# Consultation

1. **AIM:** The aim of developing a consultation program is to help ensure that all parties at the mine are actively involved in achieving work health and safety goals. By promoting an open line of consultation, we will ensure that everyone is aware of their responsibilities and has the chance to participate in developing and implementing the safety management system.
2. **WHAT:** The consultation program will allow all people on site to openly discuss safety related matters and will be mainly based around our quarterly site safety meeting and our daily toolbox meetings.

Other forms of consultation and communication that will take place include:

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1. **WHO:** All workers are required to attend the site safety meeting, including available contractors. People responsible for the site safety meeting include:

|  |  |
| --- | --- |
| Meeting organiser: |  |
| Chairperson: |  |
| Minute taker: |  |

The person responsible for the site/location the toolbox meetings is held at each morning is:

|  |  |
| --- | --- |
| Meeting organiser: |  |

1. **HOW:** The site safety meeting will be held using the *Site safety meeting record* (Form 4A) or recorded in the daily diary, while following the agenda items of Form 4A. This form outlines the topics that will be discussed during the meeting and will act as the minutes for the meeting. All site personnel are encouraged to provide the meeting organiser with issues to be discussed before the meeting.

 Toolbox meetings we be held each morning.

|  |  |
| --- | --- |
| Meeting organiser: |  |

The format of the toolbox meeting will be based on Form 4B and a record of the meeting will be included on Form 4B or in the daily diary.

1. **WHEN:** The site safety meeting will be held \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (frequency). If the meeting cannot be held at this time, it will be held on the next working day after the meeting date.

A site safety meeting may also be held if one of the following events occurs:

* when a risk assessment is carried out
* when making decisions about ways to control risks (e.g. MECP, EECP, PHMP, other)
* when making decisions about the adequacy of facilities for welfare of workers
* proposed changes that may affect the health or safety of workers
* when making decisions about:
	+ procedures for consulting with workers
	+ resolving health or safety issues
	+ monitoring health of workers
	+ monitoring the conditions at the workplace
	+ providing information and training for workers
	+ substances, including alcohol, drugs and fatigue
* when investigations are made into incidents or near misses
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (other)
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (other)
1. **ACTION:** Any issues that are raised in the meetings that require work to improve the level of safety will be entered onto an action plan or into the daily diary.
2. **DOCUMENT CONTROL:** A copy of the safety meeting minutes will be posted on the noticeboard for a period of \_\_\_\_\_\_ weeks. After removing the minutes, a copy will be filed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (as per doc control system).

# Form 4A: Site safety meeting record

### Meeting details

|  |  |
| --- | --- |
| Date:  | Location:  |
| Time:  |
| Minute taker (name): | Signature: |
| Most senior person (name): | Signature: |

### Meeting attendance

|  |  |  |
| --- | --- | --- |
|  | **Name** | **Position title** |
| Present: |  |  |
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|  |  |
|  |  |
|  |  |
|  |  |
| Apologies: |  |  |
|  |  |
|  |  |
| Observers: |  |  |
|  |  |
|  |  |

### Meeting agenda

| **Agenda item** | **Action** | **Time frame** |
| --- | --- | --- |
| Minutes from last meeting agreed as a true and accurate record | Confirmed | No |
| Yes | No |
| Report on action items from last meeting |  |  |
| New business |  |  |
| Review of hazards/incidents since last meeting (check diary) |  |  |
| Review of any safety alerts or government official correspondence |  |  |
| Review any results of any workplace safety inspections (check diary) |  |  |
| Review of ‘one’ SWMS and ‘one’ SMS program (eg Annual review of MECP, EECP, PHMP, other) |  |  |
| General business |  |  |

Date of distribution for these meeting minutes:

|  |  |
| --- | --- |
| Filed: | Notice board: |

### Next meeting

|  |  |
| --- | --- |
| Date:  | Location:  |
| Time:  |

# Form 4B: Staff toolbox meeting record

### Meeting details

|  |  |
| --- | --- |
| Date:  | Location:  |
| Time:  |
| Minute organiser (name): | Signature: |
| WHS representative (name): | Signature: |

### Meeting attendance

|  |  |  |
| --- | --- | --- |
|  | **Name** | **Position title** |
| Present: |  |  |
|  |  |
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### Issues covered

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| --- |
| **Work planned for today:** |
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### Issues covered (cont.)

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| --- |
| **New work to be performed today:** |
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| **Safety documents required for today (e.g: SWMS, permits, Take 5, inductions, inspections):** |
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### Action required

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| --- | --- | --- |
| **Action** | **Responsible person** | **Timeframe** |
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