

# *Health and Safety*

# *Manual for*

Waihi District Walkways Incorporated

PO Box 241

Waihi

November 2004

This Health and Safety Manual was developed with the aid of a template from Occupational Safety and Health Service – Department of Labour

Revised July 2011

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## Health and Safety Policy Statement

Waihi District Walkways Inc is committed to ensuring all reasonable steps are taken to maintain a safe and healthy working environment for the safety and health of our volunteers, our contractors and other persons in the workplace. Our walkways may be viewed as workplaces to which the public is invited.

Contractors and volunteers will undertake construction and maintenance work, and hazard controls specific to those activities implemented as required. Waihi Walkways does not employ employees.

Health and safety is everyone's business, and everyone is expected to exercise their own sense of safety whilst engaging in activities on our walkways.

We will ensure the safety of our contractors, volunteers and walkers by:

- Ensuring that people are not exposed to unmanaged or uncontrolled hazards.
- Providing and maintaining a hazard identification procedure and management strategy.

To achieve this we will:

1. Systematically identify all hazards on our walkways. Where there are significant hazards we will take all practicable steps to eliminate, isolate and or minimise these hazards to prevent any injury or damage.
2. Discuss hazards with contractors and volunteers at the commencement of each on site works
3. Ensure all subcontractors and volunteers are properly trained and/or supervised.
4. Record all incidents and accidents on our walkways, and take all practicable steps to prevent these events from happening.
5. Carry out planned self-inspections to monitor health and safety issues.
6. Ensure all subcontractors and volunteers are given reasonable opportunities to participate effectively in ongoing processes for the improvement of health and safety on our walkways.
7. Conduct an annual review of each Hazard Control document, including updating as necessary
8. Retain ongoing vigilance between review periods

Signed: \_\_\_\_\_

Chairperson

Dated: \_\_\_\_\_

Review dates:

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

## STEP 1: HAZARD IDENTIFICATION AND CONTROL PROCEDURES

It is our intention to systematically identify and control all hazards on our walkways. Where there are significant hazards we will take all practicable steps to:

**E**liminate the hazard,  
**I**solate the hazard, OR  
**M**inimise the hazard

Where the hazards may only be minimised, we will ensure:

- Protective clothing and equipment is provided and used as necessary
- Contractors/volunteers are properly trained and/or supervised
- Any new hazards identified, are incorporated into Hazard Register and all contractors/volunteers informed
- Any new machinery/equipment/plant/tasks/chemicals/poisons are assessed before use, and safety controls/practices are established
- All hazards and the hazard controls will be regularly assessed

### Hazard Registers

Waihi Walkways will maintain the following registers:

1. **Hazard Register – General**. This generic document describes all potential hazards identified for any of our walks, and the options for controlling them, according to determined scale of hazard. (It is a table in our Health and Safety Manual)
2. From this document we have created a Walkway specific template which is an amended **Hazard Register – General**. This becomes a **Walkway Specific Hazard Register**. This reflects the identified hazards on the specific walk, and how we have determined to manage them. It will be created at the commencement of the walkway Research and Planning stage.
3. The **Walkway Specific Hazard Register** will be reviewed annually, checking that hazard controls are in place and working, and that any new hazards are added and controlled.
4. Monthly **Walkway Specific Maintenance Reports** will be completed, using a hard copy of the **Walkway Specific Hazard Register**. Any hazard control issues will then be attended to and the report filed appropriately.
5. If necessary, the Hazard Registers will be updated.
6. Additionally, we have created a **Workplace Hazard Register**. This register reflects the identified hazards encountered during walkway creation, be it planning, construction or maintenance – and it shows how we have determined to manage those hazards. This document is for our volunteers.
7. The **Walkway Specific Hazard Register** and **Workplace Hazard Register** are used in conjunction at the commencement of work to be done by volunteers.
8. With contractors we share our **Walkway Specific Hazard Register** and discuss control options. The contractor supplies their own Workplace Hazard Control Plan.
9. If necessary, the Hazard Registers will be updated.

## Hazard Register - Checklist

Subject	Checklist
Volunteers	<ul style="list-style-type: none"> <li>■ Systematically identify hazards</li> <li>■ Systematically manage hazards by eliminating them, isolating them or minimising them, in that order of preference</li> <li>■ Ensure suitable protective clothing and equipment is worn</li> <li>■ Provide safety information, training or supervision so that work is done safely.</li> <li>■ Ensure qualified first aid person is present on site during "working bees".</li> <li>■ Ensure First Aid Kit is on site.</li> </ul>
Contractors and/or Sub-contractors	<ul style="list-style-type: none"> <li>■ Engage competent and safe contractors;</li> <li>■ Identify and discuss all known hazards and their control:</li> <li>■ Provide contractors with any information that concerns their health and safety while working;</li> <li>■ Monitor contractors' performance in areas of health and safety while working;</li> <li>■ Co-ordinate the activities of contractors;</li> <li>■ Record and report accidents or incidences of serious harm.</li> </ul>
First Aid Kit	<ul style="list-style-type: none"> <li>■ Ensure first aid kit is kept accessible.</li> <li>■ Ensure kit is stocked and maintained in accordance with First Aid Regulations.</li> </ul>
Accident Register	<ul style="list-style-type: none"> <li>■ Are all accidents/incidents recorded in the register?</li> </ul>
General Public - walkers	<ul style="list-style-type: none"> <li>■ Are significant hazards eliminated, isolated or minimised?</li> <li>■ Are appropriate warning signs in place?</li> </ul>

**E = Eliminate**

**I = Isolate**

**M = Minimise**

During construction, the contractor is in control, following their own H&S procedures. Therefore our job is to point out hazards, and their control, and monitor the performance of the contractor.

During "working bees", when volunteers are engaged in walkway construction or maintenance or other related walkway activities, we ensure hazards and control processes are understood and followed. Safety is monitored throughout the duration of the activities. The first aid kit is available and a first aid person is available.

**As soon as any significant work is started on a walkway, we need to be eliminating, isolating and minimising all hazards. This needs to be completed in advance of opening to the public. Temporary warning signage may be required during the full extent of the construction phase.**

## Hazard Register - General

These are *potential* hazards that could exist on all walkways.

They apply to the public walking on our walkways.

Specific registers will be created for each walkway.

Additionally a specific *workplace* hazard register for contractors and volunteers working on our walkways will be maintained.

Hazards Identified	Potential Harm (Consequence)	Likelihood	Significant Hazard?		E	I	M	Hazard Controls - select options according to likelihood/consequence	Inspection Date and Comments
			Yes	No	✓	✓	✓		
<b>Rivers/ streams/ flooding</b>	Sprains, bruising, broken limbs, hypothermia, drowning							<ul style="list-style-type: none"> <li>■ Keep tracks away from rivers and streams</li> <li>■ Build bridges/culverts for safe crossing</li> <li>■ Warning signs re presence of river/stream/possibility of flooding</li> </ul>	
<b>Cliffs/ banks</b>	Sprains, bruising, broken limbs, cuts, bleeding, death							<ul style="list-style-type: none"> <li>■ Keep tracks away from cliffs and banks</li> <li>■ Erect barriers if required</li> <li>■ Avoid creating banks where possible</li> </ul>	
<b>Bridges/ Steps/ Barriers/ Other structures</b>	Sprains, bruising, cuts, entrapment							<ul style="list-style-type: none"> <li>■ Construct all structures to NZ standards</li> <li>■ Monitor and maintain structures</li> </ul>	
<b>Steep slope</b>	Sprains, bruising, broken limbs, cuts,							<ul style="list-style-type: none"> <li>■ Maintain safe track gradients</li> <li>■ Maintain safe gradients on all structures</li> </ul>	
<b>Trees/ treefall Slips/ slumps</b>	Sprains, bruising, broken limbs, cuts, concussion, death							<ul style="list-style-type: none"> <li>■ Clear track promptly (NZS standards)</li> <li>■ Monitor trees and banks near the track</li> <li>■ Possible warning signage regarding walking during severe storms</li> </ul>	
<b>Contractors/ construction/ maintenance (includes volunteers)</b>	Work site dangers							<ul style="list-style-type: none"> <li>■ Use competent contractors</li> <li>■ Discuss hazards and their control with the contractors</li> <li>■ Ensure contractors adequately eliminate, isolate or minimise hazards (includes to the public)</li> <li>■ Ensure safety barriers, safety tape and signage are used as appropriate</li> <li>■ Monitor contractors' performance</li> </ul>	
<b>Chemical sprays Poison baits Predator traps</b>	Rash, breathing difficulties, poisoning, death							<ul style="list-style-type: none"> <li>■ Use competent contractors</li> <li>■ Ensure contractors erect safety barriers, safety tape and signage as appropriate</li> <li>■ Cease work if safety is compromised by uncontrolled public</li> </ul>	
<b>Livestock</b>	Trampling, goring, death							<ul style="list-style-type: none"> <li>■ Where possible keep people and stock separate</li> <li>■ Erect warning signage if necessary</li> <li>■ Manage stock presence during the year (liaise with stock owners)</li> </ul>	
<b>Electric fences</b>	Electric shock							<ul style="list-style-type: none"> <li>■ Avoid use of electric fences where possible</li> <li>■ Erect warning signage on electric fences</li> <li>■ Provide safe crossing points</li> </ul>	

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Hazards Identified	Potential Harm (Consequence)	Likelihood	Significant Hazard?		E	I	M	Hazard Controls - select options according to likelihood/consequence	Inspection Date and Comments
			Yes	No	✓	✓	✓		
<b>Bees, wasps, spiders</b>	Swelling, allergic reaction to sting							<ul style="list-style-type: none"> <li>■ Eliminate wasp nests when discovered/reported,</li> <li>■ Recommend footwear, and gloves are worn</li> </ul>	
<b>Wasp Nest</b>	Repeated stings, severe distress							<ul style="list-style-type: none"> <li>■ Observe for presence and report on location of site, eliminate by poisoning</li> </ul>	
<b>Vegetation spikes, prickles, sharp leaf edges</b>	Injury by cuts, pricking							<ul style="list-style-type: none"> <li>■ Ensure metal or mown track is free from fallen spikes or similar. Cut vegetation back from track side.</li> </ul>	
<b>Old mining/ heritage features</b>	Falling, entanglement, entrapment, concussion, death							<ul style="list-style-type: none"> <li>■ Keep track away from edges</li> <li>■ Erect suitable barriers if necessary</li> <li>■ Erect warning signage if necessary</li> <li>■ Provide safe viewing opportunities</li> </ul>	
<b>Cyclists</b>	Collision with walkers							<ul style="list-style-type: none"> <li>■ Exclude cyclists from walk only tracks</li> <li>■ Create dual purpose tracks to meet NZ Standards</li> <li>■ Warning signage</li> </ul>	
<b>Dogs</b>	Attack, collision, fouling							<ul style="list-style-type: none"> <li>■ Provide signage</li> <li>■ Exclude dogs</li> <li>■ Require dog owners to comply with local bylaws</li> <li>■ Require clean up procedures of owners</li> </ul>	
<b>Activities of adjacent landowners/ workplaces</b>	Spray drift, firearms, stock, dogs, machinery							<ul style="list-style-type: none"> <li>■ Liase with adjacent landowners</li> <li>■ Encourage adjacent landowners to honour their health and safety obligations</li> </ul>	
<b>Vehicles/ public roads</b>	Injury by collision							<ul style="list-style-type: none"> <li>■ Ensure contractors use vehicles safely</li> <li>■ Plan walkways to avoid roadways</li> <li>■ Maintain clear view for walkers and drivers</li> <li>■ Signage warning walkers</li> <li>■ Signage warning motorists of pedestrians if required</li> </ul>	

**E = Eliminate**

**I = Isolate**

**M = Minimise**

**Notes:** We must take “reasonable steps to protect people from serious harm”

Provide maximum protection to those who have the lowest level of capability.

Engineer recommends this general rule:- if the bank/cliff edge, or other hazard, is more than 1.5 m from the edge of the path, then deviation from the path is needed in order to fall or come to harm. Any deviation from the defined track by the walker is their own responsibility. (Note: crossing a road is a high risk)

Risk is assessed according to a) Likelihood b) Consequence

Hazard control requires – according to the likelihood of occurrence, and the consequence of an occurrence –:

- |                                  |                  |
|----------------------------------|------------------|
| a) remove the hazard             | <b>Eliminate</b> |
| b) isolate the hazard            | <b>Isolate</b>   |
| c) mitigate or reduce the hazard | <b>Minimise</b>  |

## Workplace Hazard Register

For when volunteers and Contractors are working on our walkways

Likelihood and attendant controls to be put in place according to a volunteer event and according to Contractor works

Hazards Identified	Potential Harm (Consequence)	Likelihood	Significant Hazard?		E	I	M	Hazard Controls - select options according to likelihood/consequence	Training /Ticket Required ?	Inspection Date and Comments
			Yes	No						
					✓	✓	✓	<ul style="list-style-type: none"> <li>■ First Aid kit should be on site at all times</li> <li>■ A trained First Aid person should be on site at all times</li> </ul>	✓	Record those who have current tickets – review annually
Hand tools	Cuts, bruises, etc.	Low	✓				✓	<ul style="list-style-type: none"> <li>■ Supervision</li> <li>■ Keep others away</li> <li>■ Wear appropriate safety gear</li> </ul>	No	
Handling culverts or other structural items	Cuts, abrasions	Low		✓			✓	<ul style="list-style-type: none"> <li>■ Wear gloves as necessary</li> </ul>	No	
Chainsaw	Cuts	Low	✓				✓	<ul style="list-style-type: none"> <li>■ Experienced operators only</li> <li>■ Wear appropriate safety gear</li> <li>■ Keep others away</li> </ul>	✓ Ticket	
Scrub bar	Cuts	Low	✓				✓	<ul style="list-style-type: none"> <li>■ Experienced operators only</li> <li>■ Wear appropriate safety gear</li> <li>■ Keep others away</li> </ul>	✓ Train	
Vehicles	Crashes	Low	✓				✓	<ul style="list-style-type: none"> <li>■ Only fully licensed drivers will drive vehicles</li> <li>■ Ensure vehicle and trailer load limits are not exceeded. All loads are secure with the appropriate tie downs, this includes a balanced load, only experienced people to drive/ tow heavy loads.</li> </ul>	✓ Licence	
Sprays and poisons	Rash, breathing difficulties, poisoning, death	Low	✓				✓	<ul style="list-style-type: none"> <li>■ Under supervision of "Grow Safe" ticketed operators</li> <li>■ Wear appropriate safety gear</li> <li>■ Warning signs</li> </ul>	✓ Ticket	
Track machinery, eg Diggers	Cuts, bruises, broken bones, etc.	Low	✓				✓	<ul style="list-style-type: none"> <li>■ Only trained operators to use any of this equipment</li> <li>■ Wear appropriate safety gear</li> <li>■ Keep others away</li> </ul>	✓ Licence or Train	Use appropriate Training Procedure for Power Carrier, Hansa Chipper, and Trailer Safety Induction Procedure
Heavy lifting	Sprains, injuries	Low	✓		✓			<ul style="list-style-type: none"> <li>■ Correct lifting techniques</li> </ul>	✓ Train	
Rivers, water	Drowning	Low	✓				✓	<ul style="list-style-type: none"> <li>■ Work in pairs</li> <li>■ Check bank condition before working near water</li> </ul>	No	
Falling	Cuts, bruising, concussion, broken bones	Low	✓				✓	<ul style="list-style-type: none"> <li>■ Avoid, if possible, areas which pose falling hazard</li> <li>■ Seek competent contractors for this work</li> <li>■ Use approved working techniques</li> </ul>	No	

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Hazards Identified	Potential Harm (Consequence)	Likelihood	Significant Hazard?		E	I	M	Hazard Controls - select options according to likelihood/consequence	Training /Ticket Required ?	Inspection Date and Comments
			✓							
Fires	Burns	Low	✓				✓	<ul style="list-style-type: none"> <li>■ Get fire permit</li> <li>■ Keep under supervision</li> <li>■ Not in windy conditions</li> <li>■ Advise neighbours and fire service as appropriate</li> </ul>	✓ Permit	
Electric fences	Electric shock	Low		✓			✓	<ul style="list-style-type: none"> <li>■ Turn off fence when work is in progress</li> <li>■ Create safe crossing points (may be temporary)</li> </ul>	No	
Domestic animals	Trampling, goring, death	Low	✓		✓			<ul style="list-style-type: none"> <li>■ Remove animals before work commences</li> <li>■ Tie up animals</li> </ul>	No	
Dogs	Collision, fouling	Low	✓		✓			<ul style="list-style-type: none"> <li>■ Tether dogs out of range of activities</li> </ul>	No	
Stings, bites, wasps, bees, spiders, etc	Swelling, allergic reaction to sting, Repeated stings	Low		✓			✓	<ul style="list-style-type: none"> <li>■ Eliminate wasp nests when discovered/reported.</li> <li>■ Use gloves for weeding or associated activities</li> <li>■ Recommend use sturdy footwear</li> </ul>	No	
Vegetation spikes, prickles, sharp leaf edges	Injury by cuts, pricking	Low		✓			✓	<ul style="list-style-type: none"> <li>■ Ensure mown track is free from fallen spikes or similar. Cut vegetation back from track side.</li> <li>■ Wear safety glasses</li> </ul>	No	
The public	Compromise workplace safety	Low		✓			✓	<ul style="list-style-type: none"> <li>■ Temporary warning signs</li> <li>■ Danger tape</li> <li>■ Someone to take charge of the work site</li> <li>■ Monitoring</li> </ul>	No	

## Hazardous Substances Register

As used by our contractors/volunteers

Purpose	Used For	Chemical/Containers Name / Labelled [X]	Material Safety Data Sheet available [X]	Safety Equipment Required [please state]	
<b>Tickets Held by Volunteers:</b>					
<b>Brett Wisheart – GSW Certificate of Qualification, expires 24 February 2016</b>					
Weed Killer	Weed control or elimination	Glyphosate	√ in yellow clearfile	Gloves Display boards indicating spraying in progress	
Weed Killer	Weed control or elimination – dicotelydons	Tordon brush killer or similar	√ in yellow clearfile	Gloves Display boards indicating spraying in progress	
Weed Killer	Weed control or elimination – dicotelydons	Grazon	√ in yellow clearfile	Gloves Display boards indicating spraying in progress	
Weed Killer	Paste applied to stumps	Vigilant or similar	√ in yellow clearfile	Gloves	
Wasp killer	Placing into wasp nests to kill the wasps and larvae	Permex synthetic pyrethrum	√ in yellow clearfile	Gloves.	

## Spray Diary

As used by our contractors/volunteers

NB: sample page only – Waihi Walkways has a separate “Spray Book” (in the Health & Safety clear file) which records the information as per these columns.

Date & Time	Area or Site	Chemicals Applied	Person Responsible	Any Comments

<b>Spray Check List</b> <b>NB: Sample Only – separate Check List is created annually for each Walkway                      ref Environment Waikato Air Policy 6.2</b>	
<b>DATE:</b> Name: Phone/Fax Numbers:	
<b>PROPERTY:</b> Property Owner(s)/Occupiers(s):	
Property Manager(s) Registered Chemical Applicator(s)	
Neighbours Names (1) Address	
Roads Adjacent to Property Boundary	
Roads Used for School Bus Routes	
Identification of Area to be sprayed (i.e. N/S/E/W) (2)	
Size of Area to be sprayed (in square metres)	
Target to be Sprayed (e.g. blackberry)	
Agrichemical to be used trade name active ingredient classification potential hazard years/seasons used	
Sensitive Areas (3) (description and location)	
Measures to be used to avoid contamination of sensitive areas	
Factors to be considered before spraying (4)	
Factors that may increase spray hazard potential (5) (wind velocity etc)	
Other comments	

## **STEP 2: ACCIDENT AND INCIDENT RECORDING, REPORTING AND INVESTIGATION PROCEDURES**

- All accidents and incidents must be notified to the Coordinator or Chairperson immediately. If any accident or incident is not notified on the day it happens, then it may not be accepted as a work related injury.
- At a serious harm accident, do not disturb the scene! Seek approval by an OSH Inspector before releasing or disturbing scene.
- All incidents and non-serious harm accidents will be investigated and recorded on an "Accident Investigation" form which will then be filed with the Health and Safety records.
- All incidents, near misses and accidents will be recorded on the Accident / Incident Register Book (– a sample page is included in this Safety Manual).
- All serious harm accidents to any person e.g. employee(s), volunteers, contractors, contractor's employees and other person(s) are to be notified to OSH as soon as possible. (Refer to list of OSH Addresses and Phone Numbers). Note: Principals and self-employed persons must also report serious harm accidents to OSH.
- A "Notification of Circumstances of Accident or Serious Harm" form, is to be forwarded to the nearest OSH Office within seven (7) days of the event.
- Inform all volunteers of the outcome of the accident/incident investigation, i.e. new hazard identified and the hazard controls.

### **DEFINITION OF SERIOUS HARM**

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 harms occurrence.
7. Harm also includes physical or mental harm caused by work-related stress.

**Accident / Incident Register Book**

NB: sample page only –

**Waihi Walkways has a separate “Accident Book” (in the Health & Safety clear file) which records the information as per these columns.**

NB: All Serious Harm accidents must also be recorded on “Notification of Circumstances of Accident or Serious Harm” form, and forwarded to nearest OSH Office within 7 days of event

NB: All accidents or “near misses” to be recorded, outcomes for eliminating, minimising or isolating the identified hazard to be incorporated into our control plans, sign off only when all paperwork is completed.

<b>DATE</b>	<b>DESCRIPTION – event, where, when circumstances, who</b>	<b>OUTCOME</b>	<b>REVIEW REGISTER, CONTROL PLAN, COMMENT</b>	<b>SIGNED OFF</b>

**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

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:**     fatal

(specify all)

- |  |   |
|--|---|
| <input type="checkbox"/> fracture of spine         | <input type="checkbox"/> puncture wound                   |
| <input type="checkbox"/> other fracture            | <input type="checkbox"/> poisoning or toxic effects       |
| <input type="checkbox"/> dislocation               | <input type="checkbox"/> multiple injuries                |
| <input type="checkbox"/> sprain or strain          | <input type="checkbox"/> damage to artificial aid         |
| <input type="checkbox"/> head injury               | <input type="checkbox"/> disease, nervous system          |
| <input type="checkbox"/> internal injury of trunk  | <input type="checkbox"/> disease, musculoskeletal system  |
| <input type="checkbox"/> amputation, including eye | <input type="checkbox"/> disease, skin                    |
| <input type="checkbox"/> open wound                | <input type="checkbox"/> disease, digestive system        |
| <input type="checkbox"/> superficial injury        | <input type="checkbox"/> disease, infectious or parasitic |
| <input type="checkbox"/> bruising or crushing      | <input type="checkbox"/> disease, respiratory system      |
| <input type="checkbox"/> foreign body              | <input type="checkbox"/> disease, circulatory system      |
| <input type="checkbox"/> burns                     | <input type="checkbox"/> tumour (malignant or benign)     |
| <input type="checkbox"/> Nerves or spinal chord    | <input type="checkbox"/> 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)

## Accident Investigation

Name of organisation: ..... Branch/department: .....

### PARTICULARS OF ACCIDENT

Date of accident M T W T F S S (circle)	Time	Location	Date reported
--	------	----------	---------------

### THE INJURED PERSON

Name		Address		
Age	Phone number			
Date of accident		Length of employment — at plant on job		
<b>TYPE OF INJURY:</b>	<input type="checkbox"/> Bruising	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Other (specify)	Injured part of body
<input type="checkbox"/> Strain/sprain	<input type="checkbox"/> Scratch/abrasion	<input type="checkbox"/> Internal		
<input type="checkbox"/> Fracture	<input type="checkbox"/> Amputation	<input type="checkbox"/> Foreign body	Remarks	
<input type="checkbox"/> Laceration/cut	<input type="checkbox"/> Burn scald	<input type="checkbox"/> Chemical reaction		

### DAMAGED PROPERTY

Property/ material damaged	Nature of damage
	Object/substance inflicting damage

### THE ACCIDENT

#### Description

Describe what happened (space overleaf for diagram — essential for all vehicle accidents)


#### Analysis

What were the causes of the accident?


HOW BAD COULD IT HAVE BEEN? <input type="checkbox"/> Very serious <input type="checkbox"/> Serious <input type="checkbox"/> Minor	WHAT IS THE CHANCE OF IT HAPPENING AGAIN? <input type="checkbox"/> Minor <input type="checkbox"/> Occasional <input type="checkbox"/> Rare
--	---

#### Prevention

What action has or will be taken to prevent a recurrence? Tick items already actioned	By whom	When
Use space overleaf if required		

### TREATMENT AND INVESTIGATION OF ACCIDENT

Type of treatment given	Name of person giving first aid	Doctor/Hospital
Accident investigated by	Date	OSH advised YES / NO
		Date

## STEP 3: DUTIES TO “OTHERS IN THE WORKPLACE”

We have a duty to ensure the following persons are NOT HARMED:

- People in the vicinity of the workplace
- People who are lawfully at work
- Persons on site solely for recreation or leisure (as they are effectively “authorised to be there”)
- People who are in the place with express or implied consent, and have paid to be here, or are buying or inspecting goods

We have a duty to ensure the following persons are advised of any significant hazards that we would not reasonably expect to find on our premises:

- Persons who are authorised to be here
- Persons who are on site under the authority of an Act, e.g. TrustPower, OSH, ACC

### Volunteers

We are required to take all practicable steps to ensure the health and safety of volunteers whilst undertaking any work activities.

### **Our Policy is that:**

- Volunteers shall be inducted into Health and Safety procedures with the aid of the Walkway Specific Hazard Control Registers and the Workplace Hazard Register
- At the commencement of each "working bee", volunteers will be reminded of their health and safety obligations to themselves and to their colleagues
- Any specific or unique health and safety considerations will be discussed as relevant
- The First Aid Kit will be on site
- A First Aid qualified person will be on site

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### **WESTERN BAY OF PLENTY**

Unit 2  
ProMed House  
Cnr Tenth Ave & Edgecumbe Road  
PO Box 66  
TAURANGA  
Phone: (07) 578-2090  
Fax: (07) 577-6396

**OSH WEB SITE ADDRESS** <http://www.osh.dol.govt.nz>

**WORK INFO**  
<http://www.workinfo.govt.nz>

## **STEP 4: CONTRACTORS AND SUB-CONTRACTORS**

When Waihi Walkways engages a contractor, we become a “principal”. A principal “means a person who or that engages any person (otherwise than as an employee) to do any work for gain or reward.”

As a principal, we are required to take all practicable steps for a contractor’s safety (and the safety of any employees of that contractor).

To achieve this, all contractors will be advised of all specific hazards they may be exposed to, and the hazard controls, whilst the contractor is undertaking work on a walkway.

### **Our policy is that:**

- Contractor shall be informed they are responsible for any hazards that they may create while on the contract;
- Contractor must advise us (the Principal) of all serious harm accidents to self or others at the place of work;
- The contractors must provide documentation to confirm they have complied with their own responsibilities under the Health and Safety in Employment Act 1992 (ie a Health & Safety Management Plan);
- Ensure the following is completed with all contractors / sub-contractors:
  1. Contractor Agreement (see P 18);
  2. Hazards & Hazards Control – to be discussed and noted (we may use our own Hazard Control Sheet as part of this discussion)

# Contractor's Agreement

(completed agreements are in the Health & Safety clear file)

Date

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear \_\_\_\_\_

re: **CONTRACT FOR** \_\_\_\_\_

To comply with the Health and Safety in Employment Act 1992, we require all contractors who wish to tender for contracts or maintain a service agreement/remain a preferred contractor/supplier to provide the following information:

1. Health and Safety Management Plan that includes:
  - Safety policy;
  - Hazards and the hazard controls; and
  - Accident reporting procedures
  
2. Contractors are reminded that all work is subject to the provisions of the Health and Safety in Employment Act 1992. In particular:
  - Contractors are to comply with all regulations, enactments, codes of practice (approved or voluntary) applying to the trade or profession within which they operate;
  - We, as the Principal, are to be advised of any and all hazardous plant, equipment, machinery or substances which are brought into the workplace;
  - All people utilised are fully trained in the work to be undertaken or are closely supervised by someone who is.
  - Any accident or incident which harms or may have harmed any person in the workplace, in addition to being recorded and notified as required under Section 25 of the Health and Safety in Employment Act 1992, are to be reported to Us, as the Principal.
  - All safety clothing/equipment required to minimise the risk of injury is to be provided, accessible to and used by any person engaged in the workplace.
  
3. Before commencing work on our walkways, all contractors must ensure that any employees of the contractor, subcontractors on our walkways, or if an individual, they are conversant with:
  - Emergency procedures (to be followed in the event of an emergency);
  - Safety rules and procedures;
  - Hazards which have been identified, and the hazard controls.
  
4. We as the Principal to the contract, retain the right to inspect the contract operation at any time, to ensure all safety procedures and rules are being followed. Failure to follow such rules and procedures may result in the contract being terminated immediately.

I agree to abide by all the above conditions, on behalf of:

Contractor's Name: .....

Contractor's Signature: .....

Date: .....

Contact Phone / Fax Number(s): .....

Sign the attached copy and return with your Health and Safety Management Plan / Manual.

### Hazard Controls Induction Records

Sample Only: (the completed schedule is filed in the Health & Safety Clear File).

	<b>Waihi District Walkways Incorporated</b>					
I have read and understand this Health & Safety Manual, in particular – the hazards I may be exposed to (including hazard control measures), Accident/Near Miss/Incident reporting requirements, and Emergency procedures. (amended)						
Date	Walkway Name	Name	Signed	Signed Off by Walkways	Name	Date

Waihi Walkways provides written training, practical training, and stores the training records separately –  
WaihiWalkways/Health&Safety/Training Records  
(Completed schedules are in the Training File clear file)

For:

- a. Hansa Chipper
- b. Power Carrier
- c. Greenfield Mower
- d. Scrub Bar
- e. Kea Trailer – written instructions only

### Machine specific Training Record

Sample Only

Date	Name	Theory (Date)	Practical (Date)	Under Training (Date & sig. trainer & trainee)	Training Complete (Date & sig. of trainer and trainee)

.....ENDS.....