



Contractors Induction

| |
|-----------------------------|
| Name of Contractor: |
| ABN: |
| Trade or Service Provided: |
| Address: |
| Contact number: |
| Email: |
| Visa class (if applicable): |

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

Drivers Licences

| Name | Licence Number | Licence Type | Expiry Date |
|------|----------------|--------------|-------------|
| | | | |
| | | | |

Policies

| | Viewed | |
|---------------------------------|--------------------------|--------------------------|
| | Yes | No |
| Workplace Health & Safety | <input type="checkbox"/> | <input type="checkbox"/> |
| Drug and Alcohol | <input type="checkbox"/> | <input type="checkbox"/> |
| Chain of Responsibility | <input type="checkbox"/> | <input type="checkbox"/> |
| Managing fatigue risks | <input type="checkbox"/> | <input type="checkbox"/> |
| Maintenance | <input type="checkbox"/> | <input type="checkbox"/> |
| Loads in excess of legal limits | <input type="checkbox"/> | <input type="checkbox"/> |
| Managing speed | <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)

- Nature and Structure of Business
- Roles of key people in the organization
- Office Contact list
- Hi-Vis clothing and other personal protective equipment requirements

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
- Emergency Coordinating Officer (ECO)

Health & Safety: (Explain and Show)

- Accident/Incident reporting procedures, including the location of forms that need to be completed. (Personal Injury & Accident Investigation reports)
- Safe use and storage of personal hazardous substance, including Material Safety Data Sheets
- View the contractors WH&S system materials

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

Are control measures in place for:

- Workplace Health & Safety
- Chain of Responsibility



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: _____