



WHS DOCUMENT MANAGEMENT PROCEDURE

Version No	3.0
Issued	22 nd Aug 2018
Next Review	Aug 2021
GDS	12.63.1

1. OVERVIEW

This procedure provides the minimum standards that the District Council of Orroroo Carrieton (**the organisation**) will maintain its Work Health and Safety ('WHS') management system documentation to, so that documents are drafted, maintained, described, controlled and referenced appropriately.

This procedure aims to ensure:

- (a) The WHS management system conforms with legislative requirements and ReturnToWorkSA's Performance Standards for Self Insurers ('PSSI');
- (b) Documents are drafted, developed, maintained and controlled by competent persons;
- (c) The Health and Safety Committee ('HSC'), Health and Safety Representatives ('HSRs'), workers and their representatives and other WHS duty holders (where relevant) are consulted during document development, review and implementation;
- (d) Newly developed or amended documents are communicated to all relevant workers and stakeholders (where applicable) and included in a document development and review schedule; and
- (e) Training is provided when new documents are developed, or when amendments are made to existing documents, and is recorded within the WHS management system.

SIGNED

Chief Executive Officer

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Chairperson, WHS Committee

Date: 22 / 8 / 2018

Date: 22 / 8 / 2018

2. CORE COMPONENTS

The core components of the organisation's WHS document management procedure aim to:

- (a) Implement a clear system for the identification of the need and control for specific documents;
- (b) Ensure people undertaking the development and control of documents are competent in the subject area (through appropriate training and/or experience);
- (c) Develop documented evidence of consultation with relevant stakeholders;
- (d) Consider the format that is appropriate to the document's audience and purpose;
- (e) Allow for the preparation of documents containing suitable and adequate information (e.g. procedures have enough information to allow safe work practices to be developed);
- (f) Implement a documentation sign off process by the Chief Executive Officer to show it is an 'official version' and meets the requirements of this procedure;
- (g) Implement a system for the review of WHS draft documentation in consultation with appropriate workers (or their representatives); and
- (h) Introduce and maintain a system for recording documents (including policies, procedures, forms and templates) and retaining records (including internal and external reports and records) to enable effective control of WHS management system documentation.

3. DEFINITIONS

Competent person	A person who has acquired through experience, qualification or training, the knowledge and skill to carry out the task. [as defined in the Work, Health and Safety Regulations, 2012]
Consultation	Consultation requires that: <ol style="list-style-type: none"> a) relevant information about the matter is shared with workers; b) workers are given a reasonable opportunity to express their views and raise WHS issues in relation to the matter and to contribute to the decision making process; c) the views of workers are taken into account; d) workers are advised of the outcome of any consultation in a timely manner; and e) if workers are represented by a HSR, the consultation includes the HSR [Work Health and Safety Act 2012, Section 48]
Health and Safety Representative ('HSR')	A Health and Safety Representative is elected by a work group to represent workers in the work group on matters affecting their health, safety and welfare.



WHS DOCUMENT MANAGEMENT PROCEDURE

Version No	3.0
Issued	22 nd Aug 2018
Next Review	Aug 2021
GDS	12.63.1

Health and safety committee ('HSC')	<p>The functions of a Health and Safety Committee are:</p> <ol style="list-style-type: none"> a) to facilitate co-operation between the organisation and workers in instigating, developing and carrying out measures designed to ensure the workers' health and safety at work; b) to assist in developing standards, rules and procedures relating to health and safety that are to be followed or complied with at the workplace; and c) any other functions prescribed by the regulations or agreed between the organisation and the HSC. <p>[Work Health and Safety Act 2012, Section 77] (Refer to Communication and Consultation Procedure for further information.)</p>
Record	<p>Means:</p> <ol style="list-style-type: none"> a) written, graphic or pictorial matter; or b) a disk, tape, film or other object that contains information or from which information may be reproduced (with or without the aid of another object or device). <p>[as defined in the State Records Act 1997] For example, records include contracts, purchase orders, meeting records, training records, etc.</p>
Safe Work Instruction ('SWI')	<p>Safe Work Instructions are written instructions for tasks involving recognised hazards, which:</p> <ol style="list-style-type: none"> a) have relevance to the organisation's tasks and activities; and b) outline the required method of undertaking a task whilst emphasising ways to minimise any risk of harm. <p>Otherwise called a Safe Operating Procedure (SOP).</p>

4. PROCEDURE

4.1. Document control

- 4.1.1. The organisation's management team will facilitate a document development and review schedule contained within the Master Control Register spreadsheet, which includes all WHS management system documents, by a nominated competent person.
- 4.1.2. WHS documents will be provided in a manner and format that is easy to understand and allows easy accessibility for the required users.
 - a) Master copies will be stored in hard copy (or in electronic format on the organisation's intranet) in accordance with the organisation's records management system.
 - b) Hard copies of relevant documentation will be provided to persons who do not have ready access to the intranet or when instructions are required at point of use (eg plant and equipment operating instructions).
 - c) Printed documents will be considered uncontrolled and will be identified as such.

4.2. Creation of new or additional WHS documents

- 4.2.1. The need for new or additional documents for inclusion into the organisation's WHS management system may be based on:
 - a) Legislative requirements
 - b) PSSI requirements
 - c) Local Government Association Workers Compensation Scheme ('LGAWCS') suggestion
 - d) System failures reported during accident or incident investigation or as a result of audit findings
 - e) Suggestions from workers or their representatives, stakeholders or other external advisors
 - f) Industry or organisational best practice
- 4.2.2. Requests for new documents will be considered by the organisation's management team and/or HSC depending on the particular document requested.
 - a) If it is agreed that the requested document is a required part of the WHS management system, timeframes for development will be set and a nominated competent person or groups of persons will be directed to produce a draft document (as described below).
 - b) If the organisation's management team and/or HSC (as appropriate) decide, after consulting with affected workers and their representatives, that there is no need for the document they will advise the requestor and provide reasons for the decision.



WHS DOCUMENT MANAGEMENT PROCEDURE

Version No	3.0
Issued	22 nd Aug 2018
Next Review	Aug 2021
GDS	12.63.1

- c) The document development process will reference applicable WHS legislation, Australian Codes of Practice, Standards or other guidance documents.

4.2.3. WHS documentation will be in a standard format to enable document control,

- a) The header should include:
- The organisation's name and logo;
 - WHS subject name and type (eg policy, procedure, etc);
 - Version number;
 - Date of document issue; and
 - Date of next review.
- b) A footer should include:
- A statement that alerts the reader that the printed copy is uncontrolled and may not be current, directing the reader to verify that the document is the current version; and
 - The page number and total number of pages of the document (eg Page X of Y).
- c) Any draft document will clearly indicate that it is a draft.
Where a 'One System' Model document has been used as a template for the organisation's document, the organisation should keep a record of the details of the template used. Refer to Document History in Section 11.

4.2.4. The circumstances of the likely audience should be considered in the choice of format for the documentation, including:

- Literacy capabilities, learning difficulties and English as a second language;
- Appropriate strategies identified eg verbal delivery, one to one delivery and/or translation of documents into different languages; and
- In so far as is reasonably practicable, the information and instruction in any document is to be provided in a way that is readily understandable to any person to whom it is provided.

4.3. WHS policies and procedures

4.3.1. A WHS policy is a guiding principle which sets out the organisation's philosophy and commitment to a particular issue. It includes a general statement of intent and provides a principal course of action. Compliance and cooperation with a WHS policy is mandatory.

4.3.2. A procedure describes in detail the process or course of action to be taken to implement the principles of a policy. Compliance with a WHS procedure is mandatory for those persons to whom the activity relates.

4.3.3. Draft WHS policies and procedures will be developed by the organisation's HSC or Manager of Corporate & Community Services.

4.3.4. The HSC or Manager of Corporate & Community Services will prepare and maintain a document development and review schedule for WHS policies and procedures.

- WHS policies and procedures will be scheduled for review at least every three years, or more frequently if legislation or organisational needs change or non-conformance is identified.
- The organisation's management team will provide direction to the HSC when timeframes are not being met.

4.3.5. Once a draft WHS policy or procedure has been developed the following should occur:

- The finalised draft document is presented to the HSC for discussion
- The HSC will check that:
 - the document is easy to read and understand;
 - the document conforms with legislative and PSSI requirements; and
 - the core components can be satisfied if readers follow the instructions.
- The HSC (or other relevant group/process) will determine when the draft document is ready for consultation and identify the appropriate stakeholders (in accordance with legislative requirements) and appropriate timeframe for consultation. Minutes will record that this has occurred. These details may also be recorded on the document development and review schedule.
- The draft policy or procedure will be distributed to the appropriate stakeholders for consultation via the approved communication and consultation channels.

WHS DOCUMENT MANAGEMENT PROCEDURE

Version No	3.0
Issued	22 nd Aug 2018
Next Review	Aug 2021
GDS	12.63.1

The LGAWCS template *Implementation Process Flowchart* (Appendix 1) can be used as a guide for the process. The Implementation Checklist (Appendix 2) may be utilised to facilitate the recording of consultation and feedback in a systematic and standardised format.

- e) Relevant department managers, HSC members and/or HSRs will, within their representative groups:
 - i. discuss the draft document;
 - ii. share relevant information; and
 - iii. give workers and their representatives a reasonable opportunity to express their views and contribute to the decision making process
 within the allocated timeframe for consultation.
- f) Department and/or other group meeting records will record the outcomes of consultation related to the draft document and feedback will be provided to the HSC within the allocated timeframe for consultation.
- g) The HSC will take into account feedback received and agree on any necessary amendments.
- h) If there is substantial change to the content of the document, further consultation will occur. Minor changes to grammar and spelling are not deemed a substantial change.
- i) Once a final document is agreed upon, the HSC will endorse the document and forward it to the Chief Executive Officer and Chair of the Health and Safety Committee for final approval and sign off.

4.3.6. Approved policies, procedures and guidelines will be signed by the Chief Executive Officer and Chair of the HSC.

- a) Once approved, workers who were consulted during document development will be advised of the outcome.
- b) The original signed document/s will be retained in the relevant master file for archiving and loaded onto the intranet in accordance with this procedure and the General Disposal Schedule 20 for Local Government.
- c) The approved document will be included in the document development and review schedule. This is included in the Master Control Register spreadsheet.
- d) Where hard copy documents are required, the relevant manager will facilitate the replacement of obsolete documents with updates as required, so that current versions are available at all points of use.
- e) A training schedule for workers and other relevant stakeholders will be developed in accordance with the organisation's WHS Induction and Training procedure.

4.4. Safe Work Instructions (SWI)

4.4.1. A SWI provides practical guidance and advice on the implementation of a particular activity or task. Compliance with a Guideline/SWI is mandatory for those persons to whom the activity relates.

A template *Safe Work Instruction* may be utilised to ensure consistency of documentation - refer to Appendix 4.

4.4.2. The Manager of Corporate & Community Services will prepare and maintain an up to date document development and review schedule for SWIs.

- a) The risk assessment process will determine when the development of a SWI is required, with the following mandatory requirements:
 - i. A SWI will be developed for all tasks involving plant and equipment when indicated by a risk assessment and for all hazardous chemical use;
 - ii. SWIs will be developed by a competent person as nominated by the department manager.
 From time to time, SWIs may be required for use across multiple departments. In these instances, a sub-committee of the HSC should be responsible for the development, consultation and review of these documents and they should be included on the HSC's document development and review schedule.
- b) SWIs shall be scheduled for review at least every three years, or more frequently if legislation or organisational needs change or a non-conformance is identified.
- c) Each departmental document development and review schedule shall be monitored and reviewed by the HSC (or other relevant group/process) every quarter.
- d) The HSC (or other relevant group/process) shall refer the document development and review schedule to the organisation's management team if timeframes are exceeded.

WHS DOCUMENT MANAGEMENT PROCEDURE

Version No	3.0
Issued	22 nd Aug 2018
Next Review	Aug 2021
GDS	12.63.1

4.4.3. SWIs shall be developed in an approved template that includes the following information at a minimum:

- a) Clear reference to the Task Risk Assessment undertaken before SWI development;
- b) Description of the activity or process;
- c) Any prohibitions relevant to the activity or process;
- d) The number of people required to undertake the activity or process and the competency requirements of those persons;
- e) The person or position that has supervisory responsibility for the activity or process;
- f) Personal protective equipment to be worn whilst undertaking the activity or process;
- g) Tools or other equipment used in the activity or process and their SWI/SOP reference;
- h) The environment or location where the activity or process is to be undertaken;
- i) Potential hazards and their associated risk as identified by the task risk assessment;
- j) The controls required to prevent injury and/or persons coming in contact with known hazards;
- k) A clear explanation, in sequential order, of the steps or stages comprising the activity or process;
- l) Any relevant environmental, clean-up and waste disposal measures;
- m) Emergency response procedures;
- n) Licensing and clearance to work requirements (if any); and
- o) Reference to legislation, Codes of Practices and/or Australian Standards.

4.4.4. Once a draft SWI has been developed, a timeframe for consultation shall be determined.

- a) The finalised draft document and any other relevant information shall be presented to the relevant workers, HSRs and/or stakeholders for discussion via the approved consultation channels. A reasonable opportunity shall be provided for the workers, HSRs and stakeholders to express their views and contribute to the decision making process. Department meeting minutes shall record that consultation has commenced.
- b) Workers, HSRs and stakeholders should discuss the draft document with their representative groups within the allocated timeframe.
- c) Documented feedback should be provided to the department manager or nominated person within the allocated timeframe.

The Review Checklist (Appendix 3) may be utilised to record consultation and feedback in a systematic and standardised format.

- d) The department manager will consider and take into account feedback received and (in consultation with the document developer) determine what information is to be incorporated or deleted.
- e) If there is substantial change to the document, the document will be re-sent throughout the department or to the relevant workers/stakeholders for further consultation.
- f) Once a final document is agreed upon the department manager shall approve the document and advise affected workers of the outcome.

4.4.5. Approved SWIs shall be signed by the department manager and retained, stored and displayed in accordance with 4.3.6 above.

4.5. Safe Work Method Statement (SWMS)

4.5.1. A SWMS is a document that records the steps in an activity, the hazards associated with the activity, the controls required to conduct the activity safely and the method for employing such controls. A SWMS is legally required to be developed for the 18 high risk construction work activities defined in the WHS Regulations 2012: Regulation 291.

See the [SafeWork Australia Safe Work Method Statements for High Risk Construction Work Information Sheet](#)

4.5.2. The Works Supervisor will facilitate a SWMS being completed prior to commencing the construction work if the construction work involves high risk construction work. The organisation's staff should reference the LGAWCS WHS Construction Activities Guidance Checklist if high risk construction work is being undertaken, to check legislative requirements are met.

4.5.3. The SWMS will set out the high risk construction work activities to be carried out in a logical sequence, the hazards arising from these activities and the measures to be put in place to control the risks. The description of the process should not be so broad that it leaves out



WHS DOCUMENT MANAGEMENT PROCEDURE

Version No	3.0
Issued	22 nd Aug 2018
Next Review	Aug 2021
GDS	12.63.1

activities with the potential to cause accidents and prevents proper identification of the hazards, but neither is it necessary to go into fine detail of the tasks.

- 4.5.4. The SWMS must be able to be easily read by those who need to know what has been planned to manage the risks, implement the control measures and ensure the work is being carried out in accordance with the SWMS.
- 4.5.5. The SWMS will be kept at the workplace where high risk construction work is being carried out and will be retained for at least 2 years after a notifiable incident occurs and in accordance with the organisation's record management system requirements.
- 4.5.6. A review of the SWMS is required if relevant control measures are revised, as per WHS Regulations.
- 4.5.7 SWMS schedules are incorporated into the Master Control Register spreadsheet.

4.6. Implementation process

- 4.6.1. Each WHS document should have a formal implementation process applied to its introduction into the organisation, which at a minimum addresses the following;
 - a) The timeframe set for implementation
 - b) Identification of the stakeholder groups
 - c) The identification of the required level of training/information exchange for each stakeholder group
 - d) The development of training/information packages
 - e) The delivery of the training/information
 - f) The introduction of the documented process and confirmation that it is effective

A copy of an Implementation Checklist is included in Appendix 2.

4.7. Document review

- 4.7.1. All WHS management system documents shall be subject to audit and review. The review process should consider:
 - a) The adequacy and effectiveness of documentation content;
 - b) Conformance with legislative requirements;
 - c) System failures reported during accident or incident investigation or as a result of audit findings and any resultant amendments;
 - d) Any suggestions from workers or their representatives, stakeholders or other external advisors; and
 - e) Other relevant information.

A copy of a Review Checklist is included in Appendix 3.

- 4.7.2. The document development and review schedule/s (within the Master Control Register spreadsheet) shall program every document to be reviewed at least every 3 years and shall be maintained to reflect any changes as they occur.
- 4.7.3 Review can be undertaken through several methods using the Document Review Checklist (refer to Appendix 3):
 - individual
 - via work group or staff meetings
 - relevant stakeholders

Once a final document is agreed upon, the HSC will endorse the document and forward it to the Chief Executive Officer and Chair of the Health and Safety Committee for final approval and sign off.

4.8. Records Management

- 4.8.1. The WHS management system will generate significant documents that relate to the production, tracking and retaining of WHS management system records. These records need to be

WHS DOCUMENT MANAGEMENT PROCEDURE

Version No	3.0
Issued	22 nd Aug 2018
Next Review	Aug 2021
GDS	12.63.1

managed effectively in order to be able to show that the PCBU, its officers and workers have all discharged the duties placed upon them.

Such documents can include: compliance registers for inspections, monitoring and testing records, completed documentation such as completed work site inspections, risk assessments and audit records, etc.

Local Government have specific requirements that relate to records management, and WHS documents are maintained in line with these requirements. See the General Disposal Schedule 20 for Local Government for the pertinent detail and process to be followed.

5. TRAINING

- 5.1. Managers, supervisors, HSRs and members of the HSC shall be trained in the organisation's WHS document management process.
- 5.2. The organisation's training needs analysis will be updated and a training plan developed for workers and other relevant stakeholders when WHS documentation is created or modified.
The LGAWCS templates *Implementation Process Flowchart* and *Implementation Process checklist* (Appendix 1) may be utilised to ensure a planned approach.

6. RECORDS

The following records should be maintained:

- 6.1. Records relating to the consultation process for WHS system documentation;
- 6.2. Records relating to the development and review of policies, procedures, SWIs/SOPs, SWMS and other WHS management system documentation; and
- 6.3. Training needs analysis, training plans and training records.

Records must be managed in line with the current version of General Disposal Schedule 20 for Local Government.

7. RESPONSIBILITIES AND ACCOUNTABILITIES

- 7.1. The organisation's management team is accountable for:
 - 7.1.1. Maintaining legislative compliance;
 - 7.1.2. Approving required expenditure for WHS;
 - 7.1.3. Encouraging a work environment that facilitates consultation and communication at all levels throughout the organisation;
 - 7.1.4. Approving WHS documentation, if appropriate;
 - 7.1.5. Providing direction when document development and review schedules are not being met and/or maintained and when document control measures are not applied; and
 - 7.1.6. Checking that the organisation's WHS management system conforms to the PSSI.
- 7.2. Managers and supervisors are accountable for:
 - 7.2.1. Checking that WHS is a standard item in relevant department meetings;
 - 7.2.2. Checking that creation and modification of WHS documentation is performed by competent persons;
 - 7.2.3. Checking that an easily identifiable and documented audit trail for all WHS documentation is produced that demonstrates the processes for document development, consultation, approval, communication, implementation and review;
 - 7.2.4. Identifying relevant participants in any consultation process so that they are provided with all relevant information in order to provide their view;
 - 7.2.5. Providing HSRs and HSC members with sufficient time to undertake their role effectively;
 - 7.2.6. Checking that consultation feedback is documented and forwarded to the HSC or department manager (as applicable);
 - 7.2.7. Checking that relevant information from the HSC and/or management team is communicated and discussed within the department;
 - 7.2.8. Advising affected workers and other stakeholders of outcomes in a timely manner after any decision has been made;
 - 7.2.9. Providing training for workers and other stakeholders when new or modified WHS documents are produced;



WHS DOCUMENT MANAGEMENT PROCEDURE

Version No	3.0
Issued	22 nd Aug 2018
Next Review	Aug 2021
GDS	12.63.1

- 7.2.10. Checking that the most current version of WHS documents are made available to affected workers and stakeholders; and
- 7.2.11. Checking that documents provided to workers and stakeholders are in a format and manner that are readily understandable by workers or stakeholders.

7.3. Workers are accountable for:

- 7.3.1. Using current documentation that is available and communicated to them for use;
- 7.3.2. Participating in department meetings and other consultative forums as requested;
- 7.3.3. Engaging in consultation in accordance with the organisation's Communication and Consultation procedure and providing comment/feedback within the specified timeframes;
- 7.3.4. Raising issues that require resolution in accordance with the organisation's Issue Resolution Process;
- 7.3.5. Undertaking actions within the scope of their responsibility to implement and use identified and agreed corrective or preventative actions; and
- 7.3.6. Reporting any identified hazards as they arise to their department manager or supervisor.

7.4. The HSC is accountable for:

- 7.4.1. Assisting in the development of WHS documentation in line with this procedure;
- 7.4.2. Checking that an easily identifiable and documented audit trail for all WHS documentation is produced that demonstrates the processes for document development; consultation, approval, communication review and training; and
- 7.4.3. Referring issues that require direction or enforcement to the organisation's management team.

7.5. HSRs may:

- 7.5.1. Facilitate consultation between relevant workers and the organisation's management team in accordance with the organisation's Communication and Consultation procedure; and
- 7.5.2. Assist in the resolution of WHS issues.

8. REVIEW

- 8.1. The WHS Document Management Procedure shall be reviewed by the HSC, in consultation with workers and their representatives, every 3 years or more frequently if legislation or organisational needs change, which may include a review of:
 - 8.1.1. Feedback from managers, workers, HSRs, HSC or other relevant stakeholders;
 - 8.1.2. Legislative compliance;
 - 8.1.3. PSSI;
 - 8.1.4. LGAWCS guidance;
 - 8.1.5. Internal or external audit findings; and
 - 8.1.6. Any other relevant information.
- 8.2. Internal audit reviews may result in preventative and/or corrective actions being implemented or a revision of this document.
- 8.3. The Manager of Corporate & Community Services shall report on the outcomes of such reviews to the HSC and the organisation's management team.

9. REFERENCES

- [Work Health and Safety Act 2012](#)
- [Work Health and Safety Regulations 2012](#)
- [State Records Act 1997](#)
- [General Disposal Schedule 20 for Local Government](#)
- [ReturnToWorkSA Work Health and Safety Standards for self-insured employers](#)
- [Code of Practice: How to Manage Work Health and Safety Risks Dec 2011](#)
- [Worker Representation and Participation Guide](#)
- [Code of Practice: Work Health and Safety Consultation, Co-operation and Co-ordination](#)
- [SafeWork Australia Safe Work Method Statements for High Risk Construction Work Information Sheet](#)

	WHS DOCUMENT MANAGEMENT PROCEDURE	Version No	3.0
		Issued	22 nd Aug 2018
		Next Review	Aug 2021
		GDS	12.63.1

10. RELATED DOCUMENTS

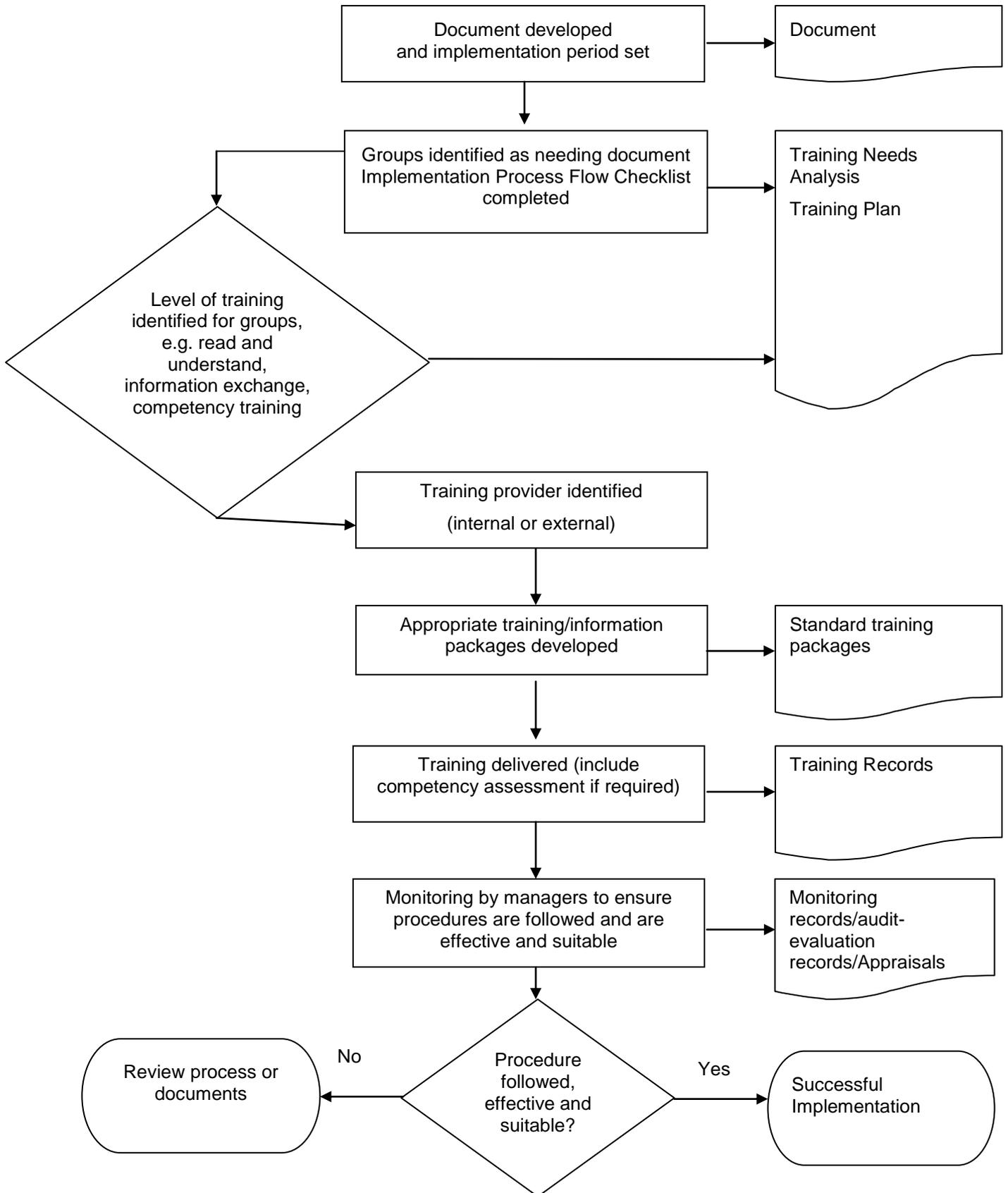
WHS Administration Policy
WHS Hazard Management Procedure
Communication and Consultation Procedure
Induction and Training Procedure

11. DOCUMENT HISTORY

Based on LGAWCS One System Model

Version No:	Issue Date:	Who	Description of Change:
1.0	10 February 2009		New Document bringing the requirements of Document Development and Document control procedures together into one document.
1.1	5 August 2014		Correction to title on Sample SWI from Document development and control procedure to Document Management Procedure
2.0	23 August 2016		References to WHS Committee (WHSC) amended to Health and Safety Committee (HSC) for consistency with WHS Act and Codes of Practice; Definition of Records amended to reflect State Records Act; SWI updated to reflect requirements of 4.4.2. Addition of explicit sections on Implementation (4.6) and Records management (4.8) Included instruction on requirement for inclusion of responsibilities for nominate role at end of 7.5
3.0	March 2018	LGAWCS	Minor formatting and language changes, updated logo; updated hyperlinks. Added record management aspect to core components 2(h) to align with record management requirements as per section 4.8 Added ability to consult with other group or via other process if HSC does not exist in 4.3 and 4.4 Added reference to Task Risk Assessment and SOP in 4.4 Updated information and references relating to SWMS in 4.5 Added TNA and training plan to 6.3 Updated content of Implementation Process Flowchart and Implementation Process Flow Checklist
3.0	22 nd August 2018	DCOC	Inserted reference to Master Control Register spreadsheet where required Inserted Implementation and Review Checklists as Appendices and re-arranged Implementation Process Flow Checklist and Document Review Checklist, linking reference to these Appendices within Procedure Inserted new 4.5.7 & 4.7.3

APPENDIX 1: IMPLEMENTATION PROCESS FLOWCHART





WHS DOCUMENT MANAGEMENT PROCEDURE

Version No	3.0
Issued	22 nd Aug 2018
Next Review	Aug 2021
GDS	12.63.1

Appendix 2:

IMPLEMENTATION CHECKLIST

Document name

Reason for implementation

- Legislative
 Operational ie change of process

Document Implementation process checklist completed (Page 2 of Appendix 2) / /

Training Needs Analysis / Training plan updated / /

Draft to HSC (as per 4.3.5 of the Procedure) / /

Implementation timeframe

Consultation with relevant stakeholders recorded

Review checklist completed (Page 2 of Appendix 3) / /

Workgroup meeting minutes / /

HSC meeting – recommendation to HSC to endorse / /

Document Control register updated / /

Document added to review schedule / /

Intranet updated / /

Hardcopy manuals / / Office & Depot

Implementation [refer to TNA/Training plan]

Workgroups

Date imp Minutes held

Full Staff Meeting / /

Staff [refer to TNA/Training plan] – Training records completed



WHS DOCUMENT MANAGEMENT PROCEDURE

Version No	3.0
Issued	22 nd Aug 2018
Next Review	Aug 2021
GDS	12.63.1

EXAMPLE IMPLEMENTATION PROCESS FLOW CHECKLIST

This checklist should be completed by the document/process owner and include all the details for all the stakeholder groups.

Name of document to be implemented

[Insert name of document to be implemented]

Implementation period set

[Insert timeframe for the implementation (may include multiple dates for different departments or groups)]

Department covered by this form and groups identified as needing document

[Insert the names of your department and the group or groups that need to be informed of or trained in the document]

What document management controls are required for this document?

[Identify the actions required]

Does this document require any other documents to be reviewed or developed eg SOPs, SWIs, etc?

[Insert the names of the documents and identify the actions required]

Are updates to existing WHS registers required eg hazard, plant, electrical, hazardous chemical, etc?

[Insert the names of the registers and what additions are required]

Are updates to existing schedules required eg workplace monitoring, workplace inspection, internal audit, etc?

[Insert the additions required and the dates the additions were made]

Does this document require anything to be purchased or sourced?

[Insert the required items and the dates of purchase]

Does this document require changes to first aid provisions or the emergency response plan?

[Insert the additions required and the dates the additions were made]

Does this document require any changes to existing roles, responsibilities or authorities and updates to Position Descriptions?

[Insert the changes that are required]

Level of training identified for groups

[Insert level of training needed for each identified group, e.g. read and understand, information exchange competency training]

Has training been mapped within the Training Needs Analysis and Training Plan?

[Insert the dates training was mapped within the TNA and training plan]

Does induction information require any change as a result of this document?

[Insert the induction documents that require changes and the date the changes were made]

Training provider identified (internal or external)

[Insert the name of the Training provider and whether they are internal or external]

Appropriate training/information packages developed

[Insert details of any training package that has been developed to implement this document/procedure]

Training delivered (include competency assessment if required)

[Insert details of any training package that has been used to implement this document/procedure and the details of delivery, such as to which group, when it was delivered and how it was delivered]

Monitoring by managers to ensure procedures are followed

Insert how managers have monitored to ensure procedure/process is being followed – get manager/supervisors to include reference to any documentation that is completed as part of this

Is the document followed, suitable and effective?

Have the affected departments provided evidence that the procedure/process has been followed and therefore implemented effectively? Answer yes or no: if no, document here what the corrective action is to be (this might be updating procedure or modifying process)



WHS DOCUMENT MANAGEMENT PROCEDURE

Version No	3.0
Issued	22 nd Aug 2018
Next Review	Aug 2021
GDS	12.63.1

APPENDIX 3:

REVIEW CHECKLIST

Document name

Reason for review

- Legislative Scheduled Operational ie change of process

Document updated including associated documents ie forms, checklist

Consultation / Review

Review method Group Individual

Review team

Review date / timeframe

Review completed – Review checklist completed (page 2 of this Appendix)

HSC meeting – recommendation to HSC to endorse

Document Control register updated

Review schedule updated

Intranet updated

Hardcopy manuals Old docs archived

Rollout to workgroups

	Date imp	Minutes held
<input type="checkbox"/> Full Staff Meeting	<input type="text" value="/"/> <input type="text" value="/"/>	<input type="checkbox"/>



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EXAMPLE

DOCUMENT REVIEW CHECKLIST

Document title: _____

Reviewers Name: _____

Date Issued for review: _____

Date for comments to be returned: _____

Return to: _____

	Question	Yes/No	Commentary
1	Does the document under review relate to your Council or workgroup work activities? <i>(If no, do not answer any other questions – return to your person nominated above with an explanation of why the document under review does not relate to your Council or workgroup work activities)</i>		
2	Does your workgroup follow this document when undertaking the task? If not, why?		
3	Does the document under review reflect the way the activity is currently done? If not, why?		
4	Have audit results been considered as part of the document review? (Including consideration of effectiveness criteria). How?		
5	Does the document address any known diversity requirements? (e.g. language, intellectual or physical specific needs). If no, how can this be improved?		
6	Has the review included consideration of any incident and hazard trends relevant to the document being reviewed? How?		
7	Are there legislative changes that need to be considered in the review of the document? Explain in commentary.		
8	Are there workplace changes that need to be considered in the review of the document? Explain in commentary.		
9	Is there anything missing which should be included within the document? Explain in commentary.		
10	Is there anything in the document that does not need to be there? Explain in commentary.		
11	Does this review have operational implications for your Council? How?		
12	Are there organisational and/or resource implications identified as part of the procedure review that management need to be aware of? Explain in commentary.		
13	Are you aware of any other work group that should be consulted on this Document? Who and why?		
14	Do you wish to make any other comments?		

Other comments:



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APPENDIX 4:

EXAMPLE – SAFE WORK INSTRUCTION (SWI)(1/3)

Task Description

Location

Details of any prohibitions

No of workers required

Responsible Person

Training / Competencies / Licences / Clearances to work required

Equipment & materials that may be used

Permits required (applicable to task)

Confined Space

Hot Work

Other

Personal Protective Equipment Required Delete any of the PPE pictures which do not apply to carrying out the job safely



Emergency response / First aid requirements

Environmental / clean-up / waste disposal measures

EXAMPLE – SAFE WORK INSTRUCTION (SWI)(2/3)



WHS DOCUMENT MANAGEMENT PROCEDURE

Version No	3.0
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WHAT TO DO <i>(steps in sequential order of performance)</i>	HAZARDS AND ASSOCIATED RISKS Include when and where hazard is present <i>(Applicable to each step)</i>	HOW TO DO IT <i>(Identify equipment, safety, quality and performance requirements)</i>
Type your steps here	Type the hazards (and associated risks, as relevant) here against each work step.	Type instructions here



WHS DOCUMENT MANAGEMENT PROCEDURE

Version No	3.0
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EXAMPLE – SAFE WORK INSTRUCTION (SWI)(3/3)

Referenced documentation

- Legislation Code/s of Practice Australian Standards Council documents Other

Name of Supervisor/ Manager:		Job Title:		Date: / /
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Document history

Version No		First issued / endorsed		Review period	
Last review		Next review		Reviewed by	

Summary of changes:

Hazard Register Updated: ____ / ____ / ____

Refer to Document Control Register for revision / amendment history