

## Supporting Documents

F007: Incident Report

F009: Site Instruction

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F016: Task Observation

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F042: Fencing Risk Assessment

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F045: Isolation of Services

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## F007: Incident Report

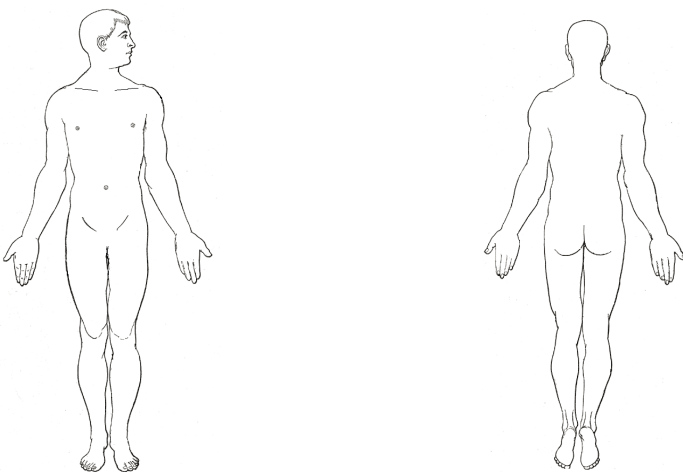
*Note: Complete form in block capital letters and in ink. Use one form for each injured person*

**Incident type:** Injury ☐ Near Miss ☐ Damage to property ☐ Environmental ☐  
 Dangerous Occurrence ☐

<b>Project:</b>		<b>Date:</b>	
<b>Site Address:</b>			

Accident /Incident Details				
<b>Injured/Person (s) involved Details</b>	<b>Surname</b>			
	<b>Given Names</b>			
	<b>Home Address</b>			
	<b>Contact numbers</b>	<b>Home</b>		<b>Mobile</b>
	<b>Date of Birth</b>			<b>Gender</b>
<b>Employer Details</b>	<b>Employer:</b>			
	<b>Address:</b>			
	<b>Contact Name</b>		<b>Contact No:</b>	

Date & Time	Injury/Incident occurred		Date		Time		am/pm
	Injury/Incident occurred		Date		Time		am/pm
Portion of shift worked		25% of less		51% to 75%	Overtime		
		26% to 50%		76% to 100%			
Injury/Incident Details							
Nature of Injury		Fracture		Concussion		Contusion	Foreign body
		Dislocation		Laceration		Burn	Amputation
		Sprain		Abrasion		Strain	Multiple
Treatment Administered	Initial Treatment		Work consequences - immediate		Work consequences – after 24hrs		
		Hospital		Return to pre injury duties		Return to pre injury duties	
		Medical care or doctor		Alternative work		Alternative work	
		First Aid		Off work		Off work	
		None					
	First Aid administered by:						
Body Location	Head		Trunk		Arm		Leg
		Cranium		Chest		Shoulder	Hip
		Eye		Back		Upper arm	Thigh
		Ear		Abdomen		Elbow	Knee

	Mouth		Pelvis		Forearm	Shin
	Nose		Multiple		Wrist	Ankle
	Face				Hand	Leg
	Neck				Fingers	Foot
						Toes
<b>Indicate Body Parts</b>						
<b>Type of Incident</b>	Handling object		Equipment		Stepping on etc	Hazardous substance
	Striking against		Hand/power tools		Caught in etc	Fall
	Struck by		Manual handling		Electricity	Other
	Slip/trip		Falling object		Structural failure	
	Striking buried services (in ground and structure)					
<b>Injury/Incident Details</b>						

<b>Details of Incident</b>						
<b>What was the person (s) doing at time of injury/ incident?</b>						
<b>Detail of damage to property equipment or plant</b>						
<b>How did the injury/ incident occur?</b>						
<b>Influencing factors</b>		Equipment failure		Sudden uncontrolled release of pressure		Fatigue
		Plant failure		Lack of supervision		
		Vehicle accident		Electrical fault		
		Hazardous substance		Breakdown in safe work procedure		Other

<b>Provide brief description of influencing factors</b>					
<b>Environmental factors</b>	Lighting		Good		Poor
	Ground conditions		Good		Poor
	Slippery conditions		Yes		No
	Wind conditions		Good		Poor
	Working at height		Yes		No
	Ground level		Yes		No
	Working below ground		Yes		No
	Other – provide brief description				
<b>Injury/Incident Details</b>					
<b>Witness(s) to injury/ incident</b>					
Provide details of any witness(s) to the injury/incident – names, address, employer and contact number.					
<i>Note: Where possible statements should be taken and attached to the report.</i>					

<b>Other Information</b>	Provide the following information with the accident/incident report, as is relevant:		
		Copy of safe work method statement covering activity(ies) being carried out at the time of the accident/incident	
		Copy of Accident Report to be attached to this report	
		Copy of injured/ persons involved site induction form	
		Copy of Accident Report	
		Copy of any applicable certificates of competency, training records or experience references	
		Copy of any applicable plant register, inspection and maintenance records	
		Copy of witness statements	
		Provide copy of any photographs or provide a diagram (as a minimum)	
		Copy of any notices issued by a Statutory Authority, Council, etc	
		Relevant tool box records	
<b>Diagram</b>			

<b>Prevention (Short term)</b>  What short term action (immediate/within 24 hours) has been taken to prevent a reoccurrence of the accident/incident?	Details	Person responsible	Completed

I have read the information provided in this form. I declare that the information is true and correct, and that no information has been suppressed or omitted from this report to the best of my knowledge.

<b>Injured/ Person involved</b>	Name	Signature	Date

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## PART B: To be completed by investigating officer:

<b>Root Cause</b>  Why did this injury/incident occur (Investigation)				
<b>Prevention (Long term)</b>  What long term action (immediate/within 24 hours) has been taken to prevent a reoccurrence of the injury/incident?	<b>Details</b>	<b>Person responsible</b>	<b>Target date</b>	<b>Completed/sign off</b>
<b>Changes required to</b>				
Site Safety Plan <input type="checkbox"/>	Inspections <input type="checkbox"/>	Communications <input type="checkbox"/>		
SWMS <input type="checkbox"/>	Site Rules <input type="checkbox"/>	Permits <input type="checkbox"/>		
Emergency Preparedness <input type="checkbox"/>	Management / Supervision <input type="checkbox"/>	Health Surveillance <input type="checkbox"/>		
Engineering Controls <input type="checkbox"/>	Personal Protective Equipment <input type="checkbox"/>	Training <input type="checkbox"/>		
Risk Assessment <input type="checkbox"/>	<input type="checkbox"/>	No Change Required		
<b>Investigation by:</b>				
	<b>Name</b>	<b>Signature</b>	<b>Date</b>	
	<b>Name</b>	<b>Signature</b>	<b>Date</b>	

General Manager/ Construction Manager Comments			
Investigation successfully closed out by:			

## Definitions

### Critical Incident

*An event or point of decision which, if not handled in an appropriate and timely manner (or if not handled at all), may turn into a disaster or catastrophe significantly impacting on the operations of the project site and or company as a whole.*

### Emergency

*For the purpose of this plan, an emergency shall be defined as any serious event which requires a high-level response.*

### Emergency Response Services

*May, as appropriate, mean police, ambulance, fire brigades, state emergency services, hospital or other specialist groups.*

### Incident

*An unplanned or undesirable event resulting in, or has the potential for, personal injury, loss of productivity, environmental damage or property damage. Work related incidents may involve a work injury and/or non-injury occurrence.*

### Near Miss

*Any unplanned event in the workplace that, although not resulting in injury or significant equipment, property and/or environmental damage, had the potential to do so.*

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## F009: Site Instruction

<b>SITE ADDRESS</b>	
<b>ISSUING OFFICER</b>	
Name:	Date:
Position:	
<b>ISSUED TO</b>	
Name:	Date:
Company:	
<b>DESCRIBE NON-CONFORMANCES</b>	
<b>CORRECTIVE ACTIONS TO RESOLVE NON-CONFORMANCES</b>	
<b>CORRECTIVE ACTIONS TO BE COMPLETED BY WHOM AND BY WHAT DATE</b>	
Name:	Date:

### ASSESSING THE RISK

	High	Medium	Low
<b>RISK</b>	Potential death, permanent disability or major structural failure/damage.	Hospitalisation or medical treatment, potential temporary disability or minor structural failure/damage.	Hazard that has the potential to cause persons to require first aid.
<b>ACTION REQUIRED</b>	Cease work immediately. Review task/situation/condition. Additional risk controls and must be documented and implemented. Ensure all parties are aware of risk control.	Implement suitable controls as soon as practical. Task/situation/condition to be reviewed and reinforce control measures where applicable.	Review task and reinforce control measures where applicable.

### HEIRARCHY OF CONTROLS

Eliminate the risk all together.	Substitute the risk.	Isolate people from the risk.	Engineer out the risk.	Apply administrative controls.	Use personal protective equipment (PPE).
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BEST

WORST

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<b>SIGN OFF FROM PERSON RECEIVING NON CONFORMANCE</b>	
Print name:	Signature:
<b>SIGN OFF FROM RAWSON (REGIONAL) GENERAL MANAGER</b>	
Print name:	Signature:
<b>CORRECTIVE ACTION CLOSE OUT</b>	
Print name:	Signature:
Position:	Date:

## F015: HRCW SWMS Checklist

### SUBCONTRACTOR DETAILS

**Sub-contractors Name:**

<b>Job Number:</b>		<b>Project Name:</b>	
<b>Sub-contractors Contact Person:</b>		<b>Mobile No:</b>	
<b>Safe Work Method Statement No:</b>		<b>Task Description:</b>	

A SWMS must take into account the circumstances at the workplace that may affect the way in which the high-risk construction work is carried out – that is the site where the high-risk construction work is being carried out, the work environment and the workers carrying out the work

The content of a SWMS should provide clear direction on the control measures to be implemented. There should be no statements that require a decision to be made by supervisors or workers. For example, the statement 'use appropriate PPE' does not detail the control measures. The control measures should be clearly specified

MANDATORY COMPLIANCE PRIOR TO ANY WORK COMMENCING	YES	NO	COMMENTS	Closed Out
Provides the name of the company	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Provides the address of the company	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Provides the company ABN	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Identifies the name of the principal contractor	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Identifies the correct name and address of the project	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Identifies the date the SWMS for HRCW was developed	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Includes an outline / description of the scope of work / activity to be undertaken	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
SWMS is endorsed / approved by signature of Senior Management	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Identifies the high-risk construction work to be undertaken	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Describes how the control measures are to be implemented	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Describes how controls shall be monitored	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

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MANDATORY COMPLIANCE PRIOR TO ANY WORK COMMENCING	YES	NO	COMMENTS	Closed Out
Describes how controls will be reviewed	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Describes how the work is to be carried out in a logical sequence	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Specifies hazards relating to the high-risk construction work and risks to health and safety associated with those hazards	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
The SWMS takes into account the Project WHS Management Plan/Project Risk Assessment	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Provides details of worker representatives who participated in the development of the SWMS (If there are no workers engaged at the planning stage, consultation should occur with workers when the SWMS is first made available to workers)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Provides an adequate area to register names of those who will be, or have been, trained for the work activities described in the SWMS	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<b>REVIEW STATUS</b>				
<b>Accepted as satisfactory;</b> <input type="checkbox"/>		<b>Not accepted: refer comments made and re-submit;</b> <input type="checkbox"/>		
Reviewed by: (Name & Title)			Signature	

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**High risk construction work:**

- Involves a risk of a person falling more than 2 metres
- Is carried out on a telecommunication tower
- Involves demolition of an element of a structure that is load-bearing or otherwise related to the physical integrity of the structure
- Involves, or is likely to involve, the disturbance of asbestos
- Involves structural alterations or repairs that require temporary support to prevent collapse,
- Is carried out in or near a confined space
- Is carried out in or near:
  - a shaft or trench with an excavated depth greater than 1.5 metres
  - a tunnel
- Involves the use of explosives
- Is carried out on or near pressurised gas distribution mains or piping
- Is carried out on or near chemical, fuel or refrigerant lines
- Is carried out on or near energised electrical installations or services
- Is carried out in an area that may have a contaminated or flammable atmosphere
- Involves tilt-up or precast concrete
- Is carried out on, in or adjacent to a road, railway, shipping lane or other traffic corridor that is in use by traffic other than pedestrians
- Is carried out in an area at a workplace in which there is any movement of powered mobile plant
- Is carried out in an area in which there are artificial extremes of temperature
- Is carried out in or near water or other liquid that involves a risk of drowning
- involves diving work

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## F016: Task Observation

<b>Project:</b>	
<b>Subcontractor/worker carrying out the task:</b>	
<b>Date of task observation:</b>	
<b>Task / activity description:</b>	
<b>Location of task / activity:</b>	
<b>List high risk construction work involved:</b>	
<b>Task Document Reference</b> (e.g. SWMS, JSA, Safe Operating Procedure)	

### 1. Positive Safe Work Practices Observed


### 2. Stop Work Action

Record details of any immediate action taken to stop work
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### 3. Unsafe Acts / Unsafe Conditions Observed

Observation	Corrective Action	By Whom	By When	Date Completed

### 4. Persons present during task observation and participating in the task being observed

Name	Company	Role

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

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## F018: Site Inspection

<b>Date of Inspection:</b>	<b>Project Name:</b>	<b>Area:</b>
<b>Conducted by:</b>	<b>Present:</b>	

PROMPT LIST, ✓ items		Entry, exit, routes & paths		Fall Protection Systems		Mobile Plant, Cranes & Hoists	
<b>General</b>		Fire extinguishers		Edge protection		Plant Operator Licences/Competencies	
Amenities		First Aid equipment		Excavation barriers/fences		Pre Operation Inspections	
Lighting		Nurse Call Systems		Falling object protection		Warning lights, devices & tones	
Ventilation		<b>Excavations and Trenching</b>		Fall Arrest Systems		Exclusion zones	
Site Person Protective Equipment		Permits, DBYD & Searches		Means of safe access/egress		Lifting Equipment	
Guarding		Trenches -shored/battered		Permits		<b>Traffic Control Signage, Devices &amp;</b>	
Personal Protective Equipment		Excavation barriers/fences		Competencies		Signs & devices been set out as in TCP	
Housekeeping		Means of safe access/egress		Ladders & Work Platforms		Signage & devices clean & in good	
Waste management/Disposal		<b>Hazardous substances</b>		Working at heights		Traffic Control devices being used	
Lasers		Safety Data Sheet		Working above others		Controllers wearing appropriate clothing	
Manual handling		Person Protective Equipment		<b>Electrical</b>		<b>Security &amp; Public Protection</b>	
Materials Handling		<b>Hot Works, Welding,</b>		Equipment lead management		Barricades / Fencing	
<b>Emergencies &amp; First Aid</b>		Screens		Tools tagged		Hoardings	
Emergency signage		Extinguishers & Controls		Distribution Boards		Means of safe access/egress	
Emergency evacuation alarm		Person Protective Equipment		Water & electrical equipment		Construction & Safety signage	
		Permits		Overhead Services			

Inspection Findings	Recommendation for rectification	Accountable party for rectification	Party advised	Required Completion Date	Action Taken	Action complete Sign /
			✓			

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## F025: HRCW Safe Work Method Statement

<b>SWMS No:</b>		<b>Revision Date:</b>		<b>Approved by (Project Management Rep Signature):</b>	
<b>SWMS Title:</b>					
<b>Work Activity:</b>					
<b>Project Name:</b>			<b>Works Location:</b>		
<b>Works Manager</b>			<b>Contact Number</b>		
<b>SWMS Prepared By:</b>			<b>In Consultation With:</b>		
<b>Principal Contractor</b>					
<b>Address</b>					
<b>Date SWMS provided to PC</b>					
<b>Person Responsible for ensuring compliance with SWMS (Supervisor/team Leader)</b>					
<b>How SWMS Controls are</b>	<b>Reviewed</b>				<b>By</b>
	<b>Monitored</b>				<b>By</b>

High Risk Construction Work	(Put "X" where required into Y or N column and PPE)				
	Y	N		Y	N
Involves a risk of a person falling more than 2 metres			Is carried out on or near pressurised gas distribution mains or piping,		
Is carried out on a telecommunication tower			Is carried out on or near chemical, fuel or refrigerant lines		

Involves demolition of an element of a structure that is load-bearing or otherwise related to the physical integrity of the structure		Is carried out on or near energised electrical installations or services		
Involves, or is likely to involve, the disturbance of asbestos		Is carried out in an area that may have a contaminated or flammable atmosphere		
Involves structural alterations or repairs that require temporary support to prevent collapse		Involves tilt-up or precast concrete		
Is carried out in or near a confined space		Is carried out on, in or adjacent to a road, railway, shipping lane or other traffic corridor that is in use by traffic other than pedestrians		
Is carried out in or near a shaft or trench with an excavated depth greater than 1.5 metres,		Is carried out in an area at a workplace in which there is any movement of powered mobile plant		
Is carried out in or near a tunnel		Is carried out in an area in which there are artificial extremes of temperature		
Involves the use of explosives		Is carried out in or near water or other liquid that involves a risk of drowning		
		Involves diving work		

Step No. Logical sequence	What are the tasks involved? List the work tasks in a logical order	What is the high risk construction work?	What are the hazards and associated risks?  Identify the hazards and risks that may cause harm to workers or the public	What are the control measures?  Describe what will be done to control the risk. What will you do to make the activity as safe as possible?
1.				
2.				

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Step No. <small>Logical sequence</small>	What are the tasks involved? List the work tasks in a logical order	What is the high risk construction work?	What are the hazards and associated risks?  Identify the hazards and risks that may cause harm to workers or the public	What are the control measures?  Describe what will be done to control the risk. What will you do to make the activity as safe as possible?
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

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Step No. <small>Logical sequence</small>	What are the tasks involved? List the work tasks in a logical order	What is the high risk construction work?	What are the hazards and associated risks?  Identify the hazards and risks that may cause harm to workers or the public	What are the control measures?  Describe what will be done to control the risk. What will you do to make the activity as safe as possible?
13.				
14.				

### Training Statement

The following people have been trained in the work activities described in this SWMS

#### SWMS Induction Training Statement:

I, the employee/worker identified below:

1. Have read, had input into and understood this SWMS
2. Have been **consulted** and **trained** in the specific safety requirements of the activity for which I am engaged on this site
3. I will work in accordance with this SWMS and understand that I am responsible for my own and fellow workers safety
4. If found necessary to amend this SWMS, I will consult with the Site Manager and help if required in re-issuing this SWMS

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Name	Signature	Date	Name	Signature	Date

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[illegible]

	Product	Sub-Contractor using Hazardous Substance	Use	Dangerous Goods Class & UN no. (if applicable)	Storage Location	MSDS Y/N	MSDS Expiry Date	Hazardous Substance (Yes/No)	To be completed ONLY if substance is classified as hazardous				
									Risk Rating	Controls	Health Surveillance Environmental Monitoring required (Yes/No)	Can the produce be substituted for a less hazardous one?	Substitute product
9.													
10.													
11.													
12.													
13.													
14.													
15.													
16.													
17.													
18.													

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	Product	Sub-Contractor using Hazardous Substance	Use	Dangerous Goods Class & UN no. (if applicable)	Storage Location	MSDS Y/N	MSDS Expiry Date	Hazardous Substance (Yes/No)	To be completed ONLY if substance is classified as hazardous				
									Risk Rating	Controls	Health Surveillance Environmental Monitoring required (Yes/No)	Can the produce be substituted for a less hazardous one?	Substitute product
19.													
20.													
21.													
22.													
23.													
24.													
25.													
26.													
27.													
28.													

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									Risk Rating	Controls	Health Surveillance Environmental Monitoring required (Yes/No)	Can the produce be substituted for a less hazardous one?	Substitute product
29.													
30.													
31.													
32.													
33.													
34.													
35.													
36.													
37.													
38.													

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									Risk Rating	Controls	Health Surveillance Environmental Monitoring required (Yes/No)	Can the produce be substituted for a less hazardous one?	Substitute product
39.													
40.													
41.													
42.													
43.													
44.													
45.													
46.													
47.													
48.													

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									Risk Rating	Controls	Health Surveillance Environmental Monitoring required (Yes/No)	Can the produce be substituted for a less hazardous one?	Substitute product
49.													
50.													
51.													
52.													
53.													
54.													
55.													
56.													
57.													
58.													

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	Product	Sub-Contractor using Hazardous Substance	Use	Dangerous Goods Class & UN no. (if applicable)	Storage Location	MSDS Y/N	MSDS Expiry Date	Hazardous Substance (Yes/No)	To be completed ONLY if substance is classified as hazardous				
									Risk Rating	Controls	Health Surveillance Environmental Monitoring required (Yes/No)	Can the produce be substituted for a less hazardous one?	Substitute product
59.													
60.													
61.													
62.													
63.													
64.													
65.													
66.													
67.													
68.													

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## F028: High Risk Plant Compliance Checklist

SECTION 1			
<b>Item of Plant:</b>			<b>Company Using Plant:</b>
<b>Make:</b>			<b>Plant Description:</b>
<b>Owner/Supplier:</b>			<b>Operator/s Name/s:</b>
<b>Registered Serial Number:</b>			

SECTION 2. Requirements for all plant	YES	NO	N/A	Verified by Rawson
Formal instruction has been given to the operators (Qualified & Ticketed)				
Copy last maintenance report and/or copy of safe use delivery inspection docket, or sticker indicating the last service				
Rollover protection in place and compliant to AS 2294 or equivalent (cranes exempt)				
Fire extinguisher on board (tested and tagged in date)				
Reversing alarm				
Flashing hazard light				
The plant has a daily operator's inspection logbook				
Copy of Certificate of Competency issued by a Statutory Authority provided for all operators				
Plant Risk Assessment provided to Rawson Homes				
HRCW Safe Work Method Statement for use of Plant provided to Rawson Homes				
<b>SECTION 3 Mobile Cranes</b>				
Item Registration (Workcover) if > 10 tonne capacity (annual renewal)				
Road Registration				
Annual inspection (independent)				
NDT (Magnetic particle) after 5 years old, then annually				
10-year mechanical major inspection including NDT (Magnetic particle)				
25-year structural major inspection including NDT (Magnetic particle)				
Lifting gear reports				
Wire rope certificates reports				
Hook block certificates				
Operators manual Service and parts manual				
Operator Competency				
Lift Study				

Ground/slab conditions have been assessed adequate for use of crane				
<b>SECTION 4 Concrete Pumps (Boom &amp; Line)</b>				
Item Registration (Workcover) if > 10 tonne capacity (annual renewal)				
Road Registration				
Annual inspection (independent)				
Annual NDT (Magnetic particle) test records (12 monthly testing intervals)				
6 Yearly major inspection				
Monthly line thickness test reports				
Monthly Boom Checklist (completed)				
Hopper Switch & grill are operational. Pump stops when hopper grill is raised				
Operator competency				
Ground/slab conditions have been assessed adequate for use of pump				

<b>SECTION 5. Certification</b>					
<p>I am aware of my responsibilities under the WHS Act 2011 in relation to the supply, maintenance and operation of plant. I confirm that the above plant complies with:</p> <ol style="list-style-type: none"> <li>1) The manufacturer's specifications;</li> <li>2) Current WHS Legislation; and</li> <li>3) Applicable Australian Standards</li> </ol> <p>I also confirm that all tests and examinations in relation to all three of the above and the minimum required certification have been undertaken and the results proven or rectified prior to the plant being brought on site.</p> <p>I will also maintain the above plant in accordance with all three of the above whilst the plant is on site.</p>					
<b>Signed:</b>		<b>Print Name:</b>		<b>Date:</b>	
<b>Hirer:</b>		<b>Supplier:</b>		<b>Owner:</b>	

<b>SECTION 6. This section to be completed by Rawson</b>						
HRCW Safe Work Method Statement for use of plant provided to Rawson						

**Information Checked by:**

<b>Signed:</b>		<b>Print Name:</b>		<b>Date:</b>	
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## F031: Site Induction

Induction form must be completed by all, prior to starting work on site

<b>Project:</b>		<b>Site Induction No.:</b>	
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### PERSONAL DETAILS

Company Name:		Occupation:	
Employee Name:			
Employee Address:			
Contact No:			

### EMERGENCY CONTACT DETAILS

Name of Contact:		Contact Person Phone:	
Relationship ( <i>Mother, Father, Friend, etc</i> ):			
Are you allergic to any medication?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, please specify:			
Do you suffer from any illness or injury that could affect your work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, please specify			

### PHOTO IDENTIFICATION (attach copy where possible)

Drivers Licence <input type="checkbox"/>	Passport <input type="checkbox"/>	WorkCover Photo Licence <input type="checkbox"/>	Other (provide detail) _____ <input type="checkbox"/>
--	-----------------------------------	--	---

### LICENCES, TICKETS, COMPETENCIES (attach copies where possible)

- Only persons who have a Construction Industry Induction Card will be inducted.
- Only persons with relevant licence, tickets and competencies can operate plant or machinery.

Ind. Induction Card No.:			
First Aid Cert No:		Expiry:	
Competencies/licences held:		Expiry:	
<i>E.g. Electrical, crane, EWP, forklift, dogman, rigger, scaffold, hoist, traffic controller, scaffold. Refer to list on last page</i>			

Check List	Understood
Daily Site Register Workers enter name & time onsite and Sign when leaving site	
Company Policies [Including WHS, Quality, Environmental, Drug & Alcohol]	
Project management plan details & location	
Access to Legislation, Codes of Practice and other requirements	
Site Office, lunch, toilets facilities and site notice board location	
Emergency procedures, Evacuation plans First aid Staff, Exits, Extinguishers & assembly points	
Site Rules	
Hazard & Incident reporting procedure <i>[No Photography of any incidents on site without prior permission]</i>	
Communication and Consultation Procedures & Names of Safety reps on this site	
Safety Signs	
Traffic Management Plan requirements and rules	
Dispute resolution process	
<b>Other site specific requirements:</b>	<b>Explained</b>
Current hazards on site	
Client and /or other Site requirements (e.g. Working with Children)	
Work specific permits required on this site: Use of Ladders, Isolation of services, Excavation, Confined Space, Hot Works, Use of Harness	
Housekeeping, incl. waste disposal, amenities & work areas	
Mandatory and task specific Personal Protective Equipment requirements	
<b>Requirements of all sub-contractors and their employees:</b>	<b>Understood</b>
SWMS and proof of workers being inducted to carrying out the work	
All electrical equipment to be tested & tagged as per AS 3012	
Provide current Safety Data Sheets for all Substances used onsite	
Copies of certificates of competency & licences (LE, Work @ Heights, EWP/BL, Confined Space etc)	

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## INDUCTEE DECLARATION

- (1) I hereby declare that all of the information provided by myself is, to the best of my knowledge truthful.
- (2) I fully understand all the information contained in this WH&S Induction and I will adhere to all Site Safety rules, procedures and information provided to me during the induction.
- (3) I can read and understand English and do not require an interpreter. If NO, signature of interpreter required.
- (4) I hereby declare that I have been consulted, read and understood my Company's SWMS.
- (5) I understand and agree with the consultation arrangements put in place by Rawson Homes.

<b>Employee Signature:</b>		<b>Date:</b>	
<b>Interpreter's Name &amp; Signature (if applicable)</b>		<b>Date</b>	

## Rawson Homes DECLARATION

(1) Secondary form of ID verified and/or sighted (i.e. WorkCover Photo Card, Bank Card or Driver's License).		<input type="checkbox"/> YES
(2) Construction Industry Induction Card verified and/or sighted		<input type="checkbox"/> YES
<b>Inductor's Name:</b>		<b>Inductor's Signature:</b>
<b>Date:</b>		

Classification	Description	License/Certificate/Competency	Tick those applicable to your work
Asbestos	Remove non-friable asbestos	CPCCODE3014A	
	Remove friable asbestos	CPCCODE3015A	
	Supervise asbestos removal	CPCCB4051A	
	Workers carrying out asbestos-related work (non-removal)	Trained in identifying asbestos and safe handling	
Air quality Monitoring	Carry out air quality monitoring	Qualified Hygienist	
Concrete Pump	Concrete placing booms	PB	
Cranes	Bridge and gantry cranes	CB	
	Derrick crane	CD	
	Non slewing mobile cranes greater than three tonnes capacity	CN	
	Portal boom crane	CP	
	Slewing mobile cranes	C2, C6, C1, C0	
	Vehicle loading crane	CV	
Dogging	Dogging	DG	
EWP	Boom-type elevating work platform	WP	
	Scissor Lift	WP or Yellow Card	
Electrical	Electrical work	Electrical Contractors License	
Fall arrest/fall restraint – use of	Using falling arrest or fall restraint equipment	WP, working at Heights training	
Fall prevention system	Installation of fall prevention system	Training in the installation procedure by manufacturer	
First Aid	Occupational First aid	Level 3 OFA/L3	
	Senior First aid	Level 2 SFA	
Forklift	Forklift truck	LF	
	Order-picking forklift truck	LO	
Formwork	Formwork Inspection	Engineer	
	Installation of formwork systems	Evidence of training in formwork system	
Gas fitting	Gas fitting work	Contractor's license, supervisors certificate, tradesman	
Hoist	Materials platform hoist	HM	
	Personnel and material hoists	HP	
Installation of fall arrest attachment points	Install anchor points for fall arrest. fall restraint	Trained in manufacturers system, rigger	
Load Shifting	Front end loader	LL or a certificate of competency issued by a registered training organisation	
	Front end loader/backhoe	LB or a certificate of competency issued by a registered training organisation	
	Front end loader of the skid steer type	LS or a certificate of competency issued by a registered training organisation	
	Excavator.	LE or a certificate of competency issued by a registered training organisation	
	Telescopic Handler < 3 tonne	Certificate of competency issued by a registered training organisation	
	Telescopic Handler > 3 tonne	CN	

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Classification	Description	License/Certificate/Competency	Tick those applicable to your work
Plumbing		Contractor's licence, supervisors' certificate, tradesman	
Rigging	Basic rigging	RB	
	Intermediate rigging	RI	
Refrigeration/air conditioning work	Air-conditioning and/or refrigeration work	Supervisor License or Contractors license for air-conditioning or refrigeration work	
Scaffolding	Advanced rigging	RA	
	Basic scaffolding	SB	
	Intermediate scaffolding	SI	
	Advanced scaffolding	SA	
Structural support	Inspection structural supports	Engineer	
Traffic Control	Design & Inspect Traffic Control Plans	Orange Card	
	Select and Modify Traffic Control Plans	Red Card	
	Traffic Controller	Blue Card	
	Implement Traffic Control Plans	Yellow Card	

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## F035: Ground Penetration Permit

Information					
<b>Project:</b>		<b>Site Manager</b>		<b>Date</b>	
<b>Contractor:</b>		<b>Contractor</b>			
<b>Location of ground works:</b>					
<b>Likely depth of ground works:</b>	<input type="checkbox"/> 300mm to 1.5 M				
	<input type="checkbox"/> 1 M to 1.5 M in known sandy or unstable locations				
	<input type="checkbox"/> > 1.5 M				
<b>Reason for ground works:</b>					
<i>Describe reason for ground works:</i>					
<i>Describe the type of ground works that are taking place:</i>					
Ground Works Permit					
As per the method of work described in <i>Section 1</i> , identify control requirements in the relevant parts below.					
<b>Underground Services Identification</b>					
Type of services identification: (tick appropriate)	<input type="checkbox"/>	Information sourced / to be sourced from authority or underground asset service locator ( <i>Dial Before You Dig – Call 1100</i> )			
	<input type="checkbox"/>	Visual inspection and search of the work area and potential services in the surrounds			
	<input type="checkbox"/>	Existing services maps or plans reviewed / to be reviewed			
	<input type="checkbox"/>	<b>Mandatory</b> – Underground service location and depth detection undertaken / to be undertaken			
Identification undertaken by:				Date:	
Have services been identified?	<input type="checkbox"/>	<b>Yes</b> Services have been identified that could impact on the ground work tasks.			
	<input type="checkbox"/>	Have service locations been identified on drawing. Drawing attached		Drawing No	
	<input type="checkbox"/>	<b>No</b> There are no services in the area / vicinity that could impact on the ground work tasks.			
<b>Service type</b>		<b>Proximity of service</b> (tick appropriate):		<b>Depth details:</b>	

Nominate the type of service(s) identified: water, stormwater, sewerage pipeline or services, irrigation lines, control wiring, gas or fuel tank/pipeline, telecommunications, live/unknown electrical, non- live electrical, etc:	Service directly where ground works required	Service in proximity of required ground works	(as detected &/or as a best estimate)
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

## Controls Required

Pot Holing barricades, signage, spotter, toothless bucket, Isolation

## Ground Work Collapse & Entry Controls

	Will workers be required to enter the excavation(s)?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	Proceed to Item A	
				Proceed to Item C	
A:	Will the work(s) be greater than 1.5 m deep?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	Proceed to Item B	
				Proceed to Item C	
B:	A safe means of entry will be achieved via (must identify one):	<input type="checkbox"/> <input type="checkbox"/>	The use of secured ladders – at least one per 9m section of trench		
			The following alternative safe means:		
	Prevention of collapse will be achieved via (must identify at least one):	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	The use of shoring		
			The use of battering to all sides required		
			The use of benching to all sides required		
			A written and signed authority (obtained from certified geo-technical engineer stating that the excavation is safe for entry)		
	General safe entry in the work area will be achieved via (both items mandatory):	<input type="checkbox"/> <input type="checkbox"/>	More than one person being present at the ground work during entry		
			A competent person to supervise work, inspect penetration(s) and maintain a log daily prior to entry (>1.5m)		
					Proceed to Item D
	C:	General safety to be achieved via:	<input type="checkbox"/> <input type="checkbox"/>	A competent person to supervise work and inspect ground work(s)	
No controls required to prevent a person being trapped by a collapse					
Prevention of collapse will be achieved via (must identify at least one):		<input type="checkbox"/> <input type="checkbox"/>	Using shoring, battering/benching to prevent a person being trapped by a collapse or to minimise likelihood of a fall		
			Other		

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## Controls:

Tick as appropriate	<input type="checkbox"/>	Exclusion / barricading is to be erected to exclude access / prevent falls
	<input type="checkbox"/>	Controls will be required to limit operating areas of earthmoving plant
	<input type="checkbox"/>	Close-by exhaust fumes could make the excavation atmosphere unsafe for entry
	<input type="checkbox"/>	Controls are required to prevent undermining of near-by structures
	<input type="checkbox"/>	The area is likely to contain contaminated soil / old process materials / chemicals
	<input type="checkbox"/>	New services will need to be marked / identified &/or service plans updated
	<input type="checkbox"/>	Potholing required
	<input type="checkbox"/>	Toothless bucket

## Attachments

*Drawings: Existing Services Diagrams, Benching, Code of Practice etc*

## Authorisation

### Ground Works Authorisation: (Site Manager)

The procedures, control measures and precautions appropriate for the safe access &/or execution of work involving this ground work(s) have been implemented and the persons required to work have been advised of and understand the requirements

Name:		Signature:		Date:	
-------	--	------------	--	-------	--

### Constraint

S: This Authorisation is valid until the following occurs, or the date and time shown:

	Date:	
--	-------	--

## Inspection of Ground Work if >1.5m Deep Prior to Entry

Shoring, benching, battering, sheeting, ground anchors has been installed as per drawings/specifications	Name		Signature:		Date:	
Qualification (eg Engineer)						

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## F039: Preliminary Site Inspection

<b>PCA NAME</b>		<b>ARCHITECTURAL PLANS ATTACHED BY PCA</b>		
<b>CLIENT NAME</b>		<b>PROJECT NO.</b>		
<b>SITE ADDRESS</b>				
<b>SITE MANAGER NAME</b>		<b>DATE OF INSPECTION</b>		
<b>COMPLETE SITE INSPECTION CHECKLIST WITH REFERENCE TO ATTACHED PLANS &amp; RETURN TO THE PCA A.S.A.P</b>				
<b>ITEM</b>	<b>YES</b>	<b>NO</b>	<b>COMMENTS</b>	
Is the demo complete?				
Are levels on site as per the attached plans?				
Is a re-survey required; are pegs visible, have they been moved?				
Are controls for overhead power-lines required?			If yes, take photos, make notes and send to the PCA	
Is perimeter fence required for this site?			If you think perimeter fencing is NOT required for this site, you must complete & attach a complete FENCING RISK ASSESSMENT	
Is perimeter fence required around the entire perimeter?			If no, clearly mark plan where fencing is required, take photos of existing fencing condition & return to PCA	
Is single storey scaffold required e.g. drop edge beams, parapet walls, sloping block, exposed rafter facades?			If yes, mark plan where scaffold is required & makes notes:	
Is internal scaffold required to complete interior works e.g. large void, large garage step down, sloping roof?			If yes, mark plan where scaffold is required & makes notes:	
Are extra scaffold lifts required?			No. of extra lifts required	
Is hire of council land required?			Estimated no. of weeks hire	
Is traffic control required?			Estimated no. of hours required	
Is a traffic control plan, road hire or similar required?			If yes, provide details, take photos & make notes:	
Are additional site cleans required?			No. of extra cleans required	
Is footpath/crossover protection required?				
Water meter install tag numbers	DW		RW	
What type of crane is required?				

Are extra crane lifts required?				No. of lifts required	
Is there encroachment from other properties? e.g. trees, power-lines etc.			If yes, take photos, makes notes, mark plan, and send to PCA		
Is site handling i.e. labour required?			Reason		Approx \$
Are manual handling aids required? e.g. lifter, hoists			Reason		Approx \$
Other notes to Estimator:					
Any notes to be included on purchase orders (e.g. special delivery instructions, overhead power, school or nursing homes in close proximity, busy main road, call before arrival, narrow streets, special/limited truck access etc.)					
<b>SUPERVISOR SIGN OFF</b>				<b>DATE</b>	

## F042: Fencing Risk Assessment

<b>Site Address:</b>					
<b>Knock-down</b>	<b>Yes</b>	<b>No</b>	<b>Multi-storey</b>	<b>Yes</b>	<b>No</b>
All knock-downs and multi-storey constructions automatically require category B fencing					
<b>Factors</b>	<b>Findings</b>		<b>Risk</b>		
			High	Med	Low
Building height					
Proximity of neighbouring structures					
Is the site located near:					
Shops					
Offices					
Schools					
Residential Areas					
Are trench/ site-cut depths > 500mm?					
Access outside of work hours					
<b>OVERALL RISK</b>					
<b>High risk -</b>	Areas that the public would normally access or pass through are classified as potentially high risk, such as inner city areas, main business areas, and educational institutions. For such sites it is necessary to prevent public access to the work site.				
<b>Medium risk -</b>	Areas with moderate public traffic, such as suburban residential areas are classified as medium risk. For such sites it is necessary to restrict access to the worksite, and provide warning of the hazard.				
<b>Low risk -</b>	Areas with minimal public access such as rural areas or new sub-divisions require a lower level of protection.				

### Risk Assessment Outcome Categories

Is the ....	High risk	Medium risk	Low risk
<b>Construction:</b> (see note 1)			

multi-storey	A	B	C
single-storey	B or A (see note 2)	C	
<b>Excavations:</b> (see note 3)			
trenching into which a person may fall	D	D	E or F
open manholes	E	E	F
footpath repairs	E or F	E or F	
narrow trenching (eg ditch-witch type)	(should be covered or its presence clearly identified)		
<b>Within a construction site:</b>			
excavations	F	F	F
<b>Proximity to Neighbouring Structures</b>	(See note 2)		
Distance from structure to neighbour > ½ building height	H	H	

See notes on overleaf.

<b>RECOMMENDATIONS</b>	
Assessor:	Assessment date      /      /

## 1. DEFINE THE RISK FACTORS

Look at the proposed site and identify all factors that influence the type of fencing needed to make the site safe.

All “knock-down” projects due to their position and proximity to other occupied dwellings must be fenced as minimum of category “B”.

### What type of fence should you use?

The standard of fencing required for a particular building site will depend on the hazards and environmental conditions of the worksite as well as its location. Some factors to consider include: building height (e.g. more than 1 storey); location e.g. near shops, offices, schools, residential areas; whether there are any trenches and the depth of those trenches; whether the site is vacant outside work hours.

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All Rawson Homes sites will be assessed for fencing requirements. Each site will be given a grading according to the level of risk.

The following risk assessment is taken from the ACT WorkSafe Guidance Note WSACT GN 0003 & NSW WorkCover Guidance WC05436

## 2. ASSESS THE RISK

Levels of risk may be categorised as follows:

**High risk** - Areas that the public would normally access or pass through are classified as potentially high risk, such as inner-city areas, main business areas, and educational institutions. For such sites it is necessary to prevent public access to the work site.

**Medium risk** - Areas with moderate public traffic, such as suburban residential areas are classified as medium risk. For such sites it is necessary to restrict access to the worksite and provide warning of the hazard.

**Low risk** - Areas with minimal public access such as rural areas or new sub-divisions require a lower level of protection.

## 3. DETERMINE FENCING NEEDS

### Risk Assessment Outcome Class Descriptions

**A.** Hoarding/ fencing of 2 metres height made of 12mm sheet ply, sheet metal 0.5mm thick or chain-wire mesh 2.5mm thick, with timber or steel vertical and horizontal structural members, and including hinged lockable gates that open inwards.

**B.** Hoarding/fencing of 1.8 metres height and continuous down to the ground made of chain-wire mesh 2.5mm thick and including hinged lockable gates that open inwards. The support structures should enable it to withstand any foreseeable loads or impacts that could be imposed.

**C.** Hoarding/fencing of 1.5 metres height and supported by star pickets at maximum 3 metre centres. A maximum 150mm clearance from ground if materials cannot protrude. Provision to secure the site with material providing the same security as the fence at all access points.

**D.** Hoarding/fencing of 1.5 metres height. Maximum 150mm clearance from ground if no protruding materials risk. Must be able to withstand reasonable side forces and remain upright. For example, chain wire mesh supported by star pickets at a maximum spacing of 3 metres, or panel fencing with star pickets at a spacing consistent with panel width.

**E.** Barricades of 900mm height with horizontal guardrails from the ground, which can withstand reasonable side forces and remain upright. A plastic safety mesh barrier attached to star pickets is an acceptable alternative.

**F.** Visual barricade, such as orange plastic mesh, of greater than 900mm height with bottom of barricade no more than 150mm from ground. Should be installed at least 1 metre from excavations up to 2 metres deep, or from potentially unstable ground for deeper excavations.

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**G.** Where a person is likely to fall 1.8metres or more, edge protection must consist of a handrail at 900mm height, a mid-rail, toe boards and stanchions.

**H.** Screen scaffold with shade cloth to reduce splatter

#### **Notes**

1. Where the distance from a public place to the building being erected is such that there is the likelihood of falling material striking pedestrians or vehicles, overhead protection should be used.
2. If the distance between property and building alignment is less than half of the building height then a category B fence is required.
3. Covering an excavation may be an alternative to fencing, providing the cover can withstand all loads likely to be imposed upon it. Warning signs should be in place to warn of the hazard.
4. All “knock-down” sites are automatically rated as category B
5. All sites near shopping centres, schools or high pedestrian traffic areas are automatically rated as category B

#### **4. MAKE RECOMMENDATIONS**

If after this assessment you are still unsure of the minimum fencing requirements, then as a default use category B fencing.

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## F043: Toolbox Record

<b>PROJECT:</b>	
<b>DATE:</b>	

### DETAILS

Presenter:			
Subject:		Including as per attachment:	<input type="checkbox"/> Yes
Issues Raised and discussed by the Presenter			

### PERSONS PRESENT

NAME	SIGNATURE	DATE
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
11.		
12.		
13.		
14.		
15.		



## F044: Site Safety Rules

- **No HRCW is to be undertaken by any person, unless a Work Method Statement (WMS) where required, has been submitted and approved, and the person has been instructed in its content and has signed the WMS.**
- **The use of offensive language, fighting or display of anti-social behaviour or creation of public nuisance by site workers will not be tolerated either on site or on arrival and departure.**
- All work at height where an injury from a fall might be suffered will only be undertaken using an appropriate means of fall prevention.
- No radios, MP3 or CD Players etc. or glass containers allowed on site.
- Drug or alcohol affected persons will not be allowed to remain on site. Alcohol and illegal drugs are prohibited on site.
- Urinating/defecating is only permitted in authorised locations on site. See location of toilets as per site plan. Breaching of this point is considered serious and will lead to site access being withdrawn.
- All **oxy acetylene** sets must have spark arresters and must have a fire extinguisher nearby. Use of this equipment as a cutting tool, also requires the use of **full-face shield** protection. Hot work permits as required.
- Appropriate general and task specific personal protective equipment (**PPE**) must be worn at all times, where required or as directed. A **full-face shield must be used** when using an **abrasive wheel grinder** regardless of its size. **Goggle** type eye protection must be worn when drilling or swarf producing type work is undertaken overhead. Protective gloves must be worn when a **high risk of hand injury** is identified in a task JSA/WMS.
- PPE must be in good serviceable condition. Dilapidated or damaged PPE must be replaced within reasonable time frames. This includes footwear which requires certain characteristics like tread wear or ankle support.
- Report any damage to or malfunction of site plant & equipment the Site Manager or your supervisor immediately.
- Only authorised persons are to adjust or alter scaffold.
- Do not remove or alter any edge protection, handrails or barricades. Report any damage or unsafe areas to the Site Manager staff or your supervisor immediately.
- **Smoking is strictly prohibited** within site amenities, offices and enclosed parts of constructed areas.
- All **electrical** gear must be tagged and in good condition. Electrical equipment and leads will have evidence of current test and be used in a manner which does not expose them to the risk of water entry or mechanical damage, and only be used on R.C.D. protected circuits. Piggyback adaptor plugs and double adaptors are not allowed on site. The length of all extension leads must be restricted to the maximum permissible for the cross-sectional area of the conductors (generally 25-30m). Doors to temporary electricity distribution boards are to be kept closed after leads plugged in, and connected leads to be kept neat and tidy, tied at the tie bar and mounted on insulated supports.
- All erected warning, hazard, and danger signage/tags must be followed, and defined exclusion zones observed. No signage is to be interfered with.
- All **ladders** are to be rated for Industrial purposes 120Kgs or more. Step ladders under 1.2m in height are prohibited on site. Only correct use of ladders will be tolerated i.e. Top two treads are for balance only and not standing on, only works of a **short duration** can be carried out from a ladder. Where ever possible chariot/Platform ladders should be used.
- **Power tools** that require two handed operation – must be used with two hands. Example; **Grinders, power saws, larger drills**, etc. **No grinder** (regardless of size) can be used above breast height.
- No animals to be brought onto site.
- Children are not permitted in the works areas.
- Parking on site is as per the site plan.
- All incidents, injuries, hazards and environmental issues must be reported immediately.
- Food scrap rubbish bins and receptacles must always be kept covered.
- Work areas are always to be kept clean and tidy and access ways defined and maintained. Sub-contractors will be held accountable for all aspects of housekeeping and waste management within their scope of work.
- Mobile phones are **not** to be used whilst operating Plant or using tool

### F045: Isolation of Services

<b>Project:</b>		<b>Date:</b>		<b>Time:</b>	
<b>Area</b>					

Trade	Fully isolated Y/N	Locked out & tagged Y/N	Trade Sign Off		
			Name	Signature	
<b>Electrical:</b>					
<b>Mechanical:</b>					
<b>Plumbing:</b>					
<b>Fire:</b>					
<b>Other:</b>					
If services cannot be fully isolated, then energised lines must be tagged/identified, workers advised via toolbox before start of work, and SWMS updated to include working near live equipment. Supporting record e.g. toolbox talk, SWMS to be attached.			<b>Energised lines tagged/identified</b>	<b>Pre-start Toolbox conducted</b>	<b>SWMS includes working near energised lines &amp; workers trained</b>

**Comments:**

**Site Manager to sign off prior to work commencing**

**Name:**

**Signature:**

**Date:**

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## **F046: Possession of Site**

Date

Client Names

Street

Suburb

Dear [Client Names],

**RE:     *Handover of site possession at [insert address]***

As previously discussed, Rawson Homes has agreed to hand back possession of site to you, to allow you to complete [insert agreed works]. The site will be released to you on [insert date] for the completion of the aforementioned agreed works. It is agreed that these works will be completed within [insert agreed timeframe]. Should the works not be completed within this timeframe, a penalty of \$40.00 per day will be payable. From the time you take back possession of the site, your contract period will be on hold, and compliance with all relevant council, legal and health and safety and obligations, including management of your contractors will be wholly your responsibility until we formally resume control.

On completion of the above agreed works, please contact [insert site manager name] on [insert site manager number] to arrange a date where the site will be available for an inspection to assess the completed works and to establish if the site is suitable for Rawson Homes to take back possession. Once Rawson Homes agrees to take back possession of site, your contract term will resume.

If the works and/or necessary precautions are not satisfactorily completed, Rawson Homes reserves the right to terminate our agreement to complete the agreed works and allocate the said work to one of our approved contractors at a cost to you including supervision, overheads and builders margin.

During the time you are in possession of the site, you will hold Rawson Homes harmless for any injury or death to any person on site, or damage to property and equipment, owned or leased by Rawson Homes, its employees, servants or agents howsoever caused by you, your employees, contractors, agents or servants.

You will also hold Rawson Homes harmless for any costs relating to the restitution, repair or replacement of defective work carried out by you, your employees, contractors, agents or servants including a sum for supervision, overheads and builders margin.

Should you require any further information, please do not hesitate to contact myself on [insert name] or via email [insert email]

Yours faithfully,

**RAWSON HOMES PTY LTD**

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