+

## QUARTERLY HEALTH AND SAFETY MEETING CHECKLIST



| Con                         | npany name:  |                                       | Meeting date:  |  |  |
|-----------------------------|--|---------------------------------------|--|--|--|
|                             |  |                                       |  |  |  |
| t pro<br>Com<br>he (<br>mee | ructions: Use this checklist as a guide to running your health and safe ovides a list of key topics for review and creates a record for your workparmittee's decisions relating to workplace Health and Safety matters. An Committee's decisions should be documented here, assigned to individuings. The Health and Safety meeting is also where your Health and Safet off. | olace. It a<br>y actions<br>luals and | also records the required as a result of completed between |  |  |
| ۱.                          | Review Previous Action Points: (remedial Health and Safety action  | s from p                              | revious meetings)  |  |  |
|                             | Review status of any outstanding action points.  |                                       |  |  |  |
|                             | Action Points Reviewed Further Action Required No Outsta   | anding A                              | ctions   |  |  |
|                             | What needs to be completed? If there are any outstanding action powrite down what is needed to complete these, who is responsible and by:  | -                                     | •  |  |  |
|                             |  |                                       |  |  |  |
|                             | Who is responsible:  | Actio                                 | n completed by date:                                       |  |  |
|                             |  |                                       |  |  |  |
| 2.                          | <b>Workplace Review:</b> Ensure a workplace review has been completed identify any immediate hazards that need addressing, or any issues the Committee. It also provides a record of how you are doing with your hime.   | nat need                              | to be reviewed by the                                      |  |  |
|                             | Workplace Reviewed No Action Required Further Action R   | equired                               |  |  |  |
|                             | What needs to be completed? If you ticked that further action is required, write down any agreed corrective actions required, who is responsible for these actions and when they are to be completed:  |                                       |  |  |  |
|                             |  |                                       |  |  |  |
|                             | Who is responsible:  | Actio                                 | n completed by date:                                       |  |  |
|                             |  |                                       |  |  |  |

| Who is responsible:  Worker Health and Safety Training and Induction: Review work and determine if all workers are suitably trained. Is further in-house handling training, office ergonomics etc? Have all workers been in and Register been updated?  Training Plan Updated Training Required No Training Required No Training Requirements here if they do, who is responsible for these actions are the second secon | ter health and safety training near training required eg. manual ducted and has their Training Place   |  |  |  |  |  |
|--|--|--|--|--|--|--|
| Worker Health and Safety Training and Induction: Review work and determine if all workers are suitably trained. Is further in-house handling training, office ergonomics etc? Have all workers been in and Register been updated?  Training Plan Updated Training Required No Training Required Mo Training Required Mo Training Required Mo Training Required Training Required Mo Training Required Training Required No Training Required Mo Training Required Training Req | e training required eg. manual<br>ducted and has their Training Pla<br>equired<br>ng or supervision? List any  |  |  |  |  |  |
| Worker Health and Safety Training and Induction: Review work and determine if all workers are suitably trained. Is further in-house handling training, office ergonomics etc? Have all workers been in and Register been updated?  Training Plan Updated Training Required No Training Required Mortaining Required Mortaining Required Mortaining Required Training Required No Training Required Training Required No Training Required Mortaining Required Training Required Mortaining Required Training Requi | ter health and safety training need training required eg. manual ducted and has their Training Platequired equired eg. manual eg. man |  |  |  |  |  |
| Worker Health and Safety Training and Induction: Review work and determine if all workers are suitably trained. Is further in-house handling training, office ergonomics etc? Have all workers been in and Register been updated?  Training Plan Updated Training Required No Training Required  | ter health and safety training need training required eg. manual ducted and has their Training Pla   |  |  |  |  |  |
| Worker Health and Safety Training and Induction: Review work and determine if all workers are suitably trained. Is further in-house handling training, office ergonomics etc? Have all workers been in and Register been updated?  | ter health and safety training nee<br>training required eg. manual<br>ducted and has their Training Pla  |  |  |  |  |  |
| Worker Health and Safety Training and Induction: Review work and determine if all workers are suitably trained. Is further in-house handling training, office ergonomics etc? Have all workers been in   | ter health and safety training nee   |  |  |  |  |  |
| Who is responsible:  | Action completed by dat  |  |  |  |  |  |
| Who is responsible:  | Action completed by dat  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| What needs to be completed? Record any further controls or pro-<br>If further training is required, record this in the worker's individual T<br>who is responsible for these actions and when they are to be comp  | raining Plan and Register. Reco  |  |  |  |  |  |
| ☐ Nil Accidents ☐ No Action Required ☐ Further Action Required   |  |  |  |  |  |  |
| investigation documents. Identify contributing factors and corrective actions required.  |  |  |  |  |  |  |
| Accidents and Incidents (Events): Review any accidents or nea  | miss incidents. including  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Who is responsible:  | Action completed by dat  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| <b>What needs to be completed?</b> Record any immediate controls required to manage hazards. Including any required changes or improvements to existing hazard controls, or any new hazards and controls. Record who is responsible for these actions and when they are to be completed:   |  |  |  |  |  |  |
|  | Hazards Reviewed No Action Required Further Action Required  |  |  |  |  |  |
|  |  |  |  |  |  |  |

| Health Monitoring: Discuss any workplace health monitoring requirements or plans eg. flu jabs, vision checks etc.  No Action Reviewed Further Action Required Health Monitoring Review  What needs to be completed? Do workers need additional health monitoring? List any requirement here if they do, who is responsible for these actions and when they are to be completed:  |  |  |  |  |                     |                          |
|--|--|--|--|--|---------------------|--------------------------|
|  |  |  |  |  | Who is responsible: | Action completed by date |
|  |  |  |  |  |                     |                          |
| <b>Emergency Planning:</b> Review existing Emergency Procedure Emergency Plan, first aid stations etc. Review emergency exits 6 monthly fire evacuation drills.  | •  |  |  |  |                     |                          |
| Emergency Planning Review No Action Required Further Action Required   |  |  |  |  |                     |                          |
|  | vacuation Procedures require up dati   |  |  |  |                     |                          |
| — — —  |  |  |  |  |                     |                          |
| What needs to be completed? Does Emergency Plan/Fire Every Is a fire evacuation drill required? Have fire wardens been apporting these actions and when they are to be completed:  | ointed? Record who is responsible fo   |  |  |  |                     |                          |
| What needs to be completed? Does Emergency Plan/Fire Events a fire evacuation drill required? Have fire wardens been appeared.   |  |  |  |  |                     |                          |
| What needs to be completed? Does Emergency Plan/Fire Evils a fire evacuation drill required? Have fire wardens been apporting these actions and when they are to be completed:  Who is responsible:  Vehicle Management (if applicable): Review Monthly Vehicle  | Action completed by date  Checklists to ensure fleet is being  |  |  |  |                     |                          |
| What needs to be completed? Does Emergency Plan/Fire Evils a fire evacuation drill required? Have fire wardens been apporting these actions and when they are to be completed:  Who is responsible:  Vehicle Management (if applicable): Review Monthly Vehicle maintained appropriately. Ensure drivers hold the appropriate lies.  | Action completed by date  Checklists to ensure fleet is being icenses and discuss driver competen  |  |  |  |                     |                          |
| What needs to be completed? Does Emergency Plan/Fire Evils a fire evacuation drill required? Have fire wardens been apporting these actions and when they are to be completed:  Who is responsible:  Vehicle Management (if applicable): Review Monthly Vehicle maintained appropriately. Ensure drivers hold the appropriate likeview Vehicle Hazard Card.  | Action completed by date  Checklists to ensure fleet is being icenses and discuss driver competent of the Action Required the or servicing? Do drivers require |  |  |  |                     |                          |
| What needs to be completed? Does Emergency Plan/Fire Evils a fire evacuation drill required? Have fire wardens been appet these actions and when they are to be completed:  Who is responsible:  Vehicle Management (if applicable): Review Monthly Vehicle maintained appropriately. Ensure drivers hold the appropriate life Review Vehicle Hazard Card.  Monthly Checklist Reviewed No Action Required Full What needs to be completed? Do vehicles need maintenance. | Action completed by date  Checklists to ensure fleet is being icenses and discuss driver competent of the Action Required the or servicing? Do drivers require |  |  |  |                     |                          |
| What needs to be completed? Does Emergency Plan/Fire Evils a fire evacuation drill required? Have fire wardens been appet these actions and when they are to be completed:  Who is responsible:  Vehicle Management (if applicable): Review Monthly Vehicle maintained appropriately. Ensure drivers hold the appropriate life Review Vehicle Hazard Card.  Monthly Checklist Reviewed No Action Required Full What needs to be completed? Do vehicles need maintenance. | Action completed by date  Checklists to ensure fleet is being icenses and discuss driver competen or ther Action Required se or servicing? Do drivers require  |  |  |  |                     |                          |

| Э.  | eg. in cleaners cupboard. Confirm these are secure and being managed by cleaning company (if applicable). Ensure no unauthorized storage of hazardous substances.  Hazardous Substances Reviewed No Action Required Further Action Required  |                           |                                 |  |  |  |
|-----|--|---------------------------|---------------------------------|--|--|--|
|     |  |                           |                                 |  |  |  |
|     | What needs to be completed? Any unidentified and Confirm with cleaners (if applicable) that hazardous Record who is responsible for these actions and we   | us substances are b       | eing stored as per the HSNO Act |  |  |  |
|     |  |                           |                                 |  |  |  |
|     | Who is responsible:  |                           | Action completed by date:       |  |  |  |
| 10. | Review Health and Safety Objectives: Review status of Health and Safety Objectives, sign off any   |                           |                                 |  |  |  |
|     | completed objectives and create new objectives.  |                           |                                 |  |  |  |
|     | Completed Health and Safety Objectives Updated New Objectives Created  |                           |                                 |  |  |  |
|     | What needs to be completed? If there are any outstanding objectives write down what is further required to complete these in the box below. Annually or as they arise, discuss what new objectives need to be added to the list and ensure they are added to the Health and Safety Objectives list. Record any actions required, who is responsible and when they are to be completed: |                           |                                 |  |  |  |
|     |  |                           |                                 |  |  |  |
|     | Who is responsible:  | Action completed by date: |                                 |  |  |  |
|     |  |                           |                                 |  |  |  |
| 11. | Meeting attendees:   |                           |                                 |  |  |  |
|     | Name:  | Role:                     |                                 |  |  |  |
|     |  |                           |                                 |  |  |  |
|     |  |                           |                                 |  |  |  |
|     |  |                           |                                 |  |  |  |
|     |  |                           |                                 |  |  |  |
|     |  |                           |                                 |  |  |  |
|     |  |                           |                                 |  |  |  |
|     |  |                           |                                 |  |  |  |
|     |  |                           |                                 |  |  |  |
|     |  |                           |                                 |  |  |  |
|     |  |                           |                                 |  |  |  |

|   | additional/General meeting notes:                                |
|---|--|
| ) | Discuss any new health and safety concerns/ideas and list below. |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |