

SITE SAFETY AUDIT



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

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:	


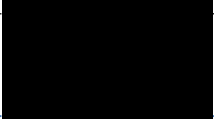
2. Performance (since previous SSA):
Have there been any high potential or serious injuries or incidents in the previous Calendar year?
Yes - OKR Employee Mega bolt
Were details and actions from these communicated to workers? How?
Yes - Safety alert on site and communicated out by Workforce Manager
Was 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		

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: 
Signature: 	<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:	