

Insert Business name where any line _____ indicates

<p>Your Business Logo is inserted here</p>	<p>Document Title INCIDENT REPORTING Policy and Procedure</p>	<p>Policy & Procedure name here</p>
<p>Business Initial here</p>	<p>CE-PP-01</p>	<p>Date Document Drawn up</p>
<p>Policy and Procedure number here</p>	<p>DATE COMPLIED: 26/11/2004 REVIEW DATE: 26/11/2005 <i>Authorised By:</i> <i>Compiled By: B&L Safety Solutions</i></p>	<p>Review Date Authorised By</p>
<p>"PP" here</p>		

Business name inserted here

POLICY
In keeping with _____ commitment to safety for all our employees and visitors, and our continuous safety program. This Policy and Procedure shall be adhered to by all employees and visitors. This Policy and Procedure is to be observed and signed by all employees in keeping with our consultation arrangement/agreement for reporting of all incidence's and accidents.

PROCEDURE

1. Under Section 341 of the Occupational and Safety Regulations *Notification of incidents—additional incidents to be notified:*
 - a) Injury to a person regardless of how minor, shall be registered in the Workplace Injury and Disease Register.
 - b) That all injuries shall be reported to the manager/supervisor who will organise for the injured person to be treated for first aid or to see the Doctor.
 - c) The manager shall then assist the injured person to fill in the incident report log with a full description of how the incidence occurred.
 - d) That employees are aware of the regulation that Insurers MUST be notified of a significant injury within 48 hours of the injury occurring
2. In the event of a series injury (amputation, crush, death, extreme damage to machinery). The manager shall: under sections 86 (1) and 87 (4) *Non Disturbance of place and plant involved in serious incidents—additional serious incidents .*
 - a) Immediately after ensuring that the injured person has medical attention, or (machinery has been isolated) shall notify Workcover of the incidence.
 - b) Ensure that the scene of the incidence shall not be disturbed for a minimum of 36 hours, or unless Workcover representatives inform him otherwise.
3. That records of all incidences shall be kept on file for a minimum of five (5) years,

In addition to the above _____ shall:

1. Keep all records in a completed and tidy manner in accordance with our procedures.
2. That our incidence records are accessible at any time.
3. We shall maintain our records as to the regulations required by Workcover and the NOHSC.
4. That all incidences recorded are investigated thoroughly.
5. We shall review our policy on incidents and accidents each year in accordance with our procedure.
6. Maintain a First Aid Register for minor incidents (cuts and abrasions)
7. Ensure all employees are aware of all record keeping procedures, and review this each year.
8. Ensure that an investigation of all incidence's will be carried out and an evaluation of the incidence's shall be performed.

This policy and Procedure is to be reviewed every 12 calendar months

Business Name Here

Procedures


Signatures and dates here

Managers Signature

Employees Name

Date Implemented / /

Employees Signature



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<u>Document Title</u> <u>SPECIAL LEAVE</u> <u>Policy & Procedure</u>	
Document Number <u>- PP-</u>	DATE COMPLIED: / / REVIEW DATE: / / Authorised By: Compiled By: <i>B&L Safety Solutions</i>

POLICY

It is the policy of to, in special circumstances grant leave other than the normal annual leave that employees are entitled to.

Whilst realises that compassionate/family and sick leave is unforeseeable all other leave will be granted on the provision of the following conditions:

PROCEDURES

- (a) That a minimum of 4 (four) weeks notice is given to management
- (b) The reason for special leave to be granted
- (c) That the date from the first day and the last day of the special leave's duration
- (d) That it is at the discretion of **Management** to either grant or decline such special leave
- (e) That this document is completed and handed into the office of before any special leave is granted.

Employee's Name: _____ Section: _____

Application for: _____: HOURS. DAYS. WEEKS.

Leave Requested: ANNUAL SICK UNPAID LONG SERVICE
 LATE/OTHER.

FROM: Day: _____ : Time am _____ pm _____ Date ____/____/____
TO: Day: _____ : Time am _____ pm _____ Date ____/____/____

COMMENTS/REASON: _____

If special leave is approved, please process my pay: As it Falls In Advance

Employees Signature: _____ Date of Application ____ / ____ / ____

APPROVED Yes No BY: _____

SIGNATURE _____

PAY OFFICER'S INITIAL: _____ **Date:** ____ / ____ / ____.

COMMENTS: _____

