

Contractor OHS Induction Checklist

Workplace:	Foster Primary School		
Company Name:			
Contractor's Name:			
Brief Description of Work:			
General Induction			
The workplace is to ensure that the above named contractor(s) have been provided with following information and/or instructions:			
Introduction, signing in to the office	Yes	<input type="checkbox"/>	
Department Health, Safety and Wellbeing (HSW) Policy	Yes	<input type="checkbox"/>	
Required conduct/behaviour	Yes	<input type="checkbox"/>	
Child Safe Policy & What's Expected at Foster Primary School	Yes	<input type="checkbox"/>	
Access Arrangements/Traffic Management	Yes	<input type="checkbox"/>	
Safe Work Method Statements (SWMS) with Personal Protective Equipment (PPE) (to be provided by the Contractor)			
<ul style="list-style-type: none"> o Potential to fall two metres or more o Hot Work o Cables o Confined Space 	<input type="checkbox"/>	Yes	<input type="checkbox"/> N/A
	<input type="checkbox"/>	Yes	<input type="checkbox"/> N/A
	<input type="checkbox"/>	Yes	<input type="checkbox"/> N/A
	<input type="checkbox"/>	Yes	<input type="checkbox"/> N/A
Site Specific Hazards	Yes	<input type="checkbox"/>	
Hazardous Substances and Dangerous Goods stored on site	Yes	<input type="checkbox"/>	
Current Asbestos Management Plan and Division 5 Audit Report	Yes	<input type="checkbox"/>	N/A <input type="checkbox"/>
Emergency management	Yes	<input type="checkbox"/>	
First aid and amenities	Yes	<input type="checkbox"/>	
Hazard and incident reporting	Yes	<input type="checkbox"/>	N/A <input type="checkbox"/>
Information to be provided by the Contractor			
Licence details	Yes	<input type="checkbox"/>	N/A <input type="checkbox"/>
A copy of the current contractors Public Liability Insurance Certificate of Currency (minimum ten million sum insured)	Yes	<input type="checkbox"/>	N/A <input type="checkbox"/>
A copy of the current Workers Compensation Insurance Certificate of Currency	Yes	<input type="checkbox"/>	N/A <input type="checkbox"/>
Current Working with Children Check	Yes	<input type="checkbox"/>	N/A <input type="checkbox"/>
Safe Work Method Statements (SWMS)	Yes	<input type="checkbox"/>	N/A <input type="checkbox"/>
Personal Protective Equipment (PPE)	Yes	<input type="checkbox"/>	N/A <input type="checkbox"/>
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:			

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