

WHS Annual Return

Faculty/Division	
School/Unit	
Campus	
Year of Return	

WHS Key Performance Indicators

Measure	WHS Lead Indicator
Safety Management Plan (SMP)	Annual Safety Management Plan developed in May each Year
Workplace Inspections	Every workplace complete at least 2 inspections each year
Workplace Inspections (Executive Participation)	Senior managers participate in at least 2 inspections of their workplaces each year
WHS Action Plan	80% of local action plan items completed within set/agreed time frames.
Annual Return	Annual return completed and copy forwarded to WHS Unit in Nov each year
WHS Induction	100% of staff and managers complete their WHS Induction within 4 weeks of commencement
WHS Training	100% of staff complete their agreed WHS training requirements within set timeframes (as per SMP).
WHS Consultation	Evidence that local meetings are held at least 4 times per year (toolbox talk, staff meeting agenda item etc.)
Site Emergency Plan (SEP)	SEP is reviewed annually – by November each year
Emergency Evacuation	At least one (1) trial evacuation is completed each year.
Fire Wardens Trained	All positions filled and nominees trained

Measure	Complete Date	KPI
Safety Management Plan		Annual (May)
Workplace Inspections		2 per year
Workplace Inspections (Executive Participation)		2 per year
WHS Action Plan		2 per year
Annual Return		Annual (November)
ELMO - WHS Induction – WHS for Managers	Total Staff :	100% with 4 weeks of commencing at CSU
	Total Complete:	
	% Complete:	
ELMO -WHS Induction – Safe U @ CSU	Total Staff :	100% with 4 weeks of commencing at CSU
	Total Complete:	
	% Complete:	
ELMO - Fire and Emergency Procedures	Total Staff :	100% with 4 weeks of commencing at CSU
	Total Complete:	
	% Complete:	
WHS Consultation		At least 4/year
Site Emergency Plan (SEP)		Review annually
Emergency Evacuation		X1/year
Fire Wardens Trained		

Additional Information:

WHS Annual Return



Risk Assessments Completed or reviewed	Date
1	
2	
3	
4	
5	
6	
7	

SOP's/SWMS Completed or reviewed	Date
1	
2	
3	
4	
5	
6	
7	

This is to certify that the above information is a true reflection of activities undertaken by this Faculty/Division within the reporting period

Name:

Signature:

Position

Date Submitted:

- CC: Executive Director/Executive Dean of nominated work area.
 WHS Unit including Northern and Southern H&S Committee via email – ohs@csu.edu.au