Property Services On-Site Health and Safety Plan

Contents

Note: This plan must be kept on site and be accessible to contractors and visitors. A copy must be sent to the University Health and Wellness Manager.

Site Register and Contact Details

Note: Indicate if a person needs supervising for any specific tasks.

Role	Name	Contact #	Inducted /Signature	Certificates/Licences Held	Training Required
University Personnel					
University Project Manager					
Maintenance Manager					
Faculty Manager					
Electrical / gas / trades					
Laboratory Manager					
Consultants, Contractors, Subcontractors and Suppliers					
Contractor Representative					

Project Details

Project Name and Date

Project number

Site details

Building number:

Room number/s:

Works undertaken

Brief project description:

Site safety plan availability

This Site Health & Safety Plan shall be kept in the project file (responsibility of the University Project Manager). A copy must be available to all employees, subcontractors, the principal and the site controller at any time.

Accidents /injuries / near misses

Date	# of accidents/incidents	Forms completed?

Hazard Management

Introduction

Hazards must be identified for each site, and controls must be communicated to all employees / subcontractors / volunteers.

Hazard management process

The table below describes the hazard management process.

Stage	Description
1.	Where appropriate contractors and subcontractors advise the University Project Manager of potential hazards associated with the contracted work and the controls, prior to visiting the site.
2.	University Project Manager views known hazards shown on the University Hazard Floor plans. This assists in identifying hazards in adjacent areas **Notes:** •Hazards are identified by viewing the Hazard Register (see page 8) for the site and by initial site inspection. •For some projects it is appropriate for the Project Manager and the contractor to go through the Site Hazard Register together to delete hazards that are not applicable and adding any additional ones
3.	University Project Manager, or delegated authority, inducts employees, contractors / subcontractors onto the site. The University informs these persons of any hazards they may encounter on the site and the hazard controls.
4.	If new hazards are added to the list while work is in progress, the Site Health & Safety Plan will be redistributed or prominently displayed to all affected employees / contractors / subcontractors.

Hazard assessment

For ease of use in the field, the following simplified hazard assessment table should be used.

Is the hazard?	Slightly Harmful	Harmful	Very Harmful
Highly Unlikely	Trivial Risk (Low)	Tolerable Risk (Low)	Moderate Risk (Med)
Unlikely	Tolerable Risk (Med)	Moderate Risk (Med)	Substantial Risk (High)
Likely	Moderate Risk (Med)	Substantial Risk (High)	Intolerable Risk (Work must stop)

Key

Low:	No action required
Med:	Low priority to control
High:	High priority to control
Intolerable:	Work must stop until the hazard has been eliminated, isolated or minimised, and on-site personnel informed

Continued on next page

Hazard Management, Continued

Safety Equipment

The University notes that the following safety equipment is required:

Safety Equipment required	When/where required
High visibility vest	
Hard hats	
Safety boots	
Protective gloves	
Ear muffs	

Isolation and Hotwork

Please complete the following:

Item	Yes	No
1. Is a Hotwork Permit required for this work? If so, send a filled out Isolation, Scope and Restricted Works form to UoA Project Manager who will pass onto Facilities Management (FM) for final sign off. No hotwork can start until FM have formally issued a permit.		
2. Do you need to notify WorkSafe of any hazardous work? **Note:** Notification form is included with this Site Safety Plan		
3. Do you need to isolate any building fire detection or protection systems?		
•If **YES**, what systems?		
•Which rooms / areas?		
•Time, date and duration of isolation?		
•Has Property Services been informed?		
4. Do you need to interrupt any other building service (gas, power, data, security etc.)?		
•If **YES**, what systems?		
•Which rooms / areas?		
•Time, date and duration of isolation?		
•Has Property Services been informed?		

Continued on next page

Accident and Emergency Management

Introduction

Site Safety is the joint responsibility of the University Project Manager, the Site Manager, and the Contractors and Subcontractors. Generally, the University Project Manager or a delegated authority will induct personnel onto the site and inform them of emergency procedures and hazard controls specific to the site. Onsite management of accidents and emergencies must follow established University policy and procedures.

Accident management

The following policies apply:

- All accidents will be recorded, reported and assessed according to University OSH Policy and Procedures.
- The Site Manager shall be notified of all accidents or "near miss" incidents that occur on site.
- Serious harm accidents must be reported to the Site Manager, who will report as soon as possible to:
  - The Main Contractor in the event of an accident involving an employee of a Contractor. The Contractor is responsible for reporting the accident to a Department of Labour Health and Safety Office within 24 hours.
  - The University Project Manager in the event of an accident involving University personnel or subcontractors. The University Project Manager will then report the accident to the University HR Health and Wellness Manager, who reports the accident to a WorkSafe Office within 24 hours.
- A copy of any accident reports and records must be kept with the University job file, in addition to the normal University accident reporting procedure.
- The investigation of an accident may result in the identification of a hazard, or amendments to control measures. In this case, the Site Health & Safety Plan must be updated and re-distributed.
- A first aid kit and cell phone shall be available at all times.

Supervision and training

The following policies apply:

- Inexperienced employees or subcontractors shall be supervised until deemed able to work independently.
- All employees and subcontractors shall attend any induction or site-specific health and safety training considered necessary by the University Project Manager or the Site Manager.
- Employees and subcontractors working on the site must be listed below and must sign that they have read and understood this Site Health and Safety Plan and carried out any other training necessary.
- Specific hazards may require special training (as identified in Hazard Management, see page 4.

Continued on next page

Accident and Emergency Management, Continued

Emergency information

Please note the following:

Item	Site specific informant
First aiders	
Nearest fire exit	
Alternative exit	
Building assembly point	
Nearest fire alarm point	
Nearest emergency security call point	
First aid kit location	
Closest medical centre	
University Counselling and Medical Centre	

Contractor emergency plans

Plans must be made available for potential emergencies that are directly related to the work contractors do on site.

Potential emergency	Controls	Plan
Fire		
Chemical spill		

Hazard Management Site Register

Hazard	Relevant ✓/ ✗	Risk	Controls
Asbestos		Respiratory disease	• If planned work, approved plan is required. • If unplanned, work ceases on that material until material has been tested and results are received. • See Emergency Procedures, Asbestos and Asbestos Removal and Management SOP
Chemicals and vapours, fumes and dust		Neurotoxicity Toxicity	• Correct storage (See Safety Data Sheets (SDS)). • Correct PPE. • Adequate ventilation. • Advise University Project Manager of tasks that create excessive fumes / vapours / dust.
Confined space		Suffocation, inhalation of fumes	• Trained staff. • Approved plan.
Cranes and diggers		Falls, falling objects, crushing	• Remain clear of power lines and underground cables (min distance of 4m). • As-built plans to be consulted prior to trenching or demolition work so utilities can be isolated or shut off.
Disconnection of Services			• Liaise with University Project Manager and Facilities Maintenance • Minimum of 5 days' notice required • See Contractors Health and Safety Induction booklet
Electrical appliances		Electrocution, burns, fire	• Leads and appliances in good condition and comply with AS/NZS 3760:2001. • Isolating transformers or residual current devices to be used with all portable electrical appliances. • Double insulation to be used when conditions are damp. • Registered electrician to check all electrical circuitry to the site. • Leads to be taped or secured out of the way.
Excavations			• Main Contractor safe work practices • Liaise with University Project Manager and Facilities Management

Hazard	Relevant ✓/ ✖	Risk	Controls
Gas		Suffocation, inhalation of fumes, fire, explosion	• Main contractor safe work practices • Liaise with University Project Manager / Facilities Management
Isolation of utilities and services		Falls, health issues (if no water or ventilation) Damage to machinery, or projects	• Cease work and switch off all machinery • Evacuate the building within 25 minutes • Notify Unisafe (966) giving details of the cause and scope of the problem if known. • Notify the University Project Manager, and the Energy Manager and if working in a laboratory, the Laboratory Manager.
Heights			• See Working at Heights Safe Work Practice
Hotwork / welding		Fire	• See Hotwork Safe Work Practice.
Ladders, cranes, scaffolds etc.			• See University Contractor Health and Safety induction booklet
Machinery maintenance		Crushing	• Machines are stopped and isolated (locked out) prior to cleaning, repair or maintenance.
Noise		Hearing loss, disruption to classes, exams	• Wear hearing protection (e.g. ear muffs) • Schedule noisy work for low occupancy times.
Paint removal and application		Lead poisoning, neurotoxicity	• Suspected lead-based paint is tested prior to removal, and if positive, remove in accordance with DOL guidelines • Isocyanate paints are only applied when premises are unoccupied, with time to dry and cure. Area to be well ventilated.
Power-actuated hand held fastening tools		Lacerations	• Certificate of competency required. • Use in compliance with training. • All personnel in vicinity to wear correct PPE (eye and hearing protection).
Public footpaths blocked		Traffic accidents	• Footpaths kept structurally sound or alternative safe walkway to be established, barriered off and signposted.

Hazard	Relevant ✓/ ✖	Risk	Controls
Traffic issues		Traffic congestion and accidents	• Approved traffic plan in place. • Signage. • Barriers • High-vis jackets to be worn at all times.
Unauthorised access to the site **Holes and trenches** **Risk of falling objects from a height**		Injury from crushing, falling objects	• Barriers and fencing around site. • Screens and /or projecting platforms. • Clear signage. • (Cones and tape are not suitable where there is a significant risk).
Uneven or blocked access ways		Trips, slips and falls	• Access ways are kept clear. • Ramps or other means are used to assist users when access way is uneven or has obstacles. • Adequate lighting required. • Fire exits must be kept clear at all times.
Vehicles		Crushing, lacerations	• Speed limit is 10kph. • Delivery vehicles to have functioning beepers for reversing. • Use an assistant when reversing, where vision is obstructed. • Delivery and parking areas for site work to be fenced off. • Weight of vehicle not to exceed any weight restrictions on work site.
Waste materials		Trips, slips, falls, disease, adverse physical reactions	• Use bins and cover. • Remove rubbish often. • Hazardous materials to be removed and disposed of offsite using a recognised waste chemical removal contractor.

Hazard	Relevant ✓/ ✖	Risk	Controls
Working alone			• No working alone in specified hazardous areas (See Contractor Health and Safety Induction Booklet) • Check in with Security (09 373 7599, ext. 85000) • Give expected start and stop times • Check in when work complete
Working in animal research laboratories		Immunological allergic response	• Liaise with University Project Manager and Laboratory Manager and document a risk plan • Follow risk management and hygiene procedures • Contractors / subcontractors with allergies to animals are not permitted to work in animal laboratories. • Do not enter the laboratory if you are suffering from vomiting or diarrhoea.
Working in Microbiological / Virology laboratories		Contamination and resulting ill health that could be fatal	• Liaise with University Project Manager and Laboratory Manager and document a risk plan • Follow risk plan and hygiene procedures • Do not enter the laboratory if you are suffering from vomiting or diarrhoea.
Working in laboratories that contain x-ray equipment or radiation sources		Harmful exposure to x-ray and radiation sources	• Liaise with University Project Manager and Laboratory Manager and document a risk plan • Follow risk plan and hygiene procedures • Do not enter the laboratory if you are suffering from vomiting or diarrhoea.
List other site specific hazards			• •
			• •
			• •
			• •

Contractor Site Induction Confirmation

Description of Project _____

Project No _____

Confirmation of Site Induction

This is to confirm that _____ (Contractor's Representative) from

_____ (Company name)

has completed the University of Auckland's Minor Works Health and Safety Site Induction

on _____ (Date) and has understood the information.

The Company representative shall ensure all their subcontractors and employees under their control are informed of the same and that no person shall be permitted to work on the contract without being so informed

_____ (Signature)

Please check each induction item to indicate that you received information and understood it.

Site Induction

Item	☑	☒
1. You and all subcontractors/employees under your control have been advised of the hazards specific to the site and know what you must do to comply with the hazard controls.		
2. You and all subcontractors/employees under your control have the correct personal protective equipment for the job you are doing.		
3. You and all subcontractors/employees under your control understand the emergency procedures for the site.		
4. You and all subcontractors/employees under your control have the correct licenses, certificates, or have had training for the job you are doing. (Please put N/A if this is not applicable to you).		
5. You and all subcontractors/employees under your control have attended a Site Safe (or similar) course.		
6. You and all subcontractors/employees under your control have advised the UoA Project Manager of potential hazards or emergencies related to your work and have procedures to manage these.		
7. You and all subcontractors/employees under your control have attended the annual UoA Contractors Health and Safety Induction Session		
8. Is a hotworks permit or services isolation required for this project?		
9. You understand that you are responsible for your own safety and the safety of other subcontractors/employees under your control. (E.g. If you bring anyone on-site, ensure they are inducted onto the site)		

Comments

Note: Use the **Comments** area to note potential hazards / emergencies / isolations as appropriate, and to comment on supplier / contractor health and safety performance.

Appendix A, Suspected Asbestos Material or Products at University of Auckland Campuses

Asbestos Report Form

Use this form to record any actual or suspected asbestos or asbestos-containing material (ACM) encountered while working on University premises, that you have not been notified of.

Complete the form and forward it as soon as possible to your University contact.

Details of Suspected Material

Location/s

Condition of material

(e.g. degraded)

Appendix B, University of Auckland Accident/Incident Report Form

THE UNIVERSITY OF AUCKLAND
NEW ZEALAND

Vault Reference Number

Incident and Accident Reporting Form

Report to be completed as soon as possible after the incident.
(Line Manager or Academic Leader to complete if the injured person is unable to do so and check the accuracy of information)
Report to HoD and HSW Service. File one copy in local files and send copy to the HSW Service.

An 'incident' is any unplanned event resulting in, or having a potential for injury, ill-health, damage or other loss, and may also be termed a "near-miss", "close call" or "dangerous occurrence". An 'accident' is where actual harm or damage occurs to a person(s).

Did the incident result in serious injury / ill-health or was only narrowly avoided?

☐ Yes* ☐ No **If yes, **preserve the scene** and notify the Health, Safety and Wellbeing (HSW) Service **immediately** to determine whether a formal investigation is required.*

Health, Safety and Wellbeing Service: Phone: 09 923 4109 E-mail: HSW@auckland.ac.nz Mobile: 027 801 2042

Section 1. Reporting

What Faculty or Service Division does this involve?

Faculty / Service Div.	
Department	

Who is reporting the accident/incident?

Name		Staff/Student ID (if applicable)	
Contact Details	Phone:	Email:	

Where and when did it happen?

Building (or location)		Date	
Level (Floor) and room		Time	

How was or could have injury, ill-health or damage been caused?

☐ Being hit by objects or things	☐ Heat, radiation or energy	☐ Slip, trip or fall
☐ Biological factors	☐ Hitting objects with part of the body	☐ Vehicle accidents
☐ Body stressing	☐ Psychosocial (inc. mental health)	☐ OOS or RSI
☐ Chemicals/substances	☐ Sound or pressure	☐ Something else:

Description of accident/incident
(If not enough room, please attach separate sheet or sheets. Attach Witness statements, diagrams and photos.)

E.G.: I was putting away some files when door slammed shut and caught my finger in filing cabinet door.

Who witnessed the accident/incident?

Name		Name	
Contact		Contact	

Signature of reporting person:

Date:

Ensure the Head of Department/Line Manager has been informed

Was anybody injured or made ill (Harmed)?

☐ **Yes.** If it is serious, inform the HSW Service without delay. Proceed to section 2.
☐ **No.** Proceed to section 3 to see if there are any 'opportunities to learn'.

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Appendix B, University of Auckland Accident/Incident Report Form, Continued

Section 2. Harm (if applicable)

Injured person

Name		Date of Birth	
Contact Details	Phone:	Email:	
Residential address			

Role or job title of injured person:

☐ Staff	☐ Student	☐ Other	Staff/Student ID No.
Gender:	Signature:		Date:

Period of employment of injured person: (if applicable)

☐ 1st week ☐ 1st month ☐ 1-6 months ☐ 6 months - 1 year ☐ 1-5 years ☐ Over 5 years

Time at work prior to injury: (if applicable

Started work at ____ am / pm Incident occurred at ____ am / pm Hours on shift ____ hours

Treatment of injury:

☐ Nil ☐ First-aid ☐ Doctor/Emergency Dept. (not hospitalised) ☐ **Hospitalised (admitted)**

Where were they treated?

Location ____ Doctor (if known)) ____

What caused the injury? (Agency of harm)

☐ Human factors (unsafe acts or behaviours)
☐ Chemical or chemical products
☐ Machinery or (mainly) fixed plant
☐ Powered equipment, tools or appliances
☐ Animal, human or plant/vegetation (biological agency)
☐ Environmental (e.g. heat, cold)
☐ Material or substance
☐ Non-powered hand tool or equipment
☐ Other biological factors (e.g. Bacterial or viral)
☐ Exposure (e.g. dust, gas, noise, etc.)
☐ Mobile plant or transport
☐ Other

Nature of injury or damage (Specify all):

☐ Abrasion/scratches
☐ Amputation
☐ Bruising/crushing
☐ Burn/scald
☐ Concussion
☐ Dislocation
☐ Puncture wound
☐ Reaction
☐ Disease
☐ Mental Health
☐ Other
☐ Eye injury
☐ Foreign body
☐ Fracture
☐ Internal injury
☐ Laceration/cut
☐ Sprain or strain
☐ Contamination/poisoning/toxic
☐ Occupational Hearing Loss
☐ Gradual process/OOS or RSI
☐ Fatal

Body part:

☐ Head ☐ Neck ☐ Trunk
☐ Arms/hands ☐ Legs/feet ☐ Multiple locations
☐ Systemic (internal organs)

Side of Body:

☐ Left ☐ Right ☐ Not Applicable

☐ Other (specify)

Description of Injury

(As much detail as possible)

E.G. : Crushed middle finger on left hand

Office use only – HSW Service Injury Claims Manager to complete

Do you accept this as a work related injury? ☐ Yes ☐ No ☐ Unsure ☐ Not applicable

I, the undersigned, declare that the details above have been completed accurately, truthfully and fully to the best of my knowledge and belief, and I understand that providing a false or misleading statement is an offence.

Signature of Injury Claims Manager: ____ Date: ____

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Appendix B, University of Auckland Accident/Incident Report Form, Continued

Section 3. Investigation

To be carried out by local line manager for accidents/incidents that are not notifiable. Note: The Health and Safety Representative can assist where necessary and it is good practice to do so.

For **Notifiable Events**, a formal investigation must be carried out in accordance with Worksafe NZ's instructions by the HSW Service.

Analysis of what happened	
What were the root causes of the accident/incident? Consider the following factors:	
People:	
Equipment:	
Environment:	
Procedures:	
Organisation:	

What can be done to prevent it happening again?

What needs to be done now?	**Who should do it?**	**By when?**

Incident/Accident investigated by:	**Date:**	**Signature:**

Head of Dept. / Line Manager	***Department***	**Date:**	**Signature:**

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Appendix C, Identified Hazards

Tick the hazards relevant to the work you are contracted to do.

Asbestos	☐	Working at Heights	☐	Obstructed access ways	☐
Chemicals	☐	Ladders	☐	Isolation of fire detection systems	☐
Vapours, Fumes, Dust	☐	Scaffolds	☐	Vehicle Traffic / Pedestrian Hazards	☐
Confined Space Entry	☐	Cranes	☐	Disconnection of services:	
Electrical	☐	Mobile Platforms	☐	▪ Lifts	☐
Gas Safety	☐	Fall Restraint Systems	☐	▪ Power	☐
Hotwork, welding	☐	Excavations	☐	▪ Gas	☐
Machinery lockouts	☐	Excessive Noise	☐	▪ Water	☐
Public safety hazards will be created	☐				

Hotwork

Have you been issued with a 'hotwork permit' by Property Services? YES / NO

If "No" you must obtain one prior to conducting such work.

Isolation of Fire Detection Protection Systems	
Do you need to isolate any building fire detection or protection systems?	YES / NO
If yes, what system?	
Which rooms/areas?	
Duration of isolation:	
Has Property Services at the University of Auckland been informed?	
Emergency Information	
Nearest fire exit is:	
Alternative exit is:	
Building assembly point is:	
Nearest fire alarm point is:	
Nearest emergency security call point is:	
First aid kit location:	
Closest medical centre:	
If working alone, have you checked in with Security? (Tel: 09 373 7599, ext 85000)	YES / NO

Appendix D, University of Auckland, Application for Isolation, Scope and Restricted Work Permits

THE UNIVERSITY OF AUCKLAND
NEW ZEALAND
Te Whare Wānanga o Tāmaki Makaurau

APPLICATION FOR ISOLATION,
SCOPE AND RESTRICTED WORK PERMITS

Please tick:

☐ REQUEST FOR FM TO SCOPE AN ISOLATION

☐ ISOLATION APPLICATION

☐ RESTRICTED WORK PERMIT APPLICATION

CONDITIONS:

- *This form should be completed with reference to the documented standard operating procedure.*
- *This form is designed to be typed and emailed at each stage.*

WORK ORDER APPLICATION NUMBER (Facility Administration Office Only)	

Section A				
UoA Project Manager		Phone number		
Project Number	Date of Application			
Anticipated Start Dates *Please note that applications received less than 5 working days away could be declined and a new start date may be suggested.*	Start Date	Time	Finish Date	Time
Job description including intended equipment to be used: (required to ensure the correct services are scoped)				
Method Statement: (required section, please attach any additional information that may assist the speed of application process, e.g. floor plans)				

Continued on next page

Appendix D, University of Auckland, Application for Isolation, Scope and Restricted Work Permits, Continued

Service to be isolated (if known, otherwise FM can advise) (e.g. HVAC / electrical / domestic water / chilled -condenser water / heating water / gas / security / fire / other) If 'other', please specific:		
Equipment to be isolated (if known, otherwise FM can advise)		
University building number (one application per building please) **Level(s)** **Room Number(s)**		
RESTRICTED WORK DETAILS		
Does your project involve restricted work as described in the SOP?	YES ☐	NO ☐
Type of Restricted work (Ensure site specific safety plan is provided.) Hot work / Asbestos / Explosives / Height / Confined Space / Excavation / Extra High Voltage /		
Type of equipment to be used		
Does the restricted work require notification to Work Place NZ?	YES ☐	NO ☐
Anticipated Dates required for Restricted Work	**Start Date/Time**	**Finish Date/Time**
Is the restricted work weather dependant? (Permits dates can be changed accordingly)	YES ☐	NO ☐
Section B		
Contractor contact details	Name	Contact Number
Departmental approval received for period requested	Department contact name	Contact Number

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Continued on next page

Appendix D, University of Auckland, Application for Isolation, Scope and Restricted Work Permits, Continued

Section C	(For Completion by Building Services Technicians)		
Isolation scope reviewed by	Name of person that has scoped the isolation	contact number	
Date of isolation scope review:	_____	_____	
		Y	N
Application Approved		☐	☐
Hot Work Permit Required		☐	☐
Approval pending : *More information needed see below*		☐	☐
FM Feedback:			
If an Isolation is required, it shall be:	Continuous ☐	Reinstated daily ☐	

Section D	(For Completion by Facilities Maintenance Admin)	Y	N
Contractor Booked		☐	☐
Work Order(s) Raised and their numbers:		☐	☐
Hot Work Permit issued and it's number:		☐	☐
Purchase Order Raised {Number ( ) }		☐	☐

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