

On Show Ready To Go

Branch Presentation Safety and Security Checklist

Qudos Bank

What	Who	When
The On Show Ready To Go checklist helps ensure that Branches meets its Work, Health & Safety legislative requirements by adopting good housekeeping practices with a goal to achieve zero injuries and illness to all persons at its workplace including contractors, visitors and the public.	<p>This checklist must be completed by the Senior Personal Banker or representative to help identify any potential hazards that may exist within your branch and in turn, assess & eliminate or effectively control the risk where a hazard has been identified.</p> <p>The On Show Ready To Go checklist must be forwarded to Property Services upon completion with a copy retained at the workplace within the Branch Security Folder (indefinitely) as proof of completion.</p>	<p>The On Show Ready To Go checklist is formally completed on a quarterly basis (End of March, June, September and December) with comments, actions and expected date of completion when any housekeeping items are identified.</p> <p>Copies of Property Services / IT workflow items are to be attached as evidence of completion.</p>

Date checklist completed:

Names (s) of person(s) who completed this checklist:

Initial:

Position Title:

Branch/ Department:

Security	Comment/ action By Date	
Is the Master Key Register up to date listing all current key holders holding them at all times and Property Services informed of any changes (if required)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are the emergency procedures and evacuation points clearly displayed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are signs clearly visible to indicate security measures are in place e.g. Decals on front door (CCTV, Time Delay Cash & Monitored Alarm Systems)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the automatic door (opening/ closing) operating correctly? Date of last maintenance.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the emergency phone number clearly displayed by every telephone	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are the back doors leading to the back of house / staff area kept locked at all times	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are staff aware on "How to activate duress alarms" in the event of an emergency e.g. Hold up	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is cash kept in a secured place out of the view of customers / visitors	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are the cash safe and drop safe in good working order	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the branch cash safe kept locked at all times especially during business hours unless access is required	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are member files (& other relevant documentation) stored & kept in a secured location away from public view throughout the day and then locked away at night.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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Security		Comment/ action By Date
Are the cash safe/ TCR combinations changed on a quarterly basis / or when a staff member leaves the branch with Sales & operations advised of the change. Last date changed.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the TCR 6 monthly service been undertaken / completed by Glory. Date of service.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the testing maintenance of the Alarm Systems (including duress points) been performed on a weekly basis. Register pages noted (where applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Floors/ aisles/exits		Comment / action By date
Are entrances and steps in good order	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are floor surfaces clean and not slippery	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are floor surfaces even with no cracks, dips or holes? (including no loose tiles, mats, floorboards or carpet that is torn)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are ramps designed to prevent slips and falls (if applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are computers and other electrical leads and cables kept clear of aisles and walkways?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Housekeeping:		Comment / action By date
Are walkways and doorways clear of obstructions e.g. boxes, extension cords, rubbish bins and litter?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are spills cleaned up immediately?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Stairs /landings/ lifts		Comment / action By date
Are stairways kept clear of boxes, equipment and other obstructions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the tread on stairs adequate to minimise slipping?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the foot-space on each stair adequate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are the fire stairs easily accessible?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the lift operational and reliable? (if applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the lift regularly maintained with maintenance log held? Date of last maintenance.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Lighting and Indoor Climate		Comment / action By date
Are work areas, walkways, exits and stairs well lit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Lighting and Indoor Climate (cont)		Comment / action By date

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Is the temperature maintained at appropriate (comfortable) level throughout the branch?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is the ventilation in the branch / department adequate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Has the air conditioning maintenance check been performed this quarter? Date completed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is the external lighting sufficient?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Hygiene		Comment / action By date	
Are the Toilet facilities adequate and clean?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are the kitchen facilities adequate and clean?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Security- General Housekeeping		Comment / action By date	
Are the work areas (including Reception/ Member Services Area, Tellers Boxes, Loans Workstations) kept clean & tidy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are materials and equipment stored safely	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are the rubbish bins / recycled paper bins emptied regularly	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is there procedures in place for cleaning up spills and breakages	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is the visitors book maintained and updated when visitors attend the branch- this includes contractors / workman	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
First Aid Facilities		Comment / action By date	
Is the first aid kit easily accessible to all staff, contents clean, orderly and adequately stocked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is there a First Aid Officer in place with name clearly displayed? (where required)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is there a "Register of Injuries" held to record incidents in the workplace including near misses, accidents and injury reports- NOTE: forms to be sent to Human Resources upon completion	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are staff aware of how to report injuries i.e. is there incident reporting procedures in place	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Workstations/ Office Furniture		Comment / action By date	
Are desks and workbenches at a comfortable / correct height	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are chair backs and seat heights adjustable for height and lumbar support to suit the individual using them	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is office equipments (such as computers screens) adjusted to avoid strain?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are all chairs (including visitors) in good condition	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Manual Handling		Comment / action By date	

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Are heavy objects stored appropriately?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are frequently used work items located within a comfortable reach	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are filing cabinets and shelves being overloaded with heavy files / boxes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is a step ladder available to reach items on a high level	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have staff been fully informed about applying the correct body posture and lifting techniques when bending, carrying, pulling, pushing and reaching for items	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Electrical:		Comment / action By date	
Are all power points, light fittings and switches in a safe place and free of obvious defects?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Check if they are mounted securely, there is no loose covers or wires, broken or damaged fittings, or signs of overheating.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are electrical leads and power boards maintained in a safe operating condition? E.g. power boards are not overloaded and cords free of kinks, frays, loose or exposed wires or leads.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are the electrical fittings and electrical equipment regularly inspected or tested and tagged as safe? Date of last maintenance.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are records kept of all electrical inspections, testing and repairs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Fire		Comment / action By date	
Have Fire Extinguishers, hose reels etc been clearly marked for type of fire etc, serviced and tagged within the last six (6) months. Date of last maintenance /test.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
IT Equipment		Comment / action By date	
Is IT equipment all operational- i.e. PC's, Printers / Fax Machine and Comms Rack	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are the Member Internet Banking Kiosks in working order	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Occupational Violence- Lone / Isolated Workers		Comment / action By date	
Is regular communication / contact made with staff working alone/ isolated	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have lone / isolated workers been trained in emergency response requirements	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Evacuation		Comment / action By date	
Have you identified emergencies that may require an evacuation of the working area? e.g. Fire, bomb threat, flooding	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Evacuation (cont)		Comment / action By date	
Has an evacuation warden been appointed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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Have you identified how people will evacuate from the workplace? (E.g. the shortest and most direct route for safety, the routes people should use how people with disabilities would evacuate?)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you have an assembly place after evacuation?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Is there a procedure in place to ensure everyone (including customers, visitors and contractors) are accounted for	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Have you identified a signal that gives the all clear to return, and nominate who will give it?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Have you established re-entry management procedures?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are the emergency exit doors clearly signed?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are emergency procedures displayed in your workplace?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Have all staff been informed about the emergency procedures and fully briefed where necessary	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Have staff been informed about procedures on how to handle bomb threats, armed hold ups, and abusive telephone calls.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Date last emergency evacuation /fire drill took place.....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Footwear and Clothing	Comment / action By date			
Is the footwear worn by the staff suitable for the workplace	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
General Maintenance / Office Equipment	Comment / action By date			
Is Back of House / staff area/ internal offices clean and tidy	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are the blinds/ ceiling tiles in good condition	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Is the ATM area clear and clean of rubbish	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are front windows / fascias (both external and internal) clean	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Is the water cooler operable and been serviced within the last 6 months. Date of service.....	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Marketing	Comment / action By date			
Are all posters, brochures and advertisements current (refer Campaign and Resource Library)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Is the Marketing display TV monitor operational and displaying Qudos Bank current campaigns and rates	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

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CORRECTIVE / PREVENTATIVE ACTION CONTROL HIERARCHY

Risk Assessment Form (based on Workcover Hazpack model)					HIERARCHY OF RISK CONTROL
How dangerous is the hazard you've found? For each hazard, think about:					
How serious is it?		How likely is it to be that bad?			1 st Eliminate the hazard 2 nd Substitute the hazard with something of lesser risk 3 rd Isolate the hazard 4 th Use engineering controls 5 th Use administrative controls 6 th Use protective personal clothing equipment
How severely could it hurt someone or how ill could it make someone?	++ Very likely Could happen any time	+ Likely Could happen sometime	- Unlikely Could happen but very rarely	-- Very Unlikely Could happen but probably never will	
Kill or cause permanent disability or ill health	1	1	2	3	
Long Term Illness or serious injury	1	2	3	4	
Medical attention and several days off work	2	3	4	5	
First Aid needed	3	4	5	6	
The numbers show you how important it is to do something: 1 & 2 Top priority: Do something immediately and report immediately 3 & 4 Medium priority: Review and consider control measures 5 & 6 Low priority: Do something when possible					

Action required:

If any housekeeping item was rated "NO", use attached risk control hierarchy to assign and action priority:

Item 1-Corrective / Preventative Actions:

Housekeeping item- Clearly describes identified hazard / risk.
Rating number:
Location of hazard:
What risk does it pose?
What steps have you taken to minimise the immediate risk?
Further Recommended Action (solutions to the problem including short and long term solutions).

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Item 2- Corrective / Preventative Actions:

Housekeeping item- Clearly describes identified hazard / risk.
Rating number:
Location of hazard:
What risk does it pose?
What steps have you taken to minimise the immediate risk?
Further Recommended Action (solutions to the problem including short and long term solutions).

Item 3-Corrective / Preventative Actions:

Housekeeping item- Clearly describes identified hazard / risk.
Rating number:
Location of hazard:
What risk does it pose?
What steps have you taken to minimise the immediate risk?
Further Recommended Action (solutions to the problem including short and long term solutions).

NOTE: If additional corrective / preventative action items required please copy additional sheet and attach.

Signature Senior Personal Banker/ Representative:..... Date:/...../.....

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