

**JOB START MEETING RECORD**

Ask everyone before commencing work 'ARE YOU FIT FOR WORK'.

☐ yes or ☐ no (tick correct)

If 'no' is registered, the supervisor must not allow the person to commence work. Supervisor to contact the S&amp;T

Coordinator immediately to get direction on managing the condition of the person.

LOCATION/S		TIME/DATE	:	/	/
			:	/	/
			:	/	/
WORK DESCRIPTION / MEETING CONDUCTED BY					

**ASK THESE QUESTIONS OF EVERYONE ON SITE BEFORE COMMENCING WORK:**

<b>RAIL:</b> Has appropriate track protection been taken out? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<b>ALL:</b> Are all employees and contractors on site competent, appropriately certified and correctly dressed with appropriate PPE? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>ROAD:</b> Is my traffic management plan adequate and properly implemented? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<b>ALL:</b> Have the movements of surrounding equipment been controlled to eliminate any risk to our people? (Eg overhead cranes, mobile equipment, etc). <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>ALL:</b> Do all workers understand the Work Task; have had buy-in and have signed the Work Task as being accepted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<b>ALL:</b> Is the equipment suitable for the task being carried out? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>EMERGENCY:</b> Communicate these point to everyone on site: <ul style="list-style-type: none"> <li>Evacuation Assembly Point (supervisors car or as advised)</li> <li>Emergency Procedures communicated to all people on site</li> <li>Emergency contact numbers</li> </ul> <input type="checkbox"/> Yes <input type="checkbox"/> No (Includes employees, workers, contractors & visitors)	<b>ALL:</b> Have you considered the potential for Environmental harm i.e. chemical spillage, excessive noise levels, waste removal? <input type="checkbox"/> Yes <input type="checkbox"/> No
If "NO" is answered, complete JSA Form No. SHRI-005-WHSF-02 to eliminate risks.	
DO NOT PROCEED WITHOUT RISKS BEING CONTROLLED	

**WORK SITE SAFETY REVIEW – Ask the question of everyone**Did we have an injury yesterday, which was not recorded? ☐ Yes or ☐ No (tick correct)

If 'yes' record all details and provide report to S&amp;T Coordinator - Form SHRI-005-WHSF-ST04. Ensure the person/s is fit for work.

Did anyone observe a Hazard / Close Call yesterday that was not recorded? ☐ Yes or ☐ No (tick correct)

If 'yes' include the detail in today's process. Coach the person/s who flagged the event that we must identify Hazards immediately!

<b>Stop:</b> Observe all hazards  <b>Think:</b> Through the task and step it out  <b>Assess:</b> Hazards, risks and preventative actions  <b>Review:</b> Apply HAZARD, PATHWAY & IMPACT (*see below)  <b>Talk:</b> Communicate the process to everyone <b>*HAZARD:</b> What can go wrong? <b>PATHWAY:</b> How can it occur? <b>IMPACT:</b> What is the likely result?	<b>Stop, Think &amp; Assess</b> <i>Identify ALL Hazards!</i>	<b>Assess</b> <i>What's the Risk – Impact Factor</i>	<b>Review &amp; Talk</b> <i>All agree on controls</i>
<b>REVIEW KEY LEARNING OUTCOMES – WRITE WHAT WAS COMMUNICATED TO EVERYONE</b>			

**JOB FINISH MEETING RECORD****Uncontrolled Hazard (Close Call) – ASK THE QUESTION – *Did we observe an uncontrolled hazard or close call which was not recorded?***☐ Yes or ☐ No (tick correct) If 'Yes' record the hazard below and communicate the outcome

<b>Stop, Think &amp; Assess</b> <i>Identify ALL Hazards!</i>	<b>Assess</b> <i>What's the Risk – Impact Factor</i>	<b>Review &amp; Talk</b> <i>All agree on controls</i>

<b>Fatigue:</b> Are we OK to travel?  <b>Inspect:</b> Ask your mate the same question?  <b>Now:</b> Look for the warning signs of fatigue?  <b>Secure:</b> Your tools and loads for safe travel?  <b>Housekeep:</b> Take your litter and dispose correctly; complete documentation	<b>Fatigue, Inspect, Now, Inspect, Secure, Housekeep</b> <i>Identify ALL Hazards</i>	<b>Fatigue, Inspect, Now, Inspect, Secure, Housekeep</b> <i>What's the Risk – Harm Factor</i>	<b>Fatigue, Inspect, Now, Inspect, Secure, Housekeep</b> <i>All agree on controls</i>
	<b>REVIEW KEY LEARNING OUTCOMES – “WRITE” WHAT WAS COMMUNICATED TO EVERYONE</b>		
	<b>DAMAGED EQUIPMENT – Ask the Question? “DID ANYONE DAMAGE OR OBSERVE FAULTY EQUIPMENT?”</b> <input type="checkbox"/> Yes or <input type="checkbox"/> No (tick correct) If 'Yes' record the equipment below and tag it “out of service” if it fails inspection. (Report all damaged equipment to Supervisor and complete Plant Fault report form SHRI-004-WFQA-08).		
<b>IS THE WORKSITE “RAIL NETWORK SAFE”</b> <input type="checkbox"/> Yes or <input type="checkbox"/> No (tick correct) <i>If 'No' is registered follow the SHR Procedure to make site safe. DO NOT LEAVE UNTIL DEEMED SAFE</i>			
<b>ASK EVERYONE BEFORE LEAVING SITE: “ARE YOU FIT FOR TRAVEL”</b> <input type="checkbox"/> Yes or <input type="checkbox"/> No (tick correct) <i>If “NO” is registered, the supervisor must manage the risk factors of the person/s health condition with proper safe work controls to achieve NO INJURY TO ANYONE ANYTIME</i> <b>The S&amp;T COORDINATOR must be informed if a NO is registered and how the risk was managed.</b>			

**ALL EMPLOYEES/WORKERS/CONTRACTORS & VISITORS MUST PRINT NAME & SIGN IN & OUT OF SITE BELOW**

NAME	SIGN		NAME	SIGN		NAME	SIGN	
	IN	OUT		IN	OUT		IN	OUT

S&amp;T Coordinator Name:

Date:        /        /

Signature (Process Safe and Complete):