ISO 14001:2015

Environmental Management

CENTRE PLUMBING

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Amendment Record Register

ISSUE #: 1

ISSUE DATE:

Rev. #	Date	Details		Description of Changes	Approved By
		Section #	Para. #		
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Introduction

Shorrlong Pty Ltd is committed to developing and maintaining an Environmental Management System (EMS) that demonstrates our commitment to maintaining environmental values. This commitment is placed within a framework that also has safety as a priority, is focused on the service it provides while fostering the continual improvement of our environmental footprint.

The manual is used to direct internal activities and inform external parties who require information about our environmental systems.

This Environmental Manual documents how we implement maintain and continually improve our EMS. It identifies the criteria and methods used to ensure the effective operation, and control of the system, and identifies the monitoring, analysis, information, and actions necessary to achieve business outcomes.

Senior management of the company determines the management of the external and internal issues that have an impact on the products and services that we deliver to our customers.

To understand the external issues, the EMT will monitor and consider issues coming from:

- legal and legislative requirements;
- technology changes;
- customer requirements; and
- cultural and social expectations on an international, national, regional and local level.

To understand the internal issues affecting our environmental policies, the EMT will monitor and consider issues coming from:

- the company's values;
- the company's culture and ways of operating; and
- ongoing performance against our plans, objectives and targets.

Scope

This manual outlines Shorrlong Pty Ltd plan to satisfy the requirements of AS/NZS ISO 14001:2016.

The EMS defined in this manual applies to the delivery of plumbing services. The following processes and locations apply to this environmental manual.

Where any process or service is outsourced, we will determine criteria and methods of control to ensure conformity to our requirements and regulatory authorities.

The Environmental manual is a controlled document relating to the EMS of Shorrlong Pty Ltd operating from 11 Larapinta Drive Alice Springs NT 0870.

Exclusions

References and Applicable Documents

References

Standards and Guidelines

AS/NZS ISO 14001:2016: Environmental Management System requirements.

Terminology

Abbreviations and Acronyms

AS/NZS: Australian Standards/New Zealand Standards.

CEO: Chief Executive Officer.

COP: Code of Practice.

CFT: Cross-Functional Team.

ISO: International Organisation for Standardisation.

OHS: Occupational Health and Safety.

EMR: Environmental Management Representative.

EMS: Environmental Management System.

PA: Photocopy Allowed.

PCBU: Person who Conducts a Business or Undertaking.

PCDA: Plan-Do-Check-Act.

Definitions

Audit: Systematic, independent and documented process for obtaining evidence of conformity to a set of standards and evaluation to determine the extent of compliance.

Audit Evidence: Documentation, Statements, and Records.

Continual Improvement: Consistent review of the Environmental system to identify opportunities for enhancement.

Documented Information: All controlled documentation that is developed by Shorrlong Pty Ltd is required to have developed a plan and implemented process for:

- distribution, access, retrieval and use;
- storage and preservation, including the preservation of legibility (managing documented records of the company's work);
- change control;
- retention and disposal in line with regulatory requirements

Corrective Actions: Action to eliminate and control the cause of identified non-conformance to the EMS.

Environment: An organisation's natural and human surroundings extending from within the organisation itself to the greater environment, and includes air, water, land, flora, and fauna (including people and communities), and natural resources.

Emergency: Unplanned or unexpected event that needs the urgent application of specific competencies, resources or processes to prevent or mitigate their actual or potential consequences. Emergency situations can result in adverse environmental impacts or other effects on the organisation.

Environmental aspect: An element of a company's activities, products, or services that may or does create an environmental impact.

Environmental impact is any change to the environment, whether adverse or beneficial, resulting from a company's activities, products, or services.

Environmental Management Plan (EMP): Action plan necessary to achieve the objectives and targets.

Environmental Management Representative (EMR): Member of the company's management group who is responsible for the functioning of the EMS. The EMR ensures that all tasks relating to the EMS are identified and completed promptly. The EMR is responsible for reporting periodically to the top plant management group on the progress and results of the EMS.

Environmental Management Team (EMT) *(Implementation team):* Anyone with primary responsibilities within the EMS should be on the team. These team members may vary over time or process. They would be dependent on the task at hand, e.g. site or process engineer, health and safety officer, maintenance engineer, or shift foreman.

The role of the EMT is to:

- Attend regular team meetings - provide records for the management review process;
- Assist in the planning and implementation of the EMS;
- Develop action plans to monitor and ensure improvements are made; and
- Ensure the process is embedded into general work practice.

Management Team: This is made up of the critical decision-makers for the organisation. Each member of the EMT will concentrate on his or her own area of expertise to provide input. There may be more than one management team or, an individual may be a member of multiple management teams.

Nonconformity: Discrepancy between a company's actual EMS activities and the procedures laid out in their EMS manual and associated documentation.

Performance indicator: Measurement criteria that will allow the company to evaluate the success of the EMS program.

Plan-Do-Check-Act: A system to ensure all actions are planned and checked before the action takes place. It ensures that the system is continually being improved as below.

Process: The implementation of tasks to convert inputs into the delivery of outputs.

Stakeholder: Anyone who has a stake in the company's environmental performance. Internal stakeholders may include workers, shareholders, customers, suppliers, investors and insurers. External stakeholders may include neighbours, community organisations, environmental regulators, the media, and the general public.

Uncontrolled document: These are documents that are produced for information only and are not formally reviewed, maintained, subject to change review, or approved before release. They do not have traceable distribution. They should be identified as "uncontrolled".

Note: A controlled document may be "uncontrolled" once printed, but must be labelled as such.

Section 1 ENVIRONMENTAL MANAGEMENT FRAMEWORK

1.1 General Outline

Shorrlong Pty Ltd uses a risk and evidence-based thinking and a process-based EMS (see Figure 1.) that incorporates the **P**lan-**D**o-**C**heck-**A**ct (PDCA) methodology as described below.

- **Plan:** Identify environmental impacts of the business, establish plans, objectives, targets and processes necessary to deliver required outcomes for conforming to regulatory requirements and the organisation's policies;
- **Do:** Implement the processes required to mitigate the impacts as planned;
- **Check:** Monitor and measure process against the plans, objectives and targets against policies, objectives, requirements and planned activities, and report the results; and
- **Act:** Develop corrective and preventative actions to improve the processes so that the planned objectives and targets are met or continually improving towards that goal.

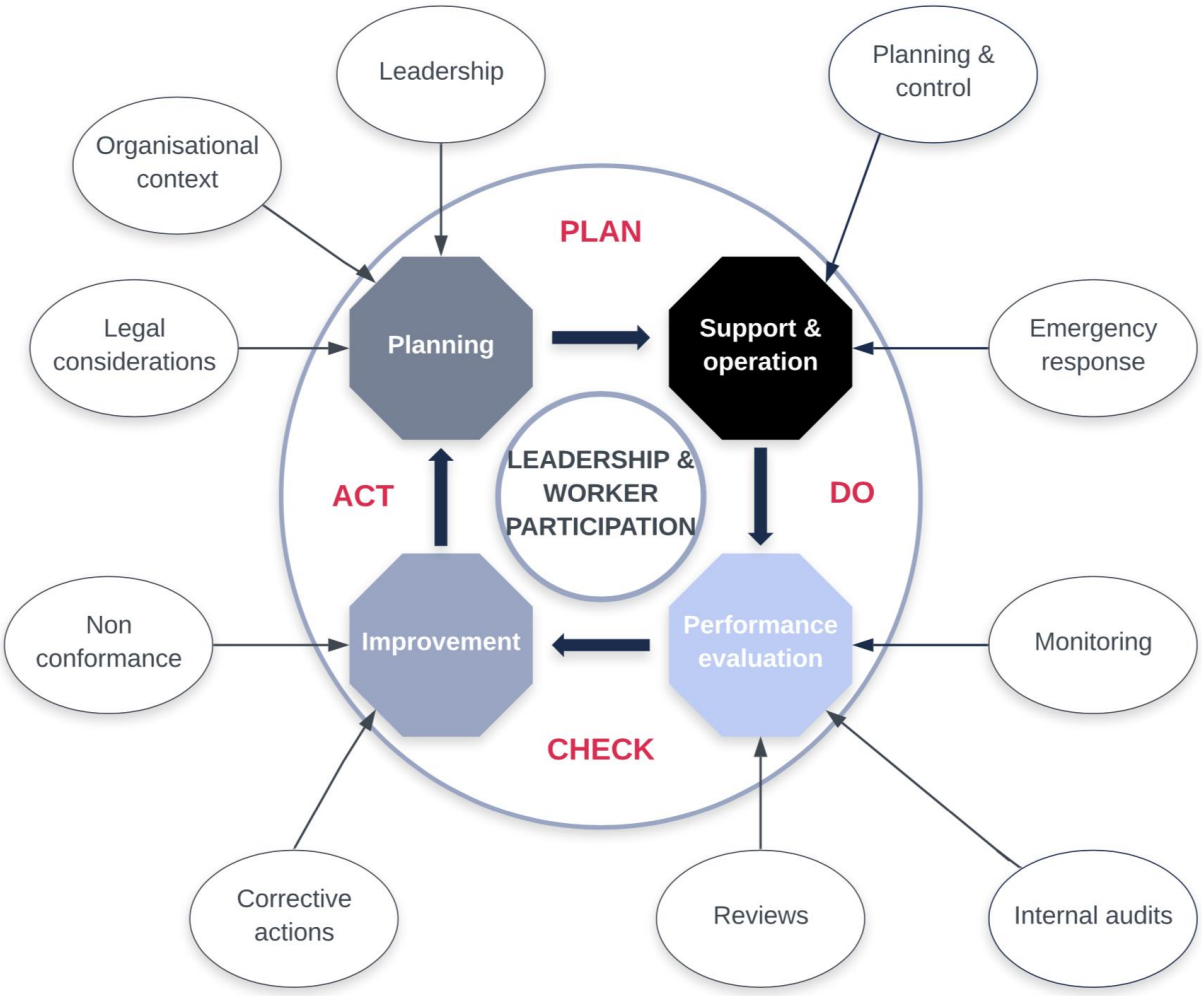

Figure 1. Plan-Do-Check-Act Cycle

Model of risk and process-based EMS *(Reference: AS/NZS ISO 14001:2016)*

This EMS manual has been developed as an interrelated number of processes based on *AS/NZS ISO 14001: 2016* while incorporating risk and process-based model. The main components of the system are defined within the categories include:

- context of the Organisation;
- leadership;
- planning;
- support;
- operation;
- performance evaluation;
- improvement.

Within this framework are three levels of structure. The first level encompasses the EMS Manual itself (this document) which includes environmental objectives and policies. Within this document is a broad description of how the organisation implements our EMS against the requirements of the AS/NZS ISO 14001: 2016 standard.

The second level evolves the procedures that arise from the policies and subsections of this manual. These procedures detail 'who, what, where, when and how' these policies are to be implemented

The third level is the documented records and information that arises from the implementation of the EMS. This includes the Environmental manual, procedures, instructions and all records, checklists or other information required by the system. This includes online or hardcopy formats and is critical for both ongoing management and auditing processes.

1.2 Awareness

The importance of stakeholder management is critical to our success. As such, we will take measures to actively understand and manage the positive, negative and changing influences from a range of interested parties (stakeholders).

Shorrlong Pty Ltd ensures that our Workers and Management Team are aware of the context in which our business interacts within the larger framework. To do this, we will consider our business Impacts on the environment, the expectations of interested parties, both internal and external and determine the most significant processes that the EMS applies to. This includes all products, services and activities undertaken. We will achieve this by considering:

- our company's environmental management policy;
- our company's environmental plans, objectives and targets;
- the effectiveness of the EMS to ensure that our products and services continually meets the environmental needs and expectations of external and internal parties, including regulators (*use interested parties register, to list interested parties);*
- the consequences and implications of non-conformance of our environmental responsibilities against internal and external party's requirements and expectations.

Document Number	**Title** *(Refer to Policies & Forms Folders)*
EMSM01	EMS Manual
F00005	Interested Parties Register

Section 2 LEADERSHIP

2.1 Leadership and Commitment Policy

Shorrlong Pty Ltd recognises its moral and legal responsibility to minimise damage to the environment caused by its work activities. This commitment extends to ensuring that operations do not unnecessarily endanger flora, fauna, sensitive areas, sites of heritage importance or present concerns to members of the public and community.

To fulfil this commitment, the Organisation will observe all environmental laws and promote environmental awareness among all workers.

Shorrlong Pty Ltd will actively:

- assess our eco-footprint to identify environmental impacts and move towards more sustainable practices;
- identify waste streams and examine options for effective waste management;
- assess our purchasing requirements (buy recycled materials, reduce waste, use less harmful/volatile chemicals);
- improve storage (reduce quantity, waste and spills, reduce odours by keeping containers closed);
- conserve energy (eco-friendly lights, turn lights off, efficient emergency equipment, greener fuel sources – such as Liquid Petroleum Gas (LPG) and methane);
- conserve water (install water-saving accessories, repair leaks);
- preserve waterways (clearly mark and protect stormwater drains);
- emergency planning and spill response;
- seek appropriate licenses/permits from State Environmental Protection Agencies (EPA) and other relevant authorities;
- where indigenous or non-indigenous cultural heritage issues may be relevant, check with planning authorities to ensure that appropriate assessment has occurred, and licenses or permits obtained;
- improve education/awareness;
- notify relevant authority in the event of a major environmental impact.

This Policy is deemed appropriate for Shorrlong Pty Ltd. It includes a commitment to comply with the EMS and all applicable regulatory requirements.

This Policy is to be communicated through induction manuals, training events and by being displayed prominently throughout the organisation.

Document Number	**Title** *(Refer to Policies & Forms Folders)*
EMSM01	EMS Manual
P001	Leadership and Commitment Policy

2.2 Environmental Management Policy

The EMS and supporting policy is endorsed by Paul Glynn, Managing Director.

Shorrlong Pty Ltd is committed to managing the environmental impact of our business processes. It is our policy to ensure that work is conducted in an environmentally aware and responsible manner and complies with all applicable regulatory requirements.

The importance of this policy will be communicated to all workers, contractors, visitors, suppliers and other external bodies as relevant.

This commitment extends to ensuring that operations do not unnecessarily endanger flora, fauna, sensitive areas, sites of heritage and/or indigenous importance. Our intent, therefore, is to:

- promote environmental awareness within the company and encourage workers to work in an environmentally responsible manner;
- continually improve our practices to prevent pollution and harm to the environment;
- have in place a framework for setting and reviewing our environmental objectives and targets;
- train, educate and inform our workers about environmental issues that may affect their work;
- minimise waste by evaluating operations and ensuring they are as efficient as possible;
- ensure that an effective mix of resources is made available to achieve the outcomes as specified in this EMS.

The Environmental Management Policy is deemed appropriate for Shorrlong Pty Ltd. It includes a commitment to comply with the EMS and continual improvement.

This Environmental Management Policy will be communicated through induction manuals, intranet, training events and displayed prominently throughout the Organisation.

The nominated Environmental Manager will review the Environmental Management Policy in consultation with relevant persons annually, or sooner when deemed necessary.

Paul Glynn has been appointed as the Management Representative for the purposes of the EMS. The Management Representative has the full support of Shorrlong Pty Ltd to establish, implement and maintain the EMS per this manual, AS/NZS ISO 14001:2016 and other applicable regulations, standards and guidance.

Signature: **Date:**

Endorsement of the Environmental Management Policy and Management Representative.

Document Number	**Title** *(Refer to Policies & Forms Folders)*
EMSM01	EMS Manual
P002	Environmental Management Policy

2.3 Organisational Roles, Responsibilities, Accountabilities and Authorities Policy

❖ **Purpose**

The purpose of this policy is to define, document and communicate the responsibility, authority and accountability for all elements of the EMS. This policy and procedure apply to all activities across all operational areas of the business.

❖ **Policy**

Senior management has developed a register of assigned organisational roles, responsibilities and authorities for the implementation and maintenance of the EMS. The assignment of the roles, responsibilities and authorities will be described in the *Roles, Responsibilities and Authorities Register*. This will ensure that processes are controlled and delivered by implementing clear roles and reporting structures.

The register and schedule for roles, responsibilities and authorities also provide for reporting of management system performance and for the identification of opportunities to improve the system.

As changes occur within the EMS, the register and schedule will provide the necessary information to ensure the integrity and environmental of the management system is maintained.

Organisational Roles, Responsibilities, Accountabilities & Authorities Procedure

Shorrlong Pty Ltd allocates the following roles and responsibilities:

Organisation – Officer (Board Member, Managing Director or other):

- approval of environmental documentation;
- communication of environmental policies and objectives;
- leadership;
- allocating sufficient environmental resources;
- reviewing environmental performance;
- providing direction for increasing environmental performance;
- legal obligations to provide and maintain the environment.

Environmental Manager:

- integration of environmental into all decision making;
- consult with workers and other duty holders/contractors;
- plan, develop, implement, monitor and review environmental policies, procedures and programs;
- control risks;
- provide environmental communication;
- discuss the environment at toolbox meetings;
- identify training needs and enable training as required;
- reporting and recording;
- liaise with relevant Regulatory Authorities;
- legal obligations to provide and maintain a safe workplace; and
- protection of the environment.

All workers:

- comply with environmental policies, procedures and programs;
- work in a manner that is safe and does not create risks to themselves, others or the environment;
- report and assist in rectifying environmental hazards;
- participate in consultative arrangements; and
- legal obligations to not endanger the environment by their acts or omissions.

Document Number	**Title** *(Refer to Policies & Forms Folders)*
EMSM01	EMS Manual
P003	Organisational Roles, Responsibilities, Accountabilities and Authorities Policy
F00006	Roles, Responsibilities, Accountabilities and Authorities Register
F00007	Organisation Chart

2.4 Participation and Consultation Policy

❖ **Purpose**

The purpose of this policy is to communicate the responsibility, authority and accountability for ensuring formal participation and consultation and methods are established. This policy covers all persons who are directed and/or engaged to undertake tasks including workers, independent contractors, work experience students, trainees, apprentices, volunteers.

❖ **Policy**

Shorrlong Pty Ltd will ensure formal participation and consultation procedures are established. These procedures are to ensure workers, contractors (and workers of contractors) are aware of environmental matters relevant to them.

Shorrlong Pty Ltd recognises the benefits that regular and effective consultation including, communication, cooperation and coordination can produce and is committed to fulfilling this duty.

In addition, visitors and any Organisation that may be impacted by environmental impacts at Shorrlong Pty Ltd will be included in consultation and communication in respect of environmental matters as and when required, which will be determined by the workplace Supervisor/Manager/Environmental Management Representative (EMR).

Shorrlong Pty Ltd will make every effort to ensure that process is modified for languages other than English and persons with learning disabilities as relevant. The consultation will be timely and allow for relevant persons to contribute their views and feedback. Feedback will be considered during hazard identification, risk assessment and implementation of risk controls.

All workers, and others, are responsible for actively participating in consultation and for following reasonable directions while working at Shorrlong Pty Ltd.

Shorrlong Pty Ltd will establish the following AGREED consultative arrangements in line with State legislative requirements:

- environmental Committees and regular meetings;
- work groups;
- EMR; and
- regular toolbox/safety meetings with the environment as a standing agenda item.

Further to this, a consultation will take place in the following ways:

- formal Inductions;
- training;
- information on hazards and the existing EMS;
- emergency Response;
- meeting minutes displayed;
- incident investigation and corrective actions;
- results of environmental evaluations including audits, non-conformances;
- review of environmental objectives;
- documented instructions;
- risk assessments, risk controls and feedback regarding long-term controls;
- Safety Data Sheets (SDS), product safety sheets, operating manuals etc.; and
- reporting and keeping records in line with legislative requirements.

❖ **Responsibilities**

The Organisation is responsible for ensuring that:

- all workers are trained and familiar with, have access to and participate in the Consultation Cooperation and Coordination Procedure and associated mechanisms while working at Shorrlong Pty Ltd;
- those other persons, who are impacted by environmental matters at Shorrlong Pty Ltd, such as other Organisation's, self-employed persons and visitors, participate in consultation as required; and
- review of the Participation and consultation Procedure conducted as required.

Supervisors/Managers are responsible for:

- informing workers and others about the requirement to actively participate in, and follow, the Participation and Consultation Procedure and associated mechanisms while working at Shorrlong Pty Ltd;
- ensuring that all people adequately trained in how to consult in the workplace;
- conducting, and enabling, regular consultation with all workers and workgroups; and
- maintaining records required by legislation relating to consultation.

The EMR/Environmental Manager/Coordinator is responsible for:

- maintaining and reviewing the participation and consultation process as required;
- ensuring all workers have access to adequate consultation mechanisms and that they actively participate in consultation in the workplace;
- informing and consulting with the business owner/CEO regarding consultation as necessary; and
- maintaining formal, approved consultation mechanisms and records.

Participation and Consultation Procedure

The consultation will take place directly with workers to identify and assess environmental hazards. Consultation is to occur before and during the implementation of risk controls, and whenever there are changes or new information that may affect the environment of workers or other duty holders as relevant.

The consultation will be timely to ensure views are heard, and workers/duty holders provided with an opportunity to contribute to decision making as appropriate.

The following formal consultative arrangements are in place.

Formal Environmental Meetings ☐					Toolbox Meetings ☐				
Day ☐	Week ☐	Bi-week ☐	Mthly ☐	Qrtly ☐	Day ☐	Week ☐	Bi-week ☐	Mthly ☐	Qrtly ☐

Records of environmental meetings will be maintained using the template for Environmental Meeting/Toolbox Record. Shorrlong Pty Ltd will ensure effective communication and consultation with other Duty Holders (such as contractors) as relevant for the tasks undertaken at this workplace. All efforts will be made to identify environmental hazards, consult with duty holders, cooperate and coordinate with duty holders to ensure environmental.

Document Number	**Title** *(Refer to Policies & Forms Folders)*
EMSM01	EMS Manual
P004	Participation & Consultation Policy
F00008	Safety Meeting/Toolbox Talk Record

Section 3 PLANNING

3.1 Hazard and Risk Identification Policy

❖ **Purpose**

To embed principles of effective risk management for the environment into existing practices at all levels of the organisation.

❖ **Scope**

This policy covers all persons who are directed and/or engaged to undertake tasks including workers, independent contractors, work experience students, trainees, apprentices and volunteers.

❖ **Policy**

Shorrlong Pty Ltd will ensure effective risk management practices are established, so workers are aware of environmental matters relevant to the Organisation. Environmental legislation requires an Organisation to consult with their workers and other relevant persons on matters that will or are likely to directly affect the environment. Shorrlong Pty Ltd recognises the benefits that regular and effective consultation including, communication, cooperation and coordination can produce and is committed to fulfilling this duty.

Where specific Regulations require certain controls:

- Shorrlong Pty Ltd will ensure compliance with those matters, in consultation with relevant persons (including Duty Holders/Contractors);
- identify reasonably foreseeable hazards that may pose risks to environmental;
- compare estimated levels of risk against pre-established criteria (including a risk matrix) and consider the balance between potential benefits and adverse outcomes.

❖ **Responsibilities**

At Shorrlong Pty Ltd, the Organisation is responsible for ensuring that:

- there are an effective Risk Management Procedure and associated mechanisms in place and that they meet environmental legislative requirements;
- all workers are trained and familiar with, have access to, and participate in risk management policies, procedures and activities while working at Shorrlong Pty Ltd;
- those other persons who are impacted by environmental issues at Shorrlong Pty Ltd, such as other Organisation's, self-employed persons and visitors, are included in risk management strategies as required; and
- review of the Risk Management Procedure conducted as necessary.

Supervisors/Managers are responsible for:

- informing workers and others about the requirement to actively participate in risk management strategies and to follow risk management policies and procedures while working at Shorrlong Pty Ltd;
- ensuring all people are adequately trained in how to participate in risk management activities in the workplace; and
- maintaining records required by environmental legislation relating to risk management.

All workers are responsible for working safely and for following reasonable directions in respect of the Risk Management Procedure and associated mechanisms while working at Shorrlong Pty Ltd.

Hazard and Risk Identification Procedure

Shorrlong Pty Ltd has implemented mechanisms to provide the required system and tools to ensure effective risk management in the workplace. As follows:

- communication – the Participation and Consultation Policy and associated procedure is in place to enable risk management to be implemented systematically and effectively
- effective consultation and planning is implemented during every phase of the Risk Management Procedure and associated activities;
- hazards are identified and reported via the following;
    - consultation – Environmental Meetings, EMR, briefings, direct discussions etc.;
    - workplace inspections;
    - audits – internal and external (photos, observations, checklists, reports);
    - reporting – Incident Forms and Incident Register, Hazard Report Form, Hazardous Substances/DG Register, JSA etc.;
- hazard identification will include all routine and non-routine activities and situations, with consideration of:
    - human factors including work hours, work culture and how they work undertaken
    - product design factors including hazards that may present during research, development or testing of processes, plant and equipment
    - design of work areas, processes, installations, machinery/equipment and operating procedures
    - all production, assembly, construction, service delivery, maintenance operations
    - emergencies
    - situations not controlled by the company but that may have an impact on Shorrlong Pty Ltd workers
    - past incidents
- research – information will be gathered and interpreted from state and local authorities, manufacturers, suppliers, industry groups, other organisations and workers;
- risk assessment – site-specific, task-specific, chemical and plant risk assessments and environmental impact risk assessments are conducted by suitably trained and experienced workers. *(Risk Assessment Form);*
- a Risk Matrix which accompanies each *Risk Assessment Form* is used to assist in determining risk levels;
- actions prioritised – once risk levels are assessed; a list of action priorities is determined;
- risk control – identified hazards are systematically eliminated or reduced by implementing practical control measures. The Hierarchy of Controls will be used (see section 3.4);
- all controls will be reviewed and monitored;
    - when/if an incident/near miss occurs;
    - as per legislative requirements;
    - as requested by relevant persons (such as EMR);
    - other times necessary to ensure effectiveness;
- monitor and review – regular checks are carried out to ensure that suitable control measures are implemented, that they continue to be adequate, and that no new hazards have been introduced into the workplace either by implemented control actions or by changes to the workplace; and
- documentation – all risk management activities conducted and the outcome of those activities, in particular, those outlined in this procedure, are fully documented and records maintained.

❖ **Actions to Address Risks and Opportunities**

During the planning phase, the EMT will consider the management issues described in the introduction to this document and determine:

- the risks and mitigation strategies that are to address that may (if they eventuate) harm the environment; and
- the opportunities that the company can leverage to ensure growth and sustainability while maintaining our environmental duty of care.

Plans developed will provide assurance that processes will mitigate our environmental impacts by improving our EMS through good planning, we will be able to:

- enhance the desired effects of the EMS;
- prevent, mitigate and/or reduce the effects of undesired outcomes; and
- achieve the improvements that are planned for.

The actions to mitigate risks and continually improve will follow a Hierarchy of Controls (see Figure 2.). Through the monitoring and measurement phase, an evaluation of the controls will be undertaken.

Each control developed and implemented is intended to reduce the impact that the risk presents on the environmental footprint of the products and services created by Shorrlong Pty Ltd.

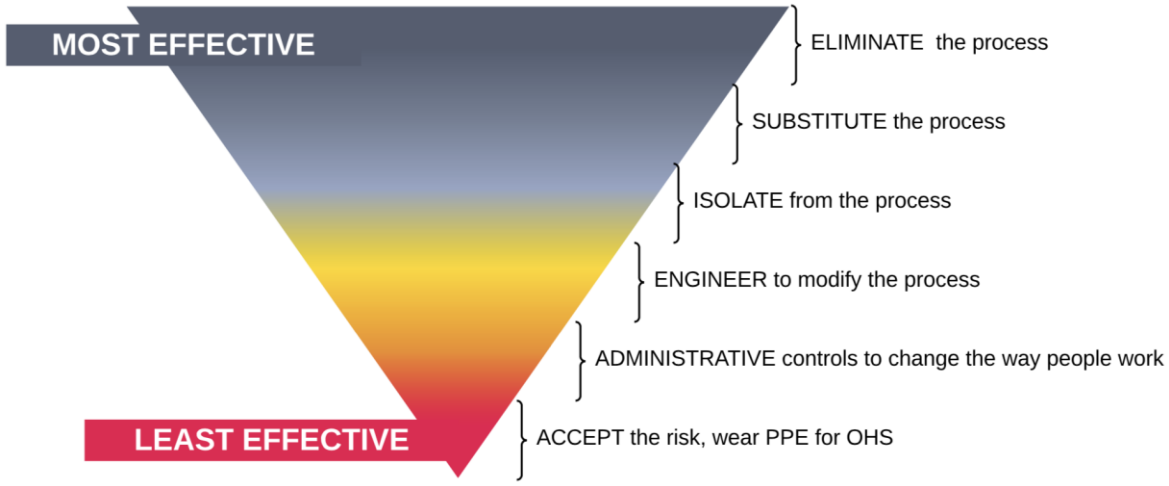

Figure 2. Hierarchy of Controls Flow Chart

Document Number	Title *(Refer to Policies & Forms Folders)*
EMSM01	EMS Manual
P0005	Hazard & Risk Identification Policy
F00009	Risk Assessment Form
F00010	Risk Register

3.2 Compliance Obligations Policy

❖ **Purpose**

The purpose of this policy is to define, document and communicate the responsibility, authority and accountability for all legal and regulatory compliance obligations. This policy and procedure apply to all activities including legislative, contractual, licences and other forms of authorisation or standard.

❖ **Policy**

Shorrlong Pty Ltd is committed to conducting its business activities lawfully, and in a manner, that is consistent with its compliance obligations. These obligations will be achieved by:

- identifying a clear compliance framework.;
- promoting a consistent and comprehensive approach to compliance;
- developing and maintaining practices that assist and monitor compliance activities;
- creating a culture of compliance where every person within the organisation accepts personal responsibility for compliance.

Compliance Obligations Procedure

1. The Environmental Management Representative (EMR) is responsible for determining the applicable environmental laws and regulations that arise from our business practices and, evaluating their potential impact on business operations;
2. As necessary, the EMR should utilise off-site resources such as environmental consultants, legal representatives and regulatory representatives;
3. The EMR will compile and maintains updated copies of all applicable environmental laws and regulations, licences and permits, codes of practice or other material necessary to meet legal obligations;
4. The EMR, working with the EMS Coordinator and Cross-Functional Team (CFT), correlates these regulations to the business activities and environmental aspects associated with them using the *Compliance Requirements Register;*
5. The requirements of these regulatory controls will be communicated (and the methods for complying with them) to all workers, contractors and other affected parties as necessary.

Document Number	**Title** *(Refer to Policies & Forms Folders)*
EMSM01	EMS Manual
P006	Compliance Obligations Policy
F00011	Compliance Requirements Register

3.3 Objectives and Targets Policy

❖ **Purpose**

The purpose of this policy and procedure is to define, document and communicate the environmental objectives and targets for the business. This procedure applies to all planning activities across all operational areas.

❖ **Policy**

The Environmental Objectives for the company have been established by Senior Management and delegated to each Departmental Manager responsible for establishing objectives within their given departments. Each Departmental Manager is then accountable in meeting those objectives and reports on the progress of those objectives to Senior Management regularly.

The EMS Objectives and Targets are developed and implemented to drive and meet the outcomes against our environmental requirements and to deliver our Environmental Management Policy. All Objectives and Targets to be continually monitored and relevant to the continual improvement of the EMS.

Objectives and Targets Procedure

1. Management will identify objectives and targets that the company requires to meet the identified goals;
2. The objectives and targets for each process will be recorded using the *Objectives Summary Form*. They can then be summarised within the *Objectives and Targets Register*;
3. Objectives will be represented as follows:
    - N = New Process
    - C = Control/Maintain Existing process
    - I = Improve Process
    - E = Explore or Examine new process.

The Objectives and Targets of our EMS are communicated during Management Reviews and detailed in our strategic plan. The plan will be updated if changes occur. The changes will also be communicated to both internal staff and external customers.

Our company maintains records and other documented information regarding decisions made on plans, objectives and targets.

❖ **Planning/Achieving Objectives and Targets**

Whilst developing objectives and targets, the planning will consider how we will achieve the outcomes as planned promptly. The plans will be defined and documented as to:

- what needs to be done;
- what resourcing is required to achieve the outcomes;
- which manager or managers are responsible for achieving the outcomes within the company;
- what the schedule for achieving the outcomes will be; and
- how the plans, objectives, targets and results thereof will be measured and monitored.

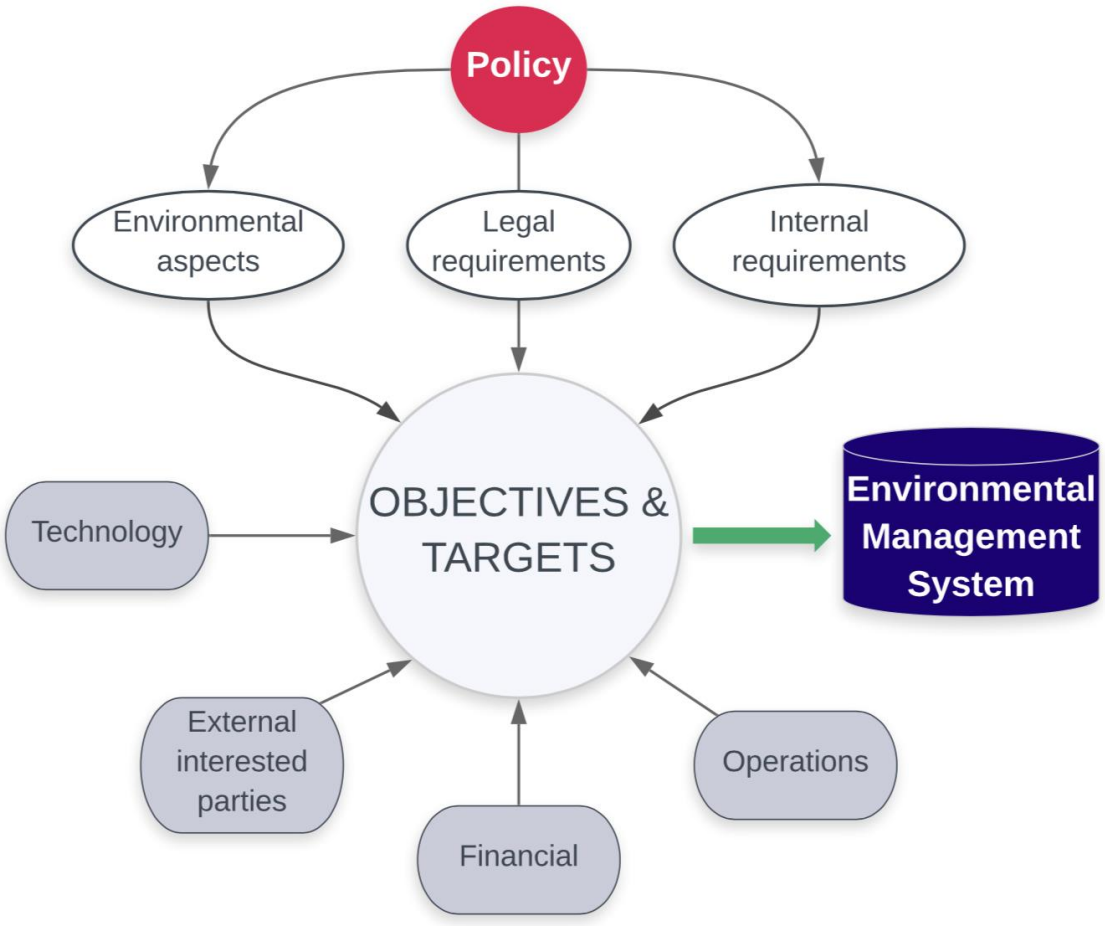

Figure 3. Objectives and Targets Flow Chart

Document Number	Title *(Refer to Policies & Forms Folders)*
EMSM01	EMS Manual
P007	Objectives & Targets Policy
F00012	Quarterly Objectives and Targets Report
F00013	Objectives and Targets Register
F00014	Objectives Summary Form

3.4 Change Management Policy

❖ **Purpose**

The purpose of this policy and procedure is to define the methods for managing changes to processes and other aspects of the EMS in an organised manner.

❖ **Policy**

Shorrlong Pty Ltd EMS processes and procedures will undergo change over time. Management of changes will occur proactively and reactively as circumstance dictates.

The proactive change will take place as a result of the following:

- system improvement opportunities are identified and acted upon;
- nonconformities are identified and, corrective action is taken;
- new processes are added;
- processes are removed; and
- any other proactive response deemed necessary by management.

Reactive changes will take place as a result of the following:

- industry conditions/regulations changing enough to require modification;
- client requirements change resulting in adjustment;
- accidents or emergency response; and
- conditions that require a change to the management process.

In both reactive and proactive cases, management seeks to manage change in a controlled manner to ensure proper implementation of the changes.

❖ **Responsibilities**

The Change Manager is responsible for managing the change process, including:

- implementation, maintenance and communication of policy and procedures around change management;
- chairing necessary change management meetings;
- identifying who should participate in the initial risk/impact assessment of the change; and
- provide guidance when necessary.

Change Advisory Board:

- senior management representatives who undertake appropriate risk and impact analysis of the proposed change;
- responsible for approval, implementation and monitoring of the change; and
- participating in post-implementation reviews of the change.

❖ **Change Implementers**

Responsible for:

- ensuring change is authorised;
- planning the change within the required timeframes;
- obtaining the appropriate resource for the task;
- successful implementation of the change;
- attending change review meetings as required;
- ensuring communication of the change is made known to workers, business owners and customers;
- participation in the post-change review process.

Change Management Procedure

All change management processes will follow the steps listed below. Each step within this general process may then be further detailed as necessary. Any change to this procedure (as per all documented procedures), will also be required to follow this procedure.

Step 1. Upon considering a change (proactive or reactive) - The request for a process/procedure change must be assessed by Paul Glynn to determine the nature of the change. I.e. emergency, 'minor and not required' or 'further action required'. The change request to be documented in a *Change Request Form*.

Step 2. If further action is required, the change request will be recorded in the *Corrective/Preventative Actions Register* and put forward to the appropriate management representatives for review.

[Note:** In the case of an emergency, the issue will be dealt with as a priority. The documented change management process will come into effect as a result of changes due to the emergency, not as a process to follow during an emergency**]

Step 3. The Change Advisory Board will review the change request.

Department/Unit	Senior Representative-Title	Name
Managing Director	*Senior Manager*	*Paul Glynn*

Senior representatives will either:

a. Reject the change, document the response in the appropriate *Corrective/Preventative Actions Register* and file the response as a record;
b. Assess the change proposal using a risk management approach to arrive at a priority for implementation. *Use Risk Assessment Form.*

Priority	Description
High	Must be implemented immediately
Medium	Must be implemented in 1-3 months or before next process cycle
Low	Will be implemented within 12 months or another measure

c. Approve the change and sign off on approval before implementation of the change.

Step 4. The Change Implementer(s) will communicate the proposed change to workers, business owners and customers and update the *Corrective/Preventative Action Register.*

Step 5. The Change Implementer(s) will undertake the task to affect the change within the designated time frames.

Step 6:

- a post-implementation review will be undertaken to assess whether the change was successful or requires modification;
- if successful, the appropriate corrective action form is updated, closed and the *Corrective/Preventative Action Register* is updated; and
- if unsuccessful, the Change Advisory Board will reassess.

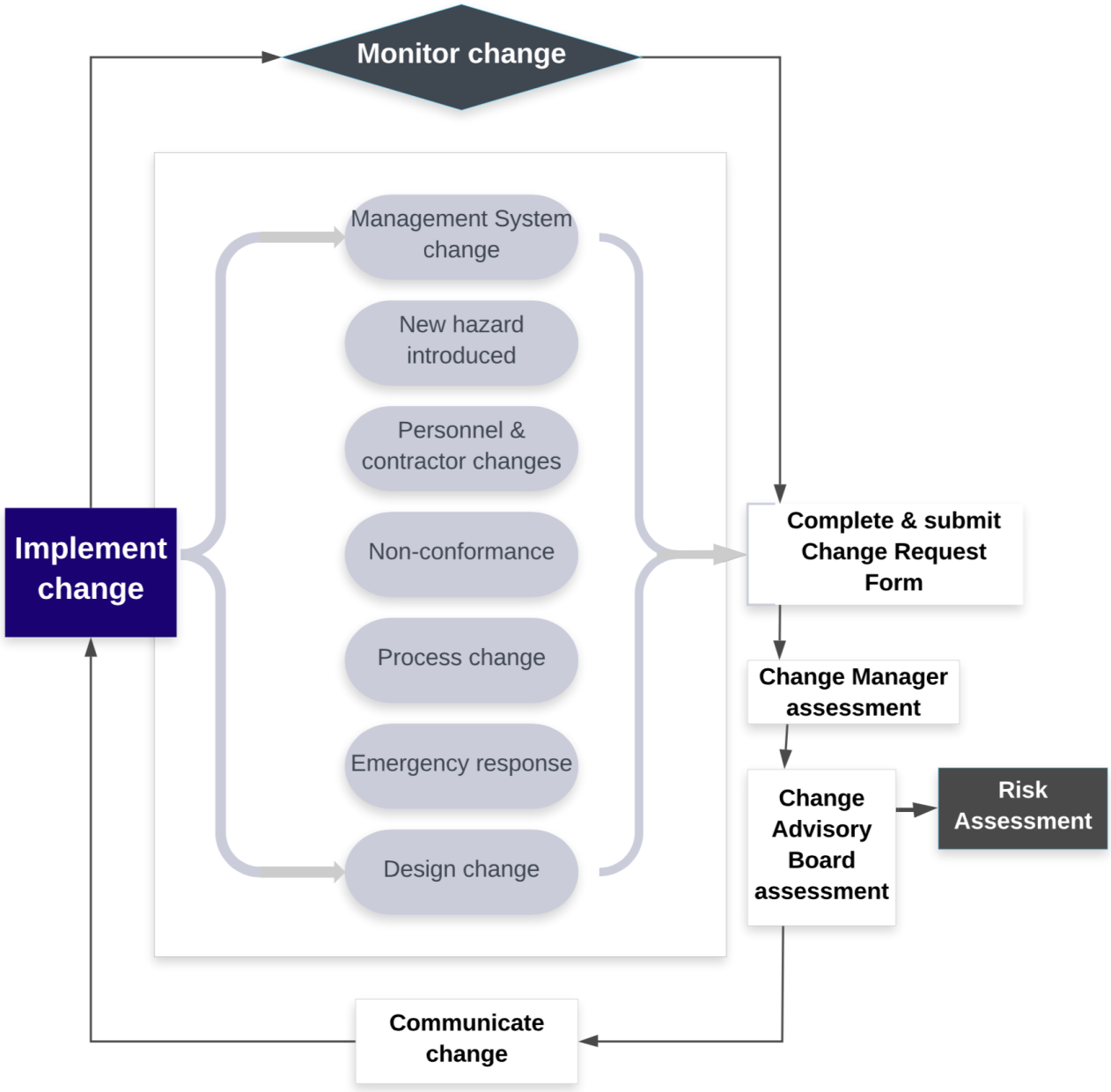

Figure 4. Change Management Procedure Flowchart.

Document Number	Title *(Refer to Policies & Forms Folders)*
EMSM01	EMS Manual
P008	Change Management Policy
F00015	Corrective/Preventative Actions Register
F00009	Risk Assessment Form
F00016	Change Request Form

Section 4 SUPPORT

4.1 Support Policy

❖ **Purpose**

The purpose of this policy is to define the methods for managing resources including, financial, human and infrastructure resources, necessary for the efficient operation of the EMS.

❖ **Policy**

Shorrlong Pty Ltd is committed to ensuring that we provide the competent resourcing necessary to develop and implement our EMS. Our management team will ensure that our company's EMS is resourced effectively and efficiently concerning its financial, human and infrastructure needs.

❖ **Human Resources (including financial)**

To ensure the company effectively resourced, the EMT will understand, plan, monitor and measure:

- the capabilities of our internal resources to deliver our products and services while maintaining the efficacy of the EMS;
- any constraints that impact on our internal resources to deliver the outcomes of the EMS; and
- managers are responsible for identifying the need and requirements for staff and utilities under their control. Request for additional resources to be submitted to Paul Glynn for review and approval.

❖ **Infrastructure**

Shorrlong Pty Ltd is committed to the provision and maintenance of equipment needed to achieve the outcomes of the EMS, including (but not limited to):

- people, infrastructure, and associated utilities;
- process equipment (both hardware and software) such as computers, computer programs, machinery etc.;
- supporting services such as communications, networking, transport and other information systems.

Managers are responsible for identifying the need and requirements for new, and/or modification or repair of existing infrastructure and facilities under their control must be submitted to Paul Glynn for review and approval.

Departmental Managers are responsible for ensuring suitable preventative maintenance schedules are developed. Only qualified persons perform maintenance, and appropriate records are kept and maintained.

Departments responsible for any preventative and responsive repair, cleaning and other maintenance are detailed within the *Infrastructure Responsibilities Register*.

Document Number	**Title** *(Refer to Policies & Forms Folders)*
EMSM01	EMS Manual
P009	Support Policy
F00016	Infrastructure Responsibilities Register
F00007	Organisational Chart

4.2 Competency, Training and Awareness Policy

❖ **Purpose**

To define, document and communicate training and competency objectives of all personnel. This will enable all personnel to understand the policy and principles of the EMS and how their activities impact the achievement of EMS goals.

❖ **Policy**

The EMT has accountability for ensuring adequate training, education, skills and experience for all workers.

Workers at all levels must understand the policy and principles of the EMS, and how their activities impact the achievement of EMS goals, regulatory and otherwise. All personnel within the organisation will have an understanding of the environmental issues associated with operations. Personnel directly involved with tasks that affect environmental outcomes will be trained and competent to understand their responsibilities and undertake the associated roles.

Delegation may fall onto the Environmental Manager (or delegate), and relevant Departments to form part of the existing skills matrix required to meet other regulatory requirements. Where there is a skills gap, the company will take actions to ensure that resourcing is competent for the delivery of our environmental program.

The EMT will continuously monitor and measure the effectiveness of the training delivered against competency requirements.

The EMT will determine the entire necessary competency required to ensure the ongoing performance of the EMS.

❖ **Responsibilities**

At Shorrlong Pty Ltd, the Organisation is responsible for ensuring that:

- the provision of budget, resources and time allocation to enable workers to undergo training and competency assessment as per the requirements of the legislation;
- there are an effective worker training and competency assessment procedure and system in place; and
- a review of the Training, Competency and Awareness Procedure conducted as required.

The Environmental Manager is responsible for:

- sourcing training and licensing service provision from qualified and suitable training service providers and the co-ordination of timetabling of training delivery for workers;
- maintaining and reviewing the Training, Competency and Awareness Procedure as required;
- ensuring all workers complete training and competency assessments as required;
- informing and consulting with the Organisation/CEO regarding worker training and competency; and
- maintaining records required by legislation relating to worker training and competency, such as the *Worker Training, Competency and Induction Register* for Shorrlong Pty Ltd.

Supervisors/Managers are responsible for:

- informing workers of the requirement to participate in training and competency assessment as per the normal requirements of their position;
- ensuring that all workers complete training and assessed as being competent to perform their duties and ensuring adequate allocation of time and resources for workers to complete training as required; and
- assisting with the coordination of the training of workers they are responsible for, with the Environmental Manager.

All workers are responsible for actively participating in and completing training and competency assessments relevant to the performance of their position.

4 — SUPPORT

Competency, Training and Awareness Procedure

New Workers:

1. Environmental responsibilities will be developed for each position within the company. These requirements will be listed within the *Roles and Responsibilities Schedule*. This report will contain the education, training and skills required to fulfil the role;
2. Job position advertisements will contain the required education, training and skills required to undertake their environmental responsibilities;

Induction:

1. All workers will undertake an induction and orientation or company processes and procedures. This induction must include training/awareness of the EMS;
2. All workers will understand how their role impacts Environmental objectives for the company; and
3. A record of the induction and orientation process will be kept.

Training:

1. All workers will be assessed for their competency in performing their roles and responsibilities safely and efficiently;
2. Where a gap in knowledge or training is identified, the worker will be registered for training, and schedule training in the *Training Needs Register.* (This training may be 'in house' or formal external training as required);
3. Workers undertaking third party training and receiving a certificate of training must retain this certificate as a training record and submit a copy to Paul Glynn This certificate will be attached to the workers' training/personnel record;
4. Before the worker being fully 'signed off' as competent to undertake a task their supervisor/manager will be responsible for the worker's safety and work practices; and
5. All training must be recorded in the *Worker Training Record.*

Assessment:

1. Management will periodically undertake reviews and evaluations of worker competency and training certifications. Worker evaluations will take into consideration the opportunity for continual improvement of their skills and personal growth;
2. If an worker is identified as requiring upgraded training or skill development the worker will have the required corrective action placed in the *Training Needs Register* and acted on as soon as practicable; and
3. Internal auditing processes must evaluate the effectiveness of training and competency within the company at least annually.

Document Number	**Title** *(Refer to Policies & Forms Folders)*
EMSM01	EMS Manual
P010	Competency, Training & Awareness Policy
F00018	Worker Training, Competency and Induction Register
F00019	Roles and Responsibilities Schedule
F00020	Training Needs Register
F00021	Worker Training Record

4.3 Information and Communication Policy

❖ **Purpose**

The purpose of this policy is to define, document and communicate the information and communications policy and procedures for all elements of the Shorrlong Pty Ltd EMS. This policy applies to all activities across all operational areas of the business.

❖ **Policy**

Communication and information transfer within the company includes;

- the content of the communications;
- the type of information;
- the time or when the information is distributed;
- with whom the communications have been sent;
- the way information is delivered; and
- who is the responsible person for communications?

The EMT will ensure that information is communicated throughout the company.

❖ **Internal Communication**

Management will conduct regular meetings where environmental plans; objectives and targets are discussed, measured and reviewed. Existing communication structures, such as intranet, email and departmental meetings, will be used to ensure information is effectively communicated.

❖ **External Communications**

Where external communications are undertaken, management will consider the nature the communication and make a decision on whether and how to respond. Management is responsible for maintaining records of each external stakeholder communication.

These procedures are listed in the *Communications Program Schedule.*

Document Number	**Title** *(Refer to Policies & Forms Folders)*
EMSM01	EMS Manual
P011	Information & Communication Policy
F00022	Communications Program Schedule

4.4 Document Control Policy

❖ **Purpose**

The purpose of this policy is to define, document and communicate the document control policy and procedures. This policy applies to all operational areas of the business.

❖ **Policy**

To ensure the effective operation of the EMS, we will ensure that documents are easily located, relevant and kept up to date. Documented information will be readily available to workers and managers and suitable for use.
Documented information will be protected from loss of confidentiality about our processes, improper use or loss of document integrity.

In the control of documented information including records management, the following actions are taken to ensure documents, content and records are:

- able to be distributed, accessed, retrieved and used in an appropriate, effective and efficient manner;
- stored and preserved including legibility for prescribed times as per legislative or regulatory requirements;
- version controlled and changes are documented and communicated; and
- retained and disposed of according to legislative or regulatory requirements.

Where documented information is of external origin, i.e. outside of the company and is necessary for the planning and operation of our Company's processes then, the documentation will be identified. Once identified, the document will be controlled in the same manner as internally generated documented information.

Documented information retained as evidence of conformity in the form of records will be protected and stored for the length of time required by regulatory requirements. The environmental records kept by Shorrlong Pty Ltd are listed in the *Document Register.*

The types of documents include (but are not limited to):

- HTML and Java scripted web pages;
- EMS Manual;
- procedures;
- work instructions;
- forms; and
- company templates.

Records such as:

- corrective actions;
- management reviews;
- customer complaints; and
- calibration results.

Document Management Procedure

1. A Document Manager is allocated to maintain documents in an accessible form;
2. The Document Manager will preserve updated documents for the following outcomes:
   - operational control procedures;
   - objectives, targets, and action plans;
   - legal requirements;
   - E Policies and Procedures;
   - management reviews;
   - reports on audit outcomes; and
   - corrective and preventive actions.
3. The Document Manager is not responsible for developing or modifying any documents unless tasked. All documents will be developed or modified by the appropriate person or group responsible.

The Document Manager will control all EMS documents and records using the *Document Register.*

- **Document Creation**

1. All documents will be created by a person sufficiently experienced in the subject at hand, e.g. emergency response procedures;
2. All internal documents will initially be created as electronic files (. doc.pdf, xlxs);
3. All internal documents will contain identification and description (e.g. a title, date, author, or reference number);
4. All drafts will be sent by email to the appropriate approver(s) for review and approval;
5. The reviewer will discuss any issues with the author to achieve a final approved document;
6. The reviewer will indicate approval of the document by signing off the *Document Register;*
7. On approval of the document, it will be forwarded to the Document Manager for filing/placement;
8. If the hardcopy is maintained in a filing system/binder, any previous hard copies of the same document must be moved to an obsolete document filing system/binder;
9. Original releases of documents must contain an acknowledgment that it is the original document in the revision numbering system;
10. The Document Manager will maintain a copy of the created document within a computer folder. This file must be incorporated into all data backup routines;
11. The Document Manager will ensure that all new or revised documents placed into a master list folder will have file's permission set to READ ONLY, and updated in the *Document Register; and*
12. Any previous electronic versions will then be moved to a separate folder identified for superseded/obsolete documents. Superseded/obsolete files will be kept for historical record *Document Register*.

- **Document Review and Revision**

All EMS listed documents will be reviewed/amended on an annual basis. Any document amended, or new document added, outside of the review period will be immediately added to the applicable *Document Register.*

Photocopy Allowed (PA) Forms will be reviewed every three months for currency and to ensure the current version is used.

- **Document Distribution** (*All hard copies are uncontrolled documents)*

1. Controlled documents will be available for nominated workers;
2. Workers will receive training/instruction on how to locate and retrieve the current version of a file;
3. If hardcopy document distribution is used the EMS Document Manager will note in the *Document Register* where controlled hardcopy documents are located;
4. The EMS Document Manager will be responsible for distributing current copies to the correct locations;
5. Hardcopies must not be altered or modified by users and must remain legible. Should the document be damaged or otherwise illegible the EMS Document Manager must be notified as soon as possible; and
6. Hardcopies may not be photocopied without the approval of the EMS Document Manager unless designated as a PA Form.

- **PA Forms**

1. PA Forms may be photocopied as needed; and
2. An electronic copy of each approved form must be sent to EMS Document Manager for inclusion in the document master list.

- **External Origin Documents**

External documents used for non-critical purposes, such as reference material or marketing materials are not controlled.

Legislation, Codes of Practice, Standards or third-party specifications are controlled documents.

The Document Manager must ensure the latest versions are maintained and kept up to date. Controlled external documents will be kept in the same format (electronic or hardcopy) and, subject to the same conditions of file structures and backup schedules as per internal documents.

❖ **Security of Confidential Documents**

Shorrlong Pty Ltd will take all reasonable steps to protect the personal information it holds from misuse, loss and unauthorised access, modification or disclosure. No worker, contractor or supplier is permitted to store confidential information on any individual personal use computer or portable storage device unless authorised.

Reasonable are taken to ensure personal information remains accurate and up to date. Shorrlong Pty Ltd provides the right to access the personal information held by the information owner. Any request for access to this information can be made by contacting the Privacy Officer: Paul Glynn by email centreplumbing@bigpond.com.

Where no longer required, personal information will be destroyed or de-identified except where the information is required to be kept by law or court order.

❖ **Disposal of Confidential Documents**

All workers will be given instructions for properly disposing of hard copy, digital data and products and materials containing personal and confidential information.

Shorrlong Pty Ltd will securely dispose of confidential information in a secure, manner. Before destroying records containing confidential information, the privacy officer will:

- have authorisation/endorsement to dispose of the records from Paul Glynn
- check and confirm records are no longer needed for ongoing business;
- ensure records are not required for any current or pending legal action;
- consider any other potential reason to retain confidential records, e.g. legislated record-keeping timeframes.

Destruction of records will be undertaken as soon as possible after authorisation is given, e.g. shredding of paper-based records or physical destruction or overwriting of digital media. Failure to follow documented disposal procedures may lead to disciplinary action.

Destruction Method table

Record Medium	Non-Sensitive	Moderately Sensitive	Highly Sensitive
Hard Disc drive	• *Overwriting* • *Purging*	• *Purging* • *Physical destruction*	• *Physical destruction*
CD/DVD	• *Overwriting* • *Purging*	• *Purging* • *Physical destruction*	• *Physical destruction*
Mobile phone/Tablet	• *Overwriting* • *Purging*	• *Purging* • *Physical destruction*	• *Physical destruction*
Paper record	• *Single Shredding*	• *Cross shredding*	• *Cross shredding* • *Burning*

After the destruction process is complete, professional paper shredding and hard drive and media destruction services must provide a Certificate of Destruction confirming the time, date and method of destruction.

Document Number	Title *(Refer to Policies & Forms Folders)*
EMSM01	EMS Manual
P012	Document Control Policy
F00023	Document Register

4.5 Records Management Policy

❖ **Purpose**

This policy defines the requirements for the identification, storage, security, recovery, and retention time of records. This policy applies to all records as defined within the *Document Register.*

❖ **Policy**

Shorrlong Pty Ltd will create, capture and maintain full and accurate records of its activities, including outsourced, contracted or cloud-based activities. All areas of operations will keep records per this policy.

The organisation recognises that good record management plays a critical role in:

- supporting good business practices;
- providing for evidence-based and informed decision making;
- promoting accountability and transparency; and
- supporting compliance with legislative and regulatory provisions.

Records Management Procedure

All electronic forms will be maintained and backed up as per document keeping procedure.

All hardcopy records will be protected from damage by storage in suitable compartments; A record of where records are to be stored will be kept in the *Document Register.*

Records subjected to regulated timeframes must be kept for the required period. All other records will be kept for a period of seven years.

Record Type	Retention period
E.g. Workers records	*Seven years*
E.g. Environmental approval	*Five years*

All archived records stored offsite will be maintained in a secure, suitable location.

Discarded records will be permanently destroyed after retention periods have elapsed.

Records must be made available for easy retrieval in case of backup or requests for viewing by nominated parties.

Document Number	Title *(Refer to Policies & Forms Folders)*
EMSM01	EMS Manual
P013	Records Management Policy
F00023	Document Register

Section 5 OPERATION

5.1 Operational Planning and Control Policy

❖ **Purpose**

The purpose of this policy is to define, document and communicate the Operational Planning and Control Policy and Procedures for all elements of the EMS. This policy applies to all activities across all operational areas of the business.

❖ **Scope**

This procedure applies to any business activity conducted by Shorrlong Pty Ltd for which potential environmental impacts may occur. This may include but is not limited to:

- fires, explosions;
- effects of storms, floods, cyclones or other unexpected weather conditions;
- chemical spillage or leakage;
- toxic emissions;
- accidents as a result of equipment failure;
- cultural heritage issues; and
- societal considerations.

❖ **Policy**

Shorrlong Pty Ltd intends to mitigate and control, where practicable, the environmental impacts associated with its operations. Operational control procedures will be developed for activities associated with significant environmental aspects.

❖ **Responsibilities**

Environmental Management Representative is responsible for:

- overseeing and implementing the development of the initial environmental risk assessment utilising the EMT;
- identifying and engaging competent Internal or external assessors where necessary to identify the business practices and processes that may impact on the environmental of others and determine the effect of that impact; and
- provide guidance when necessary.

Managers are responsible for actively participating to ensure;

- the appropriate resources for the environmental risk assessments are available, including the release of EMT members as required;
- all line personal for which they are responsible informed that the environmental risk assessment is being undertaken; and
- they attend review meetings as required.

Operational staff are responsible for providing all assistance as determined by the EMT or Environmental Management Representative.

Operational Planning and Control Procedure

To understand and manage actual and potential environmental impacts, Shorrlong Pty Ltd will systematically identify business processes that will, or could, affect the environmental of others. This allows objectives for environmental improvement and develops targets to be set, and action plans implemented.

1. Using input/output flow charts, (or another mapping approach) the risk assessment team identifies the operations that fall within the scope of the EMS. This will be conducted with assistance from nominated workers working with that operation. Record using the *Operations/Processes Identification Form;*
2. The environmental management representative will arrange for the environmental impacts of these operations to be identified by environmental assessors/EMT using the process mapping approach where practicable;

3. Environmental aspects, and their potential impacts, should be listed by operation in the *Risk Assessment Form;*
4. If the environmental aspect involves the use of a potentially harmful chemical, the chemical effects will be noted and listed in the *Hazardous Substance/Dangerous Good Register;*
5. After identifying all environmental aspects, undertake an assessment to determine if operational controls and documented procedures are in place for each aspect. *Operational Control Development Worksheet;*
6. Where there is a need to put in place or modify existing operational controls and procedures, the environmental management representative will assign a member of the EMT to draft a safe operational control procedure. This procedure will be developed with input from workers working with the process;
7. Where practicable, environmental controls can be added to existing procedures.
8. Determine if personnel require training to implement and maintain the environmental controls. If training is required, it should be documented in the *Training Needs Register;*
9. Any new operational control procedures will be issued as a Safe Work Instruction and must list the required steps or measures to be undertaken. The instruction must also include applicable monitoring to be undertaken and a frequency for that monitoring;
10. When operational controls have been developed and implemented, they will be recorded on the *Operational Control Register; and*
11. The Safe Work Instruction should be posted at the site of the activity and listed in the *Document Register.*

❖ **Frequency**

This procedure will be repeated:

- whenever a new process is introduced;
- whenever a new process, impact or effect is identified (that was not identified in any previous assessment); and
- annually to review that any new environmental aspects are identified.

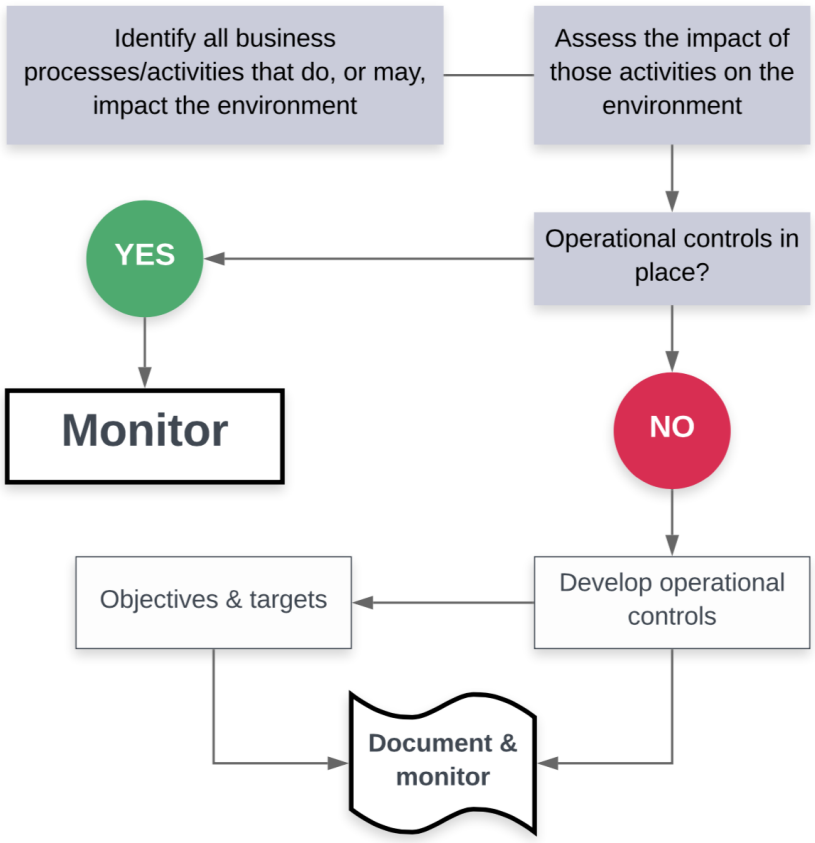

Figure 5. Operational Planning and Control Procedure Flow Chart

❖ **Outsourcing Control**

Any outsourced processes completed on behalf of our company will be monitored and measured similarly to internal process against the requirements of our EMS.

In the development of externally provided processes Shorrlong Pty Ltd will consider:

- how external processes, products and services can be integrated into our EMS; and
- oversight to ensure outsourced processes, products, and services meet EMS requirements.

We will ensure that when a process, product or service is being outsourced then stringent evaluation, selection, monitoring of performance and review methodologies are implemented to provide assurance that it would meet the requirements of the EMS.

All documented information in the form of records is retained with regards to the development, evaluation and monitoring of outsourced processes, products and services.

❖ **Control Type and Extent Process**

The oversight and assurance of the outsourced company are monitored so that there is no reduction in our company's ability to maintain our environmental objectives and targets.

Any outsourced processes completed on behalf of our organisation are monitored and measured similarly to any internal process.

In doing so, we will:

- identify outsourced processes that have environmental aspects. *Outsourced Process Register;*
- ensure and provide oversight that the processes outsourced remain under the guidance of Shorrlong Pty Ltd;
- assist in defining, designing and developing the controls that we are expecting our outsourced vendors to work to *Operational Control Register;*
- consider the impacts of:
    - the outsourced company's ability to design and develop processes and procedures that meet our regulatory and internal requirements;
    - the effectiveness of the controls applied to the externally sourced processes, and procedures;
- determine and implement the necessary review, verification and validation tasks required for oversight, and to provide assurance that external processes, products and services are meeting requirements—O*utsourced Process Register.*

❖ **Information for External Providers**

When we initiate communication with the external provider to provide outsourced processes, products and services, we will advise our requirements for:

- the scope of the processes, products or services to be provided;
- approval methodology for:
    - the externally provided products and services;
    - how the processes are to be completed and the equipment to be used to develop the outputs;
    - the release criteria for the products and services;
- the training and competence required to deliver the product and service, and what qualifications are required by the external provider;
- how the external provider is to interact with our company;
- oversight and assurance (control and monitoring) to ensure that the external provider is performing to the requirements.

Document Number	**Title** *(Refer to Policies & Forms Folders)*
EMSM01	EMS Manual
P014	Operational Planning & Control Policy
F00024	Operations/Processes Identification Form
F00009	Risk Assessment Form
F00025	Operational Control Development Worksheet
F00020	Training Needs Register
F00026	Operational Control Register
F00023	Document Register
F00027	Outsourced Process Register

5.2 Environmentally Sustainable Procurement Policy

❖ **Objective**

The intention of this policy is to promote environmental factors such as:

- conservation of natural resources;
- supporting recycling markets;
- reducing materials that are landfilled;
- increasing the use of environmentally preferable products.

❖ **Scope**

This policy applies to the purchase of all goods and services made by or on the behalf of Shorrlong Pty Ltd.

❖ **Policy**

This policy outlines the commitment of Shorrlong Pty Ltd to efficient, effective, economical and sustainable procedures in all procurement activities.

Wherever practicable, the following the general conditions will apply:

- use of washable and reusable products;
- battery-operated equipment capable of being recharged or using rechargeable batteries;
- printing of documents and reports only as they are needed;
- choosing durable products rather than disposable;
- buying in bulk, when storage and operations exist to support it;
- reusing products such as, but not limited to, file folders, storage boxes, office supplies, and furnishings;
- reducing waste through reuse and recycling to the extent practicable;
- when making a choice among comparable products, preference will be given to those products whose production, use, and disposal involve fewer hazardous materials.

❖ **Responsibilities**

At Shorrlong Pty Ltd is responsible to ensure:

- strategies are adopted to avoid unnecessary expenditure and consumption of goods and services;
- goods and services selected have a lower environmental, social and ethical impact compared to competing goods and services;
- all procurement practices comply with relevant legislation;
- purchasing decisions support and are consist with the company's core values, policies and procedures;
- purchasing is to be undertaken on a competitive basis with all potential suppliers being treated impartially, fairly, honestly and consistently;
- any actual or perceived conflicts of interest are to be identified, disclosed and appropriately managed;
- accountability for all procurement decisions is taken and ethical conduct is maintained.

Workers that are required to undertake procurement functions on behalf of Shorrlong Pty Ltd should familiarise themselves and maintain currency with the Shorrlong Pty Ltd Sustainable Procurement Policy and legislated procurement requirements.

Procurement Procedure

The following principles will be observed throughout all stages of the procurement process at Shorrlong Pty Ltd to ensure optimal environmental, social, and ethical outcomes aligned to Shorrlong Pty Ltd policies and legislative requirements:

- use of resources - how the goods or service are to be used (the basis for need, efficiency, environmental impact);
- minimum purchasing - purchases will occur after determining that the goods or service are needed;
- locality - sourcing goods or services from local suppliers to assist local investment and economic sustainability;
- ethical sourcing - whenever possible purchasing goods that have been fairly traded;
- design - components of goods can be disassembled, design efficiencies, reuse/recycle potential;
- minimum greenhouse gas emissions – operating efficiencies, "green" energy;
- minimum toxicity - purchase of goods that are free of toxic or polluting materials and chemicals;

- minimum habitat/fauna/flora destruction – such as “green” products, biodegradability;
- packaging - minimum packaging is used, and that packaging is reused or recycled;
- minimum waste - avoid, reduce, reuse and recycle;
- maximum water efficiency;
- waste management – issues associated with disposal assessed and controlled before purchase;
- life Cycle Costing – assessment of the environmental, social, economic cost of a good/service during its lifetime.

❖ **Purchasing Plant and Equipment**

The information must be sought by the person requesting the goods before any new plant or equipment is introduced into the workplace. This information should be of sufficient standard to allow for environmental implications to be assessed in advance. The following impacts will be considered:

- will the goods require modification to meet industry standards, codes of practice or legislative requirements?
- will the equipment produce noise, fumes?
- will workers require extra training?
- will Safe Work Instructions need to be created or updated?

Determine impacts will allow for risk control measures required for its safe use to be in place before arrival.

❖ **Purchasing Hazardous Chemicals**

The SDS must be sourced before the purchase of any hazardous chemicals. The purchaser must review the content of the SDS and verify if the controls are suitable for the intended storage and use of the chemical.

❖ **Purchasing Risk Controls**

If the purchased item:

- is already covered by existing risk control processes, a more detailed risk assessment is not required;
- is not adequately covered by existing risk controls or does not meet industry standards, codes of practice or legislative requirements, a more detailed risk assessment must be completed before the purchase—R*isk Assessment Form.*

❖ **Verification of Environmental Requirements**

Verification of environmental requirements is required upon receipt of the goods to ensure that the control measures have been met as detailed on the purchase order. Verification should be conducted and documented by the person who ordered the item or who determined the environmental requirements.

❖ **Failed Verification of Environmental Requirements**

Non-conforming that presents an environmental hazard must not be used in the workplace. The Workplace Manager must directly contact the supplier in the event of faulty or non-conforming goods to arrange replacement or return of the goods.

If a hazard is not identified before purchase but becomes apparent once the item has been received or used a *Corrective/Preventative Actions Form* will be raised and acted on. The hazard report shall detail the corrective actions required to eliminate or minimise the risk of injury to an acceptable level. If the fault or non-conformance represents a environmental hazard, the responsible person must ensure goods are withdrawn from service and isolated (i.e. locked out to prevent unauthorised use).

Document Number	**Title** *(Refer to Policies & Forms Folders)*
EMSM01	EMS Manual
P015	Environmentally Sustainable Procurement Policy
F00009	Risk Assessment Form
F00028	Pre-purchase Checklist
F00029	Purchasing Record
F00030	Corrective/Preventative Actions Form

Section 6 EMERGENCY PREPAREDNESS & RESPONSE

6.1 Emergency Preparedness and Response Policy

❖ **Purpose**

The purpose of this policy and procedure is to define the methods for managing the preparedness and response procedures for potential accidents and emergency situations that may lead to significant environmental impacts.

❖ **Policy**

Shorrlong Pty Ltd commits to preparing for potential environmental accidents and emergency situations which may arise. The procedures for preventing and mitigating emergency situations may include:

- fires, explosions;
- effects of storms, floods, cyclones or other unexpected weather conditions;
- chemical spillage or leakage;
- toxic emissions; or
- accidents as a result of equipment failure.

❖ **Responsibilities**

The Function/Departmental Managers are responsible for:

- overseeing and implementing the development of the emergency response plan;
- implementation, maintenance and communication of policy and procedures around emergency response planning;
- chairing necessary emergency response meetings;
- identifying who should participate in the initial risk/impact assessment; and
- provide guidance when necessary.

Environmental Response Representative:

- the environmental response representative will review the suitability and effectiveness of the emergency procedures after each accident or emergency situation.

Emergency Response Team responsible for:

- the execution of the appropriate emergency procedures as advised by the function/departmental manager;
- ensuring the appropriate resources for the emergency response implementation are available;
- attending emergency response review meetings as required;
- ensuring communication of any changes is made known to workers, business owners and any affected parties; and
- participation in post-emergency incident review processes.

Workers responsible for:

- keeping informed and be familiar with the emergency response procedures;
- attending any required training concerning emergency response procedures; and
- following the emergency procedures in case of an incident.

Emergency Preparedness and Response Procedure

The procedures will follow the general steps listed below. Each step within this general process may then be further detailed as necessary.

1. Function/Departmental Managers will take proactive steps to initiate and implement a hazard and risk assessment of potential environmental accidents and emergencies that may arise from tasks and processes. *Risk Assessment Form;*
2. Based on the risk assessment, a review will be undertaken to determine if any risk response procedures are already in place for identified operations and activities. Should no risk response procedure be identified, they will be developed and implemented for the activity;
3. All operations and activities requiring a risk response procedure to be recorded in the *Emergency Response Register;*
4. Function/Departmental Managers will take proactive steps to ensure an *Emergency Response Plan* is prepared based on the outcomes of the hazard and risk assessment;

5. The emergency team is developed and resourced sufficiently to implement the emergency plan when required;
6. Workers and emergency team members are trained and familiar with the procedures described in the *Emergency Response Plan*;
7. Function/Departmental Managers will ensure drills and periodic testing of the procedures is conducted where practical and, will maintain the *Emergency Drill Report* for post-incident review;
8. The Function/Departmental Manager and Environmental Response Representative will review the suitability, adequacy and effectiveness of the emergency plan after each accident or emergency situation and revise the emergency plan as necessary;
9. Assess the change to the emergency plan using a risk management approach to arrive at a priority for implementation. *(Risk Assessment Form).*

Follow the change management procedure for implementation. *Change Request Form;*

1. Document the response in the appropriate *Corrective/Preventative Actions Form* and file the response as a record;
2. The Function/Departmental Manager will maintain documentation on emergency response and preparedness, and emergency incidents for at least three years.

Emergency Recovery Response Procedure

Procedures will follow the general steps listed below. Each step within this general process will then be further detailed as necessary.

1. All operations and activities requiring an emergency recovery response procedure to be recorded in the *Emergency Recovery Response Register;*
2. Function/Departmental Managers will take proactive steps to ensure an *Emergency Recovery Plan* is prepared based on the outcomes of the hazard and risk assessment;
3. An Emergency Recovery Team is developed and resourced sufficiently to implement the recovery plan when required;
    - Workers and Emergency Recovery Team members are trained and familiar with the procedures described in the *Emergency Recovery Plan*.

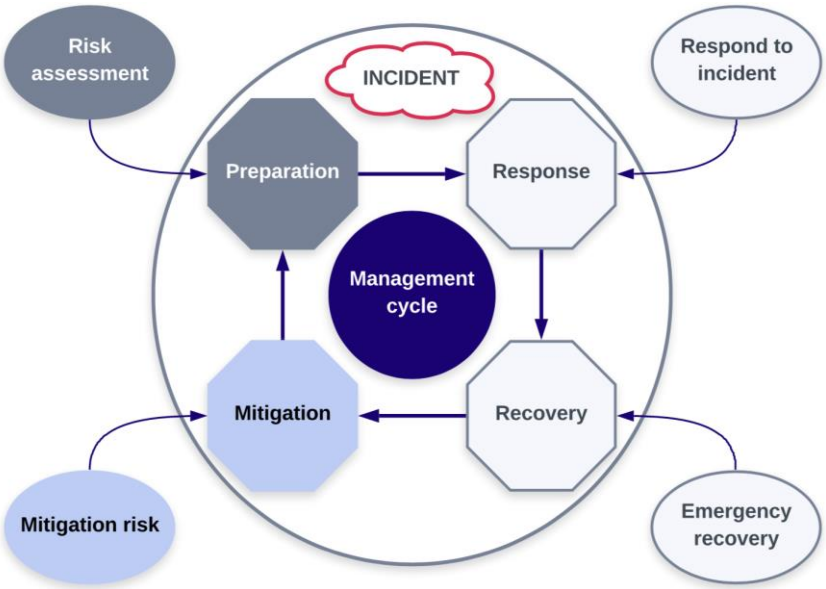

Figure 6. Emergency Preparedness and Recovery Responses

Document Number	Title (Refer to Policies & Forms Folders)
EMSM01	EMS Manual
P016	Emergency Preparedness & Response Policy
F00009	Risk Assessment Form
F00031	Emergency Response Register
F00032	Emergency Response Plan Template
F00033	Emergency Drill Report
F00034	Emergency Recovery Plan Template
F00016	Change Request Form
F00030	Corrective/Preventative Actions Form

Section 7 PERFORMANCE EVALUATION

7.1 Performance Evaluation Policy

❖ **Purpose**

The purpose of this policy is to define the monitoring methods, measuring and evaluating our EMS to ensure it remains effective and can continually improve.

❖ **Policy**

Shorrlong Pty Ltd commits to the monitoring of the system to evaluate the effectiveness of the system by:

- objectively evaluating how well the requirements of the system are fulfilled;
- verifying the extent to which our organisational, stakeholder and legal requirements have been met;
- reviewing the suitability, effectiveness and efficiency of the EMS;
- determining the need or opportunities for improvements within the system.

Shorrlong Pty Ltd adopts a systematic approach to the monitoring and measurement of data within the EMS to:

- monitor the performance of mitigation/protective equipment and processes in place;
- monitor compliance with legal and other requirements; and

All operational controls and procedures will include documented information that includes:

- procedures/drawings/specifications/blueprints (etc.) that describe the environmental hazard and the control method. The documented information also describes the procedures necessary to achieve the intended outcome and monitoring required;
- the use of suitable infrastructure/equipment and the processes operated in a suitable environment:
    - infrastructure/equipment used in the process will be fit for purpose, be maintained and used within the parameters and limitations of the manufacturer's recommendations;
    - the operating environment will be suitable in terms of temperature, airflow and humidity to allow for the operation of the processes;
- the use and availability of monitoring and measuring resources including the use, care, calibration and maintenance of measuring equipment;
- the use of inspection and testing (monitoring and measuring) procedures throughout defined key stages of implementation;
- Shorrlong Pty Ltd Workers are competent to conduct our operations in line with the processes and procedures designed and developed. Shorrlong Pty Ltd also ensures competent testers and inspectors are used to ensure the accuracy of our products and services.

Document Number	Title (Refer to Policies & Forms Folders)
EMSM01	EMS Manual
P017	Performance Evaluation Policy

7.2 Monitoring, Measuring and Evaluation Policy

❖ **Purpose**

The purpose of this policy is to define the requirements for monitoring and calibration/verification of equipment or processes used by Shorrlong Pty Ltd to control environmental aspects.

❖ **Policy**

Shorrlong Pty Ltd adopts a systematic approach to the monitoring and measurement of data within the EMS to:

- monitor the performance of mitigation/protective equipment and processes in place;
- monitor compliance with legal and other requirements; and
- any other monitoring or measurement requirements as a result of the EMS.

Monitoring Procedure

Paul Glynn will determine what is needed to ensure that validated and reliable results are achieved to ensure conformity with our internal and external requirements. The Management Team will ensure that the right level of resourcing is available to deliver the results.

Monitoring and measuring will be undertaken at regular intervals.

1. Management review will identify all activities that will require monitoring;
2. A risk assessment will be undertaken to assign the activities a risk rating;
3. Establish a monitoring plan based on the results of the risk assessment; *Monitoring and Measurement Schedule;*
4. Develop the monitoring plan to monitor and measure key components of those activities, and enter all relevant information into the *Monitoring Register;*
5. Any equipment requiring calibration will be noted in the *Monitoring/Measuring Equipment Register;*
6. The *Monitoring Register* is to be retained on file by the relevant Supervisor/Manager, updated as required and reviewed annually.

Monitoring, Measuring and Evaluation Procedure

Procedures will follow the general steps listed below. Each step within this general process can be further detailed as necessary.

1. Identify and document the monitoring that will be performed, *Monitoring Register;*
2. Document the monitoring and measurement equipment and specify the allowable ranges in corresponding procedures *Monitoring and Measuring Equipment Register;*
3. Identify the time, location and persons performing the monitoring and measurements; *Monitoring and Measurement Schedule;*
4. Ensure corrective actions and countermeasures are in place if the measurement is found to be more than allowable parameters. *Corrective/Preventative Action Form;*
5. Standard Operating Procedures for calibration and routine maintenance of equipment utilised should be documented *Standard Operating Procedure;*
6. Test results will identify items monitored, the type of inspection, date of inspection, the person conducting the inspection, results of the inspection (pass or fail) and subsequent corrective actions if needed; *Corrective/Preventative Action Form.*

Evaluation of Compliance

Paul Glynn will analyse and evaluate the monitoring and measuring data to provide information as to the performance of our environmental control systems.

The continuous analysis and evaluation will provide documented information on:

- our compliance against regulatory and other requirements;
- how well our controls interact with the delivery of our products and/or services;
- how well our company's EMS is functioning;
- our planning and how well we achieved our planned outputs;
- how effective the corrective actions we have taken have helped address any risks and opportunities;
- how well our external providers are performing against our requirements; and
- where plans can be made to improve the efficiency of the EMS.

Document Number	Title (Refer to Policies & Forms Folders)
EMSM01	EMS Manual
P018	Monitoring, Measuring and Evaluation Policy
F00035	Monitoring Register
F00036	Monitoring and Measurement Schedule
F00037	Monitoring and Measurement Equipment Register
F00038	Standard Operating Procedure Template
F00030	Corrective/Preventative Action Form

Section 8 AUDITING

8.1 Internal Audits Policy

❖ **Purpose**

The purpose of this policy is to define the process for undertaking internal audits of the defined EMS. This process will define the responsibilities for planning and conducting audits, reporting the results of audits, and retention of audit records.

❖ **Policy**

Shorrlong Pty Ltd is committed to assessing compliance with the EMS and the company in alignment with AS/NZS ISO 45001:2018. By doing so, we are ensuring the system itself is effectively implemented and maintained.

Audit plans identifying criteria, scope, frequency, and methods will be developed and administered by the Environmental Manager (or delegate). Audits will be scheduled, organised, performed and recorded following detailed procedures and work instructions. Suitably competent persons who are not accountable for environmental outcomes in the area being audited will perform audits.

All audit findings and results will be maintained. Where corrective actions are identified, a report created accordingly, and management responsible for the non-conforming result ensure the necessary corrective actions are taken without undue delay. All follow-up actions will be verified and signed off as complete by the Environmental Manager (or delegate).

Audit Procedure

Management is required to:

- implement an *Annual Audit Schedule* to determine whether the EMS conforms to the documented policies and procedures;
- allocate sufficient resources to ensure the EMS is properly effective and maintained;
- nominate an EMS Audit Manager to develop and lead the audit process;
- provide audit findings to Paul Glynn
- professionally conduct all audits.

All workers are required to:

- participate and assist in audits as required;
- bring it to the attention of their Supervisor/Manager immediately any issue that may affect a current audit.

The EMS Audit Manager will:

- develop an internal audit programme
- ensure an internal audit of the EMS is undertaken annually (At minimum);
- select an audit team (ensuring the auditor team has appropriate audit training);
- appoint an audit team leader (if not themselves);
- establish and implement an *Internal Audit Plan*; (considering breadth and depth of audit);
- communicate the audit schedule to the organisation;
- select an audit team.

❖ **Audit Team Selection**

One or more auditors may comprise an audit team:

- if the team is made up of more than one auditor, a Lead Auditor will be nominated;
- the Lead Auditor will be responsible for coordinating the audit process, and preparation of the final audit report;
- the Lead Auditor will ensure that the team understands the scope of the audit;
- the Lead Auditor will ensure that relevant organisational EMS policies, procedures and other documents are made available before the audit commences (ensuring a reasonable notification time for audited departments before the audit).

Audit Plan

The Lead Auditor is responsible for ensuring the preparation of a written audit plan. *See AS/NZS ISO 45001:2018 Internal Audit Checklist.*

The audit plan will consider:

- relevant system documents and records;
- internal audit criteria and components of AS/NZS ISO 45001:2018.

❖ **Conducting the Audit:**

1. A pre-audit meeting is held with appropriate personnel to confer on the scope, plan and timing for the audit;
2. The Lead Auditor may modify the audit scope and plan if necessary;
3. All audit findings must be documented;
4. Corrective actions from previous audits must be considered and documented;
5. A post-audit meeting will be held to present preliminary audit findings, clarify any misinterpretations, and summarise the audit outcomes.

❖ **Reporting audit outcomes:**

1. The Team Leader will prepare an audit report;
2. The audit report will state the scope of the audit, identify the audit team, define the evidence used, and summarise the results of the audit;
3. Audit findings indicating that corrective actions are required must be entered into the *Corrective/Preventative Action Register*;
4. The EMS Audit Manager is responsible for distributing the audit results to *(Insert name here)*.
5. The EMS Audit Manager is responsible for ensuring audit reports are tabled for review at the next Management Review (see next section).

❖ **Audit follow-up:**

- non-conformances identified as a result of the audit will be listed in the *Non-conformance Form and the Corrective/Preventative Action Form;*
- the EMS Audit Manager will be responsible for the completion and effectiveness of corrective actions.

❖ **Record keeping:**

- all *Internal Audit Reports* will be retained for at least two years from the date of the Audit;
- the EMS Audit Manager is responsible for assigning audit records to the EMS Manager for storage (including any records relating to the training of auditors).

Note: Should any evidence collected during the Internal Audit suggest an extreme risk exists, this information must be communicated directly to Environmental Manager/CEO immediately. Work tasks involving the identified extreme risk must stop until effective control measures have been implemented.

Document Number	Title (Refer to Policies & Forms Folders)
EMSM01	EMS Manual
P019	Internal Audits Policy
F00039	Annual Audit Schedule
F00040	Internal Audit Plan
F00030	Corrective/Preventative Actions Form
F00041	Non-conformance Form
F00042	Internal Audit Report
F00043	AS/NZS ISO 14001-2016 Internal Audit Checklist

8.2 External Audit Policy

❖ **Purpose**

To provide a framework for the conduct of external audits by a third party.

❖ **Responsibilities**

The Organisation is responsible for ensuring that:

- there are an effective External Auditing Procedure and supportive mechanisms in place;
- the auditors who are engaged to coordinate, conduct and document audits are adequately trained and qualified to undertake such tasks;
- all workers who are required to appoint, liaison with and assist auditors are trained and familiar with the External Auditing Procedure; and
- review of the External Auditing Procedure conducted as required.

The Environmental Manager is responsible for:

- maintaining and reviewing the External Auditing Procedure as required;
- appointment of qualified external auditors, negotiating the Terms of Engagement and determining the scope of the external audit with the proposed auditor, in consultation with the Organisation;
- ensuring that appropriate audit documentation is available and used to conduct the external audit;
- assisting managers, supervisors and workers in participating in audits and corrective actions when required;
- informing and consulting with the Organisation/CEO regarding the audit process, in particular, the scheduling of audits, audit outcomes, and the address of corrective actions;
- coordinating the completion of corrective actions and follow up meetings and audits as required; and
- maintaining adequate records in respect of all external audits.

Supervisor(s)/Manager(s) are responsible for:

- informing workers and others about the requirement to participate and cooperate with the audit process as required. Consulting with workers about audits;
- ensuring that workers are made available for participation in audits when required;
- liaison with the auditor and the Environmental Manager to ensure the smooth conduct of audits;
- participating in and cooperating with the audit process as required. Attending audit meetings and
- assisting with the implementation of Corrective Actions and follow-ups as required.

All workers are responsible for participating in and co-operating with External Audits when required by the Environmental Manager.

External Audit Procedure

The Environmental Manager determines the need for an external audit and submits information and recommendations to the Organisation, for approval of an external audit to proceed

Upon approval to proceed with the audit, the Environmental Manager:

1. Determines the nature and scope of the audit;
2. Investigates a suitable experienced and qualified auditor;
3. Negotiates the Terms of Engagement of the audit;
4. Engages the auditor;
5. The Environmental Manager will consult with relevant Managers and workers to schedule in the audits and allocated time for workers to participate in the audit process as required;
6. Information and evidence collected during the audit documented in a detailed External Audit Checklist and Summary Report by the auditor;
7. Notes from interviews and original photographs kept with the External Audit Summary Report as evidence collected by the auditor;
8. The External Audit Checklist and Summary Report will be submitted to the Environmental Manager/CEO inclusive of a list of recommended corrective actions for the management to address;
9. Follow up meetings between the Environmental Manager/CEO will occur to ensure the corrective actions are completed in a suitable timeframe.

Note: Should any evidence collected during the external audit suggest an extreme risk exists, this information must be communicated directly to Environmental Manager/CEO immediately. Work tasks involving the identified extreme risk must stop until effective control measures have been implemented.

Document Number	Title (Refer to Policies & Forms Folders)
EMSM01	EMS Manual
P020	External Auditing Policy

Section 9 MANAGEMENT REVIEW

9.1 Management Review Policy

❖ **Purpose**

The purpose of this policy is to define the process for management review of the EMS and its continual improvement. Management will periodically review the important elements and outcomes of the EMS.

❖ **Policy**

Senior Management is responsible for the periodic review of the EMS to ensure its continuing suitability, adequacy and effectiveness.

The EMS is reviewed annually *(or alternative frequency),* and copies of records, notes, findings or other relevant evidence from the review are filed appropriately.

The review will include an assessment of opportunities for improvement and, the need for changes to the environmental Policy and/or objectives.

Management Review Procedure

The management review of the EMS and company performance will take into consideration the following items (but not limited to):

- the ongoing status of actions taken from the previous review;
- any internal or external changes that have an impact on the EMS;
- trend analysis of the following performance indicators:
  - how our company's Environmental objectives have been met;
  - our processes performance and our compliance with requirements;
  - how our company has found nonconformities and how we have developed corrective actions to reduce the impact of the nonconformities;
  - the results and outcomes of our company's monitoring and measuring activities;
  - the results and outcomes of internal and external audits;
  - how well our external providers are delivering against our company's requirements;
- determine if the operational controls, procedures, corrective actions, preventative measures, and continuous improvement efforts have resulted in enhanced environmental performance;
- document changes that result in process improvement;
- formulate any corrective actions, preventative measures as a result of the review of systems non-conformance, and verify corrective actions are effective and appropriate. *Corrective/Preventative Actions Form*.

Management Review Output

The output from the management review includes any decisions and actions related to:

- opportunity for improvement to the effectiveness of the EMS and its associated processes;
- identify any need for changes to improve the EMS;
- review and updating of external and internal environmental issues of concern;
- review of the performance of external providers;
- review of the effectiveness of actions taken to address risks
- follow-up activities from previous management reviews;
- identify any further resource needs.

Documented information in the form of records as evidence the results, decisions and actions from the management reviews will be kept. *Management Review Meeting Report*.

Document Number	Title (Refer to Policies & Forms Folders)
EMSM01	EMS Manual
P021	Management Review Policy
F00044	Management Review Meeting Report
F00030	Corrective/Preventative Actions Form

Section 10 IMPROVEMENT

10.1 Business Improvement Policy

❖ **Purpose**

The purpose of this policy is to define the process for management review of the EMS and its continual improvement.

❖ **Policy**

At Shorrlong Pty Ltd, we are committed to identifying and selecting opportunities for improvement when they arise. Our company will implement necessary actions to improve our EMS further to meet regulatory, internal and other external requirements.

To meet and exceed our expectations, we will:

- improve our EMS and research future needs and expectations of the wider community;
- correct, prevent or reduce and mitigate undesired environmental effects of our undertakings; and
- improve the operation and implementation of our EMS.

❖ **Identification of Non-conformances**

It is the responsibility of all Workers to bring suspected non-conformances to the attention of Paul Glynn Non-conformances may be identified through the following methods:

- audit findings (internal or external);
- complaints (internal or external);
- observation;
- incidents/near-misses.

❖ **Control of Non-conformances**

When non-conformity occurs with one of our control processes, we will do all possible to:

- record the nonconformity (*Non-conformance Form)* and take the appropriate actions to correct the issue;
- investigate and evaluate where the nonconformity occurred and develop actions to eliminate or mitigate the nonconformity. We will do this by:
    - reviewing and analysing the nonconformity for the causes of the failure;
    - determining if similar nonconformities exist in our processes or if they could potentially occur;
    - complete the *Non-Conformance Form* to detail the nature and scale of the non-conformance, including proposals for corrective and preventive actions;
    - implement the actions needed to ensure that the nonconformity does not occur against within our processes;
    - review, monitor and measure the effectiveness of the new corrective actions;
    - use the analysis in the planning cycle and update our known risks and opportunities;
    - update the EMS as required.

The corrective action taken will be of an appropriate magnitude to the effects of the nonconformities encountered. The corrective actions are risk assessed to ensure that the benefits of the change are forthcoming. *Corrective/Preventative Actions Form.*

Any nonconformity will be kept as a record to provide evidence of:

- what the nonconformity was;
- what subsequent actions were taken to fix the nonconformity; and
- the results of monitoring and measurement on the corrective actions.

Repeated non-conformances of similar nature reported to Paul Glynn for action and resolution.

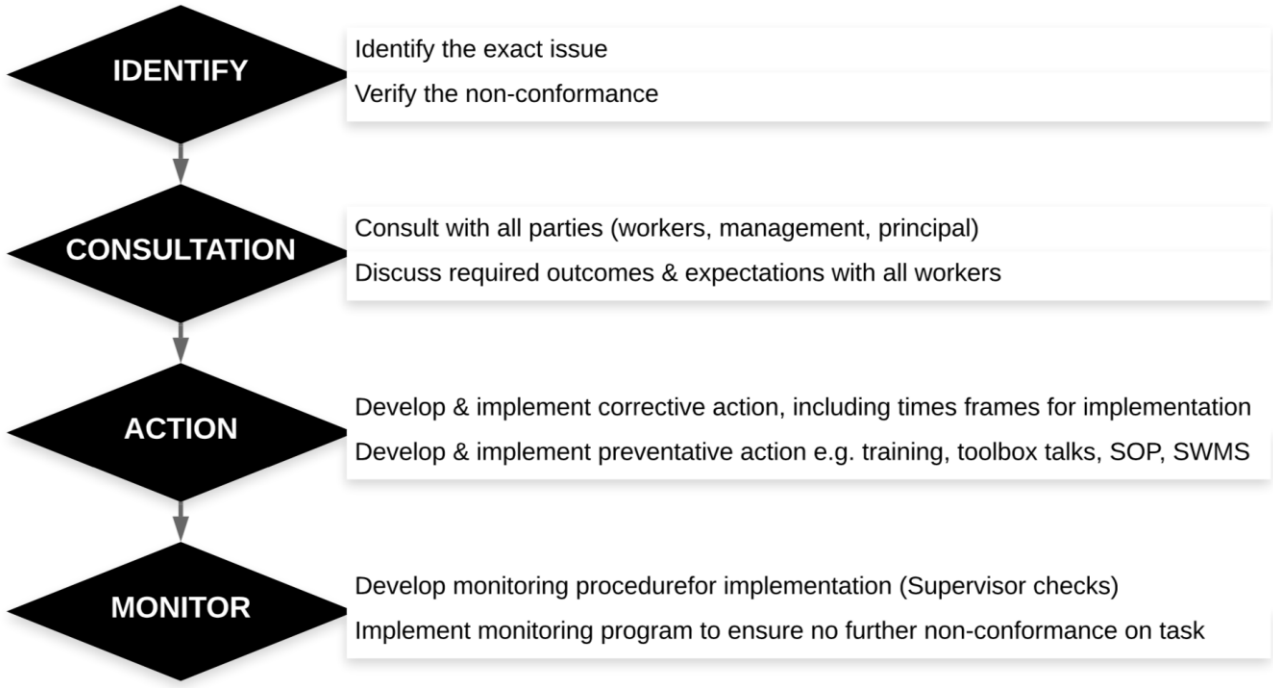

Figure 7. Non-Conformance Process

❖ **Preventative Action**

All workers and contractors required to:

1. Assist in identifying, documenting, and implementing preventive actions to reduce or eliminate failures in the EMS. Potential non-conformances examined, and actions taken to prevent their occurrence;
2. Follow this procedure on detection of a possible non-conformance;
3. Bring it to the attention of their Supervisor/Manager immediately.

Management required to:

1. Implement actions to address the potential nonconformity;
2. Setup processes to monitor and review any actions taken.

It is the responsibility of all workers and contractors to bring potential non-conformances to the attention of Paul Glynn Potential Non-conformances may be identified through the following methods:

- audit findings (internal or external);
- complaints (internal or external);
- observation;
- incidents/Near-misses.

❖ **Potential Non-Conformances Control**

When a potential nonconformity or other threat is identified, we will:

- take the appropriate actions to control the process before a non-conformance occurs;
- investigate and evaluate how and where a nonconformity may occur and develop actions to eliminate or mitigate the risk of the nonconformity arising.

We will do this by:

- reviewing and analysing the potential nonconformity for causes;
- determining if similar nonconformities exist in our processes or if they could potentially occur;
- attach the applicable *Non-conformance Form* to detail the nature and scale of the potential non-conformance. This will include proposals for corrective and preventive actions, as appropriate;
- implement the actions needed to ensure that the nonconformity does not occur within our processes;
- review, monitor and measure the effectiveness of the corrective actions;
- use the analysis in the planning cycle and update our known risks and opportunities;
- update the EMS as required.

The corrective action taken will be of an appropriate magnitude to the effects of the nonconformities encountered. The corrective actions are risk assessed to ensure that the benefits of the change are forthcoming *(Corrective/Preventative Actions Form).*

Any potential nonconformity will be kept as a record to provide evidence of:

- what the potential nonconformity was;
- what actions were taken to fix the potential nonconformity; and
- the results of monitoring and measurement on the corrective actions.

Repeated reports of similar nature reported to Paul Glynn for action and resolution.

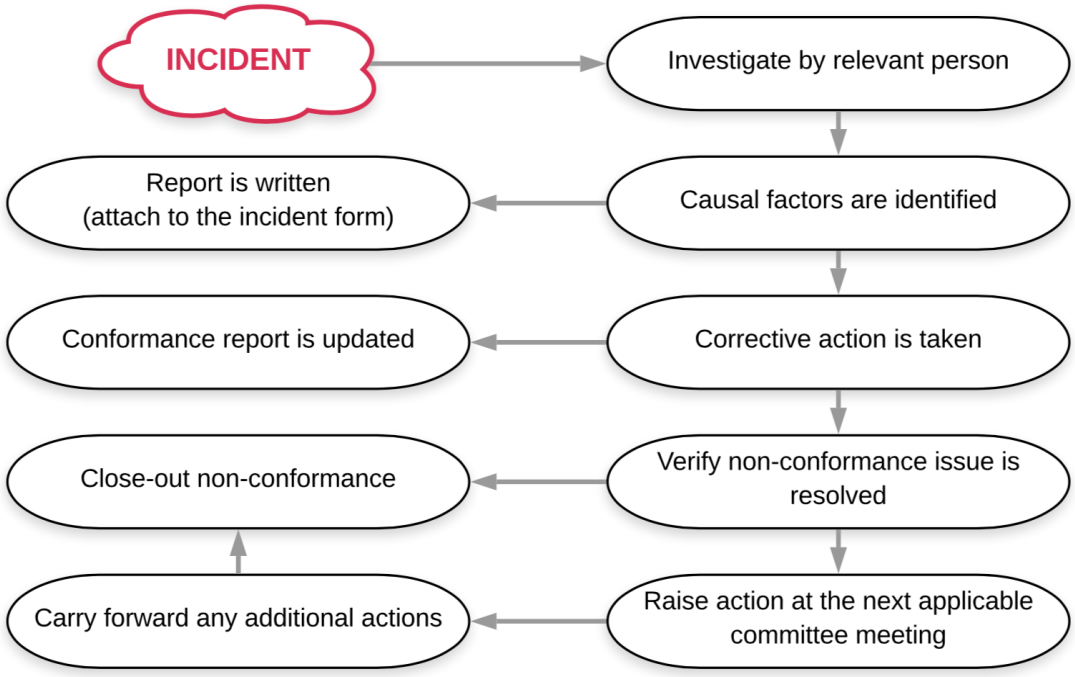

Figure 8. Non-Conformance Map

Document Number	Title (Refer to Policies & Forms Folders)
EMSM01	EMS Manual
P022	Business Improvement Policy
F00041	Non-Conformance Form
F00030	Corrective/Preventative Actions Form

10.2 Incident Reporting Policy

❖ **Policy**

Shorrlong Pty Ltd is committed to reducing the frequency, impact and severity of incidents in the workplace that could affect:

- the health and safety of people;
- business continuity and reputation;
- the environment.

Shorrlong Pty Ltd will identify and record all environmental incidents, whether or not they cause injury or damage.

Shorrlong Pty Ltd will ensure the provision of coordinated incident reporting by implementing documented procedures for:

- environmental incident notification;
- emergency response and harm minimisation action;
- notification to relevant authorities for serious incidents/dangerous occurrence;
- incident reporting;
- responsible persons;
- incident investigation;
- consultation with relevant persons (confidential where applicable);
- identification of root causes;
- corrective and preventative actions;
- review of the effectiveness of corrective/preventative actions;
- regular review of all incidents to identify any trends;
- report and action identified trends;
- meet legislative requirements for record-keeping.

In addition, visitors and any other Organisation's that are involved with or impacted by an incident at the workplace will be included in consultation and communication.

❖ **Responsibilities**

The Organisation takes responsibility for ensuring that:

- there is an effective procedure in place for the immediate response to and management of incidents;
- there is an Incident Reporting Procedure in place for the notification and management of incidents;
- all workers are trained and familiar with the Incident Reporting Procedure and have easy access to the report forms and procedure;
- State Authority is notified immediately after becoming aware that a Notifiable Incident has occurred;
- so far as is reasonably practicable, that the workplace where any Notifiable Incident has occurred is not disturbed until an inspector arrives at the workplace or any earlier time that an inspector directs;
- review of the Incident Reporting procedure conducted as required.

The applicable manager is responsible for:

- maintaining and reviewing the Incident Reporting Procedure as required;
- ensuring all workers know about the procedure and trained in the procedure;
- assisting managers, supervisors and workers in following the procedure when required;
- informing and consulting with the Organisation/CEO regarding incidents, in particular, Notifiable Incidents;
- notification of Notifiable Incidents to the relevant Regulator, within the prescribed timeframes;
- ensure, so far as is reasonably practicable, that the workplace where the incident occurred is not disturbed until an inspector arrives at the workplace or any earlier time that an inspector directs;
- maintaining records required by legislation relating to incidents, including the Register of Injuries.

Supervisor(s)/Manager(s) are responsible for:

- informing workers and others (when applicable) about the requirement to report incidents promptly;
- ensuring that the *Environmental Incident and Corrective Action Report Form* are readily accessible for workers;
- complying with the Incident Reporting Procedure for incidents reported to them.

All workers are responsible for the initial reporting of incidents.

Incident Reporting Procedure:

- follow the Incident Response Procedure to ensure that workers are cared for, and the incident area is cleared of people and secured to prevent further harm;
- report all incidents as soon as possible to Paul Glynn;
- when a Reportable Incident has occurred, Paul Glynn determines whether the workplace is preserved for investigation by the relevant Regulator;
- a person involved with the incident completes an *Environmental Incident and Corrective Action Report Form;*
- a person involved with the incident completes a *Hazard Report Form;*
- if the person involved with the incident is not able to complete the form, Paul Glynn will complete the form, in consultation with the involved person, if possible;
- a copy of the *Environmental Incident and Corrective Action Report Form* is provided to – the person involved and to Paul Glynn;
- Paul Glynn records the incident on the *Incident/Near Miss/Hazard Report Register*;
- a copy of the *Environmental Incident and Corrective Action Report Form* is provided to any Paul Glynn, as required;
- Paul Glynn reports all Notifiable Incidents to the relevant Authority, within the timeframe required by legislation;
- Paul Glynn keeps records of incidents and injuries following Statutory requirements;
- follow the Incident Investigation procedure.

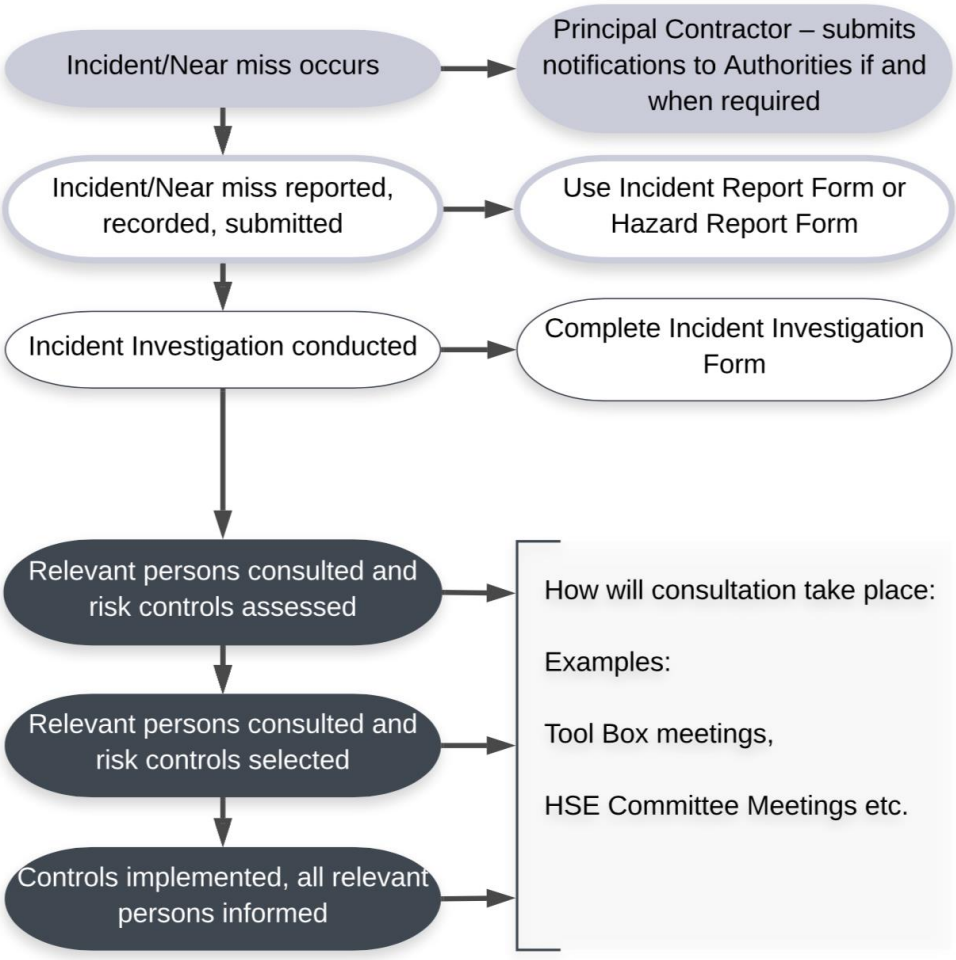

Figure 9. Incident Reporting Flow Chart

Incident Investigation

❖ Purpose

This procedure covers the formal investigation of incidents at Shorrlong Pty Ltd. In the event of a serious incident or dangerous occurrence, an incident investigation is carried out “internally” by Paul Glynn at Shorrlong Pty Ltd on behalf of the Organisation.

❖ Objective

The primary objectives of an incident investigation are to:

- identify the factors that contributed to the incident so that action and control procedures can be implemented to prevent the recurrence of a similar incident;
- identify the “change” in systems or processes that lead to the error;
- establish a systematic method of recording causation of serious incidents;
- determine compliance with legislation;
- use a ‘No Blame” approach to determines the cause of incidents;
- improve systems of work, policy, and procedures to eliminate or at least lower the number and severity of workplace incidents.

The intent of the investigation is to determine what happened and what it was that went wrong to allow the incident to occur. The intent is not to establish blame of any person but to identify any causal factors and their effects.

❖ When an Investigation Shall Take Place

The requirement and the circumstances in which it is necessary to conduct an incident investigation is aligned to the Incident Reporting Policy, Incident Reporting Procedure and legislative requirements. Incident investigations may be required to start immediately completed within 24 hours after a notifiable incident. Note: incidents include near misses/near hits.

❖ The Incident Investigation Team

The size and makeup of the Incident Investigation team will depend upon the type and seriousness of the incident and injury. It is the responsibility of the Organisation directly involved to establish an Incident Investigation Team. The size and makeup of the team will be influenced by, but not limited to:

- type of incident;
- type of injury/injuries if applicable;
- the seriousness of injury/injuries (severity);
- number of persons impacted;
- number of persons in that workplace;
- size of the workplace;
- types and complexities of the activities undertaken;
- types of hazards and risks.

In the case of a notifiable incident involving a permanent injury, illness or death of a person an indicative Incident Investigation Team would be composed of the following persons;

- the Organisation/Business owner;
- the Senior Manager;
- the person(s) involved (if possible);
- the person(s) supervisor;
- the Field/Workplace Supervisor;
- the EMR;
- a person with specialised knowledge of hazards involved with the incident. E.g. a person with chemical training and qualifications if the incident involves chemicals, an electrician if the incident involves electricity.

❖ How to Conduct the Investigation

Investigators shall avoid any emphasis on placing blame for the incident. The level of effort involved in the investigation will depend largely on the severity or potential severity of the incident. Regular and supportive consultation between management and the members of the Incident Investigation Team members will be an essential part of the investigation process.

The investigation should be conducted with full cooperation with officers and Inspectors from relevant State Authorities (e.g. WorkSafe, Police, Emergency Services)

- **The investigators shall:**

1. Visit the scene of the incident before the physical evidence is disturbed.
2. Collect samples of any substance, which may have contributed, to the incident, noting conditions that may have affected the sample. (Using Personal Protective Equipment if required).
3. Make comprehensive visual records, e.g. video, photos, diagrams.
4. Determine which incident-related items must be preserved.
5. Identify and interview the people who were involved in the incident, including eyewitnesses.
6. Review all sources of potentially useful information. These may include original designs, design specifications, drawings, operation records, purchasing records, previous reports, maintenance records, safe work method statements, standard operational procedures, inspection and testing records, worker training records.
7. Identify and analyse all of the contributing (causal) factors as evidenced by the facts. Keep an open and objective mind.
8. Determine and document interim and long-term control measures aimed at preventing the recurrence of similar incidents. The determination and implementation of control measures should be based on the hierarchy of control principles and made in consultation with all members of the investigation team, and when appropriate, the Principal Contractor
9. Complete the relevant sections on an *Incident Investigation Checklist and Action Report Form.*
10. Maintain a high level of confidentiality and professionalism before, during and after the investigation.

- **Evaluation**

When the investigation is completed, investigating staff will complete an Incident Investigation Report. This report will then be submitted for evaluation and action to:

1. The Organisation
2. The Senior Manager
3. The relevant Field Supervisor
4. Any relevant Principal Contractor or Workplace Supervisor
5. The relevant investigating Regulator, if required.

- **Corrective Measures (Control Actions)**

Any hazardous situation or causal factor identified during the investigation must not be allowed to remain, without attention, while the proposed control actions are pending.

It is the responsibility of the relevant Senior Manager to ensure that any interim and long-term corrective measures identified by the Incident Investigation are carried out and communicated to all relevant persons. Interim and long-term corrective measures and any preventative measures must be signed off by the relevant Senior Manager on an Incident Investigation Form once completed.

- **Records**

The Investigation Report form will be filed and kept in the Organisations' Head Office in a secure, confidential and appropriate environment, in alignment with the Document Control Policy and Procedure. Review of the Incident Investigation file shall be conducted regularly to ensure that all corrective and preventative measures have been addressed.

The records will be maintained for a minimum of thirty (30) years.

Guidance Notes for Incident Investigation

Incident Causation Factors	
Events leading up to the incident (at least to think about):	**1.** The system of work adopted **2.** The instructions, if any, given to the worker for the work to be done **3.** Any alternative method or variation from instructions given **4.** Workplace conditions such as lighting, floor surfaces, warning signs, temperature
Facts of the incident - it is important to determine:	**1.** What happened at that exact moment? **2.** The person(s) directly involved **3.** The tools, plant, equipment, substances and materials used at the time **4.** The time it happened.
What occurred immediately after the incident:	**1.** Any injuries or damage incurred? **2.** What did the person(s) involved do when the incident happened? **3.** Any problems, damage or faulty equipment identified during the incident

Document Number	Title (Refer to Policies & Forms Folders)
EMSM01	EMS Manual
P023	Incident Reporting Policy
F00045	Environmental Incident and Corrective Action Report Form
F00046	Incident/Near Miss/Hazard Register
F00047	Hazard Report Form

EMS RECORDING FORMS CONTENT

1.	F00005	Interested Parties Register
2.	F00006	Roles, Responsibilities, Accountabilities and Authorities Register
3.	F00007	Organisation Chart
4.	F00008	Safety Meeting/Toolbox Talk Record
5.	F00009	Risk Assessment Form
6.	F00010	Risk Register
7.	F00011	Compliance Requirements Register
8.	F00012	Quarterly Objectives and Targets Report
9.	F00013	Objectives and Targets Register
10.	F00014	Objectives Summary Form
11.	F00015	Corrective/Preventative Actions Register
12.	F00016	Change Request Form
13.	F00017	Infrastructure Responsibilities Register
14.	F00018	Worker Training, Competency and Induction Register
15.	F00019	Roles and Responsibilities Schedule
16.	F00020	Training Needs Register
17.	F00021	Worker Training Record
18.	F00022	Communications Program Schedule
19.	F00023	Document Register
20.	F00024	Operations/Processes Identification Form
21.	F00025	Operational Control Development Worksheet
22.	F00026	Operational Control Register
23.	F00027	Outsourced Process Register
24.	F00028	Pre-purchase Checklist
25.	F00029	Purchasing Record
26.	F00030	Corrective/Preventative Actions Form
27.	F00031	Emergency Response Register
28.	F00032	Emergency Response Plan Template
29.	F00033	Emergency Drill Report
30.	F00034	Emergency Recovery Plan Template
31.	F00035	Monitoring Register
32.	F00036	Monitoring and Measurement Schedule
33.	F00037	Monitoring and Measurement Equipment Register
34.	F00038	Standard Operating Procedure Template
35.	F00039	Annual Audit Schedule
36.	F00040	Internal Audit Plan
37.	F00041	Non-Conformance Form
38.	F00042	Internal Audit Report
39.	F00043	AS/NZS ISO 14001-2016 Internal Audit Checklist
40.	F00044	Management Review Meeting Report
41.	F00045	Environmental Incident and Corrective Action Report Form
42.	F00046	Incident/Near Miss/Hazard Register
43.	F00047	Hazard Report Form