



data**talk**

Health and Safety Documentation



Table of Contents

Company Health and Safety Policy Statement.....3

DataTalk Health and Safety Induction Checklist4

DataTalk Health and Safety Induction Register.....5

Significant Hazard Identification Sheets6

DataTalk Site Safety Plan 10

DataTalk Site Significant Hazard Sheet 11

DataTalk Accident Near Miss Report 12

DataTalk Accident – Near Miss Register 14



Company Health and Safety Policy Statement

Senior Management believes that:

- Effective management skills, principles and practices must be applied to health and safety matters as for any other aspect of the company's operation, with Health and Safety matters sharing equal priority.
- All people in the organisation have a right and a need to be made aware of all hazards / risks involved in their work, an understanding of these and how to deal with / control them.
- In accordance with the above, this company's management will provide the equipment, the training, resources, to high standards and the leadership example to ensure health and safety is adequately controlled.
- All employees and contractors are expected to respond by taking responsibility to adhere to the company's standards and requirements for health and safety.
- In addition, all legislation requirements which apply to the company's activities will be adhered to and any standards imposed by any client / principal.

Signed
DataTalk NZ Ltd

A handwritten signature in blue ink, appearing to read "Peter Lind".

Peter Lind
Managing Director

SIGNIFICANT HAZARD IDENTIFICATION SHEETS

Date Identified	HAZARD		Method of Control	Action to control	Responsibility
	Potential Source/ <i>Cause of Harm</i>	Description	E//M		
	Drinking Water	Transfer of micro-organisms, bugs etc. from drinking unsuitable water	E M E	<ul style="list-style-type: none"> - Provide adequate and accessible supply of wholesome drinking water. Supply should be labelled as drinking water. - If stored in a container, the container shall; <ul style="list-style-type: none"> * be clean and protected from contamination and from heat * be emptied and refilled daily - Don't use common drinking container 	Employer Employer Employer All
	Electrical Appliances	Electrical Shock	I	<p>If there are damp conditions, only use with one of the following safeguards:</p> <ul style="list-style-type: none"> - A supply isolated from earth with a voltage between conductors not exceeding 230 volts; - A monitored earth circuit where the supply to the appliance is automatically disconnected in the event of the earth to the appliance being broken or disconnected; - A source connected to earth in such a way that the voltage to earth will not exceed 55 volts AC; or - A residual current device - The appliance is double insulated - Visually inspect all electrical tools and leads prior to use - Inspect electrical tools thereafter at 3 monthly intervals - All tools and equipment should have an identification tag stating date of last inspection and when next is due. 	All operators User Owner of Equip Owner of Equip
		Excessive Noise – hearing damage	M	<ul style="list-style-type: none"> - Provide suitable grade hearing protection - Wear suitable grade hearing protection 	Employer User
		Eye Damage	M	<ul style="list-style-type: none"> - Wear eye protection 	User
		Personal Injury	E	<ul style="list-style-type: none"> - Provide gantries/barriers/screens/toe boards to isolate 	User
	Falling Objects	Body injury – head, foot, etc.	M	<ul style="list-style-type: none"> - Wear Hard hat where overhead hazard exists - Wear safety footwear 	Employee
	Floor Penetrations	Falling through	I	<ul style="list-style-type: none"> - Ensure all penetrations are securely covered 	Employee

SIGNIFICANT HAZARD IDENTIFICATION SHEETS

Date Identified	HAZARD		Method of Control	Action to control	Responsibility
	Potential Source/ <i>Cause of Harm</i>	Description	E/I/M		
	Hazardous Chemicals	Burns / reaction	M	<ul style="list-style-type: none"> - Read labels and material safety data sheets (MSDS) and comply with instructions. If you are unsure – do not use – ASK! - Store containers in a safe, very well ventilated, secure location and in accordance with directions on their labels and MSDS - Transport in accordance with Regulatory requirements in respect of documentation, compatibility, and load security - Train employees in the correct practices of using material and how to deal with it in emergencies - Provide suitable Personal Protective equipment to use substance - Report any skin trouble to safety representative and consult doctor. 	User Carrier Employer Employer Employer
	Hidden Services	Electrical shock, burst water/gas main	E	<ul style="list-style-type: none"> - Prior to commencing work confirm with all utilities/authorities, the positions of services, etc 	Employer
	Ladders	Falling from heights	I	<ul style="list-style-type: none"> - Select the most suitable type of ladder - Either restrain ladders at both the top and bottom or have second person hold - Ensure that it extends 1 metre above the working platform where the ladder is used to gain access to a working platform - Store ladders so as to avoid sagging - Keep ladders clean and free from foreign materials - Place the feet of single or extension ladders ¼ of the ladder's working length away from the base structure - Use step ladders with lockable spreader bars on both sides connected to the front and rear stiles - Do not over reach from any ladder 	All users

SIGNIFICANT HAZARD IDENTIFICATION SHEETS

Date Identified	HAZARD		Method of Control	Action to control	Responsibility
	Potential Source/ <i>Cause of Harm</i>	Description	E/I/M		
	Lighting	Poor egress lighting can be a major contributor of accidents	E	<ul style="list-style-type: none"> - Provide sufficient egress lighting to enable people to pass through areas Use natural lighting where possible. Barrier and/or place signage for 'no go zones' - Provide adequate emergency lighting - Do not enter dark areas without adequate lighting - Provide adequate 'local' lighting for table work 	DataTalk All Employer
	Personal Protective Equipment (PPE)	Incorrect use of PPE may not minimise hazard	E	<ul style="list-style-type: none"> - Provide training and instruction (in appropriate languages), and supervision in the use of PPE 	Employer
	Powerlines	Electrical Shock	M	<ul style="list-style-type: none"> - No part of a crane, digger, excavator, drill rig, or other mechanical plant structure or scaffold may be brought closer than 4M to an overhead line without the written consent of the power line owner and DataTalk 	Operator of the Equipment
	Roofs/High level Perimeters	Falling from heights	I	<ul style="list-style-type: none"> - Plan perimeter safety system that provides safe work practices such as: guardrails/toeboards, safety nets, fall arrest systems (Refer Section 2.1-2.6 OSH Guidelines) 	DataTalk
	Scaffolding	Falling from heights	M	<ul style="list-style-type: none"> - Only use scaffolds displaying a safesign - Develop a scaffolding safety plan detailing inspection requirements (refer section 2.10 OSH Guidelines, COP the Safe Erection and Use of Scaffolding) - Scaffold over 5M must be erected by scaffolder with Certificate of Competency. 	All users Scaffolder Employer
	Temporary Switchboards	Electrical shock	M	<ul style="list-style-type: none"> - Provide boards of an approved design - Arrange electrician to inspect and certify prior to delivery and thereafter at 3 monthly intervals on site 	Owner of the Equipment

SIGNIFICANT HAZARD IDENTIFICATION SHEETS

Date Identified	HAZARD		Method of Control	Action to control	Responsibility
	Potential Source/ <i>Cause of Harm</i>	Description	E/I/M		
	Toilets	Transfer of micro-organisms/bugs, etc, in unhygienic toilets	M	<ul style="list-style-type: none"> - Provide suitable and sufficient conveniences complying with Acceptable Solution G1/AS1 (refer OSH Guidelines for the provision of Facilities and General Safety in the Construction Industry) - Maintain in a clean and hygienic condition 	DataTalk DataTalk
	UV Exposure/Sun	Skin cancer	M	<ul style="list-style-type: none"> - Wear appropriate sun screens (cream), hats, sun glasses and clothing 	Employee
	Mechanical Plant	Excessive noise – hearing damage	M	<ul style="list-style-type: none"> - Provide suitable grade hearing protection - Wear suitable grade hearing protection 	Employer Employer
	Heavy weights	Backstrain	M E	<ul style="list-style-type: none"> - Ensure sufficient labour numbers available and correct lifting procedure used - Use plant to lift and transport material 	Employer Employer
	Confined spaces	Toxic fumes etc		<ul style="list-style-type: none"> - Identify confined spaces on site and test air, agree methods for working in, eg. Ventilate area, dead man back-up 	Employer
	Furniture, shelving etc	Toppling furniture in an earthquake	E	<ul style="list-style-type: none"> - All furniture capable of causing injury to be secured or restrained 	Employer
	Lighting	Eye strain	E	<ul style="list-style-type: none"> - Check lighting levels meet code (NZS6703:1984) and increase if required 	Employer
	Loose cables	Tripping hazard	E	<ul style="list-style-type: none"> - Route cables clear of access routes - Where not possible, tape over the cable onto the floor 	Employer Employer
	Obstacles in egress routes	Tripping hazard	E	<ul style="list-style-type: none"> - Keep egress routes clear 	Employer
	Wet floors	Slipping hazard	E	<ul style="list-style-type: none"> - Spillages to be cleaned up immediately 	Everyone
	Wind	Loose objects becoming airborne	M	<ul style="list-style-type: none"> - Tie down, bind, weights on top 	Employer
	Traffic	Run over on loading bay	M	<ul style="list-style-type: none"> - Supply and wear high visibility jackets 	Employer. User
	Public	Wandering into work area	I	<ul style="list-style-type: none"> - Fence and place warning signage 	Controller of place of work
				-	

DataTalk Site Significant Hazard Sheet

Site Work Place _____ or Company _____ Date _____

<i>HAZARD</i>	E = Eliminate I = Isolate M = Minimise	METHOD TO CONTROL OR PREVENT THE HAZARD FROM OCCURRING	<i>PERSON(S) RESPONSIBLE</i>

DataTalk Accident Near Miss Report

TYPE OF INCIDENT

A: Serious Harm Injury (OSH to be notified ASAP "Notice of Accident/Serious Harm" forwarded within 7 days)

B: Not Serious Harm Injury

C: Near Miss/Non Injury

REPORT No _____

DATE OF INCIDENT _____

TIME OF INCIDENT _____

Reported By _____

WORK PLACE/SITE _____

JOB No. _____

<p>NAME OF PERSON injured/involved in near miss _____</p>	<p>Name of Employer _____</p>																		
<p>Position _____</p>	<p>Trade _____</p>																		
<p>Name and Address of Witness (if any) _____</p>																			
<p>Statement Attached Yes <input type="checkbox"/> No <input type="checkbox"/> _____</p>																			
<p>Location of accident/near miss & weather conditions _____</p>																			
<p>Photo attached Yes <input type="checkbox"/> No <input type="checkbox"/> _____</p>																			
<p>What Happened <small>PRIOR TO AND INCLUDING ACCIDENT/NEAR MISS? INCLUDE CONDITION OF WORK AREA (USE SEPARATE PAGE IF NECESSARY)</small></p> 																			
<p>EFFECT OF ACCIDENT:</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Fracture of spine</td> <td><input type="checkbox"/> Other fractures</td> <td><input type="checkbox"/> Amputation</td> </tr> <tr> <td><input type="checkbox"/> Hearing loss</td> <td><input type="checkbox"/> Foreign body</td> <td><input type="checkbox"/> Poisoning and toxic effects</td> </tr> <tr> <td><input type="checkbox"/> Multiple injury</td> <td><input type="checkbox"/> Fatal</td> <td><input type="checkbox"/> Open wound</td> </tr> <tr> <td><input type="checkbox"/> Bruising or crushing</td> <td><input type="checkbox"/> Superficial (scratch/abrasion)</td> <td><input type="checkbox"/> Laceration cut</td> </tr> <tr> <td><input type="checkbox"/> Puncture wound</td> <td><input type="checkbox"/> Dislocations</td> <td><input type="checkbox"/> Sprain or Strain</td> </tr> <tr> <td><input type="checkbox"/> Head Injury</td> <td><input type="checkbox"/> Internal injuries</td> <td><input type="checkbox"/> Burns</td> </tr> </table> <p>Other (specify) _____</p>		<input type="checkbox"/> Fracture of spine	<input type="checkbox"/> Other fractures	<input type="checkbox"/> Amputation	<input type="checkbox"/> Hearing loss	<input type="checkbox"/> Foreign body	<input type="checkbox"/> Poisoning and toxic effects	<input type="checkbox"/> Multiple injury	<input type="checkbox"/> Fatal	<input type="checkbox"/> Open wound	<input type="checkbox"/> Bruising or crushing	<input type="checkbox"/> Superficial (scratch/abrasion)	<input type="checkbox"/> Laceration cut	<input type="checkbox"/> Puncture wound	<input type="checkbox"/> Dislocations	<input type="checkbox"/> Sprain or Strain	<input type="checkbox"/> Head Injury	<input type="checkbox"/> Internal injuries	<input type="checkbox"/> Burns
<input type="checkbox"/> Fracture of spine	<input type="checkbox"/> Other fractures	<input type="checkbox"/> Amputation																	
<input type="checkbox"/> Hearing loss	<input type="checkbox"/> Foreign body	<input type="checkbox"/> Poisoning and toxic effects																	
<input type="checkbox"/> Multiple injury	<input type="checkbox"/> Fatal	<input type="checkbox"/> Open wound																	
<input type="checkbox"/> Bruising or crushing	<input type="checkbox"/> Superficial (scratch/abrasion)	<input type="checkbox"/> Laceration cut																	
<input type="checkbox"/> Puncture wound	<input type="checkbox"/> Dislocations	<input type="checkbox"/> Sprain or Strain																	
<input type="checkbox"/> Head Injury	<input type="checkbox"/> Internal injuries	<input type="checkbox"/> Burns																	
<p>TREATMENT OF INJURY: <input type="checkbox"/> Nil <input type="checkbox"/> First Aid only <input type="checkbox"/> Doctor <input type="checkbox"/> Hospital</p> <p style="text-align: center;">Name of First Aid Giver _____</p>																			
<p>Injury Description: _____</p>																			
<p>Other Consequences: _____</p>																			
<p>Lost Time: Site _____</p> <p style="text-align: center;">Hour(s) / Day(s) / Week(s)</p>	<p>Injured Person _____</p> <p style="text-align: center;">Hour(s) / Day(s) / Week(s)</p>																		

Hazards Analysis:

MECHANISM OF ACCIDENT

- Fall, trip or slip
- Hitting objects with part of body
- Being hit by moving objects
- Body stressing
- Heat, Radiation or energy
- Chemicals or other substances
- Sound or pressure
- Other

AGENCY OF ACCIDENT

- Access to workface
- Powered equipment, tools, appliances
- Non powered Hand tools / equipment
- Mobile plant or transport
- Machinery or fixed plant
- Environmental (dust, rain, wind)
- Material or substances
- Other

WHAT WAS THE CAUSE OF THE ACCIDENT? (NOTE ANY CONTRIBUTING FACTORS)

- Was the injured person trained in the task/activity being carried out at the time? Yes No
- Was there a plant or equipment failure? Yes No
- How long has the injured person, or person(s) involved in the near miss, been employed for?
- How bad could it have been? Serious Minor
- What are the chances of this happening again? Likely / Often Unlikely
- Was the appropriate means to control identified on the hazard sheet? Yes No
-

Preventative Action:

Describe controls/methods to minimise risk of recurrence.

Action To Be Completed By:

Name: _____
 Employer: _____
 by Date: _____

CLOSE OUT: Agreed actions have been completed and this situation is now satisfactory.

Signed: _____ Date: _____

Distribution: Main Contractor: _____

