

# *MASON*

*Air Conditioning Ltd*

**HEALTH & SAFETY**

**HANDBOOK**

# CONTENTS

	Page(s)
Introduction	1
Health & Safety Policy	2
<b>PART A: GENERAL REQUIREMENTS</b>	
Company Safety Rules	3
Non-Company Facility Policy	3-4
Smoking	4
Drugs & Alcohol	4
<b>PART B: EMERGENCY RESPONSE</b>	
Emergency Procedures	5
Fire Safety	5
Earthquake	5
Hazardous Substance Spill	5
First Aid	6
Accident Reporting	6
Near Miss Reporting	6
<b>PART C: HAZARDS</b>	
Manual Handling	7
Housekeeping	7
Electrical Work	7-8
Welding	8
Hazardous Substances	8
Compressed Air	8
Asbestos	9
Slips, Trips & Falls	9
Confined Spaces	9
Working at Heights	9-10
<b>PART D: PROCEDURES</b>	
Hot Work	11
Contractors & Sub-contractors	11
Personal Protective Equipment (PPE)	11-12
Practical Jokes/Horseplay	12
Lock Out/Tag Out	12
Loose Clothing & Long Hair	12
Training	12
Tool Box Talks	12-13
Company Vehicle Inspection	13

# APPENDICES

I	First Aid Register
II	H&S Induction Checklist
III	Safety Equipment Policy
IV	Hazard Register
V	Hot Work Permit
VI	Accident Report Form
VII	Serious Harm Definition
VIII	Serious Harm Notification
IX	Initial Safety Event Notification
X	Employee Training Record
XI	Paper Work for Injury Accidents - Flowchart
XII	Tool Box Talk Meeting Record
XIII	Vehicle Inspection Report
XIV	Contractor H&S Agreement
XV	Acceptance Sign-off
XVI	H&S Induction Competency Assessment

## **Introduction**

Welcome to MASON AIR CONDITIONING LTD.

This handbook is provided by MASON AIR CONDITIONING LTD to ensure all its Employees, Contractors, Sub-contractors, Visitors and Customers are aware of its Health & Safety requirements as a condition of employment or working and being on its premises.

Health and Safety is to be an integral part of all work conducted in our business. If you are an employee or contractor as a prior condition to commencing work, you are required to read through this manual to ensure you understand our Health and Safety requirements.

On the following pages you'll find a series of MASON AIR CONDITIONING LTD most important safety issues. They are laid out under headings; General Requirements, Emergency Response, Hazards, Procedures and Forms.

Since in many sections of our operation employees may find themselves working or operating in any number of situations at company or non-company facilities, it therefore becomes necessary to know and understand the requirements of each of these elements.

New employees and contractors are required to complete an assessment to test their understanding and competency after this handbook has been explained and demonstrated to them at an induction. The assessment can be found in Appendix XVI.

Failure to follow these steps may result in your employment or contract being discontinued.

General Manager

## HEALTH & SAFETY POLICY

MASON AIR CONDITIONING LTD is committed to provide and maintain a work environment that is safe and without risk to health and wellness for all employees, contractors and visitors.

It is the MASON AIR CONDITIONING LTD policy that the General Manager is the officer responsible for the implementation and monitoring of this policy. Management at all levels is directly responsible and will be held accountable for ensuring that all practicable steps are taken so that all people under their supervision:

- \* Observe, implement and fulfill the organisation's statutory obligations under the Health and safety in Employment Act 1992 and all other associated legislative requirements.
- \* Involve individuals including their representatives in health, safety and wellness matters, and consult with them on ways to recognize, evaluate and control workplace hazards.
- \* Plan and monitor the implementation of accurate reporting and recording programme for accident prevention and control, hazard management by identification and control as well as rehabilitation for injury or illness.
- \* Conduct audits and evaluations and hold regular health & safety toolbox talks.

People who hold the title of Supervisor at MASON AIR CONDITIONING LTD have a responsibility for the health, safety, and wellness of all employees under their control and are required to:

- \* Provide information on health, safety and wellness matters to employees by way of instruction, education and training.
- \* Provide initiative and follow up action on all matters concerning health and safety.
- \* Report and control workplace hazards as they are observed.
- \* Encourage employee safe work behaviours through leading by example.

Employees are expected to co-operate in the objectives of making this a healthy and safe place in which to work by:

- \* Carrying out safe work practices to ensure that no action or inaction causes harm to any other person or themselves while at work.
- \* Support and assist in the development of health and safety initiatives.
- \* Where safety equipment is provided, ensure it is used correctly and at all time.
- \* Report any accident, incident or hazardous condition (that includes near misses) and comply with all safety instructions, and safe operating procedures.

MASON AIR CONDITIONING LTD safety management systems provide framework for setting targets, measuring performance and reporting results. We will employ these systems to achieve continual improvement in our overall health and safety performance.

This policy will be reviewed every year in conjunction with the Health and Safety Representative and Management.

.....  
(General Manager)

...../...../.....  
(Date)

## **PART A: GENERAL REQUIREMENTS**

### **Company Safety Rules**

The following safety rules must be strictly adhered to at all times when carrying out work for or on behalf of MASON AIR CONDITIONING LTD:

- Where required or designated, approved safety equipment or clothing must be worn
- Machinery and equipment must not be operated without guards or with damaged guards
- Safety devices must not be tampered with or overridden
- Inspect machinery or equipment for hazards before use
- Follow recommended procedures for handling dangerous or hazardous substances (know where your MSDS sheets are located)
- Keep aisles, exits, driveways and fire extinguisher access clear
- Before entering a work area observe safety signs and rules
- Apply best practice manual handling techniques when lifting heavy objects, use team lifting or mechanical lifting devices where appropriate
- Report all unsafe acts and conditions
- Before starting any new project job, look for and discuss safety hazards with your supervisor
- You must not operate machinery or equipment unless you are adequately trained
- Be fully aware of evacuation and emergency procedures
- It is your responsibility to ensure housekeeping is maintained to a high standard
- If injured at work you must participate in the rehabilitation programme if deemed appropriate by your treatment provider
- You must report any injury, plant damage or near miss to your supervisor
- Do not engage in such other practices as may be inconsistent with ordinary and reasonable common sense safety rules.

### **Non-Company Facility Policy**

The nature of the business requires MASON AIR CONDITIONING LTD and its employees to operate from a number of non-company facilities. Staff working at or out of non-company facilities must familiarize themselves with any special procedures at that site and understand and strictly adhere to the following procedures at all times:

- (a) All MASON AIR CONDITIONING LTD employees operating from non-company facilities are required to observe the health and safety standards set by the facility owner or occupant.
- (b) All employees should make sure they understand the rules and operating procedures of the facility and be familiar with any special safety or emergency procedures which may exist at that facility.
- (c) Where arrangements exist between the company and the non-company facility to operate any equipment, personnel must ensure they are approved to do so and that said machinery is in a safe condition and to the required standard for the operation being carried out. MASON AIR CONDITIONING LTD will assess each non-company facility in this latter regard and advise employees accordingly.

- (d) Any accidents that involve employees at a non-company facility must in the first instance be reported to the Manager or supervisor of that facility. As soon as possible the accident must also be reported to the General Manager.
- (e) Employees must under no circumstances carry out any non-approved activity at a non-company facility using any MASON AIR CONDITIONING LTD equipment or vehicle, or equipment that is the property of the facility owner or occupant.
- (f) Where an employee from MASON AIR CONDITIONING LTD is directed to carry out an activity or procedure that, in the opinion of the person concerned, is likely to be dangerous or cause injury to another person, or is not an approved safe operating practice, shall contact the General Manager or person in charge of the company immediately before taking any further action.
- (g) The rules governing smoking at any non-company facility must be observed by all MASON AIR CONDITIONING LTD employees.
- (h) Before starting work at any non-company facility, hazard identification and assessment must take place so that any hazards brought on site can be conveyed to the non-company facility and appropriate control measures taken.
- (i) MASON AIR CONDITIONING LTD employees must be fully aware and understand the non-company facility emergency evacuation procedures and the location of the assembly area.

## Smoking

Smoking is strictly prohibited in any MASON AIR CONDITIONING LTD, building, vehicle and (includes company cars, vans or facility) with the exception of a designated smoking area.



## Drugs & Alcohol

Illicit drugs are strictly forbidden from the premises, alcohol consumption is at the General Manager's discretion.



Any person who reports for work or is seen on the site under the influence of drugs or alcohol is considered a menace to himself, his workmates and everyone else, and will therefore be asked to leave the site.

It isn't a clever thing to try and cover up for a mate if they've been drinking or taking drugs, for their sake, your sake and everybody else's sake advise your General Manager before someone gets hurt!!

You will not be permitted to work if under the influence of drugs or alcohol.

Prescription drugs are permitted provided they do not impair an employee's ability to operate machinery or equipment in the workplace safely. If in doubt discuss the issue with your General Manager.

## **PART B: EMERGENCY RESPONSE**



### **Emergency Procedures**

The site has an evacuation procedure. There are appointed people in each site specifically trained in emergency situations who take charge during an evacuation. You must be familiar with these instructions:

In the event of an emergency:

- Isolate electrical plant and equipment if safe to do so.
- Leave the building by the nearest & safest exit.
- Proceed to the designated assembly area, located at: \_\_\_\_\_
- \_\_\_\_\_
- Do not re-enter the building until the all clear has been given by the Fire Warden.



### **Fire Safety**

Reduce the risk of fire by maintaining good housekeeping and notifying the General Manager of any fire hazards you come across.

You should only attempt to extinguish a fire if it is safe to do so. Fire extinguishers are only intended for use on small fires or as a life saving device to enable escape.

Don't be a hero ring 111.

YOUR FIRE WARDEN IS \_\_\_\_\_



### **Earthquake**

- In the event of an earthquake remain in the room.
- Move away from windows and tall or heavy cabinets.
- Take immediate shelter under solid furniture such as tables or desks.
- Await instructions from your Warden if evacuation is necessary.
- Assemble in front of the building.
- Prior to evacuation and only if it is safe to do so, turn off all electrical appliances.

### **Hazardous Substances Spill**

- In the event of a hazardous substance spill, inform the site supervisor and follow their instructions, they have been specifically trained in what to do.
- Make sure you know the location of the chemical spill kit for clean up purposes.
- Use the PPE provided for clean ups.
- Know the location of Material Safety Data Sheets (MSDS).
- Don't flush chemical spills down storm water drains.





## First Aid

- All vehicles are equipped with first aid kits.
- If you require further treatment proceed to the nearest Treatment Provider such as a Medical Centre or an A&E clinic.

YOUR COMPANY DOCTOR IS: DR \_\_\_\_\_

- If you have an incident on site, report it to your first aider.

YOUR FIRST AIDER IS: \_\_\_\_\_

- Record the treatment in the first aid register (see Appendix I).

## Accident Reporting

- Report All incidents to the General Manager, and (see Appendix XI) paper work for injury accidents.
- You need to fill out an Accident Report Form (see Appendix VI).
- If your injuries are classified as serious harm (see definition Appendix VII) your employer must notify Department of Labour within 24 hours of the accident occurrence and forward to them a Serious Harm Notification Form within 7 days of the accident occurrence (see Appendix VIII).



## Near Miss Reporting

- A near miss is defined as an incident that *almost happens and damage to equipment or people is narrowly avoided*.
- If this happens to you or you observe it happen to someone else it is critical to our health and safety programme that it is reported.
- You can do this on the “Initial Safety Event notification’ form (see Appendix IX)

We need to nip it in the bud before it happens again, next time may be FATAL

## **PART C: HAZARDS**

To help reduce the health and safety risks in your work area you need to report any hazards (something that has the potential to cause injury or harm). It is your responsibility to report hazards to the MASON AIR CONDITIONING LTD management.

You can do this by simply filling in the Initial Safety Event Notification form, (see Appendix IX). If it is a new hazard it will have to be managed and controlled correctly.

All the hazards that have been identified in your work area will be shown to you by way of a hazard register (see Appendix IV). Here are some common hazards that you need to be aware of and know how to work safely around them.

### **Manual Handling**

Many painful injuries are caused by lifting, pushing or carrying, and are avoidable by using proper manual handling techniques.



Do not attempt to lift or carry loads that are beyond your physical capability, if its too heavy use a mechanical lifting device or practice team lifting. Follow these steps:

- Plan the lift and the route to be taken.
- Test the size and weight of the load.
- Don't be a hero get someone to help you if it is too heavy or too large.
- Stand close to the item/object with your feet apart.
- Bend your knees and lean forward.
- Get a good firm grip on the item/object.
- Use your leg muscles to lift, not your back.
- Never twist at the waist.
- Move your feet while lifting or moving a load.

### **Housekeeping**

- Keep your work area clean and orderly that includes your work vehicle.
- It is your responsibility to do this not the job of others.
- A tidy work area or vehicle promotes and encourages smart work habits.



### **Electrical Work**

- Electrical dangers are not always obvious.
- Inspect electrical equipment and that includes portable leads before use.
- Are the inspection test date tags on electrical leads and portable tools current.
- Switch the power OFF before inserting or pulling out a power cord.
- Portable leads will trip you up if left across walkways.
- Working on live electrical equipment must only be considered as a last resort, and then only when an adequate, risk assessment has been undertaken.



If testing on live electrical installations for faults or to ensure systems are operating effectively, then a Permit to Work may be required.

The following procedures will be carried out when isolating circuits to conduct work:

- Circuit breakers must be locked out with a single key lock & tagged out. If this is not practicable, then
- Circuit breaker switches will be tagged in an “OFF” position using a “DANGER - OUT OF SERVICE” tag, secured to the switch.
- Site Manager or H&S staff shall be advised of the pending work.

## Welding



If a welder is not used correctly the operator can be exposed to a number of hazards such as toxic fumes, dusts, burns, fires, explosions, electric shock, radiation, noise and heat stress. Any of these hazards can cause injury or death you should follow the steps below in conjunction with a hot work permit, (see Appendix V).

- Use screens to protect bystanders.
- Keep a fire extinguisher close by.
- Make sure flash back arrestors are used.
- Wear your safety gear, most importantly eye protection.
- Ensure there are no fire hazards in the defined welding area.
- Keep cylinders upright.
- If arc welding never use defective or damaged cables or equipment & never use in wet conditions.
- Always check hoses, valves, gauges and fittings before use. Do not allow grease or oil to contaminate fittings.
- Keep a look out for rogue sparks above, under or around the work area when the task is complete.

## Hazardous Substances



- Hazardous substances e.g. adhesive sealant must not be introduced onto the site without a MSDS (Material Safety Data Sheets).
- This includes but is not limited to solvents, cleaning agents and flammable substances such as gases.
- The Clean Air Act does not allow any refrigerant to be vented or discharged into the atmosphere during installation, service or retirement of equipment. Refrigerants must be recovered & recycled.
- Be aware of the location of the emergency chemical spill kit if one is available.
- Never flush contaminants down the storm water drains when cleaning up spill.
- The control measures recommended in the Material Safety Data Sheets (MSDS) must be applied; copies must be readily available in your vehicle.

## Compressed Air

- Use suitable goggles, masks and other protective clothing when using compressed air.
- Ensure that the correct fittings are available and being used.
- Do not use compressed air to blow dust from clothing or skin ..... this practice can be **FATAL**.
- Always treat compressed air with respect.



## Asbestos

- On the discovery of asbestos you must cease work immediately and report the find to the site fore person or safety co-ordinator or customer if domestic job.
- The site Manager must be notified of all asbestos on sites.
- Do not under any circumstances attempt to remove asbestos, leave it to the experts.



## Slips, Trips & Falls

Slips, trips and falls cause injuries. These injuries can be prevented by:

1. Good housekeeping (e.g. keep walkways clear at all times).
2. Reporting hazards.
3. Wearing appropriate PPE.
4. Good manual handling practices or techniques.

We can all prevent these injuries by looking out for spills, keeping the floor clear of obstacles/obstructions and by wearing the correct safety footwear. If you see something which could potentially cause a slip, trip or fall injury don't walk past and ignore it, do something about it.

Remember housekeeping is everyone's responsibility.

## Confined Spaces

A confined space is any space or volume:

- Not intended as a regular workplace.
- Has restricted ways of entry or exit.
- May have inadequate ventilation and/or atmosphere which may be contaminated or not have enough oxygen.
- Is at atmospheric pressure.



Some examples of these are:

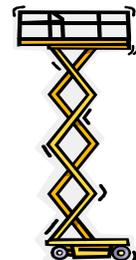
- Storage Tanks (underground or above ground).
- Under ground storm water drains.
- Roof work.

Before entering any confined space:

- Complete a Confined Space Entry Permit.
- Make sure air quality has been tested and monitored.
- Make sure an observer is present for the duration of the time spent in the confined space.

## Working at Heights

The use of safety harnesses, lanyards and other fall arrest equipment is mandatory when working above 1.8 metres. If there is no certified anchor point available use a travel restraint method for your safety. A risk



assessment should be carried out to determine whether an elevated work platform (EWP) (e.g. scissor lift, scaffolding or cherry picker) is required to do the job safely. Remember a ladder is designed to access work at heights not a work at heights platform. The following works will require fall protection procedures and equipment:

- Work near unprotected open edges of floors and all roofs.
- Work near unprotected penetrations or openings in roofs, floors and walls.
- Work near unguarded shafts or excavations.
- Work from unstable structures (temporary or permanent).
- Work on or near fragile or brittle surfaces (e.g. cement sheeting roofs, fiberglass sheeting roof or skylights).

### **Ladders:**

Ladders are not a fall protection measure; they are a means of providing access/ egress to a work area. Ladders are only to be used where it can be shown that other risk control measures are not practicable to remove or reduce the risk of falling.

- Only ladders that conform to NZS 5233: 1986 or NZS 3609:1978 may be used.

When using your ladder make sure you:

- Position safety cones around the work site.
- Fix linkages (barriers) between cones to secure the site.
- Display caution signage outside the perimeter of the site.
- An observer to hold the ladder and ensure access to area is restricted.
- Stand the ladder on a level base.
- Set the ladder at the correct angle 4:1 ratio.
- Ladder must extend a metre above the landing.
- Secure the ladder by lashing at the top and bottom or have someone holding the base securely.
- Ensure the ladder is long enough to do the job or use an elevated work platform (EWP).
- Always face the ladder and use both hands (3 points of contact) when climbing up and down.
- Don't use a metal ladder near electricity.
- Always wear slip-resistant footwear when climbing a ladder.
- Never overreach sideways - get down and move the ladder.
- Never work from the top two treads.

## **PART D: PROCEDURES**

### **Hot Work**

- Hot work includes welding, angle grinding, oxy-acetylene cutting and gouging operations and other tasks that may generate sparks.
- A Hot Work Permit (see Appendix V) shall be filled out detailing the hazard controls to be used according to the work to be done, and prior to any work commencing.
- Consider the need for a firewatcher. The person conducting the hot work must know the location of fire fighting equipment and be competent in its operation.

Always ask the question .....

“Can this work or task be completed safely without hot work being performed?”

Follow these steps for hot work:

- Isolate all dangerous goods within a 15 metre radius of the work area.
- Ignition source(s) to be screened using fire resistant material.
- Cones, linkages and signage erected to indicate the hot work area.
- Work area to be adequately ventilated.
- Dampen down the hazardous area if practicable.
- Fire extinguisher to be readily available.
- Gas cylinders to be stored upright and chained.
- Personal Protective Equipment to be worn.
- Check site 30 minutes after task is complete for rogue sparks or other ignition conditions.



### **Contractors & Sub-contractors**

- MASON AIR CONDITIONING LTD has a legal obligation for the safety of contractors and sub-contractors engaged to perform work on its behalf.
- Contractors and sub-contractors need to understand our approach to health and safety and be familiar with the safety rules in this document and ensure its employees are made aware of these requirements. You will be required to complete the MASON AIR CONDITIONING LTD Contractor H&S Agreement (see Appendix XIV).
- In the event that contractors and sub-contractors do not comply with our safety standards MASON AIR CONDITIONING LTD may decide not to use them again.



### **Personal Protective Equipment (PPE)**

MASON AIR CONDITIONING LTD provides PPE for your safety and benefit - use them as the occasion arises and check that:

- PPE provided offers you adequate protection for its intended use.
- It is properly maintained and any defects are reported immediately.
- It is returned to the proper storage after its intended use.

- Those using it are adequately trained on its safe use (see policy Appendix III)

Do not rely entirely on PPE alone to protect you against hazards. Use PPE in conjunction with guards, engineering controls and written safe operating procedures.

PPE is available to you for protection of the head, ears, eyes, breathing, hands, arms, feet and legs. In general you should wear safety footwear, hi-vis vest or shirt at all times.



## Practical Jokes/Horseplay

- Horseplay, skylarking or just clowning around has no place in our business.
- Practical jokes may get laughs, but it can end up by giving someone a lifetime of sorrow.
- That someone could be you.



## Lock Out/ Tag Out

Lock out and danger tags are used to warn of danger or to indicate that tools, machinery and equipment are defective. This means they must not be operated because their operation may cause injury to workers or damage to machinery or equipment:

- Isolate the power at the main switchboard.
- Remove fuses, lock out MSB (equipment to include circuit breaker lock and padlock) and tag out the isolator switch.
- If you did not put on the padlock or tag you cannot take it off.

## Loose Clothing & Long Hair

- Do not wear loose clothing or untied loose hair when working onsite.
- Severe accidents such as scalping or strangulation could occur when working in or around moving machinery or plant.

## Training

- MASON AIR CONDITIONING LTD is responsible to ensure that persons who work for or on behalf of the company attend a safety induction-training course on their first day and prior to commencing work of any type.
- No person is to work on any machinery, equipment or process until they have been instructed and educated using job safety analysis (JSA) or safe operating procedures (SOP).
- Individual needs will be identified through performance appraisals including industry qualifications, site safe etc and training records kept on employees personal files (see Appendix X).



## Tool Box Talks

Toolbox talks are an excellent method for communicating and obtaining employee involvement on health and safety issues. Regular (good rule of thumb every two weeks and no longer than 5 to 10 minutes) toolbox



sessions need to be conducted with a prearranged health and safety topic on the agenda (e.g. wearing of safety gear, new safe operating procedure, hazard identified, a reported accident or near miss) and talks documented (see [Appendix XII](#)).

To ensure your toolbox talk is effective you should:

1. Carefully plan the session
2. Focus on a few key points eg wearing safety glasses when using electrical appliances
3. Use examples from personal or other experiences e.g. injuries or near misses
4. Employ actual tools or equipment for illustrations e.g. demonstrate safe work methods for using an electrical drill
5. Encourage worker participation

As with other forms of training, the more hands on experience people get the quicker they learn and the more they retain. If workers are encouraged to partake in the meeting they develop a feeling of ownership in the site safety programme.

The content of the toolbox talk is important also the energy and commitment you bring to it. Your people will quickly sense whether you are serious or just going through the motions.

Make sure you always leave time at the end of the meeting to sum up and reinforce the key points.

## **Company Vehicle Inspections**



It is your responsibility as the driver of a MASON AIR CONDITIONING LTD vehicle to maintain it in a safe condition, remembering that a vehicle is deemed a place of work under health & safety legislation in this country.

Furthermore it is important that the equipment, machinery and tools that are in your vehicle are periodically (every 3 months) inspected and to help you do this a checklist is attached (see [Appendix XIII](#)).





## NEW STARTER HEALTH & SAFETY INDUCTION CHECKLIST

The MASON AIR CONDITIONING LTD safety goal is that “Nobody gets Hurt”, its General Manager is the person responsible to complete the health & safety induction with the new employee on their first day of work. Explain and demonstrate each of the health and safety elements with the employee before it is ticked off as completed.

Below is a list of induction elements to be signed off with the new employee. Have him/her tick the appropriate box when the element step has been covered.

The General Manager is to sign as a record of their role for explaining the induction checklist to the new starter who in turn must sign as their record of understanding the safety requirements.

Employees Name: ..... Date of Induction: ...../...../.....

Buddy's Name: .....

Induction Elements	Training Steps Covered	Tick
<b>Employer/Employee Responsibilities</b>	Employees under the Health & Safety in Employment Act 1992, are responsible for their own and other safety	<input type="checkbox"/>
	Employers under the Health & Safety in Employment Act 1992, have to provide its employees a safe work environment	<input type="checkbox"/>
<b>Emergency Evacuation</b>	Assembly point explained and location shown	<input type="checkbox"/>
	Location of fire extinguishers/hoses shown	<input type="checkbox"/>
	Evacuation plan location shown and explained	<input type="checkbox"/>
	Exit doors shown	<input type="checkbox"/>
	Fire Warden introduced	<input type="checkbox"/>
<b>Hazard Management</b>	Report any hazard you identify to your General Manager / Supervisor	<input type="checkbox"/>
	Show copy of hazard reporting form	<input type="checkbox"/>
	Hazard register to be given to employee, explain hazards & controls	<input type="checkbox"/>
<b>Safety Equipment</b>	Personal Protective Equipment (PPE) issued and recorded as appropriate to position	<input type="checkbox"/>
	Correct training of its use carried out	<input type="checkbox"/>
	PPE must be worn if issued for your protection	<input type="checkbox"/>



<p><b>Accident &amp; Incident Reporting</b></p>	<p>All first aid treatments are to be recorded in the first aid register</p> <p>All accidents must be reported to your General Manager / Supervisor immediately &amp; Accident Report Form filled out</p> <p>Report a near loss (an event that could have caused an injury) show the near loss report form and where these are located</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
<p><b>Rehabilitation</b></p>	<p>Explain ACC functions for work related injuries</p> <p>Alternative duties programme explained</p> <p>Inform the name of the MASON AIR CONDITIONING Medical Treatment Provider (Company Doctor)</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
<p><b>First Aid</b></p>	<p>Show the location of the first aid cabinets</p> <p>Introduce the key first aider to the employee</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
<p><b>Health &amp; Safety Policies</b></p>	<p>Show the location of the MASON AIR CONDITIONING LTD Health &amp; Safety Policy</p>	<p><input type="checkbox"/></p>
<p><b>Health &amp; Safety Handbook</b></p>	<p>Provide a copy of the MASON AIR CONDITIONING LTD Health &amp; Safety Handbook to the employee, get them to sign as acknowledgement of their understanding and compliance of the prescribed H&amp;S rules, and completion of the competency test (at back of handbook)</p>	<p><input type="checkbox"/></p>

.....  
 (Employee: signature)

...../...../.....  
 (Date)

.....  
 (General Manager: signature)

...../...../.....  
 (Date)



# HAZARD REGISTER

**The following is a list of hazards identified at MASON AIR CONDITIONING LTD work sites. This is not an exhaustive list; you need to update your register as hazards are identified through our hazard management system. The General Manager is accountable for ensuring that hazard control systems are put in place and effectively maintained**

Hazard No.	Date Identified	Hazard	Harm Type	Risk Score	Significant Yes/No	Control Method E/ I/ M	Recommended Controls
1.	01/05/2009	Slippery Surfaces	Sprain/Strain/ Bruising/Fracture	3	Yes	M	<ul style="list-style-type: none"> <li>• Avoid creating liquid spills onto surfaces</li> <li>• Cone or barricade area, display warning sign</li> <li>• Mop dry or spread absorbent material to slippery surface</li> <li>• Wear rubber sole footwear - ensure potential leaks do not eventuate</li> </ul>
2.	01/05/2009	Falling Objects	Cuts/Bruising/ Concussion	3	Yes	M	<ul style="list-style-type: none"> <li>• Do not place objects unsupported or near edges of openings. Fix wall shelf etc</li> <li>• Restrain objects with ropes or ties</li> <li>• Wear hard hats &amp; chin strap and steel cap boots</li> </ul>
3.	01/05/2009	Exposure to Toxic Gases, Lack of oxygen, Explosive gases	Asphyxiation/ Death	1	Yes	M	<ul style="list-style-type: none"> <li>• Do not enter area under any circumstance without permit</li> <li>• Do not introduce a source of ignition</li> <li>• Use gas or oxygen detection monitors where appropriate</li> <li>• Wear personal protective equipment e.g. air fed respirator</li> </ul>
4.	01/05/2009	Fire	Burns/Death	1	Yes	M	<ul style="list-style-type: none"> <li>• Do not use equipment that could cause ignition</li> <li>• Store flammable substances in a flameproof cabinet or cupboard</li> <li>• Hoses, sprinklers and extinguishers to be made available</li> <li>• Implement an emergency plan and carry out six monthly drills</li> </ul>
5.	01/05/2009	Access Ladders	Fractures/Bruising Death	2	Yes	M	<ul style="list-style-type: none"> <li>▪ Stand the ladder on a level base. Set the ladder at the correct angle, using 4:1 ratio.</li> <li>▪ Secure the ladder by lashing at the top and bottom or have someone holding the base securely.</li> <li>▪ Ensure the ladder is long enough to do the job.</li> </ul>

							<ul style="list-style-type: none"> <li>▪ Always face the ladder and use both hands when climbing up and down.</li> <li>▪ Use 3 points of contact when ascending or descending</li> <li>▪ Don't use a metal ladder near electricity.</li> <li>▪ Always wear slip-resistant footwear when climbing a ladder.</li> <li>▪ Never overreach sideways - get down and move the ladder.</li> <li>▪ Never work from the top two treads, ensure ladder is 1.5 metres above landing.</li> </ul>
6.	01/05/2009	Faulty Plant & Machinery	Electric Shock/Death	1	Yes	I	<ul style="list-style-type: none"> <li>• Repair &amp; Maintain equipment plant to a satisfactory condition</li> <li>• Isolate power sources (use pad lock &amp; tag out) before starting</li> <li>• Only use equipment known to be safe if not withdraw from service</li> </ul>
7.	01/05/2009	Lifting, carrying or pushing heavy or awkward shaped containers, equipment etc	Sprain/Strain	2	Yes	M	<ul style="list-style-type: none"> <li>• Warm up before lifting</li> <li>• Be aware of awkward shaped loads</li> <li>• If load is beyond your lifting capacity, don't be a hero seek assistance, use team lifting techniques</li> <li>• Never use your back as a crane, bend at your knees</li> <li>• Use a mechanical lifting device e.g. fork hoist or hiab crane where appropriate</li> </ul>
8.	01/05/2009	Traffic	Cuts/Amputation/ Bruising/ Fractures/ Multiple Injuries/Death	2	Yes	M	<ul style="list-style-type: none"> <li>• Close road to vehicular and foot traffic</li> <li>• Implement practical principles of the transit working on the road, manual. Programme works to time when there is minimal traffic</li> <li>• Sign post, flashing lights, cones, park vehicles upstream of work site</li> </ul>
9.	01/05/2009	Asbestos	Asbestosis/Cancer/ Mesothelioma/ Death	1	Yes	E	<ul style="list-style-type: none"> <li>• Do not enter area where asbestos is present. Inform authorities for removal where appropriate</li> <li>• Fence area, seal and sign post</li> <li>• Never attempt to remove asbestos, leave it up to the experts</li> </ul>
10.	01/05/2009	Hand Tools	Cuts/ Bruising	5	Yes	M	<ul style="list-style-type: none"> <li>• Carry hand tools in tool belt or bag</li> <li>• Select the correct tool for the task</li> <li>• Ensure tools are in good condition, no worn edges etc</li> <li>• Wear eye protection and gloves when using tools</li> </ul>

11.	01/05/2009	Power Tools - Skil saws, drills, angle or bench grinders	Cuts/ Amputation/ Eye injury/Industrial Deafness/ Electrocutation	3	Yes	M	<ul style="list-style-type: none"> <li>• Ensure work piece is secured when cutting</li> <li>• Wear eye protection when using equipment</li> <li>• Keep hands well clear of moving parts, wear gloves where appropriate</li> <li>• Ensure all guards are in place</li> <li>• Connect Residual Current Device (RCD) to equipment</li> <li>• Report any fault or damage immediately</li> </ul>
12.	01/05/2009	Gas Welding	Burns/Lung Damage/ Eye Injury	3	Yes	M	<ul style="list-style-type: none"> <li>• Wear welding goggles, gloves, safety footwear</li> <li>• Use a hot work permit when required</li> <li>• Always weld in a well-ventilated area</li> <li>• Gas set to be fitted with flashback arrestors</li> <li>• Ensure gas cylinders are secured in an upright position</li> </ul>
13.	01/05/2009	Handling Hazardous Substances (e.g. Chemicals & Gases)	Burns/ eye injury/ dermatitis	1	Yes	M	<ul style="list-style-type: none"> <li>• Know the location of the MSDS sheets</li> <li>• Ensure all hazardous substances are correctly labelled</li> <li>• Do not store incompatible substances together</li> <li>• Know where the spill kit is located</li> <li>• Do not flush spills down storm water drains</li> <li>• Wear PPE, gloves and suitable eye protection</li> <li>• Only trained personnel to handle chemicals</li> <li>• Never discharge gases to the atmosphere</li> </ul>
14.	01/05/2009	Coming into contact with Protruding or Sharp Objects/Edges	Cuts, Lacerations/ Bruising	5	Yes	M	<ul style="list-style-type: none"> <li>• Apply sturdy guards to offending protrusions or edges</li> <li>• Apply padding to reduce impact</li> <li>• Wear safety glasses</li> </ul>
15.	01/05/2009	Power Failure Blackout	Sprains/Strains/ Fractures/Bruising	5	Yes	M	<ul style="list-style-type: none"> <li>• Take care not to create a fault, that may blow fuses</li> <li>• Carry a torch with a healthy battery in your toll belt</li> </ul>
16.	01/05/2009	Working at heights falls from e.g. cherry pickers, scaffolding, fork hoist cages, scissor lifts	Fractures/Bruising/Death /Crushing/ Electric Shock	1	Yes	M	<ul style="list-style-type: none"> <li>• Wear hard hat with chin strap</li> <li>• Set up on firm and level base</li> <li>• Avoid power lines, keep 5 metre distance</li> <li>• Wear safety harness &amp; lanyard</li> <li>• Do not dismount till boom is lowered to ground</li> </ul>
17.	01/05/2009	Driving Company Vehicle	Multiple Injuries/ Death	1	Yes	M	<ul style="list-style-type: none"> <li>• Never use cell phone while driving, pull over to the road shoulder before answering &amp; talking</li> <li>• Drive within the speed limit for the area</li> <li>• Attend defensive driving course</li> <li>• Ensure tools &amp; equipment are secured in case of emergency braking</li> <li>• Current drivers licence</li> </ul>

18.	01/05/2009	Excessive Noise	Industrial deafness	3	Yes	E/ I/ M	<ul style="list-style-type: none"> <li>Wear correct grade hearing protection</li> <li>Attempt to dampen or attenuate the noise levels generated where appropriate</li> <li>Limit exposure time in areas of excessive noise</li> <li>Ensure you have an annual audiometry test if regularly or constantly exposed to noise over 85 dB(A)</li> </ul>
19.	01/05/2009	Electrical	Electrocution	1	Yes	I	<ul style="list-style-type: none"> <li>Check damage to permanent wiring or cable power point or switches - no "bare" wires inside the switchboard</li> <li>Turn off at main circuit control panel, isolate using circuit breaker lock, pad lock &amp; tag - ensure tag has your name on it</li> <li>Identify the fault &amp; carry out repair or replacement task</li> <li>Test fault or repair before removing personal lock out equipment</li> <li>Has a certificate of compliance on the electrical work been completed</li> </ul>

**MASON AIR CONDITIONING LTD Hazard Review Sign-off:**

**Hazards that have been controlled by minimising or isolating potential injury risk need to be reviewed annually to determine whether the controls are still effective and maintained. You should do this by involving your Health & Safety Committee and Health & Safety Representative to evaluate the measures. Ensure that you include this process in your annual health & safety objectives**

...../...../..... (Review Date)	..... (General Manager: Signature)	...../...../..... (Review Date)	..... (H&S Committee/Rep: Signature)
...../...../..... (Review Date)	..... (General Manager: Signature)	...../...../..... (Review Date)	..... (H&S Committee/Rep: Signature)



## HOT WORK PERMIT

**WARNING!!!**  
**No Permit = No Hot Work**

### WORK DETAILS

Permit Holders Name: ..... Task Location: .....

Type of Work:  Welding  Cutting  Grinding  Other, state: .....

Date Permit Issued: ...../...../..... Date Permit Expired: ...../...../.....

*This permit requires the following safety precautions indicated by the authorized permit holder initials that the following items ticked ✓ have been established prior to issuing the Permit*

General Safety Precautions	Safety Issue Compliant		Permit Holder Initials
	Yes	N/A	
No flammables / combustibles within 11 metres of work			
Charged portable fire extinguisher at work area			
Fire Watch personnel briefed & stationed			
Adequate ventilation established			
Welding curtains or shields			
Hot Work Personal Protective Equipment			
Respirators used			
Warning signs posted			
Welding/ cutting equipment inspected			
Sewer Pits covered			
Petrol & LPG sales stopped			
Surrounding equipment locked out			
Work & surrounding area dampened			
Fire Hose			
Fire Blanket			
Traffic Management System introduced e.g. cones & linkages			
Explosion Safe Electrical equipment			
Lighting is intrinsically safe			
Oxygen Content checked & maintained between 19.5% and 22%			

### FIRE WATCH/ HOT WORK AREA MONITORING

General Safety Precautions	Safety Issue Compliant		Fire Watch Initials
	Yes	N/A	
Fire Watch will be provided during and continuously for 30 minutes after work, including any work breaks			
Fire Watch is supplied with suitable extinguishers			
Fire Watch is trained in use of this equipment & in sounding alarm			
Fire Watch may be required for adjoining areas, above and below			
Hot Work are inspected 30 minutes after job is completed			

### PERMIT SIGN-OFFS

Hot Work Permit Task Completed: ..... am/ pm ...../...../.....  
(Permit Holder Signature) (Time) (Date)

Final Fire Watch Check Up: ..... am/ pm ...../...../.....  
(Fire Watch Person Signature) (Time) (Date)

# ACCIDENT REPORT FORM

LTI  MTI  FAT

## INCIDENT DETAILS:

Injured Employees Name: ..... Branch Location: .....

Date of Accident: ...../...../..... Time: ..... am/pm Shift: Day/ Night

Describe what happened: .....

.....

.....

## CAUSE FACTORS:

What was the incident causes? (Tick the applicable box(es))

Incident Mechanism	Agency of Incident
<input type="checkbox"/> Being hit by moving objects	<input type="checkbox"/> Animal human biological agencies
<input type="checkbox"/> Biological factors	<input type="checkbox"/> Chemical and chemical products
<input type="checkbox"/> Body stressing	<input type="checkbox"/> Environment
<input type="checkbox"/> Chemicals or other substances	<input type="checkbox"/> Machinery and (mainly) fixed plant
<input type="checkbox"/> Falls, trips or slips of a person	<input type="checkbox"/> Materials and substances
<input type="checkbox"/> Heat radiation or energy	<input type="checkbox"/> Mobile plant and transport
<input type="checkbox"/> Hitting objects with part of the body	<input type="checkbox"/> Non-powered hand tools, appliances & equipment
<input type="checkbox"/> Mental stress	<input type="checkbox"/> Powered non-fixed equipment, tools & appliances
<input type="checkbox"/> Other and unspecified mechanisms of injury	<input type="checkbox"/> Other
<input type="checkbox"/> Sound or pressure	

## INJURY DETAILS: \*

Body Part: (Tick applicable box(es))

<input type="checkbox"/> Eyes	<input type="checkbox"/> Neck	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Legs, feet
<input type="checkbox"/> Head	<input type="checkbox"/> Arms, Hands, Fingers	<input type="checkbox"/> Back	<input type="checkbox"/> Systemic (Internal Organs)

What type of injury occurred: (Tick applicable box(es))

<input type="checkbox"/> Fracture of Spine	<input type="checkbox"/> Head Injury	<input type="checkbox"/> Foreign body	<input type="checkbox"/> Multiple injuries
<input type="checkbox"/> Other Fractures	<input type="checkbox"/> Amputation	<input type="checkbox"/> Burns	<input type="checkbox"/> Mental disorder
<input type="checkbox"/> Dislocation	<input type="checkbox"/> Open wound	<input type="checkbox"/> Nerves or spinal cord	<input type="checkbox"/> Disease
<input type="checkbox"/> Sprain or strain	<input type="checkbox"/> Superficial injury	<input type="checkbox"/> Puncture wound	<input type="checkbox"/> Tumor
<input type="checkbox"/> Internal trunk injury	<input type="checkbox"/> Bruising & crushing	<input type="checkbox"/> Poisoning & Toxic Effect	<input type="checkbox"/> Artificial aid damage

## HAZARDS:

Is a significant hazard involved? (Potential serious harm, tick applicable)  Yes  No

What was the hazard involved? (Tick box below or describe hazard here) .....

<input type="checkbox"/> Animal/insect bite	<input type="checkbox"/> Hand Tools	<input type="checkbox"/> Mobile plant or transport	<input type="checkbox"/> Splinter
<input type="checkbox"/> Chemical	<input type="checkbox"/> Human or biological	<input type="checkbox"/> Nail Gun	<input type="checkbox"/> Staple
<input type="checkbox"/> Clutter laying around	<input type="checkbox"/> Knife cut	<input type="checkbox"/> Other	<input type="checkbox"/> Stock
<input type="checkbox"/> Computer station	<input type="checkbox"/> Ladder	<input type="checkbox"/> Plant i.e. shelving, stairs	<input type="checkbox"/> Strapping
<input type="checkbox"/> Dust	<input type="checkbox"/> Loose Gravel	<input type="checkbox"/> Power Tools	<input type="checkbox"/> Timber
<input type="checkbox"/> Forklift	<input type="checkbox"/> Machinery or fixed plant	<input type="checkbox"/> Reinforcing materials	<input type="checkbox"/> Vehicle
<input type="checkbox"/> Hammer	<input type="checkbox"/> Masonry Products	<input type="checkbox"/> Saw electric	<input type="checkbox"/> Unknown

**ACCIDENT REPORT FORM****TREATMENT OF INJURY: \***Is there an ACC claim?: (Tick applicable box)  Yes  NoTreatment: (Tick applicable box)  Nil  First Aid  Doctor (Not hospitalized)  Hospitalised**INVESTIGATION:**Is there an investigation carried out?: (Tick applicable box)  Yes  NoHow serious could the incident have been?  Very serious  Serious  MinorWhat is the chance of it happening again?  Frequent  Occasional  Rare**DAMAGE:**Is there damage?:  Yes  No (If yes, continue or otherwise go to action)

What sort of damage was inflicted? .....

What property was damaged? (if any) .....

What object or substance caused this damage? .....

**ACTION:**

What action will be taken to prevent a recurrence: .....

Who is responsible for action? Person(s):..... Date: ...../...../.....

**SERIOUS HARM NOTIFICATION: \***

Is this reported injury classified as "serious harm". If YES, when was OSH notified: ..... (Day) ..... (Month) ..... (Year)

NB Department of Labour to be informed of the serious harm case within 24 hours of the event occurrence

Was this a new hazard, if YES when was the Hazard Register updated: ..... (Day) ..... (Month) ..... (Year)

**ACCIDENT REPORT CIRCULATION SIGN-OFF:**

..... (H&amp;S Co-ordinator) ...../...../..... (Date) ..... (General Manager) ...../...../..... (Date)

## **SERIOUS HARM DEFINITION**

1. Any of the following conditions that amounts to or results in permanent loss of bodily function, or temporary severe loss of bodily function: respiratory disease, noise-induced hearing loss, neurological disease, cancer, dermatological disease, communicable disease, musculoskeletal disease, illness caused by exposure to infected material, decompression sickness, poisoning, vision impairment, chemical or hot-metal burn of eye, penetrating wound of eye, bone fracture, laceration, crushing.
2. Amputation of body part.
3. Burns requiring referral to a specialist registered medical practitioner or specialist outpatient clinic.
4. Loss of consciousness from lack of oxygen.
5. Loss of consciousness, or acute illness requiring treatment by a registered medical practitioner, from absorption, inhalation or ingestion of any substance.
6. Any harm that causes the person harmed to be hospitalised for a period of 48 hours or more commencing within 7 days of the harm's occurrence.

# Form of register or notification of circumstances of accident or serious harm

Required for section 25(1), (1A), (1B), and (3)(b) of the Health and Safety in Employment Act 1992

APPENDIX VIII

For non-injury accident, complete questions 1, 2, 3, 9, 10, 11, 14 and 15 as applicable

## 1 Particulars of employer, self-employed person or principal:

(business name, postal address and telephone number)


## 2 The person reporting is:

- an employer     a principal     a self-employed person

## 3 Location of place of work:


(shop, shed, unit nos., floor, building, street nos. and

names, locality/suburb, or details of vehicle, ship or aircraft)

## 4 Personal data of injured person:

Name	
Residential address	

Date of birth  Sex (M/F)

## 5 Occupation or job title of injured person:

(employees and self-employed persons only)

--

## 6 The injured person is:

- an employee     a contractor (self-employed person)  
 self     other

## 7 Period of employment of injured person:

(employees only)

- 1<sup>st</sup> week     1<sup>st</sup> month     1-6 months  
 6 months-1 year     1-5 years     Over 5 years  
 non-employee

## 8 Treatment of injury:

- None     First aid only  
 Doctor but no hospitalisation     Hospitalisation

## 9 Time and date of accident/ serious harm:

Time  am/pm  
Date  Shift  Day  Afternoon  Night

Hours worked since arrival at work  
(employees and self-employed persons only)

## 10 Mechanism of accident/ serious harm:

- fall, trip or slip     hitting objects with part of the body  
 sound or pressure     being hit by moving objects  
 body stressing     heat, radiation or energy  
 biological factors     chemicals or other substances  
 mental stress

## 11 Agency of accident/ serious harm:

- machinery or (mainly) fixed plant  
 mobile plant or transport  
 powered equipment, tool, or appliance  
 non-powered handtool, appliance, or equipment  
 chemical or chemical product  
 material or substance  
 environmental exposure (e.g. dust, gas)  
 animal, human or biological agency (other than bacteria or virus)  
 bacteria or virus

## 12 Body part:

- head     neck     trunk  
 upper limb     lower limb     multiple locations  
 systemic internal organs

## 13 Nature of injury or disease:

(specify all)

- fatal  
 fracture of spine     puncture wound  
 other fracture     poisoning or toxic effects  
 dislocation     multiple injuries  
 sprain or strain     damage to artificial aid  
 head injury     disease, nervous system  
 internal injury of trunk     disease, musculoskeletal system  
 amputation, including eye     disease, skin  
 open wound     disease, digestive system  
 superficial injury     disease, infectious or parasitic  
 bruising or crushing     disease, respiratory system  
 foreign body     disease, circulatory system  
 burns     tumour (malignant or benign)  
 nerves or spinal chord     mental disorder

## 14 Where and how did the accident/serious harm happen?

(If not enough room attach separate sheet or sheets.)


## 15 If notification is from an employer:

- (a) Has an investigation been carried out?  yes  no  
(b) Was a significant hazard involved?  yes  no

Signature and date \_\_\_\_\_ / \_\_\_ / \_\_\_

Name and  
position  
(capitals)



# INITIAL SAFETY EVENT NOTIFICATION

*Is this an accident waiting to happen?*

Hazard  Near Miss  Damage  Other

Date: ...../...../.....

Time Identified: ..... am/ pm

Name: ..... Department: .....

**Part 1: What was the incident or What happened?**

How were you nearly injured or what did you see that could have injured you or others: .....

.....

.....

**Part 2: What will be done to prevent this from happening again?**

Now you tell me what steps or methods you would take to fix the problem to make sure it does not happen again. Put forward your suggestions below:

1. ....
2. ....
3. ....

**Part 3: H&S Rep use only:** Is this a  new or  existing hazard. Fill out Hazard Management Form if new hazard only

**Part 4: Feedback:**

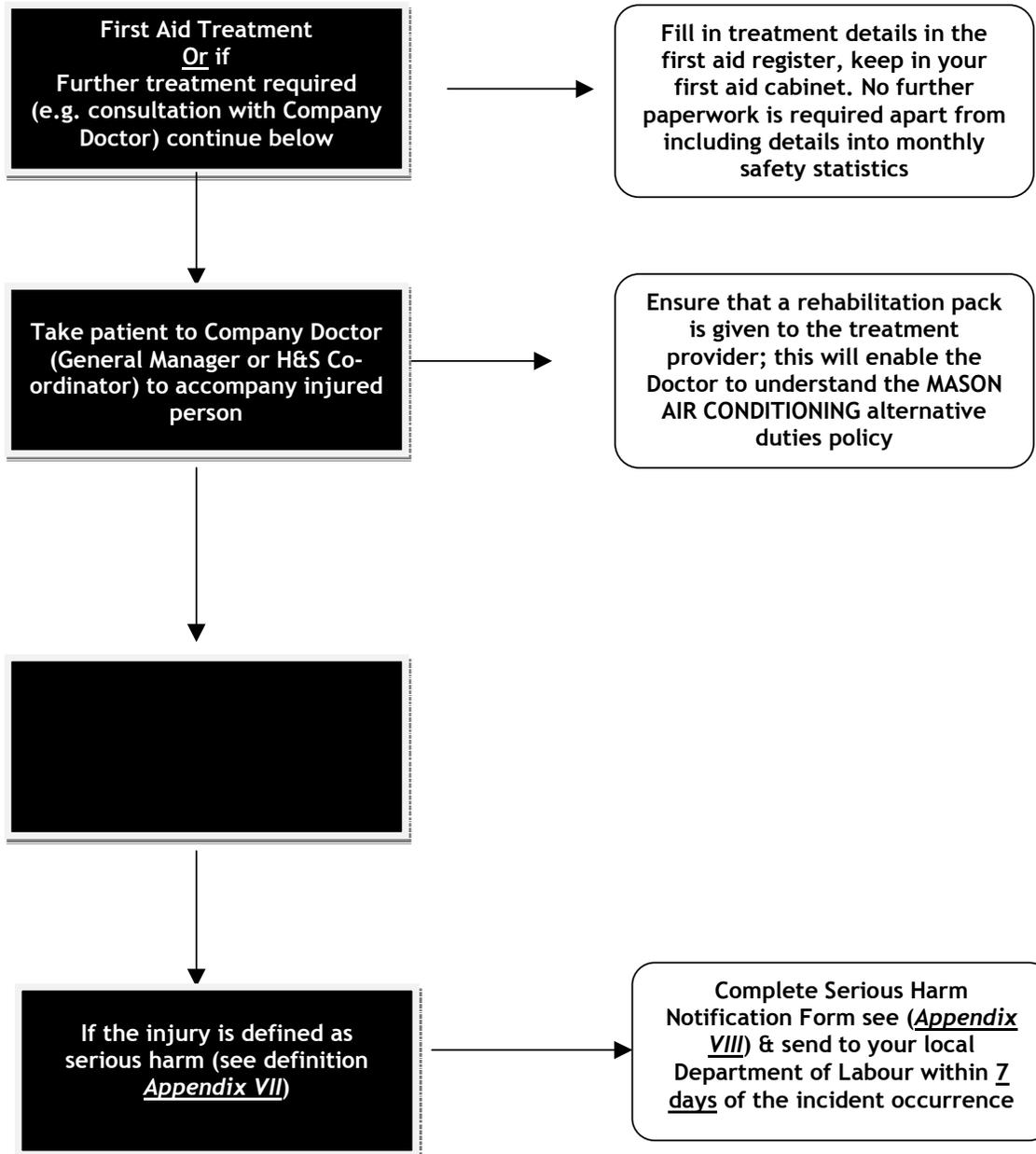
Feed back must be given to the person who initiated the report on the steps taken to correct the event

Feed back received by: ..... (Initiator)      Date: ...../...../.....

Investigated by: .....      Date: ...../...../.....



## PAPER WORK FOR INJURY ACCIDENTS





## TOOL BOX TALK MEETING RECORD

Supervisor:			
Department:			
Date:			
<i>Team meetings should be short 5 to 10 minutes Health and Safety should be the first thing on the agenda</i>			
Attendees:			
Health & Safety issues:			
Other Topics:			
<i>What Significant questions or concerns were expressed?</i>			
Action Points		Responsibility	Deadline



**MASON AIR CONDITIONING LTD ELECTRICAL LIMITED**

**HEALTH & SAFETY VEHICLE INSPECTION OF PLANT & EQUIPMENT**

Vehicle Reg: .....

Inspected by: .....

Inspection Date: ...../...../.....

**COMPLIANCE RATING:** C = Compliant    NC = Non-compliant    NT = Not Tested    (Use appropriate symbols for compliance rating, ticking the box is unacceptable)

Plant & Equipment Inspection Item	Inspection Result			Inspection Comments	Date Actioned
	Number	Compliance Rating	Next test date		
Key Critical Points to Check				Note defects or faults for inspection items rated as NC	
<b>Clamp on ammeter:</b> Check equipment is working for its designed function					
<b>Megger:</b> Check test equipment is working for its designed function, be aware of damage to leads					
<b>Torch:</b> In good working order, check batteries and bulb haven't expired					
<b>Electric drill:</b> Power supply is in good condition, look for lead fraying and plug damage. Record appliance next test date					
<b>Battery Operated Drill:</b> Equipment in sound condition structurally, batteries fully charged					
<b>Full drill set:</b> Are all drills in the set, check sharpness					
<b>Gas Cutting/ Welding Set:</b> Equipment in good condition, flash back arrestors fitted, hoses have no splits or cracks, hoses coiled					
<b>Heat shrink gun:</b> Check power supply lead for cracked insulation & damage to plug. Record appliance next test date					
<b>Soldering iron:</b> Look for fraying & cracked insulation on lead, damage to plug. Record the appliance next test date					
<b>Extension flex:</b> Look for frayed cord, cracked insulation or damaged plugs. Record appliance next test date					
<b>RCD flex:</b> Power supply in good condition, look for cracked insulation, frayed cord, damaged plugs. Record next test date					
<b>Hole saws, 16, 20, 25, 32mm:</b> Check that saws are sharp and in good working condition					
<b>Step ladder:</b> Check locking arm, feet & steps free of oil, grease & other slipping hazard. Record next test date					
<b>Extension ladder:</b> Check slip resistant feet, ropes, locking device, rungs free of slipping hazard. Record next test date					
<b>Ladder tie downs (2 per ladder):</b> Check condition, no fraying or damage					



<b>Plastic Hold cards x 4 &amp; padlocks:</b> Use to lock out live power supply, remember to remove padlock when job complete				
<b>Circuit breaker locks:</b> Available & in good condition				
<b>Fire extinguisher:</b> Tag unbroken & pin in tact. Record next test date				
<b>Personal Protective Equipment (PPE):</b>				
<b>Safety Glasses:</b> Lens, no scratches & arms in sound condition. Glasses are stored correctly in protective bag or case when not in use				
<b>Ear Muffs:</b> Look for split outer padding, worn inner foam lining, general wear & tear				
<b>Hard hat:</b> In good condition, look for cracks or abrasions. Record expiry date				
<b>First aid Kit:</b> Supplies maintained & hygienically clean, complies with minimum standards list				
<b>Safety Gloves:</b> Cotton, rubber, kevlar or leather gloves available & in good condition, fingers intact				
<b>Reflective Hi-vis Vest:</b> Clean, tidy & presentable, no rips or tears. Has class 1 reflective strips				
<b>Safety Footwear:</b> Steel cap not visible, sole thread in good condition slip resistant, laces tied				
<b>Material Safety Data Sheets (MSDS):</b> Readily available for each hazardous substance kept, containers correctly labelled				
<b>Traffic Management:</b> Cones with reflective strips, interlinking poles & warning sign				

**Comments:**

.....

.....

.....

.....

**Signature:**

**Date:** ...../...../.....

# **MASON** *Air Conditioning Ltd*



## **CONTRATOR HEALTH & SAFETY AGREEMENT**

# INDEX

<b>Page(s)</b>	
1-2	<b>CONTRACTORS AGREEMENT</b>
3	<b>INTRODUCTION</b>
3	<b>SCOPE</b>
4-6	<b>APPENDIX A - HEALTH &amp; SAFETY MANAGEMENT QUESTIONNAIRE</b>
7-8	<b>APPENDIX B - CONTRACTOR HAZARD IDENTIFICATION &amp; CONTROL</b>
9	<b>APPENDIX C - CONTRACTOR'S INSURANCE INFORMATION</b>

# **CONTRACTOR HEALTH & SAFETY AGREEMENT**

**AN AGREEMENT BETWEEN:** MASON AIR CONDITIONING LTD hereinafter referred to as the Principal, and

Name: (Hereinafter referred to as the Contractor)

In the matter of the Health and Safety in Employment Act 1992, which came into force on 1 April 1993, and Regulations thereto.

## **DUTIES OF THE PRINCIPAL:**

- The Principal agrees to supply its staff with Health and Safety information so that Employees Training, Rules, Procedures, Emergency Plans, Health & Safety Policy and Schedule of Hazards have been advised.
- The Principal agrees to supply a copy of Accident/ Incident Report Form as and when required.
- The Principal or the Principal's representative will carry out periodic inspection of work sites.

## **DUTIES OF THE CONTRACTOR:**

- The Contractor agrees to take all practicable steps to ensure the safety of employees (or other persons engaged) while they are at work, in terms of Section 6 of the HSE Act, and further agrees to where possible - identify, assess and control the hazard (using the hazard hierarchy of controls, i.e. Eliminate/Isolate/Minimise) in terms of Sections 7-10 of the HSE Act.
- The Contractor agrees to operate its own Health and Safety System.
- The Contractor will ensure that its staff and any other persons engaged are given adequate training in Health and Safety, and are supplied with appropriate safety equipment which its staff and others engaged will use at all appropriate times.
- The Contractor undertakes to have and maintain an appropriate First Aid Cabinet (or kit) in each vehicle coming onto a site owned by the Principal. The Contractor will allow the agent of the Principal to inspect the cabinet or kit at monthly intervals.
- The Contractor agrees to complete Accident Forms supplied and to report on any Near Misses, in terms of the HSE Act, and to return a copy of these to the Principal within two days from the date of occurrence.
- The Contractor agrees to inform the Principal of the hazards that the Contractor will bring onto, or create on the work site.
- If requested the Contractor will make available for inspection their safety records over the previous two-(2) years.



## **INTRODUCTION**

The Health and Safety Agreement is custom written for the Health and Safety of MASON AIR CONDITIONING LTD, its employees, contractors, and general public. Every worker shares with Management the responsibility for the implementation of systems that identifies hazards or potential hazards on or about the work area.

MASON AIR CONDITIONING LTD is committed to maintain a high level of occupational Health and Safety awareness that includes wellness of its workers.

## **SCOPE**

The purpose of this Health & Safety Agreement is to identify any existing or potential hazards for the project or task contracted to you on behalf of MASON AIR CONDITIONING LTD and you are required to:

- Make all persons in the area aware of such hazards.
- Take appropriate steps to eliminate, isolate or minimise hazards.
- Define physically the hazard area so as all persons in the work area can easily identify the hazard.
- Report the hazard to the appropriate authority or client.
- Report accidents and/or near miss accidents to MASON AIR CONDITIONING LTD.
- Carry out any health and safety audits and evaluations as directed.
- Read and follow all Job Safety Analysis (JSA) or Safe Operating Procedure (SOP) instructions for identified hazardous tasks.

Please ensure that before you commence any work on behalf of MASON REFRIGERATION LTD that you complete Appendix A, B and C of this agreement.

**(General Manager)**  
**MASON AIR CONDITIONING LTD**



## Health & Safety Management Questionnaire – Contractors

In order that MASON AIR CONDITIONING LTD and the Contractor meet their mutual obligations under the Health & Safety in Employment Act, Regulations and other relevant Legislation, the following questionnaire must be completed and documented evidence produced/attached where requested.

**NOTE:** All questions must be answered.

### 1. SAFETY POLICY AND MANAGEMENT COMMITMENT

YES NO

- a) Do you have a written Health & Safety Policy?
- b) Is the Health & Safety Policy communicated to the employees?
- c) Do you have a safety administration structure in your organisation? (Organisation chart and description)
- d) Who is your most senior person for managing Health & Safety matters, and what is their experience and qualification if any?

Name: ..... Experience: .....Years

### 2. PROCEDURES

- a) Do you have a Health & Safety Manual?
- b) Do you have written Safe Operating Procedures and/or task instructions?
- c) Do you regularly carry out (and document) Health & Safety inspections?
- d) Do you use a 'Permit to Work System' for controlling critical tasks, such as Excavations, Confined Space, Working at Height, Hot Work etc?

### 3. HAZARD IDENTIFICATION

- a) Do you have a Health & Safety Management Control Plan for the proposed contract?
- b) Do you have a system to identify hazards during the term of the contract?
- c) Where Hazards have been identified, is there a system to determine:
- i. Significant Hazards?
- ii. Methods of Control?
- iii. Reporting of new Hazards?

### 4. SAFETY TRAINING

- a) What Health & Safety Training is given to employees?

Detail:

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YES NO

b) Have employees been trained in the use of protective equipment relating to the potential hazards of that work?

c) Please supply details of staff that will be engaged on this contract, possessing formal safety qualifications e.g. site safe passport.

Names: 1. \_\_\_\_\_ Expiry Date: \_\_\_\_\_

2. \_\_\_\_\_ Expiry Date: \_\_\_\_\_

3. \_\_\_\_\_ Expiry Date: \_\_\_\_\_

4. \_\_\_\_\_ Expiry Date: \_\_\_\_\_

**5. SAFETY RECORDS**

a) Do you keep safety records for the following?

1. Fatalities?	<input type="checkbox"/>	<input type="checkbox"/>
2. Injuries? (serious harm)	<input type="checkbox"/>	<input type="checkbox"/>
3. Incidents? (near miss)	<input type="checkbox"/>	<input type="checkbox"/>
4. Environmental damage?	<input type="checkbox"/>	<input type="checkbox"/>

b) Please supply an overview of your organisation’s Health & Safety record for the last five years

1. Number of fatalities No: \_\_\_\_  
 2. Number of injuries where staff were off work for one day or longer No: \_\_\_\_

c) Please supply the number of accidents resulting in environmental pollution or damage No: \_\_\_\_

d) Has there been any caution or prosecution by an enforcement Authority (e.g. Department of Labour)?

**6. ACCIDENT INVESTIGATION**

a) Has your organisation a procedure for reporting, investigation and follow-up of serious harm accidents, incidents and occupational illnesses?

b) Are the results of the investigation communicated to the employees?

**7. SAFETY AWARENESS**

a) Do you have in-house Health & Safety meetings or toolbox talks?

b) Does your organisation conduct Health & Safety inspections of it’s operations?



**8. INSURANCES**

- | a) Do you carry any of the following insurances: | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 1. Public Liability Insurance?                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Motor Vehicle Insurance?                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Motor Vehicle Insurance (third party)?        | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. All Contractors Risk Insurance?               | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Others?:                                      |                          |                          |

State: \_\_\_\_\_

**9. EMERGENCY PROCEDURES**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| a) Do your Emergency Procedures identify responsibilities and actions to be followed ? | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Have all staff received training in Emergency Procedures?                           | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Have your employees carried out Emergency Drills within the last 12 months ?        | <input type="checkbox"/> | <input type="checkbox"/> |

**10. HEALTH MONITORING**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| a) Is employees' exposure to occupational health hazards monitored? e.g. for exposure to noise and/or chemicals? | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

.....

**SUB CONTRACTOR'S DECLARATION**

"The above is a true record of ..... (insert company name) Health & Safety record and documentation.

Signed:.....

Position:.....

Date: ..... / ..... / .....

.....

## CONTRACTOR HAZARD MANAGEMENT

### PART A: BASIC WORK DETAILS (To be filled in by the Contractor)

Date: ...../...../..... Sub Contractor Company & Address: .....

Person in charge of doing the work: ..... No. of workers involved: .....

1. Have all workers & subcontractors been safely inducted? Yes  No
2. Are all workers & subcontractors experienced and competent to perform the required tasks? Yes  No
3. Expected duration of job:            Date Commenced: ...../...../.....            Date Completed: ...../...../.....
4. Job Description & Location: .....
5. Record any specialised equipment to be used e.g. (Hiab crane, gas detection equipment): .....

### PART B: HAZARD IDENTIFICATION (To be filled in by the Contractor)

6. What type of hazards have you identified for this job/task? (Tick ✓ applicable)

- |                 |   |  |   |                          |
|-----------------|---|--|---|--------------------------|
| Manual Handling | <input type="checkbox"/> Handled Treated Timber | <input type="checkbox"/> Dust                    | <input type="checkbox"/> Lifting Equipment      | <input type="checkbox"/> |
| Chemicals       | <input type="checkbox"/> Working at Heights     | <input type="checkbox"/> Noise                   | <input type="checkbox"/> Fork Hoists            | <input type="checkbox"/> |
| Timber Stacks   | <input type="checkbox"/> Uneven Surfaces        | <input type="checkbox"/> Nail Guns               | <input type="checkbox"/> Machinery (saws etc)   | <input type="checkbox"/> |
| Armed Robbery   | <input type="checkbox"/> Electrical             | <input type="checkbox"/> Traffic                 | <input type="checkbox"/> Atmospheric conditions | <input type="checkbox"/> |
| Stress          | <input type="checkbox"/> Stocking Shelves       | <input type="checkbox"/> Hot Work (e.g. welding) | <input type="checkbox"/> Asbestos               | <input type="checkbox"/> |
| Excavation      | <input type="checkbox"/> Demolition             | <input type="checkbox"/> Construction            | <input type="checkbox"/> Powered Hand Tools     | <input type="checkbox"/> |

Record any specific job hazards identified not included in above list, state precautions to take:

.....

.....

### PART C: HAZARD CONTROL (To be filled in by the Contractor)

7. Indicate (Tick ✓) steps taken to control identified hazard using the hierarchy of control (Eliminate/Isolate/Minimise)

- |   |                              |                             |                                      |                              |                             |
|---|------------------------------|-----------------------------|--------------------------------------|------------------------------|-----------------------------|
| Adherence to Legislation, Acts, Codes etc | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Fire/ Safety Watch Personnel         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Signage                                   | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Supervision                          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Danger/ Warning Tape to isolate area      | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Electrical Appliances Tested/ Tagged | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Material Safety Data Sheets (MSDS)        | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Waste Disposed                       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Electrical Isolation, RCD etc             | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Atmospheric Monitoring               | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Health Check Undertaken                   | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Other: (state)                       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Safe Operational Procedures available     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |                                      |                              |                             |

8. What PPE will be required to do the job safely? (Tick ✓ required gear)

- |                        |  |  |   |                          |
|------------------------|--|--|---|--------------------------|
| Respiratory Equipment  | <input type="checkbox"/> Dust Masks      | <input type="checkbox"/> Harness             | <input type="checkbox"/> Hi-viz Vest      | <input type="checkbox"/> |
| Hearing Protection     | <input type="checkbox"/> Welding Helmets | <input type="checkbox"/> Goggles             | <input type="checkbox"/> Glasses          | <input type="checkbox"/> |
| Foot Wear (Steel caps) | <input type="checkbox"/> Overalls        | <input type="checkbox"/> Hard Hat            | <input type="checkbox"/> Full Face Shield | <input type="checkbox"/> |
| Apron                  | <input type="checkbox"/> Gloves          | <input type="checkbox"/> Other: (state type) |   |                          |

9. Specific site lock out/tag out requirements explained (if applicable)? Yes  No

Signed on behalf of Contractor: ..... Print Name: .....

**PART D: COMMUNICATION** (Between Contractor & Health & Safety Rep)

10. Communication of hazards and controls must be effectively discussed with all of your workers and sub-contractors and any others likely to be affected in the work area, before work commences:

Has this requirement been carried out? Yes  No  If Yes, when Date: ...../...../.....

Is this work **Notifiable**? Yes  No  If yes, notify OSH 24 hours in advance and attach a copy of notification form)

**PART E: POST - CONTRACT AUDIT** (To be completed by Health & Safety Rep)

Check if the contractor abided by this list of health & safety issues	Compliance Rating	Comments
Were contractor employee's safety inducted?	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	
Did you view confirmation of public liability insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	
Were contractor employees told where their emergency evacuation assembly point was?	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	
Were electrical equipment & hand tools guarded & electrically compliant with OSH standards? e.g. tested & tagged	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	
Were employees wearing protective PPE i.e. safety footwear, hearing protectors, safety glasses etc	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	
Was the work area adequately sign-posted, danger/warning tape used or barricade?	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	
Was a permit to work issued? e.g. welding = hot work permit, work at heights = elevated work permit	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	
Were all permit conditions fully adhered to?	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	
Were all hazards associated with the project identified?	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	
Was housekeeping kept and maintained to an acceptable standard?	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	

Auditors Name: ..... Auditors Signature: ..... Date: ...../...../.....

**Name of Sub Contractor:** .....

**Address:** .....

**Description of Work:** .....

**Location:** .....

**PUBLIC LIABILITY INSURANCE**

**Name of Insurer:** .....

**Policy Number:** .....

**Expiry Date:** .....

**Sum Insured:** .....

**Signature of Contractor:** .....

**Date:** ...../ ...../ .....

**Note:**

1. This form must be completed and returned to MASON AIR CONDITIONING LTD prior to the start of work with evidence of the currency of the above insurance(s). Should the contractor perform work on an ongoing basis evidence of the currency of insurance is only required once a year.
2. The contractors Public Liability Insurance must include a principal's extension and cross liability clause.



## ACCEPTANCE SIGN-OFF

I, ..... agree to work in accordance to the safety rules as outlined in this handbook and any other safety requirements (applying to machinery, equipment and work processes) that will be made known to me during my employment/ or working contractually on behalf of MASON REFRIGERATION.

(Please tick ✓ your appropriate status)

- Employee    Contractor    Sub-contractor    Temp/Casual    Other

Signature: ..... Date: ...../...../.....



## **HEALTH & SAFETY INDUCTION COMPETENCY ASSESSMENT**

The following is an assessment to test your understanding and competency of the MASON REFRIGERATION Handbook Health & Safety Requirements explained and demonstrated to you at your induction.

When completed tear the test and acceptance pages from the handbook. Return to your Supervisor, you can keep the handbook as your personal copy.

Employee: ..... Date: ...../...../.....

(Please indicate below whether the statements are True or False by either ticking "T" or "F" box)

#	Assessment Questions	T	F
1.	I must report all injuries, incidents, hazards & near misses to my General Manager		
2.	I am allowed to smoke in company vehicles so long as it doesn't offend anyone else		
3.	The taking of drugs & consumption of alcohol at work is my responsibility so long as I do not injure myself or fellow workers		
4.	The Clean Air Act does not allow any refrigerant to be vented or discharged into the atmosphere during installation, service or retirement of equipment		
5.	No person is to work on any machinery, equipment or process unless they are instructed or educated using job safety analysis or safe operating procedures		
6.	If working at a non-company facility you are required to observe the health and safety standards set by the facility owner or occupant		
7.	Copies of MSDS sheets must be readily available to me for all the hazardous substances I use or handle		
8.	If injured at work I must participate in the rehabilitation programme if deemed appropriate by my treatment provider		
9.	It is okay to lift or carry loads that are beyond my physical capability, so long as I don't take time off work if I am injured		
10.	I must always wear my safety gear to protect feet, hands, ears and eyes		
11.	It is my personal responsibility to maintain high housekeeping standards		
12.	A hot work permit shall be completed if you are welding, grinding, brazing etc		
13.	A pad lock and tag must be used to isolate an electrical circuitry		
14.	Ladders are not a work platform; they are a means of providing access/ egress to a work area		
15.	My employer MASON REFRIGERATION and myself have safety responsibilities prescribed under the Health & Safety in Employment Act 1992		