



CONTRACTOR OH&S INDUCTION CHECKLIST

1. Contract Details

Contract Name _____ Contract Duration Dates _____ to _____

Contractor Name _____ Responsible UOW Officer _____

Contractor Representative _____ Site to be Inducted _____

2. Information Checklist

Item	Completed
Clarify any issues from UOW Contractor Induction Guide	<input type="checkbox"/>
Security Contact numbers : Emergencies ph 42214900; General Enquiries ph 4221 4555	<input type="checkbox"/>
Introduce user group representative/s to contractor	<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"/>
No Smoking policy	<input type="checkbox"/>
Permit to work systems, ie Hot Work, Confined spaces	<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 must be completed, attached and referenced below, ie laboratory safety, pedestrian safety, noise control, concealed services. Further information can be recorded using a Risk Assessment Form.

Hazards Identified	Risk Score	Controls	Responsibility

4. Sign-Off

Comments: _____

Responsible UOW Officer _____ Date _____

Contractor Representative _____ Date _____



CONTRACTOR INDUCTION REGISTER

Contract Details

Name of Contract : _____ Contractor Representative : _____ Responsible UOW Officer : _____

Inductee Name & OHS Induction Number if Applicable	Company	Date of Induction	Signature	Person Conducting Induction