

EHS

SUBCONTRACTOR EHS DOCUMENTATION PACK

1.0 LIST OF DOCUMENTS

- 01 – Monaco Hickey EHS Documentation Checklist
- 02 – Project Hazard Identification (Based on Contract Scope of Works)
- 03 – SWMS Template
- 04 – Monaco Hickey SWMS Review Sheet
- 05 – Sample Suitable Alternative Duties
- 06 – Plant Review Checklist
- 07 – Hazardous Substance & Dangerous Goods Register

EHS | FORMS

TRADE CONTRACTOR / SUBCONTRACTOR DOCUMENTATION CHECKLIST

MONACO HICKEY SITE:	
CONTRACTOR NAME:	
SUBCONTRACTOR TO: (IF APPLICABLE)	
ON SITE EHS CONTACT NAME AND PHONE	
COMPANY EHS CONTACT NAME AND PHONE:	
RTW COORDINATOR NAME AND PHONE:	

DOCUMENTATION REQUIRED	TICK	DATE
Completed copy of Monaco Hickey EHS Documentation Pack including:		
• Completed hazard assessment on contract scope of works		
• Completed SWMS for immediate "High Risk" tasks (other SWMS to be provided as the contract works progress)		
• Completed Hazardous Substance and Dangerous Goods Register		
• Current MSDS's for identified Hazardous Substances and Dangerous Goods		
• Company Return to Work programme details		
• Company suitable duties register		
Certificates of Currency Copies of certificates of Currency MUST be supplied for the following:		
• Workers Compensation Expiry Date:		
• Public Liability Expiry Date:		
Subcontractors: Any subcontractors you use on site MUST provide all documents listed above. The following subcontractors are to be utilised on this project and will be reporting to us:		
Subcontractor: _____ Task: _____		
Subcontractor: _____ Task: _____		
Subcontractor: _____ Task: _____		
A separate "documentation required" checklist and attachments has been included with the submission.		

REVIEWER:	
Name:	
Signature:	
Date:	

All documentation is to be forwarded onto the EHS Facilitator / Contract Administrator for review, at least 72 hours prior to the site induction.

Incomplete or inadequate documentation may result in the contractor / subcontractor not being allowed to commence work on site.

PROJECT HAZARD IDENTIFICATION BASED ON CONTRACT SCOPE OF WORKS FOR: <INSERT PROJECT NAME>

The Victorian OHS Regulations Part 5 Construction, section 5.1.3 define High Risk Construction work as being work that involves one or more of the following:


- Where there is a risk of a person falling more than 2 metres;
- On telecommunications towers;
- Demolition;
- The removal or likely disturbance of asbestos;
- Structural alterations that require temporary support to prevent collapse;
- A confined space;
- A trench or shaft if the excavated depth is more than 1.5 metres;
- A tunnel;
- The use of explosives;
- On or near pressurised gas distribution mains or piping;
- On or near chemical, fuel or refrigerant lines;
- On or near energised electrical installations or services;
- In an area that may have a contaminated or flammable atmosphere;
- Involving tilt-up or precast concrete;
- On or adjacent to roadways or railways used by road or rail traffic;
- At workplaces where there is any movement of powered mobile plant;
- In an area where there are artificial extremes of temperature;
- In, over or adjacent to water or other liquids where there is a risk of drowning;
- Diving.

If an activity listed on the risk assessment requires any of the above to occur, a Safe Work Method Statement (SWMS) is required.

NOTE: Monaco Hickey will not accept generic SWMS's for activities that fall under the category of High Risk Construction Work!

<INSERT COMPANY LOGO>

SAFE WORK METHOD STATEMENT

Organisation Details			
Organisation Name:		Contact Name:	
ACN/ABN		Contact Position:	
Address:		Contract Phone No:	
Project Details:			
Project:			
Activity:			
Resources / Trades Involved:			
Equipment Used:			
Maintenance checks:			
Materials Used:			
PPE: (Circle / Highlight all that apply)			
Occupational Health Safety or Environmental Legislation:		Codes or Standards applicable to the works:	

<INSERT COMPANY LOGO>

Level	Description of Consequence or Impact	Consequence	Likelihood / Probability		
			L <i>Likely</i>	M <i>Moderate</i>	U <i>Unlikely</i>
H (1) <i>(High level of harm)</i>	Potential death, permanent disability or major structural failure/damage. Off-site environmental discharge/release not contained and significant long-term environmental harm.	H (1) <i>(High)</i>	1	1	2
M (2) <i>(Medium level of harm)</i>	Potential temporary disability or minor structural failure/damage. On-site environmental discharge/release contained, minor remediation required, short-term environmental harm.	M (2) <i>(Medium)</i>	1	2	3
L (3) <i>(Low level of harm)</i>	Incident that has the potential to cause persons to require first aid. On-site environmental discharge/release immediately contained, minor level clean up with no short-term environmental harm.	L (3) <i>(Low)</i>	2	3	3
Level	Likelihood / Probability				
Likely	Could happen frequently				
Moderate	Could happen occasionally				
Unlikely	May occur only in exceptional circumstances				

Item	Job steps	Hazards	Risk Class/ Ranking	Controls	Name of persons responsible for work

<INSERT COMPANY LOGO>

Site Specific Considerations:					

This SWMS has been developed through consultation with our employees and has been read, understood and signed by all employees undertaking the works:					
Print Names:	Signatures:	Dates:	Print Names:	Signatures:	Dates:

Review No	01	02	03	04	05	06	07	08	09
Initial:									
Date:									

<INSERT LOGO HERE>

SUITABLE DUTIES – EMPLOYMENT STATEMENT OF CAPABILITIES

Having undertaken a thorough examination of _____,

I conclude that:

- He / she is fit for return to normal duties.
- At this time he / she is not fit for alternate duties or a return to normal duties (see medical certificate provided).
- He / she is fit for restricted duties at this time;

which may include:

- visual tasks only e.g. inspection,
- lifting restricted to kilograms,
- working with arms above head,
- light bench work only,
- sitting position only, and/or
- driving vehicles (including forklifts).

which may not include:

- work involving repetitive bending / twisting / lifting,
- work involving the right / left hand / arm / shoulder / leg.

Prescribed medication that may influence the workers ability to operate plant and/or equipment or otherwise impair his/her ability to work safely: Yes / No _____

Recommended hours of work: _____

Date of review appointment: _____

Doctors Signature: _____ Date: _____

Alternate duties as selected by the return to work coordinator / EHS facilitator or other:

POTENTIAL ALTERNATE DUTIES – PLACE AN “X” IN ALL THAT APPLY

- General site office housekeeping**
Description of task Employee is required to clean, sweep and maintain cleanliness and orderly condition of the site office.
Physical requirement: Standing / walking with minimal bending, sweeping, reaching, wiping.

- General amenities cleaning**
Description of task Employee is required to maintain site amenities including clearing and cleaning tables, removing rubbish, restocking tea, coffee, sugar, milk. May include cleaning floors (including moping) and the cleaning of the ablutions sheds.
Physical requirement: Walking with minimal bending, reaching and lifting of items less than 5kg.

- General worksite housekeeping**
Description of task Employee is required to sweep work areas and pick up small debris and offcut materials, placing them into wheelie bins on identified forklift bins.
Physical requirement: Walking with minimal bending, reaching and lifting of items less than 5kg.

- General safety document reading, reviewing and filing**
Description of task Employee is required to read, sort, photocopy and file drawings and other documents located in the site office
Physical requirement: Standing and / or sitting with minimal bending, some reading, reaching and writing

- Traffic Control**
Description of task Employee located at specific areas on site to direct vehicles entering and leaving, to assist trucks reversing and direct traffic around altered thoroughfares
Physical requirement: Standing and directing using hand / arm movements with periodic ability to site

- Spotter**
Description of task Employee located on site to visually ensure other workers are kept away from identified work areas.
Physical requirement: Standing and observing with periodic ability to sit

- Updating / checking plant and equipment log books / safety checks**
Description of task Employee to visually check plant and equipment on site to ensure safety items and details have been documented
Physical requirement: Walking and observing with minimal bending and some writing

- Identifying and assessing site safety hazards**
Description of task Employee is required to walk around site and document and identify if and where safety hazards exist.
Physical requirement: Walking and observing with periodic requirement to make notes/ write

- Safety signage and barricading work**
Description of task Employee is required to use cans of spray paint to maintain safety signage, and also to check, maintain and relocate barrier meshing where required.
Physical requirement: Walking with minimal bending, reaching and lifting of items less than 5kg.

- Site tools storeman**
Description of task Employee is required to maintain an orderly tools areas, check all tools for damage and fill in a register of where and who is using tools and equipment on site.
Physical requirement: Walking with periodic sitting in a tools storage area with minimal bending, reaching and lifting of items less than 10kg.

- Lift / Alimak Driver**
Description of task Employee is required to operate the lift or alimak for goods and personnel transport
Physical requirement: May require assistance with loading and unloading the lift / personnel hoist. Personnel hoist may require manual opening / closing of doors.

- Other**
Description of task: _____
Physical requirement: _____

EHS | FORMS

PLANT REVIEW FORM

PLANT REVIEW FORM			
Project:			
Company:			
Company Contact:			
Hire Company:			
Contact Phone:			
Plant Type:			
Make / Model:			
Serial No:			
Date Last Serviced:			
Plant Risk Assessment available for inspection if required.	YES NO	Date:	
Plant maintenance current and records available for review if required.	YES NO	Date:	
10 Year inspection undertaken as appropriate:	YES NO	Date:	

PLANT SUPPLIER TO COMPLETE	
<p>I hereby declare that the plant outlined above is fit for purpose and has been serviced and maintained by a competent person in accordance with the manufacturers recommendations.</p>	
Name:	_____
Qualification:	_____
Company:	_____
Date:	_____
Signature:	_____

MONACO HICKEY REVIEW	
Reviewed By:	_____
Date:	_____
Signature:	_____

NOTE: To be filed in the relevant subcontractor file, with relevant information entered onto the Plant Induction Register.

