

Company Name: _____ Business Activity: _____

Address: _____ Date of Application: _____

Client Contact: _____ Employee Job(s)/Position(s) Title(s): _____

This OH&S checklist must be approved prior to placement of any FTO Employee(s) at a host-workplace/site.

Please answer the Risk Criteria Questions below: <i>(tick the appropriate box in the 'Responses' column and reference supporting documents)</i>		Responses	Supporting Documents
1. Is there a documented system in place for managing workers' safety?	Y <input type="checkbox"/> N <input type="checkbox"/>		
2. Do you have a Formal WH&S Management Plan?	Y <input type="checkbox"/> N <input type="checkbox"/>		
3. Do you have current WHS Policies - signed by Senior Management?	Y <input type="checkbox"/> N <input type="checkbox"/>		
4. Do you have a company Fitness For Work Policy?	Y <input type="checkbox"/> N <input type="checkbox"/>		
5. Do you conduct substances of impairment (<i>drugs</i>) assessments on site?	Y <input type="checkbox"/> N <input type="checkbox"/>		
If 'yes': Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Pre-start <input type="checkbox"/> Random <input type="checkbox"/>			
6. Do you have an Injury Management System?	Y <input type="checkbox"/> N <input type="checkbox"/>		
7. Do you have a Work Health & Safety Coordinator?	Y <input type="checkbox"/> N <input type="checkbox"/>		
8. Do you have regular Safety meetings /Tool box meetings?	Y <input type="checkbox"/> N <input type="checkbox"/>		
9. Do you monitor and assess Safety performance?	Y <input type="checkbox"/> N <input type="checkbox"/>		
10. Is there a Hazard reporting procedure?	Y <input type="checkbox"/> N <input type="checkbox"/>		
11. Do you have a Hazard & Incident Investigation process?	Y <input type="checkbox"/> N <input type="checkbox"/>		
12. Is there a Safety issue resolution procedure?	Y <input type="checkbox"/> N <input type="checkbox"/>		
13. Do you conduct safety inductions for all workers?	Y <input type="checkbox"/> N <input type="checkbox"/>		
14. Do you provide Competency Training / Instruction for all job-tasks?	Y <input type="checkbox"/> N <input type="checkbox"/>		
15. Do you monitor the correct use of PPE? (Safety Glasses, Hearing Protection).	Y <input type="checkbox"/> N <input type="checkbox"/>		
16. Are Risk assessments completed for all job-tasks in the workplace/site?	Y <input type="checkbox"/> N <input type="checkbox"/>		
17. Are there any outstanding WorkSafe Improvement or prohibition notices?	Y <input type="checkbox"/> N <input type="checkbox"/>		
18. Will FTO employees work ONLY at/in your workplace?	Y <input type="checkbox"/> N <input type="checkbox"/>		
19. Will FTO employees ONLY undertake the tasks specified at time of order?	Y <input type="checkbox"/> N <input type="checkbox"/>		
20. All Plant/Machinery is serviced, maintained & has guarding to standards?	Y <input type="checkbox"/> N <input type="checkbox"/>		
21. Do you have a formal emergency response procedure?	Y <input type="checkbox"/> N <input type="checkbox"/>		
22. Do you have injury treatment facilities on site(s)?	Y <input type="checkbox"/> N <input type="checkbox"/>		
23. Trained first aid officer(s) are on site(s)? (clearly displayed in the workplace?)	Y <input type="checkbox"/> N <input type="checkbox"/>		
24. Do you have Safe Work Procedures (SWP's) in place for all job-tasks?	Y <input type="checkbox"/> N <input type="checkbox"/>		
25. Do you have Job Descriptions for tasks FTO workers will be completing?	Y <input type="checkbox"/> N <input type="checkbox"/>		
26. MSDS's for all Hazardous Substances & training provided for use/handling?	Y <input type="checkbox"/> N <input type="checkbox"/>		
27. Hazardous/Dangerous Substances are stored safely as per standards?	Y <input type="checkbox"/> N <input type="checkbox"/>		
28. Do employees receive Manual Task Training/Instruction for all manual tasks?	Y <input type="checkbox"/> N <input type="checkbox"/>		
29. Traffic Management in place (speed limits, clear signage, one-way routes)?	Y <input type="checkbox"/> N <input type="checkbox"/>		
30. Total Lost Time Injuries (LTI) for the last year?	LTIFR:		
31. Total reportable injuries last year:	Years of operation:		
SIGNATURE/APPROVAL BY FTO WHS MANAGER:			
SIGNATURE/APPROVAL BY FTO MANAGING DIRECTOR:			
I, shall, so far as is practicable, provide and maintain a working environment in which employees of FT Workforce Pty Ltd are not exposed to hazards and agree to uphold the obligations of all Australian Workplace Legal Requirements imposed upon me (PCBU) and my business/undertaking.			
DATE OF ENDORSEMENT:		CLIENT SIGNATURE:	