



**ACT**  
Government

Chief Minister, Treasury and  
Economic Development

## Freedom of Information Disclosure Log Publication Coversheet

The following information is provided pursuant to section 28 of the *Freedom of Information Act 2016*.

Application Details	
Ref. No.	CMTEDDFOI 2025-441
Date of Application	8 December 2025
Date of Decision	17 February 2026
Processing time (in working days)	44
Fees	Waived
Decision on Access	Partial Release
<b>Information Requested (summary)</b>	Information relating to incident, investigation, photos and other records.
Publication Details	
Original application	<input checked="" type="checkbox"/> Published <input type="checkbox"/> N/A
Decision notice	<input checked="" type="checkbox"/> Published <input type="checkbox"/> N/A
Documents and schedule	<input checked="" type="checkbox"/> Published <input type="checkbox"/> N/A
Decision made by Ombudsman	N/A
Additional information identified by Ombudsman	N/A
Decision made by ACAT	N/A
Additional information identified by ACAT	N/A

**From:** [REDACTED]  
**To:** [CMTEDD FOI](#)  
**Subject:** FOI Request to Worksafe ACT [REDACTED]  
**Date:** Monday, 8 December 2025 3:52:22 PM  
**Attachments:** [image002.png](#)

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**Caution:** This email originated from outside of the ACT Government. Do not click links or open attachments unless you recognise the sender and know the content is safe.

Dear FOI Officer

We act on behalf of [REDACTED] the workers compensation insurer of Canberra Building Services (ACT & NSW) Pty Ltd (ABN 65 627 274 68) ('**CBS**').

[REDACTED] with respect to injury sustained while employed by CBS ('**the claim**'). We confirm that there are no current Court proceedings on foot in respect of the claim.

We request from Worksafe ACT, pursuant to the *Freedom of Information Act 2016* (ACT) copies of:

- a. Any notice given of a notifiable incident concerning injury to [REDACTED] sustained while working for CBS at a worksite called [REDACTED] ACT, 2611 on 21 January 2024 ('**the notifiable incident**') (including any notice given pursuant to s 38 of the *Work, Health and Safety Act 2011* (ACT))
- b. Any investigation or other report prepared by WorkSafe ACT with respect to the notifiable incident.
- c. All witness statements, photographs and other records obtained by WorkSafe ACT for the purposes of completing a report on the notifiable incident.

Please do not hesitate to contact me should further information be required in order to advance this request.

Kind regards





**ACT**  
Government

Chief Minister, Treasury and  
Economic Development

Our ref: CMTEDDFOI 2025-441



## FREEDOM OF INFORMATION REQUEST – NOTICE OF DECISION

I refer to your application under section 30 of the *Freedom of Information Act 2016* (the Act), received by the Chief Minister, Treasury and Economic Development Directorate (CMTEDD) on 8 December 2025.

Specifically, you have sought access to the following information:

*“We act on behalf of [REDACTED] the workers compensation insurer of Canberra Building Services (ACT & NSW) Pty Ltd (ABN 65 627 274 68) (‘CBS’).*

[REDACTED], *with respect to injury sustained while employed by CBS (‘the claim’). We confirm that there are no current Court proceedings on foot in respect of the claim.*

*We request from WorkSafe ACT, pursuant to the Freedom of Information Act 2016 (ACT) copies of:*

- *Any notice given of a notifiable incident concerning injury to [REDACTED] sustained while working for CBS at a worksite called [REDACTED] ACT, 2611 on 21 January 2024 (‘the notifiable incident’) (including any notice given pursuant to s 38 of the Work, Health and Safety Act 2011 (ACT))*
- *Any investigation or other report prepared by WorkSafe ACT with respect to the notifiable incident.*
- *All witness statements, photographs and other records obtained by WorkSafe ACT for the purposes of completing a report on the notifiable incident.”*

On 19 December 2025 you confirmed the correct date was 12 January 2024.

### Authority

I am an Information Officer appointed by the CMTEDD Director-General under section 18 of the Act to deal with access applications made under Part 5 of the Act.

## Timeframes

In accordance with section 40 of the Act, CMTEDD is required to provide a decision on your access application within 30 days.

As this matter required third party consultation, the decision due date was extended by 15 working days, in accordance with section 40(2) of the Act.

Therefore, a decision is due by **18 February 2026**.

## Decision on access

Searches of CMTEDD records have identified 14 documents within the scope of your request.

I have decided to grant **partial access** to 14 documents.

The records identified as relevant to your application are listed in the schedule enclosed at **Attachment A**. This provides a description of each document that falls within the scope of your request and the access decision for each of those documents.

## Release of documents

The information being released to you is provided at **Attachment B**.

## Statement of Reasons

In accordance with section 54(2) of the Act a statement of reasons outlining my decisions is below. In reaching my access decisions, I have taken the following into account:

- the Act
- the information that falls within the scope of your request
- third party views
- *the Human Rights Act 2004*

As a decision maker, I am required to determine whether the information within scope is in the public interest to release. To make this decision, I am required to:

- assess whether the information would be contrary to public interest to disclose as per **Schedule 1** of the Act.
- perform the public interest test as set out in section 17 of the Act by balancing the factors favouring disclosure and factors favouring nondisclosure in **Schedule 2** of the Act.

## Exemptions claimed

### **Schedule 1: Information taken to be contrary to the public interest.**

My reasons for deciding not to grant access to the information or components of information found within documents are as follows:

- *No relevant sections identified.*

### **Public Interest Test**

The Act has a presumption in favour of disclosure. As a decision maker I am required to decide where, on balance, public interest lies. As part of this process, I must consider factors favouring disclosure and nondisclosure.

In *Hogan v Hinch* (2011) 243 CLR 506, [31] French CJ stated that when ‘used in a statute, the term [public interest] derives its content from “the subject matter and the scope and purpose” of the enactment in which it appears’. Section 17(1) of the Act sets out the test, to be applied to determine whether disclosure of information would be contrary to the public interest. These factors are found in subsection 17(2) and Schedule 2 of the Act.

**Schedule 2: Factors to be considered when deciding the public interest.**

Taking into consideration the information within scope of your request, I have identified that the following public interest factors are relevant to determine if release of the information contained within these documents is within the ‘public interest’.

***Factors favouring disclosure (Section 2.1)***

- *Section 2.1(a)(xiii) - contribute to the administration of justice generally, including procedural fairness.*

I am satisfied that these factors favouring disclosure carry some weight. However, these factors are to be balanced against the factors favouring nondisclosure.

***Factors favouring nondisclosure (Section 2.2)***

- *Section 2.2(a)(ii) - prejudice the protection of an individual’s right to privacy or any other right under the Human Rights Act 2004.*
- *Section 2.2(a)(xi) - prejudice trade secrets, business affairs or research of an agency or person.*

Having reviewed the documents, I consider that the protection of an individual’s right to privacy, especially in the course of dealings with the ACT Government is a significant factor as the parties involved have provided their personal information for the purposes of working with the ACT Government. This, in my opinion, outweighs the benefit which may be derived from releasing the personal information of the individual’s involved in this matter.

Individuals are entitled to expect that the personal information they have supplied as part of this process will be dealt with in a manner that protects their privacy. Considering the type of information to be withheld from release, I am satisfied that the factors in favour of release can still be met while protecting the personal information of the individuals involved. I therefore weigh the factor for nondisclosure more highly than the factor in favour of release in this instance. As a result, I have decided that release of this information (names, phone numbers, addresses, email addresses, signatures and identifying details of individuals not employed by the ACT Public Service) could prejudice their right to privacy under the *Human Rights Act 2004*.

I have also considered the impact of disclosing information which relates to business affairs. In the case of *Re Mangan and The Treasury* [2005] AATA 898 the term ‘business affairs’ was interpreted as meaning ‘the totality of the money-making affairs of an organisation or undertaking as distinct from its private or internal affairs’. Schedule 2 section 2.2(a)(xi) allows for government information to be withheld from release if disclosure of the information could reasonably be expected to prejudice the trade secrets, business affairs or research of an agency or person. The information withheld from release could reasonably be expected to unfairly prejudice the business affairs of a third party, along with unwanted commercial implications.

Having applied the test outlined in section 17 of the Act and deciding that release of some information contained in the documents is not in the public interest to release, I have chosen to redact this specific information in accordance with section 50(2). Noting the pro-disclosure intent of the Act, I am satisfied that redacting only the information that I believe is not in the public interest to release will ensure that the intent of the Act is met and will provide you with access to the majority of the information held by CMTEDD within the scope of your request.

## **Charges**

Processing charges are applicable for this request because the total number of pages to be released to you exceeds the charging threshold of 50 pages. However, the charges have been waived.

## **Online publishing – Disclosure Log**

Under section 28 of the Act, CMTEDD maintains an online record of access applications called a [disclosure log](#).

Your original access application and my decision will be published on the CMTEDD disclosure log. Your personal contact details will not be published.

## **Ombudsman Review**

My decision on your access request is a reviewable decision as identified in Schedule 3 of the Act. You have the right to seek Ombudsman review of this outcome under section 73 of the Act within 20 working days from the day that my decision is provided to you, or a longer period allowed by the Ombudsman.

We recommend using this form [Applying for an Ombudsman Review](#) to ensure you provide all of the required information. Alternatively, you may write to the Ombudsman at:

The ACT Ombudsman  
GPO Box 442  
CANBERRA ACT 2601

Via email: [actfoi@ombudsman.gov.au](mailto:actfoi@ombudsman.gov.au)

## **ACT Civil and Administrative Tribunal (ACAT) Review**

Under section 84 of the Act, if a decision is made under section 82(1) on an Ombudsman review, you may apply to the ACAT for review of the Ombudsman decision. Further information may be obtained from the ACAT at:

ACT Civil and Administrative Tribunal  
GPO Box 370  
Canberra City ACT 2601  
Telephone: (02) 6207 1740  
<http://www.acat.act.gov.au/>

Should you have any queries in relation to your request please contact the CMTEDD FOI Team by telephone on 6207 7754 or email [CMTEDDFOI@act.gov.au](mailto:CMTEDDFOI@act.gov.au).

Yours sincerely

A handwritten signature in black ink, consisting of the letters 'E' and 'H' in a stylized, cursive font.

Emma Hotham  
Information Officer  
Chief Minister, Treasury and Economic Development Directorate

16 February 2026



**ACT**  
Government

Chief Minister, Treasury and  
Economic Development

## FREEDOM OF INFORMATION REQUEST SCHEDULE

WHAT ARE THE PARAMETERS OF THE REQUEST	Reference
<p>We request from WorkSafe ACT, pursuant to the Freedom of Information Act 2016 (ACT) copies of:</p> <ul style="list-style-type: none"> <li>Any notice given of a notifiable incident concerning injury to [REDACTED] sustained while working for CBS at a worksite called [REDACTED] on 21 January 2024 (including any notice given pursuant to s 38 of the Work, Health and Safety Act 2011 (ACT))</li> <li>Any investigation or other report prepared by WorkSafe ACT with respect to the notifiable incident.</li> <li>All witness statements, photographs and other records obtained by WorkSafe ACT for the purposes of completing a report on the notifiable incident</li> </ul>	CMTEDDFOI 2025-441

Ref No	Page number	Description	Date	Status	Reason for Exemption	Online Release Status
1	1-3	Salesforce entry – Phone notification	12 Jan 2024	Partial release	Sch 2 s2.2 (a)(ii)	Yes
2	4-21	Email with attachments – SWMS, Tickets for injured person	12 Jan 2024	Partial release	Sch 2 s2.2 (a)(ii) Sch 2 s2.2 (a)(xi)	Yes
3	22-37	Email with attachments – Incident form, photo of injury, photo of panel, photo of site, CBS Investigation report	12 Jan 2024	Partial release	Sch 2 s2.2 (a)(ii)	Yes
4	38-39	Email trail	12 Jan 2024	Partial release	Sch 2 s2.2 (a)(ii)	Yes
5	40-41	Email trail	12 Jan 2024	Partial release	Sch 2 s2.2 (a)(ii)	Yes
6	42-43	Workplace Visit Report	12 Jan 2024	Partial release	Sch 2 s2.2 (a)(ii)	Yes
7	44-55	Photos taken by inspectors	Undated	Partial release	Sch 2 s2.2 (a)(ii)	Yes
8	56-58	Email trail	15 Jan 2024	Partial release	Sch 2 s2.2 (a)(ii)	Yes
9	59-61	Prohibition notice – notice number N-0000009247	15 Jan 2024	Partial release	Sch 2 s2.2 (a)(ii)	Yes
10	62-64	Email trail	19 Jan 2024	Partial release	Sch 2 s2.2 (a)(ii)	Yes
11	65-67	Prohibition notice – notice number N-0000009246	15 Jan 2024	Partial release	Sch 2 s2.2 (a)(ii)	Yes
12	68-88	Email with attachments – exclusion zone example, SWMS template	19 Jan 2024	Partial release	Sch 2 s2.2 (a)(ii) Sch 2 s2.2 (a)(xi)	Yes
13	89-91	Email trail	22 Jan 2024	Partial release	Sch 2 s2.2 (a)(ii)	Yes
14	92-96	Infringement Notice and proof of postal notice	5 Feb 2024	Partial release	Sch 2 s2.2 (a)(ii)	Yes

<b>Total No of Docs</b>						
14						

## Salesforce Entries – Phone notification

Case

**00385384**

ABN Lookup

Endorsed by CMP

Create Work Order

New
Allocated
In Progress
On Hold
Finalise Case
Enforceable Under...
Case Closed

**Status: Case Closed** Change Closed Status

**Details** Feed Activity

**Case Information**

Case Owner	Andrew Woolgar	✎	Status	Case Closed	✎
Date of notification	12/01/2024	✎	Sub Status		✎
Account Name	Canberra Building Services (ACT & NSW) Pty Ltd	✎	Priority	Tier 3- Workplace dangerous incidents (s37 WHS Act)	✎
Primary Contact	Canberra Building Services (ACT & NSW) Pty Ltd	✎	Case Origin	Phone	✎
Contact Name	Sch 2.2(a)(ii)	✎	Case Reason	Notifiable Incident	✎
Industry	Construction	✎	Type	CIT - Construction Inspectorate Team	✎
Sub-division	Residential building construction	✎	Campaign Title	Phone Roster/On duty Inspector	✎
ANZSIC Code L3		✎	Objective Folder	https://objective.act.gov.au/#/documents/FA14-426472	✎

**Incident Type**

Incident Type	Dangerous Incident	✎	Hazard Category	Being hit by moving objects	✎
Serious Injury Type		✎	Hazard Sub-Category	Being hit by falling objects	✎
Dangerous Incident Type		✎	Hazard Detailed Classification		✎
Serious Illness Type		✎	Escalated	<input type="checkbox"/>	✎
Serious Illness Subtype		✎	Escalated Case Comments		✎
Has been reported to police?	<input type="checkbox"/>	✎			

**Investigation Information**

Reported by DPP	✎	CMP Reference No.	✎
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Investigation Information

Referred to DPP:	<input type="checkbox"/>	OMP Endorsed Date:	
Commented by Investigators Team:	<input type="checkbox"/>	Under Investigation:	<input type="checkbox"/>

Incident Details

Description: **Caller: [Redacted]** Director and foreman on site from Canberra Building Services (ACT & NSW) Pty reported a possible notifiable incident occurred at approx 8 am 12.01.2024 at [Redacted] site of the complex, north elevator.

Workers were doing recoating outside of the building, removing a coating aluminium panel (approx 1.2m x 1.2m). The panel fell from height (approx 4m) on a worker on the ground caused [Redacted]

The worker was taken to TCH. Advised [Redacted] to complete NIR, send through photos, and the workplace incident/investigation report.

Date of Incident:	12/01/2024	Incident involve dangerous substances?	<input type="checkbox"/>
Time of Incident:	8:00:00 am	Incident related to a utility asset?	<input type="checkbox"/>

Case Address

Incident Street No and Street Name:	[Redacted]	Exact Incident Location Description:	
Incident Suburb:	[Redacted]		
Incident Postcode:	2611		
Incident State:	ACT		

Notification

Has the incident been notified by phone?	<input type="checkbox"/>	WorkSafe Contact Person:	
Name of the person who notified:		Phone of the person who notified:	
		Notification Number:	

Actions

Actions taken to rectify the problem:	
Actions planned to prevent incident:	



Actions


- Actions taken to rectify the problem ✓
- Actions planned to prevent incident ✓

Close Case Details

- Case Closure Outcome: Notices issued ✓
- Case Closure Outcome: Other ✓

System Information

- Created By:  Jenny Nguyen 12/01/2024 9:27 AM
- Last Modified By:  Andrew Woolgar 6/05/2024 10:52 AM
- Subject: ✓
- Case Record Type: Incident ✓

 Case History (6+)

Date	Field	User	Original Value	New Value
6/05/2024 10:52 AM	Status	Andrew Woolgar	On Hold	Case Closed
6/05/2024 10:52 AM	Sub Status	Andrew Woolgar	Unresolved	
5/02/2024 3:14 PM	Status	Andrew Woolgar	In Progress	On Hold
2/02/2024 3:39 PM	Status	Andrew Woolgar	Finalise Case	In Progress
12/01/2024 4:04 PM	Status	Kurt Kuehl	Allocated	Finalise Case
12/01/2024 3:25 PM	Status	Andrew Woolgar	New	Allocated

[View All](#)

**From:** "Woolgar, Andrew"  
**Sent:** 12/01/2024 3:26 PM  
**To:** "Seagrove, Heather" <Heather.Seagrove@worksafe.act.gov.au>  
**Subject:** FW: CBS Incident at [REDACTED] ACT  
**Attachments:** CBS SWMS 101 RevE 1 Nov 2022 - [REDACTED].docx, IMG\_8113.jpg

OFFICIAL

**Andrew J WOOLGAR** | A/g Assistant Director Civil, Residential & Commercial Construction  
P: 02 620 73989 | E: [andrew.woolgar@worksafe.act.gov.au](mailto:andrew.woolgar@worksafe.act.gov.au)  
**Office of the Work Health and Safety Commissioner**  
GPO Box 158 Canberra ACT 2601

**WORKSAFEACT**

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**From:** Sch 2.2(a)(ii)  
**Sent:** Friday, January 12, 2024 1:23 PM  
**To:** Woolgar, Andrew <Andrew.Woolgar@worksafe.act.gov.au>  
**Cc:** Sch 2.2(a)(ii)  
Sch 2.2(a)(ii)  
**Subject:** Sch 2.2(a)(ii), Sch 2.2(a)(xi)

You don't often get email from Sch 2.2(a)(ii). [Learn why this is important](#)

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Hi Andrew,  
The items

you requested are attached.

- 1 – SWMS for [REDACTED]
- 2 – Tickets for [REDACTED]

Regards

Sch 2.2(a)(ii)

[www.cbsfacades.com.au](http://www.cbsfacades.com.au)  
Canberra Building Services (ACT & NSW) PTY LTD



CANBERRA **BUILDING** SERVICES

## Redacted Pages (multiples)

The following documents have been redacted in full under the following provisions:

Document number. (page ref.)

Pages 5 - 20

Exemption Provision

Sch 2.2(a)(ii) and Sch 2.2(a)(xi)



**From:** Sch 2.2(a)(ii)  
**Sent:** 12/01/2024 2:25 PM  
**To:** "WorkSafe" <WorkSafe@worksafe.act.gov.au>  
**Cc:** Sch 2.2(a)(ii)

Sch 2.2(a)(ii)

**Subject:** Worksafe Notifiable Incident Form  
**Attachments:** Notifiable-Incident-Report-Form-Word - Completed.pdf, Photo of Injury.jpg, Photo of Panel.jpg, Photo of incident site.jpg, CBS Incident Investigation Form.pdf

You don't often get email from Sch 2.2(a)(ii)

[Learn why this is important](#)

Please  
find  
attached

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completed notifiable incident form and supporting documents.

- Incident Form
- Photo of Injury
- Photo of Panel
- Photo of Site
- CBS Investigation Report.

Regards

Sch 2.2(a)(ii)

[www.cbsfacades.com.au](http://www.cbsfacades.com.au)

Canberra Building Services (ACT & NSW) PTY LTD



CANBERRA BUILDING SERVICES

## Important

Use this form to report a notifiable incident **that is not a** sexual assault incident under the *Work Health and Safety Act 2011* (the Act).

To report a **sexual assault incident**, you must use the [Sexual Assault Notifiable Incident Form](#).

This form is to be used to notify a serious event under the Act. You can access the Act at [www.legislation.act.gov.au](http://www.legislation.act.gov.au). You may also obtain further information and forms at [www.worksafe.act.gov.au](http://www.worksafe.act.gov.au).

A person conducting a business or undertaking (PCBU) is required to provide details of notifiable incidents pursuant to sections 35-39 of the Act. Failure to comply with this provision may result in a fine of \$10,000 in the case of an individual or \$50,000 in the case of a body corporate.

## Privacy

The Act authorises the regulator to collect the personal information required by this form. The regulator is bound to prevent any unreasonable intrusion into a person's privacy in accordance with the *Information Privacy Act 2014*. The Privacy Policy can be found on the WorkSafe ACT website at <https://www.worksafe.act.gov.au/privacy>. The regulator may provide identifiable information to law enforcement organisations and authorised organisations that have legal authority to request information under prescribed circumstances.

## Reporting

After becoming aware that an incident has occurred, workplaces **must** report notifiable incidents to WorkSafe ACT

**IMMEDIATELY, and by the fastest possible means.**

## Instructions

- If completing this form by hand please use blue or black pen.
- Any alteration to information provided on this form must be struck through with pen. Substitute information must be clear and the person completing the form must sign in the margin. Do not use correction fluid or tape.
- Please complete all sections of the form. Please indicate if information requested on this form is not applicable or not known with the letters N/A or N/K respectively.
- Return completed forms by email [worksafe@worksafe.act.gov.au](mailto:worksafe@worksafe.act.gov.au) or post, WorkSafe ACT, GPO Box 158, Canberra City, ACT, 2601.

## Is reporting mandatory?

Yes. You are required to notify WorkSafe ACT, by telephone or in writing for:

- the death of a person [i.e. a worker or another person]
- a serious injury or illness of a person
- a dangerous incident
- workplace sexual assault (actual or perceived). **You must use the [Sexual Assault Notifiable Incident Form](#) to report sexual assault incidents.**

In accordance with sections 35 to 39 of the Act and the *Work Health and Safety Regulation 2011* (the Regulation) it is an offence to fail to make a report of a notifiable incident.

You must send WorkSafe ACT a report even if the person injured or killed is not a worker (e.g. a sales representative or a visitor).

### Who must send in the notifiable incident report?

The PCBU is responsible for ensuring that WorkSafe ACT is notified immediately after becoming aware that a notifiable incident has occurred.

### What workplaces are covered?

ALL places where people work within WorkSafe ACT's jurisdiction (Commonwealth and Comcare self-insured workplaces are not included) are covered by the Act and the Regulation. Workplaces includes any place where a worker goes, or is likely to be, while at work and includes accommodation provided by the workplace.

### Is there a time limit for reporting?

Notifiable Incidents must be notified to WorkSafe ACT immediately after the workplace becomes aware that a notifiable incident arising out of the conduct of the business or undertaking has occurred.

If the notification is made by telephone, WorkSafe ACT may require that written notice be provided within 48 hours of that requirement being made.

### What is a serious injury or illness?

A serious injury or illness means an injury or illness requiring the person to have:

- immediate treatment as an in-patient in a hospital  
**Note:** it is not necessary that the person was actually sent to or treated as an in-patient, it is sufficient that the injury or illness could reasonably be expected to warrant such treatment
- immediate treatment for an amputation, a serious head or eye injury, a serious burn, degloving or scalping, a spinal injury, the loss of a bodily function or serious lacerations
- medical treatment within 48 hours of exposure to a substance.

### What dangerous incidents must you report?

A dangerous incident means an incident in relation to a workplace that exposes a worker or any other person to a serious risk to a person's health or safety emanating from an immediate or imminent exposure to:

- an uncontrolled escape, spillage or leakage of a substance
- an uncontrolled implosion, explosion or fire
- an uncontrolled escape of gas, steam or a pressurised substance
- electric shock
- the fall or release from height of any plant, substance or thing
- the collapse, overturning, failure or malfunction of, or damage to, any plant that is required to be authorised for use in accordance with the Regulation
- the collapse or partial collapse of a structure
- the collapse or failure of an excavation or of any shoring supporting an excavation
- the inrush of water, mud or gas in workings, in an underground excavation or tunnel
- the interruption of the main system of ventilation in an underground excavation or tunnel
- any other event prescribed by the Regulation.

### Do you have to keep a copy?

You must keep a record of any Notifiable Incident notification that you make to WorkSafe ACT for at least 5 years after the day the notification is given.

### Do you need to comply with any other incident report procedures?

You may have reporting obligations under other legislation including but not limited to the: *Scaffolding and Lifts Act 1912*, *Workers Compensation Act 1951*, *Machinery Act 1949* and/or the *Dangerous Substances Act*

2004 in relation to the notifiable incident that you have told WorkSafe ACT about in this report.

**Can you fax or phone in details?**

Yes. When notifying by phone, you should ensure you receive and record the report number given to you by WorkSafe ACT. This report number needs to be kept with your records of the details reported to WorkSafe ACT.

**No number given when called. Andrew Woolgar attended site.**

---

**Details of business or undertaking**

Name of business or undertaking:

Canberra Building Services (ACT & NSW) Pty Ltd

Phone: Sch 2.2(a)(ii) Fax: Mobile: Sch 2.2(a)(ii)

Email: Sch 2.2(a)(ii)

Address of business or

19 Yallourn Street

City/Suburb: Fyshwick State/Territory ACT Post Code: 2906

**Details of the injured/involved person:**

[Redacted Name]

Date of Birth: [Redacted] Gender: [Redacted]

Address of Injured/involved

Sch 2.2(a)(ii)

City/Suburb: Sch 2.2(a)(ii) State/Territory ACT Post Code: [Redacted]

Job

[Redacted Job Title]

Main Duties:

Removal of non complaint cladding, rectification works and installation of new panel

Phone: Fax: Mobile: Sch 2.2(a)(ii)

Email: Sch 2.2(a)(ii)

Type of employment

<input type="checkbox"/> Full-time permanent	<input type="checkbox"/> Part-time permanent
<input type="checkbox"/> Full-time casual	<input type="checkbox"/> Part-time casual

Other (e.g. site visitor, student, etc)

Type of worker

<input type="checkbox"/> Trainee	<input type="checkbox"/> Self-employed (Contractor or Subcontractor)
<input type="checkbox"/> Outworker	<input type="checkbox"/> Unpaid worker
<input type="checkbox"/> Apprentice	<input type="checkbox"/> Work Experience
<input type="checkbox"/> Pieceworker (other than an Outworker)	<input type="checkbox"/> Other (note: most employees will fall into this category)

Details of injury/illness/damage etc and any medical treatment

[Redacted Injury Details]

**Details of the incident:**

Date of the incident:

Time of the incident

12 January 2024

08:00

Witnesses/other involved persons:

Name: Sch 2.2(a)(ii)

Contact number: Sch 2.2(a)(ii)

Name:

Contact number:

Describe the incident: (attach additional information if more space is required)

Building cladding panel has fallen approximately 4-5m during panel removal. Panel has fallen between scaffold and building and struck before continuing to fall to the ground. was working 2 scaffold decks below where the panel was being removed, installing vapor barrier to an already demolished area.

Name of supervisor or person in control of the site/location at the time of the incident:

Sch 2.2(a)(ii)

Address where incident occurred (if at a different location to business address)

Suburb:

Post Code:

Where did the incident occur (e.g. plant room, roof)

North West Scaffold (Section 3C)

**Environment and workplace conditions**

Describe the workplace conditions at the time of the incident (e.g. lighting, floor surface, weather, housekeeping etc)

Weather was warm and sunny.  
Normal scaffold deck, clear of obstructions.

**Task and supervision**

What task was being performed when the incident occurred?

Task 1 - was installing vapor barrier to the side of the building.  
Task 2 - Workers above were removing a section of Aluminium Composite Panel.

**Plant, Equipment, Tools, Materials and Substances**

What plant/substances were being used? (provide details, e.g. model serial number, registration number etc)

N/A. No plant or substances involved in these tasks beyond hand held battery operated power tools.

**Risk assessment and where required for high risk construction work, SWMS.**

Was a risk assessment undertaken prior to commencing work?

Yes  No

If No, please explain why:

Was a safe work method statement (SWMS) prepared if the work was high risk construction work?

Yes  No

If No, please explain why:

Note: See the Work Health and Safety Regulations 2011 s.299 for more information.

**Outcomes - please complete relevant parts of this section**

Estimated date of resumption of work:

12 January 2024

Action that has been or will be taken to prevent recurrence:

Toolbox talk was held immediately after the incident for all staff. No tasks are to be carried out below and area where panels are either being removed or installed.  
Exclusion zones to be implemented on all levels where such work is being performed above.  
SWMS to be updated to highlight this risk and mitigation.

**Details of person completing this form**

Full name:

Sch 2.2(a)(ii)

Phone:

Fax:

Mobile:

Sch 2.2(a)(ii)

Email:

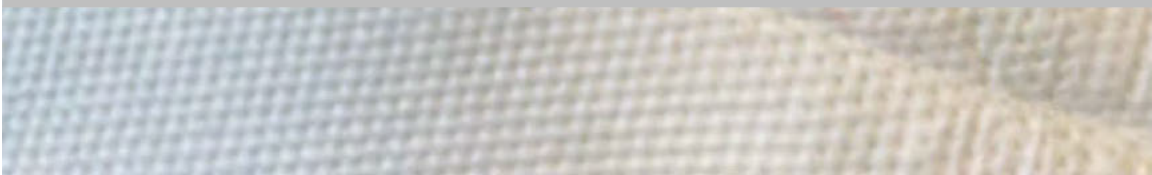
Sch 2.2(a)(ii)

Job title/position:

WHS Manager

**END OF FORM - SUBMISSION PAGE**

Once you have filled out this form, please save and email to  
**WorkSafe@worksafe.act.gov.au**



Sch 2.2(a)(ii)







### 32 Incident Notification & Investigation Report

#### Incident Notification & Investigation Report

This report is to be completed by the Injured worker in consultation with CBS Project Management. Investigations are **ONLY** to be completed by persons competent in investigations (OHSE Manager) in consultation with the Site Manager.

Project: Sch 2.2(a)(ii) Investigation No: [REDACTED]  
 Investigators Name: [REDACTED] Investigation Date: 12/01/2024  
 Investigated With: [REDACTED] Investigation Time: 8:30  am  pm  
 Type of Accident/Incident:  Death  Injury  Illness  Dangerous Occurrence  Safety Breach  Environmental

Give a brief description of the incident  
 OLD Panel has fallen approx. 4-5m during panel removal, and has landed on [REDACTED], before continuing to fall to the ground.

What work activity was being performed at the time of the injury / incident

- What was the injured person doing at the time of the accident?  
Installing rain screen wrap on lower level framing
- What activity was being carried out at the time of the dangerous occurrence?  
Panel removal was being undertaken 2 scaffold levels above [REDACTED]

**General Details**

Date of incident: 12/01/2024 Time of incident: Approx. 8am  am  pm  
 Location of incident: [REDACTED] scaffold 3C  
 Name of Injured Person: [REDACTED] Age: Sch 2.2(a)(ii)  
 Address: [REDACTED] Phone No: [REDACTED]  
 Employer: Canberra Building Services Sex  male  female  
 Contact Details: [REDACTED]

**Extent of Injury:**

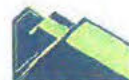
Body Part	Type of Injury	Mechanism of Injury
Torso	Puncture <input type="checkbox"/>	Falls/Trips-foot/hand <input type="checkbox"/>
Arm	Cut <input checked="" type="checkbox"/>	Body Hitting an Object <input type="checkbox"/>
Leg	Bruise <input type="checkbox"/>	Hit by <sup>falling</sup> Moving Object <input checked="" type="checkbox"/>
Hand	Sprain <input type="checkbox"/>	Sound/Pressure <input type="checkbox"/>
Foot	Strain <input type="checkbox"/>	Body Stress <input type="checkbox"/>
Head	Break <input type="checkbox"/>	Heat/Electricity/Environment <input type="checkbox"/>
Eye	Foreign Object <input type="checkbox"/>	Chemical/Dangerous Substance <input type="checkbox"/>
Back	Crush <input type="checkbox"/>	Biological <input type="checkbox"/>
	Twist <input type="checkbox"/>	Mental Stress <input type="checkbox"/>
		Other <input type="checkbox"/>

**Treatment of Injury**

	YES	NO	By Whom / How / When
First Aid Treatment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sch 2.2(a)(ii) / pressure applied / immediately
Taken to Hospital <input type="checkbox"/> out <input checked="" type="checkbox"/> in /patient	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Emergency w/ tape
Taken to Doctor	<input type="checkbox"/>	<input type="checkbox"/>	
Went Home	<input type="checkbox"/>	<input type="checkbox"/>	
Next of Kin Notified	<input type="checkbox"/>	<input type="checkbox"/>	

Work Environment: (was it adequate?)			
	YES	NO	Comments
Lighting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Temperature	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Noise	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Dust & fumes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Ventilated	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Housekeeping	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
What were the weather conditions? <input type="checkbox"/> NA <input type="checkbox"/> wet <input checked="" type="checkbox"/> dry <input type="checkbox"/> overcast <input checked="" type="checkbox"/> sunny <input type="checkbox"/> windy <input type="checkbox"/>			
How many hours in a row had the worker been working when the incident occurred? <u>1 hour</u>			
Damaged Property			
	Nature of Damage		Serial No
Owner of the Property:			
Agency of Incident			
<input type="checkbox"/> Machinery and (mainly) fixed plant	<input type="checkbox"/> Mobile plant and transport	<input type="checkbox"/> Animal, human and biological agencies	
<input type="checkbox"/> Powered equipment, tools and appliances	<input type="checkbox"/> Non powered hand tools, appliances and equipment	<input type="checkbox"/> Environmental agencies	
<input type="checkbox"/> Chemicals and chemical products	<input type="checkbox"/> Materials and substances	<input type="checkbox"/> Other & unspecified agencies	
Mechanism of Incident			
<input type="checkbox"/> Slips, trips and falls	<input type="checkbox"/> Sound and pressure	<input type="checkbox"/> Biological factors	
<input type="checkbox"/> Hitting objects with part of body	<input type="checkbox"/> Body stressing	<input type="checkbox"/> Mental stress	
<input type="checkbox"/> Heat radiation & electricity	<input type="checkbox"/> Chemicals and other substances	<input type="checkbox"/> Other unspecified mechanisms of injury	
Witnesses			
Name: <u>Sch 2.2(a)(ii)</u>	Employer: <u>Canberra Building Services</u>		
Was a Statement Taken: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (attach to investigation)	Contact No: <u>Sch 2.2(a)(ii)</u>		
Name: _____	Employer: _____		
Was a Statement Taken: <input type="checkbox"/> YES <input type="checkbox"/> NO (attach to investigation)	Contact No: _____		
Name: _____	Employer: _____		
Was a Statement Taken: <input type="checkbox"/> YES <input type="checkbox"/> NO (attach to investigation)	Contact No: _____		
Was the Person Involved...			
	YES	NO	Comments
Site Inducted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If YES-attach a copy
Working under a SWMS / Procedure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If YES-attach a copy
Able to identify the risk / hazard	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Trained adequately for task	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If YES-attach a evidence
Qualified to undertake the work	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If YES-attach a evidence
Adequately Supervised	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Notification	YES	NO	Comments
Was Work Cover notified	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Work Cover notification form completed	<input type="checkbox"/>	<input type="checkbox"/>	If YES-attach a copy
Police, Ambulance, Fire in attendance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Was senior management notified	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Insurance Company notified	<input type="checkbox"/>	<input type="checkbox"/>	
Was the Client notified	<input type="checkbox"/>	<input type="checkbox"/>	
Directives	YES	NO	Comments
Directions given by authorities	<input type="checkbox"/>	<input type="checkbox"/>	
Other directions given and by whom:	<input type="checkbox"/>	<input type="checkbox"/>	
Other parties take reports or statements	<input type="checkbox"/>	<input type="checkbox"/>	
Evidence	YES	NO	Comments
Was anything moved or removed	<input type="checkbox"/>	<input type="checkbox"/>	
Any sketches taken	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Have photographs been taken	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Any transient evidence (tyre marks) etc	<input type="checkbox"/>	<input type="checkbox"/>	
Equipment	YES	NO	Comments
Was equipment serviced or inspected	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If YES-attach records
Designed for the work	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Adequately safeguarded	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Used beyond rated capacity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
The sequence of events that led to the accident or incident			
<ul style="list-style-type: none"> <li>▪ Direct causes (energy sources; hazardous materials)</li> <li>▪ Indirect causes (unsafe acts and conditions)</li> <li>▪ Basic causes (management policies; personal or environmental factors)</li> <li>▪ PPE not used; not issued</li> <li>▪ specific safety instructions not given; followed</li> </ul>			
Conclusion			
<ul style="list-style-type: none"> <li>▪ What were the likely causes of the accident:                             <ul style="list-style-type: none"> <li>- in your opinion?</li> <li>- in the injured person/opinions?</li> <li>- in witnesses opinions/s.</li> </ul> </li> <li>▪ Contributing Factors</li> </ul>			
Recommendations			
<ul style="list-style-type: none"> <li>▪ To prevent reoccurrence for immediate and long-range action to remedy</li> <li>▪ What action is recommended to prevent a recurrence</li> <li>▪ Could the process be better designed in the future</li> <li>▪ Can SWMS be improved to assist with controls in future</li> </ul>			
List attachments to be included in report			
<ul style="list-style-type: none"> <li>▪ Statements</li> <li>▪ Diagrams</li> <li>▪ Drawings</li> <li>▪ Extra Pages - Notes</li> <li>▪ Evidence Taken</li> </ul>			

CANBERRA **BUILDING SERVICES**

Investigators Signature							
I hereby declare that the foregoing information is, to the best of my knowledge and belief, true and correct in every detail.	<table border="1"> <tr> <td>Name (print)</td> <td>Sch 2.2(a)(ii)</td> </tr> <tr> <td>Signed</td> <td>[Redacted]</td> </tr> <tr> <td>Date:</td> <td>12/01/2024</td> </tr> </table>	Name (print)	Sch 2.2(a)(ii)	Signed	[Redacted]	Date:	12/01/2024
Name (print)	Sch 2.2(a)(ii)						
Signed	[Redacted]						
Date:	12/01/2024						

Recommended Corrective Action		
To be completed by the OHSE Management in consultation with the Site Manager		
<input type="checkbox"/> Changes to training	<input type="checkbox"/> Modifications to equipment/machinery	<input type="checkbox"/> Equipment/machinery maintenance
<input type="checkbox"/> Changes to work procedures (SWMS)	<input type="checkbox"/> Changes to work environment	<input type="checkbox"/> Job redesign
<input type="checkbox"/> Job rotation	<input type="checkbox"/> Other preventative action	<input type="checkbox"/> Re Inductions (site/ swms etc)
Comments		
Signature		Date / /

Project Director's Recommendations	
Comments	
Recommendations	
Signature	Date

Management Committee (where elected) Recommendations	
Comments	
Recommendations	
Signature	Date

Managing Director's Decision	
Comments	
Signature	Date

This form, along with the Investigators notes and Witness statements is to be returned to the Project for filing by the OHSE Manager. A copy should be made and kept at head office for future reference and discussion at senior management meetings and future project meetings.



Investigator's Notes

A large, empty rectangular area enclosed by a thin black border, intended for handwritten or typed notes.



CANBERRA BUILDING SERVICES

Witness Statement

Statement by:

Incident No [ ]

Surname: [Sch 2.2(a)(ii)]

First Name [Sch 2.2(a)(ii)]

Occupation: [Sch 2.2(a)(ii)]

Phone No: [Sch 2.2(a)(ii)]

Employer: [Canberra Building Services]

Phone No: [ ]  
Fax No: [ ]

Date and Time of Statement

Date: [12/1/2024]

Time: [8.00]  am  pm

Where did the incident occur? (Include location in Building Floor level)

[ ] North elevation  
Scaffold 3C

Witness Statement (use back of sheet if required)

While installing rain screen wrap a panel being removed 2 scaffold levels above has fallen hitting [ ]  
[ ] after applying pressure to the wound with screen wrap and proctor tape which was quickly available I called my boss immediately and I helped him down from the scaffold and my boss took him directly to the hospital

SIGNATURES

Signature:

[Sch 2.2(a)(ii)] [ ]

Date: [12/1/2024]

Witness of Signature:

[ ] [ ]

Date: [ / / ]

Witness Name:

[ ] [ ]

(Please Print)

**From:** "Woolgar, Andrew" <Andrew.Woolgar@worksafe.act.gov.au>  
**Sent:** 12/01/2024 3:26 PM  
**To:** "Seagrove, Heather" <Heather.Seagrove@worksafe.act.gov.au>  
**Subject:** FW: CBS Incident at [REDACTED] ACT

OFFICIAL

**Andrew J WOOLGAR** | A/g Assistant Director Civil, Residential & Commercial Construction  
P: 02 620 73989 | E: [andrew.woolgar@worksafe.act.gov.au](mailto:andrew.woolgar@worksafe.act.gov.au)  
**Office of the Work Health and Safety Commissioner**  
GPO Box 158 Canberra ACT 2601

**WORKSAFEACT**

---

**From:** Woolgar, Andrew  
**Sent:** Friday, January 12, 2024 3:22 PM  
**To:** Sch 2.2(a)(ii) [REDACTED]  
**Subject:** RE: CBS Incident at [REDACTED] ACT

OFFICIAL

Gid day Sch 2.2(a)(ii) [REDACTED]

From the information you have provided, [REDACTED] has not undertaken and successfully completed 10830NAT - Course in Crystalline Silica Exposure Prevention course before starting work.

Workers undertaking worker under ANZSCO 821412 Home Improvement Installer are an specified occupation identified which require this mandatory training before starting work.

I will issue a Prohibition Notice stopping workers working in a declared occupation and have not undertaken and successfully completed 10830NAT - Course in Crystalline Silica Exposure Prevention course before starting work are not in place.

Please contact me if you require further information.

**Andrew J WOOLGAR** | A/g Assistant Director Civil, Residential & Commercial Construction  
P: 02 620 73989 | E: [andrew.woolgar@worksafe.act.gov.au](mailto:andrew.woolgar@worksafe.act.gov.au)  
**Office of the Work Health and Safety Commissioner**  
GPO Box 158 Canberra ACT 2601

**WORKSAFEACT**

---

**From:** Sch 2.2(a)(ii) [REDACTED]  
**Sent:** Friday, January 12, 2024 1:23 PM  
**To:** Woolgar, Andrew <[Andrew.Woolgar@worksafe.act.gov.au](mailto:Andrew.Woolgar@worksafe.act.gov.au)>  
**Cc:** Sch 2.2(a)(ii) [REDACTED]  
Sch 2.2(a)(ii) [REDACTED]  
**Subject:** CBS Incident at [REDACTED] ACT

You don't often get email from Sch 2.2(a)(ii)

[Learn why this is important](#)

**Caution:** This email originated from outside of the ACT Government. Do not click links or open attachments unless you recognise the sender and know the content is safe. [Learn why this is important](#)

Hi  
Andrew,  
The  
items

you requested are attached.

1 - SWMS for [REDACTED]

2 - Tickets for [REDACTED]

Regards

Sch 2.2(a)(ii)

[www.cbsfacades.com.au](http://www.cbsfacades.com.au)

Canberra Building Services (ACT & NSW) PTY LTD



CANBERRA **BUILDING** SERVICES

**From:** "WorkSafe" <WorkSafe@worksafe.act.gov.au>  
**Sent:** 12/01/2024 2:53 PM  
**To:** "Seagrove, Heather" <Heather.Seagrove@worksafe.act.gov.au>  
**Subject:** FW: Worksafe Notifiable Incident Form  
**Attachments:** Notifiable-Incident-Report-Form-Word - Completed.pdf, Photo of Injury.jpg, Photo of Panel.jpg, Photo of incident site.jpg, CBS Incident Investigation Form.pdf

Hi Heather,

Please see below and attached relating to Salesforce case 00385384.

Thank you

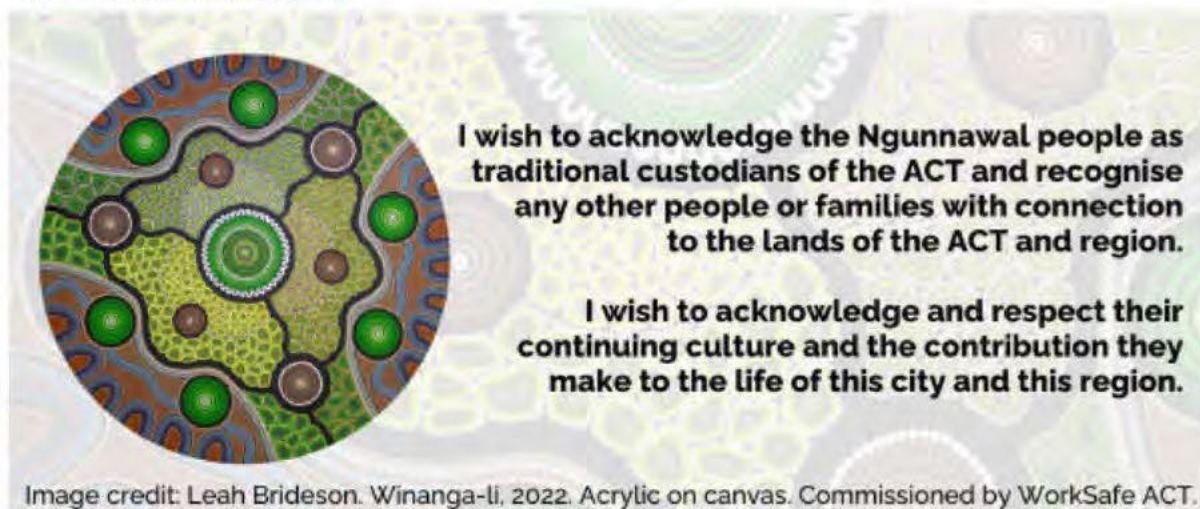
**Baylee Matheson | HR and Corporate Services**

**Phone:** 02 6207 9627 | **Email:** [baylee.matheson@worksafe.act.gov.au](mailto:baylee.matheson@worksafe.act.gov.au)

**Office of the Work Health and Safety Commissioner**

GPO Box 158 Canberra ACT 2601 | [www.worksafe.act.gov.au](http://www.worksafe.act.gov.au)

## WORKSAFEACT



**From:** Sch 2.2(a)(ii)  
**Sent:** Friday, January 12, 2024 2:26 PM  
**To:** WorkSafe <WorkSafe@worksafe.act.gov.au>  
**Cc:** Sch 2.2(a)(ii)  
 Sch 2.2(a)(ii)  
**Subject:** Worksafe Notifiable Incident Form

You don't often get email from Sch 2.2(a)(ii) [Learn why this is important](#)

**Caution:** This email originated from outside of the ACT Government. Do not click links or open attachments unless you recognise the sender and know the content is safe. [Learn why this is important](#)

Please find attached

completed notifiable incident form and supporting documents.

- Incident Form
- Photo of Injury
- Photo of Panel
- Photo of Site
- CBS Investigation Report.

Regards

Sch 2.2(a)(ii)

[www.cbsfacades.com.au](http://www.cbsfacades.com.au)

Canberra Building Services (ACT & NSW) PTY LTD



CANBERRA **BUILDING** SERVICES



**Inspector Notes:**

On the 12/01/2024 at 10:20 Inspector Woolgar and person assisting Seagrove undertook a workplace assessment at Canberra Building Services (ACT & NSW) Pty Ltd construction workplace at [REDACTED] to investigate a notifiable incident. Met with the Site Manager, Director and Safety Manager for Canberra Building Services (ACT & NSW) Pty Ltd and observation and discussions revealed:

- A worker was working two scaffold work decks below where other workers were removing aluminium cladding panel when somehow the aluminium cladding panel fell striking the workers below causing [REDACTED]
- A review of the Removal of composite Cladding and insulation, installation of insulation, installation of solid aluminium of facade safe work method statement has control measures for falling objects which requires an exclusion zone where trades will be under facade work prior to starting work.

Requested copies of the following be forwarded to WorkSafe ACT:

- Injured person asbestos awareness, silica awareness and construction safety cards
- Removal of composite Cladding and insulation, installation of insulation, installation of solid aluminium of facade safe work method statement

Informed a verbal Prohibition Notice has been issued to stopping workers working under workers undertaking the removal of aluminium cladding panel due to the risk of falling objects and injury.

Further information was provided showing the injury person is working in a declared occupation and have not undertaken and successfully completed 10830NAT - Course in Crystalline Silica Exposure Prevention course before starting work.

*Disclaimer: The issues identified during this inspection are only indicative of compliance with the Work Health and Safety Act 2011, the Work Health and Safety Regulations 2011, the Dangerous Substances Act 2004 and the Workers Compensation Act 1951 on the date of the inspection. If compliance is identified during this inspection, it does not remove the obligation of any person to comply with any further requirement of the above mentioned Acts and Regulations.*

**Previous Action**

Previous notice/s issued (either written or verbal)?

**Recipient/s of this form:**

Email: Sch 2.2(a)(ii)

Email 2:

Email 3:

Privacy Notice: The information collected for the purpose of the Work Health and Safety Act 2011 and is in accordance with the Information Privacy Act 2014. WorkSafe ACT prevents any unreasonable intrusion into person's privacy in accordance with the Privacy Act 1988 (C'Wlth) and Information Privacy Act 2014. WorkSafe ACT provides identifiable information which can be disclosed to other law enforcement agencies and authorised organisation that have legal authority to request information under prescribed circumstances.

# NOTICE ABOUT BUILDING WORK

## SITE ADDRESS

Street address: [REDACTED]

Site location: RWB

Block: [REDACTED]

## DESCRIPTION OF WORK

Removal and replacement of Non-Compliant Cladding

Stage of work:

SA no.:

SA exempt:

SA approved:

## LICENSED BUILDER

Name: Carberra Building Services

Licence No.: 20781007

Phone: 02 62672277

ACB no.: A27 274 268

Email: office@carberrabuilding.com.au

## BUILDING CERTIFIER

Name: CBS Commercial Carberra Pty Ltd

Licence No.: 20781007

Phone: 6263 9913

ACB no.: 95 625 944 128

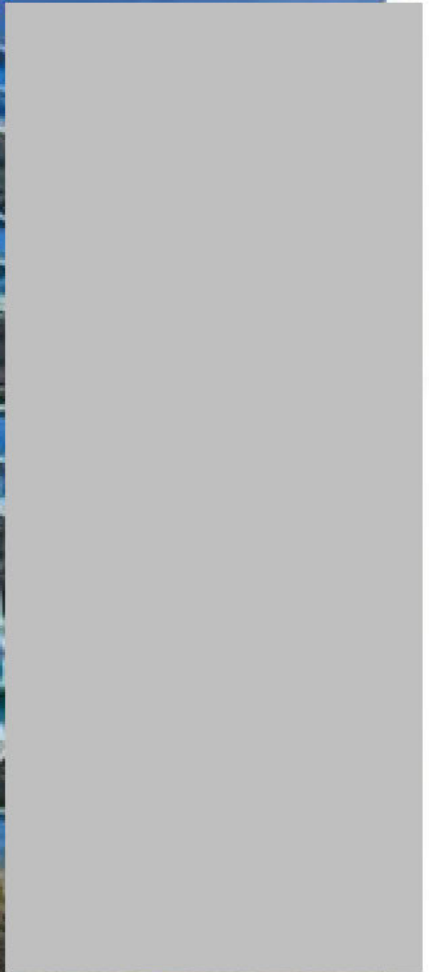
Email: info@carberra.com.au

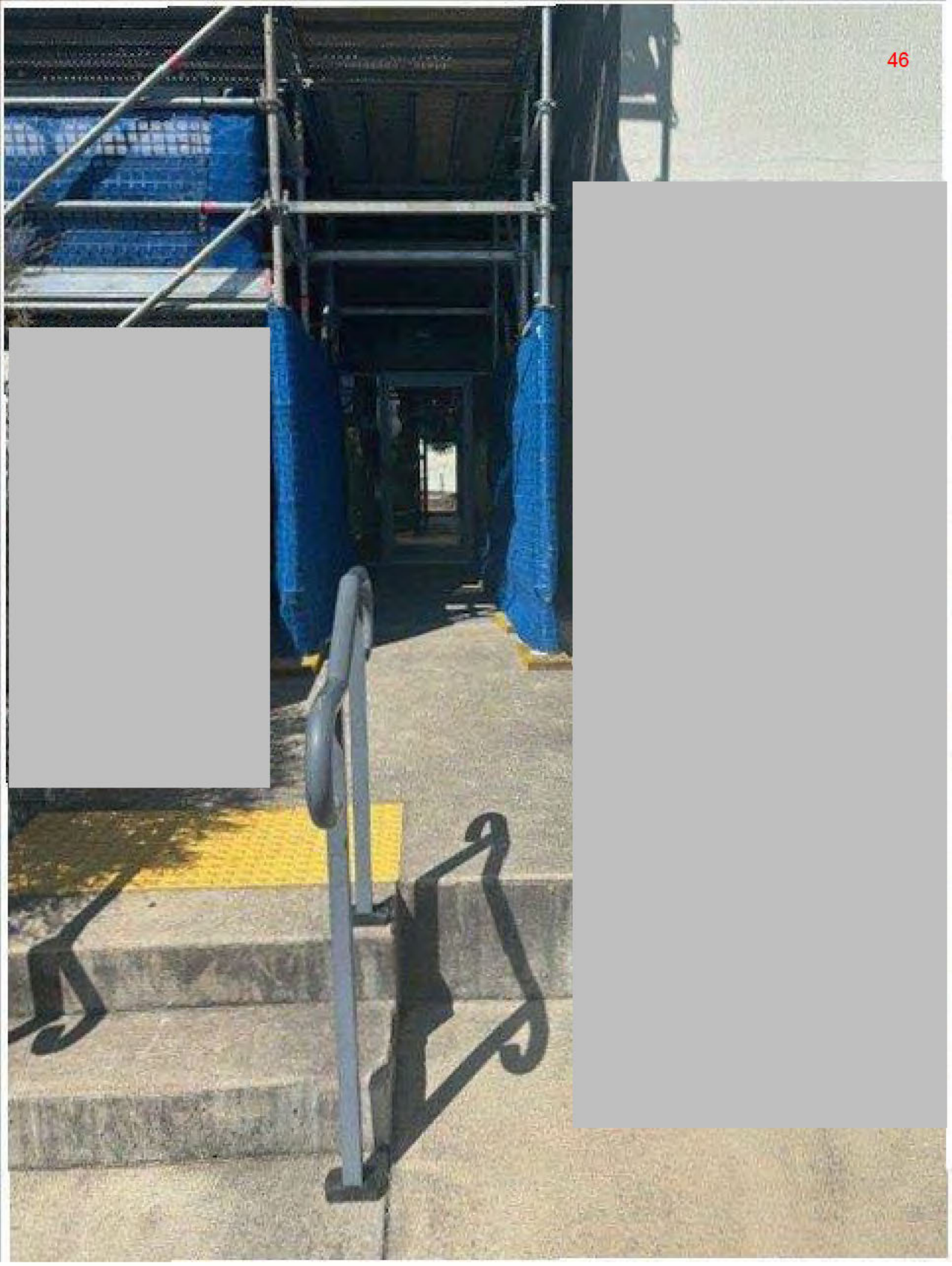
## PRINCIPAL CONTRACTOR

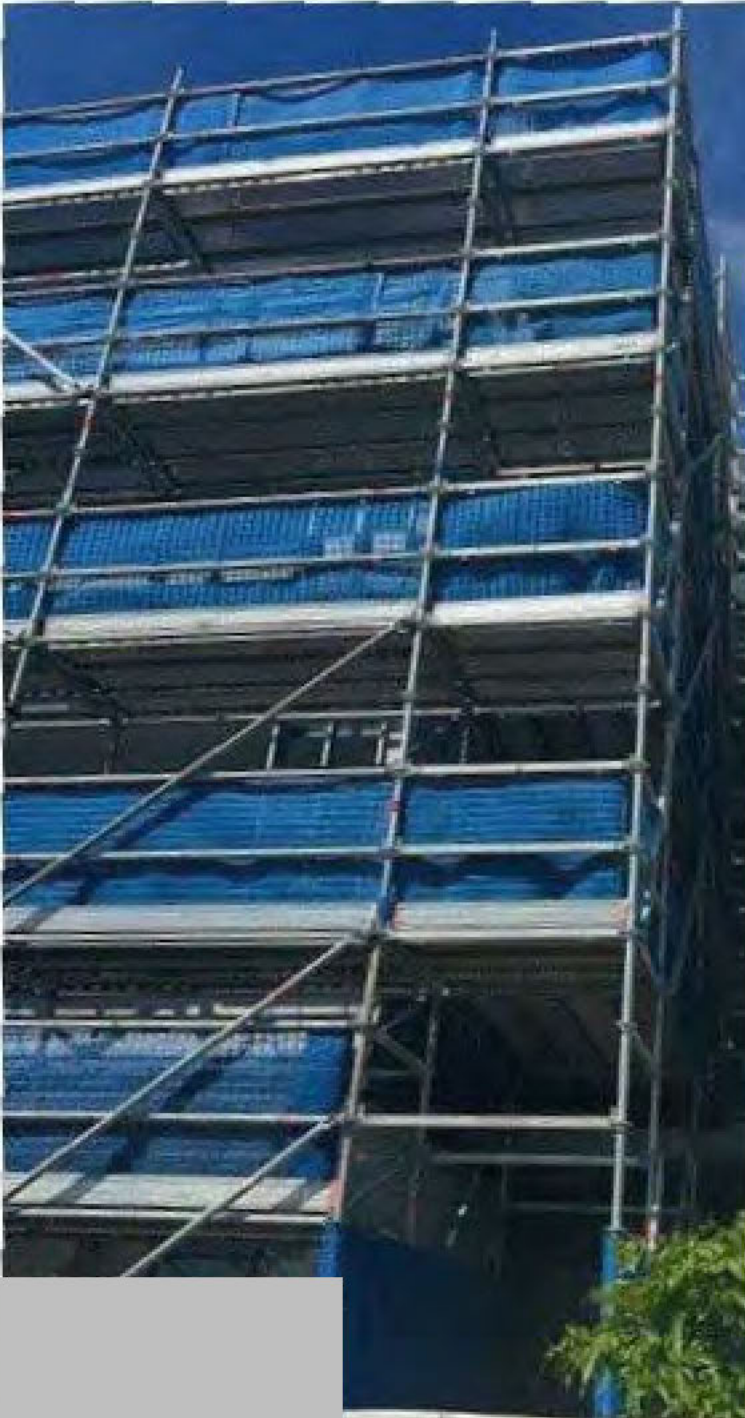
Name: Carberra Building Services (ACT/NT/NSW) Pty Ltd

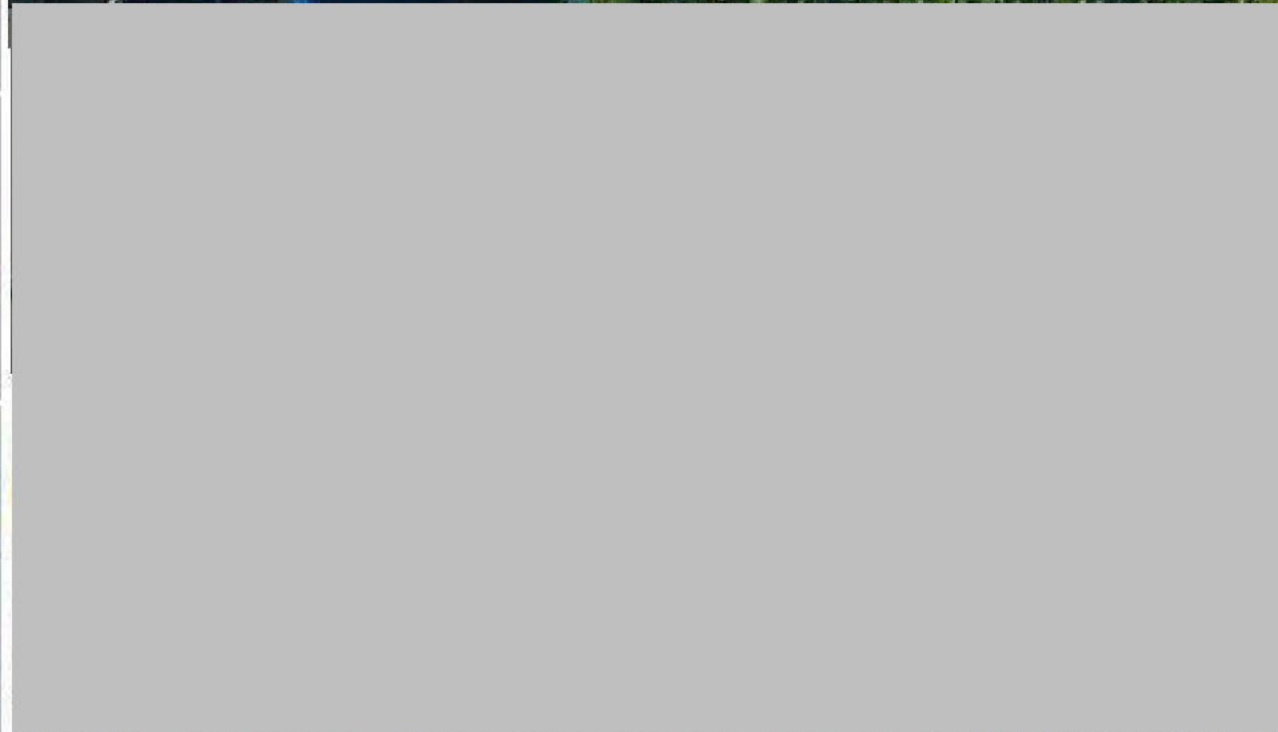
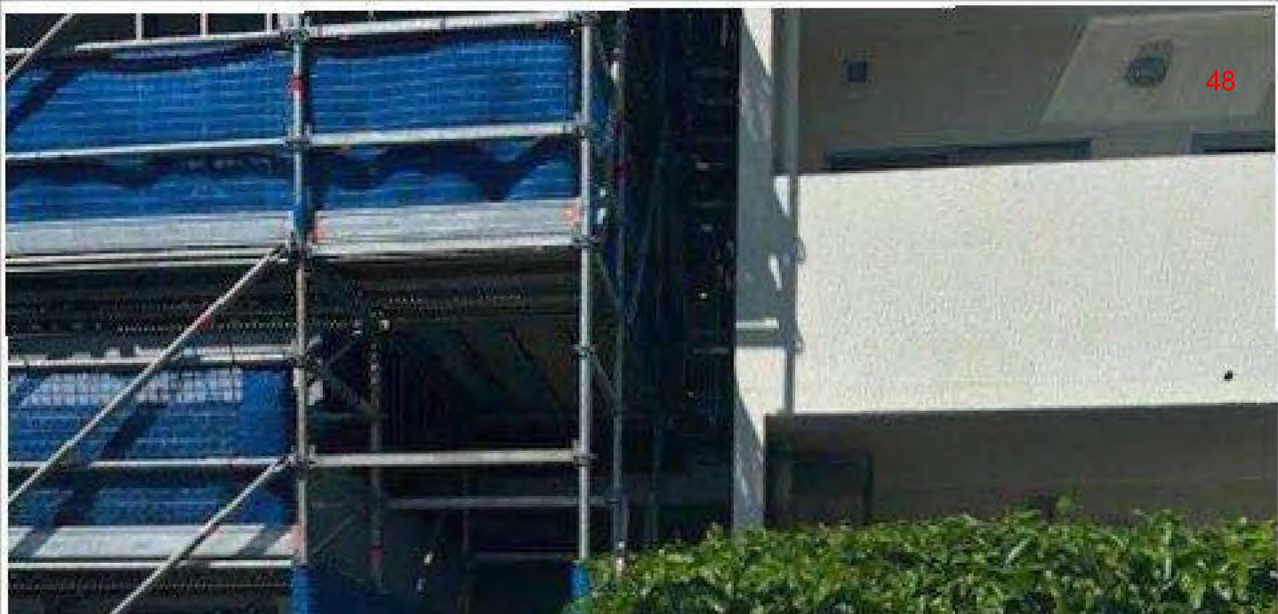
ABN (GST) 6412 007 069

Phone: 02 62672277

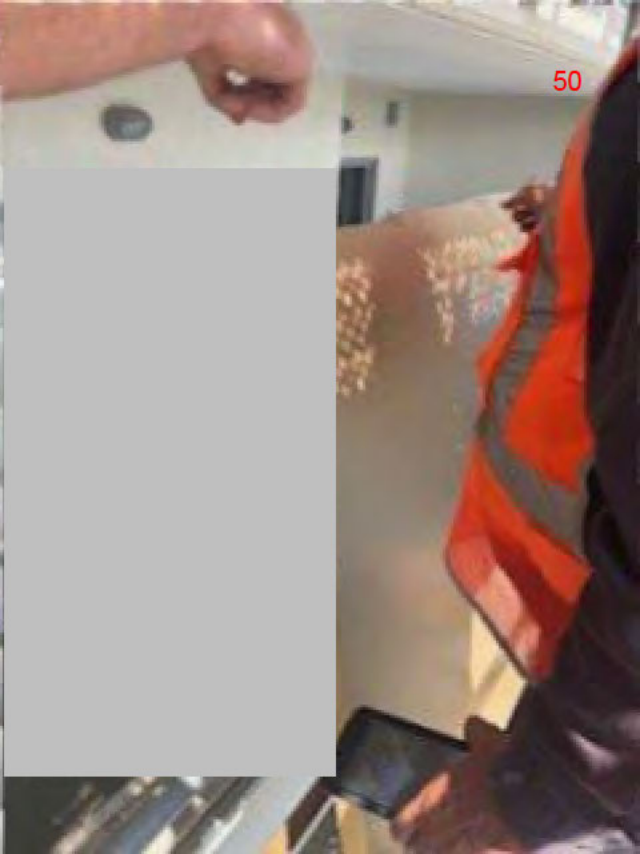






















**From:** Sch 2.2(a)(ii)  
**Sent:** 15/01/2024 12:57 PM  
**To:** "WorkSafe" <WorkSafe@worksafe.act.gov.au>; "Woolgar, Andrew" <Andrew.Woolgar@worksafe.act.gov.au>  
**Cc:** Sch 2.2(a)(ii)  
**Subject:** RE: Prohibition Notice N-0000009247  
**Attachments:** CBS Site Specific Safety Induction Record & Checklist.docx

Hi Andrew,

With regards to this prohibition notice CBS has completed the following actions:

- Prohibition notice has been posted at the CBS site office at [REDACTED]
- An audit has been done of all workers to ensure they all have the mandated tickets to perform construction work, with particular attention paid to those workers who have joined the company since CBS as a whole completed the Silica Awareness Training. No other misses have been identified in this audit.
- We have updated the CBS site specific induction form to highlight and capture the mandated ticket requirement and to prompt the person conducting the induction not allow the worker to start work without proper qualifications. A copy of this form is attached.

The signoff page of the CBS SWMS will also be updated to include this information as well. CBS is taking this opportunity to do a complete review and rewrite of our SWMS.

Regards

Sch 2.2(a)(ii)

[www.cbsfacades.com.au](http://www.cbsfacades.com.au)

Canberra Building Services (ACT & NSW) PTY LTD



CANBERRA BUILDING SERVICES

---

**From:** WorkSafe ACT <worksafe@act.gov.au>  
**Sent:** Monday, January 15, 2024 10:04 AM  
**To:** Sch 2.2(a)(ii)  
**Cc:** andrew.woolgar@act.gov.au  
**Subject:** Prohibition Notice N-0000009247

Hi,  
Please see attached PDFs to view a copy of your Notice.

**Inspection number:** 00188482  
**Lead Inspector:** Andrew Woolgar  
**Company Name:** Canberra Building Services (ACT & NSW) Pty Ltd  
**Notice Number:** N-0000009247

For any further information please contact WorkSafe on:  
Telephone: (02) 6207 3000



## Site Specific Safety Induction Record & Checklist

ALL WORKERS MUST HAVE COMPLETED SITE SPECIFIC INDUCTION, BEFORE COMMENCING WORK ON THIS PROJECT.

A copy of this Site Induction Form will be issued to the individual, and a copy maintained on site.

**A copy of this form and of Workers tickets and qualifications to be sent to Workshop.**

### EMPLOYEE DETAILS

TO BE COMPLETED BY EMPLOYEES and SUBCONTRACTORS

Employer/Company Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Mobile Number: \_\_\_\_\_

Email: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Number: \_\_\_\_\_

**List any Licenses/ Certificates of Competency Held:** Please note certificate / card number.

**Mandatory: If Worker does not have any of these then NO START.**

Construction White Card (Y/N):	Asbestos Awareness (Y/N):
Silica Awareness (Y/N)	

#### Optional:

High Risk Licence(Y/N):	Yellow Card (Y/N):
Other:	Other:

**Any Medical Condition:** \_\_\_\_\_

**Any Allergies:** \_\_\_\_\_

I declare that I have been inducted into the \_\_\_\_\_ (employer's name) Health and Project Management Plan, including all safe work method statements relevant to the tasks I will perform on this site.

I verify that the above information and general safety induction details are true and correct. I have the necessary training to undertake the tasks allocated to me by my employer and I am medically fine to safely perform the respective tasks required of me on this project. I understand the Site Specific Safety Induction and understand my OHSE responsibilities on this project.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Induction carried out by: \_\_\_\_\_ Date: \_\_\_\_\_





## PROHIBITION NOTICE

This notice is issued under section 195 of the *Work Health and Safety Act 2011*. Section 210 requires that the person to whom a prohibition notice is issued must, as soon as possible, display a copy of the notice in a prominent place at or near the workplace, or part of the workplace at which work is being carried out that is affected by the notice.

**You must comply with this notice. Failure to comply may incur a maximum penalty of \$100,000 for an individual and \$500,000 for a body corporate.**

### Notice issued to:

Legal name of person/business or undertaking: Canberra Building Services (ACT & NSW) Pty Ltd  
 ABN: 65627274668  
 ACN: 627274668  
 Trading As: Canberra Building Services  
 Address: 19 Yallourn Street, Fyshwick, ACT, 2609

### Details of serious risk:

Site location: [REDACTED]

You are prohibited from allowing workers to work in a declared occupation and have not undertaken and successfully completed 10830NAT - Course in Crystalline Silica Exposure Prevention course before starting work.

### Basis for inspector's belief:

On the [REDACTED] 2024 at 10:20 Inspector Woolgar and person assisting Seagrove undertook a workplace assessment at Canberra Building Services (ACT & NSW) Pty Ltd construction workplace at [REDACTED] to investigate a notifiable incident. Met with the Site Manager, Director and Safety Manager for Canberra Building Services (ACT & NSW) Pty Ltd and observation and discussions revealed:

- A worker was working two scaffold work decks below where other workers were removing aluminium cladding panel when somehow the aluminium cladding panel fell striking the workers below causing a laceration to the workers arm.
- A review of the Removal of composite Cladding and insulation, installation of insulation, installation of solid aluminium of facade safe work method statement has control measures for falling objects which requires an exclusion zone where trades will be under facade work prior to starting work.

Further information was provided showing the injury person is working in a declared occupation and have not undertaken and successfully completed 10830NAT - Course in Crystalline Silica Exposure Prevention course before starting work.

I Andrew Woolgar reasonably believe that on 12/01/2024 11:00 AM that you contravened a provision of the Work Health and Safety Act 2011, section 19 (3) (c). Persons are exposed to serious risk to their health and safety due to have not undertaken and successfully completed 10830NAT - Course in Crystalline Silica Exposure Prevention course before starting work.

**Directions on the measures to be taken to remedy the risk, activities or matters or the contravention or likely contravention:** *(it is mandatory to comply with these directions)*

You must ensure, so far as reasonably practicable that you ensure workers who work in a declared occupation and have undertaken and successfully completed 10830NAT - Course in Crystalline Silica Exposure Prevention course before starting work to control those risks.

A person to whom a notice is issued must, as soon as possible, display a copy of the notice in a prominent place at or near the workplace, or part of the workplace, at which work is being carried out that is affected by the notice

**Recommendations (if any):** *(it is not an offence not to comply with these recommendations)*

In complying with the direction, you may give consideration to further guidance available from:

- WorkSafe ACT code of practice 'Construction work'.

- <https://www.worksafe.act.gov.au/health-and-safety-portal/safety-topics/dangerous-goods-and-hazardous-substances/silica-dust>

Please contact the inspector who issued this notice to confirm that the uncontrolled risk has been remedied.

#### Issuing Details

Issued by: Andrew Woolgar

ID number: P32662

Date issued: 15/01/2024

Service method: Email

Notice emailed to: [scf@act.gov.au](mailto:scf@act.gov.au)

## **Prohibition Notice issued under section 191 of the Work Health and Safety Act 2011 - further information**

If you have any questions you may contact the inspector who issued this notice.

### **Display of Notices**

A person to whom a notice is issued must, as soon as possible, display a copy of the notice in a prominent place at or near the workplace, or part of the workplace, at which work is being carried out that is affected by the notice (s 210(1)). A person must not intentionally remove, destroy, damage or deface a notice displayed under s 210(1) while the notice is in force (s 210(2)). The maximum penalty for failing to comply with these provisions is \$5,000 for an individual or \$25,000 for a corporation.

### **Compliance with direction or notice**

The person to whom a prohibition notice is issued must comply with the notice (s197). The maximum penalty for failing to comply with this requirement is \$100,000 for an individual or \$500,000 for a corporation.

### **Regulator may carry out action**

If a person to whom a prohibition notice is issued fails to take reasonable steps to comply with the notice, and after giving written notice of its intentions and the persons liability for the costs, the regulator (WorkSafe ACT) may take any remedial action it believes reasonable to make the workplace or situation safe (s 211). The regulator may then recover the reasonable costs of taking this remedial action (s213).

### **Contents of Notice**

This Notice may state one or more of the following: (a) a workplace, or part of a workplace, at which the activity is not to be carried out; (b) anything that is not to be used in connection with the activity; (c) any procedure that is not to be followed in connection with the activity (s196(3)).

### **Directions and recommendations**

A direction may refer to a code of practice and may offer the person a choice of ways in which to remedy the contravention (s 204). A prohibition notice may include recommendations. It is not an offence to fail to comply with recommendations in a notice (s205).

### **Changes to notice by inspector**

An inspector may make minor changes to a notice for clarification, to correct errors or references, or to reflect changes of address or other circumstances (s206).

### **Privacy statement**

WorkSafe ACT may obtain personal information about you in connection with this notice. The information may be collected and stored using the powers, and to carry out functions or activities, under the Work Health and Safety Act 2011 and related work safety laws. Under that Act, the information can be disclosed to other ACT Government agencies or non-government organisations, and other Australian work safety enforcement agencies. WorkSafe ACT is obliged to handle your information openly, transparently and in accordance with the Territory Privacy Principles set out in the Information Privacy Act 2014. For more information about how WorkSafe ACT will collect, use, share, and store your personal information and how you can access and correct the information, please see the Privacy Statement at [www.act.gov.au/privacy](http://www.act.gov.au/privacy).

### **Review of this Work Health and Safety Act notice**

If you have any questions or need more information you may contact the inspector who issued this notice, or email [worksafe@act.gov.au](mailto:worksafe@act.gov.au).

You, or another person whose interests are affected by the decision, may apply for an internal review of the decision to issue this notice.

A review may be sought within 14 days, or in the case of an improvement notice within the compliance date period specified in the notice, whichever is lesser. You may also make an application for the reviewer to stay the operation of the Improvement notice.

Please ensure you include the notice number in your application for a review, together with the applicant's name and address, and the reason you are seeking the review.

An application for a review can be made in writing to: The Work Health and Safety Commissioner WorkSafe ACT, GPO Box 158 Canberra City ACT 2601 or by email: [worksafe@act.gov.au](mailto:worksafe@act.gov.au).

You may then seek a review of an internal reviewer's decision in the ACT Civil and Administrative Tribunal (ACAT). Information about that process can be found at [www.acat.act.gov.au](http://www.acat.act.gov.au).

The decision to issue this notice is also reviewable under the *Administrative Decisions (Judicial Review) Act 1989* on application to the ACT Supreme Court.

PO Box 158, Canberra ACT 2601

Email: [worksafe@act.gov.au](mailto:worksafe@act.gov.au)

Phone: (02) 6207 3000

Fax:(02) 6205 0336

### **Translating and Interpreting Service**

Phone: 131 450

**From:** Sch 2.2(a)(ii)  
**Sent:** 19/01/2024 3:00 PM  
**To:** "Woolgar, Andrew" <Andrew.Woolgar@worksafe.act.gov.au>  
**Subject:** RE: Prohibition Notice N-0000009246  
**Attachments:** RE: Prohibition Notice N-0000009247

You don't often get email from Sch 2.2(a)(ii) [Learn why this is important](#)

**Caution:** This email originated from outside of the ACT Government. Do not click links or open attachments unless you recognise the sender and know the content is safe. [Learn why this is important](#)

Thanks  
Andrew,  
  
Are you  
also happy

with the results of **Notice Number:** N-0000009247 which I sent through earlier in the week? I have attached a copy of the email in case you missed it.

Have a good weekend.

Regards

Sch 2.2(a)(ii)

[www.cbsfacades.com.au](http://www.cbsfacades.com.au)  
Canberra Building Services (ACT & NSW) PTY LTD



CANBERRA BUILDING SERVICES

---

**From:** Woolgar, Andrew <Andrew.Woolgar@worksafe.act.gov.au>  
**Sent:** Friday, January 19, 2024 2:24 PM  
**To:** Sch 2.2(a)(ii)  
**Subject:** RE: Prohibition Notice N-0000009246

OFFICIAL

Gid day Sch 2.2(a)(ii)

I am satisfied with the controls now implemented and that you have now complied with the directions in the notice and work may now recommence

Please contact me if you require further information

**Andrew J WOOLGAR** | Inspector – Civil Commercial and Residential Construction Inspectorate  
P: 02 620 73989 | E: [andrew.woolgar@worksafe.act.gov.au](mailto:andrew.woolgar@worksafe.act.gov.au)  
**Office of the Work Health and Safety Commissioner**  
GPO Box 158 Canberra ACT 2601

**WORKSAFEACT**

---

**From:** Sch 2.2(a)(ii)  
**Sent:** Friday, January 19, 2024 1:15 PM

To: WorkSafe <WorkSafe@worksafe.act.gov.au>  
 Cc: Woolgar, Andrew <Andrew.Woolgar@worksafe.act.gov.au>  
 Subject: RE: Prohibition Notice N-0000009246

Some people who received this message don't often get email from [Sch 2.2\(a\)\(ii\)](#). [Learn why this is important](#)

**Caution:** This email originated from outside of the ACT Government. Do not click links or open attachments unless you recognise the sender and know the content is safe. [Learn why this is important](#)

Andrew,  
 CBS has reviewed our

SWMS Template and included the comments you suggested at our meeting on Friday 12 January. The SWMS has been presented to CBS workers and foreman and has been discussed and agreed.

Attached is the revised SWMS Template with the exclusion zone added to the panel removal and installation for your review and comment.

Attached also is a photo of an exclusion zone implemented at [REDACTED]

Hope the attached meets with your approval, any concerns or further recommendations please let me know.

Regards

Sch 2.2(a)(ii)

[www.cbsfacades.com.au](http://www.cbsfacades.com.au)

Canberra Building Services (ACT & NSW) PTY LTD



CANBERRA BUILDING SERVICES

From: WorkSafe ACT <worksafe@act.gov.au>  
 Sent: Monday, January 15, 2024 10:30 AM  
 To: [Sch 2.2\(a\)\(ii\)](#)  
 Cc: [andrew.woolgar@act.gov.au](mailto:andrew.woolgar@act.gov.au)  
 Subject: Prohibition Notice N-0000009246

Hi,  
 Please see attached PDFs to view a copy of your Notice.

**Inspection number:** 00188482  
**Lead Inspector:** Andrew Woolgar  
**Company Name:** Canberra Building Services (ACT & NSW) Pty Ltd  
**Notice Number:** N-0000009246

For any further information please contact WorkSafe on:  
 Telephone: (02) 6207 3000  
 Facsimile: (02) 6205 0336  
 Email: [worksafe@act.gov.au](mailto:worksafe@act.gov.au)

-----  
This email, and any attachments, may be confidential and also privileged. If you are not the intended recipient, please notify the sender and delete all copies of this transmission along with any attachments immediately. You should not copy or use it for any purpose, nor disclose its contents to any other person.  
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## PROHIBITION NOTICE

This notice is issued under section 195 of the *Work Health and Safety Act 2011*. Section 210 requires that the person to whom a prohibition notice is issued must, as soon as possible, display a copy of the notice in a prominent place at or near the workplace, or part of the workplace at which work is being carried out that is affected by the notice.

**You must comply with this notice. Failure to comply may incur a maximum penalty of \$100,000 for an individual and \$500,000 for a body corporate.**

### Notice issued to:

Legal name of person/business or undertaking: Canberra Building Services (ACT & NSW) Pty Ltd  
 ABN: 65627274668  
 ACN: 627274668  
 Trading As: Canberra Building Services  
 Address: 19 Yallourn Street, Fyshwick, ACT, 2609

### Details of serious risk:

Site location: [REDACTED]

You are prohibited from carrying on of allowing workers working under workers undertaking the removal of aluminium cladding panel due to the risk of falling objects and injury.

### Basis for inspector's belief:

On the 12/01/2024 at 10:20 Inspector Woolgar and person assisting Seagrove undertook a workplace assessment at Canberra Building Services (ACT & NSW) Pty Ltd construction workplace at [REDACTED] to investigate a notifiable incident. Met with the Site Manager, Director and Safety Manager for Canberra Building Services (ACT & NSW) Pty Ltd and observation and discussions revealed:

- A worker was working two scaffold work decks below where other workers were removing aluminium cladding panel when somehow the aluminium cladding panel fell striking the workers below causing a [REDACTED]
- A review of the Removal of composite Cladding and insulation, installation of insulation, installation of solid aluminium of facade safe work method statement has control measures for falling objects which requires an exclusion zone where trades will be under facade work prior to starting work.
- No exclusion zone to restrict access to workers not involved in the removal task was established below where the external cladding was being removed.

I Andrew Woolgar reasonably believe that on 12/01/2024 11:00 AM that you contravened a provision of the Work Health and Safety Act 2011, section 19 (3) (c). Persons are exposed to serious risk to their health and safety due to no control measure installed to minimise the risk of falling objectives when undertaking work tasks below workers undertaking the removal of aluminium cladding panel.

### Directions on the measures to be taken to remedy the risk, activities or matters or the contravention or likely contravention: *(it is mandatory to comply with these directions)*

You must ensure, so far as reasonably practicable that you must manage, in accordance with part 3.1 (Managing risks to health and safety), risks to health and safety associated with an object falling on a person if the falling object is reasonably likely to injure the person to control those risks.

A person to whom a notice is issued must, as soon as possible, display a copy of the notice in a prominent place at or near the workplace, or part of the workplace, at which work is being carried out that is affected by the notice

### Recommendations (if any): *(it is not an offence not to comply with these recommendations)*

In complying with the direction, you may give consideration to further guidance available from:

- WorkSafe ACT code of practice 'Construction work'.

Please contact the inspector who issued this notice to confirm that the uncontrolled risk has been remedied.

**Issuing Details**

Issued by: Andrew Woolgar

ID number: P32662

Date issued: 15/01/2024

Service method: Email

Notice emailed to: [Sev227@000](mailto:Sev227@000)

## **Prohibition Notice issued under section 191 of the Work Health and Safety Act 2011 - further information**

If you have any questions you may contact the inspector who issued this notice.

### **Display of Notices**

A person to whom a notice is issued must, as soon as possible, display a copy of the notice in a prominent place at or near the workplace, or part of the workplace, at which work is being carried out that is affected by the notice (s 210(1)). A person must not intentionally remove, destroy, damage or deface a notice displayed under s 210(1) while the notice is in force (s 210(2)). The maximum penalty for failing to comply with these provisions is \$5,000 for an individual or \$25,000 for a corporation.

### **Compliance with direction or notice**

The person to whom a prohibition notice is issued must comply with the notice (s197). The maximum penalty for failing to comply with this requirement is \$100,000 for an individual or \$500,000 for a corporation.

### **Regulator may carry out action**

If a person to whom a prohibition notice is issued fails to take reasonable steps to comply with the notice, and after giving written notice of its intentions and the persons liability for the costs, the regulator (WorkSafe ACT) may take any remedial action it believes reasonable to make the workplace or situation safe (s 211). The regulator may then recover the reasonable costs of taking this remedial action (s213).

### **Contents of Notice**

This Notice may state one or more of the following: (a) a workplace, or part of a workplace, at which the activity is not to be carried out; (b) anything that is not to be used in connection with the activity; (c) any procedure that is not to be followed in connection with the activity (s196(3)).

### **Directions and recommendations**

A direction may refer to a code of practice and may offer the person a choice of ways in which to remedy the contravention (s 204). A prohibition notice may include recommendations. It is not an offence to fail to comply with recommendations in a notice (s205).

### **Changes to notice by inspector**

An inspector may make minor changes to a notice for clarification, to correct errors or references, or to reflect changes of address or other circumstances (s206).

### **Privacy statement**

WorkSafe ACT may obtain personal information about you in connection with this notice. The information may be collected and stored using the powers, and to carry out functions or activities, under the Work Health and Safety Act 2011 and related work safety laws. Under that Act, the information can be disclosed to other ACT Government agencies or non-government organisations, and other Australian work safety enforcement agencies. WorkSafe ACT is obliged to handle your information openly, transparently and in accordance with the Territory Privacy Principles set out in the Information Privacy Act 2014. For more information about how WorkSafe ACT will collect, use, share, and store your personal information and how you can access and correct the information, please see the Privacy Statement at [www.act.gov.au/privacy](http://www.act.gov.au/privacy).

### **Review of this *Work Health and Safety Act* notice**

If you have any questions or need more information you may contact the inspector who issued this notice, or email [worksafe@act.gov.au](mailto:worksafe@act.gov.au).

You, or another person whose interests are affected by the decision, may apply for an internal review of the decision to issue this notice.

A review may be sought within 14 days, or in the case of an improvement notice within the compliance date period specified in the notice, whichever is lesser. You may also make an application for the reviewer to stay the operation of the Improvement notice.

Please ensure you include the notice number in your application for a review, together with the applicant's name and address, and the reason you are seeking the review.

An application for a review can be made in writing to: The Work Health and Safety Commissioner WorkSafe ACT, GPO Box 158 Canberra City ACT 2601 or by email: [worksafe@act.gov.au](mailto:worksafe@act.gov.au).

You may then seek a review of an internal reviewer's decision in the ACT Civil and Administrative Tribunal (ACAT). Information about that process can be found at [www.acat.act.gov.au](http://www.acat.act.gov.au).

The decision to issue this notice is also reviewable under the *Administrative Decisions (Judicial Review) Act 1989* on application to the ACT Supreme Court.

PO Box 158, Canberra ACT 2601

Email: [worksafe@act.gov.au](mailto:worksafe@act.gov.au)

Phone: (02) 6207 3000

Fax:(02) 6205 0336

### **Translating and Interpreting Service**

Phone: 131 450

**From:** Sch 2.2(a)(ii)  
**Sent:** 19/01/2024 1:15 PM  
**To:** "WorkSafe" <WorkSafe@worksafe.act.gov.au>  
**Cc:** "Woolgar, Andrew" <Andrew.Woolgar@worksafe.act.gov.au>  
**Subject:** RE: Prohibition Notice N-0000009246  
**Attachments:** Exclusion Zone Example.jpg, Form 9A - SWMS Template v0.2 17 January 2024.docx

Some people who received this message don't often get email from Sch 2.2(a)(ii)

[Learn why this is important](#)

Andrew,

**Caution:** This email originated from outside of the ACT Government. Do not click links or open attachments unless you recognise the sender and know the content is safe. [Learn why this is important](#) CBS has reviewed our SWMS

Template and included the comments you suggested at our meeting on Friday 12 January. The SWMS has been presented to CBS workers and foreman and has been discussed and agreed. Attached is the revised SWMS Template with the exclusion zone added to the panel removal and installation for your review and comment.

Attached also is a photo of an exclusion zone implemented at [REDACTED]

Hope the attached meets with your approval, any concerns or further recommendations please let me know.

Regards

Sch 2.2(a)(ii)

[www.cbsfacades.com.au](http://www.cbsfacades.com.au)

Canberra Building Services (ACT & NSW) PTY LTD



CANBERRA BUILDING SERVICES

**From:** WorkSafe ACT <worksafe@act.gov.au>

**Sent:** Monday, January 15, 2024 10:30 AM

**To:** Sch 2.2(a)(ii)

**Cc:** andrew.woolgar@act.gov.au

**Subject:** Prohibition Notice N-0000009246

Hi,

Please see attached PDFs to view a copy of your Notice.

**Inspection number:** 00188482

**Lead Inspector:** Andrew Woolgar

**Company Name:** Canberra Building Services (ACT & NSW) Pty Ltd

**Notice Number:** N-0000009246

For any further information please contact WorkSafe on:

Telephone: (02) 6207 3000



**DANGER**  
**DO NOT ENTER**



The following documents have been redacted in full under the following provisions:

**Document number. (page ref.)**

Pages 70-88

**Exemption Provision**

Sch 2.2(a)(ii) and Sch 2.2(a)(xi)

**From:** "Woolgar, Andrew"  
**Sent:** 22/01/2024 8:05 AM  
**To:** Sch 2.2(a)(ii)  
**Subject:** RE: Prohibition Notice N-0000009246

OFFICIAL

Gid day Sch 2.2(a)(ii)

I have lifted the Prohibition Notice and the information show the risk has been treated.

Please contact me if you require further information

**Andrew J WOOLGAR** | Inspector – Civil Commercial and Residential Construction Inspectorate  
P: 02 620 73989 | E: [andrew.woolgar@worksafe.act.gov.au](mailto:andrew.woolgar@worksafe.act.gov.au)  
**Office of the Work Health and Safety Commissioner**  
GPO Box 158 Canberra ACT 2601

**WORKSAFEACT**

---

**From:** Sch 2.2(a)(ii)  
**Sent:** Friday, January 19, 2024 3:00 PM  
**To:** Woolgar, Andrew <[Andrew.Woolgar@worksafe.act.gov.au](mailto:Andrew.Woolgar@worksafe.act.gov.au)>  
**Subject:** RE: Prohibition Notice N-0000009246

You don't often get email from Sch 2.2(a)(ii). [Learn why this is important](#)

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Thanks  
Andrew,  
Are you

also happy with the results of **Notice Number: N-0000009247** which I sent through earlier in the week? I have attached a copy of the email in case you missed it.

Have a good weekend.

Regards

Sch 2.2(a)(ii)

[www.cbsfacades.com.au](http://www.cbsfacades.com.au)  
Canberra Building Services (ACT & NSW) PTY LTD



CANBERRA **BUILDING SERVICES**

---

**From:** Woolgar, Andrew <[Andrew.Woolgar@worksafe.act.gov.au](mailto:Andrew.Woolgar@worksafe.act.gov.au)>  
**Sent:** Friday, January 19, 2024 2:24 PM

To: Sch 2.2(a)(ii)  
Subject: RE: Prohibition Notice N-0000009246

OFFICIAL

Gid day Sch 2.2(a)(ii)

I am satisfied with the controls now implemented and that you have now complied with the directions in the notice and work may now recommence

Please contact me if you require further information

**Andrew J WOOLGAR** | Inspector – Civil Commercial and Residential Construction Inspectorate  
P: 02 620 73989 | E: [andrew.woolgar@worksafe.act.gov.au](mailto:andrew.woolgar@worksafe.act.gov.au)  
Office of the Work Health and Safety Commissioner  
GPO Box 158 Canberra ACT 2601



From: Sch 2.2(a)(ii)  
Sent: Friday, January 19, 2024 1:15 PM  
To: WorkSafe <[WorkSafe@worksafe.act.gov.au](mailto:WorkSafe@worksafe.act.gov.au)>  
Cc: Woolgar, Andrew <[Andrew.Woolgar@worksafe.act.gov.au](mailto:Andrew.Woolgar@worksafe.act.gov.au)>  
Subject: RE: Prohibition Notice N-0000009246

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Andrew,  
CBS has reviewed our

SWMS Template and included the comments you suggested at our meeting on Friday 12 January. The SWMS has been presented to CBS workers and foreman and has been discussed and agreed.

Attached is the revised SWMS Template with the exclusion zone added to the panel removal and installation for your review and comment.

Attached also is a photo of an exclusion zone implemented at [redacted]

Hope the attached meets with your approval, any concerns or further recommendations please let me know.

Regards

Sch 2.2(a)(ii)

[www.cbsfacades.com.au](http://www.cbsfacades.com.au)  
Canberra Building Services (ACT & NSW) PTY LTD



CANBERRA BUILDING SERVICES

---

**From:** WorkSafe ACT <[worksafe@act.gov.au](mailto:worksafe@act.gov.au)>  
**Sent:** Monday, January 15, 2024 10:30 AM  
**To:** [Sch 2 2\(a\)\(ii\)](#)  
**Cc:** [andrew.woolgar@act.gov.au](mailto:andrew.woolgar@act.gov.au)  
**Subject:** Prohibition Notice N-0000009246

Hi,  
Please see attached PDFs to view a copy of your Notice.

**Inspection number:** 00188482  
**Lead Inspector:** Andrew Woolgar  
**Company Name:** Canberra Building Services (ACT & NSW) Pty Ltd  
**Notice Number:** N-0000009246

For any further information please contact WorkSafe on:  
Telephone: (02) 6207 3000  
Facsimile: (02) 6205 0336  
Email: [worksafe@act.gov.au](mailto:worksafe@act.gov.au)

---

This email, and any attachments, may be confidential and also privileged. If you are not the intended recipient, please notify the sender and delete all copies of this transmission along with any attachments immediately. You should not copy or use it for any purpose, nor disclose its contents to any other person.

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## INFRINGEMENT NOTICE

This is an Infringement Notice served under section 120 of the *Magistrates Court Act 1930*.

### Information

**Notice number:** IN-0002153

**Payment due:** 13 March, 2024

**Issued by:** A Woolgar ID number: P32662

who is an authorised person under section 134A(3) of the *Magistrates Court Act 1930*.

### To whom this notice is served:

Name of registered company: Canberra Building Services (ACT & NSW) Pty Ltd

Business or trading name: Canberra Building Services

Registered business address: 19 Yallourn Street, Fyshwick, ACT 2609

Recipient: Canberra Building Services (ACT & NSW) Pty Ltd

ACN: 627274668

ABN: 65627274668

Date of service: 05 February, 2024

Method of service: By Post

### Site Details

Time/date of contravention: 12 January, 2024 11:15

Address of place of contravention: [REDACTED]

### Details of the offence

Inspector A Woolgar reasonably believes you have contravened the Work Health and Safety Regulation section number -418D (1).  
 Persons are exposed to serious risk to their health and safety due to working in a declared occupation and have not undertaken and successfully completed 10830NAT - Course in Crystalline Silica Exposure Prevention course before starting work.

### Full description of the offence

On the 12/01/2024 at 10:20 Inspector Woolgar and person assisting Seagrove undertook a workplace assessment at Canberra Building Services (ACT & NSW) Pty Ltd construction workplace at [REDACTED] to investigate a notifiable incident. Met with the Site Manager, Director and Safety Manager for Canberra Building Services (ACT & NSW) Pty Ltd and observation and discussions revealed:

- The injured person was working in a declared occupation and have not undertaken and successfully completed 10830NAT - Course in Crystalline Silica Exposure Prevention course before starting work.
- The PCBU was unaware the worker had not undertaken and successfully completed 10830NAT - Course in Crystalline Silica Exposure Prevention course before starting work.

Penalty: [REDACTED]

See over for important information on your rights and responsibilities.

If you do not pay the Infringement Notice penalty or dispute liability for the offence within 28 days (or any further time allowed), a Reminder Notice may be served on you, or you may be prosecuted in the ACT Magistrates Court for the offence. If a Reminder Notice is issued, the penalty is increased by the cost of serving the Reminder Notice.

**YOU HAVE 28 DAYS FROM THE DATE OF THIS NOTICE TO:**

**A. PAY THE INFRINGEMENT NOTICE PENALTY**

**EFT:** Use your online banking service to make payment using the details below.

Account Name: Office of the Work Health and Safety Commissioner

BSB: 032 777

Account Number: 002 984

**OR**

**B. REQUEST EXTENSION OF TIME TO PAY PENALTY.** If you wish to apply for more time to pay the penalty, you must write to the Work Health and Safety Regulator as the administering authority within 28 days after the date of service. A delegate of the Work Health and Safety Regulator as the administering authority from WorkSafe ACT will write to you about the outcome of your request, and if your request is refused, the reasons for that decision. If your request is refused the penalty must be paid within 7 days after the day you are told of the refusal, or 28 days after the date of service, whichever is the later; **OR**

**C. APPLY FOR WITHDRAWAL OF THE INFRINGEMENT NOTICE.** If you wish to apply for withdrawal of the Infringement Notice, you must write to the Work Health and Safety Regulator as the administering authority, within 28 days after the date of service. The application must set out the grounds on which you rely. A delegate of the Work Health and Safety Regulator as the administering authority from WorkSafe ACT will write to you about the outcome of your request, and if your request is refused, the reasons for that decision. **OR**

**D. DISPUTE LIABILITY.** If you wish to dispute liability for the offence, you must write to the Work Health and Safety Regulator as the administering authority, within 28 days after the date of service, or any longer time allowed by the Work Health and Safety Regulator. The notice must state that you dispute liability and set out the grounds on which you rely. The matter may be referred to the ACT Magistrates Court. If the matter goes to Court, and the Court finds against you, you may be convicted and ordered to pay a penalty and costs, and be subject to other Court orders; **OR**

**E. REQUEST EXTENSION OF TIME TO DISPUTE LIABILITY.** If you wish to apply for longer time to dispute liability for the offence, you must write to the Work Health and Safety Regulator as administering authority within 28 days after the date of service, requesting a stated longer time. A delegate of the Work Health and Safety Regulator as the administering authority from WorkSafe ACT will write to you about the outcome of your request, and if your request is refused, the reasons for that decision. If your request is refused, you must pay the penalty or dispute liability within 7 days after the day you are told of the refusal, or 28 days after the day of service, whichever is later.

**Further Information**

If you have any questions you may contact the inspector who issued this notice.

If you pay the Infringement penalty within 28 days (or any further time allowed) then, unless the Infringement Notice is withdrawn and the penalty refunded:

- Your liability for the offence is discharged;
- You will not be prosecuted in court for the offence; and
- You will not be taken to have been convicted of the offence.

This Notice may be withdrawn before or after the penalty is paid. In the event that the Notice is withdrawn, WorkSafe ACT may determine that further prosecution is warranted.

In some circumstances you can seek to pay the amount owing through a payment plan over no more than six months.

**Request for further review**

You may have other rights of review in relation to this notice, if in doubt, you may wish to seek legal advice.

**WorkSafe ACT contact details**

See footer.

**Translating and Interpreting Service**

Phone: 131 450

**PRIVACY NOTICE:**

The personal information collected about you is being collected for the purpose of securing the safety of people at work by the authority of the *Work Health and Safety Act 2011*. The information can be disclosed, in accordance with the *Work Health and Safety Act 2011*, to other law enforcement agencies including the Australian Federal Police, ACT Planning & Land Authority and the Office for Children, Youth & Family Support.

A U S T R A L I A P O S T  
CANBERRA GPO POST SHOP. 2601

Article Lodgement  
Small Letter size (prepaid envelope)  
Tracking number:  
RPP44 63800 09400 54735 11608  
Postcode: 2609

Please retain as proof of lodgement.  
For track event information go to  
[www.auspost.com.au/track](http://www.auspost.com.au/track)

TOTAL \$0.00  
Payment Not Required

22/03/24 03/87065 nn3/3 229219 11:49

PROVIDE FEEDBACK ON TODAY'S VISIT AT  
[AUSPOST.COM.AU/MYVISIT](http://AUSPOST.COM.AU/MYVISIT)

How to track your item

Use the tracking number or QR code below.  
You can either:  
- enter the tracking number at [auspost.com.au/track](http://auspost.com.au/track), or  
- scan the QR code using the AusPost app or your favourite QR code reader.

Tracking number: [Redacted]  
[Redacted] Sch 2.2(a)(ii)

Please complete, tear off and lodge over the counter with your article.  
Enquiries: please call 13 POST (13 7678).

Optional services:  
(Sender to selected services)  
 Extra Cover (Over \$100 up to \$5,000)  
Amount required: \$  
Description of contents:  
 Delivery Confirmation  
 Person to Person  
Additional fee is payable for each service.

Registered Post - Lodgement Receipt

Item addressed to:  
Company name: *Indesim Bulk Services*  
For the attention of: *Sch 2.2(a)(ii)*  
PO Box number:  
or street address: *19 YHELDORN ST*  
Suburb: *Fyshwick*  
or town:  
State: *ACT*  
Zip: *2609*  
Date: *22 MAR 2024*  
Sender's signature: *AT Weel GAA*  
Sender's name: *Sch 2.2(a)(ii)*  
I have read and agree to the information on the reverse side of this receipt.  
WARNING: This envelope is not suitable for sending jewellery or precious stones. Small rigid items such as keys or coins should be securely packed to avoid loss or damage.



Please complete, tear off and lodge over the counter with your article. Enquiries: please call 13 POST (13 7678).

Optional services: (Sender to  selected services)

Extra Cover (Over \$100 up to \$5,000)

Amount required: \$  
Description of contents:

Delivery Confirmation  
 Person to Person

Additional fee is payable for each service.

A U S T R A L I A P O S T  
CANBERRA GPO POST SHOP, 2601

Article Lodgement  
Small Letter size (prepaid envelope)  
Tracking number:  
Postcode: 2609

Please retain as proof of lodgement. For track event information go to [www.auspost.com.au/track](http://www.auspost.com.au/track)

TOTAL \$0.00  
Payment Not Required

28/03/24 01/20699 nn1/1 229219 11:58

PROVIDE FEEDBACK ON TODAY'S VISIT AT [AUSPOST.COM.AU/MYVISIT](http://AUSPOST.COM.AU/MYVISIT)

How to track your item

Use the tracking number or QR code below. You can either:  
- enter the tracking number at [auspost.com.au/track](http://auspost.com.au/track), or  
- scan the QR code using the AusPost app or your favourite QR code reader.

Tracking number:   
Sch 2.2(a)(ii)

Registered Post - Lodgement Receipt

Item addressed to: *Endorse Bull's Service*

For the attention of: **Sch 2.2(a)(ii)**

PO Box number or street address: *17 Yellamint St*

Suburb or town: *Yellamint* State: **ACT**

2 6 8 9

Sender's name: *AS WELLER*

Sender's signature

**Sch 2.2(a)(ii)**

Date: *28/3/24*

WARNING: This envelope is not suitable for sending small rigid items such as keys or coins should be securely packed to avoid loss or damage.

