***This checklist is used for service providers such as: educational services, workshops, specialist sport instructors, music teachers, allied health professionals, photocopier servicing, photographers, pest control etc.***

*For buildings/grounds and other high-risk works (construction, renovation, confined space, work at heights etc), go to the Contractor Safety Handbook.*

*Please tick boxes once information has been provided to you.*

*This form is to be modified to meet your site specific needs*

🞎 **CCES Work Health & Safety and Injury Management Policy –** You have been made aware of the CCES WHS & IM Policy.

🞎 **Sign In and Out –** All service providers and contractors are required to sign in and out for each visit. Work is not to commence until contact has been made with the designated person who has requested the work

🞎 **Respect of Vulnerable Persons –** You have been informed of any specific requirements in this area eg use of amenities and access to areas.

🞎 **Smoking** – All buildings and grounds are smoke free environments at all times.

🞎 **Reporting Incidents and Hazards –** All injuries, near misses and hazards are to be reported. Report in the first instance to the worksite designated person.

🞎 **First Aid –** If needed, qualified First Aiders and first aid kits are available (Add location here)

🞎 **Emergency Procedures –** An Evacuation Plan is available in each work area giving simple directions and showing the evacuation route and assembly area. If you hear a lock-in alarm, you are required to go inside the nearest building; or stay where you are if already indoors. If further directions are required in an emergency approach any staff member. You are required to participate in practice drills if they are held at a time that you are on site. (Include assembly point here)

🞎 **Working Alone –** If working alone ensure that there is a working means of communication available.

🞎 **Hazards specific to the tasks –** eg, electricity, chemicals, step ladder, manual handling – shall be identified and discussed with the designated person and appropriate hazard controls shall be put in place**.**

🞎 **Delineation of work area –** If necessary, clearly cordon off the work areas to prevent persons entering, to prevent them from being exposed to, or creating, a hazard.

🞎 **Security** – Do not leave personal items unattended. If you have been provided with an after-hours access code, do not share it with anyone.

Contractor / Service Provider Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business / Organisation Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Induction conducted by – Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***This signed form is to be retained by the WHS Coordinator and a copy is to be provided to the service provider/contractor.***