ANGASTON BIGG	***ANGASTON AGRICULTURA BUREAU CONTRACTOR SELECTION, INDUCTION AND MONITORING CHECKLIST***	**Version No:**	1.0
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1. Contractor Details

Company / Business name: _____

ABN (Australian Business Number): _____

Street Address: _____

Postal Address: _____

Contact Person: _____ **Phone:** _____ **Fax:** _____

Mobile Phone: _____ **E-mail:** _____

Brief description of contract: _____

_____

Period of contract: _____ **Time** - *from:* _____ *to:* _____

Insurances / indemnity, etc.

Public Liability: _____ **WorkCover Registration:** _____

_____ _____

2. Contract Overview

Location of work : _____

_____

Details of contract work : _____

_____

_____

3. Prescribed Body Contact

Contact Person: _____ **Phone:** _____ **Fax:** _____

Mobile Phone: _____ **E-mail:** _____

Or in the absence of the above contact:

Contact Person: **Phone:** **Fax:**

Mobile Phone: **E-mail:**

4. Hazard Identification relating to this Contract

Prior to engaging a contractor, the work must have the **hazards identified**. Where there are hazardous components relating to the work, the relevant **Controls / Precautions** should also be identified as well as any **Licence / Permit Details** recorded. The Identification Table below is not all encompassing and any additional hazards identified should also be recorded with this document.

Prior to the commencement of work, the Contractor is required to further confirm the **hazard/s identified**, **Controls / Precautions** and **Licence / Permit Details** as documented here.

IDENTIFICATION TABLE

HAZARDS IDENTIFIED RE THIS CONTRACT	✓	HAZARDS IDENTIFIED RE THIS CONTRACT	✓	HAZARDS IDENTIFIED RE THIS CONTRACT	✓	HAZARDS IDENTIFIED RE THIS CONTRACT	✓
Traffic / Pedestrians		**Heat Source**		**Uneven Slippery Surface**		**Compressed air / Pressure / Vacuum**	
Confined Space		**Working At Heights**		**Asbestos / Lead**		**Soil contamination**	
Working in Isolation		**Working Over Pit / Hole**		**Sun, UV, Rain, Wind**		**Manual Handling / ergonomics**	
Restricted Access		**Services underground / Overhead hazard**		**Poor Housekeeping**		**Moving Machinery**	
Electrical		**Falling Objects**		**Poor Lighting**		**Trenching / excavation**	
Fire / Explosion		**Noise**		**Gas / Fumes**		**Chemical Exposure**	
Mobile Plant		**Welding**					

CONTROLS / PRECAUTIONS RE THIS CONTRACT	✓	CONTROLS / PRECAUTIONS RE THIS CONTRACT	✓	CONTROLS / PRECAUTIONS RE THIS CONTRACT	✓
<u>Physical Isolations</u>:		**<u>Plant and Equipment</u>:**		**<u>PPE</u>:**	
Traffic Management		**Scaffold**		**Head wear** (sun hat/hard hat/welding helmet)	
Electrical		**Ladder**		**Eye wear** (sun glasses/safety glasses/ goggles / face shield)	
Gas		**Forklift / forklift work box**		**Hearing Protection**	
Water		**MSDS**		**Respirator / Mask**	
Hydraulic		**Elevated Work Platform**		**Wet weather gear**	
Pneumatic				**Gloves** (safety/chemical /heavy duty/riggers)	
Barricading				**Safety Harness**	
				Spill Containment Kit	
				Safety Boots	
				Clothing (long sleeved shirt/trousers/overalls)	
				High Visibility Vest	

RECORD DETAILS OF LICENCES AND PERMITS IN THE TABLE BELOW

LICENCE / PERMIT DETAILS RE THIS CONTRACT	LICENCE / PERMIT DETAILS RE THIS CONTRACT
Work Zone Traffic Management:	**Hot Work:**
Confined Space:	**Working at Heights:**
Plant Registration:	**Certificate of Competency:**
Electrician / Electrical fitter, line worker and cable jointer / Tradespeople with restricted electrical licence / Plumber and gas-fitter / Carpenter and joiner, bricklayer and builder / Refrigeration and air-conditioning mechanic / Auto-gas installer **----------** **Details:**	**Dangerous Substances:**

Risk assessment documentation needs to be obtained from the contractor as per the following table:

Project value / type	Requirements
Less than $450,000	Risk assessment / JSA
High risk construction work (less than $450,000)	SWMS
$450,000 or more (becomes a construction project)	WHS management plan (includes risk assessments/JSAs or SWMS)
High risk construction work i.e. $450,000 or more – is a construction project	SWMS + WHS management plan

Refer to the Construction Activities Guidance Flowchart in Appendix 1 to determine if construction work is being undertaken.

5. Job Safety Analysis

Contractors must complete a Job Safety Analysis (JSA) prior to commencing the contract work if the contract work involves:

- Confined Space work
- Demolition
- Electrical work
- Excavation
- Fall risks e.g. working in the vicinity of an edge, in or on an elevated workplace etc
- Falling objects
- Hazardous manual tasks
- Hot work
- Noise
- Remote or isolated work
- Working adjacent to moving traffic or pedestrians/public
- Working on or near live electricity
- Working over a pit/hole
- Working with hazardous chemicals, including asbestos or lead

A JSA is the process of critically examining a work task and re-engineering that task to ensure that the necessary and relevant health and safety principles are followed. *Please see the attached Job Safety Analysis (JSA)*.

The following steps apply in a JSA:

Activity	List the tasks required to perform the activity in the sequence they are carried out.
Hazards	Against each task list the hazards that could cause injury when the task is performed.
Risk Control Measures	List the control measures required to eliminate or minimise the risk of injury arising from the identified hazard. *The aim is to adopt the control measure most capable of either eliminating or minimising the risk at the source. The Hierarchy of Control should be applied - elimination, substitution, isolation, engineering control, administrative, i.e. supervision, training, safe operating procedures, PPE, e.g. goggles, gloves, hard hat, overalls, boots.*
Who is responsible	Identify the person responsible to implement the control measure(s) identified.

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JOB SAFETY ANALYSIS (JSA)

Company name:		**Date:**		**JSA No.:**	
Site Name:		**Permit to work requirement:**		**YES**	**NO**
Contractor:		**Approved by:**			
Activity:					

Activity List the tasks required to perform the activity in the sequence they are carried out.	**Hazards** Against each task list the hazards that could cause injury when the task is performed.	**Risk Control Measures** List the control measures required to eliminate or minimise the risk of injury arising from the identified hazard.	**Who is responsible?** Write the name of the person responsible (supervisor or above) to implement the control measure identified.

6. Safe Work Method Statement for High Risk Construction Work

Recommended steps for filling out the SWMS template

1. Consult with relevant workers and their representatives, where elected, and contractors involved with the high risk construction work, the activities involved, and associated hazards, risks and controls.
2. In the 'What is the high risk construction work?' column, identify the high risk construction work for the construction activity that will be undertaken.
3. In the 'What are the hazards and risks?' column, list the hazards and risks for each high risk construction activity.
4. Identify the workplace circumstances that may affect the way in which the high risk construction work will be done.

   Examples that may impact on the hazards and risks include:

   - information relating to the design of the structure, the workplace, e.g. location, access, transport, and information contained in the WHS Management Plan.
   - information on any 'essential services' located on or near the workplace.
   - confirmation that the regulator has been advised of any 'notifiable work', e.g. demolition work involving explosives.
   - safe work methods and plant to be used.
5. In the 'How will the hazards and risks be controlled?' column, select an appropriate control or combination of controls by working through the Hierarchy of Controls. It is important that you are able to justify why the selected control measure is reasonably practicable for the circumstance.

Selecting control measures

1. Eliminate the risks so far as is reasonably practicable.
2. If this is not reasonably practicable, minimise them by applying the following Hierarchy of Control measures:
   - minimise the risk by doing one or more of the following:
     - substituting the hazard.
     - isolating the hazard.
     - implementing engineering controls.
   - if the risk still remains, minimise the remaining risk by implementing administrative controls.
   - if the risk still remains, minimise the remaining risk through the provision and use of suitable personal protective equipment (PPE).

SWMS compliance (information, monitoring and review)

1. Brief each team member on the SWMS before commencing work and ensure they know work is to stop if the SWMS is not followed.
2. Observe the work being carried out and monitor compliance with the SWMS. Review risk controls regularly, including:
   - before a change occurs to the work itself, the system of work or the work location.
   - if a new hazard associated with the work is identified.
   - when new or additional information about the hazard becomes available.
   - when a notifiable incident occurs in relation to the work.
   - when risk controls are inadequate or the SWMS is not being followed.

   In all of the above situations stop the work, review the SWMS, adjust as required, and re-brief the team.

Keep the SWMS in a readily available location for the duration of the high risk construction work and for ***at least 2 years after a notifiable incident occurs.***

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SAFE WORK METHOD STATEMENT (SWMS)

[PCBU name, ABN, Office Address and Phone]		**Principal Contractor (PC)**	[Name, ABN, Office Address]
Work Activity:	[Job description]	**Work Location:**	
High Risk Construction Work:	• [list work from WHS Regulations]		
	•		
	•	**Works Manager:**	
	•	**Contact Phone:**	
	•		
	•		
Have workers been consulted about the SWMS?			

Person Responsible for ensuring compliance with SWMS		**Date SWMS Provided to PC:**	
Person(s) Responsible for reviewing the SWMS		**Last SWMS Review Date:**	
Date received:		**Signature:**	

Workers name		**Date received:**	

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Workers signature			

What are the tasks involved?	**What are the hazards and risks?** (What is the problem?)	**What are the control measures?** (Describe the control measures and how they will be used)
Think about the workplace and each stage of the work, including preparation and clean-up.		
	Identify the hazards and risks that may cause harm to workers or the public.	Describe what will be done to control the risk. What will you do to make the activity as safe as possible?

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7. Induction

Contractor: _____ **Date of Induction:** _____

Contractor contact person: _____ **Contact No.:** _____

Business Manager: _____ **Contact No.:** _____

Location of Induction: _____

Location of Contract Work: _____

ITEM	DETAILS / COMMENTS	✓
How to access Council Contact person:		
Daily start and finish times:		
Access to building/s:		
Access to work area/s:		
Impact on public: (How will this be minimised?)		
Emergency plan:		
First aid:		
Reporting of incidents / accidents:		
Environmental requirements:		
Clean up of work site area: (During and at completion)		
Use of chemicals: (Material Safety Data Sheets)		
Noise: (Noise level readings)		
Waste disposal:		

8. Monitoring

8.1 Monitoring Hazards identified re this contract

The checklist below should be completed by transferring the identified hazards for this contract as identified in Section 4 of this document, to the first column. Monitoring of compliance with agreed terms of addressing these safety matters shall be recorded by marking items not complying in the columns 1st Check, 2nd Check, 3rd Check and 4th Check, as required by risk assessment.. Corrective action to be taken should be recorded and the Date Completed being registered once the actions have been completed.

HAZARDS IDENTIFIED RE THIS CONTRACT	✓ Identified for this contract	X Action Requ'd 1st Check	X Action Requ'd 2nd Check	X Action Requ'd 3rd Check	X Action Requ'd 4th Check	CORRECTIVE ACTION TO BE TAKEN	DATE COMP-LETED
Traffic							
Confined Space							
Working in Isolation							
Restricted Access							
Electrical							
Fire / Explosion							
Mobile Plant							
Pressure / Vacuum							
Heat Source							
Working At Heights							
Working Over Pit / Hole							
Overhead hazard							
Falling Objects							
Noise							
Manual Handling							
Moving Machinery							
Uneven Slippery Surface							
Asbestos							
Sun, UV, Rain, Wind							
Poor Housekeeping							
Poor Lighting							
Hazardous Gas							
Chemical Exposure							
Welding							
OTHER:							

8.2 Monitoring use of Controls / Precautions re this contract

The checklist below should be completed by transferring the identified hazards for this contract, as identified in Section 4 of this document, to the first column. Monitoring of compliance with agreed terms of addressing these safety matters shall be recorded by marking items not complying in the columns 1st Check, 2nd Check, 3rd Check and 4th Check as required by risk assessment. Corrective action to be taken should be recorded and the Date Completed being registered once the actions have been completed.

CONTROLS / PRECAUTIONS RE THIS CONTRACT	✓ Identified for this contract	X Action Requ'd 1st Check	X Action Requ'd 2nd Check	X Action Requ'd 3rd Check	X Action Requ'd 4th Check	CORRECTIVE ACTION TO BE TAKEN	DATE COMP-LETED
Physical Isolations:							
Traffic Management							
Electrical							
Gas							
Water							
Hydraulic							
Pneumatic							
Barricading							
Plant and Equipment:							
Scaffold							
Ladder							
Forklift / forklift work box							
MSDS							
Elevated Work Platform							
PPE:							
Head wear (sun hat/hard hat/welding helmet)							
Eye wear (sun glasses/safety glasses/goggles/ face shield)							
Hearing Protection							
Respirator / Mask							
Wet weather gear							
Gloves (safety/chemical/heavy duty/ riggers)							
Safety Harness							
Spill Containment Kit							
Safety boots							
Clothing (long sleeved shirt / trousers / coveralls)							

High Visibility Vest							
OTHER:							

8.3 Monitoring of safety practices re: This Contract

Safety Practices Inspection

1.1 Is there evidence of risk assessment/s for the various project activities and tasks? ☐

1.2 Are there JSAs, SOPs, Work Instructions or other documented safe methods of work available? ☐

1.3 Have site inductions been completed and are records available? ☐

1.4 Have hazards to safety been identified and are they being controlled? ☐

1.5 Are incident / accident report forms available on site? ☐

1.6 Is housekeeping acceptable? (storage, safe access, slips & trips, trailing electrical cables) ☐

1.7 Is there a First Aid kit on site appropriate to needs and someone trained where required? ☐

Safety Practices Corrective Actions: _____

_____

_____

_____

Corrective Actions Sign Off

8.1 Monitoring Hazards identified re this contract

The corrective action indicated above has been completed .

Business Manager: _____ Date: / /

Contractor Representative: _____ Date: / /

8.2 Monitoring use of Controls / Precautions re this contract

The corrective action indicated above has been satisfactorily completed.

Business Manager: _____ Date: / /

Contractor Representative: _____ Date: / /

8.3 Monitoring of safety practices re this contract

The corrective action indicated above has been satisfactorily completed.

Business Manager: _____ Date: / /

Contractor Representative: _____ Date: / /

9. Preferred Contractors

The Angaston Agricultural Bureau (AAB) has implemented a Preferred Contractors process that requires contractors to register provide copies and details of any licence / permit / registration requirements can demonstrate a commitment to WHS and attend an annual Induction.

The Preferred Contractors process allows contractors to remain on a Preferred Contractors List, *see attached Preferred Contractors Register,* and therefore be allocated contract work on an ongoing basis.

Overall Rating For Future Contracts

In your observations is the Contractor meeting their obligations as assessed in this criteria?

☐ Yes ☐ No

Have identified Non-conformance(s) observations been discussed with the contractor? ☐ Yes ☐ No

Has the contractor agreed to/or has rectified the non-conformance(s)? ☐ Yes ☐ No

Additional Comments/Instructions:

_____

_____

_____

_____

_____

_____

CONTRACTOR RATING

Acceptable	Opportunity for Improvement	Unacceptable
☐	☐	☐

Opportunity provided for Contractor to implement / improve addressing the WHS Management criteria, enabling the contractors eligibility for the Preferred Contractor process.

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Allocated Time to rectify: _____ hours/days

Follow up date and time: ___/___/___ Time: _____

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PREFERRED CONTRACTOR LIST

FROM: / / **TO:** / /

DEPT.	CONTRACT TYPE	CONTRACTOR DETAILS	DOCUMENTS / RECORDS SIGHTED	DATE OF REGISTRATION	DATE OF INDUCTION	NEXT INDUCTION DUE DATE

Appendix 1. Construction Activities Guidance Flowchart