# MQ-Logo-Horiz-RGB-FF6600-PNG Request for Work Health and Safety Support

## STAKEHOLDER

|  |  |
| --- | --- |
| Name of Business or Undertaking:  |  |
| Trading Name (if different from above): |  |
| Address and Location: |  |

## CONTACT DETAILS

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Primary Person: |  | Name of WHS Person: |  |
| Telephone No: |  | Telephone No: |  |
| Mobile: |  | Mobile: |  |
| Email: |  | Email: |  |

## REQUESTING THE FOLLOWING (please tick)

|  |  |  |  |
| --- | --- | --- | --- |
| **Audits and Inspections** | **Tick** | **Information Workshops** | **Tick** |
| 4801 Work Health and Safety Management System Audit |  | Work Health and Safety Obligations and Due Diligence (Officers) |  |
| 14001 Environmental Management System Audit |  | Accident / Incident Investigation |  |
| WHS Regulations Chapter 10, Mines - Gap Analysis |  | Work Health and Safety Responsibilities |  |
| Conveyor Inspection |  | WHS Awareness for Supervisors |  |
| Area Inspections as required |  | Effective Consultation |  |
| **Assistance with / Development of** | **Tick** | Communicate Information |  |
| Work Health and Safety Management Systems |  | Principal Mining Hazards |  |
| Policies and Procedures |  | Hazard Identification and Risk Management |  |
| Plant / Task Risk Assessment |  | Hazardous Substances |  |
| Standard Operating Procedures, Job Hazard Analysis, Safe Work Method Statements |  | Hazardous Manual Tasks / Musculoskeletal Disorders Prevention |  |
| Emergency Response Plans |  | Basic Isolation and Lockout |  |
| Work Health and Safety Mining and Quarrying Legislation |  | Work Health and Safety Legislation, Chapter 10 – Mines, Principal Mining Hazard |  |
| Principal Mining Hazard Management Plans |  | Confined Space |  |
| Traffic Management Plan |  | Personal Protective Equipment |  |
| Injury Management |  | Dust in the Workplace  |  |
| Integration of Management Systems |  | Noise in the Workplace  |  |
| Training Needs Analysis |  |  |  |
| Mentoring those with Safety Responsibilities |  |  |  |

## SELECT A TIME FOR SUPPORT?

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Jan | Feb | Mar | April | May | June | July | Aug | Sept | Oct | Nov | Dec |
|  |  |  |  |  |  |  |  |  |  |  |  |

## PROVIDE A BRIEF DESCRIPTION OF SUPPORT REQUESTED

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**Once MAQOHSC has received a request for support, contact will be made shortly after.**