Airswift Holdings Ltd.

**Safety Risk Assessment**

**HSE Manual**

**Important Notice:**

1. This procedure is a Controlled Document and shall not be amended without the authority of the Global Operations Director.
2. Any queries or feedback concerning the contents of this Procedure should be addressed to the Group Quality Manager.
3. This procedure is reviewed annually or when there is a change to business practices.
4. This document should be retained indefinitely and only removed should the procedure become
5. obsolete.

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| **Prepared** | **Reviewed** | **Approved** | **Effective Date** | **Issue Number** |
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| **Signature** | **Signature** | **Signature** |

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# PURPOSE

This procedure defines the method for evaluating Health and Safety risks associated with worksite activities for the prevention of injury, illness, environmental harm or property damage through the identification, assessment and elimination or control of workplace hazards and risks.

# SCOPE

This procedure applies to all Airswift Employees and Contractors worksite activities to be performed.

# DEFINITIONS

**Hazard Management:** A process where hazards are identified, risk assessed, eliminated, or controlled so that injury, illness, property damage or environmental harm is removed or reduced.

**Hazard:** Something that has the potential to cause harm (injury or damage).

**Risk:** The probability and consequences of the level of harm occurring.

**Risk Assessment:** The process of deciding how dangerous or potentially severe a hazard is.

**Control Measures:** The process of eliminating or minimising the risk of harm.

**Hierarchy of Control:** The tool used when determining how risks are to be managed.

**Supervision:** Manager, Supervisor or Team leader.

# RESPONSIBILITIES

All parties involved with work of any nature have responsibilities in regard to workplace health and safety under the *Occupational Safety and Health Act of 1970 General Duty Clause*

This includes All Airswift Employees and Contractors.

**Workers:**

* Take immediate actions or start the process to eliminate or control a hazard when identified.
* Report Hazards immediately to their immediate supervision and discuss appropriate control measures.
* Complete **PART A** of the Hazard Report Form **(Appendix A)** and forward form to Supervision.

 **Supervision:**

* Ensure all personnel under their control are trained and competent in identifying and reporting hazards by ensuring they have undertaken ongoing adequate training.
* As with all workers, report any Hazard that might impact on the health and safety of workers, plant or the environment.
* Investigate the Hazard and complete the Hazard Investigation found section in **PART B** of the Hazard Report Form **(Appendix A)**.
* Assess whether Hazards can be eliminated immediately or require appropriate control measures.
* Assess the Hazards severity using the Risk Assessment Matrix **(Appendix B)** to identify the risk level and complete the Hazard risk rating section in **PART B** of the Hazard Report Form.
* Using the “Hierarchy of Control”, engage in consultation with Health and Safety Representatives (HSRs) and workgroups to identify appropriate control measures.
* Complete the action taken to implement controls and Hierarchy of Controls section in **PART B** of the Hazard Report Form.
* Ensure **PART B** of the Hazard Report Form is **fully completed** and signed off only when totally satisfied that the Hazard is either eliminated or adequately controlled.
* Provide feedback to the worker who raised the Hazard Report Form.
* Review and monitor the effectiveness of the control measures by ensuring the implementation of ongoing routine workplace Inspections and the continual use of this procedure within their area of responsibility.

**Health and Safety Representatives: (Only where one is available on the worksite)**

* As with all workers report any Hazard that might well impact on the safety of workers or the environment.
* Assist workers in filling out **PART A** of the Hazard Report Form **(Appendix A)**.
* Assist Supervision in defining appropriate control measures in **PART B** of the Form.
* Ensure all Hazard Reports are raised and discussed at the monthly Safety Committee meetings / toolbox or pre-start meetings.
* Verify Hazard has been controlled and signs off on the Hazard Report Form.
* Maintains a Hazard Report Register.
* Provides statistical performance indicator of Hazard control closure.
* Retains Hazard Report Forms for a minimum period of 3 years.

**Managers:**

* Ensure all personnel under their control are trained and competent in identifying and reporting Hazards by ensuring they have undertaken ongoing adequate training.
* As with all workers, report any Hazard that might impact on the health and safety of workers, site or the environment.
* Ensure adequate resources are made available to control hazards which have been identified and assessed, within their own key area of responsibility.
* Regularly review and monitor key performance indicators and risk management strategies related to Hazard management.
* Ensure implementation and continual use of this procedure within their area of responsibility.
* Ensure the Hazard controls are suitable and effective.
* Ensure the Hazard Report Form **(Appendix A)** is **fully completed** and **signed off** and is forwarded to ***Site HSE or Supervisor*** for record keeping**.**
* Review Hazard Report completion rates as a key performance indicator.
* Recommend and instigate improvement programs if failures are identified within the system.

# Appendix A

**HAZARD REPORT FORM**

**PART A: HAZARD IDENTIFICATION – TO BE COMPLETED BY WORKER**

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| Workers Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time Reported: / am / pm Date: / /Workers Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Exact Location of Hazard: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Description of Hazard: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Workers Suggested Solution to control the Hazard: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Worker’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**PART B: TO BE COMPLETED BY SUPERVISION**

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| **Hazard Investigation Found**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Can Hazard be Eliminated Immediately?**  **YES** Supervision to eliminate Hazard and signoff Part B then forward to Health and Safety Representative.Describe Actions Taken:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **NO** SupervisiontoAssess Hazard and determine Risklevel (Refer to Risk Assessment Matrix) |
| **Risk Rating** | **Hierarchy of Control Used:** (one or combination) |
| **Extreme:** Stop work until risk control implemented**High:**  Implement risk control within 3 days**Moderate:** Implement risk control within 1 week**Low:**  Regularly monitor hazard | **Substitution** **Engineering** **Administration Safe Operating Procedure / Training****Personal Protective Equipment** |
| **Risk Control Measure Action Plan: Supervision (in consultation with worker) determines** **and implements risk controls.** |
| **Action** | **Responsibility** | **Target Date** | **Completed** |
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| Are Controls Completed and Assessed? Y**ES** **Do Not pass on unless risk has been Satisfactorily Controlled!** |
| Feedback to Worker who raised Hazard Report Form? **YES** |
| Supervisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**PART C – TO BE COMPLETED BY SITE SAFETY**

**Hazard has been Assessed and Controlled**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART D – TO BE COMPLETED BY MANAGER**

**Hazard has been Assessed and Controlled to my satisfaction**

Manager’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Appendix B

**RISK ASSESSMENT MATRIX**

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|  **RISK MATRIX** |
| **Likelihood** | **Consequences** |
| **1****Insignificant** | **2****Minor** | **3****Moderate** | **4****Major** | **5****Catastrophic** |
| **A - Almost  Certain** | **M** | **H** | **E** | **E** | **E** |
| **B - Likely** | **M** | **H** | **H** | **E** | **E** |
| **C - Possible** | **L** | **M** | **H** | **H** | **E** |
| **D - Unlikely** | **L** | **L** | **M** | **H** | **H** |
| **E - Rare** | **L** | **L** | **M** | **H** | **H** |

| **Risk Matrix Legends** |
| --- |
| **Rating** | **Safety** | **Health** | **Environment** |
| **1****Minor** | Single minor injury to one person. First aid or no treatment required.No lost time. | Reversible health effects of minor concern only requiring minor first aid treatment. | Issues of non-continuous nature with promptly reversible impact or consequence (e.g. within shift). Low-level incident, site contained. |
| **2****Moderate** | Medically treated injury. Reversible injury. Does not lead to restricted duties. | Reversible health effects of concern that results in medical treatment but does not lead to restricted duties. | Issues of a non-continuous nature and minor impact and consequence. Low-level incident, site contained. Short term reversible (e.g. within days). |
| **3****Serious** | Reversible injury or moderate irreversible impairment. Less than 10 days lost time.  | Severe but reversible health effects. Results in a lost time illness of less than 10 days. | Issues of a continuous nature - limited impact and consequence Incident resulting in some site contamination. Medium term recovery impact. |
| **4****Major** | Severe irreversible damage to one or more persons. Lost Time Injury greater than 10 days.  | Severe and irreversible health effects or disabling illness. | Compliance issue with large fine, media attention. Serious harm not immediately recovered. Significant site contamination or off-site impact. Long term recovery. |
| **5****Catastrophic** | Fatality. Permanent disabling injuries.  | Life threatening or permanently disabling illness. | Issues of a continuous nature with major long-term impact and potentially serious consequences  |
|  |
| **Rating** | **Descriptor** | **Description** | **Suggested Frequency** |
| **A** | Almost certain | The event is expected to occur  | Recurring event during the lifetime of a project / operation e.g. More than once per month. |
| **B** | Likely | The event will probably occur  | Event that may occur frequently during the lifetime of a project / operation e.g. At least once per year. |
| **C** | Possible | The event should occur  | Event that may occur during the lifetime of a project / operation e.g. Once in 3 years. |
| **D** | Unlikely | The event could occur  | Event that is unlikely to occur during the lifetime of a project / operation e.g. Once in 10 years. |
| **E** | Rare | The event may occur only in exceptional circumstances | Event that is very unlikely to occur during the lifetime of a project / operation e.g. Once in 15 years. |
|  |
| **Rating** | **Definition** | **Level of Involvement** |
| **Extreme** | Cease work - No works shall be conducted until controls are implemented to reduce the risk level. Immediate formal risk assessment required. | The most senior person on site (Chief Executive Officer, Managing Director, General Manager) must review and approve risk control measures before allowing work to recommence. |
| **High** | Corrective action required.Normally permits required to perform work. Safe Work Procedure or Job Hazard Analysis is mandatory. | Mine Operator and / or Quarry Manager review required. |
| **Moderate** | Corrective action required. Job Hazard Analysis or Safe Work Procedure required. | Supervisor / Superintendent review required. |
| **Low** | Corrective action where practical.Take 5 risk assessment required. | Supervisor to manage by routine procedures at operational level. |