

CLIENT HEALTH AND SAFETY STATUS (CHSS) FORM – CATEGORY 3

People, companies, and organisations who engage workers to undertake work for them, or if they direct or influence the work carried out by others, have non-delegable duties in health and safety. Where more than one person (individual, company, or organisation) has a duty in relation to the same matter, for example, a duty to protect the health and safety of a worker, they are required to consult, co-operate and co-ordinate activities with each other so far as is reasonably practicable.

Consultation is an essential part of the process and the CHSS provides the primary platform for Pandanus Workforce and our Clients to exchange information on workplace health and safety matters and facilitate the process of work health and safety consultation.

Will your company agree to consult, co-operate and co-ordinate with Pandanus Workforce on matters of work health and safety and to advise Pandanus Workforce immediately should there be any matters relating to health and safety that may affect our workers? Yes No

Will your company agree to advise Pandanus Workforce should a candidate undertake duties other than those for which they are engaged? Yes No

Name of Client Company:		
Client Address:		
Client Phone No:		
Our Branch:		
Names of all persons conducting this Inspection:		
Survey Compiled by: <i>Name of person undertaking the survey</i>	Name:	Date:
Survey Reviewed by: <i>Name of Branch Manager reviewing this survey</i>	Name:	Date:
Client Representative: <i>Name of Client Representative reviewing the survey</i>	Name:	Date:
Who completed the survey?	<input type="checkbox"/> Pandanus Workforce Consultant/Manager/WHSQ <input type="checkbox"/> Client Representative	

Each of the following are sections within the CHSS that may need to be completed. If a client falls within the applicable Industry Categories shown adjacent and to the right of each section title, then that section may need to be completed e.g., Workplace Amenities is applicable for All Industry Categories (1, 2, 3, 4 & 5) whereas Plant Operations are applicable to only 3, 4 and 5.

SAFETY MANAGEMENT SYSTEMS 1 2 3 4 5

Does the client/workplace have a Safety Management System (SMS)? Yes No

Does the SMS include:

Safety Policy Risk Management/Assessments Accident Management Emergency Management

Injury Management Plant & Equipment Management High Risk Activities PPE

Does the client have a system for addressing and resolving workplace safety issues that are raised? Yes No

Does the client conduct risk assessments? Yes No

Does the client use safe work method statements (SWMS) or some for written safety work instructions? Yes No

Does the client/workplace have a hazard reporting procedure? Yes No

INDUCTIONS & FAMILIARISATIONS 2 3 4 5

Is there a Site Induction or site familiarisation process for new workers? Yes No

Will our workers undergo this site induction? Yes No

Is there training provided that is specific to the work to be undertaken by our workers? Yes No

List the training:

ACCIDENT MANAGEMENT 2 3 4 5

Does the client/workplace have a system for recording Accidents and Injuries? Yes No

Can we obtain copies of incident details/forms for any incidents that involve our personnel? Yes No

Does this include a means of tracking any actions arising from the incident? Yes No

EMERGENCY MANAGEMENT 2 3 4 5

- Does the client/workplace have an Emergency Management procedure? Yes No
- Are exits clearly marked and unobstructed? Yes No
- Does the client/workplace have workers trained in first aid and first aid facilities? Yes No

INJURY MANAGEMENT 2 3 4 5

- Does the client/workplace have an Injury Management procedure? Yes No
- Does the client/workplace have a Return-to-Work Coordinator (RTWC)? Yes No
- Will the client participate in injury management processes for our workers who are injured onsite? Yes No
- Will the client provide suitable duties for our workers if they are injured? Yes No

CONSULTATION 2 3 4 5

- Does the client/workplace have a method for Consultation with workers on safety matters? Yes No
- Will our workers be included in the site consultation activities? Yes No
- Is there a means of tracking any actions arising from the consultation process? Yes No
- How is Consultation undertaken at the workplace?.....

SAFETY RECORD 2 3 4 5

- Has there been any actions by a workplace regulatory body against the client e.g., fines, improvement notices, prohibitions notices, court actions, prosecutions (successful or unsuccessful), or any other action? Yes No
- Has the client had a workplace fatality occur on any of their companies workplaces? Yes No
- How many incidents has the client had in the last 12 months? Complete table below.

Last 12 Months	MTI	MTIFR	LTI	LTIFR	RWI	RWIFR	Other:

WORK ENVIRONMENT 2 3 4 5

- Does the work involve inorganic lead or asbestos removal? Yes No
(If yes to the above question advise WHS personnel prior to the commitment of any workers)
- Does the client conduct Workplace Inspections? Yes No
- Is good housekeeping practices observed? Yes No
- Are work areas, walkways, stairwells uncluttered? Yes No
- Are floor surfaces even and undamaged, with no trip hazards? Yes No
- Is there adequate lighting in the work area? Yes No
- Are workers exposed to adverse environmental conditions in their work e.g., extreme heat/cold/weather conditions? Yes No
- If yes, how are workers protected from exposure?.....
- Are workers required to work alone in isolated environments? Yes No
- If yes, how do they communicate or are informed of emergency situations?.....

WORKPLACE AMENITIES 1 2 3 4 5

- Are there; Clean toilets Showers Male Female clean water for hand washing available? Is soap available?
- Is the eating area in a clean and good condition? Yes No
- Is there drinking water available? Yes No

ANTIDISCRIMINATION_ BULLYING AND HARASSMENT 1 2 3 4 5

- Is there an Antidiscrimination policy or process Yes No
- Is there Bullying and Harassment policy or process Yes No

SPECIFIC WORK ENVIRONMENTS

WAREHOUSING & LOGISTICS

3

- Does the site have a Traffic Management Plan? Yes No
- Are there designated and clearly marked walkways? Yes No
- Are there designated and clearly marked trafficable areas? Yes No
- Are isles sufficient for the movement of workers and equipment? Yes No
- Is lighting adequate for movement of workers and equipment? Yes No
- Are platform ladders or other appropriate step devices available for accessing higher storage areas? Yes No
- Is shelving secured correctly and in safe condition? Yes No
- Are shelving load weights known and followed? Yes No
- Are ergonomic principals considered for shelving and storage? Yes No
- Is there a prestart inspection routine for the forklift? Yes No
- Is the inspection system reviewed when a fault is noted? Yes No
- Does the forklift have warning devices e.g. flashing lights or reversing alarms, horns, etc Yes No
- Are these warning devices working and in good repair? Yes No
- Does the forklift have seat belts fitted and are they in working order? Yes No
- Does the forklift have a load chart fitted? Yes No
- Are they to be operated by licenced operators only? Yes No

PERSONAL PROTECTIVE EQUIPMENT (PPE)

2 3 4 5

- Is PPE required for the tasks to be performed by our workers? ***If No then go to Hazardous Manual Handling*** Yes No
- Are there any ***Blue and White Signs*** for PPE (these signs indicate mandatory use of PPE)? Yes No
- If YES, what are they for?.....
- Who will provide the PPE for our workers? The Client Our Company Both
- What PPE is required for the work? (Complete the section below)
- Work Wear** High Vis Vest High Vis Shirts Trousers Gloves Safety Boots Other:.....
- Impact Protection** Hard Hat Eye Protection Face Shield Other:
- Hearing Protection** Earplugs Earmuffs Other:
- Respiratory Protection** Dust Masks (type?) Filtered Air Fed Self-Contained Other:
- Fall Protection** Harness Lanyard Fall Arrest Line Other:
- Is there any other PPE required for the work?.....

HAZARDOUS MANUAL HANDLING

2 3 4 5

- Are there any tasks involving hazardous manual handling? ***If No then go to Hazardous Chemicals*** Yes No
- Are there any tasks that involve; heavy lifting repetitive lifting awkward or prolonged postures Yes No
- Are there devices to assist with manual handling e.g. trolleys, pallet jacks, conveyors, etc? Yes No
- Are mechanical load lifting devices used e.g. hoists, overhead cranes, cranes, etc? Yes No
- Is there a maintenance schedule for this equipment? Yes No
- Are all loads rigged by an experienced and trained rigger or dogman? Yes No
- Are slings and chains inspected regularly? Yes No

HAZARDOUS CHEMICALS

2 3 4 5

- Are the any chemicals or Hazardous Chemicals used by our workers? ***If No then go to Electrical Equipment*** Yes No
- Is there a system for managing workplace chemicals and Hazardous Chemicals? Yes No
- Is there a chemicals register? Yes No
- Are SDS available to all workers who are using the chemicals? Yes No

ELECTRICAL EQUIPMENT

2 3 4 5

- Is electrical equipment used in the tasks being undertaken by our workers? ***If no then go to High Risk Activities*** Yes No
- Is there a test and tag process for electrical equipment undertaken by a competent person? Yes No
- What is the testing frequency? Monthly 3 monthly 6 monthly Annually 5 yearly
- Are RCD's used when using electrical equipment in *hostile environments? Yes No
- *Environments damage can occur due to moisture, heat, vibration, mechanical damage, corrosive chemicals, or dust*

HIGH RISK ACTIVITIES

3 4 5

NATIONAL LICENCES FOR HIGH-RISK WORK

3 4 5

- Are there any licences required to perform any of the tasks? ***If No then go to plant operations*** Yes No
- Tick all boxes below that are relevant to the roles being performed

✓ Code	License Class	✓ Code	License Class
<input type="checkbox"/> BA	Advanced boiler operation	<input type="checkbox"/> HM	Materials hoists
<input type="checkbox"/> BB	Basic boiler operation	<input type="checkbox"/> HP	Personnel and materials hoists
<input type="checkbox"/> BI	Intermediate boiler operation	<input type="checkbox"/> LF	Forklift truck
<input type="checkbox"/> C0	C0 Slewing mobile crane (over 100 tonnes)	<input type="checkbox"/> LO	Order picking forklift truck
<input type="checkbox"/> C1	C1 Slewing mobile crane (up to 100 tonnes)	<input type="checkbox"/> PB	Concrete placing booms
<input type="checkbox"/> C2	C2 Slewing mobile crane (up to 20 tonnes)	<input type="checkbox"/> RA	Advanced rigging
<input type="checkbox"/> C6	C6 Slewing mobile crane (up to 60 tonnes)	<input type="checkbox"/> RB	Basic rigging
<input type="checkbox"/> CB	Bridge and gantry cranes	<input type="checkbox"/> RI	Intermediate rigging
<input type="checkbox"/> CD	Derrick cranes	<input type="checkbox"/> SA	Advanced scaffolding
<input type="checkbox"/> CN	Non-slewing mobile cranes	<input type="checkbox"/> SB	Basic scaffolding
<input type="checkbox"/> CP	Portal boom cranes	<input type="checkbox"/> SI	Intermediate scaffolding
<input type="checkbox"/> CS	Self-erecting tower cranes	<input type="checkbox"/> TO	Turbine operation
<input type="checkbox"/> CT	Tower cranes	<input type="checkbox"/> WP	Boom type elevating work platforms
<input type="checkbox"/> CV	Vehicle loading cranes	<input type="checkbox"/>	Construction Induction Card
<input type="checkbox"/> DG	Dogging	<input type="checkbox"/>	Confined Space Training
<input type="checkbox"/> ES	Reciprocating steam engine operation	<input type="checkbox"/>	Working at Heights Training

PLANT OPERATIONS

3 4 5

- *Plant is any mechanical devices used in the manufacture of goods e.g. food processing, lathes, guillotines, etc.***
- Is plant required to be operated by our workers? ***If No then go to Forklift Operations*** Yes No
- Does the plant to be used have instructions for its safe use? Yes No
- Does the plant have guarding? Yes No
- Is the guarding intact? Yes No
- Are there E-stops or Warning Devices fitted? Yes No

FORKLIFT OPERATIONS

3 4 5

- Are forklifts operated by our workers or used in the work area? ***If No then go to Mobile Plant*** Yes No
- Are there designated/marked walkways? Yes No
- Are trafficable areas demarcated? Yes No
- Is there a prestart inspection process for the forklift? Yes No
- Is the inspection system reviewed when a fault is noted? Yes No
- Is there a safe system of working for the use of forklifts? Yes No
- Are they to be operated by licence operators only? Yes No
- Does the forklift have safety devices e.g., flashing lights or reversing alarms, horns, seat belts etc Yes No
- Does the forklift have a load chart fitted? Yes No

MOBILE PLANT (OTHER THAN FORK LIFTS)

4 5

- Mobile plant is plant that moves, either by motorised propulsion or manually.***
- Is mobile plant operated by our workers or used in the work area? ***If No then go to High-Risk Work*** Yes No
- Does the site have a Traffic Management Plan? Yes No
- Are there designated walkways separate from trafficable areas? Yes No
- Is there a prestart inspection system for the equipment? Yes No
- Is the inspection system reviewed when a fault is noted? Yes No
- Does the plant have safety devices e.g., flashing lights or reversing alarms, horns, seatbelts, etc.? Yes No

HIGH RISK WORK **4 5**

WORKING AT HEIGHTS **4 5**

- Is any work performed where a worker may be injured from falling? *If No then go to Confined Space* Yes No
- Are fall prevention systems used (removable rails and physical barriers)? Yes No
- Are harness, lanyards and fall arrest systems used and tested regularly? Yes No
- Where work is performed at height, is there a risk assessment to be completed? Yes No
- Are all ladders and work platforms fit for purpose and undamaged? Yes No

CONFINED SPACE **4 5**

- Is there any work performed in confined spaces? Yes No
- Are workers trained in confined space? Yes No
- Is there a requirement for a risk assessment to be completed before undertaking any work in a confined space? Yes No
- Is a competent standby person (trained and experienced) required to monitor the work and work space? Yes No
- Are emergency exit procedures in place before the work commences? Yes No

COMMENTS

If there is need to make any further enquiries regarding any of the items referenced in this survey these may be made below, to be raised with the relevant client representative.

Comments:

Enquiry Items	Raised with Client Representative (Name)	Date for completion
Enquiry: Response:		/ /
Enquiry: Response:		/ /