

Health, Safety, **Environmental** and Quality *Management System*

AS/NZS 4801:2001

AS/NZS ISO 45001:2018

AS/NZS ISO 14001:2015

AS/NZS ISO 9001:2016

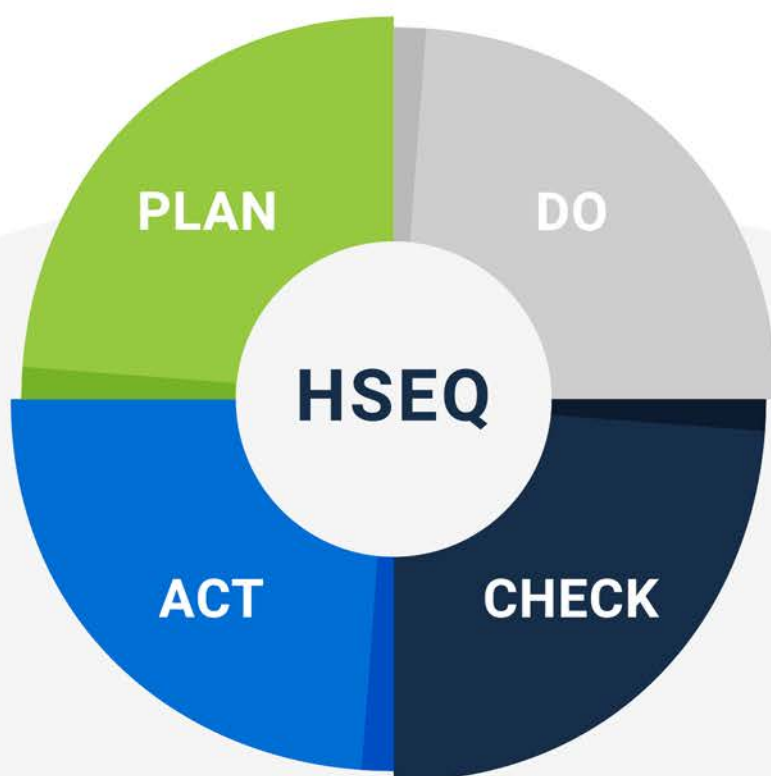


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Disclaimer: This document contains material to assist in addressing OHS, Environmental and Quality obligations. Although every effort has been made to ensure the accuracy of this information at the time of publication, it is provided as guidance only and does not provide legal advice.

Amendment Record Register				Version #: 2	
				Version Date: 15/5/2021	
Rev. #	Date	Details		Description of Changes	Approved By
		Section #	Para. #		
1	12/11/2019	All	All	Original Document	Tony Arundell
2	14/12/2020	All	All	Yearly Review and Update	Tony Arundell
3	15/5/2021	All	All	Version Update during Major Review 2 nd Version – and 3 rd Revision to the document.	Tony Arundell
4					



Amendment Introduction

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Record

Reviewed by: *Craig Harris*Approved by: *Tony Arundell*

Introduction

Eureka Sustainability Group is committed to developing and maintaining a system that demonstrates our commitment to maintaining Health, Safety, Environmental and Quality (HSEQ) values. This commitment is placed within a framework that fosters continual improvement of our Health, Safety, Environmental and Quality Management System (HSEQMS).

This manual will describe the scope of the HSEQMS, define accountabilities of all persons involved and to provide procedures for testing and HSEQ inspections for all activities that impact our goals. The manual is used to direct internal activities and inform external parties who require information about our HSEQMS.

This commitment is placed within an environment that has safety as a first priority, is focused on the quality of the service it provides while maintaining accountability for environmental values.

The purpose of this manual is to describe the scope of the HSEQMS, define accountabilities of all persons involved and to provide procedures for testing and inspection for all activities that impact our processes, product and service. The manual is also used to inform external parties who require information about our systems.

This manual will include essential information for persons at the workplace. It will include roles and responsibilities of key personnel, Health and Safety Representatives (HSR) and participation arrangements, guides for resolving issues, workplace rules, and processes in place for hazard identification, risk assessment and controls, managing incidents, emergency response and review/monitoring procedures.

Included is how we will implement, maintain and continually improve our HSEQMS. It identifies the criteria and methods used to ensure the effective operation, and control of the system, and identifies the monitoring, analysis, information, and actions necessary to achieve our outcomes.

To understand the external issues, the Management Team will monitor and consider issues coming from:

- Legal and legislative requirements;
- Technology changes;
- Customer requirements; and
- Cultural and social expectations on an international, national, regional and local level.

To understand the internal issues affecting our HSEQ policies, the Management Team will monitor and consider issues coming from:

- The company's values;
- The company's culture and ways of operating; and
- The ongoing performance of the company against our HSEQ plans, objectives and targets.



Amendment Scope
Record

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Reviewed by: *Craig Harris*

Approved by: *Tony Arundell*

Scope

This manual outlines Eureka Sustainability Group plan to satisfy the requirements of AS/NZS ISO 45001:2018, AS/NZS ISO 14001:2016 and AS/NZS ISO 9001:2016.

The HSEQMS defined within this manual applies to the delivery/distribution and manufacturing services of Insulation as offered by Eureka Sustainability Group. The following processes and locations, applicable to this HSEQMS manual are.

- Insulation Installation – located at Prestons, NSW, Australia
- Insulation Manufacturing – located at Prestons, NSW, Australia
- Insulation Delivery – to businesses around Australia

The following external processes and locations are within the scope of this HSEQMS Manual.

- Delivery to customers in Australia
- Installation Services by Eureka Sustainability on Customer sites.
- Installation Services by Eureka Contractors on Customer sites.
- Residential and Commercial

The HSEQMS Manual is a controlled document relating to the HSEQMS of Eureka Sustainability Group operating from 1/126 Jemma Rd, Prestons, NSW, Australia.

Amendment
RecordReferences and Applicable
Documents

Version #: 2

Revision #: 3

Reviewed by: *Craig Harris*Approved by: *Tony Arundell*

References and Applicable Documents

References

Act & Regulations

Work Health and Safety Act 2011
Work Health and Safety Regulations 2017

Standards and guidelines

AS/NZS ISO 45001:2018 - Occupational Health and Safety Management Systems
AS/NZS ISO 14001:2016 - Environmental Management Systems
AS/NZS ISO 9001:2016 - Quality Management Systems
AS/NZS 4859.1:2002 Materials for the thermal insulation of buildings
AS 3999-1992 Thermal insulation of dwellings - Bulk insulation - Installation requirements
AS/NZS 5110:2011 Recessed luminaire barriers
AS 4426-1997 Thermal insulation of pipework, ductwork and equipment - Selection, installation and finish
AS 6001-1999 Working platforms for housing construction
AS/NZS 1891.1:2007 Industrial fall-arrest systems and devices



Amendment

Terminology

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 Approved by: *Tony Arundell*

Terminology

Abbreviations and Acronyms

AS/NZS: Australian Standards/New Zealand Standards.

CEO: Chief Executive Officer.

HSR: Health and Safety Representative.

HSW: Health and Safety at Work.

ITP: Inspection Test Plan.

ISO: International Organisation for Standardisation.

JSA: Job Safety Analysis.

LTI: Lost Time Injury.

OHS: Occupational Health and Safety.

OSH: Occupational Safety and Health.

HSEQ: Health, Safety, Environmental and Quality.

HSEQMS: Health, Safety, Environmental and Quality Management System.

PA: Photocopy Allowed.

PCDA: Plan-Do-Check-Act

PPE: Personal Protective Equipment.

SDS: Safety Data Sheet.

SWI: Safe Work Instruction.

WHS: Work Health and Safety.

- *Within Australia and New Zealand combined there are differing Acts and Regulations, with multiple naming conventions. For the purposes of this HSEQMS, no specific references will be made to the terms HSW, WHS or OSH (unless referring directly to the Act or Regulation in question) and, will be generally referred to as OHS as per the standard AS/NZS ISO 45001:2018 Occupational Health and Safety Management Systems.*

Definitions

AS/NZS ISO 45001: International audit tool system intended to audit OHSMS and provide international OHS benchmarks.

AS/NZS ISO 14001:2016: International audit tool system intended to audit Environmental Management Systems and provide international environmental benchmarks.

AS/NZS ISO 9001:2016: The international standard that specifies requirements for a quality management system (QMS). Organisations use the standard to establish the ability to consistently provide products and services that meet customer and regulatory requirements.

Audit Evidence: Documentation, Statements, and Records.

Audit: Systematic, independent and documented process for obtaining evidence of conformity to a set of standards and evaluation to determine the extent of compliance.

Code of Practice is a practical guide to achieving the standards of OHS required under legislation. A COP applies to anyone who has a duty of care in the circumstances described in the code. Mostly, following an approved COP would achieve compliance with the health and safety duties in the relevant OHS Act, in relation to the subject matter of the code.

Continual Improvement: Consistent review of the HSEQMS to identify opportunities for enhancement.

Corrective Actions: Action to eliminate and control the cause of identified non-conformance to the HSEQMS.

Deliverable: A tangible good or service produced as a result of this project intended for client delivery.

Documented Information: All controlled documentation that is developed by Eureka Sustainability Group is required to have developed a plan and implemented process for:

- Distribution, access, retrieval and use;
- Storage and preservation, including the preservation of legibility (managing documented records of the company's work);
- Change Control;
- Retention and disposal in line with regulatory requirements (also a requirement of managing documented information in the form of records).

Emergency: Unplanned or unexpected event that needs the urgent application of specific competencies, resources or processes to prevent or mitigate their actual or potential consequences. Emergency situations can result in adverse HSEQ impacts or other effects on the organisation.

Hazard: A hazard is a source or a situation with a potential for harm in terms of human injury or illness, damage to property, damage to the environment, or a combination of these.

Hierarchy of Control: A hierarchical structure of actions that can be used to control risk, listed in order of effectiveness.

Incident: An incident is any unplanned event resulting in, or having a potential to result in injury, ill health, damage or loss.

Infrastructure: The physical and organisational structures and facilities needed for the operation of the organisation (e.g., buildings, power, and telecommunications supplies, roads, pipework, etc.).

Organisation: The person or group of people with responsibilities, authorities and relationships to achieve HSEQ objectives.

Management Representative: A person with the authority to implement and/or approve change within the organisation.

Management Team: This is made up of the critical decision makers for the organisation. Each member of the Management Team will concentrate on his or her own area of expertise to provide input. There may be more than one Management Team or, an individual may be a member of multiple management teams.

Non-conformity: Discrepancy between a company's actual HSEQMS activities and the procedures laid out in their HSEQMS Manual and associated documentation.

HSEQ aspect: An element of a company's activities, products, or services that may or does create an HSEQ impact.

HSEQ Documents: Include, but not limited to policies, procedures, guidelines, programs, agreements, forms, checklists, templates, risk assessments and SWIs.

HSEQ impact: Any impact to the Occupational Health of Safety of workers, the quality of our products or services or, environmental values resulting from a company's activities, products, or services.

HSEQ Management Representative: Member of the company's management group who is responsible for the functioning of the HSEQMS. The HSEQ Management Representative ensures that all tasks relating to the HSEQMS are identified and completed in a timely manner. The HSEQ Management Representative is responsible for reporting periodically to the management group on the progress and results of the HSEQMS.

HSEQ Management Team (*Implementation team*): Anyone with primary responsibilities within the HSEQMS should be on the team. These team members may vary over time or process and would be dependent on the task at hand e.g. site or process engineer, health and safety officer, maintenance engineer, or shift foreman.

HSEQ Records: Include, but not limited to audit reports, workplace inspections, risk assessments, Safe Work Instructions (SWI), training plans and registers, HSEQ meeting minutes, emergency evacuation reports, health monitoring reports, document control registers, inspection testing and monitoring reports and corrective action registers.

Organisation: The person or group of people with responsibilities, authorities and relationships to achieve HSEQ objectives. E.g. Employer, Chief Executive Officer (CEO) etc.

Performance indicator: Measurement criteria that allows the company to evaluate the success of the HSEQMS program.

Person Responsible: The nominated person authorised to make decisions in relation to a specified task or activity.

Plan-Do-Check-Act: A system to ensure all actions are planned and checked before action takes place. It ensures that the system is continually being improved as below.

Plant: includes:

- a. Any machinery, equipment, appliance, implement and tool; and
- b. Any component of any of those things; and
- c. Anything fitted, connected or related to any of those things.

Process: The implementation of tasks to convert inputs into the delivery of outputs.

Safe Work Instructions: SWI's are a set of written instructions that identify the health and safety issues that may arise from use of the machinery and equipment or be based on a task or process.

Stakeholder: Anyone who has a stake in the company's HSEQ performance. Internal stakeholders may include Workers, shareholders, customers, suppliers, investors and insurers. External stakeholders may include neighbours, community organisations, HSEQ Regulators, the media, and the general public.

Regulations: Regulations are law that is created under the authority of an Act. Regulations are subordinate to an Act and are the secondary level of law covering, in this case, health and safety in the workplace.

Risk: is a combination of the likelihood and consequences of any injury or harm occurring.

Top Management: People at the top of an organisation that provide resources, delegate authority and who coordinate, direct, and control the organisation.

Uncontrolled document: These are documents that are produced for information only and are not formally reviewed, maintained, subject to change review, or approved prior to release. They do not have traceable distribution. They should be identified as "uncontrolled". Note: A controlled document may be "uncontrolled" once printed but must be labelled as such.

Worker: is a person, who carries out work in any capacity for an Organisation, including work as:

An employee, or

- a. An apprentice or trainee, or
- b. A student gaining work experience, or
- c. A volunteer, or
- d. A person of a prescribed class, or
- e. A contractor or subcontractor, or
- f. A worker of a contractor or subcontractor, or
- g. A worker of a labour hire company who has been assigned to work in the person's business or undertaking.

Workplace – means a place where work is carried out for a business or undertaking and includes any place where a worker goes or is likely to be while at work. A workplace includes:

- a. A vehicle, vessel, aircraft or other mobile structure; and
- b. Any waters and any installations on land, on the bed of any waters or floating on any waters.

Section 1 HSEQ MANAGEMENT

FRAMEWORK

1.1 General Outline

Eureka Sustainability Group uses a risk and evidence-based thinking and a process-based HSEQMS (see Figure 1.) that incorporates the Plan-Do-Check-Act (PDCA) methodology as described below.

- **Plan:** Identify HSEQ impacts of the business, establish plans, objectives, targets and processes necessary to deliver required outcomes for conforming to customer requirements, regulatory requirements and the organisation's policies;
- **Do:** Implement the processes required to mitigate the impacts as planned;
- **Check:** Monitor and measure process against the plans, objectives and targets against policies, objectives, requirements and planned activities, and report the results; and
- **Act:** Develop corrective and preventative actions to improve the processes so that the planned objectives and targets are met or continually improving towards that goal.



Figure 1. Plan-Do-Check-Act Cycle

Model of a risk and process-based HSEQMS

(Reference: AS/NZS ISO 45001:2018, AS/NZS ISO 14001:2016 and AS/NZS ISO 9001:2016)

Eureka Sustainability Group's HSEQMS Manual has been developed as an interrelated number of processes incorporating a risk and process-based model. The main components of the system are defined within the categories include:

- Context of the Organisation;
- Leadership;
- Planning;
- Support;
- Operation;
- Emergency preparedness and response
- Auditing
- Management review and
- Improvement.

Within this framework are four levels of structure:

Level 1 encompasses the HSEQMS itself (this level) which includes Eureka Sustainability Group HSEQ objectives and policies. Within this document is a broad description of how Eureka Sustainability Group implements our HSEQMS.

Level 2 includes the support policies, procedures and other additional material that that may arise from the policies and subsections of this manual. This material will provide additional detail on 'who, what, where, when and how' this support, material is to be implemented.

Level 3 contains work procedures, instructions or other material that arises from the system.

Level 4 is the HSEQ Documented Records and Information that arises from implementation of the HSEQMS. This can include records, registers, checklists or other information required by the system. This includes online or hardcopy formats and is critical for both ongoing management and auditing processes.


 Amendment
 Record

Awareness

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 Reviewed by: *Craig Harris*

 Approved by: *Tony Arundell*

1.2 Awareness

The importance of stakeholder management is critical to the success of Eureka Sustainability Group. As such we will take measures to actively understand and manage the positive, negative and changing influences from a range of interested parties (stakeholders).

Eureka Sustainability Group ensures that our workers and Management Team are aware of the context in which our business interacts within the larger framework. To do this we will consider our impacts on the health and safety of persons, the environment and, our quality practices by examining the expectations of interested parties, both internal and external, and determine the most significant processes that the HSEQMS applies to. This includes all products, services and activities undertaken. We will achieve this by considering:

- Our Company's Health, Safety, Environment and Quality (HSEQ) Management Policies
- Our Company's HSEQ Plans, Objectives and Targets;
- The effectiveness of the HSEQMS to ensure that our products and services continually meets the HSEQ needs and expectations of external and internal parties, including regulators (*Use Interested Parties Register to list interested parties; and*
- The consequences and implications (if any) of non-conformance of our HSEQ responsibilities against internal and external party's requirements and expectations.

Reference	Title and Description
Document # HSEQ00001	HSEQMS Manual
Document # HSEQ00002	Interested Parties Register (<i>HSEQMS Recording Forms</i>)

Section 2 LEADERSHIP AND WORKER PARTICIPATION



Amendment

HSEQ Leadership and Commitment

Version #: 2

Revision #: 3

Record

Reviewed by: *Craig Harris*Approved by: *Tony Arundell*

2.1 HSEQ Leadership and Commitment

The Senior Management at Eureka Sustainability Group is committed to promoting the use of an inclusive approach to HSEQ management and that decisions made within the company are considered using risk-based thinking that also incorporates group values, attitudes, perceptions, and worker competencies. Eureka Sustainability Group will ensure that an effective mix of resources is made available to achieve the outcomes as specified in this HSEQMS

The HSEQMS and supporting policies are endorsed by *Tony Arundell* and the importance of these policies will be communicated to all workers, contractors, visitors, suppliers and other external bodies as relevant.

Our aim is to encourage a positive health and safety culture within the workplace. To ensure this occurs, occupational health and safety will be actively promoted throughout the Organisation by the provision of information, training, instruction and supervision. Eureka Sustainability Group will openly encourage all staff and contractors to report hazards, including near misses, without fear of reprisal.

Any work carried out within the scope of the business is to be conducted in an environmentally aware and Eureka Sustainability Group is committed to the identification, evaluation, reporting of non-conformances, management review and communication to all workers to ensure our objectives are met and procedures are effective in promoting continual improvement.

The organisation is also committed to ensuring customer requirements are met and efforts are focused on enhancing customer satisfaction whilst meeting our statutory and regulatory requirements. We do this by ensuring that we understand and consistently meet the customers and regulatory requirements with regards to the products and services we deliver.

The HSEQ Policies are deemed appropriate for Eureka Sustainability Group and includes a commitment to comply with the HSEQMS and all applicable regulatory requirements. The HSEQ Policies are communicated through induction manuals, training events and by being displayed prominently throughout the organisation *business location*.

The Nominated HSEQ Manager will review the Policies in consultation with relevant persons at regular intervals (annually), or sooner when deemed necessary.



Amendment OHS Policy

Version #: 2 Revision #: 3

Record

 Reviewed by: *Craig Harris*

 Approved by: *Tony Arundell*

2.2 Occupational Health and Safety (OHS) Policy

Eureka Sustainability Group is committed to prevention of work-related injury and ill health of its staff, contractors and visitor within its working environment. It is our policy to ensure that any work carried out within the scope of the business is conducted in compliance with the HSEQMS and complies with all applicable regulatory requirements.

Emphasis will be placed on effective management ensuring a systematic approach to the identification of risks using a hierarchy of controls and, the allocation of financial and physical resources to control these risks. In order to deliver these responsibilities Eureka Sustainability Group undertakes to:

- Maintain a safe and healthy place of work by providing plant, equipment and systems of work which reduces risks to people's health and safety;
- Promote OHS awareness within the company and encourage workers to participate in the decision-making processes within the HSEQMS;
- Ensure compliance with all relevant safety legislation, regulations, codes of practice and other requirements associated with our operations;
- Where any process or service is outsourced Eureka Sustainability Group will determine criteria and methods of control to ensure conformity to our requirements and regulatory authorities.
- Arrange for the effective planning, organisation, control, monitoring and review of preventative and protective measures;
- Have in place a framework for setting and reviewing our OHS objectives and targets;
- Train, educate and inform our workers about OHS issues that may affect their work; and
- Commit to reporting OHS performance with measurable targets to ensure continued improvement.

Wendy Arundell has been appointed as the Management Representative for the purposes of the HSEQMS. The Management Representative has the full support of Eureka Sustainability Group to establish, implement and maintain the HSEQMS in accordance with this manual, AS/NZS ISO 45001:2018 and other applicable regulations, standards and guidance.

Signature:
Date: 12/11/2019

Endorsement of the HSEQ Policy and Management Representative.

Reference	Title and Description
Document # HSEQ00001	HSEQMS Manual
Document # HSEQ00003	OHS Policy (<i>HSEQMS Recording Forms</i>)



Amendment Environmental Policy

Version #: 2 Revision #: 3

Record

 Reviewed by: *Craig Harris*

 Approved by: *Tony Arundell*

2.3 Environmental Policy

Eureka Sustainability Group is committed to managing the environmental impact of our business processes. It is our policy to ensure that any work carried out within the scope of the business is conducted in an environmentally aware and responsible manner and complies with all applicable regulatory requirements.

This commitment extends to ensuring that operations do not unnecessarily endanger flora, fauna, sensitive areas, sites of heritage importance or present concerns to members of the public and community. Our intent therefore, is to:

- Promote environmental awareness within the company and encourage workers to work in an environmentally responsible manner;
- Continually improve our practices to prevent pollution and harm to the environment;
- Have in place a framework for setting and reviewing our environmental objectives and targets;
- Ensure compliance with all relevant environmental legislation, regulations, codes of practice and other requirements associated with our operations;
- Train, educate and inform our workers about environmental issues that may affect their work; and
- Minimise waste by evaluating operations and ensuring they are as efficient as possible.

Wendy Arundell has been appointed as the Management Representative for the purposes of the environmental management. The Management Representative has the full support of Eureka Sustainability Group to establish, implement and maintain environmental management in accordance with this manual, AS/NZS ISO 14001:2016 and other applicable regulations, standards and guidance.

Signature:
Date:

Endorsement of the HSEQ Policy and Management Representative.

Reference	Title and Description
Document # HSEQ00001	HSEQMS Manual
Document # HSEQ00004	Environmental Policy (<i>HSEQMS Recording Forms</i>)



Amendment Quality Policy

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 Reviewed by: *Craig Harris*

 Approved by: *Tony Arundell*

2.4 Quality Policy

The Senior Management at Eureka Sustainability Group is committed to promoting the use of a process-based approach to quality management and that decisions made within the company are considered using risk-based thinking. Eureka Sustainability Group will ensure that the effective mix of resources is made available to achieve the outputs required against our customers' requirements.

Eureka Sustainability Group is committed to the identification, evaluation, reporting of non-conformances, management review and communication to all workers to ensure quality objectives are met and procedures are effective in promoting continual improvement.

Tony Arundell is committed to ensuring customer requirements are met and efforts are focused on enhancing customer satisfaction whilst meeting Eureka Sustainability Group's statutory and regulatory requirements. We do this by ensuring that we understand and consistently meet the customers and regulatory requirements with regards to the products and services we deliver.

Whilst ensuring and maintaining our customer focus, our company will identify risks and opportunities associated with the conformity of our products and services against our customer and regulatory requirements. The Quality Policy is communicated throughout Eureka Sustainability Group through induction manuals, training events and by being displayed prominently throughout the site *Head Office*.

The nominated Quality Manager will review the Quality Policy in consultation with relevant persons at regular intervals (annually), or sooner when deemed necessary.

Tony Arundell has been appointed as the Management Representative for the purposes of quality management within the company. The Management Representative has the full support of Eureka Sustainability Group to establish, implement and maintain quality assurance in accordance with this manual, ISO 9001:2016 and other applicable regulations, standards and guidance.

Signature:
Date:

Endorsement of the HSEQ Policy and Management Representative.

Reference	Title and Description
Document # HSEQ00001	HSEQMS Manual
Document # HSEQ00005	Quality Policy (<i>HSEQMS Recording Forms</i>)


 Amendment
 Record

 Organisational Roles, Responsibilities,
 Accountabilities and Authorities Policy

 Version #:
 2

Revision #: 3

 Reviewed by: *Craig Harris*

 Approved by: *Tony Arundell*

2.5 Organisational Roles, Responsibilities, Accountabilities and Authorities Policy

Purpose:

The purpose of this policy is to define, document and communicate the responsibility, authority and accountability for all elements of the Eureka Sustainability Group HSEQMS. This policy and procedure apply to all activities across all operational areas of Eureka Sustainability Group business.

Policy:

Senior Management at Eureka Sustainability Group has developed a register of assigned organisational roles, responsibilities and authorities for the implementation and maintenance of the HSEQMS. The assignment of the roles, responsibilities and authorities will be described in the *Roles, Responsibilities and Authorities Register*. This will ensure that Eureka Sustainability Group's processes are controlled and delivered by implementing clear roles and reporting structures.

The register and schedule for roles, responsibilities, accountabilities and authorities also provides for reporting of management system performance and for the identification of opportunities to improve the system.

As changes occur within the HSEQMS, the register and schedule will provide the necessary information to ensure the integrity of the management system is maintained.

Eureka Sustainability Group allocates the following roles and responsibilities:

Organisation – Officer (Board Members, Managing Director or other):

- Approval of HSEQ documentation;
- Communication of HSEQ policies and objectives;
- HSEQ Leadership;
- Allocating sufficient HSEQ resources;
- Reviewing HSEQ performance;
- Providing direction for increasing HSEQ performance;
- Establishing and promoting a HSEQ culture; and
- Legal obligations to provide and maintain a safe workplace.

OHS Manager:

- Integration of OHS into all decision making;
- Consult with workers and other duty holders/contractors;
- Plan, develop, implement, monitor and review OHS management policies, procedures and programs;
- Control risks;
- Support OHS committees;
- Provide OHS communication;
- Discuss OHS at safety/toolbox meetings;
- Identify training needs and enable training as required;
- Reporting and recording;
- Liaise with relevant Regulatory Authorities;
- Legal obligations to provide and maintain a safe workplace; and
- Protection of the environment.

Environmental Manager:

- Integration of Environmental aspects into all decision making;
- Consult with workers and other duty holders/contractors;
- Plan, develop, implement, monitor and review environmental management policies, procedures and programs;
- Control risks;
- Support relevant committees;
- Provide communication;
- Discuss relevant environmental concerns at safety/toolbox meetings;
- Identify training needs and enable training as required;
- Reporting and recording;
- Liaise with relevant Regulatory Authorities;
- Legal obligations to provide and maintain adequate environmental conditions; and
- Maintain protection of the environment.

Quality Manager:

- Integration of quality assurance into all decision making;
- Consult with workers and other duty holders/contractors;
- Plan, develop, implement, monitor and review quality management policies, procedures and programs;
- Control risks;
- Support relevant committees with quality advice;
- Provide adequate communication;
- Identify training needs and enable training as required;
- Reporting and recording;
- Liaise with relevant Regulatory Authorities.

HSEQ Committees:

- Develop, monitor and review HSEQ policies and procedures;
- Monitor and report on HSEQ performance;
- Monitor changes in legislation;
- Review corrective actions; and
- Provide HSEQ information to workers.

All workers:

- Comply with HSEQ policies, procedures and programs;
- Work in a manner that is safe and does not create risks to themselves or others;
- Report and assist to rectify hazards;
- Participate in consultative arrangements; and
- Legal obligations to not endanger others by their acts or omissions.

Reference	Title and Description
Document # HSEQ00001	HSEQMS Manual
Document # HSEQ00006	Roles, Responsibilities, Accountabilities and Authorities Register (<i>HSEQMS Recording Forms</i>)
Document # HSEQ00007	Organisation Chart (<i>HSEQMS Recording Forms</i>)

Amendment
RecordParticipation and Consultation
Policy

Version #: 2

Revision #: 3

Reviewed by: *Craig Harris*Approved by: *Tony Arundell*

2.6 Participation and Consultation Policy

Purpose:

The purpose of this policy is to communicate the responsibility, authority and accountability for ensuring formal consultation, cooperation and participation methods are established so workers and other duty holders, such as contractors (and workers of contractors) are aware of OHS matters relevant to them.

Policy:

Eureka Sustainability Group will ensure formal consultation, cooperation and participation methods are established so workers and other duty holders, such as contractors (and workers of contractors) are aware of matters relevant to them. OHS legislation requires an Organisation to consult with their workers and other relevant persons on matters that will or are likely to directly affect their health and safety. Eureka Sustainability Group recognises the benefits that regular and effective consultation including, communication, cooperation and coordination can produce and is committed to fulfilling this duty.

This policy applies to all persons who work for Eureka Sustainability Group, irrespective of their individual employment arrangement. This policy covers all persons who are directed and/or engaged to undertake tasks at Eureka Sustainability Group workplaces/locations including Workers, independent contractors, work experience students, trainees, apprentices, volunteers.

In addition, visitors and any Organisation that may be impacted by OHS matters at Eureka Sustainability Group, will be included in consultation and communication in respect of those matters.

Eureka Sustainability Group will make every effort to ensure that process will be modified for languages other than English and persons with learning disabilities as relevant. Consultation will be timely and allow for relevant persons to contribute their views and feedback. Feedback will be considered during hazard identification, risk assessment and implementation of risk controls.

All workers, and others, are responsible for actively participating in consultation and for following reasonable directions whilst working at Eureka Sustainability Group.

Eureka Sustainability Group will establish the following consultative arrangements:

- Health, Safety and Environmental Committees and regular management meetings;
- Work Groups;
- Elected HSR; and
- Regular safety/toolbox meetings with OHS as a standing agenda item.

Further to this, consultation will take place in the following ways:

- Formal Inductions;
- Training;
- Information on hazards;
- Emergency Response;
- OHS meeting minutes displayed;
- Incident investigation and corrective actions;
- Results of OHS evaluations including audits, non-conformances;
- Review of OHS objectives;
- Safe work procedures, documented safety instructions;
- Risk assessments, risk controls and feedback regarding long-term controls;
- Safety Data Sheets (SDS), product safety sheets, operating manuals etc.; and
- Reporting and keeping records in line with legislative requirements.

Responsibilities:

At Eureka Sustainability Group, the Organisation is responsible for ensuring that:

- All workers are trained and familiar with, have access to and participate in the Participation and Consultation Process and associated mechanisms while working at Eureka Sustainability Group;
- Those other persons, who are impacted by OHS concerns at Eureka Sustainability Group, such as other Organisations, self-employed persons and visitors, participate in consultation as required; and
- Review of the Consultation, Cooperation and Coordination Procedure is conducted as required.

Supervisor(s)/Manager(s) are responsible for:

- Informing workers and others about the requirement to actively participate in, and follow, the Participation and Consultation Process and associated mechanisms whilst working at Eureka Sustainability Group;
- Ensuring that all people are adequately trained in how to consult in the workplace;
- Conducting, and enabling, regular consultation with all workers and work groups; and
- Maintaining records required by legislation relating to consultation.

The HSR/HSEQ Manager/Coordinator is responsible for:

- Maintaining and reviewing the Participation and Consultation Process as required;
- Ensuring all workers have access to adequate consultation mechanisms and that they actively participate in consultation in the workplace;
- Informing and consulting with the business owner/CEO regarding consultation as necessary; and
- Maintaining formal, approved consultation mechanisms and records.

** Currently there is no HSR group or HSR Manager – as per consultation discussion with workers.


 Amendment
 Record

 Participation and Consultation
 Process

Version #: 2 Revision #: 3

 Reviewed by: *Craig Harris*

 Approved by: *Tony Arundell*

2.7 Participation and Consultation Process

Consultation will take place directly with workers, or where elected, the HSR, to identify and assess hazards, before and during implementation of risk controls, and whenever there are changes or new information that may affect health and safety of workers or other duty holders as relevant. Consultation will be timely to ensure views are heard and workers/duty holders are provided with an opportunity to contribute to decision making as appropriate. In the event of a dispute in regard to OHS issues, the Issue Resolution Procedure (2.7.1) will be followed.

~~HSR and Deputy HSR will be elected via agreed procedures to represent the Work Groups for this workplace. Work Groups Register. The term of office of HSR's/Deputy HSR's will be 3 years and is open to re-election. The HSR/Deputy HSR's for Work Groups relevant to this workplace will be identified and placed within the works group register:~~

- ~~• In the first instance, workers who identify OHS issues in the workplace, or who wish to communicate with Eureka Sustainability Group in regard to OHS issues, should contact their supervisor or manager;~~
- ~~• If it is not possible, or the worker feels uncomfortable to raise a particular OHS issue with their supervisor or manager, they should contact their work group's HSR for assistance and/or consultation;~~
- ~~• Workers who are HSR's are deemed to represent workers in particular work groups and as such, will undertake regular meaningful consultation with the workers in their work group. They will also respond to OHS issues raised with them by a worker or group of workers, in accordance with their duties as the HSR;~~
- ~~• HSR's are then empowered to raise OHS issues formally at meetings with the supervisor or manager and may in certain circumstances contact the relevant State Authority for assistance and/or information;~~
- ~~• The OHS/HSEQ Manager will coordinate, manage, resolve and document any formally raised OHS issues, in consultation with the workers and HSR's involved with the issue. They will then report to the Organisation/CEO to ensure they are fully consulted with regarding the nature and outcome of the issue;~~
- ~~• The Organisation/CEO will be actively included and engaged with the consultation procedure in regard to OHS issues identified and raised at Eureka Sustainability Group by the HSEQ/OHS Manager or HSR.~~

** Currently there is no HSR group or HSR Manager – as per consultation discussion with workers.

The following formal consultative arrangements are in place.

- Formal OHS Meetings – Quarterly
- Toolbox Meetings - Monthly

Records of health and safety meetings will be maintained using the template for *OHS Meeting/Toolbox Record*. Eureka Sustainability Group will ensure effective communication and consultation with other Duty Holders (such as contractors) as relevant for the tasks undertaken at this workplace. All efforts will be made to identify hazards, consult with duty holders, cooperate and co-ordinate with duty holders to ensure health and safety.

Reference	Title and Description
Document # HSEQ00001	HSEQMS Manual
Document # HSEQ00008	Work Groups Register (<i>HSEQMS Recording Forms</i>)
Document # HSEQ00009	OHS Meeting/Toolbox Record (<i>HSEQMS Recording Forms</i>)


 Amendment
 Record

 OHS Issue Resolution Policy
 Reviewed by: *Craig Harris*

Version #: 2

Revision #: 3

 Approved by: *Tony Arundell*

2.8 OHS Issue Resolution Policy

Purpose:

The objective of this policy is to ensure that all OHS issues arising in the workplace are resolved in an efficient, timely and suitable manner to enable a safe and healthy work environment to be maintained at Eureka Sustainability Group. This policy will provide a practical framework to enable the resolution of any occupational health, safety or welfare (OHS) issue that may arise at Eureka Sustainability Group.

Policy:

Eureka Sustainability Group will adhere to the guidelines and requirements of the OHS legislation and follow a process of natural justice to resolve any OHS issues raised in the workplace.

In attempting to resolve any OHS issue, Eureka Sustainability Group will have regard to relevant matters, including, but not limited to:

- The degree and immediacy of the risk to workers or other persons affected by the OHS issue;
- The number and location of workers and other persons affected by the OHS issue
- Corrective measures (temporary and/or permanent) that must be implemented to resolve the issue, using appropriate mechanisms to eliminate and control risks;
- Who will be responsible for implementing the resolution measures; or
- Consultation between all parties involved and affected by the OHS issue.

Workers will not be penalised in any way due to a safety issue being raised and actioned at Eureka Sustainability Group.

Responsibilities:

At Eureka Sustainability Group the Organisation is responsible for ensuring that:

- There is an effective Issue Resolution Procedure and associated mechanisms in place that meet legislative requirements;
- All workers are trained and familiar with, have access to and participate in the Issue Resolution Procedure and associated mechanisms, when required, while working at Eureka Sustainability Group; and
- Review of the Issue Resolution Procedure is conducted as required.

Supervisor(s)/Manager(s) are responsible for:

- Informing workers and others about the requirement to actively participate in, and follow, the Issue Resolution Procedure and associated mechanisms whilst working at Eureka Sustainability Group;
- Ensuring that all workers are adequately trained in how to follow and action the Issue Resolution Procedure in the workplace;
- Conducting, and enabling, issue resolution when required with all workers and work groups; and

- Maintaining records required by legislation relating to issue resolution.

The **HSR/OHS Manager/Coordinator** is responsible for:

- Maintaining and reviewing the Issue Resolution Procedure as required;
- Ensuring all workers have access to adequate issue resolution information and mechanisms and that they actively participate in issue resolution when required in the workplace;
- Informing and consulting with the Organisation/CEO regarding issue resolution as necessary;
- Maintaining formal, approved issue resolution mechanisms and records required by legislation; and
- Seeking assistance from the Regulator when required, as per the Issue Resolution Procedure Flow Chart (figure 2) and the requirements of legislation.


 Amendment
 Record

OHS Issue Resolution Procedure

Version #: 2

Revision #: 3

 Reviewed by: *Craig Harris*

 Approved by: *Tony Arundell*

2.9 Issue Resolution Procedure

All workers are responsible for actively participating in and following reasonable directions in respect of issue resolution whilst working at Eureka Sustainability Group, when required.

Informal Issue Resolution Procedure: A worker(s) who wishes to raise an OHS hazard/concern should first discuss the issue directly with their supervisor or manager. The Supervisor/Manager will:

- Consider and investigate the issue, including contacting other workers at Eureka Sustainability Group who may be able to assist with resolving the OHS issue;
- If possible, implement, or arrange to be implemented, actions to address the hazard/issue, as soon as practicable;
- Consult with and inform the worker who raised the issue of the outcome of the investigation and all corrective actions;
- Ensure that a *Hazard Report Form* has been completed and is retained as a record of the issue and the outcome and resolution; and
- Monitor and review the issue at an appropriate and agreed time to ensure there is no repeat of the issue.

If the OHS issue is resolved satisfactorily at this stage, then there is no need for further action.

If the OHS issue is NOT resolved at this stage, it will be progressed to the Formal Issue Resolution Procedure. Refer to the Issue Resolution Procedure Flow Chart (figure 2).

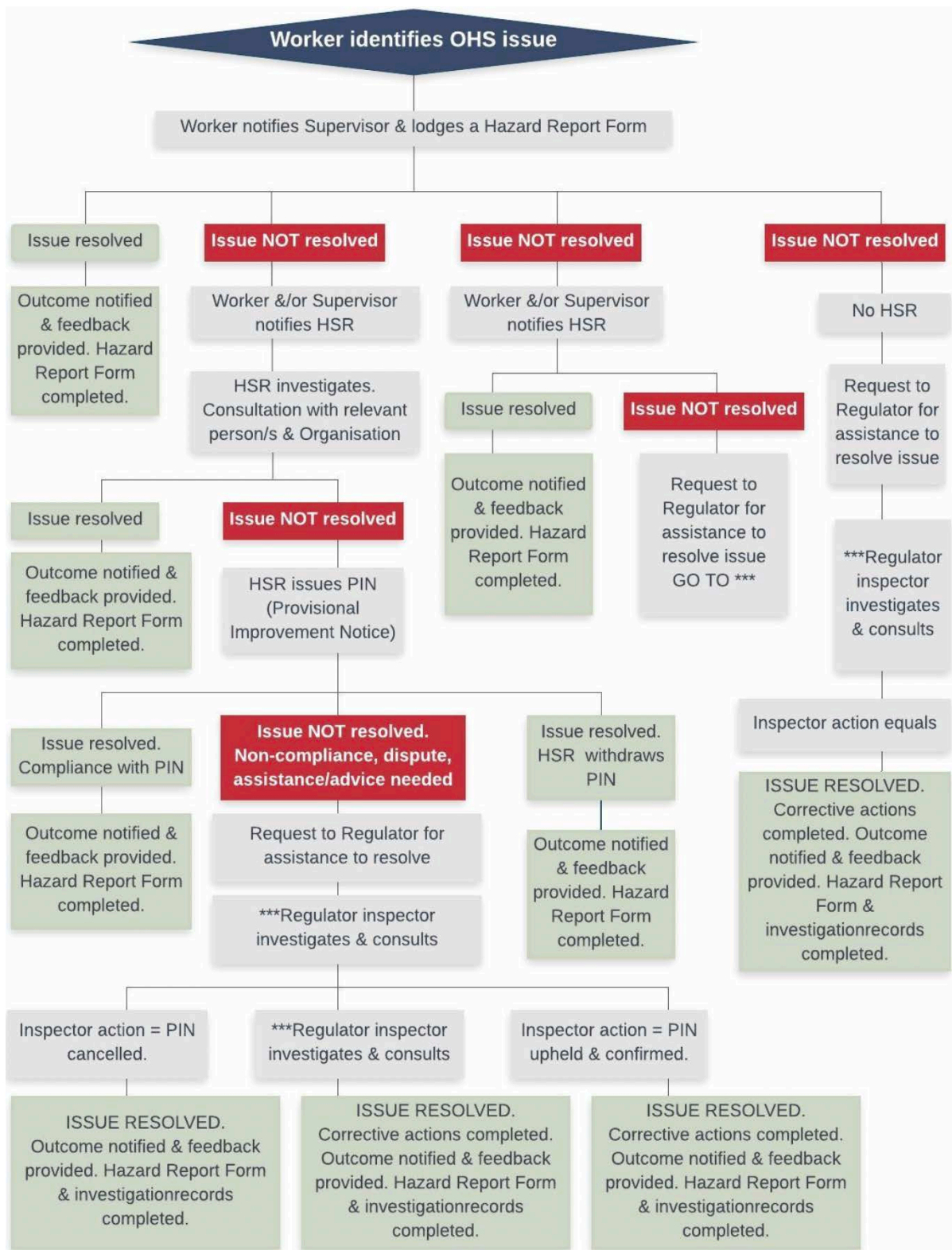
In the event of immediate serious risk to workers:

In the situation when a definite and immediate safety hazard is perceived, and the issue is considered urgent and serious, the worker or HSR will inform the relevant supervisor, who will call an immediate halt to the work whilst the issue is investigated.

In the event the Supervisor/Manager fails to agree about the degree of risk present or the supervisor is not available, the HSR or a worker from that work group will direct affected workers (and any other persons who may be affected) to withdraw from the alleged hazard and will then inform the appropriate manager and the Organisation of the actions that have been taken pending a full investigation.

Work will not resume until it has been agreed that the hazard has been controlled and no longer presents an unacceptable risk to the safety and health of workers and others. Alternative duties may be found for those workers affected.

Refer to the Issue Resolution Procedure Flow Chart (figure 2).



Figure

2. Issue Resolution Procedure Flow Chart

Reference	Title and Description
Document # HSEQ00001	HSEQMS Manual
Document # HSEQ00010	Hazard Report Form (<i>HSEQMS Recording Forms</i>)

Section 3 PLANNING

Amendment
Record

Products and Services Requirements

Version

Revision #: 3

#: 2

Reviewed by: *Craig Harris*Approved by: *Tony Arundell*

3.1 Products and Services Requirements

3.1.1 Customer Communication

In developing the product and service requirements at Eureka Sustainability Group, we will communicate with our customers and suppliers to ensure that the products and services that we deliver meet the requirements specified. In communicating with our suppliers and customers the communication will include (but not limited to):

- Supplying information to our customers on our products and services so that the correct product and service requirements are gained from the customer;
- Handling enquires, orders, documenting of contracts and developing and variations to these if required;
- Gaining feedback from our customers and suppliers relating to our products and services, including customer complaints;
- How Eureka Sustainability Group handles and maintains control of customer's property whilst it is at our company; and
- Communicating with our suppliers and customers on any requirements for contingency actions, if required.

3.1.2 Determination for Products and Services Requirements

When Eureka Sustainability Group determines the requirements for our products and services, we define, develop, plan, process and dispatch our product against the criteria developed.

In determining the requirements for our products and services our company ensures that we meet and exceed:

- Any applicable statutory or legislative requirements; and
- We ensure that we meet and exceed the requirements necessary to deliver our products and services against the customer's requirements.

In determining the output of our products and services, Eureka Sustainability Group meets and exceeds any claims made on the offers made with regards to our products and services.

3.1.1 Products and Services Requirements Review

Prior to commitment to supply a product or service (such as a tender, acceptance of a contract, orders, or changes to orders/contracts), a review of the requirements of the product or service is undertaken, and the review will ensure that:

- Product or requirements have been defined by the customer and they include what is required to deliver the product or service and what the post-delivery activities are;
- Requirements not strictly stated by the customer, but are necessary to complete the processes at Eureka Sustainability Group are specified and documented when they become known;
- Internal requirements of Eureka Sustainability Group are specified and documented;
- Statutory and legislative requirements applicable to the products or services are met;
- Contract or order requirements differing from previously ordered products have been investigated and resolved; and
- Eureka Sustainability Group has the capability to meet the requirements.

Documented information in the form of records for the review must be kept. The records must include (but not limited to):

- The results of the review; and
- Details of any new requirements for the products and services.

When taking a customer order, and prior to starting work on the order, confirmation of the scope of the order, changes required, and any special considerations are communicated as required. Where an order is made verbally, a record of the requirement is made and communicated to relevant personnel throughout the organisation. The appropriate department maintains a record of any order, or changes to existing orders.

After approval, a job number/order number is assigned, and the transaction subsequently becomes a contract.

Any changes to the contract (requested internally, or by the customer) must be confirmed in writing. In some situations, such as internet orders, it is deemed that a formal review is impractical for each order. Instead the review can cover relevant product information such as any advertising materials (online or catalogues). In these cases, a review will be conducted following specific work instructions relevant to the product and the department.

3.1.1 Products and Services Requirements Changes

Relevant documented information about changes to requirements for Eureka Sustainability Group's products and services is maintained in the form of records associated with the change to requirements. Eureka Sustainability Group communicates the change with both internal and external stakeholders as required and update these stakeholders when product and service requirements are amended.


 Amendment
 Record

 Design and Development of Products and
 Services

 Version
 #: 2

Revision #: 3

 Reviewed by: *Craig Harris*

 Approved by: *Tony Arundell*

3.2 Design and Development of Products and Services

General Introduction - This section describes how Eureka Sustainability Group manages the interface between different groups involved in design and development of the company's products and services to ensure effective communication and role clarity.

Tony Arundell is accountable for the activities undertaken in the design/development stage and determines the key stages of the design and development for the product or service and its corresponding verification and validation as appropriate.

Eureka Sustainability Group plans, implements and maintains ongoing processes for the design and development of our products and services. The planning considers the inputs and desired outputs and then a design and development review is planned to develop the methodologies for verification and validation. Verification and validation are conducted and recorded separately or in any combination as deemed suitable for the product or service.

3.2.1 Design and Development Planning

At Eureka Sustainability Group, our design and development process include a design plan. *see Quality Design Plan Template* which provides stages and controls based on:

- The nature, schedules and the consideration of the complexity for the required design and development tasks;
- The relevant design and development reviews and gates for development;
- The criteria and methodology for verification and validation tasks;
- Assigned roles, responsibilities, accountabilities and authorities for the design and development process;
- The resourcing required (both internal and external) to achieve the design and development of our products and services;
- The management of interfaces between various departments in Eureka Sustainability Group involved;
- The requirement to engage our customers and end-users to ensure the product and/or service meets the requirements and is usable;
- The ongoing requirement for the subsequent provision of Eureka Sustainability Group's products and services;
- The auxiliary procedures and applicable records are kept ensuring that the design and development requirements of the customer and end-user have been met.

3.2.2 Design and Development Input

In designing and developing Eureka Sustainability Group's products and services, the following is required (but not limited to) to be considered:

- Functional and performance requirements (such as load rating, design envelope etc.);
- Lessons learnt and other information derived from previous design and development tasks and projects;
- Applicable statutory and legislative requirements (permits, registration, safety factors such as machine guarding);
- Applicable International and National Standards and/or Codes of Practice that Eureka Sustainability Group is either certified against or have committed to meeting with the customer;
- What the potential consequence are of our product or service failing to meet the requirements; or
- Other essential documentation/data.

All inputs are reviewed for accuracy and are adequate for the purposes against the design and development processes. The design and development processes at Eureka Sustainability Group are as complete and unambiguous as possible as detailed by the customer's requirements.

All requirements must be complete, reliable, and concise and must not be in conflict with each other. Any conflicts that do occur will require corrective or preventative action. Documented information in the form of records of all inputs are kept and maintained for the design and development processes.

3.2.3 Design and Development Controls

At Eureka Sustainability Group, our design and development processes for our products and services apply strict controls to ensure that our products and services:

- Deliver the results that are required to be achieved are defined;
- Have reviews that evaluate our company's ability to meet the customer's requirements;
- Have verification tasks performed in accordance with planned arrangements to determine that design and development outputs have met the design and development input requirements. Verification data, including (but not limited to) review of calculations, testing data and comparisons to similar product designs is recorded and maintained by the relevant department;
- Have validation processes performed to ensure that the product is able to meet the requirements for the intended use, where known. Every attempt is made to complete validation procedures prior to delivery or implementation of the product. Validation data, such as review and approval of performance testing results, is validated before initial implementation and after any changes or a new version is incorporated;
- Where necessary apply actions to correct or prevent problems occurring and document using the *Corrective/Preventative Action Register*. These are determined through the review, verification and/or validation tasks and activities;
- Have the correct and accurate documented information in the form of records, which are retained as evidence of the process and controls associated.

At Eureka Sustainability Group, review tasks, verification tasks and validation tasks are inherently independent and have separate purposes for making sure that controls are working effectively and efficiently. However, they can be completed separately or combined together depending on the size of the processes and the criteria being tested.

3.2.4 Design and Development Outputs

Design and development outputs undergo verification against the input and design. Specific validation/verification indicators are developed (configuration, acceptance criteria, supporting design documentation such as calculations, tests, statistical analysis and supplier and/or customer feedback).

Design and development outputs include, but are not limited to:

- Verification that the product meets the input requirements;
- That the products and/or services are adequate and capable to be used in subsequent processes;
- Instruction for the safe and proper use (including special circumstances and limitations).

Design outputs are reviewed and approved prior to product release and list all acceptance criteria, drawings and other required verification data. Records of all design outputs are kept and maintained.

Design and development reviews are conducted at regular intervals depending on the complexity of the activities. The purpose of the review is to identify any problems and recommend corrective actions and to evaluate how well the input/output procedures meet requirements. The appropriate department maintains records of all reviews.

3.2.5 Design and Development Changes

Any changes to the design and development must be identified and recorded and are subject to review and justification. All changes will then undergo review, verification and validation and results of this data maintained by the relevant department according to specific departmental work procedures.

The review of design and development changes includes evaluation of the effect the planned changes will have on already-delivered product.

At Eureka Sustainability Group, we maintain documented information in the form of records that provides evidence of:

- Design and development changes;
- The results of reviews;
- The authorisation and approver of changes; and
- The corrective or preventative actions taken to address problems and prevent adverse impacts.

3.2.6 Deliverables and Milestones

The Management Team are responsible for planning, implementing and controlling all the processes needed to meet the customer's requirements. Actions to deliver these outputs will consider:

- What the output criteria is for the processes and what performance indicators are required for accepting the product or service;
- What resourcing is required to achieve and exceed the conformity for the output criteria for the products and services;
- What controls are required and how they are to be implemented so that the processes deliver against the output criteria.

At Eureka Sustainability Group, we will develop and implement project acceptance criteria to ensure our processes and operations will meet specific requirements. *Project Acceptance Criteria*

The Project Manager will be responsible for the development of project deliverables which outlines all project deliverables required under the contract.

Reference	Title and Description
Document #: HSEQ00001	HSEQMS Manual
Document #: HSEQ00011	Design Approval Checklist (<i>HSEQMS Recording Forms</i>)
Document #: HSEQ00012	Quality Design Plan Template (<i>HSEQMS Recording Forms</i>)
Document #: HSEQ00019	Corrective/Preventative Action Register (<i>HSEQMS Recording Forms</i>)
Document #: HSEQ00065	Project Acceptance Criteria (<i>HSEQMS Recording Forms</i>)

Amendment
Record

Hazard and Risk Policy

Version

Revision #: 3

#: 2

Reviewed by: *Craig Harris*Approved by: *Tony Arundell*

3.3 Hazard and Risk Policy

Purpose:

To embed principles of effective risk management into existing practices in all levels of the organisation.

Policy:

During the planning phase, Eureka Sustainability Group's Management Team will consider the management issues described in the Introduction to this document and determine:

- The OHS, Environmental and Quality risks and mitigation strategies that are to be addresses that may (if they eventuate) have a negative impact on the operation;
- The opportunities that the company can leverage to improve the HSEQMS by adapting the work, work organisation and/or the work environment;
- The opportunities that the company can leverage to ensure growth and sustainability.

The processes developed will provide assurance that the practices that Eureka Sustainability Group use will mitigate, as much as practicable, our HSEQ impacts by improving our HSEQMS through good planning, we will be able to:

- Enhance the desired effects of the opportunities that may occur;
- Prevent, mitigate and/or reduce the effects of undesired outcomes; and
- Achieve the improvements that are planned for.

The actions to mitigate risks and continually improve will follow a Hierarchy of Controls (figure 3) and through the monitoring and measurement phase an evaluation of the controls will be undertaken. Each control developed and implemented is intended to reduce the impact that the risk presents on the HSEQ footprint of the products and services created by Eureka Sustainability Group.

Responsibilities:

At Eureka Sustainability Group the Organisation is responsible for ensuring that:

- There is an effective Risk Management Process and associated mechanisms in place
- All workers (including management) are trained and familiar with, have access to, and participate in risk management policies, procedures and activities while working at Eureka Sustainability Group;
- Those other persons who are impacted by identified risks such as other Organisations, self-employed persons and visitors, are included in risk management strategies as required; and
- Review of the risk management process is conducted as required.

Supervisor(s)/Manager(s) are responsible for:

-
- Informing workers and others about the requirement to actively participate in risk management strategies and to follow risk management policies and procedures whilst working at Eureka Sustainability Group;
 - Ensuring that all people are adequately trained in how to participate in risk management activities in the workplace; and
 - Maintaining records required by legislation relating to risk management.

All workers are responsible for working conscientiously and for following reasonable directions in respect of the Risk Management Process and associated mechanisms whilst working at Eureka Sustainability Group.


 Amendment Hazard and Risk Management
 Record Process

Version #: 2 Revision #: 3

 Reviewed by: *Craig Harris*

 Approved by: *Tony Arundell*

3.4 Hazard and Risk Management Process

Eureka Sustainability Group has implemented mechanisms to provide the required system and tools to ensure effective risk management in the workplace. As follows:

- Effective consultation and planning are important during every phase of the Risk Management Process and associated activities;
- Hazards are identified and reported via the following;
 - Consultation –meetings, briefings, direct discussions etc.;
 - Workplace inspections;
 - Audits – internal and external (photos, observations, checklists, reports);
 - Reporting – Incident Forms and Incident Register, Hazard Report Form, Corrective/Preventative Action Registers etc.;
- Research – information is gathered and interpreted from State and Local Authorities, Manufacturers, Suppliers, Industry groups, other Organisation's and workers;
- Risk Assessment – site specific, task specific, chemical and plant Risk Assessments and environmental impact risk assessments are conducted as required by suitably trained and experienced workers. *Risk Assessment Form*;
- A Risk Matrix which accompanies each *Risk Assessment Form* is used to assist in determining risk levels;
- Actions Prioritised – once risk levels have been assessed; a list of action priorities is determined;
- Risk Control – identified hazards are systematically eliminated or reduced by implementing practical control measures. The Hierarchy of Controls will be used;
- All controls will be reviewed and monitored;
 - When/if incident/near miss occurs;
 - As per legislative requirements;
 - Other times necessary to maintain effectiveness;
- Monitor and Review – regular checks are carried out to ensure that suitable control measures have been implemented, that they continue to be adequate, and that no new hazards have been introduced into the workplace either by implemented control actions or by changes to the workplace; and
- Documentation – all risk management activities conducted and the outcome of those activities, in particular, those outlined in this procedure, are fully documented and records maintained.

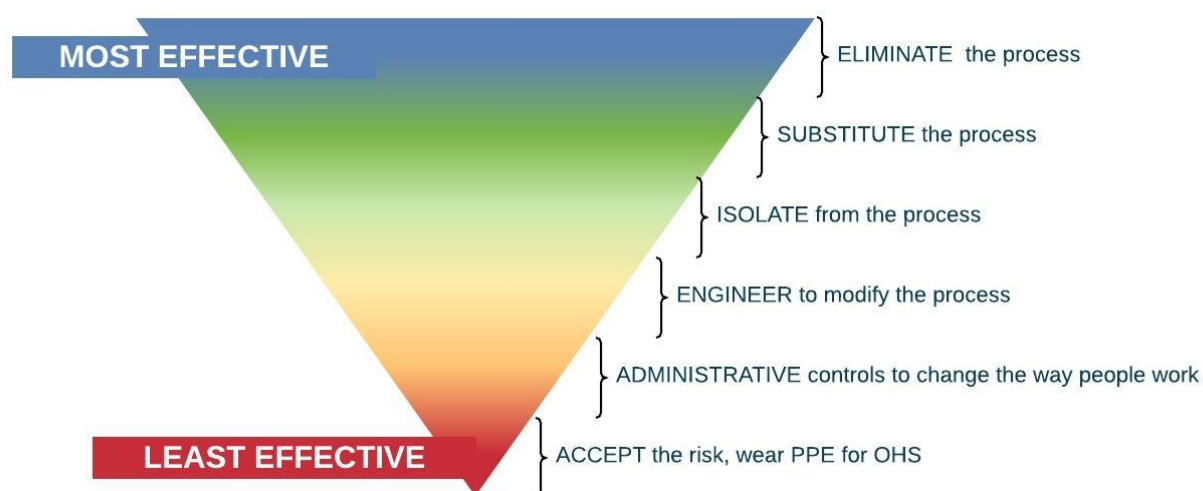


Figure 3. Hierarchy of Controls

Reference	Title and Description
Document # HSEQ00001	HSEQMS Manual
Document # HSEQ00013	Risk Assessment Form (<i>HSEQMS Recording Forms</i>)
Document # HSEQ00014	Risk Register (<i>HSEQMS Recording Forms</i>)



Amendment Compliance Obligations Policy

Version #: 2

Revision #: 3

Record

 Reviewed by: *Craig Harris*

 Approved by: *Tony Arundell*

3.5 Compliance Obligations Policy

Purpose:

The purpose of this policy is to define, document and communicate the responsibility, authority and accountability for all legal and regulatory compliance obligations. This policy and procedure apply to all activities including legislative, contractual, licences and other forms of authorisation or standard.

Policy:

Eureka Sustainability Group is committed to conducting its business activities lawfully and in a manner that is consistent with its compliance obligations. These obligations will be achieved by:

- Identifying a clear compliance framework within which the company operates;
- Promoting a consistent and comprehensive approach to compliance;
- Developing and maintaining practices that assist and monitor compliance activities; and
- Creating a culture of compliance where every person within the organisation accepts personal responsibility for compliance.

At Eureka Sustainability Group, compliance with legislation is evaluated using several strategies including, but not limited to:

- Review of internal and external audit results, inspection and other compliance programs;
- Evaluation of legal compliance requirements;
- Results of consultation from all levels - management, workers and contractors;
- Performance evaluation of the HSEQMS and objectives;
- Status of incident reports, investigations, corrective and preventive actions;
- Communication from interested parties, complaints - action taken, status and suggestions;
- Corrective actions, accountability and timeframes; and
- Follow-up on previous compliance reviews.

Reports detailing compliance evaluations, including audit and workplace inspection results will be recorded and results of these will be provided to Senior Management/Directors/Board Members at regular intervals.

This procedure describes how Eureka Sustainability Group identifies applicable legal and other requirements.


 Amendment
 Record

 Compliance Obligations Procedure
 Reviewed by: *Craig Harris*

Version #: 2

Revision #: 3

 Approved by: *Tony Arundell*

3.6 Compliance Obligations Procedure

1. The applicable HSEQ Management Representatives are responsible for determining the applicable HSEQ laws and regulations that arise from Eureka Sustainability Group business practices and, evaluating their potential impact on business operations;
2. As necessary, the HSEQ representatives will utilise off-site resources such as consultants, legal representatives and regulatory representatives;
3. The HSEQ representative will compile and maintains updated copies of all applicable laws and regulations, licences and permits, codes of practice or other material necessary to meet legal obligations;
4. The HSEQ representative, working with cross functional teams will correlate these regulations to the business activities and, HSEQ aspects associated with them, using the *Compliance Requirements Register*; and
5. The requirements of these regulatory controls will be communicated (and the methods for complying with them) to all workers, contractors and other effected parties as necessary.

Reference	Title and Description
Document #: HSEQ00001	HSEQMS Manual
Document #: HSEQ00015	Compliance Requirements Register (<i>HSEQMS Recording Forms</i>)



Amendment Objectives and Planning Policy

Version #: 2

Revision #: 3

Record

 Reviewed by: *Craig Harris*

 Approved by: *Tony Arundell*

3.7 Objectives and Targets Policy

Purpose:

The purpose of this policy and procedure is to define, document and communicate the HSEQ objectives and targets for the business. This procedure applies to all planning activities, across all operational areas of Eureka Sustainability Group business.

Policy:

The HSEQ objectives for the company have been established by Senior Management and delegated to each Departmental Manager that is responsible for establishing objectives within their given departments. Each Departmental Manager is then accountable in meeting those objectives and reports on the progress of those objectives to Senior Management on a regular basis.

Eureka Sustainability Group will measure objectives based on the following:

- Having a HSEQMS that incorporates outcomes, measurements and positive performance OHS, Environmental and Quality factors;
- The provision of physical and human resources to ensure that the objectives and targets of all HSEQ policies and procedures embedded within the HSEQMS are achieved;
- The determination that applicable HSE legislative requirements are being met; and
- Open and transparent consultation that encourages and enables continual improvement of internal HSEQMS and outcomes.

OHS targets can include:

- Reduction in Lost Time Injury (LTI) rate annually;
- Reduction in LTI – average days lost;
- Inspections/audits and corrective actions completed within specified timeframes;
- Emergency Management Plan practices undertaken within specified timeframes; and
- Review of consultative arrangements.

Environmental targets can include:

- Recycling of wastes from all operations by November 2020.
- Reduce Office paper usage costs year to year by November 2020.
- Meet legal requirements: Monitor legal non-compliances until November 2020.

Quality targets can include:

- Defects: A target for conformance to specifications e.g. % of items failing quality control;
- Timeliness: i.e. On-time performance of less than 10% late delivery;
- Customer Service: Customer satisfaction at or above 80%

The HSEQMS objectives and targets are developed and implemented to drive and meet the outcomes against our HSEQ requirements and to deliver our HSEQ Management Policies. All of the objectives and targets developed, implemented and continually improved for the HSEQMS are able to be either qualitatively or quantitatively measured, be continually monitored and relevant to the continual improvement of the HSEQMS.


 Amendment
 Record

Objectives and Planning Procedure

Version #: 2

Revision #: 3

 Reviewed by: *Craig Harris*

 Approved by: *Tony Arundell*

3.8 Objectives and Targets Procedure

1. Management will identify objectives and targets that the Eureka Sustainability Group requires to meet the identified goals;
2. The objectives and targets for each process will be recorded using the *Objectives Summary Form*. They can then be summarised within the *Objectives and Targets Register*;
3. Objectives will be represented as follows:
 - N = New Process
 - I = Improve Process
 - C = Control/Maintain Existing process
 - E = Explore or Examine new process.

The objectives and targets of our HSEQMS are communicated during management reviews and detailed in our strategic plan and the plan will be updated accordingly if changes occur. The changes will also be communicated to both internal staff and external customers.

Our company maintains records and other documented information regarding decisions made on plans, objectives and targets. Records include:

- *Quarterly Objectives and Targets Report;*
- *Objectives and Targets Register;*
- *Objectives Summary Form.*

3.8.1 Planning/Achieving Objectives and Targets

Whilst developing the plans, objectives and targets for Eureka Sustainability Group, the planning will consider how we will achieve the outcomes as planned in a timely manner. The plans will be defined and documented as to:

- What needs to be done;
- What resourcing is required to achieve the outcomes;
- Which manager or managers are responsible for achieving the outcomes within the company;
- What the schedule for achieving the outcomes will be; and
- How the plans, objectives, targets and results thereof will be measured and monitored.



Figure 4. Objectives and Targets Flow Chart

Reference	Title and Description
Document # HSEQ00001	HSEQMS Manual
Document # HSEQ00016	Quarterly Objective and Targets Report (<i>HSEQMS Recording Forms</i>)
Document # HSEQ00017	Objectives and Targets Register (<i>HSEQMS Recording Forms</i>)
Document # HSEQ00018	Objectives Summary Form (<i>HSEQMS Recording Forms</i>)



Amendment Change Management Policy

Version #: 2

Revision #: 3

Record

Reviewed by: *Craig Harris*Approved by: *Tony Arundell*

3.9 Change Management Policy

Purpose:

The purpose of this policy and procedure is to define the methods for managing changes to processes and other aspects of the HSEQMS in an organised manner.

Policy:

At Eureka Sustainability Group, our Management Team review and where required, implement control changes regarding product and/or service provision. The review and change controls allow ongoing conformity with the company and customer's requirements.

Documented information in the form of records will be retained with regards to the review and resulting change actions. The documented information shows who authorised the changes and the decisions made accordingly. Eureka Sustainability Group HSEQMS processes and procedures will undergo change over time. Management of changes will occur both proactively and reactively as circumstance dictates.

Proactive change will take place as a result of the following:

- System improvement opportunities are identified and acted upon;
- Non-conformities are identified and, corrective action taken;
- New processes are added;
- Processes are removed; and
- Any other proactive response deemed necessary by management.

Reactive changes will take place as a result of the following:

- Industry conditions/regulations changing enough to require modification;
- Client requirements change resulting in adjustment;
- Accidents or emergency response; and
- Any other reactive response that requires a change or modification of management process.

In both reactive and proactive cases, Eureka Sustainability Group seeks to manage change in a controlled manner to ensure proper implementation of the changes.

Responsibilities:

The Change Manager is responsible for managing the change process including:

- Implementation, maintenance and communication of policy and procedures around change management;
- Chairing necessary change management meetings;
- Identifying who should participate in the initial risk/impact assessment of the change; and
- Provide guidance when necessary.

Change Advisory Board:

- Senior management representatives who undertake appropriate risk and impact analysis of the proposed change;
- Responsible for approval, implementation and monitoring of the change; and
- Participating in post implementation reviews of the change.

Change implementers:

- Ensuring change is authorised;
- Planning the change within the required timeframes;
- Obtaining the appropriate resource for the task;
- Successful implementation of the change;
- Attending change review meetings as required;
- Ensuring communication of the change is made known to workers, business owners and customers; and
- Participation in the post change review process.



Amendment Change Management Procedure

Version #: 2

Revision #: 3

Record

 Reviewed by: *Craig Harris*

 Approved by: *Tony Arundell*

3.10 Change Management Procedure

All change management processes will follow the general steps listed below. Each step within this general process may then be further detailed as necessary. Any change to this procedure (as per all documented procedures), will also be required to follow this procedure.

Step 1. Upon considering a change (proactive or reactive) - The request for a process/procedure change must be assessed by *Wendy Arundell* to determine the nature of the change. I.e. emergency, 'minor and not required' or 'further action required'. The change request will be documented in a *Change Request Form*.

Step 2. If further action is required, the change request will be recorded in the *Corrective/Preventative Actions Register* and put forward to Tony Arundell for review.

Tony Arundell will either:

- a. Reject the change, document the response in the appropriate *Corrective/Preventative Actions Register* and file the response as a record;
- b. Assess the change proposal using a risk management approach to arrive at a priority for implementation. *Use Risk Assessment Form*.

Priority	Description
High	Must be implemented immediately
Medium	Must be implemented in 1-3 months or before next process cycle
Low	Will be implemented within 12 months or other measure

- c. Approve the change and sign off on the approval prior to implementation of the change.

Step 4. The Change Implementer(s) will communicate the proposed change to workers, business owners and customers and update the *Corrective/Preventative Action Register*.

Step 5. The Change Implementer(s) will undertake the task to affect the change within the designated time frames.

Step 6.

- A post implementation review will be undertaken to assess whether that the change was successful or requires modification;
- If successful, the appropriate corrective action form is updated, closed and the *Corrective/Preventative Action Register* is updated; and
- If unsuccessful, the Change Advisory Board will reassess.

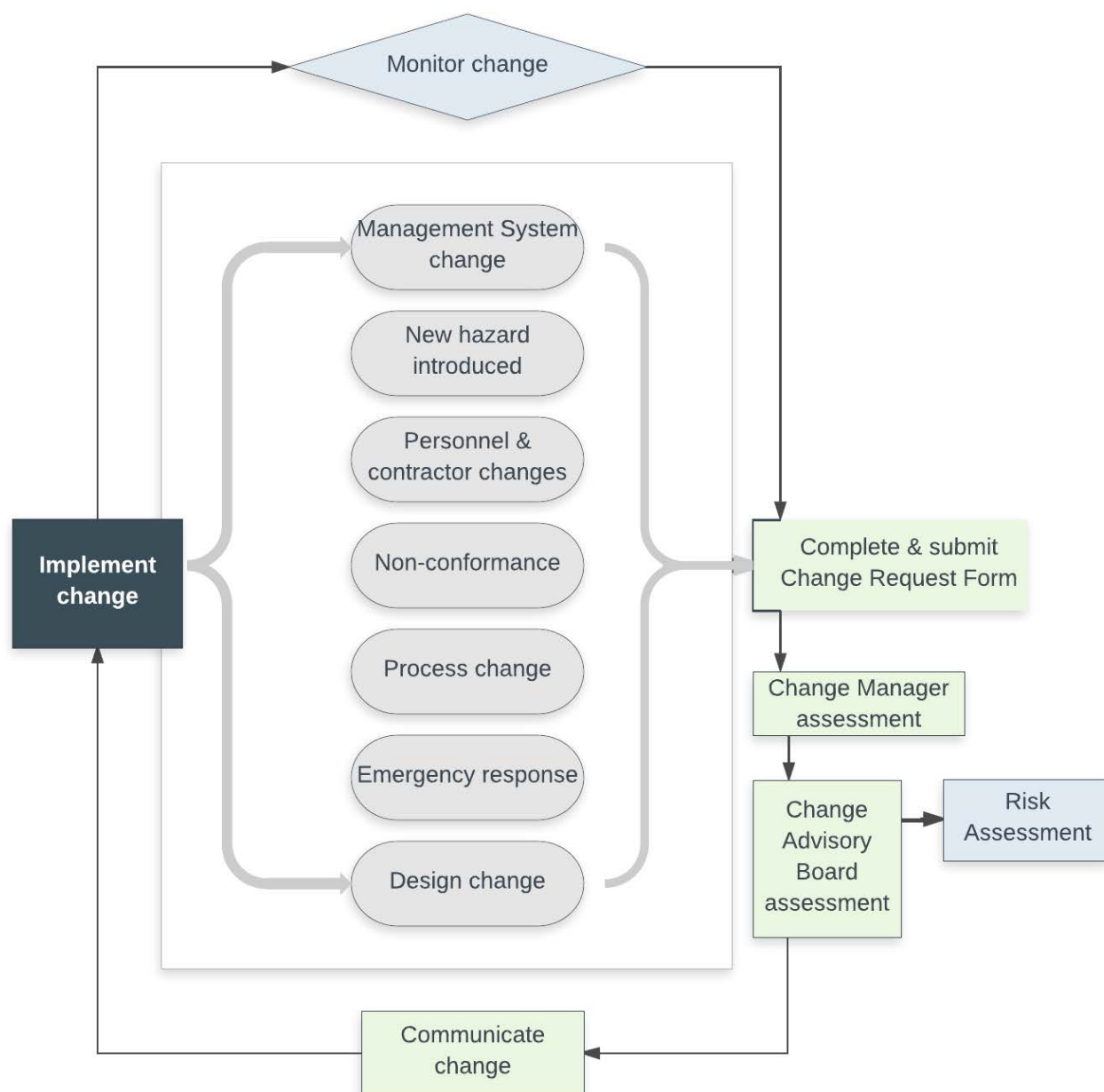


Figure 5. Change Management Procedure Flowchart.

Reference	Title and Description
Document #: HSEQ00001	HSEQMS Manual
Document #: HSEQ00019	Corrective/Preventative Actions Register (<i>HSEQMS Recording Forms</i>)
Document #: HSEQ00013	Risk Assessment Form (<i>HSEQMS Recording Forms</i>)
Document #: HSEQ00020	Change Request Form (<i>HSEQMS Recording Forms</i>)

Section 4 SUPPORT



Amendment Support Policy

Version #: 2

Revision #: 3

Record

 Reviewed by: *Craig Harris*

 Approved by: *Tony Arundell*

4.1 Support Policy

Purpose:

The purpose of this policy is to define the methods for managing resources including, financial, human and infrastructure resources, necessary for the efficient operation of the HSEQMS.

Policy:

Eureka Sustainability Group is committed to ensuring that we provide the competent resourcing necessary to develop and implement our HSEQMS. Our Management Team will ensure that our company's HSEQMS is resourced effectively and efficiently in relation to its financial, human and infrastructure needs.

4.1.1 Human Resources (including financial)

To ensure our company is resourced effectively and efficiently, the Management Team will understand, plan, monitor and measure:

- The capabilities of our internal resources to deliver our products and services while maintaining the efficacy of the HSEQMS;
- Any constraints that impact on our internal resources to deliver the outcomes of the HSEQMS; and
- Managers are responsible for identifying the need and requirements for staff and utilities under their control. Request for additional resources must be submitted to *Wendy Arundell* for review and approval.

4.1.2 Organisational Knowledge

Eureka Sustainability Group through the understanding of the company's products and services has developed and maintained a body of organisational knowledge that is kept in the documentation of the company's processes.

The knowledge has been developed and maintained through the following (but not limited to) internal and external sources:

- Worker and Management Team intellectual property;
- Company experience in developing our products and services;
- Lessons learned from both failed and successful projects;
- The results of improving our processes, products and services;
- Industry standards;
- External research and academia;
- Company workers and managers attending conferences; and
- Gathering of knowledge from consulting and communicating with customers and supplier.


 Amendment Plant, Equipment and
 Record Infrastructure Policy

Version #: 2

Revision #: 3

 Reviewed by: *Craig Harris*

 Approved by: *Tony Arundell*

4.2 Plant, Equipment and Infrastructure Policy

Purpose:

Eureka Sustainability Group is committed to the provision and maintenance of plant and equipment needed to achieve the outcomes of the HSEQMS, including (but not limited to):

- People, infrastructure, and associated utilities;
- Process equipment (both hardware and software) such as computers, computer programs, machinery etc.;
- Supporting services such as communications, networking, transport and other information systems; and
- Plant and equipment.

Policy:

Eureka Sustainability Group will endeavour to prevent injury and eliminate hazards associated with plant, equipment and infrastructure by ensuring:

- No plant, equipment or structures is brought to the workplace and commissioned unless health and safety risks are controlled;
- Plant, equipment and structures is installed/commissioned by suitably qualified persons and risks during these activities are monitored;
- Plant, equipment and structures is used only for its designed purpose unless an assessment has been carried out by a suitably qualified person for any other proposed use;
- Plant, equipment and structures comply with HSE legislative requirements for guarding, operator controls, cleaning, maintenance and testing and other requirements as required;
- A documented system is developed and implemented to identify hazards, conduct Risk Assessments where required, and select suitable controls for installation, commission, use, cleaning/maintenance and decommission/dismantling. Risk controls will be selected following a hierarchy of control;
 - ↓ Elimination;
 - ↓ Substitution;
 - ↓ Isolation;
 - ↓ Engineering Controls;
 - ↓ Administrative Controls;
 - ↓ Safe work procedures;
- Adequate training, information, instruction and supervision as required;
- All persons obtain licences to operate plant where required;
- Risk controls are reviewed whenever:

- Control is no longer effective;
- Before any change likely to introduce new or different hazards that current controls will not adequately address;
- A new hazard or risk is identified;
- Results of consultation indicate a review is needed;
- Where requested by workers or HSR; and
- As per manufacturer's instructions.

Operation of Processes Environment

Eureka Sustainability Group is committed to providing a suitable work environment to ensure conformity to product requirements and legislation requirements, including physical, environmental and other factors (such as noise, temperature, and humidity, lighting or weather).

As a commitment to our workers, Eureka Sustainability Group provides suitable workspace environment that takes into consideration both human and physical factors including (but not limited to):

- An environment that is non-discriminatory, non-confrontational and calm;
- An environment that aims to be stress free – reducing and emotionally protective; and
- An environment that maintains a good temperature, humidity, light airflow, hygiene and noise (or otherwise protective equipment to ensure that the workspace is effective and efficient).

Responsibilities:

Managers are responsible for identifying the need and requirements for new, and/or modification or repair of existing plant, equipment and building infrastructure and facilities under their control must be submitted to *Tony Arundell* for review and approval.

The Departmental Managers are responsible for ensuring that suitable preventative maintenance schedules are developed, that only qualified persons perform maintenance and appropriate records are kept and maintained.

Workers who are required to use, operate and/or maintain plant and equipment must ensure they follow the steps listed below and, as required, to follow those instructions at all times. Workers will be provided with information and training to enable them to comply with the procedure.

Departments responsible for preventative and responsive repair, cleaning and other maintenance are detailed within the *Infrastructure Responsibilities Register*.

The Departmental Managers are responsible for ensuring that suitable preventative maintenance schedules are developed in line with manufacturer's advice, that only qualified persons perform maintenance and appropriate records are kept and maintained.



Amendment
Record

Plant, Equipment and
Infrastructure Process

Version #: 2

Revision #: 3

Reviewed by: *Craig Harris*

Approved by: *Tony Arundell*

4.3 Plant, Equipment and Infrastructure Process

- Acquisition:
 - Follow the Eureka Sustainability Group Purchasing Procedure for the acquisition of all plant and equipment;
- Licensing and certification:
 - Determine the certification requirements of plant and equipment, and licensing requirements for operators, as required by the relevant authorities. This must be done prior first use at Eureka Sustainability Group;
- Worker Training and Qualification – Plant requiring certification:
 - Ensure that workers who will be responsible for the management, operation, use, maintenance and disposal of plant and equipment that requires Certification hold current operator's licenses and are fully trained and competent as required by the relevant authorities;
- Worker Training – Equipment not requiring certification:
 - Workers must be trained to safely operate the equipment by a person who is suitably competent/experienced in its operation;
 - If an experienced person is not available, the worker's manager must ensure the manufacturer's operating instructions are available, read and understood by the worker before operation commences;
 - SWI shall be explained and demonstrated during training, including any risk assessment for the equipment;
 - The workers must be able to demonstrate the safe operation of the equipment under supervision before being allowed to operate the equipment unsupervised;
- Maintenance and Pre-start check:
 - Before any plant or equipment is cleaned, serviced, repaired or modified appropriate control measures, including engineering controls where applicable, must be implemented to prevent accidental or deliberate operation. For example: isolation from electricity, removal of keys, lock out and tag etc.;
 - Pre-operational checks must be conducted on all plant prior to use. These may be daily, weekly, monthly, 6 monthly and annual checks as recommended by the manufacturer;
 - All plant and equipment will be stored, cleaned, serviced, repaired and maintained as per the manufacturer's recommendations;
- Return of plant or equipment to service:
 - A record of any inspection, maintenance, repair or alteration to plant is to be made on the *Plant and Equipment Register/Maintenance Log*;
 - A qualified person is to verify and approve that the plant or equipment is safe for use, prior to it being used again after having been taken out of service;
 - If plant or equipment has been locked out or tagged, the qualified person will re-commission the plant or equipment and advise workers that it is back in service and is safe to use;
- Testing and tagging:

- Plant will be inspected/checked by an Authorised Person and will have inspection tags/labels placed on them as required by the relevant authority;
- Equipment will undergo regular checks to ensure it is fully functional and safe to use;
- Plant or equipment that fails testing, or is found to be unsafe, damaged, will be removed from service and will be locked out/tagged as appropriate;
- Records shall be kept of all testing and tagging of plant and equipment;
- Operation:
 - All plant and equipment must be used or operated as per the manufacturer's recommendations;
 - Workers will follow the guidance provided in documented safety instructions, standard operating procedures, risk assessments and as outlined by on-the job training and/or supervision as required when using or operating plant and equipment;
 - Under no circumstances is faulty or damaged plant or equipment to be used;
- Disposal:
 - Before disposal plant and equipment may need to be rendered inoperable, or de-commissioned to leave it safe for disposal. This may be required to prevent the potential of injury to persons and pollution or damage to the environment during or after disposal;
 - All plant and equipment that is to be disposed of must be disposed of in an environmentally suitable manner and in accordance with Local Authority requirement.

Reference	Title and Description
Document #: HSEQ00001	HSEQMS Manual
Document #: HSEQ00021	Infrastructure Responsibilities Register (<i>HSEQMS Recording Forms</i>)
Document #: HSEQ00022	Plant and Equipment Register/Maintenance Log (<i>HSEQMS Recording Forms</i>).



Amendment Competency, Training and
Record Awareness Policy

Version #: 2

Revision #: 3

Reviewed by: *Craig Harris*

Approved by: *Tony Arundell*

4.4 Competency, Training and Awareness Policy

Purpose:

The purpose of this policy and procedure is to define, document and communicate the training and competency objectives of all personnel. This will enable all personnel to understand the policy and principles of the HSEQMS and the ways in which their activities impact the achievement of HSEQMS goals. This procedure applies to all training and competency-based assessment activities, across all operational areas of Eureka Sustainability Group business relating to the HSEQMS.

Policy:

The Management Team has accountability for ensuring adequate training, education, skills and experience for all workers

Workers at all levels of the Organisation must understand the policy and principles of the HSEQMS and the ways in which their activities impact the achievement of HSEQMS goals, regulatory and otherwise. All personnel within the Organisation will have an understanding of the HSEQ issues associated with the Eureka Sustainability Group operations. Personnel directly involved with tasks that affect HSEQ outcomes will be trained and competent to understand their responsibilities and undertake the associated roles.

Eureka Sustainability Group will :

- Conduct training needs analysis across the organisation;
- Develop formal training needs and competencies for position requirements at all levels, including management;
- Provide formal induction programs for new and transferred workers and contractors;
- Use Registered Training Organisations and appropriately accredited and approved courses/trainers;
- Ensure training is competency based;
- Record all training;
- Review effectiveness of training; and
- Provide training for languages other than English and other relevant learning barriers.

Training will include:

- All HSEQ policies and procedures for the organisation;
- Licenses and competencies to perform tasks;
- Specific hazards and risk controls;
- Consultation and communication arrangements;
- Incident reporting and corrective actions;
- Emergency Response; and
- First Aid.

Delegation may fall onto the applicable HSEQ Managers (or delegates), and relevant departments to form part of the existing skills matrix required to meet other regulatory requirements. Where there is a skills gap, the company will take actions to ensure that resourcing is competent for the delivery of our HSEQ program.

Responsibilities:

At Eureka Sustainability Group the Organisation is responsible for ensuring that:

- Provision of budget, resources and time allocation to enable workers to undergo training and competency assessment in accordance with the requirements of the HSEQMS;
- There is an effective worker training and competency assessment procedure and system in place; and
- Review of the Competency, Training and Awareness Procedure is conducted as required.

The applicable HSR/HSEQ Managers are responsible for:

- Sourcing training and licensing service provision from qualified and suitable training service providers and the co-ordination of timetabling of training delivery for workers;
- Maintaining and reviewing the Competency, Training and Awareness Procedure as required;
- Ensuring all workers complete training and competency assessments as required;
- Informing and consulting with the Organisation/CEO regarding worker training and competency; and
- Maintaining records required by legislation relating to worker training and competency, such as the *Worker Training, Competency and Induction Register* for Eureka Sustainability Group.

Supervisor(s)/Manager(s) are responsible for:

- Informing workers about the requirement to participate in and completion of training and competency assessment as per the normal requirements of their position;
- Ensuring that all workers complete training and are assessed as being competent to perform their duties and ensuring adequate allocation of time and resources for workers to complete training as required; and
- Assisting with the co-ordination of the training of workers they are responsible for, with the HSR/ applicable HSEQ Managers.

All workers are responsible for actively participating in and completing training and competency assessments (on-the-job, internal/external courses, formal qualifications, licenses) relevant to the performance of their position whilst working at Eureka Sustainability Group.


 Amendment Competency, Training and
 Record Awareness Procedure

Version #: 2

Revision #: 3

 Reviewed by: *Craig Harris*

 Approved by: *Tony Arundell*

4.5 Competency, Training and Awareness Procedure

Eureka Sustainability Group will :

- Conduct training needs analysis across the organisation and develop formal training needs and competencies for position requirements at all levels, including management and designated First Aiders;
- Record all completed training and competency assessments on the *Worker Training, Competency and Induction Register* as appropriate;
- Determine, assess and record the training and competency needs and levels of workers and contractors;
- Provide formal training and competency assessment programs for new and transferred workers and contractors;
- Use Registered Training Organisations where appropriate and accredited and approved courses/trainers;
- Ensure training is competency based;
- Utilise the *First Aid Worker Register* for workers assigned with First Aider duties;
- Review effectiveness of training;
- Provide managers and supervisors with additional training to ensure that they are aware of their duties and responsibilities under the Eureka Sustainability Group HSEQMS and applicable regulations.

A refresher of training or re-certification will be provided if it becomes evident that a worker is unfamiliar with any aspects of their training or if they are determined, via assessment and consultation, to be no longer competent to perform their job tasks by the Organisation.

New Workers:

1. HSEQ responsibilities will be developed for each position within the company. These requirements will be listed within the *Roles and Responsibilities Schedule*. This report will contain the education, training and skills required to fulfil the role; and
2. Job position advertisements placed by Eureka Sustainability Group will contain the required education, training and skills required to undertake their HSEQ responsibilities;

Induction:

1. The inductee (new worker) will be informed that they are required to participate in and complete the workplace induction;
2. Allocate a time and place for the workplace induction to be carried out, including an explanation of the Workplace Safety Rules, giving adequate notice to the new worker and in consultation with managers;
3. Ensure the inductor works through the induction, including the Workplace Safety Rules with the inductee, step by step, and ensures that all the necessary workplace inspection and information is provided during the induction;
4. In consultation with the inductee, the inductor should complete the *Workplace Induction Checklist*, as each part of the induction is successfully completed;
5. The *Workplace Induction Checklist* is given to the inductee to sign and a signed copy is provided to:
 - a. The inductee (the worker);
 - b. The Human Resources Manager;
6. Additional Workplace Induction will be provided if there are any changes to the workplace that affect the health and safety of workers that requires new information/training to be given to workers;
7. A refresher of the workplace induction will be provided if it becomes evident that the worker is unfamiliar with any aspects of the induction or if they are determined to be deliberately non-compliant with workplace safety procedures by the appropriate manager;
8. *Worker Training, Competency and Induction Register* entry is completed for each worker and is maintained by Person Responsible;
9. All workers will undertake an induction and orientation on the company processes and procedures. This induction must include training/awareness of the HSEQMS;
10. All workers will understand how their role impacts HSEQ objectives for the company; and
11. A record of the induction and orientation process will be kept.

Training:

1. All workers will be assessed for their competency in performing their roles and responsibilities in a safe and efficient manner;
2. Where a gap in knowledge or training is identified Eureka Sustainability Group will register the workers for training and schedule training in the *Training Needs Register*. (This training may be 'in house' or formal external training as required);
3. Workers undertaking third party training and receiving a certificate of training must retain this certificate as a training record and submit a copy to Wendy Arundell. This certificate will be attached to the *Workers Training Record*;
4. Prior to the workers being fully 'signed off' as competent to undertake a task their Supervisor/Manager will be responsible for the workers safety and work practices; and
5. All training must be recorded in the *Workers Training Record*.

Assessment:

1. Eureka Sustainability Group will periodically undertake reviews and evaluations of worker's competency and training certifications. Workers evaluations will take into consideration the opportunity for continual improvement of their skills and personal growth;
2. If a worker is identified as requiring upgraded training or skill development the worker will have the required corrective action placed in the *Training Needs Register* and acted on as soon as practicable; and
3. Internal auditing processes must evaluate the effectiveness of training and competency within the company at least annually.

Reference	Title and Description
Document #: HSEQ00001	HSEQMS Manual
Document #: HSEQ00023	Roles and Responsibilities Schedule (<i>HSEQMS Recording Forms</i>)
Document #: HSEQ00024	Training Needs Register (<i>HSEQMS Recording Forms</i>)
Document #: HSEQ00025	Workers Training Record (<i>HSEQMS Recording Forms</i>)
Document #: HSEQ00026	Worker Training, Competency and Induction Register (<i>HSEQMS Recording Forms</i>)
Document #: HSEQ00027	First Aid Worker Register (<i>HSEQMS Recording Forms</i>)
Document #: HSEQ00028	Workplace Induction Checklist (<i>HSEQMS Recording Forms</i>)


 Amendment Information and Communication
 Record Policy

Version #: 2

Revision #: 3

 Reviewed by: *Craig Harris*

 Approved by: *Tony Arundell*

4.6 Information and Communication Policy

Purpose:

The purpose of this policy is to define, document and communicate the information and communications policy and procedures for all elements of the Eureka Sustainability Group HSEQMS. This policy applies to all activities across all operational areas of Eureka Sustainability Group business.

Policy:

Communication and information transfer methods will be developed and documented to provide internal and external communications when required and include:

- The content of the communications;
- The type of information;
- The time or when the information is to be distributed;
- With whom the communications are sent to;
- The medium for which the co-information is delivered; and
- Who is the responsible person for the communications?

Internal communication:

Eureka Sustainability Group conducts regular meetings where HSEQ plans, objectives and targets are discussed, measured and reviewed. Using existing communication structures, such as consultative arrangements, intranet, email and controlled copies of documents, departmental meetings, the Management Team ensures that information is effectively communicated throughout the company.

External Communications:

Where external communications are undertaken, management will consider the nature the communication and make a decision on whether and how to respond. Tony Arundell is responsible for maintaining records of each external stakeholder communication.

These procedures are listed in the *Communications Program Schedule*.

Reference	Title and Description
Document #: HSEQ00001	HSEQMS Manual
Document #: HSEQ00029	Communications Program Schedule (<i>HSEQMS Recording Forms</i>)



Amendment Document Control Policy

Version #: 2

Revision #: 3

Record

 Reviewed by: *Craig Harris*

 Approved by: *Tony Arundell*

4.7 Document Control Policy

Purpose:

The purpose of this policy is to define, document and communicate the document control policy and procedures for all elements of the Eureka Sustainability Group HSEQMS. This policy applies to all activities across all operational areas of Eureka Sustainability Group business.

Policy:

To ensure effective operation of the HSEQMS, Eureka Sustainability Group will ensure that documents are easily located, relevant and kept up-to-date. At Eureka Sustainability Group, the control of document information ensures that:

- Documented information is readily available to workers and managers and that it is suitable for use; and
- Documented information is protected from loss of confidentiality about our processes, improper use or loss of document integrity.

In the control of documented information including records management, the following actions are taken to ensure documents, content and records are:

- Able to be distributed, accessed, retrieved and used in an appropriate, effective and efficient manner;
- Stored and preserved including legibility for prescribed times as per legislative or regulatory requirements;
- Version controlled and changes are documented and communicated; and
- Retained and disposed of according to legislative or regulatory requirements.

Where documented information is of external origin i.e. outside of Eureka Sustainability Group and is necessary for the planning and operation of our Company's processes then, the documentation will be identified. Once identified, the document will be controlled in the same manner as internally generated documented information.

Documented information retained as evidence of conformity in the form of records will be protected and stored for the length of time required by regulatory requirements. The HSEQ records kept by Eureka Sustainability Group are detailed in the *HSEQ Document Register*.

The types of documents that can be controlled documented information include (but are not limited to):

- HTML and Java scripted web pages;
- HSEQMS Manual;
- Procedures;
- Work Instructions;
- Forms; and

- Company templates.

Records such as:

- Corrective Actions;
- Management reviews;
- Customer complaints; and
- Calibration results.

4.7.1 Document Management Process

1. A Document Manager will be allocated to maintain documents in an accessible form;
2. The Document Manager will preserve updated documents for the following outcomes:
 - Operational control procedures;
 - Objectives, targets, and action plans;
 - Legal requirements;
 - HSEQ Policies and Procedures;
 - Management reviews;
 - Reports on audit outcomes; and
 - Corrective and preventive actions.
3. The Document Manager is not responsible for developing or modifying any documents unless tasked. All documents will be developed or modified by the appropriate person or group responsible.

The Document Manager will control all HSEQMS documents and records using the *HSEQ Document Register*.

4.7.2 Document Creation

1. All documents will be created by a person sufficiently experienced in the subject at hand e.g. emergency response procedures;
2. All internal documents will initially be created as electronic files (. doc.pdf, xlxs);
3. All internal documents will contain identification and description (e.g. a title, date, author, or reference number);
4. All drafts will be sent by email to the appropriate approver(s) for review and approval;
5. The reviewer will discuss any issues with the author to achieve a final approved document;
6. The reviewer will indicate approval of the document by signing off the *HSEQ Document Register*;
7. On approval of the document, it will be forwarded to the Document Manager for filing/placement;
8. If the hardcopy is maintained in a filing system/binder, any previous hardcopies of the same document must be moved to an obsolete document filing system/binder;
9. Original releases of documents must contain acknowledgment that it is the original document in the revision numbering system;
10. The Document Manager will maintain a copy of the created document within a computer folder. This file must be incorporated into all data backup routines;

11. The Document Manager will ensure that all new or revised documents placed into a master list folder will have file's permission set to READ ONLY, and updated in the *HSEQ Document Register*; and
12. Any previous electronic versions will then be moved to a separate folder identified for superseded/obsolete documents. Superseded/obsolete files will be kept for historical record *HSEQ Document Register – Archived Documents page*.

4.7.3 Document Review and Revision

All HSEQMS listed documents will be reviewed /amended on an annual basis. Any document amended, or new document added, outside of the review period will be immediately added to the applicable *HSEQ Document Register*.

Photocopy Allowed (PA) Forms will be reviewed every 3 months for currency and to ensure the current version is being used.

Document Distribution: *(All hard copies are to be considered uncontrolled documents)*

1. Controlled documents will be available for nominated workers;
2. Workers will receive training/instruction on how to locate and retrieve the current version of a file;
3. If hardcopy document distribution is used the HSEQMS Document Manager will note in the *HSEQ Document Register* where controlled hardcopy documents are to be located;
4. The HSEQMS Document Manager will be responsible for distributing current copies to the correct locations;
5. Hardcopies must not be altered or modified by users and must remain legible. Should the document be damaged or otherwise illegible the HSEQMS Document Manager must be notified as soon as possible; and
6. Hardcopies may not be photocopied without the approval of the HSEQMS Document Manager unless designated as a PA Form.

PA Forms:

1. PA Forms may be photocopied as needed; and
2. An electronic copy of each approved form must be sent to HSEQMS Document Manager for inclusion in the document master list.

External Origin Documents:

- External documents used for non-critical purposes, such as reference material or marketing materials are not controlled;
- Legislation, Codes of Practice, Standards or third-party specifications are controlled documents; and
- The Document Manager must ensure the latest versions are maintained and kept up to date. Controlled external documents will be kept in the same format (electronic and/or hardcopy) and, subject to the same conditions of file structures and backup schedules as per internal documents.

4.7.4 Security of Confidential Documents

Eureka Sustainability Group will take all reasonable steps to protect the personal information it holds from misuse, loss and unauthorised access, modification or disclosure. No employee, contractor or supplier is permitted to store confidential information on any individual personal use computer or portable storage device unless authorised.

Reasonable steps will be taken to ensure personal information remains accurate and up to date. Eureka Sustainability Group provides the right to access the personal information held by the information owner. Any request for access to this information or, enquiries concerning the privacy, or currency, of any held information can be made by contacting the Privacy Officer: *Wendy Arundell*

Where no longer required, personal information will be destroyed or de-identified except where the information is required to be kept by law or court order.

4.7.5 Disposal of Confidential Documents

All employees will be given instructions for properly disposing of hard copy, digital data and products and materials containing personal and confidential information.

Eureka Sustainability Group will securely dispose of confidential information in a secure, manner. Before destroying records containing confidential information, the privacy officer will:

- Have authorisation/endorsement to dispose of the records from *Wendy Arundell*
- Check and confirm that records are no longer needed for ongoing business;
- Ensure records are not required for any current or pending legal action;
- Consider any other potential reason to retain confidential records, e.g. legislated record-keeping timeframes.

Destruction of records will be undertaken most securely and, will be undertaken as soon as possible after authorisation is given, e.g. shredding of paper-based records or physical destruction or overwriting of digital media. Failure to follow documented disposal procedures may lead to disciplinary action.

Destruction Method table

Record Medium	Non-Sensitive	Moderately Sensitive	Highly Sensitive
Hard Disc drive	<ul style="list-style-type: none"> • <i>Overwriting</i> • <i>Purging</i> 	<ul style="list-style-type: none"> • <i>Purging</i> • <i>Physical destruction</i> 	<ul style="list-style-type: none"> • <i>Physical destruction</i>
CD/DVD	<ul style="list-style-type: none"> • <i>Overwriting</i> • <i>Purging</i> 	<ul style="list-style-type: none"> • <i>Purging</i> • <i>Physical destruction</i> 	<ul style="list-style-type: none"> • <i>Physical destruction</i>
Mobile phone / Tablet	<ul style="list-style-type: none"> • <i>Overwriting</i> • <i>Purging</i> 	<ul style="list-style-type: none"> • <i>Purging</i> • <i>Physical destruction</i> 	<ul style="list-style-type: none"> • <i>Physical destruction</i>
Paper record	<ul style="list-style-type: none"> • <i>Single Shredding</i> 	<ul style="list-style-type: none"> • <i>Cross shredding</i> 	<ul style="list-style-type: none"> • <i>Cross shredding</i> • <i>Burning</i>

After the destruction process is complete, professional paper shredding and hard drive and media destruction services must provide a Certificate of Destruction confirming the time, date and method of destruction.

Reference	Title and Description
Document #: HSEQ00001	HSEQMS Manual
Document #: HSEQ00030	HSEQ Document Register (<i>HSEQMS Recording Forms</i>)


 Amendment
 Record

Records Management Policy

Version #: 2 Revision #: 3

 Reviewed by: *Craig Harris*

 Approved by: *Tony Arundell*

4.8 Records Management Policy

Purpose:

This policy defines the requirements for the identification, storage, security, recovery, and retention time of records. This policy applies to all records as defined within the *HSEQ Document Register*.

Policy:

Eureka Sustainability Group will create, capture and maintain full and accurate records of its activities, including outsourced, contracted or cloud-based activities. All areas of operations will keep records in accordance with this policy.

The organisation recognises that good record management play a critical role in:

- Supporting good business practices;
- Providing for evidence based and informed decision making;
- Promoting accountability and transparency; and
- Supporting compliance with legislative and regulatory provisions.


 Amendment
 Record

Records Management Procedure

Version #: 2

Revision #: 3

 Reviewed by: *Craig Harris*

 Approved by: *Tony Arundell*

4.9 Records Management Procedure

- All electronic forms will be maintained and backed up as per document keeping procedure;
- All hardcopy records will be protected from damage by storage in suitable compartments; A record of where records are to be stored will be kept in the *Record Location Register*;
- Records subjected to regulated timeframes must be kept for the required period. All other records will be kept for a period of *7 Years*

Record Type	Retention period
<i>Workers records</i>	<i>7 years</i>
Incident Forms	11 Years

- All archived records stored offsite will be maintained in a secure, suitable location;
- Discarded records will be permanently destroyed after retention periods have elapsed; and
- Records must be made available for easy retrieval in case of backup or requests for viewing by nominated parties.

Reference	Title and Description
Document #: HSEQ00001	HSEQMS Manual
Document #: HSEQ00030	HSEQ Document Register (<i>HSEQMS Recording Forms</i>)

Section 5 OPERATION

Amendment
RecordOperational Planning and Control
Policy

Version #: 2

Revision #: 3

Reviewed by: *Craig Harris*Approved by: *Tony Arundell*

5.1 Operational Planning and Control Policy

Purpose:

The purpose of this policy is to define, document and communicate the Operational Planning and Control Policy and Procedures for all elements of the Eureka Sustainability Group HSEQMS. This policy applies to all activities across all operational areas of Eureka Sustainability Group business.

Policy:

The Management Team in total for Eureka Sustainability Group are responsible for planning, implementing and controlling all the processes needed to meet the company and customer's requirements for the delivery of our products and services. Actions to deliver these inputs, processes and outputs will take into account:

- The customer's requirements for the products and services;
- What the output criteria is for the processes and what performance indicators are required for accepting the product and services by the customer;
- What resourcing is required to achieve and exceed the conformity for the output criteria for the products and services;
- What controls are required and how they are to be implemented so that the processes deliver against the output criteria and within our internal criteria;
- Maintained and retained records to provide assurance to interested parties that the processes at Eureka Sustainability Group have been carried out as per requirements and as planned;
- Maintained and retained records to demonstrate to the customer conformity of the products and services to their requirements.

Responsibilities:

HSEQ Management Representative is responsible for:

- Overseeing and implementing the development of the Initial HSEQ risk assessment utilising the HSEQ Management Team;
- Identifying and engaging competent Internal and/or external assessors where necessary to identify the business practices and processes that may impact on the health and safety of others and determine the effect of that impact; and
- Provide guidance when necessary.

Managers are responsible for actively participating to ensure;

- The appropriate resources for the HSEQ risk assessments are available, including release of HSEQ Management Team members as required;
- All line personal for which they are responsible are informed that the HSEQ risk assessment is being undertaken; and
- Attending review meetings as required.

Operational Staff are responsible for:

- Providing all assistance required as determined by the HSEQ Management Team and/or HSEQ Management Representative.



Amendment
Record

Operational Planning and Control
Policy

Version #: 2

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Approved by: *Tony Arundell*

5.2 Operational Planning and Control Procedure

In order to understand and manage actual and potential HSEQ impacts, Eureka Sustainability Group will systematically identify business processes that will, or could, affect the health and safety of others. This allows objectives for HSEQ improvement and develops targets to be set and action plans to impacts and follow from our HSEQ policy commitments implemented.

1. Using input/output flow charts, (or other mapping approach) the risk assessment team identifies the operations that fall within the scope of the HSEQMS. This will be conducted with assistance from nominated workers working with that operation. These are recorded using the *Operations/Processes Identification Form*;
2. The HSEQ management representative arranges for the HSEQ impacts of these operations to be identified by HSEQ assessors/HSEQ Management Team using the process mapping approach where practicable;
3. HSEQ aspects, and their potential impacts, are listed by operation in the *Risk Assessment Form*;
4. If the HSEQ aspect involves use of a potentially harmful chemical, the chemical effects will be noted and listed in the *Hazardous Substance/Dangerous Goods Register*;
5. After identifying all HSEQ aspects, an assessment will be undertaken to determine if operational controls and documented procedures are in place for each aspect. *Operational Control Development Worksheet*;
6. Where there is need to put in place or modify existing operational controls and procedures, the HSEQ management representative will assign a member of the HSEQ Management Team to draft a safe operational control procedure. This procedure will be developed with input from workers working with the process;

7. Where practicable, HSEQ controls can be added to existing procedures. E.g. Health and Safety procedures or, other SWIs. In other cases, a new procedure will be developed;
8. Determine if personnel require training to implement and maintain the HSEQ controls. If training is required, it should be documented in the *Training Needs Register*;
9. Any new operational control procedures will be issued as a SWI and must list the required steps or measures to be undertaken. The SWI must also include applicable monitoring to be undertaken and a frequency for that monitoring;
10. When operational controls have been developed, and implemented they will be recorded on the *Operational Control Register*; and
11. The SWI should be posted at the site of the activity and listed in the *HSEQ Document Register*.

Frequency:

This procedure will be repeated:

- Whenever a new process is introduced;
- Whenever a new process, impact or effect is identified (that was not identified in any previous assessment); and
- Annually to review that any new HSEQ aspects are identified.

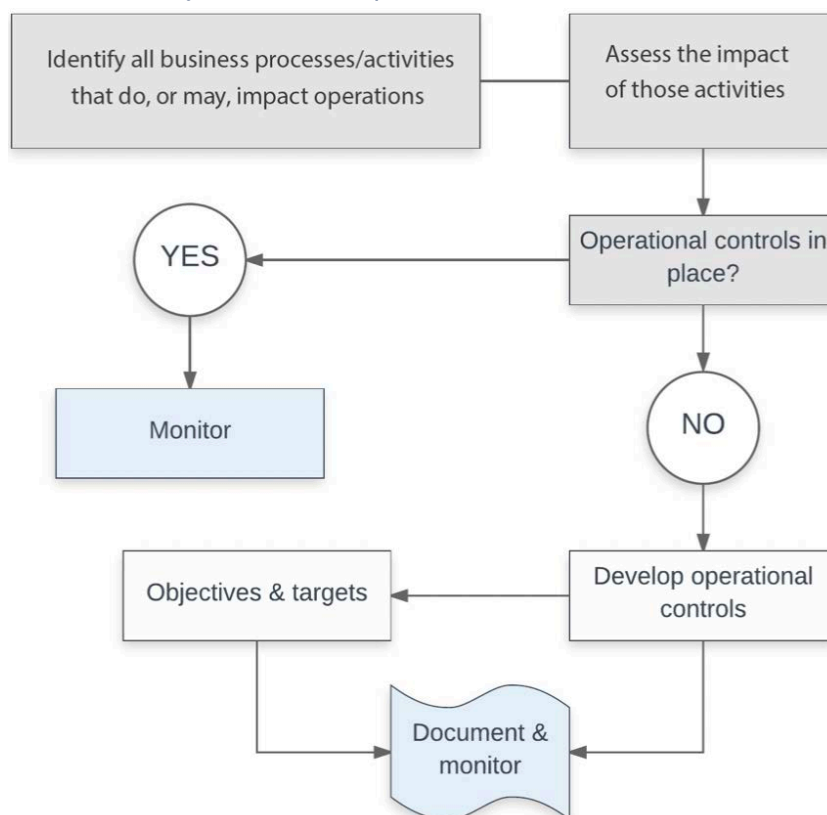


Figure 6. Operational Planning and Control Procedure Flow Chart

5.2.1 Outsourcing Control

At Eureka Sustainability Group any outsourced processes that are completed on behalf of our company will be monitored and measured similarly to any internal process against requirements of our HSEQMS.

In the development of externally provided processes Eureka Sustainability Group will consider:

- How external processes, products and services can be integrated into our HSEQMS; and
- How Eureka Sustainability Group is able to provide oversight to ensure that the outsourced processes, products and services are capable and meets the HSEQMS requirements.

At Eureka Sustainability Group, we will ensure that when a process, product or service is being outsourced then stringent evaluation, selection, monitoring of performance and review methodologies are developed and implemented to provide assurance that it would meet the requirements of the HSEQMS.

All documented information in the form of records is retained with regards to the development, evaluation and monitoring of outsourced processes, products and services.

5.2.2 Control Type and Extent Process

As part of Eureka Sustainability Group's outsourcing of certain processes, products or services, the oversight and assurance of the outsourced company is monitored so that there is no reduction in our company's ability to maintain our HSEQ objectives and targets.

Any outsourced processes that are completed on behalf of our company will be monitored and measured similarly to any internal process against the design and development requirements of our customers.

In doing so, Eureka Sustainability Group will :

- Identify outsourced processes that have HSEQ aspects. *Outsourced Process Register;*
- Ensure and provide oversight that the processes outsourced remain under the guidance of Eureka Sustainability Group;
- Assist in defining, designing and developing the controls that we are expecting our outsourced vendors to work to *Operational Control Register;*
- Consider the impacts of:
 - The outsourced company's ability to design and develop processes and procedures that meets our regulatory and internal requirements;
 - The effectiveness of the controls applied to the externally sourced processes, and procedures;
- Determine and implement the necessary review, verification and validation tasks that are required to oversight and provide assurance that the external processes, products and/or services are meeting our HSEQ requirements. *Outsourced Process Register.*

5.2.3 Information for External Providers

At Eureka Sustainability Group, we must ensure that prior to providing an external provider with customer requirements that these requirements are at a standard where the external provider can work to them before we communicate and consult with them.

When we initiate communication with the external provider to provide outsourced processes, products and/or services, we will advise our requirements for:

- The scope of the processes, products and/or services to be provided;
- And approval methodology for:
 - The externally provided products and services;
 - How the processes are to be completed and the equipment to be used to develop the outputs;
 - The release criteria for the products and/or services;
- The training and competence required to deliver the product and/or service, and what qualifications are required by the external provider;
- How the external provider is to interaction with our company;
- Oversight and assurance (control and monitoring) to ensure that the external provider is performing to the requirements; and

Reference	Title and Description
Document #: HSEQ00001	HSEQMS Manual
Document #: HSEQ00031	Operations/Processes Identification Form (<i>HSEQMS Recording Forms</i>)
Document #: HSEQ00013	Risk Assessment Form (<i>HSEQMS Recording Forms</i>)
Document #: HSEQ00032	Hazardous Substance/Dangerous Goods Register (<i>HSEQMS Recording Forms</i>)
Document #: HSEQ00033	Operational Control Development Worksheet (<i>HSEQMS Recording Forms</i>)
Document #: HSEQ00024	Training Needs Register (<i>HSEQMS Recording Forms</i>)
Document #: HSEQ00034	Operational Control Register (<i>HSEQMS Recording Forms</i>)
Document #: HSEQ00030	HSEQ Document Register (<i>HSEQMS Recording Forms</i>)
Document #: HSEQ00035	Outsourced Process Register (<i>HSEQMS Recording Forms</i>)



Amendment

HSEQ Procurement Policy

Version #: 2

Revision #: 3

Record

Reviewed by: *Craig Harris*Approved by: *Tony Arundell*

5.3 HSEQ Procurement Policy

Purpose:

The purpose of this policy and procedure is to identify and manage the Health, Safety and Environmental (HSE) risks associated with the procurement of all goods (plant and equipment, materials, substances, office equipment and furniture). Procurement of goods includes purchase, lease and hire.

Policy:

Eureka Sustainability Group commits to the principle of determining HSE requirements before the purchase of items to ensure that hazards are not introduced into the workplace and, to ensure that any controls needed for the use of the item are in place prior to the item being used.

These determinations of hazards include the physical hazards associated, for example, unguarded plant and equipment, as well as psychological risk associated, for example, higher levels of time pressure due to a change in equipment types.



Amendment

HSEQ Procurement Procedure

Version #: 2

Revision #: 3

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Reviewed by: *Craig Harris*Approved by: *Tony Arundell*

5.4 HSEQ Procurement Procedure

Identifying purchases with the potential to create HSE risks:

The person requesting the goods (this is not necessarily the person raising the purchase order) in consultation with HSR and Workers where appropriate, must identify potential HSE risks associated with the purchase, hire or lease. *HSE Pre-purchase Checklist*. Examples may include:

- Exposure to mechanical moving parts (e.g. plant and equipment);
- Fall hazards (e.g. ladders or mobile scaffold);
- Manual handling (e.g. moving bulky, heavy or awkward objects/items);
- Ergonomic considerations (e.g. purchase or hire of bulk order office equipment);
- Chemicals (e.g. hazardous substances or dangerous goods); or
- Electrical equipment (e.g. Computers).

Purchasing plant and equipment:

Information must be sought by the person requesting the goods before new plant or equipment is introduced into the workplace. This information should be of sufficient standard to allow for health and safety implications to be assessed in advance. The following impacts will be considered:

- Will additional PPE be required?
- Will the goods require modification in order to meet industry standards, codes of practice or legislative requirements?
- Will the equipment produce noise, fumes, etc.?
- Will workers require extra training?
- Will Safe Work Instructions need to be created or updated?

Determining these impacts will allow for risk control measures required for its safe use to be in place prior to arrival.

Such information gathering will also identify whether the relevant legislation, standards or codes of practice applicable to the equipment can be complied with e.g. notification, licensing, certification etc.

- All purchased chemicals must be accompanied by the relevant Safety Data Sheets (SDS);
- Ergonomic considerations of the intended users must be considered when purchasing plant and equipment;
- All plant and equipment must be supplied with sufficient guarding, labelling of controls and warning signs; and
- Maintenance schedules to ensure machinery runs as safely, efficiently and quietly as possible.

Purchasing hazardous chemicals:

The SDS must be sourced prior to the purchase of any hazardous chemicals. The purchaser must review the content of the SDS and verify if the listed controls are suitable for the intended storage and use of the chemical.

Purchasing risk controls:

If the purchased item is already covered by existing risk control processes and meets applicable industry standards, including codes of practice and legislative requirements then a pre-purchase checklist and/or a more detailed risk assessment is not required prior to purchase.

If the purchased item is not adequately covered by existing risk controls or does not meet industry standards, codes of practice and/or legislative requirements then more detailed risk assessment should be completed prior to purchase. *Risk Assessment Form*.

Verification of HSEQ requirements:

Verification of HSE requirements is required upon receipt of the goods to ensure that the control measures have been met as detailed on the purchase order. Verification should be conducted and documented by the person who ordered the item and/or who determined the HSE requirements.

Failed verification of HSEQ requirements:

Non-conforming or faulty goods that present a safety hazard must not be used at the workplace. The Workplace Manager and/or HSEQ Nominee must directly contact the supplier in the event of faulty or non-conforming goods to arrange replacement or return of the goods.

If a hazard is not identified prior to purchase but becomes apparent once the item has been received or used a *Corrective/Preventative Actions Form* will be raised and acted on. The hazard report shall detail the corrective actions required to eliminate or minimise the risk of injury to an acceptable level. If the fault or non-conformance represents a safety hazard, the responsible person must ensure goods are withdrawn from service and isolated (i.e. locked out to prevent unauthorised use).

Reference	Title and Description
Document #: HSEQ00001	HSEQMS Manual
Document #: HSEQ00013	Risk Assessment Form (<i>HSEQMS Recording Forms</i>)
Document #: HSEQ00036	HSE Pre-purchase Checklist (<i>HSEQMS Recording Forms</i>)
Document #: HSEQ00063	Corrective/Preventative Actions Form (<i>HSEQMS Recording Forms</i>).


 Amendment
 Record

Contractor Management Policy

Version #: 2

Revision #: 3

 Reviewed by: *Craig Harris*

 Approved by: *Tony Arundell*

5.5 Contractor Management Policy

Purpose:

To incorporate HSEQ requirements into every stage of contractor selection, approval, work processes and completion.

Policy:

All contractors and sub-contractors engaged to perform work on Eureka Sustainability Group premises or other nominated locations, are required to comply with relevant Legislation, Standards, Codes of Practice and Eureka Sustainability Group's HSEQ policies and procedures.

All aspects of contractor work for Eureka Sustainability Group is to be managed in accordance with this manual to ensure safe operation and compliance with legal requirements and our policies.

All management of contractors will contain the following steps:

- Inducting the contractor;
- Carrying out a risk assessment of the contractors proposed work;
- Developing the contract specifications;
- Ensuring a safe system of work for the contract; and
- Monitoring and evaluating the contractors' performance.



Amendment
Record

Contractor Management Procedure

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Reviewed by: *Craig Harris*

Approved by: *Tony Arundell*

5.6 Contractor Management Procedure

Contractor Selection:

The selection of a contractor must include an evaluation of the contractor's ability to carry out the work safely. The contractor evaluation will depend upon the hazards associated with the work and the size of the contract. *Contractor Evaluation Form.*

Where contractors are used only periodically, the evaluation and selection of approved contractors can be undertaken and placed on file. All approved contractors on file must have their evaluated systems reviewed anew if not contracted by Eureka Sustainability Group for over 12 months. *Workplace Contractor Register.*

Prior to the allocation of contracts, prospective contractors must supply:

- Copies of relevant permits, licences, certificates;
- Public liability insurance information and other insurances as relevant;
- Documented safety instructions for intended tasks; and
- Evidence of an adequate OHS Management System in place and job ready.

During project work all contractors, subcontractors and their workers must:

- Follow workplace safety rules;
- Follow traffic management plans for workplace;
- Follow site-specific documented safety instructions;
- Ensure all activities performed are in line with relevant legislation;
- Conduct their work in a manner that does not put others at risk from their action or inactions;
- Participate in consultative arrangements and inform others of potential HSE hazards that may arise from their activities;
- Cooperate with spot checks and internal or external inspections and/or investigations;
- Report any near-miss, injury or illness that occurs as part of the project;
- Not bring any items onto the workplace that are not maintained adequately or are unsafe in any way;
- Complete all documentation as and when required;
- Treat all shared amenities with respect; and

- Behave in an appropriate manner at all times when on the workplace, being aware that Eureka Sustainability Group has a ZERO tolerance policy for Workplace Bullying, Harassment and Discrimination.

Eureka Sustainability Group will allocate responsibilities as follows:

- Eureka Sustainability Group Contract Managers:
 - Review HSEQ impacts for job; and
 - Review contract to ensure hazards are controlled;
- Eureka Sustainability Group Site management:
 - Induction for contractors;
 - Permits to work (*use Contractor Permit to Work Form*);
 - Licenses, competencies;
 - Risk assessment and OHS implementation; and
 - Supervision.
- Contractor:
 - Evidence of OHS Management Plan in place or signs off on Eureka Sustainability Group Management Plan;
 - OHS performance records and other OHS documents are satisfactory;
 - Evidence of licenses, qualifications, training and competency to perform work;
 - Development and implementation of risk assessments and risk controls;
 - Compliance resources, equipment and work preparations are adequate and ready for the work to proceed;
 - Compliance with OHS legislation, workplace rules and participate internal or external inspections and investigations where required *Contractor Spot Inspection Form*;
 - Participates in site meetings and site consultative arrangements.

Induction Training and Instructions:

Each individual contract worker must complete a safety induction before being allowed to conduct any work. The type and extent of the induction will be determined by the Contract Manager or other nominee.

Reference	Title and Description
Document #: HSEQ00001	HSEQMS Manual
Document #: HSEQ00037	Contractor Evaluation Form (<i>HSEQMS Recording Forms</i>)
Document #: HSEQ00038	Contractor Spot Inspection Form (<i>HSEQMS Recording Forms</i>)
Document #: HSEQ00039	Workplace Contractors Register (<i>HSEQMS Recording Forms</i>)
Document #: HSEQ00040	Contractor Permit to Work Form (<i>HSEQMS Recording Forms</i>)


 Amendment
 Record

Production and Service Provision

Version #: 2

Revision #: 3

 Reviewed by: *Craig Harris*

 Approved by: *Tony Arundell*

5.7 Production and Service Provision

All production and service provisions are conducted under controlled conditions and with documented information that includes:

- Procedures/drawings/specifications/blueprints (etc.) that describe the characteristics of the product and/or services to be provided. The documented information also describes the results that are required to be achieved;
- The use of suitable infrastructure/equipment and the processes are operated in a suitable environment:
 - Infrastructure/equipment used in the process must be fit for purpose, be maintained and used within the parameters and limitations of manufacturer's recommendations;
 - The operating environment must be suitable in terms of temperature, airflow and humidity to allow for the operation of processes;
- The use and availability of monitoring and measuring resources:
 - This includes the use, care, calibration and maintenance of measuring equipment;
- The use of inspection and testing (monitoring and measuring) procedures throughout defined key stages of planning, development, production, and prior to shipping:
 - Test results will identify items that have been inspected, the type of inspection, date of inspection, the person conducting the inspection, and results of the inspection (pass or fail) and subsequent corrective actions if needed, *Test Protocols*;
- Eureka Sustainability Group employs competent people to conduct our operations in line with the processes and procedures designed and developed. Eureka Sustainability Group also employs competent testers and inspectors to ensure the accuracy of our products and services to meet our customer's requirements;
- Where the resulting output of our processes are not able to be verified by subsequent monitoring and measurement, we will validate and where required, re-validate our ability for our planned processes to achieve the output results required through our product and service provision;
- All of our design, development and implementation of our processes and outputs have considered the human machine interface and we have taken actions throughout the process to mitigate and prevent processes impact by human error. Our company considers the requirements and criteria for implementing release, delivery and post-delivery activities:
 - Once an item has passed the quality inspection, it will be arranged for supply to the customer by the Customer Service Department
 - Instruction manuals are provided with the product. The Commercial Area is responsible to ensure the booklet is correct and that all relevant safety and operational, repair, service, maintenance, cleaning, installation, erection, commission and dismantle information is clear and provided in sufficient detail;

- Any hazardous chemicals, hazardous materials or dangerous goods are labelled accordingly, stated on all transport documentation and consideration is given to this when selecting an appropriate vehicle (suitable to carry the substances with appropriate placarding);
- All customer requests post-shipment is governed by the procedures in this Manual. *Customer Service* is responsible for responding to customer service, parts ordering, service/repair, inspection and/or warranty requests.

5.7.1 Non-conforming Outputs Control

At Eureka Sustainability Group, any nonconforming products and services will be identified and controlled so that the product or service is not delivered to the customer. Where the nonconforming product or service has been delivered to the customer, we will have the product or service returned and have it corrected or remade as soon as possible.

To achieve correcting the nonconformity we will do one or more of the following:

- Change the input and process to correct the nonconformity;
- Segregate, contain and/or suspend the operation of the product or service until the process can be corrected;
- Inform the customer of the issue and nonconformity;
- If nonconformity is acceptable, obtain an authorisation from the customer that the nonconformity is acceptable under concession.

If the product and/or service is changed then the product or service is revalidated for conformity against the customer's requirements.

At Eureka Sustainability Group, we will retain documented information in the form of records that:

- Describes the nonconformity against the customers' requirements;
- Describes the actions taken to fix the nonconformity; *Corrective/Preventative Action Form*;
- Describes any concessions obtained and approved from the customer; and
- Identifies the Business Area authorising the actions required.

All non-conforming product is documented using the *Non-Conformance Form*

5.7.2 Post Delivery (aftercare) Activities

At Eureka Sustainability Group, we have determined the post-delivery activities required to ensure the longevity of our products and/or services. In determining what these activities are, our company and Management Team considers:

- Applicable statutory and regulatory requirements on our products and services;
- How we fix potential undesired consequences associated with our products and services;
- The warranty period and the expected use and lifetime of our products and services;
- Customers' requirements and how we have met and exceeded them; and
- Ongoing customer feedback and the implementation of that feedback into future versions of our products and services.

Note: Post-delivery activities include (but are not limited to) warranty provisions, contractual obligations between our company and our customers, and supplementary services as determined in communications between our company and the customer.

Reference	Title and Description
Document #: HSEQ00001	HSEQMS Manual
Document #: HSEQ00041	Test Protocols (<i>HSEQMS Recording Forms</i>)
Document #: HSEQ00042	Products/Processes-Identification and Material Traceability (<i>HSEQMS Recording Forms</i>)
Document #: HSEQ00043	Product Approval Checklist (<i>HSEQMS Recording Forms</i>)
Document #: HSEQ00063	Corrective/Preventative Action Form (<i>HSEQMS Recording Forms</i>)
Document #: HSEQ00044	Non-Conformance Form (<i>HSEQMS Recording Forms</i>)

Section 6 EMERGENCY PREPAREDNESS AND RESPONSE


 Amendment
 Record

 Emergency Preparedness and
 Response Policy

Version #: 2

Revision #: 3

 Reviewed by: *Craig Harris*

 Approved by: *Tony Arundell*

6.1 Emergency Preparedness and Response Policy

Purpose:

The purpose of this policy and procedure is to define the methods for managing the preparedness and response procedures for potential accidents and emergency situations that may lead to significant business, environmental, health and safety impacts and recovery to support critical functions of the Organisation.

Policy:

Eureka Sustainability Group commits to preparing for potential accidents and emergency situations which may arise. The policy ensures Eureka Sustainability Group is able to continue to deliver services in the event of a serious emergency or incident by defining a framework that enables:

- Risk reduction in the event of an emergency or serious incident;
- Availability of systems required to support critical processes post incident;
- Compliance with regulatory requirements;
- A responsible approach to protect the interests of stakeholders, policyholders, business partners, and suppliers;
- Roles and Responsibilities.

The Function/Departmental Managers are responsible for:

- Overseeing and implementing the development of the emergency response plan;
- Implementation, maintenance and communication of policy and procedures around emergency response planning;
- Chairing necessary emergency response meetings;
- Identifying who should participate in the initial risk/impact assessment; and
- Provide guidance when necessary.

HSEQ Response Representative:

- The HSEQ Response Representative will review the suitability and effectiveness of the emergency procedures after each accident or emergency situation.

Emergency Response Team responsible for:

- The execution of the appropriate emergency procedures as advised by the Function/Departmental Manager;
- Ensuring the appropriate resources for the emergency response implementation are available;
- Attending emergency response review meetings as required;
- Ensuring communication of any changes is made known to Workers, business owners and any effected parties; and
- Participation in post emergency incident review processes.

Workers responsible for:

- Keeping informed and be familiar with the emergency response procedures;
- Attending any required training in relation to emergency response procedures; and
- Following the emergency procedures in case of an incident.



Amendment
Record

Emergency Preparedness and
Response Policy

Version #: 2

Revision #: 3

Reviewed by: *Craig Harris*

Approved by: *Tony Arundell*

6.2 Emergency Preparedness and Response Procedure

The procedures will follow the general steps listed below. Each step within this general process may then be further detailed as necessary.

1. Function/Departmental Managers will take proactive steps to initiate and implement a hazard and risk assessment of potential HSEQ accidents and emergency situations that may arise from tasks and processes. *Risk Assessment Form*;
2. Based on the risk assessment, a review will be undertaken to determine if any risk response procedures are already in place for identified operations and activities. Should no risk response procedure be identified, they will be developed and implemented for the activity;
3. All operations and activities requiring a risk response procedure will be recorded in the *Emergency Response Register*;
4. Function/Departmental Managers will take proactive steps to ensure an *Emergency Response Plan* is prepared based on the outcomes of the hazard and risk assessment;
5. Emergency team is developed and resourced sufficiently to implement the emergency plan when required;
6. Workers and emergency team members are trained and familiar with the procedures described in the *Emergency Response Plan*;
7. Function/Departmental Managers will ensure drills and periodic testing of the procedures is conducted where practical and, will maintain the *Emergency Drill Report* for any post incident review.

Assess any change to the plan using a risk management approach to arrive at a priority for implementation. *(Risk Assessment Form)*

Follow the change management procedure for implementation. *Change Request Form*;

8. Document the response in the appropriate *Corrective/Preventative Actions Form* and file the response as a record;
9. The Function/Departmental Manager will maintain documentation on emergency response and preparedness, and emergency incidents for at least 3 years.

6.3 Emergency Recovery Response Procedure

The Procedures will follow the general steps listed below. Each step within this general process will then be further detailed as necessary.

1. All operations and activities requiring an emergency recovery response procedure will be recorded in the *Emergency Recovery Response Register*;
2. Function/Departmental Managers will take proactive steps to ensure an *Emergency Recovery Plan* is prepared based on the outcomes of the hazard and risk assessment;
3. An Emergency Recovery Team is developed and resourced sufficiently to implement the recovery plan when required;
 - o Workers and Emergency Recovery Team members are trained and familiar with the procedures described in the *Emergency Recovery Plan*.

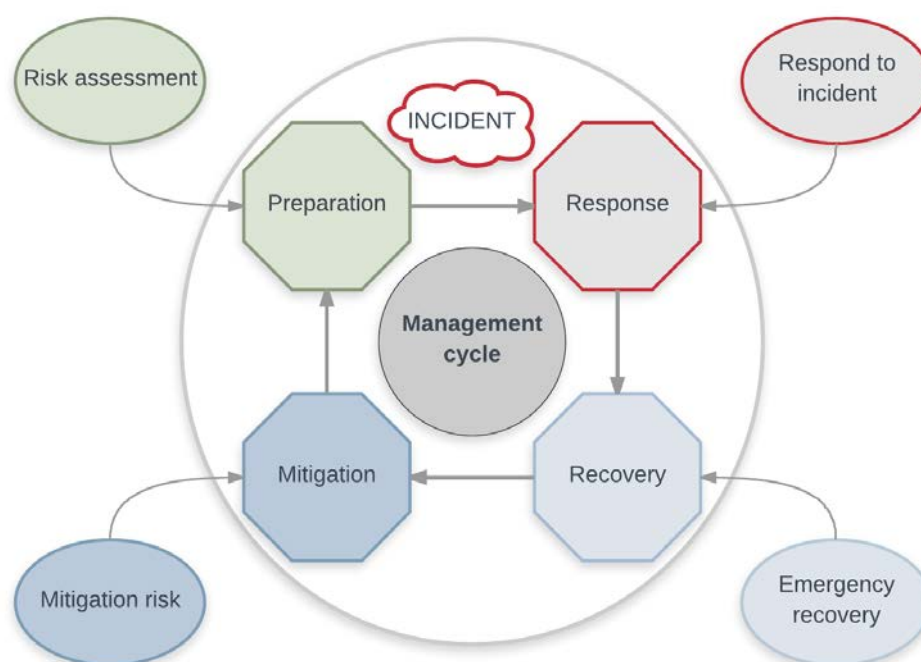


Figure 7. HSEQ Emergency Preparedness and Recovery Responses

Reference	Title and Description
Document #: HSEQ00001	HSEQMS Manual
Document #: HSEQ00013	Risk Assessment Form (<i>HSEQMS Recording Forms</i>)
Document #: HSEQ00045	Emergency Response Register (<i>HSEQMS Recording Forms</i>)
Document #: HSEQ00046	Emergency Response Plan (<i>HSEQMS Recording Forms</i>)
Document #: HSEQ00047	Emergency Drill Report (<i>HSEQMS Recording Forms</i>)
Document #: HSEQ00020	Change Request Form (<i>HSEQMS Recording Forms</i>)

Document #: HSEQ00063	Corrective/Preventative Actions Form (<i>HSEQMS Recording Forms</i>)
Document #: HSEQ00048	Emergency Recovery Register (<i>HSEQMS Recording Forms</i>)
Document #: HSEQ00049	Emergency Recovery Plan (<i>HSEQMS Recording Forms</i>)

Section 7 PERFORMANCE EVALUATION


 Amendmen
t Record

Performance Evaluation Policy

Version #: 2

Revision #: 3

 Reviewed by: *Craig Harris*

 Approved by: *Tony Arundell*

7.1 Performance Evaluation Policy

Purpose:

The purpose of this policy is to define the methods for monitoring, measuring and evaluating our HSEQMS to ensure it remains effective and can continually improve.

Policy:

Eureka Sustainability Group commits to monitoring of the system to evaluate the effectiveness of the system by:

- Objectively evaluating how well the requirements of the system are fulfilled;
- Verifying the extent to which our organisational, stakeholder, and legal requirements have been met;
- Reviewing the suitability, effectiveness and efficiency of the HSEQMS;
- Determining the need or opportunities for improvements within the system.

Eureka Sustainability Group adopts a systematic approach to the monitoring and measurement of data within the HSEQMS to:

- Monitor the performance of mitigation/protective equipment and processes in place;
- Monitor compliance with legal and other requirements; and
- Any other monitoring or measurement requirements as a result of the HSEQMS.

All operational controls and procedures will include documented information that includes:

- Procedures/drawings/specifications/blueprints (etc.) that describe the HSEQ hazard and the control method. The documented information also describes the procedures necessary to achieve the intended outcome and monitoring required;
- The use of suitable infrastructure/equipment and the processes are operated in a suitable environment:
 - Infrastructure/equipment used in the process will be fit for purpose, be maintained and used within the parameters and limitations of manufacturer's recommendations;
 - The operating environment will be suitable in terms of temperature, airflow and humidity to allow for the operation of the processes;
- The use and availability of monitoring and measuring resources:
 - This includes the use, care, calibration and maintenance of measuring equipment;
- The use of inspection and testing (monitoring and measuring) procedures throughout defined key stages of implementation;

Eureka Sustainability Group Workers are competent to conduct our operations in line with the processes and procedures designed and developed. Eureka Sustainability Group also ensures competent testers and inspectors are used to ensure the accuracy of our products and services.


 Amendment
 Record

 Monitoring, Measurement and
 Evaluation Process

Version #: 2

Revision #: 3

 Reviewed by: *Craig Harris*

 Approved by: *Tony Arundell*

7.2 Monitoring, Measurement and Evaluation Process

At Eureka Sustainability Group, our *Managing Director – Tony Arundell* will determine what is needed to ensure that validated and reliable results are achieved to ensure conformity with our internal and external requirements. The Management Team will ensure that the right level of resourcing is available to deliver the results.

To provide confidence that our products and services meet and exceed our customers' requirements, our monitoring and measuring equipment will be correctly calibrated to manufacturers specifications and the calibration results retained as documented information in the form of records.

To provide confidence that our systems meet and exceed our requirements, monitoring and measuring will be undertaken at regular intervals. The procedures will follow the general steps listed below;

1. Identify and document the monitoring that will be performed, *Monitoring Register*;
2. Develop the monitoring plan to monitor and measure key components of those activities, and enter all relevant information into the *Monitoring Register*;
3. Identify the time, location and persons performing the monitoring and measurements - *Monitoring and Measurement Schedule*;
4. Ensure corrective actions and countermeasures are in place if the measurement is found to be in excess of allowable parameters - *Corrective/Preventative Action Form*;
5. Standard Operating Procedures for calibration and routine maintenance of equipment utilised should be documented using the *Standard Operating Procedure Template*;
6. Test results will identify items that have been monitored, the type of inspection, date of inspection, the person conducting the inspection, and results of the inspection (pass or fail) and subsequent corrective actions if needed; *Corrective/Preventative Action Register*;
7. Any equipment requiring calibration, will be noted in the *Monitoring/Measuring Equipment Register*;
8. The *Monitoring Register* is to be retained on file by the relevant Supervisor/Manager, updated as required and reviewed annually.

7.2.1 Inspecting and Testing

- All Commercial materials and work will be subject to inspection and testing in accordance with the applicable contract, regulations and the approved *Inspection Test Plan (ITP)*;
- The ITP will identify all inspections, tests, and hold points to be carried out;
- The ITP will nominate all acceptance criteria required to pass the test or inspection;
- The ITP will be filed and used to record the activities and be used as evidence in support of meeting Quality Standard as stipulated in a contract;

- A hold point may only be released once, each of the criteria have been signed and dated by all parties nominated on the ITP;

Inspection and Testing Procedure

1. Identify and document the activity that requires inspection and testing (*ITP*);
2. Identify and document the test and inspection method/s and scheduling to be used for each activity;
3. List the acceptance criteria relating to each inspection or test;
4. Test results will identify items that have been monitored, the type of inspection, date of inspection, the person conducting the inspection, and results of the inspection (pass or fail) and subsequent corrective actions if needed;
5. Ensure corrective actions and countermeasures are in place if the measurement is found to be in excess of allowable parameters.

7.2.2 Calibration Process

1. Equipment requiring calibration will be calibrated by an approved service provider, or by trained workers;
 - I. Approved workers will be listed in the *Training Skills Responsibilities Register*;
 - II. Approved service providers will be accredited and listed in the *Measuring and Calibration Register*;
2. In-house calibration will be performed in accordance with documented procedures for the calibration performed;
3. The *Measuring and Calibration Register* will be maintained by Wendy Arundell. This Register will list all equipment, serial numbers, date of last calibration, and next scheduled calibration date. The frequency of calibration for each device will as per manufacturer's instructions or as determined by a competent person;
4. Calibrated equipment will be identified with a clear calibration sticker that includes the current status, calibration due date, and equipment serial number;
5. Any equipment failing to meet calibration standards will immediately be taken out of service and repaired or replaced;
6. If an item fails to meet calibration standards a *Non-conformance Form* will be completed to assess the impact on the customer and the company;
7. If a customer is directly affected by the outcome of the calibration error, they will be notified immediately;
8. Eureka Sustainability Group will ensure that measurement results are valid however, if it is found that a piece of measuring equipment is unfit then the affected products and services will be recalled and action taken to correct, if any, issues arising from the false measurements.

7.2.3 Evaluation of Compliance

At Eureka Sustainability Group, our *Compliance* will analyse and evaluate the monitoring and measuring data to provide information as to the performance of our HSEQ control systems.

The continuous analysis and evaluation will provide documented information on:

- Our compliance against regulatory and other requirements;
- How well our controls interact with delivery of our products and/or services;
- How well our company's HSEQMS is functioning;
- Our planning and how well we achieved our planned outputs;
- How effective the corrective actions we have taken have helped address any risks and opportunities;
- How well our external providers are performing against our requirements; and
- Where plans can be made to improve the efficiency of the HSEQMS.

7.2.4 Evaluation of Compliance Procedure

The purpose of this procedure is for periodically evaluating compliance with relevant legislation, regulations, and other requirements.

The procedures will follow the general steps listed below. Each step within this general process can be further detailed as necessary:

1. Annual regulatory compliance evaluations are conducted during the completion of any internal HSEQ audit or at an independent time;
2. *Wendy Arundell* will coordinate the annual regulatory compliance evaluations using either internal resources or external assistance;
3. A compliance evaluation report will be produced as a record of the assessment;
4. *Wendy Arundell* will review the report and initiate corrective actions according to the Nonconformity, Corrective Action and Preventive Action procedure and entered in the *Corrective/Preventative Action Register*;
5. The results of the compliance assessments will be presented to Senior Management as part of the management review.

7.2.5 Customer Satisfaction

Wendy Arundell is responsible for seeking customer feedback on whether their requirements have been met by Eureka Sustainability Group. Information is sought via:

- Customer satisfaction surveys;
- Market share analysis;
- User Opinion Surveys;
- Meetings with customers;
- Warranty claims;
- Repeat customer/lost customer analysis;
- Compliments;
- Returns rates.

Quality control staff will collate responses and analyses feedback in order to recommend any changes to the product or processes and to drive continual improvement of the HSEQMS. Corrective actions will be raised and completed as required.

Reference	Title and Description
Document #: HSEQ00001	HSEQMS Manual
Document #: HSEQ00050	Monitoring Register (<i>HSEQMS Recording Forms</i>);

Document #: HSEQ00044	Non-Conformance Form (<i>HSEQMS Recording Forms</i>);
Document #: HSEQ00019	Corrective/Preventative Action Register (<i>HSEQMS Recording Forms</i>);
Document #: HSEQ00051	Monitoring and Measurement Schedule (<i>HSEQMS Recording Forms</i>);
Document #: HSEQ00052	Monitoring and Measurement Equipment Register (<i>HSEQMS Recording Forms</i>);
Document #: HSEQ00053	Measuring and Calibration Register (<i>HSEQMS Recording Forms</i>)
Document #: HSEQ00054	Training Skills Responsibilities Register (<i>HSEQMS Recording Forms</i>)
Document #: HSEQ00044	Non-conformance Form (<i>HSEQMS Recording Forms</i>)
Document #: HSEQ00055	Compliance Evaluation Report (<i>HSEQMS Recording Forms</i>)
Document #: HSEQ00064	Standard Operating Procedure Template (<i>HSEQMS Recording Forms</i>)
Document #: HSEQ00066	Inspection Test Plan

Section 8 AUDITING



Amendment

Audit Policy

Version #: 2

Revision #: 3

Record

 Reviewed by: *Craig Harris*

 Approved by: *Tony Arundell*

8.1 Audit Policy

Purpose:

The purpose of this policy is to define the process for undertaking internal audits of the defined HSEQMS. This process will define the responsibilities for planning and conducting audits, reporting the results of audits, and retention of audit records.

Policy:

Eureka Sustainability Group is committed to assessing compliance with the HSEQMS and the relevant standards. By doing so we are ensuring that the system itself is effectively implemented and maintained. In order to assess compliance, regular internal audits will be undertaken.

Audit plans identifying criteria, scope, frequency, and methods will be developed and administered by the HSEQ Manager (or delegate). Audits will be scheduled, organised, performed and recorded in accordance with detailed procedures and work instructions. Suitably competent persons who are not accountable for HSEQ outcomes in the area being audited will perform audits.

All audit findings and results will be maintained and where corrective actions are identified, a report created accordingly, and management responsible for the non-conforming result ensure the necessary correction actions are taken without undue delay. All follow-up actions will be verified and signed off as complete by the HSEQ Manager (or delegate).



Amendment

Audit Process

Version #: 2

Revision #: 3

Record

 Reviewed by: *Craig Harris*

 Approved by: *Tony Arundell*

8.1.1 Audit Process

Management is required to:

- Implement an *Annual Audit Schedule* to determine whether the HSEQMS conforms to the documented policies and procedures;
- Allocate sufficient resources to ensure the HSEQMS is properly affected and maintained;
- Nominate a HSEQMS Audit Manager to develop and lead the audit process;
- Provide audit findings to *Tony and Wendy Arundell*.
- Conduct all audits in a professional manner.

All Workers are required to:

- Participate and assist in audits as required;
- Bring it to the attention of their Supervisor/Manager immediately any issue that may affect a current audit.

The HSEQMS Audit Manager will:

- Develop an internal audit programme;
- Ensure an internal audit of the HSEQMS is undertaken annually (at minimum);
- Select an audit team (ensuring the auditor team has appropriate audit training);
- Appoint an audit team leader (if not themselves);
- Establish and implement an *Internal Audit Plan*, (considering breadth and depth of audit);
- Communicate the audit schedule to the organisation;
- Select an audit team.

Audit Team Selection:

One or more auditors may comprise an audit team:

- If the team is made up of more than one auditor, a Lead Auditor will be nominated;
- The Lead Auditor will be responsible for coordinating the audit process, and preparation of the final audit report;
- The Lead Auditor will ensure that the team understands the scope of the audit;
- The Lead Auditor will ensure that relevant organisational HSEQMS policies, procedures and other documents are made available before the audit commences (ensuring a reasonable notification time for audited departments prior to the audit).

8.1.2 Audit Plan Procedure

The Lead Auditor is responsible for ensuring the preparation of a written audit plan. *See applicable Internal Audit Checklist.*

The audit plan will consider:

- Relevant system documents and records;
- Internal audit criteria and components of applicable standards

Conducting the Audit:

1. A pre-audit meeting is held with appropriate personnel to confer on the scope, plan and timing for the audit;
2. The Lead Auditor may modify the audit scope and plan if necessary;
3. All audit findings must be documented;
4. Corrective actions from previous audits must be considered and documented;
5. A post-audit meeting will be held to present preliminary audit findings, clarify any misinterpretations, and summarise the audit outcomes.

Reporting audit outcomes:

1. The Team Leader will prepare an audit report;
2. The audit report will state the scope of the audit, identify the audit team, define the evidence used, and summarise the results of the audit;
3. Audit findings indicating that corrective actions are required must be entered into the *Corrective/Preventative Action Register*;
4. The HSEQMS Audit Manager is responsible for distributing the audit results to *(Insert name here)*;
5. The HSEQMS Audit Manager is responsible to ensure audit reports are tabled for review at next Management Review (see next section).

Audit follow-up:

- Non-conformances identified as a result of the audit will be listed in the *Non-conformance Form and the Corrective/Preventative Action Form*;
- The HSEQMS Audit Manager will be responsible for the completion and effectiveness of corrective actions.

Record keeping:

- All *Internal Audit Reports* will be retained for at least two years from the date of the audit;
- The HSEQMS Audit Manager is responsible for assigning audit records to the HSEQMS Manager for storage (including any records relating to the training of auditors).

Note: Should any evidence collected during the Internal Audit suggest an extreme risk exists, this information must be communicated directly to HSEQ Manager/CEO immediately. Work tasks involving the identified extreme risk must stop until effective control measures have been implemented.

Reference	Title and Description
Document #: HSEQ00001	HSEQMS Manual
Document #: HSEQ00056	Annual Audit Schedule <i>(HSEQMS Recording Forms)</i>
Document #: HSEQ00057	Internal Audit Plan <i>(HSEQMS Recording Forms)</i>
Document #: HSEQ00058	Internal Audit Checklist <i>(HSEQMS Recording Forms)</i>
Document #: HSEQ00063	Corrective/Preventative Action Form <i>(HSEQMS Recording Forms)</i>
Document #: HSEQ00044	Non-conformance Form <i>(HSEQMS Recording Forms)</i>
Document #: HSEQ00059	Internal Audit Report <i>(HSEQMS Recording Forms)</i>



Amendment External Audit Policy

Version #: 2

Revision #: 3

Record

 Reviewed by: *Craig Harris*

 Approved by: *Tony Arundell*

8.2 External Audit Policy

Purpose:

To provide a framework for the conduct of external audits at Eureka Sustainability Group, by a third party.

Responsibilities:

At Eureka Sustainability Group the Organisation is responsible for ensuring that:

- Eureka Sustainability Group carries out external audits as per legislative requirements;
- There is an effective External Auditing Procedure and supportive mechanisms in place;
- The auditors who are engaged to coordinate, conduct and document audits are adequately trained and qualified to undertake such tasks;
- All workers who are required to appoint, liaison with and assist auditors are trained and familiar with the External Auditing Procedure; and
- Review of the External Auditing Procedure is conducted as required.

The HSEQ Manager/HSR is responsible for:

- Maintaining and reviewing the External Auditing Procedure as required;
- Appointment of suitably qualified external auditors, negotiating the Terms of Engagement and determining the scope of the external audit with the proposed auditor, in consultation with the Organisation;
- Ensuring that appropriate audit documentation is available and used to conduct the external audit;
- Assisting managers, supervisors and workers to participate in audits and/or corrective actions when required;
- Informing and consulting with the Organisation/CEO regarding the audit process, in particular, the scheduling of audits, audit outcomes, and the address of corrective actions;
- Coordinating the completion of corrective actions and follow up meetings and audits as required; and
- Maintaining adequate records in respect of all external audits.

Supervisor(s)/Manager(s) are responsible for:

- Informing workers and others about the requirement to participate and cooperate with the audit process as required. Consulting with workers about audits;
- Ensuring that workers are made available for participation in audits when required;
- Liaison with the auditor and the HSEQ Manager/HSR to ensure the smooth conduct of audits;
- Participating in and co-operating with the audit process as required. Attending audit meetings; and
- Assisting with implementation of Corrective Actions and follow ups as required.

All workers are responsible for participating in and co-operating with External Audits when required by the HSEQ Manager/HSR in respect of being interviewed and providing information as required.



Amendment External Audit Policy

Version #: 2

Revision #: 3

Record

Reviewed by: *Craig Harris*Approved by: *Tony Arundell*

8.3 External Audit Procedure

The HSEQ Manager/HSR determines the need for an external audit and submits information and recommendations to the Organisation, for approval of an external audit to proceed

Upon approval to proceed with the audit, the HSEQ Manager/HSR:

1. Determines the nature and scope of the audit;
2. Investigates a suitable experienced and qualified auditor;
3. Negotiates the Terms of Engagement of the audit;
4. Engages the auditor;
5. The HSEQ Manager/HSR will consult with relevant Managers and workers to schedule in the audits and to arrange for workers to be allocated time to participate in the audit process as required;
6. Information and evidence collected during the audit will be documented in a detailed External Audit Checklist and Summary Report by the auditor;
7. Notes from interviews and original photographs will be kept with the External Audit Summary Report as evidence collected by the auditor;
8. The External Audit Checklist and Summary Report will be submitted to the HSEQ Manager/CEO inclusive of a list of recommended corrective actions for the management to address;
9. Follow up meetings between the HSEQ Manager/CEO will occur to ensure the corrective actions are completed in a suitable timeframe.

Note: Should any evidence collected during the external audit suggest an extreme risk exists, this information must be communicated directly to HSEQ Manager/CEO immediately. Work tasks involving the identified extreme risk must stop until effective control measures have been implemented.

Section 9 MANAGEMENT REVIEW


 Amendment
 Record

Management Review Policy

Version #: 2

Revision #: 3

 Reviewed by: *Craig Harris*

 Approved by: *Tony Arundell*

9.1 Management Review Policy

Purpose:

The purpose of this policy is to define the process for management review of the HSEQMS and its continual improvement. To achieve this, management will periodically review the important elements and outcomes of the HSEQMS.

Policy:

Senior Management is responsible for the periodic review of the HSEQMS to ensure its continuing suitability, adequacy and effectiveness.

The HSEQMS is reviewed annually (*or alternative frequency*) and copies of records, notes, findings or other relevant evidence from the review are filed appropriately.

The review will include assessment of opportunities for improvement and, the need for changes to the HSEQ policies and/or objectives.


 Amendment
 Record

Management Review Process

Version #: 2

Revision #: 3

 Reviewed by: *Craig Harris*

 Approved by: *Tony Arundell*

9.1.1 Management Review Process

This procedure is accessible to all Eureka Sustainability Group workers, and all workers have the ability to input into the HSEQ Management Review process via *Shane Arundell*.

HSEQ Committee and HSR meetings are held at regular intervals and include the following HSEQ Management Review agenda items:

- Legislative requirements - including incident notification, hazardous work, licensing, certification and audits;
- Customer satisfaction and feedback in various forms including our processes performance and our conformity of products and/or services against our customer's requirements;
- How well our external providers are delivering against our company's and our customer's requirements;
- Review of internal and external audit results, inspection and other compliance programs;
- Evaluation of legal compliance issues;
- Results of participation and consultation from all levels - management, workers and contractors;
- Performance evaluation of the HSEQMS and objectives;
- Status of incident reports, investigations, corrective and preventive actions;
- Hazard Reporting - corrective actions, accountability and timeframes;
- Recommendations for continual improvement;

- Communication from workers and other relevant parties, complaints - action taken, status and suggestions;
- Status of incident reports, investigations, corrective and preventive actions;
- Communication from interested parties, complaints - action taken status and suggestions;
- Management of change;
- Planned changes to the HSEQMSs (documents, processes, training etc.) that affect workers; and
- Follow-up from previous HSEQ Management Review meetings.

HSEQ Management Review meeting intervals are determined on a risk basis and with a maximum of 6 months between scheduled meetings. In addition, informal meetings and consultation will occur on a regular basis.

Outcomes of HSEQ Management Review meetings that have a direct influence, impact or effect on workers' health and safety, the quality of our products and services or impacts on the environment will be noted and the outcomes passed on to relevant persons as required. A record of management review meetings, including minutes and notes, will be kept as a HSEQ record. Records are kept in either paper or electronic form and a copy is provided to Senior Management/Directors/Board Members/HSEQ Committee/HSR's.

Formulate any corrective actions, preventative measures as a result of the review of systems non-conformance, and verify Corrective Actions are effective and appropriate. *Corrective/Preventative Actions Form*.

9.1.2 Management Review Output

The output from the management review should include any decisions and actions related to:

- Review and updating of the Strategic Plan;
- Opportunity for improvement to the effectiveness of the HSEQMS and its associated processes;
- Improvement of product relating to customer requirements;
- Identify any need for changes to improve the HSEQMS;
- Review and updating of external and internal issues of concern;
- Review and updating of process objectives, metrics and Key Performance Indicators (KPI);
- Review of customer feedback;
- Review of the performance of external providers;
- Review of the effectiveness of actions taken to address risks and opportunities;
- Follow-up activities from previous management reviews;
- Identify any further resource needs.

Documented information in the form of records as evidence the results, decisions and actions from the Management Reviews will be kept. *Management Review Meeting Report*.

Reference	Title and Description
Document #: HSEQ00001	HSEQMS Manual
Document #: HSEQ00060	Management Review Meeting Report (<i>HSEQMS Recording Forms</i>)
Document #: HSEQ00063	Corrective/Preventative Actions Form (<i>HSEQMS Recording Forms</i>)

Section 10 IMPROVEMENT

Amendment
Record

Business Improvement Policy

Version #: 2

Revision #: 3

Reviewed by: *Craig Harris*Approved by: *Tony Arundell*

10.1 Business Improvement Policy

Purpose:

The purpose of this policy is to define the process for management review of the HSEQMS and its continual improvement. To achieve this, senior management will periodically review the important elements and outcomes of the HSEQMS.

Policy:

At Eureka Sustainability Group, we are committed to identifying and selecting opportunities for improvement when they arise. Our company will implement necessary actions to further improve our HSEQMS to continually meet regulatory, internal and other external requirements.

To meet and exceed our expectations we will on a continual basis:

- Improve our HSEQMS and research future needs and expectations of the wider community;
- Correct, prevent or reduce and mitigate undesired HSEQ effects of our undertakings; and
- Improve the operation and implementation of our HSEQMS.

10.1.1 Nonconformity and Corrective Actions Process

Identification of non-conformances:

It is the responsibility of all Workers to bring suspected non-conformances to the attention of *Tony Arundell*.

Non-conformances may be identified through the following methods:

- Audit findings (internal or external);
- Complaints (internal or external);
- Observation;
- Incidents/Near-misses.

Control of non-conformances:

When non-conformity occurs with one of our control processes, we will do all possible to:

- React to the nonconformity by way of acknowledging that we have not met our requirements (a form for recording the nonconformity can be found at *Non-conformance Form* and we will, as applicable:
 - Take the appropriate actions to control the process and correct the issue;
- Investigate and evaluate where the nonconformity occurred and develop actions to eliminate and/or mitigate the causes of the nonconformity so that reoccurrence should not happen again. We will do this by:

1. Reviewing and analysing the nonconformity for the causes of the failure;
2. Determining if similar nonconformities exist in our processes or if they could potentially occur;

3. Complete the *Non-Conformance Form* to detail the nature and scale of the non-conformance. This should include proposals for corrective and preventive actions, as appropriate;
4. Implement the actions needed to ensure that the nonconformity does not occur against within our processes;
5. Review, monitor and measure the effectiveness of the new corrective actions;
6. Use the analysis in the planning cycle and update our known risks and opportunities;
7. Update the HSEQMS as required.

The corrective action taken will be of appropriate magnitude to the effects of the nonconformities encountered. The corrective actions are risk assessed to ensure that the benefits of the change are forthcoming. *Corrective/Preventative Actions Form*.

Any nonconformity will be kept as a record to provide evidence of:

- What the nonconformity was;
- What the subsequent actions that were taken to fix the nonconformity; and
- The results of monitoring and measurement on the corrective actions.

Repeated non-conformances of a similar nature are to be reported to *Tony Arundell* for action and resolution.

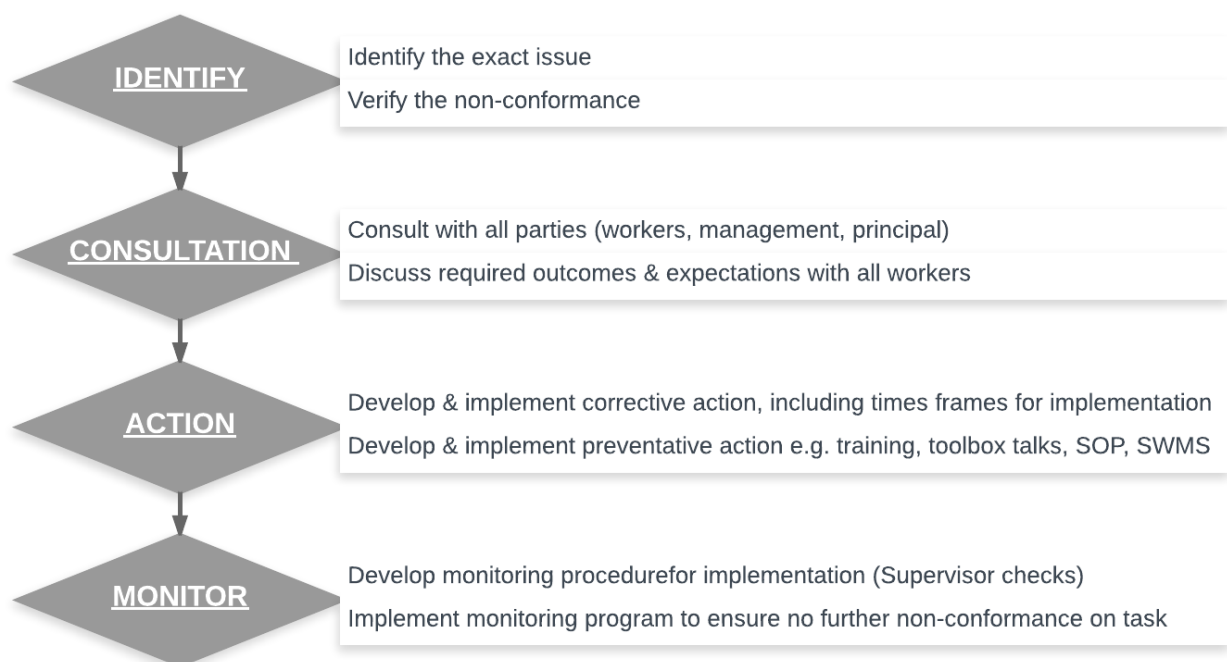


Figure 8. Non-Conformance Process

10.1.2 Preventative Action

All Workers and contractors are required to:

1. Assist in identifying, documenting, and implementing preventive actions to reduce and/or eliminate failures in the HSEQMS. Potential non-conformances will be examined, and actions taken to prevent their occurrence;

2. Follow this procedure on detection of a possible non-conformance;
3. Bring it to the attention of their Supervisor/Manager immediately.

Management are required to:

1. Implement actions to address the potential nonconformity;
2. Setup processes to monitor and review any actions taken.

It is the responsibility of all Workers and contractors to bring potential non-conformances (things that may occur) to the attention of *Shane Arundell* Potential Non-conformances may be identified through the following methods:

- Audit findings (internal or external);
- Complaints (internal or external);
- Observation;
- Incidents/Near-misses.

10.1.3 Potential Non-Conformances Control

When a potential nonconformity or other threat is identified, we will:

- Take the appropriate actions to control the process before a non-conformance occurs;
- Investigate and evaluate how and where the nonconformity may occur and develop actions to eliminate and/or mitigate the potential of the nonconformity to arise.

We will do this by:

- Reviewing and analysing the potential nonconformity for causes;
- Determining if similar nonconformities exist in our processes or if they could potentially occur;
- Attach the applicable *Non-conformance Form* to detail the nature and scale of the potential non-conformance. This will include proposals for corrective and preventive actions, as appropriate;
- Implement the actions needed to ensure that the nonconformity does not occur within our processes;
- Review, monitor and measure the effectiveness of the corrective actions;
- Use the analysis in the planning cycle and update our known risks and opportunities;
- Update the HSEQMS as required.

The corrective action taken will be of appropriate magnitude to the effects of the nonconformities encountered. The corrective actions are risk assessed to ensure that the benefits of the change are forthcoming (*Corrective/Preventative Actions Form*).

Any potential nonconformity will be kept as a record to provide evidence of:

- What the potential nonconformity was;
- What the subsequent actions that were taken to fix the potential nonconformity; and
- The results of monitoring and measurement on the corrective actions.

Repeated reports of a similar nature are to be reported to *Tony Arundell* for action and resolution.

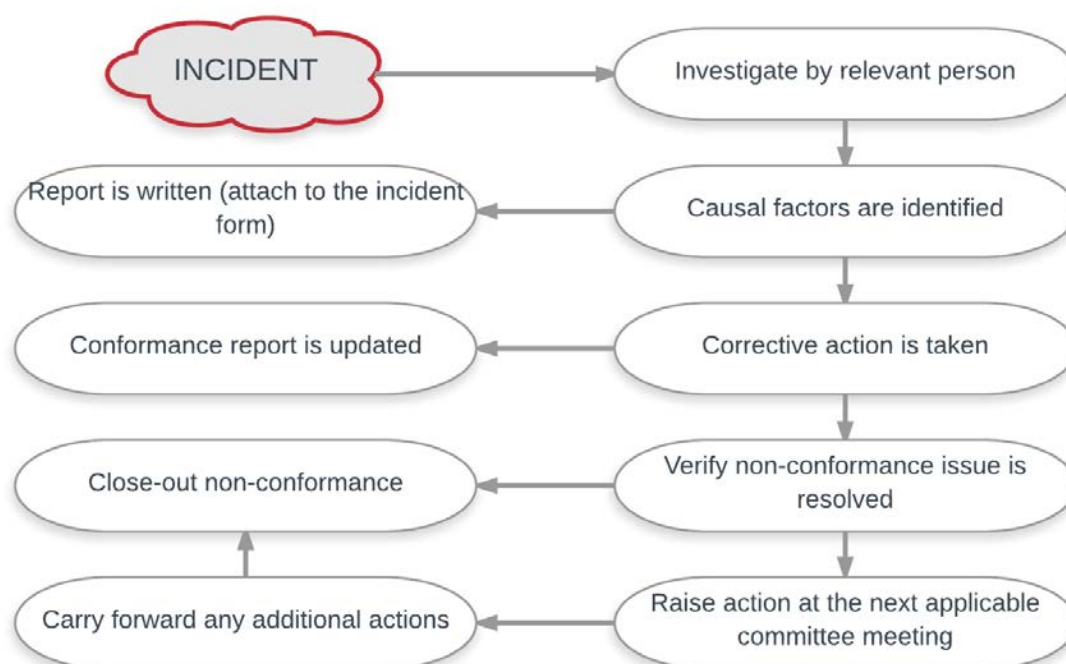


Figure 9. Non-Conformance Map

Reference	Title and Description
Document #: HSEQ00001	HSEQMS Manual
Document #: HSEQ00044	Non-Conformance Form (<i>HSEQMS Recording Forms</i>)
Document #: HSEQ00063	Corrective/Preventative Actions Form (<i>HSEQMS Recording Forms</i>)



Amendment Incident Reporting Policy

Version #: 2

Revision #: 3

Record

 Reviewed by: *Craig Harris*

 Approved by: *Tony Arundell*

10.2 Incident Reporting Policy

Policy:

Eureka Sustainability Group is committed to reducing the frequency, impact and severity of incidents in the workplace that could have an effect on:

- The health and safety of people;
- Business continuity and reputation;
- The environment.

Eureka Sustainability Group will identify and record all HSEQ incidents, whether or not these cause injury or damage, to ensure potential for harm is minimised and to prevent recurrence.

Eureka Sustainability Group will ensure the provision of coordinated Incident reporting by implementing documented procedures for:

- OHSE incident notification;
- Emergency response and harm minimisation action;
- Notification to relevant authorities for serious incidents/dangerous occurrence;
- Incident reporting;
- Responsible persons;
- Incident investigation;
- Consultation with relevant persons (confidential where applicable);
- Identification of root causes;
- Corrective and preventative actions;
- Review of effectiveness of corrective/preventative actions;
- Regular review of all incidents to identify any trends;
- Report and action identified trends;
- Meet legislative requirements for record keeping.

In addition, visitors and any other Organisation's that are involved with or impacted by an incident at a Eureka Sustainability Group workplace, will be included in consultation and communication in respect of the incident as and when required, which will be determined by the workplace Supervisor/Manager/HSR.

Responsibilities:

At Eureka Sustainability Group the Organisation takes responsible for ensuring that:

- There is an effective procedure in place for the immediate response to and management of incidents;
- There is an Incident Reporting Procedure in place for the notification and management of incidents;
- All workers are trained and familiar with the Incident Reporting Procedure and have easy access to the report forms and procedure;
- State Authority is notified immediately after becoming aware that a Notifiable Incident has occurred;

- So far as is reasonably practicable, that the workplace where any Notifiable Incident has occurred is not disturbed until an inspector arrives at the workplace or any earlier time that an inspector directs;
- Review of the Incident Reporting procedure is conducted as required.

The applicable Manager is responsible for:

- Maintaining and reviewing the Incident Reporting Procedure as required;
- Ensuring all workers know about the procedure and are trained in how to follow the procedure;
- Assisting managers, supervisors and workers to follow the procedure when required;
- Informing and consulting with the Organisation/CEO regarding incidents, in particular, Notifiable Incidents;
- Notification of Notifiable Incidents to the relevant Regulator, within the prescribed timeframes;
- Ensure, so far as is reasonably practicable, that the workplace where the incident occurred is not disturbed until an inspector arrives at the workplace or any earlier time that an inspector directs;
- Maintaining records required by legislation relating to incidents, including the Register of Injuries.

Supervisor(s)/Manager(s) are responsible for:

- Informing workers and others (when applicable) about the requirement to report incidents promptly;
- Ensuring that the Incident Report Forms are readily accessible for workers;
- Complying with the Incident Reporting Procedure for incidents reported to them.

All workers are responsible for the initial reporting of incidents.



Amendment
Record

Incident Reporting Procedure
Reviewed by: *Craig Harris*

Version #: 2

Revision #: 3

Approved by: *Tony Arundell*

10.3 Incident Reporting Procedure

Eureka Sustainability Group will identify and record all HSEQ incidents, whether or not these cause injury or damage, to ensure potential for harm is minimised and to prevent recurrence.

Procedure:

- Follow the Incident Response Procedure to ensure that workers are cared for and the incident area is cleared of people and secured to prevent further harm;
- Report all incidents as soon as possible to *Wendy Arundell*.
- When a Reportable Incident has occurred, *Wendy Arundell* determines whether the workplace needs to be preserved for investigation by the relevant Regulator;
- A Person involved with the incident completes an *Incident Report Form*;
- A Person involved with the incident completes a *Hazard Report Form*;
- If the person involved with the incident is not able to complete the form, *Wendy Arundell* will complete the form, in consultation with the involved person, if possible;
- A copy of the Incident Report form is provided to – the person involved and to *Wendy Arundell*.
- *Wendy Arundell* records the incident on the *Incident/Near Miss Register*;

- A copy of the Incident Report is provided to any *Wendy Arundell*, as required;
- *Wendy Arundell* reports all Notifiable Incidents to the relevant Authority, within the timeframe required by legislation;
- *Wendy Arundell* keeps records of incidents and injuries in accordance with Statutory requirements
- Follow the Incident Investigation procedure

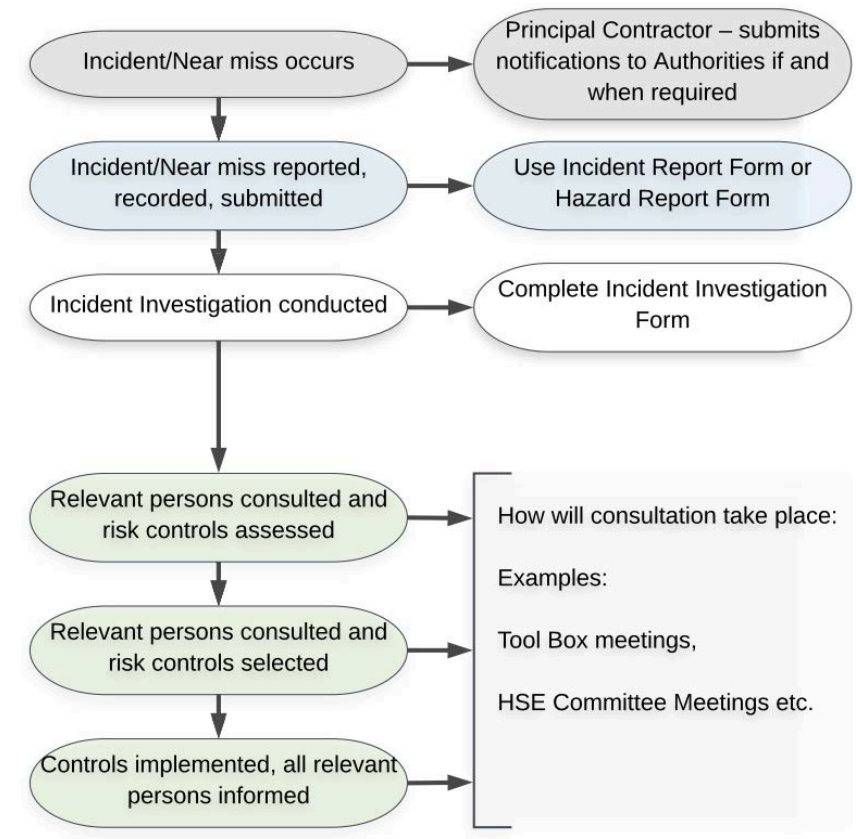


Figure 10. Incident Reporting Flow Chart

Notifiable Incidents

- A Notifiable incident includes the death of a person, serious injury, or dangerous incident. The definitions of Serious Injury and Dangerous Incidents are described below:
 - **Serious Injury/illness:**
 - A person requiring immediate treatment as an in-patient in a hospital;
 - A person requiring immediate treatment for:
 - ❖ Amputation of any body part;
 - ❖ Serious head injury;
 - ❖ Serious eye injury;
 - ❖ Serious burns;
 - ❖ De-gloving or scalping (separation of skin from underlying tissues);
 - ❖ Spinal injury;

- ❖ Loss of function of any body parts;
- ❖ Serious lacerations;
- A person requiring medical treatment within 48 hours of exposure to a substance, loss of consciousness;
- Any other injury or illness prescribed by the Regulations;
- **Dangerous Incident:**
 - Uncontrolled escape, spill, leak of any substance;
 - Uncontrolled implosion, explosion or fire;
 - Uncontrolled escape of gas or steam;
 - Uncontrolled escape from pressurised substance;
 - Electric shock;
 - The fall or release from a height of any plant, substance or object;
 - Collapse, overturn, failure, malfunction, damage to authorised plant required for use;
 - Collapse or partial collapse of a structure;
 - Collapse or failure of an excavation or shoring equipment;
 - Inrush of water, mud or gas in workings in an underground excavation or tunnel;
 - Interruption of the main system of ventilation for underground tunnel or excavation;
 - Any other incident prescribed by the Regulations;
- The State Authority is notified immediately after becoming aware that a Notifiable Incident has occurred;
- So far as is reasonably practicable, that the site where any Notifiable Incident has occurred is not disturbed until an inspector arrives at the site or any earlier time that an inspector directs;
- Conduct review of the Incident Reporting procedure as required.

Notifiable Incident Response Procedure:

- Follow the Emergency Response Procedure to care for workers, and the incident area is cleared of people and secured to prevent further incident;
- Report all incidents as soon as possible to Person Responsible;
- When a Reportable Incident has occurred, Person Responsible determines whether the site needs to be preserved for investigation by the relevant Regulator;
- Person involved in the incident completes an *Incident Report Form*;
- If the person involved in the incident is not able to complete the form, Person Responsible will complete the form, in consultation with the involved person, if possible;
- A copy of the *Incident Report Form* is provided to – the person involved and to Person Responsible;
- Person Responsible records the incident on the *Incident/Near Miss/Hazard Report Register*;
- A copy of the *Incident Report Form* is provided to any Principal Contractor, as required;

- Person Responsible reports all Notifiable Incidents to the relevant Authority, within the timeframe required by legislation;
- Person Responsible keeps records of incidents and injuries per Statutory requirements;
- Follow the Incident Investigation Procedure, if needed.


 Amendment
 Record

 Incident Investigation Procedure
 Reviewed by: *Craig Harris*

Version #: 2

Revision #: 3

 Approved by: *Tony Arundell*

10.4 Incident Investigation Procedure

Purpose:

This procedure covers the formal investigation of incidents at Eureka Sustainability Group. In the event of a serious incident or dangerous occurrence, an incident investigation is carried out “internally” by *HR Focus on* behalf of the Organisation.

Objective:

The primary objectives of an incident investigation are to:

- Identify the factors that contributed to the incident so that action and control procedures can be implemented to prevent the recurrence of a similar incident;
- Identify the “change” in systems or processes that lead to the error;
- Establish a systematic method of recording causation of serious incidents;
- Determine compliance with legislation;
- Use a ‘No Blame’ approach to determines the cause of incidents;
- Improve systems of work, policy and procedures to eliminate or at least lower the number and severity of workplace incidents.

The intent of the investigation is to determine what happened and what it was that went wrong to allow the incident to occur. The intent is not to establish blame of any person but to identify any causal factors and their effects.

When an investigation shall take place:

The requirement and the circumstances in which it is necessary to conduct an incident investigation is aligned to the Incident Reporting Policy, Incident Reporting Procedure and legislative requirements. Incident Investigations may be required to start immediately and be completed within 24 hours after a notifiable incident. Note: incidents include near misses/near hits in relation to OHS.

The Incident Investigation Team:

The size and makeup of the Incident Investigation team will depend upon the type and seriousness of the incident and injury. It is the responsibility of the Organisation directly involved to establish an Incident Investigation Team. The size and makeup of the team will be influenced by, but not limited to:

- Type of incident;

- Type of injury/injuries if applicable;
- Seriousness of injury/injuries (severity);
- Number of persons impacted;
- Number of persons in that workplace;
- Size of the workplace;
- Types and complexities of the activities undertaken;
- Types of hazards and risks.

In the case of a notifiable incident involving a permanent injury, illness or death of a person an indicative Incident Investigation Team would be composed of the following persons;

- The Organisation/Business owner;
- The Senior Manager;
- The person(s) involved (if possible);
- The person(s) supervisor;
- The Field Supervisor and/or Workplace Supervisor;
- The HSR;
- A person with specialised knowledge of hazards involved with the incident. E.g. a person with chemical training and qualifications if the incident involves chemicals, an electrician if the incident involves electricity.

How to conduct the investigation:

Investigators shall avoid any emphasis on identifying any individual who could be blamed for the incident. The level of effort involved in the investigation will depend largely on the severity or potential severity of the incident. Regular and supportive consultation between management and the members of the Incident Investigation Team members will be an essential part of the investigation process.

The investigation should be conducted with full cooperation with officers and Inspectors from relevant State Authorities (e.g. WorkSafe, Police, Emergency Services etc in the case of an OHS or environmental issue.) and in accordance with legislative requirements and, the principals of Natural Justice.

The investigators shall:

1. Visit the scene of the incident before the physical evidence is disturbed;
2. Collect samples of any substance, which may have contributed, to the incident, noting conditions that may have affected the sample. (Using Personal Protective Equipment if required);
3. Make comprehensive visual records e.g. video, photos, diagrams;
4. Determine which incident-related items should be preserved;
5. Identify and interview the people who were involved in the incident including eye witnesses;
6. Review all sources of potentially useful information. These may include original designs, design specifications, drawings, operation records, purchasing records, previous reports, maintenance records, safe work method statements, standard operational procedures, inspection and testing records, worker training records;

7. Identify and analyse all of the contributing (causal) factors as evidenced by the facts. Keep an open and objective mind.
8. Determine and document interim and long-term control measures, which will be aimed at preventing the recurrence of similar incidents. The determination and implementation of control measures should be based on the hierarchy of control principles and should be made in consultation with all members of the investigation team, and when appropriate, the Principal Contractor
9. Complete the relevant sections on an *Incident Investigation Checklist and Action Report Form*;
10. Maintain a high level of confidentiality and professionalism before, during and after the investigation.

Evaluation:

When the investigation is completed, the Organisation, Senior Managers and Investigating Officers will complete an Incident Investigation Report. This report will then be submitted for evaluation and action to:

1. The Organisation
2. The Senior Manager
3. The relevant Field Supervisor
4. Any relevant Principal Contractor and/or Workplace Supervisor
5. The relevant investigating Regulator, if required.

Corrective Measures (Control Actions):

Any hazardous situation and/or causal factor identified during the investigation must not be allowed to remain, without attention, while the proposed control actions are pending.

It is the responsibility of the relevant Senior Manager to ensure that any interim and long-term corrective measures identified by the Incident Investigation are carried out, are effective, and are communicated to all relevant persons. Interim and long-term corrective measures and any preventative measures must be signed off by the relevant Senior Manager on an Incident Investigation Form once completed.

Records:

The Investigation Report form will be filed and kept in the Organisations' Head Office in a secure, confidential and appropriate environment, in alignment with the Document Control Policy and Procedure. Review of the Incident Investigation file shall be conducted on a regular basis to ensure that all corrective and preventative measures have been addressed. The records will be maintained by Eureka Sustainability Group for a minimum of thirty (30) years.

Guidance Notes for Incident Investigation:

Incident Causation Factors	
Events leading up to the incident (at least to think about):	<ol style="list-style-type: none"> 1. The system of work adopted 2. The instructions, if any, given to the worker for the work to be done 3. Any alternative method or variation from instructions given 4. Workplace conditions such as lighting, floor surfaces, warning signs, temperature, etc.
Facts of the incident - it is important to determine:	<ol style="list-style-type: none"> 1. What happened at that exact moment? 2. The person(s) directly involved 3. The tools, plant, equipment, substances and materials that were being used at the time 4. The time it happened.
What occurred immediately after the incident:	<ol style="list-style-type: none"> 1. Any injuries or damage incurred? 2. What did the person(s) involved do when the incident happened? 3. Any problems, damage or faulty equipment identified during the incident scenario.

Reference	Title and Description
Document #: HSEQ00001	HSEQMS Manual
Document #: HSEQ00061	Incident Report Form, Investigation Checklist and Action Report Form (<i>HSEQMS Recording Forms</i>)
Document #: HSEQ00062	Incident/Near Miss/Hazard Register (<i>HSEQMS Recording Forms</i>)
Document #: HSEQ00010	Hazard Report Form (<i>HSEQMS Recording Forms</i>)

HSEQMS RECORDING FORMS CONTENT

1.	HSEQ00002	Interested Parties Register
2.	HSEQ00003	OHS Policy
3.	HSEQ00004	Environmental Policy
4.	HSEQ00005	Quality Policy
5.	HSEQ00006	Roles, Responsibilities, Accountabilities and Authorities Register
6.	HSEQ00007	Organisation Chart
7.	HSEQ00008	Work Groups Register
8.	HSEQ00009	OHS Meeting/Toolbox Record
9.	HSEQ00010	Hazard Report Form
10.	HSEQ00011	Design Approval Checklist
11.	HSEQ00012	Quality Design Plan Template
12.	HSEQ00013	Risk Assessment Form
13.	HSEQ00014	Risk Register
14.	HSEQ00015	Compliance Requirements Register
15.	HSEQ00016	Quarterly Objective and Targets Report
16.	HSEQ00017	Objectives and Targets Register
17.	HSEQ00018	Objectives Summary Form
18.	HSEQ00019	Corrective/Preventative Actions Register
19.	HSEQ00020	Change Request Form
20.	HSEQ00021	Infrastructure Responsibilities Register
21.	HSEQ00022	Plant and Equipment Register/Maintenance Log
22.	HSEQ00023	Roles and Responsibilities Schedule
23.	HSEQ00024	Training Needs Register
24.	HSEQ00025	Workers Training Record
25.	HSEQ00026	Worker Training, Competency and Induction Register
26.	HSEQ00027	First Aid Worker Register
27.	HSEQ00028	Workplace Induction Checklist
28.	HSEQ00029	Communications Program Schedule
29.	HSEQ00030	HSEQ Document Register
30.	HSEQ00031	Operations/Processes Identification Form
31.	HSEQ00032	Hazardous Substance/Dangerous Goods Register
32.	HSEQ00033	Operational Control Development Worksheet
33.	HSEQ00034	Operational Control Register
34.	HSEQ00035	Outsourced Process Register

35.	HSEQ00036	HSE Pre-purchase Checklist
36.	HSEQ00037	Contractor Evaluation Form
37.	HSEQ00038	Contractor Spot Inspection Form
38.	HSEQ00039	Workplace Contractors Register
39.	HSEQ00040	Contractor Permit to Work Form
40.	HSEQ00041	Test Protocols
41.	HSEQ00042	Products/Processes-Identification and Material Traceability
42.	HSEQ00043	Product Approval Checklist
43.	HSEQ00044	Non-Conformance Form
44.	HSEQ00045	Emergency Response Register
45.	HSEQ00046	Emergency Response Plan
46.	HSEQ00047	Emergency Drill Report
47.	HSEQ00048	Emergency Recovery Register
48.	HSEQ00049	Emergency Recovery Plan
49.	HSEQ00050	Monitoring Register
50.	HSEQ00051	Monitoring and Measurement Schedule
51.	HSEQ00052	Monitoring and Measurement Equipment Register
52.	HSEQ00053	Measuring and Calibration Register
53.	HSEQ00054	Training Skills Responsibilities Register
54.	HSEQ00055	Compliance Evaluation Report
55.	HSEQ00056	Annual Audit Schedule
56.	HSEQ00057	Internal Audit Plan
57.	HSEQ00058	Internal Audit Checklist
58.	HSEQ00059	Internal Audit Report
59.	HSEQ00060	Management Review Meeting Report
60.	HSEQ00061	Incident Report Form, Investigation Checklist and Action Report Form
61.	HSEQ00062	Incident/Near Miss/Hazard Register
62.	HSEQ00063	Corrective/Preventative Actions Form
63.	HSEQ00064	Standard Operating Procedure Template
64.	HSEQ00065	Project Acceptance Criteria
65.	HSEQ00066	Inspection Test Plan