NOTE: All hazards, injuries, incidents, accidents, near misses must be reported to the shire immediately

A copy of the Emergency Procedures, Contact Numbers and Incident Report Form must be on the job at all times.

Copies available to download<https://www.promptsafetysolutions.com/psscombinedshireinduction>

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| --- | --- | --- | --- |
| Emergency Response | Shire | Works | Office |
| **1. Telephone – 000**  **Advise:**  2. Accurate location  3. Details of injury/incident  4. Number of persons involved  5. Follow emergency services instructions for initial care of person/s  6. Phone Shire Manager of Works – Numbers Opposite  7. Phone Shire Office – Numbers Opposite  Determine the best access for Emergency Services  First Aid Kits in all Shire Vehicles  Poisons Information 13 11 26 | Bruce Rock | 0418 745 217 | 9061 1377 |
| Chittering | 0439 529 712 | 9576 4600 |
| Dumbleyung | 0427 634 012 | 9863 4012 |
| Goomalling | 0436 813 959 | 9629 1101 |
| Halls Creek |  | 9168 6007 |
| Kent | 0429 993 987 | 9829 1051 |
| Kondinin | 0427 981 812 | 9889 1006 |
| Kulin | 0427 801 241 | 9880 1204 |
| Lake Grace | 0448 089 092 | 9890 2500 |
| Merredin | 0429 683 645 | 9041 1611 |
| Mukinbudin | 0427 707 207 | 9047 2100 |
| Narembeen | 0429 647 330 | 9064 7308 |
| Sandstone | 0457 993 008 | 9963 5802 |
| Wagin | 0427 611 252 | 9861 1177 |
| FIRE – Emergency Call 000  Adhere to all Warnings - Hot Works and Machinery Movement Bans   * Register with the Shire to receive warning text * Contact the Shire Manager of Works for Instructions- Numbers above. * Listen to local radio for warnings and updates ABC regional radio * DFES 1300 657 209 for updates or Website <http://www.dfes.wa.gov.au/alerts/Pages/default.aspx> | | | |
| REMOTE EMERGENCY COMMUNICATION PLAN  During the planning of tasks, identify the most reliable communication device.   * Before starting work, undertake a radio check / phone check with the Shire to ensure a tried and tested means of communication exists. Do not start work until you have a communication plan in place and confirmed that the communication method is working. * **In The event of an Emergency -** If you are working remotely away from the Depot’s you will be contacted by the Works Manager/Supervisor and given instructions. Remain where instructed until “all clear” directed by the MOW/Supervisor. **Do not return to the work area until instructed to do so**   Lone/remote Contractor Workers to call manager/supervisor at noon with status and location and at the end of the day. All workers must carry an ample supply of drinking water for the conditions in case of break downs. | | | |
| CHANGING WEATHER CONDITIONS  If weather conditions change during the task/day/shift, re assess (risk assess) before re-commencing work e.g. rain, lightning or fire warning - machinery movement ban.  **Rain** – Review work area and road conditions for hazards caused/changed by rain wind e.g. electrical, slippery surfaces etc  **Lightning** – If you can clearly hear thunder or see a storm approaching then precautionary action must be taken.   * Stop at-risk activities - Make safe incomplete or hazardous work in-progress e.g. barricading - Check equipment and materials that could become airborne * Move to a safe location (building) if possible * If stuck in vehicle - wind up windows -drive away from tree fall zone-stay in vehicle - do not touch anything metal until lightning/storm has passed.   **Flood Waters** - **Never** attempt to enter or cross flooded roadways or crossings of unknown depth and road surface condition. Warn others wherever Possible. Contact the Shire Manager of Works – **Numbers above.** | | | |

INCIDENT & HAZARD REPORT | All Incidents must be reported to your Supervisor/ Line Manager immediately

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| Name of person filling out form |  | | | | | | | | Involved in Hazard / Incident *(tick)* | | | | |  | Witness of Hazard / Incident *(tick)* | | | | |  |
| Date Occurred |  | | | Day Occurred | | | |  | | | | | Time Occurred AM/PM | | | | | |  | |
| Person Reported to |  | | | | | | | Date Reported | |  | | | Time Reported AM/PM | | | | | |  | |
| Type of Incident *(tick)* | HAZARD |  | NEAR MISS |  | INJURY |  | PROPERTY DAMAGE | | | |  | ENVIRONMENTAL | | | | |  | OTHER | |  |
| VEHICLE DAMAGE | | | |  |
| If Other – Please state: | | | | | | | | | | | | | | | | | | | | |
| If Injury – What part of body? | | | | | | | | | | | | | | | | | | | | |
| Where did the Incident occur: | | | | | | | | | | | | | | | | | | | | |
| Description of Incident: (Include a description of the work performed at the time)  *Use the following questions as prompts - Who? What? Where? When? How? Why?* | | | | | | | | | | | | | | | | | | | | |
| Contributing Factors: | | | | | | | | | | | | | | | | | | | | |
| Name/s of Witness/s: | | | | | | | | | | | | | | | | | | | | |
| (Optional) Sketch or draw parts of the Incident scene where people, equipment or machinery involved were located or where the potential actions that contributed to the incident occurred. NORTH ↑ | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Signature (Person filling out form): | | | | | | | | | | | | | | | | Date: | | | | |

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| --- | --- | --- | --- |
| Immediate Action/s | Action By | Due Date | Date Closed |
|  |  |  |  |
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| Corrective Actions (What actions will be taken to prevent a similar occurrence in the future?) | | | |
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| --- | --- | --- | --- |
| Completed By LINE MANAGER | | | |
| Name |  | Position |  |