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**From:** KAVANAGH, Darren [REDACTED]  
**Sent:** Friday, 31 January 2020 6:31 PM  
**To:** Adjudication  
**Subject:** Australian Engineered Stone Advisory Group - AA1000461  
**Attachments:** A1000461 - AESAG - ACCC to IPs re initial consultation - 5 December 2019.pdf

Dear Sir/Madam,

This office received correspondence, your reference AA10000461 dated 5/12/2019, seeking submissions in relation to a proposed arrangement for the Australian Engineered Stone Advisory Group's application for authorisation AA1000461.

We submit the following points in relation to the proposal;

1. As a result of regulatory activity and workplace investigations, WorkSafe has identified small/medium stone manufacturing businesses are, in many cases, not compliant with respect to Respirable Crystalline Silica (RCS) requirements.
2. The adoption of industry accreditation standards may or may not achieve legislative compliance or prevent harm to fabricators, as this will depend on how the standard is implemented and how fabricators maintain safe systems of work. As such, a net public benefit is not assured.
3. Currently stone businesses are able to take advantage of market competition to procure services of a competent person, such as an Australian Institute of Occupational Hygiene (AIOH) member or a Certified Occupational Hygienist (COH), for the purposes of conducting workplaces inspections or on-site auditing. This enables duty holders to enlist expert advice and support utilising fair and equitable market competition in pursuing improved safety standards. An accreditation system that can be used by any competent person, such as a COH, is likely to be more competitively priced than a system that is only used by a designated provider. As such, if this scheme proceeds it should be made very clear that businesses do not have to use a particular consultancy.
4. Noting the AESAGs membership purportedly covers 77% of the supply of engineered stone, a significant portion of the market would be excluded from this proposal. Ideally safety standards should be applicable and consistent across the whole industry. Further, regulatory compliance and safety standards should be consistently applied by all consultants e.g. encourage the use of the same tools/checklists by making these readily available.
5. The guidelines should be adapted for use in Western Australia. For example, it is not mandatory to use an occupational physician to conduct health surveillance in WA.

Sincerely



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