
Appendices

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Appendix A – Signed HSE Policy



SMP: 01 First Solar Health (Australia), Safety & Environmental Policy

First Solar is committed to creating a culture where HEALTH, SAFETY AND THE ENVIRONMENT is an integral part of all our employees and subcontractors daily lives, creating a better future for the world by being the HSE industry leader.

We will always conduct our business in a manner that protects the HEALTH AND SAFETY of every person on our sites and protects the ENVIRONMENT around us. We expect all personnel to undertake their work in a manner that does not place either themselves or their colleagues at risk.

We maintain a goal of zero workplace injuries, which is consistent with our vision and values that all workplace injuries are preventable.

To achieve this outcome we will:

- Conduct business in a manner that actively integrates the elements of the First Solar HEALTH, SAFETY AND ENVIRONMENTAL Management Systems into all aspects of our operations;
- Promote First Solar sustainability through ENVIRONMENTAL operational excellence, waste minimization, resource conservation and a world-class recycling program;
- Comply with all applicable laws, regulations and statutory obligations;
- Proactively identify and control HEALTH, SAFETY AND ENVIRONMENTAL hazards and risks in the workplace;
- Support employees, contractors and subcontractors in their decision to stop work and intervene when unsafe acts or conditions are identified;
- Enable First Solar to continuously improve the HEALTH, SAFETY AND ENVIRONMENTAL management systems and our HSE performance through open communication and consultation with employees, clients, subcontractors and visitors;
- Provide the necessary tools, resources and training to facilitate continuous improvement, ensure the objectives and targets derived from this policy are achieved thereby ensuring HSE excellence throughout First Solar operations;
- Maintain proactive leadership in the management of HEALTH, SAFETY AND THE ENVIRONMENT.

A handwritten signature in black ink, appearing to read "Jack Curtis", written over a horizontal line.

Endorsed By: Jack Curtis, Vice President APAC

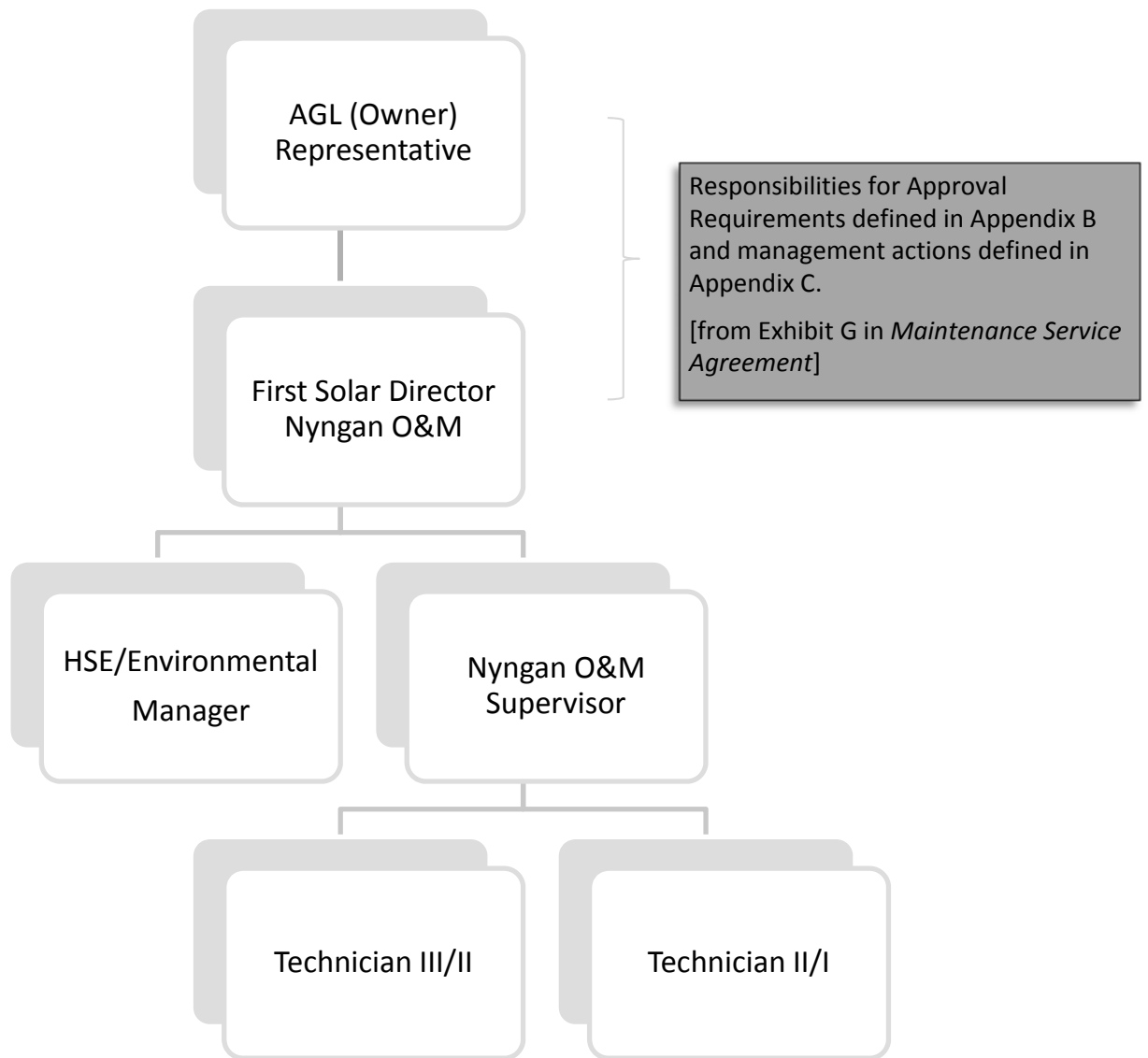
20/11/14


Date

**Appendix B - Maintenance Service Agreement Exhibit
G & Table 3-1 Nyngan Staging Report**

Appendix C – Responsibilities for Approval Conditions and OEMP Management Actions

Appendix D – Organisational Chart





Appendix E – EHS Induction, Induction Assessment & Correct Answers [for assessment]

Appendix F – Solar Power Plant Monthly Site Inspection

Inspection Location:	
Date of Inspection:	Time of Inspection:
Department/Areas Covered:	
Inspection Location:	

Yards and Buildings	SAT	Unsat	Comments	W/O Number
Access				
Structure condition				
Aisles				
Roads				
Work areas				
Housekeeping				
Other				
Floors, Stairways and Walkways	SAT	Unsat	Comments	W/O Number
Condition				
Housekeeping				
Guardrails				
Illumination				
Handrails				
Ladders, Scaffolds, etc.	SAT	Unsat	Comments	W/O Number
Suitability				
Properly used				
Strength				
Properly maintained				
Excavations	SAT	Unsat	Comments	W/O Number
Shored or sloped				
Access				
Barricaded				

Spoilage piles				
Illumination	SAT	Unsat	Comments	W/O Number
Day - Work area				
Night - Work area				
Passageways				

Electrical Equipment	SAT	Unsat	Comments	W/O Number
Condition				
Calibration dates current				
Identification of controls				
Harmful Materials	SAT	Unsat	Comments	W/O Number
Storage				
Handling				
Personal Protective Equipment	SAT	Unsat	Comments	W/O Number
Adequacy				
Availability				
Condition				
Worn as needed				
Machine Guards	SAT	Unsat	Comments	W/O Number
Controls accessible				
Condition				
Lock-out procedures				
Operating procedures				
Controls identified				
Hand Tools	SAT	Unsat	Comments	W/O Number
Condition				

Suitability				
Portable Power Tools	SAT	Unsat	Comments	W/O Number
Condition				
Suitability				
Grounded				
Double insulated				
Materials Handling Equipment	SAT	Unsat	Comments	W/O Number
Condition				
Controls				
Guards				
Records				
Materials Storage	SAT	Unsat	Comments	W/O Number
Stability				
Convenience				
Housekeeping				

First Aid	SAT	Unsat	Comments	W/O Number
Supplies				
Supplies Condition				
Qualified attendant if required				
Fire Prevention	SAT	Unsat	Comments	W/O Number
Equipment				
Exits				
Flammable materials controlled				
Health and Safety Program	SAT	Unsat	Comments	W/O Number
Health and Safety Policy				


Part II of the <i>Code</i> posted				
Site	SAT	Unsat	Comments	W/O Number
Retention Basin				
Storm Drainage				
Environmental	SAT	Unsat	Comments	W/O Number
Universal Waste Stored Properly				
No Universal Waste greater than one year old?				
No Oil Leakage				
Additional Comments:				

Appendix G – Operations and Maintenance Safety Observation Form and Task Based Observation Form (TBO)

First Solar Operations and Maintenance: Safety Observation Form				
Date:				
Observer Name:			Site Supervisor:	
Work Observed:				
Observers Comments:				
Personal Protective Equipment	Yes	No	NA	Comment
Required Safety eyewear worn (goggles, glasses, with side shields, face shield)?				
Hard Hats Worn and in good condition?				
Gloves worn when appropriate?				
Fire Resistant Clothing worn where required?				
Hearing protection worn in areas where required?				
Appropriate Footwear being worn?				
General Work Site	Yes	No	NA	Comment
Area Clean				
All Doors Closed				
Work area clear of tripping hazards?				
Appropriate hand tools in use?				
Hand tools in good condition?				
No individual manual lifting of objects over 50				
Plant signage in place and in good condition				
Proper safety gear available to employees and visitors / stored in proper area to keep clean				

and in good condition (glasses not scratched, etc.)	
O&M facilities clean and organized/Safety Information posted. (i.e. emergency contact nos. Bulletins etc.)	
Plant vehicle clean, in good condition, and PMs completed	
Pre-Job Brief/ Job Hazard Analysis Yes No NA	Comment
Was a Pre-job brief and JHA filled out prior to the work commencing?	
Did the whole crew participate in filling out the Pre-job Brief and sign off?	
Were the steps written out and not pre-filled in?	
Are workers following the steps in the JHA?	
Lock Out Yes No NA	Comment
All Personnel have locks in place	
Lock Out forms correctly filled out	
All Personnel understand the boundaries of the Lock Out	
LOTO equipment stored and organized properly and in good condition	
Close Out Yes No NA	Comment
Was Observation discussed with personnel?	

Appendix H – Hazard Report Form

APP-CMP 20A - HAZARD REPORT FORM					
Date:		Time:		Site:	
Reported By:					
Supervisor:					
Location of Hazard:					
Hazard Description (i.e. What is the Hazard)					
What Injuries or Incidents Could Result from the Hazard?					
Priority for Action - On the Spot Risk Ranking (please tick)					
Low <input type="checkbox"/>		Medium <input type="checkbox"/>		High <input type="checkbox"/>	
Immediate Action(s) Taken					
Action Taken			Actioned By:		
Are further Actions Required?			Yes <input type="checkbox"/>		No <input type="checkbox"/>
Corrective Actions (what needs to be done now?)					
Corrective Action			Responsible Person		Due Date
Construction Manager / Project HSE Manager Review					
Construction Manager Signature:				Date:	
Project HSE Manager Signature:				Date:	
HSE Administration (to be completed by Site HSE Administrator / HSE Team)					
Date Entered into INTELEX:					
INTELEX Hazard ID No.					



Appendix J – Risk Register and Procedure

Appendix K – Daily Safety Plan

Location:	Shift:
Name/Title of person conducting Briefing:	Date/Time:
<p>The objective of a good Safety briefing is to communicate an understanding of scope, hazards, and mitigation to enable the safe completion of work throughout the day. This document is intended to be a guide for discuss of general work place hazards and safety topics at the <u>beginning</u> of the day. This does not replace the JHA or Pre-Job Brief for each job.</p> <p><i>Initial each box upon completion of the section discussed. Mark N/A in the comment box if this section is not applicable to this job. REMEMBER TO MAKE THIS BRIEFING AN INTERACTIVE EVENT!</i></p>	
1. Review safety message, lessons learned, or section from Safety Manual	
Comments:	
2. Review Plant Status	
Comments:	
3. Review Planned Work for the Day	
Comments:	
4. Review Site Hazards or Conditions (i.e., temperature outside, crane work, overview of the major jobs going on throughout the day, spiders and snakes, chemical deliveries, etc.)	
Comments:	
5. Discuss Error-Likely Situations. Think of what could go wrong throughout the day? What are some precautions that can be taken to prevent error?	
Comments:	
6. Ask whether or not personnel have any conditions that might impact their performance? (i.e., sick, fatigued, taking medication, outside work injury, ...)	
Comments:	
7. Ask if anyone has questions, concerns, input for the day's work?	
Comments:	

Appendix L – Job Hazard Analysis (JHA) Template

Job Title:					JSEA No:			<input type="radio"/> New <input type="radio"/> Revised		Date:			
Description of Work:					Developed By:								
Site Location:													
Supervisor:			Reviewed By:			FS Approval:							
HIGH RISK ACTIVITY:													
<input type="checkbox"/> Do I need an SDS? Attach if required.			<input type="checkbox"/> Is there work at heights?			<input type="checkbox"/> Is a hot work permit required?			<input type="checkbox"/> LOTO required?				
<input type="checkbox"/> Entering Excavation? (>1.2m Deep)			<input type="checkbox"/> Entering a confined space?			<input type="checkbox"/> Removing floor or handrails?			<input type="checkbox"/> Lifting permit required?				
<input type="checkbox"/> Excavation/Penetration Permit?			<input type="checkbox"/> Mobile Plant e.g. Forklift?										
EMERGENCY ACTION: UHF Channel 1 “Emergency, Emergency, Emergency” Refer step 1 - page 4.													
JOB/HAZARD STOPPERS:													
HAZARD PROMPTS - “Check <input checked="" type="checkbox"/>”. Identify the hazards applicable to your work activity and “Check <input checked="" type="checkbox"/>” the RISK potential personnel may be exposed to before safe guards are implemented: Now complete your JHA identifying risk levels & control measures for all hazards identified.													
Electrical	<input type="checkbox"/> N/A <input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High	Vehicles	<input type="checkbox"/> N/A <input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High	Pressure	<input type="checkbox"/> N/A <input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High	Weather	<input type="checkbox"/> N/A <input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High	Radiation (Hot Work / Sun)	<input type="checkbox"/> N/A <input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High	Personnel working below	<input type="checkbox"/> N/A <input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High	SMF or Asbestos	<input type="checkbox"/> N/A <input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High
Chemical	<input type="checkbox"/> N/A <input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High	Nics / Cuts / Scratches	<input type="checkbox"/> N/A <input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High	Access	<input type="checkbox"/> N/A <input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High	Bacteria	<input type="checkbox"/> N/A <input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High	Rotating Equipment	<input type="checkbox"/> N/A <input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High	Dehydration	<input type="checkbox"/> N/A <input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High	Engulfment	<input type="checkbox"/> N/A <input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High
Tools	<input type="checkbox"/> N/A <input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High	Depth	<input type="checkbox"/> N/A <input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High	Vibration	<input type="checkbox"/> N/A <input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High	Dust	<input type="checkbox"/> N/A <input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High	Moving Equipment	<input type="checkbox"/> N/A <input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High	Hot / Cold Objects	<input type="checkbox"/> N/A <input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High	Lighting	<input type="checkbox"/> N/A <input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High
Gasses	<input type="checkbox"/> N/A <input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High	Weight	<input type="checkbox"/> N/A <input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High	Noise	<input type="checkbox"/> N/A <input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High	Slip / Trip / Falls	<input type="checkbox"/> N/A <input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High	Lifting Equipment	<input type="checkbox"/> N/A <input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High	Overhead hazards	<input type="checkbox"/> N/A <input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High	Manual Handling	<input type="checkbox"/> N/A <input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High

JHA RISK SCORE CALCULATOR

Risk Score Calculator

		Consequence				
Loss Type		1 LOW	2 MINOR	3 MODERATE	4 MAJOR	5 CRITICAL
Injury and Disease		Low level sickness, soreness or injury felt by a person. Needs no medical treatment	Injuries, sickness, disability or impairment that can be fixed up. Only requires first aid treatment and monitoring	Injuries, sickness, disability that needs medical treatment – involves a workers compensation claim	Moderate disability or impairment (less than 30%), that can't be fixed to one or more people.	One person dying. Severe disability or impairment. Health impact on more than 10 people
Environmental impacts		Minor short damage to a small area – biological and physical environment (eg. dust cloud, minor oil spill <20L)	Moderate affect on the environment, but not affecting the ecosystem.	Serious affect on the environment, some damage to an eco system (eg. maybe killing all of a species in a local area).	Very serious and big environmental impact. Major damage that cannot be fixed, serious impact on an eco system.	Nearly wiping out a valued species, habitat or eco system
Economic Impact		< \$10,000	\$10,000 to \$100,000	\$100,000 to \$1,000,000	\$1,000,000 to \$5,000.00	> \$5,000,000
Likelihood	EH&S Risk	Risk Rating				
5 Almost Certain	1 or more times per week	11 (H)	16 (H)	20 (E)	24 (E)	25 (E)
4 Likely	1 or more times per month	7 (M)	12 (H)	17 (H)	22 (E)	23 (E)
3 Possible	1 or more times per year	4 (L)	8 (M)	13 (H)	18 (H)	21 (E)
2 Unlikely	Occurs once every 1 to 10 years	2 (L)	5 (L)	9 (M)	14 (H)	19 (E)
1 Rare	Occurs once every 10 to 100 years	1 (L)	3 (L)	6 (M)	10 (H)	15 (H)

Residual Risk Controls

L = Low, No further action required

M = Medium, JHA Hazard controls to be reviewed by Supervisor

H = High, Do not proceed, hazard controls to be reviewed by Safety Advisor and Site Manager

E = Extreme, Do not proceed, hazard controls to be reviewed by Safety Manger and Divisional Manager











MANUAL HANDLING

Complete Sections

- 1) Identify
- 2) Prepare
- 3) Execute







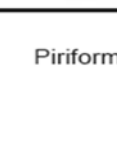





1) Identify

Which manual handling hazards are present in this job (tick the box ✓)

Whole body vibration  <input type="checkbox"/>	Pushing/Pulling  <input type="checkbox"/>
Upper body vibration  <input type="checkbox"/>	Repetitive or static one arm use  <input type="checkbox"/>
Lifting  <input type="checkbox"/>	Rough or uneven footing  <input type="checkbox"/>
Bending (Repetitive or static)  <input type="checkbox"/>	Climbing  <input type="checkbox"/>
Lifting/Holding above the shoulders  <input type="checkbox"/>	Carrying  <input type="checkbox"/>








2) Prepare

For each hazard you've ticked, list one or two stretches that would assist in preparing you for each manual handling hazard

 Deltoids <input type="checkbox"/>	 Side stretch <input type="checkbox"/>
 Hamstrings <input type="checkbox"/>	 Calves <input type="checkbox"/>
 Psoas <input type="checkbox"/>	 Hamstring <input type="checkbox"/>
 Piriformis <input type="checkbox"/>	 Trunk <input type="checkbox"/>
 Wrist flexor and extensor <input type="checkbox"/>	 Shoulder Roll <input type="checkbox"/>
 Brachial <input type="checkbox"/>	 Pectorals <input type="checkbox"/>

3) Execute

Select which manual handling skills you'll need to employ.

 Strong Spine Use the gorilla or bullfrog technique when lifting <input type="checkbox"/>
 Regular short breaks Taking regular breaks avoids muscle creep <input type="checkbox"/>
 Select good working height Use stands and benches where possible <input type="checkbox"/>
 Strong Stance Take the load with the legs and away from your spine <input type="checkbox"/>
 Brace the abdominals Use your core muscles around the spine for protection <input type="checkbox"/>
 Team lift When moving large or heavy objects share the load <input type="checkbox"/>
 Look around / think ahead Know your next step is safe before committing your weight or taking that load <input type="checkbox"/>

#	MAJOR STEPS OF JOB / TASKS (Sequence of Events)	HAZARD IDENTIFIED IN PART A	Risk Level (Prior to Controls)	CONTROL MEASURES TO MAKE JOB SAFER	Residual Risk Level	CONTROL TO BE ACTIONED BY:
<p>First 6 line items are Hazards & Controls identified for all Nyngan Solar Project tasks in the field. (These have been determined as requirements from incidents and investigations throughout the life of the project and are not to be removed) Personnel are to enter Job steps from line item 7 onwards.</p>						
1	In case of emergency	Inadequate emergency communications Emergency contact details unavailable Personal not knowing where muster point is located	M	<p>Work Team member to contact Supervisor</p> <p>Supervisor first call channel 1</p> <ul style="list-style-type: none"> • Location of emergency • Type of emergency • Assistance required • Number of casualties • Ensure message is received <p>Second call to direct supervisor</p> <p>Supervisor to contact Manager and First Solar HSE</p> <p>Manager to contact First Solar Management</p> <p>To raise an emergency -</p> <p>Emergency Channel is channel 1</p> <p>Specific emergency plants must be recorded in the JHA. e.g CSE, restricted entry</p>	L	All Personnel
2	Emergency evacuation	Inadequate response	H	<p>Turn plant/combustion motors off, park in safe location</p> <p>Relocate to nearest Assembly Point for name check off and transport to Muster Point as per Site Induction</p>	L	All Personnel
3	Work Conditions	Wind and flying objects	M	Tie down loose materials, Correct PPE, Work to conditions.	L	All Personnel

#	MAJOR STEPS OF JOB / TASKS (Sequence of Events)	HAZARD IDENTIFIED IN PART A	Risk Level (Prior to Controls)	CONTROL MEASURES TO MAKE JOB SAFER	Residual Risk Level	CONTROL TO BE ACTIONED BY:
4	Environmental Hazards	Spills Fauna in work area	M	Report to your supervisor immediately. Control, Contain and Cleanup spill. Report to your supervisor immediately. Where required, only trained fauna handler is to relocated fauna.	L	All Personnel
5	Apply to all tasks continued Use of barricades and signs	Poor/Non-compliant barricades and signs	M	<ul style="list-style-type: none"> Control access to the area from all sides Have signs attached to all sides Have legible, fully completed information tags attached Signs at visible height, not on the ground Maintain the barricade when needed and remove when not required Ensure barricades stable and safe distance from excavations 	L	All Personnel
6	Working with and around Mobile Plant	Plant and personnel interface Inadequate spotting activities In-ground services	H	<p>Correct signage and barricades in place</p> <p>Safe designated access ways in place and used</p> <p>Spotters and Operators to plan specific activity, communication method, safe location for spotter/s and number of spotters required. Review controls regularly</p> <p>Implement correct required barricading and Danger Signs, Hard barriers and signs for people plant interface risks</p> <p>Competent approved Operators, Trained spotters</p>	L	All Personnel

EMERGENCY RESPONSE CONTACTS FOR NYNGAN SOLAR PLANT**VHF Radio:**

Turn Radio to Channel 1, press press-to-talk button, say "Emergency, Emergency, Emergency", wait for a response

EMERGENCY RESPONSE CONTACTS OTHER LOCATIONS**OCCUPATIONAL HEALTH SAFETY or ENVIRONMENTAL LEGISLATION:**

NSW Work Health and Safety Act 2011
NSW Work Health and Safety Regulations 2011

CODES or STANDARDS APPLICABLE TO THE WORKS:

APPROVALS – By signing below, I acknowledge that I have contributed to the development of this JHA and have reviewed the Hazid Worksheet and Work Method Statement (as applicable) to ensure the necessary hazards and controls are included:

TEAM MEMBER	NAME	SIGNATURE	DATE	TEAM MEMBER	NAME	SIGNATURE	DATE
JHA Team Leader				JHA Team Member			
JHA Team Member				JHA Team Member			
JHA Team Member				JHA Team Member			
JHA Team Member				JHA Team Member			

By signing below, I acknowledge that the controls documented in this JHA are adequate and that I am accountable for ensuring that the controls are implemented and followed:

WORK TEAM SUPERVISOR				ON SITE LINE MANAGER (OR DELEGATE)			
-----------------------------	--	--	--	---	--	--	--

Record of Changes in Supervisory Position / Responsibility

WORK TEAM SUPERVISOR				ON SITE LINE MANAGER (OR DELEGATE)			
-----------------------------	--	--	--	---	--	--	--

PART E: JHA AMENDMENTS / REVIEWS (Reviewed at least Weekly)

TYPE OF AMENDMENT OR REVIEW (✓)TICK				REVIEW FINDINGS AND AMENDED REFERENCE	DATE	WORK TEAM SUPERVISOR (NAME) (RESPONSIBLE TO CAPTURE LESSONS LEARNED)	WORK TEAM SUPERVISOR (SIGNATURE)	ON SITE LINE MANAGER (OR DELEGATE) (NAME)	ON SITE LINE MANAGER (OR DELEGATE) (SIGNATURE)
Key Change		New Hazard	Review						
Key Change		New Hazard	Review						
Key Change		New Hazard	Review						
Key Change		New Hazard	Review						

The 5 **S.T.E.P.S.** of Safety


➤ **S**top; ➤ **T**hink; ➤ **E**valuate; ➤ **P**roceed with caution; ➤ **S**upervisor: If there is a problem raise it with your supervisor

Appendix M - Pre Job Briefing and Work Authorisation

PART 1 – REQUESTOR	Site:		
	Requestor:	Phone:	Date:
	Requested START Date:	Requested END Date:	WO#:
	Job/Task Description:		
PART 2 – O&M	OSHA requires a pre-job brief to cover the following topics; <u>hazards associated with the job, work procedures, special precautions, energy source control, personal protective equipment, and job changes that require an additional briefing.</u>		
	Pre-Job Brief Conference – perform the following:		
	1. Define and discuss the job scope. (be specific, another briefing must be completed if scope changes during work)		
	2. Define and discuss individual job responsibilities and expectations regarding those responsibilities.		
	3. Discuss energy control measures (Clearances, Switching Orders, LOTO).		
	4. Discuss Job Hazard Analysis (JHA).		
	5. Discuss PPE and EHS Manual requirements for the job.		
	6. Discuss conditions that would require additional job-briefings or stopping the job.		
	7. Identify important Contact or Emergency numbers, ensure this information is available at work site.		
	8. Invite questions or input from work team members.		
9. Ask aloud “What have we missed, what can go wrong with this job and how will we respond if it does?”			
PART 3 – REQUESTOR	The undersigned affirm that they have received the pre-job briefing, understand the scope of work and have had all questions and concerns addressed.		
O&M Work Authorization			
START	Date:	Time:	END Date: Time:
Approval _____	Date: _____ Time _____		
(O&M Representative)			
Work Authorization Closure			
Approval _____	Date: _____ Time _____		
(O&M Representative)			
Post-Job Review: What went right? What can be improved?			



Appendix N – Form D01 Monthly Environmental Inspection



**Appendix O – Compliance Tracking Program Form &
Management OEMP Review Form T01**



**Appendix P – Groundcover Monitoring (From H01) and
Landscape Monitoring (Form G02)**



**Appendix Q – Form I01 Weed Management Activities
and Controls**



**Appendix R – Form U01 Non Regulated/Regulated
Waste Register**



Appendix S – Fauna Handling Record (Form F02)



**Appendix T – Form F01 Perimter Fence Trench Nestbox
Monitoring**




Appendix U – APP-SMP-22B Initial Incident Notification Report



Appendix V – Bushfire Management & Hot Works Permit



Appendix W – Environmental Incident Register (Form Q01)



**Appendix X – Hazardous and Dangerous Goods Risk
Assessment (From APP-HCP-09A)**



Appendix Y – Water Testing Request Form (and example)



Appendix Z – Working at Height Permit



Appendix AA – Confined Space Permit



Appendix AB – Energy Isolation Permit



Appendix AC – LOTO Documentation Including Training Materials