Title: Contractor Induction Checklist

No. DEE ESWB-24-5-4
Authorised By: Manager ESWB

Issue Date: July 2011
Last Reviewed: June 2013
Next Review Date: June 2015

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<th>Workplace</th>
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<tbody>
<tr>
<td>Company Name</td>
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<tr>
<td>Contractor’s Name</td>
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**Brief Description of Works**

1. **General Induction**
   The workplace is to ensure that the above named contractor(s) have been provided with following information and/or instructions:

   - DEECD Occupational Health and Safety Policy [Yes]
   - Hazard and incident reporting procedures [Yes]
   - Emergency procedures [Yes]
   - Location of first aid facilities and amenities [Yes]
   - Security and access arrangements [Yes]
   - Hazardous Substances and Dangerous Goods stored on site [Yes]
   - Traffic Management Plan [Yes]
   - Required conduct/behaviour (e.g. no smoking, offensive language or loud music etc) [Yes]
   - Permits to Work are required for high risks tasks (i.e. hot work, confined spaces, working at heights, and destructive or asbestos based work) [Yes]

   Current Asbestos Management Plan and Division 5 Asbestos Register [Yes] [N/A]

2. **Information to be provided by the Contractor**

   - Licence and qualification details [Yes] [N/A]
   - Current Working with Children Check [Yes] [N/A]
   - Safe Work Method Statement (SWMS) or equivalent (e.g. Job Safety Analysis) [Yes] [N/A]
   - A copy of the current contractors public liability insurance has been provided (if only sighted then the policy number and expiry date must be obtained and recorded on the Approved Contractor Register) **Note: $10mil minimum cover required:** [Yes]
   - A copy of the current workers compensation insurance has been provided (if only sighted then the policy number and expiry date must be obtained): [Yes]

3. **Contractor SWMS review (or equivalent)**

   Y/N  Comments
   - Lists the types of work being performed
   - Identifies the health and safety hazards and risks arising from the work
   - Lists the risk control measures to be implemented

4. **Sign off**

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   - I have been inducted in the above information and will comply with the safety instructions listed in my SWMS (or equivalent).

   Contractor:
   Workplace Manager and/or Management OHS Nominee:

**Workplace Manager / Management OHS Nominee are to file copies of all completed Contractor Induction Checklists.**

**THIS DOCUMENT IS UNCONTROLLED WHEN PRINTED**