



## CONTRACTORS INDUCTION CHECKLIST

**Workplace:**

**Location:**

**Date:**

<b>Name of Contractor's representative:</b>	<b>Contractor Organisation:</b>
<b>Contract Work:</b>	<b>Point of Contact/Site Supervisor</b>  <b>Name:</b>  <b>Contact Phone Number:</b>
<b>Work Area Orientation</b>	
<b>Explain</b> <input type="checkbox"/> The Emergency Procedures <input type="checkbox"/> The Speed Limits <input type="checkbox"/> The Restricted areas <input type="checkbox"/> The Parking requirements <input type="checkbox"/> The Quarantine requirements	<b>Show</b> <input type="checkbox"/> Where Washing and toilet facilities are located <input type="checkbox"/> Emergency Assembly Areas/Exits <input type="checkbox"/> Location of Fire extinguisher(s)
<b>Occupational Health &amp; Safety</b>	
<b>Explain</b> <input type="checkbox"/> The Smoke Free Work Environment Policy <input type="checkbox"/> The Incident Reporting Procedures <input type="checkbox"/> The hazards that may be present in work area <input type="checkbox"/> The types of hazards that may be present <input type="checkbox"/> The safe practices to be followed <input type="checkbox"/> Relevant Standard Operating Procedures <input type="checkbox"/> Hot work procedures <input type="checkbox"/> Danger & Out of Service Tags/Locks <input type="checkbox"/> Site Access procedures <input type="checkbox"/> Need for good housekeeping <input type="checkbox"/> PPE & Dress Code <input type="checkbox"/> Alcohol & Drug Policy <input type="checkbox"/> Loose Horse Procedures	<b>Show</b> <input type="checkbox"/> Contractor Licenses/certification/insurance requirements have been sighted by Site Supervisor/point of contact. <input type="checkbox"/> Advise Phone Number of Contacts for first aid purposes <input type="checkbox"/> Location for material storage/delivery. <input type="checkbox"/> Notify if any Asbestos on site <input type="checkbox"/> Provide (where required) relevant Material Safety Data Sheets (MSDS) <input type="checkbox"/> Show Confined spaces and provide a copy of Relevant procedures
<b>Provide a copy of this completed checklist to the Contractor and retain the original with Contractor OHSW records</b>	
Inducted By (signature):	Contractor's Representative (signature):
Inducted By (Print Name):	Contractor's Representative (Print Name):
Date:	Date: