NAME of Business / Project

For

CLIENT NAME if required

Work Health and Safety Management Plan (WHS MP)

|  |  |  |  |
| --- | --- | --- | --- |
| **Plan developed & Issued by** | **Date** | **In Consultation with** | **Signature** |
| System Manager |  |  |  |
| Project Manager |  |  |  |
| Site Manager |  |  |  |
| Senior Manager |  |  |  |
| **Project Manager Review (Section 6.3 of this Plan)** | | | |
| First Review of Plan on site |  |  |  |
| Second Review of Plan on site |  |  |  |
| Third Review of Plan on site |  |  |  |
| Fourth Review of Plan on site |  |  |  |
| Fifth Review of Plan on site |  |  |  |
| Sixth Review of Plan on site |  |  |  |

This WHS MP has been authorised by the above worker/s who have overall responsibility for project WHS.

This WHS MP will be reviewed on a monthly basis for the first 3 months of the project and then on a 3 monthly basis until the project is finalised. This review will also include the reviewing of the associated project risk assessment and emergency response plan.

Adhoc reviews will be conducted on an as needs basis when there has been a notifiable injury reported to a state or territory WHS regulator or when there has been a significant variation to the project scope of works.

Where there is a formed Health and Safety committee for the project ongoing consultation will be conducted with the elected group of worker representatives.

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NOTE: This is an example of the content of our WHS Plan – we can amend to suit your type of project business or hazards and their associated risks.