WorkCover NEW SOUTH WALES

SUBBY PACK

OHS CONTRACTOR MANAGEMENT TOOL

TOOL 2001

WorkCover NSW OHS Contractor Management Tool

WorkCover. **Watching out for you.**

CONSTRUCTION **SAFETY KIT**

Preamble

Subby Pack is a tool to help small business in the construction industry systematically manage occupational health and safety (OHS). It is designed to assist a company that has no safety management system by providing pro-forma documents that can be adapted to meet the company's needs.

Subby Pack was developed by the University of New South Wales School of Safety Science and Building Research Centre with the assistance of principal contractors in the construction industry. It was developed in support of the Construction Memorandum of Understanding (MOU). The MOU was signed in 1998 between the NSW Government and the Chief Executive Officers of the principal contractors and major industry associations in the NSW construction industry.

The signatories to the MOU have worked in partnership to implement measures to improve the construction industry's OHS and injury management performance.

The MOU signatory contractors are:

- ABB Engineering Construction;
- Abigroup Contractors Pty Ltd;
- A.W. Edwards Pty Limited;
- Barclay Mowlem Construction Ltd;
- Baulderstone Hornibrook Pty Ltd NSW/ACT;
- BHP Engineering Group;
- Concrete Constructions Group Ltd;
- Cordukes Ltd;
- Grocon Pty Limited;
- John Holland Construction and Engineering Pty Ltd;
- Leighton Contractors Pty Ltd;
- Bovis Lend Lease;
- Multiplex Constructions NSW Pty Ltd;
- Thiess Contractors Pty Ltd;
- Transfield Pty Ltd;
- Walker Corporation Pty Ltd; and
- Westfield Design & Construction.

Subby Pack was first published by the above contractors and the Construction Safety Alliance.

Subby Pack is a tool that will assist subcontractors in planning for safety. It is intended to provide practical guidance only to subcontractors in the preparation of documentation and procedures to assist them in systematically managing occupational health and safety and injury management.

Contractors should refer to their responsibilities as set out under the Occupational Health and Safety Act 2000, the Occupational Health and Safety Regulations 2001 and the Workers Compensation Act 1987.

While Subby Pack was developed for the construction industry, the Pack has been applied to a number of different industries with great success.

Other products developed under the auspices of the Construction MOU include:

1. Hazard Profile: Identification Tool for Metal Roofing
   Identification Tool for Electrical Hazards on-site
   Identification Tool for Bricklaying
   Identification Tool for Formwork
   Identification Tool for Aluminium Mobile Scaffolds
   Identification Tool for Steel Reinforcement Fixing
   Identification Tool for Concrete Placement
   Identification Tool for Demolition
2. Supervisor Manual: OHS Training Tool
3. Safety Meter: Positive Performance Measurement Tool
4. CHAIR: Safety in Design Tool

Another valuable tool to assist small and medium-sized businesses to systematically manage safety is WorkCover's *Workplace Safety Kit*.

More information about each of these products can be obtained by contacting WorkCover NSW on 131050 or www.workcover.nsw.gov.au.

Table of Contents

1.0 Introduction

This document sets out the safety management strategy to be adopted by ……
Insert company name

during the course of the …… contract on the ……
Insert trade Insert site name

project managed by ……..
Insert Principal Contractor name

The document is not designed to replace the Schedule of Health Safety & Environmental requirements as stated in the Special Conditions of Contract, but will be used to provide verification of the actions of ……. in relation to these requirements.
Insert company name

This document and subsequent additions will be made available to ……..
Insert Principal Contractor name

for the purpose of auditing.

1. Name of Company:
……
Address: ……..……..
……
Phone:……Fax:……..

2. ……..…… will provide ……..……. as the person on site responsible for supervision of the Scope of Works and its safety.
Insert company name

3. Our peak number of employees on the site will be: ……..

4. ……..…… does/does not intend to subcontract all or part of the works.
Insert company name

Trade Name:……..
Contract Job Number: ……..……
Managing Director/General Manager: ……..……...
Address: ……
Phone: ……...…… Fax: ….…… Mobile: ……...……..

Scope of Works: _____

2.0 Safety Policy

At …….. our Occupational Health, Safety and Rehabilitation
Insert company name
Policy is based on a belief that the well-being of people employed at work, or people affected by our work, is a major priority and must be considered during all work performed on our behalf.

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

The objectives of our Safety Policy are:

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

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

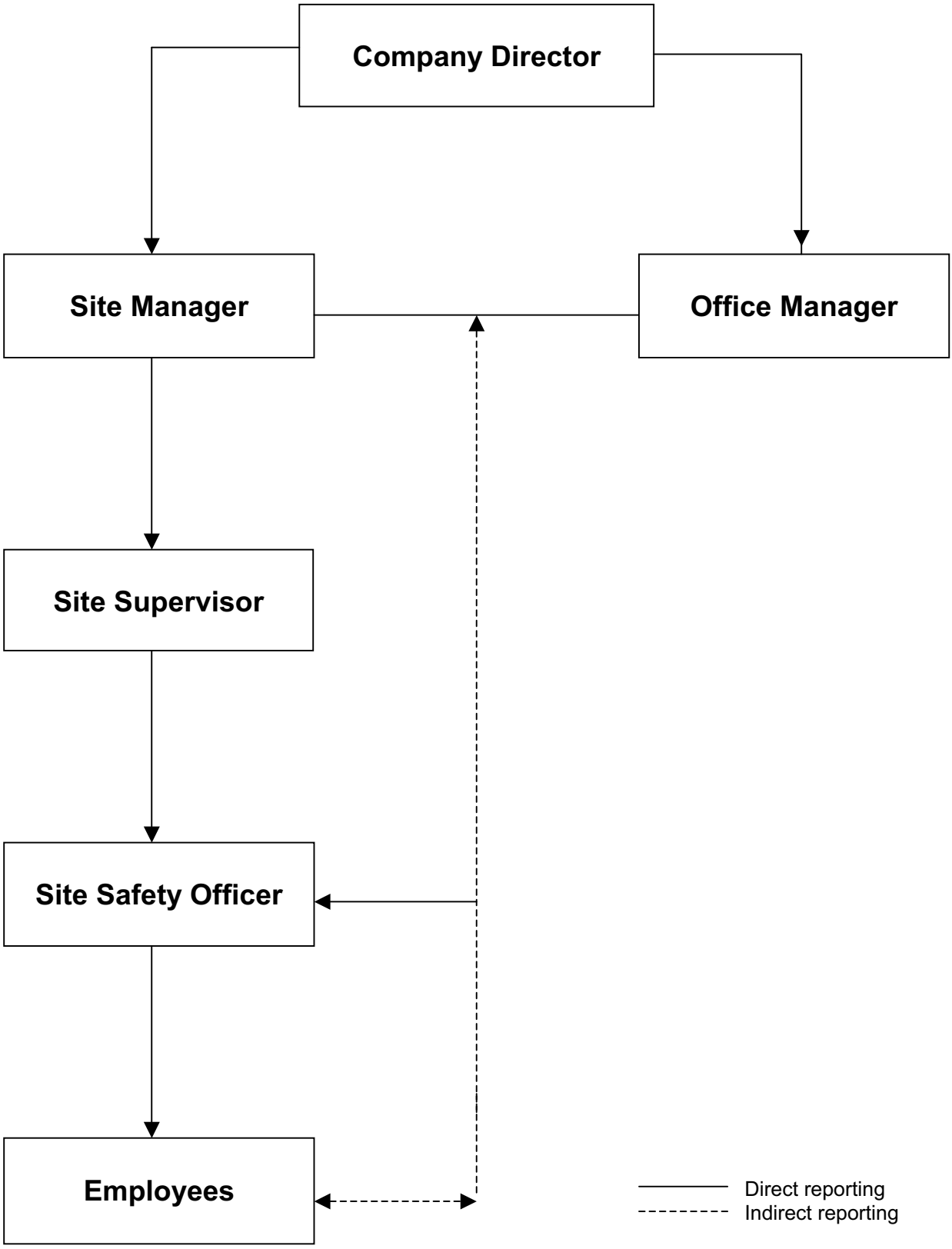
1. Pro-active planning of all work activities with due consideration given to implementing occupational health and safety (OHS) controls that are suitable to each given situation.
2. Understanding the total work process and associated OHS risks.
3. Ensuring the work team is totally committed to achieving our objectives.
4. Ensuring that open and honest communication exists between management and all employees.

…… …..... ….. / …… / …..

Director's name **Signature** **Date**

3.0 Roles and Responsibilities

The following flow chart shows the lines of occupational health and safety reporting througout the organisation.



3.1 Roles and Responsibilities Defined

…….. will provide the following key personnel on site. Their roles
Insert company name
and responsibilities regarding safety on site are outlined below.

SITE MANAGER

…….. is responsible for safety on the project. Duties include:
Insert name

- implementing the company Occupational Health Safety and Rehabilitation procedures;
- using the principles of the Hierarchy of Controls (Best to Worst guide in this Pack) in all design, fabrication and construct activities to minimise the risk to all personnel in the workplace;
- carrying out a design review with the Principal Contractor's project team to assist in the identification of further risk reduction controls measures;
- participating in the planning and design stages of trade activities;
- stimulating a high level of safety awareness at all times;
- identifying safety training needs;
- leading by example;
- ensuring safe equipment and plant is provided and maintained;
- insisting on correct and safe work practices at all times;
- assisting in the identification and preparation of safe work procedures;
- reviewing safety reports and inspections and initiating rectification where necessary;
- participating in accident/incident investigations;
- participating in safety meetings and programs; and
- monitoring compliance with safe work methods (controls).

SITE SUPERVISOR

…….. is responsible for safety on the project. Duties include:
Insert name

- implementing the company Occupational Health Safety and Rehabilitation procedures;
- observing all OHS requirements and statutory rules and regulations;
- ensuring that all works are conducted in a manner that is safe and without risk to employees health and safety;
- planning to do all work safely;
- providing advise and assistance on OHS to all employees;
- participating in the planning and design stages of trade activities;
- ensuring current OHS and other relevant legislative requirements are met in the workplace;
- identifying OHS training programs in advance and allowing for employee/s identified as requiring training to attend the training;
- actioning safety reports and carrying out workplace inspections;
- preparing and participating in safety meetings and safety programs;

- facilitating the preparation of Work Method Statements and Safe Work Method Statement for the trade;
- insisting and ensuring on safe work practices at all times;
- investigating hazard reports and ensuring that corrective actions are undertaken;
- conducting project inductions, toolbox talks and daily team briefings;
- participating in accident/incident investigations;
- leading by example and promoting OHS at every opportunity;
- supervising and ensuring compliance with safe work procedures;
- providing suitable employment to assist rehabilitation initiatives; and
- stimulating a high level of safety awareness at all times.

SITE SAFETY OFFICER

…….. is responsible for safety on the project. Duties include:
Insert name

- assisting the Site Supervisor to develop and implement the Occupational Health Safety and Rehabilitation (OHS&R) procedures;
- communicating safety performance to the Site Manager;
- providing advice and assistance on OHS to all employees;
- participating in the planning and design stages of trade activities;
- monitoring OHS legislative requirements for the trade package;
- monitoring compliance with safe work procedures;
- co-ordinating rehabilitation for injured employees;
- reviewing safety reports and inspections;
- preparing and participating in safety meetings and programs;
- facilitating Tool Box Talks on a regular basis;
- insisting on correct and safe practices at all times;
- preparing and conducting project safety inductions;
- investigating and developing new OHS initiatives for the trade;
- conducting accident/incident investigations;
- leading by example and promoting OHS at every opportunity;
- stimulating a high level of safety awareness at all times;
- communicating with the OHS&R Site Manager on matters relating to health and safety;
- facilitating the maintenance of all records as required under this Pack; and
- participating in regular workplace inspections and ensuring that any improvements resulting from such inspections are actioned in the required time frame.

***IMPORTANT**: **Principal Contractors and Sub Contractors need to also be aware of their responsibilities under Chapter 8 of the OHS Regulation 2001.**

4.0 Document Control

4.1 Issue, Revision and Review

…….. is responsible for:
Insert company name

- **Completing the Subby Pack** and providing a copy to the Principal Contractor before work commences on site.
- **Maintaining an up to date version of the Subby Pack**. A record of revisions that occur will be kept in the Record of Revision table below. All obsolete pages will be destroyed.
- **Providing an updated copy to the Principal Contractor** whenever changes occur.
- **Maintaining a register of people to whom the Subby Pack is issued** using the Distribution List table below.
- **Issuing** a completed Subby Pack to all those registered.
- **Ensuring revisions are distributed** to all registered people.
- **Reviewing the Subby Pack at intervals of not more than one month** to ensure it is up to date.

4.2 Record of Revision

Edition/ Revision	Date	Section	Page	Revision Details
Issue A/ Revision 0				Original

4.3 Distribution List

Controlled copies of this Subby Pack have been issued to the holders nominated hereunder.

No.	User	Position	Issue Date
01			
02			
03			
04			

5.0 Hazard Identification and Risk Assessment

5.1 Procedure

Occupational Health and Safety Legislation requires anyone in control of the workplace to identify the potential hazards of the proposed work, assess the risks involved and develop controls to eliminate, or minimise, the risk.

5.2 Identify Hazards

To help find all potential hazards, the job will be broken down into activities that follow the sequence of construction. These activities are provided in a ***Work Method Statement (WMS)***, which is a list of job procedures, and other work-related practices provided to the Principal Contractor. The WMS details how the Scope of Work will be carried out.

For each of the work activities and associated job steps identified in the Work Method Statement provided …….. will identify potential hazards.
Insert company name

To assist this process, resources such as the following will be used:

- WorkCover and trade based Codes of Practice and other publications, e.g. safety alerts;
- Hazard Profiles for specific trade groups;
- Workplace experience; and
- Consultation (e.g. Tool Box Talks) with workers experienced in the task to be undertaken.

5.3 Assess Risks

For each potential workplace hazard identified a Risk Class will be determined by referring to the categories below. The attached Risk Management chart (FORM 001) will be used to determine the requirement for management of the risks identified.

Class 1: (High Risk): Does the hazard have the potential to kill or permanently disable you?

Class 2: (Medium Risk): Does the hazard have the potential to cause a serious injury, or illness, which will temporarily disable you?

Class 3: (Low Risk): Does the hazard have the potential to cause a minor injury which would not disable you?

5.4 Selection and Use

- Where identified, all class 1 and 2 risks will be recorded on a detailed Safe Work Method Statement (SWMS) (also referred to as a Job Safety Analysis or JSA). Class 3 risks will be minimised as far as possible but will not be recorded on a SWMS.
- A Risk Class will be used to determine the level of Controls required to eliminate or minimise a potential hazard.
- The higher the Risk Class the more extensive the controls to be provided.

Risk Management

……..…… **Project:**_____ **Date:**_____
Insert company name

Major Work Activity	Potential Hazards	Activity Risk Score	SWMS Required	SWMS No. & Date Produced
Example: Installation of metal roofing on portal frame 3 storey high factory.	Falls from the edge of the roof. Falls through the roof framing, service penetrations or other openings.	Class 1 risk Class 1 risk	Yes: [X] No: [ ]	1. Generic (not specific to any site) SWMS required for the major work activity at tender for evaluation purposes. 2. Site specific SWMS provided for the major work activity before work commences.
			Yes: [ ] No: [ ]	
			Yes: [ ] No: [ ]	
			Yes: [ ] No: [ ]	
			Yes: [ ] No: [ ]	
			Yes: [ ] No: [ ]	

6.0 Safe Work Method Statement*

*** also referred to as a Job Safety Analysis or JSA**

6.1 Procedure

Preparation of a ***Safe Work Method Statement*** (SWMS) involves identifying potential hazards, assessing their risk and recording how to eliminate, or minimize, the risk to worker safety (controls). Where potential hazards are identified as Class 1 or Class 2 risks the Safe Work Method Statement will be completed using the step by step guide on the next page.

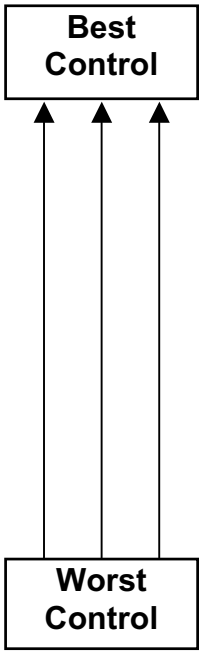
A generic (not specific to any site) SWMS will be submitted at tender. Broadly defined job steps will be used and general hazards identified. The SWMS will demonstrate ……..'s understanding of the risks (particularly Class 1 & 2
Insert company name
risks) involved in the work and typical controls used. This SWMS will be provided for the purpose of tender evaluation.

Prior to commencement of work on site the generic Safe Work Method Statement submitted at tender will be reviewed. Where job steps or site conditions will change from those planned the SWMS will be updated to reflect the way the job will actually be done on the specific site and how safety will be controlled ***– a site specific SWMS.***

The SWMS form – FORM 002/a and FORM 002/b, provides a record to demonstrate compliance to Occupational Health and Safety Legislation. The person responsible for implementing a particular action to eliminate, or minimise, the risk of the potential hazard on site is nominated on the SWMS. This will ensure responsibility for risk control is allocated and can be followed up.

6.2 Evaluation of the SWMS

The Safe Work Method Statement will be evaluated on how well Class 1 & Class 2 hazards have been identified for the work activity to be undertaken and whether the suggested controls, wherever possible, eliminate the potential hazard or minimise the risk of injury. **Controls should be as high as practical in the "Best to Worst" guide shown below.**



1. Remove the hazard completely:
- e.g. remove risk of electrocution by using compressed air driven tools.

2. Separate people from the hazard:
- e.g. guards on power tools,
- e.g. use effective barriers and edge protection,
- e.g. enclose noisy machinery.

3. Use an engineered control:
- e.g. use Earth leakage device (safety switch) on electrical power source.
- e.g. use a machine to lift heavy objects.
- e.g. use scaffolding rather than ladders to reduce risk of falls.

4. Change work practices:
- e.g.training in lifting techniques.
- e.g. tagging procedures.

5. Provide personal protection (PPE):
- e.g. hearing protection, eye protection etc.

NOTE: PPE should be the last barrier to protect people when all else fails.

6.3 Safe Work Method Statement Step by Step

Does the SWMS provde:

1. The name of the company?
2. A description of the work activity or task to be undertaken?
3. The date the SWMS was developed?
4. The name and signature of the person who developed the SWMS?
5. The project name/number and the name of the Principal Contractor?
6. The job steps involved in doing the work?
7. Potential Class 1 and Class 2 hazards associated with the job task to be undertaken?
8. The controls that will be put in place to eliminate or minimise the potential hazards identified?
9. Controls as high as practicable on the “best” to “worst” control guide?
10. The name of the person/s responsible for ensuring that the control/s is in place?

6.4 Selection and Use

- The Safe Work Method Statement will be completed and signed by an appropriately qualified person/s representing …….. who is competent in the work activity to be undertaken.
  Insert company name

- The Safe Work Method Statement will be reviewed and signed by the appropriate Principal Contractor representative on the project.

- Employees will review the SWMS and sign (ToolBox Talk FORM 018) that they understand and are willing to implement the controls required to carry out the work safely.

- Work will not proceed until the above three criteria are achieved.

Safe Work Method Statement

Company Name:	**Project Name/No:**
Work Activity/Task:	**Principal Contractor:**
Date:	**Note: Sign off to be provided at Tool Box talk**
Prepared by:	
Signature:	

Item	**Job Step** Break the job down into steps	**Potential Hazard** What can harm you?	**Controls** What you are going to do to make the job as safe as possible	**Person** Who Will Ensure this Happens

Reviewed by: _____ _____

Principal Contractor Representative Position

_____ ___/___/_____

Signature Date

Safe Work Method Statement (cont.)

Item	Job Step Break the job down into steps	Potential Hazard What can harm you?	Controls What you are going to do to make the job as safe as possible	Person Who Will Ensure this Happens

Reviewed by: _____ _____

Principal Contractor Representative Position

_____ ___/___/_____

Signature Date

7.0 Skills and Competencies

7.1 Procedure

…….. will ensure that its employees are adequately trained to a level
Insert company name
of competency sufficient to ensure their health and safety when at work.

7.2 Assessment

……..…….. will undertake a training/competency assessment of all
Insert company name
employees prior to the commencement of work on the nominated site. The assessment will be recorded on FORM 003. Where skill deficiencies are detected appropriate training will be provided *before* work commences so that employees can perform their designated duties safely.

7.3 Selection and Use

- The FORM 003 register will be provided to the appropriate Principal Contractor's representative on site for review.
- Workers will be selected for specific tasks based on their level of skill and competency to undertake the work safely.
- Where workers are unskilled in the required task appropriate training will be provided prior to commencement of the work and recorded on FORM 004.
- **Day Labour** will be used only when the nominated worker/s satisfy the level of competency required to undertake the required task or when appropriate training can be provided prior to commencement of the work. Proof of the competency of Day Labour must be detailed in the Skills/Competency Assessment Register FORM 003 provided.

Skills/Competency Assessment Register

……..…… **Project:**_____ **Date:**_____
Insert company name

Employee name	Skills, Competencies and experience (e.g. tickets/ qualifications)	Work to be undertaken on this project	Deficiencies in skills & competencies	Additional training required before work can commence
	[ ]Years Experience			Completed: Yes/No Date completed:../../..
	[ ]Years Experience			Completed: Yes/No Date completed:../../..
	[ ]Years Experience			Completed: Yes/No Date completed:../../..
	[ ]Years Experience			Completed: Yes/No Date completed:../../..
	[ ]Years Experience			Completed: Yes/No Date completed:../../..
	[ ]Years Experience			Completed: Yes/No Date completed:../../..

Training Attendance Register					
……. Insert company name					
Course Name:					
Course Location:				Date:	
Name of Participants		Position	Training Type	Hours Attended	Signature
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

Training Company	Names of Trainers		Length of Course (Hours)
	1		
	2		
	3		
	4		

8.0 OHS Induction

8.1 Procedure

…….. will ensure that persons carrying out the nominated work have
Insert company name
relevant training including Occupational Health and Safety (OHS) Induction Training. Workers will not carry out construction work until they have received the minimum requirements for OHS induction training:

1. Industry (general) induction;

2. Work Activity OHS induction; and

3. Site Specific OHS Induction.

8.2 Selection and Use

- All workers will receive the above three minimum OHS induction training requirements before work on site commences and a record of the training provided on FORM 005.

Induction Register

…… Project:_____ Date:_____
Insert company name

Name	Course Description 1,2 or 3	Card No./ Reg. No.	Date of Course	Duration	Conducted by

Key:
1 - Industry (general) Induction
2 - Work Activity Induction
3 - Site Specific Induction

9.0 Workers Compensation & Rehabilitation

9.1 Procedure

…… will provide Workers Compensation Insurance for all employees
Insert company name
and other persons deemed to be employees under the Workers Compensation Act 1987. The trade and occupation of each employee on site and their salaries will be recorded. A record of the insurance will be provided on FORM 006 together with an attached *current* copy of the policy details issued by the insurer.

Where the basic tariff premium is greater than $50,000, a return to work co-ordinator will be appointed and for those that are $50,000 and under, they need to have someone appointed as a workplace contact.

9.2 Assessment

Where contractors are engaged to carry out work their ability to be considered an "employee/s" under the Workers Compensation Act 1987 will be assessed.

Workers Compensation	
Company:	_____
Person Responsible for Processing Claims:	_____ _____ Phone No.: _____ Mobile No.: _____
Name of Insurer:	_____ Address:_____ _____ _____ Phone No.: _____ Policy No.: _____ Expiry Date:../…./….
<u>NOTE</u>: A copy of *current* Workers Compensation policy must be attached.	

Return to Work	
Name of Return to Work Co-ordinator:	_____ _____ _____ Phone No.: _____ Mobile No.: _____
Name of Rehabilitation Provider:	Company: _____ Contact: _____ Phone No.: _____

10.0 Hazard Reporting

10.1 Procedure

…… will encourage all employees to report hazards immediately.
Insert company name
Our supervisor on site will investigate all reported hazards and document corrective actions. Corrective actions will be signed off when completed. The procedure and responsibilities for reporting hazards are outlined on form FORM 007 on the next page. The supervisor will complete a Hazard Report – FORM 008 where hazards cannot be corrected immediately.

…… will issue our Hazard Report form to all supervisory
Insert company name
personnel and safety committee representatives. A number of forms for employee use will be placed in the appropriate crib shed.

10.2 Assessment

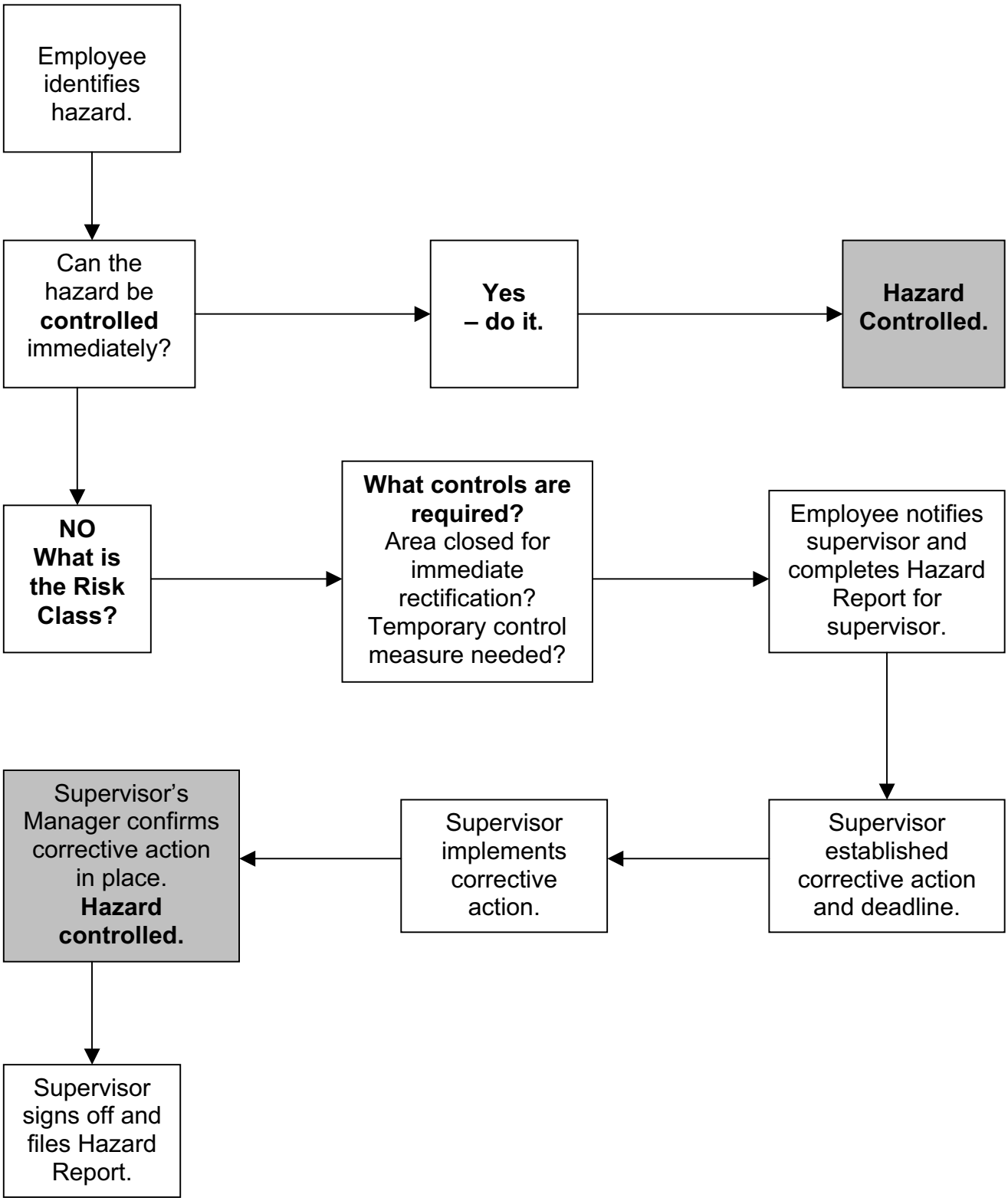
When a hazard is identified in the workplace a Risk Class will be assessed immediately using the categories outlined in the hazard identification and risk assessment section of this Pack. The Risk Class will determine the appropriate level of response required to protect the health and safety of workers – i.e. immediate, within 24 hours, within 48 hours and so on.

10.3 Corrective Actions

- The Hazard Report will be signed by the inspection team leader and presented to the site supervisor if he/she is not part of the team.

- The above mentioned supervisor shall sign off the report when satisfied that all items on the report have been satisfactorily actioned. Copies of the signed off reports will be kept in this Pack.

Hazard Reporting Procedure & Responsibility



Hazard Report

Company: ……..…….…….

Project: ……..…… **Date:** …/……/…….

Submitted by: …….……

Signature: ……**Submitted to:** ….…….…….

The following hazard has been identified in relation to your work:

_____
_____
_____
_____
_____
_____
_____
_____
_____

Risk Level: Class 1 (High) [ ] **Class 2 (Medium) [ ]** **Class 3 (Low) [ ]**

Location:

To be Completed by Supervisor

Action Required: _____
_____
_____
_____
_____
_____
_____

By Whom: ……..…….

By When: ☐ Immediate ☐ Within 24 hrs ☐ Within 7 days

Corrective Action Completed by: ……..

Time:……. **Date:** …../…./….. **Signature:** ……..……..

Confirmed by: ……...…… **Signature:** ……

11.0 Electrical

11.1 Procedure

…… will ensure that the use of electrical wiring, portable tools
Insert company name
and extension leads will be in accordance with the Code of Practice Electrical Practices for Construction Work. Where a more specific provision is not made in the Code of Practice conformance will be to the provisions of Australian Standard AS-3000, Wiring Rules.
All electrical equipment to be brought on site will be listed in the Electrical Equipment Register FORM 009. The register will be completed prior to commencement of the works and maintained for the duration of the works on site.

11.2 Inspection & Tagging

All electrical leads, portable power tools, junction boxes and earth leakage devices will be tested, inspected by a suitably qualified person and labeled with a tag of current date before being brought on site. Where this is not possible the Principal Contractor will be advised immediately and assistance requested in order to comply with the requirements of the Code of Practice Electrical Practices for Construction Work. A record of the currency of all electrical equipment will be recorded on FORM 009.

11.3 Selection and Use

- Whilst on site any electrical equipment found without a tag of current date issued by a suitably qualified person will not be used.
- Where an electrical item is located without a current inspection and test tag proof of the electrical items currency of inspection and test will be provided or the item removed from site immediately.
- When used on a construction site all electrical equipment will be connected to an Earth Leakage protection device at all times.
- Where practicable all electrical leads will be kept off the ground on insulated hangers or on insulated lead stands.
- Extension leads will not be joined together.
- All plugs and sockets will be non-wirable (moulded) or transparent.
- Electrical equipment will not be placed on, or near, wet areas unless the equipment is designed for the specific purpose, e.g. pump.
- **Where electrical equipment is hired,** e.g. portable generators, work lights and extension leads, …… will ensure that the same

  Insert company name

  requirements for Occupational Health and Safety as those required on site are specified to the Hire Company as a condition of the Hire Agreement.

Electrical Equipment Register

Project:_____ **Date:**_____

Ref: Code of Practice Electrical Practices for Construction Work

Equipment Description	Plant or Serial No.	Date of Insp/test	Results and/or trip current (less 30mA) for Earth Leakage Device	Date of next Insp/test	Electrician's Signature	License No.

Electrical item	Frequency of inspection/test
Tools & leads	Monthly
Sub-board earth leakage device	Trip tested monthly; calibrated 3 monthly

Monthly/Tag colour

J – Red	F – Blue	M- Orange	A – Green	M – White	J - Yellow	Jul – Blue	A – Green	S - Red	O – Yellow	N – Orange	D- White

12.0 Hazardous Substances

12.1 Procedure

Prior to hazardous substances being used on a project ……. will submit
Insert company name
a Material Safety Data Sheet (MSDS) to the Principal Contractor for approval. No substances will be brought on site without approval of the current MSDS by the Principal Contractor. All substances to be brought on site will be listed in FORM 010.

12.2 Selection

…… will consider the following when selecting hazardous substances:
Insert company name

- Flammability and explosivity;
- Carcinogenic classification if relevant;
- Corrosive properties;
- Environmental hazards;
- Toxicity (short and long term);
- Chemical action and instability;
- Extent of PPE required;
- Storage requirements.

12.3 Storage

- All storage and use of hazardous substances will be in accordance with the MSDS.
- All hazardous substances will be stored in their original containers with the label intact at all times.
- Hazardous substances of any quantity will not be stored in crib rooms, container sheds or offices.

12.4 Use

- Where practicable the material with the lowest possible hazard capability that meets the technical requirements for the job will be used.
- Refer to WorkCover and National Occupational Health and Safety Commission (NOHSC) Publications for advice. See in particular: *List of Designated Hazardous Substances (NOHSC: 10005/1999)*.
- Advice on a substance may be obtained from a chemical database, e.g Chemwatch.
- Prior to using the hazardous substance all workers involved in its use will be provided with adequate information and training to allow safe completion of the required task. Confirmation of this training will be provided by a “sign off” on the appropriate Tool Box Talk FORM 018 or the training recorded on FORM 004 .

Hazardous Substances Register & Risk Assessment

Project:_____ **Date:**_____

The following hazardous substances exist on site. A copy of the MSDS has been forwarded to the person responsible for First Aid and is listed under the relevant subcontractor using the substance to increase first aid response time.

Product Name	Application	Product labeled Yes/No	MSDS Yes/ No	Risk Assessment (Class 1, 2 or 3)	Control/s based on the risk class (eg. mask, ventilation required)

Class 1: (High Risk) Does the substance and its associated hazards have the potential to kill, or cause permanently disability, **e.g. lung disease**?
Class 2: (Medium Risk) Does the substance and its associated hazards have the potential to cause a serious injury, or illness, which will temporarily disable, **e.g. Dermatitis**?
Class 3: (Low Risk) Does the substance and its associated hazards have the potential to cause a minor injury which would not disable, **e.g. mild skin rash**?

13.0 Lifting Gear

13.1 Procedure

…….. will ensure that all lifting gear (chains, slings, wire rope, shackles,
Insert company name
hooks) to be brought on site have a *current* certificate of test and are listed in the register FORM 011. The register will be maintained during the course of the contract.

13.2 Assessment

All lifting slings and accessories will be marked with the manufacturers identification, maximum rated capacity and the grade of the steel or alloy. …… will provide
Insert company name
each item with a marked identification number and a current test certificate for each will be held on site and made available on request.

13.3 Selection & Use

- Prior to use all lifting gear will be inspected by a competent person to check for defects.
- Lifting gear that does not have a current test certificate will not be brought on site under any circumstances.

Lifting Gear Register

Description	Plant No.	Date of Last Inspection	Condition	Inspected by	Date for Next Inspection
				Qualification:	
				Qualification:	
				Qualification:	
				Qualification:	
				Qualification:	
				Qualification:	
				Qualification:	
				Qualification:	
				Qualification:	
				Qualification:	

14.0 Plant

14.1 Procedure

Equipment including static (stationery) and mobile plant can be hazardous to workplace safety.

In order to comply with Occupational Health and Safety Legislation
……. will carry out regular inspection and maintenance of plant and
Insert company name
Equipment. The inspection and maintenance history of each item will be documented on the appropriate FORM 012 to FORM 015 (or their equivalent) and provided prior to commencement on site.

Where a relevant Australian Standard is appropriate, e.g. AS-2550 for cranes, the inspection, use and maintenance of the plant will comply as a minimum with the Standard. Where no Australian Standard is provided, the inspection, use and maintenance of the plant will comply as a minimum with the Manufacturers Recommendations. The affect of plant and equipment on the workplace will also be considered.

14.2 Assessment

…….…….. will carry out an assessment of the most appropriate type of plant
Insert company name
and equipment for the required job. The assessment will include the identification of potential hazards, the level of risk and the provision of appropriate controls to eliminate, or minimise the risk to health and safety of workers. This process will include both the plant and/or equipment itself and its impact on the surrounding workplace.

When identifying potential hazards consideration will be given to all aspects of the plant and equipment including design, work environment, operational conditions, abnormal conditions, ergonomic principles, transportation, storage, installation and erection, access and egress for maintenance, adjustments, repairs, cleaning, use, operator competencies, dismantling and disposal.

14.3 Selection and Use

- **Where plant and equipment is hired** the same requirements for Occupational Health and Safety as those required on site will be specified by …….…….
  Insert company name
  to the Hire Company as a condition of the Hire Agreement.

- No item of plant will be brought on site without a current service/maintenance record or registration where required.

  Note: Specific plant may require design registration, item registration or both.

Plant ID Register

…….. **Project:_____ Date:_____**
Insert company name

The plant listed below will be brought onto site and operated under our control. None of the listed mobile plant will be operated, or static plant used, until registration details, appropriate plant inspection and maintenance records have been provided to the Principal Contractor. The form/s will be submitted on the first day of every month where plant is on-site for more than one month. All inspection and maintenance records will as a minimum standard comply with the manufacturers recommendations or relevant Australian Standard where appropriate (e.g. AS 2550 for cranes – use FORM 014 as a minimum requirement).

The following *static* (e.g. scaffold) or *mobile* (e.g Manatou) plant will be used on site:

Type	Registration Design: Design number: Item: Item number:	Purpose (use on site)	Inspection Date and Frequency	Inspected by (competent person)	Check List Record (What form?)
					Form Sighted ☐
					Form Sighted ☐
					Form Sighted ☐
					Form Sighted ☐
					Form Sighted ☐

Hired-In Plant Inspection Report

(Cranes Excepted)

Location: ……...Date: ……..
Owner: ……..Unit/fleet No: ……SMU:……
Make:……Model: ……...S/No:……

The following items are *minimum* requirements:
R.O.P.S. CANOPY (except for Road Trucks, Drills, Excavator)……..…...Yes/No
All Safety Guards
Fitted?……...Yes/No
Seatbelt fitted and in good condition?……..…….……..Yes/No
Fire extinguisher fitted and charged?……Yes/No
Reverse alarm operation?…….……....Yes/No
All vehicle system operational?……..Yes/No

Carry out the following checks and list other defects on the reverse side	Action to be undertaken/Comments Tick if correct
Engine	
Water leaks	
Radiator Hose and Clamps	
Radiator Core Condition	
Veebelt Condition and Adjustment	
Fan Hum Bearings	
Oil Leaks	
Air Intake Hoses and Clamps	
Air Cleaner Indicator Level	
Mountings	
Battery Condition	
Drive Train	
Transmission Oil Leaks	
Wheel Hub Oil Leaks	
Wheel Nuts and Locks	
Front and Rear Drive Line Condition	
Vehicle System	
Steering linkages	
Articulation Bearings and Retainers	
Main Frame Cracks	
Air Leaks	
Drain Air Tanks	
Hydraulic Operation	
Hydraulic Oil Leaks	
Service/Park Brake Operation	
Cab	
Steps/Grab Rail	
General Cab Condition	
Lights (Head, Tail and Dash)	
Warning Lights and Gauges	
Control Linkages	
Air Conditioner Operation	

Hired-In Plant Inspection Report cont.

TYRE ASSESSMENT

Tyres - Record Serial Number and Tread Depth:

POS.1 (LF)……...mm…….. POS.2 (RF) ……..mm……..

POS.3 (LRO)……mm…….. POS.4 (LRI) ……..……mm……..

POS.5 (RRI)……mm…….. POS.6 (RRO) ……mm……..

Attachments Fitted/Included:

Condition Of Bucket, Bowl, Blade, Body:

Other Comments:

Inspected by: .....…….Signature: .....……

Qualifications: .....……..……Date: ...../...../.....……

Certification by Responsible Person:
I Certify that the described plant is to the manufacturers specifications and is being serviced and maintained by competent personnel to the manufacturers recommendations.

Signature: .....…..... Date: .....

Print Name: ..... Position: .....

Hired-In Plant Inspection Report

(for Cranes)

Location: ……...……Date: …...……..
Owner: ……..…..Unit/fleet No: ……SMU:……
Make:……Model: ……S/No:……...…….
Machinery Identification No.: ……
Attachments Fitted/Included: ……...☐ Photos Attached

The following items are *minimum* requirements:
R.O.P.S. CANOPY (except for Road Trucks, Drills, Excavator)……..…...Yes/No
All Safety Guards Fitted?……...……...Yes/No
Seatbelt fitted and in good condition?……...……..Yes/No
Fire extinguisher fitted and charged?……Yes/No
Reverse alarm operation?……...Yes/No
All vehicle system operational?……..Yes/No

Copy Of Certificates		Attached	Current
Crane		Yes/No	Yes/No
Hoist Ropes	Main	Yes/No	Yes/No
	Auxiliary	Yes/No	Yes/No
Hooks	Main	Yes/No	Yes/No
	Auxiliary	Yes/No	Yes/No

Carry out the following checks and list other defects on the reverse side	Action to be undertaken/Comments Tick if correct	
Engine		
Oil Leaks		
Water leaks		
Radiator/heater hose condition		
Vee belt condition and adjustment		
Fan bearing condition		
Air induction system		
Air cleaner restrict level		
Exhaust system/muffler		
Radiator core condition		
Engine Mounts		
Battery condition/leads		
Drain air tanks		
Drive Train		
Transmission oil leaks		
Wheel hub/axle oil leaks		
Wheel nuts/locks		
Drive shaft/uni joints		
Tyre condition	POS 1 POS 3 POS 5	POS 2 POS 4 POS 6
Tyre Pressure	POS 1 POS 3 POS 5	POS 2 POS 4 POS 6
Axle pivot condition		
Axle pivot lock out		

Hired-In Plant Inspection Report cont.

(for Cranes)

Steering/Braking System	Action to be undertaken/Comments Tick if correct	
Steering cylinder oil leaks		
Tie rod condition		
Tie rod end condition		
Service brake operation/adjustment		
Park brake operation/adjustment		
Fluid level service/park		
Winches	**Main**	**Auxiliary**
Mounting bolts		
Oil leaks – gear box		
Oil leaks – hydraulic motor		
Brake linings/adjustment		
Brake oil/fluid leaks		
Drum cracks		
Safety pawl operation		
Disorderly rope winding		
Oil level/gear box		
Ropes and Hooks		
Rotation of hook		
Deformation of hook		
Safety latch fitted		
Deformation of rope guard		
Rotation of sheaves		
Lubricate sheaves		
Kinks in wire rope		
Broken strands in rope		
Corrosion of rope		
Wedge correctly fitted		
Rope clip fitted to end		
Slew System	**Action to be undertaken/Comments Tick if correct**	
Slew table cracks		
Slew motor leaks		
Slew box leaks		
Slew box mounting bolts		
Slew box oil level		
Slew break operation/adjustment		
Rotary connection leaks		
Upper house lock pin		

Hired-In Plant Inspection Report cont.

(for Cranes)

Boom	Action to be undertaken/Comments Tick if correct
Hoist cylinder leaks	
Hoist cylinder pins and retainers	
Hoist cylinder hose condition	
Boom pivot pin and retainers	
Inspection of boom cracks/damage	
Sliding wear pad condition	
Tele cylinder leaks	
Tele cylinder hoses	
Angle indicator condition	
Inspect fly damage	
Fly retaining pins	
Fly storage correct	
Boom sheaves	
Fly sheaves	
Cab And General	
Operation of all gauges	
Control levers/play	
Load meter	
Warning buzzers	
Windscreen condition	
Wiper condition	
Anti two block operation	
Work lamps	
Steps/grab rails	
Load chart condition	
Operators manual present	
Horn operation	
Seat condition	
Fire extinguisher present	
Set up level indicator	
Outriggers	
Vertical cylinder leaks	
Vertical cylinder hoses	
Horizontal cylinder leaks	
Horizontal cylinder hoses	
Outrigger pad condition	
Horizontal slides	
Outrigger box cracks	
Outrigger pin and retainers	

Hired-In Plant Inspection Report cont.

(for Cranes)

Other Comments:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Inspected by: .....……. **Signature:** .....…..

Qualifications: .....…… **Date:** .....…

Certification by Responsible Person:

I Certify that the described plant is to the manufacturers specifications and is being serviced and maintained by competent personnel to the manufacturers recommendations.

Signature: .....… **Date:** .....

Print Name: ..... **Position:** .....

Plant Certification Report

Tick the appropriate category

☐ **Mobile plant**
☐ **Static plant**

Project:_____ **Contractor:** _____

Responsible Person: _____

Work performed for:_____ **Of:** _____

Full Details of Work Performed

_____
_____
_____
_____
_____
_____
_____
_____
_____

Inspection Report

_____
_____
_____
_____
_____
_____
_____
_____
_____

Certification:

The work described above is complete and the equipment is considered to meet the manufacturers specifications and is deemed safe to be put into service.

Name of Responsible Person: …….Signature: ……..……..…

Qualifications: ……..Date: …….

15.0 Personal Protective Equipment (PPE)

15.1 Procedure

Where other means of protection are not practicable ……. will supply
Insert company name
clothing or equipment designed to protect parts, or all, of the body. This equipment may include: gloves, hearing protection, high visibility garments, breathing apparatus, thermal wear, eye protection, sun cream, safety belts and harnesses. Steel cap boots and hard hats are the minimum requirement for entry to a construction site.

15.2 Assessment

During the development of control measures for Safe Work Method Statement the “Best” to “Worst” guide to controls outlined in the Safe Work Method Statement section of this Pack will be used to help minimise reliance on PPE.

15.3 Selection and Use

- ……. will ensure all items of PPE are manufactured, used and
  Insert company name
  maintained in accordance with the relevant Australian Standard. Proof of Australian Standard compliance will be provided, e.g. labeling.

- All issues of PPE to each individual will be recorded on FORM 016 (one for each individual).

- Each employee will be instructed and or trained in the correct use of each PPE item prior to use.

Personal Protective Equipment Issue Record

Employee Name:_____**Occupation:**_____

Project:_____**Date:**_____

PPE item	Date of issue/ replacement	Name of recipient	Signature of recipient I have received the listed PPE with appropriate instruction/training in its correct use.

16.0 Fire Protection

16.1 Procedure

The Project Manager, or his/her representative, shall ensure that an adequate number and type of fire extinguishers are available at the workplace and additional extinguishers are located in the immediate vicinity of any work that may create a fire risk. This requirement will apply without exception to any hot work such as welding.

……..….will ensure all personnel carrying out hot work have a fire
Insert company name
extinguisher close-by, are fully trained in the use of extinguishers and that adequate evidence of such training is provided before work commences. A list and current service history of all fire fighting equipment to be brought on site will be provided on FORM 017.

……. will ensure that all mobile plant is fitted with an appropriate
Insert company name
fire extinguisher.

16.2 Inspection

……. will check the “charge level” of all of our fire extinguishers on
Insert company name
site at …… intervals. All fire extinguishers will be serviced and maintained by competent persons and a record completed and maintained in accordance with Australian Standard AS-1851.

Combustible materials will not be allowed to accumulate in work areas to prevent a fire risk.

16.3 Selection and Use

- All personnel carrying out hot work will be fully trained in the use of extinguishers and a record of the training provided in the appropriate register of this Pack, FORM 004.
- All personnel will be made aware of the site specific emergency procedure and emergency service phone numbers shall be clearly displayed at a central phone location.

Fire Protection

……. Project:_____
Insert company name

The fire extinguishers listed have been maintained in accordance with Australian Standard AS-1851 and will be brought on site.

Extinguisher Type	Serial No.	Condition & Charge Level	Date of Last Inspection	Inspected by	Date of next Inspection Required	Comments

17.0 Tool Box Talks

17.1 Procedure

Occupational Health and Safety Legislation requires the identification of potential workplace hazards, the assessment of the risk of the hazard and the development of controls to eliminate or minimise the risk. To assist in hazard identification and the development of controls ……..…… employees will undertake consultation in the form of
Insert company name
Tool Box Talks conducted by:
1…….. or 2……..at…… intervals.

All Tool Box Talks will be recorded on form FORM 018 and signed off by participants. Any corrective action will be followed up and signed off by the nominated person.

17.2 Consultation

……..…… recognise the involvement of workers as essential in identifying
Insert company name
potential hazards that can be eliminated, or minimised, before injuries occur.

Tool Box Talks will be used to help Supervisors manage safety, to provide a forum for workers to have their say about safety issues and to help ensure safety awareness is maintained throughout the project.

Where required specific safety issues will be raised, accidents reviewed, Safe Work Method Statement developed and presented for evaluation and familiarisation or safety alerts discussed.

Tool Box Talks will be used to induct workers into and "sign off" their understanding of the controls provided in Safe Work Method Statement for the specific work in which they will be involved.

Record of Tool Box Talk

Workplace: **Date:**

Supervisor/presenter:

Subject: **Duration:**

Persons Present

Print Name	Signature	Print Name	Signature

Comments & points raised:

Corrective Action	Action by	Action Complete	
		Sign off	Date

18.0 First-aid & Accident Investigation

18.1 Procedure

…… will/ will not rely on the provision of First-aid services by the Principal
Insert company name
Contractor. Where …… will provide First-aid services, the following minimum
Insert company name
requirements will be undertaken and personnel provided.

		Type of Kit Required			Type of Certificate Required		
Place of work and no. of persons on the job	**First-aid room**	**Kit A**	**Kit B**	**Kit C**	**First-aid Certificate**	**Occupational First-aid Certificate**	**None**
For Construction							
100 or more	•					•	
25-99		•			•		
24 or less			•				•

18.2 First-aid Personnel and Location of First-aid

The qualified First-aid person/s on site is ……
Name
The nearest First-aid box/room/shed to the work in progress is _____
_____

18.3 Reporting

All injuries will be reported to the appropriate First-aid Officer on site. Injuries will be recorded in the Site Injury Register and by……..… on FORM 019
Insert company name
or its equivalent.

Records will be kept for a minimum of 5 years. Where the injury results in an absence from the workplace of 7 days or more the injury and its circumstances will be reported to the WorkCover Authority using the appropriate form.

18.4 Investigation

…… will investigate all accidents within …….. hours.
Insert company name

Investigation will be recorded on Accident Investigation FORM 020 or its eqivalent.

Accidents will be recorded by ……..……..……
……..……..……
Name Position

Accidents will be investigated by ……..……
…..……
Name Position

Accidents will be reported to WorkCover by ……..……..….
……..

Name Position

Register of Injury

Details of Injured Person:

Name:
Surname: _____ **Given Name/s:**_____ **Sex(M/F):** _____
Address:
No. _____ **Street:** _____ **Suburb**: _____ **Post Code:** _____
City: _____ **State:** _____ **Contact Phone No:** (__)_____
Employer:
Business Name: _____
Address:
No. _____ **Street:** _____ **Suburb**: _____ **Post Code:** _____
City: _____ **State:** _____ **Business Phone No:** (__)_____

Accident/Incident Details:

Description of Events:
Date of injury: ___/___/___ **Time of Injury:** _____ **am. / pm.**

Task/operation undertaken at the time of the injury:
_____
_____
Physical location (area) where injury occurred:
_____
_____
Type of injury: (e.g bruise, cut, fracture, grit in eye)
_____
_____
_____
Part of Body Injured: (e.g arm, torso, head) _____
_____
Cause of injury: (what happened) _____
_____
_____
_____
_____
_____
Treatment Given/Action Taken: _____
_____
_____
_____

Person completing this form:

Surname: _____ **Given Name/s:** _____ **Signature:** _____
Date: ___/___/___ **Time:** _____ **am. / pm**.
Did the person cease work? Yes /No.
Has a referral for further treatment been issued? Yes /No
(cross out whichever is not applicable)

Accident Investigation Report

NOTE: A separate form should be completed for each person injured. This investigation is aimed at identifying causes, not attributing blame. All investigating personnel should be trained in investigation techniques.

Reference No. _____ ☐ Injury ☐ Damage ☐ Near Miss

1. Project: _____

2. Personal Details:

Surname | First Name | Other Initials

Date of Birth Day Month Year | Gen M/F | Preferred Language | Contact No.

3. Occupation/Job Title & Details:

Description of occupation or job title

How long at this Occupation/job Day Month Year

Main tasks performed

Training provided:
- ☐ Induction.
- ☐ Trade/task specific.
- ☐ Both of the above.
- ☐ Neither of the above.

4. Time& Date of Damage/Acc/Near Miss: am/pm Day Month Year

Time & Date Report Received: am/pm Day Month Year

5. Accident Results:

☐ Fatal ☐ Hospital inpatient ☐ Doctor only
☐ First aid only ☐ Property damage ☐ Nil (injury/damage)

Nature of injury, disease or damage:

_____

_____

_____

_____ Nature Code

Bodily location of injury, disease or damage:

_____

_____

_____

_____ Bodily location Code

6. Outcome: **(Questions to be answered, as information becomes available)**

Rehabilitation	**Date of Resumption**			
☐ Not Required	Short-term alternate duties			
☐ Required	Permanent alternate duties			

Normal duties

Day Month Year

☐ **Total number of days lost.**

☐ **Government report completed and sent.**

☐ **Investigation undertaken.**

7. Description of Incident: (include any particular chemical, product, process, equipment involved)

What was the worker doing at the time?_____

Name/s of witnesses	Signature of worker	Date:

Mechanism of injury Code		

How exactly was the injury, disease or damage sustained?

Breakdown agency Code		

What happened? (undesired event)

Reconstruct the sequence of events that led to the undesired event.

1.	4.
2.	5.
3.	6.

List contributing factors

Investigating Person:

Name	Position	Signature

Date investigation conducted: Day Month Year

8. Corrective Action Undertaken:

Estimated Cost of Incident: $	Estimated Cost of Correction: $

9. Manager's Comments: (manager, employer or Principal Contractor to sign and date)

Signature:	Date:

10. Safety Co-ordinator's Comments: **(sign and date)**

Signature:	Date:

19.0 Subby Pack Check List

19.1 Procedure

…… will be provide a copy of the Subby Pack to enable verification of
Insert company name
the requirements of Occupational Health, Safety and Rehabilitation. For the purposes of verification a *current* copy of the completed Subby Pack will be checked using the method outlined below and made available to the Principal Contractor at monthly intervals for the purposes of auditing.

No.	Item	Score						Average Score
		Yes/ No Score	Date	Yes/ No Score	Date	Yes/ No Score	Date	
1	Introduction							
2	Policy							
3	Roles & Responsibilities							
4	Document Control							
5	Hazard Identification & Risk Assessment							
6	Safe Work Method Statement							
7	Skills & Competencies							
8	OHS Induction							
9	Workers Compensation & Rehabilitation							
10	Hazard Reporting							
11	Electrical							
12	Hazardous Substances							
13	Lifting Gear							
14	Plant							
15	Personal Protective Equipment							
16	Fire Protection							
17	Tool box Talks							
18	First-aid & Accident Investigation							
	Average							

<u>Score Legend (optional)</u>: **5 Best Practice……....** **4 Continuous Improvement** **3 Above Standard** **2 Minimum Standard** **1 Non Compliance** **0 Not Acceptable**	**Checked by:……..** **Date:……..……..……..**

- NOTES -

WorkCover Offices

HEAD OFFICE
Office Hours 8:30am–5:00pm
Monday to Friday
400 Kent Street
SYDNEY NSW 2000
Phone: (02) 9370 5000
Fax: (02) 9370 5999
Postal Address
WorkCover NSW
GPO Box 5364
SYDNEY NSW 2001

Client Contact Centre
Office Hours 8:30am–4:30pm
Monday to Friday
Ground Floor, 400 Kent Street
SYDNEY NSW 2000
Phone: 13 10 50
Fax: 9370 6150

REGIONAL and LOCAL OFFICES
Office Hours: 8:30am-4:30pm
Monday to Friday

REGIONAL OFFICES

Newcastle
956 Hunter Street
NEWCASTLE WEST 2302
Phone: (02) 4921 2900
Fax: (02) 4921 2929

Parramatta
Level 8, 128 Marsden Street
PARRAMATTA 2150
Phone: (02) 9841 8550
Fax: (02) 9841 8490

Wollongong
106 Market Street
WOLLONGONG 2500
Phone: (02) 4222 7333
Fax: (02) 4226 9087

LOCAL OFFICES

Albury
463 Kiewa Street
ALBURY 2640
Phone: (02) 6021 5911
Fax: (02) 6041 2580

Batemans Bay
Shop 6, Fenning Place
12 Orient Street
BATEMANS BAY 2536
Phone: (02) 4472 5544
Fax: (02) 4472 5060

Blacktown
125 Main Street
BLACKTOWN 2148
Phone: (02) 9671 8701
Fax: (02) 9831 8246

Dubbo
Suite 3, 157 Brisbane St,
DUBBO 2830
Phone: (02) 6884 2799
Fax: (02) 6884 2808

Central Coast
3/13 Anzac Road
TUGGERAH 2259
Phone: (02) 4350 6370
Fax: (02) 4353 2373

Goulburn
21-23 Clifford Street
GOULBURN 2580
Phone: (02) 4822 1243
Fax: (02) 4822 1242

Grafton
NSW Government Offices
49 – 51 Victoria Street
GRAFTON 2460
Phone: (02) 6641 5111
Fax: (02) 6641 5100

Griffith
NSW Government Offices
104 – 110 Banna Avenue
GRIFFITH 2680
Phone: (02) 6964 2027
Fax: (02) 6964 1738

Hurstville
Level 4, 4-8 Woodville Street
HURSTVILLE 2220
Phone: (02) 9598 3366
Fax: (02) 9585 0261

Lindfield
345 Pacific Hwy
LINDFIELD 2070
Phone: (02) 9936 3000
Fax: (02) 9936 3030

Lismore
Suite 4, Level 4
Manchester Unity Building
29 Molesworth Street
LISMORE 2480
Phone: (02) 6622 0088
Fax: (02) 6622 0090

Liverpool
Suite 4, Ground Floor
157 – 161 George Street
LIVERPOOL 2170
Phone: (02) 9827 8600
Fax: (02) 9827 8690

Narrabri
Level 1, 55 Maitland Street
NARRABRI 2390
Phone: (02) 6792 4643
Fax: (02) 6792 3532

Newcastle
956 Hunter Street
NEWCASTLE WEST 2302
Phone: (02) 4921 2900
Fax: (02) 4921 2929

Orange
74 McNamara Street
ORANGE 2800
Phone: (02) 6361 7070
Fax: (02) 6362 8820

Parramatta
Level 8, 128 Marsden Street
PARRAMATTA 2150
Phone: (02) 9841 8550
Fax: (02) 9841 8490

Port Macquarie
Shops 1 & 2,
Raine & Horne House
145 Horton Street
PORT MACQUARIE 2444
Phone: (02) 6584 1188
Fax: (02) 6584 1788

Shellharbour
134 – 134A Lamerton House
Shellharbour Square
BLACKBUTT 2529
Phone: (02) 4297 3796
Fax: (02) 4296 8914

Tamworth
Shop 20, 341 Peel Street
TAMWORTH 2340
Phone: (02) 6766 2490
Fax: (02) 6766 4972

Lake Macquarie
Shop 2, 33 The Boulevarde
TORONTO 2283
Phone: (02) 4959 6366
Fax: (02) 4950 5587

Tweed Heads
Suite 5, 1 Sands Street
TWEED HEADS 2485
Phone: (07) 5536 3262
Fax: (07) 5536 4389

Wagga Wagga
Level 2, 76 Morgan Street
WAGGA WAGGA 2650
Phone: (02) 6937 3600
Fax: (02) 6937 3616

Wollongong
106 Market Street
WOLLONGONG 2500
Phone: (02) 4222 7333
Fax: (02) 4226 9087