

## 3.14 Work Health and Safety (WHS) – Contractor Induction Checklist

The Responsible Officer is to use this checklist to induct Contractors onto the site, or the Main Contractor/Site Supervisor, before handing over control of a site.

| Contractor Induction Checklist  | Response        | Details |
|---|-----------------|---------|
| Work Site Safety Procedures   |                 |         |
| Informed of any relevant work site-specific safety procedures.  | []Yes<br>[]No   |         |
| Isolation Procedures  |                 |         |
| Confirmed isolation procedures, including out-<br>of-service/danger tags.   | []Yes<br>[]No   |         |
| Hazard Identification   |                 |         |
| Informed of hazards on the work-site that are<br>not readily identifiable (e.g., presence of<br>asbestos, need for portable Residual Current<br>Devices (RCDs), etc.).            | [] Yes<br>[] No |         |
| Safety Data Sheets and Risk Assessments   |                 |         |
| Location of safety data sheets and risk assessments.  | []Yes<br>[]No   |         |
| Hazardous Substances  |                 |         |
| The contractor is to inform the Responsible<br>Officer of any hazardous substances being<br>brought on site. Use of these substances must<br>be approved by the contract manager. | [] Yes<br>[] No |         |
| Reporting Procedures  |                 |         |
| Confirmed reporting procedure for hazards, injuries, near-misses, or property damage.   | []Yes<br>[]No   |         |
| Emergency Procedures  |                 |         |
| Outlined emergency procedures, including the evacuation plan and muster point.  | []Yes<br>[]No   |         |
| Local Contacts  |                 |         |
| Local contacts for hospital, doctor, or out-of-<br>hours access if relevant.  | []Yes<br>[]No   |         |
| Operating Hours   |                 |         |
| Closing time of the City of Albany office/depot/site operating hours.   | []Yes<br>[]No   |         |

## Acknowledgment

I have been inducted in the above procedures and know who and how to contact for further information:

## Contractor

Name/Signature/Date:

## **Responsible Officer**

Name/Signature/Date: