**CONTRACTOR INDUCTION CHECKLIST**

This template is intended to assist member businesses develop their own workplace checklist. The following information should be used as a guide only. Any wording changes, other than those to insert a business name, may change the context, meaning or purpose of the checklist. Therefore, we recommend you receive advice from the Victorian Chamber of Commerce and Industry prior to making such changes.

Contacting the Victorian Chamber of Commerce and Industry

The Victorian Chamber’s team of experienced health, safety and wellbeing and workplace relations advisors can assist members with a range of health, safety, wellbeing, employment, human resources and industrial relations issues.

Our experienced health, safety and wellbeing and workplace relations consultants can also provide assistance to both members and non-members on a range of more complex matters for a fee-for-service. The consultants can, among other things, provide health, safety and wellbeing consulting and training to employees, conduct investigations and provide representation at proceedings at the Fair Work Commission.

For assistance or more information, please contact the Advice Line on **(03) 8662 5222.**

**Disclaimer**

The information contained in this document has been prepared by the Victorian Chamber of Commerce and Industry in this format for the convenience and benefit of its members and is provided as a source of information only. The Victorian Chamber does not accept responsibility for the accuracy of the information or its relevance or applicability in particular circumstances. The information does not constitute, and should not be relied on, as legal or other professional advice about the content and does not reflect the opinion of the Victorian Chamber, its employees or agents. The Victorian Chamber and its employees, officers, authors or agents expressly disclaim all and any liability to any person, whether a member of the Victorian Chamber or not, in respect of any action or decision to act or not act which is taken in reliance, whether partially or wholly, on the information in this communication. Without limiting the generality of this disclaimer, no responsibility or liability is accepted for any losses incurred in contract, tort, negligence, or any other cause of action, or for any consequential or other forms of loss. If you are uncertain about the application of this information in your own circumstances you should obtain specific advice.

**CONTRACTOR SAFETY INDUCTION CHECKLIST**

**Instruction**: Complete when conducting an induction of a new contractor or a new employee of an existing contractor working on site. Induction is to be conducted on, or prior to, commencement and annually thereafter.

|  |  |
| --- | --- |
| **Contractor/employee name:**  |  |
| **Date commenced:**  |  |
| **Job title:**  |  |
| **Department:** |  |
| **Supervisor:** |  |
|  | **YES** | **NO** |
| 1. Organisation overview and site tour
 | ❒ | ❒ |
| 1. Company OHS/WHS policy and procedures
 | ❒ | ❒ |
| 1. Injury reporting and first aid facilities
 | ❒ | ❒ |
| 1. Who to contact for first aid and location of first aid kit
 | ❒ | ❒ |
| 1. How to report a hazard/OHS/WHS concern
 | ❒ | ❒ |
| 1. Emergency procedures (assembly point, exits, contacts)
 | ❒ | ❒ |
| 1. Consultation arrangements established, contractor advised of, and included in, company’s consultation arrangements
 | ❒ | ❒ |
| 1. Specific job task and safety considerations
 | ❒ | ❒ |
| 1. Safe operating procedures (plant & equipment)
 | ❒ | ❒ |
| 1. Safe work method statements (contractors)
 | ❒ | ❒ |
| ***Conducted by:***  | **Date:**  |
| ***I have received and understood the Induction Program******Employee/Contractor signature:***  |
| ***Signature:*** | ***Date:***  |

Return Completed form to: **[INSERT NAME/POSITION]**

|  |
| --- |
| ***Diary entry made for annual induction:***  |
| ***Date for next induction:***  |