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| **To be completed by every contractor for each day they work at our premises.** | | | | |
| **This document is sent to the contractor before their work commences.** | | | | |
| **The contractor is not permitted to work at our premises unless this permit is completed.** | | | | |
| 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 Click here to enter text.. | | |  |  |
| I/the company I work for have developed a hazard management plan for the work I am doing at Click here to enter text. | | |  |  |
| I am only doing work I am qualified and authorised to do. All relevant permits have been obtained. | | |  |  |
| The person responsible for the premises 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 the premises I will be working. | | |  |  |
| I will report any hazards that I identify while doing work. | | |  |  |
| Restricted areas have been outlined to me. | | |  |  |
| I have outlined and identified any of my restricted working area. | | |  |  |
| I have been explained any rules and regulations that I need to abide by. | | |  |  |
| I have been made aware of the premises evacuation plan, the emergency procedures and location of the first-aid equipment. | | |  |  |
| I will use safety or other equipment required for the job, or verify that the personal protective equipment will be supplied by the contractor to the people working at the premises if this is necessary. Liaison with our organisation’s health and safety rep on this has occurred and been agreed on. | | |  |  |
| I have been informed of any reporting requirements, such as who to contact in case of absence or in an emergency at the workplace, and the process for reporting accidents and incidents including near miss events. | | |  |  |
| **Comments:** | | | | |
| **Date:** Click here to enter a date. | **Signature of contractor:** | | | |
| **Date:** Click here to enter a date. | **Name and signature of our organisations health and safety representative:** | | | |