**AFEI Member Template: Contractor Induction Form**

**THIS DOCUMENT IS ONLY A GUIDE**

AFEI recommends members consider their specific requirements when adopting a template document or policy to ensure the document meets the particular needs of your organisation.

For assistance, please call the AFEI Hotline on 02 9264 2000.

**How to use this document:**

1: Check with the AFEI Hotline as to its suitability for your needs.

2: Edit to meet your requirements by:

* **Add** relevant information in the [yellow highlighted] sections.
* **Delete** comments in the *[blue highlighted]* areas.

***[Place on Organisation Letterhead]***

Contractor Induction Form

Welcome to [insert name of organisation]. We are committed to providing a safe workplace, and we require you to follow our safety procedures and rules. We require you to complete this form before you commence work on any of our sites. Please read each point, tick the box next to each item when complete, and sign the declaration at the end.

1. I have the correct Safe Work Method Statements or Safe Operating Procedures for the work task I am about to undertake, and can provide [insert name of organisation] with a copy if required.

The SWMS / SOP have been reviewed and acknowledged by my employees **Yes**:  **No**:

1. I have conducted an appropriate risk assessment for the work task I am about to undertake, and can provide it to [insert name of organisation] if requested: **Yes**:  **No**:
2. I am appropriately trained and qualified to complete the work task I am about to undertake:  **Yes**:  **No**:

Licence Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (If relevant)

Construction Induction Card No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (If relevant)

Other relevant qualifications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. I have sufficient workers compensation and public liability insurance for the work task I am about to undertake:  **Yes**:  **No**: 
   1. Workers compensation Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
      1. Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   2. Public liability insurance Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
      1. Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. I have been shown the emergency exits for the site: **Yes**:  **No**:
3. I have been given an orientation tour of the site: **Yes**:  **No**:
4. I understand I am required to report all hazards, incidents or injuries to a [LOGO] manager (or appointed contact) **Yes**:  **No**:
5. I acknowledge that I am responsible for my own safety, and the safety of others while working at [insert name of organisation]:  **Yes**:  **No**:
6. I declare I am in a fit state of health to complete the relevant work task, and I not under the influence of any drug or alcohol **Yes**:  **No**:
7. I have been given a copy of, or have sighted, [insert name of organisation]’s WHS Policy:   
    **Yes**:  **No**:

**Declaration**

**I have read and understood the above requirements in the *Contractor Induction Form*. I declare my answers above to be true and accurate.**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Company Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_