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| --- | --- | --- | --- | --- |
| **To be completed by every contractor each day they work at name of service.** | | | | |
| Contractor Name: | | Contractor Company: | | |
| Work to be done: | | Day phone contact:  After hours phone contact: | | |
| yes | no |
| I/the company I work for have identified the health and safety issues involved in the work I am doing at name of service. | | |  |  |
| I/the company I work for have developed a hazard management plan for the work I am doing at name of service. | | |  |  |
| I am only doing work I am qualified and authorised to do. All relevant permits have been obtained. | | |  |  |
| name of service has provided me with their hazard register. | | |  |  |
| I have been provided with a full health and safety briefing, including specific hazards that may affect me. | | |  |  |
| I have been made aware who the Health and Safety Representative at name of service is. | | |  |  |
| I will report any hazards that I identify while doing work at name of service. | | |  |  |
| Restricted areas have been outlined to me. | | |  |  |
| I have outlined and identified any restricted area while doing work at name of service. | | |  |  |
| I have been explained name of service rules that I need to abide by. | | |  |  |
| I have been made aware of name of service evacuation plan. Explained emergency procedures and location of the first-aid facilities. | | |  |  |
| I will use safety or other equipment required for the job, or verifies that the personal protective equipment to be supplied by the contractor to name of service is appropriate. | | |  |  |
| I have been informed of any reporting requirements, such as who to contact in case of absence or in an emergency in the workplace, and the process for reporting accidents and incidents including near miss events. | | |  |  |
| **Comments:** | | | | |
| **Date:** | **Signature of Contractor:** | | | |