|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Workplace:** | |  | | | | | |
| **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 the following information and/or instructions:*** | | | | | **Y** | **N** | **N/A** |
| Occupation Health and Safety Policy | | | | |  |  |  |
| Required conduct/behaviour | | | | |  |  |  |
| Substance abuse policy | | | | |  |  |  |
| High or extreme risk as identified in the OHS Risk Register related to the works to be undertaken | | | | |  |  |  |
| Security access arrangements / Traffic Management Plan | | | | |  |  |  |
| Emergency management | | | | |  |  |  |
| First aid and amenities | | | | |  |  |  |
| Hazardous Substances and Dangerous Goods | | | | |  |  |  |
| Hazard and incident reporting | | | | |  |  |  |
| Confirmed isolation procedures out of service/danger tags | | | | |  |  |  |
| **Information to be provided by the Contractor** | | | | | | | |
| Relevant licence details | | | | |  |  |  |
| A copy of the current contractor's Public Liability Insurance Certificate of Currency | | | | |  |  |  |
| A copy of the current Workers Compensation Insurance Certificate of Currency | | | | |  |  |  |
| Current COVID-19 vaccination information | | | | |  |  |  |
| Safe Work Method Statements (SWMS) | | | | |  |  |  |
| Personal Protective Equipment (PPE) | | | | |  |  |  |
| Working at Heights | | | | |  |  |  |
| Confined Space | | | | |  |  |  |
| **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 |  | |  |  | | | |