



**UOW SAFE@WORK**

# CONTRACTOR WHS INDUCTION CHECKLIST

1. Contract Details	
Contract Name (if applicable):	Contract/Works Duration Dates: / / to / /
Company Name:	UOW Representative:
Contractor Representative:	Site to be Inducted:

2. Information Checklist	
Item	Completed
Distribute UOW Contractor Induction Guide and clarify any questions/issues	<input type="checkbox"/>
<u>Check insurances:</u> <ul style="list-style-type: none"> <li>• workers compensation</li> <li>• public liability</li> <li>• other:</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<u>Security Contact numbers:</u> Wollongong Campus - Emergencies ph 4221 4900; General Enquiries ph 4221 4555 For other campus Security numbers check the <a href="#">University Security</a> webpage.	<input type="checkbox"/>
Introduce contractor to local area occupants	<input type="checkbox"/>
First aid requirements	<input type="checkbox"/>
Emergency procedures and building wardens	<input type="checkbox"/>
Discuss building access requirements/hours of work	<input type="checkbox"/>
Identification of restricted access areas	<input type="checkbox"/>
Parking requirements	<input type="checkbox"/>
Noise control	<input type="checkbox"/>
Smoke-free Campus Policy	<input type="checkbox"/>
Permit to work systems - hot work, confined spaces, fire detector, energy isolation, roof access	<input type="checkbox"/>
Identify site fences, barricades and hoardings control	<input type="checkbox"/>
Other:	<input type="checkbox"/>

3. Risk Assessment
A risk assessment for any hazards identified in the local area or specific to the works being conducted (i.e. biological, chemical, noise, concealed services) must be completed and attached to this checklist. The assessment must be completed using the contractors or the University's <a href="#">Risk Assessment Form</a> .

#### 4. Comments

List any comments or discussions below:

#### 5. Register of Inductees

Those listed below have received the induction outlined in this checklist and any associated risk assessment.

<b>Inductee Name</b>	<b>Date Inducted</b>	<b>Signature</b>
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#### 6. Sign-off

Comments:

UOW Representative Signature:

Date: / /

Contractor Representative Signature:

Date: / /