

WORK HEALTH & SAFETY FORM

TO BE COMPLETED WITH THE HOST CLIENT

Introduction			Health and Safety		
Please indicate either Yes or No in relation to whether the following has been explained to you by the host client or your consultant, and that you fully understand your obligations as they relate to each section of this document.					
Employment conditions	Yes	No	Agency / host client Work Health and Safety policy and procedures	Yes	No
Job description and responsibilities	Yes	No	Roles and responsibilities for safety	Yes	No
Commencement date and time	Yes	No	Work health and safety consultative arrangements	Yes	No
Work times and meal breaks	Yes	No	Process for communicating Work health and safety information	Yes	No
Union membership and award conditions	Yes	No	Process for communicating Work health and safety concerns to agency / host client	Yes	No
Notification of sickness or absences	Yes	No	Hazard and incident reporting procedures, including forms that need to be completed and agency / host client telephone numbers	Yes	No
Out of hours enquiries and emergency procedures for agency	Yes	No	How safety issues are resolved by agency / host client	Yes	No
Equal employment opportunity information	Yes	No	Information on hazards and controls present at Host Client workplace	Yes	No
Sexual harassment information	Yes	No	Alcohol & Other Drugs Policy	Yes	No
General standards of conduct	Yes	No	Tour of workplace undertaken	Yes	No
Workers compensation claim and rehabilitation process	Yes	No	Detailed description of duties provided and demonstrated	Yes	No
			Detail any further training required:		
KEY PEOPLE AND PLACES					
Who must you report safety concerns, incidents and / or accidents to on the host client's worksite					
.....					
Who must you report any incidents to at the agency.....					
Please state the agency person that will be managing the placement.....					
Name your supervisor at host client site.....					
To whom and where are you to report (explain).....					
Is your workstation a safe work environment.....					
Have you adjusted your chair/computer to suit you.....					
Is the job you are performing the same as the SAC we sent you, if not why.....					
Name your local first aider at host client.....					
Where is the first aid kit located.....					
Name your local emergency warden at host client.....					
Name your emergency assembly point at host client.....					
Name your WH&S Representative at host client.....					

END OF FIRST DAY REVIEW

Company Name:

Was induction completed prior to commencement of work?

YES

NO

Candidate Name:

Signature:

Date:

Reviewed and any 'No' responses followed up by:

Consultant Name:

Signature:

Date:

For Consultant Use:

Please detail all actions taken to correct any unsatisfactory responses as noted above:

Please fax or scan & email the completed form to Peninsula Personnel after completing your first day of every new assignment

Fax: 9972 2041 or info@peninsulapersonnel.com.au