This Annual Return Form needs to be with the Faculty/ Division Office by the first week of November each year otherwise your Faculty/ Division responses may NOT be with Human Resources to be included in the Annual Report.

To: Name of Faculty/ Division:

Copy: Campus H&S Committee:

From: Name of School/ or Section: __________________________________________

Name of Campus: _______________________________________________________

Year of Return: ________________________________________________________

The CSU key WHS performance indicators consist of:

- H&S Workplace Inspections completed for each unit as per procedures
- Safety Management Plan for each unit, inclusive of training program completed per procedures, with
  - List of new risk assessments for that reporting period
  - List of new administrative control of risks for that reporting period, e.g. SOPs
- Percentage of WHS Inductions completed within timeframes, by each unit
- Percentage of occupied buildings that have had at least one (1) annual trial evacuation inclusive of responses to false alarms, by each location
- Evidence that regular WHS consultation and where required, specific WHS consultation has taken place by each unit.

**H&S Workplace Inspections and Safety Management Plan Details**

Tick box if completed

<table>
<thead>
<tr>
<th>Safety Management Plan (formerly OHS Action Plan)</th>
<th>Date Completed:</th>
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</thead>
<tbody>
<tr>
<td>1st H&amp;S Inspection (Period January – April)</td>
<td>Date Completed:</td>
</tr>
<tr>
<td>2nd H&amp;S Inspection (Period July – October)</td>
<td>Date Completed:</td>
</tr>
<tr>
<td>Exemption for 2nd Inspection Granted</td>
<td>Exemption Authority: Committee Resolution Number</td>
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</tbody>
</table>

Enter details as appropriate for new items completed this year. (attach additional pages if insufficient room on this sheet)

**H&S Risk Assessments (Titles/Areas)**

<table>
<thead>
<tr>
<th>Title/Area</th>
<th>Title/Area</th>
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</table>
WHS Induction Training

The number and the percentage of staff who have completed the required OHS online training modules and local induction programs within the prescribed timelines is as follows:

<table>
<thead>
<tr>
<th>Details of Training</th>
<th>No. Complete</th>
<th>Total New Staff</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safe U at CSU</td>
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<tr>
<td>WHS for Managers</td>
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<tr>
<td>Fire and Emergency Procedures</td>
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<tr>
<td>Local Unit Induction</td>
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</tbody>
</table>

Emergency Procedures

Evacuations:
The number of evacuations undertaken during this reporting period (inclusive of trials and false alarms) for each occupied building or facility.

Enter building or facility details followed by the total number of each building evacuation in this reporting period. Enter zero if no evacuation carried out.

WHS Consultation

WHS Consultation and Communication:
The type and level of consultation required may be determined by the overall level of risk within units. Indicate within the appropriate boxes whether consultation occurred and if so the methods used and reasons for the consultation. Methods may include WHS Groups, Standing agenda item, Individual meetings, specific meetings. Reasons may be from general WHS recommendations/ management to specific issues.

<table>
<thead>
<tr>
<th>Consultation</th>
<th>Methodology</th>
<th>Reasons</th>
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</thead>
<tbody>
<tr>
<td>Yes</td>
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<tr>
<td>Not this period</td>
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<tr>
<td>(Delete One)</td>
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</tbody>
</table>

This is to certify that the preceding WHS information is a true reflection of activities undertaken by this Unit within the reporting period.

HOS/ Director/ Senior Manager

Printed Name: ________________________  Signature: ________________________
Telephone Ext.: ________________________  Submission Date: ________________________