



SOUTH ALIVE HEALTH AND SAFETY POLICY

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

The objectives of our Safety Policy are:

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

The success of our health & safety management is dependent on:

1. Pro-active planning of all work activities with due consideration given to implementing H&S controls that are suitable to each given situation, including emergencies.
2. Understanding the total work process and associated H&S risks.
3. Ensuring the work team is totally committed to achieving our objectives.
4. Ensuring that open and honest communication exists between management and all employees and volunteers.
5. Internal and Third Party compliance auditing and monitoring, to prove that we “Walk the Talk”

The responsibility for safety shall be adopted as an integral part of everyday work, therefore it is vital that every employee and volunteer shares in the commitment to eliminate unsafe acts and conditions by thinking safely and acting safely at all times.

| | |
|-----------------------|----------------------|
| Date Approved: | December 2019 |
| Review Date: | December 2022 |

Chairperson: _____

Date: _____



| Incident | Response |
|-----------------|---|
| Fire | Fire blanket and extinguisher under kitchen sink Automatic sprinklers installed in building Call 111 If no phone, set off door alarm Evacuate to assembly point in community garden |
| Spill | Cleaning cloths under sink Wet floor sign in disabled access toilet |
| Accident | First Aid Kit under kitchen sink If an accident happens, please inform office staff and complete register of injury form (F12-01) in this folder The nearest defibrillator is at Elles Rd New World or the BP Service Station, Elles Rd |
| Incident | If police are needed call 111 in emergency If police action needed but it is not an emergency, the Don St number is 032110400 If a safety hazard is noted, please inform office staff and complete hazard register form (F08-01) in this folder |
| Hazard | |

The health and safety policy, risk register and accident register for South Alive is included in this folder. Please familiarise yourself with the policy and registers.



SOUTH ALIVE REGISTER OF INJURY

F12-01

Details of Injured Person

NAME: Surname: _____ Given Name(s): _____ Sex (M/F): _____
Address: _____ Suburb: _____ Post Code: _____
City: _____ Contact Phone: _____
EMPLOYER: Business Name: _____
Address: _____ Suburb: _____ Post Code: _____
City: _____ Business Phone: _____

Accident/ Incident Details

Description of Events:

Date of Injury: _____ Time of Injury: _____ am/pm
Task/ operation undertaken at the time of injury: _____
Physical location (area) where the injury occurred: _____
Type of injury (eg. Bruise, cut, fracture, grit in eye): _____
Part of body injured (eg. Arm, torso, head): _____
Cause of Injury (what happened): _____
Treatment given/ Action taken: _____

Person Completing in Form

Surname: _____ Given Name(s): _____ Signature: _____
Date: _____ Time: _____ am/pm
Did the person cease work? Yes No
Has a referral for further treatment been issued? Yes No



| South Alive | | HAZARD REPORT | | F08-01 | |
|--|--|------------------------|--|---------------------|--|
| Organisation: _____ | | Event / Project: _____ | | Date: _____ | |
| Submitted by: _____ | | Signature: _____ | | Submitted to: _____ | |
| The following hazard has been identified in relation to your work: | | | | | |
| | | | | | |
| Risk Level: <input type="checkbox"/> Class A (High) <input type="checkbox"/> Class B (Medium) <input type="checkbox"/> Class C (Low) | | | | | |
| Location: | | | | | |
| To be completed by South Alive | | | | | |
| Action Required: | | | | | |
| | | | | | |
| By Whom: _____ When: A. Within 24 <input type="checkbox"/> hrs B. Within <input type="checkbox"/> days C. Within 7-14 days | | | | | |
| Corrective Action | | | | | |
| Completed By: _____ | | Time: _____ | | Date: _____ | |
| Confirmed By: _____ | | | | Signature: _____ | |
| | | | | Signature: _____ | |



Hazard Risk Level Guideline

