

OSH and Injury Management Assessment Tool

Organisation:		Review Date:	
Brief Description of Operations:			
Total No. of Employees:		Permanent:	
Year Established:		Casual/ Part-time:	
Contact Person:		Position/ Role:	

Occupational Safety and Health

Do you have ...		Comments
An OSH Policy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Elected safety and health representatives and/or an OSH committee	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If 'yes', have they undergone training in their roles and responsibilities	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Hazard identification checklists and risk assessment tools	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Hazardous substances register and Material Safety Data Sheets (MSDS) for all chemicals	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Hazard report form	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Accident/ incident report form	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
An induction program	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Emergency and first aid procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Performance management processes	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
An issue resolution/ grievance procedure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
A violence and bullying at work policy and procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Ongoing training in OSH	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
A register to record training undertaken across the organisation	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Processes to manage contractors and labour hire arrangements	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Ongoing plans to monitor and improve OSH in your workplace	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Ability for workers to access OSH information in the workplace	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

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Workers' Compensation and Injury Management

Do you have ...		Comments
Current workers' compensation insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
An Injury Management Policy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
An Injury Management System	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
A designated Injury Management Coordinator	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
A process to ensure WorkSafe is notified in the event of certain injuries and diseases	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
An understanding of timeframes that must be met when lodging claims documentation with your insurer (eg Form 2B lodged within three days of worker completing it)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
An understanding of your legal obligation with respect to payment of workers' compensation wages, or accrued entitlements for claims that are pended or declined	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Involvement in the decision-making process for getting injured workers back to work	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Suitable/ alternate duties register	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Documented Return to Work Programs (RTWPs) for all injured workers who are not fit for pre-injury duties	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Pre-employment medical screening	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
An Employee Assistance Program (EAP)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
A positive relationship with your insurer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
A positive relationship with your insurance broker	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Regular communication with your insurer and/or insurance broker to review claims and develop strategies to resolve them	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

If you have answered 'no' to any of these questions, your business could be at risk. Your OSH and Injury Management systems may not be compliant to Western Australian legislation. Contact Aurenda to discuss further.

About Aurenda

Aurenda is a specialist, independent provider of workplace safety and injury management services. Our background includes a team of professionals with risk management, paramedical, workers' compensation, safety and training experience. Working in close partnership with some of Western Australia's foremost public and private sector organisations, Aurenda empowers clients to minimise the financial and human costs associated with workplace injury.

For further information contact: Norma Cox, Aurenda
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