

SITE SAFETY AUDIT



Use in conjunction with Audit Management Procedure (OKR-HSE-003-1)

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| 1. Site: | | |
| Grosvenor | | |
| Site Details: | | |
| Date: 20/01/2020 | Time: | |
| Site Representative: Elysse Maunder / Jeff Perks | Email: [REDACTED] | |
| Person responsible for Operations: | Email: | |
| Person responsible for HSE: Jeff Perks | Email: [REDACTED] | |
| OK Representative: Rachael Small | Date – Last SSA: | |

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| 2. Performance (since previous SSA): |
| Have there been any high potential or serious injuries or incidents in the previous Calendar year? |
| Yes - OKR Employee Mega bolt |
| Were details and actions from these communicated to workers? How? |
| Yes - Safety alert on site and communicated out by Workforce Manager |
| Was One Key notified? Yes |
| Was a formal investigation completed where our workforce was involved and were the findings provided to One Key? Yes - details sent to OKR |

| 3. HSEQ Management System: | Y | N |
|---|-------------------------------------|-------------------------------------|
| Is there a documented Site Specific HSE/WHS/OHS Management Plan? Structure? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Does the plan document specific HSE responsibilities? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Has the plan been reviewed in the last 12 months? If no, when is it's next review date? Continuous | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Is there a documented hazard identification and risk management procedure? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Are workers supplied the appropriate information, training and supervision to fulfil their responsibilities under the site Safety and Health Management Plan? Please provide details i.e. Through induction/ skills training / VOC As long as not RPL - If RPL - CMW to provide Evidence of prior learning | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Have any PIN's been issued with respect to the HSEQ System in the last 12 months? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

| 4. Consultation: | Comments (as required) | Y | N |
|--|--|-------------------------------------|--------------------------|
| How often are toolbox talks (or equivalent) conducted on-site? | Daily | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Is there a documented method of reporting HSE issues or hazards on site? Is this communicated to all workers? | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Are workers drilled in Emergency Response procedures? When was the last drill completed? | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| What process is in place to manage the operational risks on site? eg. BBRA, Critical Controls; WMS; JSEA's Haz ID | Hazard reporting book, Job Risk analysis, SLAM book. Example to be sent through | | |

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|--|--|-------------------------------------|--------------------------|
| What format do incident investigations take? What are the points of escalation? | LFI - Learning from incident - as per PRO - Incident Reporting and investigation | | |
| What process is currently in place for the Host Employer to report injuries and incidents to the Labour Hire agency? | Enablon | | |
| Is this working and are there opportunities for improvement? | Instant / Daily notifications | | |
| Are up-to-date training records maintained on site? | Yes - being reviewed continuously | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Will these be made available at the One Key Group's request? | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | |

| 5. One Key Staff: | | Y | N |
|--|--|--------------------------|-------------------------------------|
| Are there any outstanding performance management matters outstanding for One Key personnel that need to be addressed? | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If yes, please provide details of the incident and any BIP or disciplinary procedures still outstanding - | | | |
| Are any One Key staff performing works that they weren't originally hired for? | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Are any foreseeable operational changes likely to occur on site that are likely to affect the One Key workforce in the next 12 mths? | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If yes, please provide details - | | | |

| 6. Sign Off: | |
|-----------------------|--|
| Name: Jeff Perks | Phone: [REDACTED] |
| Signature: [REDACTED] | <i>The representations made above are true and accurate at time of audit</i> |
| Name: Elysse Maunder | Phone: |
| Signature: _____ | <i>The representations made above are true and accurate at time of audit</i> |

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|----------------------------|------------------|
| Reviewed by: Rachael Small | |
| Sign: | Date: 20/01/2020 |
| Action Required: | |