



SHIRE OF CARNARVON

AGENDA

AUDIT, RISK & IMPROVEMENT COMMITTEE

Shire Council Chambers,
Stuart Street Carnarvon,
West Australia
Phone: (08) 9941 0000
Fax: (08) 9941 1099
www.carnarvon.wa.gov.au

The Shire of Carnarvon acknowledges and respects the Yinggarda (Carnarvon) and Baiyungu (Coral Bay) as the traditional custodians of the lands where we live and work. We pay our respects to Elders, past, present and emerging. The Shire of Carnarvon is committed to honouring the traditional custodians' unique cultural and spiritual relationships to the land, waters and seas and their rich contribution to society.

NOTICE OF MEETING

Notice is hereby given

Shire of Carnarvon
Audit, Risk and Improvement Committee
Meeting
will be held
on Tuesday 25 August 2026
at the Shire Council Chambers, Stuart Street
Carnarvon,
commencing at 9:00 AM.

Amanda Dexter
CHIEF EXECUTIVE OFFICER

Committee Authority and Functions

The Audit, Risk and Improvement Committee operates in accordance with its Terms of Reference adopted by Council and the applicable provisions of the *Local Government Act 1995* and associated regulations.

DISCLAIMER

PRIVACY COLLECTION, RECORDING AND COPYRIGHT

The Shire of Carnarvon collects your personal information under the *Local Government Act 1995*, the *Local Government (Administration) Regulations 1996* and the Shire of Carnarvon Meeting Procedures Local Law 2021 for the purpose of administering public participation at Council meetings, including Public Question Time and deputations.

By providing your personal information, you consent to the collection, use and disclosure of your information for meeting administration, responding to questions, managing deputation requests, minute taking, recordkeeping and other lawful local government purposes.

For more information, please refer to the Privacy Collection Notice on the Shire of Carnarvon website: www.carnarvon.wa.gov.au

Council and Committee meetings may be livestreamed, recorded and displayed within Council Chambers. Members of the public attending or participating in a meeting may be captured in audio, video or photographic form.

Meeting proceedings, recordings, livestreams, minutes and related records are managed in accordance with applicable legislation and the Shire's recordkeeping obligations, including the *Privacy and Responsible Information Sharing Act 2024*, the *State Records Act 2000* and other relevant legislation.

A person must not use an electronic, visual or audio recording device to record Council or Committee proceedings without permission of the Presiding Member, in accordance with clause 6.16 of the Shire of Carnarvon Meeting Procedures Local Law 2021.

Any plans, documents, images or other materials included in an agenda, minutes or attachment may be subject to copyright. Reproduction may require permission from the copyright owner in accordance with the *Copyright Act 1968*.

The Shire of Carnarvon makes every effort to ensure information included in Council and Committee agendas, minutes and related materials is accurate, current and reliable at the time of publication. While prepared with due care, the Shire does not warrant or accept liability for the accuracy, completeness or ongoing currency of information, including errors or omissions.

No responsibility is implied or accepted by the Shire for any act, omission, statement or comment made during a Council or Committee meeting, or during any formal or informal discussion with Shire officers, Council Members, Committee Members or representatives. Any person or organisation who acts, or fails to act, in reliance on such information does so at their own risk.

Any discussion or comment made during a meeting about a planning application, licence, permit, approval or other statutory matter is not formal notice of a decision or approval. Applicants and interested parties must rely only on WRITTEN CONFIRMATION issued by the Shire, including any formal decision notice and applicable conditions.

Members of the public should not act on any matter discussed or decision made at a Council or Committee meeting until formal written notification has been issued by the Shire, where applicable. Decisions may also be subject to revocation or change in accordance with legislative requirements.

In accordance with Regulation 11 of the *Local Government (Administration) Regulations 1996*, minutes are a record of decisions made, motions considered, disclosures made, documents attached to the agenda where required, and other matters required by legislation. Minutes include a summary of proceedings and are **not** a verbatim transcript of proceedings.

INDEX

1	ATTENDANCE AND APOLOGIES	5
2	DECLARATIONS OF INTEREST	5
3	CONFIRMATION OF MINUTES	5
3.1	Minutes of the Audit, Risk and Improvement Committee Meeting - 16 June 2026	5
4	REPORTS	6
4.1	Pool Safety Assessment Report 2026 - Carnarvon Aquatic Centre.....	6
4.2	Disability Access and Inclusion Plan - Annual Progress Report 2025 - 2026.....	76
4.3	Compliance Audit Return 2025	95
4.4	Policy Review	128
4.5	Interim Audit Report 2026/27	184
4.6	Strategic Review of WorkSafe-Notified Incidents and Safety Improvement Actions	195
4.7	Overview of Grant Funding 2025/2026.....	217
5	DATE OF NEXT MEETING.....	223
6	CLOSE.....	223

1 ATTENDANCE AND APOLOGIES

(The Local Government Act 1995 Section 2.25 provides that a Council may, by resolution, grant leave of absence to a member for Ordinary Council Meetings. The leave cannot be granted retrospectively and an apology for non-attendance at a meeting is not an application for leave of absence.)

2 DECLARATIONS OF INTEREST

(Elected Members and Officers are reminded of the requirements of Section 5.65 of the Local Government Act 1995, to disclose any interest during the meeting or when the matter is to be discussed.)

3 CONFIRMATION OF MINUTES

3.1 Minutes of the Audit, Risk and Improvement Committee Meeting - 16 June 2026

4 REPORTS

4.1 POOL SAFETY ASSESSMENT REPORT 2026 - CARNARVON AQUATIC CENTRE

File No:	ADM0203
Location/Address:	21 Babbage Island Rd, Morgantown WA 6701
Name of Applicant:	Carnarvon Aquatic Centre
Name of Owner:	Shire of Carnarvon
Author(s):	Stephanie Leca, Executive Manager, Lifestyle & Community
Authoriser:	Amanda Leighton, Executive Manager, Corporate Strategy & Performance
Declaration of Interest:	Nil
Voting Requirement:	Simple Majority
Previous Report:	Nil
Schedules:	1. Pool Safety Assessment & Recommend Remediation Actions - April 2026 2. Pool Safety Assessment and Improvement Plan - March 2021

Authority/Discretion:

☐	Advocacy	When Council advocates on its own behalf or on behalf of its community to another level of government/body/agency.
☐	Executive	The substantial direction setting and oversight role of the Council. E.g., adopting plans and reports, accepting tenders, directing operations, setting and amending budgets
☐	Legislative	Includes adopting local laws, town planning schemes and policies.
☒	Information	Includes items provided to Council for information purposes only that do not require a decision of Council (i.e. – for noting).
☐	Quasi-judicial	When Council determines an application / matter that directly affects a person's right and interest. The judicial character arises from the obligations to abide by the principles of natural justice. Examples of Quasi-Judicial authority include town planning applications, building licenses, applications for other permits / licenses

Summary of Report

This report presents the outcomes of the 2026 Pool Safety Assessment undertaken by Royal Life Saving Western Australia (RLSWA) at the Carnarvon Aquatic Centre and outlines the actions being undertaken to address the remaining recommendations.

Background

The Carnarvon Aquatic Centre is a Shire-owned community facility currently managed and operated by BTX Contracting under Contract RFT 02/2022 – Aquatic Centre Management.

The contract was awarded following a public tender process in 2022 and, in accordance with the extension provisions contained within the contract and the relevant CEO delegation, was extended for a further three-year term commencing 1 September 2025.

Under Contract RFT 02/2022 – Aquatic Centre Management, responsibilities for the operation and maintenance of the Carnarvon Aquatic Centre are shared between BTX Contracting and the Shire.

BTX Contracting is responsible for:

- day-to-day management and operation of the Carnarvon Aquatic Centre;
- operating the Centre in accordance with Royal Life Saving Society Australia guidelines and the Department of Health's Code of Practice for the Design, Construction, Operation, Management and Maintenance of Aquatic Facilities;
- appointment, supervision and training of staff;
- ensuring staff hold the required qualifications and competencies;
- maintaining staff records, including rosters, qualifications and training records; and
- complying with reasonable instructions and directions issued by the Shire.

The Shire is responsible for:

- maintaining the buildings and plant at the Carnarvon Aquatic Centre in reasonable order and condition;
- providing specified plant and equipment required for the operation and maintenance of the Centre; and
- managing significant asset renewal, infrastructure upgrades and capital works associated with the facility.

This division of responsibilities is relevant to the 2026 Pool Safety Assessment, as several of the outstanding operational and record-keeping actions relate to BTX Contracting's responsibilities, while recommendations requiring significant modification to buildings, plant or infrastructure will require action by the Shire.

The Pool Safety Assessment Program

The Pool Safety Assessments are undertaken by RLSWA to provide pool owners and operators with an independent assessment of aquatic safety performance against relevant legislation, standards and industry guidelines. The assessment reviews the physical condition of the facility together with its operational systems, procedures and supporting documentation.

The assessment is evidence-based and reflects what can be demonstrated at the time of inspection. Where sufficient evidence is not available, assessment criteria cannot be validated. Facilities are provided with a 60-day review period to submit additional evidence and address identified findings before the assessment is finalised.

The previous Pool Safety Assessment of the Carnarvon Aquatic Centre was undertaken in March 2021, with the Centre achieving an overall score of 96.24%. The 2021 assessment is provided at Schedule 2 for reference. The 2021 and 2026 assessment results are not directly comparable, as the scope and assessment framework have changed considerably since the previous assessment. The 2026 assessment is more comprehensive and includes a broader assessment of operational, safety and compliance requirements.

RLSWA undertook the 2026 Pool Safety Assessment on the 21 April 2026, with the Centre achieving an initial score of 64.49%.

The initial score was significantly affected by the availability of supporting documentation at the time of inspection. BTX Contracting was unable to provide sufficient records and evidence onsite for RLSWA to validate several assessment criteria. This did not necessarily indicate that the corresponding operational practices were not occurring; however, it identified a need to improve record keeping and ensure relevant procedures and supporting evidence are maintained and readily available at the facility.

During RLSWA's eight-week review period, Shire officers worked directly with BTX Contracting to review the findings, consolidate records and procedures and provide the required evidence. Where evidence alone was not sufficient to address a finding, the Shire and/or contractor undertook operational, compliance and minor works to address the identified requirements.

Additional evidence was submitted to RLSWA on the 19 June 2026, resulting in the Centre's final assessment score increasing from 64.49% to 91.69%.

The final assessment results by category were:

- Work Health and Safety – 97.22%;
- Emergency Planning – 91.56%;
- Qualifications and Training – 91.18%;
- Aquatic Programs – 90.00%;
- Supervision – 85.00%;
- First Aid – 90.13%;
- Plant and Chemical Areas – 98.82%;
- Changing Facilities – 95.83%;
- 50m Lap and Lane Pool – 95.20%;
- Toddler Leisure Pool – 98.75%;
- Inflatable Equipment – 100%;
- WA Administration – 77.55%;
- WA Plant Rooms – 85.71%; and
- WA Pools and Features – 86.67%.

Following the review period, 24 assessment items remain identified by RLSWA as requiring further action and/or evidence for close-out, comprising:

- 1 Critical-rated item;
- 19 High-rated items; and
- 4 Moderate-rated items.

RLSWA's risk criteria recommend immediate action for Critical-rated findings, action within 90 days for High-rated findings and action within 12 months for Moderate-rated findings.

The outstanding items relate to operational and procedural requirements, compliance and verification matters, and infrastructure improvements requiring further investigation. The detailed findings, risk ratings and recommended remediation actions are provided at Schedule 1.

Stakeholder and Public Consultation

The Pool Safety Assessment was undertaken in consultation with Royal Life Saving Western Australia, Shire officers and representatives of BTX Contracting as the contracted operator of the Carnarvon Aquatic Centre.

No public consultation was required as the assessment relates to the operational management, safety and compliance of an existing Shire facility.

Statutory Environment

The operation and management of the Carnarvon Aquatic Centre is subject to the following legislative and regulatory framework:

- Health (Miscellaneous Provisions) Act 1911 (WA);
- Health (Aquatic Facilities) Regulations 2007 (WA);
- Code of Practice for the Design, Construction, Operation, Management and Maintenance of Aquatic Facilities; and
- Work Health and Safety Act 2020 (WA) and associated regulations.

The Health (Aquatic Facilities) Regulations 2007 apply to aquatic facilities available for public use, with public aquatic facilities required to comply with applicable regulatory requirements and the Department of Health's Code of Practice.

The Code of Practice establishes requirements relating to the design, operation, management and maintenance of aquatic facilities, including water treatment and quality, chemical safety, management and supervision, operational requirements and facility safety.

The Pool Safety Assessments are undertaken every four years by Royal Life Saving Western Australia. The assessment reviews the legislative, regulatory and industry requirements applicable to aquatic facilities and provides a framework for local governments to collectively monitor compliance with these requirements.

Relevant Plans and Policy

Strategic Community Plan 2022 – 2032

Asset Management Plan 2024 – 2034

Financial Implications

There are no financial implications associated with receiving this report.

The Pool Safety Assessment is funded through the Local Government Insurance Scheme, with the Shire responsible for the assessor's travel and accommodation costs. For the 2026 assessment, the Shire incurred \$1,463.97 in travel and accommodation expenses.

As a result of the assessment and the intensive work undertaken during the eight-week review period, the Shire incurred a further \$7,102.68 in expenditure to address identified maintenance, safety and compliance requirements. This included accessibility improvements, electrical testing, safety equipment, signage and other minor works required to address assessment findings. This expenditure was accommodated within the Shire's adopted 2025/26 Aquatic Centre Maintenance and Operational Budget.

The total Shire expenditure associated with the 2026 assessment and subsequent remediation work was \$8,566.65.

Several remaining recommendations relate to operational and procedural matters and will be addressed through existing resources and the contractual responsibilities of BTX Contracting.

Recommendations requiring significant capital works or modifications to existing infrastructure have not yet been fully scoped or costed. These works will be further investigated, with any future funding requirements presented to Council for consideration through the Shire's budget and asset management planning processes.

Risk Assessment

STEP 3 – Risk Tolerance Chart Used to Determine Risk						
Consequence →		Insignificant 1	Minor 2	Major 3	Critical 4	Extreme 5
Likelihood →						
Almost certain	A	High	High	Extreme	Extreme	Extreme
Likely	B	Moderate	High	High	Extreme	Extreme
Possible	C	Low	Moderate	High	Extreme	Extreme
Unlikely	D	Low	Low	Moderate	High	Extreme
Rare	E	Low	Low	Moderate	High	High

Risk Category	Description	Rating	Mitigating Action/s
---------------	-------------	--------	---------------------

Financial	Potential future financial impact where identified remediation actions require capital works or facility upgrades.	2-C Moderate	No immediate financial implications arise from this report. Any capital works identified will be investigated, costed and considered through future budget and asset planning processes.
Health & Safety	Failure to address outstanding safety recommendations may increase the risk of injury to patrons, employees or contractors.	3-C High	Officers will work with BTX Contracting to implement outstanding actions, prioritising operational and procedural improvements and higher-risk items
Reputation	Failure to appropriately respond to an independent aquatic safety assessment may impact community confidence in the management of the Carnarvon Aquatic Centre.	3-C High	Maintain documented oversight of the PSA action plan and work collaboratively with BTX Contracting to demonstrate continuous improvement and appropriate management of identified risks.
Service disruption	Failure by the contracted operator to address or comply with identified safety and audit requirements may result in restrictions to operations or, where significant safety or compliance concerns remain unresolved, temporary closure of the Carnarvon Aquatic Centre.	3-C High	Officers will work with BTX Contracting to monitor and progress outstanding remediation actions, with priority given to higher-risk and operational requirements. Regular contract management and monitoring will assist in ensuring actions are addressed within appropriate timeframes and minimise the risk of disruption or closure of the facility.
Compliance	Outstanding items may result in the facility not fully meeting applicable regulatory requirements, standards or recognised aquatic industry guidelines.	2-C Moderate	Implement and monitor the outstanding remediation actions in consultation with BTX Contracting and Royal Life Saving WA, with actions prioritised according to risk and compliance requirements.
Property	Some recommendations relate to the existing design and condition of facility	1-C Low	Assess infrastructure-related recommendations through the Shire's asset management and capital works planning processes and undertake

	infrastructure and may require future modification or capital improvement.		works subject to priority and available funding.
Environment	N/A		
Fraud	N/A		

Community and Strategic Objectives

The proposal aligns with the following desired objectives as expressed in the *Community Strategic Plan 2022-2032*:

OBJECTIVES

In 2040 Carnarvon is a place where:

- *Our infrastructure, housing and amenities are high quality and accessible*

ADDITIONAL FOCUS AREAS:

- N/A

BIG IDEAS FOR THE FUTURE OF CARNARVON:

- N/A

Comments

The 2026 Pool Safety Assessment has provided the Shire with an independent review of the safety, compliance and operational management of the Carnarvon Aquatic Centre. While the initial assessment identified several gaps, particularly in the availability of records and supporting evidence, the subsequent review process resulted in the overall assessment score increasing from 64.49% to 91.69%.

The assessment has provided an opportunity for the Shire and BTX Contracting to strengthen procedures, record keeping and compliance documentation and to identify infrastructure matters requiring further investigation. The remaining actions are detailed in Schedule 1 and will continue to be progressed according to their risk, responsibility and required timeframe.

Since receiving the final assessment, Shire officers have used the RLSWA assessment framework to incorporate the Pool Safety Assessment actions into Safety Champion, the Shire's internal system used to monitor hazards and safety risks and undertake ongoing facility audits. This provides a structured process to allocate responsibility, monitor progress, record corrective actions and retain evidence of completion.

The Carnarvon Aquatic Centre is scheduled to reopen for the 2026/27 season on 1 September 2026. Prior to reopening, officers will undertake a comprehensive internal review against the RLSWA assessment framework, including a review of relevant procedures, registers, staff qualifications, inspection records and supporting documentation. Officers will work with BTX Contracting to ensure operational matters requiring action are addressed and the required evidence is available.

Following reopening, ongoing facility audits and compliance checks will be undertaken through Safety Champion. This will enable the Shire to regularly monitor the facility against the RLSWA framework and provide ongoing oversight of BTX Contracting's responsibilities under RFT 02/2022, rather than relying solely on the periodic external Pool Safety Assessment.

Recommendations requiring significant infrastructure or capital works will be further investigated, scoped and costed through the Shire's asset management and future budget planning processes.

Overall, the 2026 Pool Safety Assessment has established a clear framework for the Shire to monitor the safe and compliant operation of the Carnarvon Aquatic Centre. The actions undertaken since the initial assessment have resulted in a significant improvement in the final assessment outcome, while the incorporation of the remaining actions into Safety Champion provides an ongoing mechanism for officers to monitor progress, contractor performance and evidence of compliance.

A further progress update will be presented to the Audit, Risk and Improvement Committee at its October 2026 meeting to demonstrate progress against the outstanding actions following the commencement of the 2026/27 aquatic season.

OFFICER'S RECOMMENDATION

That the Audit, Risk and Improvement Committee:

- 1. Receives the Pool Safety Assessment and Recommended Remediation Actions – Carnarvon Aquatic Centre, April 2026, prepared by Royal Life Saving Western Australia;***
- 2. Notes that Shire officers will continue to work with BTX Contracting to address the outstanding recommendations and monitor the implementation of the required remediation actions;***
- 3. Notes that any recommendations requiring significant capital works will be further investigated and considered through future budget and asset management planning processes; and***
- 4. Notes that an internal review of the Carnarvon Aquatic Centre will be undertaken following the commencement of the 2026/27 aquatic season, with a further progress update to be presented to the Audit, Risk and Improvement Committee at its October 2026 meeting to demonstrate progress against the outstanding actions.***



ROYAL LIFE SAVING
WESTERN AUSTRALIA

**POOL SAFETY ASSESSMENT / RECOMMENDED REMEDIATION
ACTIONS**

CARNARVON AQUATIC CENTRE

APRIL 2026





ABOUT ROYAL LIFE SAVING

Royal Life Saving (RLS) is focused on reducing drowning and promoting healthy, active and skilled communities through innovative, reliable, evidence-based advocacy; strong and effective partnerships; and, quality programs, products and services - underpinned by a cohesive and sustainable national organisation.

Royal Life Saving is a public benevolent institution (PBI) dedicated to reducing drowning and turning everyday people into everyday community lifesavers. We achieve this through advocacy, education, training, health promotion, aquatic risk management, community development, research, sport, leadership and participation in national and international networks.

© 2021 Royal Life Saving Society – Australia

This publication is copyright. Except as expressly provided in the Copyright Act 1968 and the Copyright Amendment Act 2006, no part of this publication may be reproduced, stored in any retrieval system or transmitted by any means (including electronic, mechanical, microcopying, photocopying, recording or otherwise) without prior permission from Royal Life Saving Society – Australia. For enquiries concerning reproduction, contact RLSSA on: Phone 02 8217 3111; Email: aquatics@rlssa.org.au

Every attempt has been made to trace and acknowledge copyright, but in some cases this may not have been possible. Royal Life Saving apologises for any accidental infringements and would welcome any information to redress the situation.

The drowning prevention research of the Royal Life Saving Society – Australia is proudly supported by the Australian Government.



Australian Government



Contents

SERVICE OVERVIEW	3
ASSESSMENT SAFETY SCORE	6
ASSESSMENT RESULTS & IMPROVEMENT PLAN	7
1. WORK HEALTH AND SAFETY	8
2. EMERGENCY PLANNING	11
3. QUALIFICATIONS & TRAINING	16
4. AQUATIC PROGRAMS	22
5. SUPERVISION	23
6. FIRST AID	27
7. PLANT & CHEMICAL AREAS	32
9. CHANGING FACILITIES	39
10. LAP & LANE POOLS – 50M LAP LANE POOL	41
11. LEISURE POOLS – TODDLER LEISURE POOL	42
17. INFLATABLE EQUIPMENT	43
21. WA ADMINISTRATION	45
22. WA PLANT ROOMS	47
23. WA POOLS AND FEATURES	49

SERVICE OVERVIEW

Introduction

A Pool Safety Assessment (Assessment) is designed to provide swimming pool owners and operators with an overview of their performance against safety standards. The Assessment measures the facilities performance against a range of industry, state and national standards, guidelines and legislative provisions. The Assessment contains questions developed by a Technical Committee in consultation with the Aquatic Industry, government and non-government agencies. All questions are reference based and continually reviewed in line with changing industry standards and community expectations. As a result, the Assessment is considered best practice within the Aquatic Industry. The question set applies to both Council-owned public pools as well as public-access pools such as body corporates and Learn-to-Swim facilities.

Royal Life Saving (RLS) would like to thank all organisations for their input and commitment to swimming pool safety nationally.

Assessment benefits

Assessments can benefit pool owners / operators by:

- Benchmark current performance against industry standards and best practice.
- Gain independent and expert information and advice.
- Encourage continual improvement at your aquatic facility.
- Support the training and educational needs of key facility representatives.
- Stay current with regulatory changes.
- Reduce the likelihood and consequence of aquatic related injury and death in your facility.
- Demonstrate the use of a formal risk management process.
- Maintain a working relationship with the peak industry body.
- Achieve recognition for safety practices.
- Reduce legal risk.

Assessment results

Assessments are delivered by RLSSA's respective State and Territory Member Organisations (STMO) and assessment reports are kept commercial in confidence between the STMO and the client. The aim is to understand and treat risk exposure, ultimately making aquatic facilities safer in the long run, not 'punish' those who are working to increase their understanding of risk management. We achieve our mission by working closely with aquatic facilities and improving a shared understanding of aquatic facility safety and operations.

Assessment outputs

Each Assessment is tailored to an individual aquatic facility based on the design, water spaces, features and programs available. The output of the process is a i) safety assessment and ii) recommended remediation actions. The Safety Assessment Report is a complete record of all assessed components, those with no fault found and faults found. Where relevant onsite pictures are also taken to support the assessed component. This report is kept on file and can be provided on request. A historical point in time record of the independent assessment undertaken. The Remediation Action Report (this report) is focused on only the items where a fault has been identified. This report provides recommended remediation actions for the facility owner/operator and provides practical improvement opportunities / solutions to identified risks.



Safety Assessment National Question Set

Assessment scoring

Safety score: The overall score achieved from all assessed components of the Safety Assessment. The calculation is the total score achieved by the facility (Safety Denominator) divided by the total number of assessed items (Safety Indicator).

The score does not give any weight to the probability or consequences of any of these issues. Prioritising actions to address any shortcomings remains the responsibility of the facility management.

Public pools vs private pools – is the assessment still important?

The Pool Safety Assessment has been designed to highlight the compliance and safety requirements for all pools that are used on a communal, commercial and/or educational basis which by nature then fall under the remit of the Guidelines for Safe Pool Operations (GSPO).

The question set has been designed so that all questions are applicable to all communal, commercial and/or educational pools. Any question that is not applicable will be left out of scope on any given assessment, if for example, the pool is not used for educational purposes, then the requirement to have swim teacher qualifications would not be applicable to that facility's assessment.

Assessment Risk Criteria

Each question has been provided with a risk rating based on the following risk criteria. The risk criteria was developed by the LGIS in consultation with Royal Life Saving WA to help provide guidance for aquatic facility managers and their teams to categorize and respond to faults identified during the aquatic facility safety assessment. It is the responsibility of each facility to conduct their own risk assessments and control plan for each non-compliance.

Risk Criteria	Liability Risk
Critical	These recommendations are offered to manage a foreseeable risk of personal injury or property damage to a third party where there is a clear duty of care owed and where the harm may be substantial, the probability imminent, where controls are essential but currently absent, where there is no community benefit in persisting with the risk, and where controls must be implemented immediately as an essential risk management recommendation to mitigate liability exposure for the Scheme, the Member and its officers.
High	These recommendations are offered to improve the management a foreseeable risk of personal injury or property damage to a third party where there is a clear duty of care owed, where the harm may be significant, where the probability increases with time, and where current controls are inadequate or insufficient because of lack of compliance with recognised standards, improper exercise of duties, or incorrect application of guidelines and organisational policy, and where controls must be implemented within 90 days as an necessary risk management recommendation to mitigate liability exposure for the Scheme, the Member and its officers.
Moderate	These recommendations are offered to improve the management of a foreseeable risk of personal injury or property damage to a third party, where the harm may still be significant but associated with the conduct other parties, including the injured party, where the probability of harm from the perspective of the Member remains static, where there is some community benefit in persisting with the risk, where some though not all existing controls are present, and where action taken within 12 months is likely to attenuate the physical risk and reduce or eliminate the liability exposure for the Scheme, the Member and its officers.
Advisory	These recommendations are offered as best risk advice to improve the management of a risk where there is no clear duty of care but based on LGIS risk management experience, knowledge of local government expectations, budgetary constraints, standards and benchmark against similar risk represent best practice advice and governance; action on these recommendations is clearly discretionary and whilst it may not change liability risk exposure over any timeframe, it may improve reputational risk associated with that liability exposure for the Scheme, its Members and officers.

Who can conduct a Royal Life Saving – Safety Assessment?

The National Aquatic Industry Committee (NAIC) develops and authorises the Guidelines for Safe Pool Operations (GSPO) which form national industry standards. The GSPO National Policy section outlines the process and qualifications needed to deliver safety assessments in communal, commercial and public pools and aquatic facilities nationally. To ensure the

standards contained within the GSPO are met, a pool safety auditor licensing framework was introduced by the NAIC in 2016.

Since 2016, RLSSA licenses pool safety auditors in line with the requirements of the GSPO and ensures that all RLSSA licensed pool safety auditors are trained and accredited as lead auditors and have successfully passed an additional assessment by RLSSA specific to pool safety.

Assessors maintain currency in the skills required to perform their roles and responsibilities through the completion of on-going professional development in risk management, quality management, health and safety management and audit integrity management.

Evidence requirements

The Safety Assessment process is based on both physically present evidence and documented evidence of operational standards. Formal and documented policies, processes and procedures are required to enable an assessment item to be evaluated against performance criteria. Verbal explanations of how facilities operate are generally insufficient. In addition, areas which a facility representative advises is planned to be improved / remedied in the future (i.e. they are budgeted for works in the future or they are currently under review) will be assessed as viewed on the day. The assessment is a live 'snapshot' of the facilities safety provisions at the moment of time of the assessment. To maintain integrity the assessment must be based on what can be demonstrated to the assessor.

Consultation reviews / Follow-up Period

Following the delivery of the safety assessment report and recommended remediation actions, facilities will be supported for a period of 60 days to provide any additional evidence of improvements. The follow-up period will consist of:

- 2-week (14 days) RLSWA will contact via telephone to discuss report findings and how to present any additional evidence.
- 8 -week (60 days) RLSWA will email the facility leading up to the 8th week to advise report is closing off and send any additional evidence before the close off date.

Following this process, a revised (final) Safety Assessment will be provided to the original assessment organiser.

Assessment limitations

Neither the completion of an Assessment nor the issuance of any endorsement makes any facility inherently safe from aquatic based risks. Instead, Assessments are able to demonstrate that risk management principles have been applied and systems developed, which if maintained, will contribute to a sound platform for safe facility operation. Simultaneously this platform can contribute to the reduction of risk likelihood and / or consequence, making for an overall safer environment.

Public, commercial and communal pools will only ever be as safe as the people supervising them at any given time. It is recommended that qualified lifeguard supervision is in place when this is reasonable and practical and that parental supervision programs are developed and implemented at facilities where young children recreate, learn and play.

Feedback

Client feedback is valued as it is important for the continuous improvement of our assessment services. Should facility personnel have feedback about the assessment process or content, the individual should email safevenues@royallifesavingwa.com.au. All written assessment feedback will receive a formal response.

Privacy

RLS collects facility information for the purpose of the individual assessment. All information provided to and from the client is 'commercial-in-confidence' and is not shared by RLS to any third party, nor should it be shared by the client to any third party. Should the client wish the contents of reports to be subject to legal professional privilege, they should engage RLS via their solicitor to provide the assessment report.



Safety Assessment National Question Set

Intellectual Property

All assessment materials including any question sets, preparation information, references provided and/or assessment methodologies remain the intellectual property of RLS. RLS reserves all rights in relation to its intellectual property and copying or reproduction of any part or whole of an RLS document is not permitted unless expressed permission is provided by RLSSA.

Assessment Safety Score

An aquatic safety assessment was conducted at CARNARVON AQUATIC CENTRE on the 21st April 2026. The assessment was based on the RLSSA Safety Assessment National Question Set and requirements outlined within the Guidelines for Safe Pool Operations and the Western Australian Department of Health Code of Practice for the Design, Construction, Operation, Management and Maintenance of Aquatic Facilities.

Facility:	Carnarvon Aquatic Centre
Safety Assessment Date:	21 st April 2026
Lead Assessor:	Eddie Gibbs
Venue Staff:	Brad Cox

The following table provides an indication of the overall safety score across all sections assessed on the initial assessment on the 26 April 2026.

ITEM	CENTRE SCORE	TOTAL SCORE	SAFETY SCORE
Section 1: Work Health & Safety	20.00	60.00	33.33%
Section 2: Emergency Planning	9.44	50.00	18.89%
Section 3: Qualifications & Training	25.00	85.00	29.41%
Section 4: Aquatic Programs	45.00	50.00	90.00%
Section 5: Supervision	50.00	100.00	50.00%
Section 6: First Aid	76.07	120.00	63.39%
Section 7: Plant & Chemical Areas	31.50	85.00	37.06%
Section 9: Changing Facilities	23.33	40.00	58.33%
Section 10: Lap & Lane Pools – 50M Lap Lane Pool	114.00	125.00	91.20%
Section 11: Leisure Pools – Toddler Leisure Pool	79.00	80.00	98.75%
Section 17: Inflatable Equipment	70.00	80.00	87.50%
Section 21: WA Administration	40.00	70.00	57.14%
Section 22: WA Plant Rooms	55.00	70.00	78.57%
Section 23: WA Pools and Features	63.33	75.00	84.44%
OVERALL RATING	702.93	1090.00	64.49%



Safety Assessment National Question Set

The following table provides an indication of the overall safety score across all sections assessed **post eight (8) week follow up period**. Evidence has been provided to RLSWA via email correspondence by Stephen Lochie on the 19 June 2026.

ITEM	CENTRE SCORE	TOTAL SCORE	SAFETY SCORE
Section 1: Work Health & Safety	58.33	60.00	97.22%
Section 2: Emergency Planning	45.78	50.00	91.56%
Section 3: Qualifications & Training	77.50	85.00	91.18%
Section 4: Aquatic Programs	45.00	50.00	90.00%
Section 5: Supervision	85.00	100.00	85.00%
Section 6: First Aid	108.15	120.00	90.13%
Section 7: Plant & Chemical Areas	84.00	85.00	98.82%
Section 9: Changing Facilities	38.33	40.00	95.83%
Section 10: Lap & Lane Pools – 50M Lap Lane Pool	119.00	125.00	95.20%
Section 11: Leisure Pools – Toddler Leisure Pool	79.00	80.00	98.75%
Section 17: Inflatable Equipment	80.00	80.00	100.00%
Section 21: WA Administration	54.29	70.00	77.55%
Section 22: WA Plant Rooms	60.00	70.00	85.71%
Section 23: WA Pools and Features	65.00	75.00	86.67%
OVERALL RATING	999.38	1090.00	91.69%

Assessment Results & Improvement Plan

The following sections provide information relating to:

- Faults identified at the time of the assessment,
- Prescribed LGIS risk rating or each fault identified,
- Initial recommendations for rectification, and;
- Specific references to be used for additional information.
- Any outstanding items requiring additional evidence for close out have been left in the tables below and are indicated by highlighted question numbers as follows:

Question No.	Assessment Question	Faults Identified	Assessors Comments	Risk Rating	Recommendations	Specific Reference
1.04	Example Question	A – Example Fault B – Example Fault	Example comment.	Example Rating	Example Recommendations A – B – C –	Example: Reference

- It is the responsibility of the owner / operator and the delegated aquatic facility manager to review these outstanding items and rectify where possible.



Safety Assessment National Question Set

1. WORK HEALTH AND SAFETY						
Question No.	Assessment Question	Faults Identified	Assessors Comments	Risk Rating	Recommendations	Specific Reference
1.01	Do all facility staff have access to the contents of the GSPO?	A—on-line subscription B—available to staff	Unable to confirm GSPO-subscription onsite at time of assessment. Evidence provided by Stephen Lochie - Work Health Safety (WHS) Coordinator 19/6/2026	Advisory	A—It is recommended that the facility have access to the contents of the GSPO in the form of an on-line subscription with RLSSA. B—It is recommended that facility staff are provided with access to the content of the GSPO.	Author: Royal Life Saving Australia Title: GSPO Ref: NP11 Publisher: RLSSA
1.03	Is there a procedure for management of contractors and visitors?	A—policy/register B—contractors covered C—visitors covered	Unable to validate onsite at time of assessment. Evidence provided by Stephen Lochie - Work Health Safety (WHS) Coordinator 19/6/2026	High	A—It is recommended that a contractor/visitor 'signing in and out policy' is developed and implemented at the facility. B—It is recommended that the 'signing in and out policy' covers contractors. C—It is recommended that the 'signing in and out policy' covers visitors (i.e. council representatives, industry personnel).	Author: Safe Work Australia Title: Emergency Plan Fact Sheet Date: February 2012 Publisher: Safe Work Australia
1.04	Does the contractor management procedure request the appropriate information?	A—name B—organisation C—time in and out	Unable to validate onsite at time of assessment Evidence provided by Stephen Lochie - Work Health Safety (WHS) Coordinator 19/6/2026	High	It is recommended that the 'signing in and out policy' is extended to request the contractor/visitor: A—name; B—organisation; C—time in and time out of the facility.	Author: DMIRS, Govt of WA Title: Engaging Independent Contractors Date: October 2021 Publisher: WA Government
1.05	Is a permit to work system in place for high-risk work?	A—permit to work system B—safe working method statements C—facility inductions	Unable to validate onsite at time of assessment.	High	A—It is recommended that a permit to work system is developed and implemented at the facility.	Author: Safe Work Australia Title: Model Work Health and Safety Bill Date: 2019



Safety Assessment National Question Set

Question No.	Assessment Question	Faults Identified	Assessors Comments	Risk Rating	Recommendations	Specific Reference
			Evidence provided by Stephen Lochie - Work Health Safety (WHS) Coordinator 19/6/2026		B—It is recommended that the permit-to-work system includes suitable safe working method statements. C—It is recommended that the permit-to-work system includes the completion, and sign-off, of facility inductions for contractors.	Publisher: Safe Work Australia
1.06	Does the 'permit to work' system include specialist contractor provisions?	A—falls prevention B—confined spaces C—noise D—asbestos	Unable to validate onsite at time of assessment. Evidence provided by Stephen Lochie - Work Health Safety (WHS) Coordinator 19/6/2026	High	It is recommended that the contractor permit-to-work system is reviewed and developed to include provisions for falls prevention, confined spaces, noise, asbestos.	Author: Safe Work Australia Title: Model Work Health and Safety Bill Date: 2019 Publisher: Safe Work Australia Author: Australian Government Title: WHS Regulation Date: 2011 Publisher: Australian Government
1.12	Does the facility have a procedure for the management of bather numbers and maintaining water quality in pools?	A—bather maximum numbers for each pool documented B—bather numbers recorded	Unable to validate onsite at time of assessment. Evidence provided by Stephen Lochie - Work Health Safety (WHS) Coordinator 19/6/2026	High	A—It is recommended a procedure for the management of maximum bather for each pool is documented. B—It is recommended that bather numbers for each pool is recorded.	Author: Dept Health, Govt of WA Title: Code of Practice Ref: Section 7.14 Publisher: WA Government
1.13	Does the facility have a Child Safety Policy in place?	A) a formal risk assessment B) documented scope C) documented review process D) name of authorising person	Unable to validate onsite at time of assessment. Evidence provided by Stephen Lochie - Work Health Safety (WHS) Coordinator 19/6/2026	High	It is recommended that a Child Safety Policy in place includes a formal risk assessment, documented scope, documented review process, name of authorising person	Author: Royal Life Saving Society Australia Title: Guidelines for Safe Pool Operations – Child Safety Date: 2023 Publisher: Royal Life Saving Society Australia.



Safety Assessment National Question Set

Question No.	Assessment Question	Faults Identified	Assessors Comments	Risk Rating	Recommendations	Specific Reference
1.14	Does the Child Safety Policy consider appropriate factors?	A) statement of commitment B) a nominated child safety officer C) code of conduct D) reporting process for suspected child abuse E) training requirements F) filming and photography considerations	Unable to validate onsite at time of assessment. Evidence provided by Stephen Lochie - Work Health Safety (WHS) Coordinator 19/6/2026	High	It is recommended that a child safety policy consider the appropriate factors including statement of commitment , a nominated child safety officer, code of conduct , reporting process for suspected child abuse , training requirements, filming and photography considerations	Author: Royal Life Saving Society Australia Title: Guidelines for Safe Pool Operations – Child Safety Date: 2023 Publisher: Royal Life Saving Society Australia.



Safety Assessment National Question Set

2. EMERGENCY PLANNING						
Question No.	Assessment Question	Faults Identified	Assessors Comments	Risk Rating	Recommendations	Specific Reference
2.01	Has an Emergency Planning Committee been established?	A—committee in place B—minimum annual meeting C—quarterly meetings D—meetings documented	Unable to validate specific Shire of Carnarvon Emergency Planning procedures onsite at time of assessment. Evidence provided by Stephen Lochie - Work Health Safety (WHS) Coordinator 19/6/2026	High	A—It is recommended that an Emergency Planning Committee is established and resourced by the owner or operator of an Aquatic Facility. B—It is recommended that the Emergency Planning Committee meet on an annual basis as a minimum. C—It is preferable that the Emergency Planning Committee meet on a quarterly basis. D—It is recommended that meetings are minuted and records kept for at least 7 years.	Author: Standards Australia Title: AS3745-2010. Planning for Emergencies in Facilities Date: 2010 Author: Royal Life Saving Australia Title: GSPO Ref: EM1 Publisher: RLSSA
2.02	Is a facility specific Emergency Plan in place?	A—emergency plan B—facility location detailed C—facility specific D—owner / operator identified E—development date F—a list of current emergency contact numbers readily available	Unable to validate onsite at time of assessment. Evidence provided by Stephen Lochie - Work Health Safety (WHS) Coordinator 19/6/2026	Critical	A—It is recommended that a comprehensive emergency plan is developed in line with the GSPO and applicable Australian Standard. B—It is recommended that the facility location is detailed in the emergency plan. C—It is recommended that the emergency plan is facility specific. D—It is recommended that the owner / operator are clearly detailed in the emergency plan. E—It is recommended that the development date is clearly detailed in the emergency plan. F—It is recommended a list of current emergency contact numbers readily available	Author: Standards Australia Title: AS3745-2010. Planning for Emergencies in Facilities Date: 2010 Author: Royal Life Saving Australia Title: GSPO Ref: EM2 / EM4 Publisher: RLSSA



Safety Assessment National Question Set

Question No.	Assessment Question	Faults Identified	Assessors Comments	Risk Rating	Recommendations	Specific Reference
2.03	Has the aim, the objectives and the parameters of the Emergency Plan been defined?	A-aim B-set-of-objectives C-parameter-/scope	Unable to validate onsite at time of assessment. Evidence provided by Stephen Lochie - Work Health Safety (WHS) Coordinator 19/6/2026	Moderate	It is recommended that the Emergency Plan includes a clearly defines aim, set of objectives, parameter / scope.	Author: Standards Australia Title: AS3745-2010. Planning for Emergencies in Facilities Date: 2010 Publisher: SAI Global Author: Royal Life Saving Australia Title: GSPO Ref: EM2 Publisher: RLSSA
2.04	Have appropriate Emergency Procedures been developed?	A-medical-emergency (illness) B-medical-emergency (in water) C-serious-injury (out-of water) D-serious-injury (in-water) E - fatal / non-fatal drowning F - water contamination G-fire-/explosion-/smoke H-bomb-threat I - inappropriate behaviour J-suspect-package K-personal-threat L-gas-leak-/chemical-spill M - electrocution N - power outage O - natural disaster	Unable to validate onsite at time of assessment. RLSWA – medical emergency (in/out of water) / serious injury (in/out of water) is covered in medical emergencies, in EAP. Response from Shire - SHIRE/BTX Will sort at later date.	Moderate	It is recommended that an appropriate process to manage medical-emergency (illness) , medical emergency (in water) , serious injury (out-of water) , serious-injury (in-water) , fatal / non-fatal drowning, water contamination, fire-/explosion-/smoke , bomb-threat , inappropriate behaviour, suspect package , personal-threat , gas-leak-/chemical-spill , electrocution, power outage, natural disaster incidences is developed and added to the facilities emergency management plan.	Author: Royal Life Saving Australia Title: GSPO Ref: EM2 Publisher: RLSSA



Safety Assessment National Question Set

Question No.	Assessment Question	Faults Identified	Assessors Comments	Risk Rating	Recommendations	Specific Reference
2.05	Have roles and responsibilities been defined for staff during an emergency?	A—roles-defined B—responsibilities-defined	Unable to validate onsite at time of assessment. Evidence provided by Stephen Lochie - Work Health Safety (WHS) Coordinator 19/6/2026	High	A—It is recommended that the roles of all staff in the emergency control organisation are clearly defined. B—It is recommended that the responsibilities of all staff in the emergency control organisation are clearly defined.	Author: Standards Australia Title: AS3745-2010. Planning for Emergencies in Facilities Date: 2010 Publisher: SAI Global Author: Royal Life Saving Australia Title: GSPO Ref: EM2 Publisher: RLSSA
2.06	Has an appropriate training program specific to emergency management been developed and implemented?	A—training program in place B—facility specific C—multi-year plan includes a variety of different exercises D—minimum annual evacuation E—training frequency documented F—stakeholder list documented G—responsible person(s) documented	Unable to validate onsite at time of assessment. Evidence provided by Stephen Lochie - Work Health Safety (WHS) Coordinator 19/6/2026	High	A—It is recommended that an emergency management training program is in place. B—It is recommended that the emergency management training is facility specific. C—It is recommended that the emergency management training program is planned on a multi-year basis and includes a variety of different exercises. D—It is recommended that a facility evacuation is undertaken on a minimum annual basis. E—It is recommended that the frequency of emergency management training at the facility is documented. F—It is recommended that the stakeholders required to contribute to / attend the emergency management training at the facility is documented and maintained. G—It is recommended that details of the responsible person(s) (for the planning, development, delivery, evaluation and review of the emergency management training) is documented.	Author: Standards Australia Title: AS3745-2010. Planning for Emergencies in Facilities Date: 2010 Publisher: SAI Global Author: Royal Life Saving Australia Title: GSPO Ref: EM5 / EM2 Publisher: RLSSA



Safety Assessment National Question Set

Question No.	Assessment Question	Faults Identified	Assessors Comments	Risk Rating	Recommendations	Specific Reference
2.07	Is there evidence of the appropriate delivery of emergency training / exercises?	A—participant-briefing B—scope, rules and safety precautions C—use of observers / evaluators D—participant-debrief	Unable to validate onsite at time of assessment. Evidence provided by Stephen Lochie - Work Health Safety (WHS) Coordinator 19/6/2026 RLSWA – evidence in plan	High	It is recommended that the evidence of training planning / delivery includes information on the participant briefing, scope, rules and safety precautions, use of observers / evaluators, participant debrief.	Author: Standards Australia Title: AS3745-2010. Planning for Emergencies in Facilities Date: 2010 Publisher: SAI Global Author: Royal Life Saving Australia Title: GSPO Ref: EM5 Publisher: RLSSA
2.08	Is information on the availability and location of emergency control equipment provided in the Emergency Plan?	A—communication equipment B—evacuation equipment C—warden equipment	Unable to validate onsite at time of assessment. Evidence provided by Stephen Lochie - Work Health Safety (WHS) Coordinator 19/6/2026	High	It is recommended that information on communication equipment, evacuation equipment, warden equipment intended for use as part of an emergency response is detailed in the Emergency Management Plan.	Author: Standards Australia Title: AS3745-2010. Planning for Emergencies in Facilities Date: 2010 Publisher: SAI Global Author: Royal Life Saving Australia Title: GSPO Ref: EM4 Publisher: RLSSA



Safety Assessment National Question Set

Question No.	Assessment Question	Faults Identified	Assessors Comments	Risk Rating	Recommendations	Specific Reference
2.09	Is there a location / site map containing appropriate information available?	F) alternative entrance(s)	Insufficient evidence - not identified on emergency diagrams or emergency map in emergency plan.	High	It is recommended that a location / site map is provided which includes as a minimum information covering alternative entrances.	Author: Standards Australia Title: AS3745-2010. Planning for Emergencies in Facilities Date: 2010 Publisher: SAI Global Author: Royal Life Saving Australia Title: GSPO Ref: EM4 Publisher: RLSSA



Safety Assessment National Question Set

3. QUALIFICATIONS & TRAINING						
Question No.	Assessment Question	Faults Identified	Assessors Comments	Risk Rating	Recommendations	Specific Reference
3.02	Is a structured induction process in place?	B—formally documented C - signed off by the inductee D - signed off by the inductor	Unable to validate onsite at time of assessment. Evidence provided by Stephen Lochie - Work Health Safety (WHS) Coordinator 19/6/2026	High	It is recommended that the induction process is B—formally documented C - signed off by the inductee D - signed off by the inductor	Author: Royal Life Saving Australia Title: GSPO Ref: SV9 Publisher: RLSSA
3.03	Is there evidence that Pool Lifeguard 1 has sufficient training, qualifications, onboarding, and in-service training	F) health assessment / declaration G) fitness assessment	Unable to validate specific health assessment declaration procedures onsite at time of assessment. (Brad Cox) Evidence provided by Stephen Lochie - Work Health Safety (WHS) Coordinator 19/6/2026	High	F—It is recommended that a health assessment and/or declaration is effectively documented and monitored. G—It is recommended a fitness assessment is completed and formally documented.	Author: Royal Life Saving Society – Australia Title: Guidelines for Safe Pool Operation (Training and Qualifications – Summary of Requirements Date: 2024 Publisher: Royal Life Saving Society – Australia
3.04	Is there evidence that Pool Lifeguard 2 has sufficient training, qualifications, onboarding, and in-service training	F) health assessment / declaration G) fitness assessment	Unable to validate specific health assessment declaration procedures onsite at time of assessment. (Ulanda Matt) Evidence provided by Stephen Lochie - Work	High	F—It is recommended that a health assessment and/or declaration is effectively documented and monitored. G—It is recommended a fitness assessment is completed and formally documented.	Author: Royal Life Saving Society – Australia Title: Guidelines for Safe Pool Operation (Training and Qualifications – Summary of Requirements Date: 2024 Publisher: Royal Life Saving Society – Australia



Safety Assessment National Question Set

Question No.	Assessment Question	Faults Identified	Assessors Comments	Risk Rating	Recommendations	Specific Reference
			Health Safety (WHS) Coordinator 19/6/2026			
3.05	Is there evidence that Pool Lifeguard 3 has sufficient training, qualifications, onboarding, and in-service training	F)-health-assessment-/declaration G)-fitness-assessment	Unable to validate specific health assessment-declaration procedures onsite at time of assessment: (Bryan Wilkes) Evidence provided by Stephen Lochie - Work Health Safety (WHS) Coordinator 19/6/2026	High	F—It is recommended that a health assessment and/or declaration is effectively documented and monitored; G—It is recommended a fitness assessment is completed and formally documented;	Author: Royal Life Saving Society – Australia Title: Guidelines for Safe Pool Operation (Training and Qualifications – Summary of Requirements Date: 2024 Publisher: Royal Life Saving Society – Australia
3.06	Is there evidence that Pool Lifeguard 4 has sufficient training, qualifications, onboarding, and in-service training	F)-health-assessment-/declaration G)-fitness-assessment	Unable to validate specific health assessment-declaration procedures onsite at time of assessment: (Holly Bennett) Evidence provided by Stephen Lochie - Work Health Safety (WHS) Coordinator 19/6/2026	High	F—It is recommended that a health assessment and/or declaration is effectively documented and monitored; G—It is recommended a fitness assessment is completed and formally documented;	Author: Royal Life Saving Society – Australia Title: Guidelines for Safe Pool Operation (Training and Qualifications – Summary of Requirements Date: 2024 Publisher: Royal Life Saving Society – Australia



Safety Assessment National Question Set

Question No.	Assessment Question	Faults Identified	Assessors Comments	Risk Rating	Recommendations	Specific Reference
3.09	Is there evidence that Swim Teacher 1 has sufficient training, qualifications, onboarding and in-service training?	D) current-WWCC G) health-assessment/-declaration H) fitness-assessment	Unable to validate specific health assessment declaration and Working with Children procedures onsite at time of assessment. (Kate Buzzard) Evidence provided by Stephen Lochie - Work Health Safety (WHS) Coordinator 19/6/2026 Comment - Evidence provided Inductions & Health & fitness Assessments in place for next season	High	D—It is recommended that all staff hold an appropriate Working with Children Check. G—It is recommended that all staff complete a health assessment and/or declaration that is effectively documented and monitored. H—It is recommended a fitness assessment is completed by all staff and formally documented.	Author: Royal Life Saving Society – Australia Title: Guidelines for Safe Pool Operation (Training and Qualifications – Summary of Requirements Date: 2024 Publisher: Royal Life Saving Society – Australia
3.10	Is there evidence that Swim Teacher 2 has sufficient training, qualifications, onboarding and in-service training?	G) health-assessment/-declaration H) fitness-assessment	Unable to validate specific health assessment declaration onsite at time of assessment. (Ulana Hatt)	High	G—It is recommended that all staff complete a health assessment and/or declaration that is effectively documented and monitored. H—It is recommended a fitness assessment is completed by all staff and formally documented.	Author: Royal Life Saving Society – Australia Title: Guidelines for Safe Pool Operation (Training and Qualifications – Summary of Requirements Date: 2024



Safety Assessment National Question Set

Question No.	Assessment Question	Faults Identified	Assessors Comments	Risk Rating	Recommendations	Specific Reference
			Evidence provided by Stephen Lochie - Work Health Safety (WHS) Coordinator 19/6/2026 Comment - Evidence provided Inductions & Health & fitness Assessments in place for next season			Publisher: Royal Life Saving Society – Australia
3.11	Is there evidence that Swim Teacher 3 has sufficient training, qualifications, onboarding and in-service training?	D) current WWCC G) health assessment/declaration H) fitness assessment	Unable to validate specific health assessment declaration and Working with Children procedures onsite at time of assessment. (Sophie Bunch) Evidence provided by Stephen Lochie - Work Health Safety (WHS) Coordinator 19/6/2026 Comment - Swim Teacher was 17 years of age and did not require WWCC. Has since turned 18 and has applied for WWCC Evidence provided Inductions & Health &	High	D—It is recommended that all staff hold an appropriate Working with Children Check. G—It is recommended that all staff complete a health assessment and/or declaration that is effectively documented and monitored. H—It is recommended a fitness assessment is completed by all staff and formally documented.	Author: Royal Life Saving Society – Australia Title: Guidelines for Safe Pool Operation (Training and Qualifications – Summary of Requirements Date: 2024 Publisher: Royal Life Saving Society – Australia



Safety Assessment National Question Set

Question No.	Assessment Question	Faults Identified	Assessors Comments	Risk Rating	Recommendations	Specific Reference
			fitness Assessments in place for next season			
3.13	Is there evidence that the pool manager / supervisor staff hold aquatic technical operators qualifications?	C) current WWCC F) health assessment / declaration G) fitness assessment	Unable to validate specific health assessment declaration and Working with Children procedures onsite at time of assessment. (Brad Cox) Evidence provided by Stephen Lochie - Work Health Safety (WHS) Coordinator 19/6/2026 Comment - BTX WWCC out of date, new WWCC in process Inductions & Health & fitness Assessments in place for next season	High	C—It is recommended that all staff hold an appropriate Working with Children Check. F—It is recommended that all staff complete a health assessment and/or declaration that is effectively documented and monitored. G—It is recommended a fitness assessment is completed by all staff and formally documented.	Author: Royal Life Saving Society – Australia Title: Guidelines for Safe Pool Operation (Training and Qualifications – Summary of Requirements Date: 2024 Publisher: Royal Life Saving Society – Australia
3.14	Is there evidence that the aqua exercise instructor staff hold aqua exercise instructor qualifications?	D) current WWCC attendance record H) health assessment / declaration I) fitness assessment	Unable to validate specific health assessment declaration and Working with Children procedures onsite at time of assessment. (Kate Buzzard) Evidence provided by Stephen Lochie - Work Health Safety (WHS)	High	D—It is recommended that all staff hold an appropriate Working with Children Check. H—It is recommended that all staff complete a health assessment and/or declaration that is effectively documented and monitored. I—It is recommended a fitness assessment is completed by all staff and formally documented.	Author: Royal Life Saving Society – Australia Title: Guidelines for Safe Pool Operation (Training and Qualifications – Summary of Requirements Date: 2024 Publisher: Royal Life Saving Society – Australia



Safety Assessment National Question Set

Question No.	Assessment Question	Faults Identified	Assessors Comments	Risk Rating	Recommendations	Specific Reference
			Coordinator 19/6/2026 Comment - Evidence provided Inductions & Health & fitness Assessments in place for next season			
3.17	Is there evidence that the supervisor of swimming and water safety programs staff have been appropriately trained?	E) current WWCC	Unable to validate Working with Children procedures onsite at time of assessment. (Leanne Gilliam) Evidence provided by Stephen Lochie - Work Health Safety (WHS) Coordinator 19/6/2026	High	E—It is recommended that all staff hold an appropriate Working with Children Check.	Author: Royal Life Saving Society – Australia Title: Guidelines for Safe Pool Operation (Training and Qualifications – Summary of Requirements Date: 2024 Publisher: Royal Life Saving Society – Australia
3.20	Does the aquatic technical operations staff in-service training cover key skills and competencies?	B) updates to OHS/WHS management Systems F) safe manual handling	RLSWA – Insufficient evidence provided	High	It is recommended that the in-service training includes sessions which cover updates to plant and equipment, updates to OHS/WHS management systems and safe manual handling	Author: Royal Life Saving Society - Australia Title: Guidelines for Safe Pool Operation (TQ8) Date: 2018 Publisher: Royal Life Saving Society - Australia



Safety Assessment National Question Set

4. AQUATIC PROGRAMS						
Question No.	Assessment Question	Faults Identified	Assessor Comments	Risk Rating	Recommendations	Specific Reference
4.10	Are lesson activities being completed in appropriate water spaces?	C —appropriate signage	Unable to validate specific swim lesson signage content on site at time of assessment. Evidence provided by Stephen Lochie - Work Health Safety (WHS) Coordinator 19/6/2026	Critical	It is recommended that lesson activities take place in areas which have: C—appropriate signage	Author: AUSTSWIM Ltd Title: Teaching Swimming & Water Safety: The Australian Way Date: 2002 Publisher: AUSTSWIM Ltd Author: Royal Life Saving Australia Title: Swim and Survive Aquapak – Instructors Guide Date: 2017 Publisher: RLSSA Author: Royal Life Saving Australia Title: GSPO Ref: AS4 / SP2 Publisher: RLSSA



Safety Assessment National Question Set

5. SUPERVISION						
Question No.	Assessment Question	Faults Identified	Assessors Comments	Risk Rating	Recommendations	Specific Reference
5.02	Has a risk assessment been completed to establish the pool supervision?	A—formal risk assessment B—facility name detailed C—documented review process	No specific documented pool supervision plan in place at time of assessment. Evidence provided by Stephen Lochie - Work Health Safety (WHS) Coordinator 19/6/2026	High	A—It is recommended that a facility specific risk assessment is developed to inform and underpin the supervision deployment during different periods of operation. B—It is recommended that the facility name is detailed in the document and that all content is specific to the facility. C—It is recommended that a documented review process is in place for the pool supervision risk assessment.	Author: Royal Life Saving Australia Title: GSPO Ref: SV3 Publisher: RLSSA Author: Health and Safety Executive, UK Title: Managing Health and Safety in Swimming Pool Date: 2008 Publisher: HSE Books Author: Royal Life Saving Australia Title: Lifeguarding - 6th Edition Date: 2016 Publisher: RLSSA
5.03	Does the supervision plan consider appropriate factors?	A—table of contents B—documented scope C—set of clear objectives D—date of preparation E—summary of arrangements for resourcing F—documented review process G—name of the authorising person	Evidence provided by Stephen Lochie - Work Health Safety (WHS) Coordinator 19/6/2026	High	A-G—It is recommended that a supervision / lifeguard deployment plan incorporating a [sub question] is in place at the facility.	Author: Royal Life Saving Australia Title: GSPO Ref: SV3 / SV6 Publisher: RLSSA



Safety Assessment National Question Set

Question No.	Assessment Question	Faults Identified	Assessors Comments	Risk Rating	Recommendations	Specific Reference
5.04	Does the supervision plan contain practical deployment advice to pool supervisors?	A —key vantage positions B —areas of responsibility C —patrol routes D —patrol frequency E —supervision ratios	Evidence provided by Stephen Lochie - Work Health Safety (WHS) Coordinator 19/6/2026	High	It is recommended that a supervision / lifeguard deployment plan incorporating key vantage positions, areas of responsibility, patrol routes, patrol frequency, supervision ratios is in place at the facility.	Author: Royal Life Saving Australia Title: GSPO Ref: SV3 / SV5 / SV6 Publisher: RLSSA Author: Royal Life Saving Australia Title: Lifeguarding - 6th Edition Date: 2016 Publisher: RLSSA
5.05	Does the pool supervision plan cover pre-operational procedures?	A - previous shift notes B - the daily schedule / bookings C - safety checks D - weather checks E - a task list	RLSWA – Insufficient evidence provided	Moderate	It is recommended that a supervision / lifeguard deployment plan incorporating pre-operational procedures including previous shift notes, the daily schedule / bookings, safety checks, weather checks, a task list is in place at the facility.	Author: Royal Life Saving Australia Title: GSPO Ref: SV6 Publisher: RLSSA
5.06	Does the pool supervision plan consider line of sight challenges?	A —glare B —obstruction/s C —refraction D —disturbance	Evidence provided by Stephen Lochie - Work Health Safety (WHS) Coordinator 19/6/2026	High	It is recommended that a supervision / lifeguard deployment plan considering line of sight challenges including glare, obstruction/s, refraction, disturbance is in place at the facility.	Author: Royal Life Saving Australia Title: GSPO Ref: SV2 / SV4 / SP5 / FD2 Publisher: RLSSA Author: Royal Life Saving Australia Title: Lifeguarding - 6th Edition Date: 2016 Publisher: RLSSA



Safety Assessment National Question Set

Question No.	Assessment Question	Faults Identified	Assessors Comments	Risk Rating	Recommendations	Specific Reference
5.07	Does the pool supervision plan consider additional barriers to supervision?	A—unavailability of staff B—staff fatigue, rosters and breaks C—distractions D—poor communications	Evidence provided by Stephen Lochie - Work Health Safety (WHS) Coordinator 19/6/2026	High	It is recommended that a supervision / lifeguard deployment plan detailing the necessary considerations associated with unavailability of staff, staff fatigue, rosters and breaks, distractions, poor communications is in place at the facility.	Author: Royal Life Saving Australia Title: GSPO Ref: SV2 / SV4 / SP5 / FD2 Publisher: RLSSA
5.09	Does the pool supervision plan consider unique water spaces and activities?	G—inflatable equipment	Evidence provided by Stephen Lochie - Work Health Safety (WHS) Coordinator 19/6/2026	High	It is recommended that additional consideration is given to the supervision of: G—inflatable equipment. This information should be formally incorporated into the supervision / lifeguard deployment plan.	Author: Royal Life Saving Australia Title: GSPO Ref: SV1 / SV2 / SV22 / SV26 / SV28 / SV29 / SV30 Publisher: RLSSA Author: Standards Australia Title: AS3533.2-2009. Amusement Rides and Devices. Part 2. Operation and Maintenance. Date: 2017/2018 Publisher: SAI Global Author: Standards Australia Title: AS3533.4.5-2017. Amusement Rides and Devices. Part 4.5. Specific requirements - Waterborne Inflatables. Date: 2017/2018 Publisher: SAI Global
5.10	Is pool supervision sufficient when off-deck activities are being undertaken?	A—changing room checks B—plant area checks C—pool testing D—first aid treatment	Evidence provided by Stephen Lochie - Work Health Safety (WHS) Coordinator 19/6/2026	Critical	It is recommended that the supervision / lifeguard deployment plan ensures that the completion of: A—changing room checks B—plant area checks C—pool testing D—first aid treatment	Author: Royal Life Saving Australia Title: GSPO Ref: SV2 / SV9 Publisher: RLSSA



Safety Assessment National Question Set

Question No.	Assessment Question	Faults Identified	Assessors Comments	Risk Rating	Recommendations	Specific Reference
					does not impact the level of supervision being provided to the water spaces.	
S.11	Is there a system to ensure the supervision of changing areas?	A - min. 30-60min checks B - checks documented	RLSWA – Insufficient evidence provided Shire Comment - Process in place for next season.	High	A - It is recommended that the changing rooms are checked on a minimum 30 to 60-minute basis. B - It is recommended that the changing room checks are recorded.	Author: Royal Life Saving Australia Title: GSPO Ref: SV27 Publisher: RLSSA
S.19	Is there evidence of appropriate daily equipment inspections?	A - rescue devices C - spinal board(s) / accessories	RLSWA – Insufficient evidence provided Shire Comment - Process in place for next season.	High	It is recommended that daily checks are undertaken and include. A - rescue devices C - spinal board(s) / accessories	Author: Royal Life Saving Australia Title: Lifeguarding - 5th Edition Date: 2016 Publisher: RLSSA



Safety Assessment National Question Set

6. FIRST AID						
Question No.	Assessment Question	Faults Identified	Assessors Comments	Risk Rating	Recommendations	Specific Reference
6.03	For employee accidents and incidences, do report forms request necessary additional information?	A—shift arrangements B—occupation / job title C—training provisions D—rehabilitation status	Unable to validate onsite at time of assessment. Evidence provided by Stephen Lochie - Work Health Safety (WHS) Coordinator 19/6/2026	High	It is recommended that a section requesting the information on the employees A—shift arrangements B—occupation / job title C—training provisions D—rehabilitation status is developed and added to the accident and incident report forms at the facility.	Author: Standards Australia Title: AS1885.1-1990 Workplace Injury and Disease Recording Standard Date: 1990 Publisher: SAI Global
6.04	Does the incident reporting process cover notifiable incidences?	A - definition of notifiable B - internal contact details C - workplace health and safety regulator notification	RLSWA – Insufficient evidence provided Shire Comment - Incident register has column for Notifiable incidences	High	A - It is recommended that the incident reporting process include information on what is defined as a notifiable incident. B - It is recommended that the incident reporting process include the contact details for the appropriate persons that need to be contact in the event of a notifiable incident. C - It is recommended that the incident reporting process include the need to contact workplace health and safety regulator following a notifiable incident.	Author: DMIRS Title: Interpretive guideline - Incident notification. Publisher: WA Government
6.05	Are investigations, corrective actions and preventative actions completed and documented?	A—investigations B—corrective actions C—preventative actions	Evidence provided by Stephen Lochie - Work Health Safety (WHS) Coordinator 19/6/2026	High	A—It is recommended that the incident reporting process includes an investigation / follow up component. B—It is recommended that the incident reporting process includes the completion of corrective actions. C—It is recommended that the incident reporting process includes the completion of future preventative actions.	Author: Standards Australia Title: AS/NZS ISO 45001:2018 OHS Management Systems Date: 1990 Publisher: SAI Global



Safety Assessment National Question Set

Question No.	Assessment Question	Faults Identified	Assessors Comments	Risk Rating	Recommendations	Specific Reference
6.06	Are accident and incident report forms regularly summarised and reviewed?	A - system in place B - min. annual frequency	Evidence provided by Stephen Lochie - Work Health Safety (WHS) Coordinator 19/6/2026	High	A - It is recommended that a system that enables a review of the accident and incident occurrences is developed and implemented at the facility. B - It is recommended that the summary and review process is completed on a regular and systematic basis (minimum annually).	Author: Standards Australia Title: AS1885.1-1990 Workplace Injury and Disease Recording Standard Date: 1990 Publisher: SAI Global Author: Safe Work Australia Title: Code of Practice: First Aid in the Workplace Date: 2019 Publisher: Safe Work Australia
6.09	Is the first aid area appropriate?	D - easily accessible (wheelchair / stretcher) F - only used for first aid	Shire Comment - Unable to rectify without major renovations	High	It is recommended that the first aid area is. D - easily accessible (wheelchair / stretcher) F - only used for first aid.	Author: Safe Work Australia Title: Code of Practice: First Aid in the Workplace Date: 2019 Publisher: Safe Work Australia Author: Royal Life Saving Australia Title: GSPO Ref: SE8 Publisher: RLSSA
6.10	Does the first aid area have appropriate general provisions?	B - work bench or trolley E - couch, blanket and pillow G - table / desk H - telephone I - stretcher	Shire Comment - Unable to rectify without major renovations B- work bench or trolley; Sink area E - couch, blanket and pillow ; Insufficient room for couch, blanket pillow on site G - table / desk; Table	High	It is recommended that the first aid area has appropriate provisions including a. B - work bench or trolley E - couch, blanket and pillow G - table / desk H - telephone I - stretcher	Author: Royal Life Saving Australia Title: GSPO Ref: SE8 Publisher: RLSSA Author: Dept Health, Govt of WA Title: Code of Practice Ref: Section 2.22 & 2.23 Publisher: WA Government



Safety Assessment National Question Set

Question No.	Assessment Question	Faults Identified	Assessors Comments	Risk Rating	Recommendations	Specific Reference
			sits in front of first aid room Telephone ; there is always staff with mobile phone. Stretcher ; mobile stretcher on site			
6.12	Does the first aid area contain the additional equipment required for an aquatic facility?	A—safety data sheets B—torch (pocket) C—disposable cups	Evidence provided by Stephen Lochie - Work Health Safety (WHS) Coordinator 19/6/2026 Shire Comment – A Existing Safety Data Sheets reviewed and updated B Torch with other power tools C Disposable cups in Kiosk	Moderate	A—It is recommended that the first aid area includes the storage of A—safety data sheets B—torch (pocket) C—disposable cups	Author: Safe Work Australia Title: Code of Practice: First Aid in the Workplace Date: 2019 Publisher: Safe Work Australia Author: Royal Life Saving Australia Title: GSPO Ref: SE4 Publisher: RLSSA Author: Standards Australia Title: AS4326-2008. The storage and handling of oxidizing agents Date: 2008 Publisher: SAI Global
6.20	Is oxygen equipment appropriately maintained?	A—system in place B—daily equipment checks C - annual (external) regulator service D—checks documented	Evidence provided by Stephen Lochie - Work Health Safety (WHS) Coordinator 19/6/2026	Critical	A—It is recommended that a system that enables the oxygen to be appropriately maintained is developed and implemented at the facility. B—It is recommended that an internal oxygen check is completed and formally documented on a daily basis. This should include the content level and checking of the required spare equipment.	Author: Royal Life Saving Australia Title: GSPO Ref: SE5 Publisher: RLSSA



Safety Assessment National Question Set

Question No.	Assessment Question	Faults Identified	Assessors Comments	Risk Rating	Recommendations	Specific Reference
			Shire Comment – Evidence Provided A ; Already in place with weekly checks of O2. Moved to daily C ; Email sent to supplier who have not responded. Trying to find supplier/contractor who will service to O2		C - It is recommended that the oxygen regulator is serviced (externally) on a minimum annual basis and that the records are kept. D - It is recommended that the daily checks and equipment servicing is formally documented.	
6.22	Is the defibrillator provided with appropriate additional items?	B - current pads C - spare pads	Evidence provided by Stephen Lochie - Work Health Safety (WHS) Coordinator 19/6/2026	Critical	It is recommended that the automatic external defibrillator is provided with the appropriate equipment including: B - current pads C - spare pads	Author: Royal Life Saving Australia Title: GSPO Ref: SE6 Publisher: RLSSA
6.24	Is the automatic defibrillator appropriately maintained?	A - system in place B - battery / operation checked C - spares checked D - checks documented	Unable to validate specific documented procedures in place for AED device. Evidence provided by Stephen Lochie - Work Health Safety (WHS) Coordinator 19/6/2026	Critical	A - It is recommended that a system which enables the defibrillator to be appropriately maintained is developed and implemented at the facility. B - It is recommended that the defibrillator battery charge is checked on a regular basis. C - It is recommended that the defibrillator spare equipment items are checked on a regular basis. D - It is recommended that the checks and equipment are formally documented.	Author: Royal Life Saving Australia Title: GSPO Ref: SE6 Publisher: RLSSA



Safety Assessment National Question Set

Question No.	Assessment Question	Faults Identified	Assessors Comments	Risk Rating	Recommendations	Specific Reference
			Shire Comment – Evidence Provided A Shire has maintenance schedule and register that covers all Shires assets B Manufacture recommendation is to replace only if it fails self-check. C Daily Safety Inspection checklist in place for next season D Daily Safety Inspection checklist in place for next season. Shire AED checks minimally quarterly/Records held in SMS			



Safety Assessment National Question Set

7. PLANT & CHEMICAL AREAS						
Question No.	Assessment Question	Faults Identified	Assessors Comments	Risk Rating	Recommendations	Specific Reference
7.03	Are individual chemical storage locations clearly labelled?	A-labelled / signed B-chemical names visible	No specific chemical ID signage in place for Calcium Hypochlorite, Sodium Bi Sulphate chemical storage areas. Evidence provided by Stephen Lochie - Work Health Safety (WHS) Coordinator 19/6/2026 Shire Comment – Signs ordered through sign maker	Critical	A-It is recommended that all chemicals stored within plant and chemical areas are suitably signed / labelled. This will ensure that the substances contained can be easily and immediately identified. B-It is recommended that the names of the chemicals being stored are displayed via the container labelling or appropriate signage.	Author: Royal Life Saving Australia Title: GSPO Ref: AS13 Publisher: RLSSA Author: Safe Work Australia Title: Code of Practice: Labelling of Workplace Hazardous Chemicals Date: 2012 Publisher: Safe Work Australia
7.04	Is additional information displayed for hazardous substances?	C-calcium hypochlorite G-sodium bisulphate	Evidence provided by Stephen Lochie - Work Health Safety (WHS) Coordinator 19/6/2026	Critical	It is recommended that the appropriate additional information for C-calcium hypochlorite G-sodium bisulphate is provided at the storage location of the chemical(s).	Author: The National Transport Commission Title: Australian Code for the Transport of Dangerous Goods by Road and Rail Ref: Volume 1, 7.6 Edition. Publisher: The National Transport Commission Author: Safe Work Australia Title: Code of Practice: Labelling of Workplace Hazardous Chemicals Date: 2012



Safety Assessment National Question Set

Question No.	Assessment Question	Faults Identified	Assessors Comments	Risk Rating	Recommendations	Specific Reference
						Publisher: Safe Work Australia
7.08	Are SDS documents available?	C —dated within 5 years	Current printed SDS documents require review and updating. Evidence provided by Stephen Lochie - Work Health Safety (WHS) Coordinator 19/6/2026	Critical	It is recommended that SDS documentation is C —dated within 5 years.	Author: Safe Work Australia Title: Code of Practice for the Storage and Handling of Dangerous Goods Date: 2013 Publisher: Safe Work Australia Author: Safe Work Australia Title: Hazardous Chemicals Register - Factsheet Date: 2012 Publisher: Safe Work Australia
7.09	Are copies of SDS document appropriately located?	B —a central / remote location	Current SDS documentation located in plantroom areas only. Evidence provided by Stephen Lochie - Work Health Safety (WHS) Coordinator 19/6/2026	Critical	It is recommended that copies of the relevant SDS documentation are stored at B —a central / remote location.	Author: Safe Work Australia Title: Code of Practice: Managing Risks of Hazardous Chemicals in the workplace Date: 2020 Publisher: Safe Work Australia Author: Standards Australia Title: AS4326-2008. The storage and handling of oxidizing agents Date: 2008 Publisher: SAI Global Author: Safe Work Australia Title: Hazardous Chemicals Register - Factsheet Date: 2012 Publisher: Safe Work Australia



Safety Assessment National Question Set

Question No.	Assessment Question	Faults Identified	Assessors Comments	Risk Rating	Recommendations	Specific Reference
7.10	Is an appropriate substance register available?	A—covers all chemical B—remains current	Evidence provided by Stephen Lochie - Work Health Safety (WHS) Coordinator 19/6/2026	High	It is recommended that an appropriate substances register is in place at the facility which: A—covers all chemical B—remains current	Author: Safe Work Australia Title: Code of Practice: Managing Risks of Hazardous Chemicals in the workplace Date: 2020 Publisher: Safe Work Australia Author: Safe Work Australia Title: Hazardous Chemicals Register - Factsheet Date: 2012 Publisher: Safe Work Australia
7.12	Is appropriate PPE provided?	A—body protection B—foot protection	Evidence provided by Stephen Lochie - Work Health Safety (WHS) Coordinator 19/6/2026	Critical	It is recommended that the PPE available for use at the facility includes: A—body protection B—foot protection	Author: Safe Work Australia Title: Code of Practice: Managing Risks of Hazardous Chemicals in the workplace Date: 2020 Publisher: Safe Work Australia Title: Code of Practice - Preparation of Safety Data Sheets for Hazardous Chemicals Author: Royal Life Saving Australia Title: GSPO Ref: AS11 Publisher: RLSSA



Safety Assessment National Question Set

Question No.	Assessment Question	Faults Identified	Assessors Comments	Risk Rating	Recommendations	Specific Reference
7.13	Is signage in place reflecting the available PPE?	A—reflect available PPE B—reflect required PPE	Evidence provided by Stephen Lochie - Work Health Safety (WHS) Coordinator 19/6/2026	High	A—It is recommended that signage is displayed which reflects all of the PPE equipment which is available at the facility. B—It is recommended that signage is displayed which reflects all of the PPE equipment which is required at the facility (based on the chemical that are stored).	Author: Royal Life Saving Australia Title: GSPO Ref: AS11 / SE10 Publisher: RLSSA Author: Standards Australia Title: AS1319-1994. Safety signs for the occupational environment Date: 1994 – Reconfirmed 2018 Publisher: SAI Global
7.14	Is clean up equipment available for chemical spills and leaks?	A—absorbent B—sweep C—shovel D—chemical resistant bin	Evidence provided by Stephen Lochie - Work Health Safety (WHS) Coordinator 19/6/2026	High	It is recommended that suitable: A—absorbent B—sweep C—shovel D—chemical resistant bin is readily available at the facility to ensure spills and leaks can be readily clean up.	Author: Standards Australia Title: AS4326-2008. The storage and handling of oxidizing agents Date: 2008 Publisher: SAI Global Author: Standards Australia Title: AS3780-2008. The storage and handling of corrosive substances Date: 2008 Publisher: SAI Global Author: Safe Work Australia Title: Code of Practice: Managing Risks of Hazardous Chemicals in the workplace Date: 2020 Publisher: Safe Work Australia



Safety Assessment National Question Set

Question No.	Assessment Question	Faults Identified	Assessors Comments	Risk Rating	Recommendations	Specific Reference
						Author: Royal Life Saving Australia Title: GSPO Ref: SE11 Publisher: RLSSA
7.15	Are emergency shower provisions reflective of the chemicals stored?	D—regular testing	Evidence provided by Stephen Lochie - Work Health Safety (WHS) Coordinator 19/6/2026	Critical	D—It is recommended that the emergency shower undergoes documented regular testing.	Author: Standards Australia Title: AS4326-2008. The storage and handling of oxidizing agents Date: 2008 Publisher: SAI Global Author: Standards Australia Title: AS3780-2008. The storage and handling of corrosive substances Date: 2008 Publisher: SAI Global Author: Safe Work Australia Title: Code of Practice: Managing Risks of Hazardous Chemicals in the workplace Date: 2020 Publisher: Safe Work Australia Author: Royal Life Saving Australia Title: GSPO Ref: SE4 Publisher: RLSSA



Safety Assessment National Question Set

Question No.	Assessment Question	Faults Identified	Assessors Comments	Risk Rating	Recommendations	Specific Reference
7.16	Are emergency eye wash provisions reflective of the chemicals stored?	D—regular testing / in date	Evidence provided by Stephen Lochie - Work Health Safety (WHS) Coordinator 19/6/2026	Critical	D—It is recommended that the emergency eye wash undergoes documented regular testing.	Author: Standards Australia Title: AS4326-2008. The storage and handling of oxidizing agents Date: 2008 Publisher: SAI Global Author: Standards Australia Title: AS3780-2008. The storage and handling of corrosive substances Date: 2008 Publisher: SAI Global Author: Safe Work Australia Title: Code of Practice: Managing Risks of Hazardous Chemicals in the workplace Date: 2020 Publisher: Safe Work Australia Author: Royal Life Saving Australia Title: GSPO Ref: SE4 Publisher: RLSSA
7.17	Are chemical lines, pipes and injectors clearly labelled?	A—pipes labelled B—chemical lines labelled C—chemical injectors labelled	Evidence provided by Stephen Lochie - Work Health Safety (WHS) Coordinator 19/6/2026	High	A—It is recommended that all pipe work at the facility is labelled to enable the content to be easily and quickly identified. B—It is recommended that all chemical lines at the facility are labelled to enable the content to be easily and quickly identified. C—It is recommended that all chemical injection point at the facility are labelled to enable the content to be easily and quickly identified.	Author: Standards Australia Title: AS1345-1995. Identification of the contents of pipes, conduits and ducts Date: 1995 Publisher: SAI Global



Safety Assessment National Question Set

Question No.	Assessment Question	Faults Identified	Assessors Comments	Risk Rating	Recommendations	Specific Reference
						Author: Safe Work Australia Title: Code of Practice: Managing Risks of Hazardous Chemicals in the workplace Date: 2020 Publisher: Safe Work Australia
7.18	Are correct colours used on the chemical lines, pipes and injectors?	A —hypochlorite solution: violet	No specific chemical feedline markings labelling in place. Evidence provided by Stephen Lochie - Work Health Safety (WHS) Coordinator 19/6/2026	High	It is recommended that all chemical lines, pipes and injectors are suitably labelled with the appropriate text and colour.	Author: Royal Life Saving Australia Title: GSPO Ref: AS13 Publisher: RLSSA Author: Safe Work Australia Title: Code of Practice: Managing Risks of Hazardous Chemicals in the workplace Date: 2020 Publisher: Safe Work Australia



Safety Assessment National Question Set

9. CHANGING FACILITIES						
Question No.	Assessment Question	Faults Identified	Assessors Comments	Risk Rating	Recommendations	Specific Reference
9.03	Do changing facilities display appropriate hygiene signage?	A—swimming attire B—illness/disease prohibitions C—gastroenteritis prohibitions D—shower before use	Evidence provided by Stephen Lochie - Work Health Safety (WHS) Coordinator 19/6/2026	Advisory	A—It is recommended that hygiene signage is displayed including the requirement for patrons to wear the appropriate swimming attire. B—It is recommended that hygiene signage is displayed including an access prohibition for patrons who have a communicable illness or disease. C—It is recommended that hygiene signage is displayed including an access prohibition for patrons who have experienced (or are currently experiencing) signs and symptoms of Gastroenteritis. D—It is recommended that hygiene signage is displayed including the requirement for patrons to shower before use.	Author: Dept Health, Govt of WA Title: Code of Practice Ref: Appendix 2 Publisher: WA Government Author: Dept Health, Govt of WA Title: Pseudomonas aeruginosa in swimming pools and spas Ref: Risk Management Publisher: WA Government
9.06	Do accessible changing facilities display appropriate entry signage?	B - accessible: text signage	Shire Comment – Appropriate Signs Ordered and will be installed upon arrival.	High	B - It is recommended that accessible changing facilities are easily identified through text-based signage.	Author: Standards Australia Title: AS1428.1-2009 Design for Access and Mobility Author: Royal Life Saving Australia Title: GSPO Ref: AS2 / AS12 Publisher: RLSSA



Safety Assessment National Question Set

Question No.	Assessment Question	Faults Identified	Assessors Comments	Risk Rating	Recommendations	Specific Reference
9.07	Do accessible changing facilities display appropriate hygiene signage?	A—swimming attire B—illness/disease prohibitions C—gastroenteritis prohibitions D—shower before use	Evidence provided by Stephen Lochie - Work Health Safety (WHS) Coordinator 19/6/2026	Advisory	A—It is recommended that hygiene signage is displayed including the requirement for patrons to wear the appropriate swimming attire. B—It is recommended that hygiene signage is displayed including an access prohibition for patrons who have a communicable illness or disease. C—It is recommended that hygiene signage is displayed including an access prohibition for patrons who have experienced (or are currently experiencing) signs and symptoms of Gastroenteritis. D—It is recommended that hygiene signage is displayed including the requirement for patrons to shower before use.	Author: Dept Health, Govt of WA Title: Code of Practice Ref: Appendix 2 Publisher: WA Government Author: Dept Health, Govt of WA Title: Pseudomonas aeruginosa in swimming pools and spas. Ref: Risk Management Publisher: WA Government
9.08	Are accessible changing facilities provided with a 'call for assistance' alarm?	A—audible alarm B—visible alarm	Evidence provided by Stephen Lochie - Work Health Safety (WHS) Coordinator 19/6/2026	Critical	A—It is recommended that accessible changing facilities are provided with an audible alarm. B—It is recommended that accessible changing facilities are provided with a visible alarm.	Author: Standards Australia Title: AS 1428-1992 / Design for access and mobility Part 2: Enhance and additional requirements - buildings and facilities / Section 15 Sanitary Facilities



Safety Assessment National Question Set

10. LAP & LANE POOLS – 50M LAP LANE POOL						
Question No.	Assessment Question	Faults Identified	Assessors Comments	Risk Rating	Recommendations	Specific Reference
10.03	Are pool tanks and associated fixtures and fittings finished flush with no sharp protruding edges?	A - fitted flush B - free of protruding edges	Current portable step entry structure can be an entrapment hazard underneath structure. Shire Comment – Can not Comply until Zero Depth Entry is installed. This requires Significant budget	High	It is recommended that the pool tank and associated fixtures and fittings are. A - fitted flush B - free of protruding edges	Author: Royal Life Saving Australia Title: GSPO Ref: SP2 Publisher: RLSSA
10.04	Are appropriate depth markers displayed?	C – visible from water spaces E – clear and legible	No internal depth markers in place 1.07m and 1.52m bulkhead ends main 50m pool. Evidence provided by Stephen Lochie - Work Health Safety (WHS) Coordinator 19/6/2026	Critical	It is recommended that water depth markers are: C – visible from water spaces E – clear and legible	Author: Dept Health, Govt of WA Title: Code of Practice Ref: Section 2 Publisher: WA Government
10.08	Are step provisions appropriate?	A - non-protruding into lanes	Current portable step entry structure protrudes into lane spaces when in place. Shire Comment – Can not Comply until Zero Depth Entry is installed. This requires Significant budget	High	A - It is recommended that steps do not intrude into the lap swimming space.	Author: Royal Life Saving Australia Title: GSPO Ref: SP3 Publisher: RLSSA



Safety Assessment National Question Set

Question No.	Assessment Question	Faults Identified	Assessors Comments	Risk Rating	Recommendations	Specific Reference
10.12	Are step and ramp handrails appropriate?	B - 865-1000mm in height	Current portable step handrail height measured 800mm. Shire Comment – Can not Comply until Zero Depth Entry is installed. This requires Significant budget	High	It is recommended that the step and ramp handrails are designed to be. B - 865-1000mm in height	Author: Standards Australia Title: AS1428.1-2021 Design for Access and Mobility Date: 2010 Publisher: SAI Global Author: Royal Life Saving Australia Title: GSPO Ref: SP3 Publisher: RLSSA

11. LEISURE POOLS – TODDLER LEISURE POOL

Question No.	Assessment Question	Faults Identified	Assessors Comments	Risk Rating	Recommendations	Specific Reference
11.12	Are step and ramp handrails appropriate?	B - 865-1000mm in height	Current step handrail height measured 760mm. Shire Comment – Can not Comply until Zero Depth Entry is installed. This requires Significant budget	High	It is recommended that the step and ramp handrails are designed to be. B - 865-1000mm in height	Author: Standards Australia Title: AS1428.1-2021 Design for Access and Mobility Date: 2021 Publisher: SAI Global Author: Royal Life Saving Australia Title: GSPO Ref: SP3 Publisher: RLSSA



Safety Assessment National Question Set

17. INFLATABLE EQUIPMENT						
Question No.	Assessment Question	Faults Identified	Assessors Comments	Risk Rating	Recommendations	Specific Reference
17.01	Is the inflatable (WBI) considered through a formal risk assessment?	A—formal risk assessment B—facility name detailed C—documented review process	Unable to validate formal tethered Inflatable use risk assessment procedures onsite at time of assessment. Evidence provided by Stephen Lochie - Work Health Safety (WHS) Coordinator 19/6/2026	Critical	A—It is recommended that the inflatable equipment is covered through a documented risk assessment. B—It is recommended that the facility name is detailed in the document and that all content is specific to the facility. C—It is recommended that a documented review process is in place.	Author: Standards Australia Title: AS3533.4.5-2017. Amusement Rides and Devices. Part 4.5. Specific requirements - Waterbourne Inflatables Date: 2017 Publisher: SAI Global Author: Standards Australia Title: AS3533.2-2009. Amusement Rides and Devices. Part 2. Operation and Maintenance Date: 2009 Publisher: SAI Global Author: Royal Life Saving Australia Title: GSPO Ref: SV22 Publisher: RLSSA
17.05	Is a documented annual inspection undertaken on the inflatable?	A—inspection completed B—competent person C—records available	Evidence provided by Stephen Lochie - Work Health Safety (WHS) Coordinator 19/6/2026	Critical	A—It is recommended that an annual inspection is undertaken on the inflatable equipment. B—It is recommended that annual inspections are completed by a competent person or persons. C—It is recommended that annual inspections are documented and that records remain available.	Author: Standards Australia Title: AS3533.4.5-2017. Amusement Rides and Devices. Part 4.5. Specific requirements - Waterbourne Inflatables Date: 2017 Publisher: SAI Global Author: Standards Australia



Safety Assessment National Question Set

Question No.	Assessment Question	Faults Identified	Assessors Comments	Risk Rating	Recommendations	Specific Reference
						Title: AS3533.2-2009. Amusement Rides and Devices. Part 2. Operation and Maintenance. Date: 2009 Publisher: SAI Global Author: Standards Australia Title: AS3533.3-2003. Amusement Rides and Devices. Part 3. In-service Inspections. Date: 2003 Publisher: SAI Global



Safety Assessment National Question Set

21. WA ADMINISTRATION

Question No.	Assessment Question	Faults Identified	Assessors Comments	Risk Rating	Recommendations	Specific Reference
21.07	Does the aquatic facility have a daily opening/closing procedure & checklist?	A - facility opening checklist B - facility closing checklist	RLSWA - Evidence provided was policy and procedure, not checklist	Moderate	A - It is recommended that a formal facility opening checklist is developed and implemented. B - It is recommended that a formal facility closing checklist is developed and implemented	Author: Royal Life Saving Australia Title: GSPO Ref: SV6 Publisher: RLSSA
21.08	Does the facility have a procedure in place for maintaining water clarity during the off season?	A—a documented procedure for maintenance of water clarity in the off-season is in place	Evidence provided by Stephen Lochie - Work Health Safety (WHS) Coordinator 19/6/2026	Moderate	A—it is recommended that a documented procedure for maintenance of water clarity in the off-season is in place.	Author: Dept Health, Govt of WA Title: Code of Practice Ref: Section 5.5 Publisher: WA Government
21.09	Is a start of season opening protocol in place?	A—a full conditions assessment of assets B—facility surrounds and buildings checklist C—documented water samples D—formal approval from the Department of Health to reopen	Evidence provided by Stephen Lochie - Work Health Safety (WHS) Coordinator 19/6/2026	Moderate	It is recommended that a start of season opening protocol is in place which includes: A—a full condition assessment of assets B—facility surrounds and buildings checklist C—documented water samples D—formal approval from the Department of Health to reopen.	Author: Royal Life Saving Australia Title: GSPO Ref: SV5 Publisher: RLSSA
21.12	Is hire of facilities covered by a formal agreement?	A—the number of people using the facility B—minimum age of hirer representative greater than 18 years C—the number of lifeguards to be present	Evidence provided by Stephen Lochie - Work Health Safety (WHS) Coordinator 19/6/2026 RLSWA – (G) Not clear if facility is hired to	High	It is recommended that hire agreements are in place inclusive of: A—the number of people using the facility B—minimum age of hirer representative greater than 18 years C—the number of lifeguards to be present D—emergency responsibilities E—access to relevant equipment	Author: Royal Life Saving Australia Title: GSPO Ref: SV18 Publisher: RLSSA



Safety Assessment National Question Set

Question No.	Assessment Question	Faults Identified	Assessors Comments	Risk Rating	Recommendations	Specific Reference
		D —emergency responsibilities E —access-to-relevant equipment F —public liability and indemnity G - closing and site security procedures	groups outside normal operations.		F —public liability and indemnity G - closing and site security procedures	
21.14	Does the aquatic facility have a risk management policy framework?	A - a risk management policy framework B - the resources allocated towards risk management C - system(s) to manage and profile risk D - system(s) for measurement and reporting E - a risk appetite F - the risk criteria used	Shire comment – No	High	It is recommended that the organisation adopts a systematic approach to managing risk which incorporates - a risk management policy framework, the resources allocated towards risk management, system(s) to manage and profile risk, system(s) for measurement and reporting, a risk appetite, the risk criteria used.	Author: Royal Life Saving Australia Title: GSPO Ref: RM 1 – RM 8 Publisher: RLSSA Author: International Standards Organisation (ISO) Title: ISO 31000:2018 – Risk management - guidelines Date: 2018 Publisher: ISO
21.15	Does the facility have a structured and documented cleaning regime in place?	A - pool tank B - pool concourse C - changing / toilet / shower areas D - first aid room E - spectator viewing areas	Shire comment – No	Moderate	It is recommended that the facility has a cleaning program / schedule in place for: A - pool tank B - pool concourse C - changing / toilet / shower areas D - first aid room E - spectator viewing areas	Author: Dept Health, Govt of WA Title: Code of Practice Ref: Section 7.1 Publisher: WA Government Author: Royal Life Saving Australia Title: GSPO Ref: AM6 Publisher: RLSSA



Safety Assessment National Question Set

22. WA PLANT ROOMS						
Question No.	Assessment Question	Faults Identified	Assessors Comments	Risk Rating	Recommendations	Specific Reference
22.01	Is there a procedure for dealing with Chlorine levels greater than 8mg/l?	A – procedure documented	Evidence provided by Stephen Lochie - Work Health Safety (WHS) Coordinator 19/6/2026	High	A – It is recommended that facility has a procedure to lower the chlorine levels, and a policy advising that pool should not be open for use until chlorine level is lower than 8milligrams per litre.	Author: Dept Health, Govt of WA Title: Code of Practice Ref: Section 5.1.3 Publisher: WA Government
22.05	Are dosing pumps interlocked with the main pool pump or controlled by a flow switch?	A – dosing pump(s) are interlocked with main pool pump or have a flow switch installed	No specific interlock flow switch test logs could be validated onsite at time of assessment. Evidence provided by Stephen Lochie - Work Health Safety (WHS) Coordinator 19/6/2026 Shire comment – Dosing Pumps are intererlocked through the switch board. As power is lost all pumps stop and dosing control pumps are on 10 min delay timer.	Critical	It is recommended that dosing pump(s) are interlocked with main pool pump or have a flow switch installed	Author: Dept Health, Govt of WA Title: Code of Practice Ref: Section 3.4.2 Publisher: WA Government



Safety Assessment National Question Set

Question No.	Assessment Question	Faults Identified	Assessors Comments	Risk Rating	Recommendations	Specific Reference
22.21	Are maintenance reports and/or logs maintained by pool management for works completed on chlorine equipment?	A - procedural documentation and reports are appropriate, maintained and accessible B - a full system check is conducted after works are completed and before the plant is returned to service	No updated maintenance logs sighted or could be validated onsite at time of assessment. Shire comment - Maintenance Orders are tracked through the shire system but they have rejected calls to provide Maintenance by Shentons	High	It is recommended that. A - procedural documentation and reports are appropriate, maintained and accessible B - a full system check is conducted after works are completed and before the plant is returned to service.	Author: Dept Health, Govt of WA Title: Code of Practice Ref: Section 7 Publisher: WA Government Author: Royal Life Saving Australia Title: GSPO Ref: AM6 Publisher: RLSSA



Safety Assessment National Question Set

23. WA POOLS AND FEATURES						
Question No.	Assessment Question	Faults Identified	Assessors Comments	Risk Rating	Recommendations	Specific Reference
23.08	Are the pools and surrounds sufficiently lit for recreational use (150lux)?	A) All lap pools B) All Leisure Pools	Unable to validate specific pool lighting lux lumens testing procedures. Shire comment - Unable to comply Need Lux lumens tester, none available in Carnarvon	High	It is recommended that pool lighting meets the Australian Standards including, All lap pools, All Leisure Pools.	Author: Standards Australia Title: AS 2560.2.:2021 Sport lighting – specific sport applications- aquatic sports Date: 2021 Publisher: SAI Global Author: Dept Health, Govt of WA Title: Code of Practice Ref: Section 2 Publisher: WA Government Author: Royal Life Saving Australia Title: GSPO Ref: FD5 Publisher: RLSSA
23.26	Are the rooms or compounds in which the pools are located secured outside opening hours to deter unauthorised entry of persons?	E- Less than 100mm vertical openings F- Less than 100mm ground clearance	Current external barrier gate areas have gaps greater than 100mm. Evidence provided by Stephen Lochie - Work Health Safety (WHS) Coordinator 19/6/2026	High	E- It is recommended that perimeter or boundary fences have less than 100mm vertical openings. F- It is recommended that perimeter or boundary fences have less than 100mm ground clearance.	Author: Dept Health, Govt of WA Title: Code of Practice Ref: Section 2.18 Publisher: WA Government



Safety Assessment National Question Set

Question No.	Assessment Question	Faults Identified	Assessors Comments	Risk Rating	Recommendations	Specific Reference
23.27	Are metallic objects greater than 100mm within the pool zone equipotential bonded?	A - metallic lane rope anchors B - metallic deck sockets C - other metallic objects	Unable to validate specific updated earth bond testing records. Shire comment - Unable to comply in appropriate time frame for audit. On the list to be carried out.	High	It is recommended that all A - metallic lane rope anchors B - metallic deck sockets C - other metallic objects greater than 100mm within the pool zone (1.25 metres) are equipotential bonded in compliance with Section 5 of AS/NS 3000:2018.	Author: Australian Standard Title: AS/NZS 3000:2018 – Electrical installations Date: 2018 Publisher: SAI Global



FOR MORE INFORMATION

The Royal Life Saving Society Western Australia Inc
McGillivray Road, Mt Claremont WA 6010
PO Box 28, Floreat Forum WA 6014

Call **08 9383 8200**
Email **info@royallifesavingwa.com.au**
Visit **royallifesavingwa.com.au**

CONNECT WITH US

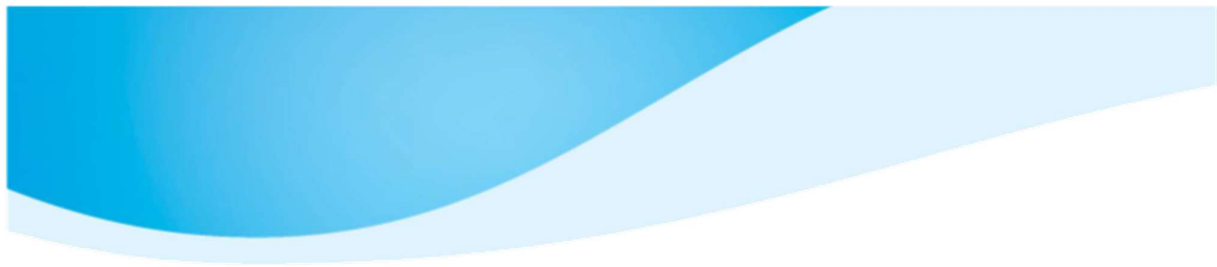
-  [RoyalLifeSavingWA](#)
-  [RoyalLifeSavingWA](#)
-  [LifeSavingWA](#)



SAFETY ASSESSMENT AND IMPROVEMENT PLAN

CARNARVON AQUATIC CENTRE
MARCH 2021





CONTENTS

PART 1: IDENTIFIED FAULTS.....1

PART 2: IMPROVEMENT PLAN.....2

 Eliminate Risk.....2

 Control/Modify Risk.....2

 Procedures and/or Personal Protection7

PART 3: OVERALL SAFETY SCORE8



PART 1: IDENTIFIED FAULTS

An aquatic safety assessment was conducted at the Carnarvon Aquatic Centre on 25 March 2021. The assessment was based on the requirements outlined within the Guidelines for Safe Pool Operations and the Department of Health Code of Practice for the Design, Construction, Operation, Management and Maintenance of Aquatic Facilities.

Facility:	Carnarvon Aquatic Centre
Safety Assessment Date:	25 March 2021
Lead Assessor:	Eddie Gibbs
Venue Staff:	Jenny Little / Andrew Harris

The following faults were identified which require improvement to fully meet safety standards.

Areas where measures are needed to eliminate the associated risk

- No faults reported

Areas where measures are needed to control/modify the associated risk

- 2.1 Depth markers are not visible from within the pool. There are no internal depth markings along inside edges of the toddler pool and bulkhead ends of the main pool.
- 2.2 No evidence that metallic objects greater than 100mm in size are earthed.
- 2.3 No 'HAZCHEM' signage in place at facility entry points.
- 2.4 Chemical feed lines are not clearly labelled to promote correct operation. No specific chemical ID feed line markings in place for chlorine and acid lines.
- 2.5 Chemical storage and handling areas don't have adequate signage to clearly indicate the chemical types. Current signage for Calcium Hypochlorite, Sodium Bi-Sulphate Acid requires updating.

Areas where procedures and/or personal protection are needed to address the associated risk

- No faults reported



PART 2: IMPROVEMENT PLAN

Eliminate Risk

- No faults reported

Control/Modify Risk

Are depth markers clearly visible from within the pool (where sides are >125mm)?	
Safety Assessment Reference	Design and Construction – Section 2.11
Faults Identified	
• FAULT 2.1 - Depth markers are not visible from within the pool. There are no internal depth markings along inside edges of the toddler pool and bulkhead ends of the main pool.	
	
Improvement Plan	
It is recommended that internal depth markings are included along the inside edges of the toddler pool and bulkhead ends of the main pool. Depth marking should be at least 90mm high when positioned in both the horizontal and vertical planes. The height to width ratio of each numeral/letter contained within the depth marking should be 3:1. The image below presents an example of recommended depth markings.	
	

Are metallic objects >100mm in size earthed?	
Safety Assessment Reference	Design and Construction – Section 2.43
Faults Identified	
• FAULT 2.2 - No evidence that metallic objects greater than 100mm in size are earthed.	
	
Improvement Plan	
It is recommended that the facility undertake a review to determine and document if metallic objects greater than 100mm in size are earthed to prevent injury due to electric shock. The following items must be equipotentially bonded in accordance with the method prescribed in Section 5 of AS/NZS 3000:2000 - Electrical installations (Wiring rules): • Metallic lane rope anchor points • Deck sockets • Handrails • Shade sail structures • Any other metallic objects with a dimension greater than 100mm in locations accessible to the public that are likely to become wet whilst the public are in attendance. The facility should keep and maintain documentation as evidence of equipotential bonding. This should include: • Aquatic Facility Electrical Compliance Certification • Records of regular inspection of equipotential bonding • Records of regular testing and tagging and RCD testing	

Does the installation have a HAZCHEM sign, as well as placarding and/or dangerous goods diamonds?	
Safety Assessment Reference	Chemical Safety – Section 4.06
Faults Identified	
• FAULT 2.3 - No 'HAZCHEM' signage in place at main external entry points of facility.	
	
Improvement Plan	
It is recommended that the facility install HAZCHEM signage (see example below) at the main entrance point to the facility and external delivery point (pictured above) to indicate that hazardous substances are stored onsite.	
	

Are all pipes, valves and pumps controlling water and chemical feeds clearly labelled to promote correct operation?

Safety Assessment Reference

Chemical Safety – Section 4.31

Faults Identified

- FAULT 2.4** - Chemical feed lines are not clearly labelled to promote correct operation. No specific chemical ID feed line markings in place for chlorine and acid lines.





Improvement Plan

It is recommended that all pipes, valves, and pumps, controlling water and chemical feeds should be clearly labelled to promote correct operation. This identification should include directional flow arrows. Common substances used in plant rooms have the following colour codes:

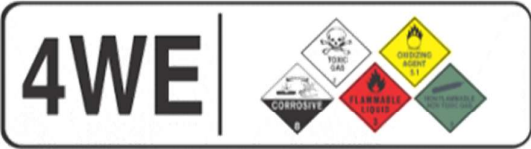
- Hydrochloric Acid - Violet
- Liquid Chlorine – Violet
- Carbon Dioxide - Violet
- Chlorine - Violet
- Water - Green
- Wastewater – Black

- Compressed Air - Light Blue
- Fire Fighting Water - Red
- Fire Foam - Red
- Fire Hose Reel - Red
- Chlorine Gas - Yellow
- Steam – Silver







Depending on the type of chemical stored (packaged goods or bulk) is the facility correctly placarded?	
Safety Assessment Reference	Chemical Safety – Section 4.35
Faults Identified	
FAULT 2.5 - Chemical storage and handling areas don't have adequate signage to clearly indicate the chemical types. Current signage for Calcium Hypochlorite, Sodium Bi-Sulphate Acid requires updating.	
	
Improvement Plan	
As this facility is a packaged goods site, it is recommended that the facility install Sodium Hypochlorite placarding or chemical ID storage signage as per examples provided. Packaged stores require a Composite Hazchem placard that details the Hazchem code and Dangerous Goods Class label (and subsidiary risk if any) such as the following:	
	
Bulk Storage placard can also be used for Package quantities (i.e. < 500kg) such as the following:	
	

Procedures and/or Personal Protection

- No faults reported



PART 3: OVERALL SAFETY SCORE

ITEM	CENTRE SCORE	TOTAL SCORE	SAFETY SCORE
General Administration	11	11	100.00%
Design and Construction	43	45	95.56%
Circulation and Water Treatment	16	16	100.00%
Chemical Safety	19	22	86.36%
Water Quality and Testing	9	9	100.00%
Qualification for Aquatic Facility Personnel	4	4	100.00%
General Sanitation and Operation	27	27	100.00%
Special Feature	0	0	N/A
Spa Pools	0	0	N/A
Water Slides	0	0	N/A
Hydrotherapy	0	0	N/A
Spray Park Water Feature	0	0	N/A
OVERALL RATING	128	133	96.24%



FOR MORE INFORMATION

Call 08 9383 8200

Email info@royallifesavingwa.com.au

CONNECT WITH US



facebook.com/RoyalLifeSavingSocietyWA



twitter.com/LifeSavingWA



[youtube.com/Royal Life Saving Society WA Inc](https://youtube.com/RoyalLifeSavingSocietyWAInc)



royallifesavingwa.com.au

4.2 DISABILITY ACCESS AND INCLUSION PLAN - ANNUAL PROGRESS REPORT 2025 - 2026

File No:	ADM0012
Location/Address:	Nil
Name of Applicant:	Shire of Carnarvon
Name of Owner:	Nil
Author(s):	Stephanie Leca, Executive Manager, Lifestyle & Community
Authoriser:	Amanda Dexter, Chief Executive Officer
Declaration of Interest:	Nil
Voting Requirement:	Simple Majority
Previous Report:	OCM 24/02/2024
Schedules:	1. DAIP Progress Report - 2025-2026 - Final Report

Authority/Discretion:

☐	Advocacy	When Council advocates on its own behalf or on behalf of its community to another level of government/body/agency.
☐	Executive	The substantial direction setting and oversight role of the Council. E.g., adopting plans and reports, accepting tenders, directing operations, setting and amending budgets
☐	Legislative	Includes adopting local laws, town planning schemes and policies.
☒	Information	Includes items provided to Council for information purposes only that do not require a decision of Council (i.e. – for noting).
☐	Quasi-judicial	When Council determines an application / matter that directly affects a person's right and interest. The judicial character arises from the obligations to abide by the principles of natural justice. Examples of Quasi-Judicial authority include town planning applications, building licenses, applications for other permits / licenses

Summary of Report

This report presents the annual progress report for the Shire of Carnarvon's Disability Access and Inclusion Plan (DAIP) 2024–2029, which has been submitted to the Department of Communities in accordance with the requirements of the Disability Services Act 1993 (WA).

Background

The Disability Services Act 1993 (WA) requires all Western Australian local governments and public authorities to develop, implement and maintain a Disability Access and Inclusion Plan (DAIP). The purpose of a DAIP is to ensure that people with a disability have equitable access to facilities, services, information and opportunities provided by the organisation.

In accordance with the Act, public authorities are also required to submit an annual progress report to the Department of Communities detailing the actions undertaken to implement their DAIP and progress made against its outcomes.

The Shire of Carnarvon Disability Access and Inclusion Plan 2024–2029 was endorsed by Council at the Ordinary Council Meeting held on Tuesday, 27 February 2024.

The DAIP is structured around seven legislated outcome areas, which aim to ensure that people with disability have the same opportunities as other members of the community to:

1. Access the services and events provided by the Shire.
2. Access the Shire's buildings and facilities.
3. Receive information from the Shire in a format that meets their needs.
4. Receive the same level and quality of service from Shire staff.
5. Make complaints to the Shire using accessible feedback and grievance mechanisms.
6. Participate in public consultation undertaken by the Shire.
7. Obtain and maintain employment with the Shire.

The annual progress report in the Schedules outlines the actions completed during the 2025/2026 reporting period against each of these outcome areas and demonstrates the Shire's ongoing commitment to creating an inclusive and accessible community. Submission of the annual progress report satisfies the Shire's statutory reporting obligations to the Department of Communities under the Disability Services Act 1993 (WA).

Stakeholder and Public Consultation

No specific public consultation was required in preparing the 2025/2026 annual progress report, as the report provides an update on implementation of the Council-endorsed Disability Access and Inclusion Plan 2024–2029.

However, implementation of the DAIP throughout the reporting period has included ongoing engagement with people with disability, community members, service providers and other stakeholders.

Community members with lived experience of disability were involved in shaping the Carnarvon All Abilities Festival and associated access and inclusion initiatives. The Shire has also continued engagement with disability and NDIS service providers through initiatives including the National Disability Insurance Agency information session and Connected Carnarvon.

Feedback received through these activities continues to inform the Shire's approach to improving accessibility and inclusion.

Statutory Environment

The Disability Services Act 1993 (WA) requires Local Governments to develop and implement a Disability Access and Inclusion Plan and report annually on progress in achieving the outcomes of the Plan.

28. Disability access and inclusion plans

(1) Each public authority must have a disability access and inclusion plan to ensure that in so far as its functions involve dealings with the general public, the performance of those functions furthers the principles in Schedule 1 and meets the objectives in Schedule 2.

(2) A disability access and inclusion plan must meet any prescribed standards.

(3) A public authority must lodge its disability access and inclusion plan with the Commission —

(a) if the authority was established before the commencement of the Disability Services Amendment Act 2004, without delay;

(b) if the authority is established after the commencement of the Disability Services Amendment Act 2004, within 12 months after the day on which it is established.

29. Report about disability access and inclusion plan

(1) A public authority that has a disability access and inclusion plan must, if required to report under Part 5 of the Financial Management Act 2006, include in such report, a report about the implementation of the plan.

(2) A local government or regional local government that has a disability access and inclusion plan must include in its annual report prepared under section 5.53 of the Local Government Act 1995 a report about the implementation of the plan.

(3) A public authority that —

(a) has prepared or amended a disability access and inclusion plan in a year ending 30 June; and

(b) is not required to report under subsection (1) or (2),
must make a report about the implementation of the plan to the Commission within 2 months after the end of that year.

(4) The regulations may prescribe information that must be included in a report under subsection (1), (2) or about the implementation of a disability access and inclusion plan.

29B. Public authorities to ensure implementation of disability access and inclusion plan

A public authority that has a disability access and inclusion plan must take all practicable measures to ensure that the plan is implemented by the public authority and its officers, employees, agents or contractors.

Relevant Plans and Policy

Disability Access and Inclusion Plan 2023 – 2029

Strategic Community Plan 2022 - 2032

Financial Implications

There are no direct financial implications associated with receiving and noting the 2025/2026 DAIP Progress Report.

Actions identified through implementation of the DAIP may have future financial implications, particularly where improvements to Shire buildings, facilities, footpaths and other infrastructure are required. These works will be considered through the Shire's annual budget, capital works planning and external grant funding opportunities as appropriate.

Risk Assessment

STEP 3 – Risk Tolerance Chart Used to Determine Risk						
Consequence		Insignificant 1	Minor 2	Major 3	Critical 4	Extreme 5
Likelihood						
Almost certain	A	High	High	Extreme	Extreme	Extreme
Likely	B	Moderate	High	High	Extreme	Extreme
Possible	C	Low	Moderate	High	Extreme	Extreme
Unlikely	D	Low	Low	Moderate	High	Extreme
Rare	E	Low	Low	Moderate	High	High

Risk Category	Description	Rating	Mitigating Action/s
Financial	Future accessibility improvements may require additional capital or operational expenditure.	E-1 Low	Prioritise works through annual budget processes and actively pursue external funding opportunities.
Health & Safety	Inaccessible buildings, facilities or public infrastructure may create safety or access barriers for people with disability.	B-2 Moderate	Continue regular facility inspections, accessibility audits and progressive rectification of identified barriers.
Reputation	Failure to demonstrate progress towards	C-2 Moderate	Continue implementation of the DAIP, engagement with people with lived

	access and inclusion may negatively impact community confidence in the Shire.		experience and annual reporting on progress.
Service disruption	N/A		
Compliance	Failure to implement and report against the DAIP may result in non-compliance with the Disability Services Act 1993 (WA).	C-2 Moderate	Maintain annual monitoring and reporting processes and submit the required progress report to the Department of Communities.
Property	Some existing Shire buildings and facilities have identified accessibility limitations requiring future improvement.	C-2 Moderate	Continue accessibility inspections and incorporate priority improvements into asset and capital works planning.
Environment	N/A		
Fraud	N/A		

Community and Strategic Objectives

The proposal aligns with the following desired objectives as expressed in the *Community Strategic Plan 2022-2032*:

OBJECTIVES

In 2040 Carnarvon is a place where:

- *Our equitable community is actively involved in and are responsible for developing innovative, local solutions that transcend our region for a safe and unified 6701*
- *Our sustainable livelihoods create a community that can flourish into the future*
- *Our infrastructure, housing and amenities are high quality and accessible*
- *Our community is engaged, inclusive and supportive*

ADDITIONAL FOCUS AREAS:

- *Improve the trust between citizens and the Shire of Carnarvon*

BIG IDEAS FOR THE FUTURE OF CARNARVON:

- *N/A*

Comments

The 2025/2026 reporting period demonstrates continued progress in implementing the Shire's Disability Access and Inclusion Plan 2024–2029, with actions progressing across all seven outcome areas.

While several actions remain ongoing and will continue to be progressed over the life of the Plan, notable achievements during the past 12 months include:

- Carnarvon All Abilities Festival – delivered on 30 November 2025 and developed with input from community members with lived experience of disability. The event provided an inclusive community activity focused on raising awareness, encouraging participation and celebrating people of all abilities.

- Exquisite Bodies exhibition – delivered in partnership with ART ON THE MOVE, the Art Gallery of Western Australia and *Healthway* at the Carnarvon Library and Art Gallery. Young artists with disability were employed as Creative Facilitators, providing meaningful representation and employment within the exhibition. Across 99 exhibition days, Exquisite Bodies attracted 838 visitors, six school groups and 142 students.
- Improved accessibility planning for Shire infrastructure – an accessibility audit was completed in February 2026, identifying priority improvements across Shire facilities and infrastructure. This included recommendations for future footpath works, accessibility improvements at the Library and Art Gallery, and securing *Lotterywest* funding for an accessible entry ramp as part of the planned Camel Lane Theatre upgrades.
- Disability Awareness Training – 56 Shire employees completed Disability Awareness Training during 2025/2026. The training has also been incorporated into the Shire's recruitment and induction processes, helping to embed disability awareness across the organisation.
- Growth in inclusive employment – 6 people with disability are now employed across the Shire. This has been supported by the development of the Shire's Disability Employment Pathways Framework, which establishes a more flexible and person-centred approach to recruitment, workplace adjustments, mentoring and ongoing employment support.
- Accessible information – the Shire continues to provide its DAIP in an Easy Read format and is progressing actions to improve the accessibility of Shire information and websites.
- Ongoing engagement and consultation – people with lived experience of disability have been involved in shaping Shire initiatives, while the Shire has continued to engage with disability and NDIS service providers through activities including the National Disability Insurance Agency information session and Connected Carnarvon.

Overall, the progress made during 2025/2026 demonstrates that access and inclusion is increasingly being incorporated into the Shire's community programs, workforce practices, infrastructure planning and service delivery.

The annual reporting process also provides an opportunity to identify areas requiring continued attention, particularly accessibility improvements to existing Shire buildings and infrastructure, which will require progressive investment and consideration through future budgets and external funding opportunities.

OFFICER'S RECOMMENDATION

That the Audit, Risk and Improvement Committee:

1. ***Receives the Shire of Carnarvon Disability Access and Inclusion Plan 2024–2029 Annual Progress Report for the reporting period 1 July 2025 to 30 June 2026, as presented in the Schedules; and***
2. ***Notes the progress made by the Shire in implementing actions across the seven Disability Access and Inclusion Plan outcome areas during the 2025/2026 reporting period.***



Government of Western Australia
Department of Communities

Disability Access and Inclusion Plan (DAIP) Progress Report 2025-2026

Reporting period: 1 July 2025 – 30 June 2026

The *Disability Services Act 1993* requires public authorities to:

- develop and implement a Disability Access and Inclusion Plan (DAIP).
- report annually on the progress made in achieving the seven DAIP outcomes.

Please submit your completed DAIP Progress Report 2025-2026 (in Word format only) to StateDisabilityStrategy@communities.wa.gov.au by **4.30pm, Wednesday 15 July 2026**.

PUBLIC AUTHORITY DETAILS

Public Authority Name	Shire of Carnarvon
Contact Person	Stephanie Leca
Position Title	Executive Manager Lifestyle and Community
Email	Leca.s@carnarvon.wa.gov.au
Phone	(08) 9941 0000
Date DAIP lodged with Department of Communities	24 January 2024
Date DAIP published on public authority's website	2024
Website link for published DAIP	https://www.carnarvon.wa.gov.au/community/community-services/access-inclusion.aspx
Has your public authority taken all practical measures to ensure its DAIP is implemented by relevant agents and contractors?	Yes

Completing Sections 1-7

Sections 1-7 require public authorities to list the **actions** implemented against each of the seven DAIP outcomes. DAIPs can list strategies only, or both strategies and actions. Where your DAIP includes Strategies only, the DAIP actions will be in an implementation plan, action plan or other internal working document.

What is a Strategy and what is an Action?

A **strategy** is a broad direction or approach to be taken to achieve a desired outcome.

An **action** is the activity, project or program delivered to achieve a strategy. An action is not the individual tasks, checklists or steps to complete the action.

DAIP examples:

1. Strategies only: City of Mandurah and Department of Treasury
OR
2. Strategies and actions: City of Perth and Child and Adolescent Health Service.

To complete the tables in Sections 1-7:

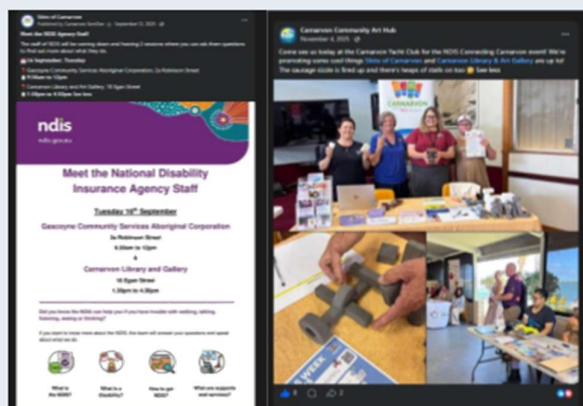
- Column 1 – Strategy Number
 - Enter the number of your DAIP Strategy (text is not required).
- Column 2 – DAIP Action
 - Copy and paste the action wording from your DAIP, internal working document, operational or implementation plan.
- Column 3 - SDS outcome:
 - select one State Disability Strategy outcome from 1 – 15. Refer to State Disability Strategy Outcomes Guide (provided with this template) to identify the most appropriate outcome.
- Progress status select from:
 - **To be commenced:** the action is not scheduled to start yet.
 - **In progress:** the action is underway or is incorporated into business as usual.
 - **Completed:** the action has been implemented and completed.
 - **Not progressed:** the action has been delayed or is discontinued.

SECTION 1: DAIP OUTCOME 1 – SERVICES AND EVENTS

People with disability have the same opportunities as other people to access the services and events of a public authority.

QUESTION	ANSWER
Did your authority organise events in 2025-2026 that positively impacted community attitudes towards people with disability? If yes, indicate the event: ☒ International Day of People with Disability ☐ Other: (list events here) The Shire of Carnarvon delivered the Carnarvon All Abilities Festival on Sunday 30 November 2025, supported by funding from the Department of Communities through Development Disability WA. The Shire invited community members to join a working group to help shape the event concept, which led to the development of the Carnarvon All Abilities Festival.   Video created about why the event was important for Carnarvon with a message from the Minister: https://www.dropbox.com/scl/fi/bb7gmqqz4zcg5pb8og3o1/Carnarvon-All-Abilities-Festival-2025-Minister.mp4?rlkey=wqfc12vhqe50nukk8m28ndtql&st=l3kw6cax&dl=0 Events that contribute to positive community attitude change are those that: • Raise the profile of people with disability. • Facilitate community interaction between the general public and people with disability. • Incorporate explicit disability awareness activities. For example: an Auslan choir, wheelchair basketball, sensory room.	Yes

DAIP Strategy No.	DAIP ACTION	SDS OUTCOME	PROGRESS STATUS
1.1.1	Enforcement on ACROD parking through Ranger service. Actioned: Ranger services continued as business as usual. All vehicles inspected while using ACROD parking bays were found to be compliant. No infringement notices were issued during the 2025–2026 reporting period.	12. Legislation and Policy	Completed
1.1.2	Enforcement of local laws to ensure equitable access.	12. Legislation and Policy	Completed
1.1.3	Maintain complaints/feedback register and rectify any concerns.	13. Voices are Heard	Completed
1.1.4	Continue to provide the Home Bound Library Service for people with mobility restrictions due to disability. Actioned: The Shire of Carnarvon Library and Art Gallery supported 64 patrons through the Home Bound Library Service, completing 50 deliveries during the reporting period.	8. Recreation, social, arts, culture	Completed
1.1.5	Publicise Shire's commitment to provide accessible information at the administration office and key Shire facilities.	15. Information	In Progress
1.1.6	Advocate and support NDIS service providers to enhance disability services in LGA. Actioned: The Shire of Carnarvon's Library and Art Gallery hosted NDIS on the 16 September 2025 for their annual 'Meet the National Disability Insurance Agency Staff'. In addition, the Shire Supported by attending the Connected Carnarvon event on the 4 November 2025.	7. Welcomed and Accepted	Completed
1.2.1	Promote awareness and support significant dates and events relevant to people with disability. Actioned: The Shire of Carnarvon promoted disability awareness by supporting the promotion of NDIS	7. Welcomed and Accepted	Completed



	community events and initiatives across its social media channels during October and November, and by promoting International Day of People with Disability (3 December) to encourage community participation and celebrate inclusion.		
1.2.2	Provide best practice information to community and commercial sectors on accessible events.	7. Welcomed and Accepted	In Progress
1.2.3	Review event application documents and develop an events checklist to ensure proposed events meet access requirements.	7. Welcomed and Accepted	In Progress

SECTION 2: DAIP OUTCOME 2 – BUILDINGS AND FACILITIES

People with disability have the same opportunities as other people to access the buildings and facilities of a public authority.

DAIP Strategy No.	DAIP ACTION	SDS OUTCOME	PROGRESS STATUS
1	Shire's infrastructure department continue to inspect Shire facilities, ensuring continued accessibility. Actioned: Shire buildings are inspected every three months through the Safety Champion inspection program, with accessibility forming a key component of each inspection. These inspections identify barriers to access and inform ongoing maintenance and capital improvement planning. Current accessibility improvement actions identified include: - Library and Art Gallery: Installation of an automatic push-button door to the accessible toilet, as the existing door is difficult to open independently. - Art Gallery: Redesign of the entrance door from the accessibility ramp, as the current configuration does not fully comply with accessibility requirements and does not open sufficiently to allow easy wheelchair access. - Camel Lane Theatre: Construction of an accessible entry ramp, with funding secured through Lotterywest. This project is progressing toward implementation.	5. Community infrastructure	In Progress
2	Annual audit of Shire footpaths and kerbs. Actioned: An accessibility audit was completed in February 2026. The audit recommended that Council allocate \$200,000 in the 2026–2027 budget for a Footpath Replacement Program to improve accessibility. This recommendation was included in the annual budget preparation process. Although the proposed allocation is	5. Community infrastructure	Completed

	below the total funding required to address the Shire's broader footpath renewal needs, it is an important step towards improving pedestrian access. The funding will support the progressive replacement of footpaths in high-priority, high-traffic areas, helping to provide safer and more accessible pathways for the community.		
3	An annual audit of ACROD bays as part of the infrastructure maintenance program.	5. Community infrastructure	Completed
4	Develop a map indicating the location of ACROD bays.	5. Community infrastructure	In Progress
5	Review and modify (where appropriate) fencing at public parks to promote universal access. To be noted: The new Van Dongen development includes fencing around the public open space due to its proximity to the dual carriageway, reflecting community feedback about safety and accessibility. The Shire also considers fencing, where appropriate, during the planning and design of future public space projects.	5. Community infrastructure	In Progress
6	Installation of disability access ramp at Aquatic Centre. To be noted: The Shire of Carnarvon has noted the high priority for future funding opportunities to improve the facility.	5. Community infrastructure	Not progressed
7	Installation of disability-accessible playground equipment at Van Dongen Park Actioned: The new playground development at Van Dongen Park includes the Banana Play element as its main feature. It includes a ground-level basket designed for young children and accessible to wheelchair users.	5. Community infrastructure	In Progress
8	Investigate beach wheelchair at Town Beach. To be noted: Identified funding opportunities through the Commonwealth Accessible Australia Initiative (Accessible Australia), funding announced in 2027-2028.	5. Community infrastructure	In Progress
9	Investigate Changing Places toilet at Town Beach. To be noted: Identified funding opportunities through the Commonwealth Accessible Australia Initiative (Accessible Australia), funding announced in 2027-2028.	5. Community infrastructure	In Progress
10	Liaise with the commercial sector to promote accessibility awareness.	5. Community infrastructure	Completed
11	New works are completed according to best practice for universal access.	5. Community infrastructure	Completed
12	Investigate funding opportunities to increase accessibility throughout the local government area.	5. Community infrastructure	In Progress

SECTION 3: DAIP OUTCOME 3 – INFORMATION

People with disability receive information from a public authority in a format that enables them to access the information as readily as other people.

QUESTION			ANSWER
Does your authority have accessible formats of your Disability Access and Inclusion Plan? Accessible formats include: accessible word and pdf versions, audio, Easy Read. The Shire's Easy Read format is available here: https://www.carnarvon.wa.gov.au/Profiles/carnarvon/Assets/ClientData/Corporate Documents /Easy Read - Disability Access and Inclusion Plan 2024 - 2029.pdf ACCESS AND INCLUSION PLAN The Shire of Carnarvon is committed to ensuring that all public services, facilities and information are available to all community members, including those living with a disability, enabling all community members to participate in all aspects of community life. Click here to download the Disability Access and Inclusion Plan  Click here to download the Easy Read version of the Disability Access and Inclusion Plan			YES
DAIP Strategy No.	DAIP ACTION	SDS OUTCOME	PROGRESS STATUS
1	Monthly newsletter and other relevant information are available in alternative formats upon request.	15. Information	In Progress
2	Develop and implement Shire's websites to prominently promote information regarding access to people with disability and navigate from front pages.	15. Information	In Progress
3	Develop and implement all Shire's websites to be accessible in line with the Web Content Accessibility Guidelines (WCAG) 2.1.	15. Information	In Progress

SECTION 4: DAIP OUTCOME 4 – SERVICE QUALITY

People with disability receive the same level and quality of service from the staff of a public authority as other people receive.

QUESTION			ANSWER
Did your authority deliver training in 2025-2026 that improved staff capacity to respond positively to people with disability? If yes, what type of training was provided: ☒ Disability awareness ☐ Disability awareness refresher ☐ Other: (list training here) For Other: Examples include: disability confident recruiter, Auslan, Easy Read.			Yes
DAIP Strategy No.	DAIP ACTION	SDS OUTCOME	PROGRESS STATUS
1	Promote and participate in disability awareness programs in the workplace. Actioned: 56 staff completed Disability Awareness Training in 2025-2026. The link is embedded as part of the recruitment to the Shire of Carnarvon. https://www.carnarvon.wa.gov.au/profiles/carnarvon/training/disability-awareness/scormcontent/#/	7. Welcomed and Accepted	Completed

SECTION 5: DAIP OUTCOME 5 – COMPLAINTS

People with disability have the same opportunities as other people to make complaints to a public authority.

DAIP Strategy No.	DAIP ACTION	SDS OUTCOME	PROGRESS STATUS
1	Continue to monitor complaint/feedback process.	13. Voices are Heard	Completed
2	Promote feedback mechanisms through Shire newsletter, social media, and website.	13. Voices are Heard	Completed
3	Regular consultation with local community groups on Shire projects.	13. Voices are Heard	Completed

SECTION 6: DAIP OUTCOME 6 – CONSULTATION

People with disability have the same opportunities as other people to participate in any public consultation by a public authority.

QUESTION			ANSWER
Does your authority have a DAIP advisory, reference or working group with members who have lived experience of disability? The Shire of Carnarvon establishes working groups to support specific initiatives. For example, the International Day of People with Disability program was shaped by community members with lived experience of disability, who contributed to raising awareness and promoting inclusion in the local community. A DAIP advisory, reference or working group is one whose purpose is to: • Shape your public authority's access and inclusion initiatives. • Raise the profile of access and inclusion within your public authority. • Influence change in policy and practices relating to access and inclusion.			Yes
DAIP Strategy No.	DAIP ACTION	SDS OUTCOME	PROGRESS STATUS
1	Public Consultations are accessible to people with disabilities.	13. Voices are heard	In Progress
2	Establishment and maintenance of Disability Reference Group	13. Voices are heard	Completed

SECTION 7: DAIP OUTCOME 7 – EMPLOYMENT

People with disability have the same opportunities as other people to obtain and maintain employment with a public authority.

QUESTION			ANSWER
Local Government: How many elected members disclose they have disability?			0
State Government: Does your authority have a government board/s?			NO
If yes, how many board members disclose they have disability?			0
DAIP Strategy No.	DAIP ACTION	SDS OUTCOME	PROGRESS STATUS
1	Ensure job advertisements are available in an accessible format. Actioned: People and culture policy – incorporated into business-as-usual.	2. Employment and Economic Independence	Completed
2	Continue to include Equal Employment Opportunity Statement in job advertisements.	2. Employment and Economic Independence	Completed
3	Interviews held in accessible locations.	2. Employment and Economic Independence	Completed

4	Ensure all vacancies are forwarded to local disability employment services in view of suitable applicants.	2. Employment and Economic Independence	Completed
5	Regular safety inspections of Shire worksites consider accessibility.	2. Employment and Economic Independence	Completed
6	Investigate funding opportunities and infrastructure upgrades to increase worksite accessibility. To be noted: The Shire of Carnarvon administration building is not accessible friendly, and Shire is seeking funding ongoing to improve the building to ensure it can increase our workforce. Currently, only the Library and Art Gallery has one (1) employee with a physical disability.	2. Employment and Economic Independence	In Progress
7	Annually assess the current percentage of people with disability and discuss ways to improve access.	2. Employment and Economic Independence	Completed
8	Promote and participate in disability awareness programs in the workplace.	2. Employment and Economic Independence	Completed
9	Utilise internal communication methods to promote support available for staff with disability.	2. Employment and Economic Independence	Completed
10	Promote flexible working conditions and workplace adjustments as required.	2. Employment and Economic Independence	Completed

SECTION 8: ACHIEVEMENTS

- Select three achievements – the third must be an achievement from either DAIP Outcome 3, 4, 5, or 6.
- Limit the achievement description to 150 words maximum.
- Achievements must demonstrate at least one of the following:
 - ☐ Resulted in positive change: what happened and what changed.
 - ☐ Innovation: implemented or created something new to address a need, gap or solve a problem.
 - ☐ Improvement in disability access and inclusion practice. For example: building project progressing from minimum standards to application of universal design principles.
 - ☐ Outcomes: where change has been measured. For example: increased awareness, satisfaction, knowledge, confidence.

Photos

- Insert a maximum of two photos per achievement.
- Only submit photos where permission to publish the image has been obtained.
- Photos should be in jpeg format and be a minimum of 300 dpi.

ACHIEVEMENT 1 (maximum word count: 150)	Photos (max. 2)
Achievement is from DAIP Outcome: 1. Events and Services	
Photos: ☒ Permission to publish confirmed ☒ Minimum 300 dpi	
Achievement: Exquisite Bodies – Creating Inclusive Spaces Through Art The Shire of Carnarvon partnered with ART ON THE MOVE, the Art Gallery of Western Australia and Healthway to deliver Exquisite Bodies at the Carnarvon Library and Art Gallery. The interactive exhibition challenged traditional ideas of disability, mobility and beauty while creating an accessible space where people of all ages and abilities could participate, play and create together. A key achievement was employing young artists with disability, alongside their support workers, as Creative Facilitators. Their lived experience strengthened disability representation and helped create a welcoming environment where participants felt confident to contribute. The facilitators were embedded within the exhibition rather than delivering traditional instruction, providing a new approach to inclusive community arts practice. Across 99 exhibition days, Exquisite Bodies welcomed 838 visitors, six school groups and 142 students, demonstrating strong community participation and providing an important platform for greater understanding, inclusion and connection.	
ACHIEVEMENT 2 (maximum word count: 150)	Photos (max. 2)
Achievement is from DAIP Outcome: 7. Employment	
Photos: ☒ Permission to publish confirmed ☒ Minimum 300 dpi	

Achievement: Growing Inclusive Employment at the Shire of Carnarvon The Shire of Carnarvon has made significant progress in creating meaningful and inclusive employment opportunities for people with disability, with six people with disability now employed across the organisation. Supporting this growth, the Shire developed its Disability Employment Pathways Framework, aligned with DAIP Outcome 7, to remove barriers and create flexible, person-centred pathways into employment. The Framework moves beyond traditional recruitment by considering an individual's strengths, interests and support needs and, where appropriate, designing or adapting roles around their capabilities. The approach includes flexible expressions of interest, accessible recruitment and induction, workplace adjustments, mentoring and ongoing support. It also encourages partnerships with disability service providers, schools, carers and families. The Framework and growth in disability employment demonstrate measurable progress towards a more diverse workforce and provide a structured approach to ensuring people with disability can obtain, maintain and succeed in meaningful employment with the Shire. Framework: https://www.carnarvon.wa.gov.au/Profiles/carnarvon/Assets/ClientData/Document-Centre/Disability_Employment_Pathways_Framework.pdf	
ACHIEVEMENT 3 (maximum word count: 150)	Photos (insert max. 2)
Achievement is from DAIP Outcome: Choose an item.	
Photos: ☐ Permission to publish confirmed ☐ Minimum 300 dpi	

Achievement:

SECTION 9: DAIP ACTIONS IN DIGITAL FORM

If your public authority produced video or social media clips to promote and demonstrate the impact of any of your DAIP actions or activities – please include hyperlinks below.

DAIP stories in digital form

Did your authority produce video or social media clips on any DAIP actions/activities in 2025-2026?	YES
If yes, please provide hyperlinks to digital content if publicly available online.	
Hyperlink 1: https://www.dropbox.com/scl/fo/7x3e7t3jqtpmrnb24laaj/ADMcXLBUXI5dAgvqIJxRL0M?rlkey=imq4yctugj56k9njdyfedrm6s&st=0co32blv&dl=0	
Hyperlink 2:	
Hyperlink 3:	

Please submit your completed Disability Access and Inclusion Plan (DAIP) Progress Report 2025-2026 to: StateDisabilityStrategy@communities.wa.gov.au by **4.30pm, Wednesday 15 July 2026**.

4.3 COMPLIANCE AUDIT RETURN 2025

File No:	ADM0011
Location/Address:	N/A
Name of Applicant:	Shire of Carnarvon
Name of Owner:	N/A
Author(s):	Caroline Ballard, Governance & Information Coordinator
Authoriser:	Amanda Leighton, Executive Manager, Corporate Strategy & Performance
Declaration of Interest:	Nil
Voting Requirement:	Simple
Previous Report:	7.1.3 Compliance Audit Return 2024
Schedules:	1. Draft Compliance Audit Return 2025

Authority/Discretion:

☐	Advocacy	When Council advocates on its own behalf or on behalf of its community to another level of government/body/agency.
☒	Executive	The substantial direction setting and oversight role of the Council. E.g., adopting plans and reports, accepting tenders, directing operations, setting and amending budgets
☐	Legislative	Includes adopting local laws, town planning schemes and policies.
☐	Information	Includes items provided to Council for information purposes only that do not require a decision of Council (i.e. – for noting).
☐	Quasi-judicial	When Council determines an application / matter that directly affects a person's right and interest. The judicial character arises from the obligations to abide by the principles of natural justice. Examples of Quasi-Judicial authority include town planning applications, building licenses, applications for other permits / licenses

Summary of Report

The purpose of this report is to present to the Audit and Risk Improvement Committee (ARIC) the 2025 Compliance Audit Return (CAR) for review and to request that the ARIC recommend that Council adopt the 2025 CAR as presented in **schedule 1** for submission to the Department of Local Government, Industry Regulation and Safety (DLIRS) by 30 September 2026.

The 2025 CAR comprises of 98 questions which require a response of YES, NO or N/A.

Yes – indicates compliance

No – indicates non-compliance

N/A – indicates that this function was not required to be performed this year or is not a requirement for this Local Government.

Background

Under Regulation 14 of the Local Government (Audit) Regulations 1996 Local Governments are required to carry out a Compliance Audit for the period 1 January to 31 December of each year. The Compliance Audit functions as a comprehensive checklist, evaluating a local government's adherence to the stipulations outlined in the Act and its accompanying regulations, covering various area of compliance. The audit is undertaken using questions provided by the Local Government Inspectorate. The relevant officer responses

are collated internally in preparation for review by the Governance & Information Coordinator before submission to the ARIC.

In accordance with Regulation 14 of the *Local Government (Audit) Regulations 1996* the ARIC is to review the CAR and is to report to Council the results of that review.

The CAR should then be:

1. Presented to an Ordinary Meeting of Council;
2. Adopted by Council; and
3. Recorded in the minutes of the meeting at which it is adopted.

Following the adoption of the CAR by Council a certified copy of the return, along with the relevant section of the minutes and any additional information detailing the contents of the return is formally endorsed through the signatures of both the Commissioner and the Chief Executive Officer (CEO) before being submitted to the Department via an online portal, no later than 30 September 2026.

Stakeholder and Public Consultation

Nil

Statutory Environment

The annual CAR is required under the provisions of s.7.13(1)(i) of the *Local Government Act 1995* and r.14 & 15 of the *Local Government (Audit) Regulations 1996*. Regulations 14 and 15 are set out below:

14. Compliance audits by local governments

(1) A local government is to carry out a compliance audit for the period 1 January to 31 December in each year.

(2) After carrying out a compliance audit the local government is to prepare a compliance audit return in a form approved by the Minister.

(3A) The local government's audit committee is to review the compliance audit return and is to report to the council the results of that review.

(3) After the audit committee has reported to the council under sub regulation (3A), the compliance audit return is to be —

(a) presented to the council at a meeting of the council; and

(b) adopted by the council; and

(c) recorded in the minutes of the meeting at which it is adopted.

15. Certified copy of compliance audit return and other documents to be given to Departmental CEO

(1) After the compliance audit return has been presented to the council in accordance with regulation 14(3) a certified copy of the return together with —

(a) a copy of the relevant section of the minutes referred to in regulation 14(3)(c); and

(b) any additional information explaining or qualifying the compliance audit,

is to be submitted to the Departmental CEO by 31 March next following the period to which the return relates.

(2) In this regulation —

certified in relation to a compliance audit return means signed by —

(a) the mayor or president; and

(b) the CEO.

Relevant Plans and Policy

Nil

Financial Implications

Nil

Risk Assessment

STEP 3 – Risk Tolerance Chart Used to Determine Risk						
Consequence →		Insignificant 1	Minor 2	Major 3	Critical 4	Extreme 5
Likelihood →						
Almost certain	A	High	High	Extreme	Extreme	Extreme
Likely	B	Moderate	High	High	Extreme	Extreme
Possible	C	Low	Moderate	High	Extreme	Extreme
Unlikely	D	Low	Low	Moderate	High	Extreme
Rare	E	Low	Low	Moderate	High	High

Risk Category	Description	Rating	Mitigating Action/s
Financial	N/A	N/A	N/A
Health & Safety	N/A	N/A	
Reputation	There is a reputational risk should the CAR not be completed on time or if significant non-compliance is reported	2-D Low	Pending the ARIC decision, this item can be presented to Council in time to meet the statutory deadline for submission and to note any areas of non-compliance.
Service disruption	N/A	N/A	N/A
Compliance	Non-compliance should the CAR not be completed on time	2-D Low	Pending the ARIC decision, this item can be presented to Council in time to meet the statutory deadline for submission.
Property	N/A	N/A	N/A
Environment	N/A	N/A	N/A
Fraud	The CAR responses are fraudulent	2-D Moderate	The officers' responses are validated by the Governance & Information Coordinator

Community and Strategic Objectives

The proposal aligns with the following desired objectives as expressed in the *Community Strategic Plan 2022-2032*:

OBJECTIVES

In 2040 Carnarvon is a place where:

- N/A

ADDITIONAL FOCUS AREAS:

- N/A

BIG IDEAS FOR THE FUTURE OF CARNARVON:

- N/A

Compliance Audit 2025 findings

The full list of audit questions and responses are uploaded to the Department online portal and are currently in draft (**schedule 1**). The full list of responses is then referred to Council for formal adoption; certified by the CEO and Commissioner and submitted along with a copy of that resolution to the Department via the online portal no later than 30 September 2026.

No. of questions in 2025 CAR	Non-Compliance	Compliance Rating
98	7	93%

Any responses noted for non-compliance (NO) in the CAR are listed below:

Local Government Act 1995

s. 5.37(2) Did the CEO inform council of each proposal to employ or dismiss senior employee?

Where council rejected a CEO's recommendation to employ or dismiss a senior employee, did it inform the CEO of the reasons for doing so?

NO - EMIS Recruitment 2025 Council were not informed via OCM, however Council were informed by the CEO via a Corporate Information Session in March 2025 of their intent to appoint the successful candidate along with the rationale for the position being appointed without the requirement of being designated a senior employee – aligns with more contemporary governance practices. No senior employee was dismissed throughout 2025.

s. 5.46 Did all persons exercising a delegated power or duty under the Act keep on all occasions, a written record in accordance with *Local Government (Administration) Regulations 1996*, regulation 19?

NO - Written records were not kept by all persons exercising a delegated power or duty in accordance with *Local Government (Admin) Regulations 1996, Reg19*.

s. 5.76 Was an annual return in the prescribed form lodged by all relevant persons by 31 August 2025?

NO - Due date was missed by 3 Elected members and 2 staff - CCC notified on 23 September 2025.

s. 5.88 Did the CEO keep a register of financial interests which contained the returns lodged under sections 5.75 and 5.76 of the Local Government Act 1995?

s5.88(1) & (2)(a) NO - Financial interests register maintained in hard copy format and on Shire website, however, they do not include those that were submitted late.

Local Government (Administration) Regulations 1996

Reg 19DA - Has the local government reviewed its corporate business plan in accordance with *Admin Regulation 19DA(4)* ? If yes, provide date of review.

NO - Corporate Business Plan 2023-2027 (CBP) last endorsed OCM 28 May 2024. The CBP was last reviewed by Administration in June 2025 and presented to Council via Corporate Information Session and OCM in June 2025, Council subsequently requested changes and the item was represented at the August 2025 OCM, however Council declined to formally endorse either review.

Reg 29C - Does the local government publish all prescribed information on its official website— including up-to-date policies, required details of council member and employee returns, council member fees and allowances, and relevant public notices—within the specified timeframes and in accordance with legislative requirements?

NO - the Shire has published all the prescribed information on its website, except for: *LG (Admin) Regs REG 29C(5)(b)* - it has not published the Elected Member and employee returns that missed the deadline for submission of those forms

Reg 35 - Has every local government council member completed and passed the Council Member Essentials course, consisting of the five required modules and delivered by an approved provider, within 12 months of being elected?

NO - One Elected Member (EM) - missing 3 modules, one EM - missing 1 module, one EM - 2 modules not completed within 12 months timeframe, (N/A - two EM's were elected in October 2025.

Comments

The process for gathering responses to the 98 questions includes forwarding relevant officers the questions that relate to their duties and responsibilities. The officer is required to review relevant records, registers, minutes of meetings, advertisements, policies etc and provide an informed response to the question. Their responses were checked and validated by the Governance & Information Coordinator for accuracy and to ensure that a high quality, verified CAR was completed.

Corrective Actions

1. Employment and dismissal of senior employees – section 5.37(2)

The Shire's relevant policy is currently being reviewed and will be presented to the Audit, Risk and Improvement Committee for consideration. The proposed amendment will remove all designated senior employee positions and reinforce that Council is responsible for employing and managing the performance of the CEO, with the CEO responsible for the employment, management and dismissal of all other employees. If adopted, this will provide clearer separation between Council's governance responsibilities and the CEO's administrative employment responsibilities.

2. Records of delegated decisions – section 5.46 and regulation 19

The Shire currently maintains a centralised delegations register and associated compliance tasks through Attain. However, the CAR process identified that some employees exercising delegated authority require further training and awareness regarding the scope of their delegations and the legislative recordkeeping requirements applying to delegated decisions. Targeted training and guidance will be provided, with periodic monitoring undertaken to confirm that delegated powers and duties are being exercised and recorded appropriately.

3. Annual returns – section 5.76

The Department of Local Government has advised that future non-compliance with annual return requirements may result in financial penalties being imposed on the individuals who fail to comply. This information has been communicated to all affected elected members and employees. The Shire will continue to monitor compliance, advise relevant persons of their individual obligations and issue weekly reminders through Attain in the lead-up to the 31 August statutory deadline. Outstanding returns will be escalated to the CEO before the deadline.

4. Financial interests register – section 5.88

The financial interests register will be reconciled against all primary and annual returns received, including returns lodged after the statutory deadline. The late returns identified through the CAR process will be incorporated into the register and published where required. A documented reconciliation will be completed following each annual return period to confirm that the Shire's internal register and the information published on its website are complete and consistent.

5. Corporate Business Plan review – regulation 19DA

The Corporate Business Plan and Strategic Community Plan were reviewed by Administration in consultation with Council during the reporting period. However, the revised documents were ultimately not formally endorsed by Council. Following the December 2026 local government election, it is anticipated that the newly elected Council will participate in a comprehensive review and rewrite of the Strategic Community Plan and Corporate Business Plan. This process will include a high level of community engagement and will provide the incoming Council with the opportunity to establish the Shire's strategic direction and priorities for the new planning period.

6. Publication of prescribed information – regulation 29C

The relevant Attain compliance task will be reviewed and updated to make the legislative publication requirements, required information, responsible officers and applicable timeframes clearer. The annual returns lodged after the statutory deadline will be published where required, subject to the legislative requirements concerning excluded information. Periodic checks of the

Shire's website will also be undertaken to confirm that prescribed information remains complete and current.

7. Council member training – regulation 35

Following the December 2026 election and appointment of the new Council, Administration will establish a structured monitoring process for the completion of Council Member Essentials training. This will include confirming each elected member's training and exemption status, maintaining a central record of completed modules, undertaking regular progress checks and providing reminders and appropriate administrative assistance throughout the 12-month completion period. Any outstanding requirements will be escalated sufficiently early to support completion within the statutory timeframe.

Progress against these corrective actions will be maintained through Attain and reported to the Executive Management Team and the Audit, Risk and Improvement Committee until completed. Where appropriate, follow-up compliance testing will be undertaken to confirm that the revised controls and processes are operating effectively.

OFFICER'S RECOMMENDATION

That the Audit, Risk and Improvement Committee, by simple majority pursuant to Regulation 14 and 15 of the Local Government (Audit) Regulations 1996, resolves to:

- 1. Review the Shire of Carnarvon's 2025 Compliance Audit Return and reports and presents the results to Council at its Ordinary Meeting 22 September 2026 via the minutes of the Audit and Risk Improvement Committee.***
- 2. Recommends that Council, adopts the Shire of Carnarvon's 2025 Compliance Audit Return.***



**Local Government
Inspector**

2025 Compliance Audit Return

Local Government Authority: The Shire of Carnarvon

Local Government Act 1995

s. 2.29

Has every person elected or appointed to a mayor, president, deputy, or councillor role made the required declaration in the prescribed form before a prescribed person, prior to acting in the office?

Response: Yes

Comments: Declarations made in the prescribed form before acting in the office

s. 3.16

Has the local government reviewed local laws, which have not been reviewed in the previous 8 years, to ensure compliance with Schedule 9.3, Clause 65?

Response: Yes

Comments: Local Laws were last reviewed in 2021/22

s.3.57

Subject to Local Government (Functions and General) Regulations 1996, regulation 11(2), did the local government invite tenders for all contracts for the supply of goods or services where the consideration under the contract was, or was expected to be, worth more than the consideration stated in regulation 11(1) of the Regulations?

Response: Yes

Comments: The Shire invited tenders for all contracts for the supply of goods and services where the contract was or was expected to be over the consideration stated in Regulation 11 (1)

s. 3.58(3)

Where the local government disposed of property other than by public auction or tender, did it dispose of the property in accordance with section 3.58(3) of the Local Government Act 1995 (unless section 3.58(5) applies)?

Response: Yes

Comments: Disposal of Property is advertised in the Local Newspaper (unless section 3.58(5) applies)

s. 3.58(4)

Where the local government disposed of property under section 3.58(3) of the Local Government Act 1995, did it provide details, as prescribed by section 3.58(4) of the Act, in the required local public notice for each disposal of property?

Response: Yes

Comments: Disposal of Property is advertised in MidWest Times; a template for advertising is used to ensure the information complies with 3.58(4)

s. 3.59(2)(a)

Has the local government prepared a business plan for each major trading undertaking that was not exempt in 2025?

Response: N/A

Comments: The Shire did not conduct any major trading undertakings in 2025

s. 3.59(2)(b)

Has the local government prepared a business plan for each major land transaction that was not exempt in 2025?

Response: N/A

Comments: The Shire did not conduct any major land transactions in 2025

s. 3.59(2)(c)

Has the local government prepared a business plan before entering into each land transaction that was preparatory to entry into a major land transaction in 2025?

Response: N/A

Comments: The Shire did not conduct any major trading undertakings or land transactions in 2025

s. 3.59(4)

Has the local government complied with public notice and publishing requirements for each proposal to commence a major trading undertaking or enter into a major land transaction or a land transaction that is preparatory to a major land transaction for 2024?

Response: N/A

Comments: The Shire did not conduct any major trading undertakings or land transactions in 2025

s. 3.59(5)

During 2025, did the council resolve to proceed with each major land transaction or trading undertaking by absolute majority?

Response: N/A

Comments: The Shire did not conduct any major trading undertakings or land transactions in 2025

s. 5.16 (1)

Were all delegations to committees resolved by absolute majority?

Response: Yes

Comments: Delegations resolved by Absolute Majority at Annual delegation review (OCM 04.07.25)

s. 5.16 (2)

Were all delegations to committees in writing?

Response: Yes

Comments: Delegation Certificates issued via ATTAIN software

s. 5.17

Were all delegations to committees within the limits specified in section 5.17 of the Local Government Act 1995?

Response: Yes

Comments: Delegation Certificates issued via ATTAIN software

s. 5.18

Were all delegations to committees recorded in a register of delegations?

Response: Yes

Comments: Delegations recorded in ATTAIN software

s. 5.36(4) and s. 5.37(3)

Were all CEO and/or senior employee vacancies advertised in accordance with Local Government (Administration) Regulations 1996, regulation 18A?

Response: Yes

Comments: s. 5.36(4) - N/A no CEO recruitment in 2025

s. 5.37(3) - YES EMIS recruitment 2025 Advertised - x 3 Executive positions were created in January 2025; however, these roles are not listed as Senior Employees in the Shire's Policy EME008 Designated Senior Employees

s. 5.37(2)

Did the CEO inform council of each proposal to employ or dismiss senior employee?

Response: No

Comments: EMIS recruitment 2025 - not informed at Council; no senior employee was dismissed throughout 2025

Where council rejected a CEO's recommendation to employ or dismiss a senior employee, did it inform the CEO of the reasons for doing so?

Response: N/A

Comments: Senior Employee Recruitment recommendation was not taken to Council

s. 5.39B

Has the local government adopted and maintained model standards that incorporate the prescribed model standards within required timeframes (including amendments), ensured adoption by absolute majority, published an up-to-date version on its official website, and avoided including any inconsistent additional provisions?

Response: Yes

Comments: EME004 adopted 23/08/2022, last reviewed 26/03/2024

s. 5.42

Were all delegations to the CEO resolved by an absolute majority?

Response: Yes

Comments: Delegations resolved by Absolute Majority at Annual delegation review (OCM 04.07.25)

Were all delegations to the CEO in writing?

Response: Yes

s. 5.43

Did the powers and duties delegated to the CEO exclude those listed in section 5.43 of the Local Government Act 1995?

Response: Yes

s. 5.44(2)

Were all employees delegated authority by the CEO under Section 5.44(1), issued with a written instrument of delegation?

Response: Yes

Comments: Delegation Certificates issued via ATTAIN software

s. 5.45(1)(b)

Were all decisions by the Council to amend or revoke a delegation made by absolute majority?

Response: N/A

Comments: There were no revocations for the reporting period

s. 5.46

Has the CEO kept a register of all delegations made under Division 4 of the Act to the CEO and to employees?

Response: Yes

Comments: Delegations Register is maintained in ATTAIN software

Were all delegations made under Division 4 of the Act reviewed by the delegator at least once during the 2024/2025 financial year?

Response: Yes

Comments: Delegations Register was reviewed at OCM 21 July 2025

Did all persons exercising a delegated power or duty under the Act keep, on all occasions, a written record in accordance with Local Government (Administration) Regulations 1996, regulation 19?

Response: No

Comments: Written records were not kept by all persons exercising a delegated power or duty in accordance with Local Government (Admin) Regulations 1996, Reg19

s. 5.50

If the local government paid a finishing employee an amount in addition to their entitlement, did the local government follow a policy it had adopted and published on its website outlining the circumstances in relation to payments made to terminated employees?

Response: N/A

Comments: There was no instance in 2025 that this occurred

If the local government made a payment to a finishing employee that is more than the amount set out in the policy, was local public notice given?

Response: N/A

s. 5.51A

Has the CEO prepared and implemented a code of conduct to be observed by employees of the local government?

Response: Yes

Comments: CEO has prepared and implemented a code of conduct, last reviewed on 4/9/2025

Has the CEO published an up-to-date version of the code of conduct for employees on the local government's website?

Response: Yes

s. 5.67

Where a council member disclosed an interest in a matter and did not have participation approval under sections 5.68 or 5.69 of the Local Government Act 1995, did the council member ensure that they did not remain present to participate in discussion or decision making relating to the matter?

Response: Yes

Comments: Councillors who declared an interest and did not have participation approval left the meeting before discussion or voting.

s. 5.68(2)

Were all decisions regarding participation approval in relation to Section 5.68(2), including the extent of participation allowed and, where relevant, the information required by the Local Government (Administration) Regulations 1996 regulation 21A, recorded in the minutes of the relevant council or committee meeting?

Response: Yes

Comments: OCM 25 November 2025 included four Councillors declaring a Direct Financial Interest in an item; approval was sought from the Minister for Local Government to enable one of these four EM to participate; Council was then able to achieve a sufficient quorum to allow a vote on the report

s. 5.69(5)

Were all decisions regarding participation approval in relation to Section 5.69(5), including the extent of participation allowed recorded in the minutes of the relevant council or committee meeting?

Response: Yes

Comments: All decisions regarding participation approval were recorded in the minutes of the relevant council or committee meeting

s. 5.70

Where an employee had an interest in any matter in respect of which the employee provided advice or a report directly to council or a committee, did that person disclose the nature and extent of that interest when giving the advice or report?

Response: Yes

Comments: All instances where the reporting officer was required to declare an interest were appropriately noted in the Minutes of each meeting

s. 5.71B(5) and (7)

Where council applied to the Minister to allow the CEO to provide advice or a report to which a disclosure under section 5.71A(1) of the Local Government Act 1995 relates, did the application include details of the nature of the interest disclosed and any other information required by the Minister for the purposes of the application?

Response: N/A

Comments: There were no instances in the reporting period

Was any decision made by the Minister under section 5.71B(6) of the Local Government Act 1995, recorded in the minutes of the council meeting at which the decision was considered?

Response: N/A

s. 5.73

Were disclosures under sections 5.65, 5.70 or 5.71A(3) of the Local Government Act 1995 recorded in the minutes of the meeting at which the disclosures were made?

Response: Yes

Comments: All disclosures under sections 5.65, 5.70 or 5.71A(3) of the Local Government Act 1995 were recorded in the minutes of the meeting at which the disclosures were made

s. 5.75

Was a primary return in the prescribed form lodged by all relevant persons within three months of their start day?

Response: Yes

Comments: All Primary returns were completed within three months of the start date (or the Designated Employee role where applicable)

s. 5.76

Was an annual return in the prescribed form lodged by all relevant persons by 31 August 2025?

Response: No

Comments: Due date was missed by 3 Elected members and 2 staff members - CCC notified on 23 September 2025

s. 5.77

On receipt of a primary or annual return, did the CEO, or the Mayor/President, as the case may be, give written acknowledgment of having received the return?

Response: Yes

Comments: All Primary and Annual Return Acknowledgments were processed through Attain Compliance Software which emails staff/elected members with an acknowledgement of receipt of their return

s. 5.88

Did the CEO keep a register of financial interests which contained the returns lodged under sections 5.75 and 5.76 of the Local Government Act 1995?

Response: No

Comments: Financial interests register maintained in hard copy format and on the Shire website; however, they do not include those that were submitted late

Did the CEO keep a register of financial interests which contained a record of disclosures made under sections 5.65, 5.70, 5.71 and 5.71A of the Local Government Act 1995, in the form prescribed in the Local Government (Administration) Regulations 1996, regulation 28?

Response: Yes

Comments: Financial interests register maintained in hard copy format and on the Shire website

After a person ceased to be a person required to lodge a return under sections 5.75 and 5.76 of the Local Government Act 1995, did the CEO remove from the register all returns relating to that person?

Response: Yes

Comments: Financial interests register maintained in hard copy format and on the Shire website – both were checked and updated quarterly for any personnel changes

Have all returns removed from the register in accordance with section 5.88(3) of the Local Government Act 1995 been kept for a period of at least five years after the person who lodged the return(s) ceased to be a person required to lodge a return?

Response: Yes

Comments: Regular reviews ensure that documents are removed and maintained in personnel files

s. 5.89A

Did the CEO keep a register of gifts which contained a record of disclosures made under sections 5.87A and 5.87B of the Local Government Act 1995, in the form prescribed in the Local Government (Administration) Regulations 1996, regulation 28A?

Response: Yes

Comments: Gift Register maintained on Form 4 as per the prescribed regs

Did the CEO publish an up-to-date version of the gift register on the local government's website?

Response: Yes

Comments: Gift Register Maintained on Shire website

s. 5.90A

Did the local government prepare, adopt by absolute majority and publish an up-to-date version on the local government's website, a policy dealing with the attendance of council members and the CEO at events?

Response: Yes

Comments: Policy EME002 reviewed and adopted by absolute majority OCM 26 March 2024

s. 5.94

Does the local government have information available for members of the public to inspect, free of charge as prescribed under section 5.94 and Admin Reg 29, except where restricted under this section?

Response: Yes

s. 5.96

Where a person is entitled to inspect information under this Division, can the local government confirm that copies are available and that the price at which it sells copies does not exceed the cost of providing them, (unless prescribed otherwise)?

Response: Yes

Comments: Copies are available at cost price (as per Shire Fees & Charges Schedule)

s. 5.96A

Did the CEO publish information on the local government's website in accordance with sections 5.96A(1), (2), (3), and (4) of the Local Government Act 1995?

Response: Yes

Comments: The CEO published information on the local government's website in accordance with sections 5.96A(1), (2), (3), and (4) of the Local Government Act 1995

s. 5.104

Did the local government prepare and adopt, by absolute majority, a code of conduct to be observed by council members, committee members and candidates that incorporates the model code of conduct?

Response: Yes

Comments: The Shire prepared and adopted, by absolute majority, a code of conduct to be observed by council members, committee members and candidates that incorporates the model code of conduct, date of last review OCM 07/03/2024

Did the local government adopt additional requirements in addition to the model code of conduct?

Response: N/A

Comments: The Shire did not adopt additional requirements in addition to the model code of conduct

Has the CEO published an up-to-date version of the code of conduct for council members, committee members and candidates on the local government's website?

Response: Yes

Comments: The CEO has published an up-to-date version of the code of conduct for council members, committee members and candidates on the local government's website

s. 5.128

Did the local government prepare and adopt (by absolute majority) a policy in relation to the continuing professional development of council members?

Response: Yes

Comments: Policy EME003 reviewed and adopted by absolute majority OCM 26 March 2024 - awaiting review following October 2025 elections

s. 7.12A(3), (4) and (5)

Where the local government determined that matters raised in the auditor's report prepared under section 7.9(1) of the Local Government Act 1995 required action to be taken, did the local government ensure that appropriate action was undertaken in respect of those matters?

Response: Yes

Comments: Actions added to compliance calendar for monthly checks

Where matters identified as significant were reported in the auditor's report, did the local government prepare a report that stated what action the local government had taken or intended to take with respect to each of those matters?

Response: N/A

Comments: No items were marked as "Significant"

Within 14 days after the local government gave a report to the Minister under section 7.12A(4)(b) of the Local Government Act 1995, did the CEO publish a copy of the report on the local government's official website?

Response: N/A

Local Government (Administration) Regulations 1996

r. 18F

Were the remuneration and other benefits paid to a CEO on appointment the same remuneration and benefits advertised for the position under section 5.36(4) of the Local Government Act 1995?

Response: Yes

Comments: The CEO position was advertised within the SAT Banding 2 (as a Band 2 Local Gov), the remuneration of the CEO falls within this banding

r. 19AB

Does the code of conduct contain the requirement that a local government employee (not including the CEO) must not accept a prohibited gift from an associated person?

Response: Yes

Comments: The code of conduct contains the requirement that a local government employee (not including the CEO) must not accept a prohibited gift from an associated person

r. 19AC

Does the local government's code of conduct include requirements for the recording, storing, disclosure, and use of information relating to gifts accepted by local government employees (excluding the CEO) from associated persons, in accordance with regulatory requirements?

Response: Yes

Comments: The Shire's code of conduct includes requirements for the recording, storing, disclosure, and use of information relating to gifts accepted by local government employees (excluding the CEO) from associated persons

r. 19AE

Does the local government's code of conduct include requirements addressing employee behaviour in the performance of duties, interactions with others, use and disclosure of information, use of local government resources and finances, the keeping of records, and the reporting and management of suspected breaches and misconduct, in accordance with regulatory requirements?

Response: Yes

Comments: The Shire's code of conduct includes requirements addressing employee behaviour in the performance of duties, interactions with others, use and disclosure of information, use of local government resources and finances, the keeping of records, and the reporting and management of suspected breaches and misconduct

r. 19B

Did the local government include in its annual report all information required under section 5.53(2)(g) and (i) and regulation 3A(2), including number of employee's in salary bands over \$130,000, remuneration and allowances paid, ordered payments, CEO remuneration, council member meeting attendance, available demographic information about council members, and details of any modifications to the strategic community plan or significant modifications to the corporate business plan?

Response: Yes

Comments: YES - The Annual Report 2024-25 includes the required disclosures relating to remuneration, salary bands, meeting attendance and councillor demographics, and ordered payments. The report outlines a review of the progress of 2024-25 projects; noting that CBP & SCP reviews were presented to Council in August 2025 but were not endorsed by Council in the 2025 calendar year.

r. 19C

Has the local government adopted by absolute majority a strategic community plan?

Response: Yes

Comments: SCP adopted 27/09/2022 (Simple Majority used, carried 7/0 therefore Absolute Majority achieved) no further reviews adopted

Adoption date or the date of the most recent review: 27/09/2022

r. 19DA

Has the local government reviewed its corporate business plan in accordance with Admin Regulation 19DA(4)?

Response: No

Comments: Corporate Business Plan 2023-2027 (CBP) last reviewed OCM 28 May 2024; no review in 2025

Does the corporate business plan comply with the requirements of Local Government (Administration) Regulations 1996 19DA(2) & (3)?

Response: Yes

Comments: CBP 2023-2027 complies with regs Reg 19DA(2) & (3)

r. 22

No response required. This is covered by s5.75.

r. 23

No response required. This is covered by s5.76.

r. 28

No response required. This is covered by s5.88(1).

r. 28A

No response required. This is covered by s5.89A(1).

r. 29

No response required. This is covered by s5.94.

r. 29C

Does the local government publish all prescribed information on its official website— including up-to-date policies, required details of council member and employee returns, council member fees and allowances, and relevant public notices—within the specified timeframes and in accordance with legislative requirements?

Response: No

Comments: The Shire has published all the prescribed information on its website, except for: LG (Admin) Regs REG 29C(5)(b) - it has not published the Elected Member and employee returns that missed the deadline for submission of those forms (received in September 2025)

r. 35

Has every local government council member completed and passed the Council Member Essentials course, consisting of the five required modules and delivered by an approved provider, within 12 months of being elected?

Response: No

Comments: One Elected Member (EM) - missing 3 modules, one EM - missing 1 module, one EM - 2 modules not completed within 12 months timeframe, (N/A - two EM's were elected in October 2025).

r. 36

Does the local government appropriately identify and document council members who are exempt from the training requirements under section 5.126(1), including verifying that the member:

- has completed an approved course within the specified 5-year period prior to election, or
- completed the LGASS00002 Elected Member Skill Set before 1 July 2019 within the relevant timeframe, or
- qualifies for the transitional exemption applicable to council members in office at the commencement of the 2019 regulatory amendments?

Response: Yes

Comments: Three EM's were Exempt from requirements in Section 5.126(1) until the end of their current term of office

Local Government (Audit) Regulations 1996

r. 10

Was the auditor's report for the financial year ending 30 June 2025 received by the local government within 30 days of completion of the audit?

Response: Yes

Comments: The financial audit was completed and signed on 5 December 2025

r. 17

Did the CEO review the appropriateness and effectiveness of the local government's systems and procedures in relation to risk management, internal control and legislative compliance in accordance with Local Government (Audit) Regulations 1996 regulation 17 within the three financial years prior to 31 December 2025?

Response: Yes

Comments: Reg 17 Review in the 2023/2024 financial year. Report accepted by the Audit and Risk Committee 25/06/2024

Date of council's resolution to accept the report: 01/01/2025

Local Government (Constitution) Regulations 1998

r. 11FA

Did the CEO provide the Minister a report as to the result of the election within 14 days of the declaration and in the form of Form 20 of the Local Government (Elections) Regulations 1997, modified as necessary?

Response: Yes

Comments: Formal date of lodgement was 23 October 2025 (emailed); the Shire was then subsequently informed that it needed to lodge via an online portal. Portal lodgement was completed 17 November 2025.

r. 13

Were all required oaths, affirmations and declarations under section 2.42 (in relation to Commissioners) made in the correct form (Form 8), before the appropriate authorised person?

Response: N/A

Comments: The Shire of Carnarvon did not have a Commissioner appointed by the Local Government Minister in 2025

Local Government (Elections) Regulations 1997

r. 30G

Did the CEO establish and maintain an electoral gift register and ensure that all disclosure of gifts forms completed by candidates and donors and received by the CEO were placed on the electoral gift register at the time of receipt by the CEO and in a manner that clearly identifies and distinguishes the forms relating to each candidate in accordance with regulations 30G(1) and 30G(2) of the Local Government (Elections) Regulations 1997?

Response: Yes

Comments: An electoral gift register was maintained and published; however, there were no disclosures made by candidates

Did the CEO remove any disclosure of gifts forms relating to an unsuccessful candidate, or a successful candidate that completed their term of office, from the electoral gift register, and retain those forms separately for a period of at least two years in accordance with regulation 30G(4) of the Local Government (Elections) Regulations 1997?

Response: N/A

Comments: There were no disclosures made by candidates

Did the CEO publish an up-to-date version of the electoral gift register on the local government's official website in accordance with regulation 30G(5) of the Local Government (Elections) Regulations 1997?

Response: Yes

Comments: An electoral gift register was maintained and published on the Shire's website

Local Government (Financial Management) Regulations 1996

r. 5

Has the CEO ensured efficient systems and procedures are established under provisions set out in Financial Management Regulations 5(1)(a) to (g)?

Response: Yes

Comments: Reg 5 Review in the 2022/2023 financial year. Report accepted by Audit and Risk Committee 13/06/2023

r. 6

Has the local government ensured that any employee delegated responsibility for day-to-day accounting or financial management operations is not also delegated the responsibility for conducting internal audits, reviewing their own duties, or for managing, directing or supervising someone who carries out these functions?

Response: Yes

Comments: Duties and responsibilities are outlined in position descriptions and internal controls; employees with delegated responsibility for financial management or day-to-day accounting are not also delegated responsibility for conducting internal audits

r. 7

Did the local government ensure it has regard to the needs of the inhabitants of the district as a whole and not keep separate ward accounts or determine expenditure on the basis of revenue from a ward?

Response: Yes

Comments: The Shire does not keep separate ward accounts or determine expenditure on the basis of revenue from a ward

r. 8

Does the local government maintain separate accounts with a bank or other financial institution for money to be held in the municipal fund, trust fund and for reserve account purposes?

Response: Yes

Comments: The Shire has separate bank accounts for Municipal fund, trust and reserve account purposes

r. 9

Did the local government keep separate financial records for each trading undertaking and each major land transaction?

Response: N/A

Comments: The Shire did not conduct any major trading undertakings or land transactions in 2025

r. 11

Has the local government developed procedures for the authorisation of, and the payment of, accounts in accordance with Local Government (Financial Management) Regulations 11(1), (2) and (3)?

Response: Yes

Comments: The Shire has procedures in place to ensure that the correct actions are taken for the authorisation of and payment of creditor accounts and credit card payments

r. 12

Were payments made from the municipal fund or trust fund made by the CEO under a delegated authority or authorised, in accordance with regulation 13(2), in advance by a council resolution?

Response: Yes

Comments: The CEO has the delegated authority to make payments from the Municipal or trust funds; all payment listings are presented to Council; there are no advance payments made which require prior Council approval

r. 13

Can the local government confirm that, where the CEO has been delegated authority to make payments from the municipal or trust fund, the CEO prepared accurate monthly lists that are presented at the next ordinary council meeting and recorded in the minutes?

- includes the payee's name, payment amount, payment date, and sufficient information to identify each transaction where payments have already been made; or
- includes the payee's name, payment amount, sufficient information to identify each transaction, and the date of the council meeting (to which the list will be presented) for accounts requiring council approval.

Response: Yes

Comments: A report of the list of accounts (including all relevant information (as per Reg 13)) that have been paid under delegation is presented to Council each month (or in the subsequent month where applicable)

r. 13A

Did the local government prepare a list each month of all payments made using employee-authorised credit, debit or other purchasing cards, and include the payee's name, the amount of the payment, the date of the payment, sufficient information to identify the payment, and present the list at the next ordinary council meeting (and record in the minutes)?

Response: Yes

Comments: A report of the list of all payments made by employee authorised credit and debit cards (including all relevant information (as per Reg 13A)) that have been paid under delegation is presented to Council each month (or in the subsequent month where applicable)

r. 19

Has the local government established and documented internal control procedures to enable identification of the nature and location of all investments and any related transactions?

Response: Yes

Comments: The Shire has a documented procedure that was reconciled with our Municipal account

r. 19C

Has the local government ensured that all investments made under section 6.14(1) comply with statutory restrictions set out in Financial Management Reg. 19C?

Response: Yes

Comments: All investments and deposits are made with authorised institutions

Local Government (Functions and General) Regulations 1996

r. 7

No response required. This is covered by s3.59(2).

r. 9

No response required. This is covered by s3.59(2).

r. 10

No response required. This is covered by s3.59(2).

r. 11A

Did the local government comply with its current purchasing policy, adopted under the Local Government (Functions and General) Regulations 1996, regulations 11A(1) and (3) in relation to the supply of goods or services where the consideration under the contract was, or was expected to be, \$250,000 or less or worth \$250,000 or less?

Response: Yes

Comments: The Shire complies with its current purchasing policy; audits are undertaken to ensure an acceptable number of quotations are obtained, and correct authorisations are made before issuing purchase orders, and that correct documentation and authorisations are in place for purchases made

r. 11

No response required. This is covered by s3.57.

r. 12

Did the local government consider the implications of Local Government (Functions and General) Regulations 1996, Regulation 12 when deciding to enter into multiple contracts rather than a single contract?

Response: N/A

Comments: The Shire has not entered into multiple contracts to avoid Reg 11(1)

r. 14(1), (3) and (5)

If the local government sought to vary the information supplied to tenderers, was every reasonable step taken to give each person who sought copies of the tender documents, or each acceptable tenderer notice of the variation?

Response: Yes

Comments: An electronic portal (Tenderlink) is used for the administration and distribution of the tender document, any addenda, and tender submissions. The portal automatically sends an addendum to all potential Tenderers who have downloaded the Tender document.

r. 15

Did the local government's procedure for receiving and opening tenders comply with the requirements of Local Government (Functions and General) Regulations 1996, Regulation 15 and 16?

Response: Yes

Comments: An electronic portal (Tenderlink) is used for the administration of tender documents; any tender submissions are opened from that portal (by 2 employees at a time designated following the expiry of the Notice period of the tender) and recorded directly into the Tender Register and the Shire's Records Management systems

r. 16

No response required. This is covered by r. 15.

r. 17

Did the information recorded in the local government's tender register comply with the requirements of the Local Government (Functions and General) Regulations 1996, Regulation 17 and did the CEO make the tenders register available for public inspection and publish it on the local government's official website?

Response: Yes

Comments: The information recorded in the local government's tender register complies with the requirements of the Local Government (Functions and General) Regulations 1996, Regulation 17. The tenders register is available for public inspection and is published on the local government's official website

r. 18(1) and (4)

Did the local government reject any tenders that were not submitted at the place, and within the time, specified in the invitation to tender?

Response: N/A

Comments: The use of an electronic portal (Tenderlink) for the administration of tender documents means that late submissions cannot be made to that specific tender

Were all tenders that were not rejected assessed by the local government via a written evaluation of the extent to which each tender satisfies the criteria for deciding which tender to accept?

Response: N/A

Comments: N/A - there were no late or incorrectly placed tender submissions

r. 19

Did the CEO give each tenderer written notice containing particulars of the successful tender or advising that no tender was accepted?

Response: Yes

Comments: The CEO gave each tenderer a written notice containing particulars of the successful tender or advising them that no tender was accepted

r. 21

Does the local government's advertising and expression of interest processes for limiting who can tender comply with the requirements of the Local Government (Functions and General) Regulations 1996, Regulations 21 and 22?

Response: N/A

Comments: No Expressions of Interest were called

r. 22

No response required. This is covered by r. 21.

r. 23

Did the local government reject any expressions of interest that were not submitted at the place, and within the time, specified in the notice or that failed to comply with any other requirement specified in the notice?

Response: N/A

Comments: No Expressions of Interest were called

Were all expressions of interest that were not rejected under the Local Government (Functions and General) Regulations 1996, Regulation 23(1) & (2) assessed by the local government? Did the CEO list each person as an acceptable tenderer?

Response: N/A

Comments: No Expressions of Interest were called

r. 24

Did the CEO give each person who submitted an expression of interest a notice in writing of the outcome in accordance with Local Government (Functions and General) Regulations 1996, Regulation 24?

Response: N/A

Comments: No Expressions of Interest were called

r. 24AD(2), (4) and (6)

Did the local government invite applicants for a panel of pre-qualified suppliers via Statewide public notice in accordance with Local Government (Functions & General) Regulations 1996 regulations 24AD(4) and 24AE?

Response: N/A

Comments: No Invitation was made for a panel of pre-qualified suppliers

If the local government sought to vary the information supplied to the panel, was every reasonable step taken to give each person who sought detailed information about the proposed panel or each person who submitted an application notice of the variation?

Response: N/A

Comments: No Invitation was made for a panel of pre-qualified suppliers

r. 24AE

No response required. This is covered by r. 24AD(2), (4) and (6).

r. 24AF

No response required. This is covered by r. 24AD(2), (4) and (6).

r. 24AG

Did the information recorded in the local government's tender register about panels of pre-qualified suppliers comply with the requirements of Local Government (Functions and General) Regulations 1996, Regulation 24AG?

Response: N/A

Comments: No Invitation was made for a panel of pre-qualified suppliers

r. 24AH(1) and (3)

Did the local government reject any applications to join a panel of prequalified suppliers that were not submitted at the place, and within the time, specified in the invitation for applications?

Response: N/A

Comments: No Invitation was made for a panel of pre-qualified suppliers

Were all applications that were not rejected assessed by the local government via a written evaluation of the extent to which each application satisfies the criteria for deciding which application to accept?

Response: N/A

r. 24AI

Did the CEO send each applicant written notice advising them of the outcome of their application?

Response: N/A

Comments: No Invitation was made for a panel of pre-qualified suppliers

r. 24E

Where the local government gave regional price preference, did the local government comply with the requirements of Local Government (Functions and General) Regulations 1996, Regulation 24E and 24F?

Response: N/A

r. 24F

No response required. This is covered by r. 24E.

I certify this is a true and accurate copy of the 2025 Compliance Audit Return, as adopted by Council at the meeting of _____ 2026.

CEO

Date

Mayor or President

Date

4.4 POLICY REVIEW

File No:	ADM0124
Location/Address:	N/A
Name of Applicant:	N/A
Name of Owner:	N/A
Author(s):	Racheal King, Governance, Risk & Compliance Manager
Authoriser:	Amanda Leighton, Executive Manager, Corporate Strategy & Performance
Declaration of Interest:	Nil
Voting Requirement:	Absolute Majority
Previous Report:	ARIC 16 June 2026
Schedules:	1. Current Policy with Tracked Changes - CEO Leave and Appointment of Acting or Temporary 2. Final Policy Version for Endorsement - CEO Leave and Appointment if Acting CEO 3. Current Policy with Tracked Changes - Designated Senior Employees 4. Final Policy Version for Endorsement - Designated Senior Employee 5. Current Policy with Tracked Changes - Investments 6. Final Policy Version for Endorsement - Investment Policy 7. Current Policy with Tracked Changes - External Grants - Procurement & Grants 8. Final Policy Version for Endorsement - External Grants - Procurement & Grants Policy 9. Current Policy with Tracked Changes - Rate Charges 10. Final Policy Version for Endorsement - Rate Charges 11. Current Policy with Tracked Changes - Loans & Borrowings 12. Final Policy Version for Endorsement - Loans & Borrowings 13. Current Policy with Tracked Changes - Financial Hardship 14. Final Policy Version for Endorsement - Financial Hardship Policy

Authority/Discretion:

☐	Advocacy	When Council advocates on its own behalf or on behalf of its community to another level of government/body/agency.
☐	Executive	The substantial direction setting and oversight role of the Council. E.g., adopting plans and reports, accepting tenders, directing operations, setting and amending budgets
☒	Legislative	Includes adopting local laws, town planning schemes and policies.
☐	Information	Includes items provided to Council for information purposes only that do not require a decision of Council (i.e. – for noting).
☐	Quasi-judicial	When Council determines an application / matter that directly affects a person's right and interest. The judicial character arises from the obligations to abide by the principles of natural justice. Examples of Quasi-Judicial authority include town planning applications, building licenses, applications for other permits / licenses

Summary of Report

This report presents seven governance policies for Council consideration and adoption:

1. CEO Leave and Appointment of Acting or Temporary;
2. Designated Senior Employees;
3. Investments Policy;
4. Financial Hardship;
5. Rate Charges;
6. Loans & Borrowings;
7. External Grants;

The policies have been reviewed as part of the Shire's ongoing Policy Review Program and form part of Council's broader governance and risk management framework.

The review has been undertaken to ensure both policies remain contemporary, aligned with legislative requirements, reflect current best practice and support the effective management of organisational risks.

The revised policies strengthen the Shire's governance framework by reinforcing Council's commitment to sound decision-making, accountability, ethical conduct, risk awareness and continuous improvement.

Adoption of the revised policies will support good governance, strengthen organisational resilience and ensure the Shire's governance framework remains aligned with contemporary local government standards.

Background

As part of a comprehensive review of its policy framework commenced in February 2026, Council identified the need to progressively assess its policies for legislative currency, governance effectiveness and alignment with contemporary operational practices.

Since that time, a number of legislative amendments, governance developments, regulatory updates and internal operational refinements have occurred. These changes create potential compliance, governance, operational and reputational risks if not appropriately reflected within Council's policy framework.

In response, a structured Policy Review Program is currently underway to ensure policies remain contemporary, compliant with applicable legislation, aligned with current operational practice, and consistent with best-practice local government governance standards. The review is being undertaken in a staged and risk-prioritised manner, with governance, compliance and legislatively sensitive policies being reviewed as a priority.

At the last review cycle for ARIC, Administration presented following policies:

Policy	Presented to ARIC	Presented to OCM
Code of Conduct	June 2026	July 2026
Risk Management	June 2026	July 2026

Stakeholder and Public Consultation

The following stakeholders were consulted as part of the policy review process:

Western Australian Local Government Association (WALGA)

- WALGA policy guidance, model documents and governance resources were reviewed to ensure alignment with contemporary local government governance practices and risk management principles.

Internal Management

- Feedback was incorporated to ensure the policies remain practical, relevant and consistent with organisational objectives.

No external community consultation was undertaken as the proposed amendments relate to internal governance and administrative matters and do not materially alter service delivery to the community.

Statutory Environment

The review and adoption of these policies is supported by the following legislation and governance frameworks:

- Local Government Act 1995
- Local Government (Administration) Regulations 1996
- Local Government (Financial Management) Regulations 1996
- Local Government (Functions and General) Regulations 1996
- Local Government (Audit) Regulations 1996
- applicable Australian Accounting Standards;
- the Shire's adopted Strategic Community Plan and Corporate Business Plan;
- the Shire's Long Term Financial Plan and broader Integrated Planning and Reporting Framework; and
- Council's adopted governance, financial management, procurement, risk management and internal control frameworks.

The proposed policies support Council's obligations to maintain appropriate governance and financial management practices, establish clear decision-making responsibilities, maintain effective internal controls and appropriately manage organisational, financial and compliance risk.

Relevant Plans and Policy

The policies considered as part of this review operate within, and should be read in conjunction with, the Shire's broader governance and strategic framework, including:

- Strategic Community Plan;
- Corporate Business Plan;
- Long Term Financial Plan;
- Annual Budget;
- Delegations and Authorisations Register;
- Risk Management Framework;
- Procurement Policy;
- Debt Collection Policy;
- relevant financial management procedures and internal controls; and
- other Council policies and administrative procedures applicable to the subject matter of each policy.

The review has sought to improve alignment between related policies and reduce unnecessary duplication. Where matters are more appropriately addressed through another Council policy, operational procedure or established reporting mechanism, appropriate cross-references have been incorporated.

Financial Implications

The proposed amendments primarily relate to governance, financial management, administrative controls and alignment of Council's policy framework with the Shire's current organisational structure and operational practices.

There are no material direct financial implications associated with the adoption of the revised policies. Some amendments may have indirect financial implications when applied. In particular, decisions relating to external grants, borrowings, investments, payment arrangements and financial hardship may affect the

Shire's financial position depending on the individual circumstances. These matters will continue to be assessed through the applicable budget, delegation, procurement and Council decision-making processes.

Risk Assessment

STEP 3 – Risk Tolerance Chart Used to Determine Risk						
Consequence →		Insignificant 1	Minor 2	Major 3	Critical 4	Extreme 5
Likelihood ↘						
Almost certain	A	High	High	Extreme	Extreme	Extreme
Likely	B	Moderate	High	High	Extreme	Extreme
Possible	C	Low	Moderate	High	Extreme	Extreme
Unlikely	D	Low	Low	Moderate	High	Extreme
Rare	E	Low	Low	Moderate	High	High

Risk Category	Description	Rating	Mitigating Action/s
Financial	Outdated, unclear or ineffective policies may contribute to financial loss, inefficient resource allocation, inappropriate expenditure or ineffective financial decision-making.	2-C Moderate	Regular policy reviews ensure appropriate financial controls, responsibilities and decision-making requirements remain current and fit for purpose.
Health & Safety	Outdated or ineffective policies may result in unclear responsibilities or inadequate controls for managing health, safety and workplace risks.	3-C High	Policies are reviewed to ensure responsibilities and controls remain appropriate and align with applicable organisational and legislative requirements.
Reputation	Outdated, inconsistent or ineffective policies may contribute to poor governance outcomes and reduce community confidence in the Shire.	3-C High	Regular policy review strengthens accountability, transparency and consistency in organisational decision-making and governance practices.
Service disruption	Policies that do not reflect current organisational structures or operational practices may create unclear responsibilities, inefficient processes or disruption to service delivery.	2-C Moderate	Policies are reviewed to align with current organisational structures, responsibilities and operational requirements.
Compliance	Failure to comply with legislative requirements relating to governance, conduct and risk management may result in audit findings, regulatory action or adverse compliance outcomes.	3-C High	Policies are progressively reviewed against applicable legislative, regulatory and governance requirements, with identified amendments incorporated through the Policy Review Program.
Property	Outdated or inadequate policy controls may contribute to ineffective management, protection or use of Shire assets and property.	2-C Moderate	Relevant policies are reviewed to ensure appropriate responsibilities and controls for the management and protection of Shire assets remain in place.
Environment	Policies that do not appropriately recognise environmental obligations may contribute to adverse environmental outcomes or regulatory non-compliance.	2-C Moderate	Environmental obligations and risks are considered where relevant to the scope and operation of each policy.

Fraud	Outdated, unclear or inadequate policies may weaken internal controls and increase opportunities for fraud, corruption, conflicts of interest or misuse of Shire resources.	3-C High	Policy reviews consider governance, accountability, authorisation and internal control requirements to ensure appropriate safeguards remain in place.
-------	---	----------	---

Community and Strategic Objectives

The proposal aligns with the following desired objectives as expressed in the *Community Strategic Plan 2022-2032*:

OBJECTIVES

In 2040 Carnarvon is a place where:

- *Our economy fosters investment and productivity in industries befitting Carnarvon's physical and natural environment and that grows our horizons*

ADDITIONAL FOCUS AREAS:

- *Improve the trust between citizens and the Shire of Carnarvon*

BIG IDEAS FOR THE FUTURE OF CARNARVON:

- *N/A*

Comments

The policies presented as part of this review have been assessed against the Shire's current organisational structure, operational practices, legislative obligations and governance framework. Amendments range from minor administrative updates through to more substantive changes intended to clarify decision-making

responsibilities, strengthen internal controls and ensure appropriate separation between Council's governance functions and the CEO's operational responsibilities.

The key changes and rationale are outlined below.

Policy	Rating of Change	Summary of Changes
CEO Leave and Appointment of Acting or Temporary	Moderate	- Removes mention of DCEO as role doesn't exist in organisation chart; - Clarifies Authority under which Acting or Temporary CEO can act; - Addresses Vacancy of Position.
Designated Senior Employee	Major	- Removes designation of other Senior Designated Officers due to organisational chart structure; - To maintain clear separation between Council's governance role and the CEO's operational management responsibilities. - Executive Managers will remain as part of the CEO's operational management structure and remain directly accountable to the CEO. - Where an Executive Manager is required to perform the functions of the CEO, this is appropriately addressed through the CEO Leave and Appointment of Acting or Temporary CEO Policy, rather than through designation as a senior employee.
Investment Policy	Minor	Removed special monthly report to Council, as already reported in Monthly Financial Report each month to Council. Includes interest rate, maturity date and total portfolio.
External Grants	Moderate	- Adjusted limit of \$5k expenditure requiring Council decision to \$10k; - Addressed Grant Register requirement (per Interim Audit findings); - Included requirement to still adhere to procurement policy.
Rate Charges	Minor	- Minor wording changes; - Changed responsible officer as the DCEO position does not exist anymore; - Included provision for debt collection to be addressed through Debt Collection Policy.
Loans & Borrowing	Moderate	- Included LTFP to be considered when proposing borrowings; - Minor wording changes on operating expenditure; - Rewording on borrowing considerations; - Removed reference to DCEO position.
Financial Hardship	Moderate	- Includes provision for second party to review if ratepayer unhappy; - Removes reference to DCEO position; - Address payment arrangement criteria.

CEO Leave and Appointment of Acting or Temporary CEO – Moderate Change

The policy has been updated to reflect the Shire's current organisational structure, including removal of references to the Deputy Chief Executive Officer (DCEO), as this position no longer exists within the organisational structure.

Further amendments clarify the authority under which an Acting or Temporary CEO performs the functions of the CEO. This provides greater certainty regarding the powers and responsibilities applying during periods of CEO leave or absence and ensures appropriate continuity of executive authority.

The policy has also been expanded to address circumstances where the CEO position becomes vacant, rather than only dealing with temporary periods of absence. This provides a clearer governance framework for Council and Administration should a substantive vacancy arise.

Designated Senior Employee – Major Change

The most significant amendment is the removal of the designation of positions other than the CEO as designated senior employees.

The existing policy reflected a previous organisational structure and is no longer considered necessary for the Shire's current management model. Executive Managers remain accountable to the CEO and form part of the CEO's operational management structure.

Removing these positions from the designation framework maintains a clearer separation between Council's governance responsibilities and the CEO's responsibility for the management and administration of the organisation.

Where an Executive Manager is required to perform the functions of the CEO, this is appropriately addressed through the CEO Leave and Appointment of Acting or Temporary CEO Policy, rather than through designation as a senior employee.

Investment Policy – Minor Change

The policy has been streamlined by removing the requirement for a separate monthly investment report to Council.

Investment information is already incorporated within the Monthly Financial Report presented to Council, including relevant information such as investment balances, interest rates, maturity dates and the total investment portfolio.

The amendment therefore removes duplication while maintaining Council's existing level of financial oversight and transparency.

External Grants – Moderate Change

The policy has been updated to improve the governance and administration of external grant funding.

The threshold requiring a Council decision where expenditure associated with a grant is not otherwise budgeted has been increased from \$5,000 to \$10,000. This provides greater operational flexibility for small lower-value grant opportunities, while retaining Council oversight where a more material financial commitment is required.

Requirements relating to maintenance of the Shire's Grant Register have also been strengthened. This amendment responds to matters identified through the 2025/26 Interim Audit and provides clearer

expectations regarding the recording and monitoring of grant applications, agreements, funding obligations and associated reporting requirements.

The policy also expressly confirms that expenditure funded through grants remains subject to the Shire's procurement requirements. Receipt of external funding does not override purchasing thresholds, quotation requirements, tender requirements or other procurement controls.

Rate Charges – Minor Change

Minor wording and administrative amendments have been made to improve clarity and align the policy with the Shire's current organisational structure.

References to the DCEO have been removed and the responsible officer updated accordingly.

The policy has also been amended to clarify that recovery of overdue rates and charges is governed through the Shire's Debt Collection Policy. This avoids duplication between policies and provides a clearer distinction between the administration of rates and charges and the subsequent recovery of outstanding debts.

Loans and Borrowing – Moderate Change

The policy has been strengthened to require consideration of the Shire's Long Term Financial Plan (LTFP) when new borrowings are proposed.

Borrowing decisions can have financial implications extending over a number of financial years. Explicit consideration of the LTFP assists Council to assess proposed debt within the context of projected cash flows,

existing and future debt commitments, capital requirements and the Shire's longer-term financial sustainability.

The considerations applying to proposed borrowings have also been reworded to provide greater clarity, including amendments relating to the use of borrowings for operating expenditure.

References to the DCEO have also been removed to reflect the current organisational structure.

Financial Hardship – Moderate Change

The Financial Hardship Policy has been amended to provide greater clarity around the assessment and administration of hardship applications and payment arrangements.

Payment arrangement criteria have been strengthened to provide a more consistent framework for determining appropriate arrangements while recognising individual circumstances.

A secondary review mechanism has also been introduced where a ratepayer is dissatisfied with the initial assessment or decision. This provides an additional level of procedural fairness and internal oversight without unnecessarily escalating routine operational decisions.

References to the DCEO have also been removed and responsibilities aligned with the Shire's current organisational structure.

Overall Impact of the Review

Collectively, the amendments seek to ensure the policy framework reflects the Shire's current organisational structure and contemporary governance practices. In particular, the review:

- removes obsolete references to positions that no longer exist;
- strengthens the distinction between Council's governance role and the CEO's operational management responsibilities;
- reduces unnecessary or duplicated reporting requirements;
- strengthens financial and grant management controls;
- incorporates matters identified through the interim audit process;
- improves consistency between related Council policies; and
- provides clearer administrative and decision-making frameworks for officers.

The changes classified as Major or Moderate represent substantive governance or operational improvements, while those classified as Minor primarily relate to administrative updates, removal of duplication and alignment with current organisational arrangements.

OFFICER'S RECOMMENDATION

That the Audit, Risk and Improvement Committee recommends that Council endorse the "Final Policy Version for Endorsement" as attached as schedules for the following policies:

- CEO Leave and Appointment of Acting or Temporary;
- Designated Senior Employees;
- Investments Policy;
- Financial Hardship;
- Rate Charges;
- Loans & Borrowings;
- External Grants.



EME005		CEO LEAVE, APPOINTMENT OF ACTING OR TEMPORARY CEO	
POLICY OWNER:	Council		
DEPARTMENT:	Office of the CEO		
CREATION DATE:	23/08/2022	REVIEW SCHEDULE:	Annually
RELATED PROCEDURES:	Must be adopted by Absolute Majority		
RELATED FORMS:	N/A		
RELATED DELEGATIONS:	N/A All powers exercised under this policy must be consistent with the current Delegations Register		
RELATED POLICIES:	N/A Designate Senior Employees		
LEGISLATION:	s5.39C Local Government Act 1995 s.5.36 – Acting Chief Executive Officer R.9 Local Government Administration Regulations 1996		
DOCUMENT CONTROL			
DATE REVIEWED:	REVIEWED BY:	CHANGES (IF ANY):	ENDORSED BY COUNCIL:
23/08/2022	Council	Nil	FC7/8/22
28/03/2023	Council	Nil	FC 5/3/23
28/11/2023	Council	Minor – Refer OCM Minutes	OCM 11/11/23
26/03/2024	Council	Nil	OCM 07/03/24
XX/08/2026	Council	Moderate – refer to OCM	

EME005 Chief Executive Officer (CEO) Leave and Appointment of Acting or Temporary

OBJECTIVES

To establish the processes for a CEO taking leave, the appointment of an Acting CEO or a Temporary CEO for periods of less than twelve months and to comply with the provisions of s5.39C of the Local Government Act 1995 regarding the appointment of an Acting CEO or Temporary CEO.

The intent of this policy is to ensure that an Executive Manager can be appointed to act in the role of the CEO for periods of leave, or vacation of the position for up to eighty-eight weeks only. This fosters the professional development of the Executives who desire to gain experience in the Acting CEO role.

POLICY STATEMENT/S

CEO Taking of Leave

The employment contract of the CEO outlines any leave entitlements. All planned leave applications are to be submitted in writing by the CEO to the Shire President prior to the proposed leave dates.

Applications for planned leave are to be submitted in writing to the Shire President prior to the proposed leave.

The Shire President is authorised to approve planned leave in accordance with the CEO's employment contract and any applicable Council resolution.

Where the Shire President is unavailable, the Deputy Shire President may exercise this function.

Commented [NH1]: The modifications to his policy maintain the intention that Executive Managers will be provided with the opportunity to act as CEO, but maintains the right of the Council to select an alternative if it believes that is preferable.

Formatted: Font: Bold

Commented [RK2]: Reworded and added inclusion for Deputy to authorise in event Shire president is unavailable





Temporary CEO - Appointment

~~Council may appoint a Temporary CEO where required.~~

~~Any appointment must comply with the applicable requirements of the Local Government Act 1995 and Local Government (Administration) Regulations 1996, including requirements relating to the person's knowledge, experience, qualifications and skills.~~

~~The period, remuneration, conditions and scope of any Temporary CEO appointment will be determined by Council in accordance with applicable legislative requirements.~~

Acting CEO - Planned Absence

~~For periods of planned absence, the CEO may appoint any Executive Manager as Acting CEO where the CEO considers that person has the appropriate knowledge, experience, qualifications and skills to perform the functions of the CEO and satisfies any applicable legislative requirements.~~

~~In determining the appropriate Executive Manager, the CEO may have regard to:~~

- ~~the nature and expected duration of the absence;~~
- ~~the Executive Manager's knowledge, skills and experience;~~
- ~~operational requirements and current organisational priorities;~~
- ~~availability and capacity; and~~
- ~~any actual, potential or perceived conflicts of interest.~~

~~The CEO may choose to not appoint an Acting CEO during periods when the CEO is away from the office on local government business, or for short periods of leave (up to 5 days) provided the CEO is reasonably available and able to perform the functions of the office.~~

Acting CEO – Unplanned Absence or Incapacity

~~To provide continuity in circumstances where the CEO becomes unexpectedly unavailable or incapacitated and is unable to appoint an Acting CEO, the CEO may establish a written order of succession identifying suitably qualified Executive Managers who may assume the role of Acting CEO.~~

~~The order of succession should provide sufficient flexibility to ensure an available and suitably qualified Executive Manager can assume the role.~~

~~Where the first nominated Executive Manager is unavailable or unable to act, the next available Executive Manager identified in the order of succession may assume the role.~~

Formatted: Font: Bold

Deleted: The Council may at its discretion appoint a Temporary CEO. Any appointment must be consistent with the requirements of Local Government Administration Regulations Reg.9 (vis. the applicant's knowledge, experience, qualifications and skills must be acceptable to Council), and s5.39(1a) of the Local Government Act 1995.¶

Commented [RK3]: Addresses remuneration for temp CEO. Have formatted to address each item of importance separately.

Deleted: Appointment

Formatted: Font: Bold

Deleted: The CEO has the authority to delegate the appointment of any of the Shire's Executive Managers who have a suitable level of knowledge, experience, qualifications and skills, and are eligible under s5.39(1a) of the Local Government Act 1995, as the Acting CEO for up to eight weeks when the CEO is on leave.¶

Deleted: 1-5 days

Deleted: when

Commented [RK4]: Addresses capacity of CEO - dependant on reasonable availability and ability to perform duties

Deleted: contactable

Deleted: If the CEO becomes incapacitated the Executive Manager who last acted in the role of CEO is automatically appointed as the Acting CEO for up to eight weeks.

Deleted: ¶

Formatted: Font: Bold

Excellence Authenticity Courage Passion Cohesion Humility Respect & Inclusion



An appointment under the succession arrangement will remain in effect only for the period permitted by this policy and applicable legislation, or until Council determines otherwise.

Where no person identified through the succession arrangement is available or eligible to act, the matter is to be referred to Council as soon as practicable to determine an appropriate appointment.

Vacancy in the Office of CEO

Where the office of CEO becomes vacant, or circumstances arise that cannot appropriately be managed through the Acting CEO arrangements contained in this policy, Council will determine the appointment of an Acting or Temporary CEO in accordance with the Local Government Act 1995 and applicable regulations.

Authority of Acting CEO

During the period of appointment, an Acting CEO is authorised to perform the functions, duties and responsibilities of the CEO, subject to:

- the Local Government Act 1995 and other applicable legislation;
- Council delegations;
- Council policies and resolutions;
- any limitations applying to the substantive CEO; and
- any specific limitations lawfully imposed on the Acting CEO appointment.

The appointment of an Acting CEO does not provide authority beyond that which may lawfully be exercised by the CEO.

Commented [RK6]: Provides guidance in case of Vacancy in office

Remuneration and Conditions of Acting or Temporary CEO

Acting CEO: Unless Council otherwise resolves, an Executive Manager appointed as Acting CEO shall be remunerated a cash component at 100% of the cash component only of the Substantive CEO's total reward package.

Temporary CEO: The remuneration and benefits to be offered to a Temporary CEO when entering a contract in accordance with the requirements of s5.39(1) and (2)(a) of the Act shall be determined by an absolute majority of Council.

Subject to relevant advice, the Council retains the right to terminate or change by absolute majority resolution any Temporary CEO appointment.

DEFINITIONS

Acting CEO: An Executive Manager who has been appointed by the CEO to perform the role and responsibilities of the CEO for a period of up to 8 weeks.





Temporary CEO: A person who has been appointed by Council resolution to perform the role and responsibilities of the CEO for any period, but not exceeding 1 year.

Executive Manager: An employee occupying an Executive Manager position within the Shire's organisational structure who has the appropriate knowledge, experience, qualifications and skills to perform the functions of CEO.

Commented [RK7]: Included Exec Manager Definition

Incapacitated: No longer able to perform their usual duties due to unplanned emergency, illness or medical episode.

Planned Leave: Annual Leave, Executive Leave, Leave Without Pay, Long Service Leave.





EME005		CEO LEAVE, APPOINTMENT OF ACTING OR TEMPORARY CEO	
POLICY OWNER:	Council		
DEPARTMENT:	Office of the CEO		
CREATION DATE:	23/08/2022	REVIEW SCHEDULE:	Annually
RELATED PROCEDURES:	Must be adopted by Absolute Majority		
RELATED FORMS:	N/A		
RELATED DELEGATIONS:	All powers exercised under this policy must be consistent with the current Delegations Register		
RELATED POLICIES:	Designate Senior Employees		
LEGISLATION:	s5.39C Local Government Act 1995 s 5.36 – Acting Chief Executive Officer R.9 Local Government Administration Regulations 1996		
DOCUMENT CONTROL			
DATE REVIEWED:	REVIEWED BY:	CHANGES (IF ANY):	ENDORSED BY COUNCIL:
23/08/2022	Council	Nil	FC7/8/22
28/03/2023	Council	Nil	FC 5/3/23
28/11/2023	Council	Minor – Refer OCM Minutes	OCM 11/11/23
26/03/2024	Council	Nil	OCM 07/03/24
XX/08/2026	Council	Moderate – refer to OCM	

EME005 Chief Executive Officer (CEO) Leave and Appointment of Acting or Temporary

OBJECTIVES

To establish the processes for a CEO taking leave, the appointment of an Acting CEO or a Temporary CEO for periods of less than twelve months and to comply with the provisions of s5.39C of the Local Government Act 1995 regarding the appointment of an Acting CEO or Temporary CEO.

The intent of this policy is to ensure that an Executive Manager can be appointed to act in the role of the CEO for periods of leave, or vacation of the position for up to eight weeks only. This fosters the professional development of the Executives who desire to gain experience in the Acting CEO role.

POLICY STATEMENT/S

CEO Taking of Leave

The employment contract of the CEO outlines any leave entitlements.

Applications for planned leave are to be submitted in writing to the Shire President prior to the proposed leave.

The Shire President is authorised to approve planned leave in accordance with the CEO's employment contract and any applicable Council resolution.

Where the Shire President is unavailable, the Deputy Shire President may exercise this function.





Temporary CEO - Appointment

Council may appoint a Temporary CEO where required.

Any appointment must comply with the applicable requirements of the Local Government Act 1995 and Local Government (Administration) Regulations 1996, including requirements relating to the person's knowledge, experience, qualifications and skills.

The period, remuneration, conditions and scope of any Temporary CEO appointment will be determined by Council in accordance with applicable legislative requirements.

Acting CEO - Planned Absence

For periods of planned absence, the CEO may appoint any Executive Manager as Acting CEO where the CEO considers that person has the appropriate knowledge, experience, qualifications and skills to perform the functions of the CEO and satisfies any applicable legislative requirements.

In determining the appropriate Executive Manager, the CEO may have regard to:

- the nature and expected duration of the absence;
- the Executive Manager's knowledge, skills and experience;
- operational requirements and current organisational priorities;
- availability and capacity; and
- any actual, potential or perceived conflicts of interest.

The CEO may choose to not appoint an Acting CEO during periods when the CEO is away from the office on local government business, or for short periods of leave (up to 5 days) provided the CEO is reasonably available and able to perform the functions of the office.

Acting CEO – Unplanned Absence or Incapacity

To provide continuity in circumstances where the CEO becomes unexpectedly unavailable or incapacitated and is unable to appoint an Acting CEO, the CEO may establish a written order of succession identifying suitably qualified Executive Managers who may assume the role of Acting CEO.

The order of succession should provide sufficient flexibility to ensure an available and suitably qualified Executive Manager can assume the role.

Where the first nominated Executive Manager is unavailable or unable to act, the next available Executive Manager identified in the order of succession may assume the role.





An appointment under the succession arrangement will remain in effect only for the period permitted by this policy and applicable legislation, or until Council determines otherwise.

Where no person identified through the succession arrangement is available or eligible to act, the matter is to be referred to Council as soon as practicable to determine an appropriate appointment.

Vacancy in the Office of CEO

Where the office of CEO becomes vacant, or circumstances arise that cannot appropriately be managed through the Acting CEO arrangements contained in this policy, Council will determine the appointment of an Acting or Temporary CEO in accordance with the Local Government Act 1995 and applicable regulations.

Authority of Acting CEO

During the period of appointment, an Acting CEO is authorised to perform the functions, duties and responsibilities of the CEO, subject to:

- the Local Government Act 1995 and other applicable legislation;
- Council delegations;
- Council policies and resolutions;
- any limitations applying to the substantive CEO; and
- any specific limitations lawfully imposed on the Acting CEO appointment.

The appointment of an Acting CEO does not provide authority beyond that which may lawfully be exercised by the CEO.

Remuneration and Conditions of Acting or Temporary CEO

Acting CEO: Unless Council otherwise resolves, an Executive Manager appointed as Acting CEO shall be remunerated a cash component at 100% of the cash component only of the Substantive CEO's total reward package.

Temporary CEO: The remuneration and benefits to be offered to a Temporary CEO when entering a contract in accordance with the requirements of s5.39(1) and (2)(a) of the Act shall be determined by an absolute majority of Council.

Subject to relevant advice, the Council retains the right to terminate or change by absolute majority resolution any Temporary CEO appointment.

DEFINITIONS

Acting CEO: An Executive Manager who has been appointed by the CEO to perform the role and responsibilities of the CEO for a period of up to 8 weeks.





Temporary CEO: A person who has been appointed by Council resolution to perform the role and responsibilities of the CEO for any period, but not exceeding 1 year.

Executive Manager: An employee occupying an Executive Manager position within the Shire's organisational structure who has the appropriate knowledge, experience, qualifications and skills to perform the functions of CEO.

Incapacitated: No longer able to perform their usual duties due to unplanned emergency, illness or medical episode.

Planned Leave: Annual Leave, Executive Leave, Leave Without Pay, Long Service Leave.





EME008		DESIGNATED SENIOR EMPLOYEES	
POLICY OWNER:	Council		
DEPARTMENT:	Office of the CEO		
CREATION DATE:	23/08/2022	REVIEW SCHEDULE:	Annually
RELATED PROCEDURES:	N/A		
RELATED FORMS:	N/A		
RELATED DELEGATIONS:	N/A		
RELATED POLICIES:	N/A		
LEGISLATION:	s5.36, 5.37 Local Government Act 1995,		
DOCUMENT CONTROL			
DATE REVIEWED:	REVIEWED BY:	CHANGES (IF ANY):	ENDORSED BY COUNCIL:
23/08/2022	Council	Nil	FC7/8/22
28/03/2023	Council	Nil	FC 5/3/23
26/03/2024	Council	Nil	OCM 07/03/24
xx/08/2026	Council	Major	

EME008 Designated Senior Employees

OBJECTIVES

To designate positions within the organisation that are classified as 'Senior Employees' in accordance with s5.37 of the Act.

POLICY STATEMENT/S

1.0 The Chief Executive Officer (CEO) is the only Designated Senior Employee employed by the Local Government by virtue of Section 5.36 of the Local Government Act (WA) 1995 (the Act). As per the Act, the provisions of the proposed employment contract for the CEO, under S5.36 requires an absolute majority decision of Council. The Chief Executive Officer is appointed and employed by the Local Government in accordance with section 5.36 of the Local Government Act 1995 and other applicable legislative requirements.

The CEO is accountable to Council for the performance of the CEO's functions.

~~1.0~~

2.0 Council does not designate any employee positions as Senior Employees under section 5.37 of the Local Government Act 1995.

Executive Managers and other employees are appointed and managed by the CEO in accordance with the CEO's statutory responsibility for the administration of the Shire.

An Executive Manager may be appointed to perform the functions of Acting CEO in accordance with EME005 – CEO Leave, Appointment of Acting or Temporary CEO. Appointment as Acting CEO does not alter the substantive employment status of the Executive Manager or designate the substantive position as a Senior Employee under section 5.37.

Commented [RK1]: Better clarifies the distinction between operational (CEO) and strategic (Council). Acting CEO and Exec Managers are addressed in Acting CEO Policy.





2.0

DEFINITIONS

Executive Manager: An employee occupying an Executive Manager position within the Shire's organisational structure.

Senior Employee: An employee occupying a position designated by Council as a Senior Employee position under section 5.37 of the Local Government Act 1995.







EME008		DESIGNATED SENIOR EMPLOYEES	
POLICY OWNER:	Council		
DEPARTMENT:	Office of the CEO		
CREATION DATE:	23/08/2022	REVIEW SCHEDULE:	Annually
RELATED PROCEDURES:	N/A		
RELATED FORMS:	N/A		
RELATED DELEGATIONS:	N/A		
RELATED POLICIES:	N/A		
LEGISLATION:	s5.36, 5.37 Local Government Act 1995,		
DOCUMENT CONTROL			
DATE REVIEWED:	REVIEWED BY:	CHANGES (IF ANY):	ENDORSED BY COUNCIL:
23/08/2022	Council	Nil	FC7/8/22
28/03/2023	Council	Nil	FC 5/3/23
26/03/2024	Council	Nil	OCM 07/03/24
XX/08/2026	Council	Major	

EME008 Designated Senior Employees

OBJECTIVES

To designate positions within the organisation that are classified as 'Senior Employees' in accordance with s5.37 of the Act.

POLICY STATEMENT/S

- 1.0 The Chief Executive Officer is appointed and employed by the Local Government in accordance with section 5.36 of the Local Government Act 1995 and other applicable legislative requirements.

The CEO is accountable to Council for the performance of the CEO's functions.

- 2.0 Council does not designate any employee positions as Senior Employees under section 5.37 of the Local Government Act 1995.

Executive Managers and other employees are appointed and managed by the CEO in accordance with the CEO's statutory responsibility for the administration of the Shire.

An Executive Manager may be appointed to perform the functions of Acting CEO in accordance with EME005 – CEO Leave, Appointment of Acting or Temporary CEO. Appointment as Acting CEO does not alter the substantive employment status of the Executive Manager or designate the substantive position as a Senior Employee under section 5.37.

DEFINITIONS





Executive Manager: An employee occupying an Executive Manager position within the Shire's organisational structure.

Senior Employee: An employee occupying a position designated by Council as a Senior Employee position under section 5.37 of the Local Government Act 1995.





CF014		INVESTMENTS	
POLICY OWNER:	Council		
DEPARTMENT:	Office of the CEO	RESPONSIBLE OFFICER:	Executive Manager Corporate Strategy & Performance@CE&O
CREATION DATE:	23/08/2022	REVIEW SCHEDULE:	Annually
RELATED PROCEDURES:			
RELATED FORMS:			
RELATED DELEGATIONS:			
RELATED POLICIES:			
LEGISLATION:	s6.14 Local Government Act 1995 Trustees Amendment Act 1997 Reg 19 Local Government (Financial Management) Regulations 1996		
DOCUMENT CONTROL			
DATE REVIEWED:	REVIEWED BY:	CHANGES (IF ANY):	ENDORSED BY COUNCIL:
23/08/2022	Council	Nil	FC7/8/22
28/11/2023	Council	Nil	OCM 11/11/23
24/09/2024	Council	Nil	OCM03/09/24

CF014 Investments

OBJECTIVES

To invest the Shire's surplus funds, with consideration of risk and the most favourable rate of interest available to it at the time, for that investment type, whilst ensuring that the Shire's liquidity requirements are being met.

POLICY STATEMENT/S

Authorised Institution - means an Australian registered bank in accordance with the Banking Act. While exercising the power to invest, consideration is to be given in preservation of capital, liquidity, and the return of investment.

Preservation of capital is the principal objective of the investment portfolio. Investments are to be performed in a manner that seeks to ensure security and safeguarding the investment portfolio. This includes managing credit and interest rate risk within identified thresholds and parameters.

The investment portfolio will ensure there is sufficient liquidity to meet all reasonably anticipated cash flow requirements, as and when they fall due, without incurring significant costs due to the unanticipated sale of investment.

The investment is expected to achieve a predetermined market average rate of return that considers the ~~council's~~ Council's risk tolerance. Any additional return target set by ~~council~~ Council will also consider the risk limitation and prudent investment principles.

Approved Investments

With approvals from Council, investments are limited to:





- State/Commonwealth Government Bonds with a term of maturity not exceeding three years,
- Fixed term deposits placed with an authorised institution for a term not exceeding 12 months,
- Interest bearing deposits placed with an authorised institution

Prohibited Investments

This Policy prohibits any investment carried out for speculative purposes including the following:

- Derivative based instruments,
- Principle only investments or securities that provide potentially nil or negative cash flow, and
- Stand-alone securities issued that have underlying futures, options, forward contracts, and swaps of any kind,
- The use of leverage (borrowing to invest) of any investment.
- Deposits with any institution other than an authorised institution.
- Deposits for a fixed term of more than 12 months.
- Investment in bonds that are not guaranteed by the Commonwealth Government, or a State or Territory Government.
- Investment in bonds with a term of maturity of more than three years.
- Investment in a foreign currency
- ~~Investment opportunity to be considered by Council~~

Risk Management

Investments obtained are to comply with the following three criteria:

Overall Portfolio Limits

To control the credit quality on the entire portfolio, the following credit framework limits the percentage of the portfolio exposed to any credit rating category:

S&P LONG TERM RATING	S&P SHORT TERM RATING	DIRECT INVESTMENT MAXIMUM
AAA	A-1+	100%
AA	A-1	100%
A	A-2	100%

Counterparty Credit Framework

~~Framework~~ The Shire of Carnarvon ~~will may~~ invest funds with authorised financial institutions that provide a service to the local community by establishing branches or agencies in the Shire of Carnarvon, ~~conditional on the institution maintaining~~.

~~Such institutions must maintain~~ a minimum Standard and Poors rating of A for short term investments.

Term to Maturity Framework

OVERALL PORTFOLIO TERM TO MATURITY LIMITS	
Portfolio % < 1 Year	100% maximum, 40% minimum



Commented [NH51]: I don't understand why this is here. Are we saying Council can adopt a policy on what investments can be made, but part of the policy includes a prohibition on the Council deciding on an investment?

Formatted: Strikethrough



Portfolio % 1-3 Years	60%
-----------------------	-----

Performance Measurement

Performance benchmarks will be as follows:

INVESTMENT	PERFORMANCE BENCHMARK
Cash	Cash rate
Enhanced/Direct investments	UBSWA Bank Bill Rate
Diversified Funds	CPI + appropriate margin over rolling 3-year periods (depending on composition of fund)

Report and Review Compliance Requirements

A monthly report will be provided to Council in support of the monthly Statement of Financial Activity. The report will detail the investment portfolio in terms of performance, percentage exposure of total portfolio and maturity date.

Documentary evidence must be held for each investment and details thereof maintained in the Investment Register.

Certificates must be obtained from the financial institutions confirming the amounts of investments held on the Council's behalf as of 30 June each year and reconciled to the Investment Register.

Commented [RK52]: Removed as provided in Monthly Financial Report and reconciled monthly internally.

ExcellenceAuthenticityCouragePassionCohesionHumilityRespect & Inclusion

167



CF014		INVESTMENTS	
POLICY OWNER:	Council		
DEPARTMENT:	Office of the CEO	RESPONSIBLE OFFICER:	Executive Manager Corporate Strategy & Performance
CREATION DATE:	23/08/2022	REVIEW SCHEDULE:	Annually
RELATED PROCEDURES:			
RELATED FORMS:			
RELATED DELEGATIONS:			
RELATED POLICIES:			
LEGISLATION:	s6.14 Local Government Act 1995 Trustees Amendment Act 1997 Reg 19 Local Government (Financial Management) Regulations 1996		
DOCUMENT CONTROL			
DATE REVIEWED:	REVIEWED BY:	CHANGES (IF ANY):	ENDORSED BY COUNCIL:
23/08/2022	Council	Nil	FC7/8/22
28/11/2023	Council	Nil	OCM 11/11/23
24/09/2024	Council	Nil	OCM03/09/24

CF014 Investments

OBJECTIVES

To invest the Shire's surplus funds, with consideration of risk and the most favourable rate of interest available to it at the time, for that investment type, whilst ensuring that the Shire's liquidity requirements are being met.

POLICY STATEMENT/S

Authorised Institution - means an Australian registered bank in accordance with the Banking Act. While exercising the power to invest, consideration is to be given in preservation of capital, liquidity, and the return of investment.

Preservation of capital is the principal objective of the investment portfolio. Investments are to be performed in a manner that seeks to ensure security and safeguarding the investment portfolio. This includes managing credit and interest rate risk within identified thresholds and parameters.

The investment portfolio will ensure there is sufficient liquidity to meet all reasonably anticipated cash flow requirements, as and when they fall due, without incurring significant costs due to the unanticipated sale of investment.

The investment is expected to achieve a predetermined market average rate of return that considers the Council's risk tolerance. Any additional return target set by Council will also consider the risk limitation and prudent investment principles.

Approved Investments





With approvals from Council, investments are limited to:

- State/Commonwealth Government Bonds with a term of maturity not exceeding three years,
- Fixed term deposits placed with an authorised institution for a term not exceeding 12 months,
- Interest bearing deposits placed with an authorised institution

Prohibited Investments

This Policy prohibits any investment carried out for speculative purposes including the following:

- Derivative based instruments,
- Principle only investments or securities that provide potentially nil or negative cash flow, and
- Stand-alone securities issued that have underlying futures, options, forward contracts, and swaps of any kind,
- The use of leverage (borrowing to invest) of any investment.
- Deposits with any institution other than an authorised institution.
- Deposits for a fixed term of more than 12 months.
- Investment in bonds that are not guaranteed by the Commonwealth Government, or a State or Territory Government.
- Investment in bonds with a term of maturity of more than three years.
- Investment in a foreign currency

Risk Management

Investments obtained are to comply with the following three criteria:

Overall Portfolio Limits

To control the credit quality on the entire portfolio, the following credit framework limits the percentage of the portfolio exposed to any credit rating category:

S&P LONG TERM RATING	S&P SHORT TERM RATING	DIRECT INVESTMENT MAXIMUM
AAA	A-1+	100%
AA	A-1	100%
A	A-2	100%

Counterparty Credit Framework The Shire of Carnarvon may invest funds with authorised financial institutions that provide a service to the local community by establishing branches or agencies in the Shire of Carnarvon, conditional on the institution maintaining a minimum Standard and Poors rating of A for short term investments.

Term to Maturity Framework

OVERALL PORTFOLIO TERM TO MATURITY LIMITS	
Portfolio % < 1 Year	100% maximum, 40% minimum





Portfolio % 1-3 Years	60%
-----------------------	-----

Performance Measurement

Performance benchmarks will be as follows:

INVESTMENT	PERFORMANCE BENCHMARK
Cash	Cash rate
Enhanced/Direct investments	UBSWA Bank Bill Rate
Diversified Funds	CPI + appropriate margin over rolling 3-year periods (depending on composition of fund)

Report and Review Compliance Requirements

A monthly report will be provided to Council in support of the monthly Statement of Financial Activity. The report will detail the investment portfolio in terms of performance, percentage exposure of total portfolio and maturity date.

Documentary evidence must be held for each investment and details thereof maintained in the Investment Register.

Certificates must be obtained from the financial institutions confirming the amounts of investments held on the Council's behalf as of 30 June each year and reconciled to the Investment Register.





CD006		EXTERNAL GRANTS – PROCUREMENT AND GRANTS	
POLICY OWNER:	Council		
DEPARTMENT:	Office of the CEO		
CREATION DATE:		REVIEW SCHEDULE:	Annually - December
RELATED PROCEDURES:			
RELATED FORMS:			
RELATED DELEGATIONS:			
RELATED POLICIES:	Procurement Policy		
LEGISLATION:	State Records Act 2000		
DOCUMENT CONTROL			
DATE REVIEWED:	REVIEWED BY:	CHANGES (IF ANY):	ENDORSED BY COUNCIL:
August 2022	Council	Nil	FC 7/8/22
13/12/2022	Council	Nil	FC 4/12/22
28/05/2024	Council	Minor Changes: Refer to Council Minutes	OCM 12/05/24

CD006 External grants – procurement and grants

OBJECTIVES

To provide parameters around procurement, compliance, and management of external grant funding (funds coming into the Shire).

POLICY STATEMENT/S

This Policy applies to the application process, acceptance, and ongoing administration of an external grant.

Introduction

External grant funding can provide a means for the Shire to fund responsibilities that general rate revenue may not be able to fund. Grant funding is generally seen as an attractive form of funding but there can be negative consequences. There is risk involved in not meeting all the grant requirements along with potentially committing the Shire to ongoing operational/maintenance requirements.

A financial contribution from Council is often required. The source of the Council contribution should be identified before applying for funding. Projects and programs to be funded by grants must be consistent with the Shire's strategic priorities set out in the Strategic Community Plan.

The simple availability of funding is not a sufficient reason to pursue an external grant.

The Shire needs to have appropriate processes and procedures to maximise benefits and minimise risks.

This policy needs to be read in conjunction with [the Council's Integrated Planning and Reporting \(Planning\) Policy](#), and [Purchasing Policy](#).

Formatted: Font: (Default) +Body (Calibri)





Principles

- Grant funding produces an outcome that is aligned with the Shire's strategic objectives set out in the Strategic Community Plan, the Corporate Business Plan, and Long-Term Financial Plan.
- The holistic benefits of receiving the grant should outweigh the costs to the Shire, including whole of life costs.
- Effective administration of the grant must be able to be undertaken.

Provisions

Strategic Fit

The Shire of Carnarvon will actively scan the external grant funding environment to:

- identify grant sources which are consistent with identified strategic direction,
- identify grant sources which may in part be relevant to strategic direction but have some provisions which may be inconsistent or be in some tension with identified direction,
- identify assumptions which would be built into the long-term financial planning and strategic planning processes and the level of robustness;
- identify trends or emerging changes to external grants funding parameters which may have an impact on proposed programs or projects.

Where a potential grant source under the above is identified, the CEO and ELT will review the risks and benefits of pursuing that funding path and decide on whether it wishes to seek the relevant funding, after consideration of strategic and long-term benefits.

The Council will be provided with information on the trends identified above as part of budget and review cycles. Where grant funds are identified, an item will be put to the Council to review the risks and benefits of accepting the grant funding and decide on whether it wishes to accept the relevant funding, after consideration of any strategic and long-term benefits.

Where the commitment of Council funds is no more than \$10,000 the acceptance of the grant funds can be at the discretion of the CEO.

Where changing trends in grants funding or cessation of a grant could have an impact on the Shire's financial position in the long term, this must be reported as part of the Integrated Planning and Reporting review cycle.

Analysis of Potential Grants

Any analysis on whether to proceed with an application for funding will:

- consider whether there needs to be matching funding by the Shire and/or in-kind costs,
- assess current resource allocation and capacity (financial, human resources etc.) and the capacity to manage the program or project over time,

Excellence

Authenticity

Energy

Passion

Connection

Humility

Respect & Inclusion

223

Deleted: (d)

Commented [NH69]: This should be included as a task in Attain's Corporate Calendar.

Commented [NH70]: A figure that is too low will burden the organisation and Council more than the grant will add value.

Deleted: 5



- assess ongoing maintenance and asset renewal impacts to the Shire,
- identify associated procurement requirements,
- identify whether feasibility and design stages for a significant capital project have been completed,
- consider audit and other associated close out costs.

Overall, a cost/benefit analysis must ensure the benefits to the Shire outweigh the costs.

The terms and conditions of the grant must be fully understood and must be achievable.

Decision to Proceed and Accept Grant Funds

Where a project has been identified in the Corporate Business Plan and the Long-Term Financial Plan as proceeding if external funding is available and that funding has come available, a report will be prepared for Council which:

- sets out the funding analysis as required by this Policy,
- identifies whether the timing of the project is now achievable and what, if any, other projects need to be modified or ~~deferred~~ to accommodate the project if funding is granted,
- provides a recommendation as to whether funding should be accepted.

The Chief Executive Officer must approve all external grant application documentation.

Where external funding ~~potential~~ has been identified outside the Corporate Business Plan and the Long-Term Financial plan, a formal Council resolution will be required to apply for ~~that~~ funding.

The report to council will need to specify all information as required under this Policy and a clear description of the long-term benefits for the Shire and/ or Community.

Grant Administration

~~External grants must be administered in accordance with the applicable funding agreement and the Shire's financial management, procurement, project management, records management and internal control requirements.~~

~~A central Grant Register must be maintained to support oversight of the Shire's external grant funding.~~

~~The Grant Register should record, as applicable:~~

- ~~• grant applications and outcomes;~~
- ~~• funding amounts and Shire contributions;~~
- ~~• funding agreements;~~
- ~~• responsible officers;~~

Deleted: pushed out

Deleted: possible

Deleted: the





- key milestones and deliverables;
- reporting and acquittal requirements;
- relevant due dates; and
- completion and acquittal status.

Responsible officers must monitor grant-funded activities to ensure funding conditions, milestones, reporting requirements and acquittal obligations are met.

Material non-compliance, significant project variations or circumstances that may result in funding being withdrawn or required to be repaid must be escalated in accordance with the Shire's internal governance and risk management processes.

A project plan and timeline will be established to ensure the grant is administered effectively and is compliant.

The acquittal of the grant must be undertaken according to requirements to minimise the risk of funds needing to be returned for non-compliance.

Procurement

All procurement associated with grant-funded activities must comply with applicable legislation and the Shire's Purchasing Policy and procurement requirements.

The existence of grant funding does not remove or override the Shire's procurement obligations.

Records Management

Records of all grant applications must be retained in compliance with the State Records Act 2000 (WA) and Shire procedures as they relate to record keeping.

Commented [RK71]: In line with Interim Audit expectations

Commented [RK72]: Deleted - Internal process not policy

Deleted: Where applicable, a new cost code should be established in the financial system to capture grant related income and expenditure. This should include a process to easily identify allowable and non-allowable costs.¶

Commented [RK73]: Procurement policy stills needs to be followed

Formatted: Underline

Excellence

Authenticity

Courage

Passion

Cohesion

Humility

Respect & Inclusion

225



CD006		EXTERNAL GRANTS – PROCUREMENT AND GRANTS	
POLICY OWNER:	Council		
DEPARTMENT:	Office of the CEO		
CREATION DATE:		REVIEW SCHEDULE:	Annually - December
RELATED PROCEDURES:			
RELATED FORMS:			
RELATED DELEGATIONS:			
RELATED POLICIES:	Procurement Policy		
LEGISLATION:	State Records Act 2000		
DOCUMENT CONTROL			
DATE REVIEWED:	REVIEWED BY:	CHANGES (IF ANY):	ENDORSED BY COUNCIL:
August 2022	Council	Nil	FC 7/8/22
13/12/2022	Council	Nil	FC 4/12/22
28/05/2024	Council	Minor Changes: Refer to Council Minutes	OCM 12/05/24

CD006 External grants – procurement and grants

OBJECTIVES

To provide parameters around procurement, compliance, and management of external grant funding (funds coming into the Shire).

POLICY STATEMENT/S

This Policy applies to the application process, acceptance, and ongoing administration of an external grant.

Introduction

External grant funding can provide a means for the Shire to fund responsibilities that general rate revenue may not be able to fund. Grant funding is generally seen as an attractive form of funding but there can be negative consequences. There is risk involved in not meeting all the grant requirements along with potentially committing the Shire to ongoing operational/maintenance requirements.

A financial contribution from Council is often required. The source of the Council contribution should be identified before applying for funding. Projects and programs to be funded by grants must be consistent with the Shire's strategic priorities set out in the Strategic Community Plan.

The simple availability of funding is not a sufficient reason to pursue an external grant.

The Shire needs to have appropriate processes and procedures to maximise benefits and minimise risks.

This policy needs to be read in conjunction with the Council's Integrated Planning and Reporting (Planning) Policy, and Purchasing Policy.

Principles





- Grant funding produces an outcome that is aligned with the Shire's strategic objectives set out in the Strategic Community Plan, the Corporate Business Plan, and Long-Term Financial Plan.
- The holistic benefits of receiving the grant should outweigh the costs to the Shire, including whole of life costs.
- Effective administration of the grant must be able to be undertaken.

Provisions

Strategic Fit

The Shire of Carnarvon will actively scan the external grant funding environment to:

- identify grant sources which are consistent with identified strategic direction,
- identify grant sources which may in part be relevant to strategic direction but have some provisions which may be inconsistent or be in some tension with identified direction,
- identify assumptions which would be built into the long-term financial planning and strategic planning processes and the level of robustness;
- identify trends or emerging changes to external grants funding parameters which may have an impact on proposed programs or projects.

Where a potential grant source under the above is identified, the CEO and ELT will review the risks and benefits of pursuing that funding path and decide on whether it wishes to seek the relevant funding, after consideration of strategic and long-term benefits.

The Council will be provided with information on the trends identified above as part of budget and review cycles. Where grant funds are identified, an item will be put to the Council to review the risks and benefits of accepting the grant funding and decide on whether it wishes to accept the relevant funding, after consideration of any strategic and long-term benefits.

Where the commitment of Council funds is no more than \$10,000 the acceptance of the grant funds can be at the discretion of the CEO.

Where changing trends in grants funding or cessation of a grant could have an impact on the Shire's financial position in the long term, this must be reported as part of the Integrated Planning and Reporting review cycle.

Analysis of Potential Grants

Any analysis on whether to proceed with an application for funding will:

- consider whether there needs to be matching funding by the Shire and/or in-kind costs,
- assess current resource allocation and capacity (financial, human resources etc.) and the capacity to manage the program or project over time,
- assess ongoing maintenance and asset renewal impacts to the Shire,





- identify associated procurement requirements,
- identify whether feasibility and design stages for a significant capital project have been completed,
- consider audit and other associated close out costs.

Overall, a cost/benefit analysis must ensure the benefits to the Shire outweigh the costs.

The terms and conditions of the grant must be fully understood and must be achievable.

Decision to Proceed and Accept Grant Funds

Where a project has been identified in the Corporate Business Plan and the Long-Term Financial Plan as proceeding if external funding is available and that funding has come available, a report will be prepared for Council which:

- sets out the funding analysis as required by this Policy,
- identifies whether the timing of the project is now achievable and what, if any, other projects need to be modified or deferred to accommodate the project if funding is granted,
- provides a recommendation as to whether funding should be accepted.

The Chief Executive Officer must approve all external grant application documentation.

Where external funding potential has been identified outside the Corporate Business Plan and the Long-Term Financial plan, a formal Council resolution will be required to apply for that funding.

The report to council will need to specify all information as required under this Policy and a clear description of the long-term benefits for the Shire and/or Community.

Grant Administration

External grants must be administered in accordance with the applicable funding agreement and the Shire's financial management, procurement, project management, records management and internal control requirements.

A central Grant Register must be maintained to support oversight of the Shire's external grant funding.

The Grant Register should record, as applicable:

- grant applications and outcomes;
- funding amounts and Shire contributions;
- funding agreements;
- responsible officers;
- key milestones and deliverables;
- reporting and acquittal requirements;





- relevant due dates; and
- completion and acquittal status.

Responsible officers must monitor grant-funded activities to ensure funding conditions, milestones, reporting requirements and acquittal obligations are met.

Material non-compliance, significant project variations or circumstances that may result in funding being withdrawn or required to be repaid must be escalated in accordance with the Shire's internal governance and risk management processes.

A project plan and timeline will be established to ensure the grant is administered effectively and is compliant.

The acquittal of the grant must be undertaken according to requirements to minimise the risk of funds needing to be returned for non-compliance.

Procurement

All procurement associated with grant-funded activities must comply with applicable legislation and the Shire's Purchasing Policy and procurement requirements.

The existence of grant funding does not remove or override the Shire's procurement obligations.

Records Management

Records of all grant applications must be retained in compliance with the State Records Act 2000 (WA) and Shire procedures as they relate to record keeping.





CF012		RATES CHARGES	
POLICY OWNER:	Council		
DEPARTMENT:	Office of the CEO	RESPONSIBLE OFFICER:	Executive Manager Corporate Strategy & Performance
CREATION DATE:	23/08/2022	REVIEW SCHEDULE:	Annually
RELATED PROCEDURES:			
RELATED FORMS:			
RELATED DELEGATIONS:			
RELATED POLICIES:	Recovery of Rates Debt Collection		
LEGISLATION:			
DOCUMENT CONTROL			
DATE REVIEWED:	REVIEWED BY:	CHANGES (IF ANY):	ENDORSED BY COUNCIL:
23/08/2022	Council	Nil	FC7/8/22
28/11/2023	Council	Nil	OCM 11/11/23
24/09/2024	Council	Nil	OCM03/09/24

CF012 Rates Charges

OBJECTIVES

To establish an equitable and consistent framework for the payment of rates and service charges, including instalment options, interest and alternative payment arrangements.

POLICY STATEMENT/S

In accordance with the Local Government Act 1995, charges relating to rates may be paid using instalments options within a prescribed timeframe. If payments are made outside the required timeframes, penalty interest rates will apply.

Furthermore, if a payment option and/or a payment arrangement are made with the Council then administration charges will apply. The administration charge on Pre-paid Direct Debit arrangements will be a one-off basis where the direct debit continues into the following year.

The following payments options, timeframes, discounts, charges, and interest rates shall apply to all rateable properties

Payment Options

Option 1 - One payment in full, consisting of rates and other Charges and due 35 Days following issue of rate notice.

Option 2 - Two Payments (50% each) and due by: 1st Instalment 35 Days following issue of rate notice, and 2nd Instalment 98 Days after due date of 1st Instalment.

Deleted: DCEO

Commented [RK51]: Expanded on current wording

Deleted: To provide equitable approaches for ratepayers in settling payment of their rates.





The Shire must provide an option for four equal instalments and where a ratepayer elects to pay by instalments, an interval of at least 2 months must be given between the second and subsequent instalments.

- 1st Instalment due 35 Days following issue of rate notice
- 2nd Instalment due 63 Days after due date of 1st Instalment
- 3rd Instalment due 63 Days after due date of 2nd Instalment
- 4th Instalment due 63 Days after due date of 3rd Instalment

Late Payment Interest

A late payment interest charge is payable on outstanding rates and charges calculated at a rate set in the annual budget.

The late payment interest charge will apply to all current rates and charges remaining unpaid 35 days from the date of issue of the rate notice. Interest will be calculated and updated daily.

Unpaid rates and charges from previous years, i.e., rate arrears, will also attract late payment charges, calculated at the rate set in the annual budget.

Instalments and Arrangements Administration Fees and Interest Charges

The Council may impose administration fees and interest charges for payment of rates and charges by instalments.

Interest charges and administration fees will be at a rate set in the annual budget.

Direct Debit Option

An administration fee at a rate set in the annual budget will be charged on setting up of this option. Ongoing deductions will not incur any further administration charge in subsequent rating years.

No interest is charged on this option.

DEBT RECOVERY

Rates and service charges that remain outstanding will be managed in accordance with the Shire's applicable rates recovery and debt collection policies and procedures.

Deleted: if they remain unpaid

Formatted: Underline

Commented [RK52]: Debt collection is addressed through Debt Collection Policy





CF012		RATES CHARGES	
POLICY OWNER:	Council		
DEPARTMENT:	Office of the CEO	RESPONSIBLE OFFICER:	Executive Manager Corporate Strategy & Performance
CREATION DATE:	23/08/2022	REVIEW SCHEDULE:	Annually
RELATED PROCEDURES:			
RELATED FORMS:			
RELATED DELEGATIONS:			
RELATED POLICIES:			
LEGISLATION:			
DOCUMENT CONTROL			
DATE REVIEWED:	REVIEWED BY:	CHANGES (IF ANY):	ENDORSED BY COUNCIL:
23/08/2022	Council	Nil	FC7/8/22
28/11/2023	Council	Nil	OCM 11/11/23
24/09/2024	Council	Nil	OCM03/09/24

CF012 Rates Charges

OBJECTIVES

To provide equitable approaches for ratepayers in settling payment of their rates.

POLICY STATEMENT/S

In accordance with the Local Government Act 1995, charges relating to rates may be paid using instalments options within a prescribed timeframe. If payments are made outside the required timeframes, penalty interest rates will apply.

Furthermore, if a payment option and/or a payment arrangement are made with the Council then administration charges will apply. The administration charge on Pre-paid Direct Debit arrangements will be a one-off basis where the direct debit continues into the following year.

The following payments options, timeframes, discounts, charges, and interest rates shall apply to all rateable properties

Payment Options

Option 1 - One payment in full, consisting of rates and other Charges and due 35 Days following issue of rate notice.

Option 2 – Two Payments (50% each) and due by: 1st Instalment 35 Days following issue of rate notice, and 2nd Instalment 98 Days after due date of 1st Instalment.

The Shire must provide an option for four equal instalments and where a ratepayer elects to pay by instalments, an interval of at least 2 months must be given between the second and subsequent instalments.





1st Instalment due 35 Days following issue of rate notice

2nd Instalment due 63 Days after due date of 1st Instalment

3rd Instalment due 63 Days after due date of 2nd Instalment

4th Instalment due 63 Days after due date of 3rd Instalment

Late Payment Interest

A late payment interest charge is payable on outstanding rates and charges calculated at a rate set in the annual budget.

The late payment interest charge will apply to all current rates and charges remaining unpaid 35 days from the date of issue of the rate notice. Interest will be calculated and updated daily.

Unpaid rates and charges from previous years, i.e., rate arrears, will also attract late payment charges, calculated at the rate set in the annual budget .

Instalments and Arrangements Administration Fees and Interest Charges

The Council may impose administration fees and interest charges for payment of rates and charges by instalments.

Interest charges and administration fees will be at a rate set in the annual budget.

Direct Debit Option

An administration fee at a rate set in the annual budget will be charged on setting up of this option. Ongoing deductions will not incur any further administration charge in subsequent rating years.

No interest is charged on this option.





CF009		LOANS AND BORROWING	
POLICY OWNER:	Council		
DEPARTMENT:	Office of the CEO	RESPONSIBLE OFFICER	Executive Manager Corporate Strategy & Performance@CEO
CREATION DATE:	23/08/2022	REVIEW SCHEDULE:	Annually
RELATED PROCEDURES:			
RELATED FORMS:			
RELATED DELEGATIONS:			
RELATED POLICIES:			
LEGISLATION:	reg 38 (1) (f) Local Government (Financial Management) Regulations 1996		
DOCUMENT CONTROL			
DATE REVIEWED:	REVIEWED BY:	CHANGES (IF ANY):	ENDORSED BY COUNCIL:
23/08/2022	Council	Nil	FC7/8/22
28/11/2023	Council	Nil	OCM 11/11/23
24/09/2024	Council	Nil	OCM03/09/24

CF009 Loans and Borrowing

OBJECTIVES

To affirm that the preferred policy position of Council is to minimise debt, and should that not be practicable, to set out the circumstances in which Council may consider Borrowings or Other Financial Accommodation to fund the acquisition, renewal, or construction of specified assets and to provide guidance as to the appropriate terms of any such borrowing.

POLICY STATEMENT/S

Whilst the preferred policy position of the Shire of Carnarvon is to minimise debt (except for Self-Supporting loans), the Shire recognises that for the acquisition, renewal, or construction of assets, it may require the prudent use of loan borrowings, debt instruments or other finance or capital raising methods from time to time.

The following principles are to be applied when considering undertaking borrowings or other asset financing:

Operating Expenditure

The Shire will not borrow money (other than by way of Excluded Borrowings) to fund operating expenditure.

This type of expenditure should be funded through operating revenue streams such as rates, fees and charges or operating grants.

Recurrent Capital Expenditure

The Shire will not borrow money or obtain debt finance (other than by way of Excluded Borrowings) to fund the acquisition, replacement or renewal of assets that is expected to occur on an annual or similar basis at approximately the same level each year (i.e., recurrent capital works). Examples of this





type of expenditure are road resurfacing, plant replacement, information technology and office equipment acquisitions and replacement.

This type of expenditure shall be funded through operating revenue streams such as rates and fees and charges.

Borrowing Term

The term of the Borrowing or Other Financial Accommodation shall be set having due regard to the Economic Life of the asset being acquired or constructed.

Should the Shire decide to borrow funds, the term of the borrowing shall generally not be greater than half of the Economic Life of the asset being acquired or constructed.

This is to enable the Shire to use the remaining economic half-life to set sufficient funds aside in a sinking or reserve fund to renew or replace that asset, should that be required, at the end of its Economic Life. _____

The Shire will not generally borrow funds (other than by way of Excluded Borrowings) to acquire an asset that has an economic life of less than five (5) years.

Borrowing Ratios

Prior to undertaking any borrowing, the Shire shall assess its capacity to pay, to ensure that the community is not burdened with unnecessary risk.

The Shire will report on its capacity to pay on an annual basis and publish the results in its annual report. When assessing the borrowing ratios, consideration will be given to the economic earnings potential of the asset being acquired or constructed.

Council will consider the debt serviceability ratios.

Borrowing Considerations

The Council will consider borrowing money for the acquisition or construction of an asset where:

- The asset to be acquired is a new addition to the Shire's asset base or replaces an existing asset with one that is significantly larger and has an economic life of greater than 10 years; or
- All alternative options for undertaking the project without borrowing, have been investigated and proven less advantageous to the Shire; or
- The net assessed income stream and cost savings ~~can be considered~~ from the asset to be acquired or constructed exceeds the cost of borrowing over the life of that asset; or
- Repayments will be met by a third party e.g., self-supporting loans; or

Commented [NH44]: This should be included as a budget consideration via a Corporate Calendar Task in Attain (assuming it isn't already).

Commented [NH45]: This should be included as an Annual Report requirement via a Corporate Calendar Task in Attain (assuming it isn't already).





- The index of the cost of acquisition or construction is increasing at a rate that exceeds the cost of borrowing i.e., to "save" for the acquisition or construction will result in the actual cost being greater than the cost of borrowing the money and acquiring or constructing the asset today.
- As a rule, the benefits received (cost savings or income earned) from undertaking the borrowing should be greater, over the life of the borrowing, than the costs of borrowing.
- Proper and detailed analysis of the costs and benefits of the borrowing has been undertaken and documented.

Definitions:

Excluded Borrowings: is a short-term borrowing that does not have fixed repayment amounts or a fixed repayment period (e.g. a bank overdraft).

Commented [NH46]: I am not sure I fully understand what an Excluded Borrowing is, but we should either (a) include a definition, or (b) delete the term from the above paragraphs. I have added what I think it is, but someone from Finance needs to check/correct.

Commented [RK46R2]: Reviewed definition and bank Overdraft/short term borrowings is still relevant





CF009	LOANS AND BORROWING		
POLICY OWNER:	Council		
DEPARTMENT:	Office of the CEO	RESPONSIBLE OFFICER	Executive Manager Corporate Strategy & Performance
CREATION DATE:	23/08/2022	REVIEW SCHEDULE:	Annually
RELATED PROCEDURES:			
RELATED FORMS:			
RELATED DELEGATIONS:			
RELATED POLICIES:			
LEGISLATION:	reg 38 (1) (f) Local Government (Financial Management) Regulations 1996		
DOCUMENT CONTROL			
DATE REVIEWED:	REVIEWED BY:	CHANGES (IF ANY):	ENDORSED BY COUNCIL:
23/08/2022	Council	Nil	FC7/8/22
28/11/2023	Council	Nil	OCM 11/11/23
24/09/2024	Council	Nil	OCM03/09/24

CF009 Loans and Borrowing

OBJECTIVES

To affirm that the preferred policy position of Council is to minimise debt, and should that not be practicable, to set out the circumstances in which Council may consider Borrowings or Other Financial Accommodation to fund the acquisition, renewal, or construction of specified assets and to provide guidance as to the appropriate terms of any such borrowing.

POLICY STATEMENT/S

Whilst the preferred policy position of the Shire of Carnarvon is to minimise debt (except for Self-Supporting loans), the Shire recognises that for the acquisition, renewal, or construction of assets, it may require the prudent use of loan borrowings, debt instruments or other finance or capital raising methods from time to time.

The following principles are to be applied when considering undertaking borrowings or other asset financing:

Operating Expenditure

The Shire will not borrow money (other than by way of Excluded Borrowings) to fund operating expenditure.

This type of expenditure should be funded through operating revenue streams such as rates, fees and charges or operating grants.

Recurrent Capital Expenditure

The Shire will not borrow money or obtain debt finance (other than by way of Excluded Borrowings) to fund the acquisition, replacement or renewal of assets that is expected to occur on an annual or similar basis at approximately the same level each year (i.e., recurrent capital works). Examples of this





type of expenditure are road resurfacing, plant replacement, information technology and office equipment acquisitions and replacement.

This type of expenditure shall be funded through operating revenue streams such as rates and fees and charges.

Borrowing Term

The term of the Borrowing or Other Financial Accommodation shall be set having due regard to the Economic Life of the asset being acquired or constructed.

Should the Shire decide to borrow funds, the term of the borrowing shall generally not be greater than half of the Economic Life of the asset being acquired or constructed.

This is to enable the Shire to use the remaining economic half-life to set sufficient funds aside in a sinking or reserve fund to renew or replace that asset, should that be required, at the end of its Economic Life.

The Shire will not generally borrow funds (other than by way of Excluded Borrowings) to acquire an asset that has an economic life of less than five years.

Borrowing Ratios

Prior to undertaking any borrowing, the Shire shall assess its capacity to pay, to ensure that the community is not burdened with unnecessary risk.

The Shire will report on its capacity to pay on an annual basis and publish the results in its annual report. When assessing the borrowing ratios, consideration will be given to the economic earnings potential of the asset being acquired or constructed.

Council will consider the debt serviceability ratios.

Borrowing Considerations

The Council will consider borrowing money for the acquisition or construction of an asset where:

- The asset to be acquired is a new addition to the Shire's asset base or replaces an existing asset with one that is significantly larger and has an economic life of greater than 10 years; or
- All alternative options for undertaking the project without borrowing have been investigated and proven less advantageous to the Shire; or
- The net assessed income stream and cost savings from the asset to be acquired or constructed exceeds the cost of borrowing over the life of that asset; or
- Repayments will be met by a third party e.g., self-supporting loans; or





- The index of the cost of acquisition or construction is increasing at a rate that exceeds the cost of borrowing (i.e., to “save” for the acquisition or construction will result in the actual cost being greater than the cost of borrowing the money and acquiring or constructing the asset today).
- As a rule, the benefits received (cost savings or income earned) from undertaking the borrowing should be greater, over the life of the borrowing, than the costs of borrowing.
- Proper and detailed analysis of the costs and benefits of the borrowing has been undertaken and documented.

Definitions:

Excluded Borrowings: is a short-term borrowing that does not have fixed repayment amounts or a fixed repayment period (e.g. a bank overdraft).





DEPARTMENT:	Office of the CEO	REVIEW SCHEDULE:	Executive Manager Corporate Strategy & Performance
CREATION DATE:	23/08/2022	REVIEW SCHEDULE:	Annually
RELATED PROCEDURES:			
RELATED FORMS:			
RELATED DELEGATIONS:			
RELATED POLICIES:			
LEGISLATION:	Local Government Act 1995 Local Government (Financial Management) Regulations 1996		
DOCUMENT CONTROL			
DATE REVIEWED:	REVIEWED BY:	CHANGES (IF ANY):	ENDORSED BY COUNCIL:
23/08/2022	Council	Nil	FC7/8/22
28/11/2023	Council	Nil	OCM 11/11/23
24/09/2024	Council	Minor Changes: Refer minutes of meeting.	OCM03/09/24

CF006 Financial Hardship

OBJECTIVES

This Policy is intended to ensure that we offer fair, equitable, consistent, and dignified support to ratepayers suffering hardship, while treating all members of the community with respect and understanding at difficult times.

This Policy is not intended to provide rate relief to ratepayers who are not able to evidence financial hardship and the statutory provisions of the Local Government Act 1995 and Local Government (Financial Management) Regulations 1996 will apply [in those instances](#).

POLICY STATEMENT/S

This policy applies to:

- Outstanding rates and service charges as at the date of adoption of this policy; and
- Rates and service charges levied

Payment difficulties, hardship, and vulnerability

Payment difficulties, or short-term financial hardship, occur where a change in a person's circumstances result in an inability to pay a rates or service charge debt.

Financial hardship occurs where a person is unable to pay rates and service charges without affecting their ability to meet their basic living needs, or the basic living needs of their dependants.

This policy [applies](#) to all ratepayers experiencing financial hardship regardless of their status [\(e.g. property owner, tenant, business owner\)](#).

Financial Hardship Criteria

Deleted: DCEO

Deleted: To give effect to our commitment to support the whole community to meet unprecedented challenges. The Shire of Carnarvon recognises that these unprecedented challenges will result in financial hardship for our ratepayers.

Deleted: is intended to apply

Deleted: .

Deleted: be they a

Deleted: etc

Excellence

Authenticity

Energy

Passion

Collection

Humility

Respect & Inclusion

132



While evidence of hardship will be required, we recognise that not all circumstances are alike.

We will take a flexible approach to a range of individual circumstances including, but not limited to, the following situations:

- Recent unemployment or under-employment
- Sickness or recovery from sickness
- Low income or loss of income
- Unanticipated circumstances such as caring for and supporting extended family

Assessment

A ratepayer seeking assistance may be required to provide reasonable information to support assessment of their circumstances and capacity to pay.

The level of information requested should be proportionate to the assistance sought and the circumstances of the ratepayer.

In assessing financial hardship, consideration may be given to:

- the circumstances giving rise to the hardship;
- the ratepayer's capacity to make payments;
- previous efforts to meet rates and service charge obligations;
- the amount and age of the outstanding debt;
- the sustainability of any proposed payment arrangement; and
- any other relevant circumstances.

Applications will be assessed fairly, consistently and confidentially.

Ratepayers are encouraged to provide any information about their individual circumstances that may be relevant for assessment.

This may include demonstrating a capacity to make some payment and where possible, entering a payment proposal. We will consider all circumstances, applying the principles of fairness, integrity and confidentiality, whilst complying our statutory responsibilities.

Payment Arrangements

Payment arrangements facilitated in accordance with s6.49 of the Act are to be of an agreed frequency and amount.

These arrangements will consider the following:

- That a ratepayer has made genuine effort to meet rate and service charge obligations in the past,
- The payment arrangement will establish a known end date that is realistic and achievable,





- ~~The ratepayer will be responsible for informing the Shire of Carnarvon of any change in circumstance that jeopardises the agreed payment schedule.~~

Payment arrangements should:

- ~~be realistic and sustainable;~~
- ~~recognise the ratepayer's demonstrated capacity to pay;~~
- ~~provide for regular payments where practicable;~~
- ~~establish an appropriate timeframe for managing the outstanding debt; and~~
- ~~be reviewed where the ratepayer's circumstances materially change.~~

~~Ratepayers are responsible for advising the Shire where a change in circumstances affects their ability to comply with an agreed arrangement.~~

In the case of severe financial hardship, we reserve the right to consider waiving additional charges or interest (excluding the late payment interest applicable to the Emergency Services Levy).

Interest Charges

~~Where permitted by legislation, consideration may be given to the waiver or concession of applicable interest, fees or charges where genuine financial hardship has been demonstrated.~~

~~Any waiver, concession or write-off must be authorised in accordance with the Local Government Act 1995, applicable delegations and Council policy.~~

Deferment of Rates

Deferment of rates may apply for ratepayers who have a Pensioner Card, State Concession Card or Seniors Card and Commonwealth Seniors Health Care Card registered on their property. The deferred rates balance:

- remains as a debt on the property until paid,
- becomes payable in full upon the passing of the pensioner or if the property is sold or if the pensioner ceases to reside in the property,
- may be paid at any time, BUT the concession will not apply when the rates debt is subsequently paid (deferral forfeits the right to any concession entitlement); and
- does not incur penalty interest charges

Debt recovery

We will suspend our debt recovery processes whilst negotiating a suitable payment arrangement with a debtor. ~~If the debtor is~~ unable to make payments in accordance with the agreed payment plan and the debtor advises us and makes an alternative plan before defaulting on the 3rd due payment, then we will continue to suspend debt recovery processes.

Where a ratepayer has not reasonably adhered to the agreed payment plan, then for any Rates and Service Charge debts that remain outstanding at the end of the financial year, we will offer the

Formatted: No bullets or numbering

Deleted: A ratepayer that meets the Financial Hardship Criteria and enters a payment arrangement may request a suspension or waiver of interest charges. Applications will be assessed on a case-by-case basis. ¶

Deleted: and if

Excellence

Authenticity

Energy

Passion

Collection

Humility

Respect & Inclusion

134



ratepayer one further opportunity of adhering to a payment plan that will clear the total debt by the end of the following financial year.

Rates and service charge debts that remain outstanding at the end of the financial year, will then be subject to the ~~Shire's normal debt recovery procedures, including the sale of property option as~~ prescribed in the Local Government Act 1995.

Review

We will establish a mechanism for review of decisions made under this policy and advise the applicant of their right to seek a review and the procedure to be followed.

Communication and Confidentiality

We will always maintain confidential communications, and we undertake to communicate with a nominated support person or other third party at your request.

We will advise ratepayers of this policy and its application, when communicating in any format (i.e., verbal or written) with a ratepayer that has an outstanding rates or service charge debt.

We recognise that applicants for hardship consideration are experiencing additional stressors and may have complex needs. We will provide additional time to respond to communications and will communicate in alternative formats where appropriate. We will ensure all communications with applicants is clear and respectful.

REVIEW OF DECISIONS

~~A ratepayer who is dissatisfied with a decision made under this policy may request an internal review. The review will be undertaken by an officer who was not the original decision-maker, where practicable, and the outcome will be communicated to the ratepayer.~~

Deleted: rates

Formatted: Font: (Default) +Headings (Calibri Light)

Commented [RK42]: Enables a review to ensure fairness

Excellence

Authenticity

Courage

Passion

Connection

Humility

Respect & Inclusion

135



DEPARTMENT:	Office of the CEO	REVIEW SCHEDULE:	Executive Manager Corporate Strategy & Performance
CREATION DATE:	23/08/2022	REVIEW SCHEDULE:	Annually
RELATED PROCEDURES:			
RELATED FORMS:			
RELATED DELEGATIONS:			
RELATED POLICIES:			
LEGISLATION:	Local Government Act 1995 Local Government (Financial Management) Regulations 1996		
DOCUMENT CONTROL			
DATE REVIEWED:	REVIEWED BY:	CHANGES (IF ANY):	ENDORSED BY COUNCIL:
23/08/2022	Council	Nil	FC7/8/22
28/11/2023	Council	Nil	OCM 11/11/23
24/09/2024	Council	Minor Changes: Refer minutes of meeting	OCM03/09/24

CF006 Financial Hardship

OBJECTIVES

This Policy is intended to ensure that we offer fair, equitable, consistent, and dignified support to ratepayers suffering hardship, while treating all members of the community with respect and understanding at difficult times.

This Policy is not intended to provide rate relief to ratepayers who are not able to evidence financial hardship and the statutory provisions of the Local Government Act 1995 and Local Government (Financial Management) Regulations 1996 will apply in those instances.

POLICY STATEMENT/S

This policy applies to:

- Outstanding rates and service charges as at the date of adoption of this policy; and
- Rates and service charges levied

Payment difficulties, hardship, and vulnerability

Payment difficulties, or short-term financial hardship, occur where a change in a person's circumstances result in an inability to pay a rates or service charge debt.

Financial hardship occurs where a person is unable to pay rates and service charges without affecting their ability to meet their basic living needs, or the basic living needs of their dependants.

This policy is intended to apply to all ratepayers experiencing financial hardship regardless of their status (e.g. property owner, tenant, business owner).





Financial Hardship Criteria

Payment difficulties, or short-term financial hardship, occur where a change in a person's circumstances result in an inability to pay a rates or service charge debt.

Financial hardship occurs where a person is unable to pay rates and service charges without affecting their ability to meet their basic living needs, or the basic living needs of their dependants.

This policy applies to all ratepayers experiencing financial hardship regardless of their status (e.g. property owner, tenant, business owner).

Financial Hardship Criteria

While evidence of hardship will be required, we recognise that not all circumstances are alike.

We will take a flexible approach to a range of individual circumstances including, but not limited to, the following situations:

- Recent unemployment or under-employment
- Sickness or recovery from sickness
- Low income or loss of income
- Unanticipated circumstances such as caring for and supporting extended family

Assessment

A ratepayer seeking assistance may be required to provide reasonable information to support assessment of their circumstances and capacity to pay.

The level of information requested should be proportionate to the assistance sought and the circumstances of the ratepayer.

In assessing financial hardship, consideration may be given to:

- the circumstances giving rise to the hardship;
- the ratepayer's capacity to make payments;
- previous efforts to meet rates and service charge obligations;
- the amount and age of the outstanding debt;
- the sustainability of any proposed payment arrangement; and
- any other relevant circumstances.

Applications will be assessed fairly, consistently and confidentially.

Ratepayers are encouraged to provide any information about their individual circumstances that may be relevant for assessment.





This may include demonstrating a capacity to make some payment and where possible, entering a payment proposal. We will consider all circumstances, applying the principles of fairness, integrity and confidentiality, whilst complying our statutory responsibilities.

Payment Arrangements

Payment arrangements facilitated in accordance with s6.49 of the Act are to be of an agreed frequency and amount.

These arrangements will consider the following:

- That a ratepayer has made genuine effort to meet rate and service charge obligations in the past,
- The payment arrangement will establish a known end date that is realistic and achievable,
- The ratepayer will be responsible for informing the Shire of Carnarvon of any change in circumstance that jeopardises the agreed payment schedule.

Payment arrangements should:

- be realistic and sustainable;
- recognise the ratepayer's demonstrated capacity to pay;
- provide for regular payments where practicable;
- establish an appropriate timeframe for managing the outstanding debt; and
- be reviewed where the ratepayer's circumstances materially change.

Ratepayers are responsible for advising the Shire where a change in circumstances affects their ability to comply with an agreed arrangement.

In the case of severe financial hardship, we reserve the right to consider waiving additional charges or interest (excluding the late payment interest applicable to the Emergency Services Levy).

Interest Charges

Where permitted by legislation, consideration may be given to the waiver or concession of applicable interest, fees or charges where genuine financial hardship has been demonstrated.

Any waiver, concession or write-off must be authorised in accordance with the Local Government Act 1995, applicable delegations and Council policy.

Deferment of Rates

Deferment of rates may apply for ratepayers who have a Pensioner Card, State Concession Card or Seniors Card and Commonwealth Seniors Health Care Card registered on their property. The deferred rates balance:

- remains as a debt on the property until paid,





- becomes payable in full upon the passing of the pensioner or if the property is sold or if the pensioner ceases to reside in the property,
- may be paid at any time, BUT the concession will not apply when the rates debt is subsequently paid (deferral forfeits the right to any concession entitlement); and
- does not incur penalty interest charges.

Debt recovery

We will suspend our debt recovery processes whilst negotiating a suitable payment arrangement with a debtor. If the debtor is unable to make payments in accordance with the agreed payment plan and the debtor advises us and makes an alternative plan before defaulting on the 3rd due payment, then we will continue to suspend debt recovery processes.

Where a ratepayer has not reasonably adhered to the agreed payment plan, then for any Rates and Service Charge debts that remain outstanding at the end of the financial year, we will offer the ratepayer one further opportunity of adhering to a payment plan that will clear the total debt by the end of the following financial year.

Rates and service charge debts that remain outstanding at the end of the financial year, will then be subject to the Shire's normal debt recovery procedures, including the sale of property option as prescribed in the Local Government Act 1995.

Review

We will establish a mechanism for review of decisions made under this policy and advise the applicant of their right to seek a review and the procedure to be followed.

Communication and Confidentiality

We will always maintain confidential communications, and we undertake to communicate with a nominated support person or other third party at your request.

We will advise ratepayers of this policy and its application, when communicating in any format (i.e., verbal or written) with a ratepayer that has an outstanding rates or service charge debt.

We recognise that applicants for hardship consideration are experiencing additional stressors and may have complex needs. We will provide additional time to respond to communications and will communicate in alternative formats where appropriate. We will ensure all communications with applicants is clear and respectful.

Review of Decision

A ratepayer who is dissatisfied with a decision made under this policy may request an internal review.

The review will be undertaken by an officer who was not the original decision-maker, where practicable, and the outcome will be communicated to the ratepayer.



4.5 INTERIM AUDIT REPORT 2026/27

File No:	ADM1737
Location/Address:	N/A
Name of Applicant:	Shire of Carnarvon
Name of Owner:	Shire of Carnarvon
Author(s):	Racheal King, Governance, Risk & Compliance Manager
Authoriser:	Amanda Leighton, Executive Manager, Corporate Strategy & Performance
Declaration of Interest:	Nil
Voting Requirement:	Simple Majority
Previous Report:	ARIC 9 December 2025
Schedules:	1. Interim Management Letter 30 June 2026 2. Interim Management Letter - CEO

Authority/Discretion:

☐	Advocacy	When Council advocates on its own behalf or on behalf of its community to another level of government/body/agency.
☐	Executive	The substantial direction setting and oversight role of the Council. E.g., adopting plans and reports, accepting tenders, directing operations, setting and amending budgets
☐	Legislative	Includes adopting local laws, town planning schemes and policies.
☒	Information	Includes items provided to Council for information purposes only that do not require a decision of Council (i.e. – for noting).
☐	Quasi-judicial	When Council determines an application / matter that directly affects a person's right and interest. The judicial character arises from the obligations to abide by the principles of natural justice. Examples of Quasi-Judicial authority include town planning applications, building licenses, applications for other permits / licenses

Summary of Report

This report presents to the Audit, Risk and Improvement Committee the findings arising from the Office of the Auditor General's interim audit of the Shire of Carnarvon for the financial year ended 30 June 2026.

The interim audit forms an important component of the annual external audit process and provides an opportunity for identified control weaknesses, compliance matters and financial reporting issues to be addressed prior to completion of the final audit.

The report also provides the Committee with management's response to each finding, including corrective actions undertaken or proposed and the anticipated timeframe for resolution.

Background

Section 6.4(3) of the *Local Government Act 1995* requires the Shire to submit its accounts and annual financial report for audit.

The Office of the Auditor General undertakes an interim audit prior to the final annual audit, with the interim process primarily examining key financial controls, systems, processes and areas of audit risk.

The Shire's 2024/25 interim audit results were presented to the Audit and Risk Management Committee on 26 August 2025. At that time, one finding remained relating to the absence of documented evidence of independent review of the grant register.

The 2025/26 interim audit has now been completed and the resulting findings and management responses are presented to the Committee for review and oversight.

Stakeholder and Public Consultation

Shire Administration
Office of the Auditor General
William Buck – Appointed Auditors

Statutory Environment

Local Government Act 1995
Local Government (Audit) Regulations 1996
Local Government (Financial Management) Regulations 1996

Relevant Plans and Policy

Internal Control Framework and relevant financial management procedures.
Risk Management Policy

Financial Implications

There are no direct material financial implications arising from receiving the interim audit findings. Implementation of individual management actions may require allocation of existing organisational resources.

Risk Assessment

STEP 3 – Risk Tolerance Chart Used to Determine Risk						
Consequence →		Insignificant 1	Minor 2	Major 3	Critical 4	Extreme 5
Likelihood →						
Almost certain	A	High	High	Extreme	Extreme	Extreme
Likely	B	Moderate	High	High	Extreme	Extreme
Possible	C	Low	Moderate	High	Extreme	Extreme
Unlikely	D	Low	Low	Moderate	High	Extreme
Rare	E	Low	Low	Moderate	High	High

Risk Category	Description	Rating	Mitigating Action/s
Financial	Inadequate oversight or treatment of identified risks may result in unplanned financial impacts, losses or inefficient allocation of resources.	2-C Moderate	Maintain appropriate financial controls, monitoring and reporting, with identified risks and treatments incorporated into operational and budget processes where required.
Health & Safety	Failure to identify and manage relevant operational risks may contribute to health and safety incidents.	2-D Low	WHS risks are managed through established safety systems, procedures, incident reporting and risk controls.
Reputation	Failure to appropriately identify, monitor and respond to organisational risks may	2-C Moderate	Regular risk monitoring, transparent reporting to ARIC and Council, and

	adversely affect stakeholder and community confidence in the Shire.		timely implementation of agreed treatments.
Service disruption	Unmanaged or inadequately controlled risks may result in interruption or reduced delivery of Shire services.	2-C Moderate	Business continuity arrangements, operational controls and risk treatment actions are maintained and reviewed.
Compliance	Failure to maintain effective risk management and oversight may result in non-compliance with legislative, regulatory or governance obligations.	2-C Moderate	Maintain the Shire's risk management framework, compliance systems and regular reporting to ARIC and Council.
Property	Identified risks may result in damage, loss or inadequate protection of Shire assets and infrastructure.	2-D Low	Asset management, insurance arrangements, maintenance programs and relevant operational controls are maintained.
Environment	Operational activities may result in environmental harm where risks are not appropriately identified and controlled.	2-D Low	Environmental obligations and controls are incorporated into relevant operational practices, projects and risk treatments.
Fraud	Weak or ineffective controls may increase exposure to fraud, corruption, misuse of resources or inappropriate transactions.	2-C Moderate	Maintain segregation of duties, delegations, internal controls, financial oversight, audit processes and mechanisms for reporting suspected misconduct.

Community and Strategic Objectives

The proposal aligns with the following desired objectives as expressed in the *Community Strategic Plan 2022-2032*:

OBJECTIVES

In 2040 Carnarvon is a place where:

- *Our sustainable livelihoods create a community that can flourish into the future*

ADDITIONAL FOCUS AREAS:

- *Improve the trust between citizens and the Shire of Carnarvon*

BIG IDEAS FOR THE FUTURE OF CARNARVON:

- *N/A*

Comments

The 2025/26 interim audit identified three findings relating to the Shire's financial systems and internal control environment. Of these, one finding was rated Significant and two were rated Moderate. Importantly, the Office of the Auditor General has identified that none of the three findings have a potential impact on the audit opinion.

While the findings identify areas requiring improvement, management has already undertaken corrective action in relation to the super user access and bank reconciliation findings. Further work is being undertaken to formalise the grant register review process and address the repeat finding.

Index of Findings	Potential impact on audit Opinion	Rating	Year first raised
1. Excessive super user access	No	Significant	FY2025
2. Untimely review of bank reconciliations	No	Moderate	FY2025
3. No Evidence of review on grant register	No	Moderate	FY2024

Finding 1 – Excessive Super User Access

The audit identified that six user accounts had been assigned super user privileges within the Synergy Soft financial management system during the financial year. Two accounts related to the Shire's external IT provider and were considered appropriate by the auditors due to their system administration and support responsibilities.

The remaining four accounts related to Shire employees. While the number of super users had reduced from the previous year, the auditors considered the level of privileged access remained broader than would ordinarily be expected under the principle of least privilege.

This finding was rated Significant and was also rated Significant in 2025.

Management undertook a further review of super user access following the audit. As part of this review, the Accountant's super user privileges were removed following the conclusion of the temporary higher duties arrangement that had been implemented during the Finance Manager vacancy.

The Shire now retains three internal super users comprising the relevant Executive Manager, responsible Manager and internal IT Officer. Management considers this to be the minimum level required to maintain appropriate operational coverage during periods of leave or unplanned absence and to provide timely support for critical system administration requirements.

To strengthen the control going forward, super user access will be formally reviewed at least annually to confirm that privileged access remains appropriate to each officer's position and operational responsibilities.

Management action in response to this finding was completed on 4 August 2026.

Finding 2 – Untimely Review of Bank Reconciliations

The audit identified that the January 2026 bank reconciliation, which was prepared on 5 February 2026, was not independently reviewed until 14 May 2026.

The finding was rated Moderate and represents a new finding for the 2025/26 financial year.

The delay occurred during the Finance Manager vacancy when resourcing and competing priorities affected the timely preparation and independent review of reconciliations. Importantly, the control weakness had also been independently identified internally by the Manager Governance, Risk and Compliance during a control review undertaken in April 2026 and was escalated to the relevant Executive Manager for immediate attention.

Since identification of the issue, additional training and support has been provided to the responsible employee and monthly review meetings have been established to monitor the preparation and independent review of bank reconciliations.

The Shire has also transitioned its bank reconciliation process from the previous manual process to the reconciliation functionality within ALTUS. This provides a more structured and transparent process, including clearer evidence of preparation, completion and independent review.

These measures strengthen both the preventative and monitoring controls surrounding bank reconciliations and provide management with greater visibility of any future delays.

Management action in response to this finding was completed on 4 August 2026.

Finding 3 – Grant Register Review

The audit again identified that there was insufficient documented evidence of independent review of the Shire's complete grant register. The auditors also noted that the register was not yet fully updated at the time of audit testing.

The finding has been rated Moderate and is a repeat finding, having first been raised in FY2024.

Management acknowledges that this finding has remained unresolved longer than intended. Grant application status reports were presented to ARIC in December 2025 and May 2026; however, these reports did not constitute documented independent review of the complete grant register.

To address the finding, Administration is strengthening the existing process so that the complete grant register is regularly updated and subject to documented independent review. The review will extend beyond grant application status and include reconciliation to the financial system together with review of:

- grant funding received;
- revenue recognised;
- outstanding grant funding; and
- unspent grant funding and contract liability balances, where applicable.

This distinction is important as the purpose of the control is not only to provide governance oversight of grant applications and projects, but also to provide assurance over the completeness and accuracy of grant-related financial information reported within the Shire's accounts.

Formalising the process and retaining evidence of independent review will strengthen the existing oversight provided through ARIC reporting and directly address the control deficiency identified by the auditors.

Overall Management Response

Management acknowledges the importance of addressing audit findings promptly and ensuring that corrective actions result in sustainable improvements to the Shire's internal control environment.

Of particular concern is the finding relating to the timely completion and independent review of bank reconciliations. Administration considers this a significant internal control matter due to the fundamental role bank reconciliations play in maintaining the integrity of the Shire's financial records and in the timely detection of errors, irregularities or potentially fraudulent transactions.

The lapse in the bank reconciliation process was identified internally by the Manager Governance, Risk and Compliance in March 2026. While corrective action was initiated following its identification, resourcing constraints and the Finance Manager vacancy meant that rectification was not immediate, resulting in reconciliations and/or their independent review remaining outstanding for a number of subsequent months. This prolonged the period of reduced control effectiveness and increased the Shire's exposure to financial misstatement, undetected errors and fraud risk.

Administration therefore considers the bank reconciliation finding to be a major issue requiring strong and sustainable corrective action, notwithstanding that the control failure was identified internally prior to the

interim audit. The bank reconciliation process has subsequently transitioned to ALTUS, replacing the previous manual process, with processes established to support timely preparation and independent review.

Two of the three interim audit findings have now had corrective actions implemented, with processes established to support ongoing compliance. The remaining finding relating to the grant register requires continued focus, particularly given that this matter has been reported in successive audits.

Progress against all outstanding audit actions will continue to be monitored by Administration and reported through the Audit, Risk and Improvement Committee. This will provide appropriate governance oversight and assurance that corrective actions are not only implemented but remain effective and embedded within the Shire's internal control environment.

OFFICER'S RECOMMENDATION

That the Audit, Risk and Improvement Committee:

- 1. RECEIVES the Interim Audit Management Letter for the financial year ending 30 June 2026, including the findings and recommendations identified by the auditor;***
- 2. NOTES Administration's responses, proposed corrective actions and nominated completion timeframes for each finding.***

OFFICIAL

ATTACHMENT

SHIRE OF CARNARVON

PERIOD OF AUDIT: YEAR ENDING 30 JUNE 2026

FINDINGS IDENTIFIED DURING THE INTERIM AUDIT

Index of findings	Potential impact on audit opinion	Rating	Year first raised
1. Excessive super user access	No	Significant	FY2025
2. Untimely review of bank reconciliations	No	Moderate	FY2026
3. No evidence of review on grant register	No	Moderate	FY2024

Ratings

The ratings in this management letter reflect our assessment of risks based on the likelihood and potential impact if no action is taken. These outcomes consider both quantitative impact (such as financial loss) and qualitative impact (such as inefficiency, non-compliance, poor service to the public or loss of public confidence).

● **Significant** – Findings where there is potentially a significant risk to the entity should the finding not be addressed by the entity promptly. A significant rating could indicate the need for a modified audit opinion in the current year, or in a subsequent reporting period if not addressed. However, even if the issue is not likely to impact the audit opinion, it should be addressed promptly.

● **Moderate** – Those findings which are of sufficient concern to warrant action being taken by the entity as soon as practicable.

● **Minor** – Those findings that are not of primary concern but still warrant action being taken.

OFFICIAL

ATTACHMENT

SHIRE OF CARNARVON

PERIOD OF AUDIT: YEAR ENDING 30 JUNE 2026

FINDINGS IDENTIFIED DURING THE INTERIM AUDIT

1. Excessive super user access

Finding

As part of our review of user access controls within the Synergy Soft financial management system, we noted that six user accounts were assigned super user privileges during the financial year. Four of these accounts relate to current shire staff and two accounts are held by the Shire's external IT provider. The two IT provider accounts are deemed to be appropriate given their responsibility for system administration and support functions.

While management has reduced the number of super user accounts compared to the prior year, the current level of privileged access remains broader than what would generally be expected under the principle of least privilege. Super user access provides unrestricted system capabilities, as a result, users with these privileges could perform functions that may bypass established segregation of duties and system controls.

Rating: Significant (2025: Significant)

Implication

Assigning super-user access to multiple users increases the risk of unauthorised or inappropriate system changes. It weakens key controls and segregation of duties, making errors, improper transactions, data manipulation, or fraud more likely to occur without detection, which can compromise the integrity and security of the Shire's financial and operational information.

Recommendation

We recommend that management undertake a comprehensive review of all super user accounts to assess whether the level of access granted is necessary and appropriate for each user's role and responsibilities. Such reviews should be conducted at least annually to ensure access levels remain appropriate. Super user privileges should be restricted to a limited number of authorised personnel with a genuine operational requirement.

Management comment

Management has undertaken a review of users with super user access. Following this review, the Accountant's super user privileges have been removed, as the temporary higher duties arrangement implemented during the Finance Manager vacancy has now concluded.

The Shire currently retains three super users comprising the relevant Executive Manager, the responsible Manager and the internal IT Officer. Management considers this the minimum number required to ensure adequate operational coverage during periods of leave, unplanned absences and to provide timely support for critical system access and administration.

Management acknowledges the recommendation and will undertake an annual review of super user access to ensure privileges remain appropriate to each officer's role and responsibilities, with access restricted to those who have a genuine operational requirement.

Responsible person:

Racheal King – Manager of Governance, Risk and Compliance

Completion date:

04 August 2026

OFFICIAL

ATTACHMENT

SHIRE OF CARNARVON

PERIOD OF AUDIT: YEAR ENDING 30 JUNE 2026

FINDINGS IDENTIFIED DURING THE INTERIM AUDIT

2. Untimely review of bank reconciliations

Finding

During our review of bank reconciliations, we noted that the January 2026 bank reconciliation, prepared on 5 February 2026, was not reviewed until 14 May 2026 by the Corporate and Finance Advisor.

Rating: Moderate**Implication**

Delays in the review of reconciliations increase the risk that errors, discrepancies or potential irregularities are not identified and resolved on a timely basis, which may impact the accuracy of the financial accounts and weaken overall control effectiveness.

Recommendation

We recommend that management strengthens the review process to ensure bank reconciliations are prepared and independently reviewed in a timely manner, including implementing appropriate contingency arrangements during periods of staff turnover or absence.

Management comment

The delays in the preparation and independent review of bank reconciliations occurred during the Finance Manager vacancy due to resourcing and time constraints. The issue was identified by the Manager Governance, Risk & Compliance during a control review in April and escalated to the Executive Manager as a significant control weakness requiring immediate attention.

Since then, additional training and support have been provided to the responsible employee, and monthly review meetings have been implemented to monitor the timely completion and independent review of bank reconciliations.

The bank reconciliation process has also transitioned from the previous manual process to the reconciliation functionality within ALTUS. This provides a more structured and transparent process for the preparation, review and monitoring of bank reconciliations, including clearer evidence of completion and independent review.

Management considers that these measures have strengthened the control environment and that appropriate processes are now in place to ensure bank reconciliations are completed and independently reviewed in a timely and consistent manner, with any future delays identified and addressed promptly.

Responsible person:

Racheal King – Manager of Governance, Risk & Compliance

Completion date:

4 August 2026

OFFICIAL

ATTACHMENT

SHIRE OF CARNARVON

PERIOD OF AUDIT: YEAR ENDING 30 JUNE 2026

FINDINGS IDENTIFIED DURING THE INTERIM AUDIT

3. No evidence of review on grant register

Finding

During our grant revenue testing, we noted that there was no evidence of independent review over the Shire's grant register, which records all grants activity. We understand the register is not yet fully updated, with management working to update the register to reflect current grants.

This finding was first raised in FY2024.

Rating: **Moderate** (2025: **Moderate**)

Implication

Where the grant register is not regularly updated and reviewed, there is a risk of misstatement of grant revenue and unspent revenue amounts.

Recommendation

We recommend management implement formal processes for the grant register, including the regular update of the register with evidence of independent review.

Management comment

Management acknowledges that, while grant application status reports were presented to the Audit, Risk and Improvement Committee (ARIC) in December 2025 and May 2026, a review of the full grant register has not been formally documented.

Management will strengthen the existing process to ensure the complete grant register is regularly updated and subject to documented independent review. This will include reconciliation to the financial system and review of grant funding received, revenue recognised, outstanding funding and unspent or contract liability balances, as applicable.

The formalised review process will provide greater assurance over the completeness and accuracy of grant-related financial information and strengthen the existing oversight provided through ARIC reporting.

Responsible person: Racheal King, Manager of Governance, Risk and Compliance
Completion date: 12/08/2026

OFFICIAL



Our Ref: 8651

7th Floor, Albert Facey House
469 Wellington Street, PerthMs Amanda Dexter
Chief Executive Officer
Shire of CarnarvonMail to: Perth BC
PO Box 8489
PERTH WA 6849Tel: 08 6557 7500
Email: info@audit.wa.gov.auEmail: dexter.a@carnarvon.wa.gov.au

Dear Ms Dexter

**ANNUAL FINANCIAL REPORT
INTERIM AUDIT RESULTS FOR THE YEAR ENDING 30 JUNE 2026**

We have completed the interim audit for the year ending 30 June 2026. We performed this phase of the audit in accordance with our audit plan. The focus of our interim audit was to primarily evaluate your financial control environment, and to obtain an understanding of the key business processes, risks and internal controls relevant to our audit of the annual financial report.

Management control issues

We would like to draw your attention to the attached listing of deficiencies in internal control and other matters that were identified during the course of the interim audit. These matters have been discussed with management and their comments have been included on the attachment. The matters reported are limited to those deficiencies that were identified during the interim audit that we have concluded are of sufficient importance to merit being reported to management.

This letter has been provided for the purposes of your local government and may not be suitable for other purposes.

We have forwarded a copy of this letter to the Commissioner. A copy will also be forwarded to the Minister for Local Government when we forward our auditor's report on the annual financial report to the Minister on completion of the audit.

Feel free to contact me on 6557 7747 if you would like to discuss these matters further.

Yours faithfully

Tamara McCarthy
Assistant Director
Financial Audit
13 August 2026

Attach

4.6 STRATEGIC REVIEW OF WORKSAFE-NOTIFIED INCIDENTS AND SAFETY IMPROVEMENT ACTIONS

File No:	TBA
Location/Address:	NA
Name of Applicant:	NA
Name of Owner:	Shire of Carnarvon
Author(s):	Amanda Leighton, Executive Manager, Corporate Strategy & Performance
Authoriser:	Amanda Leighton, Executive Manager, Corporate Strategy & Performance
Declaration of Interest:	Nil
Voting Requirement:	Simple
Previous Report:	Nil
Schedules:	1. 12 Month Safety Plan

Authority/Discretion:

☐	Advocacy	When Council advocates on its own behalf or on behalf of its community to another level of government/body/agency.
☐	Executive	The substantial direction setting and oversight role of the Council. E.g., adopting plans and reports, accepting tenders, directing operations, setting and amending budgets
☐	Legislative	Includes adopting local laws, town planning schemes and policies.
☒	Information	Includes items provided to Council for information purposes only that do not require a decision of Council (i.e. – for noting).
☐	Quasi-judicial	When Council determines an application / matter that directly affects a person's right and interest. The judicial character arises from the obligations to abide by the principles of natural justice. Examples of Quasi-Judicial authority include town planning applications, building licenses, applications for other permits / licenses

Summary of Report

This report provides the Audit, Risk and Improvement Committee (ARIC) with strategic oversight of two serious work health and safety matters at the Shire Works Depot and the organisation's response to the systemic issues identified. It addresses incident learnings, the maturity of the Shire's safety culture, ageing plant and maintenance governance, workforce capability, and the resources required to provide a safe workplace.

The incidents demonstrate that safety improvement cannot be achieved through individual corrective action alone. The investigations identify common organisational themes, including reliance on informal work practices, inconsistent task risk assessment, gaps in task-specific procedures and competency verification, inadequate supervisory assurance, and weaknesses in plant inspection and preventative maintenance. These findings require a coordinated, organisation-wide response led by the CEO and Executive and supported by appropriate Council oversight and resourcing.

The Shire has commenced a significant improvement program. This includes engaging an experienced, cross industry-trained WHS Coordinator on a direct contract basis, increasing alcohol and other drug testing, improving review and visibility of safety documentation, implementing a 12-month Safety Excellence

Program, establishing a grant funded People and Safety Trainee position, and strengthening leadership training and accountability.

Background

Incident INC0248 - Vehicle Hoist Failure

On 9 June 2026, a Shire vehicle fell in an uncontrolled manner from a mobile vehicle hoist while two employees were attempting to use a light vehicle lifting kit for the first time. No injury was sustained. The incident was notified to WorkSafe as a dangerous incident because of the potential for serious injury. The completed ICAM investigation found that the incident was preventable and identified the following principal issues:

- the lifting kit was used without manufacturer instructions, formal training or a task-specific Safe Work Instruction (SWI);
- a pre-task risk assessment was not undertaken for the non-routine lift;
- there was no formal verification of competency for the unfamiliar plant attachment;
- workers relied on experience and informal knowledge rather than documented task controls;
- supervisory arrangements did not verify that hazard identification and controls had been implemented; and
- the procurement and commissioning process did not ensure that operating instructions, risk assessment and training were in place before the equipment was used.

WorkSafe advised on 4 August 2026 that, having regard to the Shire's commitment to implement the ICAM recommendations, its acknowledgement of the need to improve safety culture and the CEO's commitment to implement a clear and effective risk management framework, WorkSafe was satisfied to conclude its investigation at that stage.

WorkSafe noted that its Plant and Engineering team may separately contact the Shire regarding the hoist attachment. Accordingly, any future regulator enquiry must continue to be managed promptly and transparently.

Incident INC0254 – Forklift Assisted Asphalt Loading

On 29 June 2026, an employee sustained fractures to the right foot requiring surgery after a one-tonne bulk bag of asphalt tore during a forklift assisted loading of a patching truck. A sudden discharge of asphalt struck the employee and pinned the employee's foot against the truck body causing bone to break. The incident was notified to WorkSafe as a dangerous incident because of the serious injury. The employee remains away from the workplace and the matter remains subject to investigation and injury management processes.

The internal ICAM investigation was completed internally and forwarded to WorkSafe for their investigation. Findings relevant to strategic oversight include:

- the loading method placed workers adjacent to, or beneath, a suspended load and no exclusion zone was established;
- no task-specific SWI, SOP, JSA or SWMS existed for loading asphalt or similar road maintenance material into the patching truck;
- no new task risk assessment or Take 5 was completed when work changed from drainage activity to asphalt loading;
- forklift and truck pre-start inspections were not completed and broader completion was reported as inconsistent;
- the forklift was operated by a worker who did not hold a current High Risk Work Licence, demonstrating a failure in licence verification and supervisory controls;
- training and task knowledge were transferred informally, without an effective verification-of-competency process;

- the patching truck had no documented routine preventative maintenance for more than two years; and
- unsafe work practices had become normalised over time and were regarded as the accepted method of completing the task.

Immediate action included removing the patching truck from service pending redesign of the loading method, review of procedures, training, risk controls and plant condition. The investigation recommendations also include a fleet-wide maintenance review, an audit of High-Risk Work Licences and authorisations, formal verification-of-competency (VOC) arrangements, improved pre-start compliance and regular management assurance audits.

This incident is still currently under investigation by WorkSafe.

Safety Improvement and Resourcing Response

The CEO and Executive have commenced or planned the following controls:

Specialist WHS Capability: An experienced and cross industry-trained WHS Coordinator has been engaged on a direct contract basis to review systems, train, coach and mentor employees, and support the organisation to embed sustainable safety practices.

People and Safety Trainee: A funded trainee position will work closely with the WHS Coordinator while undertaking formal studies, building internal capability and supporting succession and continuity.

AOD Program: Internal alcohol and other drug testing has increased from random quarterly activity to weekly testing. Breath testing in higher-risk operational areas is currently undertaken before shift on three randomly selected days each week, with an intended progression to daily pre-shift testing. Since the increased schedule commenced, there have been no non-negative results. This is one indicator that tested employees have presented fit for work; it does not replace broader fitness-for-work, fatigue, medication, psychosocial and impairment controls.

Safety Documentation and Assurance: Safety documents are being made more visible and accessible. Take 5s, Pre-Starts, JSAs, SWMSs and SWIs are subject to more regular review, with an increased focus on whether documents reflect the work actually being performed.

12-Month Safety Excellence Program: The program creates a consistent monthly safety rhythm through operational and administrative safety conversations, Executive safety walks, positive recognition, communication and monthly focus campaigns. Its stated goal is to move from compliance-based activity to visible leadership, employee ownership and continuous improvement.

Leadership Development: All employees with leadership or management responsibilities will undertake face-to-face WHS leadership training appropriate to their role. Content will include statutory duties, officer due diligence where applicable, consultation, hazard and risk management, supervision, incident response, contractor and plant governance, and practical safety assurance.

Plant and Fleet Governance: The organisation will strengthen preventative maintenance, daily pre-start requirements, defect escalation, plant isolation, licence and competency verification, procurement/commissioning controls and long-term plant replacement planning.

Stakeholder and Public Consultation

Internal consultation has occurred through the incident investigation processes, including interviews with affected employees and witnesses, site inspections, and review of work practices, training, plant, maintenance and safety documentation. The CEO, Executive, infrastructure leadership, supervisors, the WHS Coordinator and relevant employees are key stakeholders in implementing corrective actions. Consultation

with workers and elected HSRs must continue when hazards are identified and when controls, procedures, plant or work methods are developed or changed.

WorkSafe has been consulted through the statutory notification and subsequent investigation. The Shire must continue to cooperate with any WorkSafe enquiries concerning either incident.

LGIS have been notified and provided with updates on both incidents and WorkSafe Investigations.

No public consultation is recommended. The report concerns internal operational risk, confidential employee information, health information and active investigation/injury-management matters.

Statutory Environment

Work Health and Safety Act 2020 (WA)

- Section 19 - the Shire, as the person conducting a business or undertaking (PCBU), must ensure, so far as is reasonably practicable, the health and safety of workers and other persons. This includes safe work environments, safe plant and structures, safe systems of work, and necessary information, training, instruction and supervision.
- Sections 20 and 21 - a person with management or control of a workplace, fixtures, fittings or plant must ensure, so far as is reasonably practicable, that these are without risks to health and safety.
- Section 27 - an officer must exercise due diligence to ensure the PCBU complies with its duties. Due diligence includes maintaining current WHS knowledge, understanding operational hazards and risks, ensuring appropriate resources and processes, ensuring incident and hazard information is acted upon, and verifying that these resources and processes are used.
- Sections 28 and 29 - workers and other persons at the workplace also have duties to take reasonable care, comply with reasonable instructions and cooperate with notified policies and procedures.
- Sections 38 and 39 - notifiable incidents must be notified to the regulator and incident sites preserved, subject to the statutory exceptions.

Work Health and Safety (General) Regulations 2022 (WA)

- Part 3.1 - hazards must be identified and risks eliminated so far as is reasonably practicable, or otherwise minimised using the hierarchy of control; controls must be maintained and reviewed.
- Regulation 39 - information, training and instruction provided to workers must be suitable and adequate, having regard to the work, risks and controls.
- Regulation 81 and the high-risk work licensing provisions - a person must not carry out prescribed high-risk work unless appropriately licensed, subject to limited exceptions.
- Regulation 213 - plant must be maintained, inspected and, where necessary, tested by a competent person in accordance with manufacturer recommendations or, if unavailable, the recommendations of a competent person.

Local Government Act 1995 and Local Government (Audit) Regulations 1996

- Regulation 16 of the Local Government (Audit) Regulations 1996, ARIC may receive and review reports on the appropriateness and effectiveness of the Shire's risk-management and legislative-compliance systems and recommend improvements to Council.
- Regulation 17 requires the CEO to review the appropriateness and effectiveness of systems and procedures for financial management, legislative compliance and risk management at least once in every four financial years and report the results to ARIC. This report supports ARIC's risk and improvement oversight but is not a substitute for the formal regulation 17 review.

Relevant Plans and Policy

- Shire of Carnarvon Strategic Community Plan 2022-2032 - supports accountable governance, organisational capability and the safe, sustainable delivery of services.
- Shire of Carnarvon Corporate Business Plan - includes effective asset management and implementation of a 10-year Plant and Equipment Replacement Program.
- Shire of Carnarvon Asset Management Plan and associated plant/fleet replacement planning.
- Shire of Carnarvon Risk Management Policy and Framework.
- Shire of Carnarvon Work Health and Safety policy, procedures and supporting safe work documents.
- Shire of Carnarvon Code of Conduct - includes responsibilities to contribute to a safe and supportive workplace.
- 12-Month Safety Excellence Program - Our Shire. Our People. Our Safety.

Financial Implications

Implementation will require both operational and capital resources. Current commitments include the direct-contract WHS Coordinator, training, testing, procedural review, assurance activity and the grant funded People and Safety Trainee. The trainee position is externally funded; however, supervision, mentoring and organisational participation require employee time.

Further expenditure may arise from plant inspection and repair, redesign of work methods, technical advice, replacement or retirement of unsafe or uneconomic plant, formal competency verification, licence and training requirements, and delivery of the 12-month program. These costs should be prioritised through the 2026/27 budget, long-term financial planning, Asset Management Plan and the 10-year Plant and Equipment Replacement Program. Where expenditure is not included in the adopted budget or exceeds authorised allocations, a separate report must be presented to Council in accordance with the Local Government Act 1995 and the Shire's delegations and purchasing requirements.

Failure to invest carries potentially greater direct and indirect costs, including injury and workers' compensation costs, lost time, relief and overtime, legal and regulatory expense, plant downtime, service interruption, recruitment and retention impacts, and damage to employee trust and organisational reputation. Exact costs are not quantified in this report and will be reported through the budget and corrective-action governance processes as they become known.

Risk Assessment

STEP 3 – Risk Tolerance Chart Used to Determine Risk						
Consequence →		Insignificant 1	Minor 2	Major 3	Critical 4	Extreme 5
Likelihood →						
Almost certain	A	High	High	Extreme	Extreme	Extreme
Likely	B	Moderate	High	High	Extreme	Extreme
Possible	C	Low	Moderate	High	Extreme	Extreme
Unlikely	D	Low	Low	Moderate	High	Extreme
Rare	E	Low	Low	Moderate	High	High

Risk Category	Description	Rating	Mitigating Action/s
Financial	Unplanned injury, investigation, workers' compensation, remediation, training and accelerated plant replacement costs.	3-B High	Budget prioritisation; insurance and LGIS engagement; staged corrective-action costing; long-term plant replacement planning; Council approval where required.

Health & Safety	Serious injury or fatality may occur if unsafe loading, lifting, plant, competency and supervisory controls are not corrected and verified.	4-B Extreme	Remove unsafe plant/tasks from service; redesign work; exclusion zones; SWIs/SWMSs; daily pre-starts; VOC and licence checks; competent supervision; audits; worker consultation.
Reputation	Loss of workforce, regulator and community confidence if known safety deficiencies are not addressed openly and effectively.	3-B High	Transparent governance reporting; demonstrated leadership; timely action closure; de-identified communication; positive and learning-focused safety engagement.
Service disruption	Plant isolation, employee absence, investigation activity and training may temporarily reduce operational capacity.	3-B High	Prioritise critical services; alternative safe plant/methods; workforce planning; staged training; cross-skilling; realistic work programming.
Compliance	Potential non-compliance with WHS duties, notification requirements, licensing, training, risk management and plant maintenance requirements.	4-C Extreme	Legal and specialist advice; statutory notification and cooperation; compliance register; accountable action owners; due dates; evidence-based verification; quarterly ARIC reporting.
Property	Further damage to vehicles, hoists, attachments, forklifts or other plant through unsafe use or inadequate maintenance.	3-B High	Tag-out/isolation; competent inspections; preventative maintenance program; defect escalation; procurement and commissioning controls; replacement of unserviceable assets.
Environment	Plant failure or unsafe material handling may cause spills or release of fuels, oils, asphalt or other substances.	2-C Moderate	Plant maintenance; task-specific environmental controls; spill response equipment; SDS access; safe storage and handling procedures.
Fraud	No direct fraud issue identified; however, inaccurate licence, training, inspection or maintenance records could undermine assurance.	2-D Low	Centralised verified registers; document controls; supervisor sign-off; periodic data validation and management audits.

Community and Strategic Objectives

The proposal aligns with the following desired objectives as expressed in the *Community Strategic Plan 2022-2032*:

OBJECTIVES

In 2040 Carnarvon is a place where:

- *Our community is engaged, inclusive and supportive*

ADDITIONAL FOCUS AREAS:

- *Improve the trust between citizens and the Shire of Carnarvon*

BIG IDEAS FOR THE FUTURE OF CARNARVON:

- *N/A*

Comments

The WorkSafe closure of INC0248 is a positive acknowledgement of the Shire's stated commitment, but it must not be interpreted as confirmation that all risks have been resolved or that the improvement work is complete. The credibility of the response will depend on closing each corrective action, retaining evidence, testing whether controls are effective in practice and reporting exceptions to Executive, ARIC and Council.

The Shire's ageing plant profile is a material WHS and service-continuity issue. Age alone does not make plant unsafe, risk arises where condition, maintenance history, suitability for the task, availability of instructions and parts, operator competency or design no longer provide reliable control. Plant decisions must therefore be risk-based and supported by lifecycle information, competent inspection and a funded replacement program.

AOD testing is one component of fitness-for-work assurance. Between 1 July and 13 August 2026, the People, Culture and Wellbeing Team administered 330 alcohol and other drug tests internally, representing an average of approximately 53 tests per week. No non-negative results were recorded during the reporting period. This outcome provides a positive indication of employee compliance with the Shire's Alcohol and Other Drugs requirements and demonstrates the increased level of monitoring being undertaken across the organisation.

The 12-month program is designed to strengthen participation and positive safety behaviours. It should operate alongside, and not in place of, critical compliance controls. Program effectiveness should be measured using both leading indicators (training, inspections, action closure, safety interactions, verified competencies and maintenance compliance) and lag indicators (injuries, lost time, workers' compensation, repeat events and regulator action).

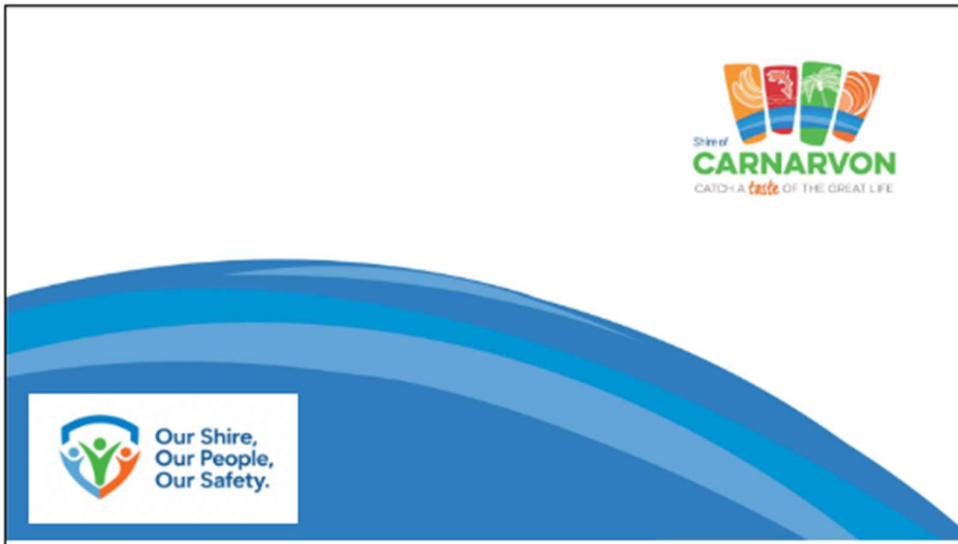
Proposed quarterly assurance measures

Measure	Example evidence
Corrective actions	% completed by due date; overdue high-risk actions; evidence of effectiveness review
Plant and fleet	% pre-starts completed before use; preventative maintenance compliance; overdue critical defects; assets removed/replaced
Competency	% relevant workers with verified current HRWL; VOC completion; supervisor and leadership training completion
Risk controls	Take 5/JSA/SWMS quality audit results; SWI review completion; high-risk task observations
Culture and consultation	Executive safety walks; workforce safety discussions; hazards/near misses reported; employee suggestions and close-out feedback
Incident outcomes	Recordable injuries; lost-time injuries; repeat incident themes; days lost; WorkSafe notices or enquiries
Fitness for work	Testing activity and trends reported in aggregated, confidential form; fatigue and psychosocial control activity

OFFICER'S RECOMMENDATION

That the Audit, Risk and Improvement Committee recommends that Council:

- 1. NOTES the findings and status of Incident INC0248, including that WorkSafe advised on 4 August 2026 that it was satisfied to conclude its investigation at that stage, while retaining the ability for its Plant and Engineering team to make further enquiries regarding the hoist attachment;**
- 2. NOTES the serious injury arising from Incident INC0254, that the employee remains away from the workplace, and that investigation, injury-management and corrective-action processes remain ongoing;**
- 3. ACKNOWLEDGES that the incidents identify material system-level risks relating to safety culture, high-risk work, supervision, competency and licence verification, task risk assessment, plant inspection, preventative maintenance, procurement and ageing plant;**
- 4. SUPPORTS the CEO's organisation-wide safety improvement program, including strengthened AOD and fitness-for-work arrangements, the 12-Month Safety Excellence Program, leadership WHS training, HSR training, improved safety-document assurance and strengthened plant and fleet governance;**
- 5. SUPPORTS the prioritisation of reasonably practicable WHS controls and associated operational and capital resourcing through the 2026/27 Annual Budget, Long-Term Financial Plan, Asset Management Plan and 10-year Plant and Equipment Replacement Program, subject to separate Council approval where required; and**
- 6. REQUESTS that the CEO provide quarterly progress reports to ARIC on high-risk corrective actions, plant and maintenance assurance, competency and licence verification, safety leadership activity, key safety performance indicators and any material WorkSafe action or enquiry.**



1

WHERE ARE WE TODAY

We have made significant progress:

- Increased WHS resources
- Improved reporting
- Increased training
- Stronger leadership commitment

We continue to experience:

- High-Risk Work not carried out safely
- Inconsistent safety conversations
- Varying levels of employee engagement
- A need to embed safety!!!










2



WHAT ARE WE CHANGING?

Safety can often be associated with:

- Compliance
- Investigations
- Audits
- Corrective Actions
- Responding to incidents

We want safety to become:

- Everyday conversations
- Visible leadership
- Positive recognition
- Employee ownership
- Continuous improvement
- Shared responsibility

OUR GOAL IS TO MOVE FROM A CULTURE OF COMPLIANCE TO A CULTURE OF COMMITMENT

A COMMITMENT TO KEEPING EACH OTHER SAFE




3



OUR VISION

Our Shire. Our People. Our Safety.

These three simple statements represent our commitment to creating a workplace where every person feels valued, every voice is heard, and safety is embedded in everything we do.

We are committed to building a culture where:

Our Shire leads by example through visible leadership and a shared commitment to safety.

Our People are empowered to speak up, look out for one another and actively contribute to a safer workplace.

Our Safety becomes more than compliance - it becomes part of our everyday decisions, behaviours and culture.

Together, we will create a workplace where everyone goes home safe, every day.




4



OUR COMMITMENTS

OUR SHIRE <i>This is our organisational commitment</i>	OUR PEOPLE <i>This is our shared responsibility</i>	OUR SAFETY <i>This is our outcome</i>
✓ To lead ✓ To support ✓ To invest ✓ To listen ✓ To continuously improve	✓ To speak up ✓ To participate ✓ To care for one another ✓ To challenge unsafe behaviours	✓ A workplace where safety isn't something we remember after an incident. It's something we demonstrate every single day!




5



DELIVERING THE PROGRAM

SAFETY EXCELLENCE PROGRAM

Monthly Non-Negotiables *(Consistency)*

The initiatives that create routine, consistency and ongoing safety conversations.

Monthly Focus Campaign *(Engagement)*

A different safety theme each month, supported by one key initiative to keep safety relevant, engaging and memorable.

Together, these two components create a consistent and sustainable approach to building a positive safety culture!




6



OUR MONTHLY SAFETY RHYTHM

Every month, regardless of the campaign or safety focus, the following initiatives will be delivered across the organisation. These activities are designed to create consistency, encourage participation, demonstrate leadership and reinforce that safety is everyone's responsibility.

Initiative	Objective
 Tools Down Thursday (Operational Focus)	Encourage proactive safety conversations within operational teams once a month on Thursdays.
 Red Flag Friday (Administration Focus)	Promote open safety conversations and the early identification of workplace risks within administration and support teams.
 Executive Safety Walks	Strengthen trust through visible leadership and genuine employee engagement.
 Caught Working Safely	Reinforce and reward positive safety behaviours across the organisation.
 Celebrating Safety Excellence	Celebrate employees recognised through the Caught Working Safely program and share their stories to reinforce a positive safety culture.
 Team Tales - Safety Spotlight	Keep safety front of mind by showcasing the people, initiatives, achievements and success stories that demonstrate our commitment to Our Shire. Our People. Our Safety.




7



TOOLS DOWN THURSDAY

Purpose: To provide dedicated time each month for operational employees to step away from their work and focus solely on safety. By stopping work for one hour, teams can openly discuss safety, identify risks, share lessons learned and work together to improve the way we operate.

Discussion Topics:

- Hazards identified during the month
- Near misses and lessons learnt
- Seasonal safety risks
- Plant and equipment issues
- Review of Safe Work Instructions
- Upcoming high-risk tasks
- Employee suggestions for improvement

Why it Matters: Operational employees often work in dynamic, high-risk environments where regular safety conversations are essential. Tools Down Thursday creates a dedicated opportunity to stop, reflect and ensure everyone goes home safely.

First Thursday of every month
 **One-hour tools down session**
 **Led by Managers/Supervisors**



ONE HOUR INVESTED IN PREVENTION IS FAR BETTER THAN DAYS LOST RECOVERING FROM AN INCIDENT.




8



RED FLAG FRIDAY

Purpose: To create a regular opportunity for office-based teams to discuss emerging risks, workplace concerns and opportunities to improve safety within their own work environment. Although administration roles present different risks to operational work, they are equally important in creating a safe and healthy workplace.

Discussion Topics:

- What nearly went wrong this month?
- Workplace wellbeing and workload
- Manual handling or ergonomic concerns
- Slips, trips and housekeeping
- Driving for work
- Psychosocial hazards
- Process improvements
- Lessons learnt from incidents across the organisation

Why it Matters: Many workplace risks are not immediately visible. Regular conversations exist to identify concerns early, share ideas and prevent small issues from becoming larger problems.

Frequency: Last Friday of every month
 20-minute team discussion
 Led by Managers / Team Leaders





9



EXECUTIVE SAFETY WALKS

Purpose: To demonstrate visible leadership and strengthen our safety culture by encouraging Executives to regularly engage with employees across all areas of the organisation. Each month, Executives will rotate through different business areas, ensuring every team has the opportunity to engage directly with senior leadership throughout the year. Executive Safety Walks are not audits or inspections. They are an opportunity to listen, learn and better understand the challenges our people face every day.

Conversation Starters:

- What's working well?
- What safety challenges are you currently facing?
- If you could improve one thing, what would it be?
- Have there been any near misses or lessons learnt recently?
- Do you have the tools, equipment and resources you need?
- How can leadership better support your team?

Why it Matters: Visible leadership builds trust, encourages open conversations and demonstrates that safety is a shared organisational priority. By rotating through different business areas each month, Executives gain a broader understanding of workplace risks, while employees have regular opportunities to share ideas, raise concerns and influence positive change.

Frequency: Monthly - Execs rotate through different business area
 20-minute workplace walk
 Led by CEO & Execs





10



CAUGHT WORKING SAFELY



Purpose: Compliance is expected. Excellence deserves recognition. The Caught Working Safely program has been designed to recognise employees who consistently demonstrate outstanding safety behaviours, leadership and initiative that go beyond minimum compliance.

How it works:

- Each Executive Manager will receive 3 Caught Working Safely cards each month to recognise employees who demonstrate excellence in safety.
- Cards are presented at the time the behaviour is observed, ensuring recognition is immediate and meaningful.
- The Executive Manager will explain why the employee has been recognised, reinforcing the positive behaviour demonstrated.
- At the Monthly Staff Meeting, each recipient will be acknowledged and invited to briefly share the action or behaviour that earned them the recognition.
- Following the acknowledgements, all recipients will be entered into the Monthly Safety Recognition Award draw, with one employee receiving a \$50 gift voucher.

Why it Matters: Positive behaviours are more likely to be repeated when they are recognised. By acknowledging employees who demonstrate outstanding safety behaviours, we reinforce the actions and attitudes that help build a proactive and engaged safety culture.






11



CELEBRATING SAFETY EXCELLENCE



Purpose: To celebrate employees who have demonstrated excellence in safety and recognise the positive behaviours that contribute to a stronger safety culture. By sharing these stories and recognising those who go above and beyond, we reinforce that safety excellence is valued across our organisation.

How it works:

- Throughout the month, Executive Managers recognise employees through the Caught Working Safely program.
- At the Monthly Staff Meeting, each recipient is acknowledged and invited to briefly share the action or behaviour that earned their recognition.
- These stories are celebrated with colleagues and featured in Team Tales - Safety Spotlight to reinforce positive safety behaviours across the organisation.
- Following the presentations, one recipient will be randomly selected to receive the Monthly Safety Excellence Award and a \$50 gift voucher.

Why it Matters: Stories are one of the most powerful ways to influence culture. By celebrating real examples of safety excellence, we inspire others to adopt the same behaviours and demonstrate that safety is about leadership, initiative and looking after one another - not simply complying with procedures.





12



TEAM TALES – SAFETY SPOTLIGHT



Purpose: To keep safety visible, celebrate our people and capture the stories that bring Our Shire, Our People, Our Safety, to life. A dedicated Safety Spotlight page will feature in every weekly edition of Team Tales, ensuring safety remains an ongoing conversation across the organisation.

What can you expect...

- CEO Monthly Safety Message (first edition of each month)
- Caught Working Safety recipients
- Safety Excellence Recognition
- Safety in Action happy snaps
- Safety Tip of the week
- Positive Stories from across the Shire
- Safety Myth Busters
- Staff spotlight on safety – we may just ask what safety means to you
- Upcoming initiatives

Why it Matters: Our Safety Spotlight provides a regular wrap-up of the initiatives, conversations and achievements taking place across the organisation. It celebrates the progress we are making, reinforces key safety messages and ensures every employee remains connected to Our Shire, Our People, Our Safety.





13

OUR 12 MONTH SAFETY JOURNEY



Imagine a workplace where...

- ✓ Safety conversations happen every month.
- ✓ Leaders are visible.
- ✓ Employees are recognised.
- ✓ Teams celebrate success.
- ✓ Safety is part of everyday work.

That's exactly what the next 12 months are designed to achieve.

LET'S BEGIN...

OUR COMMITMENT TO KEEPING EACH OTHER SAFE




14



AUGUST

Safety Excellence Program Launch

Intent of the Month: August sets the tone for the year ahead by launching our shared commitment to safety. It is about creating ownership, building momentum and ensuring every employee understands that safety is everyone's responsibility. Together, we begin the journey towards embedding **Our Shire. Our People. Our Safety.** into everything we do.

Behaviour Focus: Ownership

Signature Initiative: Safety Excellence Launch Breakfast

What is happening this month:

- Launch the 12-Month Safety Excellence Program & Breakfast
- Create our Safety Commitment Wall
- Produce and share our Safety Launch Video (at staff meeting)
- Present the first Caught Working Safely cards
- Launch the first Safety Spotlight in Team Tales



A COMMITMENT TO KEEPING EACH OTHER SAFE




15



SEPTEMBER

Injury Prevention

Intent of the Month: Manual handling injuries remain one of the most common workplace injuries across all industries. September focuses on preventing these injuries by increasing awareness, improving techniques and encouraging employees to think before they lift, push, pull or carry. Through practical education and hands-on workshops, we aim to reduce the risk of injury and promote safer ways of working.

Behaviour Focus: Work Smart

Signature Initiative: Injury Prevention Workshops – in partnership with LGIS, employees will participate in practical injury prevention workshops designed to improve manual handling techniques and reduce the risk of musculoskeletal injuries.

What is happening this month:

- Injury Prevention Workshops
- Manual Handling Refresher Training
- Vehicle and Plant Ergonomic Reviews
- Desk station Ergonomic Reviews
- Stretch and Prepare Sessions – warm up before the day! We challenge you and your teams to spend 5 minutes stretching before the day and taking microbreaks – we want to see your happy snaps!






16



OCTOBER

National Safe Work Month

Intent of the Month: National Safe Work Month provides the opportunity to bring our entire organisation together to celebrate, learn and strengthen our commitment to workplace safety. Throughout the month, we will focus on engagement, education and shared responsibility by involving employees, leaders, families in creating a safer workplace.

Behaviour Focus: Safety Engagement

Signature Initiative: Safety Championships - Throughout National Safe Work Month, directorates compete in a series of engaging weekly safety challenges designed to encourage teamwork, learning and positive safety behaviours. Teams earn points across the month, with the overall champions crowned at the conclusion of National Safe Work Month.

What is happening this month:

- Weekly Safety Championship Challenges
- Crowning of the Championship Team
- "Why I need Mum or Dad Home Safe" Inviting children to tell you their WHY





17



NOVEMBER

Summer Ready

Intent of the Month: As temperatures begin to rise, November focuses on preparing our people to work safely in the summer months ahead. By promoting hydration, recognising the signs of heat stress and encouraging workers to look after themselves and one another, we reinforce that preventing heat-related illness is everyone's responsibility.

Behaviour Focus: Personal Responsibility

Signature Initiative: Hydration Challenge - Throughout November, teams will take part in a friendly Hydration Challenge, encouraging employees to stay hydrated, recognise the signs of dehydration and support one another during hot weather. The challenge aims to build healthy habits before the peak summer period and reinforce the importance of hydration in preventing heat-related illness.

What is happening this month:

- Hydration Challenge
- UV Awareness
- Heat Stress Awareness Campaign
- Ice Block Friday - icy poles after lunch
- Summer Ready Packs





18



DECEMBER

Look After your Mates

Intent of the Month: As we approach the festive season, December reminds us that safety extends beyond the workplace. By encouraging employees to look after one another, speak up when something isn't right and make safe choices both at work and at home, we reinforce that every person deserves to return safely to the people who matter most.

Behaviour Focus: Looking Out for Others

Signature Initiative: Secret Safety Santa - Each employee will secretly draw the name of another team member within their work group and become their Secret Safety Santa for the month. The role of the secret Santa is simple: Quietly look out for that person. It may be by reminding them to drink water, or recognising a positive safety behaviour, or simply asking how they are going.

What is happening this month:

- Secret Safety Santa
- Drive Home Safe - Road Safety Awareness Campaign
- Holiday Safety Tips





19



JANUARY

Fresh Eyes

Intent of the Month: Following the Christmas break, January provides an opportunity for employees to return with a fresh perspective. This month encourages everyone to challenge complacency, identify hazards that may have become "normal" and recommit to maintaining safe workplaces and work practices throughout the year.

Behaviour Focus: Awareness

Signature Initiative: Fresh Eyes Challenge - Every team completes a structured workplace walkthrough, looking at their work area as if they were seeing it for the very first time. The team places orange stickers on things that make them think 'this could be better'. The challenge encourages employees to identify hazards, housekeeping issues and opportunities for improvement that may have been overlooked over time.

What is happening this month:

- Fresh Eyes Challenge
- Orange Sticker Initiative
- Workplace Housekeeping Blitz





20



FEBRUARY

We Learn – We Grow

Intent of the Month: Every incident, hazard and near miss presents an opportunity to improve. February focuses on building a positive learning culture by encouraging employees to ask questions, identify root causes and share lessons learnt so that mistakes are not repeated.

Behaviour Focus: Continuous Learning

Signature Initiative: Safety CSI Challenge – Teams are allocated 30 minutes and are provided with a fictional workplace incident using photographs, witness statements and evidence to determine what happened, why did it happen, what could have prevented it and what actions should be taken. Teams will present their findings at the whole staff meeting.

What is happening this month:

- Safety CSI Challenge
- Team presentations at Staff Meeting
- Lessons learnt campaign






21



MARCH

Your Voice Matters

Intent of the Month: A strong safety culture depends on people feeling confident to raise concerns, share ideas and ask questions. March focuses on encouraging every employee to have a voice by providing safe and accessible ways to speak up about safety. Every suggestion, question and idea contributes to creating a safer workplace for everyone.

Behaviour Focus: Speak up

Signature Initiative: Speak Up Safety Boxes – speak up safety boxes will be placed across the Shire workplaces. This is an opportunity for employees to tell us concerns they have, ask questions about safety, provide suggestions and improvement ideas.

What is happening this month:

- Speak up safety boxes
- Safety question of the week (from the boxes) featured in team tales
- "You Said, We Did", updates showcasing actions taken in response to employee feedback






22



APRIL

Healthy Me

Intent of the Month: Looking after ourselves is an important part of staying safe. April focuses on encouraging employees to prioritise their physical, mental and emotional wellbeing by providing practical tools, education and support to help them thrive both at work and at home. By investing in our own wellbeing, we are better equipped to work safely, make good decisions and support those around us.

Behaviour Focus: Looking After Yourself

Signature Initiative: Healthy Me Wellbeing Event - dedicated to supporting the physical, mental and emotional wellbeing of our employees. The event will bring together local health professionals, wellbeing services and a guest speaker to provide practical information, health checks and simple strategies that employees can incorporate into their everyday lives.

What is happening this month:

- Guest Speaker & Healthy Morning Tea
- Skin Checks
- Healthy Eating & Nutrition Information
- Sleep and Fatigue Awareness Campaign






23



MAY

See it. Own it. Report it.

Intent of the Month: Every hazard identified is an opportunity to prevent an injury. May focuses on building a proactive safety culture by encouraging employees to actively identify hazards, report them promptly and take ownership of improving the safety of their workplace. By seeing risks before they become incidents, we all play a part in protecting ourselves and those around us.

Behaviour Focus: Hazard Reporting

Signature Initiative: Golden Hazard Hunt - employees and teams will take part in the Golden Hazard Hunt, actively searching for hazards and opportunities to improve safety across the workplace.

What is happening this month:

- Golden Hazard Hunt competition
- Hazard Reporting refresher training
- Hazard of the Week in Team Tales
- Executive Safety Walk focuses on hazard identification
- Share before and after hazard improvements






24



JUNE

Think Different

Intent of the Month: Continuous improvement begins with innovation. June encourages employees to challenge the way we work, think creatively and develop practical ideas that improve workplace safety. Every employee has valuable knowledge and experience, and this month is about empowering our people to contribute innovative solutions that make our workplace safer, smarter and more efficient.

Behaviour Focus: Innovation

Signature Initiative: Safety Shark Tank - Giving employees the opportunity to think differently and present innovative ideas that improve workplace safety. Employees may participate individually or as a team to develop a practical solution that reduces risk, improves work practices or enhances the safety of our workplace. Ideas may include improvements to equipment, processes, training, plant, procedures or the work environment.

What is happening this month:

- Safety Shark Tank
- Safety Improvement Showcase
- Safety Innovation Award





25



JULY

Safety Celebration

Intent of the Month: July is an opportunity to reflect on our safety journey, celebrate our achievements and recognise the people who have helped make our workplace safer throughout the year. By celebrating success, acknowledging positive behaviours and sharing what we've accomplished together, we reinforce that every employee has played a role in building a stronger safety culture.

Behaviour Focus: Reflection

Signature Initiative: The Looking Back, Moving Forward, celebration brings employees together to reflect on our safety journey over the past twelve months. Through stories, photos, videos and key achievements, we will celebrate the progress we've made together, recognise the people who have helped shape our safety culture and acknowledge the positive changes that have strengthened our workplace. The event is an opportunity to celebrate how far we have come while looking ahead to the next chapter of Our Shire, Our People, Our Safety.





26



27

4.7 OVERVIEW OF GRANT FUNDING 2025/2026

File No:	ADM1737
Location/Address:	N/A
Name of Applicant:	Shire of Carnarvon
Name of Owner:	N/A
Author(s):	Caroline Ballard, Governance & Information Coordinator
Authoriser:	Amanda Leighton, Executive Manager, Corporate Strategy & Performance
Declaration of Interest:	Nil
Voting Requirement:	Simple Majority
Previous Report:	Nil
Schedules:	Nil

Authority/Discretion:

☐	Advocacy	When Council advocates on its own behalf or on behalf of its community to another level of government/body/agency.
☐	Executive	The substantial direction setting and oversight role of the Council. E.g., adopting plans and reports, accepting tenders, directing operations, setting and amending budgets
☐	Legislative	Includes adopting local laws, town planning schemes and policies.
☒	Information	Includes items provided to Council for information purposes only that do not require a decision of Council (i.e. – for noting).
☐	Quasi-judicial	When Council determines an application / matter that directly affects a person's right and interest. The judicial character arises from the obligations to abide by the principles of natural justice. Examples of Quasi-Judicial authority include town planning applications, building licenses, applications for other permits / licenses

Summary of Report

An initial overview report to ARMC May 2025 provided a financial year-to-date (FYTD) overview of funding opportunities that have been investigated, applied for, and managed by Shire Officers. This report outlines the outcomes of grant applications submitted over a four-month period from 10 April 2026 to 10 August 2026.

The purpose of this report is to provide the Audit and Risk Improvement Committee with oversight of how external funding supports the delivery of Shire projects and services, and how associated funding risks are being monitored and managed by Officers. This includes assessment of dependencies on grant funding for key operational and capital programs, and measures in place to mitigate non-award or delayed award of grant income.

Annual and recurrent funding sources—such as the Financial Assistance Grants, Roads to Recovery, and LGGS allocations—are tracked separately through the Shire's financial systems and are not included in this report.

Background

External funding plays a critical role in enabling the Shire of Carnarvon to deliver a wide range of infrastructure and community initiatives that may not otherwise be financially feasible within the constraints of municipal revenue alone. Grant funding is increasingly competitive and often subject to tight timeframes, co-contribution requirements, and performance-based reporting conditions.

As part of good financial governance, it is important that the Shire maintains clear oversight of its external funding activities, including applications made, funding secured, and obligations arising from grant agreements. This supports effective forward planning, ensures funding conditions are met, and assists in identifying and mitigating risks associated with grant dependency, project delays, or potential non-compliance.

The Audit and Risk Improvement Committee has an advisory role in overseeing the Shire's financial management practices and ensuring appropriate risk controls are in place. Providing a financial year-to-date report on funding applications and outcomes promotes transparency and enables the Committee to assess the extent to which grant funding activities align with the Shire's strategic objectives and risk appetite.

This report consolidates funding activity undertaken between 10 April 2026 and 10 August 2026, and includes details of:

- New Applications submitted (including purpose, value, and funding body), and
- Outcomes of applications (successful, unsuccessful, pending).

Stakeholder and Public Consultation

No formal public consultation has been undertaken in the preparation of this report.

Internal consultation has occurred with relevant Shire officers, cross-departmental collaboration ensures that funding opportunities are aligned with the Shire's Strategic Community Plan, Corporate Business Plan, and Long-Term Financial Plan.

The Strategic Community Plan serves as the guiding framework for identifying priority projects and services for the community. Grant applications are assessed for their alignment with the SCP objectives to ensure the Shire is pursuing external funding that directly supports the aspirations and outcomes identified by the community.

From time to time, ad hoc funding opportunities may arise that fall outside the scope of existing strategic documents. In such cases, Officers undertake a preliminary review of the opportunity to assess feasibility, risks, and potential community benefit. Where deemed suitable, these applications may proceed with the direction or endorsement of Council.

Where required under specific grant programs, stakeholder engagement has been or will be undertaken in accordance with funding body requirements. This may include letters of support, project partnerships, or community consultation to demonstrate need and local benefit.

Statutory Environment

-Local Government Act 1995 (WA) – Part 6: Financial Management

Provides the overarching legislative framework for the proper management of financial resources by local governments, including the responsibility to apply sound financial practices and pursue external funding to support operational and capital activities.

-Local Government (Financial Management) Regulations 1996 – Regulation 5

Requires local governments to establish and maintain financial management systems and procedures that ensure the proper recording, control and accountability of the Shire's financial operations, including grants received.

-Local Government (Audit) Regulations 1996 – Regulation 16

Outlines the role of the Audit and Risk Committee, including its function to review the effectiveness of the Shire's risk management, internal control and legislative compliance — which encompasses risks associated with grant dependency and funding obligations.

-Integrated Planning and Reporting Framework (IPRF) – Department of Local Government, Sport and Cultural Industries (DLGSC)

Requires that all financial planning, including the pursuit of grant funding, is aligned with the Shire's Strategic Community Plan and Corporate Business Plan, ensuring resources are directed towards community-endorsed priorities.

-Individual Grant Funding Agreements

Operate as legally binding contracts that outline specific financial, governance and reporting obligations the Shire must meet. Failure to comply with these obligations may result in funding being withheld, recovered, or reputational damage to the Shire.

Relevant Plans and Policy

Strategic Community Plan.

Corporate Business Plan.

Long Term Financial Plan.

CD006 External Grants – Procurement and Grants.

Financial Implications

External grant funding forms a critical component of the Shire's overall funding strategy and significantly contributes to the delivery of key community, economic and infrastructure initiatives. While these funds support the expansion of services and capital projects beyond the capacity of municipal revenue alone, they also introduce financial considerations that require ongoing management.

Key financial implications include:

- **Budget Amendments**
Where successful grant applications are not included in the adopted Annual Budget; formal budget amendments are required in accordance with the Shire's Budget Amendment and Review Policy (FIN002). This ensures compliance with the *Local Government Act 1995* and *Financial Management Regulations 1996*.
- **Matching Contributions**
Some grant programs require a co-contribution from the Shire; these obligations are assessed at the application stage and considered in the context of available reserves, operational capacity, and alignment with the Long-Term Financial Plan.
- **Cash Flow and Timing Risk**
Delays in funding announcements or payments can affect project delivery schedules and cash flow forecasting. Officers monitor these closely and seek to mitigate impacts through appropriate phasing of expenditure and regular financial reporting.
- **Unsuccessful Applications**
Where funding is not awarded, projects reliant on external funding may be deferred, reduced in scope, or reprioritised. This has downstream implications for asset renewal programs, service delivery and strategic outcomes.
- **Grant Acquittals and Compliance**
Failure to meet reporting or acquittal obligations may result in grant funds being withheld or reclaimed. Financial and project staff work collaboratively to ensure all grant-related expenditures are documented and acquitted in accordance with funding agreements.
- **Audit and Financial Reporting**
Grant income and associated expenditure are captured in the Shire's financial records and subject to annual audit. Proper documentation and controls ensure accountability and reduce the risk of audit qualification.

Risk Assessment

STEP 3 – Risk Tolerance Chart Used to Determine Risk						
Consequence →		Insignificant 1	Minor 2	Major 3	Critical 4	Extreme 5
Likelihood →						
Almost certain	A	High	High	Extreme	Extreme	Extreme
Likely	B	Moderate	High	High	Extreme	Extreme
Possible	C	Low	Moderate	High	Extreme	Extreme
Unlikely	D	Low	Low	Moderate	High	Extreme
Rare	E	Low	Low	Moderate	High	High

Risk Category	Description	Rating	Mitigating Action/s
Financial	Risk of funding shortfalls, delayed payments, or the need for unbudgeted co-contributions.	2-C Moderate	Applications are assessed for financial viability; budget amendments are submitted to Council; cash flow is monitored and matched to project milestones.
Health & Safety	Risk to officer health and safety when implementing grant-funded works or community programs.	2-D Low	Projects are planned in accordance with the Shire's WHS procedures; risk assessments are completed prior to project commencement.
Reputation	Risk of reputational damage if grant obligations are not met, or projects are not delivered.	2-C Moderate	Internal procedures ensure compliance with grant terms; project progress is reported to Council and funding bodies; communication with stakeholders is maintained.
Service disruption	Delays in funding decisions or acquittal processes may impact service delivery timelines.	3-D Moderate	Projects are sequenced and contingency plans developed; officers monitor grant timelines and maintain flexibility in delivery schedules.
Compliance	Risk of non-compliance with funding agreements or statutory reporting.	3-C High	CD006 External Grants Policy and internal controls guide grant management; regular reporting and acquittals are overseen by Finance and project teams.
Property	Potential damage to Shire assets if projects are not appropriately scoped or delivered.	2-D Low	Project scopes and risk assessments include asset impact considerations; works are supervised by technical officers.
Environment	Risk of environmental harm if infrastructure projects are poorly scoped or regulated.	2-D Low	Environmental approvals and assessments are undertaken where required; projects are aligned with applicable legislative and environmental standards.
Fraud	Misuse or misreporting of grant funds.	2-C Moderate	All financial transactions are subject to internal controls, dual authorisations, and audit review; grant acquittals require supporting documentation.

Community and Strategic Objectives

The proposal aligns with the following desired objectives as expressed in the *Community Strategic Plan 2022-2032*:

OBJECTIVES

In 2040 Carnarvon is a place where:

- *Our equitable community is actively involved in and are responsible for developing innovative, local solutions that transcend our region for a safe and unified 6701*

ADDITIONAL FOCUS AREAS:

- *Improve the trust between citizens and the Shire of Carnarvon*

BIG IDEAS FOR THE FUTURE OF CARNARVON:

- N/A

Comments

To support the delivery of its strategic objectives, the Shire of Carnarvon actively seeks funding from a range of sources including State and Federal government agencies, not-for-profit organisations, and philanthropic foundations. These funding arrangements are critical in enabling the Shire to deliver a combination of core community services and additional value-adding programs that respond to community expectations.

A significant portion of grant funding directly supports the Shire's essential operations—particularly in areas such as infrastructure, community development, and environmental management. Other grants enable the Shire to undertake enhanced or pilot initiatives that would not otherwise be financially viable. In many cases, the ability to proceed with a project or program is contingent upon securing external funding.

Officers apply a rigorous process to assess the suitability of each funding opportunity in terms of strategic alignment, financial implications, delivery capacity, and compliance obligations. Successful grants are incorporated into the budget through formal amendment processes, and all grant-funded activities are tracked to ensure conditions are met and acquittals are completed within required timeframes.

With the appointment of a dedicated Accountant and the establishment of a Special Projects Team, the Shire has strengthened its internal financial oversight and project delivery capacity. The Grants Register is actively maintained and regularly reviewed; funding milestones, project progress, and acquittal status checks are added to the Attain Compliance calendar to enhance their tracking and ensure continued compliance.

A summary grant activity for the period 10 April 2026 to 10 August 2026 is provided in the table below:

NAME OF FUNDING BODY	NAME OF PROJECT	STATUS / FUNDING PERIOD	AMOUNT APPLIED FOR	FUNDING RECEIVED
DFES - SOCIAL, ECONOMIC & ENVIRONMENTAL RECOVERY GRANTS	CARNARVON FLOODPLAIN RECOVERY, RESPONSIBILITY & RESILIENCE PROJECT	SUBMITTED	\$ 50,000	PENDING OUTCOME
DFES - LOCAL GOVERNMENT RECOVERY SUPPORT	STC NARELLE COMMUNITY RECOVERY OFFICER AND RECOVERY DELIVERY CAPACITY	SUBMITTED	\$ 150,000	PENDING OUTCOME
DFES - LOCAL GOVERNMENT RECOVERY SUPPORT	FUTURE READY INDUSTRIES - SHIRE OF CARNARVON	SUBMITTED	\$ 150,000	PENDING OUTCOME
DFES	DISASTER READY FUND (DRF) ROUND 4 STATEWIDE DRONE CAPTURE PROGRAM	SUBMITTED	\$ 15,000	PENDING OUTCOME
CARER'S WA	CELEBRATING CARNARVON'S CARERS	SUBMITTED	\$ 500	PENDING OUTCOME

REGIONAL & REMOTE AIRPORT SUPPORT PROGRAM	REX DEBT – FINANCIAL RELIEF TO OPERATORS (REGIONAL/REMOTE)	SUCCESSFUL FY 25/26	\$ 390,707	\$ 355,188
REGIONAL ECONOMIC DEVELOPMENT GRANTS (RED GRANTS)	TOURISM PRODUCT DEVELOPMENT & INCUBATOR PROJECT	SUCCESSFUL FY 26/27	\$ 115,000	\$ 115,000
LOTTERYWEST	EOI – ARTS AND CULTURE INFRASTRUCTURE GRANT PROGRAM	SUCCESSFUL FY 26/27	\$ 497,000	\$ 497,000
KEEP AUSTRALIA BEAUTIFUL COUNCIL	CARNARVON LITTER LEGENDS REGATTA	SUCCESSFUL FY 26/27	\$ 6,043	\$ 6,043
DEPARTMENT CREATIVE INDUSTRIES, TOURISM AND SPORT	ACTIVE REGIONAL COMMUNITIES: WINNING OFF THE FIELD: GOVERNANCE & GRANT WRITING FOR SPORTING CLUBS	SUCCESSFUL FY 26/27	\$ 4,360	\$ 4,360
CBCA CHILDREN'S BOOK COUNCIL OF AUSTRALIA WA BRANCH	CHILDREN'S BOOK WEEK EVENTS	SUCCESSFUL FY 26/27	\$ 1,009	\$ 1,009
DFES	DISASTER READY FUND (DRF) 2025-26 MITIGATE THE RISK OF INUNDATION OF SOUTH CARNARVON DRF2626-001	SUCCESSFUL FY 26/27	\$ 5,582,831	\$ 5,582,831
NATIONAL INDIGENOUS AUSTRALIAN AGENCY	REMOTE JOBS AND ECONOMIC DEVELOPMENT PROGRAM	SUCCESSFUL FY 26/27	\$ 2,505,546	\$ 1,489,431
ROAD SAFETY COMMISSION	BOLLARDS TO BELONGING: SAFER STREETS FOR OUR PEOPLE MARCH APPLICATION	UNSUCCESSFUL	\$ 25,000	N/A
INSPIRING WA	SEEDS FOR SCIENCE, NURTURING KNOWLEDGE FOR ALL ON YINGGARDA COUNTRY	UNSUCCESSFUL	\$ 10,000	N/A

OFFICER'S RECOMMENDATION

That the Audit, Risk and Improvement Committee resolves to receive the summary of grant applications.

5 DATE OF NEXT MEETING

20 October 2026, 1:30pm

6 CLOSE