

PUBLIC AGENDA
SOUTHERN REGION WASTE RESOURCE AUTHORITY
BOARD MEETING

To be held on

Monday 1st June 2015 at 5pm

At

Southern Region Waste Resource Authority

282 Main South Road Morphett Vale 5162

Boardroom

(Light supper provided)

This meeting of the Board will NOT be conducted in a place open to the public (REF: - Charter 2.5.17)

All documents presented to, received at or derived from the meeting will remain confidential and not available for public inspection unless the Board otherwise resolves (REF: - Charter 2.5.21)

1. OPENING

2. ATTENDANCE RECORD

- 2.1 Present
Guest - John Jovicevic from Dean Newbery
- 2.2 Apologies

3. MINUTES OF MEETING

3.1 Board Meetings

Recommendation

That the minutes of the General Meeting held on 4th May 2015 be confirmed as a true and accurate record.

4. DECLARATION CONFLICT OF INTEREST

Members are to declare any conflict of interest before each item.

5. ITEMS OF BUSINESS

5.1 Action Reports

- | | | |
|-------|--|------------------|
| 5.1.1 | Landfill Gas Management Contract | Report No. 20/15 |
| 5.1.2 | Constituent Council Waste Disposal Contracts | Report No. 21/15 |
| 5.1.3 | Commercial Waste Disposal Contracts | Report No. 22/15 |
| 5.1.4 | Chairpersons Allowance 2015 - 2016 | Report No. 23/15 |
| 5.1.5 | In Confidence Resolutions Annual Review | Report No. 24/15 |
| 5.1.6 | ADCIV Pty Ltd (In Liquidation) Debt | Report No. 25/15 |

5.2 Finance Reports

- | | | |
|-------|--|------------------|
| 5.2.1 | Finance Report April 2015 | Report No. 26/15 |
| 5.2.2 | 2015 – 2016 Draft (2) Budget & Business Plan | Report No. 27/15 |

5.3 Information Reports

- | | | |
|-------|--------------------------|------------------|
| 5.3.1 | Executive Officer Report | Report No. 28/15 |
| 5.3.2 | 2015 WHS & IM Report | Report No. 29/15 |

5.4 Workshop

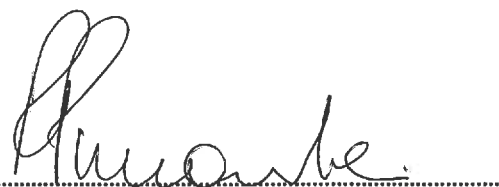
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| 5.4.1 | Strategic Plan 2015 – 2020 | Report No. 30/15 |
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6. OTHER BUSINESS

7. NEXT MEETING

3rd August 2015

8. CLOSURE



Ray Pincombe – Acting Executive Officer

Agenda Item:	Items of Business (5.1.5)
Report Title:	Chairperson Allowance 2015 - 2016
Report Author:	Acting Executive Officer
Report No:	23/15
Date:	1st June 2015

EXECUTIVE SUMMARY

A review of the Chairperson's allowance is conducted at the first ordinary meeting of the Board after 31st May each year. At the June meeting in 2014 the Board approved an increase in the Chairperson Allowance to \$32,000 (inclusive of 9.25% superannuation) for the 2014/15 financial year. In the current circumstances it is important to review the allowance to ensure it is appropriate at the current level.

RECOMMENDATION:

- 1. That SRWRA approves a Board Chairperson Allowance of \$xxx (inclusive of 9.5% superannuation) for the 2015/16 financial year.**
- 2. That the Board determines the minutes, reports and attachments relating to Report No. 23/15 will be available to the public.**
- 3. That the Board determines Report No. 23/15 will be the subject of an information report to the Constituent Councils.**

REPORT

SRWRA Board Chairperson Allowance

A review of the Chairperson's allowance is conducted at the first ordinary meeting of the Board after 31st May each year. The Board approved an increase in the Chairperson Allowance to \$32,000 (inclusive of 9.25% superannuation) for the 2014/15 financial year.

According to the current Chairperson Allowance Review Policy the following factors need to be considered:

1. the allowance paid to the Chairperson in the preceding financial year;
2. the most recent annual Consumer Price Index ("CPI for Adelaide") as published by the Australian Bureau of Statistics;
3. the likely increase (or decrease) in the level of services required from the Chairperson in the relevant financial year;
4. the likely increase (or decrease) in the level of expertise required from the Chairperson in the relevant financial year;
5. the Market rate for similar positions; and
6. any other factors the Board consider relevant.

The Executive Officer provides the following information:

- Current allowance is \$32,000 (inclusive of 9.25% superannuation)
- Adelaide CPI March 2015 1.1%

Level of services and expertise required

There has been additional time and expertise required from the Chairperson in the current financial year, most prominently in relation to the joint venture agreement to build and operate the new resource recovery facility. These negotiations have continued during 2014/15 and will continue into the new financial year. It is expected that they will continue to be an important issue until the facility is operational and beyond that time.

Other issues which will impact upon the Chairperson include the necessity to consult with the constituent councils on the strategic plan as well as the operation of the recycling facility.

Agenda Item:	Items of Business (5.2.1)
Report Title:	Finance Report April 2015
Report Author:	Senior Finance Admin Officer
Report No:	26/15
Date:	1st June 2015
Attachments:	(A) Unaudited Income & Expenditure Statements (condensed) (B) Tonnage Report (C) Repairs & Maintenance Schedule (D) Summary Income and Expenditure (E) Capital Expenditure (F) Cash Balances

EXECUTIVE SUMMARY

To the end of April 2015, there is a total budget variation of \$61k. Income is down by \$126k while expenditure is down by \$65k. As noted at BR3, Sundry Income budget includes a Joint Venture distribution which is yet to be confirmed by the SRC Board. The budget for Capital Costs includes SRWRA labour, fuel and equipment to be utilised for site preparation of Stage 2 of the site development for the Recycling Facility. At this stage this expenditure is still anticipated to be incurred during June 2015.

RECOMMENDATION

- 1. That the Monthly Financial Report including explanatory notes and attachments be received.**
- 2. That the Board determines the minutes, reports and attachments (summaries only) relating to Report No. 26/15 will be available to the public.**
- 3. That the Board determines Report No. 26/15 will be the subject of an information report to Constituent Councils.**

REPORT

To the end of April 2015, there is a total budget variation of \$61k. Income is down \$126k while expenditure is down by \$65k. As noted at BR3, Sundry Income budget includes a Joint Venture distribution which is yet to be confirmed by the SRC Board. The budget for Capital Costs includes SRWRA labour, fuel and equipment to be utilised for site preparation of Stage 2 of the site development for the Recycling Facility. At this stage this expenditure is anticipated to be incurred during June 2015

**Gross Monthly Tonnes Received at Landfill Site
As at 30/4/2015**

Customer	YTD Actual 2014/2015	YTD Budget 2014/2015	BR3 Mar 2015
Onkaparinga	32,919	31545	38000
Marion	14,767	14444	17400
Holdfast Bay	6,206	6558	7900
Fleurieu Regional Waste (FRWA)	12,634	11622	14000
All Bulk Waste	16,223	16603	20000
SRC	1,355	1660	2000
Veolia	4,588	5811	7000
Other	831	830	1000
Total	89524	89074	107300
Ave Gross per day	328	326	294

Based on actual

Product Summary	
Deep Burial	3
Mixed	89521
Total Gross Tonnes to Face	89524

SRWRA Landfill Operation - Repairs & Maintenance

Budget vs Actual as at 30/4/2015

	Machine	Year Manuf	YTD Actual 2014/2014	YTD Budget 2014/2014	BR3
1	Volvo A25 Articulated Water Truck (S/H)	1996	9,666	14,000	16,800
2	John Deere Gator All Terrain Vehicle	2009	355	417	500
3	Komatsu D155AX-6 Bulldozer	2007	3,867	8,333	10,000
4	Komatsu PC300LC-8 Excavator	2009	8,498	12,500	15,000
5	Euclid R35-313TD Dump Truck	1986	11,174	9,167	11,000
6	Komatsu HM400 Articulated Dump Truck	2008	8,757	16,667	20,000
7	Finlay 393 Screening Plant	1998	1,428	5,833	7,000
8	Komatsu PC200-8th Hyd Excavator	2006	7,481	9,167	11,000
9	Komatsu WA380-6H Wheel Loader	2006	62,239	52,083	62,500
10	Komatsu WA200PT-5 Wheel Loader	2006	13,187	9,583	11,500
11	Komatsu WF 450T-3 Compactor	2001	4,146	13,333	16,000
12	Volvo FL7 Service Truck	1992	9,052	8,333	10,000
13	Mitsubishi Triton Utility	2012	2,208	583	700
14	Tarpomatic	2012	8,303	833	1,000
15	Caterpillar 826H Compactor	2014	18,647	5,833	7,000
16	Massey Ferguson Tractor/Slasher	2014	217	833	1,000
	Total		169,225	167,500	201,000

Southern Region Waste Resource Authority

Summary Income and Expenditure Statement

As at April 2015

	YTD Actuals	YTD Budget	BR3
INCOME			
User Charges	7,682,250	7,640,715	9,168,858
Investment Income	556,575	528,091	622,591
Other Income	1,310,843	1,507,636	1,385,869
Joint Venture Income			180,000
Total Income	9,549,668	9,676,442	11,357,318
EXPENDITURE			
Employee Costs	857,447	839,167	1,007,000
Material Contracts & Other Expenses	5,230,932	5,316,224	6,369,269
Depreciation, Amortisation & Impairment	894,425	893,143	1,071,771
Other Expenses	77,940	77,940	93,528
Total Operating Expenses	7,060,744	7,126,473	8,541,568
Profit/Loss on sale of assets			
Operating Surplus/(deficit)	2,488,924	2,549,969	2,815,750
Distribution to Constituent Councils	200,000	200,000	200,000
Surplus following Distribution to Councils	2,288,924	2,349,969	2,615,750

Agenda Item:	Items of Business (5.3.2)
Report Title:	WHS and Injury Management Plan 2015
Report Author:	Acting Executive Officer
Report No:	29/15
Date:	1 st June 2015
Attachment:	(A) 2015 Injury Management Plan

EXECUTIVE SUMMARY

The WHS and Injury Management Plan reflects the momentum of continuous WHS improvement at SRWRA. The document forms a program in the WHS&IM Plan 2015 which is used at the SRWRA monthly administration meetings so that they can be measured, monitored and reported.

RECOMMENDATION

- 1. That the SRWRA WHS and IM plan monthly reviews be received.**
- 2. That the Board determines the minutes, reports and attachments relating to Report No. 29/15 will be available to the public.**
- 3. That the Board determines Report No. 29/15 will be the subject of an information report to Constituent Councils.**

REPORT

The WHS and Injury Management Plan reflects the momentum of continuous WHS improvement at SRWRA. The document forms a program in the WHS&IM Plan 2015 which is used at the SRWRA monthly administration meetings so that they can be measured, monitored and reported.

The WHS and Injury Management Plan will be presented at the SRWRA regular meetings as part of our required reporting measures.

In December 2014 the SRWRA were audited as part of the annual audit of LGAWCS Organizations to test conformance against the WorkCover Code of Conduct for Self Insured Employers and specifically nominated elements within the Performance Standards for Self Insurers. The SRWRA received 100% scoring in relation to the rebate scheme. The audit also provides recommendations to the audited organizations with regard to closing out identified non-conformances, with the aim of assisting those organizations to continuously improve their WHS management systems.

SOUTHERN REGION WASTE RESOURCE AUTHORITY

WHS AND INJURY MANAGEMENT PLAN

1 JANUARY 2015 TO 31 DECEMBER 2015

In partnership with the Local Government Association Workers Compensation Scheme

.....Adopted

Mark Hindmarsh
EXECUTIVE OFFICER

...../...../.....

SRWRA Work Health Safety and Injury Management Plan - 2015

1. INTRODUCTION

SRWRA is a Regional Subsidiary established by the Cities of Onkaparinga (55%), Marion (30%) and Holdfast Bay (15%), pursuant to Section 43 of the Local Government Act 1999.

Under its Charter, SRWRA is responsible for providing and operating waste management services on behalf of its Constituent Councils and ensuring that a long term Waste Management Strategy is developed in Adelaide.

At a practical level, its core business activity is the management of its wholly owned SRWRA landfill operation located at Seaford Heights, South Australia.

A Constituent Council Stakeholder Perception Survey conducted in June/July 2008 produced the following key priorities:

- Provide long term waste management services
- Ensure no operational or capital imposts to Constituent Councils
- Provide environmental outcomes (e.g. increased resource recovery)
- Provide a commercial return to Constituent Councils

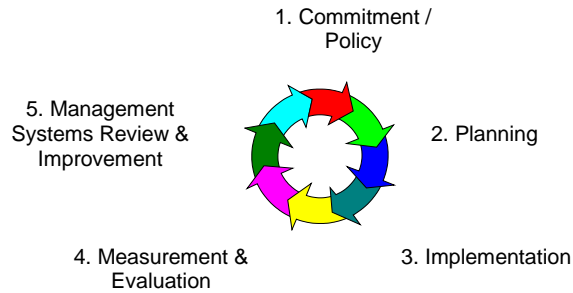
The survey also identified strong support for filling the landfill slowly with the Constituent Councils to have priority use and for SRWRA to own and operate the landfill site. Changing state government policies followed by preventing site contamination were considered to be the current highest risks.

The Board's purpose in commissioning the Perception Survey was to ascertain the expectations and the views of key decision-makers within SRWRA's core stakeholder group to enable the preparation of SRWRA's Strategic Plan.

Progress, evidence and resources applied for this Plan will be detailed against each listed action.

The Plan will be monitored at each monthly Administration Team Meeting. Targets and performance indicators will be assessed in relation to the objectives of each program, and action items will be checked for completion by the scheduled completion date. Further action items will be added as required.

CONTINUOUS IMPROVEMENT OF PERFORMANCE STANDARDS FOR SELF INSURERS



- Continuous improvement continues to underpin SRWRA's approach to all its activities.
- The Strategic Plan allows SRWRA to measure its success and provide feedback needed to improve performance.
- Key output areas illustrate SRWRA's ongoing commitment to identifying WHS and Injury Management problems and finding solutions.

PERFORMANCE STANDARDS FOR SELF INSURERS

<u>No</u>	<u>Performance Standard</u>	<u>Aim</u>
1	Commitment and Policy	SRWRA defines its WHS, Rehabilitation and Claims Management policy and supporting procedures in consultation with employees and their representatives.
2	Planning	SRWRA plans to fulfil its policies, objectives and targets in consultation with employees and their representatives.
3	Implementation	SRWRA demonstrates the capabilities and support mechanisms that are necessary to achieve policy objectives and targets, in consultation with employees and their representatives.
4	Measurement & Evaluation	SRWRA measures, monitors and evaluates its performance in consultation with its employees and their representatives and takes corrective action when necessary.
5	Management Systems, Review & Improvement	SRWRA regularly reviews its WHS, Rehabilitation and Claims management systems, in consultation with its employees and their representatives, with the object of improving its overall performance.

**Program 1 – Close-out Non Conformance from KPI Audit 2014 – PSSI Sub Element 2.3.2:
“Training plans have been developed”**

Background	<p>The KPI Audit conducted by the LGAWCS on the 25 November 2014 identified a non-conformance with this sub-element of the PSSI.</p> <p>Summary of Non-Conformance.</p> <p>“Evidence to support verification of this element was not presented. There was not training plan in place. The <i>SRWRA OHSW Training Needs Analysis and Training Record</i> identifies “courses/subjects” with an asterisk for either “future training required” or “under discussion”.</p> <p>The documented training needs as per the TNA (element 2.3.1) should then be used to build a training program that outlines what training is required, who needs it, who will provide it, when it is going to be provided, what it will cover, how frequently it needs to be updated and tracks whether a person’s training is current. This will allow the Authority to consider the schedules and resources required to ensure its system delivers the level of competencies required to meet its objectives.”</p>
Objective:	Close out non-conformance.
Target:	30 June 2015.
Performance Indicators:	Non-conformance is closed out and assessed by LGAWCS as conforming.
Champion / Sponsor:	Executive Officer

	ACTION <i>(Actions to achieve objective).</i>	Responsibility	Scheduled Completion	PROGRESS, EVIDENCE AND RESOURCES APPLIED	Date Completed
	*** See Program 4 ***				

**Program 2 – Close-out Non Conformance from KPI Audit 2014 – PSSI Sub Element 3.2.1:
“SRWRA must ensure a relevant training program is being implemented”**

Background	<p>The KPI Audit conducted by the LGAWCS on the 25 November 2014 identified a non-conformance with this sub-element of the PSSI.</p> <p>Summary of Non-Conformance.</p> <p>“The training program includes evidence of training dates; what type of training; who the trainer was, what type of training it was (internal/external/competency assessed or certified), who attended and their role. It should also include reference to reviews of training and competency assessments (as required). There should be evidence of actions taken to identify and address non-attendance.</p> <p>There was no evidence presented to indicate feedback from attendees and the actions taken to record non-attendance and the follow-up activities.”</p>
Objective:	Close out non-conformance.
Target:	30 September 2015.
Performance Indicators:	Non-conformance is closed out and assessed by LGAWCS as conforming.
Champion / Sponsor:	Executive Officer

	ACTION <i>(Actions to achieve objective).</i>	Responsibility	Scheduled Completion	PROGRESS, EVIDENCE AND RESOURCES APPLIED	Date Completed
	*** See Program 4 ***				

**Program 3 – Close-out Non Conformance from KPI Audit 2014 – PSSI Sub Element 3.8.1:
“Hazard Management Systems including identification, evaluation and control are in place”**

Background	<p>The KPI Audit conducted by the LGAWCS on the 25 November 2014 identified a non-conformance with this sub-element of the PSSI.</p> <p>Summary of Non-Conformance.</p> <p>“A hazard profile is provided using a spread sheet WHS 2.3.2 Corrective Actions Register V2. It is not clear if all potential hazards have been identified through this process. A number of Risk Assessments have been conducted on plant and equipment at the Landfill site (Findlay 393 Sifting Plant RA 126 19/08/2014 using WHS2.2.1 Plant RA Form V1.0 August 2014) . Hazards were also noted on the (General Hazards (**Superceded - See Risk Assessment Tab**)) These had not been transferred to the Risk Assessment Spread Sheet. Although a schedule for completion of the risk assessments were indicated it did not appear that those timeframes were being met.</p> <p>The “hazard profile” identified the Risk Assessment for “Relocation and sorting of dumped refuse” with the hazard for “Needlestick injury - exposure to disease/infection” identified. However on inspection or the risk assessment No. 104 the hazard had not been addressed and the Safe Work Procedure (no reference number) did not provide a control for the hazard.</p> <p>At the time of the audit there were no risk assessments available for Hazardous Chemicals and Hazardous Manual Tasks. The WHS Regulations state consideration must be given to the nature of the work to be carried out with the hazardous chemical, any structure, plant or system of work that is used in the use, handling, generation or storage of the hazardous chemical. The Cheralert system available through the LGAWCS allows for risk assessments to be conducted on hazardous chemicals used.</p> <p>The application of the Hierarchy of Control does not appear to have been fully applied with many of the risk assessments advising the control to be PPE. There should be no statements that require a decision to be made by supervisors or workers. For example, the statement ‘use appropriate PPE’ does not detail the control measures. The control measures should be clearly specified. The application of PPE would also need to ensure that in good working order, a suitable size and fit and reasonably comfortable for the worker who is to use or wear it (e.g. training on fitting and use), is maintained to be clean and hygienic and have suitable having regard to the nature of the work and any hazard associated with the work.”</p>
Objective:	Close out non-conformance.
Target:	30 September 2015.
Performance Indicators:	Non-conformance is closed out and assessed by LGAWCS as conforming.
Champion / Sponsor:	Executive Officer

	ACTION <i>(Actions to achieve objective).</i>	Responsibility	Scheduled Completion	PROGRESS, EVIDENCE AND RESOURCES APPLIED	Date Completed
	*** See Program 5 ***				

Program 4 – WHS Training Systems

Background	SRWRA has elected to adopt the LGAWCS template for WHS Training Systems, to ensure compliance not only with the non-conformance with Sub Element 2.3.2 (See program 1 in this document), and Sub Element 3.2.1 (See program 2 in this documents) but also for Standard 2.3 as a whole.
Objective:	All staff WHS training requirements are identified, a program activated to train staff in identified needs and records retained.
Target:	<p>Competencies for job positions/roles across the organisation are identified as part of a 24 month Training Needs Identification and Analysis process from 1st April 2015.</p> <p>A training program (list of training for 12 -24 months) has been implemented that links to the training needs identification and analysis within 12 months from 1st April 2015.</p> <p>Records are maintained of the employee induction process and training competencies achieved.</p> <p>The program encompasses mandatory WHS training requirements and new training requirements (i.e. for new tasks and/or acquisitions e.g. new plant, equipment, substances or environments).</p> <p>Training sessions are evaluated for effectiveness and checks of job competencies undertaken (e.g. can the person complete the task safely and correctly) from 1st April 2015.</p>
Performance indicators:	<ul style="list-style-type: none"> • 100% of job positions/roles have identified competencies within 6 months. • Mandatory training is identified, then scheduled within 6 months and completed as scheduled • 100% of job role competencies identified have a scheduled training component in the training plan by 6 months • New or changed job roles have a competency review completed and documented within one week of commencement
Champion / Sponsor:	Executive Officer

	ACTION <i>(Actions to achieve objective).</i>	Responsibility	Scheduled Completion	PROGRESS, EVIDENCE AND RESOURCES APPLIED	Date Completed
1	Training and/or induction process developed and mapped against One System core components and procedure to confirm compliance.	WHS Consultant	April 2015	One System Procedure adopted/adapted	25.9.14
2	Relevant Training and induction procedure adopted and implemented (as per following critical steps).	WHS Consultant	April 2015	WHS 3.4 Induction and Training Procedure implemented	25.9.14
3	Competency and requirements are identified for each job role.	Operations Manager	May 2015. Revised to June 2015	In progress as at 13.5.15	

4	Mandatory organisational training and other system management training identified (e.g. first aid, safety representative, manager and supervisor, incident reporting investigation, hazard management, etc.)	Operations Manager	May 2015. Revised to June 2015	In progress as at 13.5.15	
5	A system developed for induction for new and returning employees including competency identification and checking process.	Operations Manager	May 2015. Revised to June 2015	In progress as at 13.5.15	
6	Training for managers and supervisors in training system requirements, including how to identify competencies and complete and record a competency check.	Operations Manager	May 2015	Competency is recorded on new SWMS/Risk Assessments. Operations Manager currently performs this task. No further training required.	13.5.15
7	A system is in place for competencies to be identified by managers/supervisors and competency checks/reviews to be undertaken, prior to the incumbent commencing or recommencing in the job role/task.		June 2015		
8	A system for training needs identification and analysis is implemented that includes new and existing employees. The analysis is the review of the training needs identified to verify, prioritise and resource the training (this is to be completed by the supervisor/manager)	Operations Manager	May 2015. Revised to June 2015	In progress as at 13.5.15	
9	A training program is developed (list of training required, when, how, by who, certificate/qualification, etc.) based on the training needs analysis.	Operations Manager	May 2015. Revised to June 2015	In progress as at 13.5.15	
10	A system is in place for managers to monitor the implementation of the training program and review as required	Operations Manager	May 2015. Revised to June 2015	In progress as at 13.5.15	
11	A system is in place for internal and external training (including induction) to be recorded and entered to a training register.	Operations Manager	May 2015. Revised to June 2015	In progress as at 13.5.15	
12	A system is in place for evaluations of training to be completed (this can be an individual or Organisational (or both), review depending		June 2015	Comments column to be incorporated in TNA	

	upon the type of training)				
13	A system is in place for competency checks to be completed during training or immediately following the training by practical example or on the job demonstration (i.e. can the person do the job) and records kept		June 2015		
14	A system is in place for reporting to the Executive Officer regarding training completed and reviewed and any associated issues		June 2015		
15	A system is in place for reporting to the Executive Officer of competencies achieved and the value/effectiveness of the training completed for the organisation		June 2015		

Program 5 – Hazard Management Program

Background	SRWRA has elected to adopt the LGAWCS template for Hazard Management Program, to ensure compliance not only with the non-conformance with Sub Element 3.8.1 (See program 3 in this document), but also for Standard 3.8 as a whole.
Objective:	Hazards are systematically identified, assessed and controlled, to reduce the level of risk and to meet legislative requirements.
Target:	<p>A system is in place for foreseeable hazards to be identified within the organisation, this includes a system for:</p> <ul style="list-style-type: none"> • Organisational and departmental hazard profiling • Incident reporting • Hazard and near miss reporting • Worksite inspections <p>A system is in place for the completion of risk assessments for identified hazards.</p> <p>A system is in place for effective application of control measures (including monitoring and review of corrective actions).</p>
Performance indicators:	<ul style="list-style-type: none"> • All plant and substances purchased from 1 April 2015 have a pre-purchase assessment completed prior to purchase. • All new work practices or changes to the workplace from 1 April 2015 have been assessed for foreseeable hazards (and this is documented). • A hazard management process is applied within one month of the hazard being identified. • Risk assessment documentation completed after 1 April 2015 has evidence of: <ul style="list-style-type: none"> ○ Consultation with relevant stakeholders ○ An assessment process (use of risk matrix) ○ Application of the hierarchy of controls ○ Identification of corrective action within target dates ○ Links to associated controls and supporting documentation e.g. procedures, SWPs/SWIs, forms/checklists, training systems, etc ○ Recording of residual risk • Risk assessments are completed as per the risk assessment schedule target dates • Where corrective action is not implemented within target dates accountability and review mechanisms have been activated • There is evidence that controls are communicated and reviewed for effectiveness with relevant stakeholders.
Champion / Sponsor:	Executive Officer

	ACTION <i>(Actions to achieve objective).</i>	Responsibility	Scheduled Completion	PROGRESS, EVIDENCE AND RESOURCES APPLIED	Date Completed
1	Hazard management process developed and mapped against One System core components and procedure to confirm compliance.	WHS Consultant	April 2015	One System Procedure adopted/adapted	25.9.14
2	Relevant hazard management procedure adopted and implemented (as per following	WHS Consultant	April 2015	WHS 2.3 Hazard Management Procedure implemented	25.9.14

	critical steps).				
3	All relevant people provided with information, instruction and training on hazard identification, assessment and control requirements.	WHS Consultant	May 2015	Operations Manager has received training from WHS Consultant and has successfully completed approximately 50 risk assessments and SWMS.	13.5.15
4	Review Hazard management, procurement and change management processes to ensure all new hazards and appropriate controls are identified and put in place before the hazard is introduced into the workplace.	Operations Manager	May 2015	WHS 2.3 Hazard Management Procedure implemented	13.5.15
5	Workgroups to identify foreseeable hazards in activities/operations. (This includes associated plant and substances).	Operations Manager	May 2015	Toolbox meeting agenda item	13.5.15
6	Identified activities are prioritised by management for review and priorities are recorded on hazard register.	Executive Officer	June 2015	Hazard Register (CAR) is reviewed at monthly Admin team meetings	13.5.15
7	Sample set of the highest priority hazards are reviewed and identified if a risk assessment has been completed. Also existing controls checked for effectiveness (including if appropriate procedures/SWPs are in place..		June 2015		
8	Address any outstanding controls or corrective actions from the sample set.		August 2015		
9	Management to review the outcome of the sample set and establish an appropriately resourced and prioritised schedule for the ongoing review of hazards and completion of risk assessments, associated procedures and documentation (e.g. forms/checklists, etc.), as required.		August 2015		
10	Risk assessments, associated procedures and documentation are completed according to the schedule and recorded on the hazard/risk register	WHS Consultant	May 2015	Corrective Actions Register manages this process	13.5.15

11	Risks and controls (including associated procedures and documentation) are consulted and reviewed with relevant staff	WHS Consultant	June 2015	Corrective Actions Register manages this process	13.5.15
12	A system is in place to maintain Hazard/risk registers and for risk assessments, associated procedures and documentation to be reviewed on a regular, prioritised basis or when there are changes to the activity, plant or substance.	WHS Consultant	May 2015	Corrective Actions Register manages this process	13.5.15
13	A system is in place for the implementation of controls (considering the hierarchy of controls) and corrective and preventative actions (CAPAs) to be tracked to close out. (Preferably in CAPA register to enable trending analysis to occur)	Operations manager	May 2015	Managed by Operations Manager in consultation with Toolbox team.	13.5.15
14	A system is in place for the review of the effectiveness of controls, including checking for any new hazards. Controls modified if required, then consulted with stakeholders, and risk assessment, associated procedures and documentation updated to reflect changes.		August 2015		
15	The hazard management procedure is reviewed and updated with any agreed changes in line with what has been implemented by the organisation.		December 2015		

Program 6 – Emergency Management					
Background	The landfill site will undergo significant development in 2015 with the construction of office facilities, and weighbridge and recycling facility renovation. Management and administrative staff will be relocated to the site from the current off-site premises. This move will significantly alter the emergency management parameters for SRWRA. A complete review of the emergency management systems will be undertaken via this program.				
Objective:	SRWRA has an emergency management system that includes the identification, testing and management of potential emergency situations which are relevant for the organisation				
Target:	<ul style="list-style-type: none"> • A system is in place for the identification and recording of reasonably foreseeable emergencies by 30 June 2015 • Appropriate personnel are identified, appointed, trained and available to deal with emergencies by 31 August 2015 • Emergency management plans and evacuation procedures have been developed and implemented, in consultation with workers and shared duty holders 31 August 2015. • Appropriate training has been provided. • Contingency arrangements are in place for critical functions and activities (including emergency management) by 30 September 2015 • Inspection, maintenance and testing of emergency management systems occurs in line with legislative and organisational timeframes • The system is monitored and reviewed in line with the outcomes of inspection, testing and monitoring outcomes 				
Performance indicators:	<ul style="list-style-type: none"> • 100% of risk assessments and procedures that have been completed/reviewed for foreseeable emergencies identified • 100% of plans that have been developed and tested across sites • 100% of staff have received training in managing risks associated with emergency response elements • 90% of inspections, testing and monitoring occurs according to the schedule • 90% of identified critical functions and activities of the organisation have contingency arrangements implemented 				
Champion / Sponsor:	Executive Officer				
	ACTION <i>(Actions to achieve objective).</i>	Responsibility	Scheduled Completion	PROGRESS, EVIDENCE AND RESOURCES APPLIED	Date Completed
1.	Adapt, adopt, map OS Emergency Management Procedure to SRWRA's existing procedure and operational	WHS Consultant	April 2015	One System Procedure adopted/adapted WHS 6.1 Emergency Management procedure implemented	19.8.14

	ACTION <i>(Actions to achieve objective).</i>	Responsibility	Scheduled Completion	PROGRESS, EVIDENCE AND RESOURCES APPLIED	Date Completed
	requirements to assess compliance and identify systemic gaps.				
2.	Establish EPC / ECO and identify key stakeholders as per the procedure.	WHS Consultant	April 2015	<ul style="list-style-type: none"> EPC/ECO established. Stakeholders reconfirmed Emergency Preparedness plan last reviewed 24.10.14 Emergency Response Plan last reviewed 24.10.14 	24.10.14
3.	Potential emergency situations have been analysed and foreseeable hazards have been identified and added to the organisation-wide hazard profile.		August 2015		
4.	Develop/update associated tools and forms to meet procedural and operational requirements for Emergency Management (Site Specific Plans, Hazard Register, Debriefing Minutes, CAPA, Emergency Response Processes, etc.).		September 2015		
5.	Site and/or role specific emergency management and contingency plans that include the identification of Inspection, testing, rescue and recovery arrangements.		September 2015		
6.	Training is provided to key stakeholders		September 2015		
7.	The frequency of testing of the arrangements is based on a legislative and risk based approach and the inspection, testing and monitoring requirements are included in the organisational calendar.	Admin Officer	April 2015	Action Items schedule established, in operation, and reviewed/minutes at monthly Admin Team meetings	13.5.15
8.	Testing is undertaken according to the organisational calendar/schedule.		December 2015		
9.	Relationships are in place with emergency services and they are involved in site specific testing programs as required. Contact lists are communicated to relevant workers.		September 2015		
10.	Systems are in place for obtaining medical treatment and assistance. Including first aid, rescue, triage, etc as per first aid procedures.		April 2015	<ul style="list-style-type: none"> First Aiders appointed and training current Emergency procedures in place, Documented and displayed 	13.5.15

	ACTION <i>(Actions to achieve objective).</i>	Responsibility	Scheduled Completion	PROGRESS, EVIDENCE AND RESOURCES APPLIED	Date Completed
				appropriately	
11.	Plans are monitored and reviewed to determine effectiveness and for continuous improvement. The outcomes of the inspection, testing and monitoring program are used to review and improve emergency management plan and processes.		December 2015		

6. OTHER BUSINESS

7. NEXT MEETING
3rd August 2015

8. CLOSURE