Planning for safety

Template WHS Management Plan for mail & parcel contractors

Your safety plan

Australia Post requires contractors to submit a Work Health & Safety Management Plan with their tender. Your safety plan sets out the things you will do to make your business, and the work you do for us, safe. If have any employees and subcontractors, they must also comply with your safety plan.

Your safety plan will do three things:

1. show us that you understand how to manage safety. This gives us the confidence to engage you and renew future contracts with you;
2. help you and us to fulfil our duties under work health and safety laws; and most importantly
3. help us achieve our vision for zero injuries, zero harm to anyone, and zero tolerance of unsafe acts or workplaces.

We are increasing our focus on contractor safety. Australia Post will use your safety plan as one way to measure your safety performance. We can check that you are following your safety plan at any time and meet with you periodically to review it. As part of this process we will check your safety documents, and help you develop your safety system if needed. Australia Post can cancel your contract if your safety plan is incomplete or you don't follow it. However, this is our last resort and we expect that contractors will work together with us to create a safe work environment.

Australia Post understands that small businesses may struggle to have a comprehensive safety plan, at least initially. We will help you develop your safety plan, but we cannot do it for you. As a starting point, we have prepared this Template Work Health and Safety Management Plan to guide you. It will help you meet our minimum standards. You do not have to use this template; you can develop your own safety plan if you wish, provided it meets our standards. If you use this template plan or parts of it, you should adapt it for your business.

Resources

WHS authorities such as Safe Work Australia, WorkCover in your state and Comcare are a good source of helpful information. Their websites have resources for contractors as well as general safety material such as guidance notes, fact sheets, codes of practice and links to the safety laws. Some industry bodies can also help.

Version 1.1 April 2013

Work Health & Safety Management Plan
<insert contractor/ company name>

Version No.	Date	Authorised by	Changes
		<name> <position e.g. director/principal>	

Contents

Work Health and Safety Policy

<Insert contractor name> recognises that safety is paramount for the success of our business.

We acknowledge that Australia Post has a vision of Zero injuries, Zero harm to anyone, and Zero tolerance of unsafe acts or workplaces. Therefore, as a partner in Australia Post's business, we share this vision.

We are committed to protecting the health and safety of our workers, Australia Post's workers, agents, visitors and customers. Our safety commitment extends to the broader community and the environment as we work with Australia Post.

To achieve our commitment, we will;

- Strive for safety excellence by considering safety in everything that we do
- Identify health & safety hazards, eliminate and control the risks
- Consult with workers, Australia Post, their agents and customers, and work with them to improve safety
- Train, instruct and supervise our workers so they understand our safety policy, their responsibilities, and the safety rules and procedures that apply to them
- Provide and maintain safe plant and equipment, train workers to use it safely and supervise them
- Provide personal protective equipment (PPE), replace it when needed and instruct workers when and how to use it
- Respect and abide by Australia Post's, their agents' and customers' safety rules and processes when working on their premises
- Report incidents to Australia Post, analyse them and take action to prevent a recurrence
- Comply with Australia Post's work health and safety standards for contractors and other safety laws and regulations that apply to us
- Manage employee work-related injuries and promote early return to work on suitable, meaningful duties.

We will review our safety plan within 3 months of starting the contract work. Then, at least annually, we will review our safety plan and our safety performance to renew our commitment to safety and ensure we contribute towards Australia Post's safety vision.

<Signature>
<Name>
<Position e.g. director / principal>
<Date>

Attachment 1 **Hazard and Risk Register <contractor>** Mail & Parcel Contractor

<Note: *This table outlines typical hazards and risks with mail and parcel work. Remove the ones that don't apply to you. Add any others you identify.*>

Examples of Safety Controls: Training, Safety procedure/rule, PPE, Scheduled maintenance / servicing, Pre-use inspection, Equipment (lifter, trolley, hand truck, tailgate loader) Give details, specifics. See attached templates.

Task	Hazards	Safety Controls
Handling, sorting, delivering mail e.g. lifting, carrying, pushing, pulling ▪ sorting / arranging parcels ▪ using sorting frames / tables ▪ moving items to and from vehicles ▪ loading and unloading vehicles ▪ delivering items ▪ using trolleys ▪ using unit loaded devices (ULDs)	**Body stressing injury** e.g. muscles, tendons, joints, repetition See Attachment2	job rotation, manual handling training, no-lift training, stretching exercises, two person lift
	Suspicious, hazardous items; e.g. spill, leak, suspicious item	PPE, appropriate labeling
	Dangerous goods e.g. biological, infectious, flammable	PPE, appropriate labeling
	Needles, syringes, other sharp items in unprocessed mail	PPE
	Slipping, tripping over things, falling	Tidy floor in work area, signs to notify of a wet floor
Using vehicles - Heavy vehicle >4.5 t - Light truck, van, ute, 4x4 - Motorcycle (Learner riders *not* allowed) - Electric bicycle	**Skill, licence, experience**	Training, tickets, VOC
	Unsafe vehicle, faulty	Pre-start vehicle before use, tag out if faulty
	Driver fatigue	Vehicle fatigue management plan
	Vehicle roll-away	Park vehicle on level, flat ground, isolate and chock wheels
	Terrain, surface, effects of weather e.g. gravel, mud	all weather terrain training, 4 x 4 training
	Fall e.g. off truck	3 points of contact
	Load restraint, mail in cabin, load carrying, unsecured	secure all loads before driving
	Pedestrians e.g. when reversing	Reversing alarm fitted to vehicle when reversing, use of revision mirrors
	Hit by passing / moving vehicles	Reversing alarm fitted to vehicle when reversing, use of revision mirrors
	Working at loading docks e.g. moving vehicles, fork-lifts	exclusion zones, barricades, signage
	Crash risk while reading addresses on mail when driving / riding	Input data in GPS prior to leaving, check next address before moving from last post
	Animals on the road e.g. roos, wombats at dusk, night	Drive to conditions

Task	Hazards	Safety Controls
Load shifting equipment & plant ▪ hand pallet jacks ▪ forklifts ▪ stackers ▪ conveyors ▪ loading docks	Skill, licence, authority to use Hit by moving LSE or vehicle Falling load e.g. ULD stack Unsafe, faulty	Training, VOC, tickets exclusion zones, barricades, signage Restrain all loads before moving Pre-start equipment, isolate and tag out if faulty
Working outdoors	Sun (UV) Extreme heat / cold Animals, insects, birds e.g. dog attack, stings, poisonous bites, swooping magpie	Slip on sunscreen, slop on a hat, slap on a t-shirt Use of jackets, heaters or air conditioners in vehicles Apply insect repellent, carry first aid kit
Working alone, in an isolated area.	Violence, attack No help available Missing Contacts Emergencies such as break down in extreme weather, bushfire	Never work alone or in a isolated area. If it is unavoidable, have someone know where you are at all times, carry an emergency call beacon or have an emergence app on your mobile phone which has location coordinates for emergency personnel to track your exact location.

Prepared by:	Date:	Next review date:

Attachment 2a **Vehicle Safety Check – condition & operation: <Contractor>**

Frequency: <insert>

Date:
Registration No.: Odometer:

External	*Lights & reflectors* ☐ Stop / tail ☐ Hazard / Indicators ☐ Head / fog / driving ☐ Clearance	*Tyres & wheels* ☐ Tread depth ☐ Pressure ☐ Damage ☐ Wheel nuts / pointers	☐ Doors, boot, bonnet ☐ Curtain / straps / buckles, ☐ Toolboxes ☐ Warning signs ☐ Posture	☐ Windscreen ☐ Mirrors ☐ Body / tray ☐ All secure ☐ Other: <insert>
Under bonnet	☐ Engine coolant ☐ Engine Oil ☐ Clutch / transmission ☐ Brake fluid ☐ Power steering	☐ W'screen wash ☐ Battery ☐ Fuel additive ☐ Air tank – drain water. Air leaks?	☐ No fluid leaks ☐ Spare / tools / jack / wheel chocks ☐ Other: <insert>	*Couplings* ☐ Turntable / locks / pins ☐ Hoses & cables ☐ Trailer supports ☐ Other <insert>
In vehicle	*Gauges, warnings* ☐ Hazard / indicator ☐ Battery ☐ Air pressure / brake warning	☐ Horn ☐ Reversing beeper / camera ☐ Foot brake / park brake	☐ Mirrors ☐ Wipers / washer ☐ Emergency e.g first aid kit fire extinguisher comm's equipment hj-vis reflective vest triangle/s torch	☐ Log book ☐ Seat adjust/ seat belt ☐ All equipment secure ☐ Other: <insert>
Other:<insert>				

This vehicle is safe to use: ☐ Yes ☐ No Name & Signature:

Repairs, maintenance required / completed:

<insert instructions e.g. who to report faults to, who is the authorised repairer, attach repair evidence>

<insert document control e.g. version date>

Attachment 2b **Motorcycle Safety Check – condition & operation: <Contractor>**

Frequency <insert>

Date:	
Registration No.:	Odometer:

Motor & Electrical	*Lights & reflectors* ☐ Stop / tail ☐ Headlight H/L beam ☐ Indicators / beeper ☐ Horn ☐ Ignition kill switch ☐ Reflectors ☐ Battery	*Motor* ☐ Oil level ☐ Oil leaks ☐ Fuel leaks ☐ Exhaust system	*Chain* ☐ Wear ☐ Adjustment ☐ Lubrication	Other: <insert>
Wheel, tyres, brakes	*Tyres* ☐ Tread depth / wear ☐ Damage ☐ Tyre pressure	*Wheels* ☐ Spokes ☐ Wheel rims ☐ Axle nuts	*Brakes* ☐ Wear ☐ Pedal and lever adjustment	Other: <insert>
Chassis & controls	*Handlebars* ☐ All control cables ☐ Throttle twist grip ☐ Control lever/s ☐ Parking brake ☐ Steering ☐ Mirrors	*Frame & Suspension* ☐ Stands / rubbers ☐ Footrests ☐ Oil leaks ☐ Seat ☐ Loose, missing, damaged parts	*Mail racks / bags* ☐ Secure ☐ Condition ☐ Emergency e.g first aid kit, tool kit	Other: <insert>
Other:<insert>				

This motorcycle is safe to use: ☐ Yes ☐ No Name & Signature:

Repairs, maintenance required / completed:

<insert instructions e.g. who to report faults to, who is the authorised repairer, attach repair evidence>

<insert document control e.g. version date>

Attachment 3 **Manual Handling Risk Assessment <Contractor>**

Task:	Date of Assessment:
Location:	Assessed By:

Actions and Posture	Loads	Job Design
❑ Bending, twisting, stretching or over reaching ❑ Pulling, pushing, lifting or lowering ❑ Carrying or holding loads ❑ Sudden or jerky movements ❑ Awkward posture ❑ Other	❑ Awkward to lift or handling ❑ Heavy weight (more than 16kg) ❑ Large force to push/pull ❑ Can't be held close to body ❑ Other	❑ Repetitive movements ❑ Prolonged task ❑ Lack of people ❑ Load carried a long way ❑ Other

Workplace	Equipment	People
❑ Unsuitable height ❑ Clutter/trip/slip hazards ❑ Lack of space ❑ Too hot or cold ❑ Poor lighting	❑ Aids not available ❑ Aids hard to use ❑ Other	❑ Not trained/inexperienced ❑ Task too demanding ❑ Special needs (disability) ❑ Other

Likelihood	Consequences				
	Insignificant	Minor	Moderate	Major	Severe
Almost certain	M	H	H	E	E
Likely	M	M	H	H	E
Possible	L	M	M	H	E
Unlikely	L	M	M	M	H
Rare	L	L	M	M	H

Major Problems	Possible Solutions

Action Needed	By Whom	By When	Review Date

Attachment 4 **Workplace Safety Inspection Checklist <Contractor>**

Workplace name /address: **Date:** 12/02/2024 **Conducted by:**

<insert inspection frequency>

INSPECTION CRITERIA	(Mark each box '✓', '✗', or 'N/A')				Action required and taken/Comments (A 'X' response indicates action required)	Date Actioned By whom
	Grounds & Main Entrance	Office	Process Area	Kitchen & Dining		
1. FLOORS / STEPS						
Absence of loose or damaged flooring, tiles, paving	NA	✓	✓	N/A		Cleaner
Absence of slippery, wet or oily surfaces	NA	✓	✓	N/A		Cleaner
Absence of excess dirt or debris	NA	✓	✓	N/A		Cleaner
Good housekeeping (floor relatively clear)	NA	✓	✓	N/A		Cleaner
2. ACCESS & EGRESS (including Public Areas)						
Adequate Lighting	N/A	✓	✓	N/A		Cleaner
Egress routes clear (min. 1 metre)	N/A	✓	✓	N/A		Cleaner
Absence of trip hazards, damage	N/A	✓	✓	N/A		Cleaner
Non-slip surfaces	N/A	✓	✓	N/A		Cleaner
Emergency exits & fire equipment clear of obstruction	N/A	✓	✓	N/A		Cleaner
Handrails in place and secure	N/A	✓	✓	N/A		Cleaner
3. LIGHTING						
Absence of missing/broken globes	N/A	✓	✓	N/A		Cleaner
Covers/diffusers in place	N/A	✓	✓	N/A		Cleaner
Lighting levels appear adequate (particularly around sorting frames, and Public Areas at night)	N/A	✓	✓	N/A		Cleaner

Attachment 2b **Motorcycle Safety Check – condition & operation: <Contractor>**

	(Mark each box '✓', '✗', or 'N/A')				Action required and taken/Comments (A 'X' response indicates action required)	Date Actioned
	Grounds & Main Entrance	**Office**	**Process Area**	**Kitchen & Dining**		
4. ENVIRONMENT Building and fittings in good repair						
Noise levels appear acceptable						
Air-conditioning / ventilation / heating adequate						
Exhaust / chemical odours controlled						
5. ELECTRICAL Absence of damaged cords & fittings						
Switches / cords protected from damage where necessary						
Switch boxes closed						
Absence of cord trip hazards						
Absence of double adaptors						
Portable electrical equipment inspected and tagged						
Portable RCDs (safety switches) tested (press button)						
6. GENERAL HOUSEKEEPING & EQUIPMENT Absence of damaged equipment and fittings						
Chairs - castors used on carpet, glides on smooth floors						
Trolleys & wheelers in good condition and roll freely						

Attachment 2b Motorcycle Safety Check – condition & operation: <Contractor>

	(Mark each box '✓', '✗', or 'N/A')				Action required and taken/Comments (A 'X' response indicates action required)	Date Actioned
	Grounds & Main Entrance	**Office**	**Process Area**	**Kitchen & Dining**		
Absence of string, labels, rubber bands on floor						
Microwave oven sign displayed						
Equipment stored neatly						
Appropriate safety signage is displayed.						
Cleanliness and hygiene of food preparation/recreation areas acceptable						
7. CHEMICALS **MSDS available to staff**						
Chemicals appropriately stored						
All chemicals / cleaning product containers correctly labelled						
8 Work Practices. Manual Handling is consistent with recommended procedures and SOPs.						
Equipment is appropriate to the task and is being used correctly in accordance with procedures and SOP. Eg trolley/LSE correct one for the task.						
Staff are adhering to correct work practices when undertaking duties						

Attachment 5 **Hazardous Substance Register: for materials used by <Contractor>** Mail Contractor

Excludes substances in the mail.

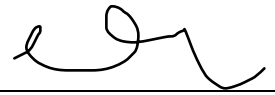
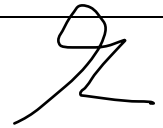
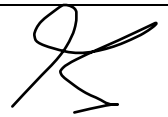
Name of substance & what it is used for	**Supplier & SDS date**	**Classified as Hazardous** (Yes / No) Include DG class	**Assessed by: Date**	**Assessment findings / safety controls** (Where risk is not significant, record the type of risks, assessment findings and safety controls. Attach assessment report where risk is significant or special storage / placards / manifest required. Assessment is optional for substances not classified as hazardous.)

<inset version date>

Attachment 6 **Personal Protective Equipment Register:** <Contractor>

Employees shall:

- take reasonable care of the PPE, maintain, store and clean it as instructed
- not modify it
- use it as instructed
- immediately report damage, defects

Date	Type of PPE issued Add brand, size etc.	Purpose / why PPE is needed, when the PPE must be used. Add any special instructions e.g. storage, replacement schedule	Issued to	Employee signature
22/10/24	Safety footwear	Footwear must be rigid toe-caps	Cleaner 1	
22/10/24	Safety vests	High visibility garment	Cleaner 1	
22/10/24	Safety footwear	Footwear must be rigid toe-caps	Mail contractor 1	
22/10/24	Safety vests	High visibility garment	Mail contractor 1	

Attachment 7 **Incident Report Form** <Contractor>

Status: ☐ Worker ☒ Contractor ☐ Other

Outcome: ☐ Near miss ☐ Person injured ☐ Property damage

1. DETAILS OF INVOLVED PERSON

Name: Mail Person 1 Phone: (H) 123 456 (W) 789 101

Address: Anywhere Anytime Ave Sex: ☐ M ☒ F

Fly High Parish Date of birth: 1/1/2011

Position: Mail delivery

Experience in the job: 5 years (years/months)

Start time: 5.30 ☐ am ☒ pm

Work arrangement: ☒ Casual ☐ Full-time ☐ Part-time ☐ Other

2. DETAILS OF INCIDENT

Date: 2/2/2024 Time: 6.30 pm

Location: Warehouse

Describe what happened and how: Manual handling incident

3. DETAILS OF WITNESSES

Name: Mail Person 2 Phone: (H) 321 654 (W) 789 101

Address: Anywhere Anytime Ave

Fly High Parish

4. DETAILS OF INJURY

Nature of injury (eg burn, cut, sprain) Back injury

Cause of injury (eg fall, vehicle collision)

Location on body (eg back, left forearm) Lower back

Plant/equipment involved (eg trolley, van)

5. TREATMENT ADMINISTERED

☐ First Aid ☐ Treated by doctor ☒ Admitted to hospital

Treatment given by (name): Paramedic

Treatment:

Referred to: Emergency Department

SECTION 6-9 MUST BE COMPLETED BY EMPLOYER

6. DID THE INJURED PERSON STOP WORK?

☒ Yes ☐ No

If yes, ☒ Has not returned to work.

☐ Returned to normal work. Date: Time:

☐ Returned to work on modified duties. Date: Time:

☒ Workers compensation claim ☐ Rehabilitation

7. INCIDENT INVESTIGATION (comments to include causal factors):

Mail person 1 was involved in a manual handling incident. They did not use appropriate posture whilst lifting a parcel weighing 20kg, did not utilize load shifting equipment or ask for assistance for a team lift resulting in a lower back injury.

8. RISK ASSESSMENT

Likelihood of recurrence: most certain

Severity of outcome: moderate

Level of risk: ☒ High ☐ Moderate ☐ Low

9. ACTIONS TO PREVENT RECURRENCE

Action	By whom	By when	Date completed
Training in manual handling	HR	TBA	TBA
Training in load shifting equipment	HR	TBA	TBA
Training in a team lift	HR	TBA	TBA

10. ACTIONS COMPLETED

Signed (Manager): _____ Title: _____

Date: _____

☐ Feedback to person involved Date: _____

Attachment 8 **First Aid Officer Register:** <Contractor>

This register shows our first aiders and first aid equipment. We have identified our first aid needs in accordance with the <insert applicable first aid law / code of practice>.

Trained First Aid Personnel				
Name of First Aider	Worksite location	Level of training (certificate)	Expiry date	Contact number (if applicable)

First Aid Equipment			
Type e.g. FA box, vehicle	Location e.g. office, vehicle rego	Who is responsible to check, maintain it	Frequency

Attachment 9 **Drivers Licence Register:** <Contractor>

<Make a separate register for forklift certificates of competency or other licences>

Frequency of scheduled license checks:

Name	Drivers license No. / class	Expires	Checked by initials/ date	Checked by initials/ date	Checked by initials/ date	Checked by initials/ date	Checked by initials/ date	Checked by initials/ date

Attachment 10 **Australia Post Self-Paced induction:** <Contractor>

[Insert]

Attachment 11 **Training Register:** <Contractor>

This training register template will help you record the training you provide to your workers. Make a separate sheet for each worker if preferred. Training can be given by a supervisor on the job, or by an external organisation.

Training may t be required when;

- a new person starts work - induction, on the job training
- new machinery/equipment or hazardous chemicals, products or other things are introduced to the workplace
- worker's jobs change
- there are new work health and safety regulations, codes of practice or laws that affect your industry or business
- there has been an incident / near miss or injury at work.

Who was trained:	Mail & Parcel contractor
Job title	Delivery Driver
Reason for training, topics covered	Duty of care, dangerous goods, hazardous substances, PPE, Hierarchy of controls, manual handling, no lift technique
Duration of training:	2 days
Who provided training:	Accredited out sourced trainer
Method of training:	face to face
Location of training:	onsite
Scheduled date:	1st November 2023
Date completed:	1st November 2023

Who was trained:	
Job title	
Reason for training, topics covered	
Duration of training:	
Who provided training:	
Method of training:	
Location of training:	

Scheduled date:	
Date completed:	

Who was trained:	
Job title	
Reason for training, topics covered	
Duration of training:	
Who provided training:	
Method of training:	
Location of training:	
Scheduled date:	
Date completed:	

Who was trained:	
Job title	
Reason for training, topics covered	
Duration of training:	
Who provided training:	
Method of training:	
Location of training:	
Scheduled date:	
Date completed:	

NOTE:

To ensure the training was successful ask your workers and supervisors the following:

- Do they understand what you require of them?
- Do they now have the knowledge and skills needed to work safely?
- Supervise them to confirm they are working as trained, and safely?
- Has there been any improvement in your business's health and safety performance?
- What feedback are you getting from supervisors and the people who have been trained?
- Is further information and/or training needed?
- Was the most suitable training method used?
- What improvements can be made?

It is important to keep records of training, even in-house training. You should monitor training records so that refresher training can be given when needed.

Attachment 12 **Plant, Vehicle and Equipment Register** <Contractor>

Plant Name / Model / Serial No. / Description	No. of items	Year of Purchase or Date Modified	Maintenance Details & Schedule	
			Maintenance Company / Person (name/contact details)	Inspection/ Service Frequency

SAFE OPERATING PROCEDURE
<Description of plant / task>
Hazards • • •
Safety Instructions • • • • •
PPE

Authorised By _____ Date_____