



*Shire of Wyndham East Kimberley*  
*Council Policy Manual*  
**OSH 3**

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<b>POLICY No:</b>	<b>OHS 3</b>
<b>DIVISION:</b>	<b>Occupational Safety and Health</b>
<b>SUBJECT:</b>	<b>Occupational Safety and Health Representatives</b>
<b>REPORTING OFFICER:</b>	<b>Executive Manager Engineering and Development Services</b>
<b>ENABLING LEGISLATION:</b>	<b>Occupational Safety and Health Act 1984</b>

**OBJECTIVE:**

Council is committed to ensuring that Occupational Safety and Health Representatives are elected and function in accordance with the Occupational Safety and Health Act 1984 and associated Regulations.

**POLICY:**

This policy outlines that Occupational Safety and Health Representatives shall be elected, registered, trained and shall function in accordance with procedures detailed below. The Shire of Wyndham East Kimberley is committed to ensuring that Occupational Safety and Health Representatives are elected and function in accordance with the Occupational Safety and Health Act 1984 and associated regulations.

**Procedure**

**Election**

Two officers shall be elected to represent the employees. In the event that only two employees are nominated then an election does not need to occur.

Representative shall be experienced person (the Occupational Safety & Health Act states that employees should have been continually employed by the employer in the preceding two years or should have at least two years similar experience) should have common sense and a commitment to remaining employed by the Shire for a reasonable length of time – given the expense of providing appropriated training.

Prior to elections being conducted, the Chair will arrange a meeting of all employees of the nominated areas. The Chair will explain the role of safety representatives and ask interested persons to nominate themselves for selection.

Elections can be conducted on an informal basis (show of hands) at each workplace. Where an employee requests the formation of an Occupational Safety and Health Committee then the Occupational Safety and Health Act requires more formal election procedures.

**Registration**



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Elected employees are to notify WorkSafe Western Australia of their election and acquire a registration number. This number is required when representatives enrol for an introductory training course for safety and health representatives. Elected representatives must complete form 3- notification of Election safety and Health representative and submit it to work safe.

Work safe is located at 1260 Hay Street, West Perth. Their postal address: PO Box 294 West Perth, WA 6872. Phone no :(08)9327 8973 Fax no: (08)9321 8973.

Registration representatives will receive a Safety and Health Representatives Handbook, a registration card and badge from work safe

### **Terms of Office and Disqualification**

A term of office is 2 years, but a person ceases to hold office if:

- The term expires and the person is not re-elected;
- The person ceases to be an employee at the workplace for which he/she was elected;
- The person resigns his/her office;
- The person is disqualified.

Disqualification as a safety representative is addressed by Section 34 of the Occupational Safety and Health Act 1984. In summary, a representative may be disqualified on the grounds that:

- He/she has intentionally caused harm to his/her employer;
- He/she has disclosed information acquired in his/her capacity as a safety representative for a purpose not connected with his/her safety functions with the intention of causing harm to his/her employer;
- He/she has failed adequately to perform his/her functions in term of safety and health.

### **Training**

Council will endeavour to provide appropriate training for safety representative during the first 12 months of their office.

Appropriate training providers include bodies such as IFAP and SGIO. It should be noted that WorkSafe must accredit all introductory courses for safety representatives. Prospective training providers should provide evidence of such accreditation.



## **Role of the Occupational Safety and Health Representative**

The safety representative shall:

- Report unsafe acts/conditions/hazards to their immediate supervisor and ensure that corrective action is taken where appropriate;
- Report accidents and near misses to their immediate supervisor and ensure that corrective action is taken where appropriate;
- Investigate accidents in conjunction with their immediate supervisor and ensure that corrective action is taken where appropriate;
- Provide ideas/suggestions on how to improve safety/health;
- Promote safety and health;
- Provide role models (work safely and influence other to do so);
- Report all safety and health issues brought to them by their fellow employees to their immediate supervisor and ensure that corrective action is taken where appropriate;
- Conduct safety audit of their workplace prior to bi-monthly meeting (Monthly Safety Checklist is to be used as a guide);
- Attend safety and health meetings;
- Provide feedback to fellow employees as to what is discussed at safety committee meetings and what the outcomes are.



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**FORM 3**  
**Notification for Elections as Safety and Health Representatives**

**Occupational Safety and Health Act 1984**

*WorkSafe Western Australia Commissioner*  
*PO Box 294*  
*WEST PERTH WA 6872*  
*Ph:(08) 9327 8777 Fax: (08) 9321 2148*

***Section 1: Safety and Health Representative Details***

Surname:	.....	
Given Name:	.....	
Workplace Name:	.....	
Workplace Address:	.....	
	Suburb/Town:	Postcode:

Occupation: .....

Sex:                      Male: \_\_\_\_\_                      Female: \_\_\_\_\_

Year in Current Position: \_\_\_\_\_ Years Employed by Current Employer: \_\_\_\_\_

What area of or group At, the workplaces do You represent	..... ..... .....
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Is this the first time you have been elected as a safety and health representative (or Safety and Health Representative)?  
Yes: \_\_\_\_\_ No: \_\_\_\_\_

Have you attended an Introductory Training Course for Safety and Health Representatives?  
Yes: \_\_\_\_\_ No: \_\_\_\_\_

***Section 2 Employer details***

Employer Name:	.....	
Business Address:	.....	
	.....	
	.....	
	Suburb/Town:	Postcode:
	Phone Number:	Fax Number:



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\_\_\_\_\_  
Signature of Elected Safety and Health Representative

\_\_\_/\_\_\_/\_\_\_  
Day Month Year

***Section 3: Election Details***

Details to completed by person conducting electing:

Date of election: \_\_\_/\_\_\_/\_\_\_  
Day month year

\_\_\_\_\_  
Signature

\_\_\_/\_\_\_/\_\_\_  
day month year