

07-AUG-2014 14:48	CONNORS, WAYNE	GALLETLY, ERIC	Employee Change	Allocated to the RMT for assessment.	-
21-JUL-2014 11:31	CONNORS, WAYNE	CONNORS, WAYNE	Activity Added or Deleted	Allocated to the RMT for assessment.	-
21-JUL-2014 11:15	CONNORS, WAYNE	CONNORS, WAYNE	Activity Added or Deleted	Allocated to the RMT for assessment.	-
21-JUL-2014 11:15	CONNORS, WAYNE	CONNORS, WAYNE	Activity Added or Deleted	Allocated to the RMT for assessment.	-
21-JUL-2014 11:11	CONNORS, WAYNE	CONNORS, WAYNE	Activity Added or Deleted	Allocated to the RMT for assessment.	-
09-JUL-2014 17:13	CONNORS, WAYNE	CONNORS, WAYNE	Variation of Allocation Type	Allocated to the RMT for assessment.	-
09-JUL-2014 17:13	GALLETLY, ERIC	CONNORS, WAYNE	Divisional Employee Change	Allocated to the RMT for assessment.	-
09-JUL-2014 17:13	GALLETLY, ERIC	CONNORS, WAYNE	Divisional Employee Change	Allocated to the RMT for assessment.	Wayne, this assessment attached to event number 198473, we spoke about it in the event file update and you were going to have a look at it when yo come to Mackay next week. Eric Galletly.
09-JUL-2014 17:11	GALLETLY, ERIC	GALLETLY, ERIC	Triaged Result Entered	Allocation requesting closure of Assessment	-
18-JUN-2014 13:26	FLOWER, JON	GALLETLY, ERIC	Divisional Employee Change	Allocation requesting closure of Assessment	-

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Summary of employer/locations, notices, documents and activities attached to this assessment are detailed below ...


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\$Rev: 5268 \$

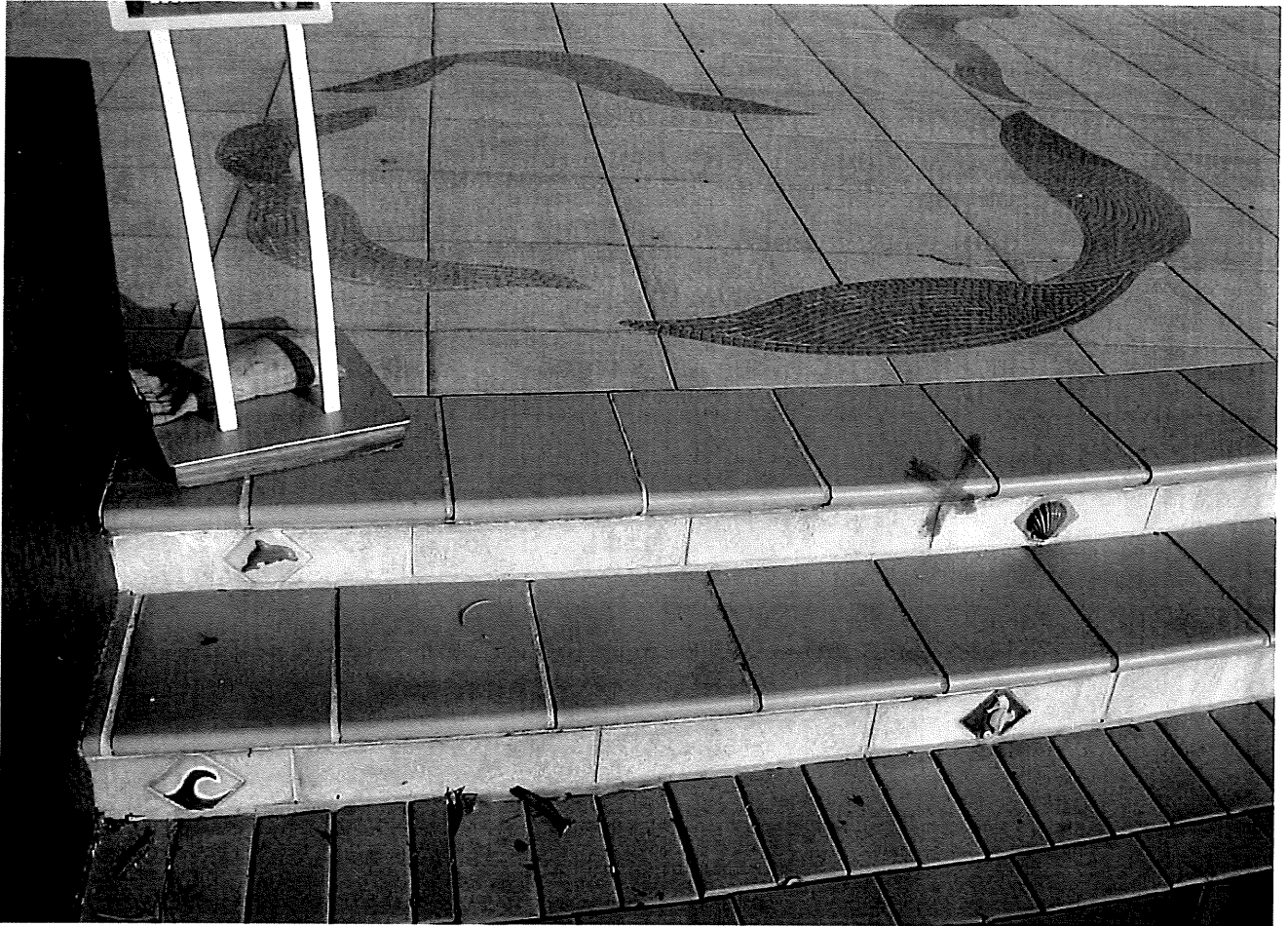
Last updated: SEPTEMBER 20, 2013, 17:45:15

Section 3:- Response Assessment Review (RMT Delegate to complete this section)			
Officers present at review (include RMT)	Insert name of officers present	Insert title	
Review date:	Insert review date		
Response Actions (assessed by reviewer)			
Document	Yes/No	N/A	Inspector name/Provider name
Workplace Inspection Report			
Information Collection Form completed			
Notices issued			
Notebook notes			
Digital Records (photographs, scans, recordings etc)			
Documents obtained			
CISr entries complete			
Other			
<i>Has the complainant/notifier requested feedback be provided?</i>			
<i>If yes to the question above, has feedback been provided?</i>			

Section 3:- Response Assessment Review (RMT Delegate to complete this section)			
Officers present at review (include RMT)	Wayne Connors Eric galletly	RIM A/ROM	
Review date:	08/08/14		
Response Actions (assessed by reviewer)			
Document	Yes/No	N/A	Inspector name/Provider name
Workplace Inspection Report		N/A	Jon Flower
Information Collection Form completed		N/A	Jon Flower
Notices issued	Yes		Jon Flower
Notebook notes	Yes		Jon Flower
Digital Records (photographs, scans, recordings etc)	Yes-		Jon Flower
Documents obtained	Yes		Jon Flower
CISr entries complete	Yes		Jon Flower
Other			
<i>Has the complainant/notifier requested feedback be provided?</i>	No		Jon Flower
<i>If yes to the question above, has feedback been provided?</i>			

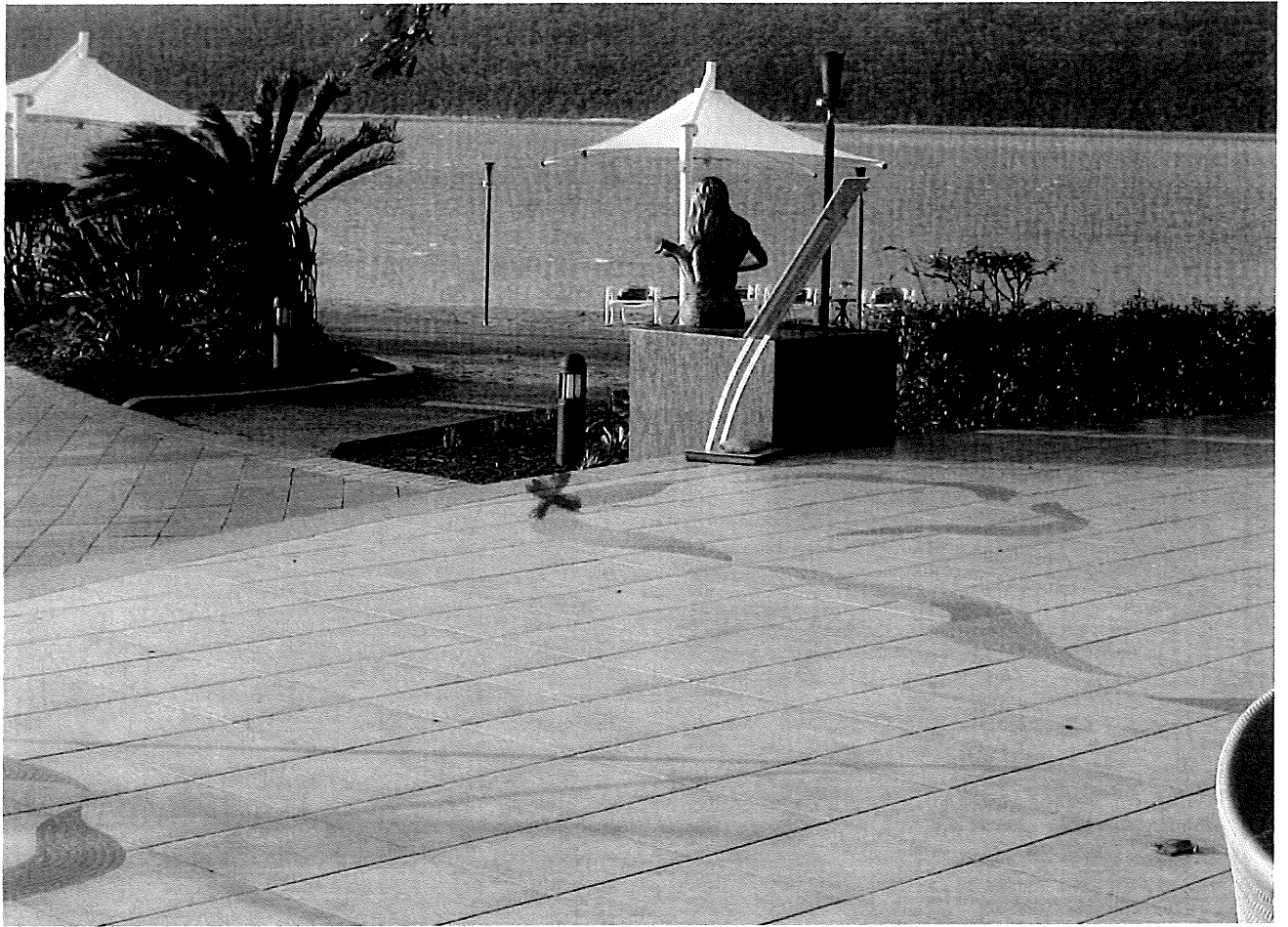
Section 4:- Response Assessment Triage (case management)		YES Go to	No Go to
1	Did the event develop into a critical event involving a fatality or injury?		2
2	Is the duty holder/subject of enquiry the only potential creator of the risk?	3	
3	Was it reasonably practicable for the duty holder /s to have foreseen the risk? i.e: Is there a Regulation, COP, A/S or manufacturer's instruction available.	4	
4	Was it reasonably practicable for the duty holder/s to have taken steps to control the risk? i.e: Is there a Regulation, COP, A/S or manufacturer's instruction available.	G	
5	Has the action taken to date been sufficient to manage the risk into the future?		G
E Forward to Regional Investigations Manager (RIM) for assessment of response F Create new – or maintain response assessment and allocate to inspector G RMT to determine appropriate action H Regional Close Out			
Section 5:- Response Assessment Triage Conclusions			
<input type="checkbox"/> Return to inspector – further action required			
<insert comment i.e. further action instruction>			
<input checked="" type="checkbox"/> RIM referral (Referral for investigation form to be completed)			
<insert comment i.e. reason for referral to RIM>			
<input checked="" type="checkbox"/> Closeout (Closeout conclusions to be included below)			
PCBU has been issued enforcement notices to ensure they provide a safe and healthy environment for workers and others and to control the risk of slips, trips and falls from one level to another. RMT agreed no further action is required by WHSQ.			
<i>RMT delegate</i>	Eric Galletly	<i>Date</i>	08/08/14 <i>Signature</i> 

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Section 2B:- Workplace Environmental Factors

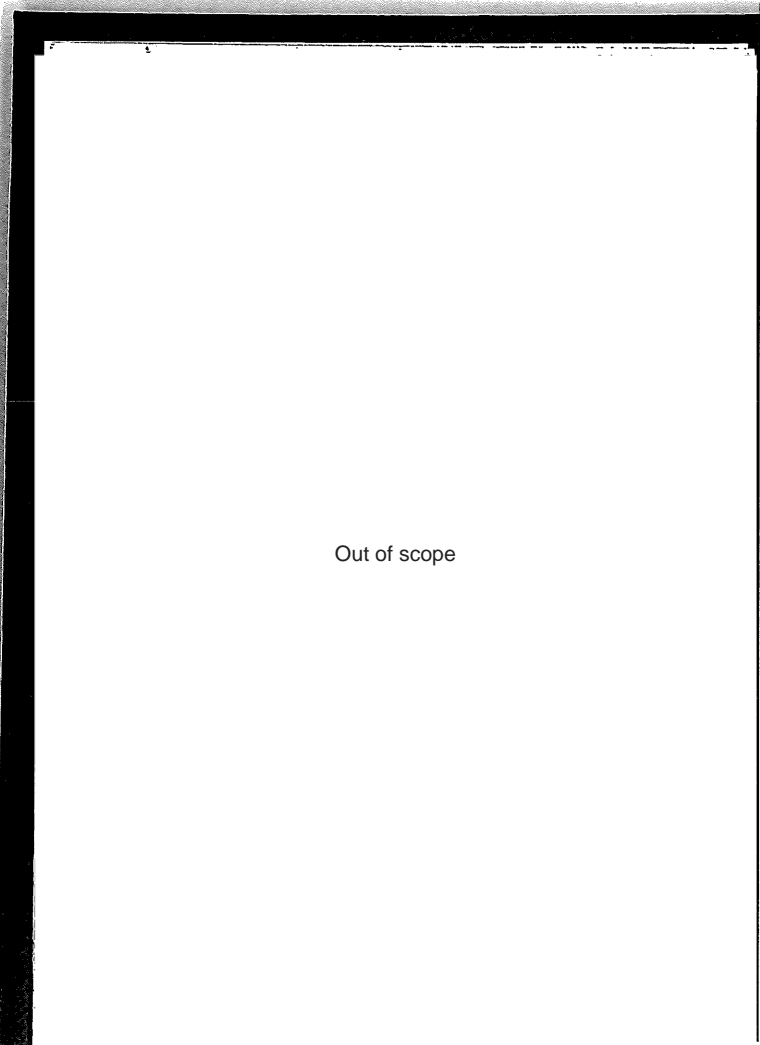
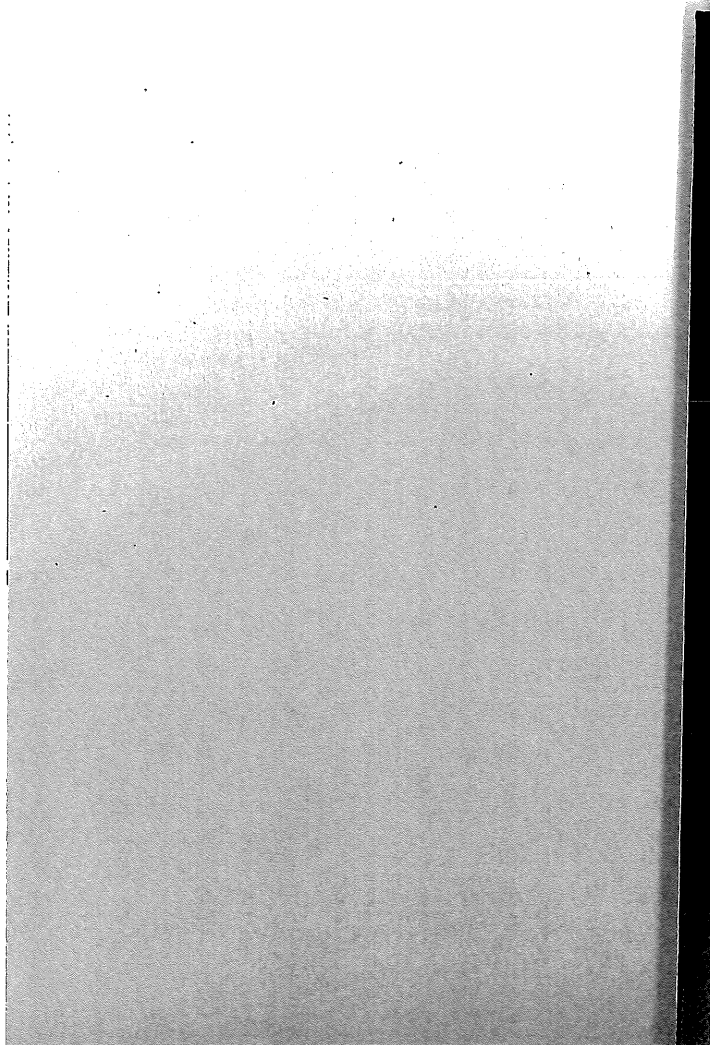
Information Collected		Check box if collected or write NA	Comments
<p>Ensure environmental factors surrounding the incident/ complaint are identified or negated, verify information where possible.</p> <p>Reference: OFSWQ ICAM coding chart.</p>	Time of the day	<input checked="" type="checkbox"/>	
	Weather conditions	<input checked="" type="checkbox"/>	rain/slower
	Temperature	<input type="checkbox"/>	N/A
	Visibility/lighting	<input checked="" type="checkbox"/>	morning
	Noise	<input type="checkbox"/>	N/A
	Abnormal operating conditions	<input type="checkbox"/>	N/A
	Task planning /preparation/	<input type="checkbox"/>	N/A
	Hazard analysis	<input type="checkbox"/>	fixed surface! N/A
	Surface conditions/gradient	<input type="checkbox"/>	↓ heat
	Chemicals/ contaminants	<input type="checkbox"/>	N/A

Section 2C:- Plant/Substance Involved

Information Collected		Check box if collected or write NA	Comments
<p>Plant and substances are to be included in this section.</p> <p>Ensure details of the equipment that is used that contributed to the incident/ complaint are identified or negated, verify information where possible.</p> <p>Reference: OFSWQ ICAM coding chart.</p>	Make/ Manufacturer	<input type="checkbox"/>	/
	Model/ Substance Name	<input type="checkbox"/>	
	Serial number/Q number/identifying marks of the plant/ Class	<input type="checkbox"/>	
	Safety Data Sheet	<input type="checkbox"/>	
	Equipment or substance under load/pressure/energy/isolation	<input type="checkbox"/>	
	Electrically safe	<input type="checkbox"/>	
	Owner /lessee	<input type="checkbox"/>	
	Operators requirements (licensing)	<input type="checkbox"/>	
	Electrical instrument category rating	<input type="checkbox"/>	
	Equipment approvals where necessary	<input type="checkbox"/>	
	Category level of meter used in the testing of plant	<input type="checkbox"/>	
	Risk Assessment process/procedures	<input type="checkbox"/>	

Section 2D:- Workplace Procedures			
Information Collected	Check box if collected or write NA	Comments	
<i>Ensure details of the processes, policies and procedures that apply and may have contributed to the incident/ complaint are identified or negated, verify information where possible.</i>	Task/ work process identified	<input type="checkbox"/>	
	Hazards identified	<input type="checkbox"/>	
	Risk Assessment process/procedures	<input checked="" type="checkbox"/>	signs when wet
	Information/ instruction and training procedures/records	<input type="checkbox"/>	
	Safe work process/procedures	<input type="checkbox"/>	

Section 2E:- Workplace Organisational Factors			
Information Collected	Check box if collected or write NA	Comments	
<i>Ensure details relating to the organisation are identified or negated, verify information where possible</i>	Organisational culture	<input checked="" type="checkbox"/>	slippery signs
	Training programs	<input type="checkbox"/>	N/A
	Supportive environment	<input type="checkbox"/>	N/A
	Processes for improvement	<input type="checkbox"/>	?
	Management of change	<input type="checkbox"/>	
	Supply Chain Management	<input type="checkbox"/>	<contractors, substances etc>
	Regulatory Influence	<input type="checkbox"/>	



Out of scope

of the investigation, possible control
measures.

Out of scope