Contractor OHS Induction Checklist

*The**Contractor OHS Induction Handbook**can be used to assist in conducting an OHS induction*.

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| **Workplace:** |  |
| **Company Name:** |  |
| **Contractor’s Name:** |  |
| **Brief Description of Work:** |  |

Section 1

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| --- | --- | --- | --- | --- | --- |
| General Induction  The workplace is to ensure that the above named contractor(s) have been provided with following information and/or instructions: | | | | | |
| Department Health, Safety and Wellbeing (HSW) Policy | | | | Yes | |
| Required conduct/behaviour | | | | Yes | |
| High or extreme risk as identified in the OHS Risk Register related to the works to be undertaken | | | | Yes | |
| Security access arrangements / Traffic Management Plan | | | | Yes | |
| Emergency management | | | | Yes | |
| First aid and amenities | | | | Yes | |
| Hazardous Substances and Dangerous Goods stored on site | | | | Yes | |
| Hazard and incident reporting | | | | Yes  N/A | |
| Current Asbestos Management Plan and Division 5 Audit Report | | | | Yes  N/A | |
| Introduction to Asbestos Coordinator | | | | Yes  N/A | |
| Confined Space Entry Permit | | | | Yes  N/A | |
| **Information to be provided by the Contractor** | | | | | |
| Licence details | | | | Yes  N/A | |
| A copy of the current contractors Public Liability Insurance Certificate of Currency (**minimum ten million sum insured**) | | | | Yes  N/A | |
| A copy of the current Workers Compensation Insurance Certificate of Currency | | | | Yes  N/A | |
| Current Working with Children Check | | | | Yes  N/A | |
| Safe Work Method Statements (SWMS) | | | | Yes  N/A | |
| Personal Protective Equipment (PPE) | | | | Yes  N/A | |
| **Sign off** | **Name** | | **Signature** | | **Date** |
| I have been provided with and understand the information (as indicated above) and will comply with the safety instructions listed in the Safe Work Method Statement (or equivalent). | | | | | |
| Contractor: | |  |  | |  |
| I have provided the contractor with the relevant Department and site-specific information related to the works to be conducted. | | | | | |
| Workplace Representative: | |  |  | |  |

***Principal or their delegate are to file copies of all completed Contractor OHS Induction Checklists*.**