



CONTRACTORS SAFETY FILE

NAME OF CONTRACTOR:

FILE CHECKED BY:

DATE FILE CHECKED:

CONTRACTOR DOCUMENTS:

	YES	NO	N/A
Agreement with Mandatory {Section 37(2)}			
Appointment of Contractor {Section 7.1}			
Appointment - First Aider			
Appointment - Hazardous Chemicals Officer			
Appointment - Health & Safety Officer			
Appointment - Health & Safety Representative			
Appointment - Supervisor on site			
Fall Protection Plan (if working at height)			
Incidents - Blank Investigation Forms			
Incidents - Blank WCA Forms			
Incidents - Register & Procedure			
Letter of Good Standing with WCC			
List of Contractors on Site + Copy of ID's			
Medical - Personnel OK to work at height			
Method Statement (Scope of Project)			
MSDS for all chemicals (if used on site)			
Notification of Construction Work - proof sent OHS Act			
Public Liability Cover			
Register - Issue of PPE			
Register - Ladders (if used on site)			
Register - Plant and Equipment			
Register - Safety Harnesses (if used on site)			
Register - Scaffolding (if used on site)			
Risk Assessment - Process			
SHE Plan (Safety, Health & Environmental Plan)			
Training done - Fall Protection Plan			
Training done - SHE Plan			
Training done - Risk Assessment, OHS Act, SHE Investigation and Reporting			

Date: _____

Signature: _____