**CONTRACTOR INDUCTION**

**DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONTRACTOR:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROJECT OR TASK:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EXPECTED DURATION OF WORK:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **FROM:** \_\_\_\_\_\_\_\_\_\_\_\_ **TO:** \_\_\_\_\_\_\_\_\_\_\_

**CONTRACTOR CONTACT DETAILS:**

Business Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: (name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (phone number) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**As a contractor you are expected to comply with all policies and instructions given to you by the person in charge. By signing you are acknowledging that you have been through this induction with the appropriate person, and also that you and your workers agree to comply accordingly.**

**ITEMS TO COVER**

CompanyA has explained the emergency procedures and provided emergency contact details

CompanyA has explained their Drug and Alcohol Policy

CompanyA has explained hazards and shown the hazard register

CompanyA has confirmed they have the appropriate equipment for the work

CompanyA has seen proof of contractor competency where relevant (i.e. trades certification)

Contractor will report any accidents that happen on site

Contractor has explained location and hours of work, and any subcontractors they will use (record details)

Contractor has presented their Health and Safety Plan (or has been inducted using the business one)

**COMPANYA’S POST CONTRACT SAFETY REVIEW**

HAPPY WITH THE STANDARD OF WORK & SAFETY PRACTICES? Yes/No

DISCUSSED WITH STAFF IN A TOOLBOX MEETING? Yes/No MEETING DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_

COMMENTS:

**COMPANYA REP’S SIGNATURE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE:** \_\_\_\_\_\_\_\_\_\_\_

**COMPANYA REP’S NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**List below any equipment or plant to be used and what safety gear is required. If this information has already been supplied by the contractor, in the form of a safety plan, then tick the box:**

**SAFETY PLAN SIGHTED: Yes No**

**Contractor safety plan checked for plant, safety gear, hazards and controls being brought onto premises.**

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| **PLANT** | **SAFETY GEAR** |
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**POTENTIAL SIGNIFICANT HAZARDS AND CONTROLS IN PLACE**

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| --- | --- |
| **HAZARD** | **CONTROLS** |
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**COMPANYA REP’S SIGNATURE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE:** \_\_\_\_\_\_\_\_\_\_

**CONTRACTOR’S SIGNATURE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COMPANYA REP TO RECORD ANY CHECKS COMPLETED ON CONTRACTOR(S)**

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| --- | --- | --- |
| **DATE** | **ALL CONTROLS IN PLACE Y/N** | **COMMENTS** |
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