**attachment 101**

Job Start and OHS Induction Checklist for (non-routine task) Contractor

It is recommended that the employer also consider whether this contractor will be permitted to work outside   
of the service’s normal operating hours. If this is permitted then the contractor’s management representative must authorise such instances and all four parties (the employer, relevant employee representatives, the contractor’s management representative, and the contractor worker) must be consulted. Agreed risk controls must be implemented to reduce risk of harm to people. The ‘other’ section in the checklist below can be   
used for this purpose.

Ideally an employer representative or a delegate familiar with this manual should complete this checklist face   
to face with the contractor management representative, the supervisor who will be on site during the contractor works and each of the contractor workers.

A copy of the completed checklist should be given to the contractor management representative and the original kept on file by the employer.

**1. Names and signatures of contractor workers/employees**

(Please include all sub-contractors and labour hire personnel)

Contractor management representative

Name (please print): ……………………………………………………………………………………………………….

Signature\*: …………………………………………………………………………………………………………………..

Date: …………………………………………………………………………………………………………………………

Supervisor who will be on site

Name (please print): ……………………………………………………………………………………………………….

Signature\*: …………………………………………………………………………………………………………………..

Date: …………………………………………………………………………………………………………………………

Contractor worker

Name (please print): ……………………………………………………………………………………………………….

Signature\*: …………………………………………………………………………………………………………………..

Date: …………………………………………………………………………………………………………………………

Contractor worker

Name (please print): ……………………………………………………………………………………………………….

Signature\*: …………………………………………………………………………………………………………………..

Date: …………………………………………………………………………………………………………………………

Contractor worker

Name (please print): ……………………………………………………………………………………………………….

Signature\*: …………………………………………………………………………………………………………………..

Date: …………………………………………………………………………………………………………………………

Contractor worker

Name (please print): ……………………………………………………………………………………………………….

Signature\*: …………………………………………………………………………………………………………………..

Date: …………………………………………………………………………………………………………………………

\* Please sign here only if:

• This checklist has been completed in your presence,

• That the site requirement herein have been described to you, and

• That you understand and commit to following them,

• Any questions you have asked relating to site health and safety requirements have been answered to your satisfaction.

**2. Meet key people (if appropriate)**

|  |  |  |
| --- | --- | --- |
|  | Name | Yes/No |
| Employer representative or delegate |  |  |
| Employee representative |  |  |
| Others (e.g. other contractors) |  |  |
| Others (e.g. other contractors) |  |  |
| Others (e.g. neighbours) |  |  |
| Others (e.g. landlord and/or  council representatives) |  |  |

**3. Worksite OHS specifics**

|  |  |
| --- | --- |
|  | Yes/No |
| Carparking |  |
| OHS Rules including read or have read to and understand service’s: |  |
| • Site sign-in requirements |  |
| • Site security controls |  |
| • Employer’s OHS Policy |  |
| • Prevention of Harassment and Bullying |  |
| • Code of Conduct |  |
| • First Aid Officer (preferably contractor will have their own First Aider) |  |
| • Personal belongings safe storage own responsibility |  |
| • Delineation or clear instruction on go and no-go zones |  |

|  |  |
| --- | --- |
| • Clear instruction provided on what to do if children enter the vicinity of contractor works |  |
| • Other (provide details) e.g. If working outside of service operating hours employer   and contractor management authorisation must be obtained and additional risk   controls implemented |  |
| • Other (provide details) |  |

**4. Consider employer activities**

|  |  |
| --- | --- |
|  | Yes/No |
| Discuss employer activities being conducted on site at same time |  |
| Agree on precautions to be taken by employer and their employees |  |
| Employer to consult with relevant stakeholders to ensure these precautions are implemented |  |
| Other (provide details) |  |

**5. Contact in event of uncontrolled hazard and/or injury and/or emergency**

Confirm who will be contacted as soon as practicable if there are uncontrolled hazards that could foreseeably harm the contractor workers, the employer’s employees, families or others.

|  |  |  |
| --- | --- | --- |
|  | Name | Telephone |
| On-site contractor supervisor |  |  |
| Contractor management representative |  |  |
| First employer representative or delegate |  |  |
| Back-up employer representative  or delegate |  |  |
| Employee representative (if applicable) |  |  |

|  |  |
| --- | --- |
|  | Yes/No |
| Contractor has provided clear instructions for their workers on whom they report incidents including near misses, first aid incidents and more serious injuries or illnesses to. |  |
| Contractor workers/employers have mobile phones or otherwise have access to service phones (agreed by employer including instructions on how to reach outside line)  to communicate with above persons if needed. |  |
| Confirm understanding that employer representative must also be contacted as soon  as practicable after an injury (including near miss and first aid incidents), and after  an emergency situation involving or related to contractor activities or personnel. |  |
| For minor injuries and illnesses contractor workers understand they must seek first  aid treatment promptly. |  |
| Contractor has a current trained first aider and first aid kit that on site at all times.  Or alternative arrangements have been made in consultation with the employer. |  |
| For emergencies contractor workers understand they must contact 000. |  |

**6. Job specific issues**

|  |  |
| --- | --- |
|  | Yes/No |
| Will a Job Safety and Environment Analysis (JSEA) be required to be completed by the  contractor? (Recommended for medium or high OHS risks and all works involving power  tools, use of electricity, gas, chemicals, glass, nails or screws, generation of debris or waste  materials, trip hazards, excavation, work at heights above 1.5 metres, confined spaces,  drilling, hammering, construction and demolition) |  |
| Confirm copy of this JSEA to be provided to the employer representative or delegate |  |
| Confirm if there are precautions or steps that need to be taken by the employer, and if so: |  |
| • that there has been consultation and agreement with the employer representative |  |
| • that this is documented in the JSEA. |  |

**7. Note questions and concerns raised by contractor or their workers**

a) ……………………………………………………………………………………………………………………………

b) ……………………………………………………………………………………………………………………………

c) ……………………………………………………………………………………………………………………………

d) ……………………………………………………………………………………………………………………………

**8. Record employer responses to these questions and concerns**

a) ……………………………………………………………………………………………………………………………

b) ……………………………………………………………………………………………………………………………

c) ……………………………………………………………………………………………………………………………

d) ……………………………………………………………………………………………………………………………

**9. Name and signature of person conducting this induction**

Employer representative

Name (please print): ………………………………………………………………………………………………………

Signature: …………………………………………………………………………………………………………………..

Date: ………………………………………………………………………………………………………………………..