

Woolnorth Wind Farm Holding

Health, Safety and Environment

Safety Walk and Inspection Form

Document No HSH4UKKX5UTY-2-68351
Version Approved – Version 1
Issue Date January 2015

Section 1: Details (Mandatory)

Date: _____ **Time:** _____ **Task Observed (if applicable):** _____
Work Area Observed: _____ **Specific Work Area (if applicable):** _____
Inspection Team: _____
 Employee Contractor Other _____

Section 2: Inspection Details (Comment against item where applicable)

ITEM	LOCATION	COMMENTS	SECTION 4 COMPLETED (Y/N)
Site or work area access			
Emergency equipment (fire, spill,			
Documentation/Plans (JHAs, PTW, WIs, special permits)			
Work environment (noise, temperature, floors, ergonomics, ventilation, housekeeping, lighting)			
Other			

Section 3: Prompt table (tick and comment if noted) and feedback

Positions of People <input type="checkbox"/> N/A			Procedures and Planning <input type="checkbox"/> N/A		
<input type="checkbox"/>	Potential to be struck by objects		<input type="checkbox"/>	Not known or understood	
<input type="checkbox"/>	Could strike against objects		<input type="checkbox"/>	Inadequate	
<input type="checkbox"/>	Could get caught in or between objects		<input type="checkbox"/>	Not followed	
<input type="checkbox"/>	Potential for strain/overexertion		<input type="checkbox"/>	Permit not issued (if appropriate)	
<input type="checkbox"/>	Potential slip/trip/fall hazards/drowning		<input type="checkbox"/>	Isolations incorrect (if appropriate)	
<input type="checkbox"/>	Potential exposure to gas/heat/fumes/extreme temperatures		<input type="checkbox"/>	Drop zone management in place	
<input type="checkbox"/>	Potential for contacting electric current		<input type="checkbox"/>	Risk assessment satisfactory	
Personal Protective Equipment <input type="checkbox"/> N/A			Access Roads and Local Environment <input type="checkbox"/> N/A		
<input type="checkbox"/>	Not wearing mandatory of job specific PPE		<input type="checkbox"/>	Access safe and conditions acceptable	
<input type="checkbox"/>			<input type="checkbox"/>	Road conditions on site	
<input type="checkbox"/>			<input type="checkbox"/>	Gates/signs/other	
Tools and Equipment <input type="checkbox"/> N/A			Housekeeping <input type="checkbox"/> N/A		
<input type="checkbox"/>	Incorrect for the task		<input type="checkbox"/>	Trip hazards evident	
<input type="checkbox"/>	Not used correctly		<input type="checkbox"/>	Workplace not orderly	
<input type="checkbox"/>	Unsafe condition		<input type="checkbox"/>	Area insecure	
<input type="checkbox"/>	Other		<input type="checkbox"/>	Waste disposal acceptable	

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Positive Feedback	Opportunities for improvement
<p>Did you observe positive behaviours, work methods, approaches? Please provide details.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Did you identify any safety/environmental opportunities for improvement? For procedural improvement, work documentation, methods etc.? Please provide details.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

Section 4: Follow-up Actions	
<p>Have any actions been created as a result of the safety walk inspection?: Yes <input type="checkbox"/> (Complete details below) No <input type="checkbox"/> (Complete form)</p>	
1	<p>Action Details: _____</p> <p>Assigned to: _____ Accepted: Yes <input type="checkbox"/> No <input type="checkbox"/> Due Date: _____</p>
2	<p>Action Details: _____</p> <p>Assigned to: _____ Accepted: Yes <input type="checkbox"/> No <input type="checkbox"/> Due Date: _____</p>
3	<p>Action Details: _____</p> <p>Assigned to: _____ Accepted: Yes <input type="checkbox"/> No <input type="checkbox"/> Due Date: _____</p>
4	<p>Action Details: _____</p> <p>Assigned to: _____ Accepted: Yes <input type="checkbox"/> No <input type="checkbox"/> Due Date: _____</p>

Forward completed document to chris.sims@woolnorthwind.com.au

To be completed by reporter	Form completed by:	Date:
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