



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 and/or your consultant @ PP, and that you fully understand your obligations as they relate to each section of this document.					
Employment conditions	Yes	No	PP & Host Client WHS & COVID-19 policy and procedures	Yes	No
Job duties and responsibilities	Yes	No	Roles & responsibilities for health & safety	Yes	No
Commencement date working hours	Yes	No	Process for communicating WHS concerns to PP & Host Client	Yes	No
What time you should take your lunch break and for how long	Yes	No	Are there posters/signage up for handwashing/maximum numbers/COVID-19 symptoms & to identify common areas?	Yes	No
Out of hours enquiries and emergency procedures for agency	Yes	No	Host Client has a WFH policy if sick?	Yes	No
Explained to about confidential material how to handle it & what is considered confidential	Yes	No	Hazard, incident & accident reporting procedures, including forms that need to be completed as well PP & Host Client contact numbers	Yes	No
COVID-19 obligations - hygiene	Yes	No	Information on hazards and controls present at Host Client workplace	Yes	No
PPE provision if necessary – masks, gloves, eye protection	Yes	No	Do you know who your nominated first aider & fire warden are?	Yes	No
Sexual harassment information	Yes	No	Alcohol & Other Drugs Policy	Yes	No
General standards of conduct	Yes	No	Is your workstation a safe work environment?	Yes	No
Tour of workplace undertaken	Yes	No	Have you adjusted your chair/computer to suit you?	Yes	No

KEY PEOPLE AND PLACES

Who must you report safety concerns, incidents and /or accidents to on the Host Client's worksite?
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Who must you report any incidents to at Peninsula Personnel?.....

Who at PP should you contact if your duties change?

Name your supervisor at Host Client site?.....

To whom do you report to and their title?.....

Who do you report to if you are running late, sick or unable to attend work?

Who can sign off on your timesheets?.....

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 closest first aid kit located?.....

Name your local emergency warden at Host Client?.....

Name your emergency assembly point at Host Client workplace?.....

Name your WHS Representative at Host Client?.....

**END OF FIRST DAY
REVIEW**

Company Name:

Was induction completed prior to commencement of work? Yes / No

If not, what date was it completed

Candidate Name:

Signature:

Date:

Host Client 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 scan and email the completed form to Peninsula Personnel
after completing your first day of every new assignment**

lisa@peninsulapersonnel.com.au