

SITE SPECIFIC SAFETY PLAN



Contaminated Site Remediation

1. Site Specific Safety Plan Checklist

To be completed and handed to Principal/Site Management prior to commencement of work on site

To: Demolition Solutions Ltd

For: St Albans School

From: Contaminated Site Remediation

For: ACM cladding and soffit removal
Blocks 7 and 20

We undertake as follows:

1. Workplace Control and Management:

On site Safety Representative (SR) for this project is: - **Hamish Cormack 021 02601500**

The person in control of the workplace is: Demolition Solutions Ltd

2. Notifiable Works:

We have Notifiable Works associated with our Sub-Contract

Actioned?

Yes No

DoL has been advised of our Notifiable Works

Yes No

(A copy of the Notification must be attached)

3. Hazard Management:

We will maintain an onsite Hazard Register of all existing and new hazards and appropriate controls

Yes No

Written Task Analysis covering all significant hazards associated with our works to be prepared in conjunction with employees and provided to site management before any work involving that hazard commences on site

Yes No

Are there hazardous products/processes associated with our sub-contract works?

Yes No

(If yes, the appropriate Material Safety Data Sheets must be attached)

4. Communication/Employee Participation:

The methods of communicating safety information to our employees are by: *(tick methods used)*

<input checked="" type="checkbox"/> Toolbox Talks	<input checked="" type="checkbox"/> Pre-task Planning Meetings	<input checked="" type="checkbox"/> Health and Safety Meetings	<input checked="" type="checkbox"/> Co-ordination Meetings
Frequency Weekly	Frequency As Required	Frequency Weekly	Frequency Weekly

OtherFrequency

5. Emergencies:

Our first aid kit is located: **Site office**

Our First Aid person is: **George Gallagher**

We have trained First Aid personnel and procedures in place on site to render assistance in the event of an accident/ emergency

Yes No

An Emergency Plan for all hazardous products and processes we have said yes to in Section 3 is attached. Yes No

In the event of a site emergency or evacuation our personnel will report to our SR and assemble at the evacuation area shown on the Project Emergency Evacuation Plan

Yes No

6. Accident/Incident: Reporting/Investigation/Recording:

We have an Accident/Incident Reporting/Investigation system in place and keep an Accident Register

Yes No

We will immediately notify all serious harm accidents to site management and follow up within 7 days with a completed copy of the Accident Report and Investigation

Yes No

7. Safety Inspections and Safety Reviews:

We agree to undertake safety inspections and reviews at the intervals required by the Safety Activity Register

Chart

Yes No

A sample of documentation of our Safety Inspections is attached

Yes No

8. Training/Induction:

All persons under our control hold a current Site Safe Passport, Workplace Safety – “Advanced Passport” or Supervisor Gold Card **Yes** **No**

(See attached Training Register – Form 13)

All persons under our control on site are given a Site Specific Safety Induction **Yes** **No**

All persons under our control on site are appropriately qualified, competent or fully supervised **Yes** **No**

9. Sub-contractors:

Will you have sub-contractors working for you on this project? **Yes** **XNo**

If yes, then attach a schedule of details for all sub-contractors and agree to provide to the site management completed SSSP’s from all sub-contractors for approval before they be allowed to work on the site **Yes** **No**

Signed: **Name:**

Date:

(Sub-Contractor Representative)

Signed: **Name:**

Date:

(Principal/Site-Project Manager)

Sub-Contractor Notes: All Subcontractors to Supply SSSP prior to working on-site

3.Hazard Register

IDENTIFIED HAZARD	POTENTIAL HARM	SIGNIFICANT HAZARD		E	I	HAZARD CONTROLS	REGULAR CHECK OF HAZARD CONTROLS IN PLACE				
		Yes	No				Training Required	Date Checked	Date Checked	Date Checked	Date Checked
Alcohol and Drugs	Various	X		X		<ul style="list-style-type: none"> Prohibited on all sites 					
Animals	Tripping / Bites	X		X		<ul style="list-style-type: none"> No animals on site 					
Asbestos	Respiratory	X			X	<ul style="list-style-type: none"> Use correct PPE and disposal techniques – see COP Use approved contractors for disposal Overalls / Dust Masks Dispose in approved landfill Vacuum dust from trusses with HEPA Vac 					
Biological Hazards	Various	X			X	<ul style="list-style-type: none"> Avoid contact with sewerage Use PPE - Gloves, Long sleeves, Long pants, Footwear Wash hands prior to eating or smoking. Use Hand Sanitizer Eat in designated areas only Change clothes if in contact, launder work clothes daily Attend to cuts and abrasions immediately, cover them before starting work 					
Chemicals	Respiratory Problems / Allergic Reaction	X			X	<ul style="list-style-type: none"> Ensure chemicals are stored correctly, Correct PPE to be worn, gloves, eyewear MSDS to be available on site. Keep away from storm water / streams 					
Circular Saw	Eye Damage / Hearing Loss	X			X	<ul style="list-style-type: none"> Use eye protection and ensure blade in safe condition. Keep hands away from blade Hearing protection to be worn 					

Demolition Work	Various	X		X	<ul style="list-style-type: none"> • Refer to Demolition task analysis • Hard hats, safety footwear, eyewear,, hearing protection to be used • Area to be fenced or secured 					
Drop Saw	Eye Damage	X		X	<ul style="list-style-type: none"> • Use eye protection and ensure blade in safe condition • Blade guard in place • RCD in use • Keep hands away from blade • Hearing protection to be worn 					
Dust (non Asbestos)	Respiratory Problems	X		X	<ul style="list-style-type: none"> • Wear dust mask • Ventilate or leave area until safe • Wet area regularly • Ensure adequate ventilation. 					
Earthquake	Various	X		X	<ul style="list-style-type: none"> • Identify a safe zone in each work site • Go to safe zone, drop and cover • Wait for shaking to stop • Exit work area to safe assembly pint • Wait until accounted for • Obey the directions of the emergency controller 					
Electricity	Electrocution	X		X	<ul style="list-style-type: none"> • Ensure RCD units ASNZ 3012 used to isolate electricity • All power tools and leads to have a current test and tag (3 monthly) as per ASNZ3012 • Inspect equipment at each use for damage • Keep leads away from accessways • Do not use domestic rated power boxes 					
Excavations	Trip / Fall / Crush	X		X	<ul style="list-style-type: none"> • Fence off excavation areas • Identify safe slopes and control work areas • Assess soil type and stability • Avoid water accumulation • Be aware of and identify existing services • Materials 600mm from edge 					

						<ul style="list-style-type: none"> • Clearance from suspended loads • Use ladders to gain access to excavation • Safe egress provided out of excavation • Excavations deeper than 1.5m to be battered or shored 					
Excavators	Various	X			X	<ul style="list-style-type: none"> • Operators are trained and licenced • Ensure correct operating procedures are followed • PPE, Hi-Vis vests and Hard Hats are worn by staff in the vicinity of the excavator • Over head permits required if working under powerlines • Make eye contact with operator when approaching 					
Excessive Noise	Hearing Loss	X			X	<ul style="list-style-type: none"> • Hearing protection must be worn • Complete work out of hours when possible 					
Foot Injuries	Crushing, Lacerations	X		X		<ul style="list-style-type: none"> • Use PPE – Steel capped safety footwear • Keep work areas clean and tidy 					
Fumes	Respiratory	X			X	<ul style="list-style-type: none"> • Ensure adequate ventilation. • Use a respirator 					
General Machinery	Crushing, Lacerations	X		X		<ul style="list-style-type: none"> • Ensure operator trained and machine in safe condition • Ensure guards in place, regular maintenance. • Isolate work area 					
General Public	Various	X			X	<ul style="list-style-type: none"> • Ensure access to site is limited • Signage, barriers, safety tape is adequate. 					
Grinding tools	Eye Damage	X		X		<ul style="list-style-type: none"> • Use eye and hearing protection is used • Maintain to a safe condition • Ensure guards are in place • Have fire extinguisher on standby • Use two hands to hold • Secure item to be worked on • Ensure correct blade is used and correct rpm rating for the tool 					

						<ul style="list-style-type: none"> • Contact sparks • RCD in place 					
Hand / Power Tools	Laceration / Cuts	X		X		<ul style="list-style-type: none"> • Ensure the correct use of equipment. • Use RCD 					
Health / Medical	Various	X		X		<ul style="list-style-type: none"> • Report health conditions to supervisor 					
Ladders	Fall injuries	X			X	<ul style="list-style-type: none"> • Only use ladders for minor jobs, access and egress • Ensure ladders are checked and used in a safe manner • Secure ladders near top, foot at bottom • Maintain 3 points of contact whilst climbing ladder • Ladder to extend 1 metre past step off point • Angle for ladder to be 4:1 ratio • Do not use domestic grade ladders • Do not work any higher than the 3rd step from the top • Use scaffolding if possible. 					
Manual Handling	Back Stain/Sprain	X		X		<ul style="list-style-type: none"> • Use a machine where appropriate • Ensure correct lifting and work area set up to minimise awkward movements • Wear correct footwear • Limit loads • Bend your knees, maintain a straight back by keeping chin up • Warm up before lifting or pulling • Get assistance from colleagues for shifting heavy items • Ensure access / pathways are kept clear 					
Nail Guns / Staplers	Laceration / Cuts	X		X		<ul style="list-style-type: none"> • Check tool before using • Do not bump nail • Ensure direction of firing is clear • Eyewear and hearing protection to be worn • Operator to be trained 					

Nails in Waste Timber	Laceration / Cuts	X		X		<ul style="list-style-type: none"> Remove nails from waste timber 					
Noise	Hearing Loss	X			X	<ul style="list-style-type: none"> Use PPE – Hearing Protection Arrange noisy work so as to protect other workers Avoid dropping materials 					
Occupational Overuse	OOS	X		X		<ul style="list-style-type: none"> Take breaks where possible to relax muscle groups between repetitive tasks 					
Other contractors / Sub-contractors	Various	X		X		<ul style="list-style-type: none"> Complete sub-contractors induction Notify all staff of hazards brought onto site by subcontractors Update hazard board Monitor safety compliance 					
Overhead hazards	Crushing	X			X	<ul style="list-style-type: none"> Isolate area Secure items from falling Wear AS/NZS approved hard hats. 					
Paints / Thinners	Respiratory Problems / Allergic Reaction	X			X	<ul style="list-style-type: none"> Ensure paints and thinners are used and stored correctly Use gloves and eyewear Keep lids on containers Have MSDS available on site 					
Pneumatic Tools	Various	X			X	<ul style="list-style-type: none"> Check airlines are in a good condition Ensure gas cartridges are secure. Use correct ppe 					
Powder Actuated Fastening Tools	Laceration / Cuts	X			X	<ul style="list-style-type: none"> Ensure users are trained or supervised Licence to be held by operator Ensure eyewear and hearing protection is worn Check tool has an up to date certificate Use the correct charge for the job Ensure charges and the tool are secure when not in use Check material firing into Use warning signal Ensure site signage is in place 					

Power Saws	Laceration / Cuts	X		X	<ul style="list-style-type: none"> • Ensure tools are adequately guarded • Ensure eyewear and hearing protection is worn • RCD in place 					
Power tools / Leads	Laceration / Cuts	X		X	<ul style="list-style-type: none"> • Inspect regularly • Ensure items hold a current test and tag • Wear PPE • Gear tagged and tested as per ASNZ 3012 • Adequate guards • Use RCD 					
Reinforcing Rods	Penetration	X		X	<ul style="list-style-type: none"> • Ensure reinforcing rods are capped 					
Scaffolds	Falls from heights	X		X	<ul style="list-style-type: none"> • Ensure scaffold checked regularly for defects • Scaffolds to be certified and checked daily • Notify DoL if 5m or more 24 hours before erecting • 3:1 height to base ratio • Firm foundation • Plumb and level • Ladder access provided and used • Planks secured • Proper platform (3 planks/675 mm) • Guard rails and toe-boards 900-1100mm height within 300mm of working face, mid-rail • Use hard hats when working underneath • Toeboards to be positioned on all platforms • Ensure walkways and platforms are free of debris 					
Slip / Trip Hazards	Trip / Fall	X		X	<ul style="list-style-type: none"> • Ensure floor areas kept clear and dry at all times • Maintain access ways 					
Sun Exposure	Sun Burn, Cancer	X		X	<ul style="list-style-type: none"> • Provide sun block for staff • Make staff aware of the risks • Provide shelter and water for staff 					

Underground Services	Various	X		X	<ul style="list-style-type: none"> • Maintain current service plans on site • Ensure power, communications and water services are identified / located as per plans • Pot holes to locate services • Assume all services are live 					
Uneven Ground	Trip / Fall	X		X	<ul style="list-style-type: none"> • Level ground where possible • Identify open holes, cover or protect with barriers 					
Untidy Site	Trip / Fall	X		X	<ul style="list-style-type: none"> • Ensure all items are kept in a tidy and orderly manner • Maintain good housekeeping at all times • Waste bins to be used 					
Vehicles	Various	X		X	<ul style="list-style-type: none"> • Vehicles to be driven in a safe manner • Drivers to hold a current license • Vehicles to be maintained to WOF standard 					
Vibration	Circulation Problems	X		X	<ul style="list-style-type: none"> • Ensure, rest periods and correct maintenance of machinery. • Gloves to be worn 					
Waste materials blocking access ways (non Asbestos)	Trip / Fall	X		X	<ul style="list-style-type: none"> • Store materials and waste out of access areas. 					
Wind conditions	Various	X		X	<ul style="list-style-type: none"> • Materials are left secure or weighted down • Site is clean & tidy 					
Working at Height	Crushing, Lacerations	X		X	<ul style="list-style-type: none"> • Ensure correct use of ladders, scaffolds and safety harnesses • Training for harness use to US 15757 					

6. Toolbox Safety Meeting

An assortment of Toolbox Talks are available to Site Safe Members on the Site Safe Website: www.sitesafe.org.nz

PROJECT/SITE:	EMPLOYER: CSRL
FOREMAN/SUPERVISOR PRINCIPAL	DATE
Attendees:	Signatures of attendees:
Site activity/safe work practices/accident/incident investigations discussed:	
Employee issues raised:	Date to be resolved by:
Safe observations reviewed/discussed:	
Task Analysis completed/reviewed:	Date:

9. Emergency Plan and Procedures for Hazardous Work

PROJECT/SITE		EMPLOYER: CSRL
Potential Emergency Situations	List separately: Fire Injury Earthquake	Immediate Action <ul style="list-style-type: none"> Assess your own safety first Evacuate to assembly point for the building, make sure all staff exit and decontaminate first – letterbox out front Secondary Action <ul style="list-style-type: none"> Check everyone present Dial 111 and ask for Ambulance / Fire if necessary. If injured person is in the asbestos removal area you will need the fire dept, they have correct breathing apparatus. They will need to know: <ul style="list-style-type: none"> Your name Your cell phone number The location of accident How many people are injured / Status of injured people, what type of injuries they have if known Attend to the injured persons until emergency services arrive Secure the site Follow up <ul style="list-style-type: none"> Contact the Main Contractor Manager to give details of the accident Report the accident using Accident Report Form Assist in the Accident Investigation
Responsibilities	Personnel: Hamish Cormack	Key responsibilities: <ul style="list-style-type: none"> First aid Head count, control site
Evacuation Procedures		Assembly areas: letter box at the front of the site Alarms: Vehicle Horn – Continuous Blast, Loud shouting
Medical Treatment	First Aiders: George Gallagher Location of nearest medical centre: 2 Riccarton Ave, 3640640	Emergency services: <ul style="list-style-type: none"> <u>2 Riccarton Road, Christchurch (111)</u> Key sub-contractors' telephone numbers: George Gallagher 0275553179 Kylie Michelle 022 6599779
Training and Communication		Procedure to advise site staff: Site Coordination Meeting / Site Safety Inductions

9a. Emergency Plan and Procedures for Hazardous Work

Emergency Evacuation Plan

In the case of emergency requiring evacuation of the project, being:

FIRE, EARTHQUAKE, SERIOUS ACCIDENT, STRUCTURAL COLLAPSE, TSUNAMI, EXPLOSION, AVIATION INCIDENT, HAZARDOUS SPILL OR PRACTICE EVACUATION.

The following warning will sound:
Continuous Blast Air Horn / Vehicle Horn

***If this warning sounds, SHUT DOWN all plant and equipment.
All Personnel on the Project are to proceed IMMEDIATELY by the
SAFEST IDENTIFIABLE ROUTE to the SAFE ASSEMBLY POINT
All staff must decontaminate themselves before evacuating
Meet at the letterbox on the footpath***

And REMAIN there, so ALL Personnel can be ACCOUNTED FOR.

DO NOT RETURN to the Project until the Project Manager has given the
OFFICIAL CLEARANCE.

MEDICAL FACILITIES LOCATED AT:

24hr Surgery: Bealey Ave Medical Centre

When calling 111, read the following:

We have an emergency at:

We need help from Ambulance/Fire:

Directions to the emergency are:

Our phone number is:

The medical problem seems to be:

If there is an injured person inside the asbestos removal area, we must contact the fire dept as they have the correct breathing apparatus to assist with the emergency

Send someone outside to meet the emergency services

EMERGENCY TELEPHONE NUMBERS:

Dial 111 for:

FIRE, AMBULANCE, POLICE, GAS, CHEMICAL SPILLS

PHONE NUMBERS MAY DIFFER – CHECK YOUR LOCAL DIRECTORY

HOSPITAL	03 364 0640
DoL	0800 20 90 20
CIVIL DEFENCE	0800 22 22 00
POISON CENTRE	0800 764 766
POWER (Customer Service)	0508 832 867
24hr Faults	0800 363 9898
Sub-Contractors on Site:	

SAFETY MANAGER IS: Hamish Cormack

TRAINED FIRST AIDER IS: George Gallagher

FIRST AID KIT AND FIRE EXTINGUISHER LOCATED AT SIGN IN

10. Accident/Incident Register

PROJECT/SITE		EMPLOYER: CSRL				
Date and Time	Details (See example) Name of person (injured or observer) ▪ Description of accident/incident/near miss ▪ Cause of harm ▪ Type of injury/disease <i>(Delete that which does not apply)</i>	Immediate action taken ▪ First Aid ▪ Corrective action ▪ Review hazard register	Serious Harm Y/N	DoL Notified Y/N Date	Investigation actioned and documented Y/N (Separate form 12)	Investigation outcomes discussed at Safety Meeting on:

Notice or Record of Accidents/Serious Harm

Form of register or notification of circumstances of accident or serious harm

Required for section 25(1), (1A), (1B), and (3)(b) of the Health and Safety in Employment Act 1992

For non-injury accident, complete questions 1, 2, 3, 9, 10, 11, 14 and 15 as applicable

Particulars of employer, self-employed person or principal: (*business name, postal address and telephone number*)

2 The person reporting is:

- an employer a principal a self-employed person

3 Location of place of work:

(*shop, shed, unit nos., floor, building, street nos. and names, locality/suburb, or details of vehicle, ship or aircraft*)

4 Personal data of injured person:

Name	
Residential address	

Date of birth Sex (M/F)

5 Occupation or job title of injured person:

(*employees and self-employed persons only*)

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6 The injured person is:

- an employee a contractor (self-employed person)
 self other

7 Period of employment of injured person:

(*employees only*)

- 1st week 1st month 1-6 months
 6 months-1 year 1-5 years Over 5 years
 non-employee

8 Treatment of injury:

- None First aid only
 Doctor but no hospitalisation Hospitalisation

9 Time and date of accident/ serious harm:

Time am/pm
 Date Shift Day Afternoon Night

Hours worked since arrival at work
 (*employees and self-employed persons only*)

10 Mechanism of accident/ serious harm:

- fall, trip or slip hitting objects with part of the body
 sound or pressure being hit by moving objects
 body stressing heat, radiation or energy
 biological factors chemicals or other substances
 mental stress

11 Agency of accident/ serious harm:

- machinery or (mainly) fixed plant
 mobile plant or transport
 powered equipment, tool, or appliance
 non-powered handtool, appliance, or equipment
 chemical or chemical product
 material or substance
 environmental exposure (e.g. dust, gas)
 animal, human or biological agency (other than bacteria or virus)
 bacteria or virus

12 Body part:

- head neck trunk
 upper limb lower limb multiple locations
 systemic internal organs

13 Nature of injury or disease:

fatal

(*specify all*)

- | | |
|--|---|
| <input type="checkbox"/> fracture of spine | <input type="checkbox"/> puncture wound |
| <input type="checkbox"/> other fracture | <input type="checkbox"/> poisoning or toxic effects |
| <input type="checkbox"/> dislocation | <input type="checkbox"/> multiple injuries |
| <input type="checkbox"/> sprain or strain | <input type="checkbox"/> damage to artificial aid |
| <input type="checkbox"/> head injury | <input type="checkbox"/> disease, nervous system |
| <input type="checkbox"/> internal injury of trunk | <input type="checkbox"/> disease, musculoskeletal system |
| <input type="checkbox"/> amputation, including eye | <input type="checkbox"/> disease, skin |
| <input type="checkbox"/> open wound | <input type="checkbox"/> disease, digestive system |
| <input type="checkbox"/> superficial injury | <input type="checkbox"/> disease, infectious or parasitic |
| <input type="checkbox"/> bruising or crushing | <input type="checkbox"/> disease, respiratory system |
| <input type="checkbox"/> foreign body | <input type="checkbox"/> disease, circulatory system |
| <input type="checkbox"/> burns | <input type="checkbox"/> tumour (malignant or benign) |
| <input type="checkbox"/> nerves or spinal chord | <input type="checkbox"/> mental disorder |

14 Where and how did the accident/serious harm happen?

(*If not enough room attach separate sheet or sheets.*)

15 If notification is from an employer:

- (a) Has an investigation been carried out? yes no
 (b) Was a significant hazard involved? yes no

Signature and date _____ / ____ / ____
--

Name and position (<i>capitals</i>)
--

Check that the details on this copy are complete and forward it to your nearest DoL Office



Continuous Improvement Form

SECTION ONE					
Date:		Raised by:		CI Log No:	
Details:					
Tick Appropriate Box (√)					
H&S Hazard	Environmental Hazard	Customer Complaint	Supplier Problem	Staff Suggestion	Documentation
Management Rep Approval, Sign			Yes		No
Details:					
SECTION TWO					
Assigned Action:			To Whom	By When	
SECTION THREE					
Outcome:					
Sign upon completion					
SECTION FOUR					
Action Effective:					
Date of Closure:					
Comments:					
Sign upon completion					

12. Accident and Incident Investigation Report

EMPLOYER		BRANCH/DEPARTMENT				
NAME OF INVESTIGATOR						
PARTICULAR OF INCIDENT						
Day of Incident (circle) M T W T F S S		Time	Project/Site		Date Reported	
THE INJURED PERSON						
Name			Address			
Age		Phone number				
Reported date of incident			Length of employment		Time on job	
TYPE OF INJURY:	<input type="checkbox"/> Bruising	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Other (specify)	Remarks		
<input type="checkbox"/> Strain/sprain	<input type="checkbox"/> Scratch/abrasion	<input type="checkbox"/> Internal				
<input type="checkbox"/> Fracture	<input type="checkbox"/> Amputation	<input type="checkbox"/> Foreign body	Injured part of body			
<input type="checkbox"/> Laceration/cut	<input type="checkbox"/> Burn scald	<input type="checkbox"/> Chemical reaction				
DAMAGED PROPERTY						
Property/material damaged			Nature of damage			
			Object/substance inflicting damage			
THE INCIDENT						
Description						
Describe what happened (space overleaf for diagram - essential for all vehicle incidents)						
Analysis						
What were the causes (root and contributing causes) of the Incident?						
Root Causes - Safety System Failures						
Contributing Causes - Unsafe Acts and Conditions						
Prevention						
What action has or will be taken to prevent a recurrence? Tick items already actioned (Use space overleaf if required)				Completed ✓ X	By Whom	When
TREATMENT AND INVESTIGATION OF INCIDENT						
Type of treatment given		Name of person giving first aid		Doctor/Hospital		
Incident investigated by			Date	DoL advised Yes / No	Date	

Signed by: Employer.....and Employee.....

13. Safety Training and Competency Register

PROJECT/SITE		EMPLOYER: CSRL										
Employee Details		Site Safe (see Key Below)			Skills and Trade Safety Training (see Key Below)							
Name	Safety Induction	Passport ID Number	Passport (exp date)	Supervisor Gold Card	COC	DG licence	Pathogen Biohazard	Asbestos exp.	Power Tools	First Aid Expiry	Height	EWP
Hamish Cormack	YES	425612	21/10/16		7126 exp 13/2/17		June 15	15 yrs	YES			
Kylie Michelle	YES	647849	11/07/18				June 15	3 yrs exp	YES			
Vasant Achari	YES	452334	21/10/16					18mths exp	YES			
George Gallagher	YES	378996	21/10/16		7398 exp 2/4/17		June 15	5 yrs	YES	24/11/16		
Grant Smith	Booked in	1/08/2016										
Evan Newton	Booked in	1/08/2016						2 yrs				
Liam	YES											

