# Health and hygiene management plan

## Levy exempt mines – template

This template is designed to assist operators of mines with a small number of employees to comply with the requirements of section 9 of the *Mines Safety and Inspection Act 1994*, Division 4 Subdivision B, Part 7 Divisions 1 and 3 (the Act) and Part 9 of the Mines Safety and Inspection Regulations 1995 (the Regulations).

The template only applies to operations that meet *all* of the following criteria:

* only surface operation, mining agricultural or construction minerals; e.g. sand, limestone, dolomite, dimension stone, agricultural lime, gravel and rock
* the total hours for all personnel working on a site is less than 5,000 hours per calendar quarter
* the total hours worked for all personnel across all of the principal employer’s combined mining operations is less than 5,000 hours in any calendar quarter
* it is a small-scale surface mining operation that has received a written exemption from the requirement to appoint a surface ventilation officer under regulation 9.3(4) of the Regulations
* there are no fibrous minerals in the materials to be mined
* there are no hazardous chemicals liberated from, or used in, the mining or extraction of the minerals.

All other mining operations should follow the general guidance material for preparing the HHMP. A guide for the [*Preparation of a health and hygiene plan*](http://www.dmp.wa.gov.au/Documents/Safety/MSH_G_HHMP.pdf) is available from the Department’s website.

Contents

[Health and hygiene management plan 4](#_Toc23412282)

[Site detail 5](#_Toc23412283)

[Operations 5](#_Toc23412284)

[Hazard / risk identification, risk assessment, controls and control verification - Proforma 6](#_Toc23412285)

[Review date 10](#_Toc23412287)

# Health and hygiene management plan

Insert company name

Insert mine name

Click or tap to enter a date.

# Site detail

Insert business name (legal entity as recorded in ASIC)

Insert company address

Insert SRS Combined Operation (CO) name and number

Insert relevant SRS Site Groups (SG) name(s) and number(s)

Insert trading name

Insert mine site address

# Operations

Describe commodity and scope of operations

Describe fixed plant/mobile plant/workshop facilities on site

Specify if mining takes place under an extractive industries licence or a mining licence

Number of workers on site

Hours of work and work roster

# Hazard and risk identification, risk assessment, controls and control verification

| **Section 1** | **Section 2** | **Section 3** | **Section 4** |
| --- | --- | --- | --- |
| **Yes** | **Hazard** | **Yes** | **Source** |  | **Exposure risk** | **Yes** | **Controls** | **Yes** | **Verification** |
|[ ]  Dust |[ ]  Haul roads |[ ]  Low |[ ]  Watering haul roads/pit faces/stockpiles |[ ]  Daily inspections |
|  |  |[ ]  Working face |[ ]  Moderate |[ ]  Spray bars on crushers/conveyors |[ ]  Inspection checklists |
|  |  |[ ]  Crushing and screening |[ ]  Excessive |[ ]  Enclosed cabs on mobile equipment |[ ]  Pre-start checklists |
|  |  |[ ]  Conveyors | Use worst case location/scenario when assessing risk. |[ ]  Maintenance of air conditioning filters and cab seals |[ ]  Maintenance records |
|  |  |[ ]  Stockpiles |  |[ ]  Pre-conditioning of material to maintain moisture content |[ ]  Audits |
|  |  |[ ]  Drill and blast |  |[ ]  Procedures |[ ]  Visual observations |
|  |  |[ ]  Loading road trucks |  |[ ]  Respiratory protection |[ ]  Other (specify below) |
|  |  |[ ]  Other (specify below) |  |[ ]  Other (specify below) |  | *Please specify* |
|  |  |  | *Please specify* |  |  | *Please specify* |  |  |
|[ ]  Noise |[ ]  Mobile equipment |[ ]  Low |[ ]  Enclosed cabs |[ ]  Pre-start checklists |
|  |  |[ ]  Crushing and screening |[ ]  Moderate |[ ]  Maintenance of cab seals |[ ]  Maintenance records |
|  |  |[ ]  Hand tools |[ ]  Excessive |[ ]  Separation by distance |[ ]  Audits |
|  |  |[ ]  Other (specify below) | Use worst case location/scenario when assessing risk. |[ ]  Hearing protection |[ ]  Visual observations |
|  |  |  | *Please specify* |  |[ ]  Other (specify below) | [ ]  | Other (specify below) |
|  |  |  |  |  |  | *Please specify* |  | *Please specify* |
|[ ]  Vibration |[ ]  Rough roads |[ ]  Low |[ ]  Maintained air ride seating |[ ]  Maintenance records |
|  |  |[ ]  Mobile equipment |[ ]  Moderate |[ ]  Minimising exposure time |[ ]  Audits |
|  |  |[ ]  Crushing and screening |[ ]  Excessive |[ ]  Maintain road surfaces |[ ]  Daily inspections |
|  |  |[ ]  Hand held tools | Use worst case location/scenario when assessing risk. |[ ]  Task rotation |[ ]  Audits |
|  |  |[ ]  Drilling (blast hole) |  |[ ]  Anti-vibration gloves |[ ]  Visual observations |
|  |  |[ ]  Other (specify below) |  |[ ]  Other (specify below) |[ ]  Other (specify below) |
|  |  |  | *Please specify* |  |  | *Please specify* |  | *Please specify* |
|[ ]  Chemical |[ ]  Diesel/petrol |[ ]  Low |[ ]  Safety data sheet available |[ ]  Audits / inspection checklists |
|  |  |[ ]  Oils |[ ]  Moderate |[ ]  Training |[ ]  Training records |
|  |  |[ ]  Oxy/acetylene |[ ]  Excessive |[ ]  PPE (impermeable gloves) |[ ]  Visual observations |
|  |  |[ ]  Degreasers and solvents | Use worst case location/scenario when assessing risk. |[ ]  Other (specify below) |[ ]  Other (specify below) |
|  |  |[ ]  Glues |  |  | *Please specify* |  | *Please specify* |
|  |  |[ ]  Pesticides |  |  |  |  |  |
|  |  |[ ]  Other (specify below) |  |  |  |  |  |
|  |  |  | *Please specify* |  |  |  |  |  |

| **Section 1** | **Section 2** | **Section 3** | **Section 4** |
| --- | --- | --- | --- |
| **Yes** | **Hazard** | **Yes** | **Source** |  | **Exposure risk** | **Yes** | **Controls** | **Yes** | **Verification** |
|[ ]  Manual tasks |[ ]  Heavy lifting |[ ]  Low |[ ]  Crane/forklift |[ ]  Certified plant register |
|  |  |[ ]  Constrained positions |[ ]  Moderate |[ ]  Task rotation |[ ]  Audits |
|  |  |[ ]  Repetitive tasks |[ ]  Excessive |[ ]  Lifting procedures |[ ]  Task observations |
|  |  |[ ]  Exertion – pulling/pushing/ lifting | Use worst case location/scenario when assessing risk. |[ ]  Training |[ ]  Training records |
|  |  |[ ]  Access by ladders |  |[ ]  Other (specify below) |[ ]  Other (specify below) |
|  |  | [ ] [ ]  | Other (specify below) |  |  | *Please specify* |  | *Please specify* |
|  |  |  | *Please specify* |  |  |  |  |  |
|[ ]  Biological |[ ]  Sewage |[ ]  Low |[ ]  Vaccinations (hepatitis A and B, tetanus) |[ ]  Medical records |
|  |  |[ ]  Mosquitos |[ ]  Moderate |[ ]  Insect repellents |[ ]  Inspection checklists |
|  |  |[ ]  Bees/wasps |[ ]  Excessive |[ ]  Scheme water |[ ]  Visual observations |
|  |  |[ ]  Water-borne bacteria (drinking water) |  |[ ]  Supplied bottled water |[ ]  Other (specify below) |
|  |  |[ ]  Other (specify below) |  |[ ]  Other (specify below) |  | *Please specify* |
|  |  |  | *Please specify* |  |  | *Please specify* |  |  |

| **Section 1** | **Section 2** | **Section 3** | **Section 4** |
| --- | --- | --- | --- |
| **Yes** | **Hazard** | **Yes** | **Source** |  | **Exposure risk** | **Yes** | **Controls** | **Yes** | **Verification** |
|[ ]  Welding fume |[ ]  Welding |[ ]  Low |[ ]  Extraction system |[ ]  Visual observations |
|  |  |  |[ ]  Moderate |[ ]  Industrial fan |[ ]  Other (specify below) |
|  |  |  |[ ]  Excessive |[ ]  Respiratory protection |  | *Please specify* |
|  |  |  | Use worst case location/scenario when assessing risk. | [ ]  | Other (specify below) |  |  |
|  |  |  |  |  | *Please specify* |  |  |
|[ ]  Radiation |[ ]  Ultra-violet |[ ]  Low |[ ]  Long sleeved shirts/trousers |[ ]  Visual observations |
|  |  |[ ]  Welding |[ ]  Moderate |[ ]  Sunscreen |[ ]  Inspection checklists |
|  |  |[ ]  Other (specify below) |[ ]  Excessive |[ ]  Hats/hard hat brims/neck shades |[ ]  Other (specify below) |
|  |  |  | *Please specify* |  |[ ]  Welding leathers/aprons |  | *Please specify* |
|  |  |  |  |  |[ ]  Welding helmets/face shields |  |  |
|  |  |  |  |  |[ ]  Welding screens |  |  |
|  |  |  |  |  |[ ]  Other (specify below) |  |  |
|  |  |  |  |  |  | *Please specify* |  |  |

| **Section 1** | **Section 2** | **Section 3** | **Section 4** |
| --- | --- | --- | --- |
| **Yes** | **Hazard** | **Yes** | **Source** |  | **Exposure risk** | **Yes** | **Controls** | **Yes** | **Verification** |
|[ ]  Extremes of temperature |[ ]  Heat |[ ]  Low |[ ]  Air conditioned cabs/vehicles |[ ]  Maintenance records |
|  |  |[ ]  Cold |[ ]  Moderate |[ ]  Cold vests |[ ]  Visual observations |
|  |  |  |  |[ ]  Excessive |[ ]  Drinking water supplied |[ ]  Audits |
|  |  |  |  | [ ]  | Protective clothing (e.g. jackets) |[ ]  Other (specify below) |
|  |  |  |  | [ ]  | Limit duration of exposure |  | *Please specify* |
|  |  |  |  | [ ]  | Other (specify below) |  |  |
|  |  |  |  |  | *Please specify* |  |  |

# Signature block

I have read the *Health and hygiene management plan* for my site and affirm that the specified controls will be implemented.

|  |  |  |
| --- | --- | --- |
| **Name of registered manager** | **Signature** | **Date** |
|  |  |  |

# Review date

Click or tap to enter a date.

(Five yearly unless major changes occur or are requested by an inspector)