be made to get the worker home safely;
10. If drug or alcohol testing is not to be carried out:
 - the worker will be informed that they are to return to work unimpaired by drugs or alcohol on his/her next scheduled work period;
 - the worker must report to the Chief Operating Officer upon return to work before returning to their work duties;
 - a meeting will be arranged upon the worker's return to the workplace between the worker and (insert person's name) to enable consultation to occur regarding any monitoring and management of the worker, or disciplinary action, as per the applicable HR policy and procedure;
11. Drug or alcohol testing:

- workers who are suspected of being under the influence of illicit drugs or alcohol while at work and deny this will be provided with the opportunity to undergo suitable testing by a medical professional. This testing will include blood and urine tests;
 - testing to be carried out per the AS4308:2008 "*Procedures for Specimen Collection and the detection and quantisation of drugs of abuse in urine*";
12. All health and medical information will be treated as strictly confidential and stored per the National Privacy Principles established by the *Privacy Act 1998 (Commonwealth)*.

❖ **Disciplinary Action**

TSL has zero tolerance for the misuse of drugs or alcohol in the workplace.

TSL Workers whose behaviour has placed the safety of themselves and others at risk will be subject to disciplinary procedures, up to and including termination.

Support Services

Workers who believe that they may have a problem with illicit drug or alcohol consumption should approach the Chief Operating Officer who, after consultation, may arrange suitable leave or alternate duties if appropriate.

❖ **Procedure for Members**

1. Where a Member at a TSL Site is reasonably suspected of being affected by drugs or alcohol, they will be requested to leave the Site.
2. TSL Management will report the incident to the Member's employer, who will be required to investigate and confirm the Members suitability to return to the TSL Site.

10.3 WORKPLACE FATIGUE MANAGEMENT

❖ Policy

Fatigue has a negative effect on the work/life balance of people. It can lead to loss of health, serious harm and fatalities. TSL acknowledges that hours of work have an effect on the individual at work and home.

Fatigue can be defined as feeling tired, drained or exhausted. Fatigue influences an individual's physical and mental and emotional state. When feeling fatigued, alertness is reduced, which can lead to poor judgments, slower reactions to events and decreased motor skills. Fatigue can also lead to long term health problems in some individuals.

Workers that feel fatigued are to discuss their symptoms with their Supervisor/Manager who will assist the worker in making the appropriate decision to manage the fatigue at that time.

10.4 WORKPLACE BULLYING, SEXUAL HARASSMENT & PSYCHOSOCIAL HEALTH

❖ Policy

TSL recognises the risk to worker health and safety from exposure to workplace bullying, sexual harassment, and risks to psychosocial health, and has adopted a ZERO tolerance policy. TSL recognises that the exposure to workplace bullying, sexual harassment, and behaviours that increase the risk of harming a person's psychosocial health at work can affect any worker, Member and any person in the workplace. TSL is committed to addressing any workplace bullying, sexual harassment, and risks to psychosocial health at work by engaging in a consultative, cooperative, and coordinated approach with workers and all member companies.

Workplace bullying can include:

- verbal abuse;
- demeaning language;
- threats;
- outbursts of anger or aggression;
- humiliation;
- physical or verbal intimidation;
- excluding or isolating workers;
- deliberately:
 - assigning meaningless tasks;
 - setting an unrealistic volume of jobs;
 - withholding information that prevents people from working effectively;
 - changing rosters to inconvenience a person.

Sexual harassment can include:

- unwelcome hugging, kissing, or other types of inappropriate physical contact;
- staring or leering;
- intrusive questions about your private life or physical appearance;
- unwanted invitations to go out on dates;
- requests for sex; or
- sexually explicit emails, calls, text messages or online interactions.

Risks to psychosocial health can include:

- job demands;
- low job control;
- poor support;
- lack of role clarity;
- poor organisational change management;
- inadequate reward and recognition;
- poor organisational justice;
- traumatic events or material;
- remote or isolated work;
- poor physical environment;
- violence and aggression;
- bullying;
- harassment, including sexual and gender based harassment; and
- conflict or poor workplace relationships and interactions.

TSL will engage a 3-part approach to workplace bullying, sexual harassment, and risks to psychosocial health.

1. Prevention:

- a. training workers about what constitutes workplace bullying, sexual harassment, and risks to psychosocial health;
 - b. creating awareness of the health and safety risks associated with workplace bullying, sexual harassment, and psychosocial health;
 - c. encouraging reporting;
 - d. designing jobs to ensure that risks to psychosocial health can be eliminated or minimised to the extent possible;
 - e. conducting a risk assessment to assess hazards/risks, and appropriate controls to eliminate or minimise these hazards/risks so far as reasonably practicably.
2. Investigation:
 - a. suitably trained individuals investigate all reports;
 - b. following set guidelines, investigate all cases in a fair, unbiased manner;
 3. Control:
 - a. put control strategies in place that includes (where relevant):
 - i. re-assigning tasks/shifts/work locations;
 - ii. mediation (internal or external);
 - iii. counselling;
 - iv. disciplinary action, possibly resulting in termination of employment.

❖ Workplace Bullying, Sexual Harassment, and Risks to Psychosocial Health Procedure

A person who has been the subject of workplace bullying, sexual harassment, and risks to psychosocial health may make a formal complaint or may seek to have the matter resolved on an informal basis. Information provided by a complainant will be kept confidential.

❖ Complaints between Members

Where the complaint is between Members, TSL will consult with the Members employers to ensure that appropriate complaint handling strategies are in place. Members will be required to advise TSL of all investigations undertaken, including the outcomes.

❖ Informal Complaint by TSL worker

1. The complainant may wish to communicate directly with the person with whom they have a concern and ask that they refrain from further conduct of that nature;
2. If direct communication is not possible or does not resolve the complainants' concerns, they should then discuss the matter with the Chief Operating Officer who will explain potential strategies for dealing with the conduct complained of;
3. The complainant, in consultation with the Chief Operating Officer, will decide on a course of action to attempt to resolve the matter;
4. If deemed appropriate, TSL may be able to assist in the informal resolution process by the appointment of a mediator agreed to by the parties involved, who may be able to help the parties resolve the matter;
5. After achieving a satisfactory resolution, the issue will be monitored by the Chief Operating Officer to ensure there are no re-occurrences or further concerns;
6. Records will be kept during the resolution process.

❖ Formal Complaint by TSL Worker

1. Where a complainant's endeavours to resolve a complaint informally have failed, the complainant may choose to make a formal complaint;
2. The particulars of the complaint must be submitted in writing, to the Chief Operating Officer, this would include a completed **Incident Report Form, Investigation Checklist and Action Report Form** and any supporting statements or documents;
3. The Chief Operating Officer will investigate the complaint in consultation with the relevant persons. The investigation will follow and apply the principals of Natural Justice;

4. After completing the investigation, the Chief Operating Officer will make a finding as to whether workplace bullying, sexual harassment or risks to psychosocial health has occurred, or whether it is likely to have happened;
5. The Chief Operating Officer will then submit a detailed report with a recommended course of action to the appropriate decision-maker (senior management);
6. An appropriate course of action will then be decided and implemented, in consultation with all relevant persons;
7. If and when required, assistance to achieve an acceptable resolution will be initiated with an appropriate external authority.

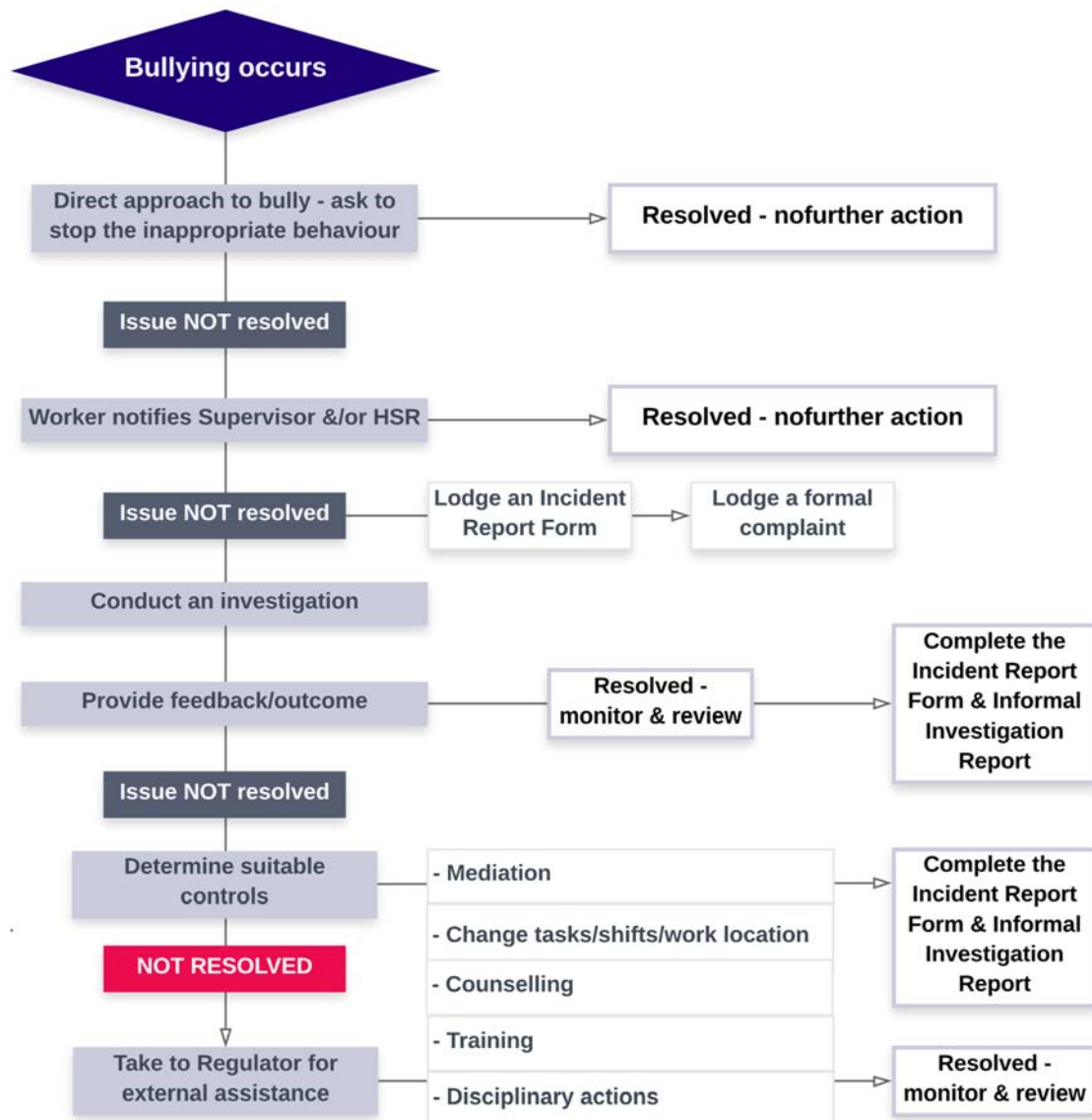


Figure 7. Workplace Bullying, Sexual Harassment, and Risks to Psychosocial Health Report Flow Chart.

10.5 RETURN TO WORK

TSL is committed to providing a safe workplace, free of injury and disease; however, if a worker is injured, strategies will be in place to ensure early intervention and support is available.

TSL will ensure that workers are informed about their rights and responsibilities if they are injured on the job. Worker injury claim forms will be available from the nominated Return to Work Coordinator (and Australia Post offices).

The RTW Coordinator is the Chief Operating Officer.

Upon receipt of a Worker's Injury Claim form, TSL will make contact with their insuring agent iCare Insurance and Care NSW within required timeframes. If a worker is unable to perform their pre-injury duties due to injury/illness, RTW strategies will be implemented upon receipt of the certificate of capacity from a registered medical provider.

The RTW Coordinator will consult with the injured worker, the treating medical provider and occupational rehabilitation provider (with permission from the injured worker) to assist the worker to return to work on acceptable/ agreed modified or light duties wherever possible.

TSL is committed to providing support, aid, modified work environment and meaningful work for the time that the injured worker is incapacitated (or for a period required by the State Authority), and to ensure the workers can return to their pre-injury employment when they are at full capacity.

The RTW Coordinator will monitor return to work strategies and maintain regular contact between the workers and all treatment providers.

❖ Dispute Resolution

If any disputes in respect of the RTW Plan (attached as an appendix) arise, TSL will work together with the injured worker's RTW Group to try and resolve them. If TSL is unable to resolve the dispute, we will seek external assistance from the relevant State Authority.

Section 11 INDUCTION & TRAINING

TSL acknowledges its duty of care to ensure that workers are adequately trained and competent.

Where specific qualifications, certification or licensing is required, the Chief Operating Officer will ensure that only suitably qualified persons perform the specified task.

Where skill deficiencies are detected, appropriate training will be provided on time so that workers can perform their designated duties safely.

❖ Employee Induction

1. All new workers are required to participate in and complete the workplace induction;
2. New workers will be provided with a copy of the TSL general safety expectations;
3. In consultation with the inductee, the inductor will complete the new worker Induction Checklist, which includes a walk through of the workplace;
4. Additional workplace induction will be provided if there are any changes to the workplace that affect the health and safety of workers that requires new information/training to be given to workers. Worker Training, Competency and Induction Register entry is completed for each worker and is maintained by the Person Responsible;
5. A record of the induction and orientation process will be kept by TSL.

❖ Training

1. Where training is identified as necessary, TSL will register its workers for training and/or schedule training as set out in the *Training Needs Register*. (This training may be 'in house' or formal external training as required);
1. Workers undertaking third party training and receiving a certificate of training must retain this certificate as a training record and submit a copy to the Chief Operating Officer. This certificate will be attached to the Workers Training Record (attached as an appendix).
2. All responsibility for the administration or provision of training to Members or Contractors on TSL sites is the responsibility of their employer.

❖ Member induction

1. TSL will provide induction materials to Members as follows:
 - a. Digitally on the Members portal, which members can access 24 hours prior to their first site attendance; and
 - b. In hard copy, when the Member first attends a TSL Site and is provided their swipe card.
2. Members are responsible for reviewing and familiarising themselves with the induction material provided by TSL.
3. Members are to direct any questions to TSL staff present at reception.
4. Members hosting visitors are responsible for that visitor at all times, and must ensure that the visitor abides by all TSL policies and procedures.

TSL will keep a record of all Members provided with swipe cards and induction materials.

❖ Contractor/Visitor Induction

1. Visitors and Contractors will report to reception and will be taken around the TSL site by TSL workers.