MASTER BUILDERS
AUSTRALIA

WHS Emergency Preparedness, Worker Health & Incident Management

Accreditation Readiness Workbook | September 2026

Practical guidance and tools for residential and construction businesses preparing for OFSC WHS Accreditation.

How to use this workbook

Understand what good emergency preparedness, worker health and incident management look like, test your current readiness and build a stronger evidence trail.

PURPOSE
Use this workbook to understand what good emergency preparedness, worker health and incident management look like in practice, identify gaps, strengthen evidence and prepare project teams for accreditation audit conversations.

What you should get from it

- Project-specific emergency scenarios, response arrangements and designated emergency roles.
- Project-specific identification and control of construction health hazards, exposure monitoring and health surveillance.
- Consistent incident reporting, notification and investigation by appropriately trained people.
- Corrective actions, emergency and incident reviews that have owners, due dates, verified close-out and lessons learned.
- Evidence that emergency, worker-health and incident-management requirements are implemented, tested and reviewed in practice.

A simple way to work through the resource

01
UNDERSTAND
Know what accreditation-ready emergency, health & incident management looks like.

02
CHECK
Test your current systems and evidence.

03
STRENGTHEN
Use the practical tools to close priority gaps.

04
EVIDENCE
Build a traceable record of implementation.

05
PREPARE
Practise the conversations people may need to have at audit.

IMPORTANT
OFSC accreditation does not replace State or Territory WHS/OHS legislation. Applicable jurisdictional emergency, first aid, health-monitoring, hazardous-chemical, incident notification and investigation duties continue to apply. This workbook focuses on additional OFSC readiness evidence a builder may need to demonstrate. It does not guarantee accreditation or legal compliance.

DISCLAIMER
Readiness resource only. Confirm current OFSC criteria and the WHS/OHS requirements applying in each project jurisdiction, including emergency, first aid, exposure monitoring, health surveillance, hazardous chemicals, incident notification and investigation requirements.

01

Why emergency preparedness, worker health and incident management matter

For OFSC accreditation, emergency preparedness, worker health and incident management are demonstrated by implementation evidence, not plans, registers and forms alone.

The Residential Builders' Guide tests whether foreseeable emergencies are identified and tested, health hazards are assessed and monitored, hazardous chemicals are controlled, incidents are reported and investigated, and corrective actions lead to improvement.

ACCREDITATION LENS
The audit process looks beyond emergency plans, health registers and incident forms. It tests whether foreseeable emergencies are project-specific and tested, health risks are assessed and monitored, incidents are investigated effectively, and findings lead to verified improvement.

What this means in practice

DOCUMENTED	Your system defines emergency scenarios and responses, health-hazard assessment and monitoring, incident reporting/investigation and corrective-action requirements.
PROJECT-SPECIFIC	Emergency and health arrangements reflect actual project hazards, work stages, location, people and subcontractor interfaces.
TESTED	Emergency drills, field verification and monitoring test whether arrangements and controls work in practice.
RECORDED	Drills, health assessments, monitoring reports, incident investigations, notifications and corrective actions create a traceable evidence trail.
IMPROVED	Findings from drills, monitoring, incidents and investigations lead to action, review and verified improvement.

Where this category maps to the OFSC guide

- WH13.1-WH13.9 - project-specific emergency identification, procedures, communication, designated personnel, scenario-based drills, first aid, emergency equipment and critical incident arrangements.
- WH14.1-WH14.5 - health-hazard assessment, exposure monitoring, health surveillance/monitoring, measuring equipment and hazardous chemicals.
- WH15.1-WH15.2 - incidents and near misses are reported, recorded, investigated by trained people and externally notified where required; investigations identify causal factors and trigger system review.
- WH15.3 - corrective actions have responsible owners, target dates, verified close-out and organisation-wide lessons learned.

02

What good looks like

Compare your current practice with stronger accreditation-ready practice. The aim is to connect emergency readiness, worker health, incident response and corrective action to real project evidence.

AREA	WEAK / INFORMAL PRACTICE	STRONGER ACCREDITATION-READY PRACTICE
Emergency planning	One generic emergency plan is reused.	Foreseeable project-specific emergencies are identified and response arrangements are matched to current work, access and rescue needs.
Drills & roles	Only evacuation is drilled; roles are generic.	Scenario-based drills test credible emergencies; designated personnel understand project-specific roles and actions are closed out.
Worker health	Dust, noise or chemicals appear in a general risk register.	A competent project health-hazard assessment identifies exposures, controls and monitoring or health-surveillance triggers.
Hazardous chemicals	A chemical register and SDS folder are maintained.	Chemicals are assessed, controlled, stored and used safely, including subcontractor chemicals, with field verification.
Incident reporting	People complete an incident form after an event.	Clear reporting, escalation and external-notification triggers are understood and applied.
Investigation & learning	Investigations describe what happened and actions are closed administratively.	Trained investigators identify causal factors; management reviews significant events; actions are owned, verified for effectiveness and lessons are shared.

03

Your four readiness levels

Use the level that best describes the consistency and evidence behind your current emergency, worker-health and incident-management system.

1

NONE AT ALL | Establish

What it means: No consistent project emergency, worker-health or incident-management process is evident.

Your focus: Define minimum arrangements, responsibilities, assessment methods, reporting triggers and evidence requirements.

2

GETTING STARTED | Implement

What it means: Some arrangements exist, but they may be generic, reactive, person-dependent or inconsistently recorded.

Your focus: Make processes project-specific, repeatable and supported by usable records.

3

BUILDING THE FOUNDATIONS | Embed

What it means: Core systems are established, but consistency across projects, drills, health monitoring, investigations or action close-out needs strengthening.

Your focus: Standardise, monitor and verify that arrangements operate as intended.

4

STRENGTHENING IMPLEMENTATION | Assure and improve

What it means: Systems are operating and evidence is available. The focus is on quality, effectiveness and continuous improvement.

Your focus: Analyse trends, test response capability and control effectiveness, and use findings to improve the WHSMS.

DO NOT TREAT A HIGH SCORE AS COMPLETION

A strong diagnostic result means the business appears to have stronger foundations. Formal accreditation still depends on the OFSC application and audit process.

04

Emergency, Worker Health & Incident Management Readiness Check

Use Yes / Partly / No and note the evidence you can actually produce. If you answer Yes but cannot locate current evidence, treat the item as Partly until the evidence trail is clear.

#	READINESS QUESTION	Y / P / N	POSSIBLE EVIDENCE
1	Are foreseeable project-specific emergencies systematically identified and response arrangements documented?	Yes [ ] Partly [ ] No [ ]	Emergency assessment; project plan; risk register
2	Are emergency roles, alarms, access, assembly points, first aid and specialist rescue arrangements communicated and current?	Yes [ ] Partly [ ] No [ ]	Induction/prestart records; role list; emergency plan
3	Are scenario-based emergency drills scheduled, evaluated and followed by corrective action?	Yes [ ] Partly [ ] No [ ]	Drill schedule; drill records; action close-out
4	Are first aid and emergency equipment needs assessed for the project and inspection/maintenance recorded?	Yes [ ] Partly [ ] No [ ]	Assessment; equipment register; inspection/test records
5	Is there a project-specific assessment of biological, physical and chemical/atmospheric worker health hazards?	Yes [ ] Partly [ ] No [ ]	Health-hazard assessment; project risk register
6	Are exposure monitoring and health surveillance/monitoring triggered, completed and reviewed where required?	Yes [ ] Partly [ ] No [ ]	Monitoring reports; provider competency; health-monitoring records
7	Are hazardous chemicals, including subcontractor chemicals, assessed and controlled before and during use?	Yes [ ] Partly [ ] No [ ]	Chemical register; Safety Data Sheet(SDS) ; risk assessment/Safety Work Method Statement (SWMS); storage checks
8	Are incidents and near misses reported, recorded and escalated using defined thresholds?	Yes [ ] Partly [ ] No [ ]	Incident procedure; register; escalation records
9	Are external regulator/OFSC/client notifications made where required and evidence retained?	Yes [ ] Partly [ ] No [ ]	Notification record; regulator correspondence
10	Are investigations undertaken by appropriately trained people and proportionate to event significance?	Yes [ ] Partly [ ] No [ ]	Investigator training; investigation reports

11	Do investigations identify causal factors and review relevant systems, controls, supervision and competency?	Yes [ ] Partly [ ] No [ ]	Investigation analysis; revised risk/SWMS/system records
12	Does management review significant incidents, trends and recurring themes?	Yes [ ] Partly [ ] No [ ]	Management review minutes; trend report
13	Do corrective actions have owners, due dates, escalation and verified close-out?	Yes [ ] Partly [ ] No [ ]	Action register; close-out evidence; overdue escalation
14	Are significant corrective actions checked for effectiveness rather than completion only?	Yes [ ] Partly [ ] No [ ]	Follow-up verification; repeat inspection/monitoring
15	Are lessons from emergencies, health findings and incidents communicated and used to improve other projects?	Yes [ ] Partly [ ] No [ ]	Lessons learned; toolbox/briefing; WHSMS updates

USE THE EVIDENCE TEST

If the process exists but you cannot locate a recent project implementation record, treat the item as Partly until the evidence trail is clear.

05

Tool 1: Roles & accountability

Use this matrix to make emergency, worker-health and incident-management responsibilities explicit. Adapt role titles to your structure and retain evidence that responsibilities are carried out.

ROLE	WHAT THEY ARE ACCOUNTABLE FOR	EVIDENCE TO RETAIN
Director / CEO / Managing Director	Set expectations and resources; review significant emergency, health and incident risks; oversee critical incidents and systemic actions.	Management reviews; decisions; critical-incident oversight; action follow-up.
Senior operational leader / Construction Manager	Verify project arrangements; escalate cross-project risks; review drills, health exposures, serious incidents and recurring trends.	Project reviews; drill/incident reviews; trend reports; assurance visits.
WHS Manager / Adviser	Maintain systems; advise on emergency, exposure and incident requirements; coordinate monitoring, investigations, reporting and lessons learned.	Procedures; monitoring reports; investigation records; system updates.
Project Manager	Implement project emergency and health arrangements; ensure incident reporting, investigations and corrective actions are completed.	Project plans; assessments; drill records; incident/action records.
Site Manager / Supervisor	Communicate emergency arrangements; verify controls; respond to incidents; preserve scenes where required; consult workers and escalate issues.	Prestarts; inspections; emergency records; incident reports; consultation.
Workers / Subcontractors	Follow controls; understand emergency response; report hazards, exposures, incidents and near misses; participate in drills and investigations.	Inductions; drill participation; hazard/incident reports; feedback.

MINIMUM DECISIONS TO DEFINE

Define who identifies project emergency and health hazards; who can nominate specialist monitoring or rescue requirements; who receives and escalates incidents; who is trained to investigate; who can approve significant corrective actions; and where evidence is retained.

06

Tool 2: Emergency, worker health & incident management review

Use this review to connect emergency readiness, health exposures, incidents, corrective actions and lessons learned. The purpose is to make decisions, not simply receive statistics.

AGENDA ITEM	QUESTIONS TO ASK	DECISION / ACTION
Emergency scenarios	What credible emergencies apply at this project stage? What has changed?	Owner: _____ Due: _____ Evidence: _____
Drills & response	What was tested? What failed or was delayed? Are actions closed and effectiveness verified?	Owner: _____ Due: _____ Evidence: _____
First aid / equipment	Do current project conditions require different first aid, emergency or specialist rescue capability?	Owner: _____ Due: _____ Evidence: _____
Health hazards	What current exposures require stronger controls, monitoring or health surveillance?	Owner: _____ Due: _____ Evidence: _____
Hazardous chemicals	Are new substances/processes or subcontractor chemicals introducing exposure or emergency risks?	Owner: _____ Due: _____ Evidence: _____
Incidents & near misses	What serious-potential events, trends or recurring themes need escalation?	Owner: _____ Due: _____ Evidence: _____
Notifications	Were required regulator, OFSC, client or other notifications made and recorded?	Owner: _____ Due: _____ Evidence: _____
Investigations	Are investigations timely, appropriately resourced and identifying causal factors/system gaps?	Owner: _____ Due: _____ Evidence: _____
Corrective actions	Which actions are overdue, recurring or not yet verified as effective?	Owner: _____ Due: _____ Evidence: _____
Lessons & improvement	What needs to change across other projects, procedures, training or controls?	Owner: _____ Due: _____ Evidence: _____

07

Tool 3: Project emergency, health & incident verification

Use this site-based check to verify that emergency arrangements, health controls and incident-management processes are visible in the field and understood by project teams and workers.

Project		**Reviewer**	
Date		**Site contact**	

Ask, observe and verify

FOCUS	PROMPT	NOTES / ACTION
Emergency readiness	Ask a worker what they would do in a current credible emergency. Does the answer match the project plan?	
Emergency roles / equipment	Select one scenario. Are responsible people, communication, access and required equipment available and current?	
Health exposures	What health hazards could affect today's work? Show the controls and any monitoring decision.	
Hazardous chemicals	Select one chemical/process. Is the SDS current and does actual storage/use match the assessed controls?	
Incident reporting	Ask how a hazard, near miss or incident is reported and escalated. Can the team show a recent example?	
Investigation	Select one recent incident/near miss. Was it investigated by a trained person and were causal factors identified?	
Corrective actions	Select one significant action. Was it completed, evidence retained and effectiveness checked?	
Learning / change	Show where a drill, monitoring result or incident led to changed controls, communication or WHSMS requirements.	

EVIDENCE TO KEEP
Record who participated, what emergency/health/incident evidence was reviewed, observations, worker discussions, actions, notifications and follow-up.

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Build your evidence chain

For each requirement, connect the documented process to a recent implementation record. Strong evidence is traceable from expectation, to action, to review and follow-up.

01	02	03	04
EXPECTATION	IMPLEMENTATION	EVIDENCE	REVIEW

Accreditation evidence map

REQUIREMENT	DOCUMENTED PROCESS	IMPLEMENTATION TEST	POSSIBLE EVIDENCE
Emergency identification & plans	Emergency procedure / project assessment	Foreseeable scenarios identified and project arrangements current	Emergency assessment; project plan; risk register; review history
Emergency roles & drills	Emergency communication / drill process	Roles are project-specific; drills test credible scenarios and actions close	Induction; role list; drill schedule/record; action evidence
First aid & emergency equipment	Assessment / inspection process	Needs match project conditions and equipment remains ready	First aid/equipment assessment; inspection/test/maintenance records
Worker health hazards	Health-hazard assessment process	Project exposures identified, controlled and reviewed	Health assessment; risk register; inspections; worker consultation
Exposure / health monitoring	Monitoring trigger and provider process	Monitoring decisions are traceable and results lead to control review	Monitoring reports; provider competency; health-monitoring records
Hazardous chemicals	Chemical identification / control process	Actual site use, storage, worker information and emergency controls match assessment	Register; SDS; risk assessment/SWMS; training; storage checks
Incident reporting & notification	Incident management procedure	Events are recorded, escalated and externally notified where required	Incident register; notifications; correspondence; escalation records
Investigation & causal analysis	Investigation procedure / competency requirements	Trained people investigate and identify system/control causal factors	Investigation report; training record; evidence reviewed; management review
Corrective action & learning	Corrective-action / lessons process	Actions are owned, verified for effectiveness and lessons shared	Action register; effectiveness check; lessons learned; WHSMS/project updates

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Auditor lens: questions to be ready for

The goal is not scripted answers. People should be able to explain how emergency, worker-health and incident-management systems operate and point to recent project evidence.

WHO	PRACTICE QUESTION
Project manager	Show me how this project identified foreseeable emergencies and health hazards, and when those assessments were last reviewed.
Site supervisor	What emergency scenario is most credible right now, and what would you do if it occurred?
Worker / subcontractor	What emergency arrangements and health hazards have you been told about for your work? How do you report an incident or near miss?
Emergency role holder	What is your role in a site emergency and what project-specific instruction or training have you received?
WHS / project team	Show a drill or exposure-monitoring result and what changed as a result.
Investigator	Show a recent investigation. What causal factors were identified and which systems or controls were reviewed?
Senior manager	How do you know serious incidents, health exposures and emergency-response weaknesses are being addressed across projects?
Project manager	Show one significant corrective action from a drill, health finding or incident and how effectiveness was verified.

Common gaps to look for

- Emergency plans are generic, are not linked to current project hazards, or only evacuation is tested.
- Drill records exist but do not evaluate effectiveness, close actions or test credible project scenarios.
- Health hazards are listed, but exposure monitoring, health surveillance or hazardous-chemical controls are not linked to actual project exposure.
- Incident forms exist, but reporting thresholds, external notifications or investigation requirements are unclear.
- Investigations identify what happened but do not identify causal factors or prompt review of relevant systems.
- Corrective actions are marked complete without checking effectiveness or communicating lessons learned.
- Emergency role holders or investigators do not have defined project-specific instruction, competency or training.
- Emergency, health and incident records exist, but responsibilities, review triggers and evidence locations are inconsistent.

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Your 30 / 60 / 90-day action plan

Choose only the highest-value gaps. The purpose is to create a credible evidence trail quickly, not to generate unnecessary documents.

WHEN	PRIORITY ACTION	OWNER	DUE	EVIDENCE OF COMPLETION
0-30 days				
31-60 days				
61-90 days				

TIP

Prioritise actions that improve both implementation and the evidence trail. Strengthen existing project records before creating new accreditation-only forms.

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Suggested sequence if you are starting from a low score

Build the emergency, worker-health and incident-management system in a logical order, then test whether the evidence chain holds together.

FIRST	Define project emergency identification, health-hazard assessment and incident-reporting/notification responsibilities.
SECOND	Make emergency arrangements project-specific; confirm roles, first aid/equipment needs, health controls and reporting thresholds.
THIRD	Run scenario-based drills, implement exposure/health monitoring where required, and ensure investigators have defined training.
FOURTH	Review incidents and monitoring results; close corrective actions and verify effectiveness in the field.
FIFTH	Review 60 to 90 days of evidence and fix gaps in testing, communication, investigation quality, action close-out or cross-project learning.

READINESS TEST

At the end of 90 days, select one active project and trace one emergency scenario, one worker-health hazard and one incident/near miss from documented requirements through implementation, evidence, review and verified follow-up. Any break in the chain is your next improvement priority.

How to use this workbook with the WHS Readiness Diagnostic

DIAGNOSTIC RESULT	USE THIS WORKBOOK TO...
None at All	Establish minimum project emergency, worker-health and incident-management arrangements and start building evidence.
Getting Started	Make arrangements project-specific, define monitoring/investigation triggers and retain consistent implementation records.
Building the Foundations	Test whether drills, health controls, investigations and action close-out are embedded across projects.
Strengthening Implementation	Use trends, auditor questions, scenario testing and effectiveness checks to improve system reliability.

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Reference points and use notes

Keep the resource proportionate, use existing records wherever possible and confirm current requirements before relying on this workbook.

Primary OFSC reference

Office of the Federal Safety Commissioner, WHS Accreditation Scheme Audit Criteria: Residential Builders' Guide. Relevant criteria are WH13.1 to WH13.9, WH14.1 to WH14.5 and WH15.1 to WH15.3. The Guide emphasises documented processes and evidence of effective implementation.

Housing Australia context

The OFSC provides specific guidance for residential and head contractor builders tendering for Housing Australia funding under the Housing Australia Future Fund Facility (HAFFF) and National Housing Accord Facility (NHAF). Depending on the project and applicable exemptions, the Scheme may require the head contractor builder to be accredited before Housing Australia can fund the building work.

KEEP IT PROPORTIONATE
Do not create separate OFSC-only emergency, worker-health or incident systems where existing WHS records already demonstrate the required activity. Strengthen project-specific assessment, testing, traceability and follow-up. For SMEs, use existing risk registers, emergency plans, monitoring reports, incident records and action systems wherever they meet the need.

Useful official sources

- Residential builders undertaking Housing Australia projects - www.fsc.gov.au/residential-builders-undertaking-housing-australia-projects
- Scheme criteria guidance explained for head contractor builders - www.fsc.gov.au/scheme-criteria-guidance-explained-head-contractor-builders
- What is the accreditation process? - www.fsc.gov.au/what-accreditation-process
- Does the Scheme apply to me and my project? - www.fsc.gov.au/does-scheme-apply-me-and-my-project