



OVERVIEW

This document provides the mandatory requirements to support implementation and conformance with the Health and Safety element of the CBH Integrated Management System (IMS). This Procedure provides guidance on how incidents are reported, investigated and corrective actions implemented to reduce the likelihood of reoccurrence.

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GROUP PROCEDURE

Incident Management

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1. INTRODUCTION

An incident is defined as an unplanned event that has led to or could have led to an injury, harm or damage, loss, efficiency / production reduction and includes near misses.

1.1. Objectives

To ensure that incidents have appropriate processes in place to minimise risk and the impact they have on people, environment and the business by:

1. Ensuring processes are in place and understood to facilitate timely reporting of all incidents
2. Ensuring initial action is taken to manage the incident
3. Ensuring that when a serious potential incident occurs, work does not resume until corrective and preventative actions have been implemented to reduce the likelihood of recurrence
4. Performing investigations which identify and prioritise corrective and preventative actions to address root causes and are selected based on the hierarchy of control, and
5. Ensuring data gathered through the incident reporting and investigation process is analysed to identify any trends; these outcomes shall be used to increase safety performance, reduce risk and improve the IMS and supporting systems.

Procedures and KPIs have been developed for the following incident activities:

Incident Activity	KPI	Measure
Incident response	<ul style="list-style-type: none"> ▪ Respond immediately to minimise harm / severity but do not compromise yours or others safety or security 	<ul style="list-style-type: none"> ▪ Effectiveness determined through investigation
Notification	<ul style="list-style-type: none"> ▪ Reported as soon as practical ▪ Comply with legal reporting requirements 	<ul style="list-style-type: none"> ▪ >12 hours ▪ 100% compliance
Investigation	<ul style="list-style-type: none"> ▪ All safety SPIs, Major and Critical incidents have an ICAM performed ▪ All regulatory breaches are investigated ▪ All investigations completed and closed out within 28 days 	<ul style="list-style-type: none"> ▪ 100% compliance
Actions	<ul style="list-style-type: none"> ▪ Actions are closed out within their due date ▪ Open actions extended past their original due date 	<ul style="list-style-type: none"> ▪ # overdue actions ▪ # extended open actions
Monitoring	<ul style="list-style-type: none"> ▪ All incidents are periodically reviewed to determine trends and additional actions required 	<ul style="list-style-type: none"> ▪ 100% Compliance ▪ 1 per annum

1.2. Process Flow

The high-level process flow for Incident Management (Figure 1) puts related processes into perspective and is applicable to all incidents.



Figure 1: High-Level Process Flow for Incident Management

1.3. References

Reference	STORE ID
Quality and Food Safety Policy	STORE-1473931053-546
Health, Safety and Environment Policy	STORE-1473931053-383
Critical Risk Control Standard	STORE-1473931053-249
Hazard, Risk and Change Management Procedure	STORE-1473931053-382

1.4. Roles and Responsibilities

Role	Responsibilities
Chief Operating Officer (COO) / Relevant Senior Manager	<ul style="list-style-type: none"> Determine investigations required to be performed under LPP in consultation with Head of Health, Safety & Environment Review incident and investigation Key Performance Indicators (KPIs) Participate in ICAM investigation reviews Ensure processes are in place and functioning to demonstrate conformance to this procedure.
Head of Health, Safety & Environment	<ul style="list-style-type: none"> Determine investigations to be performed under LPP in consultation with COO Ensure incident and investigation KPIs are monitored and reported Review the status of accident incident investigations, corrective and preventive actions at the Weekly HSE Team meeting.
Health and Wellness Manager	<ul style="list-style-type: none"> Provide advice to IP and RLM when injury management is required Classify injuries and illnesses in consultation with the IP, RLM and medical provider.
Zone General Manager	<ul style="list-style-type: none"> Review incidents in area of responsibility and ensure risk ratings are assigned correctly in consultation with appropriate Area Manager and Safety Advisor where required Lead and/or review incident Investigation, implementation, monitoring and reporting of Actions for Level 4 and Level 5 Incidents.
Area/Terminal Manager	<ul style="list-style-type: none"> Review incidents in area of responsibility and ensure risk ratings are assigned correctly in consultation with Zone General Manager and Safety Advisor where required Lead incident Investigation, implementation, monitoring and reporting of Actions for Level 2 and Level 3 Incidents.
Zone Safety Advisor	<ul style="list-style-type: none"> Review Zone incidents on a weekly basis to ensure risk ratings are assigned correctly and appropriate fields are completed in Share Support and facilitate incident response, reporting and investigations Follow up and assist Managers with lagging incident and investigation KPIs in area of responsibility.
Responsible Line Manager	<ul style="list-style-type: none"> Ensure accurate and timely entry of incident details to relevant information system Lead incident Investigation, implementation, monitoring and reporting of actions for Level 1 Incidents Organises transport of Injured Person (IP) to medical appointments and shall accompany or assign a responsible person to accompany the IP at all times when attending medical appointments Report injuries to the Health and Wellness Manager as soon as practicable after the incident to facilitate effective early intervention and injury management.
Investigation Owner	<ul style="list-style-type: none"> Ensure investigations in area of responsibility are completed for events as appropriate

Role	Responsibilities
	<ul style="list-style-type: none"> Ensure investigations are completed thoroughly and in appropriate timeframes, and appropriate corrective actions are assigned Review and close out investigations in Share.
Investigation Team Leader	<ul style="list-style-type: none"> Control incident scene once first response/emergency processes are completed Lead investigation process, assigning tasks to the investigation team and communicate information on investigation status as required Ensure investigations are completed thoroughly and in appropriate timeframes Point of contact with Legal Team for LPP investigations.
All Employees	<ul style="list-style-type: none"> Report incidents and injuries to RLM as soon as practicable after the incident, by the end of shift at the latest Participate in incident investigations when involved or requested.

1.5. Definitions

Refer 3.3 Incident Terminology.

1.6. Information Systems

System	Description
SHARE	Recording and investigation of Operational incidents Recording and investigation of quality and environmental customer complaints
ServiceNow	Recording and investigation of IT related incidents unless specifically required otherwise in SOPs
CRM	Recording and investigation of grower customer complaints
Whistle-blower Hotline	Receiving of confidential information relating to alleged breaches of the Code of Conduct

1.7. Communication

The document owner is responsible for communicating and making available this document to all stakeholders. The document is available to all staff on the company intranet.

1.8. Compliance Management

CBH are required to comply with international and national legislated requirements, accreditations and standards. To achieve this staff are required to comply with all Policies, Procedures and Work Instructions provided to them.

Regular reviews and audits will be performed by internal and external parties as required to ensure compliance is being achieved.

If a non-compliance or breach is identified the Responsible Line Manager must be notified as soon as practically possible.

1.9. Change Management

Changes to this document shall be managed, reviewed and updated as described in the Document Control Content and Records Management Group Procedure.

2. FIRST RESPONSE

Actions taken as first response to an incident will depend on the type and severity of the incident. As a guide, the following should be considered:

Step	Instruction
1.	<ul style="list-style-type: none"> ▪ Provide appropriate care to any injured or ill persons, considering the safety and security of the persons providing such assistance. Provide First Aid as per St John Ambulance DRSABCD.
2.	<ul style="list-style-type: none"> ▪ Establish an exclusion zone around the incident area. Restrict entry to this area to all individuals and traffic excepting emergency response services and RLM.
3.	<ul style="list-style-type: none"> ▪ Communicate the minimum information necessary to personnel near the incident area to alert them to stay away and / or to assist in maintaining the integrity of the incident area (if necessary).
4.	<ul style="list-style-type: none"> ▪ Notify the RLM of the functional area in which the incident has occurred.
5.	<ul style="list-style-type: none"> ▪ Do NOT under ANY CIRCUMSTANCES communicate the incident to other entities. Use of social media or any other form of communication for unauthorised incident information sharing may incur disciplinary action up to and including termination of employment or contract.
6.	<ul style="list-style-type: none"> ▪ Follow Injury Management process if required.

References

Title	STORE ID
Emergency Management Group Procedure	STORE-1473931053-244099

3. NOTIFICATION

3.1. Initial Communication

Step	Instruction
1.	<ul style="list-style-type: none"> ▪ All incidents shall be reported by employees, contractors, growers and visitors to the RLM as soon as practicable following the incident, but no later than before the end of the day or shift. ▪ In the event of illness, the affected individual must advise their RLM (or employer, in the case of a contractor), as soon as practicable after the onset of symptoms, but no later than before the end of the day or shift. ▪ In the event of a Near Miss, when no property has been damaged, no personal injury was sustained, but where, given change circumstance or conditions such as time or position, such outcome could have occurred, these shall also be reported as soon as practicable after the incident, but no later than before the end of the day or shift.
2.	<ul style="list-style-type: none"> ▪ In the event of an actual or potential Serious Incident, the RLM immediately shall notify their senior manager. ▪ The RLM enters details of the incident / illness into the system as soon as practicable after the incident or onset of symptoms, but no later than before the end of the day or shift.

3.2. Incident Types

Examples of incident types applicable to the CBH business and operations environment are defined below.

Table 1: Typical Incident Types at CBH

Category	Typical Incidents		
Health and Safety	<ul style="list-style-type: none"> ▪ All Injuries 	<ul style="list-style-type: none"> ▪ All Occupational illnesses 	<ul style="list-style-type: none"> ▪ All Near Misses
Environment	<ul style="list-style-type: none"> ▪ Fuel / Hydrocarbon spill ▪ Chemical spill ▪ Water release (muddy, contaminated) ▪ Contamination of land ▪ Archaeological, heritage or cultural incidents ▪ Biological spills (e.g. sewerage) 	<ul style="list-style-type: none"> ▪ Breach of licence conditions ▪ All Near Misses including False Alarms ▪ Uncontrolled air emissions including dust and odour ▪ Compromised Waste management / disposal ▪ Excessive noise 	<ul style="list-style-type: none"> ▪ Damage / disturbance to protected flora or fauna ▪ Excessive / unauthorised clearance of vegetation ▪ Unauthorised culling of fauna ▪ Injury to protected fauna ▪ Public Complaint (e.g. noise, dust).
Quality	<ul style="list-style-type: none"> ▪ Contaminants (Level 1, 2 or 3) found in a delivery of grain and or during any movement ▪ Biosecurity Incident: as identified by DPIRD such as weed seeds/ insects or diseases 	<ul style="list-style-type: none"> ▪ Grain Mix at any point of supply chain ▪ Internal /External audit actions ▪ Out of specification grain 	<ul style="list-style-type: none"> ▪ Sweeps bunker / storage on site not cleaned resulting in insect contamination ▪ Customer Complaints
Assets	<ul style="list-style-type: none"> ▪ Fire ▪ All Near Misses including False Alarms 	<ul style="list-style-type: none"> ▪ Motor Vehicle Accidents ▪ Equipment Damage or Loss 	<ul style="list-style-type: none"> ▪ Security Incidents

Category	Typical Incidents
Compliance	<ul style="list-style-type: none"> • Breaches of or compromised safe operation of CBH HVA vehicles and supporting equipment. • Fire • Environmental (e.g. load spillage, fuel or hydrocarbon spill) • Equipment Damage or Loss • Rail Notifiable Occurrences • Dust Emissions • Maritime Security Breach <ul style="list-style-type: none"> ▪ Security (HVA infrastructure e.g. Weighbridges) ▪ Breaches in vehicle configuration, weights and measures ▪ Breaches in assurance of competency and training for any HVA worker ▪ Breaches of or compromised Medical Fitness specifically for any HVA worker <ul style="list-style-type: none"> ▪ Breaches of or compromised fatigue management specifically for any HVA worker ▪ Breaches of or compromised alcohol and drug management specifically for any HVA worker, or ▪ Compromised safety interfaces.

Note: Security incidents relating to Information Technology or corporate Communications (ITC) are recorded in Service Now, including Near Miss (false alarm, e.g. threats) or attempts (e.g. hacking) events.

3.3. Incident Terminology

3.3.1. Near Miss

A 'Near Miss' is a health, safety or operational incident where no property has been damaged and no personal injury has been sustained, but where, given alternate circumstances or conditions such damage or injury could have occurred.

Incidents of this type are recorded in SHARE as a 'Near Miss' Incident Type. This excludes Environmental, Quality and Food Safety, Information Technology and Communications or Rail incidents, which are selected as the relevant incident type in SHARE, then actual severity set to reflect a near miss.

3.3.2. Serious Potential Incident (SPI) – No Energy Release

A Serious Potential Incident (SPI) is an event that exposes a person/infrastructure to a situation that has the potential to result in permanent disability, in a fatality to personnel or cause significant damage to infrastructure where there is no release of energy (consequence potential of Major 4 or above). Examples

- A person exposed to a 5m opening without fall protection in place
- A truck traveling 20km/h through site against traffic flow.

3.3.3. Serious Incident (SI) – Energy Release

A Serious Incident is an event where there has been an uncontrolled release of energy that had potential to permanently disable or result in fatality to personnel or cause significant damage to infrastructure (actual consequence of Major 4 or above). Examples

- A person falls from 2 meters onto a cement surface sustaining a first aid injury
- A person is hit by a truck resulting in a fatality due to it failing to stop at a stop sign
- A large beam weighing 150kgs falls to the ground to a pedestrian area.

3.4. Notifiable Incidents

Examples of notifiable Incidents are defined in Appendix 1: Notifiable Incidents. Those relevant to CBH are:

- Safety Incidents (Injuries, Restricted Work, Lost Time and Fatalities, Asbestos)
- Environmental Incidents (includes Dangerous Goods and Environmental issues such as spills)
- Food Safety Incidents (Product recalls)
- Chain of Responsibility (Road and Heavy Vehicles)
- Rail shunting incidents (Derailment, Collision, Injury and Regulatory non-compliances)
- Biological spills (Reportable to Department of Agriculture)
- Maritime Security Breaches.

In the event of an incident requiring notification to a regulatory authority, the appropriate Subject Matter Expert/Responsible Person for that type of incident shall:

- Notify the relevant Senior Manager immediately
- Notify the Head of Health, Safety and Environment
- Notify the Risk and Assurance team of the incident
- Ensure that the relevant regulatory authority is notified within the required timeframe(s).

4. INCIDENT INVESTIGATION

This section defines the process for documenting incident investigations. All incidents shall be treated as if an investigation is required until it is reviewed by the RLM and decided otherwise. Refer Table 2: Investigation Types.

Once the incident notification has been entered into the system, the RLM reviews the information in consultation with involved parties (where required) to ensure the information is accurate and sufficient. The RLM shall then determine the following:

- Level of investigation required
- Investigation owner (based on the Actual and Potential consequence rating), and
- Investigation Team Leader.

Where an investigation is warranted, there are two levels of investigation followed within CBH show below in table 2:

Table 2: Investigation Types

Investigation Methodology	Incident Level (Actual or Potential)	Consequence Rating
No Investigation Required	1 - Low	Insignificant
Basic Investigation	2 & 3 – Medium and Medium High	Insignificant, Minor, Moderate
ICAM or Full Investigation	4 & 5 - Major and Critical	Catastrophic or Major including Serious Potential Incidents (SPI)

4.1. Investigation Methodology

The process to be followed to determine the level of investigation is as follows:

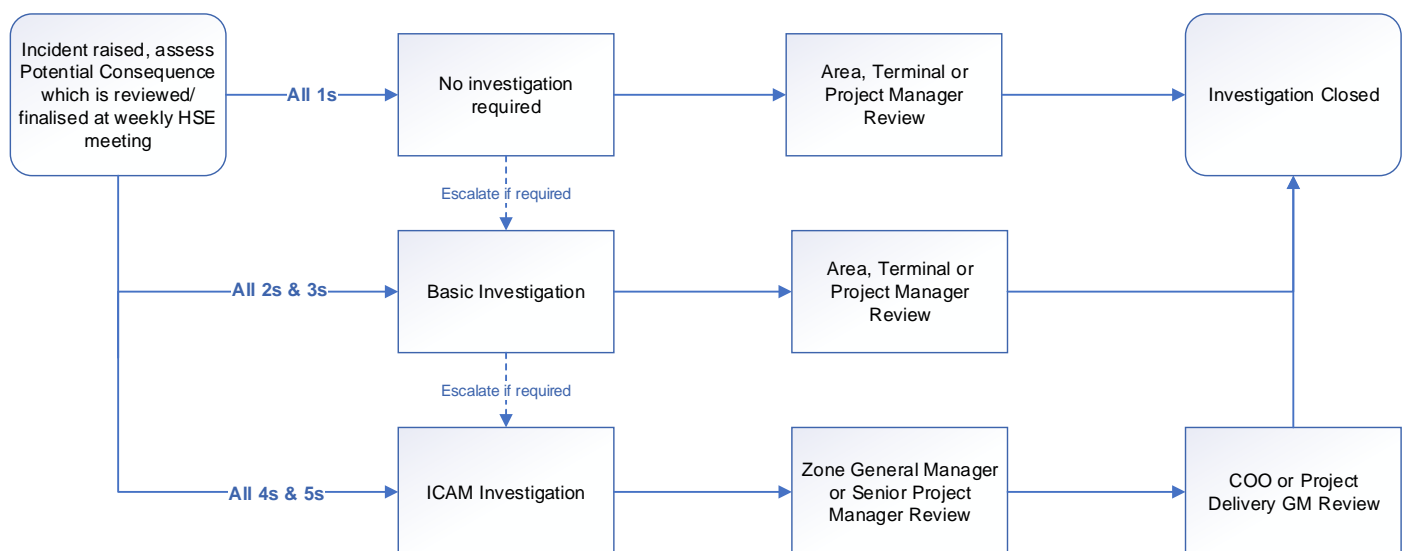


Figure 2: Risk-Based Investigation Process

4.2. Basic Level Investigation

A basic level investigation is completed for incidents with a consequence rating of insignificant, minor, and / or moderate. Sub-folders saved under the STORE Basic Injury and Incident Analysis folder are established using the file naming convention [Incident Number] [Incident Title], e.g. INC-12345 Incident Name. The Investigation Team Leader shall ensure all investigation documentation is linked to the Incident Record in SHARE. The Investigation Team leader with the support of the Health and Safety Advisor shall establish an investigation team and conduct analysis of the incident.

4.3. Occupational Injury and Illness Classification

This section defines the requirements for the classification of injuries and illnesses and applies to all CBH Group sites, including employees and contractors and are in accordance with:

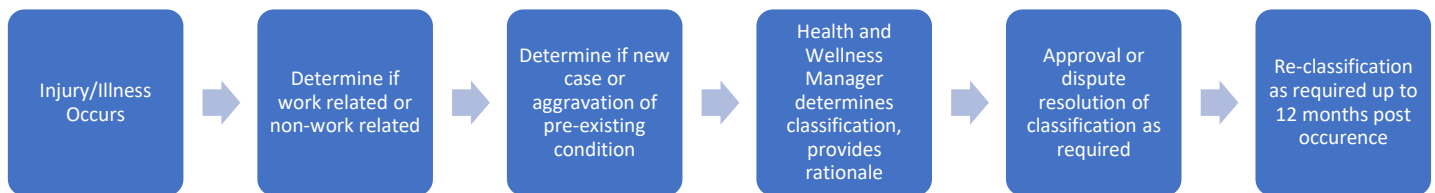
- AS 1885.1-1990 Workplace injury and disease recording standard
- Modern practice approach references Issues in the measurement and reporting of work health and safety performance: A Review (Safe Work Australia)
- Reporting of injuries and diseases in accordance with Occupational Safety and Health Act 1984 and Department of Mines, Industry Regulation and Safety (DMIRS).

4.3.1. Definitions

Term	Definition
Biological Spills	Biological Spill - Any major spillage or loss of material subject to biosecurity control must be immediately reported to Department of Agriculture and Water Resources by an Accredited person (1800 900 090). <i>Note: This only relates to Approved Arrangements for Importing Grains (Biosecurity Containment Level 5.2) A major spillage is classified as a loss of material subject to biosecurity control outside the confines of the Approved Arrangement site, which cannot be readily cleaned up within 15 minutes, or which may be accessed by the general public .</i>
Dangerous Goods	Substances or articles that pose a risk to people, property or the environment, due to their chemical or physical properties. They are usually classified with reference to their immediate risk.
Injury	An injury is any wound or damage to the body resulting from an instantaneous event in the work environment or during one shift. Sprain and strain injuries to muscles, joints and connective tissues are classified as injuries when they result from a slip, trip, fall or other instantaneous event during the course of one shift.
Illness	A physiological harm or loss of capacity produced by a systemic infection; continued or repeated stress or strain; exposure to toxins, poisons, fumes or other continued and repeated exposures to conditions over a period of time.
Reportable Injuries and Diseases	According to the Department of Mines, Industry Regulation and Safety notification requirements
Recordable injury/illness	For the purposes of calculating the All Injury Frequency Rate (AIFR), an injury or illness is recordable if it results in any of the following; fatality, lost time injury, restricted work day injury (including transfer to another job) or medical treatment injury beyond first aid.
Work environment	The establishment and other locations where one or more employees are working or are present as a condition of their employment. The work environment includes not only physical locations, but also the equipment or materials used by the employee during his or her work.

Term	Definition
Routine functions	Routine functions are defined as those work activities the employee regularly performs at least once per week.
Pre-existing condition	A pre-existing injury or illness includes those that have resulted from a previous work or non-work-related events or exposures from within or external to the CBH work environment.
No Injury – Report Only	These injuries will be recorded whereby the nature of the injury does not require treatment or requires treatment at a level below that outlined in first aid.
Precautionary alternative duties	<p>A healthcare professional determines (via face to face or telehealth consultation) that an injured worker can perform all their routine functions but advises restricted/alternate duties as a precautionary measure. When precautionary alternate duties are provided, the case shall be recorded as a first aid for a maximum of 96 calendar hours from the time of injury or illness. A medical review should be sought if symptoms have not resolved after this time.</p> <p>An injured worker can perform all their routine functions but visits a health care professional (i.e. physiotherapist, chiropractor, occupational therapist) for early intervention or preventative management where the treatment provided does not exceed 3 visits.</p> <p>Note: Once definitions above are exceeded the injury / illness must be re-classified.</p>

4.3.2. Injury/Illness Classification Process



All Injury/Illness classifications shall be completed using Appendix 4 Injury/Illness Classifications Guide in consultation with the CBH Health and Wellness Manager to ensure a valid, consistent, repeatable, auditable and transparent approach to classification of injuries and illnesses.

4.3.3. Dispute Resolution

Criteria	Description
Conflicting medical evidence	Where two or more physicians or health practitioners' recommendations are received, the employer may decide which recommendation is the most authoritative (best documented, best reasoned, or most qualified) and classify based on that recommendation.
Lost time certification <48 hours	Certification may be disputed whereby lost time is certified as a precautionary alternative duty, as a result of coincidence with rostered days off i.e. weekends or is not in direct relation to the injury or illness sustained. A downgrade cannot be made for lost time certifications >48hours without a formal revision or second opinion of medical certification. This dispute process may take place at the discretion of the Health and Wellness Manager.
Lost time certification >48 hours	Certification of lost time >48 hours may not be disputed without a formal revision or second opinion of a medical certification.

Internal Classification Decision	Classifications are determined monthly by the Health and Wellness Manager. Where agreement cannot be reached between line and the HSE function, the issues will be escalated through both line and function until consensus is reached. Throughout this process, where new information and evidence becomes available, the case shall be referred to the Health and Wellness Manager for review and updating of the classification.
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4.4. ICAMs

Incidents with a consequence level of 4 and 5 with an actual or potential ‘Catastrophic’ or ‘Major’ safety consequence rating will automatically generate an ICAM level investigation in SHARE. Lower level incidents can also be ICAM investigations if determined by the RLM of the incident in consultation with the Head of Health, Safety and Environment. Investigation findings must be documented using the CBH ICAM Investigation Analysis Template.

Sub-folders to the STORE Injury and Incident Analysis folder are set up as per 4.2 Incident Investigation, with additional security settings organised by the Lead Investigator in consultation with the CBH Legal Department if required. Attachments and investigation documentation including ICAM Reports shall be saved in this folder, other ICAM investigation findings may be recorded in SHARE unless otherwise directed.

4.5. Communication of Findings

Incident findings should be communicated in accordance with the Communication, Consultation and Participation Procedure requirements. The Head of HSE will determine distribution. See Appendix 6: Safety Alert Communication Process.

4.6. Investigation Report Review, Approval and Sign-Off

The investigation must be reviewed by the RLM with final review and acceptance the responsibility of the Investigation Owner. Investigation Leader shall present the outcomes and findings of the investigation to the Investigation Owner if required. The Investigation Owner must:

- Review the quality of the analysis
- Identify and determine whether the root causes (absent failed / defences, individual actions, environmental conditions and organisational factors) have been established
- Determine whether recommended corrective or preventative actions address identified root cause(s)
- Determine whether other parties need to be involved in the review, and
- Review recommended actions and convert them to “Actions” in SHARE or other systems as required.

4.7. Incident Closeout and Completion

Once all actions have been raised and assigned the investigation can be marked as complete. Note that an investigation and incident can be closed prior to actions being completed. Actions will be tracked to closure separately by the Senior Leadership Team through HSE reporting processes.

For Operational related incidents the Group Health Safety and Environment Manager will monitor investigations that remain open for extended periods and work with management to develop strategies to progress incidents to closure in a timely manner.

References

Title	STORE ID
ICAM Tool Template	STORE-1473931053-243844
Incident Interview Template	STORE-1473931053-243843
ICAM Report Template	STORE-1473931053-243848
Safety Alert Template	STORE-1473931053-243846
Safety Alert (Lesson Learnt) Template	STORE-1473931053-243845

4.8. Legal and Professional Privilege

Communications can be protected in legal proceedings by Legal Professional Privilege (LPP). LPP allows CBH employees to seek and consider legal advice without fear of having to disclose the advice and documents relating to it, but there are also strict rules about when LPP exists, and when it is waived. LPP applies to confidential communications created for the dominant purpose of a client (i.e. an employee of CBH) obtaining legal advice, or for use in actual or anticipated litigation. If LPP applies, the communications between lawyers and their clients do not have to be provided under the compulsion of a court or legislation (i.e. by Worksafe).

4.8.1. Legal Privilege Application

Legal privilege shall be established in the event of a serious health, safety or environment incident. The following are considered serious health safety and environment (HSE) incidents (Serious Incidents) and require the relevant team member to notify the CBH legal team of the incident as soon as reasonably possible after it occurs, and before an incident investigation is undertaken:

- Death of a person – whether employee, contractor or member of the public
- A serious injury or illness which requires emergency services to attend or hospitalisation
- A dangerous incident that exposes any person to a serious risk of injury or illness, even if no one is injured
- Medical treatment required within 48 hours of exposure to a substance
- Any infection where work is a significant contributing factor. This includes any infection related to carrying out work
- A dangerous incident including near miss, including an uncontrolled escape, spillage or leakage of a substance including the following:
 - an uncontrolled implosion, explosion or fire
 - an uncontrolled escape of gas or steam
 - an uncontrolled escape of a pressurised substance
 - electric shock
- the fall or release from a height of any plant, substance or thing
- the collapse, overturning, failure or malfunction of, or damage to any plant required to be designed or registered under the Work Health and Safety Regulations, for example a collapsing crane
- the collapse or partial collapse of a structure
- In respect to HSE incidents where there is risk that future investigations may be undertaken by Worksafe or other regulators
- If in doubt, legal advice should be sought.

4.8.2. Initial LPP notification

The initial notification should be made by contacting one of the legal team members via telephone. This notification should include the details of the incident and the names of the small group of CBH employees or contractors that will be conducting the incident investigation (the Investigation Team). When the incident is entered into SHARE.

4.8.3. Investigation

To enable the CBH legal team to provide advice in contemplation of possible legal proceedings, CBH legal will assess the details surrounding the incident and, if it is considered necessary, instruct the Investigation Team to investigate using the approved ICAM investigation template provided by legal.

The document(s) produced by the Investigation Team and any subsequent legal advice provided becomes confidential and subject to LPP.

If the investigation is conducted on the advice of the Legal Team the Investigation Team must only communicate investigation related information between the team internally during the investigation process, with documents and electronic communication sent via the incident email chain set up by Legal. Documents should always be marked "strictly private and confidential" or "privileged" or similar, and only be circulated to those who are required to see them. Access to investigation documents is at the direction and discretion of the Legal Department.

Note: Contractors can be involved in the investigation process but the end product (i.e. reports, statements, etc.) cannot be shared without the approval of the CBH legal team.

Once the investigation subject to LPP is complete, a member of the Investigation Team must send the investigation report to legal to review. The legal team will then review and provide advice.

The substance of the investigation report shall not be disclosed or be divulged that action is being taken on the basis of specific legal advice (i.e. the recommendations resulting from the specific incident investigation), as this may result in LPP over the document being waived.

The recommendations and findings generated from the report can be communicated to the business but must be "decoupled" from the report (i.e. communications should not state "As a result of the incident at Avon involving an employee tripping on electrical cable, the business has introduced a new slips, trips and falls policy". The approval of the legal team must be sought prior to communicating any outcomes / findings of the investigation to third parties, or internally.

All written communication relating to incident investigations that have been conducted under LPP should be reviewed by the CBH legal team. This extends to email communication and safety alerts. Refer **Error! Reference source not found.**

5. ACTIONS AND MONITORING

All investigations should result in recommendations, raised as actions and determined by the investigators as a result of findings and associated lessons learnt. Actions raised either correct current issues or prevent issues from reoccurring. Determining effective actions to be implemented requires consideration of the following:

- Elimination or reduction of the risk. For safety incidents the risk reduction should be to as low as reasonably practicable (ALARP)
- Actions must have an appropriate owner
- Hierarchy of controls must be used unless not practical: Elimination, Substitution, Engineering, Administrative, and PPE
- Actions should be SMART: Specific, Measurable, Achievable, Relevant and Time Bound, and
- Actions must be monitored to ensure completion in a timely manner.

5.1. Disciplinary Action

Individual and team behaviours sometimes lead directly to an incident. When determining whether disciplinary action is required, CBH Group applies a “fair and just process”, which:

- Balances the need to have a non-punitive learning environment with the need to hold people accountable for their actions
- Moderates the extremes of either a punitive or blame-free culture
- Clearly identifies acceptable and unacceptable workplace behaviour
- Provides recognition for exceptional behaviour, and safe work practices
- Provides a simple and consistent process where people are coached, counselled, or disciplined in a consistent, just, and fair way
- Provides a culture where people feel safe to be open and honest, and
- Encourages reporting errors / suggestions rather than hiding them.

References

Title	STORE ID
Fair and Just Culture Diagram	STORE-310043234-9520
Fair and Just Culture Flowchart	STORE-310043234-9522

5.2. Monitoring

It is good practice to review all incidents that have occurred within a period of time to determine themes, trends or hotspots that may require additional management attention and action.

The minimum monitoring requirement is that incidents which were rated as a consequence level of medium or 3 or higher require a 6-month review by the incident owner to assess whether the measure/s put in place to mitigate the issue has been effective or not.

APPENDIX 1: NOTIFIABLE INCIDENTS

For a full list of notifiable reporting requirements see the appropriate Government Department website.

Category	Incidents	
Health and Safety	<ul style="list-style-type: none"> ▪ Fatality ▪ Fracture of the skull, spine or pelvis ▪ Fracture of any bone in the arm (other than in wrists or hand), or leg (other than in the ankle or foot) ▪ Amputation of an arm, hand, finger, finger joint, leg, foot, toe or toe joint ▪ Loss of sight of an eye, or ▪ Any injury other than the above which in the opinion of a medical practitioner is likely to prevent the employee from being able to work within 10 days of sustaining the injury ▪ Asbestos Exposure 	<ul style="list-style-type: none"> ▪ Infectious diseases: tuberculosis, viral hepatitis, Legionnaires' disease and HIV, where the disease has been contracted during work involving exposure to human blood products, body secretions, excretions or other material which may be a source of infection ▪ Occupational zoonoses: anthrax, Leptospirosis and Brucellosis, where these diseases are contracted during work involving the handling of, or contact with, animals, animal hides, skins, wool, hair, carcasses or animal waste products. ▪ Any dangerous goods incident where people or property are harmed
Environment	<ul style="list-style-type: none"> ▪ Any spill or uncontrolled release likely to cause pollution, material or serious environmental harm 	<ul style="list-style-type: none"> ▪ Any dangerous goods incident where the environment is harmed ▪ Biological spills.
Quality	<ul style="list-style-type: none"> ▪ Product recall 	<ul style="list-style-type: none"> ▪ Notify department of Agriculture WA when there is a Chemical residue detection above the Australian MRL
Assets	<ul style="list-style-type: none"> ▪ Breaches of property and infrastructure (including attempted break-ins or sabotage) including unauthorised access, use, modification, destruction, loss, misuse or theft ▪ Breaches of Intellectual Property 	<ul style="list-style-type: none"> ▪ Breaches of Information Security: access, use, unauthorised disclosure, distribution, modification, diversion, destruction, loss, misuse, or theft
Compliance	HVA: <ul style="list-style-type: none"> ▪ Fire ▪ Breaches of or compromised safe operation of CBH HVA vehicles and supporting equipment ▪ Environmental (e.g. load spillage, fuel or hydrocarbon spill) ▪ Equipment Damage or Loss ▪ Security (HVA infrastructure e.g. Weighbridges) ▪ Breaches in vehicle configuration, weights and measures ▪ Breaches of competency for any HVA worker ▪ Compromised Medical Fitness for any HVA worker ▪ Breaches of or compromised fatigue management for any HVA worker ▪ Breaches of or compromised alcohol and drug management for any HVA worker, or ▪ Compromised safety interfaces, or 	Rail: <ul style="list-style-type: none"> ▪ Fire ▪ Breaches of or compromised safe operation of shunt tractors and rolling stock ▪ Environmental (e.g. load spillage, fuel spill from rolling stock or service vehicles) ▪ Equipment Damage or Loss ▪ Security (rail infrastructure, facilities) ▪ Food Safety (e.g. contamination of load in transit) ▪ Complaint (from Provider) ▪ Injury or occupational as defined herein, for any rail worker ▪ Breaches of competency for any rail worker ▪ Breaches of or compromised Medical Fitness for any rail worker ▪ Breaches of or compromised fatigue management for any rail worker ▪ Breaches of or compromised alcohol and drug management for any rail worker, or ▪ Compromised safety interfaces.

APPENDIX 2: GROUP INCIDENT SEVERITY ASSESSMENT

For the purposes of categorising, reporting, determining the appropriate level of organisational concern, corrective and preventive actions and their priority, incident severity considers the Risk Impact / Consequence Rating (**Error! Reference source not found.**) and CBH Risk Rating Matrix (**Error! Reference source not found.**) and Risk Impact / Consequence Rating tables

Table 3: Risk Impact / Consequence Rating

Impact Area	1- Insignificant	2 - Minor	3 – Moderate	4 – Major	5- Catastrophic
Safety	No medical treatment required	Minor injuries / occupational illnesses requiring First Aid or medical treatment	Serious injury /occupational illnesses causing possible hospitalisation or permanent loss / significant effects	Life threatening injury or multiple serious injuries causing hospitalisation	Death or multiple life-threatening injuries
Environment	Minor effects on local environment	Medium - term effects to localised area	Moderate environmental effects to wide area	Serious short-term effect to wide area	Serious long-term effect to wide area
Reputation	Minor local community / shire attention	Adverse attention from local media	Significant adverse local public or media attention	Significant adverse national public or media attention	Significant loss of grower or customer support
Legal	Minor internal non-compliance	Minor legal issues and non-compliances	Internally detected breaches, reported to regulators	Serious breach of legislation with remediation notice	Suspension of licenses, prosecution and litigation
Financial	Under \$1m	\$1m - \$10m	\$10m-\$50m	\$50m-\$150m	Over \$150m
Continuity	1 hour	1 day	2-5 days	1-4 weeks	>4 weeks



Table 4: Risk Rating Matrix

	Impact on the business if risk event does occur									
	1- Insignificant		2 - Minor		3 – Moderate		4 – Major		5- Catastrophic	
5 – Almost certain	Low	5	Medium	10	Medium High	15	High	20	High	25
4 – Likely	Low	4	Medium	8	Medium	12	Medium High	16	High	20
3 – Possible	Low	3	Medium Low	6	Medium	9	Medium	12	Medium High	15
2 – Unlikely	Low	2	Low	4	Medium Low	6	Medium	8	Medium	10
1 - Rare	Low	1	Low	2	Low	3	Medium Low	4	Medium Low	5

APPENDIX 3: SHARE INCIDENT CONSEQUENCE RATING

Impact Area	1 Insignificant	2 Minor	3 Moderate	4 Major	5 Catastrophic
Injury or Illness	No medical treatment required	Minor injuries / occupational illnesses requiring First Aid or Medical Treatment	Serious injury / occupational illnesses causing possible hospitalisation or permanent loss / significant effects	Life threatening injury or multiple serious injuries causing hospitalisation	Death or multiple life-threatening injuries
<i>Environmental</i>	Minor effects on local environment	Medium - term effects to localised area	Moderate environmental effects to wide area	Serious short-term effect to wide area	Serious long-term effect to wide area
<i>Fire Plant, Equipment, Vehicle (MVA) or Rail Damage or Loss</i>	No damage	Minor damage. No repairs required.	Significant requiring repairs with possible insurance claims.	Major damage requiring significant repair replacement or insurance claims.	Loss and /or destruction. Insurance claim required.
<i>Legal, Risk & Compliance (COR)</i>	Minor Internal non-compliances.	Minor legal issues and non-compliances.	Internally detected breaches, reported to regulators.	Serious breach of legislation with remediation notice	Suspension of licenses, prosecution, and litigation.
<i>Security</i>	Align with the corresponding type of security incident. E.g. – Break in and / or theft = Equipment Damage or loss Assault= Injury or Illness				
<i>Quality / Food Safety/ Customer Complaint</i>	Local Quality Observation (e.g. documentation on site out of date, out loading samples to throw away)	Local Quality Issue (e.g. hygiene issues, insects in sweeps heap, composite sample not entered in IBIS, Audit observation/ minor)	Rejection of Delivery (eg customer complaints, domestic customer rejects load, insects found while out loading, malt barley bays failing germination, Audit non-conformance)	Product Recall (eg fertiliser contaminate ship rejected, feed spec barley sent to Joe White Malting, entire stack failing germination)	Loss of Business (eg GM contamination sent to Europe- customer/ country suspends CBH imports)

APPENDIX 4: INJURY / ILLNESS CLASSIFICATION GUIDE

Work-Related	Non-Work Related
<p>An event or exposure in the work environment arising directly from the course of employment acting under the employer's instructions.</p> <ul style="list-style-type: none"> ▪ Exposure causes or significantly contributes to the resulting condition or significantly aggravates a pre-existing condition ▪ The employer must decide whether this condition is met by evaluating the work duties, environment, precipitating event or exposure as well as other contributing factors <p><i>Note: The determination of a workers' compensation claim (i.e. whether it is accepted or disputed) shall not necessarily dictate if an injury or illness is work related as the criteria are different</i></p>	<p>An injury or illness resulting solely from an event or exposure that occurred outside the CBH work environment or whilst not performing a work-related duty.</p> <ul style="list-style-type: none"> ▪ Signs or symptoms emerge at work but result solely from a non-work-related event, exposure or condition that has developed or occurred whilst in the work environment i.e. cold/influenza ▪ Employee was present in the workplace as a member of the public ▪ Voluntary participation in a wellness program, medical, fitness or recreational activity ▪ Participation in a community or civic project away from the work environment ▪ Preparing food or drink (bought on premises or brought in), eating, drinking, performing personal tasks, using employer's equipment in the work environment outside employees assigned working hours ▪ A result of personal grooming, self-medication, horseplay, physical violence/conflict because of personal conflict unrelated to the worker's employment or intentional self-infliction ▪ Meets other criteria as per "Special Cases and Classifications" criteria below
New Case	Aggravation of Pre-Existing Condition
<p>An injury or illness not previously experienced or diagnosed or a significant aggravation of a pre-existing condition:</p> <ul style="list-style-type: none"> ▪ New signs or symptoms of an injury or illness as a direct result of an event or exposure in the workplace ▪ Significant aggravation of a previous injury or illness which had resolved and subsequently re-emerged due to an event or exposure in the work environment i.e. the aggravation exceeds the criteria opposite ▪ In determining if an injury or illness is a new case or recurrence of an old case, the employer may seek the advice of a physician or health practitioner <p><i>Note: the same injury or illness will only be recorded in the all injury frequency rate once every 12 months. I.e. multiple re-occurrence reports are only recorded in HSE performance indicators once</i></p>	<p>Aggravation due to an instantaneous or non-instantaneous event or exposure in the work environment resulting in (at least one of the criteria below must be met):</p> <ul style="list-style-type: none"> ▪ No change to current diagnosis or treatment (Report Only) ▪ Re-diagnosis of a previously injury, illness or condition involving the same bodily location with the same severity consequence ▪ Re-commencement of a medical treatment which would likely not have resulted but for the presence of the pre-existing condition. Re-commencement of treatment must be of a similar nature and apply to the same bodily location or previous condition



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<p><i>every 12 months with other re-occurrences still being recorded and cross referenced to the original record</i></p>	<ul style="list-style-type: none"> ▪ One or more days away from work, days of restricted work, or days of job transfer that would likely not have resulted but for the presence of the pre-existing condition <p><i>Note: This classification does not contribute to the All Injury Frequency Rate but will be recorded and cross referenced to any original record.</i></p>
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First Aid Injury	Medical Treatment Injury	Restricted Work Day Injury	Lost Time Injury
<p>All points below are regarded as first aid regardless of the professional status of the person providing the treatment (e.g. physician, nurse, first aider)</p> <p><i>Visits for consultation, observation, assessment only</i></p> <p><i>Diagnostic imaging</i></p> <ul style="list-style-type: none"> ▪ ECGs and blood tests (diagnosis may be MTI) ▪ Imaging diagnosis of low grade muscle strain, ligamentous sprain, joint sprain, bone bruising <p><i>Prescription Medication</i></p> <ul style="list-style-type: none"> ▪ administration or application during first visit such as anaesthetic for minor injury discomfort ▪ prescribed as a preventative measure ▪ Tetanus immunizations and preventative use of single course of antibiotics 	<p>A work-related injury or occupational illness resulting in treatment beyond first aid. Medical treatment is the medical management and care of a patient.</p> <p><i>Diagnostic Imaging</i></p> <ul style="list-style-type: none"> ▪ Significant injuries such as fractures of bones or teeth, punctured eardrums and medium or high-grade sprains, strains and bruising regardless of treatment <p><i>Prescription Medication</i></p> <ul style="list-style-type: none"> ▪ All cases except those in First Aid Injury ▪ Application of local anaesthetic during subsequent visits ▪ Immunizations, such as Hepatitis B vaccine or rabies vaccine, following an injury ▪ Provision of anti-venom <p><i>Non-Prescription Medication</i></p>	<p>A Restricted Work Injury occurs as the result of a work-related injury or illness when:</p> <ul style="list-style-type: none"> ▪ A physician or other licensed health care professional recommends that the employee not perform one or more of the routine functions of his or her job ▪ Not work the full work day that he or she would otherwise have been scheduled to work <p><i>Note: It is not a Restricted Work Case if a physician or other licensed health care professional imposes the restriction or transfer only for the day on which the injury occurred or illness began.</i></p> <ul style="list-style-type: none"> ▪ Precautionary alternate duties are extended beyond 96 calendar hours <p><i>Note: It is not a restricted work case if the person is able to perform all their routine functions but at a slower pace or reduced output</i></p>	<p>A Lost Time Injury is a work-related injury or occupational illness when:</p> <ul style="list-style-type: none"> ▪ The employee is unable to attend work due to the nature of injury or treatment beyond the day or shift the injury occurred or illness begun regardless of the injured person's next rostered shift. ▪ Worker can't return directly due to the nature of the injury or treatment. i.e. not LTI if issued with precautionary time away from work. <p>Lost time injuries are recorded according to severity of consequence. The initial classification decision is subject to monthly review up to 12 months post-date of injury to ensure accuracy</p> <p>Lost Time Injury (Short Term/Temporary) – injury is likely to result in a non-permanent impairment and less than 10 calendar days duration. Abbreviation LTIS</p>



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First Aid Injury	Medical Treatment Injury	Restricted Work Day Injury	Lost Time Injury
<ul style="list-style-type: none"> ▪ for previously undiagnosed/unknown allergies to general airborne particles inherent to the wheatbelt region such as grain dust <p><i>Non-prescription medications at non-prescription strength</i></p> <p><i>Illness</i></p> <ul style="list-style-type: none"> ▪ Drinking fluids for relief of heat stress ▪ Oxygen administered on a precautionary basis and not required to successfully treat a work-related injury or illness (e.g. heat stress, to prevent the onset of shock) <p><i>Wounds</i></p> <ul style="list-style-type: none"> ▪ Cleaning, flushing or soaking on skin surface including antiseptic use ▪ Use of wound or body part coverings including Steri-Strips™, butterfly strips and glue to hold a wound covering in place ▪ Treatment of 1st degree burns ▪ Drilling of a fingernail or toenail to relieve pressure, or draining fluid from a blister ▪ Removal of foreign bodies from the eye using irrigation and swabs and 	<ul style="list-style-type: none"> ▪ A recommendation by a physician or other licensed health care professional to use a non-prescription medication at prescription strength <p><i>Illness</i></p> <ul style="list-style-type: none"> ▪ As per definition outlined in special cases and other classifications ▪ Intravenous administration of glucose or saline or other fluids. ▪ Administration of oxygen to successfully treat a work-related injury or illness (e.g. shock, exposure to toxic substances or oxygen deficient atmospheres) ▪ Loss of consciousness <p><i>Wounds</i></p> <ul style="list-style-type: none"> ▪ Treatment of 2nd or 3rd degree burns ▪ Wound closing: sutures, staples or medical glue (i.e. those not listed under First Aid) ▪ Surgical debridement and or non-simple surgical means to remove foreign material <p><i>Soft Tissue</i></p> <ul style="list-style-type: none"> ▪ Rigid immobilization devices ▪ Medical referral to a healthcare provider where the treatment 	<p><i>Note: It is not a restricted work case if the restrictions recommended by the physician or health practitioner do not prevent the person from performing all the routine functions of his or her job. This is at the discretion of the Health and Wellness Manager</i></p>	<p>Lost Time Injury (Long Term/Permanent) – injury is likely to result in a permanent impairment and/or more than 10 calendar days duration. Abbreviation LTIL</p> <p><i>Days Lost</i></p> <ul style="list-style-type: none"> ▪ Days lost are counted as the number of calendar days after the day of the incident during which the employee / contractor is unable to perform any of their routine functions or any alternative functions ▪ Days lost must be recorded whether the injured or ill employee follows the physician or licensed health care professional's recommendation or not. <p><i>Note: Time taken traveling to / from appointments does not count towards lost time</i></p> <p><i>Note: Time spent waiting for diagnosis following an incident is not included in workdays lost unless the injury becomes classified as a lost time injury</i></p>



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First Aid Injury	Medical Treatment Injury	Restricted Work Day Injury	Lost Time Injury
<p>protection of minor corneal scratches including use of eye patch</p> <ul style="list-style-type: none"> ▪ Removal of splinters or foreign material from areas other than the eyes by irrigation, tweezers, cotton swabs or other simple means <p><i>Soft Tissue</i></p> <ul style="list-style-type: none"> ▪ strapping and soft bracing to protect/brace ▪ Hot or cold therapy, massage ▪ Using non-rigid means of support or temporary immobilisation devices such as slings, splints, collars, spinal boards ▪ Visits to a health care professional whilst on full duties (i.e. physiotherapist, chiropractor, occupational therapist) where the treatment provided does not exceed 3 visits ▪ Precautionary alternate duties up to 96 calendar hours 	<p>provided exceeds 3 visits and 96 calendar hours from time of initial referral</p> <p><i>Note: A physician or other licensed health care professional recommends or refers for medical treatment, regardless of whether the employee follows the recommendation</i></p>		<ul style="list-style-type: none"> ▪ 365 days of lost time are recorded for a fatality ▪ Lost days for an illness / injury are not counted after 180 calendar days have elapsed or when the person ceases employment with the company. The 180 days may be spread over a period and will not necessarily be continuous. <p>Days lost for contractors continue to be counted after a contract ceases, until the:</p> <ul style="list-style-type: none"> ▪ Contractor is declared fit for duty; ▪ 180-day limit is reached; or ▪ Contractor ceases employment with the contracting company

Special Cases and Classifications

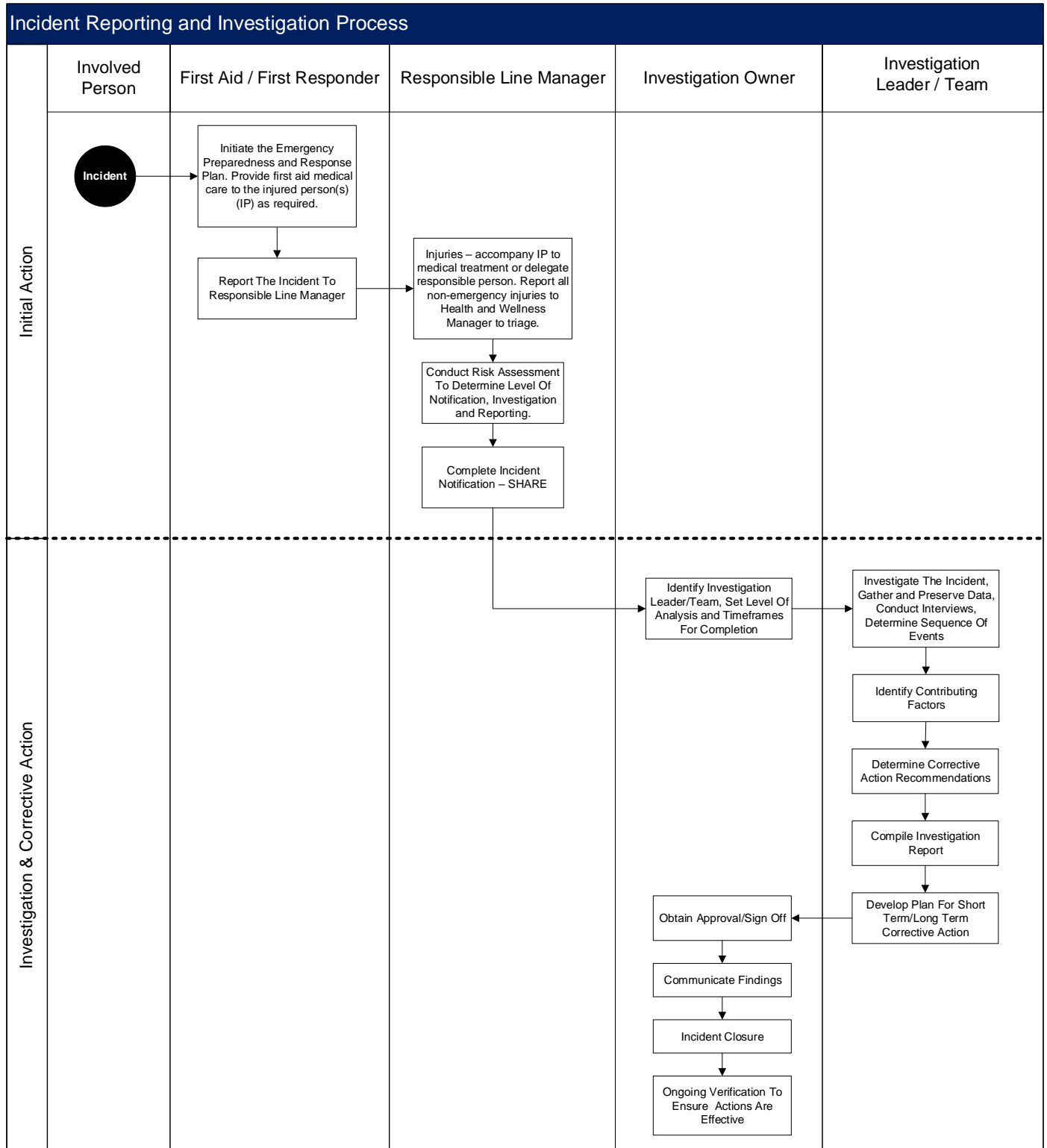
Occupational Illness	Journey Injuries	Non-work-related injury - Other
<p>An occupational illness is any new case condition that does not meet the definition of an injury. An occupational illness may be work related or non-work related and a new case or aggravation of pre-existing condition.</p> <p><i>Note: In this context, a non-work related occupational illness is where the occupational illness most significantly relates to another employer or previous self-employment</i></p> <p>A work-related, new case occupational illness requiring medical treatment, restricted work or lost time shall be escalated accordingly</p> <p>Physiological or psychological harm or loss of capacity produced by systemic infection; exposure to toxins, poisons, fumes etc., continued or repeated stress or strain or other continued or repeated exposures to conditions in the work environment over a period of time. Illnesses include but are not limited to:</p> <ul style="list-style-type: none"> ▪ Mental Illness ▪ Skin diseases or disorders (including friction blisters); ▪ Respiratory conditions; ▪ Poisoning; ▪ Hearing loss; ▪ Heat illness; ▪ Bites/stings resulting in envenomation or allergic reaction; ▪ Pathogenic and parasitic diseases; and ▪ Chronic musculoskeletal disorders (e.g. RSI, OOS) which are not a result of a slip, trip, fall or other 	<p>Work related travel journey</p> <p>A work-related journey is where a worker travels between sites within one shift and has been directed / is required to do so by CBH (whether in a personal or company vehicle). Includes travel conducted within a CBH site and travel as part of transacting, discussion or promoting business at the direction of the employer</p> <p><i>Note: A worker may have more than one primary place of employment but may only have one within a single shift. The primary place of employment is the site/location where most of work related activity is to take place that shift</i></p> <p>Non-work-related travel journey</p> <ul style="list-style-type: none"> ▪ Employees travelling between their fixed or temporary residence and their fixed or temporary primary place of residence. ▪ Includes accidents on company property whilst the employee is commuting to and from their primary place of employment ▪ Any accident on an otherwise work-related journey where a substantial deviation or interruption of a journey is made for any reason unconnected with the worker's employment i.e. for personal reasons, place of interest <p><i>Note: These journey injuries and illnesses are reported in SHARE but do not get included in HSE performance metrics</i></p> <p>Contractor travel journeys</p>	<p>Non-instantaneous event</p> <p>Any injury/illness sustained in the workplace when the worker was not engaged in any duty that could have placed stress on the affected body part or exposed the worker to any chemical or physical agent that is relatable to the observed or presenting condition</p> <p>Waking up with localised pain to a body part where the recent work duties could not have placed undue stress on the affected body part</p> <p>Normal Body Movements</p> <p>Injury / illness results solely from normal body movements e.g. tying a shoelace, sneezing provided the action is not a job-related motion and the work environment does not contribute</p> <p>Onsite or short-term accommodation</p> <p>Injury/illness results solely from an event or exposure whilst in an onsite hut, hotel, motel, caravan park or other similar type of accommodation. Staying at these accommodations is defined as a temporary residence</p> <p>Working from home</p> <p>If an employee is performing work for pay or compensation at home and the injury or illness is directly related to the performance of work rather than the general home environment or setting, the event is considered work related</p> <p>Mental Illness</p> <p>A mental illness is considered non-work related unless the employee has an accepted worker's compensation claim or there is sufficient evidence from a physician or other suitably qualified health practitioner</p>



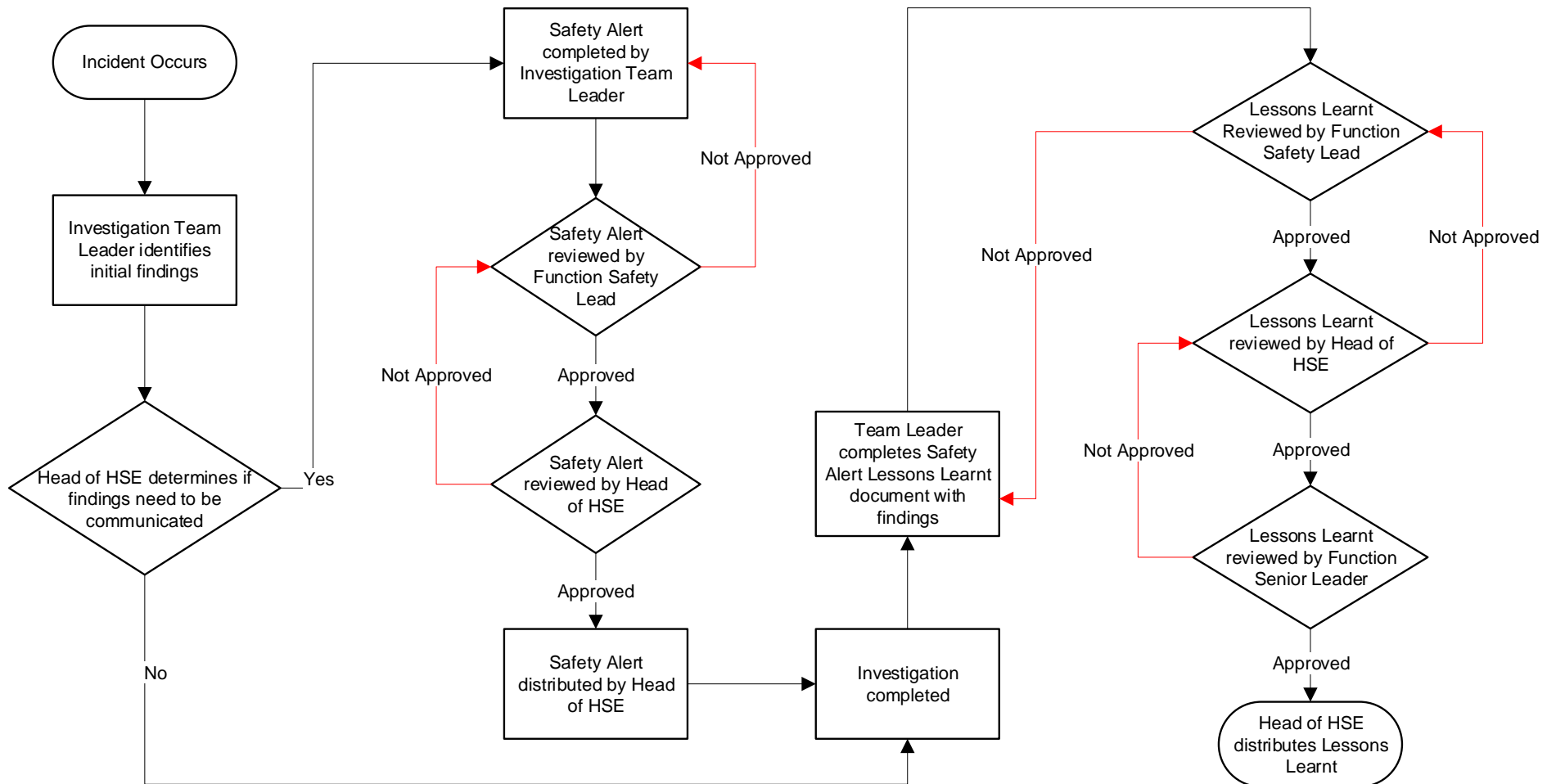
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Occupational Illness	Journey Injuries	Non-work-related injury - Other
instantaneous event (i.e. arises without a specific date or time of incident)	<ul style="list-style-type: none">▪ Travel is as directed by CBH Group▪ Contractor incidents not on a CBH site i.e. hauling on public roads is not work related.▪ Contractor incident whilst on a CBH site is work-related	

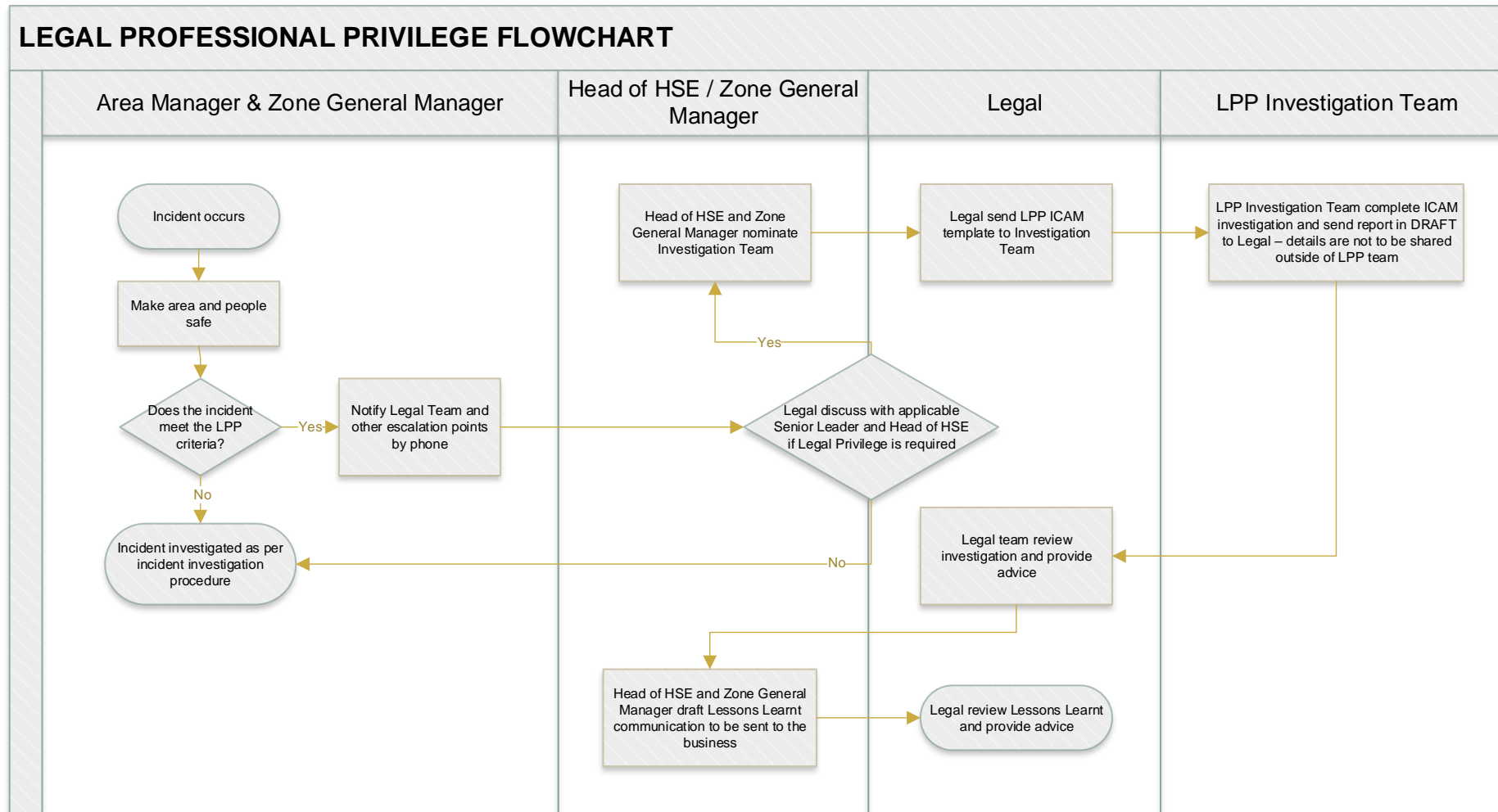
APPENDIX 5: INCIDENT REPORTING AND INVESTIGATION PROCESS



APPENDIX 6: SAFETY ALERT REPORTING PROCESS



APPENDIX 7: LEGAL PROFESSIONAL PRIVILEGE FLOWCHART



6. DOCUMENT CONTROL

Authorities

Approved By	Head of Health, Safety and Environment	Approval Date	28/06/2022
Review Frequency	Biennial	Next Review Date	27/06/2024
Owner	Head of Health, Safety and Environment	Custodian	Lead - Operational Safety
Division	Operations	Department	Health, Safety and Environment

Review History

Version	Date	Author	Description of Revision
1.0	05/02/2019	Group HSE Manager	Published. Approved for Use
2.0	10/10/2019	Group HSE Manager	Published. Approved for Use
2.1	21/10/2019	Group HSE Manager	Audit action # 14657 – addition of biological spills to definitions, notifiable incidents. Published for use
2.2	09/04/2020	HSEQ Coordinator	Annual Review. Removed external report template and added link for LPP template. Updated references, position titles and Roles and Responsibilities. Added Investigation and Safety Alert Flowcharts.
2.3	25/05/2020	HSEQ Coordinator	Draft, issued for review and approval
2.4	29/06/2020	Head of Health, Safety and Environment	Draft, approved, issued to IMS team for review
3.0	03/07/2020	Head of Health, Safety and Environment	Final, issued for use, published
3.1	27/06/2022	Principle HSEQ	No changes