

Local workplace safety procedures for independent contractors

Health and Safety Directorate

This local workplace safety procedure should be used if you are engaging your own contractor for work not related to assets.

Section A

The following form must be completed before commencing work at this workplace.

Name

PAUL MATTHEWS

Company

PA Matthews Audio

Type of work and location of work

Service PA SYSTEM

Estimated duration of work

1 day

Contractor's contact number whilst on site

0245765571

I am licensed to undertake the work required. I understand that my company is required by law to have:

- A safety management plan including safe work method statements and risk management procedures for the work to be carried out at this workplace
- A list of all hazardous substances and equipment brought into this workplace and ensure appropriate control mechanisms are in place to protect all persons at the workplace
- Certificates of currency for public liability (\$10 million) and workers compensation insurance prior to work commencing.

I will provide you with copies of the above documents, including a statement indicating that there are no outstanding worker's compensation premiums.

If any of the above have not been provided, refer to the principal or workplace manager

My construction induction certificate number is

CGI1579036SEQ01

I certify that I will comply with all WHS obligations and that:

All my employees and sub-contractors have a Construction Induction certificate, approved licenses and certificates of competency which I have sighted

Yes No

All my employees and sub-contractors are trained in site-specific WHS procedures and safe work method statements

Yes No

All my employees and I have completed the prohibited employment declaration and consent to screening forms

Yes No

The worksite and any equipment / materials are secured while carrying out the work and during any breaks

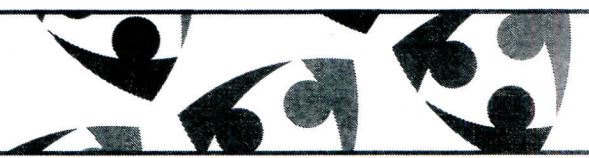
Yes No

Appropriate PPE and safety equipment will be used

Yes No

Appropriate signage will be displayed

Yes No



| | | |
|--|---|--|
| Any waste will be disposed of appropriately | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| There will be no interaction with students | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| The principal or workplace manager will be notified of anything likely to disrupt the workplace e.g. power or water outage, high noise levels or restricted access | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Any request for assistance or for clarification will be made in writing to the principal or workplace manager | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| There will be no smoking on school grounds or in DoE buildings | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| All my employees and subcontractors have undergone a site-specific induction as per Section B (including being informed of emergency evacuation procedures, incident reporting procedures and Hazardous Materials (Asbestos) Register) | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

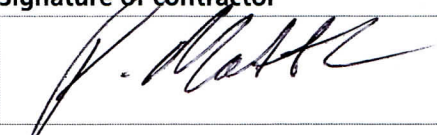
If no to any of the above, refer to principal or workplace manager

Section B Site specific induction

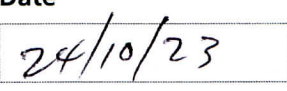
LOCAL CONDITIONS to be aware of when you work at this workplace:

- | | |
|---|---|
| <input type="checkbox"/> Principal or workplace manager to refer to evacuation procedures and attach copy of evacuation plan | <input checked="" type="checkbox"/> Principal or workplace manager to advise if any other works are being undertaken on site |
| <input type="checkbox"/> Where relevant, Principal or workplace manager to insert information about the age and nature of the students, including special needs for isolation of the worksite if required | <input checked="" type="checkbox"/> Where relevant, Principal or workplace manager to provide information on student movements e.g. bell times |
| <input checked="" type="checkbox"/> Principal or workplace manager to provide their contact details or details of an appropriate delegate | <input checked="" type="checkbox"/> Principal or workplace manager to advise if restrictions apply to vehicle access and speed limits (may be annotated on site plan) |
| <input checked="" type="checkbox"/> Principal or workplace manager to provide advice on procedures for reporting incidents or safety concerns | <input checked="" type="checkbox"/> Before commencing any disturbance works the site <u>Hazardous Materials (Asbestos) Register</u> must be checked for any relevant information. |

Signature of contractor



Date



Office use only

Has the contractor:

| | | |
|---|------------------------------|-----------------------------|
| Signed in | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Been issued with a visitors badge | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Been inducted as per Section B (including being informed of emergency evacuation procedures, incident reporting procedures and Hazardous Materials (Asbestos) Register) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Provided documents as per section A | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Specific issues – certificate of currency | | |
| Is it current (certificate of currency for workers compensation and public liability)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the subcontractor classified in the correct industry (i.e. the industry stated on the certificate is the same as, or similar to, the work undertaken)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

FORM



Are the number of workers identified on the certificate realistic compared with the number of workers performing the work (whether onsite or offsite)? (The certificate should reflect the average number of workers the subcontractor hires throughout the year. You should check the worksite(s) covered by the contract(s) and only significant discrepancies should be questioned)

Yes

No

Is the amount of wages declared on the certificate reasonable for a 12-month period? If the wages estimate appears too low discuss it with your subcontractor e.g. if the wages estimate is less than the labour value of your contract(s) you should discuss this with your subcontractor

Yes

No

For further information regarding Child Protection requirements:

Refer to the Please refer to the [Working with Children Check Procedure](#)

Signed

(principal or workplace manager)

Date