



Title: Contractor Induction Checklist

Issue Date: July 2011

Last Reviewed: June 2013

CENTRAL OFFICE USE ONLY

Next Review Date: June 2015

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Workplace			
Company Name			
Contractor's Name			
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			<input type="checkbox"/> Yes
Hazard and incident reporting procedures			<input type="checkbox"/> Yes
Emergency procedures			<input type="checkbox"/> Yes
Location of first aid facilities and amenities			<input type="checkbox"/> Yes
Security and access arrangements			<input type="checkbox"/> Yes
Hazardous Substances and Dangerous Goods stored on site			<input type="checkbox"/> Yes
Traffic Management Plan			<input type="checkbox"/> Yes
Required conduct/behaviour (e.g. no smoking, offensive language or loud music etc)			<input type="checkbox"/> 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)			<input type="checkbox"/> Yes
Current Asbestos Management Plan and Division 5 Asbestos Register			<input type="checkbox"/> Yes <input type="checkbox"/> N/A
2. Information to be provided by the Contractor			Completed
Licence and qualification details			<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 Statement (SWMS) or equivalent (e.g. Job Safety Analysis)			<input type="checkbox"/> Yes <input type="checkbox"/> 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:			<input type="checkbox"/> 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):			<input type="checkbox"/> 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	Name	Signature	Date
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