# Policy and annual safety planning

1. **AIM:** The aim of this program is to develop a health and safety policy which will guide the mine operator, including management and workers in planning, developing and implementing
2. **WHAT:** This policy represents the broad aims of the SMS and looks at what we believe are our main work health and safety goals. At the site safety meeting the workforce will be involved in developing the goals of the policy.

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| Work health and safety policy | | | |
| Goals | | | |
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| Signed by: | Management | Date |  |
|  | Worker representative | Date |  |

1. **WHO:** This policy has been developed and reviewed jointly by management and workers. Both management and workers have signed off on this policy document demonstrating commitment and ownership.
2. **HOW:**  Review the policy in conjunction with the workforce to ensure it is current and still represents the goals of the policy.
3. **WHEN:** The policy is to be reviewed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date) by management and workers. Each year, at the site safety meeting we intend to use Form 1A *Annual safety plan* to record our safety targets for the year. We will review this at the end of each year to see if we have achieved our target. We will modify our following year’s targets to account for any shortcomings.
4. **ACTION:** The annual safety plan (Form 1A) is to be completed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of person) listing all safety targets for the year.
5. **DOCUMENT CONTROL:** A copy of the policy and annual safety plan are to be displayed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (e.g. noticeboard) with the master remaining in the SMS.

Form 1A: Annual safety plan

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| **ACTIVITY** | **ACTION BY** | **JAN** | **FEB** | **MAR** | **APR** | **MAY** | **JUN** | **JUL** | **AUG** | **SEP** | **OCT** | **NOV** | **DEC** |
| Site safety meetings – Form 4A |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Review induction Process – Form 13C |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Review employee training / competency register – Form 14B |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PPE audit – Form 6D & register number |  |  |  |  |  |  |  |  |  |  |  |  |  |
| First aid kit audit |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Lifting gear inspection – register number |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Electrical equipment tagging – register number |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Firefighting equipment testing – register number |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Fire extinguisher training |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Review of hazardous substance register (if applicable) |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Undertake mock emergency drill & review emergency plan |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Electrician to conduct electrical inspect (welders, earth leakage, earthing) |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Complete dust sampling (if required) |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Review SMS programs & SWMS (one per month - minimum) |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Complete general workplace inspection checklist – Form 6D |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **ACTIVITY** | **ACTION BY** | **JAN** | **FEB** | **MAR** | **APR** | **MAY** | **JUN** | **JUL** | **AUG** | **SEP** | **OCT** | **NOV** | **DEC** |
| Review mine plan \_ Form 20 A |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Prepare regulator reports – (work health and safety injury report form) |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Completed / signed off** |  |  |  |  |  |  |  |  |  |  |  |  |  |