

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 Works | | | |
| General Induction The workplace is to ensure that the above named contractor(s) have been provided with following information and/or instructions: | | | Provided |
| DET Occupational Health and Safety Policy | | | <input type="checkbox"/> Yes |
| Required conduct/behaviour | | | <input type="checkbox"/> Yes |
| High or extreme risk as identified in the OHS Risk Register related to the works to be undertaken | | | <input type="checkbox"/> Yes |
| Security access arrangements / Traffic Management Plan | | | <input type="checkbox"/> Yes |
| Emergency management | | | <input type="checkbox"/> Yes |
| First aid and amenities | | | <input type="checkbox"/> Yes |
| Hazardous Substances and Dangerous Goods stored on site | | | <input type="checkbox"/> Yes |
| Hazard and incident reporting | | | <input type="checkbox"/> Yes |
| Current Asbestos Management Plan and Division 5 Audit Report | | | <input type="checkbox"/> Yes |
| Confined Space Entry Permit | | | <input type="checkbox"/> Yes <input type="checkbox"/> N/A (n/a is only to be selected when not working in a confined space) |
| Information to be provided by the Contractor | | | Provided |
| Licence details | | | <input type="checkbox"/> Yes <input type="checkbox"/> N/A |
| A copy of the current contractors Public Liability Insurance Certificate of Currency (minimum \$10 million sum insured) | | | <input type="checkbox"/> Yes |
| A copy of the current Workers Compensation Insurance Certificate of Currency | | | <input type="checkbox"/> Yes <input type="checkbox"/> N/A |
| Current Working with Children Check | | | <input type="checkbox"/> Yes <input type="checkbox"/> N/A |
| Safe Work Method Statements (SWMS) | | | <input type="checkbox"/> Yes <input type="checkbox"/> N/A |
| Personal Protective Equipment (PPE) | | | <input type="checkbox"/> Yes <input type="checkbox"/> 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 SWMS (or equivalent). | | | |

Contractor OHS Induction Checklist

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| 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.