

Contractor OHS Induction Checklist

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

Workplace:	Foster Primary School
Company Name:	
Contractor's Name:	Phone:.....
Contractors Email Address:	
Brief Description of Work:	

Section 1

General Induction	
The workplace is to ensure that the above named contractor(s) have been provided with following information and/or instructions:	
Please sign into the office and wear the Visitors Tag at all times	Yes <input type="checkbox"/>
DET Occupational Health and Safety Policy	Yes <input type="checkbox"/>
Required conduct/behaviour	Yes <input type="checkbox"/>
Child Safe Policy	Yes <input type="checkbox"/>
Security access arrangements / Traffic Management Plan	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"> <input type="checkbox"/> Potential to fall two metres or more <input type="checkbox"/> Hot Work <input type="checkbox"/> Cables <input type="checkbox"/> Confined Spaces 	<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"/>
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"/>
High or extreme risk as identified in the OHS Risk Register related to the works to be undertaken	Yes <input type="checkbox"/>
Task Based Risk Management Form	Yes <input type="checkbox"/>
Contractor Hazard Identification Control Guide	Yes <input type="checkbox"/>
Current Asbestos Management Plan and Division 5 Audit Report	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 \$10 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 & Expiry Date:	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
Please Turn Over to Sign	

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 SWMS (or equivalent).			
Contractor:			
I have provided the contractor with the relevant DET 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.

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