



# momentum

## HEALTH & SAFETY

Your Health & Safety is extremely important to us at Momentum, we take it very seriously and want you to as well! It is all about clear communication. Ensure that you communicate and co-ordinate with us and your Consultant to ensure your safety in the workplace is well looked after.

Here is a quick guide we have put together to help with your understanding of how we like to promote safe working environments at Momentum.

## YOUR RESPONSIBILITIES

As a contract worker you are expected to take responsibility to work in a manner that complies with the Health & Safety Act. You need to communicate with us at Momentum and report all hazards, accidents and incidents. If you also feel that your employer is not adhering to safe operating procedures, let us know! We are happy to attend your onsite induction, if you would like us to attend, please get in touch.

- // Read and understand this document
- // Take reasonable care for your own health and safety
- // Ensure you are aware of your workplace Health & Safety procedures
- // Ensure that your acts do not adversely affect the health and safety of other persons
- // Report all accidents, hazards and incidents to your Manager/Supervisor and us at Momentum
- // Know that if you have something to report, it will be taken seriously by us at Momentum

## EMERGENCIES & HAZARDS

We are bound by the Health & Safety Work Act 2016 to take all steps to manage a safe working environment. This includes having accurate and up to date reporting of all accidents, hazards and incidents. It is your responsibility to identify and report any hazards that you find within your workplace. Especially those that have the potential to cause people serious injury or illness. If you do have an accident in your workplace, please fill out the Momentum Accident/Incident Form at the end of this guide & return it to your consultant (can be filled out electronically).

### IDENTIFYING HAZARDS

A hazard is anything within the workplace that is unsafe. If there is anything you are unsure of, ask your Manager/Supervisor or Momentum Consultant.

FALLING OBJECTS // STRESS // MUSCULAR STRAINS // SLIPS & TRIPS // INSUFFICIENT LIGHTING

POOR EQUIPMENT // STRONG FUMES // ELECTRICAL CORDS



Identify any hazards



Report to your Employer & Momentum Consultant



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# ACCIDENT/INCIDENT FORM

WHAT HAPPENED?

*Provide a description of the accident/incident and who caused it.*

DATE IT HAPPENED?

WHERE DID IT HAPPEN?

## DETAILS OF THE INJURED PERSON

NAME:

ADDRESS:

DATE OF BIRTH:

MOBILE NUMBER:

TYPE OF INJURY:

*Describe the injury and any additional comments.*

ANY DAMAGED PROPERTY OR MATERIAL?

NATURE OF THE DAMAGE?

HOW SERIOUS WAS IT?

*Minor, Serious, Very Serious*

IS IT LIKELY TO HAPPEN AGAIN?

*Very likely, Likely, Not likely*

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

Please send the completed form to your Momentum Consultant.