

# Working Alone in Retail / PON



OUTLET NAME:

## PON Outlet Health and Safety Review

This checklist is a guide to assist management and team members review health and safety exposures when a Post Office employee may be required to work alone for all or part of their shift.. To help you identify and plan to prevent any harm, consider all items on this checklist with respect to your outlet. Consider too, the most likely person(s) who do, or may, work alone. Include as many comments from all participants in the process as possible. Each item of this list should help promote a full discussion of the issues so that wide consultation occurs.

## Instructions:

The Area or Postal Manager who has knowledge of the site and tasks should complete Section 1 of this checklist in consultation with the designated team member(s) who will work alone and your Health and Safety Representative (HSR). Responses from this review help confirm that the expected risk control measures are operational at this site.

Items in Section 2 will promote consultation with a wider group such as all staff in your outlet or with other network team members present. This will also help you decide if further action or special consideration is required. This does not necessarily mean that the person is unable to work alone; it is merely identifying a hazard that requires further risk assessment prior to the work commencing. The team making the final determination draws on these responses when undertaking their assessment.

Once completed please forward this document to your Network Manager. This document is for internal use only.

**Employee Privacy:** Australia Post collects your personal information to evaluate your working conditions. With your consent, this information will be shared with the relevant Union Representative as part of the consultation process. Should you not wish for your personal information to be disclosed please notify your Postal Manager and complete page 6 of this document.



**Enquiries?** Please contact a member of the Safety team.

# Section 1.

## PON Outlet Risk Controls Checklist

Postal Manager or Area Manager, HSR and PDO to jointly answer

SHWB* element		Comments/ Further Controls required	Who actioned control/ Date Actioned
<p><b>1. Duration of Work:</b></p> <ul style="list-style-type: none"> <li>Currently, does the staff member working their normal hours spend periods of time alone**?</li> <li>If yes, estimate the longest period of time the employee is alone?</li> <li>Estimate how long the person is expected, in the future, to be alone over their full shift to complete the work?</li> </ul> <p><b>2. Working Hours:</b></p> <ul style="list-style-type: none"> <li>Operating hours of this outlet</li> <li>Is there after hours work at this outlet/shared site? If yes, state hours</li> </ul>	Yes/ No		
	hrs/mins		
	hrs/mins		
	am/pm		
	Yes/ No		

\*\*Consider compiling a chronology of the times during a shift when a staff member working alone is visited/interaction occurs on a consistent basis most days. **For example:**

0600 :	Arrive/Open premises;		
0605:	Driver 1 arrives;		
0635:	Driver 2 arrives;		
0700:	Cleaner arrives; present 30 minutes		
0830:	Counter Staff member arrives		

\*Safety, Health & Well being

SHWB element		Comments/ Further Controls required	Who actioned/ Date Actioned
3. In the event of an emergency, what communications are available to an employee working alone? Where is the emergency plan kept?	For example, Duress Alarm (where/how many) Telephones available – # landline # cordless phone # mobile		
4. Is there a procedure for contact to be made with an employee who works alone? Has the employee been made aware of the procedure? E.g. Duress alarm explained; Contact phone numbers provided/displayed; request to call if an incident occurs. <b><i>Include photos of duress alarm &amp; emergency contacts displayed</i></b>	Yes / No / Unsure	List of emergency contacts available? Who to contact at the end of shift?	
5. In the event of an incident, have emergency arrangements been made to provide rapid support to employees working alone? E.g. WorkReady doctor details displayed; At least 3 contact numbers displayed and on phone (PM, AM, Ops Manager); Early Action poster and Comcare Notifiable posters visible for PDO.	Yes / No / Unsure	What arrangements are in place to ensure that support is provided if required?	
6. Are all environmental hazards / risk control measures regularly assessed? E.g. Alarms, Lighting	Yes / No / Unsure	What arrangements are in place to ensure that safe environment is maintained?	

<b>SHWB element</b>		<b>Comments/ Further Controls required</b>	<b>Who actioned/ Date Actioned</b>
7. Which tasks will be performed during the time period in question? Has the competency of staff to perform the tasks been assessed against a set of established criteria? When was the PDO SOFP last completed?	Yes / No / Unsure		
8. Will equipment be used that is considered high risk such as the use of a forklift, powered load shifting equipment or conveyor? Are user's training records available on site? (Hand held pallet trucks and step stools are not considered to be high risk equipment)	Yes / No / Unsure		
9. Has all equipment been serviced and maintained? Is the staff member aware of procedures for tagging out faulty equipment?	Yes / No / Unsure		
10. Are there any other factors relating to the employee that add to the risk and require additional risk control measures?	Yes / No / Unsure	What arrangements are in place to ensure that such characteristics are discussed further to seek out controls?	

## Section 2.

### PON Outlet Consultation Checklist

**Minimum: Postal Manager or Area Manager, HSR and Retail Outlet team  
+/- Safety Partner; HR adviser; Security and Investigation Group.**

SHWB element		Comments/ Further Controls required
1. Have there been any alternate means to staff this outlet for the times/tasks required?	Yes/ No / Unsure	
2. What do the majority of staff consider to be a reasonable time to work alone in this outlet?	___Hrs / Unsure	
3. Have staff expressed views that there are safety issues in this outlet that are not sufficiently controlled/managed? Review elements in Section 1. with team.	Yes/ No / Unsure	
4. Are there any other factors relating to the employee that add to the risk? Do they require alternate work for an individual, or further investigation?	Yes/ No / Unsure	What arrangements are in place to ensure that such characteristics are discussed further to seek out controls.

# PON Outlet

OUTLET NAME:
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SUMMARY	
Completion Date:	
Assessment Team (+ HSR) :	
Authorised By:	
Review Date:	
Safety Review	
Employee Signature:	<p>Australia Post is committed to protecting Employee Personal Information. By giving your consent, you are agreeing to Australia Post sharing this information with Union representative groups for the purpose of assessing any personal risk to your safety &amp; wellbeing while working alone in a Postal Outlet.</p> <p>Do you consent to your personal information being disclosed to the Union?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Please circle applicable</p>
Section 1. Outstanding actions	
Section 2. Consultation comments	Actions Required: