



**CONTRACTOR OH&S RISK ASSESMENT**

For Calibrate contractors in Client's premises

Contractor: \_\_\_\_\_

For Client: \_\_\_\_\_

Job Function: \_\_\_\_\_

Date initiated: \_\_\_\_\_

*Reason for this information:* We have a legal obligation to identify and control workplace hazards to our Contractors at our Clients premises as well as ensure the health, safety and welfare at work of all our Contractors by making sure, that they are familiar with all safety procedures, regulations, OH&S inductions, emergency procedures.

**1. MINOR HAZARDS OR RISKS**

YES / NO

Are you aware of any possible minor hazards that the you could be exposed to while performing your work?

If YES, please specify: \_\_\_\_\_

**2. DO YOU HAVE ANY CONCERNS, RELATING TO SAFETY OF THE PREMISES, SAFE WORK SYSTEMS, SUITABLE WORKING ENVIROMENT AND FACILITIES?**

YES / NO

If YES, please specify: \_\_\_\_\_

**3. ARE YOU FAMILIAR WITH FIRE PROCEEDURES AND EMERGENCY EXITS ON CLIENTS PREMISES?**

YES / NO

**4. LICENCES / COMPETENCIES / SKILLS**

Do you have all licences, certificates, experience, skills or competences that are required to perform your work?

YES / NO

If NO, please specify: \_\_\_\_\_

**5. PERSONAL PROTECTIVE EQUIPMENT / SPECIALISED EQUIPMENT**

a) Is there any PPE or specialised equipment required for you to carry out your assignment?

YES / NO

If YES, please specify: \_\_\_\_\_

b) If YES, have you been provided with all the PPE required to perform the task?

YES / NO

If NO, please specify: \_\_\_\_\_

**6. SUPERVISION**

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

YES / NO

**7. ACCIDENT REPORTING PROCEDURE**

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

YES / NO

b) Have you provided Calibrate with Emergency Contact details?

YES / NO

If NOT, please specify: \_\_\_\_\_

**8. ARE YOU AWARE THAT ACCORDING TO Section 20 of the Occupational Health and Safety Act 2000 states YOU MUST TAKE REASONABLE CARE FOR THE HEALTH AND SAFETY OF YOUR CO-WORKERS WHO MAY BE AFFECTED BY YOUR ACTIONS?**

YES / NO

Signed by (Contractor) \_\_\_\_\_

Date: \_\_\_\_\_

Name (print) \_\_\_\_\_

Title: \_\_\_\_\_

Should you have any questions or concerns or need any additional information, you are welcome to contact us at any time and we will be able to assist you with all issues regarding HR, safety and others that may occur during your work time.