



AGENDA
AUDIT COMMITTEE MEETING
to be held on
Thursday, 16 April 2020
at 5.15pm



WESTERN AUSTRALIA'S
WILDFLOWER COUNTRY

'This meeting is being recorded on audio tape and to assist with minute taking purposes. The public is reminded that in accordance with Section 6.16 of the Shire of Morawa Meeting Procedures Local Law 2012 that nobody shall use any visual or vocal recording device or instrument to record the proceedings of Council without the written permission of the presiding member.'

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DISCLOSURE OF FINANCIAL/ IMPARTIALITY/ PROXIMITY INTERESTS

Local Government Act 1995 – Section 5.65, 5.70 and 5.71 Local Government (Administration) Regulation 34C

This form is provided to enable members and officers to disclose an Interest in a matter in accordance with the regulations of Section 5.65, 5.70 and 5.71 of the Local Government Act and Local Government (Administration) Regulation 34C

Name of person declaring the interest			
Position			
Date of Meeting			
Type of Meeting (Please circle one)	Council Meeting/ Committee Meeting/ Special Council Meeting Workshop/ Public Agenda Briefing/ Confidential Briefing		
Interest Disclosed			
Item Number and Title			
Nature of Interest			
Type of Interest (please circle one)	Financial	Proximity	Impartiality
Interest Disclosed			
Item Number and Title			
Nature of Interest			
Type of Interest (please circle one)	Financial	Proximity	Impartiality
Interest Disclosed			
Item Number and Title			
Nature of Interest			
Type of Interest (please circle one)	Financial	Proximity	Impartiality

Signature: _____

Date: _____

Important Note: Should you declare a **Financial** or **Proximity** Interest, in accordance with the Act and Regulations noted above, you are required to leave the room while the item is being considered. For an **Impartiality** Interest, you must state the following prior to the consideration of the item:

“With regard to agenda item (read item number and title), I disclose that I have an impartiality interest because (read your reason for interest). As a consequence, there may be a perception that my impartiality on the matter may be affected. I declare that I will consider this matter on its merits and vote accordingly.”

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Item 1 Opening of Meeting

The Presiding Member to declare the meeting open at 5.15pm.

Item 2 Acknowledgement of Traditional Owners and Dignitaries

The Presiding Member acknowledges the traditional custodians, the Yamatji people, and recognises the contribution of Yamatji elders past, present and future, in working together for the future of Morawa.

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Item 3 Recording of Attendance

3.1 Attendance (by teleconference)

Committee Members

President Councillor Karen Chappel (Presiding Member)
Deputy President Councillor Dean Carslake
Councillor Jane Coaker
Councillor Debbie Collins
Councillor Yvette Harris
Councillor Shirley Katona
Councillor Ken Stokes

Staff

Acting Chief Executive Officer	Rob Paull
Executive Manager Corporate & Community Services	John van der Meer
Executive Assistant	Rondah Toms

3.2 Attendance by Telephone / Instantaneous Communications

In accordance with section 14 of the *Local Government (Administration) Regulations 1996* "Meetings held by electronic means in public health emergency or state of emergency (Act s. 5.25(1)(ba))", the President to declare that this Special Meeting shall take place via instantaneous communication. All Councillors and staff are available via telephone (teleconference).

3.3 Apologies

3.4 Approved Leave of Absence

3.5 Disclosure of Interests

Item 4 Applications for Leave of Absence

Item 5 Response to Previous Questions

Item 6 Questions from Members without Notice

Item 7 Announcements by Presiding Member without Discussion

Item 8 Declarations of All Members to have Given Due Consideration to All Matters Contained in the Business Paper before the Meeting

The Elected Members to declare that they had given due consideration to all matters contained in the agenda.

Item 9 Confirmation of Minutes of Previous Meeting

OFFICER'S RECOMMENDATION

That the Audit Committee Meeting Minutes held on Thursday, 19 March 2020 are confirmed to be a true and correct record.

SIMPLE MAJORITY VOTE REQUIRED

Disclaimer

Members of the public are cautioned against taking any action on Council decisions, on items in this agenda in which they may have an interest, until formal notification in writing from the Shire has been received. Decisions made at this meeting can be revoked pursuant to the Local Government Act 1995.

Item 10 Reports of Officers**10.1 Regulation 17 - Risk Audit Report March 2020**

Author: Acting Chief Executive Officer

Authorising Officer: Acting Chief Executive Officer

Disclosure of Interest: The Author/Authorising Officer declares that he does not have any conflicts of interest in relation to this item.

OFFICER'S RECOMMENDATION

That with respect to the Regulation 17 - Risk Audit Report March 2020, the Audit Committee recommends to Council as follows:

1. That Council notes the Regulation 17 Risk Audit prepared by the Town of Victoria Park (as per Attachment 10.1A) and its suggested improvements/opportunities, and forwards a copy to the Minister for Local Government as required;
2. That Council notes the *Outstanding Actions from Regulation 17 of the Local Government (Audit) Regulations 1996 Review* along with the CEO's response (as per Attachment 10.1 B) which describes how the suggested improvements/opportunities will be implemented, including actions completed, progressing items and those requiring further consideration; and
3. That Council notes further reports will be provided to the Audit Committee for its consideration, outlining recommended positions on those improvement opportunities offered in the Risk Audit, but yet to be actioned.

SIMPLE MAJORITY VOTE REQUIRED

PURPOSE

This Risk Audit and review process is to occur at least once every three calendar years. To ensure an independent review of the areas of Shire risk, the Shire contracted the Town of Victoria Park to conduct the latest review in March 2020. The report findings are provided as Attachment 10.1 A and contains a list of improvements/opportunities along with the Chief Executive Officer's (CEO) response. There were no critical (i.e. legislative compliance) issues identified in the Regulation 17 Audit report.

DETAIL

Local Government (Audit) Regulations 1996 includes *Local Government Operational Guideline – 9 – Audit in Local Governments*. Regulation 17 of the above Regulations prescribes a number of matters that are to be reviewed by local government Audit Committees.

These functions include reviewing the appropriateness and effectiveness of the local government's systems in regard to risk management, internal control and legislative compliance; and reporting the results of the Audit Committee's consideration of that review to the Council.

The latest review / audit was conducted onsite between 18-20 March 2020 by governance staff from the Town of Victoria Park.

LEVEL OF SIGNIFICANCE

Medium – requirement under *Local Government (Audit) Regulations 1996*.

CONSULTATION

Shire President

LEGISLATION AND POLICY CONSIDERATIONS

Local Government Act 1995

Local Government (Administration) Regulations 1996

Local Government (Rules of Conduct) Regulations 2007

Local Government (Audit) Regulations 1996

14. *Compliance audits by local governments*
 - (1) *A local government is to carry out a compliance audit for the period 1 January to 31 December in each year.*
 - (2) *After carrying out a compliance audit the local government is to prepare a compliance audit return in a form approved by the Minister.*
 - (3A) *The local government's audit committee is to review the compliance audit return and is to report to the council the results of that review.*
 - (3) *After the audit committee has reported to the council under subregulation (3A), the compliance audit return is to be —*
 - (a) *presented to the council at a meeting of the council; and*
 - (b) *adopted by the council; and*
 - (c) *recorded in the minutes of the meeting at which it is adopted.*

[Regulation 14 inserted in Gazette 23 Apr 1999 p. 1724-5; amended in Gazette 30 Dec 2011 p. 5580-1.]

Local Government Operational Guidelines Number 09 - Audit in Local Government – Revised September 2013

FINANCIAL AND RESOURCES IMPLICATIONS

Related audit fees are incorporated into the Shire's Annual Budget. Implementing the recommendations of the Report that have financial impacts will be processed through normal budgetary processes.

STRATEGIC AND SUSTAINABILITY IMPLICATIONS

Shire of Morawa Community Strategic Plan 2018-2028

Outcome 4.3 A local government that is respected, professional and accountable.

Outcome 4.5 Long term financial viability.

RISK MANAGEMENT CONSIDERATIONS

Shire of Morawa Risk Management Governance Framework

Appropriate governance of risk management within the Shire of Morawa provides:

- Transparency of decision making.
- Clear identification of the roles and responsibilities of the risk management functions.
- An effective Governance Structure to support the risk framework.

CONCLUSION

Attachment 10.1B contains the *Outstanding Actions from Regulation 17 of The Local Government (Audit) Regulations 1996 Review* along with the CEO's response to the recommendations of the Regulation 17 Audit for Committee/Council's consideration - addressing the areas covered by the Audit, being:

1. Risk Management;
2. Internal Controls; and
3. Legislative Compliance.

The CEO's response describes how the suggested improvements/opportunities will be implemented, including actions completed, progressing items and those requiring further consideration.

It is anticipated that all suggested improvements will be considered and addressed over the next several months. The intent that this will be a standing item for the Audit Committee until all matters raised in the Audit are addressed.

ATTACHMENTS

Attachment 10.1A – Regulation 17 Risk Audit prepared by the Town of Victoria Park

Attachment 10.1B – Outstanding Actions from Regulation 17 of The Local Government (Audit) Regulations 1996 Review along with the CEO's response

10.2 Morawa Swimming Pool Risk Assessment Report - RLSWA

Author:	Executive Manager Corporate and Community Services
Authorising Officer:	Acting Chief Executive Officer
Disclosure of Interest:	The Author and the Authorising Officer declare that they do not have any conflicts of interest in relation to this item.

OFFICER'S RECOMMENDATION

That with respect to the updated Risk Assessment conducted by Royal LifeSaving WA the Audit Committee recommends to Council as follows:

- 1. That Council notes the receipt of the revised Risk Assessment from Royal LifeSaving WA on 3 April 2020 with a score of 98.37%; and**
- 2. Request the Chief Executive Officer to prepare an External Party and Location Hire Policy to be brought to Council for consideration.**

SIMPLE MAJORITY VOTE REQUIRED

PURPOSE

To inform the Audit Committee of the outcome of the annual Risk Assessment conducted by Royal LifeSaving WA (RLSWA) for the Morawa Public Swimming Pool. The outcome of the revised report is an overall score of 98.37% (up from 94.35% in January 2020) and two scheduled recommendations to be undertaken in financial year 2019/20, which could increase the score to 100% compliance.

DETAIL

Annually, RLSWA assesses swimming pools with regards to a broad range of safety and risk issues. In January 2020 an initial Morawa Public Swimming Pool Risk Assessment led to a score of 94.35%. RLSWA made several essential recommendations to be implemented as soon as possible, which were actioned by the Shire. On 2 April 2020 Shire staff provided proof of the actioned items to RLSWA for re-assessment. On 3 April 2020 RLSWA notified the Shire of a revised Risk Assessment report which has a score of 98.37% (note Attachment 10.2A).

LEVEL OF SIGNIFICANCE

High – compliance with standards is mandatory, however public safety at the Pool is paramount.

CONSULTATION

Acting Chief Executive Officer
Pool Manager

LEGISLATION AND POLICY CONSIDERATIONS

Health (Aquatic Facilities) Regulations 2007

Department of Health (WA) – Code of Practice for the operation of Aquatic Facilities

RLSSA Pool Safety Guidelines

There is no Council Policy that applies to the Public Swimming Pool in Morawa.

FINANCIAL AND RESOURCES IMPLICATIONS

Limited - as many of the recommendations have been funded by the operational budget of the pool.

STRATEGIC AND SUSTAINABILITY IMPLICATIONS

Shire of Morawa Community Strategic Plan 2018-2028

Outcome 4.3 A local government that is respected, professional and accountable.

Outcome 4.5 Long term financial viability.

RISK MANAGEMENT CONSIDERATIONS

Shire of Morawa Risk Management Governance Framework

Appropriate governance of risk management within the Shire of Morawa provides:

- Transparency of decision making.
- Clear identification of the roles and responsibilities of the risk management functions.
- An effective Governance Structure to support the risk framework.

Compliance with the standards ensures efficient, effective and low risk operations of the swimming pool regarding staff and visitor safety.

CONCLUSION

The Risk Assessment undertaken by RLSWA on 15 January 2020 indicated 8 necessary updates to be implemented by the Shire. The revised Report shows an increased score from 94% to 98%. RLSWA recommend that an External Party Hire Policy be prepared for Council's consideration and when completed, will be provided to RLSWA.

ATTACHMENTS

Attachment 10.2.A – Updated Risk Assessment Report 3 April 2020

Item 11 Motions of Which Previous Notice Has Been Given

Item 12 New Business of an Urgent Nature

Item 13 Closure

There being no further business, the Presiding Member to declare the meeting closed.

ATTACHMENT 10.1A

**Chief Executive Officer’s Review of Systems and Processes
Local Government (Audit) Regulations 1996 – Regulation 17
Shire of Morawa**

Risk Management

According to the Guidelines, risk management are key expressions of a local government’s attitude towards effective controls. Good risk management programs typically include:

- a. Effective risk management framework which considers both operational and strategic risks
- b. Current business continuity plan that is tested from time to time
- c. Management of material operating risks in line with the local government’s risk tolerance
- d. Presenting regular risks reports to the Audit Committee
- e. Adequate insurance cover and management of insurable risks
- f. Regular review of the effectiveness of the internal control system with management, and both internal and external auditors
- g. Effective procurement framework which focuses on probity, transparency and its application across the organisation
- h. Fraud and misconduct risks have been identified, analysed, evaluated and have an on-going monitoring and reporting program

The eight aspects identified above have been used in conducting the CEO’s review of the appropriateness of procedures and systems relating to risk management.

RM01. Effective risk management framework which considers both operational and strategic risks	
Officer Comment	<p>There is no overarching risk management framework – however, there is a Risk Management Policy.</p> <p>The policy refers to a Risk Assessment and Acceptance Criteria, and Risk Management Procedures. These documents are unavailable.</p> <p>It is noted that in internal discussion with staff, there is sufficient knowledge and skill to create/implement an effective risk management framework but resources to move forward are lacking.</p>
Assessment	Inappropriate
Recommended further action	<p>RM01.01 Develop a Risk Management Framework, which considers both operational and strategic risks, includes a risk assessment and acceptance criteria and contains risk tolerances that are adopted by Council</p> <p>RM01.02 Review current Risk Management Policy ensuring that it outlines requirements to monitor and report on risks</p>
Relevant documents	Risk Management Policy (last reviewed 20/12/2018)

RM02. Current business continuity plan that is tested from time to time	
Officer Comment	There is no business continuity plan.
Assessment	Inappropriate
Recommended further action	RM02.01 Develop a business continuity plan
Relevant documents	None.

RM03. Management of risks in line with the local government’s risk tolerance	
Officer Comment	As there is no Risk Management Framework, risk tolerance levels have yet to be adopted Council.
Assessment	Inappropriate
Recommended further action	<i>Please see RM01.01.</i>
Relevant documents	None.

RM04. Presenting regular risk reports to the Audit Committee	
Officer Comment	Based on a review of the 2019 minutes for the Audit Committee, no reports on risk management have been presented. The Audit Committee's Terms of Reference do not include a function to receive and review risk reports.
Assessment	Inappropriate
Recommended further action	RM04.01 Ensure that the Risk Management Framework (outlined in RM01.01) includes provisions for the regular reporting on risks to the Audit Committee RM04.02 Review Audit Committee Terms of Reference to include functions to receive and review regular risk reports
Relevant documents	Audit Committee Terms of Reference Audit Committee Agenda and Minutes

RM05. Adequate insurance cover and management of insurable risks	
Officer Comment	Insurance is through the Local Government Insurance Scheme.
Assessment	Appropriate.
Recommended further action	None.
Relevant documents	Insurance certificate of currency 2019-2020

RM06. Regular review of the effectiveness of the internal control system with management, and both internal and external auditors	
Officer Comment	The last review of the effectiveness of internal control systems was presented to Council in 16 March 2017. The current reg. 17 CEO review of systems and processes relating to risk management, internal controls and legislative requirements also suffices this requirement.
Assessment	Appropriate.
Recommended further action	None.
Relevant documents	<i>Please see OCM minutes for 16 March 2017.</i>

RM07. Effective procurement framework which focuses probity, transparency and consistent application across the organisation

Officer Comment	There is a Purchasing Policy with includes a regional price preference policy. The policy contains several processes to guide procurement and provides preference to local suppliers. The policy appears to be robust and provide for probity and transparency.
Assessment	Appropriate
Recommended further action	None.
Relevant documents	Policy 3.4 Purchasing

RM08. Fraud and misconduct risks have been identified, analysed, evaluated and have an on-going monitoring and reporting program

Officer Comment	There is no risk register.
Assessment	Inappropriate.
Recommended further action	RM08.01 Develop a risk register which identifies and analyses risks, including ‘fraud and misconduct’ risks RM08.02 Ensure that the risk register includes ‘risk treatment actions’ which allocate a ‘risk owner’ and specifies a time in which that action is to be completed
Relevant documents	None.

Internal Controls

Internal control is a key component of a sound governance framework, alongside leadership, long-term planning, compliance, resource allocation, accountability and transparency. As stipulated in the Guidelines, an effective internal control environment is built on the following key areas: *integrity and ethics; policies and delegated authority; levels of responsibility and authorities; audit practices; information system access and security; management operating style and human resource management and practices*. While the overall strategy to maintain sound internal controls should be based on a risk analysis of the internal operations of a local government, an effective control framework should include the following aspects:

- a. Effective and appropriate delegation of authority
- b. Documented policies and procedures
- c. Trained and qualified employees
- d. Effective system controls (as outlined in the guidelines)
- e. Effective policy and process review
- f. Regular internal audits
- g. Documentation of risk identification and assessment

The seven aspects identified above have been used in conducting the CEO’s review of the appropriateness of procedures and systems relating to internal controls.

IC01. Effective and appropriate delegation of authority

Officer Comment	<p>The delegation register was last reviewed in June 2019. There are 14 delegations. The delegations need to be reviewed to ensure that the correct heads of power are cited, the functions are appropriately expressed, and conditions are set, where appropriate. It is noted that no delegations have been made under the following legislation:</p> <ul style="list-style-type: none"> • <i>Public Health Act 2016</i> • <i>Food Act 2008</i> • <i>Planning and Development Act 2005</i> • <i>Dog Act 1976</i> • <i>Cat Act 2011</i> • <i>Bush Fires Act 1954</i> <p>Some delegations are also delegated from Council straight to persons other than the CEO. Best practice is for delegations to be made from Council to the CEO, who then subdelegates this authority to other officers in accordance with section 5.44 of the <i>Local Government Act 1995</i>.</p>
Assessment	Needing improvement.
Recommended further action	<p>IC01.01 Review the register of delegations, giving consideration to delegations that can be made under other legislation, and sub-delegating from the CEO to officers.</p> <p>IC01.02 Consider publishing register of delegations on the website.</p> <p>Note: WALGA has a delegation register template that may aid the completion of IC01.01.</p>
Relevant documents	Shire of Morawa delegations register (last reviewed June 2019)

IC02. Documented policies and procedures

Officer Comment	A policy manual is publicly available on the website. Based on a review of the policies and its version control, the most recent full review was conducted in 2018.
Assessment	Needing improvement.
Recommended further action	IC02.02 Conduct a full review of the policy manual.
Relevant documents	Shire of Morawa Policy Manual

IC03. Trained and qualified employees

Officer Comment	<p>The Recruitment and Selection Policy was developed in 2003 and was last reviewed in 2018.</p> <p>The policy does not include to provisions to meet the standard set by the Auditor General to require all successful candidates to provide proof of the following:</p> <ul style="list-style-type: none"> • Formal Qualifications – Certificate of completion • Right to work in Australia (VIVO) <p>It is noted that there is Performance Management Policy. Based on discussion, it appears that the policy still needs to be implemented.</p>
Assessment	Needing Improvement
Recommended further action	<p>IC03.01 Review the Recruitment and Selection Policy, with a view to including controls to verify formal qualifications and rights to work in Australia.</p> <p>IC03.02 Development of a Performance Development Plan to help identify opportunities to train and develop of staff</p>
Relevant documents	<p>Recruitment and Selection Policy (Reviewed 20/12/2020)</p> <p>Staff Training and Development Policy (Adopted 20/12/2018)</p> <p>Performance Management Policy (Reviewed 20/12/2018)</p> <p>Personal and Professional Development Policy (Reviewed 20/12/2018)</p>

IC04. Effective system controls

Officer Comment	These controls are predominantly checked by the external auditor (the Office of the Auditor General). The last external audit was completed in 13 December 2019.
Assessment	Appropriate.
Recommended further action	None.
Relevant documents	<i>Please see OCM minutes for 19 December 2019.</i>

IC05. Effective policy and procedure review

Officer Comment	<i>Please see officer comment on IC02.</i>
Assessment	Needing improvement.
Recommended further action	<i>Please see IC02.01.</i>
Relevant documents	Shire of Morawa Policy Manual

IC06. Regular internal audits

Officer Comment	No internal audits have been conducted, as there is no resource allocated for this function.
Assessment	Inappropriate.
Recommended further action	IC06.01 Establish and implement a regular internal audit program.
Relevant documents	None.

IC07. Documentation of risk identification and assessment

Officer Comment	<i>Please see response to RM01 and RM08.</i>
Assessment	Inappropriate.
Recommended further action	<i>Please see RM08.01 and RM08.02.</i>
Relevant documents	None.

Legislative Compliance

According to the Guidelines, issues that should be considered for inclusion in the CEO’S review, and are to be reviewed by the audit committee, relating to legislative compliance include:

- a. Monitoring compliance with legislation and regulations
- b. Reviewing the annual Compliance Audit Return and reporting to Council on the results of that review
- c. Staying informed about how management in monitoring the effectiveness of its compliance and making recommendations for change as necessary
- d. Reviewing whether the local government has procedures to receive, retain and treat complaints, including confidential and anonymous employee complaints
- e. Obtaining assurance that adverse trends are identified and review management’s plans to deal with these
- f. Reviewing management disclosures in financial reports of the effect of significant compliance issues
- g. Reviewing whether the internal and/or external auditors have regard to compliance and ethics risks in the development of their audit plan and in the conduct of audit projects, and report compliance and ethics issues to the audit committee
- h. Considering the internal auditor’s role in assessing compliance and ethics risks in their plan
- i. Monitoring the local government’s compliance frameworks dealing with relevant external legislation and regulatory requirements
- j. Complying with legislative and regulatory requirements imposed on audit committee members, including not misusing their position to gain an advantage for themselves or another or to cause detriment to the local government and disclosing conflicts of interest.

The nine key areas identified above have been used in conducting the CEO’s review of the appropriateness of procedures and systems relating to legislative compliance.

LC01. Monitoring compliance with legislation and regulations	
Officer Comment	There is a Governance Calendar which was last updated in 2017. Based on a review of its contents, the calendar seems to meet the basic statutory reporting requirements. Based on discussion, there is no monitoring process in which the completion or non-completion of actions are reported to the executive team or the Audit Committee.
Assessment	Needing improvement
Recommended further action	LC01.01 Review the Governance Calendar to include changes resulting from the 2019 LG Act amendments LC01.02 Ensure there are appropriate controls for monitoring and reporting against the Governance Calendar LC01.03 Consider including a function under the Audit Committee’s Terms of Reference to monitor the compliance with legislation and regulations Note: WALGA has a Compliance Calendar template that may assist with LC01.01.
Relevant Documents	Governance Calendar 2017

LC02. Conducting the annual Compliance Audit Return and reporting to Council on the results of that review	
Officer Comment	The 2018 and 2019 Compliance Calendars were completed by the Shire as required.
Assessment	Appropriate.
Recommended further action	None.
Relevant documents	2019 Compliance Audit Return 2018 Compliance Audit Return

LC03. Monitoring the effectiveness of its compliance and making recommendations for change as necessary	
Officer Comment	<i>Please see response to LC01.</i>
Assessment	Inappropriate.
Recommended further action	Please see LC01.02 and LC01.03.
Relevant documents	None.

LC04. Review whether the local government has procedures to receive, retain and treat complaints, including confidential and anonymous employee complaints	
Officer Comment	<p>There is a Complaints Handling Policy which deals with receiving and treating complaints where it relates to staff. This policy was first developed on 20 December 2018. The policy requires all public complaints (including complaints about staff) to be reported monthly to elected members and published in their annual report – this is may be problematic for compliance, discretion and anonymity purposes.</p> <p>There is no policy or procedure in place for complaints relating to elected members.</p>
Assessment	Inappropriate
Recommended further action	<p>LC04.01 Review the current Complaints Handling Policy, giving consideration to appropriate reporting requirements and confidentiality</p> <p>LC04.02 Development of a policy and/or procedure for complaints relating to elected members</p> <p>LC04.03 Appoint a Public Interest Disclosure (PID) officer</p>
Relevant documents	Grievances, Investigations & Resolutions Policy

LC05. Obtaining assurance that adverse trends are identified and review management’s plans to deal with these	
Officer Comment	No adverse trends were identified in the 2017/18 and 2018/19 auditors’ report.
Assessment	Appropriate
Recommended further action	None.
Relevant documents	2017-2018 Financial Report 2018-2019 Financial Report

LC06. Reviewing whether the internal and/or external auditors have regard to compliance and ethics risks in the development of their audit plan and in the conduct of audit projects, and report compliance and ethics issues to the Audit Committee	
Officer Comment	<p>There is currently no internal audit program or internal auditor.</p> <p>The external audit plans have not included the auditing of any ethics risks outside of those that relate to fraudulent activities.</p> <p>The Audit Committee’s Terms of Reference refer to its role in ‘facilitating compliance with laws and regulations, as well as use of best practice guidelines, relative to audit, risk management, internal control and legislative compliance’. A review of the Audit Committee’s minutes in the last year show that its role has been mostly related to statutory reporting and external audit.</p>
Assessment	Inappropriate.
Recommended further action	<p><i>Please see IC06.01.</i></p> <p>LC06.01 Increase the Audit Committee’s role in audit, risk management and internal control oversight.</p>
Relevant documents	None.

LC07. Considering the internal auditor’s role in assessing compliance and ethics risks in their plan	
Officer Comment	There is currently no internal audit program/ internal auditor.
Assessment	Inappropriate
Recommended further action	<p><i>Please see IC06.01.</i></p> <p>LC07.01 Ensure that the internal audit program includes audits relating to compliance and ethics risks.</p>
Relevant documents	None

LC08. Monitoring the local government’s compliance frameworks dealing with relevant external legislation and regulatory requirements

Officer Comment	Based on discussion, an ad hoc approach is taken when dealing with changes to legislation, dependent on the nature of the change. Typically, notifications are received from the State or Federal Government before being actioned by the executive team.
Assessment	Needing improvement
Recommended further action	LC08.01 Develop a systemised approach to legislative change. Consider creating central responsibility for communicating the change and ensuring any action are completed accordingly.
Supplementary Documents	None.

LC09. Complying with legislative and regulatory requirements imposed on audit committee members, including not misusing their position to gain an advantage for themselves or another or cause detriment to the local government and disclosing conflicts of interest

Officer Comment	Members of the Audit Committee do not undertake any specific training. The Audit Committee is a committee of the whole Council with no independent members.
Assessment	Needs Improvement
Recommended further action	<p>LC09.01 Develop of an induction process for audit committee members, with a particular focus on the role of the Audit Committee as compared to Council</p> <p>LC09.02 Consider appointing independent committee members</p> <p>LC09.03 Appoint elected members by person rather than office in the future</p>
Supplementary Documents	None.

Documents for review:

Document	Things to consider	Area
Risk Management Framework	<ul style="list-style-type: none"> • Risk tolerance adopted by Council • Reporting framework to Audit Committee • Examples of Audit Committee reports 	Governance
Risk Management Policy	<ul style="list-style-type: none"> • Inclusion of strategic and operational risks 	Governance
Risk registers	<ul style="list-style-type: none"> • Both operational/ strategic risks • Identification of fraud and corruption risks 	Governance
Internal audit plan	<ul style="list-style-type: none"> • Last review • Schedule of audits conducted/ to be conducted • Inclusion of compliance and ethics audits 	Governance
Complaints Management Policy (Elected Members)	<ul style="list-style-type: none"> • Process for breaches relating to Code of conduct, minor breaches and corruption 	Governance
Policies and procedures	<ul style="list-style-type: none"> • Last review and adoption of policy manual 	Governance
External audit reports (2017/2018) (2018/2019)	<ul style="list-style-type: none"> • Adverse findings within report and subsequent management responses • Copy of ministerial/departmental correspondence on adverse trends, if appropriate 	Finance
External audit plan (2017/2018) (2018/2019)	<ul style="list-style-type: none"> • Consideration of ethics and corruption issues within plan 	Finance
Business Continuity Plan	<ul style="list-style-type: none"> • Last review of Business Continuity Plan 	Governance
Procurement	<ul style="list-style-type: none"> • Copy of procurement procedures • Copy of the tender register 	Finance
Compliance Audit Return 2018	<ul style="list-style-type: none"> • Last two CARs and covering reports • Minutes of Audit Committee and Council where they were considered 	Governance
Employee checklist	<ul style="list-style-type: none"> • Verification of qualifications • Right to work in Australia 	HR
Employee Grievance Procedure	<ul style="list-style-type: none"> • Process from notification to investigation to resolution • Employee grievance procedures 	HR
Employee training register	<ul style="list-style-type: none"> • Performance development plans • Training policy or register 	HR
PID/ Whistle-blower policy/ procedures	<ul style="list-style-type: none"> • Appointment of PID officer • PID or Whistle-blower policy 	Governance
Risk reports to Audit Committee	<ul style="list-style-type: none"> • Copy of risk reports presented to Audit Committee 	Governance
Audit Committee induction/ training	<ul style="list-style-type: none"> • Audit Committee Terms of Reference • Elected member induction training for Audit Committee 	Governance
Compliance Calendar	<ul style="list-style-type: none"> • Annual compliance calendar • Evidence of actions being undertaken • Reporting on Compliance Calendar to management and/or Audit Committee 	Governance
Delegations	<ul style="list-style-type: none"> • Last review of delegation register • Content of delegations 	
Insurance	<ul style="list-style-type: none"> • Evidence of insurance policy 	
Legislative Update report	<ul style="list-style-type: none"> • Change of legislation notification process for management and Council 	Governance

OUTSTANDING ACTIONS FROM REGULATION 17 OF THE LOCAL GOVERNMENT (AUDIT) REGULATIONS 1996 REVIEW

Review area – Risk Management	Recommended action required	CEO Response Status	CEO Comments
<p>RM01. Effective risk management framework which considers both operational and strategic risks</p>	<p>RM01.01 Develop a Risk Management Framework, which considers both operational and strategic risks, includes a risk assessment and acceptance criteria and contains risk tolerances that are adopted by Council</p> <p>RM01.02 Review current Risk Management Policy ensuring that it outlines requirements to monitor and report on risks</p>	<p>May/June 2020</p> <p>May/June 2020</p>	<p>Draft risk management framework to be prepared and referred to the Audit Committee for consideration.</p> <p>Review/update of Risk Management Policy to be referred to the Audit Committee for consideration.</p>
<p>RM02. Current business continuity plan that is tested from time to time</p>	<p>RM02.01 Develop a business continuity plan</p>	<p>May/June 2020</p>	<p>Draft business continuity plan to be prepared and referred to the Audit Committee for consideration.</p>
<p>RM03. Management of risks in line with the local government’s risk tolerance</p>	<p><i>Please see RM01.01.</i></p>	<p>May/June 2020</p>	<p>Draft risk management framework (addressing ‘risk tolerance’) to be prepared and referred to the Audit Committee for consideration.</p>
<p>RM04. Presenting regular risk reports to the Audit Committee</p>	<p>RM04.01 Ensure that the Risk Management Framework (outlined in RM01.01) includes provisions for the regular reporting on risks to the Audit Committee.</p> <p>RM04.02 Review Audit Committee Terms of Reference to include functions to receive and review regular risk reports</p>	<p>May/June 2020 (ongoing)</p> <p>May 2020</p>	<p>Risk reporting to be ongoing ‘standing’ item in all Audit Agendas</p> <p>Item for the 21 May 2020 Ordinary Meeting of Council</p>

Review area – Risk Management	Recommended action required	CEO Response Status	Review area – Risk Management
RM05. Adequate insurance cover and management of insurable risks	None		Noted

Review area – Risk Management	Recommended action required	CEO Response Status	CEO Comments
RM06. Regular review of the effectiveness of the internal control system with management, and both internal and external auditors	None		Noted
RM07. Effective procurement framework which focuses probity, transparency and consistent application across the organisation	None.		Noted
RM08. Fraud and misconduct risks have been identified, analysed, evaluated and have an on-going monitoring and reporting program	RM08.01 Develop a risk register which identifies and analyses risks, including 'fraud and misconduct' risks	April 2020	Risk Register established. Significant risks to be reported to Audit Committee (President to be consulted of any significant risks arising)
	RM08.02 Ensure that the risk register includes 'risk treatment actions' which allocate a 'risk owner' and specifies a time in which that action is to be completed	April 2020	Risk Register established

Review area – Internal controls	Recommended action required	CEO Response Status	CEO Comments
<p>IC01. Effective and appropriate delegation of authority</p>	<p>IC01.01 Review the register of delegations, giving consideration to delegations that can be made under other legislation, and sub-delegating from the CEO to officers.</p> <p>IC01.02 Consider publishing register of delegations on the website.</p> <p>Note: WALGA has a delegation register template that may aid the completion of IC01.01.</p>	<p>May 2020</p> <p>May 2020</p>	<p>Delegations to be referred to Council for consideration.</p> <p>Once Delegations considered by Council, they will be published on the Website.</p>
<p>IC02. Documented policies and procedures</p>	<p>IC02.02 Conduct a full review of the policy manual.</p>	<p>May/June 2020</p>	<p>Policy Manual Review to be referred to Council for consideration.</p>
<p>IC03. Trained and qualified employees</p>	<p>IC03.01 Review the Recruitment and Selection Policy, with a view to including controls to verify formal qualifications and rights to work in Australia.</p> <p>IC03.02 Development of a Performance Development Plan to help identify opportunities to train and develop of staff</p>	<p>May/June 2020</p> <p>May/June 2020</p>	<p>Policy regarding recruitment and right to work in Australia is to be reviewed in May/June 2020.</p> <p>Noted and scheduled for development and adoption this financial year and implementation starting in FY21</p>
<p>IC04. Effective system controls</p>	<p>None</p>		<p>Noted</p>

Audit Committee Meeting – Agenda

16 April 2020

Review area – Internal controls	Recommended action required	CEO Response Status	CEO Comments
IC05. Effective policy and procedure review	<i>Please see IC02.01.</i>	May/June 2020	Policy Manual Review to be referred to Council for consideration.
IC06. Regular internal audits	IC06.01 Establish and implement a regular internal audit program.	Ongoing	To be assessed for appropriateness as resources and capabilities to conduct an internal audit seem insufficient. Considering outsourcing the processes.
IC07. Documentation of risk identification and assessment	<i>Please see RM08.01 and RM08.02.</i>	April 2020 April 2020	Risk Register established. Significant risks to be reported to Audit Committee (President to be consulted of any significant risks arising). Risk Register established.

Review area – Legislative compliance	Recommended action required	CEO Response Status	CEO Comments
<p>LC01.Monitoring compliance with legislation and regulations</p>	<p>LC01.01 Review the Governance Calendar to include changes resulting from the 2019 LG Act amendments</p>	<p>May/June 2020</p>	<p>A New governance calendar to be set up this Financial Year (FY) ready for implementation and use for subsequent years.</p>
	<p>LC01.02 Ensure there are appropriate controls for monitoring and reporting against the Governance Calendar</p>	<p>May/June 2020</p>	<p>A New governance calendar to be set up this FY ready for implementation and use for subsequent years.</p>
	<p>LC01.03 Consider including a function under the Audit Committee’s Terms of Reference to monitor the compliance with legislation and regulations</p> <p>Note: WALGA has a Compliance Calendar template that may assist with LC01.01.</p>	<p>May/June 2020</p>	<p>A New governance calendar to be set up this FY ready for implementation and use for subsequent years.</p>

Audit Committee Meeting – Agenda

16 April 2020

Review area – Legislative compliance	Recommended action required	CEO Response Status	CEO Comments
LC02. Conducting the annual Compliance Audit Return and reporting to Council on the results of that review	None.	Undertaken (due March 2021)	Compliance Audit Return reported to Audit Committee/Council in March 2020

Review area – Legislative compliance	Recommended action required	CEO Response Status	CEO Comments
LC03. Monitoring the effectiveness of its compliance and making recommendations for change as necessary	<i>Please see LC01.02 and LC01.03.</i>	Undertaken (due March 2021)	Compliance Audit Return reported to Audit Committee/Council in March 2020
LC04. Review whether the local government has procedures to receive, retain and treat complaints, including confidential and anonymous employee complaints	LC04.01 Review the current Complaints Handling Policy, giving consideration to appropriate reporting requirements and confidentiality.	May/June 2020	Policy Manual Review to be referred to Council for consideration.
	LC04.02 Development of a policy and/or procedure for complaints relating to elected members	May/June 2020	Policy Manual Review to be referred to Council for consideration.
	LC04.03 Appoint a Public Interest Disclosure (PID) officer	May 2020	The Public Sector Commissioner advised of PID Officer (noting that it is the 'Principal Executive Officer' or CEO).
LC05. Obtaining assurance that adverse trends are identified and review management's plans to deal with these.	None		Noted

Review area – Legislative compliance	Recommended action required	CEO Response Status	CEO Comments
<p>LC06. Reviewing whether the internal and/or external auditors have regard to compliance and ethics risks in the development of their audit plan and in the conduct of audit projects, and report compliance and ethics issues to the Audit Committee</p>	<p><i>Please see IC06.01.</i></p> <p>LC06.01 Increase the Audit Committee’s role in audit, risk management and internal control oversight.</p>	<p>May2020</p>	<p>Item for the 21 May 2020 Ordinary Meeting of Council (Audit Committee Terms of Reference)</p>
<p>LC07. Considering the internal auditor’s role in assessing compliance and ethics risks in their plan</p>	<p><i>Please see IC06.01.</i></p> <p>LC07.01 Ensure that the internal audit program includes audits relating to compliance and ethics risks.</p>	<p>May2020</p>	<p>Item for the 21 May 2020 Ordinary Meeting of Council (Audit Committee Terms of Reference)</p>
<p>LC08. Monitoring the local government’s compliance frameworks dealing with relevant external legislation and regulatory requirements</p>	<p>LC08.01 Develop a systemised approach to legislative change. Consider creating central responsibility for communicating the change and ensuring any action are completed accordingly.</p>	<p>Ongoing</p>	<p>CEO being responsible for communicating any legislative change/ action.</p>

Review area – Legislative compliance	Recommended action required	CEO Response Status	CEO Comments
<p>LC09. Complying with legislative and regulatory requirements imposed on audit committee members, including not misusing their position to gain an advantage for themselves or another or cause detriment to the local government and disclosing conflicts of interest</p>	<p>LC09.01 Develop of an induction process for audit committee members, with a particular focus on the role of the Audit Committee as compared to Council</p>	<p>July 2020</p>	<p>Investigate with WALGA/Town of Victoria Park for an online training session.</p>
	<p>LC09.02 Consider appointing independent committee members</p>	<p>May 2020</p>	<p>Item for the 21 May 2020 Ordinary Meeting of Council (Audit Committee Terms of Reference) – Council to consider.</p>
	<p>LC09.03 Appoint elected members by person rather than office in the future</p>	<p>May 2020</p>	<p>Item for the 21 May 2020 Ordinary Meeting of Council (Audit Committee Terms of Reference)</p>

ATTACHMENT 10.2A SAFETY ASSESSMENT & SAFETY IMPROVEMENT PLAN

MORAWA SWIMMING
POOL

Revised 03/04/2020



ROYAL LIFE SAVING
WESTERN AUSTRALIA



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END OF REPORT

FOREWORD

In Western Australia there are over 129 public aquatic centres that provide benefit in terms of community development, sport, recreation, health and fitness. In profile:

- Annual patronage is in excess of 10 million
- Over 3,000 full time, part-time and casual staff directly employed
- Annual recurrent expenditure in excess of \$65 million
- Capital replacement value in excess of \$500 million

Royal Life Saving provides an independent assessment of safety and risk based on the Department of Health – Code of Practice for the Operation of Aquatic Facilities, RLSSA Pool Safety Guidelines and relevant Australian Standards.

It is a comprehensive assessment that covers.

1. General Administrative Requirements
2. Design and Construction Requirements
3. Circulation and Water Treatment Requirements
4. Chemical Safety Requirements
5. Water Quality and Testing Requirements
6. Qualification Requirements for Aquatic Facility Operators, Supervisors and Emergency Care Personnel
7. General Sanitation and Operational Requirements
8. Special Feature Pool Requirements
9. Spa Pool Requirements
10. Water Slide Requirements
11. Hydrotherapy Pool Requirements
12. Water Spray Grounds

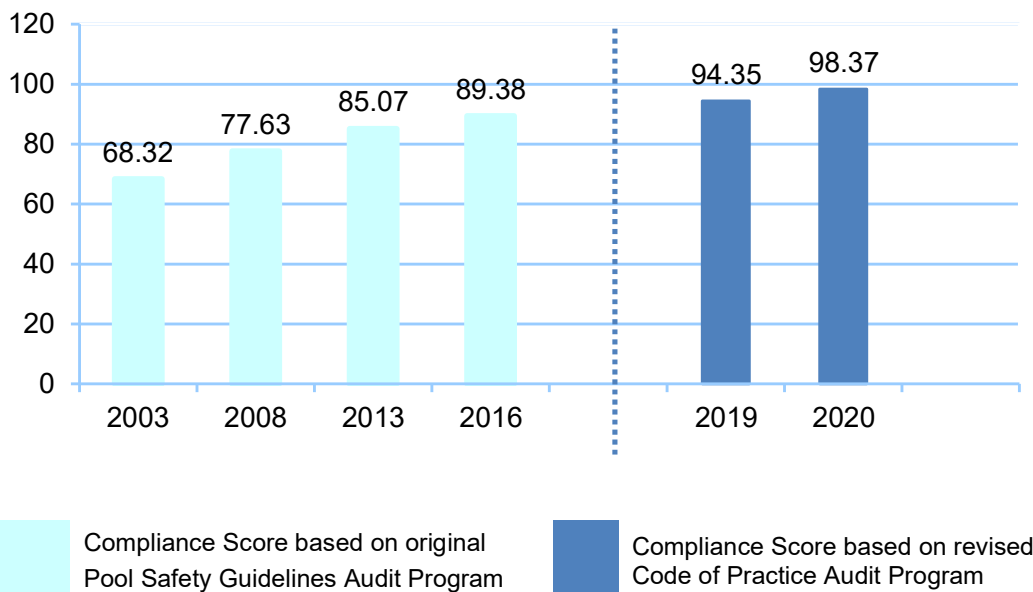
PART 1: SAFETY SCORE SUMMARY

- The Swimming Pool Safety Assessment was conducted at the Morawa Swimming Pool on the 15th January 2020 with a revised safety score dated 3rd April 2020 based on additional safety improvement information, a revised checklist was completed.
- The Checklist contains questions that, in the experience of Royal Life Saving, are relevant.
- A score is assigned to each question, indicating the degree of compliance.
(0 = non-compliant, 1 = compliant)
- Observed improvement opportunity (Observation)
- The score is based on observations and information available at the time of the assessment.
- Only those items, which were deemed applicable to your venue, have been included in the Safety Score Summary and Safety Improvement Plan.

Item	Score Achieved	Score Possible	Safety Score
General Administration	10	11	90.91%
Design and Construction	41	41	100.00%
Circulation and Water Treatment	15	15	100.00%
Chemical Safety	13	13	100.00%
Water Quality and Testing	9	9	100.00%
Qualification for Aquatic Facility Personnel	3	3	100.00%
General Sanitation and Operation	21	22	95.45%
Special Feature Pool	9	9	100.00%
Overall Rating	121	123	98.37%

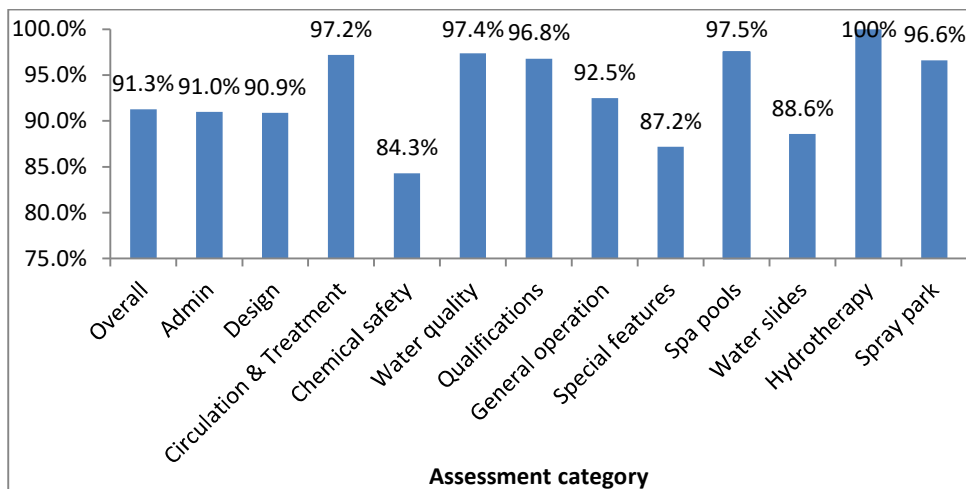
PART 2: BENCHMARK DATA

Morawa Swimming Pool Audit History



Aquatic Industry Data

Based on most recent assessments for all pools, the average ratings for every section of the safety assessment are tabled below.



PART 3: IMPROVEMENT PLAN SUMMARY

PART 3: IMPROVEMENT PLAN SUMMARY
RECCOMENDATIONS

1. Elimination	Measures to eliminate the associated risk.
• N/A	
2. Substitution	Supervision to Control activity and prevent accidents.
• N/A	
3. Engineering	Safeguards that modify the facility or aquatic activity.
• N/A	
4. Administrative	Management systems or procedures that address a risk.
• Item 1.11: Is there an appropriate agreement/ contract for all hirers of all or parts of the facility, Specific facility Hire agreement procedural documentation. (Recommendation)	
• Item 7.27: Is a suitable hire agreement in place for external program organisers. (Recommendation)	
•	
5. Personal Protection	Measures to raise awareness and support self-protection.
• N/A	

PART 3B: IMPROVEMENT PLAN SUMMARY

OBSERVATIONS

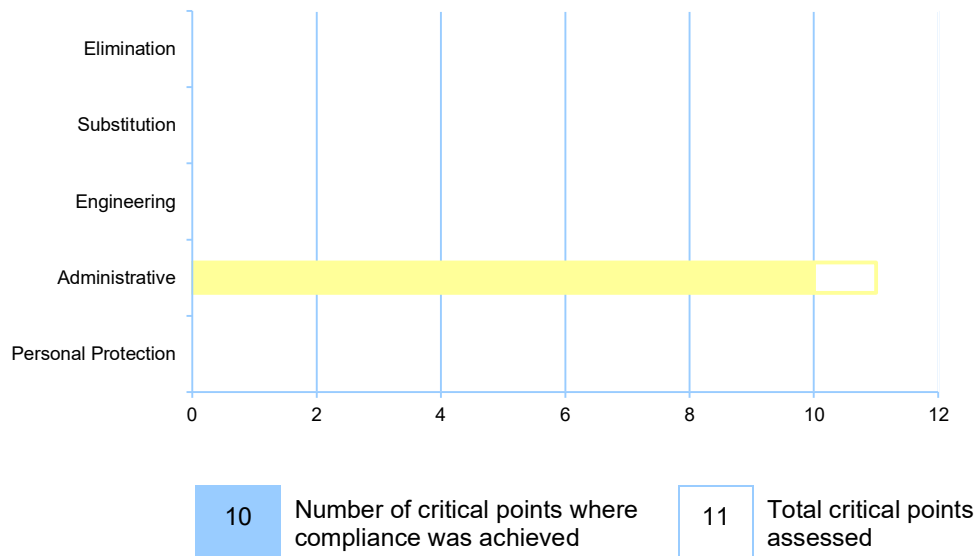
(Opportunities for Improvement)

6. Elimination	Measures to eliminate the associated risk.
	<ul style="list-style-type: none"> • Item 2.23: Are starting blocks whether permanent or removable installed over water 1.35m or deeper. (Observation)
7. Substitution	Supervision to Control activity and prevent accidents.
	<ul style="list-style-type: none"> • N/A
8. Engineering	Safeguards that modify the facility or aquatic activity.
	<ul style="list-style-type: none"> • Item 2.05: Are backstroke flags present when lap swimming areas is being conducted. (Observation) • Item 2.38: Does the main First Aid room contain a minimum of infrastructure (COP Table 2) to facilitate immediate and after care of an injured or ill use. (Observation) • Item 8.32: Is specific attention/paddling provided at the entry point of stepping onto the inflatable. (Observation) •
9. Administrative	Management systems or procedures that address a risk.
	<ul style="list-style-type: none"> • Item 4.05: Are up to date Safety Data Sheets (SDS) available for each stored chemical. (Observation) • Item 4.10: Have operators been appropriately trained within the last 3 years. (Observation) • Item 4.25: Does management use a Permit to Work system to access the chlorine installation (Observation) • Item 4.35: Depending on the type of chemical stored (package goods or bulk) is the facility correctly placarded. (Observation) • Item 4.36: Are staff that perform chemical handling and storage trained in correct procedures appropriate to those duties. (Observation) • Item 4.43: Does the site have an emergency plan, covering chlorine gas, with detailed site layout lodged with the emergency services. (Observation) • Item 4.44: Has the emergency response plan been tested through an incident scenario either as a desktop review or a field exercise. (Observation) • Item 7.18: Is the Operations Manual regularly reviewed. (Observation) • Item 7.19: Has an Emergency Action Plan (EAP,) that includes sections for different scenarios and locations been developed. (Observation) • Item 7.21: Has an evacuation kit been prepared. (Observation) • Item 8.26: Has the manufacturer provided a User Manual and Certification regarding the design and use of the inflatable device. Particularly in respect to staff training/induction and occupational health and safety. (Observation) • Item 8.30: Are inflatables kept under direct supervision when in use and in the water. (Observation)
10. Personal Protection	Measures to raise awareness and support self-protection.
	<ul style="list-style-type: none"> • N/A

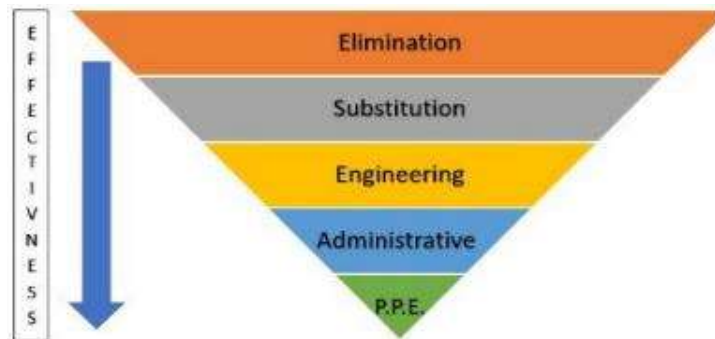
Section 1: Administrative Requirements

- A total of 11 critical points was assessed in Section 1.
- Only those critical points, deemed applicable to the aquatic facility, have been included in the assessment.
- The facility's compliance to the critical points is summarised in the graph below.

Compliance Summary



The above graph has also grouped the critical points according to the following 'Hierarchy of control':



The higher in the hierarchy of control, the more effective and more reliable a control is. Organisations should endeavour to focus their control effort towards the top of the list as this has greater potential to reduce the risks associated with identified hazards. In practice control is best achieved through the application of combinations or multiple layers of controls.

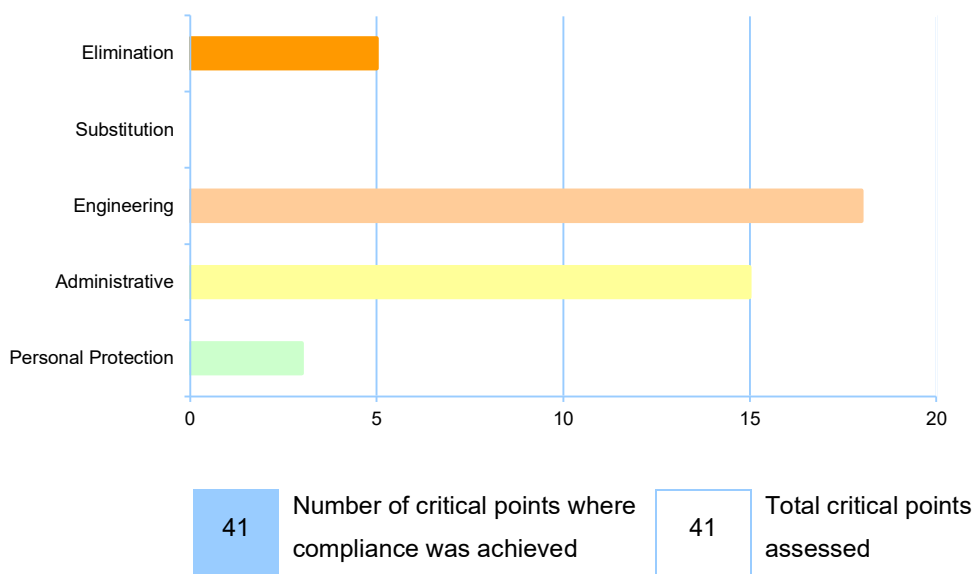
Ref #	Critical Point	Compliance
1.01	Does the centre have a Dept of Health 'permit to operate' as a Group 1 facility?	<input checked="" type="checkbox"/>
1.02	Does the centre have a documented site plan?	<input checked="" type="checkbox"/>
1.03	Does the centre have an organisational chart with authority matrix?	<input checked="" type="checkbox"/>
1.04	Does the centre have a daily opening/closing procedure & checklist?	<input checked="" type="checkbox"/>
1.05	Does the centre have a start of season opening protocol?	<input checked="" type="checkbox"/>
1.06	Does the centre have an end of season closing protocol?	<input checked="" type="checkbox"/>
1.07	Does management service, test and record the following equipment: Oxygen Resuscitation Equipment Breathing Apparatus Emergency Lighting Electrical Equipment Fire Extinguishers/Hoses?	<input checked="" type="checkbox"/>
1.08	Is there a procedure to ensure sufficient stock of first aid equipment?	<input checked="" type="checkbox"/>
1.09	Are reports made and appropriately stored for every incident involving life-threatening hazards and First Aid?	<input checked="" type="checkbox"/>
1.10	Is the lifeguard uniform suited to the performance of lifeguard duties, including aquatic rescue, easily recognised by customers and staff, and distinguishable from other staff?	<input checked="" type="checkbox"/>
1.11	Is there an appropriate agreement/ contract for all hirers of all or parts of the facility?	<input type="checkbox"/>

Item 1.11:	Is there an appropriate agreement/ contract for all hirers of all or parts of the facility?		
Observations:			
<p>For Morawa Swimming Pool management considerations when reviewing the use and implementation of specific "Hire/User Agreement" documentation.</p> <p>No specific hire agreement documentation sighted at time of assessment.</p> <p>Due for completion May 2020</p>			
References:		<ul style="list-style-type: none"> • GO 1.04 – Pool Safety Guidelines 	
Treatment Options:			
<p>Those who hire a facility, or part thereof, should receive from the management a letter of agreement or contract which clearly establishes the responsibility of the management and the hirer. This letter should be countersigned by the hirer to indicate that the terms and conditions have been accepted.</p> <p>The letter of agreement should clearly establish:</p> <ul style="list-style-type: none"> • information regarding the likely number of persons using the facility, and if appropriate their skills • the name of the hirer's representative who will be personally present and in charge of the group • the age of hirer and hirer's representative • the number of lifeguards to be present during the session • Respective responsibilities of the facility management and the hirer in an emergency. A distinction should be drawn between generated emergencies and facility emergencies (e.g. structural problems) • who is responsible for insuring the activity? • any local laws which must be enforced • rules of behaviour to be followed, if different to the normal rules • any specific advice to be given to users • responsibility for the provision of First Aid Services • access to First Aid equipment, or otherwise <p>The hiring group should be provided with a copy of the emergency action plan and procedures and should be requested to sign to the effect these have been read and understood.</p> <p>A hirer should be a minimum of 18 years of age, proof of which should be provided where doubt may exist.</p>			
Type of Measure:	Administrative	Best Practice	
Actions:		Date:	Signed Off:

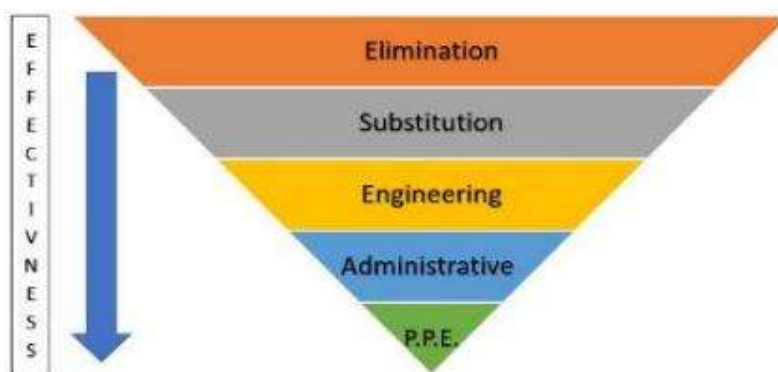
Section 2: Design and Administrative Requirements

- A total of 41 critical points was assessed in Section 2.
- Only those critical points, deemed applicable to the aquatic facility, have been included in the assessment.
- The facility's compliance to the critical points is summarised in the graph below.

Compliance Summary



The above graph has also grouped the critical points according to the following 'Hierarchy of control':



The higher in the hierarchy of control, the more effective and more reliable a control is. Organisations should endeavour to focus their control effort towards the top of the list as this has greater potential to reduce the risks associated with identified hazards. In practice control is best achieved through the application of combinations or multiple layers of controls.

Ref #	Critical Point	Compliance
2.01	Is the pool design, fittings and fixtures free of obstructions that could cause a patron to become entrapped or injured?	☑
2.02	Are gradients less than 1:15 in depths under 1.75m?	☑
2.03	Are gutters whether wet decks or integrated with the pool wall sufficiently protected to prevent injury through obstruction, entrapment or tripping?	☑
2.04	Are toddlers and learner's pools located away from deep-water pools or are sufficient and appropriate barriers between adjacent shallow and deep-water areas?	☑
2.05	Are backstroke flags present when lap swimming areas is being conducted?	Observation
2.06	Is there Type A slip resistance or greater on surfaces in 1.6m of water or more?	☑
2.07	Is there Type B slip resistance or greater on surfaces in 1.6m of water less?	☑
2.08	Is there Type C slip resistance on surfaces in beach entry's?	NA
2.09	Are there sufficient depth markers (max & min depth + 7.5m apart)?	☑
2.10	Are depth markers clearly visible from the concourse and a minimum of 90mm high?	☑
2.11	Are depth markers clearly visible from within the pool (where sides are >125mm)?	☑
2.12	Is there sufficient signage identifying deep water (>1.8m), shallow water particularly at pool entry points?	☑
2.13	In water under 1.8m in depth is "Do Not Dive" signage visible when entering the water body?	☑
2.14	Does the facility have an entry sign in accordance with Code of Practice Appendix 2?	☑
2.15	Is signage present at the entrance to the facility that specifies the conditions of use of the facility?	☑
2.16	Is signage present that encourages responsible behaviour?	☑
2.17	Is signage present that encourages parental supervision in appropriate areas?	☑
2.18	Are aquatic facilities without lighting provided with signage at all access points stating, 'No use of facility allowed after dark'?	☑
2.19	Are entry and exits points provided on both sides of the pool at each end?	☑
2.20	Do steps provided for entry/exit to pools have handrails that conform to access standards?	☑
2.21	Is egress provided in water bodies in excess of 0.6m and at deep end where water is greater than 1.8m?	☑
2.22	Is a means of egress provided at the deepest point on both sides of the pool when it is greater than 9m?	☑
2.23	Are starting blocks whether permanent or removable installed over water 1.2m or deeper?	Observation
2.24	When installed over water less than 2.0m in depth, are starting blocks, isolated when not in use for competition/coaching?	☑
2.25	Are the pool and its surrounds sufficiently lit?	☑

Ref #	Critical Point	Compliance
2.26	Is there a functioning emergency lighting system inside buildings?	NA
2.27	Is the concourse (including bulkheads, passages and shower rooms) maintained to be slip-resistant?	☑
2.28	Is there sufficient drainage of the concourse?	☑
2.29	Is equipment stored on the pool concourse positioned to allow safe traffic flow?	☑
2.30	Is the concourse width 1m or greater and free of trip hazards?	☑
2.31	Does any equipment stored on the concourse affect lifeguard sight lines?	☑
2.32	Is there rescue equipment located on the concourse in reasonable reach of lifeguards?	☑
2.33	Are emergency exit signs clear in any lighting conditions?	☑
2.34	Do emergency exits conform to current building regulations?	☑
2.35	Are the rooms or compounds in which the pools are located secured outside opening hours to deter unauthorised entry of persons?	☑
2.36	Is the disposal of backwash in accordance with and approved by the Local Government?	☑
2.37	Is there a designated First Aid room or area of appropriate size and configuration?	☑
2.38	Does the main First Aid room contain a minimum of infrastructure (COP Table 2) to facilitate immediate and after care of an injured or ill user?	Observation
2.39	Is the first aid equipment (COP Table 3) stored safely ready for use?	☑
2.40	Is the First Aid room or area easily identified with standard signage?	☑
2.41	Are General Power Outlets located away from the pool and 1.2m above the floor?	☑
2.42	Are GPO's and electrical equipment located in dry grooming areas of change rooms?	☑
2.43	Are metallic objects greater than 100mm in size earthed?	☑
2.44	Is there appropriate earth leakage protection used on all electrical equipment (including in the plant room)?	☑
2.45	Is shading (sun protection) provided?	☑
2.46	Is the facility provided with lightning protection systems in accordance with AS 1768?	☑

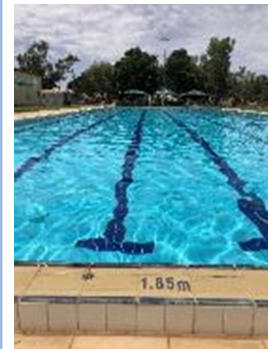
Item 2.05: Are backstroke flags present when lap swimming is being conducted?

Observations:

For Morawa Swimming Pool management considerations.

Back stroke flags only used for swim club training and carnivals.

Observation.



References:

- FD 1.06 – Pool Safety Guidelines

Treatment Options:

It is recommended that backstroke turn flags be installed at a standard distance (5.0 metres) from the ends of lap lanes and at height 1.8 metres above the water.



Type of Measure:








Administrative

Best Practice

Actions:

Date:

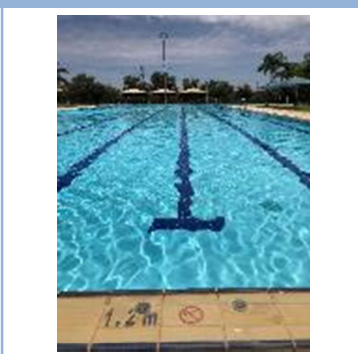
Signed Off:

Item 2.12:		Is there sufficient signage identifying deep water (>1.8m), shallow water particularly at pool entry points?	
Observations:			
<p>For Morawa Swimming Pool management review</p> <p>Minimal specific "Shallow Water", signage in place around 1.2M end shallow water areas of the facility.</p> <p>Completed 3/04/2020</p>			
References:	<ul style="list-style-type: none"> • Section 2.25.2 – Code of Practice • Section 2.25.2.2 – Code of Practice • Section 2.25.2.3 – Code of Practice • RLSSA Guidelines Safe Pool Operations – Aquatic Signage 2016 • AS/NZS 2416.1:2010 Part 1, Part 2 and Part 3 Water Safety Signs 		
Treatment Options:			
<p>It is recommended that Australian Standard signage notifying swimmers of shallow and deep water be positioned in relevant areas to where these hazards exist.</p> <p>If regulatory signage is used (i.e. prohibition symbols) these may be legally ineffective if it can be shown that there was no effort made to enforce them. In these situations where enforcement is not practical a warning sign depicting the nature of the hazard may be a better alternative.</p>			
 <p>"Deep Water Drop Off" Warning Signage</p>		 <p>"Shallow Water" Warning Signage</p>	
 <p>"Shallow Water" Warning Signage</p>		 <p>Deep Water Drop Off" Warning Signage</p>	
Type of Measure:	Administrative	Regulation	
Actions:	Completed	Date:	Signed Off:
	Completed	3/04/2020	

Item 2.23: Are starting blocks whether permanent or removable installed over water 1.35m or deeper?

Observations:

For facility management and swim club / group considerations minimum depths that dive blocks can be used is now 1.35M
 Dive blocks can no longer be used at the 1.2M end of the Morawa Swimming Pool.
 Observation.



- References:**
- Section 2.14 – Code of Practice
 - Generic Operations Manual Section 2.2c
 - FINA Facilities Rules 2017-2021
 - Guidelines Safe Pool Operations – Swimming Pool Design
 - 2.3 – Water Depths

Treatment Options:

Starting Blocks (Starting Platforms)

FR 2.3 Depth: **A minimum depth of 1.35 metres, extending from 1.0 metre to at least 6.0 metres** from the end wall is required for pools **with starting blocks**. A minimum depth of 1.0 metre is required elsewhere.

Starting blocks should be removed or isolated for recreational swimming.

Starting Block Design

Starting block steps and tops should have slip resistant surfaces.

The top surface of starting blocks should:




- be no greater than 750mm above the water surface; (front edge of starting block)
- be at least 500mm x 500mm in area.
- not be sloped more than 10 degrees toward the water.
- handgrips should not protrude beyond the pool wall.

Recessed pool concourse mountings (sleeves) for removable (portable) starting blocks should:

- not be hollow.
- be flush with the pool concourse.
- not have sharp edges.
- Starting blocks should be stable when:
 - in situ.
 - mounted by a person preparing to enter the water.
 - gripped from the water.

Type of Measure:	Elimination	Regulation
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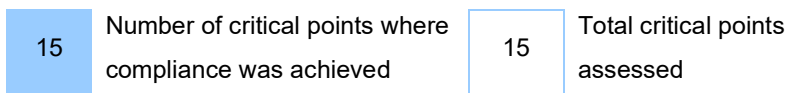
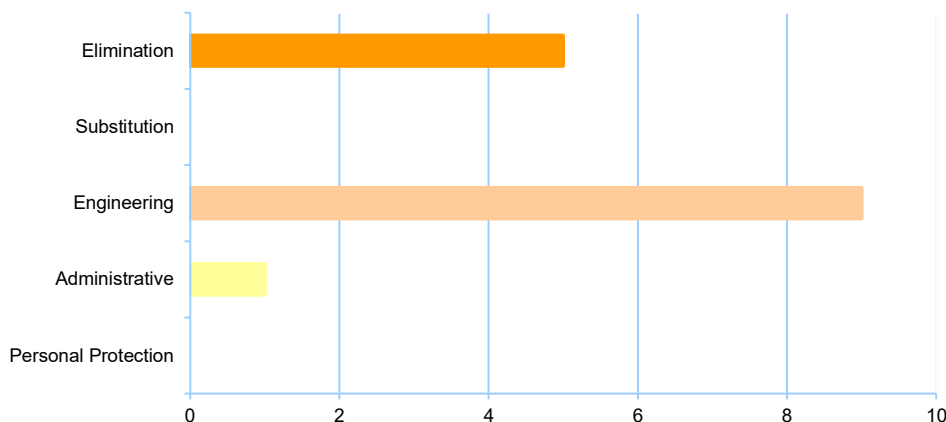
Actions:	Date:	Signed Off:

Item 2.38:		Does the main First Aid room contain a minimum of infrastructure (COP Table 2) to facilitate immediate and after care of an injured or ill user?	
Observations:			
<p>For Morawa Swimming Pool management considerations when setting up onsite first aid room.</p> <p>Observation.</p>			
References:		<ul style="list-style-type: none"> • Section 2.22 – Code of Practice • Generic Operations Manual Section 2.1 a – j and Appendix 2d • RLSSA Guidelines for Safe Pool Operations-Aquatic – Facility Design FD 11.3 c 	
Treatment Options:			
<p>First Aid Rooms should be located in a position no further than 80m from any location within the facility and should provide easy access to emergency services and/or disabled patients.</p> <p>Aquatic facilities must provide the following items:</p> <ul style="list-style-type: none"> • Resuscitation Notice. • Examination couch. • Hand wash basin with reticulated potable water. • Communication System. • (Ready access to a telephone with emergency number posted close by) • One GPO outlet. • Work bench for the preparation or the cleaning and sterilisation of items used in first aid treatment. • Storage for first aid supplies and equipment. • Washable flooring 			
			
Type of Measure:		Engineering	Regulation
Actions:		Date:	Signed Off:

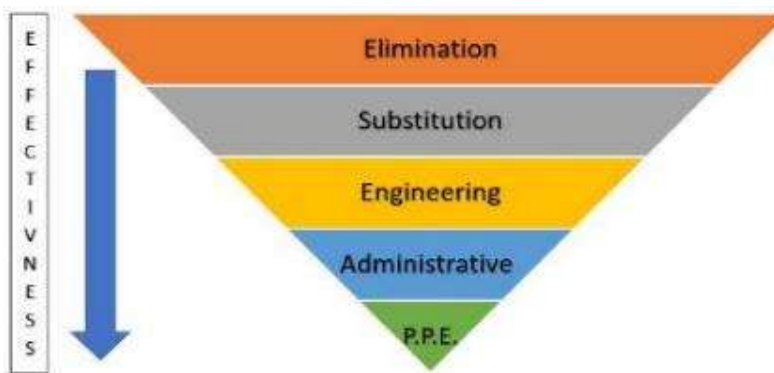
Section 3: Circulation and Water Treatment Requirements

- A total of 15 critical points was assessed in Section 3.
- Only those critical points, deemed applicable to the aquatic facility, have been included in the assessment.
- The facility's compliance to the critical points is summarised in the graph below.

Compliance Summary



The above graph has also grouped the critical points according to the following 'Hierarchy of control':



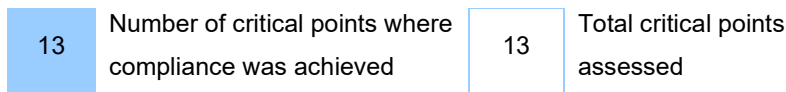
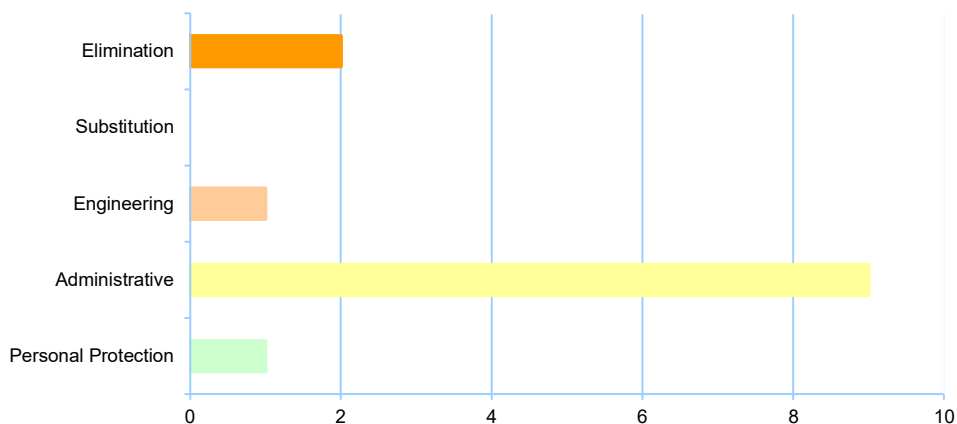
The higher in the hierarchy of control, the more effective and more reliable a control is. Organisations should endeavour to focus their control effort towards the top of the list as this has greater potential to reduce the risks associated with identified hazards. In practice control is best achieved through the application of combinations or multiple layers of controls.

Ref #	Critical Point	Compliance
03.01	Is the filtration system fitted for disinfection satisfactory to the Health Regulations?	☑
03.02	Is the plant and water treatment system operational whenever the facility is open to the public?	☑
03.03	Are there a minimum of two (2) return inlets for every pool and where pool is greater than 12m wide a combination of wall and floor inlets are used?	☑
03.04	If skimmer boxes are used, are they installed no more than 13m apart?	NA
03.05	Are inlets rounded, smooth and do not extend more than 2.5cm from the wall?	☑
03.06	Are floor inlets installed flush with the bottom of the pool and of tamper-proof design?	☑
03.07	Are surface skimmers only used in pools where the surface area does not exceed 450m ² ?	NA
03.08	Are skimmer covers securely seated, slip-resistant, of sufficient strength to withstand normal deck use and do not constitute a trip-hazard?	NA
03.09	Are main drains less than 300mm covered with an anti-vortex grate?	☑
03.10	Are suction outlets designed so that they cannot be isolated?	☑
03.11	Is the plant room locked to the public?	☑
03.12	Is pipe work clearly identified to indicate flow direction and contents of pipe?	☑
03.13	Are dosing pumps interlocked with the main pool pump or controlled by a flow switch?	☑
03.14	Can the filters be isolated so that the recirculation system can be repaired or backwashed?	☑
03.15	Are filters provided with a readily observable sight glass to identify backwash water?	☑
03.16	Is the facility installed with an operational automatic dosing system?	☑
03.17	Is the injection point located prior to filter on uncovered gravity sand filters?	NA
03.18	Are salt chlorinators installed downstream of pressure filters?	NA
03.19	Are salt chlorinators linked to the main pump to prevent the chlorinator operating when the main pump is off?	NA
03.20	Does the salt chlorinator system have a back-up chlorine system?	NA
03.21	Is the heating circuit installed so that it does not form a bypass to the filter?	NA
03.22	Does the water heating system ensure users are not exposed to water temperatures exceeding 38C?	NA
03.23	Is the solar heating system installed on a plumbing circuit separate and independent from the filtration system?	NA
03.24	Is make up water introduced prior to the filter?	☑
03.25	Is the balance tank and surrounding access areas secure to prevent falling in or injury?	☑
03.26	Are the staff who are involved in entering the balance tank trained in correct procedures appropriate for confined spaces?	NA

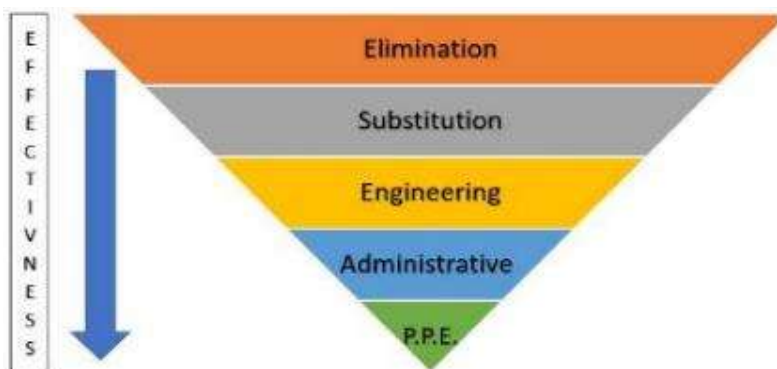
Section 4: Chemical Safety Requirements / Chlorine Gas

- A total of 13 critical points was assessed in Section 4.
- Only those critical points, deemed applicable to the aquatic facility, have been included in the assessment.
- The facility's compliance to the critical points is summarised in the graph below.

Compliance Summary



The above graph has also grouped the critical points according to the following 'Hierarchy of control':



The higher in the hierarchy of control, the more effective and more reliable a control is. Organisations should endeavour to focus their control effort towards the top of the list as this has greater potential to reduce the risks associated with identified hazards. In practice control is best achieved through the application of combinations or multiple layers of controls.

Ref #	Critical Point	Compliance
04.01	What system is used to off-take Chlorine from the cylinder/drum?	NA
04.02	What size Chlorine Container is being used (75kg or 920kg)?	NA
04.03	Does the installation have a current Poisons license?	NA
04.04	Does the installation have a current Dangerous Goods License?	NA
04.05	Are up to date Safety Data Sheets (SDS) available for each stored chemical?	Observation
04.06	Does the installation have a HAZCHEM sign, as well as placarding and/or DG diamonds?	<input checked="" type="checkbox"/>
04.07	Does the site have chlorine leak detectors and are they regularly tested?	NA
04.08	Are weekly checks for leaks conducted using a 5% ammonia solution?	NA
04.09	Does the site have an emergency shutdown system?	NA
04.10	Have operators been appropriately trained within the last 3 years?	Observation
04.11	During connection/disconnection, is either (A) Two persons used to connect, with the second person acting as a standby, or (B) Single person using SCBA?	NA
04.12	Does the site have a windsock/wind direction indicator located near the installation?	NA
04.13	Are cylinders moved using a cylinder trolley or some other means to reduce manual handling injuries?	NA
04.14	Are cylinders restrained in an upright position?	NA
04.15	Are cylinders/drums not connected for use stored with the cap nut and protective covers on?	NA
04.16	Drums are delivered using either a forklift with lifting beam, overhead gantry and/or track & trolley?	NA
04.17	Does the site have Natural or Mechanical Ventilation?	NA
04.18	Is there pressure relief on the vacuum regulator?	NA
04.19	If the site uses vacuum regulators, are flexible plastic lines replaced annually?	NA
04.20	Are there any pits or sumps in areas where chlorine gas may be present?	NA
04.21	Is this installation maintained by qualified and trained personnel?	<input checked="" type="checkbox"/>
04.22	Can access doors be secured open to prevent them closing when room is occupied?	NA
04.23	Are the walls and floor made of non-combustible materials?	NA
04.24	Is the distance (m) of the chlorine gas lines from the drum to the chlorinator or ejector within the maximum allowable distance?	NA
04.25	Does management use a Permit to Work system to access the chlorine installation?	<input checked="" type="checkbox"/>
04.26	Are maintenance reports or logs kept by those doing the maintenance and are they available to Pool Management to review?	<input checked="" type="checkbox"/>
04.27	Is a dump shower and eyewash provided immediately outside the chemical handling and storage areas (and tested regularly)?	<input checked="" type="checkbox"/>
04.28	Does the site have a Site Manifest that contains the following information?	<input checked="" type="checkbox"/>

04.29	Based on the Storage Factor and quantities of Dangerous Goods stored on the premises has bunding been installed and is it sufficient to retain a spill or leak?	<input checked="" type="checkbox"/>
04.30	Is a functional self-contained breathing apparatus stored and ready for use?	NA
04.31	Are all pipes, valves and pumps, controlling water and chemical feeds, clearly labelled to promote correct operation?	<input checked="" type="checkbox"/>
04.32	Is signage, complying with Australian Standard AS1319, in plant rooms and chemical handling areas promoting the use of PPE displayed?	<input checked="" type="checkbox"/>
04.33	Is signage, complying with Australian Standard AS1319, indicating restricted access (e.g. "Staff Only") and prohibiting smoking displayed at entrances to, and inside, the plant room and chemical storage areas?	<input checked="" type="checkbox"/>
04.34	Are all chemical storage areas clearly labelled?	<input checked="" type="checkbox"/>
04.35	Depending on the type of chemical stored (package goods or bulk) is the facility correctly placard?	<input checked="" type="checkbox"/>
04.36	Are staffs that perform chemical handling and storage trained in correct procedures appropriate to those duties?	Observation
04.37	Is appropriate Personal Protective Equipment (PPE) provided and stored in plant rooms and chemical handling areas?	Observation
04.38	Does the plant room have storage and delivery procedures for hazardous substances stored on site?	<input checked="" type="checkbox"/>
04.39	Are hazardous substances stored in accordance with MSDS?	<input checked="" type="checkbox"/>
04.40	Are carbon dioxide gas cylinders secured to prevent their falling and sustaining damage to tanks for fittings?	NA
04.41	Are carbon dioxide gas cylinders and conduits clearly labelled and secured?	NA
04.42	Has a risk assessment been conducted on the storage and handling of the chlorine gas cylinders or drums?	NA
04.43	Does the site have an emergency plan, covering chlorine gas, with detailed site layout lodged with the emergency services?	Observation
04.44	Has the emergency response plan been tested through an incident scenario either as a desktop review or a field exercise	Observation
04.45	Is the distance to sensitive use locations (hospitals, childcare centre) greater than the minimum requirements?	NA
04.46	Is the distance to sensitive use locations (residential) greater than the minimum requirements?	NA
04.47	Is the distance to sensitive use locations (commercial/industrial/public use) greater than the minimum requirements?	NA
04.48	Is the distance to combustible or flammable liquid or gas greater than the minimum requirements?	NA
04.49	Is the distance to recreational areas greater than the minimum requirements?	NA
04.50	Is the distance from Chlorine Gas Cylinders to areas where users may find difficult to evacuate (e.g. childcare areas, hydrotherapy pools) greater than the minimum requirements?	NA
04.51	Is the distance from Chlorine Gas Drums to areas where users may find difficult to evacuate (e.g. childcare areas, hydrotherapy pools) greater than the minimum requirements?	NA

Item 4.05: Are up to date Safety Data Sheets (SDS) available for each stored chemical?

Observations:

Current SDS sheets sighted dated between 2010-2013.

Observation.

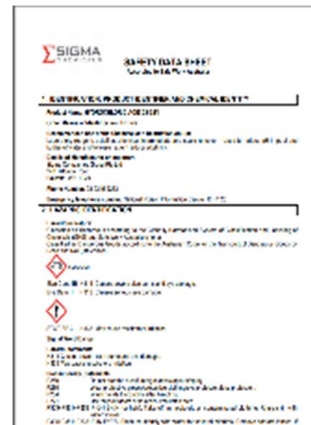
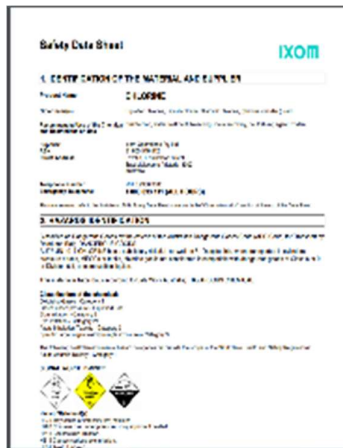


References:

- AS 2927 – The Storage and Handling of Liquefied Chlorine Gas 2019.
- AS 2927 – 1.5.3.3 Safety Data Sheets
- Section 4.1 – Code of Practice
- Dangerous Goods Safety (Storage and Handling of Non-explosives) Regulations 2007.
- Code of Practice - Chemical Safety-. Section 4 4.1

Treatment Options:

- SDS documentation should be no older than 5yrs
- It is recommended that the Material Safety Data Sheets be obtained from suppliers for each hazardous substance used on site and this should include those hazardous substances used in pool treatment and each chemical used in cleaning.
- Material Safety Data Sheets should be prominently located in a position relevant to the location of the hazardous substances and also an alternative area that is without threat to an individual during a chemical emergency (i.e. administration/reception area).
- SDS documentation should be no older than 5yrs



Type of Measure:

Administrative

Regulation

Actions:




Date: Signed Off:

Item 4.10: Have operators been appropriately trained within the last 3 years?		
Observations:		
For Morawa Swimming Pool management considerations when reviewing training requirements.		
Observation.		
References:	<ul style="list-style-type: none"> AS 2927 – The Storage and Handling of Liquefied Chlorine Gas 2019 AS 2927 8.4.2 Training Code of Practice - Chemical Safety-. Section 4 4.1 	
Treatment Options:		
<p>All employees required to handle pool hazardous substances should be trained in correct techniques prior to handling chemicals. The training should include and not be limited to:</p> <ul style="list-style-type: none"> Knowledge of chemical Material Safety Data Sheets Precautions to be taken Correct use of personal protective equipment Emergency procedures Reporting procedures <p>Regular in - service training may be necessary to maintain a satisfactory level of working knowledge.</p> <ul style="list-style-type: none"> Training shall be carried out under a formalized system Records of training provided to personnel and results obtained and shall be kept The training programs shall provide for revalidation of skills and knowledge for, periods not exceeding three years. 		
Type of Measure:	Administration	Regulation
Actions:	Date:	Signed Off:

Item 4.31: Are all pipes, valves and pumps, controlling water and chemical feeds, clearly labelled to promote correct operation?	
Observations:	
<p>Minimal specific chemical feed line markings in place.</p> <p>Completed 3/04/2020</p>	
References:	<ul style="list-style-type: none"> AS 1345 - Identification of the contents of pipes, conduits and ducts Guidelines for Safe Pool Operations – Safety Signs Pipe Markers 13.12
Treatment Options:	
<p>A pipe marker can be either a rectangular label which can be attached to the pipe, or information sign-written onto the pipe. The words shall indicate the contents of the pipe and if required, a particular hazard associated with that pipe that needs to be in black or white lettering.</p> <p>Pipes, valves and pumps, controlling water and chemical feeds should be clearly labelled to promote correct operation. This identification should include directional flow arrows.</p> <p>Common substances used in plant rooms have the following colour codes.</p> <ul style="list-style-type: none"> Hydrochloric Acid - Violet Liquid Chlorine – Violet Carbon Dioxide - Violet Chlorine - Violet Water - Green Wastewater – Black 	<ul style="list-style-type: none"> Compressed Air - Light Blue Fire Fighting Water - Red Fire Foam - Red Fire Hose Reel - Red Chlorine Gas - Yellow Steam – silver <p>An example is provided below.</p>   
Type of Measure:	<p>Administrative</p> <p style="border: 2px solid red; padding: 5px;">Regulation</p>

ATTACHMENT 10.2A

Actions:	Date:	Signed Off:

Item 4.34: Are all chemical storage areas clearly labelled?			
Observations:			
<p>For Morawa Swimming Pool management considerations.</p> <p>Minimal specific updated chemical ID signage in place.</p> <p>Calcium Hypochlorite Sodium Bisulphate. Completed 3/04/2020</p>			
References:		<ul style="list-style-type: none"> Dangerous Goods Safety (Storage and Handling of Non-explosives) Regulations 2007 Generic Operations Manual Section 4.1b 	
Treatment Options:			
<p>Chemical storage and handling areas should provide adequate signage to clearly indicate the chemical types and designated storage/handling areas for full or empty receptacles.</p>			
Type of Measure:	Administrative	Regulation	
Actions:	Date:	Signed Off:	

Item 4.35: Depending on the type of chemical stored (package goods or bulk) is the facility correctly placarded?

Observations:

Morawa Swimming Pool management to consider update chemical Id placarding "Calcium Hypochlorite" and Sodium Bisulphate.
Observation.



References:

- Dangerous Goods Safety (Storage and Handling of Non-explosives) Regulations 2007

Treatment Options:

Package stores require a Composite Hazchem placard that details.

- Hazchem code
- Dangerous Goods Class label (and subsidiary risk if any)



Package Storage Placard

Bulk stores require a Bulk Storage placard that details.

- Chemical name
- Hazchem code
- UN Number
- Dangerous Goods Class label (and subsidiary risk if any)



Bulk Storage Placard

Bulk Storage placard can also be used for Package quantities (i.e. < 500kg)



Type of Measure:

Administrative


Regulation

Actions:

Date:

Signed Off:

Item 4.38:	Does the plant room have a chemical storage and delivery procedure for hazardous substances stored on site?		
Observations:			
<p>For Morawa Swimming Pool management review and updating No specific chemical delivery procedures sighted at time of assessment.</p> <p>Observation.</p>			
References:		<ul style="list-style-type: none"> • Dangerous Goods Safety (Storage and Handling of Non-explosives) Regulations 2007. • AS 2927 - The Storage and Handling of Liquefied Chlorine Gas – Section 7. 	
Treatment Options:			
<p>Hazardous Substances Storage</p> <ul style="list-style-type: none"> • Oxidizers and acids should not be stored in close proximity to each other. • Chemicals should be stored in a cool dry area away from sunlight. • Chemicals should be stored in their original containers. • Dissimilar chemicals should be kept separated (egg powders and liquids) and not stacked on top of each other. • Different hazardous substances should be effectively segregated, and pool chemicals should not be stored near petroleum products and fertilizers. Mixing may cause an explosion. • Dry chemicals should be stored at a level which will allow water to flow past and around the area without affecting the chemicals. • In certain circumstances it may be appropriate to use fire resistant enclosures within which to store particular hazardous substances. <p>Chemical Delivery</p> <ul style="list-style-type: none"> • Sufficient space for parking and manoeuvring should be provided close to the storage area. • Precautions should be taken as necessary to protect the public or employees who may have access to the delivery area. In particular during delivery of chlorine gas, no public should be within 25 metres of the delivery site. • Materials should be moved into storage as soon as possible and never left unattended in a public area. • A written delivery procedure should be agreed with the supplier / deliverer for bulk deliveries. • Incompatible materials, e.g. acidic and alkaline, should not be delivered at the same time. • Where more than one chemical is delivered in bulk, pipework should be of different types, or fitting sizes to prevent delivery hoses being incorrectly connected. • Suitably designed trolleys or similar equipment should be used to transfer cylinders and drums in an upright condition. • An emergency action plan should be prepared detailing action to be taken in the event of a leak or spill during the delivery of swimming pool hazardous substances. 			
Type of Measure:	Administrative	Regulation	
Actions:		Date:	Signed Off:

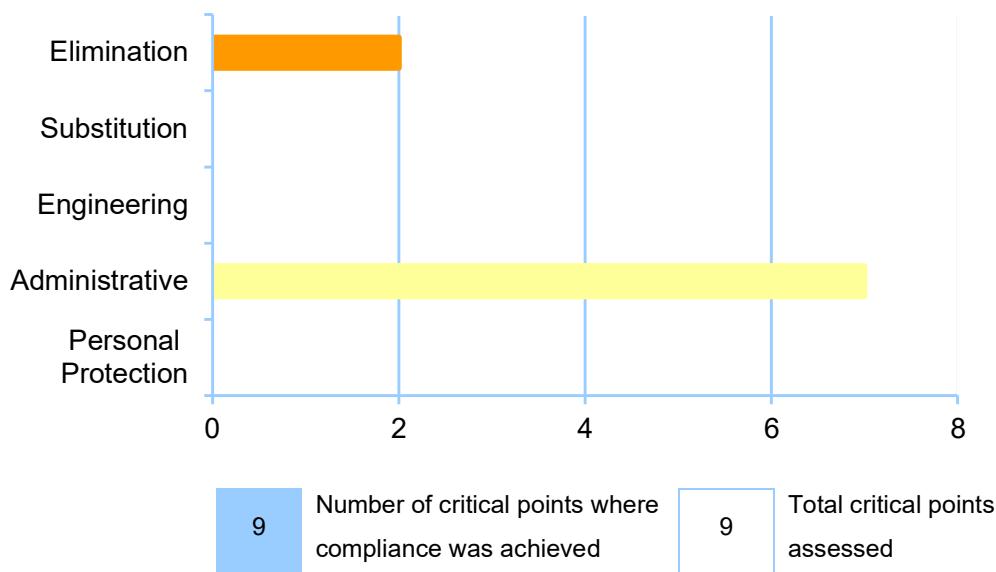
Item 4.43: Does the site have an emergency plan, with detailed site layout lodged with the emergency services?			
Observations:			
<p>For Morawa Swimming Pool management review</p> <p>Site has an Evacuation Diagram in place unable to validate whether current emergency procedures have been shared with emergency services.</p> <p>Observation</p>			
References:	<ul style="list-style-type: none"> AS 2927 - The Storage and Handling of Liquefied Chlorine Gas – Section 9.2.2 AS 3745 – Emergency control organisation and procedures for buildings Section 7.8 – Code of Practice Generic Operations Manual Section 7.3a 		
Treatment Options:			
<p>The EAP should include procedures for various scenarios including the following.</p> <ul style="list-style-type: none"> Overcrowding Disorderly Behaviour Lack of Water Clarity Building Evacuation Fire Lighting/Power Failure Structural Failure Emissions of Toxic Gases / Chemical Spills Bomb Threat Injured Guest (Minor) Injured Guests (Major) Critical Incident Stress Debriefing 			
Type of Measure:	Administrative	Regulation	
Actions:		Date:	Signed Off:

Item 4.44:		Has the emergency response plan been tested through an incident scenario either as a desktop review or a field exercise	
Observations:			
For Morawa Swimming Pool management considerations, minimal updated evacuation procedural documentation sighted at time of assessment.			
Observation.			
References:		<ul style="list-style-type: none"> AS 3745 – Emergency control organisation and procedures for buildings GSPO – Incident Management: IM4 Facility Evacuation Procedures 	
Treatment Options:			
Key elements of the emergency action plan should be practiced at least annually to validate the appropriateness of the procedures.			
<ul style="list-style-type: none"> The review should take into account internal and external influences that may affect performance. The process used and outcomes of the practice drill should be recorded. 			
Royal Life Saving has experience in coordinating practice drills that includes the participation of emergency services. If you would like to test the integrity of your emergency systems contact your safety assessor.			
Type of Measure:	Administrative	Best Practice	
Actions:	Date:	Signed Off:	

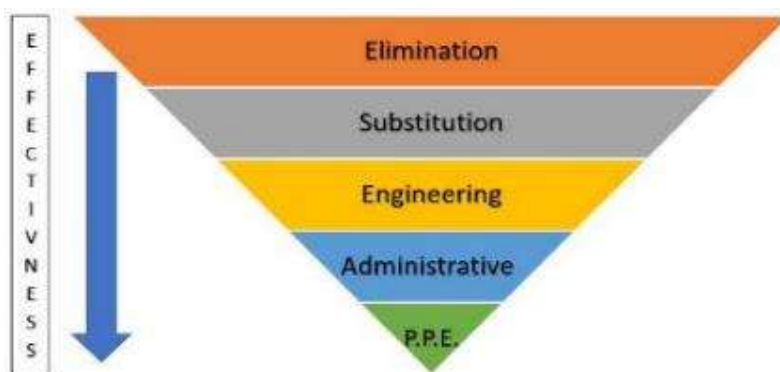
Section 5: Water Quality and Testing Requirements

- A total of 9 critical points was assessed in Section 5.
- Only those critical points, deemed applicable to the aquatic facility, have been included in the assessment.
- The facility's compliance to the critical points is summarised in the graph below.

Compliance Summary



The above graph has also grouped the critical points according to the following 'Hierarchy of control':



The higher in the hierarchy of control, the more effective and more reliable a control is. Organisations should endeavour to focus their control effort towards the top of the list as this has greater potential to reduce the risks associated with identified hazards. In practice control is best achieved through the application of combinations or multiple layers of controls.

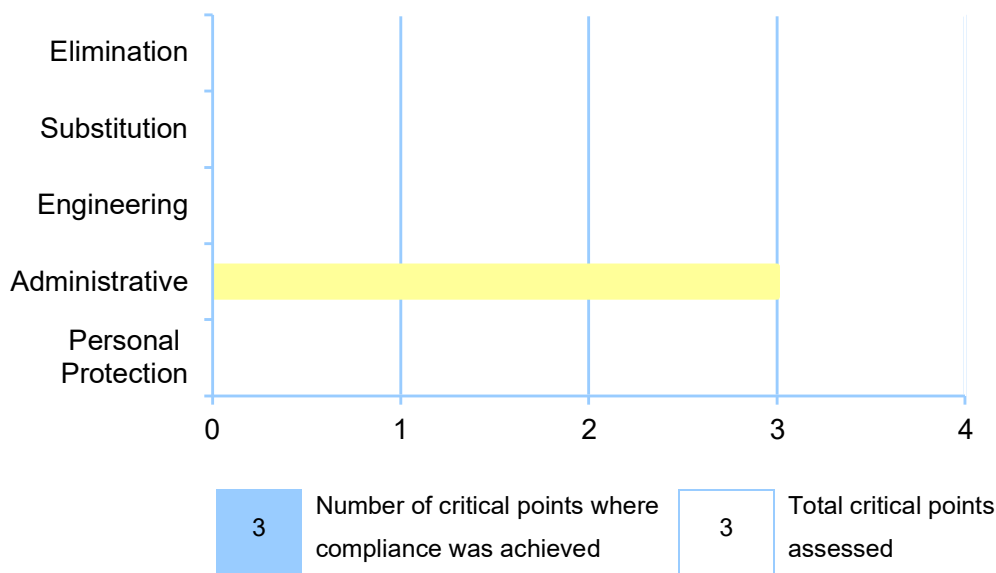
ATTACHMENT 10.2A

Ref #	Critical Point	Compliance
5.01	Is Residual Free Chlorine and pH monitored at least every 4 hours?	<input checked="" type="checkbox"/>
5.02	Is there a plant operations logbook/diary that record whether test results are within Regulations set by the Health Department Regulations and that adjustments and treatments are recorded?	<input checked="" type="checkbox"/>
5.03	Are records/logbooks stored or archived for at least 2 years?	<input checked="" type="checkbox"/>
5.04	Is the kit used to conduct water testing of those approved by the Health Department?	<input checked="" type="checkbox"/>
5.05	Is there a procedure for dealing with Chlorine levels greater than 10mg/l?	<input checked="" type="checkbox"/>
5.06	Is cyanuric acid maintained at a level of 30-50mg/l?	<input checked="" type="checkbox"/>
5.07	Is water balance regularly monitored?	<input checked="" type="checkbox"/>
5.08	Is the water clarity sufficient for a Secchi disk to be viewed from the deepest part of the pool at a distance of 9m?	<input checked="" type="checkbox"/>
5.09	Does the water temperature ever exceed 38C?	NA
5.10	Does the centre have a dosing procedure for winterising the water body?	<input checked="" type="checkbox"/>

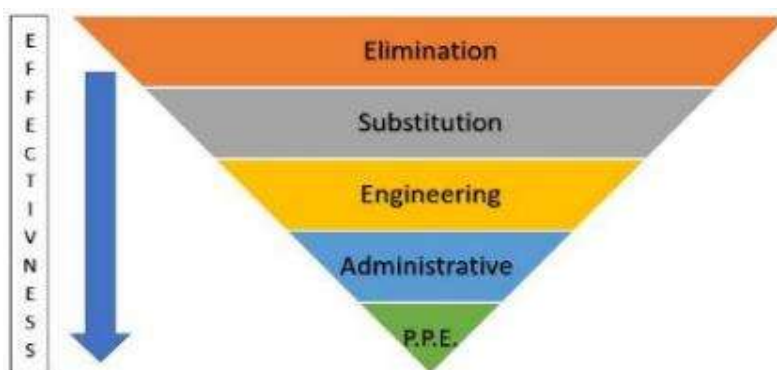
Section 6: Qualification Requirements for Aquatic Facility Operators, Supervisors and Emergency Care Personnel

- A total of 4 critical points was assessed in Section 6.
- Only those critical points, deemed applicable to the aquatic facility, have been included in the assessment.
- The facility's compliance to the critical points is summarised in the graph below.

Compliance Summary



The above graph has also grouped the critical points according to the following 'Hierarchy of control':



The higher in the hierarchy of control, the more effective and more reliable a control is. Organisations should endeavour to focus their control effort towards the top of the list as this has greater potential to reduce the risks associated with identified hazards. In practice control is best achieved through the application of combinations or multiple layers of controls.

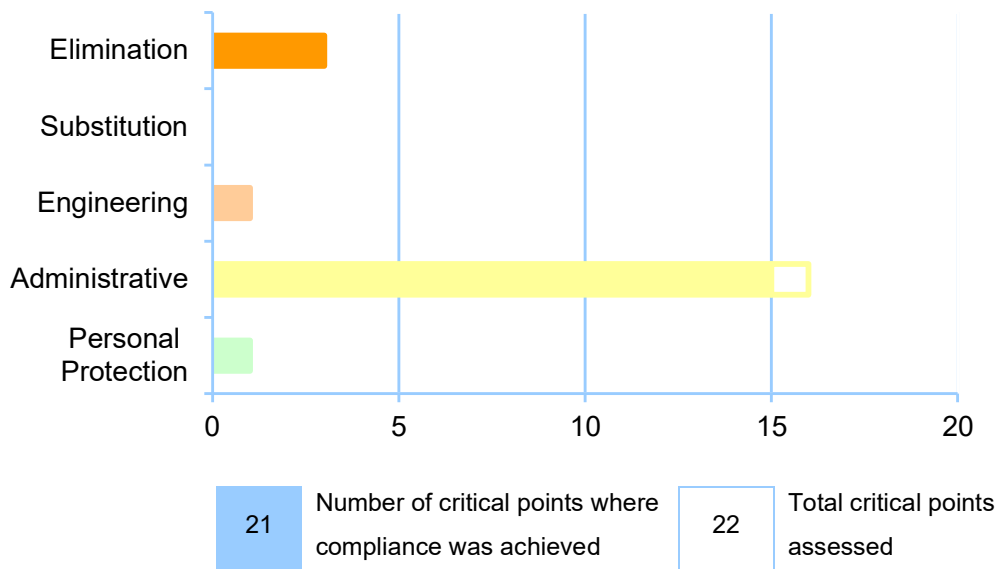
ATTACHMENT 10.2A

Ref #	Critical Point	Compliance
06.01	Is there evidence on site that a LIWA Accredited Technical Operator on-site when the facility is open?	<input checked="" type="checkbox"/>
06.02	Is there evidence on site that all patron supervision personnel hold a current recognised lifeguard qualification?	<input checked="" type="checkbox"/>
06.03	Is there evidence on site that all emergency care personnel hold a current recognised Senior First Aid qualification?	<input checked="" type="checkbox"/>
06.04	Have operators been appropriately trained within the last 3 years?	NA

Section 7: General Sanitation and Operational Requirements

- A total of 22 critical points was assessed in Section 7.
- Only those critical points, deemed applicable to the aquatic facility, have been included in the assessment.
- The facility's compliance to the critical points is summarised in the graph below.

Compliance Summary



The above graph has also grouped the critical points according to the following 'Hierarchy of control':



The higher in the hierarchy of control, the more effective and more reliable a control is. Organisations should endeavour to focus their control effort towards the top of the list as this has greater potential to reduce the risks associated with identified hazards. In practice control is best achieved through the application of combinations or multiple layers of controls.

Ref #	Critical Point	Compliance
7.01	Is there a structured and documented cleaning regime in place?	<input checked="" type="checkbox"/>
7.02	Are Automatic Electric Cleaners only used when pool is closed?	<input checked="" type="checkbox"/>
7.03	Are pool covers total removed from the pool before any public access?	NA
7.04	Is there a policy in place for the prohibition of people that are either sick, or inappropriately attired?	<input checked="" type="checkbox"/>
7.05	Is the rule that children under 10 years of age be supervised by a guardian 16 years or older enforced at reception/entry and throughout the centre?	<input checked="" type="checkbox"/>
7.06	Is the facility currently endorsed as a 'Watch – Around-Water facility	<input checked="" type="checkbox"/>
7.07	Do lifeguards use 'Watch-Around-Water" strategies to encourage parental supervision?	<input checked="" type="checkbox"/>
7.08	Does the facility use and display 'Watch-Around-Water" resources and strategies to encourage parental supervision around the facility?	<input checked="" type="checkbox"/>
7.09	Are there sufficient lifeguards supervising the pool area and a suitable policy of 1:100 for the lifeguard to patron ratio?	<input checked="" type="checkbox"/>
7.10	Has a scanning strategy been developed?	Observation
7.11	Are lifeguards aware of prohibited activities and or behaviours?	<input checked="" type="checkbox"/>
7.12	Are lifeguards aware of supervision strategies for at-risk users and program participants?	<input checked="" type="checkbox"/>
7.13	Do lifeguards have sufficient lines of sight to the pools it is their duty to supervise?	<input checked="" type="checkbox"/>
7.14	Do lifeguards vary duties and take sufficient breaks to maintain vigilant supervision?	<input checked="" type="checkbox"/>
7.15	Are sufficient and emergency methods of communication available?	<input checked="" type="checkbox"/>
7.16	Is sufficient attention given to protecting staff from excessive exposure to environmental factors and disease?	<input checked="" type="checkbox"/>
7.17	Is the Operations Manual facility-specific?	<input checked="" type="checkbox"/>
7.18	Is the Operations Manual regularly reviewed annually?	Observation
7.19	Has an Emergency Action Plan (EAP,) that includes sections for different scenarios and locations been developed? Does the site have an emergency plan, covering chlorine gas, with detailed site layout lodged with the emergency services?	Observation
7.20	Have all parts of the EAP been practised in the last 12 months? Has the emergency response plan been tested through an incident scenario either as a desktop review or a field exercise and been documented and dated?	<input checked="" type="checkbox"/>
7.21	Has an evacuation kit been prepared?	Observation
7.22	Are program leaders who are employed by the facility, (i.e. swim instructors, aqua-exercise instructors) able to demonstrate current competency and or peak body accreditation?	<input checked="" type="checkbox"/>
7.23	Are instructors (and program leaders) trained in the Emergency Action Plan (EAP)?	<input checked="" type="checkbox"/>

ATTACHMENT 10.2A

Ref #	Critical Point	Compliance
7.24	Do program coordinators gather information about class participants' medical histories and are they readily available?	<input checked="" type="checkbox"/>
7.25	Is there a documented procedure in place to supervise the handover/movement of underage participants before/after the program sessions?	<input checked="" type="checkbox"/>
7.26	Are instructors/coaches aware of/do they observe depth guidelines and undertake a pupil induction when conducting competitive diving at the centre?	<input checked="" type="checkbox"/>
7.27	Is a suitable hire agreement in place for external program organisers?	<input checked="" type="checkbox"/>

Item 7.10: Has a scanning strategy been developed?											
Observations:											
<p>For Morawa Swimming Pool management on going considerations when implementing specific scanning strategies around the facility</p> <p>Scanning procedures should be reviewed incorporated into the Morawa Swimming Pools Operations Manual.</p> <p>Pool Supervisory Procedures.</p> <p>Observation</p>											
References:		<ul style="list-style-type: none"> • Section 7.10 – Code of Practice • Lifeguarding – The Manual – 5th Edition (RLSSA) 									
Treatment Options:											
<p>Scanning is the systematic observation of the venue, its users and their activities.</p> <p>The key principles to be considered in developing a scanning strategy are:</p> <ul style="list-style-type: none"> • Lifeguards must be positioned with clear, unobstructed lines of sight • Lifeguard must be able to adapt to changes in visibility, glare from the sun or shadows at different times of the day. • Lifeguards must be able to compensate for an inability to see below the water surface and for the distance they are from users • Lifeguards must know the signs of potential trouble and characteristic behaviours. • One scanning strategy should not last any more than 5 minutes before changing posture, position and scanning pattern. <p>For example:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">First Sweep</td> <td>generally assess those in the zone</td> </tr> <tr> <td>Second Sweep</td> <td>group, categorise or place swimmers in quadrants</td> </tr> <tr> <td>Third Sweep -</td> <td>momentarily centre on a focal person within each group</td> </tr> <tr> <td>Each Successive Sweep</td> <td>change focal person</td> </tr> </table> <p>After five minutes, lifeguards should count swimmers, check high-risk patrons, hazardous places, change posture and mentally rehearse a rescue. Then pick a different scanning pattern and repeat the above steps for five minutes.</p> <p>Other Duties</p> <p>The Code of Practice clarifies the issue of other duties (other than supervision, rescue and emergency care) with the following statement:</p> <p>Supervisors may give attention to other responsibilities which do not materially interfere with supervising patrons or program participants, or unduly inhibit their ability to provide immediate assistance to patrons or program participants in distress.</p>				First Sweep	generally assess those in the zone	Second Sweep	group, categorise or place swimmers in quadrants	Third Sweep -	momentarily centre on a focal person within each group	Each Successive Sweep	change focal person
First Sweep	generally assess those in the zone										
Second Sweep	group, categorise or place swimmers in quadrants										
Third Sweep -	momentarily centre on a focal person within each group										
Each Successive Sweep	change focal person										
Type of Measure:	Administrative	Regulation									
Actions:		Date:	Signed Off:								

Item 7.18: Is the Operations Manual regularly reviewed?		
Observations:		
For Morawa Swimming Pool management ongoing considerations		
Observation		
References:	<ul style="list-style-type: none"> GO 1.01 – Pool Safety Guidelines Generic Operations Manual Section 7.3h 	
Treatment Options:		
<p>Key elements of the operation manual(s) should be reviewed at least annually to validate the appropriateness of the procedures.</p> <ul style="list-style-type: none"> The review should take into account internal and external influences that may affect performance. The process used and outcomes of the review should be recorded. <p>Royal Life Saving has been monitoring injury in public aquatic facilities since 2001. Contact your safety assessor to access information on risk areas and industry benchmarks.</p>		
Type of Measure:	Administrative	Best Practice
Actions:	Date:	Signed Off:

Item 7.19: Has an Emergency Action Plan (EAP), which includes sections for different scenarios and locations been developed? Does the site have an emergency plan, covering chlorine gas, with detailed site layout lodged with the emergency services?

Observations:

Morawa Swimming Pool management review. minimal specific emergency procedural documentation sighted on site at time of this assessment.

Observation.



- References:**
- Section 7.8 – Code of Practice
 - AS 3745 – Emergency control organisation and procedures for buildings
 - GO 1.02 – Pool Safety Guidelines
 - Generic Operations Manual Section 7.3a



Treatment Options:

The EAP should include procedures for various scenarios including the following.

- Overcrowding
- Disorderly Behaviour
- Lack of Water Clarity
- Building Evacuation
- Fire
- Lighting/Power Failure
- Structural Failure
- Emissions of Toxic Gases / Chemical Spills
- Bomb Threat
- Injured Guest (Minor)
- Injured Guests (Major)
- Critical Incident Stress Debriefing

Type of Measure:	Administrative	Regulation
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Actions:	Date:	Signed Off:

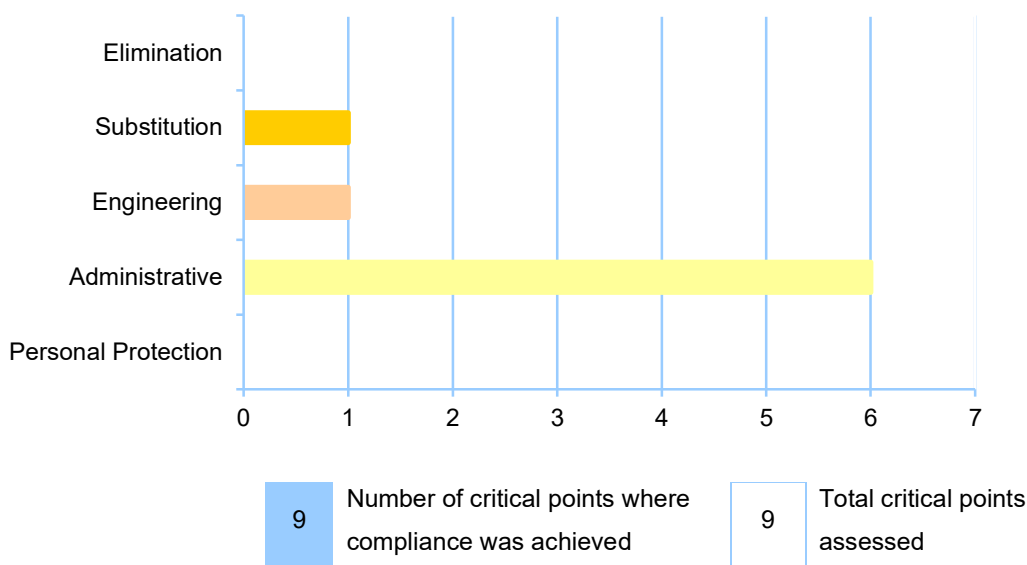
Item 7.21: Has an evacuation kit been prepared?					
Observations:					
For facility management consideration when putting together an Evacuation Kit.					
Observation.					
References:					
<ul style="list-style-type: none"> Generic Operations Manual Section 2.1c 					
Treatment Options:					
<p>An evacuation kits should be located at the main entry. The evacuation kit should include:</p> <ul style="list-style-type: none"> Emergency action plans Warden identification Area warden checklists A first aid kit A communication system (i.e. loud hailer, mobile phone) A torch Blankets First Aid reports Incident reports <p>The evacuation kit should be in a container that is easily transported.</p>					
					
Type of Measure:	Administrative				
	Best Practice				
Actions:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Date:</td> <td style="width: 50%;">Signed Off:</td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>	Date:	Signed Off:		
Date:	Signed Off:				

Item 7.27:		Is a suitable hire agreement in place for external program organisers?	
Observations:			
<p>For Morawa Swimming Pool management considerations when putting together facility use agreement documentation. (Learn to Swim, Swim Squad User agreements)</p> <p>No specific Hire Agreement for facility program users sighted at time of this assessment.</p>			
References:		<ul style="list-style-type: none"> GO 1.04 – Pool Safety Guidelines 	
Treatment Options:			
<p>Those who hire the facility, or part thereof, should receive from the management a letter of agreement or contract which clearly establishes the responsibility of the management and the hirer. This letter should be countersigned by the hirer to indicate that the terms and conditions have been accepted.</p> <p>The letter of agreement should clearly establish:</p> <ul style="list-style-type: none"> information regarding the likely number of persons using the facility, and if appropriate their skills the name of the hirer's representative who will be personally present and in charge of the group qualifications of program instructors (e.g. AUSTSWIM) the age of hirer and hirer's representative the number of lifeguards to be present during the session Respective responsibilities of the facility management and the hirer in an emergency. A distinction should be drawn between generated emergencies and facility emergencies (e.g. structural problems) who is responsible for insuring the activity? any local laws which must be enforced rules of behaviour to be followed, if different to the normal rules any specific advice to be given to users responsibility for the provision of First Aid Services access to First Aid equipment, or otherwise <p>The hiring group should be provided with a copy of the emergency action plan and procedures and should be requested to sign to the effect these have been read and understood</p>			
Type of Measure:		Administrative	Best Practice
Actions:		Date:	Signed Off:

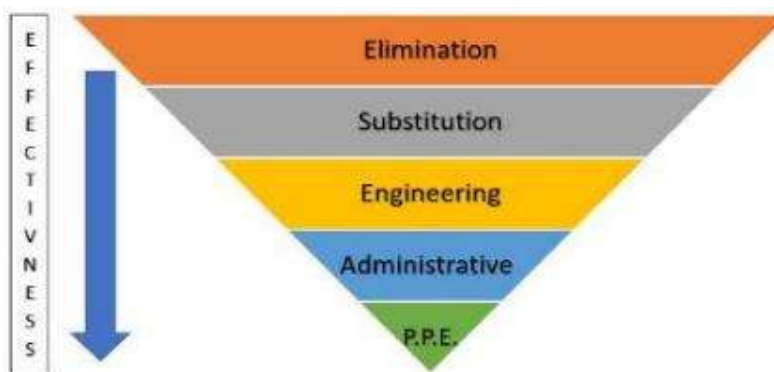
Section 8: Special Feature Pool Requirements

- A total of 9 critical points was assessed in Section 8.
- Only those critical points, deemed applicable to the aquatic facility, have been included in the assessment.
- The facility's compliance to the critical points is summarised in the graph below.

Compliance Summary



The above graph has also grouped the critical points according to the following 'Hierarchy of control':




The higher in the hierarchy of control, the more effective and more reliable a control is. Organisations should endeavour to focus their control effort towards the top of the list as this has greater potential to reduce the risks associated with identified hazards. In practice control is best achieved through the application of combinations or multiple layers of controls.


Inflatables

Ref #	Critical Point	Compliance
08.26	Has the manufacturer provided a User Manual and Certification regarding the design and use of the inflatable device? Particularly in respect to health and safety?	Observation
08.27	Has the Centre completed a risk assessment of the inflatable device and its intended use?	<input checked="" type="checkbox"/>
08.28	Is a documented inspection in place for the inflatable	<input checked="" type="checkbox"/>
08.29	Has the centre developed operational procedures for an evacuation due to deflation, patron limits (including swim ability), environmental conditions, dress code and activity controls?	Observation
08.30	Are inflatables kept under direct supervision when in use and in the water?	<input checked="" type="checkbox"/>
08.31	Are inflatables positioned so that a swimmer who falls off will not be injured by striking the bottom or the edge?	<input checked="" type="checkbox"/>
08.32	Is specific attention/paddling provided at the entry point of stepping onto the inflatable?	Observation
08.33	Are inflatables securely anchored?	<input checked="" type="checkbox"/>
08.34	Are anchor lines appropriate and do not present an entanglement, trip hazard?	<input checked="" type="checkbox"/>
08.35	Are air pumps and air hoses appropriately positioned?	<input checked="" type="checkbox"/>
08.36	Is the design of the inflatable entry suitably level and with a low height of fall?	<input checked="" type="checkbox"/>
08.37	Are the inflatable device 'rules of play' displayed at or near to the point of entry?	<input checked="" type="checkbox"/>

INFLATABLES

Item 8.26:		Has the manufacturer provided a User Manual and Certification regarding the design and use of the inflatable device; particularly in respect to staff training/induction and occupational health and safety?	
Observations:			
<p>For Morawa Swimming Pool management considerations facility management have obtained some user manual documentation. No work safe classification documentation had been obtained at time of assessment.</p> <p>Observation.</p>			
References:		<ul style="list-style-type: none"> AS 3533.4 Amusement rides and devices. Specific requirements – Waterborne inflatables. SU 1.14 – Pool Safety Guidelines 	
Treatment Options:			
<p>The manufacturer of the inflatable device should provide a User Manual for each device at the time of purchase. The User Manual should fully explain the limits to use (e.g. numbers on the device at any one time, height/weight restrictions, use of water spray, minimum/maximum depths, max wind speed, number of supervisors, height & space required, intended use) and risks associated with the installation and use of the inflatable device.</p> <p>The manufacturer's instructions shall be followed, particularly in relation to installation, operation, maintenance and inspection.</p> <ul style="list-style-type: none"> The device should be set up according to the manufacturer's instructions with all device anchor points connected to secure anchorages in the correct positions. Where the manufacturer's instructions are not clear or cannot be complied with, the anchorage system shall be designed by a competent person. The anchorage points should be tested to ensure they can withstand the horizontal force specified by the manufacturer, (or 1.6kN). For external use, weather conditions shall be continuously monitored and, if the wind velocity approaches the maximum permitted by the manufacturer or supplier, the device shall be cleared and deflated immediately. The patrons shall be instructed in the safe use of the equipment and signs setting out the rules of play shall be prominently displayed at the entrance to the device. <p>In the absence of such information, the inflatable device shall not be used until the information has been sought from the manufacturer or supplier or a competent person has provided the necessary information.</p> <p>Staff training/induction and OSH</p> <p>The recommended measures in the User Manual should be incorporated into the centre's operation manual and staff induction/training.</p>			
Type of Measure:		Administrative	Best Practice
Actions:		Date:	Signed Off:

Item 8.29:	Has the centre developed operational procedures for; <ul style="list-style-type: none"> •an evacuation due to deflation •patron limits (including swim ability), •environmental conditions, •dress code and •activity controls? 		
Observations:			
<p>For Morawa Swimming Pool management considerations when reviewing tethered inflatable device use.</p> <p>Observation.</p>			
References:	<ul style="list-style-type: none"> • AS 3533.4 Amusement rides and devices. Specific requirements – Waterborne inflatables. 		
Treatment Options:			
<p>Evacuation plan due to deflation</p> <p>In the event of a failure to the blower immediate action is required to evacuate the inflatable to avoid entrapment (including a blower power failure alarm, whistles for lifeguards).</p>			
<p>Patron limits</p> <ul style="list-style-type: none"> • Restriction of the maximum number of patrons at one time • Restriction of the maximum height of the patrons • Restriction of the maximum weight of the patrons • Restriction of the minimum swim ability. 			
<p>Environmental conditions</p> <ul style="list-style-type: none"> • Heat, • Wind conditions. 			
<p>Dress code</p> <ul style="list-style-type: none"> • Removal of any hard, sharp, lose or dangerous objects. 			
<p>Activity controls</p> <ul style="list-style-type: none"> • Admitting patrons to the inflatable in a controlled and safe manner, keeping the entrance free from obstruction at all times. • Separation of larger or more boisterous users from smaller more timid ones • Prevention of patrons from climbing or hanging on the containing walls • Prevention of inappropriate activities (somersaults, rough play, diving). 			
Type of Measure:	Administration	Best Practice	
Actions:	Date:	Signed Off:	

Item 8.32:	Is specific attention/paddling provided at the entry point of stepping onto the inflatable?		
Observations:			
<p>For Morawa Swimming Pool management considerations when setting up self-sealed inflatable device. (Entry Point onto device).</p> <p>Inflatable device not in use at time of assessment.</p> <p>Observation.</p>			
References:		<ul style="list-style-type: none"> AS 3533.4 Amusement rides and devices. Specific requirements – Waterborne inflatables. SU 1.14 – Pool Safety Guidelines 	
Treatment Options:			
<p>For open sides used for direct access from or egress to a pool edge, non-slip matting shall be placed at that side of the pool edge surface. The non-slip matting shall, where possible, extend a distance of at least 900mm laterally and 1200mm axially to the pool edge surface beyond the limits of the entry point. The matting shall include a turn down into the pool of at least 100mm to protect against impact with the actual pool edge.</p> <p>There should not be abrupt changes in pool concourse levels or edges at the inflatable entry point.</p>			
			
Type of Measure:	Engineering	Best Practice	
Actions:		Date:	Signed Off:

END OF REPORT



ROYAL LIFE SAVING
WESTERN AUSTRALIA

FOR MORE INFORMATION

The Royal Life Saving Society Western Australia Inc
McGillivray Road, Mt Claremont WA 6010
PO Box 28, Floreat Forum WA 6014

Call 08 9383 8200
Email egibbs@royallifesavingwa.com.au
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