ICS General Safety Induction: Checklist and Attachments

Supervisor: These actions should be completed during the first week or as soon as practicable after the employee/visitor/student commences. Tick off each action and sign when all actions have been completed and return the original to your Department administrator and a copy to the employee/visitor/student.

Employee/visitor/student: Please sign the form where indicated when the items have been completed.

Employee Name: ………………………………………….. Employee Number: …………………
Position Title: ………………………………………….. Division/Department: ICS …………..
Supervisor Name: ……………………………………………………………………………………

1) General occupational health and safety information provided and discussed:

<table>
<thead>
<tr>
<th>Occupational health and safety policy (see attachment 1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occupational health and safety procedures (see attachment 2)</td>
</tr>
<tr>
<td>Refer to a copy of the workplace procedures and discuss relevant parts including:</td>
</tr>
<tr>
<td>• smoking policy</td>
</tr>
<tr>
<td>• resolving occupational health and safety issues</td>
</tr>
<tr>
<td>• hazard reporting - show a copy of the register of hazards report form (form27.05b)</td>
</tr>
<tr>
<td>• register of accident and injuries - show a copy of the report form (form27.05a)</td>
</tr>
<tr>
<td>• workers' compensation and rehabilitation</td>
</tr>
<tr>
<td>• employee assistance program (advise)</td>
</tr>
<tr>
<td>University &amp; Division OHS safety manual – see</td>
</tr>
<tr>
<td><a href="http://www.pers.mq.edu.au/safetycare/manual.html">http://www.pers.mq.edu.au/safetycare/manual.html</a> and</td>
</tr>
<tr>
<td><a href="http://www.ics.mq.edu.au/ohs/">http://www.ics.mq.edu.au/ohs/</a> (both sites under construction)</td>
</tr>
</tbody>
</table>

2) Emergency Procedures:

<table>
<thead>
<tr>
<th>Provide and explain the Building Emergency Procedures for fire, evacuation, bomb threats and other events (see attachment 3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Show locations and discuss use of fire extinguishers (where applicable)</td>
</tr>
<tr>
<td>Show means of escape from building and assembly locations</td>
</tr>
<tr>
<td>Show location and use of other emergency equipment (where applicable)</td>
</tr>
<tr>
<td>Show location of First Aid Kit</td>
</tr>
</tbody>
</table>

3) Safety Personnel. Introduce and then discuss, where applicable, the safety roles and responsibilities of the:

<table>
<thead>
<tr>
<th>Designation</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head of Department</td>
<td></td>
</tr>
<tr>
<td>Division HR Manager</td>
<td>Cathy Wright x9506</td>
</tr>
<tr>
<td>ICS OH&amp;S Employee Reps</td>
<td>See attached list</td>
</tr>
<tr>
<td>Building Warden(s)</td>
<td>E6A – Greg Yates x9127</td>
</tr>
<tr>
<td></td>
<td>E7A &amp; E7B – Security x7112</td>
</tr>
<tr>
<td>Floor Warden (s)</td>
<td>See attached list</td>
</tr>
<tr>
<td>First Aid Officer(s)</td>
<td>See attached list</td>
</tr>
<tr>
<td>Other Safety personnel</td>
<td>Security x9999</td>
</tr>
<tr>
<td></td>
<td>OH&amp;S Manager Ugo Cernot x9723</td>
</tr>
</tbody>
</table>

ICS General Safety Induction Package v1.1 page 1 printed on 7/09/2005
4) Specific workplace safety induction needed:

<table>
<thead>
<tr>
<th>Specific workplace hazards</th>
<th>Induction Needed</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chemical/hazardous substances safety</td>
<td>Y/N</td>
<td></td>
</tr>
<tr>
<td>Laser Safety</td>
<td>Y/N</td>
<td></td>
</tr>
<tr>
<td>Electrical Safety *</td>
<td>Y/N</td>
<td></td>
</tr>
<tr>
<td>Office/ergonomic safety*</td>
<td>Y/N</td>
<td></td>
</tr>
<tr>
<td>Manual Handling*</td>
<td>Y/N</td>
<td></td>
</tr>
<tr>
<td>Other -</td>
<td>Y/N</td>
<td></td>
</tr>
<tr>
<td>Other -</td>
<td>Y/N</td>
<td></td>
</tr>
</tbody>
</table>

* compulsory online training for all staff: http://www.pers.mq.edu.au/safetycare/training.html

5) Follow up actions such as further information, instruction (eg Liquid Nitrogen Dispensing), equipment or training (attendance at CPD Course?) required:

<table>
<thead>
<tr>
<th>Action</th>
<th>By when</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Supervisor's Signature : .................................................. .../.../......

Employee's Signature: ........................................................... .../.../......

Comments: ..........................................................................................

..............................................................................................................

..............................................................................................................

Attachments:

1. MU OH&S Policy (University publication)
2. OH&S Information for staff
3. ICS Emergency Procedures
4. List ICS Wardens
5. List of ICS First Aid Officers & location of FAID Kits
6. Register of Hazards Form (University Form 27.05b)
7. Register of Accidents & Injuries (University Form 27.05a)
8. Bomb Threat Checklist (University Form 27.15a)
9. Keyboard safety (University Guidelines)
10. Manual Handling Safety (University guidelines)
Attachment 1: University Occupational Health and Safety policy

Macquarie University acknowledges its obligations to provide a healthy and safe working environment for its employees, its students, and visitors to the University. These responsibilities rest not only with the Council, the Executive and Deans, Heads of Departments, Offices and Centres, but are a prime function of all levels of management and supervision.

An important aspect in preventing injuries and work related ill health is our own attitude to safety. Through planning, we hope to prevent injuries and work related ill health. This involves constantly improving our procedures, facilities and working environment.

In discharge of its responsibilities and in compliance with the requirements of the Occupational Health and Safety Act 2000 and associated legislation, the University aims to develop written policies and procedures and to implement these in the workplace.

To achieve policy objectives, resources are directed towards providing for:

- Elimination of hazards/procedures in the workplace which can cause death, injury or occupational disease
- Appropriate and adequate accident prevention measures and reporting procedures
- Appropriate and adequate occupational health and safety training and educational programs
- An accredited rehabilitation program for injured employees, and
- Overall safe and healthy working environments, procedures and plant and equipment.

Although the prime responsibility for health and safety rests with the employer, it is the responsibility of all employees and students to ensure their own and others’ health and safety by observing safe systems of work and reporting potential hazards in their work and study areas.

University OH&S Manager – Ugo Cernot
Email: ugo.cernot@mq.edu.au
Phone: 9850 9723; Fax: 9850 9703
Location: C4B

University OH&S Website
http://www.pers.mq.edu.au/ohs

Division of ICS OH&S Website
http://www.ics.mq.edu.au/ohs
Attachment 2: OH&S Information for new staff

The provisions of the Occupational Health and Safety Act 2000, (the Act), and its regulations, make the employer responsible for health and safety at the workplaces. According to the Act, the "employer" is not just the University but every manager and/or supervisor.

The University, managers, or supervisors must provide you with:

• A workplace in which, as far as practicable, you are not exposed to hazards
• Safe systems of work
• Instruction, training and supervision
• Consultation and co-operation
• Protective clothing or equipment (if required) and
• Safe use of plant and substances.

The Act also imposes a general duty upon you and every other member of staff at work to take reasonable care for the health and safety of persons at the place of work who may be affected by another staff member's acts or omissions. It further imposes a duty to co-operate with the employer to enable the employer to comply with requirements.

Your responsibilities are to:

• Ensure your own safety
• Avoid any action which may adversely affect the health and safety of any other person
• Comply with instructions
• Use protective clothing or equipment (if required)
• Not misuse or damage equipment and
• Co-operate with your manager, supervisor or team leader.

The University has an occupational health and safety policy and specific occupational health and safety procedures. These are designed to protect your rights:

• To have a safe and healthy workplace
• To not have to carry out unsafe work
• To be represented by a health and safety committee member
• To know what hazards you are exposed to at work and
• To have the information you need to work safely, e.g. material safety data sheets, (MSDS).

Smoking
Smoking is not permitted in any buildings or adjacent to air intakes, eg. doors and windows, occupied by Macquarie University or in University vehicles.

Resolving Health and Safety Issues
If you see a hazard or think what you or anybody else is doing is unsafe or unhealthy, and you cannot remedy it yourself, then you need to go through the following procedure for resolving issues:

1 All occupational health and safety matters should be raised in the first instance with the supervisor.

2 If and when hazard control measures fail or are inadequate to remedy a situation, you can refer any matters of concern to your OHS Employee Representative or the Divisional HR Manager for discussion.
Legislation provides that the OHS Committee may call in a WorkCover Authority inspector to investigate any health or safety matter that has not been resolved at the workplace.

ICS and University Occupational Health and Safety Committees
The Occupational Health and Safety Committees are formed under the provisions of the Act. ICS Employee Reps are:

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paul Watters</td>
<td>Computing/PPDP Rep and MU Committee Rep</td>
<td>(x 9525)</td>
</tr>
<tr>
<td>David Johnson</td>
<td>Electronics &amp; ICS OHS Committee Chair</td>
<td>(x 9074)</td>
</tr>
<tr>
<td>Adam Shah</td>
<td>Division Office</td>
<td>(x 9588)</td>
</tr>
<tr>
<td>Phil Dixon</td>
<td>METS</td>
<td>(x 7195)</td>
</tr>
<tr>
<td>Gina Dunford</td>
<td>Physics</td>
<td>(x 8971)</td>
</tr>
<tr>
<td>Ghaffer Kiani</td>
<td>PGRS</td>
<td>(x 9129)</td>
</tr>
<tr>
<td>Dilshara Hill</td>
<td>Mathematics</td>
<td>(x 8924)</td>
</tr>
</tbody>
</table>

Control of Hazards
You have a duty to inform your supervisor of hazards in your workplace. A supervisor should consult with members of staff when making decisions about control measures.

Accident Reporting
Report all accidents on campus to your supervisor and complete Form 27.05a. Employees should also report any accident while travelling to or from work or while working away from campus. If you are unable to complete the form the person to whom you report the accident must do so and send it to the University OHS Manager (fax 9748) within 24 hours with a copy to the Division OH&S Coordinator (fax 9102). Ask for help if you cannot understand any part of the form.

Workers Compensation
Employees may claim compensation if they are injured or suffer a work-related illness and/or take time off work and/or incur expenses for medical, hospital and rehabilitation services. Work must be a substantial contributing factor. The event may have occurred while at work, traveling to or from work, traveling as part of your work, or while on authorized absence from work. To claim for workers compensation you must report your accident as above within 24 hours, see a doctor and get a Workcover medical certificate and keep all documents and bills relating to your injury. You, or your supervisor, must also contact the Return to Work Facilitator, Greg Nicol, on xtn 9740 for advice and to make the claim.

Student Insurance Cover – General Campus Activities
The Macquarie University Sports Association has an accident policy that covers all students enrolled at Macquarie University. Students are covered whilst engaged in campus related activities and/or course related voluntary work including necessary direct travel to and from such activities. The coverage is 24 hours a day, 365 days per year, for out of pocket medical expenses not covered by private medical insurance.

Employee Assistance Program
The University Counselling and Health Services (UCHS) will offer help through consultation with counsellors. Alternatively, staff may see an external counsellor through the Employee Assistance Program (EAP). The Human Resources Office will pay for up to 5 visits to the EAP per staff member per year. The counselling by UCHS and the EAP is confidential and can help staff to develop strategies to maintain their motivation and effectiveness at work, especially during periods of change; cope with personal concerns affecting their work performance; manage their interviews with advisers and supervisors; manage stress and deal with conflict at work; and communicate and relate effectively with others.
Attachment 3: Emergency Procedures

In case of fire:
The initial emergency action may be undertaken by a single person or with the assistance of others available at the time. Any person discovering a fire should:
- REMOVE any person in immediate danger, if is safe to do so;
- ALERT other people in the immediate area;
- CONFINE the fire by closing doors
- EVACUATE the area
- REPORT the emergency - dial 9999 to report the emergency to Security giving the following details: location of the emergency; extent or nature of incident; any need for medical assistance; and name of person reporting the incident.

If a person is injured:
Do not move the person unless there is a danger to life.
- Switch off any electricity or mechanical equipment involved (if safe to do so).
- Call for a First Aid Officer (FAO) or dial 9999, state your name, the problem and the location of the emergency. Depending on the seriousness of the injury Security will call an ambulance and ensure access for the ambulance and/or seek the assistance of an Occupational First Aid Officer.

If you receive a bomb threat:
- Keep calm and get as much detail about the bomb as possible (refer to bomb threat checklist)
- Report the call immediately to Security on xtn 9999
- Complete the bomb threat checklist

ICS Emergency Evacuation Procedures

When the siren or bell is activated:
- Close doors and windows if it is safe to do so, then
- Walk, do not run, to the nearest safe exit
- Do not use the lifts
- Do not reenter the building from the fire stairs on the way out
- Proceed to the assembly point, and
- Only return to the building when the ‘all clear’ is given.

For people teaching a class - When the alarm is activated:
- Inform students that the alarm is an evacuation alarm and that they should quickly gather their possessions; leave the room and building via the fire stairs and move well clear of the building.
- You, as the person in charge of the class, should be the last to leave the room and
- You should report to the Security personnel that your room is clear.

Assembly points:
E6A – Science Square (in the garden with the gazebo), between F3A and F5A carparks or in the E3A carpark (depending on exit used).
E7A – Earth Science Garden (next to E5B & across from E7A) and outside the Lincoln Building (depending on exit used)
E7B – central courtyard or on grass near roundabout at north east corner of the building (depending on exit used)
F9B (METS) – in the hotel car park or across the road (depending on exit used).
## Division of Information and Communication Sciences

### Local First Aid Officers

<table>
<thead>
<tr>
<th>Location</th>
<th>Name</th>
<th>Phone</th>
<th>Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>C1A</td>
<td>Security</td>
<td>9850 9999</td>
<td>BGO</td>
</tr>
<tr>
<td>E6A 033</td>
<td>Anne Rumble/Tony Papic/Mario Cataldo</td>
<td>9850 7059</td>
<td>IT Services</td>
</tr>
<tr>
<td>E6A 239</td>
<td>Stephen Xie</td>
<td>9850 9062</td>
<td>Electronics</td>
</tr>
<tr>
<td>E7A 415</td>
<td>Fran Griffin</td>
<td>9850 8923</td>
<td>Mathematics</td>
</tr>
<tr>
<td>E7B 122</td>
<td>Danny Cochran</td>
<td>9850 8972</td>
<td>Physics</td>
</tr>
<tr>
<td>E7B 245</td>
<td>Anne Hazard (M-W)</td>
<td>9850 8126</td>
<td>Physics</td>
</tr>
<tr>
<td>E7B 235</td>
<td>Peter Dekker (from May 2005)</td>
<td>9850 8927</td>
<td>Physics</td>
</tr>
<tr>
<td>F9B</td>
<td>John Rea</td>
<td>9850 7195</td>
<td>METS</td>
</tr>
</tbody>
</table>

## Local First Aid Kits

<table>
<thead>
<tr>
<th>Location</th>
<th>Controlled by</th>
<th>Phone</th>
<th>Room</th>
</tr>
</thead>
<tbody>
<tr>
<td>E6A 256</td>
<td>Stephen Xie</td>
<td>9850 9062</td>
<td>E6A 239</td>
</tr>
<tr>
<td>E6A 302 (Tea Rm)</td>
<td>Stephen Xie</td>
<td>9850 9062</td>
<td>E6A 239</td>
</tr>
<tr>
<td>E7A 218</td>
<td>Fran Griffin</td>
<td>9850 8923</td>
<td>E7A 415</td>
</tr>
<tr>
<td>E7A 408 (Tea Rm)</td>
<td>Fran Griffin</td>
<td>9850 8923</td>
<td>E7A 415</td>
</tr>
<tr>
<td>E7B 110</td>
<td>Peter Dekker</td>
<td>9850 8927</td>
<td>E7B 235</td>
</tr>
<tr>
<td>E7B 122</td>
<td>Danny Cochran</td>
<td>9850 8972</td>
<td>E7B 122</td>
</tr>
<tr>
<td>E7B 217</td>
<td>Peter Dekker</td>
<td>9850 8927</td>
<td>E7B 235</td>
</tr>
<tr>
<td>E7B 235</td>
<td>Peter Dekker</td>
<td>9850 8927</td>
<td>E7B 235</td>
</tr>
<tr>
<td>E7B 239</td>
<td>Peter Dekker</td>
<td>9850 8927</td>
<td>E7B 235</td>
</tr>
<tr>
<td>E7B 248</td>
<td>Anne Hazard</td>
<td>9850 8126</td>
<td>E7B 252</td>
</tr>
<tr>
<td>E7B 261</td>
<td>Peter Dekker</td>
<td>9850 8927</td>
<td>E7B 235</td>
</tr>
<tr>
<td>E7B 325</td>
<td>Peter Dekker</td>
<td>9850 8927</td>
<td>E7B 235</td>
</tr>
<tr>
<td>E7B 227</td>
<td>Peter Dekker</td>
<td>9850 8927</td>
<td>E7B 235</td>
</tr>
<tr>
<td>E7B 399H</td>
<td>Peter Dekker</td>
<td>9850 8927</td>
<td>E7B 235</td>
</tr>
<tr>
<td>E7B 335</td>
<td>Peter Dekker</td>
<td>9850 8927</td>
<td>E7B 235</td>
</tr>
<tr>
<td>E7B 338</td>
<td>Peter Dekker</td>
<td>9850 8927</td>
<td>E7B 235</td>
</tr>
<tr>
<td>F9B 111a 111b</td>
<td>John Rea</td>
<td>9850 7195</td>
<td>F9B</td>
</tr>
</tbody>
</table>

Kits will be periodically replenished by ICS. Contact the relevant first aid officer with questions concerns about the kits. Please advise the ICS HR Administrator (xtn 9506) of changes to this list.

FAID Officers_Kits printed on 11/04/2005
In those areas of the buildings where ICS has no jurisdiction, wardens are supplied by other Divisions. Please advise ICS HR Administrator (x9506) of any changes to this list. For a list of wardens for all buildings in the University see: http://www.pers.mq.edu.au/safetycare/records/warden.html

### E6A
- **Building Warden:** Greg Yates E6A 224 x9127
- **Reserve Warden:** Mark Ainsworth E6A 208 x9561
- **Floor Wardens:**
  - Level 3: Maree Graham E6A 361 x9518, Ros Ballantyne E6A 313 x9513, Ian Cowell E6A 366 x9566
  - Level 2: Ben Smith E6A 202 x9106, Yimin (Steven) Xie E6A 239 x9144, Renee Vance E6A 225 x9148, Ken Yuen E6A 224 x9125, Ray Warouw E6A 254 x7852
  - Level 1: Mark Ainsworth E6A 208 x9561, Linda Kerr E6A 202 x9101, Doug Wilson E6A 224 x9561
  - Level 0: Tara Benjamin E6A 005 x7435

### E7A
- **Building Warden:** University security person
- **Floor Wardens:**
  - Level 4: Ross Moore E7A 419 x8955
  - Level 3: Chris Meaney E7A 305 x8922
  - Level 2: Ewa Goldys E7A 204 x8902

### E7B
- **Building Warden:** University security person
- **Floor Wardens:**
  - Level 3: Michael Withford E7A 211 x7056, David Baer E7B 338 x8960#6105
  - Level 2: Peter Dekker E7B 235 x8927, Helen Pask E7A 316 x8932, Russell Connolly E7B 235 x8111
  - Level 1: Danny Cochran E7B 122 x8972, Scott Butcher E7A 207 x8916, Ian Guy E7A 107 x8957

### F9B
- **Wardens:** Brian Hayes F9B 113 x7195, John Ten-Have F9B 117 x7190

Wardens printed on 17/03/2005
Please print or type all details

Note: Use this form for the reporting of hazardous occurrences NOT involving personal injury (otherwise use Form 27.05a). If there is insufficient space, please attach additional information, sketches etc.

Details of hazard or dangerous incident (to be completed by person identifying the hazard)

Date of occurrence: __ / __ / ____ Time: ____ am/pm Location: ____________________________

Reported by: ____________________ Reported to: ____________________ Date: __ / __ / ____

Describe the situation: (attach sketch if necessary) ________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

This section to be completed by area supervisor

Has the area or equipment been inspected? No □ Yes □

If Yes, Action required URGENT □ ASAP □

Preventative action proposed or taken: ________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

This section to be completed by investigating officer

Has hazard been eliminated or adequately controlled? No □ Yes □

If No, is any other action necessary? __________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Person responsible for follow up action: ________________________________________________

Signature of Investigating Officer: ____________________ Date: __ / __ / ____

Send this form to the OH & S officer, retain copy for your records
NOTE Use this form to report any work related accidents, injuries and illness. It there is insufficient space, please attach additional information, sketches etc. A separate Workers' Compensation claim must be completed if a claim is to be made.

DETAILS OF INJURED PERSON (TO BE COMPLETED BY PERSON OR FIRST AID OFFICER)

First name: _______________________ Last name: ____________________________  Age: _____

Is the person:  University Employee ☐ Student ☐ Visitor ☐ Contract Worker ☐ (please ✔)

If NOT employed by Macquarie University

Home address: __________________________________________  Postcode:  ___________

Occupation: _________________  Industry in which person is engaged:  ___________________

DETAILS OF ACCIDENT OR INJURY (TO BE COMPLETED BY PERSON OR FIRST AID OFFICER)

Date accident or injury occurred: __ / __ / ____ Time: ____ am/pm Location: ___________________

Any Witness No ☐ Yes ☐

Name(s) ____________________________ ______________________________

Address(es) ____________________________ ______________________________

Type of injury: ___________________________________________________________________

Part of body injured: ______________________________________________________________

Cause of injury: __________________________________________________________________

Activity at time of injury: ____________________________________________________________

Treatment details:       Not required ☐ Refused ☐ UH&CS doctor ☐ Own doctor ☐ Hospital ☐

Other ☐ (please specify ) ____________________________ Name of First Aid Officer: __________________

Was the Supervisor notified?  No ☐ Yes ☐  If Yes, Date:__ / __ / ____  Time: ____ am/pm

THIS SECTION TO BE COMPLETED BY SUPERVISOR

Has the accident area been inspected?  No ☐ Yes ☐

If Yes, give details: ________________________________________________________________

If No, is an investigation required?  No ☐ Yes ☐

Time Lost from work? : No ☐  Yes ☐  If Yes, number of days ______ or Not yet returned to work ☐

Supervisor’s Signature:____________________________________________   Date:  __ / __ / ___
**ACTION:** Report call immediately to Security Attendants on Ext 9999

The following is to be completed by the recipient of the call:

**QUESTIONS TO ASK:**
1. When is the Bomb going to explode?
   ____________________________________________________________________
2. Where did you put the Bomb?
   ____________________________________________________________________
3. What does the Bomb look like?
   ____________________________________________________________________
4. What kind of Bomb is it?
   ____________________________________________________________________
5. What will make the Bomb explode?
   ____________________________________________________________________
6. Did you place the Bomb?
   ____________________________________________________________________
7. Why did you place the Bomb?
   ____________________________________________________________________
8. What is your name?
   ____________________________________________________________________
9. What is your address?
   ____________________________________________________________________

**EXACT WORDING OF THREAT**
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

**CALLER’S VOICE:**
- The caller was: Male: ☐ Female: ☐ (please ✔)
  Estimated age: ________________
- Accent (specify): ________________
- Any Impediment (specify): ______
- Voice (loud, soft, etc.): __________
- Speech (fast, slow, etc.): __________
- Diction (clear, muffled): __________
- Manner (calm, emotional, etc.): _____
- Did you recognise the voice? ______
- If so, who do you think it was? _____
- Was the caller familiar with the area? __

**THREAT LANGUAGE** (please ✔)
- Well spoken ☐ Incoherent ☐ Irrational ☐
- Abusive ☐
- Taped ☐ Message read by caller ☐

**BACKGROUND NOISES** (please ✔)
- Street Noises ☐ House noises ☐
- Aircraft ☐ Music ☐ Machinery ☐
- Voices ☐ Local call ☐
- Long Distance ☐ Other: __________

**CALL TAKEN**
Date: / / Time: Duration:______
Number called: ________________

**RECIPIENT**
Name (print): ________________
Telephone: ________________
Signature: ________________

**REMEMBER:** KEEP CALM DON’T PANIC - Place this card under your telephone!
KEYBOARD AND SCREEN WORK

Legislation

A Worksafe national code of practice provides guidance for minimising the risk of, and managing, occupational overuse syndrome.

University policy

No person is to work on keyboard operated equipment for more than five hours in any working day where there is continuous text entry. As a guide, staff should not be required to enter data continuously - a 5 minutes break should be taken every thirty minutes.

Safe guidelines

Seating position

The seating position should ensure that:

- the feet can be placed flat on the floor or other support with the thighs horizontal;
- weight is taken on the buttocks and upper part of the thighs only;
- the movement of the legs is not restricted;
- there is no pressure at the back of the knees;
- the body can be held comfortably erect with the back supported in the lumbar region.

Workstation layout

Optimum workstation layout is illustrated in
Muscle care

The following exercises should be conducted before commencing work and after a prolonged break.

1. Stretch your forearm extensor muscle, bend your wrist and fingers with your other hand, bending your elbow slightly at the same time, until you feel the stretch over the back of your forearm. Hold for 30 seconds.

2. Stretch the front of the forearm by stretching your arm out in front of you with your elbow straight, palm facing away from you (fingers pointing up or down); with your other hand, pull your fingers backwards until you feel the stretch over the front of your forearm, then hold the position for 30 seconds.

3. Tuck your chin down onto your chest and gently turn your head from side to side, keeping your chin in contact with your chest. Do this for ten turning movements.

4. Turn your head from side to side, rhythmically, for ten turning movements.

NOTES:

- **Never stretch to the point where pain is experienced.** The benefit of these exercises is delivered by gentle stretching action over periods of at least 30 seconds.
- **Do not engage in these exercises if you have a medical condition that may be worsened by stretching.**
- Before attempting these exercises you should first consult your doctor.

Further information

Manager, Occupational Health & Safety (Phone 9723)
http://www.pers.mq.edu.au/OHS/head_ergo.html

Issued: September 2004

Source: Worksafe Australia
MANUAL HANDLING

What is manual handling

Manual handling is more than lifting and lowering of weights, it includes –

- pushing (e.g. use of trolleys)
- carrying (e.g. files in an office)
- reaching/holding (e.g. book shelving in the Library)
- low weight frequent action (e.g. mail sorting)

Legislation

The Occupational Health & Safety Regulation, 2001 provides a framework for the reduction of the risk of injury from manual handling tasks. This framework consists of -

- manual handling risk identification
- risk assessment
- risk control

Women workers

Legislation does not restrict women from working in any occupation and there are no specific weight limits for women.

Rights of all workers

The law states that employers must consult with workers when identifying, assessing and controlling manual handling risks.

University policy

Workplace supervisors are responsible for identifying manual handling tasks and their risks by consultation with employees.

MANUAL HANDLING TECHNIQUE

Manual handling technique is not a substitute for good job design but a necessary inclusion. Manual handling and lifting should include –

- assessment of the load to determine how it will be handled and where it will be placed. By assessing the load, a decision can be made as to whether there is a need for: mechanical aids; or another person to assist.
establishing the best way to handle the load; (e.g.: to adopt suitable balance to avoid unnecessary bending of the lower back, twisting and over-reaching)

for a good stance refer to diagram +

taking a secure grip e.g. a comfortable power grip with the whole hand;

maintaining the centre of gravity of the load close to the body to prevent excessive stress on the back - the lift should be slow without jerking;

suggested maximum weight not to exceed 55 kg.

Further information

Manager, Occupational Health & Safety (9723)

Issued June 2004

Source: WorkCover NSW