

ECM NUMBER #1387752
EFFECTIVE DATE: 03/04/2019

DEPARTMENT: Office of the CEO
UNIT: Work Health and Safety

This checklist provides information to assist Central Highlands Regional Council (CHRC) in reviewing service provider's WHS compliance to CHRC Contractor Management Procedure or Site Construction Safety Management Plan (CSMP).

Details
Company Name: _____

Service being provided: _____

Contract Number: _____

CHRC Job Owner: _____ **Date:** ____/____/____
(CHRC Representative engaging the contractor)

Person completing the Inspection: _____

No	Items to Check	Y	N	NA
1	Have the contractor workers completed CHRC WHS Induction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	If required, do contractors have Construction Induction Card (<i>white card</i>)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Is there adequate supervision for the activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Do all workers have the required competencies and licences?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Has an appropriate risk assessment been conducted for task?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Has the possibility of exposure to friable asbestos been considered? (<i>If applicable has the Asbestos register been consulted</i>)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Are appropriate High Risk Permits and rescue plans in place? (<i>e.g. Excavation permits for excavations over 300mm</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Are barricades erected around the work area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Is plant and equipment in a serviceable condition and maintained correctly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Is electrical equipment tested and tagged?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Is all lifting & Working at Heights gear tagged, current and in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Is appropriate PPE available and being used and maintained correctly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Are ladders, Platforms/scaffolding compliant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	If the contractor is using a hazardous chemical are SDS sheets available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Are work areas tidy and free from trip hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

No	Other Hazards Identified	Y	N
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Non-Conformance Report

All non-conformances to this checklist are to be actioned using the below action plan. The job owner is to ensure that all actions are completed within the agreed timeframes.

Item #	Control	Responsible	By When

This section can also be used to report WHS non-conformances identified outside of the parameters of the spot Inspection checklist. To report a WHS non-conformance, include the action in "Other Hazards Identified", and add control or outcome to above action plan.

Should Non-conformances be recorded – a copy of this form is to be returned to the CHRC Coordinator Safety for processing.