

Contractors Induction & Engagement Form

Name of Contractor:
ABN:
Trade or Service Provided:
Address:
Contact number:
Email:

Contractors Representative on site:
Responsible to:
Department/Section:
Date:

	Yes	No	Date finalised & filed	Comments
Application for engagement	<input type="checkbox"/>	<input type="checkbox"/>		
Copy of successful contractor's letter	<input type="checkbox"/>	<input type="checkbox"/>		
Reference checklist	<input type="checkbox"/>	<input type="checkbox"/>		
Deed of confidentiality	<input type="checkbox"/>	<input type="checkbox"/>		
Signed induction form	<input type="checkbox"/>	<input type="checkbox"/>		
Payment details	<input type="checkbox"/>	<input type="checkbox"/>		
Acknowledgement of receipt of induction handbook	<input type="checkbox"/>	<input type="checkbox"/>		
Acknowledgement of receipt of policies, including: <ul style="list-style-type: none"> • WH&S • Drug & alcohol • Chain of responsibility • Fatigue management • Vehicle maintenance • Load mass & dimensions • Managing speed 	<input type="checkbox"/>	<input type="checkbox"/>		
Evidence of police checks	<input type="checkbox"/>	<input type="checkbox"/>		

Insurance

	Insurer	Max cover	Certificate of currency viewed	
			Yes	No
Public Liability			<input type="checkbox"/>	<input type="checkbox"/>
Workers Compensation			<input type="checkbox"/>	<input type="checkbox"/>
Comprehensive motor vehicle			<input type="checkbox"/>	<input type="checkbox"/>

Introduction to company: (Explain and Show)

- Relevant company policies and operational procedures
- Roles of key people in the organisation
- Office contact list

Work Environment (Show)

- Kitchen facilities
- Wash and toilet facilities
- Car parking
- Location of first aid facilities such as first aid box/room & first aid providers
- OH & S representative
- WH&S Officer

Health & Safety: (Explain and Show)

- Accident/Incident reporting procedures, including the location of forms that need to be completed. (Personal Injury & Accident Investigation reports)

Orientation: (visit and show)

- Location of emergency exits (including emergency procedures, and fire extinguishers)
- Location of Emergency alarm
- Location of Assembly area
- Introduce Fire Warden
- Location of WHS noticeboard

Security

- Building and alarm code (if applicable)
- Personal and security of personal belongings



Training

	Yes	No	Not applicable
AFRA Workplace Health & Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chain of Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pack & unpack cartons during a removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handling furniture & effects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Conducted by: _____

Date: _____

Signature: _____

Contractors signature: _____

Date: _____