



CLIENT OH&S RISK ASSESSMENT

For Calibrate contractors in Client's premises

Client: _____

Location / Division: _____

Contact: _____

Date initiated: _____

Contractor / Job Function: _____

Reason for this information: We have a legal obligation to identify and control workplace hazards where our contractors are engaged. The information about your operation is used to determine an action plan for your site to protect our contractors from potential injury. We will provide guidance if necessary in respect of induction, necessity for PPE, licensing of contractors for compliance to legislation and risk minimisation planning in accordance with prevailing circumstances. We advise that should we determine that the risk to our representatives is unreasonable and this matter remains unresolved, that we may find it necessary to withdraw services if we feel unable to comply with OH&S legislative framework.

1. MINOR HAZARDS OR RISKS

YES / NO

Are there any minor hazards that the contractor could be exposed to?

If YES, please specify: _____

2. PREMISES & TASK INDUCTION

YES / NO

Will you provide a general induction on the contractor's arrival to your premises that includes general risks, emergency responses, safety operating procedures & fire procedures?

3. ARE YOU AWARE OF ANY ISSUES, THAT WOULD NOT GUARANTEE SAFE PREMISES, SAFE WORK SYSTEMS, SUITABLE WORKING ENVIRONMENT AND FACILITIES FOR OUR CONTRACTOR?

YES / NO

If YES, please specify: _____

4. LICENCES / COMPETENCIES / SKILLS

What licenses, certificates, experience, skills or competences are required to perform the task:

5. PERSONAL PROTECTIVE EQUIPMENT / SPECIALISED EQUIPMENT

YES / NO

a) Is there any PPE or specialised equipment required for the contractor to carry out his assignment?

If YES, please specify: _____

b) Will you supply all the PPE required to perform the task?

YES / NO

If NO, what you expect the contractor to provide? _____

6. SUPERVISION

Will you notify Calibrate Recruitment of any changes to the contractors role or usage of any new equipment on premises, whilst performing the assignment?

YES / NO

7. ACCIDENT REPORTING PROCEDURE?

a) What is your accident reporting procedure? _____

b) Are you aware of your obligation to report immediately to Calibrate Recruitment any accident, that our contractor may be involved in?

YES / NO

8. OTHER COMMENTS:

Signed by (Client) _____

Date: _____

Name (print) _____

Title: _____