

Health and Safety Policy

Treetops Land Development Limited 577 Haruru Road Wainui

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Health and Safety

HEALTH & SAFETY MANAGEMENT POLICY STATEMENT

OBJECTIVE:

"To implement and actively maintain a positive commitment to Health & Safety in the workplace for the protection of all personnel and visitors from injury and illness."

Objective: No accidents.

STRATEGIES:

Visitors are our biggest risk factor. Our key control measure to keep visitors safe is to ensure they enter the site only by appointment, acknowledge our policies and are accompanied at all times by a Director.

Review - Management with regular staff input and review will establish a safe working environment and enforce safe working practices.

Staff will be required to comply with the safe working procedures, which apply to their duties.

Non-work vehicles must be kept off operational areas, especially the tip head. This includes all visitor vehicles.

The key person to prevent accidents is YOU. Be safe.

SIGNED..... **DATE**.....

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HEALTH & SAFETY INDUCTION CHECKLIST

DAY1

- 1 Show location of first aid kit and other safety equipment.
- 2 Issue personal safety equipment and give instructions on use. (Boots, overalls, safety vests etc)
- 3 Introduce to fellow employee who can give safety advice.
- 4 Explain use and storage of oil and fuels.
- 5 Explain vehicle check necessary before driving, (i.e. oil, water, fuel, hub reading, reporting of any breakage).
- 6 Explain use of tools. i.e. unless previously used and experienced in the use of, the employee must ask to be shown the operating and safety aspects of the tool and then watched by an experienced employee whenever operating such tool, until confident in the use of.
- 7 Use of mobile phone. Include explanation of work and safety call, and limitations of personal calls.

FIRST WEEK

- 1 Employee to read Health & Safety manual and confirm understanding.
- 2 Guided tour of entire workplace pointing out hazards and controls.

DAILY

- 1 Give instruction on any newly identified hazard and hazard controls likely to be encountered or possibly created by the employee while completing each job.
- 2 Give instructions on any new work procedures and where applicable, demonstrate all safety procedures.

Induction completed by : New Employee

Name:

Signature:

Date:

Induction given by: Manager

Name:

Signature:

Date:



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HEALTH & SAFETY RULES

OBJECTIVE: TO SET CLEAR MANAGEMENT EXPECTATIONS TO PROTECT STAFF AND VISITORS FROM POTENTIAL RISK.

ROUTINE SAFETY

- Visitors by appointment only and to be accompanied at all times
- Take precautions - develop a safety awareness of potential risk to yourself and to others.
- Use tools and equipment safely - and use the right tools for the job.
- Check and follow directions/instructions. **If you don't know ASK.**
- Report accidents and incidents immediately.
- Always use guards or wear protective equipment
- Report any equipment wear and tear immediately.
- Don't skylark - fun in the workplace can be fatal.
- Don't alter, adjust or repair equipment unless authorised.
- If it is too heavy, use lifting equipment or seek help.

SPECIALISED EQUIPMENT AND PROCEDURES

- Where there is new specialised equipment or new skill/risk factors are significant, specific rules must be compiled and complied with.
- Such specialised equipment/process must only be operated by authorised personnel.

TRANSFER OF PERSONNEL TO NEW DUTIES

- All personnel new to a position, whether externally recruited or internally transferred, must be fully trained in the procedure/equipment provided.
- It is the responsibility of the person new to the position and the supervisor to ensure such instruction is provided and understood.



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HEALTH & SAFETY CONDITIONS

(Contractors & Sub-contractors)

To comply with the expectations of the **Health & Safety at Work Act (2015)**. The above named contractor or sub-contractor is to comply with the following conditions:

These **conditions remain in force** at any time the contractor, whether formally or casually, undertakes work for or on behalf of this company.

The Contractor shall

- Comply with all the appropriate codes of practice, legislation and regulations which apply to any work or procedure undertaken.
- Only employ staff who have the training, skills, experience and qualifications appropriate.
- Have written Health and Safety standards which are approved by the Principal and be conversant with and adhere to the Principal's Policy and Rules.
- Take all practical steps to ensure that all potential hazards to health and safety are routinely identified, eliminated, isolated or minimised.
- Ensure all appropriate protective clothing and equipment is provided and used.
- Immediately advise the Principal of any accident or potential accident.

The Principal

Reserves the right to suspend work or terminate any contract in the event of a serious breach in Health & Safety standards.

(Visitors)

All visitors must agree to abide by our Health & Safety Policies and procedures and our Terms & Conditions. Even though they tacitly do by entering our site.

All visitors must obtain pre-approval before they enter the site, in writing or by a text or email.

As visitors are our greatest risk factor they must be accompanied at all times by a manager.



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WORKPLACE INSPECTION CHECKLIST – GENERAL

HEALTH & SAFETY RECORDS

- 1 Inspection reports
- 2 Accident register
- 3 Hazard register
- 4 Training

FIRE

1. Extinguishers

FIRST AID

- 1 First aid kits
- 2 First aid training

PLANT AND EQUIPMENT

- 1 Physical
- 2 Hazard Controls

WORK SURFACES/AREAS

- 1 Tools and equipment
- 2 Tidiness
- 3 Shelving & fittings

SUBSTANCES

- 1 Containers
- 2 Protective clothing

VEHICLES

- 1 Maintenance
- 2 Certificates
- 3 Equipment
- 4 Digger Cabs

H & S Records: Confirm all actions completed. Hazard analysis forms done properly. Hazard control forms done properly. Completed induction training. First aid training requests actioned.

First Aid Equipment:

- 1 Available, serviced, operational.
- 2 Fully stocked at workshop and on diggers/bulldozer/trucks. Training as necessary.

Plant & Equipment: In good order, properly maintained, stored correctly. Protective equipment available and used correctly.

Vehicles: All required maintenance done. All in good order, no loose objects.



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QUICK REFERENCE CHECKLIST

1 PLANNING - HAVE YOU

- Visited the site to check traffic flow and other activity ☐
- Consulted the plans ☐
- Understood the plans ☐
- Identified all potential hazards ☐
- Identified and listed all necessary safety equipment ☐

2 PREPARING THE SITE

- Has provision for site housekeeping been made ☐
- Are all employees adequately trained ☐
- Will supervision be adequate ☐
- Are traffic controllers required ☐
- Check the layout of the work site ☐

3 DOING THE JOB

- Are safe working distances involved ☐
- Are plant, tools and equipment regularly checked and safe ☐
- Monitor the work site traffic and safety management ☐

4 COMPLETION OF THE WORK

- Clear and clean the site ☐
- If rain expected is site prepared?

4 VISITORS

- By appointment only
- Must be signed in on the Visitor Safety & Risk Acknowledgement form
- Must always be accompanied by management
- Keep visitors vehicles away from work areas, especially the tip head



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EMERGENCY PROCEDURES POLICY STATEMENT

In the event of any emergency the first priority for all persons on site will be the protection and prevention of harm to themselves, staff and others in the place of work.

DETAILS OF PROCEDURE

Personal Injury

- Ascertain the extent of injuries.
- Reduce risk of further harm to employees
- Administer First Aid or CPR.
- Call for medical assistance if required or possible.
- Notify management and fill out incident report.

Serious Harm

- As for personal injury.
- Management to notify appropriate authorities. e.g. Workplace Health & Safety, OSH
- Employees on site must not remove or in any way disturb the accident scene unless to:
 - a) Save life, prevent harm or relieve suffering of any person.
 - b) Maintain the access
 - c) Prevent serious damage or serious loss of property.
 - In the event of fatality or very serious harm (hospitalisation or outside capability of management investigation) a trained or appropriate investigator is to be employed by management to carry out an investigation.

Fire

- If practical, without likely threat of harm, put out the fire
- If left to burn and there is a threat to property or persons, contact the Fire Service immediately,
- Notify management and fill out incident report.

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FIRST AID BRIEF PRIORITIES

- 1 Safety - For you, the casualty, and others. SRABC (as below)
- 2 Bleeding
- 3 Summon Help
- 4 Ascertain L.O.C.
- 5 Check for other injuries
- 6 Reassurance

SRABC

- **Safety** * Are you, the patient and bystanders safe where you are?
- **Response** * Is the patient able to respond to you?
- **Airway** * Can they breathe?
- **Breathing** * Are they breathing?
- **Circulation** * Have they got a pulse?

Personal safety includes personal hygiene, which in this environment is essential.
(ABC = Airway, Breathing, Circulation.)

L.O.C Level Of Consciousness

Conscious and alert

Conscious and confused

Unconscious responding to voice

Unconscious responding to pain

Unconscious with no response – COMA

CPR (CARDIO PULMONARY RESUSCITATION)

Heart attacks, Drowning, Electrocution, Poisoning, Trauma. Your own safety first - use a shield or barrier as a hygiene factor

Open the airway

Look, Listen and Feel for breathing

If absent give two slow breaths

Check for pulse, if absent begin compressions

Compressions, 15 then 2 breaths

Rate of 100 per minute

Depth 4-5cm

DON'T STOP UNTIL HELP ARRIVES



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SUGGESTED PROCEDURES FOR INJURY TYPES

BLEEDING

- Control external bleeding by direct pressure.
- If available use gloves or some barrier on your hands to prevent infection from blood borne viruses eg Hepatitis B & H.I.V.
- Elevate the limb to reduce blood flow Indirect pressure may be applied to limbs only

BURNS

Cool all burns with cold water - not ice
Establish extent of burns.

SHOCK

- Ineffective circulating blood may be cause of shock.
Treatment: Lie down, keep warm

Fractures

Splint using available materials – improvise as necessary
Support and immobilize limbs

Electrocutions

Safety first - Do not contact power - switch it off
ABC - CPR may be necessary

Crush Injuries

- Safety first.
- If heavy plant or machinery has struck or fallen on someone a crush injury will have occurred.
- ABC release/remove weight ASAP, control bleeding.

Poisoning

ABC Support breathing, identify poison, seek advice quickly and follow instructions given

Environmental hazards

- Exposure - cold air and immersion in cold water. dry off, remove wet clothing and keep warm.
- Exposure to heat-sun and UV rays - wear Personal Protection Equipment (PPE) such as sunscreen, hat and keep torso and arms covered.



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SUMMARY OF HAZARD IDENTIFICATION AND CONTROL

- 1 Consider every workplace and every task performed. Identify hazards present.
- 2 Record on the Hazard Record, either personally or through management.
- 3 Analyse each Hazard.
 - Determine controls for each hazard. i.e. eliminate or isolate
 - Develop controls to minimise the risk of harm.
 -
- 4 Transfer to Hazard Register.
- 5 Create a Hazard Control Plan for each Hazard.
- 6 Put the hazard controls developed into place.
- 7 Inform all employees about the controls, (verbally, notice board and staff meetings)
- 8 Review regularly all outcomes of the above to ensure a high standard of safety.

NB Also see general Health and Safety staff refresher overview documents, including hazard identification.



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SIGNIFICANT HAZARD RECORD

Hazard	Location	Potential harm	Eliminate	Isolate	Minimise	How?	Identified by
Soft edges top cleanfill tip heads	Tip heads	Digger slip	Compact	Use traffic cones	Use traffic cones & concrete barrier	Move concrete to use as barrier	Kate
Soft edges top cleanfill tip heads	Tip heads	Bulldozer slip	Compact	Use traffic cones	Use traffic cones & concrete barrier	Move concrete to use as barrier	Kate
Moving vehicles	Internal; on site and access way	Accident	Speed signs Advice notes Enforcement	Speed signs Enforcement Give way signs.	Speed signs Give way signs	Installed speed signs Give way signs.	Kate
Swing area of diggers	Internal; cleanfill site	Accident – swing arm striking person/other machine/truck	Digger driver safety training & awareness; truckies awareness	Keep people away from equip when equip working	Keep people away from equip when equip working	Hazard signs and no entry. Education.	Kate
Overtake trailer from T & T's	Internal; cleanfill site	Accident	Truckies awareness	Keep people away from equip when equip working	Keep people away from equip when equip working	Speed signs. Enforcement. Education.	Kate
Soft edges top cleanfill tip heads	Tip heads	Accident – truck reverses too far over edge	Compact. Use traffic cones & concrete barrier. Truck Driver safety training & awareness	Speed signs Enforcement Give way signs	Speed signs Give way signs	Installed speed signs Give way signs.	Kate

Potential danger indicators: Sharp, pointy, high, above, below, moving, stationary, hot, cold, wet, dry

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HAZARD REGISTER

Hazard No.	Hazard Type	Description of Hazard	Location	Possible effects of Hazard
1	Physical	Oil spill	All sites	Sprain, cut, bruising
2	Physical	Lifting using chains	All Sites	Strain, serious bodily harm
3	Physical	Moving Vehicles	All Sites	Bruising, serious bodily harm
6	Biological	Airborne Particles/Foreign Bodies e.g. dust, fumes, insects	All Sites	Internal bodily harm
8	Physical	Confined Spaces	Trenches	Bodily harm
11	Electrical	Hazardous Voltages in Plant & Equipment	On Sites	Electric shock
12	Physical	Holes or Trench	All Sites	Multiple injuries
13	Biological	Insect Stings	All Sites	
15	Physical	Lifting/Bending	On Sites	Strain
16	Environmental	Lightning	On Sites	Shock
18	Physical	Mechanical Aids (Excavators)	On Sites	Multiple injuries
19	Noise	Noise	All Sites	Head/hearing
20	Physical	Operation of Tools/Plant	All Sites	Multiple injury
22	Physical	Safety on Customer Premises		Multiple injury
23	Radiation	Skin – Sunburn	Outdoors	Superficial injury



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HAZARD IDENTIFICATION AND CONTROL SHEET

Activity: _____ **Date:** _____

Project Location: _____ **Project Co-ordinator:** _____

Hazard	Area	Precautions
Traffic and Pedestrians	All Site	• Appropriate signage • Care taken parking and crossing roads. • Suitable vehicle and pedestrian access / surface.
Working around Machinery	All Site	• Clear signals to the operator. • Hard hats to be worn around overhead machinery.
Lifting	All Site	• Ensure load does not exceed chain and excavator capacity. • Never allow yourself to be under loads as they are moved or lowered.
Personal Protective Equipment	All Site	• Wear protective equipment • Safety Boots • Hard Hat • Day glow jacket • Earmuffs; as needed.
Holes and Trenches	All Site	• Trenches and holes are to be battered or otherwise supported by shoring to OSH standard where over 1.5m deep.
Noise	All Site	• Ensure earmuffs of the correct grade are used. • Educate employees of the dangers of prolonged exposure to excessive noise levels.
Work in Public Areas	N/A	• Plan work prior to starting. Note traffic flows and any legislative or authorities safety requirements. • Ensure the work site is correctly protected and adequately lit overnight.
Other specific Hazards		

Signed by Workers Involved: _____



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DAMAGE REPORT

Location:	
Date:	Time:
Operator:	
Team members:	
Management notified:	
(By whom):	



Health and Safety

ACCIDENT / INCIDENT REPORT

Notify Manager immediately of event

2. INJURED PARTY/OPERATOR PERSONAL INFORMATION

Name	Date of Birth
Position	Gender <i>M / F</i>
Type of Employment	Supervisor
Employment Period	<i>Permanent Temporary Casual</i>
	<i>< 3 Mths 3-6 Mths 6-12 Mths 1-7 Yrs > 7 Yrs</i>

Informants Signature:

Managers Signature:

REPORT SECTIONS

Description	Section Reference
PERSONAL ACCIDENTS: Lost Time and Non Lost Time	A,F
INCIDENTS:	B,F
PLANT ACCIDENTS: All	A,E,F
DAMAGE TO FACILITIES: Internal and External	A,C,F
THEFT / MISSING PLANT:	D,F
SUBSTANDARD MATERIALS / SERVICES:	Use Continuous Improvement Form
SUBSTANDARD WORK OR REWORK:	Use Continuous Improvement Form
INVESTIGATION REPORT:	F



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ACCIDENT / INCIDENT REPORT

(A) PERSONAL ACCIDENTS: LOST TIME AND NON LOST TIME

- 1 Ceased Work: Yes No Forecast time off work: _____
- 2 Treatment of injuries: Nil / First Aid / Medical Centre / Hospitalised
- 3 Description of injury

TYPE	BODY PART	NATURE	PPE WORN
Slip/Trip/Fall	Head	Fracture / Dislocation	Hard Hat
Jump / Step On	Face	Sprain / Strain	Safety Glasses
Struck / Against By	Eyes L R	Crushing	Respirators
Object / Falling	Ears L R	Concussion	Ear Muffs
Caught in between	Neck	Bruising / Contusion	Gloves
Manual Handling	Trunk / Chest / Spine	Laceration / Puncture	Overalls / Uniform
Confined Space	Back	Burn / Scold	Safety Footwear
Dust / Fume	Arm / Shoulder	Foreign Body	Mask
Heat / Cold	Wrist	Muscular / Internal	Other
Electricity	Hand L R	Respiratory	
Chemical / Biological	Finger(s)	Electrical Shock	
Bite Insect/Animal	Hip/Thigh / Leg	Heart	
Sound / Pressure	Knee L R	Illness	
Body Stress	Ankle L R	Hearing / Sight	
Mental Stress	Foot L R	Poisoning / Skin Irritant	
Other	Toes	Disease Type	
	Other	Other	

4. Agency of Accident

Machinery or Fixed Plant	Mobile Plant or Transport	Materials / Substances
Chemicals / Chemical Products	Powered Equipment Tools or appliances	Non-Powered Equipment Tools or appliances
Environmental Agency	Animal / Human Biological Agency	Bacterial or Virus



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ACCIDENT / INCIDENT REPORT

(B) INCIDENTS: All Levels

- 1 Involves personal injury go to section A
- 1 Involves plant damage go to section E
- 1 Involves lost/stolen equipment go to section D
- 1 Involves damaged facilities go to section C

(C) DAMAGE TO FACILITIES

- 2 Type of service: Power cable / Water supply / Stormwater / ~~Sewer~~ / ~~Gas~~ / Other:
2 _____
2 _____
- 2 Damaged by: Digger / Hand Tool / Other: _____
- 2 Plans available and viewed before starting work: YES / NO
- 2 Was supplier of utility notified before work started: YES / NO
- 2 Was the service located as per plans: YES / NO
- 2 Estimated repair costs: \$ _____ To complete investigation go to section F

(D) THEFT AND / OR LOST PLANT

- 2 Where did the theft / loss occur? _____
- 2 Description of property: _____
- 2 Police notified: YES / NO File No. _____
- 2 Officer's Name: _____ Station: _____
- 2 Estimated Costs: \$ _____ To complete investigation go to section F



Health and Safety

ACCIDENT / INCIDENT REPORT

(E) PLANT ACCIDENTS: ALL LEVELS

1 Drivers Licence No: _____ Classes & Endorsements: _____ Years
Licence Held: _____ Use of vehicle at time of
Accident: Business / Private Plant No: _____ Reg No:
_____ Make and Model _____ Age:

2 Class of Vehicle:

Sedan or Station Wagon Bus or Coach Van or Ute up to 2T

☐ Light Construction or Earthmoving Plant

Rigid Vehicle over 2T and up to 5T

☐ Heavy Construction or Earthmoving Plant

Rigid Vehicle over 5T and up to 10T

☐ Trailer

Rigid Vehicle over 10T ☐ Other

1 Weather Conditions: Wet / Dry / Ice

Surface: Sealed / Gravel / Worksite

2 Estimated speed just before event: _____ Visibility: Good / Moderate / Poor

3 Was your vehicle damaged? YES / NO Was it towed away / where? _____

4 Damage to other vehicle or 3rd Party involved: YES / NO

5 Registration No: _____

6 Name: _____ Type / Make of Vehicle: _____

Address: _____ Phone No:

Insurance Company: _____

7 Witnesses: YES / NO Name:

_____ Address:

8 Police attended: YES / NO _____ File No: _____

Officers Name: _____ Station: _____ Were any
charges laid? YES / NO _____

9 Have you had any traffic convictions or been involved in any motor vehicle accidents in the
past 5 years? YES / NO: _____

10 Did you consume any alcohol or consume any drugs during the 12 hours prior to the accident?
YES / NO _____

11 Estimated repair costs: \$ _____ Damage and Other comments: _____



Health and Safety

ACCIDENT / INCIDENT REPORT

(F) INVESTIGATION

1. HOW DID THE ACCIDENT HAPPEN? *Who or what failed at the time of the event (Direct Cause)*
(Circle as appropriate) Human Error / System Failure / Unexpected Event / No, Wrong Too Late,
Incomplete Action ? Act of God / Criminal Act / External Agency

2. WHAT WERE THE CAUSES (*Latent causes – Underlying System Failures*) AND HOW
WERE THESE ALLOWED TO HAPPEN (*Recovery failure*)?

3. WHAT COULD BE DONE TO PREVENT A RECURRENCE OF THIS EVENT? (both
behavioural and systematic)

2 WERE THE HAZARDS IDENTIFIED BEFORE THE EVENT? YES What were they? NO
Review current process. Either add or change if and where necessary (Attach)

3 RECOMMENDATION ACTIONS: *Who and when?*

INVESTIGATION CHECKLIST CLOSE OFF CHECKLIST

Drawing of event including signage, ☐ Work Accident Cover form processed direction, etc

☐ Property Damage Cover form processed

Photos (Notified and Claim No: _____)

Witnesses summary ☐ OSH advised (if serious harm)

Quote ☐ Records updated

Hazard ID reviewed ☐ Manager Signed Off

Additional information relating to this event

