

WHS MANAGEMENT PLAN

1. Project Details

Project name _____

Principal contractor University of Wollongong

Address Northfields Avenue, Wollongong NSW 2500

Contractor representative _____

Phone _____

Email _____

Location of work _____

Duration of works (approx.): Start date: _____ End date: _____

2. WHS Responsibilities

Name	Position	WHS Responsibilities	Contact number

3. Emergency Contact Details

Contact	Name	Position	Contact number (direct)
First contact			
Second contact			
Third contact			
Fourth contact			

4. Scope and Activity Details

Define the scope and activities of those involved with the project work.

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- *
- *
- *

5. Safe Work Method Statements

Define the list of appropriate Safe Work Method Statements associated with the project work.

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6. First Aid and Injury Management

UOW Security can provide first aid and may be contacted on 4221 4900.
Further information on the University's First Aid Program can be found here:
<http://staff.uow.edu.au/ohs/managinginjuries/firstaid/index.html>

Additional first aid requirements for this project include:

- *
- *
- *

Medical assistance can be obtained using UOW Security on 4221 4900 or Emergency Services on 000. Illawarra Occupational Health is the University's preferred medical treatment provided for non-casualty cases.

7. Emergency Procedures

The University's emergency management procedures can be located here:
<http://staff.uow.edu.au/ohs/emergencies/emergency/index.html>

Additional emergency procedures for this project include:

- *
- *
- *

8. Incident reporting and investigation

Any Incident which incurs medical treatment will be investigated to determine root causes and appropriate corrective actions. The University's WHS Unit will lead the investigation with assistance from the UOW officer supervising the contract and the contract supervisor.

9. Specialised Work or Licensing

List any special licences required for the contract.

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10. Training and Induction Requirements

Training and inductions for contractors are to be completed in accordance with the UOW Contractor Safety Guidelines.

Other communication or training methods used during the works in relation to safety will include:

- *
- *
- *
- *

11. Plant and Equipment Register

Complete the attached Plant and Equipment Register.

12. Chemical Management

Complete the attached Chemical Register listing all chemicals to be used.

13. Safety Monitoring

List any ongoing inspections, hazard management or incident reporting or investigation processes to be used during the works, if relevant.

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- *

14. Subcontractor Management

Sub Contractor Name	Sub Contractor Representative Name	Description of Work	Date of Local Induction

15. Sign Off

This Safety Management Plan and any attachments incorporate all the safety requirements outlined in the contract.

Name: _____ Position: _____

Signature: _____ Date: _____ / ____ / ____

Contractor Chemical Register

To be completed by the contractor.

Note: SDS to be made available by the contractor for all chemicals listed.

Product name	Hazard	Controls Required	Location	Quantity

Contractor signature:

Date:

Contractors must maintain a Contractor Chemical Register that is available on site for the duration of works.

Contractor Plant and Equipment Register

Type	Registration Include: Design, Design No, Item, Item No.	Purpose (Use on Site)	Inspection Date and Frequency	Inspected by

Contractor signature:
Date:

Safe Work Method Statement

Activity: _____ **Contractor:** _____

Prepared By: _____ **Signature** _____ **Date** _____

Principal Contractor Representative: _____ **Signature** _____ **Date** _____

List Legislation, Codes or Standards which applies to the work _____

List what training or qualifications are required to do the work _____

Key steps	Equipment or Plant Required	Possible Hazards	Risk Score	Safety controls including personal protective equipment (PPE)	Licences, qualifications or work permits
