1. Contract Details

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| Contract Details | |
| Contractor Name: | Contract Duration Dates: to |
| Contractor Name: | BizOps Contact: |
| Contractor Representative: | Work area to be Inducted: |

1. Information Checklist

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| --- | --- |
| Information Checklist | |
| Contractor qualification/license: | |
| Contractor qualification/license and public liability/workers compensation cover provided | Yes |
| Safe Work Method Statement (SWMS): | |
| Safe Work Method Statement (SWMS) document/s with risk assessment and detailed controls (may be detailed in an attachment) sighted and discussed with the Station Manager | Yes  (work will not commence until sighted) |
| Site Induction: |  |
| Provided with BizOps contact numbers: Emergencies phone (08) 9111 1111  General Enquiries phone (08) 9222 2222 | Yes |
| First aid requirements discussed | Yes |
| Accident/incident & hazard reporting procedures for BizOps discussed | Yes |
| Emergency procedures at BizOps discussed | Yes |
| Discuss building access requirements/hours of work | Yes |
| Identification of restricted access areas | Yes |
| Discuss vehicle access to work site | Yes |
| Advised of BizOps Alcohol/Drugs and Smoking policies | Yes |
| Consultation – discussion and agreement reached with contractor regarding | |
| Asbestos management plan viewed | Yes |
| Location of any barricades to be erected | Yes |
| Access to electricity/use of extension leads | Yes |
| Contractors tools tested & tagged | Yes |
| Delivery/Storage/Removal of building waste | Yes |
| Storage of building material | Yes |
| Excavation sites | Yes |
| Lock out procedures for plant and equipment | Yes |
| Disconnection of utilities | Yes |
| Impact on fire alarm/smoke detection systems | Yes |
| Noise control measures | Yes |
| Chemicals *(if applicable)*: | |
| Will chemicals be used on job? | Yes |
| Safety Data Sheets for the chemicals being used are provided | Yes |
| Hot Work *(if applicable)*: A Hot Works permit for welding, soldering, acetylene torch, or other related heat or spark producing operations must be obtained from the BizOps Station Manager prior to starting any Hot Works. Hot Work signage must be displayed on the site. | |
| Fire alarm system needs to be isolated or turned off? | Yes |
| Hot Work Permit is required and supplied to worksite? | Yes |
| Will appropriate additional firefighting equipment be located next to work site? | Yes |
| Working at heights *(if applicable)*: | |
| Has Contractor completed working at height safety training? | Yes |
| Are procedures detailed in the Safe Work Method Statement? | Yes |
| Working in a confined space *(if applicable)*: | |
| Has Contractor completed Confined Space safety training? | Yes |
| Are procedures detailed in the Safe Work Method Statement? | Yes |

1. Sign-Off

By signing this form I, the undersigned, agree that:

* I have participated in and understood the WHS Induction.
* I agree to abide by the safety policies and procedures identified above whilst working for BizOps

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| Sign-Off | | |
| Responsible BizOps Staff Member: |  | Date: |
| Contractor Representative: |  | Date: |

Copy to Contractor, Copy to BizOps

References

Australian Government.Comcare.(2016).Comcare: Work Health and Safety (WHS) Management Plan Template

Retrieved from: <https://www.comcare.gov.au/__data/assets/pdf_file/0008/145286/WHS_123a_04706_May17_v1fill-b66aa8587c8c4523af9505ce097736d4.pdf>