

Contractor OHS Induction Checklist

The Contractor OHS Induction Handbook can be used to assist in conducting an OHS induction.

Workplace:	Ballarat Specialist School
Company Name:	
Contractor's Name:	
Brief Description of Work:	NDIS Therapy

Section 1

General Induction			
The workplace is to ensure that the above named contractor(s) have been provided with following information and/or instructions:			
Department Health, Safety and Wellbeing (HSW) Policy			Yes <input type="checkbox"/>
Required conduct/behaviour			Yes <input type="checkbox"/>
High or extreme risk as identified in the OHS Risk Register related to the works to be undertaken			Yes <input type="checkbox"/>
Security access arrangements / Traffic Management Plan			Yes <input type="checkbox"/>
Emergency management			Yes <input type="checkbox"/>
First aid and amenities			Yes <input type="checkbox"/>
Hazardous Substances and Dangerous Goods stored on site			Yes <input type="checkbox"/>
Hazard and incident reporting			Yes <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Current Asbestos Management Plan and Division 5 Audit Report			Yes <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Introduction to Asbestos Coordinator			Yes <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Confined Space Entry Permit			Yes <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Information to be provided by the Contractor			
Licence details			Yes <input type="checkbox"/> N/A <input type="checkbox"/>
A copy of the current contractors Public Liability Insurance Certificate of Currency (minimum ten million sum insured)			Yes <input type="checkbox"/> N/A <input type="checkbox"/>
A copy of the current Workers Compensation Insurance Certificate of Currency			Yes <input type="checkbox"/> N/A <input type="checkbox"/>
Current Working with Children Check			Yes <input type="checkbox"/> N/A <input type="checkbox"/>
Safe Work Method Statements (SWMS)			Yes <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Personal Protective Equipment (PPE)			Yes <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
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:			

Principal or their delegate are to file copies of all completed Contractor OHS Induction Checklists.