

# Hinterland Water Supplies



## Business Management and Quality Assurance Manual

# Hinterland Water Supplies Business Management Manual

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# QUALITY POLICY STATEMENT

Hinterland Water Supplies conducts a business in Water Tankers, for the essential service of water supplies for the GCCC, as well as Civil Works, Building and Construction, Horticultural etc and generally the transportation of Potable and Non Potable water.

Our prime objective is customer satisfaction. Our clients can be assured of safe, efficient completion of work, where value for money is received. As a part of this objective we aim to maintain our client's full confidence by providing disciplined, ethical and environmentally friendly services across business and industry sectors. In satisfying our commitment to our clients, we will:

- Emphasize a co-operative approach and effective teamwork in all dealings with our client's, employees, and suppliers.
- Ensure that our actions, practices and products and services conform to the agreed client requirements and statutory regulations.
- Plan, manage and document our work activities in compliance with our management system as well as client requirements.
- Ensure that our work practices demonstrate our commitment to health, safety and the environment and to sustainable development.
- Encourage all employees to perform to the best of their ability and be responsible for the work they undertake.
- We will achieve these objectives through dedication to our work and by our attitude towards our management system

We also care for the environment and endeavour to dispose of all wastes in a manner that is suitable in our field of endeavour. We endeavour to treat our clients ethically, fairly and respectfully, and without prejudice.

We are a Gold Coast based firm and the majority of our purchasing is done on the Gold Coast. Our employees will also be sourced locally. They will be needed to produce services to enable us to meet our requirements within our business framework.

The Management and Staff of Hinterland Water Supplies are fully committed to the successful implementation and maintenance of our business quality systems, without affecting our prime objective of customer satisfaction.

Signed

.....  
Chris Ponting  
Director

## **Client Centric Policy:**

The satisfaction of our client is of prime importance, and all endeavours are made to ensure this occurs.

Quality control and assurance is uppermost in our work environment and staff are chosen and placed, so that work carried out, is done so by qualified personnel, who are trained to both understand and deliver the requirements of the client.

## **Management Responsibility:**

Management is responsible for ensuring that the work is completed to a satisfactory standard.

Hinterland Water Supplies recognises that we have quality responsibilities and require that certain verification activities be performed by Operators as defined in Quality Plans, Inspection Sheets and, where applicable other prescribed documentation (Customer Contractual Agreements and Tender Documents).

## **Management Review:**

Hinterland Water Supplies shall review our systems at least once per year to re-affirm its adequacy and conformance to current customer and Hinterland Water Supplies requirements. This review will take place on the anniversary of this document – January 2013

This shall be accomplished by reviewing Quality Records, Quality Audit findings, Non-Conformance Reports, Corrective Action Requests and Customer complaints.

Records of management reviews shall be prepared by the person designated by Hinterland Water Supplies, and be filed with them.

Queensland Project Safety Services is the nominee for this role.

**Organisation:**

The organisation chart shows the relationships of the various functions within the business.

**ORGANISATIONAL CHART**



**Tender and Contract Review:**

Procedures for the review of contracts and tenders, and or direct orders are established and they control the coordination of associated activities.

Each contract shall be reviewed to ensure that:

- (a) Contracts are adequately defined, understood and documented.
- (b) Any variations in documentation are identified and resolved.
- (c) Hinterland Water Supplies has the capability of meeting all contractual requirements and are responsible for ensuring that all relevant information is obtained so that all contract requirements can be met and coordinate reviews of contracts and direct orders.

**Document Control:**

Provision shall be made to control all documents, which affect our business by ensuring that all documents are reviewed and approved by nominated personnel prior to release. Changes to documents shall receive the same level of authorisation as the originals.

## **Purchasing:**

- (a) Hinterland Water Supplies shall ensure that the purchased product conforms to specified requirements, and is suitable for the purpose for which it is to be used.
- (b) The selection of suppliers of components shall be in accordance with Company Policy with regard to quality control.

## **Process Control**

Hinterland Water Supplies shall plan and carry out the maintenance and repairs under controlled conditions, taking into account the requirements of the Qld Workplace Health & Safety Act 2011.

Controlled conditions shall also include the following:

- (a) Documented work instructions
- (b) Access to procedures manuals, quality plans, inspection instructions, operation instructions of equipment that is used to carry out the work.
- (c) Criteria for workmanship by way of qualified personnel as a job requirement for the quality required by the Company Policy.

## **Internal Audits**

The audits and follow up actions shall be carried out in accordance with documented procedures.

## **Insurance**

Insurance will be arranged to the standards required and documentation is available.

## **Training**

Hinterland Water Supplies shall identify the training needs of personnel performing activities associated with us shall ensure that all personnel receive the required training to ensure all staff are kept up to date with new procedures, technologies, and industry requirements. Relevant information and records will be kept on attached "Staff qualifications register".

## **Servicing**

Where servicing is specified Hinterland Water Supplies shall establish and maintain procedures for performing and verifying that servicing meets the specified requirements and contractual agreements. Heavy plant and trucks are maintained and serviced under a Maintenance Management agreement with Mack trucks at Waco, Brisbane.

## **Accident / Incident Investigation and Reports**

Accident reports are a necessary measure of the success of a Workplace Health and Safety Programme. In addition to meeting statutory obligations, the reporting of accidents can establish a basic level of documentation to satisfy possible future litigation needs. The primary motivation for reporting accidents is to enable suitable preventive actions to be taken.

Hinterland Water Supplies will comply with the requirement of the 2011 Act to keep a record in English, in the prescribed form, showing the particulars of every work injury, serious bodily injury, work caused illness or dangerous event.

The following criteria will govern our actions:

■ **Injuries, Illnesses and Dangerous Events.**

(WH&S Regulation 2011)

Notification of serious bodily injury, work caused illness or dangerous event.

This section applies if any of the following events happen at a workplace:

- Serious bodily injury
- Work caused illness
- Dangerous event

The following persons must give the Chief Executive notice of the event happening:

At a Non construction workplace the employer has the notification responsibilities

For an event at a construction workplace: the principle contractor has the notification responsibilities

**Notice must be given in the approved form within 24 hours of being aware of a notifiable incident happening.**

**Serious bodily injury** means an injury to a person that causes:

- (a) the injured persons death; or
- (b) the loss of a distinct part or an organ of the injured persons body; or
- (c) The injured person to be absent from the persons voluntary or paid employment for more than 4 days

**Work caused illness** means:

- (a) an illness contracted by a person to which work, a workplace, a workplace activity or specified high risk plant was a significant contributing factor; or
- (b) the recurrence, aggravation, acceleration, exacerbation or deterioration in a person of an existing illness if work, a workplace, a workplace activity or specified high risk plant was a significant contributing factor to the recurrence, aggravation, acceleration, exacerbation or deterioration.

**Dangerous event** means an event caused by specified high risk plant or an event at a workplace caused by a workplace activity, if the event involves or could have involved exposure of persons to risk to their health and safety because of:

- (a) collapse, overturning, failure or malfunction of, or damage to an item of specified high risk plant; or
- (b) collapse or failure of an excavation or of any shoring supporting an excavation; or
- (c) collapse or partial collapse of any part of a building or other structure; or
- (d) damage to any load bearing member of, or the failure of any brake, steering device or other control device of, a crane, hoist, conveyer, lift or escalator; or
- (e) implosion, explosion or fire; or
- (f) escape, spillage or leakage of any hazardous material or dangerous goods; or
- (g) fall or release from a height of any plant, substance or object; or
- (h) damage to a boiler, pressure vehicle or refrigeration plant; or
- (i) uncontrolled explosion, fire or escape of gas or steam.

**Section 196 of the Electrical Safety Regulations 2002** require the following to be notified:

- Dangerous electrical event
- Serious electrical incident

A **dangerous electrical event** is any of the following:

(a) the coming into existence of circumstances in which a person is not electrically safe, if:

- (i) the circumstances involve high voltage electrical equipment; and
- (ii) despite the coming into existence of the circumstances, the person does not receive a shock or injury;

(b) the coming into existence of the following circumstances:

- (i) if a person had been at a particular place at a particular time, the person would not have been electrically safe;
- (ii) the person would not have been electrically safe because of circumstances involving high voltage electrical equipment;

(c) an event that involves electrical equipment and in which significant property damage is caused directly by electricity or originates from electricity;

(d) the performance of electrical work by a person not authorised under an electrical work licence to perform the work;

(e) the performance of electrical work by a person if, as a result of the performance of the work, a person or property is not electrically safe;

A **serious electrical incident** is an incident involving electrical equipment if, in the incident:

(a) a person is killed by electricity; or

(b) a person receives a shock or injury from electricity, and is treated for the shock or injury by or under the supervision of a doctor; or

(c) a person receives a shock or injury from electricity at high voltage, whether or not the person is treated for the shock or injury by or under the supervision of a doctor.

## **Code of Practice for Plant**

Hinterland Water Supplies is aware of the Code of Practice for Plant and this will be used as a reference document for audit and risk assessment purposes.

## **Legislation**

Queensland Project Safety Services act as our Safety Consultants and have available fully updated copies of Workplace Health and Safety Legislation. They also have the relevant Australian Standards (AS).

# SAFETY POLICY STATEMENT

Queensland Project Safety Services will be involved in providing Safety Inspections or Audits of Hinterland Water Supplies operations whenever deemed necessary and on the anniversary of this document.

Management has the safety and wellbeing of persons under its control as a primary responsibility. This responsibility will be exercised by the insistence of safe working practices and habits and in the maintenance of plant and equipment used and owned by **Hinterland Water Supplies**. This responsibility further extends to others at the workplace and members of the public.

Management recognises its obligations to provide a safe working environment and adequate training for all our personnel to be able to carry out their duties in a safe and tradesman like manner. In doing so, **Hinterland Water Supplies acknowledges** the obligations placed on it and **Hinterland Water Supplies** employee's by the Workplace Health and Safety legislation, and the Electrical safety legislation. It is the responsibility of management to ensure that all employees are fully conversant with their obligations under this legislation.

As part of these obligations, **Hinterland Water Supplies** management will take all practical options to safeguard employees from illness and accident which may occur during the course of their employment.

Employees are required to observe **Hinterland Water Supplies** code of conduct rules at all times as well as all applicable safety rules during the course of their employment and to use any plant & equipment provided in a safe manner and in compliance with the manufacturers' recommendations.

It is further acknowledged that all personnel including management have obligations to comply with the relevant Acts and Regulations concerning workplace practices and conditions.

Signed

.....

Chris Ponting, Director

Date.....

# ENVIRONMENTAL POLICY

The Management of **Hinterland Water Supplies** is committed to the maintenance, preservation and enhancement of the environment. Management recognises its responsibilities for the protection of the environment during all stages of our works.

We shall manage the activities under our control, to minimise adverse effect and impact on the environment. To achieve this we will-

- Comply with environmental legislation and legal obligations
- Promote the economical use resources and decrease emissions and wastage in order to prevent pollution.
- Educate and motivate our personnel to ensure accountability in the protection of the environment
- Act as good corporate citizens and respect community environmental values.
- Provide a consultative process for our staff to participate in the identification of environmental risk.
- Provide resources to establish and monitor objectives and set targets for improvement

Our environmental systems and procedures are integrated within our management system so that our environmental management is controlled along with our business activities.

Signed

.....  
Chris Ponting, Director

Date.....

## Equipment to be used on site:

In response to your request regarding the maintenance status of our equipment we submit the following details:

All of our fleet are maintained under a federal maintenance Management plan known as the **National Heavy Vehicle Accreditation scheme**.

Our accreditation number is 540/16161. These records are available on request from our office

COMPANY NAME: **Hinterland Water Supplies**

### EQUIPMENT DESCRIPTION:

|                                       |                        |
|---------------------------------------|------------------------|
| 1....Mack Water Truck 15,000ltrs..... | I D No.....01-HWS..... |
| 2....Mack Water Truck 15,000ltrs....  | I D No.....02-HWS..... |
| 3....Mack Water Truck 15,000ltrs...   | I D No.....06-HWS..... |
| 4....Hino Water Truck 15,000ltrs...   | I D No.....07-HWS..... |
| 5....Hino Water Truck 7,000ltrs...    | I D No.....05-HWS..... |

The listed equipment is presently being serviced and maintained by qualified competent persons at intervals set out in the manufacturers specifications and as required by the manufacturer and the National Heavy Vehicle Accreditation scheme. An undertaking is also given to continue the maintenance program while our plant and trucks are being operated or used on your project.

Yours faithfully,

Signature.....

Print Name.....

Position.....

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## WORKPLACE SAFETY INSPECTION CHECKLIST

**Workplace.....**

### STATUS

☒ = Satisfactory.    ☒ = Not satisfactory, "Rectify".    N = Not applicable

| Item                                | Inspection             | ✓ | ✗ | R  | N            | Immediate Action if marked ✗ |
|-------------------------------------|------------------------|---|---|--|--------------|------------------------------|
| Workplace Inductions Completed      |                        |   |   |  |              |                              |
| Emergency Evacuation Plan           |                        |   |   |  |              |                              |
| Certificates of Competency Current  |                        |   |   |  |              |                              |
| PPE Compliance:                     |                        |   |   |  |              |                              |
|                                     | Hard Hats              |   |   |  |              |                              |
|                                     | Steel Capped Boots     |   |   |  |              |                              |
|                                     | Hearing Protection     |   |   |  |              |                              |
|                                     | Eye Protection         |   |   |  |              |                              |
|                                     | Sun Protection         |   |   |  |              |                              |
|                                     | Hi Vis Shirts or Vests |   |   |  |              |                              |
| Electricity: (ELCB) checked         |                        |   |   |  |              |                              |
|                                     | Leads Tagged           |   |   |  |              |                              |
| First Aid Kit available             |                        |   |   |  |              |                              |
| Access clear and unobstructed       |                        |   |   |  |              |                              |
| Housekeeping. Work areas tidy       |                        |   |   |  |              |                              |
| Rubbish Removal                     |                        |   |   |  |              |                              |
| Barricades/Barriers:                |                        |   |   |  |              |                              |
|                                     | Site                   |   |   |  |              |                              |
|                                     | Yard                   |   |   |  |              |                              |
| Ladders: Rated Industrial/undamaged |                        |   |   |  |              |                              |
|                                     | Site                   |   |   |  |              |                              |
|                                     | Yard                   |   |   |  |              |                              |
| Materials Storage:                  |                        |   |   |  |              |                              |
|                                     | Site                   |   |   |  |              |                              |
|                                     | Yard                   |   |   |  |              |                              |
| Hazardous Materials:                |                        |   |   |  |              |                              |
|                                     | M.S.D.S Available      |   |   |  |              |                              |
|                                     | Recorded in Register   |   |   |  |              |                              |
| Fire Extinguishers                  |                        |   |   |  |              |                              |
|                                     |                        |   |   |  |              |                              |
|                                     |                        |   |   |  |              |                              |
|                                     |                        |   |   |  |              |                              |
|                                     |                        |   |   |  |              |                              |
|                                     |                        |   |   |  |              |                              |
|                                     |                        |   |   |  |              |                              |
| <b>Inspection by:</b>               |                        |   |   | <b>This form to office – received by</b> |              |                              |
| <b>Date:</b>                        |                        |   |   |  | <b>Date:</b> |                              |

Form 2 V0 Aug 2010

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| <b>OPERATORS DAILY PLANT SAFETY CHECKLIST</b>   |   |                                   |                     |       |     |     |  |
|---|---|-----------------------------------|---------------------|-------|-----|-----|--|
| Name (Print)  | Date  | Unit & Unit I.D.                  | Hours or Kilometres |       |     |     |  |
|   |   |                                   |                     |       |     |     |  |
| Items Satisfactory<br><input checked="" type="checkbox"/>   | Items Unsatisfactory<br><input checked="" type="checkbox"/> | Items Not Applicable<br><b>NA</b> |                     |       |     |     |  |
| All items on list to be marked  | Mon   | Tues                              | Wed                 | Thurs | Fri | Sat |  |
| Tyres   |   |                                   |                     |       |     |     |  |
| Engine Oil  |   |                                   |                     |       |     |     |  |
| Engine Coolant: <i>To be checked when the engine is COLD</i>  |   |                                   |                     |       |     |     |  |
| Transmission Oil  |   |                                   |                     |       |     |     |  |
| Hydraulic Oil   |   |                                   |                     |       |     |     |  |
| Brake Fluid Levels  |   |                                   |                     |       |     |     |  |
| Steering  |   |                                   |                     |       |     |     |  |
| Brakes: <i>Dynamic check i.e. while the Vehicle is MOVING</i>   |   |                                   |                     |       |     |     |  |
| Gauges & Warning Alarms   |   |                                   |                     |       |     |     |  |
| Brakes & Indicator Lights   |   |                                   |                     |       |     |     |  |
| Cabin clean, including glass  |   |                                   |                     |       |     |     |  |
| Wiper/Washers   |   |                                   |                     |       |     |     |  |
| Horn, Lights Mirrors  |   |                                   |                     |       |     |     |  |
| Seat Belt   |   |                                   |                     |       |     |     |  |
| Steps   |   |                                   |                     |       |     |     |  |
| Fire Extinguisher   |   |                                   |                     |       |     |     |  |
| Fuel  |   |                                   |                     |       |     |     |  |
| Grease Unit   |   |                                   |                     |       |     |     |  |
| Drain Air Tanks   |   |                                   |                     |       |     |     |  |
| Check Undercarriage   |   |                                   |                     |       |     |     |  |
| Check Battery/Batteries   |   |                                   |                     |       |     |     |  |
| Flashing lights   |   |                                   |                     |       |     |     |  |
| <b>Action taken and/or comments on items crossed:</b>   |   |                                   |                     |       |     |     |  |
| 1.  |   |                                   |                     |       |     |     |  |
| 2.  |   |                                   |                     |       |     |     |  |
| 3.  |   |                                   |                     |       |     |     |  |
| 4.  |   |                                   |                     |       |     |     |  |
| 5.  |   |                                   |                     |       |     |     |  |
| 6.  |   |                                   |                     |       |     |     |  |
| <b>DRIVER/OPERATOR'S Statement:</b>   |   |                                   |                     |       |     |     |  |
| I certify I am not on any medication: <b>Signed:</b> .....  |   |                                   |                     |       |     |     |  |
| I am on medication and I am aware I have to report this:  |   |                                   |                     |       |     |     |  |
| <b>Type/s of Medication:</b> .....  |   |                                   |                     |       |     |     |  |
| Reported to ( <b>Supervisors Name</b> ): .....  |   |                                   |                     |       |     |     |  |
| <b>Action:</b> ALLOWED to Drive/Operate.<br>NOT ALLOWED to Drive/Operate until a Doctors clearance has been obtained. |   |                                   |                     |       |     |     |  |
| <b>Supervisors Name:</b> ..... <b>Signed:</b> .....   |   |                                   |                     |       |     |     |  |

Form 3 V0 Aug 2010

This form to be handed to Hinterland Water Supplies office on a weekly basis

# Plant and Equipment Register

| Date    | Plant or Equipment Description  | Owner or hired from       | Certificates Rego etc | Operator                       | Service details  |
|---------|---|---------------------------|-----------------------|--------------------------------|--|
| 28/9/12 | Mack Water Truck<br>15,000ltrs – Front &<br>Rear Sprays –<br>Electronic Cannon<br>All in cab controls | Hinterland Water Supplies | 01-HWS                | Graham Evans/Charlie Veneziano | As per Federal Maintenance Management Plan – Accreditation # 645/03162 |
| 28/9/12 | Mack Water Truck<br>15,000ltrs – Front &<br>Rear Sprays –<br>Electronic Cannon<br>All in cab controls | Hinterland Water Supplies | 02-HWS                | Graeme Evans                   | As per Federal Maintenance Management Plan – Accreditation # 645/03162 |
| 28/9/12 | Mack Water Truck<br>15,000ltrs – Front &<br>Rear Sprays –<br>All in cab controls                      | Hinterland Water Supplies | 06-HWS                | Charles Veneziano              | As per Federal Maintenance Management Plan – Accreditation # 645/03162 |
| 28/9/12 | Hino Water Truck<br>15,000ltrs – Front &<br>Rear Sprays –<br>Electronic Cannon<br>All in cab controls | Hinterland Water Supplies | 07-HWS                | James Daley                    | As per Federal Maintenance Management Plan – Accreditation # 645/03162 |
| 28/9/12 | Hino Water Truck<br>7,000ltrs –<br>Rear Sprays –<br>Electronic Cannon<br>All in cab controls          | Hinterland Water Supplies | 05-HWS                | Chris Ponting                  | As per Federal Maintenance Management Plan – Accreditation # 645/03162 |
|         |   |                           |                       |                                |  |
|         |   |                           |                       |                                |  |
|         |   |                           |                       |                                |  |
|         |   |                           |                       |                                |  |

Form 4 V0 Aug 2010

Form 5 V0 Aug 2010

# Staff Qualifications Register

| Date    | Name              | Hinterland Induction date | General induction number | Tickets/<br>High Risk Work Licence<br>Driver Licence  |
|---------|-------------------|---------------------------|--------------------------|---|
| 23/4/13 | James Daley       | 5/10/12                   | 003                      | Heavy Vehicle Licence –<br>Class- HC – 93200752D<br>Blue Card – 812079<br>Orange Card Roadtec –<br>Motorway M1 & State Roads      |
| 24/4/13 | Chris Ponting     | 6/10/12                   | 016                      | LR, RE Licence 37 192 200;<br>Marine RMDL,PWCL.<br>White card Construction<br>WHS<br>Ad Dip FS;Cert IV TAE;<br>Food Licences Cert |
| 28/9/12 | Marcel Cheatle    | 14/1/13                   | 017                      | Heavy Vehicle Licence –<br>Class- HR – 23623478<br>Blue Card – 0713982  |
| 28/9/12 | Mick Cox          | 15/10/11                  | 004                      | Heavy Vehicle Licence –<br>Class- MC – 065235723<br>Blue Card – 0337615   |
| 28/9/12 | Graham Evans      | 24/10/11                  | 007                      | Heavy Vehicle Licence –<br>Class- HC,R – 107606248<br>Blue Card – 1057651   |
| 28/9/12 | Charlie Veneziano | 28/9/12                   | 018                      | Heavy Vehicle HR 086 845<br>606; OH & S Construction<br>induction 0005205663 01   |
|         |                   |                           |                          |   |
|         |                   |                           |                          |   |

Form 6 V0 Aug 2010

## Non-Conformance Report

| Project name | NCR No | Contractor/supplier |
|--------------|--------|---------------------|
|              |        |                     |

Type of non-conformance ☐ Material/product ☐ Recurring ☐ Audit ☐ Customer complaint

**Description of non conformance and suspected cause**

|  |                     |
|--|---------------------|
| <p><b>Non-conformance reported by:</b></p> | <p><b>Date:</b></p> |
|--|---------------------|

**Corrective action required**

|  |  |  |                              |                             |
|--|--|--|------------------------------|-----------------------------|
| <p><b>Hold point required before covering rectification?</b></p> |  |  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|--|--|------------------------------|-----------------------------|

**Actioned:**

|  |      |               |  |
|--|------|---------------|--|
| <b>Subcontractor company name</b>        |      | Date actioned |  |
| <b>Subcontractor site representative</b> | Name | Signature     |  |

**Approved:**

|                    |  |      |  |
|--------------------|--|------|--|
| Approved by HWS    |  | Date |  |
| Approved by client |  | Date |  |

# Non conformance reports Register

| NC No. | Issued to (company) | Date | Supplier/contract<br>or accept/reject                                  | Date | Date<br>actioned | Date HWS<br>approved | Project<br>Name |
|--------|---------------------|------|--|------|------------------|----------------------|-----------------|
|        |                     |      | <input type="checkbox"/> Accept<br><br><input type="checkbox"/> Reject |      |                  |                      |                 |
|        |                     |      | <input type="checkbox"/> Accept<br><br><input type="checkbox"/> Reject |      |                  |                      |                 |
|        |                     |      | <input type="checkbox"/> Accept<br><br><input type="checkbox"/> Reject |      |                  |                      |                 |
|        |                     |      | <input type="checkbox"/> Accept<br><br><input type="checkbox"/> Reject |      |                  |                      |                 |
|        |                     |      | <input type="checkbox"/> Accept<br><br><input type="checkbox"/> Reject |      |                  |                      |                 |
|        |                     |      | <input type="checkbox"/> Accept<br><br><input type="checkbox"/> Reject |      |                  |                      |                 |
|        |                     |      | <input type="checkbox"/> Accept<br><br><input type="checkbox"/> Reject |      |                  |                      |                 |
|        |                     |      | <input type="checkbox"/> Accept<br><br><input type="checkbox"/> Reject |      |                  |                      |                 |
|        |                     |      | <input type="checkbox"/> Accept<br><br><input type="checkbox"/> Reject |      |                  |                      |                 |
|        |                     |      | <input type="checkbox"/> Accept<br><br><input type="checkbox"/> Reject |      |                  |                      |                 |
|        |                     |      | <input type="checkbox"/> Accept<br><br><input type="checkbox"/> Reject |      |                  |                      |                 |
|        |                     |      | <input type="checkbox"/> Accept<br><br><input type="checkbox"/> Reject |      |                  |                      |                 |
|        |                     |      | <input type="checkbox"/> Accept<br><br><input type="checkbox"/> Reject |      |                  |                      |                 |
|        |                     |      | <input type="checkbox"/> Accept<br><br><input type="checkbox"/> Reject |      |                  |                      |                 |

Form 8 V0 Aug 2010

# Hinterland Water Supplies Business Management Manual

| HINTERLAND WATER SUPPLIES  |                  | DRIVERS WEEKLY WORKSHEET – FORM 9   |                  |                  |  | Week Ending<br>/ / |                  |
|--|------------------|---|------------------|------------------|--|--------------------|------------------|
| Driver<br><br>   |                  | Registration/Fleet Number and type of service<br><br>Prime Mover _____ A B C    Trailer _____ A T C    Trailer _____ A T C<br>Trailer _____ A T C    Trailer _____ A T C    Trailer _____ A T C |                  |                  |  |                    |                  |
| DAILY VEHICLE CHECKLIST  |                  |   |                  |                  |  |                    |                  |
| Lights, and Reflectors<br>Windscreen, Mirrors and Wipers<br>Structure and Bodywork<br>Leaks – Oil, Water, Fuel<br>Brakes – Trailer tug test<br>Load Restraint<br>Check vehicle Emissions<br>Tyres and Wheels<br>On road vehicle fault report | SUNDAY           | MONDAY  | TUESDAY          | WEDNESDAY        | THURSDAY   | FRIDAY             | SATURDAY         |
|  | Truck Rego _____ | Truck Rego _____  | Truck Rego _____ | Truck Rego _____ | Truck Rego _____   | Truck Rego _____   | Truck Rego _____ |
|  | Trailer 1 _____  | Trailer 1 _____   | Trailer 1 _____  | Trailer 1 _____  | Trailer 1 _____  | Trailer 1 _____    | Trailer 1 _____  |
|  | Trailer 2 _____  | Trailer 2 _____   | Trailer 2 _____  | Trailer 2 _____  | Trailer 2 _____  | Trailer 2 _____    | Trailer 2 _____  |
|  | Trailer 3 _____  | Trailer 3 _____   | Trailer 3 _____  | Trailer 3 _____  | Trailer 3 _____  | Trailer 3 _____    | Trailer 3 _____  |
|  | Trailer 4 _____  | Trailer 4 _____   | Trailer 4 _____  | Trailer 4 _____  | Trailer 4 _____  | Trailer 4 _____    | Trailer 4 _____  |
| Trailer 5 _____  | Trailer 5 _____  | Trailer 5 _____   | Trailer 5 _____  | Trailer 5 _____  | Trailer 5 _____  | Trailer 5 _____    |                  |
| <b>Drivers Signature</b><br>Driver to complete each working day  |                  | This signature certifies that the driver completed the daily vehicle check for the vehicles nominated. This check is carried out to the limits of the inspection.                               |                  |                  |  |                    |                  |
| <b>Fault Identified</b>  |                  | <b>Action Taken Fixed/Monitored/Deferred</b><br>Fixed faults- Repairer to sign – Date<br>Monitored or deferred faults. Who is monitoring the fault –<br>Limits- Time frame must be set .        |                  |                  | <b>Repaired/Comment</b><br>Repairer to sign off when repair complete |                    | <b>Date</b>      |
|  |                  | Fixed <input type="checkbox"/> Monitored <input type="checkbox"/>   |                  |                  | By _____ Limits  |                    |                  |
|  |                  | Deferred <input type="checkbox"/>   |                  |                  | By _____ Timeframe   |                    |                  |
|  |                  | Fixed <input type="checkbox"/> Monitored <input type="checkbox"/>   |                  |                  | By _____ Limits  |                    |                  |
|  |                  | Deferred <input type="checkbox"/>   |                  |                  | By _____ Timeframe   |                    |                  |

# Sample form

## RECORD OF TRAINING & CONSULTATION TOOL BOX TALK

|   |           |                    |           |
|---|-----------|--------------------|-----------|
| Workplace:                              |           | Date: __ / __ / __ |           |
| Company Name: HINTERLAND WATER SUPPLIES |           |                    |           |
| Supervisor/presenter:                   |           |                    |           |
| Subject:                                |           | Duration:          |           |
| Persons Present                         |           |                    |           |
| Print Name                              | Signature | Print Name         | Signature |
|   |           |                    |           |
|   |           |                    |           |
|   |           |                    |           |
|   |           |                    |           |
|   |           |                    |           |
|   |           |                    |           |
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|   |           |                    |           |
|   |           |                    |           |
| Comments & points raised:               |           |                    |           |
|   |           |                    |           |
|   |           |                    |           |
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|   |           |                    |           |
|   |           |                    |           |
|   |           |                    |           |
|   |           |                    |           |
| Corrective Action                       | Action by | Action Complete    |           |
|   |           | Sign off           | Date      |
|   |           |                    |           |
|   |           |                    |           |
|   |           |                    |           |
|   |           |                    |           |

## Certificate of Currency

WorkCover  
QUEENSLAND

### 1. Statement of coverage

The Accident Insurance Policy covers the full amount of the employer's liability under the *Workers' Compensation and Rehabilitation Act 2003*.

This Certificate is valid from: 25 September 2012 to 30 June 2013

The information provided in this Certificate of Currency is correct as at: 25 September 2012

### 2. Employer's information

Policy number

WCA120903648

Employer name

C & J Ponting Pty Ltd

ABN

30159984291

ACN / ARBN

159984291

### 3. Important information

Your worker's compensation insurance policy has been renewed and is current to 30 June 2013 , providing you make your premium payments by the due dates as set out on your Premium Notice.

For further information, please contact WorkCover Queensland on 1300 362 128 or visit our web site at [www.workcoverqld.com.au](http://www.workcoverqld.com.au).

"Did you know a worker can make a claim for a workplace injury, no matter who or what caused it? This policy covers you (as an employer) for the cost of your workers' injuries."

# Hinterland Water Supplies Business Management Manual



26/04/13

Atia Insurance Services Limited  
ABN 79 005 672 971  
406 Collins Street  
Melbourne Victoria 3000 Australia  
PO Box 284 Collins Street West  
Melbourne Victoria 8007  
Telephone 613 9642 4622  
Facsimile 613 9642 4623  
Email dmclean@atiais.com.au

## To whom it may concern

We are pleased to provide this **Certificate of Currency** as evidence a policy is in force effective 5<sup>th</sup> October 2012 as per the following information:

**Insured:** C & J Ponting Pty Ltd  
t/as Hinterland Water Supplies

**Occupation:** cartage / water tanker contractors

**Insurer:** Zurich Australia Insurance Ltd

**Policy Number:** 078467PZBI

**Cover:** 1) Comprehensive Commercial Motor as per policy wording  
2) Public Liability \$20,000,000

**Vehicles:** 6 x units as per schedule reg'ns 00HWS  
01HWS  
02HWS  
05HWS  
06HWS  
07HWS

**Situation:** at & from 1 Brixton Crt, Tallai Qld 4213

**Expiry:** 05/10/13

**Interested Parties:** n/a

Signed on behalf of **Atia Insurance Services Limited**.

**Douglas McLean**

carlcur/dmclean/uzur  
01/02/2002

# Certificate of Accreditation

## National Heavy Vehicle Accreditation Scheme



This is to certify that

**C & J Ponting Pty Ltd**

**Accreditation Number: 540/16161**

**is accredited in the NHVAS module listed below:**

**Maintenance Management Expires: 19/11/2014**

The accreditation is subject to the conditions set out in this certificate and the National Heavy Vehicle Accreditation Scheme Business Rules and Standards, and any relevant legislation.

**Manager**  
Customer Services, Safety & Regulations Division  
**Department of Transport & Main Roads**

**19/11/2012**  
Effective Date



## HINTERLAND WATER SUPPLIES EMPLOYEE REGISTER

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