# Contractor health and safety management

1. **AIM:** Our contractor management program will allow the mine to control all visitors to the mine, including their plant and equipment. It will ensure that visitors, employees and contractors are suitably trained and equipped and that their plant and equipment is safe and fit for purpose for the work being carried out.
2. **WHAT:** All people visiting the site, whether for private or commercial reasons, will be controlled by our contractor management program. This will be achieved by ensuring that all people are made aware of their health and safety requirements, including equipment standards.

Each category of visitor/contractor will be controlled according to the level of risk they will be exposed to on site.

Contractors will not carry out any mining operations unless they have prepared a contractor health and safety management plan (or SWMS for medium-risk tasks) and have provided a copy of the plan to the mine operator for their review. Alternatively, the contractor will be provided the relevant parts of the site’s safety management system.

In both cases the mine operator and the contractor will acknowledge in writing that they are of the opinion that both plans are consistent with each other. This will be completed on Form 13.

1. **WHO:** People entering the site will be controlled by way of our entry signs and are not required to complete any form of induction, provided they do not go past \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (identified location).

If people proceed past this point, they will be managed depending on their risk category. Table 1 (see below) indicates who will be able to complete the various types of induction. All new employees will be considered a medium risk. They will complete an induction when they begin work at the site.

1. **HOW:** The risk category of each contractor/visitor will be assessed against the criteria contained in Table 1 (see below) to determine the type of induction required. If the company representative believes the contractor/visitor may be exposed to a higher risk category, then nothing shall prevent him from insisting that the contractor/visitor complete a higher category of induction.

Contractors should participate in the consultation process as per Program 4 (Consultation) when available.

## Table 1 – Contractor risk assessment

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Risk category** | **Visitor type** | **Type of control** | **By who** | **Frequency** | **Form** |
| **Low risk** | * visitor
* salesperson
* industry representative
* government officer
* office equipment repairer, cleaner or catering contractor
* family
 | * site rules (verbal)
* supervised by employee
* PPE
* visitors book
* other (specify)
 | Anyone trained | Per visit | 13A13B |
| **Medium risk** | * trucking contractor
* electrician
* boilermaker
* new employee
* labour hire
 | * site induction
* evidence of competency
* insurance
* PPE
* equipment checks
* copy of contractor health and safety management plan (as a minimum SWMS)
* other (specify)
 | GM or trained person | Once per year | 13C, section 1 |
| **High risk** | * major contractor
* drilling/blasting
* contract crushing
* project work
* any activity considered high risk
 | * as per medium risk, plus
* approved contractor health and safety management plan (where required)
* other (specify)
 | Most senior person in management structure | Per project | 13C, section 1 & 2 |

1. **WHEN:** Each person entering the mine will be controlled by the induction program suitable to their risk category and at a frequency according to Table 1 (see above). A refresher course will be conducted to notify contractors/employees of any changes to the SMS.

|  |
| --- |
| (Frequency of refresher courses) |
| (Person conducting refresher courses) |

Prior to engaging a contractor working on a high-risk task, they will undergo an assessment as per Form 13D.

Contractors on site will be inspected as per Program 6 (Workplace inspection and hazard reporting) to ensure that they are maintaining the agreed controls.

1. **ACTION:** If, during the course of completing an induction, the visitor/employee/contractor brings to the attention of the company representative any additional hazards or issues, the company representative will raise these issues at the next safety meeting as per section 4 of the SMS.
2. **DOCUMENT CONTROL:** All inductions completed under medium-risk and high-risk categories will be signed by the contractor/worker. The mine operator’s representative responsible for transferring the names of contractors/workers onto the induction register is:

Each person being inducted will keep a copy of the site safety rules. The induction form will be filed with the induction register.

Form 13A: Site safety rules

|  |
| --- |
| **Name of mine site:** |
|  |
| **Location of first aid kit:** |
|  |
| **Name of trained first aid officer:** |
|  |
| **Location of emergency assembly point:** |
|  |
| **Permitted site areas during visit (or as directed by mine representative):** |
|  |
| **PPE required during visit (or as indicated by signs or the safety plan):** |
|  |
| **Person to report to on arrival:** |
|  |
| **Mobile plant to be aware of during visit (all mobile plant has right of way):** |
|  |
| **Mine site policy on children entering these premises:** |
|  |
| **Speed limit for all traffic on site:** |
|  |
| **Person to immediately report hazards (also complete a hazard report – Form 6E):** |
|  |

Note: These safety rules will be brought to the attention of all people entering this mine site.

Form 13B: Visitor’s book

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Name and contact number** | **Company** | **Person visiting and/or task to perform** | **Hours worked prior** | **Arrival time** | **Departure time** | **Signature on departure** |
|  |  |  |  |  |  |  |  |
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Form 13C: Contractor and employee induction

This induction form is to be completed by any contractor, worker or visitor considered to be a medium-risk or high-risk. This form is to be completed by a suitably authorised person.

## Section 1 – Medium-risk and high-risk

|  |  |  |
| --- | --- | --- |
| **Risk category of contractor / worker / visitor (please circle)** | Medium-risk | High-risk |
| **Name of contractor / worker / visitor** |  |
| **Name of company or trade name** |  |
| **Contact details** |  |
| **Date of induction** |  |
| **Person completing induction** |  |
| **Type of work to be carried out** |  |

|  |  |
| --- | --- |
| **Items to be discussed with contractor / worker / visitor** | **Indicate with ✓** |
| The contractor/worker/visitor will receive a copy of the site rules |  |
| Isolation procedure |  |
| Drug and alcohol policy (Program 7) |  |
| Traffic control plan (Program 18) |  |
| Accident and incident reporting (Program 12) |  |
| Hazard reporting (Form 6E) |  |
| Relevant safe work method statements (Program 8) |  |
| Relevant safety data sheets (Program 15) |  |
| Other (specify) |  |

|  |  |
| --- | --- |
| **Additional items to be discussed with new employees** | **Indicate with ✓** |
| Brief overview of company |  |
| Conditions of employment and job description |  |
| Role and responsibilities of employees and supervisors (Program 2) |  |
| The senior management or quarry manager will discuss the contents of the SMS (or summary of) with the employee |  |
| Other (specify) |  |

### **Operating equipment**

|  |
| --- |
| **Person responsible for inspecting equipment brought to the mine site for the first time by a contractor to ensure it meets the mine’s equipment standards:** |
|  |
| **Person responsible for** **conducting regular inspections to confirm that equipment brought to the mine site by contractors is maintained to the mine’s equipment standards:** |
|  |

|  |
| --- |
| **Equipment assessment checklist for mobile and transportable plant (indicate with ✓)** |
| Does plant conform to site minimum standards? |  |
| ROPs and FOPs CANOPY (where required)? |  |
| Safety critical items (brakes, steering & emergency warning devices) are operational? |  |
| Vehicle access ways are compliant? |  |
| Are all safety guards fitted? |  |
| Emergency stop devices are in place and functional? |  |
| Seatbelts are fitted and in good condition? |  |
| Fire extinguisher is fitted and charged? |  |
| Reverse alarm is operational? |  |
| All vehicle systems are operational? |  |
| Other issues (specify) |  |
| Have power tools been checked recently (tagged by electrician)? |  |
| Are flashback arrestors fitted to oxy-acetylene equipment? |  |
| Are first aid facilities available for the full duration of the job? |  |
| Are firefighting facilities available? |  |

Note: Use Form 10G where further detail is required.

### **Operator competency**

New workers or contractors operating mobile plant on the mine site must demonstrate a level of competence, which may be a combination of licences, formal training through a registered training organisation (RTO) and/or a verification of competency (VoC) process.

The person responsible for recording the method used to assess a worker or contractor’s competency on the induction sheet is:

| **Competency confirmation and assessment of risk (indicate with ✓)** |
| --- |
| **Method used to assess competency of contractor/worker**  |  |
| * High-risk licence issued by a state or territory (provide details)
 |  |
| * Licence or certificate of competency issued under previous state or territory legislation which there is no longer a high-risk work licence required – for example, load shifting (provide details)
 |  |
| * Statement of attainment or certificate issued by a registered training operator for the successful completion of the appropriate unit of competency in a nationally recognised course (provide details)
 |  |
| * Verification of competency (VOC) assessment (recorded on Form 13E)
 |  |
| **Method used to assess risk** |  |
| Has an assessment of the hazards associated with the work been carried out? |  |
| Has a safe work management system been provided and endorsed? |  |
| Has a SDS been provided (where required)? |  |
| Has entry / exit to the site been agreed (after hours work)? |  |

## Declaration

I have reviewed and discussed the material in section 1 of this form with the company’s representative.

|  |  |
| --- | --- |
| Signature: | Date: |
| Contractor / worker / visitor |
|  |
| Signature: | Date: |
| Person providing induction |

Note: If the induction involves the engagement of a contractor, these signatures confirm that the mine operator and contractor have agreed which safety management system / plan (or SWMS for medium-risks) will be used for the task and that the adopted plan is consistent with each other’s system / plan.

## Section 2 – High-risk only

This section is to be completed where a contractor is conducting work that is classified as a high-risk due to:

* the complexity and size of the project;
* the requirement for increased supervision; or
* the fact that the work requires greater technical knowledge.

Senior management may require the contractor to prepare and provide a more comprehensive contractor health and safety management plan that includes an assessment of risks associated with the work to be carried out by the contractor at the mine.

## Declaration

I have supplied a copy of our contractor health and safety management plan and safe work management systems to the mine’s senior manager on site. These documents include an assessment of the risks associated with the work to be carried out.

|  |  |
| --- | --- |
| Signature: | Date: |
| Contractor / worker / visitor |

I have reviewed the contractor health and safety management plan, including associated safe work management systems, using Form 13D and I am of the opinion that it is consistent with the safety management system for the mine.

|  |  |
| --- | --- |
| Signature: | Date: |
| Mine senior manager on site |

Form 13D: Assessment of the contractor’s safety management

This form can be used to determine if a medium-risk or high-risk contractor is suitable to use on the mine site. This includes an assessment of the contractor’s health and safety management plan.

|  |
| --- |
| **Mine details** |
| Contractor’s name: |  | Contact name: |  |
| ACN / ABN: |  | Contact position: |  |
| Address: |  | Contact phone: |  |

|  |
| --- |
| **Project / task details** |
| Project / task: |  | Area: |  |
| Activity: |  | This has been developed in consultation with: |
| Contractor: |
| Reviewed by (name): |
| Reviewed by (title): |
| Date: |
| Resources / trades involved: |  |
| Equipment used: |  |
| Maintenance checks: |  |
| Materials used: |  |
| Work Health and Safety or environmental legislation: |  |
| Codes or standards applicable to the works: |  |

|  |
| --- |
| **Review of contractor’s health and safety performance** |
| **Questions** | **Y | N** | **Is standard acceptable (Y | N)?** | **Comments** |
| Has the contractor provided their company’s current health and safety polices? |  |  |  |
| Has the contractor provided their company’s current procedures (SWMS and informal RA system)? |  |  |  |
| Has the contractor provided a copy of their employees’ competencies? |  |  |  |
| Has the contractor provided a record their company’s workplace health and safety performance? |  |  |  |
| Has the contractor provided fit for purpose plant? |  |  |  |
| Is the mine satisfied with the contractor’s health and safety performance? |  |  |  |

|  |
| --- |
| Reviewed by: |
| Signature: | Date: |

|  |
| --- |
| **Assessment of contractor’s safety management plan** |
| **Criteria** | **Y | N** | **Comments** |
| Does the plan include an assessment of risks associated with the project / task? |  |  |
| Does the plan include a work process? |  |  |
| Does the plan include equipment to be used? |  |  |
| Does the plan include a list of standards or codes to be complied with? |  |  |
| Does the plan include record keeping of the project / task? |  |  |
| Does the plan include competencies of personnel doing the work? |  |  |
| Does the plan include SWMS of all the work activities assessed as having risks? |  |  |
| Does the plan have a compatible and equivalent stand of risk assessment as program 5 of this SMS? |  |  |
| Is the plan up-to-date and maintained by the contractor? |  |  |
| If subcontractors are to be used does the plan have a method for determining compliance with the plan? |  |  |
| Have the personnel doing the work been inducted into the contractor’s plan? |  |  |
| Is the contractor’s plan accepted by the mine? |  | If yes, a copy of the contractor’s plan will be stored \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (nominated location). The inspection matrix in Program 6 will be updated for compliance inspections of the contractor with their plan. |

Assessed by:

Signature: Date:

# Form 13E: Verification of competency assessment (mobile plant)

Any person who is required to operate an item of plant or equipment at our mine site must demonstrate that they are competent to do so before they are permitted to operate the item of plant or equipment.

NOTE: The person who performs the below checks must be competent in and familiar with the operation of the item before they can complete the plant or equipment operator competency verification checklist.

|  |  |
| --- | --- |
| **Plant type (eg loader, excavator):** |  |
| **Plant make (eg. Hitachi, Kobelco):** |  |
| **Operator name:** |  |
| **Operator company:** |  |
| **Date of competency check:** |  |

The following details must be checked and verified by a nominated competent person.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Yes** | **No** | **N/A** |
|  | Is a high–risk licence required to operate this item of plant/equipment? (Forklift, EWP>11m, Cranes, etc )? |  |  |  |
|  | 1. If yes, is the operator able to produce a current/valid copy of the licence?
 |  |  |  |
|  | Does the operator hold an existing licence or current certificate of competency for the plant/equipment? (which there is no longer a high–risk work licence required e.g. load shifting) |  |  |  |
| 4 | Is the licence or certificate of competency appropriate for that item of plant/equipment? |  |  |  |
|  | 1. Licence / certificate type?
 |  |  |  |  |
|  | 1. Licence / certificate number?
 |  |  |  |  |
| 5 | Is the operator authorised to use this item of plant/equipment? |  |  |  |
| 6 | Is the operator in training? |  |  |  |
|  | 1. If yes, are they able to produce a current/valid training log book?
 |  |  |  |
|  | 1. If yes, are they under the supervision of another licensed operator?
 |  |  |  |
| 7 | Has the operator performed all pre-start safety checks for the plant/equipment? |  |  |  |
| 8 | Can the operator produce the plant / equipment maintenance or service log book? |  |  |  |
| 9 | Has the operator identified all reasonable foreseeable plant / equipment hazards? |  |  |  |
| 10 | Has the operator implemented all necessary hazard control measures? |  |  |  |
| 11 | Has the operator established all appropriate barricading / signposting requirements? |  |  |  |
| 12 | Has the operator considered the elements eg high winds, extreme temperatures etc? |  |  |  |
| 13 | Is the plant or equipment appropriate for the task?  |  |  |  |
| 14 | Has the operator correctly assessed ground conditions eg slope, stability, compaction etc? |  |  |  |
| 15 | Was the item of plant/equipment being operated in a safe and controlled manner? |  |  |  |
| 16 | Was the operator wearing all necessary / prescribed personal protective equipment? |  |  |  |
| 17 | Has the operator complied with all SWMS and on site safe work procedures? |  |  |  |
| 18 | Has the operator performed all shut down safety/checks for the plant/equipment? |  |  |  |

|  |
| --- |
| Comments/follow-up actions required to determine competency: |
|  |
|  |
|  |

## Person carrying out check

|  |  |
| --- | --- |
| Name: |  |
| Position: |  |
| Signature: |  | Date:  |

At the time of the assessment, the operator has been formally assessed and is considered to be (indicate with ✓):

|  |  |
| --- | --- |
| Competent |  |
| Not yet competent |  |

**Assessors note:**

* All activities listed shall be addressed during the assessment activity. Mark N/A where an activity is “Not Applicable”.
* Critical elements are shaded light grey. No “Critical” elements are to be considered as “Not Applicable”.
* If the assessor deems an operator to be “Not Yet Competent” in any of the “Critical” activities the assessment must be stopped and the operator must not be deemed “Competent” without further training and re-assessment.
* If an operator is considered “Not Yet Competent” in a non-critical element, additional supervision will be required until the operator is re-assessed and considered “Competent”.
* The person undertaking the assessment is signing for and on behalf of the mine operator