|  |  |
| --- | --- |
| **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 |  |  |  |