****

**Implement and Monitor WHS Policies, Procedures and Programs To Meet Legislative Requirements.**

Unit of Competency – BSBWHS401

Performance Evidence

**Workplace Assessment 2 of 2**

**Safety Plan**

**In the Workplace:**

To complete this assessment you will need to identify safety hazards in your workplace and prepare a WHS plan for your team.

Once you have completed your WHS Plan you will need to meet with your Manager to discuss the plan and arrange sign off for this Unit.

**There are 2 Parts to this assessment**.

Part 1 is to be completed after finishing Topic 4 “Implement and monitor organizational procedures for providing WHS training”.

Part 2 is to be completed after finishing Topic 5 “Implement and monitor organizational procedures for maintaining WHS records for the team,

**Part 1 – Prepare your WHS Plan.**

**ASSESSMENT INSTRUCTIONS**

You should have now read the content and completed the short answer questions for the fourth topic *‘ Implement and monitor organizational procedures and legal requirements for identifying hazards and assessing and controlling risks’.*

**Step 1**

Create a safety action plan by completing pages 3-6.

**Step 2**

Create a safety training plan to ensure staff are well equip to deal with hazards. Complete page 7

**Safety Hazards**

In the table below identify all the potential hazards in your workplace. A minimum of 20 is required.

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Safety Action Plan & Record Keeping**

Take 5 hazards from your list above complete the safety action plan to manage each hazard.

|  |
| --- |
| **SAFETY ACTION PLAN** |
| **Safety issue or hazard** | **Action required** | **Person responsible** |  |
| **Example** |  |  |  |
| *Power cords for computers left across the floor* | *Contact IT Department to run wires through the wall* | *Jane* | **Date of action to be completed** |
| *Immediate* |
| **Review date & comment** |
| *Every 6 months* |
| **Hazard 1** |  |  |  |
|  |  |  | **Date of action to be completed** |
|  |
| **Review date & comment** |
|  |
| **Hazard 2** |  |  |  |
|  |  |  | **Date of action to be completed** |
|  |
| **Review date & comment** |
|  |
| **Hazard 3** |  |  |  |
|  |  |  | **Date of action to be completed** |
|  |
| **Review date & comment** |
|  |
| **Hazard 4** |  |  |  |
|  |  |  | **Date of action to be completed** |
|  |
| **Review date & comment** |
|  |
| **Hazard 5** |  |  |  |
|  |  |  | **Date of action to be completed** |
|  |
| **Review date & comment** |
|  |

**Communicating with Stakeholders**

**How will you communicate your Workplace Health & Safety findings and actions to all stakeholders including your team members?**

|  |  |
| --- | --- |
| **Stakeholder** | **My Communication Strategy** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Training Plan**

Not all risks can be managed immediately. There are some that need to be accepted as part of our day-to-day activities. We need to develop and implement training for staff to know how to deal with these risks. This may include training from an external provider, in-house training or mentoring and coaching from colleagues.

**Identify 5 hazards like this in your workplace. If there is already training in place, specify it, but also describe what further training might be required for staff.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Issue or Hazard** | **What is in place?** | **What are the inadequacies and what is needed?** | **Estimated cost** |
|  |  |  |  |
|  |
|  |
|  |  |  |  |
|  |
|  |
|  |
|  |  |  |  |
|  |
|  |
|  |
|  |  |  |  |
|  |
|  |
|  |
|  |  |  |  |
|  |
|  |
|  |
|  |  |  |  |
|  |
|  |
|  |

**Part 2 – Meet with your Manager**

**ASSESSMENT INSTRUCTIONS**

**Step 1**

You are now required to meet with your Line Manager to discuss your Workplace Assessments 1 & 2 including the WHS Plan, and also to arrange sign off. You will then gain feedback from your Line Manager on what could be improved for next time. ***Please get your Manager to sign off on you performing these assessments in your workplace.***

Please note, if you are unable to meet with your manager there are 3 other options available for sign off:

1. Attend a Proteus Implementation Day to be assessed by a Proteus Coach (ph: 1300 219 903 for further information).
2. Arrange an appointment at a Proteus office to be assessed by a Proteus Coach (ph: 1300 219 903)
3. Arrange an appointment for a phone meeting assessment with your Proteus Coach (ph: 1300 219 903)

**Manager’s Sign Off**

|  |  |  |
| --- | --- | --- |
| **WHS – Workplace Assessment 1 & 2** | **Yes** | **No** |
| Did the student present relevant WHS information to the work team including (1) legislative and organisational requirements and (2) identified hazards and outcomes of risk assessment and control? |  |  |
| Has the student ensured the team have access to WHS policies and procedures? |  |  |
| Has the student implemented and monitored procedures according to organisational and legislative WHS requirements including: |  |  |
| * identifying, reporting and taking action on WHS hazards and
* risks
 |  |  |
| * keeping WHS records
 |  |  |
| * analysing aggregate WHS data to identify hazards and monitor risk control procedures in work area.
 |  |  |
| * identified and reported inadequacies in existing risk controls and monitoring outcomes to ensure a prompt organisational response.
 |  |  |
| **Feedback – Skills Performance** |  |  |
| What feedback can you give you the staff member regarding the standard of their performance in these skills listed above? (50-100 words). Please consider areas of success and areas of development. |
| **Your Feedback:** |

**Your Name:**

**Your Job Title:**

**Your Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:**

**ASSESSMENT INSTRUCTIONS**

This is the end of Workplace Assessment 2.

Please now go back online to the topic menu for ‘Unit 12 - *Implement and monitor WHS policies, procedures and programs to meet legislative requirements* ’ and click on the box **‘Workplace Assessment** to submit Workplace Assessment 1 and Workplace Assessment 2.

****

**Grading and Feedback.**

Feedback will be provided for each question through the Online Learning System. You will receive an email notification of feedback being posted.

If there are any required changes you will be given an opportunity to resubmit.

Proteus Leadership – 1300 219 903 – online@proteusleadership.com

-- End of Document --