**attachment 89**

Monthly employer review checklist

**Recommended Instructions**

1 Employer is to complete this review at each Employer Management meeting, preferably held minimum of once per month.

2 Keep an updated record as attachment to relevant meeting minutes and note in the meeting that the review has been completed. Where it has not been completed
then note in minutes when this is scheduled to be completed and after consultation with employees, and other persons/parties as required, agree on action parties.

3 Where the employer is not sure of what to do, please follow guidance in Service OHS Issue Resolution Procedure.

Some services will need to modify their checklists in order to cater for the particular needs of their service.

**Part 1 of 2 – No Risk Assessment Ranking required**

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|  | Description of OHS item or issue. | Comment and proposed corrective action for OHS item or issue.Where and when this was first identified? Provide initial date e.g. weekly inspection dd/mm/yy. Employer to consult with employees, and employees to update employer if OHS risk increases. Consider using Health and Safety Consultation Checklist in Attachment 106. | Person(s) responsible for corrective action. | By when?Include revised target dates if required. |
| 1 | Are daily checklists are being completed? Please include outstanding specific OHS issues from these checklists as separate items in this review table. |  |  |  |
| 2 | Are weekly checklists are being completed? Please include outstanding specific OHS issues from these checklists as separate items in this review table. |  |  |  |

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| 3 | Has incident/injury register been reviewed and, if there are any, has each outstanding corrective action been copied as separate item in this review table. |  |  |  |
| 4 | Have incidents that were potentially Incidents Notifiable to WorkSafe (refer Section 9.8) been promptly advised to an employer representative? |  |  |  |
|  | Did an employer representative contact WorkSafe immediately? |  |  |  |
|  | Was the WorkSafe notifiable incident form completed and forwarded to WorkSafe within 48 hours? |  |  |  |
| 5 | Was each workplace injury or illness, including first aid treatments, promptly attended to? |  |  |  |
|  | Was injured/ill person comfortable with response? |  |  |  |
|  | Was a Near Miss, Other Incident and Injury/Illness Report Form (Register of Injuries) completed and kept on file? |  |  |  |
|  | Has an Incident Investigation Form been completed and kept on file?  |  |  |  |
|  | Was the investigation completed in consultation with relevant employees and others, including witnesses? |  |  |  |
|  | Please include outstanding specific OHS issues from these investigations as separate items in this review table. |  |  |  |
| 6 | Were there any reported instances or incidents of employees advising an employer representative that a specific manual task was found to be difficult and therefore may pose a manual handling hazard? |  |  |  |
|  | Are there any new manual handling activities or changes to existing work methods involving manual handling in the last month? |  |  |  |
|  | If so, was a manual handling risk assessment completed (refer separate form, below)? |  |  |  |
|  | Were all the action items in the assessment closed out? |  |  |  |
|  | If relevant, was a Near Miss, Other Incident and Injury/Illness Report Form (Register of Injuries) completed and kept on file? |  |  |  |
|  | Please include outstanding specific OHS issues from these assessments as separate items in this review table. |  |  |  |
| 7 | Were there any reported instances or incidents of employees advising an employer representative that a specific task involving use of chemicals or work near chemicals possibly exposed them or others to unacceptable or unknown risk of harm? |  |  |  |
|  | Are there any new chemicals or changes to work methods when using chemicals in the last month? |  |  |  |
|  | If so, was a chemical risk assessment completed (refer separate form, below)? |  |  |  |
|  | Were all action items in the assessment closed out? |  |  |  |

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|  | If relevant, was a Near Miss, Other Incident and Injury/Illness Report Form (Register of Injuries) completed and kept on file? |  |  |  |
|  | Please include outstanding specific OHS issues from these assessments as separate items in this review table. |  |  |  |
| 8 | Have all new employees received OHS induction?  |  |  |  |
|  | Was there any feedback or learning points, and have these been considered by the employer? |  |  |  |
|  | Has it led to improvements in OHS induction process including OHS Induction Checklist? |  |  |  |
| 9 | Have there been any OHS incidents including near misses involving contractor activities? |  |  |  |
|  | Was there any feedback or learning points, and have these been considered by the employer? |  |  |  |
|  | Was contractor supervisor advised of problem and, if required, have they committed to corrective action? |  |  |  |
|  | Was feedback from persons involved, including witnesses sought? |  |  |  |
|  | Were there learning points? |  |  |  |
|  | Has it led to improvements in OHS contractor management process including contractorJob Start and OHS Induction Checklist for (non-routine task) contractor? |  |  |  |
| 10 | Have there been any OHS incidents including near misses involving labour hire personnel? |  |  |  |
|  | Was Labour Hire Principal Consultant advised of problem and, if required, have they committed to corrective action? |  |  |  |
|  | Was feedback from persons involved, including witnesses sought? |  |  |  |
|  | Were there learning points? |  |  |  |

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|  | Have these led to improvements in OHS Job Start and OHS Induction Checklist for (routine task – labour hire personnel)? |  |  |  |
| 11 | Have there been any different types (second hand or new) of tools or equipment brought into the service?  |  |  |  |
|  | If yes, was the New Equipment and Tools Assessment Checklist completed? |  |  |  |
|  | Please include outstanding specific OHS issues from these assessments as separate items in this review table. |  |  |  |
| 12 | Is the Emergency Contact list up-to-date and clearly posted in the service?  |  |  |  |
|  | Do employees and all employer representatives know about where this is posted? |  |  |  |
| 13 | Have there been any Hazard Identification, Risk Assessment and Corrective Action Forms completed by or reported to the employer? |  |  |  |

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|  | Were all the action items in the assessment closed out? |  |  |  |
|  | If relevant, was a Near Miss, Other Incident and Injury/Illness Report Form (Register of Injuries) completed and kept on file? |  |  |  |
|  | Please include outstanding specific OHS issues from these assessments as separate items in this review table. |  |  |  |
| 14 | Are there any outstanding Return to Work (RTW) Cases?  |  |  |  |
|  | Has a designated employer representative been in regular contact with injured/ill employee? |  |  |  |
|  | Does the employee feel like their RTW needs are being met?  |  |  |  |
|  | And if not are there learning points for employer and others? |  |  |  |

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|  | Have RTW processes (refer to Attachments 107–110 above) been followed, including completion of separate Risk Management and Occupational Rehabilitation Checklist (provided below)? |  |  |  |
|  | Have hazards associated with potential incident or series of incidents that may have contributed to injury/illness been identified using a Hazard Identification, Risk Assessment and Corrective Action Form? |  |  |  |
|  | Please include outstanding specific OHS issues from these assessments as separate items in this review table. |  |  |  |
| 15 | Were relevant employees invited to attend this meeting? |  |  |  |
|  | Have employees been asked to raise any OHS items or issues or suggestions with an employer representative, for tabling at this meeting? |  |  |  |
|  | Please include outstanding specific OHS issues from these assessments as separate items in this review table. |  |  |  |
| 16 | Are there other items to consider that the employer or service families have raised with an employer representative? |  |  |  |
|  | Please include outstanding specific OHS issues from these assessments as separate items in this review table. |  |  |  |
| 17 | Has the Training Register been reviewed by the employer? |  |  |  |
|  | Have all OHS and/or Professional Qualifications Training been scheduled with relevant employees? |  |  |  |
|  | Has there been consultation with relevant employees about this training? |  |  |  |
|  | Please include outstanding specific OHS issues from these assessments as separate items in this review table. |  |  |  |
| 18 | Are any possible service family or joint employer/employee/family activities planned for the next month? e.g. gardening or working bees, fairs, excursions, incursions? |  |  |  |

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|  | Has there been consultation with relevant employees, service families and others about these proposed activities? |  |  |  |
|  | Have hazards associated with proposed activities been identified using a Hazard Identification, Risk Assessment and Corrective Action Form? |  |  |  |
|  | Is the employer confident appropriate risk controls/precautions and response measures if something goes wrong are in place for these proposed activities? |  |  |  |
|  | Please include outstanding specific OHS issues from these assessments as separate items in this review table. |  |  |  |

**Part 2 of 2 –Risk Assessment Ranking may be required**

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|  | Description of OHS item or issue. | Risk Assessment (Priority Ranking).How likely is injury/illness and how severe could it be? | Comment and proposed corrective action for OHS item or issue.Where and when this was first identified? Provide initial date e.g. weekly inspection dd/mm/yy. Employer to consult with employees, and employees to update employer if OHS risk increases. Consider using Health and Safety Consultation Checklist in Attachment 106. |
|  |  | High | Medium | Low | Can you eliminate the hazard source? If so, how? e.g. remove cord that is creating trip hazard. | If you cannot eliminate the hazard source how can you reduce it? | Person(s) responsible for corrective action. | By when?Include revised target dates if required. |
| 19 | Other – please provide details |  |  |  |  |  |  |  |
| 20 | Other – please provide details |  |  |  |  |  |  |  |